# Saginaw County Community Mental Health Authority (SCCMHA)

# Network Services Provider Manual

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Fiscal Year 2024

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services
# FY2024 Provider Manual
# Table of Contents

| | Page | TAB 1 INTRODUCTION TO SCCMHA | Last Review/ Revision Date | Status from FY2022 Provider Manual | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/Wraparound/Integrated Care) | Community Living Supports/ Supported Independent Housing/ Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | All Other Providers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A | 24 | Introduction to the SCCMHA Provider Manual | 7/31/2023 | REVISED | X | X | X | X | X | X | X | X |
| B | 27 | SCCMHA Board of Directors & SCCMHA Citizens Advisory Committee (CAC) | 8/1/2023 | REVISED | X | X | X | X | X | X | X | X |
| C | 28 | SCCMHA Fact Sheet | 2023 | REVISED | X | X | X | X | X | X | X | X |
| D | 30 | SCCMHA Key Contact List | 8/24/2023 | REVISED | X | X | X | X | X | X | X | X |
| E | 33 | SCCMHA Core Values and Operating Principles | 6/10/2021 | UNCHANGED | X | X | X | X | X | X | X | X |
| F | 35 | SCCMHA Mission Statement/Vision Statement | 6/10/2021 | UNCHANGED | X | X | X | X | X | X | X | X |
| G | 36 | SCCMHA Network Services and Public Policy Organizational Chart | 8/24/2023 | REVISED | X | X | X | X | X | X | X | X |
| H | 37 | SCCMHA Organizational Chart | 2023 | REVISED | X | X | X | X | X | X | X | X |
| I | 38 | SCCMHA Policy 00.01.02- A History of CMH and the Genesis of SCCMHA | 9/27/2022 | REVISED | X | X | X | X | X | X | X | X |
| | Page | TAB 2 ELIGIBILITY & CARE MANAGEMENT | | | | | | | | | | |
| A | 76 | SCCMHA Policy 02.03.19- LOCUS Policy | 4/26/2023 | REVISED | X | X | X | X | X | X | X | X |
| B | 83 | SCCMHA Policy 03.01.01- Eligibility Criteria | 10/11/2022 | REVISED | X | X | X | X | X | X | X | X |
| C | 92 | SCCMHA Policy 03.01.01.06- Waiting Lists | 7/13/2022 | REVISED | X | X | X | X | X | X | X | X |
| D | 105 | SCCMHA Policy 03.01.06- Diagnosis in Medical Record, Billing and Reporting | 10/11/2022 | REVISED | X | X | X | X | X | X | X | X |
| E | 109 | SCCMHA Policy 03.01.07- Cost of Services and Explanation of Benefits | 1/3/2020 | UNCHANGED | X | X | X | X | X | X | X | X |
| F | 113 | SCCMHA Policy 05.04.01- Care Management Services | 10/11/2022 | REVISED | X | X | X | X | X | X | X | X |
| G | 163 | SCCMHA Policy 05.04.02- Member Enrollment, Quality Data and Case Service Status | 2/24/2023 | REVISED | | | | | X | | | |
| H | 173 | SCCMHA Policy 05.04.04- Access System Standards | 2/27/2023 | UNCHANGED | | | | X | X | | | |
| I | 184 | SCCMHA Procedure 09.02.02.01- Coordination of Benefits | 9/1/2020 | UNCHANGED | | | X | | X | | | |
| J | 190 | SCCMHA Procedure 09.02.03.01- Ability to Pay Determination Process | 1/3/2020 | UNCHANGED | | | X | | X | | | |
| K | 200 | SCCMHA Procedure 09.02.03.02- Consumer Financial Information Sheet (CFIS) Instructions for Completing | 1/3/2020 | UNCHANGED | | | | | X | | | |
| L | 213 | SCCMHA Procedure 09.02.03.03- Consumer Record- Updating Demographic Information | 1/3/2020 | UNCHANGED | | | | | X | | | |
| M | 219 | SCCMHA Procedure 09.02.03.04- Consumer Record- Entering ATP- Financial Information | 1/3/2020 | UNCHANGED | | | | | X | | | |
| N | 230 | SCCMHA Procedure 09.02.04.02- Medicaid-Healthy Michigan Application | 1/3/2020 | UNCHANGED | | | X | X | X | | | |
| O | 254 | SCCMHA Procedure 09.02.04.03- Medicaid Deductible | 1/3/2020 | UNCHANGED | | | | X | X | | | |
| P | 287 | SCCMHA Procedure 09.03.01.01- Care Management Request for Auth. Review | 8/1/2022 | REVISED | X | X | X | X | X | X | X | X |
| Q | 292 | SCCMHA Procedure 09.03.01.05- Courtesy Authorization Initiation | 8/1/2022 | REVISED | X | X | X | X | X | X | X | X |
| R | 299 | SCCMHA Procedure 09.06.00.13- Case Transfer | 10/24/2022 | UNCHANGED | | | | X | X | | | |
| | Page | TAB 3 SERVICES & PROTOCOLS | | | | | | | | | | |
| A | 323 | MDHHS Autism Site Review Protocols | 2018-2019 | UNCHANGED | | X | | | X | | | |
| B | 324 | MDHHS Children's Diagnostic and Treatment Services Certification | 4/30/2008 | REVISED | | | | X | X | | | |
| C | 330 | Michigan Medicaid Provider Manual link | 8/24/2023 | REVISED | X | X | X | X | X | X | X | X |
| D | 331 | MDHHS/PIHP 1915 © Waiver Site Review | 5/20/2016 | UNCHANGED | X | X | X | X | X | X | X | |
| E | 347 | MSHN CMHSP Consumer Chart Monitoring Tool | 2021 | UNCHANGED | X | X | X | X | X | X | X | X |
| F | 370 | MSHN CMHSP Program Specific Monitoring Tool | 2019 | UNCHANGED | X | X | X | X | X | X | X | X |
| G | 393 | MSHN Delegated Managed Care Functions Audit Tool | 2019 | UNCHANGED | X | X | X | X | X | X | X | |
| H | 446 | MSHN Credentialing & Re-Credentialing Review Tool | 2021 | UNCHANGED | X | X | X | X | X | X | X | |
| I | 449 | MSHN Inpatient Chart Review Form | 2019 | UNCHANGED | | | X | | | | | |
| J | 451 | MSHN Inpatient Rights Review Tool | 2019 | UNCHANGED | | | X | | | | | |
| K | 468 | MSHN Monitoring Staff Training Tool | 2021 | UNCHANGED | X | X | X | X | X | X | X | X |
| | Page | TAB 4 SERVICE DELIVERY | | | | | | | | | | |
| A | 477 | SCCMHA Policy 02.03.01- Consumerism | 2/28/2023 | REVISED | X | X | X | X | X | X | X | X |
| B | 483 | SCCMHA Policy 02.03.02- Inclusion | 3/2/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| C | 487 | SCCMHA Policy 02.03.03- Person Centered Planning | 6/6/2023 | REVISED | X | X | X | X | X | X | X | X |
| D | 509 | SCCMHA Policy 02.03.03 B- Family Centered Practice | 3/7/2023 | REVISED | X | X | X | X | X | X | X | |
| E | 523 | SCCMHA Policy 02.03.04- Self-Determination | 4/6/2023 | REVISED | X | X | X | X | X | X | X | X |
| F | 537 | SCCMHA Policy 02.03.05- Recovery | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| G | 548 | SCCMHA Policy 02.03.07-Employment of Consumers | 3/9/2023 | REVISED | X | X | X | X | X | X | X | |
| I | 554 | SCCMHA Policy 02.03.08- Welcoming | 4/11/2023 | REVISED | X | X | X | X | X | X | X | X |
| J | 561 | SCCMHA Policy 02.03.09- Evidence-Based Practices | 1/10/2023 | REVISED | X | X | X | X | X | X | X | |
| K | 581 | SCCMHA Policy 02.03.09.01- Dual Diagnosis Treatment Capacity | 3/8/2023 | REVISED | X | X | X | X | X | X | X | |
| L | 623 | SCCMHA Policy 02.03.09.01.01- SCCMHA Practice Guidelines | 1/10/2023 | REVISED | X | X | X | X | X | X | X | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services FY2024 Provider Manual Table of Contents

| | | | Last Review/ Revision Date | Status from FY2022 Provider Manual | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/Wraparound/Integrated Care) | Community Living Supports/ Supported Independent Housing/ Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | All Other Providers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| M | 628 | SCCMHA Policy 02.03.09.02- Assertive Community Treatment | 1/10/2023 | REVISED | | X | X | X | X | X | X | |
| N | 638 | SCCMHA Policy 02.03.09.03- Supported Employment Services | 3/8/2023 | REVISED | X | X | X | X | X | X | X | |
| O | 668 | SCCMHA Policy 02.03.09.04- Dialectical Behavioral Therapy | 1/10/2023 | REVISED | | X | X | X | X | | | |
| P | 681 | SCCMHA Policy 02.03.09.05- Family Psychoeducation | 1/10/2023 | REVISED | | X | X | X | X | | | |
| Q | 701 | SCCMHA Policy 02.03.09.06- Parent Management Training- Oregon Model (PMTO) | 3/8/2023 | REVISED | | X | X | X | X | | | |
| R | 711 | SCCMHA Policy 02.03.09.08- Wraparound | 3/8/2023 | REVISED | | X | X | X | X | X | | |
| S | 731 | SCCMHA Policy 02.03.09.09- System of Care | 4/11/2023 | REVISED | X | X | X | X | X | X | X | X |
| T | 738 | SCCMHA Policy 02.03.09.10- Substance Use Disorders Services & Management Plan | 10/6/2021 | REVISED | X | X | X | X | X | X | X | |
| U | 747 | SCCMHA Policy 02.03.09.11- Adult Crisis Residential Services | 6/6/2023 | REVISED | X | X | X | X | X | | | |
| V | 753 | SCCMHA Policy 02.03.09.12- Mobile Response and Stabilization Services (MRSS) | 3/2/2023 | REVISED | | | | X | | | | |
| W | 761 | SCCMHA Policy 02.03.09.13- Trauma Recovery & Empowerment (TREM) | 1/10/2023 | UNCHANGED | | X | | X | X | | | |
| X | 766 | SCCMHA Policy 02.03.09.14- Clubhouse | 3/8/2023 | REVISED | X | X | | X | X | X | X | |
| Y | 776 | SCCMHA Policy 02.03.09.15- Peer Support Services | 3/8/2023 | REVISED | X | X | X | X | X | X | X | |
| Z | 810 | SCCMHA Policy 02.03.09.16- Cognitive Behavioral Therapy (CBT) | 1/10/2023 | REVISED | | X | X | X | X | | | |
| AA | 817 | SCCMHA Policy 02.03.09.17- Mental Health First Aid (MHFA) | 4/27/2023 | REVISED | X | X | | X | X | X | X | X |
| AB | 825 | SCCMHA Policy 02.03.09.18- Child-Parent Psychotherapy | 1/10/2023 | REVISED | | | | X | X | | | |
| AC | 872 | SCCMHA Policy 02.03.09.22- Picture Exchange Communication System | 1/10/2023 | UNCHANGED | X | X | | X | X | X | X | |
| AD | 875 | SCCMHA Policy 02.03.09.24- Permanent Supportive Housing (PSH) | 1/10/2023 | REVISED | | X | X | X | X | X | | |
| AE | 887 | SCCMHA Policy 02.03.09.25- Seeking Safety | 1/10/2023 | UNCHANGED | | | | | X | | | |
| AF | 893 | SCCMHA Policy 02.03.09.27- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) | 1/10/2023 | REVISED | | | | X | X | | | |
| AG | 903 | SCCMHA Policy 02.03.09.28- Whole Health Action Management (WHAM) | 1/10/2023 | REVISED | | X | | X | X | | X | |
| AH | 908 | SCCMHA Policy 02.03.09.29- NADA Auricular Acupuncture Protocol | 3/8/2023 | UNCHANGED | | | | | X | | | |
| AI | 912 | SCCMHA Policy 02.03.09.30- Motivational Interviewing | 3/8/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AJ | 928 | SCCMHA Policy 02.03.09.31- 5 A's (Tobacco Use EBP) | 3/8/2023 | REVISED | | X | | X | X | | | |
| AK | 932 | SCCMHA Policy 02.03.09.37- Cognitive Behavioral Therapy for Hoarding Disorder (CBT for HD) | 3/8/2023 | UNCHANGED | | X | | X | X | X | X | |
| AL | 944 | SCCMHA Policy 02.03.09.38- Learning About Healthy Living Tobacco and You (LAHL) | 3/8/2023 | REVISED | X | X | X | X | X | X | X | X |
| AM | 947 | SCCMHA Policy 02.03.09.39- Teach Back | 3/8/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AN | 954 | SCCMHA Policy 02.03.09.40- SBIRT (Screening, Brief Intervention, Referral to Treatment)/YSBIRT (Youth) | 3/8/2023 | UNCHANGED | X | | | X | X | | | |
| AO | 971 | SCCMHA Policy 02.03.09.41- Eye Movement Desensitization and Reprocessing (EMDR) | 3/8/2023 | NEW | | | | | X | | | |
| AP | 977 | SCCMHA Policy 02.03.09.42- Mindfulness | 1/10/2023 | NEW | | | | | X | | | |
| AQ | 980 | SCCMHA Policy 02.03.09.43- Problem-Solving Skills Therapy (PSST) | 2/8/2023 | NEW | | | | | X | | | |
| AR | 997 | SCCMHA Policy 02.03.12- Alternatives to Guardianship | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| AS | 1019 | SCCMHA Policy 02.03.14- Trauma-Informed Services & Supports | 3/20/2023 | REVISED | X | X | X | X | X | X | X | X |
| AT | 1042 | SCCMHA Policy 02.03.15- Pharmacotherapy Guidelines | 4/12/2022 | REVISED | X | X | X | X | X | X | X | |
| AU | 1075 | SCCMHA Policy 02.03.17- Outcome Tool for Adults (ANSA) | 3/17/2023 | UNCHANGED | | X | | X | X | | | |
| AV | 1084 | SCCMHA Policy 02.03.18- PECFAS & CAFAS | 3/17/2023 | REVISED | | X | | X | X | | | |
| AW | 1111 | SCCMHA Policy 02.03.21- Autism Spectrum Disorder (ASD) Program | 3/6/2023 | REVISED | | X | X | X | X | X | X | |
| AX | 1121 | SCCMHA Policy 02.03.23- Care Coordination | 3/22/2023 | REVISED | X | X | X | X | X | X | X | |
| AY | 1126 | SCCMHA Policy 02.03.24- Suicide Prevention | 4/11/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AZ | 1139 | SCCMHA Policy 02.03.25- Wellness | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| BA | 1144 | SCCMHA Policy 02.03.41- SOGI Safe | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| BB | 1153 | SCCMHA Policy 03.01.03- Consumer Choice and Service Management | 3/2/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BC | 1162 | SCCMHA Policy 03.01.04- Jail Detention and Diversion | 4/6/2023 | REVISED | X | X | X | X | X | X | X | |
| BD | 1168 | SCCMHA Policy 03.02.02- Academic and Vocational Continuity | 3/2/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| BE | 1170 | SCCMHA Policy 03.02.03- Monitoring and Reassessment | 4/3/2023 | REVISED | X | X | X | X | X | X | X | |
| BF | 1181 | SCCMHA Policy 03.02.04- Medications Services Only | 3/26/2021 | UNCHANGED | X | X | X | X | X | X | X | |
| BG | 1184 | SCCMHA Policy 03.02.05- Plans of Service and Supports | 3/2/2023 | REVISED | X | X | X | X | X | X | X | X |
| BH | 1195 | SCCMHA Policy 03.02.06- Consumer Health and Safety | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| BI | 1205 | SCCMHA Policy 03.02.07- Residential Services | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services
# FY2024 Provider Manual
# Table of Contents

| | | | Last Review/ Revision Date | Status from FY2022 Provider Manual | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/Wraparound/Integrated Care) | Community Living Supports/ Supported Independent Housing/ Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | All Other Providers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BJ | 1234 | SCCMHA Policy 03.02.07B- Residential Services - CLS | 2/26/2019 | UNCHANGED | X | X | X | X | X | X | X | |
| BK | 1274 | SCCMHA Policy 03.02.07C- Residential Services - Exhibits | 2/26/2019 | UNCHANGED | X | X | X | X | X | X | X | |
| BL | 1307 | SCCMHA Policy 03.02.07.01- Specialized Residential-Contracted Provider Admission & Discharges | 3/28/2023 | REVISED | X | | | | X | | | |
| BM | 1323 | SCCMHA Policy 03.02.07.02- AFC Community Inclusion | 3/28/2023 | UNCHANGED | X | | | | X | | | |
| BN | 1327 | SCCMHA Policy 03.02.07.03- Community Living Supports (CLS) | 3/28/2023 | REVISED | | | | | X | | | |
| BO | 1363 | SCCMHA Policy 03.02.07.05- Adult Services Authorized Payments (ASAP) | 5/9/2023 | REVISED | | | | | X | | | |
| BP | 1376 | SCCMHA Policy 03.02.07.06- Moving Consumer into Independent Housing | 4/5/2023 | UNCHANGED | X | | | | X | X | | |
| BQ | 1381 | SCCMHA Policy 03.02.07.07- Adult Foster Care Maintenance of Physical Plant | 4/5/2023 | UNCHANGED | X | | | | X | | | |
| BR | 1396 | SCCMHA Policy 03.02.07.08- Nutrition Standards for Specialized Residential | 6/17/2021 | UNCHANGED | X | | | | X | | | |
| BS | 1414 | SCCMHA Policy 03.02.07.09- Emergency Prepardness for Specialized Residential | 6/1/2020 | UNCHANGED | X | | | | X | | | |
| BT | 1419 | SCCMHA Policy 03.02.07.10- Medication Management in Licensed Residential Settings | 3/24/2023 | REVISED | X | X | X | X | X | | X | |
| BU | 1453 | SCCMHA Policy 03.02.09- Behavioral Treatment Committee | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| BV | 1471 | SCCMHA Policy 03.02.10- Clinical Risk Committee | 3/31/2023 | REVISED | X | X | X | X | X | X | X | X |
| BW | 1476 | SCCMHA Policy 03.02.11- Child Diagnostic and Treatment Training Requirements | 5/4/2023 | REVISED | | | | X | X | | | |
| BX | 1485 | SCCMHA Policy 03.02.12- Peer Delivered and Operated Service | 3/17/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| BY | 1487 | SCCMHA Policy 03.02.13- Transition/Discharge Services | 3/17/2023 | REVISED | X | X | X | X | X | X | X | |
| BZ | 1491 | SCCMHA Policy 03.02.14- Advance Directives | 9/20/2022 | UNCHANGED | X | X | X | X | X | X | X | |
| CA | 1500 | SCCMHA Policy 03.02.15- Safe Transportation of Children and Teens | 3/3/2023 | UNCHANGED | X | X | | X | X | X | X | X |
| CB | 1504 | SCCMHA Policy 03.02.16- Discharges for Assaultive, Aggressive or Other Types Disruptive Behavior | 3/31/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| CC | 1507 | SCCMHA Policy 03.02.18- Respite Services | 3/6/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| CD | 1521 | SCCMHA Policy 03.02.20- Medication Review | 9/14/2022 | REVISED | X | X | X | X | X | X | X | |
| CE | 1549 | SCCMHA Policy 03.02.21- Structured Daytime Activity Programming | 3/2/2023 | UNCHANGED | X | X | | | X | | | |
| CF | 1565 | SCCMHA Policy 03.02.24- Service Array | 6/28/2021 | UNCHANGED | X | X | X | X | X | X | X | X |
| CG | 1569 | SCCMHA Policy 03.02.25- Use of Electroconvulsive Therapy | 4/12/2022 | UNCHANGED | | X | | | X | | | |
| CH | 1574 | SCCMHA Policy 03.02.26- Consumer Transition Planning | 3/2/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| CI | 1579 | SCCMHA Policy 03.02.27- Behavioral Plans | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| CJ | 1613 | SCCMHA Policy 03.02.28- Psychiatric Evaluation | 4/12/2022 | UNCHANGED | X | X | X | X | X | X | X | |
| CK | 1615 | SCCMHA Policy 03.02.29- Closure/Discharge Criteria | 10/11/2022 | REVISED | | | | X | X | | | |
| CL | 1628 | SCCMHA Policy 03.02.30- Use of PRN Psychotropic Medications in the Mental Health Setting | 9/14/2022 | REVISED | | | X | | X | | | |
| CM | 1657 | SCCMHA Policy 03.02.31- Services for Members of the Armed Forces, Veterans and their families | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| CN | 1662 | SCCMHA Policy 03.02.32- Medication Drop Service Program for Adults | 6/6/2023 | REVISED | | | | X | X | X | | |
| CO | 1690 | SCCMHA Policy 03.02.33- Genoa HealthCare MED DROP™ Program for Children | 5/24/2023 | REVISED | | | | | X | X | | |
| CP | 1723 | SCCMHA Policy 03.02.34- Services for American Indians | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| CQ | 1727 | SCCMHA Policy 03.02.35- Serving LGBTQ+ Consumers | 4/11/2023 | REVISED | X | X | X | X | X | X | X | |
| CR | 1739 | SCCMHA Policy 03.02.37- Prescribing Controlled Substances | 10/18/2021 | REVISED | | X | X | | X | | | |
| CS | 1745 | SCCMHA Policy 03.02.38- Prescription Monitoring Program Compliance | 9/14/2022 | REVISED | X | X | X | X | X | X | X | |
| CT | 1749 | SCCMHA Policy 03.02.39- Psychiatric Hospitalization of consumers with Intellectual and Developmental Disabilities and Children with Autism | 3/2/2023 | REVISED | X | | | X | X | | | |
| CU | 1755 | SCCMHA Policy 03.02.40- Serious Emotional Disturbance Waiver (SEDW) Program Overview | 3/2/2023 | UNCHANGED | | | | X | X | | | |
| CV | 1758 | SCCMHA Policy 03.02.41- Serious Emotional Disturbance Waiver (SEDW) Entry Criteria | 3/2/2023 | REVISED | | | | X | X | | | |
| CW | 1763 | SCCMHA Policy 03.02.42- Serious Emotional Disturbance Waiver (SEDW) Exit Criteria | 3/2/2023 | UNCHANGED | | | | X | X | | | |
| CX | 1767 | SCCMHA Policy 03.02.44- Provision of Psychiatric Services to Children | 12/8/2020 | UNCHANGED | X | | | X | X | | | |
| CY | 1777 | SCCMHA Policy 03.02.45- Interdisciplinary Treatment Teams | 4/11/2023 | NEW | X | X | X | X | X | X | X | X |
| CZ | 1782 | SCCMHA Policy 03.02.46- Whole-Person Care | 11/2/2021 | NEW | | X | | | X | | | |
| DA | 1844 | SCCMHA Policy 03.02.47- Children's Home and Community – Based Waiver Program (CWP) Overview | 3/2/2023 | NEW | | X | | | X | | | |
| DB | 1847 | SCCMHA Policy 03.02.47.01- Children's Home and Community – Based Waiver Program (CWP) Eligibility and Enrollment | 3/2/2023 | NEW | | X | | | X | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services FY2024 Provider Manual Table of Contents

| | | | Last Review/ Revision Date | Status from FY2022 Provider Manual | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/Wraparound/Integrated Care) | Community Living Supports/ Supported Independent Housing/ Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | All Other Providers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DC | 1854 | SCCMHA Policy 03.02.49- Hospital Discharge Planning | 4/12/2022 | UNCHANGED | X | X | X | X | X | | | |
| DD | 1869 | SCCMHA Policy 04.01.01- Quality Improvement Program | 2/24/2023 | REVISED | X | | X | | X | | | |
| DE | 1876 | SCCMHA Policy 04.01.02- Incident Reporting and Review | 2/24/2023 | REVISED | X | X | | X | X | X | X | |
| DF | 1897 | SCCMHA Policy 04.01.04- Trauma Screening, Assessment, and Treatment Services | 3/7/2023 | REVISED | | X | | X | X | | | |
| DG | 1925 | SCCMHA Policy 05.01.01- Management & Dispensing of Sample Medications | 4/12/2022 | REVISED | | X | | X | X | | | |
| DH | 1929 | SCCMHA Policy 05.01.03- Process for Consumers w-o Insurance Benefits or Patient Assistance | 6/1/2020 | UNCHANGED | | X | | X | X | | | |
| DI | 1962 | SCCMHA Policy 05.01.04- Psychiatric Supervision & SCCMHA Medical Director Role | 9/14/2022 | REVISED | X | X | | X | X | X | X | |
| DJ | 1966 | SCCMHA Policy 06.01.01- Health Literacy | 10/12/2021 | UNCHANGED | X | X | X | X | X | | X | |
| DK | 1979 | SCCMHA Policy 06.01.02- Infection Control | 6/10/2022 | REVISED | X | X | X | X | X | X | X | |
| DL | 1985 | SCCMHA Policy 06.03.01- Pest Prevention, Identification and Management | 4/3/2017 | UNCHANGED | X | X | | X | X | X | X | X |
| DM | 2018 | SCCMHA Procedure 09.02.04.01- Indigent Consumers Living in a Licensed AFC Home | 3/31/2020 | UNCHANGED | X | X | X | X | X | X | X | |
| DN | 2023 | SCCMHA Procedure 09.03.01.04- Level of Care Reviews | 8/1/2022 | REVISED | X | X | X | X | X | X | X | |
| DO | 2037 | SCCMHA Procedure 09.04.02.11 - Home Manager Vital Sign and Medication Competency Evaluation | 1/10/2022 | UNCHANGED | X | | | | | | | |
| DP | 2050 | SCCMHA Procedure 09.04.03.12- Referral and Authorization of Drop-In Services | 6/6/2023 | REVISED | | X | | | X | X | X | |
| DQ | 2061 | SCCMHA Procedure 09.04.04.03- Personal Care and CLS Service Log Documentation | 7/17/2023 | REVISED | X | X | | | X | X | X | |
| DR | 2069 | SCCMHA Procedure 09.06.00.01 - Clinical Staff Supervision | 10/24/2022 | UNCHANGED | | | | | X | | | |
| DS | 2080 | SCCMHA Procedure 09.06.00.12- Consumer Clinical Team Orientation | 11/8/2021 | REVISED | | | | | X | | | |
| DT | 2085 | SCCMHA Procedure 09.06.00.15- Telehealth - Telemedicine Services | 10/1/2022 | NEW | X | X | X | X | X | X | X | X |
| DU | 2101 | SCCMHA Procedure 09.06.05.09- Training of Adaptive Equipment for Skill Building & Residential Staff | 3/2/2023 | REVISED | X | X | | | | X | X | |
| DV | 2104 | SCCMHA Procedure 09.06.09.01- Microenterprise | 3/9/2023 | REVISED | X | X | | | X | X | X | |
| DW | 2112 | SCCMHA Procedure 09.06.10.01- Autism – School and ABA | 6/3/2023 | UNCHANGED | | X | | | | | | |
| DX | 2115 | SCCMHA Procedure 09.06.10.02- Autism Program Entry to Services | 6/3/2023 | REVISED | | X | | | | | | |
| DY | 2119 | SCCMHA Procedure 09.06.10.03- Autism Expectations Regarding Treatment Plans | 6/3/2023 | REVISED | | X | | | | | | |
| DZ | 2125 | SCCMHA Procedure 09.06.10.04- Autism Program Mission and Vision Statement | 6/3/2023 | UNCHANGED | | X | | | | | | |
| EA | 2126 | SCCMHA Procedure 09.06.10.05- Autism Program Introduction | 6/3/2023 | UNCHANGED | | X | | | | | | |
| EB | 2128 | SCCMHA Procedure 09.06.10.06- Autism Discharge Planning | 6/3/2023 | UNCHANGED | | X | | | | | | |
| EC | 2131 | SCCMHA Procedure 09.06.10.07- Autism Supports Coordinator Responsibilities | 6/3/2023 | REVISED | | X | | | | | | |
| ED | 2137 | SCCMHA Procedure 09.06.10.08- Autism Eligibility Determination and Re-Evaluation | 6/3/2023 | REVISED | | X | | | | | | |
| EE | 2145 | SCCMHA Procedure 09.06.10.09- Autism Program Orientation Meeting | 6/3/2023 | UNCHANGED | | X | | | | | | |
| EF | 2148 | SCCMHA Procedure 09.06.10.10- Referrals for ASD Eligibility Determination Evaluations for ABA | 6/3/2023 | NEW | | X | | | | | | |
| EG | 2156 | SCCMHA Procedure 09.06.12.01- Housing Procedure Manual and Definitions | 3/2/2023 | UNCHANGED | | | | | X | | | |
| EH | 2160 | SCCMHA Procedure 09.06.12.03- Housing First and Harm Reduction | 3/2/2023 | UNCHANGED | | | | | X | | | |
| EI | 2163 | SCCMHA Procedure 09.06.12.04- Fair Housing | 3/2/2023 | UNCHANGED | | | | | X | | | |
| EJ | 2165 | SCCMHA Procedure 09.06.12.06- Integrated and Inclusive Housing Program | 3/2/2023 | UNCHANGED | | | | | X | | | |
| EK | 2168 | SCCMHA Procedure 09.06.12.07- Eligibility Criteria | 3/2/2023 | UNCHANGED | | | | | X | | | |
| EL | 2179 | SCCMHA Procedure 09.06.12.09- Referral-Application, Screening and Eligibility Determination | 3/6/2023 | UNCHANGED | | | | | X | | | |
| EM | 2203 | SCCMHA Procedure 09.06.12.11- Housing Assessment & Plan | 3/8/2023 | UNCHANGED | | | | | X | | | |
| EN | 2205 | SCCMHA Procedure 09.06.12.13- Housing Search and Placement for TRA Programs | 3/8/2023 | UNCHANGED | | | | | X | | | |
| EO | 2209 | SCCMHA Procedure 09.06.12.18- Medicaid Housing Assistance Benefit | 3/29/2023 | UNCHANGED | | | | | X | | | |
| EP | 2212 | SCCMHA Procedure 09.06.12.21- Support Services | 3/30/2023 | UNCHANGED | | | | | X | | | |
| EQ | 2214 | SCCMHA Procedure 09.06.12.22- Case Manager Agreement | 3/30/2023 | UNCHANGED | | | | | X | | | |
| ER | 2217 | SCCMHA Procedure 09.06.12.23- Annual Recertification | 3/30/2023 | UNCHANGED | | | | | X | | | |
| ES | 2240 | SCCMHA Procedure 09.06.12.28- Housing Appeals & Grievance | 3/30/2023 | UNCHANGED | | | | | X | | | |
| ET | 2242 | SCCMHA Procedure 09.09.03.01- Health Home Huddle | 6/12/2019 | UNCHANGED | | | | | X | | | |
| EU | 2245 | SCCMHA Procedure 09.09.04.01- Medication Reviews by Non-Physician | 7/30/2019 | UNCHANGED | | | | | X | | | |
| EV | 2251 | SCCMHA Procedure 09.09.04.02- Medication Disposal | 6/3/2021 | UNCHANGED | X | | | | X | X | | |
| EW | 2255 | SCCMHA Procedure 09.09.04.03- Consent to Treatment with Medications | 7/30/2019 | UNCHANGED | | | | X | X | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services FY2024 Provider Manual Table of Contents

| | | | Last Review/ Revision Date | Status from FY2022 Provider Manual | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/Wraparound/Integrated Care) | Community Living Supports/ Supported Independent Housing/ Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | All Other Providers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| EX | 2260 | SCCMHA Procedure 09.09.04.05- AIMS Testing | 11/12/2020 | UNCHANGED | | | | | X | | | |
| EY | 2269 | SCCMHA Procedure 09.09.04.06- Collection and Disposal of Needles and Syringes | 7/30/2019 | UNCHANGED | X | | | | X | X | | |
| EZ | 2272 | SCCMHA Procedure 09.09.04.07- Clozapine Program | 7/30/2019 | UNCHANGED | | | | | X | | | |
| FA | 2276 | SCCMHA Procedure 09.09.04.08- Zyprexa Relprevv Injection | 7/30/2019 | UNCHANGED | | | | | X | | | |
| FB | 2281 | SCCMHA Procedure 09.09.05.05- Health Services Referral Process | 3/25/2022 | NEW | X | | | | X | X | | |
| FC | 2290 | SCCMHA Procedure 09.09.05.08- Specialized Medical Equipment and Supplies | 12/22/2022 | REVISED | | X | | | X | | | |
| | | **TAB 5 Regulatory Management/HIPAA Compliance** | | | | | | | | | | |
| A | 2305 | SCCMHA Policy 05.07.01- Compliance and Ethics Program | 6/23/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| B | 2308 | SCCMHA Policy 05.07.02- SCCMHA Network HIPAA Compliance | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| C | 2312 | SCCMHA Policy 05.07.03- Deficit Reduction Act Compliance (False Claims) | 6/23/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| D | 2317 | SCCMHA Policy 05.07.05- Reporting of Medicaid Fraud and/or Abuse | 6/23/2023 | REVISED | X | X | X | X | X | X | X | X |
| E | 2321 | SCCMHA Policy 08.01.08- Releasing Consumer Information | 2/27/2023 | REVISED | X | X | | | X | | X | |
| F | 2336 | SCCMHA Policy 08.04.01- Consumer Records | 4/6/2023 | REVISED | X | X | X | X | X | X | X | |
| G | 2350 | SCCMHA Policy 08.04.09- Ownership & Retention of Hard Copy Consumer Records | 4/6/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| H | 2558 | SCCMHA Policy 08.06.00.01- Information Technology Definitions | 7/5/2023 | NEW | X | X | X | X | X | X | X | X |
| I | 2630 | SCCMHA Procedure 09.08.01.04- BH-TEDS | 7/11/2023 | NEW | | | | X | X | | | |
| | | **SCCMHA HIPAA Privacy Policies** | | | **(heading only)** | | | | | | | |
| | | **Notice of Privacy Practice** | | | **(heading only)** | | | | | | | |
| J | 2359 | SCCMHA Policy 08.05.02.01- Content of Notice | 6/23/2023 | REVISED | X | X | X | X | X | X | X | |
| K | 2375 | SCCMHA Policy 08.05.02.02- Provision of Notice | 6/23/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **The Right to Request Privacy Protection for PHI** | | | **(heading only)** | | | | | | | |
| L | 2380 | SCCMHA Policy 08.05.03.01- Requesting Restrictions on Uses and Disclosures | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| M | 2384 | SCCMHA Policy 08.05.03.02- Confidential Communications for PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| N | 2388 | SCCMHA Policy 08.05.03.03- HITECH Breach Notification PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **The Individual's Right to Access PHI** | | | **(heading only)** | | | | | | | |
| O | 2417 | SCCMHA Policy 08.05.04.01- Granting Access to Inspect and Obtain a Copy | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| P | 2423 | SCCMHA Policy 08.05.04.02- Denying Access to Inspect and Obtain a Copy | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| Q | 2428 | SCCMHA Policy 08.05.04.03- Reviewing a Denial to Access PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| R | 2431 | SCCMHA Policy 08.05.04.04- Extending Time to Respond to Request for Access to PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **The Right of Individuals to Amend** | | | **(heading only)** | | | | | | | |
| S | 2434 | SCCMHA Policy 08.05.05.01- Accepting Requests for Amendments to PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| T | 2438 | SCCMHA Policy 08.05.05.02- Denying Requests for Amendments to PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **Scope of Use and Disclosure** | | | **(heading only)** | | | | | | | |
| U | 2442 | SCCMHA Policy 08.05.06.01- Identifying when Routine Health Information Becomes PHI | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| V | 2445 | SCCMHA Policy 08.05.06.02- Creating De-identified Information | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| W | 2449 | SCCMHA Policy 08.05.06.03- Creation and Uses of a Limited Data Set | 6/26/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **Minimum Necessary Standard** | | | **(heading only)** | | | | | | | |
| X | 2453 | SCCMHA Policy 08.05.07.01- Disclosing and Requesting only the Minimum Amount of PHI Necessary | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **Authorizations** | | | **(heading only)** | | | | | | | |
| Y | 2457 | SCCMHA Policy 08.05.09.01- Obtaining an Authorization for Use or Disclosure of PHI | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| Z | 2462 | SCCMHA Policy 08.05.09.02- Conditioning Services on the Provision of an Authorization to Disclose PHI | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AA | 2465 | SCCMHA Policy 08.05.09.03- Individual Revocation of an Authorization to Disclose PHI | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AB | 2467 | SCCMHA Policy 08.05.09.04- Prohibiting the Use of an Invalid Authorization to Disclose PHI | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AC | 2470 | SCCMHA Policy 08.05.09.05- Authorization for the Use or Disclosure of Psychotherapy Notes | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **Uses and Disclosures that Require an Opportunity to Agree or Object** | | | **(heading only)** | | | | | | | |
| AD | 2474 | SCCMHA Policy 08.05.10.01- Using PHI for Involvement in and Notification of the Individual's Care | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **Authorization or Opportunity to Agree or Object** | | | **(heading only)** | | | | | | | |
| AE | 2478 | SCCMHA Policy 08.05.11.01- Disclosing PHI as Required by Law | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AF | 2482 | SCCMHA Policy 08.05.11.02- Disclosing PHI for Public Health Release | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AG | 2486 | SCCMHA Policy 08.05.11.03- Disclosing PHI about Victims of Abuse, Neglect or Domestic Violence | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AH | 2489 | SCCMHA Policy 08.05.11.04- Disclosing PHI Involving Child Abuse or Neglect | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AI | 2492 | SCCMHA Policy 08.05.11.05- Disclosing PHI for Health Oversight Release | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services
# FY2024 Provider Manual
# Table of Contents

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AJ | 2495 | SCCMHA Policy 08.05.11.06- Disclosing PHI as Required by Legislative Subpoena | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AK | 2498 | SCCMHA Policy 08.05.11.07- Disclosing Non-Privileged PHI for Judicial and Administrative Release | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AL | 2503 | SCCMHA Policy 08.05.11.08- Disclosing Privileged PHI for Judicial and Administrative Release | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AM | 2506 | SCCMHA Policy 08.05.11.09- Disclosing PHI for Law Enforcement Release | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AN | 2512 | SCCMHA Policy 08.05.11.10- Disclosing PHI about Decedents | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AO | 2515 | SCCMHA Policy 08.05.11.11- Disclosing PHI to Avert Serious Threat to Health and Safety | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AP | 2519 | SCCMHA Policy 08.05.11.12- Disclosing PHI for Specialized Government Functions | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AQ | 2523 | SCCMHA Policy 08.05.11.13- Disclosing PHI for Worker's Compensation | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| | | **Other Requirements Relating to the Use and Disclosure of PHI** | | | **(heading only)** | | | | | | | |
| AR | 2526 | SCCMHA Policy 08.05.12.01- Verification of Individuals or Entities Requesting Use or Disclosure of PHI | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AS | 2530 | SCCMHA Policy 08.05.12.02- Treating a Personal Representative of the Consumer as the Consumer | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| | | **Employee Education and Training** | | | **(heading only)** | | | | | | | |
| AT | 2534 | SCCMHA Policy 08.05.14.01- Employee Training Regarding the Use and Disclosure of PHI | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AU | 2536 | SCCMHA Policy 08.05.14.02- Employee Training on Privacy Awareness | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| | | **Marketing** | | | **(heading only)** | | | | | | | |
| AV | 2539 | SCCMHA Policy 08.05.15.01- Using and Disclosing PHI for Marketing | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| | | **Recordkeeping** | | | **(heading only)** | | | | | | | |
| AW | 2542 | SCCMHA Policy 08.05.16.01- Documentation | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AX | 2545 | SCCMHA Policy 08.05.16.02- Designation of a Privacy Official | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AY | 2548 | SCCMHA Policy 08.05.16.03- Falsification, Alteration, or Supplementation of Medical Records | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AZ | 2551 | SCCMHA Policy 08.05.16.04- Sanctioning of Employees, Agents, and Contractors | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| | | **Individual Rights to PHI** | | | **(heading only)** | | | | | | | |
| BA | 2553 | SCCMHA Policy 08.05.17.01- Filing Complaints | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| BB | 2555 | SCCMHA Policy 08.05.17.03- Suspension | 6/27/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| | | **SCCMHA HIPAA Security Policies** | | | **(heading only)** | | | | | | | |
| BC | 2564 | SCCMHA Policy 08.06.04- HIPAA Security, Security Sanctions | 8/4/2023 | NEW | X | X | X | X | X | X | X | X |
| BD | 2567 | SCCMHA Policy 08.06.08.01- Security Management Process | 8/4/2023 | REVISED | X | X | X | X | X | X | X | X |
| BE | 2573 | SCCMHA Policy 08.06.08.02- Assigned Security Responsibility | 8/4/2023 | NEW | X | X | X | X | X | X | X | X |
| BF | 2575 | SCCMHA Policy 08.06.08.03- Workforce Security | 8/4/2023 | REVISED | X | X | X | X | X | X | X | X |
| BG | 2579 | SCCMHA Policy 08.06.08.04- Information Access Management | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BH | 2582 | SCCMHA Policy 08.06.08.05- Security Awareness and Training | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BI | 2586 | SCCMHA Policy 08.06.08.06- Security Incident Procedures | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BJ | 2589 | SCCMHA Policy 08.06.08.07- Contingency Plan | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BK | 2594 | SCCMHA Policy 08.06.08.08- Evaluation | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BL | 2598 | SCCMHA Policy 08.06.08.09- Business Associate Agreements (BAAs) and Other Agreements | 7/3/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BM | 2602 | SCCMHA Policy 08.06.10.01- Facility Access Controls | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BN | 2606 | SCCMHA Policy 08.06.10.04- Device and Media Controls | 8/4/2023 | REVISED | X | X | X | X | X | X | X | X |
| BO | 2610 | SCCMHA Policy 08.06.12.02- Audit Controls | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BP | 2613 | SCCMHA Policy 08.06.12.03- Integrity | 8/4/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BQ | 2616 | SCCMHA Policy 08.06.12.04- Person or Entity Authentication | 8/4/2023 | NEW | X | X | X | X | X | X | X | X |
| BR | 2620 | SCCMHA Policy 08.06.12.05- Transmission Security | 8/4/2023 | REVISED | X | X | X | X | X | X | X | X |
| BS | 2623 | SCCMHA Policy 08.06.16.01- Policies, Procedures and Documentation | 6/28/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| BT | 2627 | SCCMHA Policy 08.06.40- HIPAA Security, Data Backup and Storage | 8/4/2023 | NEW | X | X | X | X | X | X | X | X |
| | Page | **TAB 6 RECIPIENT RIGHTS - CUSTOMER SERVICE - APPEALS & GRIEVANCE** | | | | | | | | | | |
| A | 2636 | SCCMHA Policy 02.01.01- Enrollee Rights and Accommodations | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| B | 2641 | SCCMHA Policy 02.01.01.02- Cultural Competence | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| C | 2644 | SCCMHA Policy 02.01.02- Customer Service | 2/14/2023 | REVISED | X | X | X | X | X | X | X | |
| D | 2648 | SCCMHA Policy 02.01.03- Consumer Involvement and Leadership | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| E | 2651 | SCCMHA Policy 02.01.04- Input From Persons Served | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| F | 2654 | SCCMHA Policy 02.01.05- Consumer Orientation | 2/14/2023 | REVISED | X | X | X | X | X | X | X | |
| G | 2657 | SCCMHA Policy 02.01.06- Service Accessibility for Consumers | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services FY2024 Provider Manual Table of Contents

| | | | Last Review/ Revision Date | Status from FY2022 Provider Manual | Licensed Residential/Crisis Residential | Enhanced Health Services/Autism (speech, behavioral, ot) | Inpatient | Crisis/CAI/MUTT | Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/Wraparound/Integrated Care) | Community Living Supports/ Supported Independent Housing/ Respite Services | Skill Build/Supported Employment/Clubhouse/Drop-In | All Other Providers |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| H | 2660 | SCCMHA Policy 02.01.08- Telephone Access Service | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| I | 2663 | SCCMHA Policy 02.01.09- Consumer and Family Education Materials & Activities | 2/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| J | 2665 | SCCMHA Policy 02.01.11- Medicaid Appeals | 2/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| K | 2683 | SCCMHA Policy 02.01.11.01- Customer Service Grievance | 2/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| L | 2689 | SCCMHA Policy 02.01.11.02- Local Appeal | 2/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| M | 2696 | SCCMHA Policy 02.01.13- Limited English Proficiency | 2/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| N | 2700 | SCCMHA Policy 02.01.14- Parking Policy for 500 Hancock | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| O | 2706 | SCCMHA Policy 02.01.16- Tranportation to SCCMHA Appointments | 2/14/2023 | REVISED | | X | | X | X | X | | |
| P | 2710 | SCCMHA Policy 02.01.17- Housing Local Appeals | 2/14/2023 | REVISED | | | | | X | | | |
| Q | 2716 | SCCMHA Policy 02.02.01- Complaint and Appeal Process | 3/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| R | 2731 | SCCMHA Policy 02.02.05- Confidentiality | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| S | 2739 | SCCMHA Policy 02.02.06- Reporting Complaints and Alleged Violations | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| T | 2743 | SCCMHA Policy 02.02.07- Services Suited to Condition | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| U | 2748 | SCCMHA Policy 02.02.08- Consent for Treatment | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| V | 2753 | SCCMHA Policy 02.02.09- Change in Type of Treatment | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| W | 2756 | SCCMHA Policy 02.02.11- Abuse and Neglect | 3/14/2023 | REVISED | X | X | X | X | X | X | X | X |
| X | 2767 | SCCMHA Policy 02.02.14- Restraint and Seclusion | 3/14/2023 | REVISED | X | X | X | X | X | X | X | |
| Y | 2771 | SCCMHA Policy 02.02.16- Medication and the use of Psychotropic Drugs | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| Z | 2777 | SCCMHA Policy 02.02.17- Sterilization, Abortion and Contraception | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AA | 2779 | SCCMHA Policy 02.02.18- Voice Recording, Photography, Fingerprinting, and the use of One-Way Glass | 3/14/2023 | REVISED | X | X | X | X | X | X | X | |
| AB | 2786 | SCCMHA Policy 02.02.20- Treatment by Spiritual Means | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AC | 2789 | SCCMHA Policy 02.02.21- Comprehensive Examination | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AD | 2791 | SCCMHA Policy 02.02.22- Entertainment Material, Information, and News | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AE | 2794 | SCCMHA Policy 02.02.23- Communication, Mail, Telephone & Visiting Rights | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AF | 2797 | SCCMHA Policy 02.02.24- Freedom of Movement | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AG | 2800 | SCCMHA Policy 02.02.25- Personal Property & Funds | 3/14/2023 | REVISED | X | X | X | X | X | X | X | |
| AH | 2803 | SCCMHA Policy 02.02.26- Recipient Labor | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AI | 2806 | SCCMHA Policy 02.02.28- Dignity and Respect | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AJ | 2808 | SCCMHA Policy 02.02.29- Least Restrictive Setting | 3/14/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| AK | 2810 | SCCMHA Policy 02.02.30- Recipient Rights- Substance Abuse | 2/11/2020 | UNCHANGED | | | | | X | | | |
| AL | 2817 | SCCMHA Policy 02.02.31- Service Animals | 2/14/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AM | 2821 | SCCMHA Procedure 09.05.01.07- Scheduling Taxi Cab Vouchers in Sentri | 3/28/2023 | NEW | X | X | X | X | X | X | X | |
| AN | 2829 | LPH Inpatient Site Visit Tool | 7/6/2023 | REVISED | | | X | | | | | |
| AO | 2831 | ORR MDHHS Standard Residential Outpatient Site Visit Checklist | April 2019 | UNCHANGED | X | | | | | | | |
| AP | 2833 | Summary of Abuse and Neglect Reporting Requirements | Nov. 2022 | REVISED | X | X | X | X | X | X | X | X |
| | Page | **TAB 7 CLAIMS PROCESSING** | | | | | | | | | | |
| A | 2835 | SCCMHA Policy 05.02.06- Financial Liability for Mental Health Services | 1/10/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| B | 2839 | SCCMHA Procedure 09.10.01.01- Contracted Network Provider Claims Submission Procedures | 3/31/2020 | UNCHANGED | X | X | X | X | X | X | X | X |
| C | 2843 | SCCMHA Procedure 09.10.01.01.01- Electronic Claims Submission by Provider | 1/27/2020 | UNCHANGED | X | X | X | X | X | X | X | X |
| D | 2860 | SCCMHA Procedure 09.10.01.01.05- UB04 Uniform Biling Form Instructions | 1/27/2020 | UNCHANGED | | | X | | | | | |
| E | 2865 | SCCMHA Procedure 09.10.01.01.06- Provider Registration and Maintenance for Access to Sentri | 3/31/2020 | UNCHANGED | X | X | X | X | X | X | X | |
| F | 2873 | SCCMHA Procedure 09.10.01.01.08- Provider Submission of Start and Stop Times on Claims | 3/31/2020 | UNCHANGED | X | X | X | X | X | X | X | |
| G | 2876 | SCCMHA Procedure 09.10.01.01.11- Electronic Claims Submission by Provider | 6/14/2019 | UNCHANGED | X | X | X | X | X | X | X | |
| H | 2892 | SCCMHA Procedure 09.10.01.01.13- Provider Network Appeal Process for Claim Payment Denial | 11/28/2022 | NEW | X | X | X | X | X | X | X | X |
| I | 2895 | SCCMHA Procedure 09.10.01.02.07- Contracted Network Provider Claims Workflow | 1/28/2020 | UNCHANGED | X | X | X | X | X | X | X | X |
| | Page | **TAB 8 NETWORK SERVICES** | | | | | | | | | | |
| A | 2901 | SCCMHA Policy 01.03.03- Media/Communications Request for Agency Information | 7/11/2023 | REVISED | X | X | X | X | X | X | X | X |
| B | 2918 | SCCMHA Policy 01.03.05- SCCMHA ListServer | 4/6/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| C | 2926 | SCCMHA Policy 03.02.07.11- Management of Consumer Funds | 3/24/2023 | UNCHANGED | X | | X | X | X | X | X | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services FY2024 Provider Manual Table of Contents

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| D | 2942 | SCCMHA Policy 05.06.01- Network Management & Development | 6/6/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| E | 2952 | SCCMHA Policy 05.06.03- Competency Requirements for the SCCMHA Provider Network | 6/28/2023 | REVISED | X | X | X | X | X | X | X | X |
| F | 2971 | SCCMHA Policy 05.06.03.01- Credentialing and Recredentialing of SCCMHA Providers and Staff | 6/1/2023 | NEW | X | X | X | X | X | X | X | X |
| G | 3015 | SCCMHA Policy 05.06.03.02- Adverse Credentialing Decision Appeal Process | 6/1/2023 | REVISED | X | X | X | X | X | X | X | X |
| H | 3027 | SCCMHA Policy 05.06.03.03- Specialty Behavioral Health Credentialing & Supervision Requirements | 6/1/2023 | NEW | X | X | X | X | X | X | X | X |
| I | 3032 | SCCMHA Policy 05.06.05- Event Verification | 6/1/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| J | 3040 | SCCMHA Policy 05.06.06- SCCMHA Continuing Education Program | 8/8/2023 | REVISED | X | X | | X | X | X | X | X |
| K | 3046 | SCCMHA Policy 05.06.06.01- Continuing Education Credits for Social Workers | 5/3/2023 | REVISED | | | | | X | | | |
| L | 3055 | SCCMHA Policy 05.06.06.02- SCCMHA Training Policy for General AFC Licensees, Licensee Designees & Direct Care Staff | 5/4/2023 | UNCHANGED | X | | | | | | | |
| M | 3062 | SCCMHA Policy 05.06.06.04- Continuing Education Virtual Training | 5/4/2023 | REVISED | X | X | X | X | X | X | X | X |
| N | 3073 | SCCMHA Policy 05.06.06.05- Reciprocity and Portability of Training for Staff | 4/26/2023 | REVISED | X | X | X | X | X | X | X | X |
| O | 3082 | SCCMHA Policy 05.06.06.06- Continuing Education (CE) Appeal Process | 6/6/2023 | REVISED | X | X | X | X | X | X | X | |
| P | 3089 | SCCMHA Policy 05.06.09- Provider Network Documentation | 6/6/2023 | UNCHANGED | X | X | X | X | X | X | X | |
| Q | 3102 | SCCMHA Policy 05.07.04- Network Service Provider Appeals & Dispute Resolution | 6/26/2023 | REVISED | X | X | X | X | X | X | X | |
| R | 3108 | SCCMHA Policy 08.04.08- Agency Forms | 4/6/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| S | 3111 | SCCMHA Procedure 09.04.01.01- Auditing | 6/1/2023 | REVISED | X | X | X | X | X | X | X | X |
| T | 3137 | SCCMHA Procedure 09.04.01.02- Event Verification | 6/1/2023 | REVISED | X | X | X | X | X | X | X | X |
| U | 3153 | SCCMHA Procedure 09.04.01.04- Quality of Life Visits | 6/1/2023 | REVISED | X | X | | | X | | | |
| V | 3162 | SCCMHA Procedure 09.04.01.06- Residential Placement Committee | 6/1/2023 | REVISED | X | X | | X | X | X | | |
| W | 3167 | SCCMHA Procedure 09.04.02.02- Distribution of Training Reports | 5/4/2023 | REVISED | X | X | | X | X | X | X | X |
| X | 3173 | SCCMHA Procedure 09.04.02.03- SCCMHA Contracted Provider Training Orientation | 4/26/2023 | REVISED | X | X | | X | X | X | X | X |
| Y | 3180 | SCCMHA Procedure 09.04.02.09- Fee-Based Continuing Education Trainings | 4/26/2023 | NEW | X | X | X | X | X | X | X | X |
| Z | 3190 | SCCMHA Procedure 09.04.03.05- Distribution of Network Services Communications | 6/6/2023 | REVISED | X | X | X | X | X | X | X | X |
| AA | 3194 | SCCMHA Procedure 09.04.03.06- Consumer Access to Network Service Provider Information | 6/6/2023 | UNCHANGED | X | X | X | X | X | X | X | X |
| AB | 3196 | SCCMHA Procedure 09.04.03.07- Residential Provider Watch Program | 6/1/2023 | UNCHANGED | X | X | | X | X | X | X | |
| AC | 3201 | SCCMHA Procedure 09.04.03.10- Movement of Consumers to Residential Settings | 6/6/2023 | REVISED | X | X | | | X | | | |
| AD | 3208 | SCCMHA Procedure 09.04.03.11- Consumer Leadership Roles | 6/6/2023 | NEW | X | X | X | X | X | X | X | X |
| AE | 3211 | SCCMHA Procedure 09.04.03.13- Protocol for Secondary Provider Assistance | 6/6/2023 | REVISED | X | X | X | X | X | X | X | X |
| AF | 3220 | SCCMHA Procedure 09.04.03.14- Bayside Boutique | 6/6/2023 | UNCHANGED | | | | | X | | | |
| AG | 3224 | SCCMHA Procedure 09.04.04.04- Provider Orientation | 6/18/2018 | UNCHANGED | X | X | X | X | X | X | X | X |
| AH | 3228 | SCCMHA Procedure 09.04.05.01- Entry and Uploading of Credentials, Privileges, and Certifications into Sentri II | 6/1/2023 | UNCHANGED | | X | | X | X | | | |
| AI | 3235 | SCCMHA Procedure 09.04.05.02- Tracking of Credentials for Staff Electronic Signatures | 6/1/2023 | REVISED | X | X | X | X | X | X | X | X |
| AJ | 3240 | SCCMHA Procedure 09.04.05.03- Privileging of Practitioners in Evidence-Based Practices | 5/16/2023 | REVISED | | X | | X | X | | X | |
| AK | 3247 | SCCMHA Procedure 09.04.05.04- Insurance Credentialing of Fully Licensed Clinical Staff | 8/8/2023 | NEW | | | | | X | | | |
| AL | 3259 | SCCMHA Procedure 09.06.05.05- Enrollment in Champs | 6/1/2023 | REVISED | | | | X | X | | | |
| AM | 3273 | SCCMHA Procedure 09.06.05.06- Applying for your NPI Number/Updating your NPI with NPPES | 6/1/2023 | REVISED | | X | | X | X | | X | |
| AN | 3300 | SCCMHA Procedure 09.07.01.29- Activation, Deactivation and Change of Staff User Accounts | 6/1/2019 | UNCHANGED | X | X | X | X | X | X | X | X |
| AO | 3308 | SCCMHA Procedure 09.08.01.03- Agency Naming Convention Standardization | 5/11/2023 | NEW | X | X | X | X | X | X | X | X |
| AP | 3317 | SCCMHA Audit Checklist- Access | 8/1/2018 | UNCHANGED | | | | X | | | | |
| AQ | 3320 | SCCMHA Audit Checklist- ACT | 8/1/2018 | UNCHANGED | | | | | X | | | |
| AR | 3333 | SCCMHA Audit Checklist- Autism Regional Reciprocity | 2022 | REVISED | | | | | X | | | |
| AS | 3338 | SCCMHA Audit Checklist- Autism Support Services | 8/1/2018 | UNCHANGED | | X | | | X | | | |
| AT | 3343 | SCCMHA Audit Checklist- Children's Case Management/Outpatient | 8/1/2018 | UNCHANGED | | | | | X | | | |
| AU | 3357 | SCCMHA Audit Checklist- Community Living Supports, Corporate | 8/1/2018 | UNCHANGED | | | | | | X | | |
| AV | 3367 | SCCMHA Audit Checklist- Community Living Supports, Individual/Respite | 2/24/2020 | UNCHANGED | | | | | | X | | |
| AW | 3372 | SCCMHA Audit Checklist- Clubhouse-PSR | 2/24/2020 | UNCHANGED | | | | | | | X | |
| AX | 3379 | SCCMHA Audit Checklist- Crisis Residential Services | 2/24/2020 | UNCHANGED | X | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Network Services FY2024 Provider Manual Table of Contents

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|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AY | 3392 | SCCMHA Audit Checklist- Crisis Staffing | 8/1/2018 | UNCHANGED | | | | X | | | | |
| AZ | 3394 | SCCMHA Audit Checklist- Crisis | 8/1/2018 | UNCHANGED | | | | X | | | | |
| BA | 3402 | SCCMHA Audit Checklist- Drop-In | 2023 | REVISED | | | | | | | X | |
| BB | 3409 | SCCMHA Audit Checklist- Enhanced Health Services | 2023 | REVISED | | X | | | | | | |
| BC | 3415 | SCCMHA Audit Checklist- Enhanced Outpatient Services | 8/1/2018 | UNCHANGED | | | | | X | | | |
| BD | 3422 | SCCMHA Audit Checklist- Family Support Subsidy | 8/1/2018 | UNCHANGED | | | | | X | | | |
| BE | 3426 | SCCMHA Audit Checklist- Housing Resource-Shelter Plus Care | 8/1/2018 | UNCHANGED | | | | | X | | | |
| BF | 3425 | SCCMHA Audit Checklist- Inpatient | 8/1/2018 | UNCHANGED | | | X | | | | | |
| BG | 3433 | SCCMHA Audit Checklist- Licensed Residential Modified | 2022 | REVISED | X | | | | | | | |
| BH | 3437 | SCCMHA Audit Checklist- Licensed Residential | 2023 | REVISED | X | | | | | | | |
| BI | 3454 | SCCMHA Audit Checklist- MUTT | 8/1/2018 | UNCHANGED | | | | X | | | | |
| BJ | 3456 | SCCMHA Audit Checklist- OBRA | 8/1/2018 | UNCHANGED | | X | | | | | | |
| BK | 3467 | SCCMHA Audit Checklist- Skill Building | 2023 | REVISED | | | | | X | | | |
| BL | 3474 | SCCMHA Audit Checklist- Supports Coordination/ Case Management | 8/1/2018 | UNCHANGED | | | | | X | | | |
| BM | 3488 | SCCMHA Audit Checklist- Supported Employment | 2023 | REVISED | | | | | | | X | |
| BN | 3493 | SCCMHA Audit Checklist- Wraparound | 2/24/2020 | UNCHANGED | | | | | X | | | |
| BO | 3500 | MSHN 2021 FI Monitoring Tool | 2021 | UNCHANGED | | | | | | | | X |
| | Page | **BOOKLETS AND BROCHURES** | | | | | | | | | | |
| A | 3515 | MDHHS Your Rights Booklet | March 2023 | REVISED | X | X | X | X | X | X | X | X |
| B | 3537 | SCCMHA Appeals & Grievances Brochure | 1/17/2023 | REVISED | X | X | X | X | X | X | X | X |
| C | 3539 | SCCMHA Customer Service Handbook | 1/6/2023 | REVISED | X | X | X | X | X | X | X | X |

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

To see which documents in the SCCMHA Provider Manual apply to you, please reference the right-hand side of the Table of Contents. The right side contains a grid that lists different service types. Once you find your service type, follow the column down to see what documents apply to you. The documents that have an "X" in your service type column represents the documents that you are responsible for.
Note: The category called "All Other Providers" includes providers such as Fiscal Intemediaries, Pharmacy, OBRA, Self Determination, Independent Facilitation and Family Advocacy & Training.

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

**Key for Note Column:**

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

**Revised:** The FY2024 document has been revised from the version that was in the FY2022 Provider Manual

**Unchanged:** While the review date may have been updated, the FY2024 document contains the same content as it did in the FY2022 Provider Manual

# FY2024 Provider Manual Summary of Changes

**Included in this list is the summary of changes to updated policies and procedures since the FY2022 Provider Manual Update.**

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| **Tab 1 Introduction to SCCMHA** | | |
| N/A | SCCMHA Fact Sheet | Updated statistics for Fiscal Year 2021 and 2022, current staffing and services, and added information about becoming a CMS Certified Behaviorial Health Clinic (CCBHC) Demonstration site. |
| N/A | Network Services Organizational Chart | Enhanced Health Services Department added. New Provider Network Auditing Supervisor, Provider Network Auditors, Residential Coordinator and Continuing Education Part-Time Typist Clerk. |
| 00.01.02 | A History of CMH and the Genesis of SCCMHA | Added 2021 and 2022 Organizational Milestones. |
| **Tab 2 Eligibility & Care Management** | | |
| 02.03.19 | LOCUS | Many language changes related to changes with MDHHS.<br>Changed frequency of completing the LOCUS from annually to **quarterly**.<br>Changed scoring to match what is in the latest LOCUS manual.<br>Exhibit A was modified to match the LOCUS manual. |
| 03.01.01 | Eligibility Criteria | Removal of Enhanced Adult Outpatient provider panel. |
| 03.01.01.06 | Waiting Lists | SCCMHA Outpatient Referrals List added as reference. |
| 03.01.06 | Diagnosis in Medical Record Billing and Reporting | Removed Axial diagnosis references as we moved from this.<br>Took out references to meaningful use. |
| 05.04.01 | Care Management Services | Significant updating:<br>Added Exhibits B-E<br>B: MSHN Utilization Mgmt. Plan<br>C: MSHN Utilization Mgmt. Policy<br>D: MSHN Utilization Mgmt. Charter<br>E: SCCMHA Care Mgmt. Report & Plan FY21-FY23. This Care Management plan had significant updates since 2016. Reduced from 66 pages to 11.<br>Updated historic Care Management Projects and added the following new projects:<br>•Tele-Health Expansion<br>•1915(i)SPA implementation<br>•CCBHC-D (DCO) Implementation phases<br>•COB Front Door<br>•Formation of CBI workgroup<br>PECFAS added to Level of Care Assessment tool listing. |
| 05.04.02 | Member Enrollment, Quality Data, and Case Service Status | Changed the submission to MSHN versus MDHHS. |
| 09.03.01.01 | Care Management Request for Authorization Review | CMS and Care Conference Review Committee definitions added. Procedure Actions and Responsibilities updated. |
| 09.03.01.05 | Courtesy Authorization Initiation | Authorization definition updated. Exhibit A renamed to Courtesy Authorization FAQ. |
| **Tab 3 Services & Protocols** | | |
| N/A | MDHHS Children's Diagnostic and Treatment Services Certification | Updated format from MDHHS. |
| N/A | Michigan Medicaid Provider Manual link | Corrected Medicaid Provider Manual Link. |
| **Tab 4 Service Delivery** | | |
| 02.01.10 | Therapeutic Environment | Policy archived and merged with Trauma Informed Services and Supports (02.03.14). |
| 02.03.01 | Consumerism | Additions to standards to include information regarding strength-based approach and providing therapeutic, trauma-informed services to all consumers. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 02.03.03 | Person Centered Planning | Added Language:<br>Consumers should be offered the ability to create a Crisis Plan, Psychiatric Advanced Directive or a Wellness Recovery Action Plan. The goal of a crisis plan, psychiatric advanced directive or a wellness recovery action plan it to help the consumer and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse. Discussion with the consumer about this type of planning should occur:<br>1) After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc.<br>2) After a series of crisis intervention contacts. A series here is defined as three or more.<br>3) After treatment for SUD in a residential treatment facility.<br>4) As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.<br>Added the following language to standards: Action - Before the person/family centered planning meeting is initiated, a Psychosocial Assessment is completed. Annual assessments are completed within 364 days of the last assessment. Responsibility – Case Holder, Consumer<br>Added the following language to Exhibit D: (annual assessment should be completed within 364 days of the last assessment)<br>Updated Reference Section.<br>Updated Exhibit B to newest Life Choices Document. |
| 02.03.03B | Family Centered Practice | Added following language:<br>The IPOS should be developed with the family in mind and should be understandable by the family with minimal jargon or language. The IPOS should have person first language.<br>All persons eligible for services through SCCMHA and SCCMHA contracted network will have a IPOS developed. A family receiving services through the SCCMHA intake process will have a preliminary plan that addresses any crisis needs as well as any needs as the family meets with their assigned case holder and other team members to develop a comprehensive IPOS.<br>The plan should be developed within 45 days of the assignment to a case holder. When a person is in a crisis situation, that situation should be stabilized before the PCP process is used to plan the life the family desires to have.<br>Consumers should be offered the ability to create a Crisis Plan, Psychiatric Advanced Directive, or a Wellness Recovery Action Plan.<br>The goal of a crisis plan, psychiatric advanced directive or a wellness recovery action plan it to help the consumer and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse.<br>Discussion with the consumer about this type of planning should occur:<br>1. After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc.<br>2. After a series of crisis intervention contacts. A series here is defined as three or more.<br>3. After treatment for SUD in a residential treatment facility.<br>4. As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.<br>In order to assure an understanding of not only the technical process but also the 'spirit' and intent of Person-Centered Planning, annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist (Exhibit C) to train and assess that Case Holder's understanding of the PCP Process. The results of this tool will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist. PCP Fidelity Checklists will be available for review by the SCCMHA Auditing team at the time of annual site reviews.<br>Changed the definition of case holder to be consistent with the Person Centered Planning policy.<br>Added 3 Exhibits: Exhibit A - Chart of Elements/strategies, Exhibit B - Person Centered Planning Process-Fidelity Checklist, Exhibit C - IPOS Workflow and Activities<br>Update to Exhibit C (IPOS Workflow and Activities) to reflect use of pre-plan tools, pre-plan signatures. |
| 02.03.04 | Self Determination | Remove SIS requirement/information. |
| 02.03.05 | Recovery | Enhanced the Purpose and the Policy statements (e.g., strengths-based, resiliency-oriented language).<br>Added Social Determinants of Health (SDOH) to Definitions section.<br>Added Healthy People 2030 to the Reference section.<br>Added Whole-Person Care policy in the Reference Section and removed reference to the Health Home policy.<br>Added Standard C: Recovery support services shall include peer support as well as assistance with addressing the social determinants of health (see definition below) and 1. SCCMHA providers shall work to remove barriers and address health disparities.<br>Added definition of resilience. |
| 02.03.07 | Employment of Consumers | Exhibit A was replaced with most current version. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 02.03.08 | Welcoming | Enhanced policy statement to include resiliency building.<br>Added new Standard A: SCCMHA shall provide safe, functional, clean, and welcoming in-person and virtual environments (telehealth services) for consumers and staff that are conducive to the scope of services provided.<br>Added remote (telehealth) to Standard B as well as to the section on Programs/Agencies.<br>Added telehealth and resiliency focus to Exhibit A.<br>Updated policy language to enhance congruence with CCBHC standards.<br>Added reference to Whole Person Care Policy.<br>Updated websites in the attachment. |
| 02.03.09 | Evidence-Based Practices (EBPs) | Added additional language to align with CCBHC. Added CCBHC reference. |
| 02.03.09.01 | Dual Diagnosis Treatment Capacity | Delivery options added, fidelity monitoring added, and references updated.<br>Changed “at least” to “up to” regarding frequency of outcomes reports.<br>Updated Exhibit D. |
| 02.03.09.01.01 | SCCMHA Practice Guidelines | Renumbered from 02.03.16.<br>Updated References. |
| 02.03.09.02 | Assertive Community Treatment (ACT) | Reference updates |
| 02.03.09.03 | Supported Employment Services (SE) | Updated resource and updated referral packet.<br>Benefits to Work Coach language added and two additional steps added. |
| 02.03.09.04 | Dialectical Behavior Therapy (DBT) | Added information about Prolonged Exposure Therapy as part of the DBT process. Added Prolonged Exposure definition. Added additional references. Added a clarifying statement for DBT-A and updated referral form in exhibit. |
| 02.03.09.05 | Family Psychoeducation (FPE) | Edits to step 3: Co-facilitators will discuss between themselves what problem arose during the Go Around to be the focus of the session. The problem or goal is then defined (family, consumer, and practitioners).<br>Updated references. |
| 02.03.09.06 | Parent Management Training – Oregon Model (PMTO) | New exhibit and additional assessment added to standards. |
| 02.03.09.08 | Wraparound | Updates in sections A2, A5. Deleted E4, G5E, G6. Updated H, I, O, P, Q. Updates reflect Medicaid Manual updates. |
| 02.03.09.09 | System of Care (SOC) | Updated definition of System of Care (SOC) and added MDHHS’ depiction of SOC. Removed the procedure section as it is no longer relevant. Left the policy intact as it is foundational for children/youth with deep-end needs. Added “developmentally appropriate” language and removed references to Saginaw County (per CCBHC standards).<br>Added Reference D. SCCMHA Policy 02.03.09.09 – Wraparound |
| 02.03.09.10 | Substance Use Disorder Services | This policy now includes CCBHC.<br>“Developmentally appropriate” added to policy language.<br>Recovery Oriented System of Care (ROSC) added to definitions.<br>MDHHS CCBHC Handbook and SAMHSA CCBHC Criteria added to the Reference section. |
| 02.03.09.11 | Adult Crisis Residential Services | Corrected Medicaid Provider Manual Link. |
| 02.03.09.12 | Mobile Response and Stabilization Services (MRSS) | Added populations to Application and Policy area: SUD or COD and I/DD.<br>Policy area updated to reflect service availability: individuals experiencing a crisis, including non-Saginaw, non-SCCMHA, non-active cases.<br>Changes to staffing requirements within standards section.<br>Adding MSW interns as eligible primary team members and BSW or MSW interns as secondary team members.<br>Reference to current operational hours of 8am-10pm.<br>Removal of all exhibits as they are updated more frequently than policy. |
| 02.03.09.14 | Clubhouse | Reference update, capitalized “Clubhouse” throughout, and updated services intended section. |
| 02.03.09.15 | Peer Support Services | Added Veteran Peer Support Specialist, updated Peer Recovery Coach information and support definition, new references, new exhibits of applications, and updated guidance document. |
| 02.03.09.16 | Cognitive-Behavior Therapy (CBT) | Addition of a-d in section A related to training/privileging. |
| 02.03.09.17 | Mental Health First Aid (MHFA) | Updates to I-3. Reordering of steps in Standards. Added Public Safety and new Veterans module information. Funding/payment clarification, updated references, and updated exhibits. |
| 02.03.09.18 | Child-Parent Psychotherapy (CPP) | Text clarifications in section B. |
| 02.03.09.21 | Personal Action Toward Health (PATH) | Archived. |
| 02.03.09.24 | Permanent Supportive Housing (PSH) | Clarifications in 4-a and 5-a-1. |
| 02.03.09.27 | Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) | Updated exhibit B. |
| 02.03.09.28 | Whole Health Action Management (WHAM) | Updated references. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 02.03.09.31 | 5 A's (Tobacco Use EBP) | Updated link and small edits throughout. |
| 02.03.09.33 | DIMENSIONS Tobacco Free Program | Policy Archived. |
| 02.03.09.34 | DIMENSIONS Well Body Program | Policy Archived. |
| 02.03.09.35 | INDEPTH | Policy Archived. |
| 02.03.09.38 | Learning About Healthy Living Tobacco and You (LAHL) | Updated policy number in reference. |
| 02.03.09.41 | Eye Movement Desensitization and Reprocessing (EMDR) | New Policy. |
| 02.03.09.42 | Mindfulness | New Policy. |
| 02.03.09.43 | Problem-Solving Skills Therapy (PSST) | New Policy. |
| 02.03.12 | Alternatives to Guardianship | Added steps to the procedure to include the committee's approval of a guardian application for one year only and the need for the case holder to complete and submit a new referral if the guardianship is not completed within one year. |
| 02.03.14 | Trauma-Informed Services and Supports | Supersedes 02.01.10 - Therapeutic Environment because content of that policy was incorporated into this one, updated references, added some additional procedure steps as part of the combined policies, and removed relationship sentence from tips due to gendered language. Updated links. |
| 02.03.15 | Pharmacotherapy Guidelines | Revised several Standards to be congruent with CCBHC standards and language (e.g., shared-decision making) and more contemporary approaches to care (e.g., change from substance abuse to substance misuse, inclusion of video/telehealth) and to better conform to the SCCMHA policy format. Added "other prescribers" in order to include other types of prescribers in addition to psychiatrists in the SCCMHA network.<br>Revised and updated the References section. |
| 02.03.16 | Practice Guidelines | Renumbered to 02.03.09.01.01 |
| 02.03.18 | PECFAS & CAFAS | Added CPP as eligible EBP in standards section.<br>Updated requirement for completing a "Revised Initial" PECFAS/CAFAS.<br>Updated exhibits to most current.<br>Added that sequential 3 month assessments can be completed for youth whose case is closed and reopened within a 90 day time period. |
| 02.03.21 | Autism Spectrum Disorder (ASD) Program | Information regarding Primary Care Physician referral requirement added to standards section.<br>Minor formatting changes throughout standards section.<br>Added "MDHHS Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines" as reference. |
| 02.03.24 | Suicide Prevention | Rewrote the Policy section to include updated information including data and statistics.<br>Revised Standard B to update it, tie it to the revised Policy section, and to point to the ASQ (in addition to the C-SSRS).<br>Added the general components of safety plans to Standard D.2. enumerated in sections a. through g.<br>Added ASQ to Standard E. 1).<br>Added CCBHC clarifying language to standard G.<br>Updated language in Standards section from MUTT to MRSS<br>Updated/revised the Reference section. |
| 02.03.25 | Wellness | Removed myStrength from the policy. Significant expansion of the Policy statement to be more inclusive and capture CCBHC standards.<br>Added reference to Whole-Person Care policy.<br>Added language to Standard C to emphasize the relationship between general health and mental health.<br>Removed reference to SCCMHA Policy 10.01.02 – Health Home Services which no longer exists. |
| 02.03.41 | SOGI Safe | Added affirming language to the Policy section.<br>Added a definition of "Questioning".<br>Updated language (LGBTQAI+) to be more inclusive. |
| 03.01.04 | Jail Detention & Diversion | Added Jail Diversion Practice Guidelines (P.7.10.3.10) to References. |
| 03.02.01 | Health Care Integration | Discontinued |
| 03.02.03 | Monitoring & Reassessment | Included Caro Center, Kalamazoo Psychiatric Hospital, Center for Forensic Psychiatry, Walter Reuther, and Hawthorn Center as placement outside of Saginaw County where case holder services are authorized to another agency. |
| 03.02.05 | Plans of Service and Support | Updated review timeframe for Single Service Plan should occur every 3 months from implementation, previously was every 6 months. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 03.02.07 | Residential Services | Updated Summary of Resident Rights for AFC Homes.<br>The Medicaid rule regarding not reporting/billing day of discharge is assumed to be a primary rule governing which provider can report/bill that day. The CMHSP/PIHP cannot report the day of exit when the consumer is going to another per diem setting.<br>The same day may NOT be reported by two homes (transfers); NOR if the person is moving from a certified/licensed setting to a non-licensed setting NOR if persons have a hospitalization or nursing home stay; NOR as persons terminate the licensed/certified CLS/PC services, including leaving the CMH system. The discharge day or the day the person "moves" to the other setting is not reportable as a CLS/PC per diem by the home for the person is who "leaving". |
| 03.02.07.01 | Specialized/Contracted Residential Provider Admissions and Discharge | Added language about Residential Directory and the purpose of the directory.<br>Added choice of place to live in keeping with HCBS guidelines.<br>Added more language to requirements for Case Holder and AFC providers upon admission.<br>Updated link for Medicaid Manual and updated exhibit C. |
| 03.02.07.03 | Community Living Supports (CLS) | Edited Medicaid language, updated training requirements, updated multiple exhibits as needed, updated emergency situation section. |
| 03.02.07.05 | Adult Services Authorized Payments (ASAP) | Edited standard: Consumers qualify for ASAP support in a general AFC. However, they must be Medicaid eligible, have a valid DCH-3803, and be monitored by a SCCMHA case holder or a case holder from a SCCMHA network provider.<br>Updated state agency role, updated procedural steps with some role clarifications and the addition of DCH-3803. New statement on monitoring on page 2 under Standards. Clarified referenced forms in the policy. Added exhibit D. |
| 03.02.07.10 | Medication Management in Licensed Residential Settings | Renumbered from 03.02.17. Updated exhibits G, I, J to latest available versions. Added additional language about communicating medication changes to staff. Added mock medication pass details.<br>Added Physician assistants to the list of prescribers (only had physicians and nurse practitioners).<br>Added language: Over-the-counter medications that do not require a physician's order (such as ibuprofen) must be identified on a non-emrgent medication form signed by a physician or PA and reviewed annually or whenever a prescribed medication is added to avoid any contraindication. |
| 03.02.08 | Behavioral Interventions | Archived. |
| 03.02.09 | Behavior Treatment Plan Review Committee (BTPRC) | The entire policy has been revised, rewritten, edited and reformatted.<br>Specifically the standards have had many revisions and should be reviewed by providers. |
| 03.02.10 | Clinical Risk Committee | Added review of security alerts to policy section.<br>Removed language indicating consumer over age 18 needs approval from Clinical Risk Committee to receive services from MRSS.<br>Updated Exhibit A to include the updated copy of the Clinical Risk Committee Referral Form.<br>Referrals can now come from Professional Staff, Treating Prescriber, Supervisor of other Departments/Providers, ED of Clinical Services.<br>Record Holder and Supervisor are required to attend meetings even when referral comes from others.<br>Referral Form not required if Record Holder attending meeting to discuss referral from member of Committee. |
| 03.02.11 | Child Diagnostic and Treatment Training Requirements | Added external training information and documentation (Exhibit D). |
| 03.02.13 | Transition/Discharge Services | Addition to Standards section regarding completion of an Adverse Benefit Determination prior to completing the discharge summary. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 03.02.20 | Medication Review | Standard C: Added " network" providers. Added 1. Case Holders shall inquire about medication changes at every contact with the consumer (e.g., "Have there been any changes to your medications since we last met?" "Are you taking any new medications [over-the-counter or prescribed] or dietary supplements?").<br>Amended Standard E.1.: SCCMHA Network psychiatrists/prescribers shall review all medications prescribed by other physicians/prescribers as well as over-the-counter medications and any dietary supplements the consumer is taking.<br>Added Definitions: Licensed Pharmacist: An individual licensed under the Michigan Public Health Code to engage in the practice of pharmacy, which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering, and use of drugs and related articles for the prevention of illness, and the maintenance and management of health.<br>Practice of pharmacy includes the direct or indirect provision of professional functions and services associated with the practice of pharmacy. Professional functions associated with the practice of pharmacy include the following: (a) The interpretation and evaluation of the prescription. (b) Drug product selection. (c) The compounding, dispensing, safe storage, and distribution of drugs and devices. (d) The maintenance of legally required records. (e) Advising the prescriber and the patient as required as to contents, therapeutic action, utilization, and possible adverse reactions or interactions of drugs. Medication Check: For purposes of this policy, a Medication Check is conducted during each consumer contact by a Case Holder and consists of asking the consumer whether they have had a changes to their medication regimen since their last contact with the Case Holder. This includes over-the-counter medications and dietary supplements.<br>Medication Reconciliation: The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.<br>Amended Definition: Medication Review: According to the Michigan Medicaid Provider Manual, a medication review consists of evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications.<br>Added Reference G: SCCMHA Policy 10.01.01.01 – Care Transitions.<br>Updated the Procedure to include all responsible parties for each step.<br><br>Amended Exhibit A, Laboratory Testing Protocol, to clarify it refers to psychotropic meds.<br>Amended Exhibit D, Guide to E/M Codes for Billing footnote: An AIMS should be done on any person who, while on psychiatric medications of any type, develops abnormal and/or involuntary movements. A referral to the primary care physician/provider should be made to, at a minimum, further evaluate and consult with the treating psychiatrist regarding any further recommendations.<br>Amended Exhibit F, Protocol for Laboratory Orders. |
| 03.02.27 | Behavior Treatment Plans (BTPs) | New policy name; replaces Behavioral Plans.<br>The entire policy has been rewritten, revamped, expanded and reformatted so that it now adheres to MDHHS and other requirements.<br>Several Exhibits and References have been added. |
| 03.02.29 | Closure/Discharge Criteria | This policy has been edited extensively and reformatted. The Policy section now has a policy statement. Standards related to CCBHC have been added. Additional references have been included.<br>Outdated Exhibit was replaced with two up-to-date forms. |
| 03.02.30 | Use of PRN Psychotropic Medications in Mental Health Settings | The entire policy has been reformatted and rewritten.<br>New standards added: A. PRN medications shall be used as a last resort to manage deleterious behaviors.<br>1. Behavior treatment plans shall be considered first-line interventions for harmful behaviors.<br>B.1. Case Holders shall be required to enumerate failures to respond to behavioral treatment(s) prior to initiating a request for consideration of PRN medications for behavior management.<br>Exhibit C added: BTC Medication and Off-Label Use chart |
| 03.02.31 | Services for Members of the Armed Forces, Veterans and their Families | Revised Policy section to include continued unmet need for help for the transition to civilian life.<br>Added Standard D. SCCMHA shall, resources permitting, provide an on-site Veteran and Military Family Program Navigator as a component of the continuum of care for veteran and military member consumers.<br>Added Standard Q. SCCMHA shall establish and maintain a Memorandum of Understanding (MOU) with the Aleda A. Lutz VA Medical Center. |
| 03.02.32 | Medication Drop Service Program for Adults | Updated Attachment to take out per diem language.<br>Changed references from Medication Drop Services to Medication Drop Program per Genoa request.<br>Changed typical time of operations to 8:30 pm, instead of 8:00 pm.<br>Updated all exhibits. |
| 03.02.33 | Genoa HealthCare MED DROP Program for Children | Exhibit B updated and Exhibit F added. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 03.02.34 | Services for American Indians | Expanded Policy statement: The purpose of this policy is to ensure the provision of and/or coordination of services to American Indians is person/family-centered, trauma-informed, recovery-oriented, developmentally and phase-of-life appropriate, culturally and linguistically sensitive and promotes consumer engagement and shared decision-making using evidence-based practices and treatments to maximize the potential for beneficial outcomes.<br>Deleted reference to Saginaw County as a place of residence required for services (due to CCBHC standards).<br>Revised the Policy Section using CCBHC language. Minor revisions to the Application section.<br>Added Whole-Person Care policy to the References Section.<br>Updated and revised the Reference section. |
| 03.02.35 | Serving LGBTQ+ Consumers | Revised the Policy statement to include affirming language.<br>Added shared decision-making to Standard C.<br>Added a definition of Questioning and amended definitions including "In The Closet", Sexual Minorities, and Transsexual.<br>Added Standard L: SCCMHA providers shall avoid inadvertently outing LGBTQ+ consumers to others, including the families of youth being served.<br>Revised and updated the References section. |
| 03.02.37 | Prescribing Controlled Substances | Using Teach-Back was added to Standard A and the SCCMHA Teach-Back Policy added as a reference along with the policy number of the PMP compliance. Policy. |
| 03.02.38 | Prescription Monitoring Program Compliance | Added new Standard B indicating all licensed prescribers/dispensers are responsible for keeping current on relevant state and federal rules and regulations.<br>Added 2 References, one to the MAPS website and another to the DEA website. |
| 03.02.39 | Psychiatric Hospitalization of consumers with Intellectual and Developmental Disabilities and Children with Autism | Added information about requesting an interdisciplinary treatment team meeting to the Standards and Procedures section.<br>Added possible environmental change triggers.<br>Staff should attempt to complete an interdisciplinary meeting before submitting referral to Clinical Risk Committees. |
| 03.02.41 | SEDW Entry Criteria | Updated Procedures to reflect transfer to Wraparound for internal referrals and Care Management assignment to Wraparound for intake referrals |
| 03.02.45 | Interdisciplinary Treatment Teams | New Policy. |
| 03.02.46 | Whole-Person Care | New policy that replaces 10.01.02 - Health Home Services. |
| 03.02.47 | Children's Home and Community – Based Waiver Program (CWP) Overview | New Policy. |
| 03.02.47.01 | Children's Home and Community – Based Waiver Program (CWP) Eligibility and Enrollment | New Policy. |
| 03.02.49 | Hospital Discharge Planning | Renumbered from 10.01.01. |
| 04.01.01 | Quality Improvement Program | Added an External Reference to "National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care." |
| 04.01.02 | Incident Reporting and Review | Added Exhibit 6 - SCCMHA CIRC Nursing Evaluation Report. |
| 04.01.04 | Trauma Screening, Assessment, and Treatment Services | Major changes to policy as follows:<br>Added language throughout policy to include (parent/guardian), as applicable, when discussing consumer.<br>Added language throughout policy to reflect trauma assessments will be completed as "agreed upon by consumer/parent/guardian."<br>Update Standards section with the following:<br>• Added language reflecting how to complete Trauma Screening review during OTM.<br>• Added language indicating requested Trauma Assessment will be included as a goal within the IPOS.<br>• Added language indicating Trauma Assessment results being documented within therapist assessment or IPOS.<br>• Added language stating IPOS goal(s) will be added which address treatment option(s) for trauma.<br>• Removed language regarding email notification requirements for Care Management for Eligibility Determination and remainder of this process.<br>Exhibit F updated to most recent version. |
| 05.01.01 | Management and Dispensing of Sample Medications | Changed "physician" to "prescriber".<br>Edited some of the standards. Clarified Standard I to include must confirm the consumer is currently open via the EHR. Revised and clarified Standard L (special circumstances). |
| 05.01.04 | Psychiatric Supervision & SCCMHA Medical Director Role | SUD added to the Policy statement section. Application section now refers to the entire SCCMHA network. Reworded Standards C, H, R, S. Standard O.1. additional training topics (diagnosis and assessment of intellectual/developmental disabilities, substance use disorders, mental illness, and severe emotional disturbance). Added HIPAA compliant teleconference as an option to Standard Q.1. Added other prescribers to Standard U. |
| 06.01.02 | Infection Control | Major changes throughout policy - Suggested to review fully. |
| 09.03.01.04 | Level of Care Reviews | Authorization definition revised. All Exhibits updated. |
| 09.04.03.12 | Referral and Authorization of Drop-in Services (Friends for Recovery Center) | Minor edits throughout. Added "A primary diagnosis of SMI is required for participation in the program.". Program numbers updated. |
| 09.04.04.03 | Personal Care and Community Living Supports Service Log Documentation | Removed from Provider Manual. All necessary information is in the contracts. |
| 09.06.00.12 | Consumer Clinical Team Orientation | Exhibits Updated. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 09.06.00.15 | Telehealth - Telemedicine Services | New to Provider Manual. |
| 09.06.05.09 | Training of Adaptive Equipment | Minimal wording changes. |
| 09.06.09.01 | Microenterprise | Added Exhibit – Micro Enterprise Referrals Instructions / Form / Participation Agreement |
| 09.06.10.02 | Autism Program Entry to Services | Took out information relating to the CAI referral flow process. This policy is now just outlining what needs to be done after the consumer is found eligible for Autism services. |
| 09.06.10.03 | Autism Expectations Regarding Treatment Plans | Added that not only should the Behavior Tech be trained on the ABA treatment plan but also on the IPOS. Removed 2:1 being requested on the form. Can only request 2:1 by doing a behavior plan and submitting to the BTPRC. |
| 09.06.10.07 | Autism Supports Coordinator Responsibilities | Updated the coding that Supports Coordinators can use while a case is primary in Wraparound. Removed H0032. Added DD-CANS information. |
| 09.06.10.08 | Autism Eligibility Determination and Re-Evaluation | Added information about the evaluators adding indirect time to their assessment, labeling the process as a feedback session on page 3. Page 5- Updated language to evaluations every 3 years or sooner as medically necessary. |
| 09.06.10.10 | Referrals for ASD Eligibility Determination Evaluations for ABA | New to Provider Manual. |
| 09.09.05.05 | Health Services Referral Process | New to Provider Manual. |
| 09.09.05.06 | Nutrition Services and Supports | Procedure archived and merged into Procedure 09.09.05.05. |
| 09.09.05.08 | Specialized Medical Equipment and Supplies | Updated Exhibit B: Specialized Medical Equipment and Supply, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form.<br>Added Exhibit E - iPad/Tablet Acquisition, Setup, and Support (Spec Sheet). |
| 10.01.02 | Health Home Services | Discontinued |
| **Tab 5 Regulatory Management/HIPAA Compliance** | | |
| 05.07.05 | Reporting of Medicaid Fraud and/or Abuse | Updated Exhibit A. |
| 08.01.08 | Releasing Consumer Information | Updated contact in Exhibit A for information or questions on releasing information or documents: SCCMHA's Record Department or Customer Service (989) 797-3452/1-800-258-8678<br>Exhibit B - Subpeona requests/questions go to SCCMHA's Compliance Officer.<br>Information on releasing information from SENTRI II - Medical Records Typist/Clerk (989-797-3492) or Quality and Medical Records Supervisor (989-272-7235) or the Compliance Officer (989-797-3539). |
| 08.04.01 | Consumer Records | Wording updates throughout, including changing Records Department to Customer Service Department as this is who currently assists in scanning of consumer records to Sentri. |
| 08.05.02.01 | HIPAA Privacy Set: Notice of Privacy Practices- Content of Notice and Provision of Information to Patients | Updated Exhibit A. |
| 08.06.00.01 | Information Technology Definitions | New to Provider Manual. |
| 08.06.04 | HIPAA Security, Security Sanctions | Previously retired from the Provider Manual. This policy has been reactivated. |
| 08.06.08.01 | Security Management Process | Many additions to Standard B. Many Definitions added. |
| 08.06.08.02 | Assigned Security Responsibility | New to Provider Manual |
| 08.06.08.03 | Workforce Security | References updated. |
| 08.06.10.02 | Workstation Use | This policy has been archived. |
| 08.06.10.03 | Workstation Security | This policy has been archived. |
| 08.06.10.04 | Device and Media Controls | Major changes to the Policy and Standards sections. |
| 08.06.12.01 | Access Control | This policy has been archived. |
| 08.06.12.04 | Person or Entity Authentication | New to Provider Manual |
| 08.06.12.05 | Transmission Security | Additions to Procedure: Network Access and Sentri EHR Sections. |
| 08.06.40 | HIPAA Security, Data Backup and Storage | Previously retired from the Provider Manual. This policy has been reactivated. |
| 09.08.01.04 | BH-TEDS | New to Provider Manual. |
| **Tab 6 Recipient Rights - Customer Service - Appeals & Grievance** | | |
| 02.01.02 | Customer Service | Updated the responsibilities of the Appeals Coordinator. |
| 02.01.05 | Consumer Orientation | Removed the Physical Health Care and Nutritional Screening Form and the Health Care Coordination & Communication Form as both are completed electronically.<br>Made changes to indicate Customer Service and ORR are different departments. |
| 02.01.09 | Consumer and Family Education Materials and Activities | Changed the frequency of Learning Links to once monthly. |
| 02.01.11 | Medicaid Appeals | Updated the name from Administrative Tribunal to MOAHR (Michigan Office of Administrative Hearings and Rules) throughout the policy. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 02.01.11.01 | Consumer Grievance | Replaced Customer Service Grievance with Grievance throughout the policy. Updated the title of the policy to Consumer Grievance. Revamped the Standards section with new information. Updated the Exhibit. |
| 02.01.11.02 | Local Appeal | Removed "schedule hearing" from policy as it is not required. Added Exhibit to this form. |
| 02.01.13 | Limited English Proficiency | Removed Saginaw County and changed to “service area”. Added Voices for Health for providers of interpretation. |
| 02.01.16 | Transportation to SCCMHA Appointments – Taxicab Voucher | Removed requirement for inclusion in the IPOS, but continue to follow the Medicaid Provider Manual. Remove Exhibit A. Added a Procedure for preparing the Taxi Cab Voucher in sentri and added the Procedure as a Reference in the Policy. |
| 02.01.17 | Housing Local Appeal | Changed the Exhibit to the Grievance or Local Appeal Form. |
| 02.02.01 | Complaint and Appeal Process | Changed Standard A45 & A46 to reflect changed language from Licensed Private Hospitals (LPH) to CMH per MDHHS ORR standards.<br><br>Removed Standard A53 regarding Supervisor of CS/ORR and Director of CS/ORR not opening complaints unless no Advisor is available. This was to identify the difference between CS & ORR, that will no longer be needed due to the changes in departments. |
| 02.02.11 | Recipient Abuse and Neglect | Updated both Exhibits A and B to most current versions. |
| 02.02.14 | Restraint and Seclusion | Updated the S standards and removed all the T standards to reflect change in MDHHS ORR Standards. Restraint and Seclusion standards had been previously separated and this year they were combined in the MDHHS ORR Policy Review Standards. |
| 02.02.18 | Voice Recording Photography Fingerprinting and the use of One Way Glass | Updated Exhibit A. |
| 02.02.25 | Personal Property and Funds | Minor numbering change for consistency with MDHHS ORR Standards. |
| 09.05.01.07 | Scheduling Taxi Cab Vouchers in Sentri | New Procedure - Please review. |
| **Tab 7 Claims Processing** | | |
| 09.02.01.01.05 | Injectables Billing/Claims for Contract Providers | Archived. |
| 09.10.01.01 | Contracted Network Provider Claims Submission | Renumbered from 09.02.01.01 |
| 09.10.01.01.01 | Electronic Claims Submission by Provider | Renumbered from 09.02.01.01.01 |
| 09.10.01.01.05 | UB04 (CMS-1450) Uniform Billing Instructions | Renumbered from 09.02.01.01.10.08 |
| 09.10.01.01.06 | Provider Registration and Maintenance for Access to Sentri | Renumbered from 09.02.01.01.14 |
| 09.10.01.01.08 | Provider Submission of Start and Stop Times on Claims | Renumbered from 09.02.01.01.16 |
| 09.10.01.01.11 | Electronic Claims Submission by Provider- Step by Step Instructions | Renumbered from 09.02.01.01.30 |
| 09.10.01.01.13 | Provider Network Appeal Process for Claim Payment Denial | New to Provider Manual |
| 09.10.01.02.07 | Contracted Network Provider Claims Workflow | Renumbered from 09.02.01.05.01 |
| **Tab 8 Network Services** | | |
| 01.03.03 | Media/Communications Request for Agency Information | Standard H added number 7 - Inquiries about SCCMHA Citizens Advisory Committee should be directed to the CEO Office.<br>Added revised Affirmative Action Statements - Full and Abbreviated versions under Procedure C.8 |
| 03.02.07.11 | Management of Consumer Funds | Renumbered from 05.06.08. |
| 05.06.01 | Network Management and Development | Added Standard H: Providers residing and providing services in a bordering state MUST meet all applicable licensing and certification requirements for both states. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 05.06.03 | Competency Requirements for the SCCMHA Provider Network | Updates based on MSHN audit CAP:<br>For consumers receiving services in bordering states, credentialing and recredentialing processes will ensure that network providers residing and providing services meet all applicable licensing and certification requirements within their state.<br>3. Licensure checks will be completed every year (two years as part of the re-credentialing process and the non recredentialing year) to assure no sanctions have been noted by Licensing and Regulatory Affairs (LARA) and to assure the license is still active.<br>Took out references to supports coordinators.<br>Added time limits based on NCQA guidelines for Credentialing for document dates and proofs such as NPDB, verification of degrees, etc. Under standards A 8 added item e:<br>Residential Providers who are required to complete fingerprinting as part of their licensing requirements do not need to complete background checks every two years as the fingerprinting has a "rapback" process that will notify providers of any concerns noted for employees working for them.<br>Under standards A 15 added c:<br>All providers receiving funding from SCCMHA, including residential, community living supports and respite, must minimally complete monthly sanction checks for List of Excluded Individuals and Entities (LEIE) Search the Exclusions Database \| Office of Inspector General (hhs.gov), System Award Management (SAM) database SAM.gov and the State of Michigan Sanction list MDHHS - List of Sanctioned Providers (michigan.gov).<br>Under standards B added item 11:<br>Any staff that is not fully licensed or does not have the appropriate credentials to provide services in accordance with Michigan Medicaid Manual or other licensing body will be required as part of their cred<br>The above item change is in keeping with the standards for CCBHC. Added additional references.<br>Added Credentialing documents as exhibits.entialing process to document who will provide supervision of the staff person until full licensure or credentialing is obtained. Until such credentials or full<br>licensure is obtained an appropriately credentialed or licensed individual will oversee and co-sign documents.<br>Replaced exhibit A with internal reference H: SCCMHA Minimum Training Requirements Grid – Staff Intranet: Training Requirements \| SCCMHA<br>Replaced exhibit B with external reference A: MSHN Regional Training Grid : Provider Trainings - Mid-State Health Network (midstatehealthnetwork.org) |
| 05.06.03.01 | Credentialing and Recredentialing of SCCMHA Providers and Staff | New to the Provider Manual |
| 05.06.03.02 | Adverse Credentialing Decision Appeal Process | Updates standard that Providers shall be notified of the SCCMHA Credentialing Committee's adverse credentialing decision within thirty (30) calendar days of the Committee's decision in writing, instead of sixty (60) calendar days. Added Reference B and Exhibit A. |
| 05.06.03.03 | Specialty Behavioral Health Credentialing & Supervision Requirements | New to Provider Manual. |
| 05.06.06 | SCCMHA Continuing Education Program | Standard B updated to: SCCMHA minimum continuing education standards will be established with input from SCCMHA supervisors and management, and approved by the SCCMHA Management Team and Continuing Education Committee.<br>Added standards C and D: C. SCCMHA will educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.<br>D. SCCMHA will ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.<br>Added that Ad hoc courses must first be reviewed by the SCCMHA CE Committee.<br>Added Reference: U.S. Department of Health and Human Services Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care. |
| 05.06.06.01 | Continuing Education Credits for Social Workers | In policy section added continuing education requirements for Licensed social workers: three (3) hours of Implicit Bias, and two (2) hours in Human Trafficking.<br>Removed reference in G about self study. SCCMHA is not approved for self study CE's. |
| 05.06.06.04 | Continuing Education Virtual Training | Changed test run to Demonstration (demo) sessions are required for all staff completing a virtual training.<br>•All participants are expected to treat virtual trainings as they would any in class training, to minimize distraction for other participants in the class. This includes:<br>•Dressing appropriately<br>•Using appropriate discussion methods, the trainers advise to use<br>•Keeping the video screen on during the entire class. If disrupted more than 15 minutes you may not be allowed to receive credit for the training.<br>•No sleeping<br>•No playing with children or pets<br>•No eating or drinking<br>•Not driving or in a moving vehicle |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 05.06.06.05 | Reciprocity and Portability of Training for Staff | Added to item E the following language: These tools are located on the SCCMHA G drive in the Network Services training folder. These are updated as required and reviewed at least every two years for any updates and changes.<br>Updates to references and updated links to some of the websites and documents. |
| 05.06.06.06 | Continuing Education Appeal Process | Updated ACE Handbook link. |
| 05.07.04 | Network Services Provider Appeals and Dispute Resolution | Title changes for dispute contacts. |
| 09.04.01.01 | Auditing | Exhibit G updated to include updated acronyms. |
| 09.04.01.02 | Event Verification | Added MEV Audit Definition.<br>Added reference: Mid-State Health Network (MSHN) the PIHP contract with MDHHS.<br>Updated procedure step 19.<br>Updated #46 to reflect the current process of routing form being submitted to Claims Processor and signed by Chief of Network Business Operations. Updated Exhibit A to most current form. |
| 09.04.01.03 | Event Reconciliation Process | Exhibit A updated with new form. |
| 09.04.01.04 | Quality of Life Visits | Designee added to Procedure, and the HCBS Coordinator was updated to Residential Coordinator and Provider Network Auditor. Exhibit A – Other added to Number of Residents Living at home due to being listed by gender. |
| 09.04.01.06 | Residential Placement Committee | Updated job titles in the Procedure section. Exhibit A is the new form being used to process Residential Placements. |
| 09.04.02.02 | Distribution of Training Reports | Added to standards that CEU will send monthly curriculum requirement reports to contracted direct care providers. |
| 09.04.02.03 | SCCMHA Contracted Provider Training Orientation | Added that CPR/First Aid trainings may come from the American Red Cross in addition to the American Heart Association.<br>Added Exhibit B2. |
| 09.04.02.09 | Fee-Based Continuing Education Trainings | New to the Provider Manual. |
| 09.04.03.05 | Distribution of Network Services Communications | Updated the frequency of Licensed Residential report distribution (monthly). |
| 09.04.03.09 | Tracking of Credentials for Staff Electronic Signatures | New to Provider Manual. |
| 09.04.03.10 | Movement of Consumers to Residential Settings | Added to Standards: To assure least restrictive setting for all consumers and to assist with possible options, when seeking specialized residential services, it is important to reach out to the residential placement referrals distribution list inside Sentri II. The Residential placement liaison will review the request, ask for any additional information and then reach out to the residential placement committee for suggestions or approval for residential placement. This committee keeps track of openings and tracks any referrals already made to the committee to avoid disappointment by the consumer or others close to the consumer when a placement has already been promised to another consumer.<br>Consumers, families, guardians, or others natural supports assisting the consumer may want to utilize the checklist in the residential directory as a guide when considering what is important to the consumer in a residential placement.<br>Updated Exhibit A.<br>Updated Case Holder action 1 in the Procedure section.<br>Added steps to the procedure: Please review. |
| 09.04.03.11 | Consumer Leadership Roles | New to Provider Manual. |
| 09.04.03.13 | Protocol for Secondary Provider Assistance | Updated Primary Provider Directory exhibit. |
| 09.04.05.01 | Entry and Uploading of Credentials, Privileges, and Certifications into Sentri II | Renumbered from 09.04.03.01.01 |
| 09.04.05.02 | Tracking of Credentials for Staff Electronic Signatures | Updated Standard E: SCCMHA and other provider network organizations including DCO's will ensure staff maintain good standing with Licensing and Regulatory Affairs (LARA) by performing a check of the LARA website every two years, instead of annually.<br>Updates to the procedure. |
| 09.04.05.03 | Privileging of Practitioners in Evidence-Based Practices | Renumbered from 09.04.03.15<br>Major changes to Procedure. Staff will need to complete the privileging verification form. The EBP/TIC coordinator can be contacted for the latest version. Credentialing is no longer a first step in the privileging process. Two exhibits related to credentialing forms have been deleted. The privileging verification form has been updated to the latest version. The procedure has been updated to eliminate the credentialing step and any role for auditing. The procedure has been updated to reflect more roles for EBP/TIC coordinator and steps for supervisors/providers to request privileging form. |
| 09.04.05.04 | Insurance Credentialing of Fully Licensed Clinical Staff | New to Provider Manual. |
| 09.04.05.05 | Enrollment in CHAMPS | Renumbered from 09.06.00.08. Many revisions throughout the procedure. Contact persons updated with their contact information. Added: Please send an email to Melynda.Schaefer@sccmha.org and credentialing@sccmha.org so we may add you to the billing module as a rendering provider for SCCMHA. |
| 09.06.00.14 | Applying for your NPI Number or Updating your NPI with NPPES/CMS | Added information on how to update NPI information. |

| Policy Number | Policy/Procedure Name | What Was Added / Updated |
|---|---|---|
| 09.08.01.03 | Agency Naming Convention Standardization | New Procedure. |

# Tab 1

# Introduction to SCCMHA

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# INTRODUCTION TO THE

# SCCMHA SERVICE PROVIDER NETWORK MANUAL

On behalf of the Saginaw County Community Mental Health Authority, I am again pleased to welcome new and current providers to the SCCMHA network and the beginning of a new contract year. The document which follows is your organization's copy of the Saginaw County Community Mental Health Authority's Network Services Provider Manual. The purpose of the manual is to inform service delivery to consumers and their families through the public mental health and intellectual/developmental disability system that are the responsibility of SCCMHA at locations both inside and outside Saginaw County where services are being purchased for SCCMHA consumers and their families. It has been revised for state and federal requirements effective October 1, 2023, for FY 2024. As an attachment to the contract that your organization has signed with Saginaw County Community Mental Health Authority, this manual is incorporated by reference and directly pertains to your contractual and/or performance obligations in delivering services to consumers served by SCCMHA. It is intended to be a comprehensive guide to SCCMHA requirements for all providers, both direct operated service programs as well as providers who are contractors. In addition, the manual is a compilation of regulations, public policy, practice guidance and SCCMHA directives to assist all providers in answering any questions they may have about the provision of mental health services in Saginaw County. Equally important is that this manual provides detail about expectations of provider behavior and how performance will be measured.

All service providers are expected to carefully review this manual, including the requirements for person-centered planning and recipient rights. Every mental health service provider needs to continually refresh their knowledge of these critical requirements and strive to achieve the highest level of performance possible in these areas. SCCMHA continues to make, as needed, any policy modifications in varied areas to address changing state contract requirements or SCCMHA program and compliance changes that providers will be responsible for. You should keep any prior SCCMHA provider manual, including all revisions and updates, with your prior contract and/or program record documents for your own audit purposes.

This is a master manual for all providers, no matter what type of service(s) you are providing. To determine which policies specifically apply to you and/or your organization or program specifically, follow the chart in the Table of Contents by provider type. All providers are required to comply with the guidelines, directives and policies contained within their respective provider manual area(s). If you have questions regarding any of the content of this manual, it is critical that you obtain clarification from the appropriate SCCMHA contact person. A list of contact people at SCCMHA has been included in this manual, for this purpose.

SCCMHA Network Services Provider Manual Exclusively on Website:
As of FY 2021, SCCMHA will no longer be distributing CD versions of the provider manual to the contract signatory contact person. The Provider Manual will be available exclusively on the SCCMHA website at Business Partnerships: Saginaw County Community Mental Health Authority (sccmha.org).

You are certainly welcome to print hard copy version(s) if you would like. If any revisions are issued during the fiscal year, they will also be posted on the SCCMHA website. SCCMHA Office of Recipient Rights policies are also available on the SCCMHA website under Recipient Rights. From time to time, SCCMHA will highlight pending or anticipated policy or procedure changes in regular SCCMHA provider newsletters. Quarterly updates to the provider manual will also be released on the SCCMHA website under Business Partnerships. Providers will be notified via email of the update.

Federal and State Regulatory References:

If you are aware of documents that you need that were not included in the manual and/or if you have suggestions for improvements to the manual, please notify Jenna Brown at SCCMHA at jbrown@sccmha.org. Your feedback is always appreciated. Jenna can also direct you to the proper sources if you wish to receive copies of referenced State or Federal regulations. While they are voluminous and often retroactive, a copy of the most current contracts relative to SCCMHA public funding are available to network providers only upon request, including Michigan Department of Health & Human Services (MDHHS) for the state and Mid-State Health Network (MSHN) for PIHP Region 5. For this reason, SCCMHA has made every attempt to clearly incorporate any specific Federal, MDHHS/State or MSHN requirements within SCCMHA policies for the ease and information of SCCMHA provider network members.

Annual Provider Application and Leadership Contacts:

It is expected that each contractor will submit an updated provider application document. A hard-copy document of what is currently on file in *SENTRI 2* (SCCMHA's electronic health record) will be provided for your review and update. If you have not already done so, please provide an updated hard copy of this information to SCCMHA for this new fiscal year. Updated provider applications may be sent to Jennifer Tomaszewski at jtomaszewski@sccmha.org. Changes to any key organization staff member's names and/or their contact information should be sent to SCCMHA in writing (e-mail is acceptable) during the contract year when they occur. If you have questions at any time do not hesitate to contact SCCMHA Network Services staff. A department chart with staff member names and their contact information is provided to you for this purpose.

Staff Contacts for Timely Communications:

SCCMHA has had a provider requirement since FY 2004 that all contractors provide at least one e-mail address to SCCMHA. Increasingly, SCCMHA is finding the need to quickly correspond to providers collectively or by service provision group. The ability of SCCMHA to communicate with all contractors and providers systematically and routinely (and to the correct contact person within larger contracting organizations) via e-mail creates efficiencies, improves SCCMHA responsiveness and ensures uniformity of communications. Individual provider contractors are permitted to submit personal e-mail addresses if necessary. Smaller providers may certainly use the personal e-mail address of a key employee, if the communications are provided to the contractor's program in a timely fashion and as appropriate. SCCMHA would expect that the given e-mail address would be routinely checked by the provider representative/e-mail recipient, and any dissemination of information from SCCMHA would be provided to the correct individual(s) at the contracting agency as appropriate. Please forward e-mail update information to Jenna Brown at jbrown@sccmha.org.

SCCMHA publishes a periodic provider newsletter. This publication is sent electronically and is a good source of routine information for providers. It contains reminders, notices and other beneficial SCCMHA system information, including updates or clarifications on relevant state level news on funding or policy changes. Please advise Jenna Brown if there are any needed changes of the members of your staff that are on the distribution lists to be recipients of these newsletters. These e-newsletters along with other provider

relevant MDHHS, MSHN and SCCMHA communications are also published on the SCCMHA website at Business Partnerships : Saginaw County Community Mental Health Authority (sccmha.org).

Communication Cautions for PHI and Encryption Remedies:
Routine use of electronic communications with SCCMHA opens the door to routine communications that potentially include consumer identification information**. Providers are reminded that e-mails containing consumer personal identifying information, if necessary, must be encrypted. Please do not send unencrypted e-mails that contain Protected Health Information (PHI) as this is in violation of federal requirements for privacy and security, which have serious penalties for violations.** SCCMHA must ensure that such communications do not violate the individual's confidentiality or recipient rights, or any privacy or security regulations, both requirements of SCCMHA and members of its provider network. If you need encryption assistance to protect personal health information in conducting SCCMHA business, please let us know. This does not apply to provider use of the *SENTRI 2* electronic health record, which is a secure web-based system, and provides for secure consumer specific clinical communications as appropriate between SCCMHA and/or SCCMHA service providers. All providers are expected to become familiar with the system and its use, as it is the official consumer record system for SCCMHA. Access to the system is authorized using individualized passwords, and changes in staff personnel at provider sites must be routinely updated with SCCMHA to ensure the protection of the privacy of consumer information.

Keep Us Informed and Staff Training Opportunities:
I would personally like to request that you provide routine updates on your organization to SCCMHA via e-mail or US Mail, including events and awards. We will also forward to you, as appropriate to your services, any continuing education opportunity notices received by SCCMHA. Since FY 2007, SCCMHA has had the ability to provide CEUs for certain required or optional continuing education programs offered to staff and service network members. We also include policies that pertain to SCCMHA expectations of providers about evidence-based practices and recovery/self-determination. Please also watch for current provider and SCCMHA information posted on the main hallway bulletin boards at the SCCMHA 500 Hancock Street address, as well as other SCCMHA sites and contracted provider locales.

Thank you for your attention and your time in reviewing the FY 2024 SCCMHA Provider Manual. The staff at the Saginaw County Community Mental Health Authority, looks forward to working with you again this coming year in service to individuals in Saginaw County and we appreciate your sustained efforts to provide quality services to persons with disabilities. We are deeply appreciative of the significant service effort and accountability that members of the SCCMHA network have demonstrated. Together we continue to work to truly live the vision of SCCMHA on behalf of all the persons we serve: "A Belief in Potential, A Right to Dream, An Opportunity to Achieve."

Sincerely,

Sandra M. Lindsey
CEO
SCCMHA

# Saginaw County Community Mental Health Authority Board of Directors

| Term Expires 4/1/24 | Term Expires 4/1/25 | Term Expires 4/1/26 |
|---|---|---|
| **GENERAL PUBLIC**<br>Steve Fresorger | **PRIMARY CONSUMER**<br>Mike Cierzniewski | **GENERAL PUBLIC**<br>Joan Williams |
| **SECONDARY CONSUMER**<br>Jill Armentrout | **GENERAL PUBLIC**<br>Cynthia Winiecke | **COUNTY COMMISSIONER**<br>Lisa Coney |
| **AGENCY/OCCUPATION**<br>Kathleen Schachman | **SECONDARY CONSUMER**<br>Robert Woods, Jr. | **GENERAL PUBLIC**<br>John Pugh |
| **PRIMARY CONSUMER**<br>Deb Nagel | **AGENCY/OCCUPATION**<br>Cherie Long | **GENERAL PUBLIC**<br>Tracey Raquepaw |

# Saginaw County Community Mental Health Authority Citizens Advisory Committee

| Term Expires 4/1/24 | Term Expires 4/1/25 | Term Expires 4/1/26 |
|---|---|---|
| **SERVICE PROVIDER**<br>Ann Finta | **COMMUNITY**<br>Maggie Davis | **SERVICE PROVIDER**<br>Lyn Bradfield |
| **COMMUNITY**<br>*Vacancy* | **COMMUNITY**<br>Tracey Roat | **SECONDARY CONSUMER**<br>*Vacancy* |
| **COMMUNITY**<br>*Vacancy* | **PRIMARY CONSUMER**<br>Cheryl Nelson | **SECONDARY CONSUMER**<br>Vicki Mikolajski |
| **PRIMARY CONSUMER**<br>Lisa Sawyer | **SERVICE PROVIDER**<br>*Vacancy* | **PRIMARY CONSUMER**<br>*Vacancy* |
| **SERVICE PROVIDER**<br>Jim Nesbit | **COMMUNITY**<br>Arletta French | **SERVICE PROVIDER**<br>*Vacancy* |

# ABOUT SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Saginaw County Community Mental Health Authority

## Services and Persons Served

- In Fiscal Year 2022, SCCMHA served 7,697 persons in Saginaw County.
- The Michigan Mental Health Code defines service populations, including persons with developmental disabilities, adults with serious mental illness and children with severe emotional impairments. SCCMHA is also responsible for people with co-occurring substance use disorders.
- SCCMHA became a Certified Community Behavioral Health Clinic (CCBHC) Demonstration site in 2022, to assist individuals who are underinsured or uninsured with mild and moderate mental illnesses.
- Services are provided to persons through an individualized person-centered or family-centered planning process, with guiding principles of recovery, consumer choice and voice, and trauma informed care. SCCMHA provides services and support through a variety of community programs and evidence-based practices.
- Key services provided or purchased include: 24/7 crisis screening, psychiatry, nursing and a variety of clinical treatment and ancillary health services; case management and supports coordination; specialized residential; community living supports and skill build services; supported employment; and housing services with targeted low income rent subsidies.

## Governance, Regulation and Public Policy

- SCCMHA is a local, independent, governmental unit serving Saginaw County, a Community Mental Health Services Program (CMHSP) and has been a mental health authority under contract with the Michigan Department of Community Health, since October 1, 1997, when the organization separated from County government.
- Since January 2014, SCCMHA is part of the regional 21 county PIHP, Mid-State Health Network (MSHN), one of 10 such PIHPs in Michigan providing specialty mental health and substance use disorder services.
- SCCMHA is governed by a 12-member Board of Directors who are appointed by the Saginaw County Board of Commissioners.
- SCCMHA must meet all obligations of the Michigan Specialty Supports and Services Program agreed upon by the federal government, including services to consumers, and administrative, policy and regulatory management.
- The vision statement of SCCMHA is *A belief in potential, a right to dream, an opportunity to achieve* – core corporate values include, consumer potential, excellence, accountability, respect, cultural competency, integrity, public stewardship, collaboration, customer service philosophy and effective communication.
- SCCMHA is headquartered at 500 Hancock Street, Saginaw, Michigan 48602; telephone is 989.797.3400 and website address is **www.sccmha.org**. SCCMHA has seven (7) other locations.

## Financial and Workforce Information

- Funding includes prepaid, capitated Medicaid and Healthy Michigan, and MI Child funds to cover medically necessary services for eligible enrollees; State General Fund revenue to cover uninsured persons eligible for services and state hospital services including forensic services; categorical state funds for special populations; HUD funds that support low-income housing subsidy; various special project grants, including federal grants; and local match funds from the County of Saginaw. Beginning in FY 2022 SCCMHA in addition received additional funding from CCBHC billable encounters.

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- SCCMHA operates some services directly and contracts with a large and diverse number of service providers to ensure a comprehensive service array required by state and regional contracts to meet local needs.
- The annual budget for SCCMHA for fiscal year 2022 is approximately $94+ million dollars.
- SCCMHA employs over 310 staff members and contracts with over 200 different organizations, programs, or individuals. The SCCMHA Network employs close to 1,900 people.

## Workforce Training and Special Projects, Protections and Responsibilities

### Training and Continuing Education Department:

- SCCMHA provides Mental Health First Aid (MHFA) training to individual members of the public and community groups in the greater Saginaw region. SCCMHA delivers the following MHFA curricula; Adult MHFA, Youth MHFA, Public Safety / Law Enforcement MHFA (including police academy cadets), Veteran and Military Family MHFA – through 9 certified instructors. To date SCCMHA has trained 2,073 persons
- SCCMHA provides the MDHHS required 40 hours of group home /Community Living Supports training monthly and since 2014, 444 persons have been trained for this important role delivered in residential settings and to individual consumers in their own homes.

### Office of Recipient Rights:

- The SCCMHA Office of Recipient Rights (ORR) is responsible for ensuring the rights of persons served are preserved and protected as per Chapter 7 of the Michigan Mental Health Code. Anyone can make a complaint on behalf of themselves, their family member, or a concerned community member. Call 800.258.8678 or Michigan Relay 711.
- Last year, SCCMHA ORR investigated 221 allegations and of these substantiated 108. SCCMHA ORR provided face to face training to 542 persons working in the SCCMHA Network and provided on-line training for 1,117 persons working in the SCCMHA Network. SCCMHA ORR visited 120 service sites as annually required, to ensure ORR compliance and consumer knowledge about how to file complaints.

### Family Support Subsidy Program:

- SCCMHA administers the Family Support Subsidy Program (FSSP) to help families pay for special expenses that a family has when caring for children under the age of 18 years of age with special needs as identified by Michigan Public school system as having special education eligibility of Severe Cognitive Impairment, Severe Multiple Impairment or Autism Spectrum Disorder also receiving ASD Special Education. Eligible families have taxable incomes of less than $60,000/year. FSSP payments are just over $200/month. Interested family applicants should call 989.498.2277. Last year SCCMHA processed 23 new applications with 118 Saginaw County families receiving Support Subsidy payments monthly in 2022.

### Nursing Home Preadmission Screenings and Annual Resident Reviews (PASARR):

- SCCMHA provides federally required Preadmission Screenings and Annual Resident Reviews for all persons being placed in the 11 short- and long-term nursing facilities in Saginaw County. Anyone being admitted to or residing at a nursing facility will receive specialized evaluation at several levels to determine appropriateness for placement and at level of care transitions. Last year SCCMHA provided 7 Preadmission Screenings and 24 Annual Resident Reviews.

**Data from FY 2022*

# SCCMHA KEY CONTACTS

| NAME | TITLE | PHONE | E-MAIL ADDRESS | FAX |
|---|---|---|---|---|
| **Office of the CEO** | | | | |
| Sandra M. Lindsey | Chief Executive Officer | | slindsey@sccmha.org | 989/799-0206 |
| Ryan Mulder | Executive Assistant to CEO | 989/797-3501 | rmulder@sccmha.org | 989/799-0206 |
| **Network Service & Public Policy** | | | | |
| Jennifer Keilitz | Director of Network Services & Continuing Education | 989/797-3493 | jkeilitz@sccmha.org | 989/799-0206 |
| Jenna Brown | Administrative Assistant | 989/498-2269 | jbrown@sccmha.org | 989/799-0206 |
| Alecia Schabel | Continuing Education Supervisor | 989/797-3451 | aschabel@sccmha.org | 989/498-4219 |
| Aylin Salcedo | Continuing Education Assistant | 989/272-0226 x1226 | asalcedo@sccmha.org | 989/498-4219 |
| Matt Nagy | Trainer | 989/272-0240 x1240 | mnagy@sccmha.org | 989/498-4219 |
| Valerie Toney | Trainer | 989/498-2273 | vtoney@sccmha.org | 989/498-4219 |
| Tim Hogan | Continuing Education Specialist | 989/797-3445 | thogan@sccmha.org | 989/498-4219 |
| Florentino (Tino) Garcia | Part-Time Typist/Clerk | 989/498-2278 | fgarcia@sccmha.org | 989/498-4219 |
| Kati Wade | Part-Time Typist/Clerk | 989/498-2278 | Kati.Wade@sccmha.org | 989/498-4219 |
| Melynda Schaefer | Provider Network Auditing Supervisor | 989-797-3491 | mschaefer@sccmha.org | 989/498-4219 |
| Ashley Volz | Residential Coordinator and Provider Network Auditor | 989/797-3504 | Ashley.Volz@sccmha.org | 989/498-4219 |
| Tiffany Barnett | Provider Network Auditor | 989/272-7334 | Tiffany.Barnett@sccmha.org | 989/498-4219 |
| Chelsea Trischler | Provider Network Auditor | 989/272-7295 | Chelsea.Trischler@sccmha.org | 989/498-4219 |
| Cassandra Ward | Credentialing Coordinator | 989/272-7017 | Cassandra.Ward@sccmha.org | 989/498-4219 |
| Mary Baukus | Evidence Based Practice & Trauma Informed Care Coordinator | 989/272-7372 | mbaukus@sccmha.org | 989/272-7238 |
| **Network Business Operations** | | | | |
| Matt Briggs | Chief of Network Business Operations | 989/797-3599 | mbriggs@sccmha.org | 989/498-4219 |
| Jennifer Tomaszewski | Contract Manager | 989/793-3302 | jtomaszewski@sccmha.org | 989/498-4219 |
| Crystal Dawson | Contract Management Assistant | 989/272-7190 | Crystal.Dawson@sccmha.org | 989/498-4219 |
| Pauline Najera | Claims Processor | 989/498-4205 | Pauline.Najera@sccmha.org | 989/799-3918 |
| Devonna McCall | Claims Processor | 989/797-3516 | Devona.McCall@sccmha.org | 989/799-3918 |
| Vurlia Wheeler | Care Management Supervisor | 989/797-3590 | vwheeler@sccmha.org | 989/797-3584 |

| NAME | TITLE | PHONE | E-MAIL ADDRESS | FAX |
|---|---|---|---|---|
| Clare Lenhart | Care Management Specialist | 989/498-4212 | clenhart@sccmha.org | 989/799-0264 |
| Brittany Smith | Care Management Specialist | 989/272-7289 | bnonamaker@sccmha.org | 989/799-0264 |
| Katie Thomas | Care Management Specialist | 989/498-4212 | Katie.Thomas@sccmha.org | 989/799-0264 |
| Melessia Privett | Care Management Specialist | 989/498-2268 | mprivett@sccmha.org | 989/799-0264 |
| **Clinical Services & Programs** | | | | |
| Kristie Wolbert | Executive Director of Clinical Services & Programs | 989/797-3528 | kwolbert@sccmha.org | 989/799-0206 |
| Allison Kalmes-Hadd | Administrative Assistant | 989/797-3503 | akalmes-hadd@sccmha.org | 989/799-0206 |
| Erin Nostrandt | Director of Children's Services | 989/272-0263 x1263 | enostrandt@sccmha.org | 989/797-3523 |
| John Burages | Director of Services for Persons with Mental Illness | 989/272-7360 | jburages@sccmha.org | 989/797-3522 |
| Charlotte Fondren | Director of Services for Persons with Intellectual & Developmenta | 989/797-3535 | cfondren@sccmha.org | 989/754-2288 |
| Vacant | Program Coding & Compliance Specialist | | | |
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# Saginaw County Community Mental Health Authority

## Core Values and Operating Principles

### Consumer Potential

- We will support consumers to fully experience life.
- We will support customers in taking risks and learning from their mistakes and celebrating successes.
- We are committed to helping customer imagine a better life and develop steps to achieve it. (Dream/Hope)
- Our behavior and actions will demonstrate our belief in the potential for growth.
- Our role with customers will be a partnership.
- We will look for every opportunity to help customers develop and exercise choice.

### Excellence

- We will deliver services which produce quality outcomes.
- We will continually review and measure processes for improvement.
- We will approach our work with purpose and enthusiasm.
- We will have the courage and wisdom to address difficult issues with all relevant information.

### Accountability

- We acknowledge that each of us is responsible for ensuring compliance with all laws, and regulations and organizational policies that control our business.
- We as an organization are accountable and individually responsible to our customers, each other, the organization, our network and the community.
- When we learn of inadequacies or weaknesses in our services or business processes we will correct them and learn from the experience.
- We are responsible for our own actions and the consequences of them.
- We will make informed decisions and if we make mistakes we will correct them and learn from them.
- We will remind co-workers when their attitudes and actions are in conflict with the organizations values and in violation of our operating principles. In turn, we will compliment co-workers when their attitudes and actions are in compliance or exceeds the core values of the organization.

### Respect

- We have high regard for the diversity and uniqueness of those we serve and those serving.
- We respect and value the different functions within the organization which must all work together to accomplish the mission to ultimately serve the consumer.
- We will treat each other kindly using common courtesies at a minimum.
- We will demonstrate pride in our environment and take personal responsibility in its cleanliness and care.
- We will always use person first language in all modes of communication when referring to customers with disabilities and their families.
- We recognize that trauma is pervasive, and we presume the possibility that any individual one encounters, whether a consumer, visitor, or staff member, may have a trauma history.

### Racial and Cultural Competency

- We affirm the existence and long history of Institutional and Systemic Racism.
- We affirm our commitment to racial and cultural equity for staff members that are Black and Indigenous People of Color (BIPOC) as well as to all LGBTQ+ and members with disabilities and strive to be a positive example to the community.
- We acknowledge that everyone has implicit biases about others with different racial and cultural backgrounds. We will provide training opportunities to educate everyone about Implicit Bias and provide strategies to understand how these biases effect attitudes and behavior that in turn impacts those we serve, their access to service and their service outcomes.

- We expect baseline cultural and racial competencies across all network staff members and all agency leadership and will hold ourselves accountable to the demonstration of such competencies.
- We will codify our commitments to racial and cultural competency in all work that we do, including agency policies, strategic planning and service and project implementation and evaluation.
- We will work to improve both the retention of and promotional pathways for BIPOC, LGBTQ+ and individuals with disabilities as staff members to grow a more diverse workforce at all levels of the organization.
- We will define key metrics to track our progress and publish the results both internally and externally.

## Integrity

- We will make business decisions based on the needs of the total organization rather than individual staff or unit specific wants.
- We will have the courage to share our opinions during the process of decision making and then demonstrate support and commitment to the final decision.
- We will work to ensure the complete, timely and accurate collection of data upon which critical decisions are based.
- We will be truthful and fair to each other and to all outside parties.
- We will avoid any real or perceived conflict of interest as an organization through statements of disclosure and adhere to SCCMHA policies.

## Public Stewardship

- We will make decisions about resource allocations and investments with an eye on the future to ensure services for Saginaw citizens with disabilities and their families.
- We are responsible for doing the best with all the resources with which we have been entrusted.
- We will ensure non-biased decisions in the referral of persons to specific service providers in our core manager role.
- We are committed to "best practice" in service and business design and delivery including evidence based practice whenever possible.
- We take responsibility for the leadership entrusted to us in supporting the needs of Saginaw citizens with disabilities.

## Collaboration

- We will work as a team to successfully meet organizational goals.
- We believe that the best solutions arise from the collective wisdom and action of varied stakeholders.
- We will build and nurture community partnerships and networks to achieve creative, efficient and flexible outcomes for consumers, their families and Saginaw citizens.
- We will foster productive relationships among staff members, units, departments and functions to achieve creative efficient and flexible outcomes.

## Customer Service Philosophy

- We will treat every person with whom we come in contact with including our colleagues as a valued customer.
- We respect each others time, individual deadlines and priorities.
- We return all phone calls, e-mail messages, and voice mail messages in a timely and friendly manner.
- We seek the input of those affected by our decisions and respect their opinions.
- We will treat consumers as if they could buy their mental health services from any organization but have chosen us.

## Effective Communication

- We will ensure no matter who you are or where you work, you will receive information necessary to do your job.
- We acknowledge our individual responsibility to stay informed.
- We will be active participants in communications that are: timely, honest, thoughtful, mutually beneficial, productive and courteous.
- We will always be ready to listen to and learn from others, and be willing to teach or to ask for assistance from others.
- We encourage the expression of critical thinking and will respect dissenting opinion, but when decisions are made we expect full and active support.

# Saginaw County Community Mental Health Authority

## Mission Statement

As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, SCCMHA actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.

## Vision Statement

A belief in potential

A right to dream

An opportunity to achieve

Saginaw County Community Mental Health Authority

# Network Services Organizational Structure

Rev. 8/24/2023

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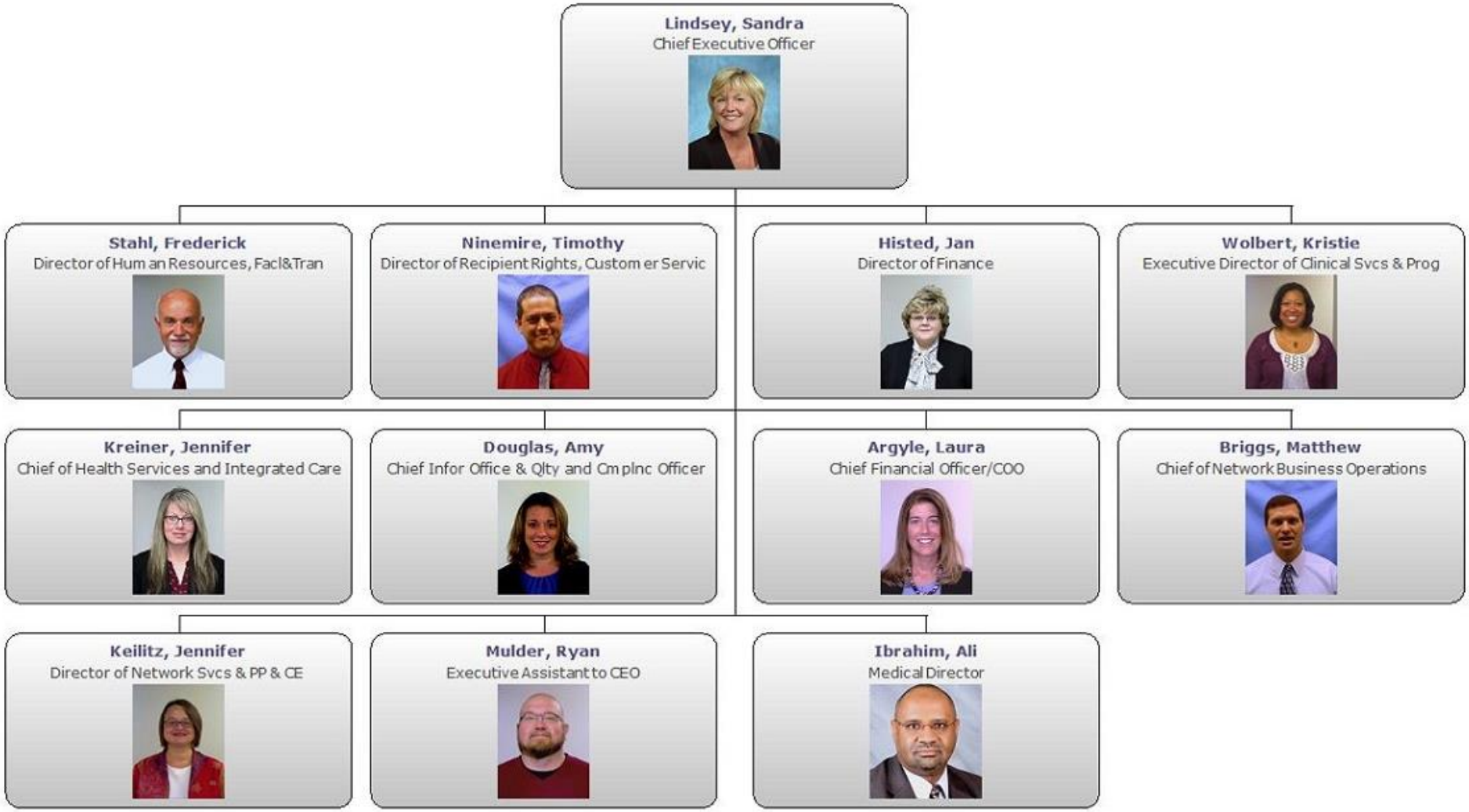
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| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: A History of CMH and the Genesis of SCCMHA | **Chapter**: 00 – Introduction | **Subject No**: 00.01.02 |
| **Effective Date**:<br>8/12/09 | **Date of Review/Revision**:<br>8/21/09, 6/12/12, 6/4/14, 5/5/16, 6/13/17, 7/28/17, 4/10/18, 5/20/19, 7/13/21, 9/27/22 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>SCCHMA CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:**<br>Barbara Glassheim<br><br>**Additional Reviewers**:<br>SCCMHA Management Team |

**Purpose:**
The purpose of this policy is to memorialize the history of the public mental health system in Michigan and the county of Saginaw.

**Policy:**
It shall be the policy of SCCMHA to retain information related to its heritage.

**Application:**
This policy applies to public mental health services in Michigan and the county of Saginaw.

**Standards:**
The following information shall be made available to all interested parties.

**A. State Mental Health Administration**

The public mental health and substance abuse system is administered within the Michigan Department of Health and Human Services (MDHHS, formerly known as the Michigan Department of Community Health or MDCH) which is one of twenty (20) departments of state government. The department was created in 1996 by consolidating the Departments of Public Health and Mental Health; the Medical Services Administration, the state's Medicaid agency. The Office of Drug Control Policy and the Office of Services to the Aging were later consolidated with MDCH. In 2015, the Michigan Department of Human Services (MDHS) and the Michigan Department of Community Health merged to become the MDHHS.

MDHHS carries out responsibilities specified in the Michigan Mental Health Code, the Michigan Public Health Code, and administers Medicaid Waivers for people with developmental disabilities, mental illness, serious emotional disturbance, and substance disorders. Public Act 258 of 1974 codified, revised, consolidated, and

classified the laws relating to mental health. The Public Health Code defines the laws for substance abuse treatment.

MDHHS operates three (3) adult state psychiatric hospitals for adults who have mental illness (Caro Center, Kalamazoo Psychiatric Hospital, and Walter Reuther Psychiatric Hospital) and one (1) children's psychiatric center (Hawthorn Center), as well as the state's Center for Forensic Psychiatry and, under a contractual agreement with the Department of Corrections, the Huron Valley Center which is an inpatient program for prisoners.

## B. Public Service Delivery System

Three different types of organizations manage and administer Michigan's publicly funded mental health system: Ten (10) Prepaid Inpatient Health Plans (PIHPs), forty six (46) Community Mental Health Services Programs (CMHs), and sixteen (16) Substance Abuse Coordinating Agencies (CAs). In addition, limited outpatient mental health services are available through Medicaid Health Plans (MHPs).

Unlike Qualified Health plans which provide medical care to Medicaid enrollees, CMHSPs/PHIPs are a single-plan eligibility model under the 1915(b) federal Medicaid Waiver. Medicaid beneficiaries do not enroll in a PHIP but are eligible for services if they have a serious mental illness, serious emotional disturbance, developmental disability, or a substance use disorder *and* require the covered benefits and levels of care available through a PHIP.

### 1. CMH Operations

The Board of a CMHSP is a policy making body which appoints an Executive Director to carry out its policies, make recommendations to the Board, and oversee day-to-day operations. The Executive Director appoints staff to provide services authorized by the Board and funded by the state and county, and to assist in administering the program of services.

The Executive Director and staff, like the Board itself, must conduct business in accordance with all applicable local, state and federal statutes. The primary state statute is the Michigan Mental Health Code and its Administrative Rules. Also applicable are the policies and procedures issued by the Michigan Department of Community Health, the contract between the Michigan Department of Community Health, and the Saginaw County Community Mental Health Authority Board. Finally, funding sources and the overall budget set parameters within which business is conducted.

#### a. Statutory Powers and Duties of the Board:

1) Evaluation of the mental health service needs of the community. Board deems appropriate.
2) Providing services to eligible recipients, either directly or via contract.
3) Overseeing the evaluation of all funded services to ensure they meet the needs of the community.
4) Working to ensure that all mental health services offered in

the county are coordinated.

5) Appointing an Executive Director.
6) Establishing policies, the parameters of which dictate the administration of community mental health services by the Executive Director.
7) Preparation of an annual plan of services and a budget request for submission and approval by the Michigan Department of Community Health.
8) Holding a public hearing on the annual program plan and budget request.
9) Securing funding from other sources, such as grants (both public and private), as the Board deems appropriate.

## C. History

### 1. Background

Public responsibility for the care of people with mental illnesses and other mental disabilities was set forth in Michigan more than one hundred (100) years ago in the 1850 Michigan Constitution. The state's first mental health institution, the Kalamazoo Asylum for the Insane, received its first patients in 1859 and by the turn of the century others in Pontiac (Eastern Michigan Asylum for the Insane, August 1, 1878), Traverse City (Northern Michigan Asylum, November 1885), and Newberry (Michigan State Asylum for the Insane, 1895) were opened. These institutions were viewed as examples of enlightened public policy; care for persons with mental illness and mental disabilities had previously been a family responsibility that was sometimes ineffectively fulfilled.

The most recent state constitution (1963) identifies care for persons with mental disabilities as an explicit responsibility of the state as indicated in Article VIII, section 8 which indicates that "institutions, programs, and services for the care, treatment, education, or rehabilitation of those inhabitants who are physically, mentally, or otherwise handicapped shall always be fostered and supported".

The state system for mental health care that has evolved over the years was designed to meet the needs of two very different populations: persons with intellectual disabilities (which also includes those with autism, cerebral palsy, or epilepsy) and persons with a mental illness (e.g., schizophrenia, manic-depressive disorder, and serious depression), and children with serious emotional disturbances.

The capacity of state institutions grew dramatically during the first half of the previous century. Yet, even as the capacity of these institutions reached its peak, there were forces at work that would diminish their importance. In 1965 the state operated forty one (41) psychiatric hospitals and centers for persons with developmental disabilities. These facilities housed more than seventeen thousand (17,000) individuals with mental illness and over twelve thousand (12,000) with developmental disabilities. In 1991 there

were twenty nine (29) state hospitals and centers with 3,054 residents. By 1997 the populations of state institutions had dropped to approximately eleven hundred (1,100) and three hundred (300) respectively, about a ninety five (95%) percent decline. General Fund/General Purpose appropriations to state institutions declined by approximately sixty (60) percent in real dollar terms. This decline occurred because of court rulings that limited involuntary commitments, dramatic improvements in treatment, and a significant change in social views regarding the treatment of persons with mental illness and developmental disabilities.

Today there are four (4) state-operated psychiatric hospitals for adults with mental illness are (Caro Center, Kalamazoo Psychiatric Hospital, and Walter Reuther Psychiatric Hospital) and one (1) for children/adolescents with serious emotional disturbance (Hawthorn Center). In addition, the Center for Forensic Psychiatry provides diagnostic services to the criminal justice system and psychiatric treatment for criminal defendants adjudicated incompetent to stand trial and/or acquitted by reason of insanity. This state hospital system is reinforced by a large system of private hospital care.

Since the mid-1960s a general consensus has evolved among practitioners and the public that the needs of most mental health consumers best can be met in community programs located as close to a consumer's family as possible. This treatment mode, broadly termed community-based care, was incorporated into the Michigan Mental Health Code in 1974 (P.A. 258), with the intent to allow consumers to participate more fully in community life. Public Act 258 established the structure for community mental health boards (CMHBs) throughout the state, and paved the way for local government to play an increasingly important role in mental health care.

The deinstitutionalization of persons with mental illness and developmental disabilities has had a profound effect on the structure of the mental health delivery system. The mental health delivery system in Michigan today is characterized by a greatly diminished state hospital system and a growing community system; responsibility has devolved from the state to the local level.

In 1965 there were twelve (12) CMHs covering sixteen (16) counties in the state. Today, there are ten (10) PIHPs and forty six (46) CMHSPs serving Michigan's eighty three (83) counties which are responsible for coordinating the diagnosis and treatment of consumers and supervising the activities of group and adult foster care homes, as well as offering an array of services and supports developed through individual plans of service using a person/family-centered planning approach.

In 1996 all state mental health functions moved into the newly created Michigan Department of Community Health (MDCH). The new department subsumed health-related functions that were previously in the departments of Mental Health and Public Health as well as the Michigan Medicaid program.

Since 1995 Michigan state government has been embarked on a large-scale managed-care program for Medicaid recipients with mental illness and persons with developmental disabilities. In FY 1996–97 the state employed a new funding formula for CMHSPs that uses sophisticated statistical projections to estimate the number of persons with mental illnesses and developmental disabilities, are uninsured, and Medicaid enrollees in each CMHSP catchment area.

**2. Public Act 54 of 1963**

The Community Mental Health Act (CMHA), signed into law by President John Kennedy in October 1963, provided federal funding for the establishment of community mental health centers. The CMHA appropriated funds for the construction of CMHs based on population health and financial need of states. It was intended to help states "provide for adequate community mental health centers to furnish needed services for persons unable to pay therefor." Of note, the CMHA provided the impetus for deinstitutionalization.

In 1963 the Michigan Legislature passed Public Act 54 which permitted counties to establish local, community-based mental health outpatient programs funded equally by the state and the county. As noted previously, public mental health services at that time were primarily provided by the state with the bulk of care delivered in large inpatient institutions. In 1960 there were 19,059 adults with mental illness and 11,261 individuals with developmental disabilities residing in these institutions.

The purpose of P.A. 54 was to transform service delivery so that community-based alternatives to state institutions could be provided for individuals with mental illnesses and developmental disabilities. In addition to moving from institutional to community-based care, P.A. 254 offered the decentralization of service delivery decision-making authority from the state to the local county level so that local community mental health boards could plan for the mental health service needs of their immediate communities. So, the locus of care shifted from institutions to community-based providers of care. This shift occurred when it did for three reasons: (1) the advent of psychotropic medications allowed a large number of individuals who previously would have been institutionalized to function independently; (2) the growth of public assistance provided previously indigent individuals with the financial resources to live independently, thus eliminating the "poor house" role of mental institutions; and (3) large institutions came to be viewed as isolating individuals from accustomed surroundings thereby creating an artificial treatment environment and instilling dependence on the institution and further complicating rehabilitation.

The 1963 Michigan Constitution (which was adopted at the very beginning of the rise of community mental health programs) directed the Legislature to support mental health programs with the addition of language that

declares not only “institutions”, but also “programs and services” are to be “fostered and supported”.

Act 54 had a significant impact on the transition from institutional care to community based care. Within nine years after the act was adopted, fifty (50) counties with ninety (90%) percent of the state’s population had established CMH programs. State appropriations under Act 54 rose from $12.7 million in fiscal year 1964-65 to $39 million in 1975. Under Act 54, state financial support accounted for seventy-five percent (75%) of CMH funding with counties providing a match of twenty-five percent (25%).

### 3. The Mental Health Code: Public Act 258 of 1974

In 1974, P.A. 54 was repealed and replaced with Michigan P.A. 258, the Mental Health Code. The Michigan Mental Health Code is the basis for Michigan’s publicly funded mental health system. It allows for the creation of CMH agencies in single counties and CMH organizations in two or more counties. P.A. 258 further defined the role of CMHs and increased state matching funds to 90 percent.

The Code provided the following powers for the Department of Mental Health (now the Department of Community Health):

a. Provide services to individuals, giving priority to the areas of mental illness and developmental disability.
b. Administer the CMH program, with the objective of shifting primary responsibility for the direct delivery of public mental health services from the state to a CMH program “whenever the Community Mental Health Program has demonstrated a willingness and capacity to provide an adequate and appropriate system of mental health services for the citizens of that service area”.
c. Engage in mental health needs assessment.
d. Coordinate and integrate all public services for the purpose of providing a unified system of statewide mental health care.
e. Evaluate the relevance, quality, effectiveness and efficiency of mental health services provided by the Department of Mental Health and assure the review and evaluation of CMH services.
f. Establish training and experience standards for executive directors of CMH programs.
g. Support research activities.
h. Support training, consultation, and technical assistance for CMH service providers.

A county or combination of counties could elect to establish a CMH program operated under the auspices of a community mental health board consisting of twelve (12) members appointed by the county commissioners for three (3) year overlapping terms. The statute required each CMH board to submit an annual plan and budget to the Department of Mental Health for approval. The required state financing was changed to ninety percent (90%) of the net cost of CMH services as limited by legislative appropriation with

the counties responsible for the remaining ten percent (10%). CMH boards were also authorized to secure private, federal, and other public funds to support their services.

**4. CMH/MDCH Contracts: From Full Management to Managed Care**

With the rise of community-based care, the primary responsibility for providing that care shifted from the State to the CMHs. This transition occurred in stages. In 1981 the then Michigan Department of Mental Health (MDMH) began offering CMHs "shared management" contracts whereby CMHs shared responsibility with the state for planning and coordinating public mental health services. Shortly thereafter the MDMH began offering "full management" contracts wherein the entire responsibility for proving public mental health services was shifted to the CMHs. This movement began in 1981 with four (4) full management contracts. Full management offered so-called "trade off" dollars to build the local CMH budget because the funds that were used to support individuals in institutions were transferred to the CMH which could then use any savings from consumers who moved into the community at less cost than the state facility rates. The "trade-off" is thus the difference between the state facility per diem rate and the community-based services rate, the latter typically significantly lower thereby generating savings to redirect for local program expansion. Thus, full management resulted in more funding for CMHs, but also the assumption of more responsibility for mental health care and the allocation of state funding for services at state-run hospitals and centers and community-based organizations.

**5. The Revised Mental Health Code: Public Act 290 of 1995**

During 1995 the first major revision of the state Mental Health Code in more than twenty (20) years was completed. Public Act 290 of 1995, which took effect March 28, 1995, moved the state's public mental health system even more strongly in the direction of community-based care, set new treatment priorities, specified important new consumer rights, and established new accreditation requirements for CMHs. Community Mental Health Programs became Community Mental Health *Services* Programs and could be organized as:

a. A county CMH *agency* which is an existing community mental health board that does not elect to convert itself into a community mental health organization or authority; or
b. A CMH *organization* which is a joint enterprise created by two or more counties under P.A. 7 of 1967, the Urban Cooperation Act, that legally separates the entities from the counties that establish it; or
c. A CMH *authority* which is a legally separate entity from the county or counties that establish it.

The revised Michigan Mental Health Code also authorizes CMHs to carry forward up to five percent (5%) of the state's share of its operating budget from one fiscal year to the next.

**6. Managed Care**

The next phase in the devolution of responsibility from the state to the local level occurred in fiscal year 1998-1999 when the state implemented a 1915 (b) waiver obtained from the Health Care Financing Administration (HFCA) for managed care for Medicaid enrollees in Michigan. The state carved out most of the mental health benefits and developmental disabilities services to the CMHs from the health plans delivering medical services. The CMHs signed a new kind of contract with the state for this carve out, known as a Managed Specialty Services and Supports contract, and accepted risk-based capitated funding for this managed care program.

**7. Public Act 130**

In 2000, Public Act 130 amended P.A. 258 to expand the definition of a CMH organization known as a "CMHSP Organization" under the Urban Cooperation Act. CMH organizations could now be formed between one or more counties and an institution of higher education with a medical school. The organization would still be a governmental entity separate from the bodies that formed it. This amendment was put in place specifically to enable the formation of the Washtenaw Community Health Organization.

**8. Public Acts 500 and 501**

Public Acts 500 and 501 amended P.A. 258 to require that by October, 2014, all Substance Abuse Coordinating Agencies (CAs)[1] will be merged with PIHPs in the state, reducing the number of CAs in the state to ten (10). CAs do not deliver care directly, but rather, plan for and oversee public services for substance use disorders in the counties they serve. Currently many CAs are co-located with Prepaid Inpatient Health Plans (PIHPs), but others may be located at county, city, state agencies, or private entities.

**9. Funding**

Medicaid is the primary source of most funding for Michigan's publicly funded mental health system, and care at CMHs is an entitled benefit under Medicaid. Services for non-Medicaid covered individuals are covered by state general fund dollars which are allocated to each CMH based on historical funding formulas that are modified at the state's discretion. More recently, changes to the allocations have related to administrative expenses, previous general fund transfers between CMHs (under Public Act 236), and an effort to bring all CMHs to the same level of funding based on county population. Medicaid funds are allocated monthly to each CMH through PIHPs according to the number of Medicaid beneficiaries in the PIHP's

[1] Public Act 368 of 1978 amended the Public Health Code to create Substance Abuse Coordinating Agencies (CAs) in the state.

service area. General funds have decreased in recent years, resulting in the provision of services to non- Medicaid consumers with the most severe mental illness or developmental disabilities ("priority populations" under the Michigan Mental Health Code) with the exception of emergency cases which are treated immediately regardless of a person's ability to pay.

## D. SCCMHA's Organizational Milestones

1. Michigan Department of Mental Health prior to CMH:

   1942: The Norm Westlund Child Guidance Clinic is established
   1953: The Adult Mental Health clinic is established
   1963: The Saginaw Regional Consultation Center is established

2. Saginaw County Community Mental Health:

   1966:

   - A CMH Board is formed by Saginaw County under Michigan Public Act 54 of 1963
   - Dr. Victor Kershul is appointed Director (and serves from 1966 – 1970)

   1970:

   - James O'Brien is appointed Director (and serves from 1970 – 1976)

   1973:

   - Mr. O'Brien writes a grant for a Community Mental Health Center

   1974:

   - The Michigan Mental Health Code, Public Act 258, becomes effective August 1975

   1975:

   - Saginaw CMH is awarded an HEW grant for the construction of a Mental Health Center at 500 Hancock

   1976:

   - Fergus Mann is appointed Director (and serves from 1976 – 1983)

   1977:

   - Work starts on the Community Mental Health Center Building

   1979:

   - The Saginaw County Mental Health Center building is completed and opens in December

   1980:

   - Saginaw CMH enters into a Shared Management contract with the then Michigan Department of Mental Health which required a single line item appropriation of local match from Saginaw County

1984:

- Lee Martin is appointed Director (and serves from 1984 – 1986)

1986:

- Don Miller is appointed Director (and serves from 1986 – 2000)

1987:

- Saginaw CMH obtains Medicaid Type 21 Provider Clinic Services enrollment for the provision of outpatient counseling, crisis intervention, day treatment, day program, client services management and other services (Prior to 1987: SCCMHA began participation as a fee-for-service [FFS] Medicaid provider of outpatient services)
- Community Support Services begin

1989:

- Saginaw CMH obtains Medicaid Type 21 Provider Rehabilitation Services Enrollment (for Assertive Community Treatment [ACT], Home-based services, and Clubhouse [PSR – psychosocial rehabilitation)

1990:

- Saginaw CMH enters into a Full Management Contract with Michigan Department of Mental Health wherein Saginaw CMH assumes responsibility for the redirection of state facility funds into community-based care
- SCCMHA begins to operate an after-hours office at Saginaw General to provide crisis prescreening in January

1994:

- Bayside Lodge is established

1995:

- Phase I Managed Mental Health Services begins October 1; Saginaw CMH signs an Earned Contract with MDCH to provide Preadmission Screening and Utilization Management for four levels of acute psychiatric care: psychiatric inpatient, partial hospitalization, crisis residential and crisis stabilization
- Saginaw CMH begins reporting data to the Michigan Mission Based Performance Indicator System

1996:

- Phase II Managed Mental Health Services begins January 1; Saginaw CMH contracts with MDCH for the management of Inpatient Psychiatric, Partial Hospitalization, Crisis Residential and Crisis Stabilization Services

- Saginaw CMH is enrolled as a Medicaid provider for Crisis Residential services in May
- Saginaw CMH signs a partnership agreement in September with the Mid Michigan Community Mental Health Partnership, an affiliation with Bay-Arenac, Midland-Gladwin, Gratiot, Ionia, Newaygo, Montcalm and Central Michigan CMH; this eight-member affiliation prepares for functioning as a regional managed care entity

1997:

- Saginaw CMH submits its response to MDCH's Request for Information (RFI) with Mid-Michigan Community Mental Health Partnership in July (The RFI described planned regional managed care functions based on the combined number of covered lives of member counties)
- Saginaw County signs an enabling resolution in May granting Saginaw CMH status as a Mental Health Authority and SCCMHA assumes responsibility for personnel, labor, investments, purchasing, asset management, risk management and other operations functions

1998:

- SCCMHA adopts the Carver Model of Governance and its Ends Committee begins addressing quality performance in April
- SCCMHA joins the Access Alliance of Michigan (AAM) for purchasing managed care services from Bay-Arenac Community Mental Health (which was chosen as the lead board for fiduciary responsibility of an affiliation that evolved from the Mid-Michigan Community Mental Health Partnership)
- SCCMHA joins the Information System Alliance (ISA) in April, a program of Bay-Arenac Community Mental Health that supported AAM's implementation of CMHC Information Systems
- Assertive Community Treatment (ACT) services are purchased
- The collaboration for integrated healthcare for children begins with co-location of SCCMHA staff at Partners in Pediatrics

1999:

- SCCMHA exits Saginaw County's Information Services and implements the CMHC Information System (October 1998 − July 1999)
- SCCMHA begins to purchase the managed care functions of Access, Authorization, Utilization Management, and Network management from the Access Alliance of Michigan in July

2000:

- The SCCMHA Board hires its current CEO, Sandra M. Lindsey, in June

- SCCMHA hires Health Care Perspective (HCP) Consulting in October to review SCCMHA's information system readiness for managed care

2001:

- SCCMHA's outpatient provider panel is enhanced in January to allow increased choice from three to six providers for adult and child outpatient services
- SCCMHA adds its Towerline location
- The SCCMHA Crisis Center after-hours prescreening unit is relocated to the new Covenant Emergency Care Center in August.

2002:

- Leaving the Access Alliance of Michigan, SCCMHA submits an Application for Participation as a Prepaid Health Plan with MDCH as standalone PIHP in February
- SCCMHA ends its contract with the Access Alliance of Michigan and begins direct operation of Managed Care functions under new organization including Access, Care Management, Compliance, and Network Services during March – April
- MDCH notifies SCCMHA in May that its AFP has been approved with a plan for a first PHP contract in FY 2003
- Clubhouse/Psychosocial Rehabilitation Services are bid during the summer
- SCCMHA signs PIHP and CMHSP contracts with MDCH in October
- SCCMHA hires its first IS (Information Systems) Director in November

2003:

- SCCMHA implements Uniform Billing converting all claims to HCFA 1500 and UB92 formats and HCPC service codes in April
- SCCMHA completes business-to-business testing with MDCH for professional and institutional encounter reporting
- The first annual Everyday Heroes recognition event is held
- The SCCMHA partnership with Advanced Care Pharmacy begins in December

2004:

- SCCMHA begins to work toward the purchase of its own information system for managed care in January
- New SCCMHA Mission and Vision Statements and Core Operating Principles are developed
- A three-year CARF Accreditation of SCCMHA key service program is awarded
- The Electronic Medical Record & Information System is bid out during the summer

- The Quality of Life Committee convenes to address adult foster care quality issues during the summer

2005:

- SCCMHA undergoes its first HSAG External Quality Review in January
- The First Choice of Saginaw Project is initiated during the summer
- An Evidence-Based Practices/System Transformation kick-off is held with the CEO's appointment of an Improving Practices Leadership Team in June
- The Juvenile Justice Partnership with the 10th Circuit Court, Family Division and Saginaw DHS is initiated
- The first DHS Outstation Worker starts working at SCCMHA
- Molitor International Leadership Training Series and Organizational Survey takes place (2005-2006)

2006:

- SCCMHA changes its eligibility criteria for persons with serious mental illness in April
- The Association of Social Work Boards grants Continuing Education (ACE) Provider status to SCCMHA to issue CEUs for licensed social work continuing education programs in June
- The 'Go Live' of the Encompass Electronic Medical Record occurs in October
- An expansion of Adult Case Management Services occurs October
- The CSS Forensic Team is started

2007:

- A comprehensive SCCMHA Strategic Plan is developed
- The Residential Watch Committee is initiated
- A community-wide kick-off event for a children's System of Care is held in April
- The "One In Five" anti-stigma video is produced
- The First Responder Guide is published in September
- The Crisis Residential Program is expanded to include more beds and moves to a barrier-free facility on Hospital Road in September

2008:

- First Choice of Saginaw is granted not-for-profit status in March
- The Community Ties South redesigned Skill Build Program starts in December
- The Salter (housing resource) Center is opened
- The SCCMHA/Saginaw DHS Foster Care mental health assessment project takes place

2009:

- The Community Ties North redesigned Skill Build Program and opening of the new Lamson service starts in January
- Encompass is converted to Sentri, an SCCMHA-dedicated system, in January
- The ARR (Application for Renewal and Recommitment) is submitted to MDCH in June
- SCCMHA is selected to become the Administrative Service Agency for the Tri-County Michigan Prisoner ReEntry Initiative (MPRI) program, now called Prisoner Reentry, for Saginaw, Bay, and Midland counties
- The MSHDA HUD housing unit is transitioned to SCCMHA
- The MDCH SED Waiver startup occurs

2010:

- MPRI (Michigan Prisoner Re-entry) services are initiated
- The Children's Mobile Urgent Treatment Team (MUTT) is initiated
- SCCMHA is awarded a multiyear, multimillion-dollar grant from SAMHSA to create a System of Care for children and families
- SCCMHA issues a five-year report on evidence-based practices milestones achieved in June
- The SED Waiver partnership with DHS is initiated

2011:

- SCCMHA/HDI (Health Delivery, Inc., now Great Lakes Bay Health Centers) co-location services are initiated
- The SCCMHA Central Admissions and Intake (CAI) unit begins operation
- The SCCMHA consumer wellness initiative is begin with a consumer recovery conference in September

2012:

- The Saginaw Health Plan begins offering a mental health benefit in April
- A Saginaw Mental Health Court is initiated
- A Saginaw Adult Felony Drug Court is initiated
- SCCMHA assumes HUB and Lead Agency/Fiduciary roles for the Saginaw Pathways to Better Health project under the auspices of a 3-year CMS grant-funded initiative called Michigan Pathways to Better Health (MBPH) secured by MPHI (Michigan Public Health Institute)
- The Albert & Woods Professional Development & Business Center is developed with the purchase of the old Germania Country Club to provide offices for SCCMHA's Care Management, Continuing Education, Contracts and Property Management, Human Resources, Finance, and Provider Network Auditing Departments

2013:

- Saginaw Pathways to Better Health launches the Saginaw Community Care HUB on February 4 and accepts its first referral on February 11
- The Albert & Woods Professional Development & Business Center dedication is held on July 30
- A Family Resource Center is developed at the old Merrill Park Recreation Center under the auspices of Saginaw MAX System of Care (SOC)
- SCCMHA joins with 11 other CMHSPs throughout 21 surrounding counties to create a new regional entity, the Mid-State Health Network (MSHN), for contracting with MDCH to manage the Medicaid Specialty Services benefit starting January 1, 2014
- SCCMHA is awarded a three-year CARF accreditation
- SCCMHA initiates direct contracts with substance use disorder prevention and treatment providers and a 2-year local integration transition plan and related contract with TAPS (Saginaw County Substance Abuse Treatment & Prevention Services)

2014:

- SCCMHA is awarded a Michigan Early Childhood Home Visiting (MIECHV) first year implementation grant for Community HUB development
- Phil Grimaldi & Leola Wilson are named to MSHN Board of Directors
- SCCMHA is named as a pilot site for Specialty Health Home development and partners with HDI to serve adults with behavioral health disorders and chronic health conditions
- SCCMHA ends its contract as the fiduciary with MDOC for the Prisoner ReEntry program
- The Salter Housing Resource Center returns to renovated space
- SCCMHA & SOC fund Cultural & Linguistic Competency Training for Community Groups using the California Brief Multicultural Scale and Multicultural Training program in partnership with 10th Circuit Juvenile Court Disproportionate Minority Contact Initiative (Year 3 – Implementation)
- SCCMHA Commences Mental Health First Aid Training
- SCCMHA hosted the Castle Museum, and the Michigan Humanities Council "Great Michigan Read" book – "Annie's Ghosts: A Journey into a Family Secret" by Steve Luxenberg on January 28
- SCCMHA opens a new wellness and recovery themed Drop-In Center for adults with serious mental illnesses named Friends for Recovery
- Mid-State Health Network, Region 5 PIHP in Michigan, becomes the regional Coordinating Agency for substance use disorder services on October 1

- Child, Youth and Family Services (formerly the Family Services Unit) moves to new space on Bay Road on July 29 along with Wraparound Services previously located at Towerline
- SCCMHA is awarded a four-year System of Care expansion grant from SAMHSA
- SCCMHA is awarded a PBHCI (primary and behavioral health care integration) grant from SAMHSA and uses funds from the grant to add certified medical assistants to provide screening, monitoring and support to consumer self-management of chronic health conditions and play a key role in assisting nurses and physicians in providing "whole health" services to SCCMHA consumers
- SCCMHA names the Saginaw Community Care HUB which now directs Saginaw Pathways to Better Health (SPBH) and Centralized Access Home Visiting (CAHV) HUB
- On October 9 the Saginaw Community Care HUB is one of 3 HUBs in the country awarded certification as part of a Kresge Foundation funded national HUB certification pilot demonstration project during a ceremony at the annual CJA (Communities Joined in Action) conference (held in Detroit)

2015:

- SCCMHA launches a new web site on January 13
- SCCMHA launches an anti-stigma campaign
- The Med Drop Program is initiated
- Weekly meetings between HDI, SCCMHA Health Home, Med Drop Representative and the SCCMHA Medical Director commence in February
- SCCMHA transitions the electronic health record to a meaningful use certified platform through PCE in March
- Use of GeneSight Testing in medication management starts March The Zultys phone system (to track call statistics) is put into place in May
- SCCMHA begins providing mental health consultation in school-based settings as partner in the elementary schools with Pathways to Potential programs
- Great Plains accounting software is upgraded in May
- SENTRI II goes live on May 4
- SCCMHA becomes a rotation site for CMU students
- The Central Access and Intake and Crisis Units move to newly renovated space at 500 Hancock on May 12
- SCCMHA Crisis Services moves to newly renovated space at 500 Hancock
- ReQlogic purchasing is upgraded in June
- New Data Warehouse development continues
- The SCCMHA CEO convenes a Saginaw Hoarding Task Force that includes multiple agencies and stakeholders

- SCCMHA is selected by the community for the implementation of a Children's Health Access Program (CHAP) which is funded by a two-year grant from the Michigan Health Endowment Fund through the Michigan Association of United Ways
- SCCMHA begins active utilization of the MSHN Zenith Data Analytics program and CC360 (to identify at-risk groups as well as at-risk individuals)
- SCCMHA initiates the Healthy Homes program
- SCCMHA implements a co-located SUD screening service under the MSHN Coordinating Agency (using the CareNet system)
- SCCMHA continues to provide leadership in the Saginaw County Health Improvement Plan Behavioral Health Workgroup
- Health Delivery, Inc. (FQHC) opens primary care clinic inside 500 Hancock
- MAX SOC supports initiative of Open Table model with the Saginaw Faith Community
- SCCMHA makes Accountable System of Care submission to MDHHS SIM Project
- SCCMHA is awarded PA-2 funds for the expansion of prevention funding with the Parents as Teachers home visiting model
- The Supported Employment Unit moves to new office space in the Bayside complex
- The Parenting with Love and Limits graduates the first families to participate
- The Open Table Model is implemented to engage the faith-based community
- SCCMHA provides supported to assist Saginaw Psychological Services and Disability Network of Mid-Michigan in acquiring newly expanded treatment space on Hemmeter Road
- SCCMHA initiates the Annual Disability Awareness Celebration in Saginaw in October
- SCCMHA implements the SIS to determine the service needs for persons with intellectual and developmental disabilities
- SCCMHA establishes contracts with Centria Healthcare and ABA Pathways to meet the increasing demand for services for children with ASD
- SCCMHA establishes an annual camp for children 18 months to 6 years diagnosed with Autism Spectrum Disorder (ASD)
- SCCMHA provides Applied Behavior Analysis (ABA Services) to over 50 Children on the Autism Spectrum
- SCCMHA holds an event at the Mid-Michigan Children's Museum for families receiving ASD services
- SCCMHA trains first 1,000 people in Mental Health First Aid as of December

2016:

- SCCMHA initiates planning for the inclusion of CHWs (Community Health Workers) in the service array in order to help address medical co-morbidities
- SCCMHA announces the expansion of specialized mental health services to include enhanced outpatient services for adults with moderate levels of mental health conditions
- SCCMHA launches the Saginaw CHAP (Children's Health Access Program)
- CMS funding for Saginaw Pathways to Better Health ends March 31 following a nine-month extension of the original grant
- The Saginaw Community Care HUB begins direct Medicaid health plan contracting to support CHAP and Saginaw Pathways to Better Health CHW services
- SCCMHA begins to address Veteran and Military Culture and Suicide Prevention and Screening training in April
- SCCMHA's anti-stigma campaign (launched in 2015 on MLive) receives an ADDY award as Best of Show for a Public Service Campaign at the Great Lakes Bay Advertising Federation Awards event
- SCCMHA opens the Health Home and Wellness Center, located in newly renovated space on the first floor of Hancock, which includes psychiatry, nursing, and enhanced health services as well as co-located primary health services which also include pharmacy and lab services in May
- SCCMHA launches Better Together Wellness program for SCCMHA employees in July (who can use BT time for participation)
- SCCMHA is awarded CARF 3-year accreditation in August. Health Home accreditation for CARF was received as well
- SCCMHA celebrates its 50th anniversary in October
- SCCMHA begins LOCUS training for the SCCMHA employee network
- SCCMHA learns that its CCBHC application received one of the highest rating possible in October SCCMHA makes a submission to MDHHS for consideration of CCBHC pilot status. SCCMHA submits application for Certified Community Behavioral Health Clinic in August
- SCCMHA begins to address meaningful use (MU) certification requirements for its EHR; participates as AUI (Adopting, Updating and Implementing)
- SCCMHA implements expansion of ASD service benefit to persons up to 21 years of age
- SCCMHA contracts with and offers consumers and staff access to the myStrength™ app
- SCCMHA expands MUTT to serve adults (who have been reviewed and referred through Clinical Risk Committee)

- SCCMHA began development of transitional age youth (TAY services)
- SCCMHA begins the SOGI (sexual orientation gender identity) initiative

2017:

- SCCMHA begins to offer evidence-based treatment for persons with hoarding conditions in January
- The Saginaw Hoarding Task Force website, hosted by SCCMHA, goes live in May
- SCCMHA creates a Facebook page
- SCCMHA implements same day/next day service in CAI
- SCCMHA is selected by the National Council to join the Cancer Control Community Practice (CoP)
- SCCMHA is selected by the National Council to join the Trauma informed initiative community
- MDHHS awards an Adult Block Grant to SCCMHA for client (health) self-management
- MDHHS converts the multicultural categorical funding to Hispanic Behavioral Block Grant
- SCCMHA begins work with residential and non-residential providers to come into compliance with the Home and Community Based Service Rule
- SCCMHA joins with all of the public mental health system to contain privatization efforts described in section 298 of the 2018 state MDHHS budget
- Advance Care Pharmacy is purchased by Genoa Pharmacy and retains SCCMHA contract
- General Fund revenue restrictions necessitate cost containment strategies
- MDHHS provides Race to the Top funding for mental health consultation to child care providers
- MDHHS provides funding for a bilingual therapist in the SCCMHA Centralized Access and Intake (CAI) unit
- The SCCMHA Medical Director role is restructured and the Medical Leadership Role is contracted
- SCCMHA is selected by MDHHS as one of three implementation sites for the state SAMHSA grant submission; Promoting Integration of Primary and Behavioral Health Care (PIPBHC)
- SCCMHA together with West Michigan CMH submits “CCBHC Plus” model to 298 Steering Team. CCBHC Plus builds off the CCBHC federal pilots but adds persons with intellectual and developmental disabilities as well as whole SCCMHA network orientation and involvement not just the board operated program.
- Survey and compliance activity to the Home and Community Based Service Rule for residential and non-residential providers begins

- SCCMHA is selected by Michigan Public Health Institutes as convener of Neonatal Abstinence Project
- Management Team succession planning begins for leadership retirements (Ginny Reed, Dir. Network Services & Public Policy and Delores Ford Heinrich, CFO)
- Discussion regarding the Home and Community Based Services New Rule (which includes consumer choice in where to live, who to live with, and increased integration into the community including employment opportunities that include community based and minimum wage) is initiated

2018:

- SCCMHA conducts surveys of consumers with an Habilitation and Supports Waiver as part of its implementation efforts to comply with the Home and Community Based Services New Rule
- SCCMHA is selected as one of three CMHSP 298 pilot sites for financial integration with Medicaid Health Plans and behavioral health/primary care integration
- MDHHS awards a block grant to SCCMHA for that funds the Saginaw Community Care HUB's activities for SCCMHA's treatment of uninsured/underinsured Saginaw County residents with hoarding disorder
- Standardized Inpatient and Fiscal Intermediary contract language and oversight/auditing process is initiated with MSHN
- The Saginaw Community Care HUB is awarded a 2-year recertification in March by the Rockville Institute Pathways Community HUB Certification Program
- SCCMHA begins implementation of the SAMHSA PIPBHC grant awarded to the State of Michigan to improve healthcare integration for adults with SMI and develop integration efforts for children with SED in conjunction with Great Lakes Bay Health Centers as its primary care partner.
- MDHHS designates SCCMHA as the fiduciary for the Region 5 Perinatal Collaborative (RBC) and SCCMHA engages the Michigan Health Information Alliance (MiHIA) as the Region 5's lead to develop a comprehensive collaborative to reduce infant mortality rates in the region by improving prenatal care through access to care, prevention and screening for behavioral health and substance use disorders and improving birth outcomes
- The Michigan Public Health Institute (MPHI), funded through a Michigan Health Endowment Grant, partners with SCCMHA to coalesce Saginaw County stakeholders for the purpose of reducing the incidence of neonatal abstinence syndrome (NAS) that results from infants exposed to opioids during pregnancy
- SCCMHA continues to work toward achieving performance and quality measures that demonstrate the ability to utilize its electronic health record (EHR) to transmit and accept health information as

part of efforts to ensure adherence to meaningful use (MU) standards

- SCCMHA successfully passes a Security Risk Assessment performed by MiCETA without any findings or recommendations
- Security management through the Access and Identity Management becomes chartered SCCMHA quality workgroup
- SCCMHA launches the Access and Stabilization for Children (ASC) pilot in June in order provide timely access to treatment services, with an immediate emphasis on stabilizing youth who present with extreme needs, linking them appropriate treatments, and identifying those who are not responding to currently prescribed treatments
- Site reviews of evidence-based treatments for children and youth are initiated to improve fidelity
- SCCMHA, along with SVRC, begins work on restructuring employment options for consumers attending SVRC facility-based and segregated enclaves to move to competitive, integrated employment at minimum wage pay
- SCCMHA establishes a partnership with the County of Saginaw for a Bond Sale to support capital improvements at Hancock and the Albert and Woods Center
- In April MDHHS approves Intensive Crisis Stabilization Services for Saginaw County children ages 0-21 with SED and/or intellectual/developmental disabilities (I/DD), co-occurring disorders (CODs) or substance use disorders
- An operating cash loan for $5 million is secured from PNC Bank to replace the MSHN cash advance
- SCCMHA and Linda Schneider, Director of Clinical Services, are awarded the Great Lakes Bay Pride Business Partner Award in recognition of the agency's support and services to the SOGI (sexual orientation and gender identity) community in the Great Lake Bay Region on June 26 at the Great lakes Bay Pride LGBT and Ally Awards Banquet held at the Anderson Enrichment Center in Saginaw
- MDHHS block grant funding allows SCCMHA to become a community sponsor for the sixth annual Consumer's Energy "Light Up the City" event, a summer-long series of neighborhood walks to improve safety and community organization engagement; SCCMHA consumers participate in a "fun walk" in conjunction with the 5K sponsorship provided by SCCMHA
- SCCMHA contracts with a vendor to complete automatic monthly sanction checks for all SCCMHA employees and Network Providers contract signers in addition to the monthly sanction checks of internal staff and external providers that is initiated using the Streamline Verify system

- All SCCMHA contracts now include a Conflict of Interest Statement based on Managed Care Standards to assure that all individuals working in an agency do not have any conflict of interest as it pertains to the use of Medicaid and Medicare funding
- SCCMHA continues to distribute NARCAN® Nasal Spray kits and offer training regarding proper administration of naloxone via nasal spray to individuals suspected of experiencing an opioid overdose
- SCCMHA along with Mid-State Health Network, Perceptions, Saginaw County Community Mental Health Authority and the Saginaw Sexual Orientation Gender Identity Youth Advocacy Council (SOGI YAC) sponsor the first annual LGBTQ Conference titled "Let's Get Building Together for Quality Mental Health" at the Four Points Sheraton
- Work is initiated to adapt the current Sentri 2 Training Database to meet the needs of the Continuing Education unit and the provider network
- The SCCMHA annual training renewal process is migrated to an on-line option for board operated and contracted staff
- The original Wraparound team is divided into two teams each comprised of one Supervisor and four Wraparound Coordinators to allow for capacity building and to provide additional support and oversight for team members
- SCCMHA begins grouping similar training content so that staff time in training can be maximized and staff need to attend less days to obtain required training
- Two Health Home clinicians, funded by MSHN, are certified in Auricular Acupuncture (AA), an intervention primarily supporting individuals in recovery from a substance use disorder and SCCMHA continues to encourage staff to seek certification in AA
- SCCMHA is awarded a three-year recertification of services by MDHHS (effective through September 29, 2021)
- SCCMHA receives a two-year grant from the Blue Cross Blue Shield of Michigan Foundation to assist with funding for additional trainers and to offset the cost of Mental Health First Aid (MHFA) books for adults and children (YMHFA/Youth Mental Health First Aid) in November
- The number of Habilitation Support Waivers for persons with I/DD increases from 121 to 148

2019:

- At the request of MDHHS, in response to the outbreak in Michigan, SCCMHA conducts surveillance and screening of consumers for Hepatitis A, particularly targeting those who are known to have a history of injection and non-injection drug use, homelessness or transient housing and incarceration
- GENOA's onsite pharmacy institutes access to immunization for consumers who are identified as high risk for Hepatitis A

- MDHHS renews the Consumer Self-Management block grant for FY 2019 to provide access to education and improve consumer engagement in self-management of chronic health conditions and which allows SCCMHA to renews its sponsorship with the "Light Up the City" (a community partnership between the United Way of Saginaw, Michigan State Police and Consumer's Energy that promotes community members to create a safer community)
- SCCMHA and SVRC cosponsor "Wellness on the Waterfront" at the SVRC Marketplace (as part of the Consumer Self-Management block grant) in which consumers and their families or caregivers participate in health-related activities, walking events and enjoy a community experience at the Farmer's Market
- MDHHS renews a block grant that funds the Saginaw Community Care HUB to allow SCCMHA to provide treatment to Saginaw County residents with hoarding disorder lacking adequate insurance coverage to treat the disorder
- Succession planning continues for Leadership retirements (Linda Schneider, Director of Clinical Services and Programs and Linda Tilot, Director of Care Management and Quality Systems)
- The Michigan Department of Health and Human Services (MDHHS) completes its triennial Office of Recipient Rights (ORR) Audit in March resulting in a score of 176 out of 180 possible points (i.e., Substantial Compliance)
- In March SCCMHA purchases an additional parking lot with 45 spaces for Hancock that is expected to be completed by July 1
- The Management Team is restructured with addition of three population-specific directors reporting to the Executive Clinical Director
- Work continues on Home and Community Based Waiver New Rule: providers on heightened scrutiny are reviewed by Mid-State Health Network and providers continue to work on out-of-compliance areas for any consumers on a Habilitation Supports Waiver; surveys are sent to consumers and providers of B3 services for residential, skill building, supported employment and community living supports
- SCCMHA adds additional providers to its current provider network to provide Applied Behavioral Analysis for persons with Autism Spectrum Disorder
- Long time Board Chair, Phil Grimaldi dies in April; Tracey Raquepaw becomes the new Board Chairperson
- The Zultys phone system installation is completed in May
- SCCMHA begins to transition to a "mobile workforce" in May with the assignment of Microsoft Surface tablets to staff members that are configured in accordance with each department's needs
- SCCMHA Senior Leadership Participates in a Year of Planning for 298 Pilot Implementation with Medicaid Health Plans and MDHHS

- SCCMHA changes procedures and forms in response to changes to Kevin's Law
- Conducted survey of staff to determine participation in Community Benefit Activities and community collaboration to inform statewide costing work MDHHS with state actuary Milliman, Inc.

2020:
Milestones / Regular Business

- SCCMHA Transportation Department staff and fleet vehicles moves from Towerline to Albert and Woods Center
- SVRC Industries assumes transportation responsibility from SCCMHA for consumers attending their vocational programs
- Space redesign and renovations at Bay Road Children, Youth and Family Services to make space for a third FSU clinical team. Related renovations at Towerline to accommodate Wraparound and TAY staff
- Expansion of TAY Program at FSU.
- Establishment of Coding Benefit & Integrity Workgroup (CBI) to train cross section or staff on billing code interpretation.
- Reorganized front door operations and transition of Front Desk Associates managed by Finance Department to Customer Services
- Milliman Service Cost Data Collection projects begin
- Implemented MCG Parity tool for Acute Services
- PHQ-9, PHQ-9A, Columbia, AUDIT-C, DAST and GAD Screening tools selected and implementation planning begins.
- Implementation of significant changes to HSW, SED, CW and Autism Medicaid Waivers as well as Medicaid State Plan Services
- SCCMHA funded by MDHHS for Juvenile Urgent Response Treatment (JURT) grant to expand Mobile Urgent Treatment Team (MUTT) service for 2 years.
- Clinical staff, supervisors and others receive mobile devices.
- Renovations to Hancock first floor group rooms and rest rooms on 2nd floor commence.
- Consolidated all Board Operated psychiatry and nursing to Hancock Building
- Provider and Consumer Surveys and plans of correction, continue to determine Home and Community Based Services Rule compliance for consumers served under the Medicaid b3 Waiver. Heightened Scrutiny Process begins.
- Community Ties North and South implement new program design to achieve compliance with new federal Home and Community

Based Service Rule with focus on individualized integrated community experiences.

- SCCMHA Board of Directors/ Ends Committee requests education on all public policies attached to MDHHS and MSHN Contracts.
- MDHHS revises definitions of Qualified Intellectual Disability Professional (QIDP) and Qualified Mental Health Professional (QMHP), SCCMHA in response defines human services professional to include degrees in social work, psychology and sociology in related minimum academic requirements.
- MDHHS/MSU Heightened Scrutiny Reviews for HCBS completed for all residential sites. Final report can take up to a year. HS for Skill Building and Supported Employment Services shut Down due to COVID.
- MDHHS Releases preliminary system redesign change to move system to regional Special Needs Plan (RSNP) on the first quarter but puts the plan on hold due to COVID 19.
- Implementation of year 2 of Michigan Health Endowment Funding of Mental Health First Aid, both adult and youth curricula
- MI Mental Health Code Changes to Protected Health Information Consumer Consent process to promote Care Coordination.
- DSM-5 Transition Completed
- Annual Report for 2019/20 published "Making Our Communities Less Vulnerable" with safety net services and community collaborations as focus.
- SAMHSA awards two-year funding to SCCMHA for Certified Community Behavioral Health Clinic readiness

Other Milestones / Events

- Major Bayside Lodge Renovation begins
- May 18 Catastrophic Dam failures in Edenville and then Sanford cause major flooding in the Greater Midland region. Result for Saginaw is storm surge down river from flooding. SCCMHA told to expect flooding of lower level of Albert and Woods Building in the dawn of May 22. Staff mobilize and move all furniture and equipment to upper floor of A&W Building and with assistance from skilled trade partners reinforce southern building berm and shut down all serves and utilities. Staff move vehicle fleet away from A & W. Flooding of lower level avoided by mere inches of storm surge held back by berm reinforcement.

- SCCMHA Board supports *Social Justice and Mental Health - A Statement of Affirmation* on June 8th, in response to George Floyd death and social justice protests against police.
- Planning for SCCMHA Fleet Vehicle Replacement Commences
- Planning and consulting work commences for natural gas generator at Hancock Building to keep agency systems running during power outage

County Bond Funded Capitol Projects

- Permanent Repair to southern berm outside Albert and Woods Center
- New tablets for 54 contracted group homes located in Saginaw County to promote telehealth connections
- 7 Vehicles (vans/truck)
- Lamson Building Roof
- Hospital Road Roof Canopy
- A&W Berm repair
- Bayside Apartment Bathroom
- Albert &Woods Building Fencing for Securing Agency Vehicles
- Group Home Patio Furniture Replacement
- New Hancock parking lot to west of building Does this belong in FY 2019
- Albert and Woods Roof and Balcony replacement
- Replacement of Hancock WIFI Locksets on doors
- Badge Reader and Security Upgrades at all SCCMHA Buildings (Is this a dup of item 6?)
- CTN & CTS HVAC Replacements
- WIFI Controller Upgrades to all buildings
- New Vehicle Replacement to fleet (2- 14 passenger vans with lifts, 4- mini-vans, 1 maintenance truck) Note: All buses were planned for auction. Does this belong in 2021?
- 100 new tablets to support mobile workforce

COVID-19 Pandemic

- Personal Protective Equipment (PPE) Purchasing begins March 4th in anticipation of COVID-19 infections in Michigan
- First COVID-19 Executive Orders Issued by Governor Whitmer:
    - March 10 Governor Declares COVID-19 State of Emergency
    - March 12 Michigan schools closed for 3 weeks
    - April 2 Michigan schools close for rest of school year

    - March 24 First Stay Home Stay Safe Order issued (Numerous other COVID-19 Executive Orders and later Pandemic Orders issued)
- March 13 all SCCMHA Buildings closed to visitors and Emergency Management Team Activated (Note: the EMT met 44 times in 2020)
- All CMHSP Services including SCCMHA deemed "Essential" by MDHHS
- Week of Mach 20, all SCCMHA Buildings except Hancock close, staff sent home to work remotely where ever possible over Stay Home Stay Safe Order.
- 40% of staff worked remotely during Stay A Home/Stay Safe Executive Orders (Remote and Remote Essential status), 21% of staff classified as Essential workers remined on site at Hancock and Albert and Woods Center to address needs of consumers, staff and the organization. 38% of work force from CTN, CTS, Transportation staff, some peers and some support staff were placed on Paid Furlough and regrettably then place on layoff as programs could still not as pandemic continued and in-person services could not resume.
- March 26, 2020, MDHHS Commences weekly COVID Meetings virtually with PIHP and CMHSP CEOs.
- At Hancock, Crisis Staff, Health Home, CAI and Select Administration Functions Remain Open.
- All needed pharmacy prescriptions renewals extended electronically
- Communication, infection surveillance and support of network begins
- Masking Mandate, Hygiene Procedures and daily Staff COVID-19 Symptom Screening begins.
- Custodial staff sanitize all closed building and begin new COVID sanitation procedures at Hancock.
- SCCMHA Staff FAQ postings at SCCMHA Website and ADP Commence
- Facilities leadership begin planning for hard building controls. All conference rooms and PC labs closed. Signage controls and prompts for sanitation and furniture and workspace changes made for social distancing.
- Most all standing SCCMHA staff committees initially suspended

- COVID public messaging on SCCMHA Operations in Response to COVID-19 begins
- All network group services close and clinical contracted teams move to telephonic and then telehealth modalities.
- GLBHC temporarily suspends Primary Care Clinic at Hancock
- Genoa Pharmacy remains on Site at Hancock and Med-Drop program scaled back
- SCCMHA Board begins to meet on April 2 remotely under relaxed COVID-19 Open Meetings Act provisions.
- A series of Executive Orders extends flexibility of Open Meetings Act to Allow all public governing bodies to meet virtually through the end of the year. SCCMHA begins and continues Telephonic meetings for the rest of the year ad Citizen's Advisory Council does the same.
- SCCMHA Board approves changes to FMLA Policy and established new COVID-19 Sick Bank for staff effective thru 12-31-20 at the April meeting.
- SCCMHA IT roles out Skype to support virtual meetings and Doxy.me application installed to support clinical staff with telehealth platform
- Tent and later wooden hut set up outside Hancock front door for consumer medication injections.
- PPE Procurement continues for SCCMHA staff and network providers, first delivery form State PPE Stockpile arrives in June and then additional shipments in August and September. PPE Supply chain stabilizes later that summer.
- 4/13/20 SCCMHA COVID-19 Residential Contingency Planning commences to include back up staff for Residential Network and alternative care site at CTN for COVID positive staff (alternative site ultimately not opened)
- $2.00/hour premium pay + 12% admin increase established for direct care staff working in residential settings 4/1/20-2/28/20. Then $2.25/hour +12% admin increase extended 3/1/21-9/30/21 (plus supported employment codes). 2020 best estimate of Provider Stabilization payment totals executed in provider rate adjustments for the year total $649,680
- Provider Stabilization Payments and other financial supports to network providers totaled $649,680. Payments covered reimbursement for staff overtime for residential providers, PPE and other commodities, hotel rooms for asymptomatic COVID

positive staff to support residential staffing adequacy and financial assistance to address reductions in financial billing for other providers.

- MDHHS issues Telephonic and Telehealth Billing Codes in March
- MDHHS issues directive that no Medicaid beneficiaries will be disenrolled over the course of the COVID-19 Pandemic
- Consumer COVID Illness Tracking Commences / MONTI COVID Application installed in Sentri II.
- All Summer Respite Camp Planning Cancelled
- SCCMHA Transportation commence assistance to consumers for groceries when public transportation shuts down.
- In the month of March, 31 MH Activity Aids, 19 Vehicle Operators 6 Peers, 4 support staff and one Transportation Supervisor were placed on paid Furlough and then in May laid off indefinitely as a result of the closure of group programs, in-person office care and general inability to perform work remotely.
- Staff recalls of Mental Health Activity Aids began in August for Day Programs (CTN / CTS) in virtual modalities.
- Continuing Education Department
    - Pivots from In Person to Virtual Zoom Trainings 6-24-21
    - Obtains Sanitation Cabinets to sanitize CPR Mannequins to minimize COVID Transmissions- July 2020
    - Application to ACE the certification provider for CEUs for Social Work, to allow CEUs for virtual trainings
- SCCMHA Auditing Department moves to virtual audits of providers.
- SCCMHA Buildings reopened for staff the starting the week of June 1st on staggered schedules thru July 9th with new COVID safety procedures implemented including office pace arrangements to ensure social distancing; closed lunch rooms, conference rooms and waiting rooms. Significant IT Support needed to bring staff members back into the office as all applications needed to be updated. Telehealth contacts continued from worksite with home visiting appointments scheduled for urgent consumer needs.
- SCCMHA Moves to Extended Hours in November for all Board Operated programs
- The following documents were developed to direct management of staff activity during the pandemic informed by guidance from the Centers for Disease Control (CDC), Michigan Department of Health and Human Services (MDHHS), Saginaw Public Health

Department (SPHD) and Michigan Office of Safety and Health Administration (MIOSHA) included:

Published COVID Plans and Policies:

- *SCCMHA COVID-19 Return to Work & Re-opening Plan*
- *Essential Behavioral Health Services Directive: When to Provide in Person Care*
- *SCCMHA COVID-19 Safety and Re-engagement Policy*
- *SCCMHA Teleworking -Working Remote Policy*
- *SCCMHA COVID-19 Physical Environmental Preparedness Plan*

Staff Guidance Documents:

- *COVID-19 Return to Work Safely: Welcome Back to Our Buildings*
- *COVID-19 Return to Work Safely: Information Technology Guide*
- *COVID-19 Return to Work Safely: Human Resource Guide*
- *COVID-19 Return to Work Safely: Buildings Facilities Safety Guide*
- *COVID-19 Return to Work Safely: Text & Email Notification System*
- (See Emergency Management Team Minutes for the 44 meetings over the timeframe of the pandemic through the end of FY 2020)

- Provider stabilization investment in contracted network of $913,102 to offset negative financial impact greater than or equal to 10% less revenue than 5 months prior to COVID period/ net of federal PPP &CARES ACT COVID relief. This investment also supported staff OT, PPE and food/supplies delivery to group homes.

2021: (COVID-19 Pandemic Continues as do all 2020 Safety Measures)

- Expert Paul Elam, PhD, contracted to develop Diversity, Equity and Inclusion (DEI) Organizational Climate Assessment in concert with CEO and cross functional staff DEI Team.
- Formation of a new Business Intelligence Governance Committee.
- Restructuring of 13 staff's job descriptions, roles, responsibilities and team membership within the Information Technology, Information Systems and Quality Departments to support Business Intelligence
- Development of iPad systems to increase Consumer's access to telehealth – DME authorizations, TECH/TECH+, iPads for Group homes

- Increased Information Security Measures: MFA/DUO, KnowBe4 Awareness Training, Email encryption, Barracuda, MS Security Essentials, MSMS
- Saginaw granted status as MDHHS CCBHC Demonstration site as Michigan becomes CCBHC Expansion State. Readiness activities and pre-certification activities begin. Transition from SAMHSA CCBHC Expansion to MDHHS Demo begins.
- MDHHS / Milliman eliminates the MUNC (Medicaid Utilization and Net Cost) Report and introduce the EQI (Encounter Quality Initiative) report
- Hancock Elevators are modernized/rebuilt
- Consumer IT Pilot implemented to loan iPads to consumers without access to technology
- Local match dispute with Saginaw County arises
- Third Party Billing EDI switched from Netwerkes to Tri-Zetto
- Legislative Direct Care Wage increase continues ($2.25 hourly Premium Pay)
- Staffing Crisis begins, particularly hard hit are masters level clinical staff positions in Children's Services and after hours shifts at CIS & MRSS, Nurses, Case Managers. Non-licensed MH techs and Aids at CTS and CTN and transportation and custodial staff.
- Gun violence and overdose suicide attempts prompt the issuance of free gun locks and locking medication bags, no questions asked at CIS, MRSS and other network and community locations.
- $1,000 Retention payments were provided to all SCCMHA Staff and Provider Network staff working in points of service located in Saginaw County
- Provider Stabilization Payments made to Contracted Provider Network agencies for unusual expenses (PPE, Overtime, 1st shift additional staffing due to day program closures, etc.) not included in the service rates. Total Network Investment of $2.9 Million.
- Capital Improvements to SCCMHA Facilities of $661,750 including complete renovation of Bayside Lodge Building, 5 group home bathroom remodels, 4 kitchen remodels, 3 new covered back porches, several driveway repairs, exterior and interior painting, washtubs converted to mop sinks, 7 sites received new garage storage built-ins, 3 sites received new flooring, 31 in-county group homes received 31 fireproof smoker urns. (After two AFC fires, permanently positioned smoking receptacles provided for all in-county homes.)
- AFC homes received equipment upgrades such as kitchen tables, patio tables and other outdoor amenities
- Crisis Connect iPad project for connections between law enforcement agencies and CIS and MRSS initiated through MDHHS MHBG and implementation planning and "use case" development begins

- MDHHS MICAL Platform goes live for processing CMHSP Certifications and for tracking consumer complaints and disputes
- Received at MDHHS. PIHP and legislative levels.
- SAMHSA recognizes preliminary MDHHS CCBHC Demo certification in December for Expansion Grant.
- SCCMHA decides not to apply for second CCBHC expansion grant (largely a staffing grant) due to staff shortages and recruitment challenges.
- MDHHS adds new Mediation Service Contractor for interface with PIHPs and CMHSPs for consumer dispute resolution.
- SCCMHA offers online trainings to accommodate remote training options to promote access
- SCCMHA PIPBHC Grant funds AZARA Platform development for data sharing between SCCMHA and GLBHCs.
- Through a grant from MDHHS, SCCMHA hires a Veteran and Military Families Navigator
- Expanded Fiscal Intermediary Services to include GT Independence as second provider.
- MRSS Hours of Service Expand to 8:00 a.m. – 10:00 p.m. including, Saturdays and Sundays.
- At MDHHS Request, the Infant and Early Childhood Mental Health Consultation grant was expanded to include Home Visitor Consultation.
- SCCMHA Added two new Assessors to the Autism Provider Network to meet increased demand for eligibility determinations.
- New ABA Provider added to network
- Game Changer, an ABA provider develops first center-based respite program that includes community outings for youth and young adults on the Autism Spectrum.
- Improved lighting for the Towerline parking lot.
- Curb Side Pick Up for Genoa Pharmacy
- Added exterior upgraded security cameras at Albert & Woods Professional Building
- Added a Security Guards:
    - Towerline in the Customer Service Office at–from 6:45 a.m. to 7:30 p.m. M-Th and 6:45 a.m. to 6:30 p.m. F
    - Bay Road from 3:00 p.m. to 7:30 p.m. M-Th and 3:00 p.m. to 6:30 p.m. F
    - Extended Hours for Security Guards for Hancock due to extended hours for the Mobile Response Stabilization Service (MRSS) Team, to work until 10:00 p.m. M-F in the CAI area as well as 4:30 p.m. to 10:00 p.m. Sa-Su and holidays
- Upgraded alarms for:

    - Albert & Woods Professional Building
    - Bay Road
    - Towerline
    - Community Ties North
    - Supported Employment
- Badge Readers Installed Badge Readers on Main Entry at:
    - Hancock
    - Supported Employment
    - Housing Resource Center
- Customer Service staff took over scanning of clinical documents:
    - Hancock
    - Bay Road
    - Towerline

2022: (COVID-19 Pandemic Continues/ Staff Shortages Continue)

- SCCMHA Hires two new Senior Leaders; Jan Histed, Dir. of Finance and Jen Kreiner, Chief of Health Services
- DEI Contract with Paul Elam, PhD. renewed for development of DEI Implementation - 3 Year Plan
- Formation of a new BI – Data Integrity Committee.
- Implementation of the AZARA care coordination application. CMHs & FQHCs are able to identify their shared patients to provide a higher level of whole health care.
- CrisisConnect rolled out to Saginaw City Police Department patrols. Program connects law enforcement officers with MRSS staff via an iPad when responding to behavioral health calls for communication with the law enforcement and consumers at the scene.
- MDHHS fully Certifies SCCMHA as CCBHC Demo Site on April 29, 2022
- Implementation of automated appointment reminders via text message or phone call.
- Increased Information Security Measures: Intune, Defender, 2021 NIST compliance, PhishEr, Secure Text messaging
- Improved Technology Infrastructure: Azure File Sync, Team Dynamix, Inventory Management platform, Installation of Fiber at all agency buildings, Dictation software
- Redesign of the Agency's website commences.
- SCCMH Relaxes COVID Masking Mandate and Front Door Symptom Check-in procedures on 5-13-22 for visitors to all SCCMHA Buildings except CTN & CTS. Electronic Staff Self-Monitoring for symptoms daily continues.

- CCBHC Sliding Fee Scale is developed based upon Federal Poverty Levels (FPL) and implementation plan development underway, replacing the State Mental Health code Ability to Pay rules for CCBHC consumers without Medicaid. Implementation targeted for Qtr. 1, 2023
- Outside Lighting Enhancements at Towerline and Hancock completed.
- New and Updates Building Security Alarms completed for Community Ties North, Towerline, Hancock, Housing Resource Center, Supported Employment, Albert and Woods Center and Bay Road.
- Hancock elevators equipped with elevator badge readers
- Open Beds Platform launched by MDHHS for hospitals and psychiatric units to enter inpatient bed availability.
- Planning for Third Party Commercial Billing activities outsourced to Yeo & Yeo Medical Billing Division with "go live" in 2023.
- Legislative Direct Care Wage increase continues at $2.35 hourly Premium Pay. SCCMHA offers additional $2 hourly for in-county specialized residential programs operating in congregate settings
- Provider Stabilization payments continue for unusual expenses (PPE, Overtime, 1st shift additional staffing due to day program closures, etc.) not included in the service rates
- MSHN rolled out a Staffing Crisis Stabilization Application with 13 category options for reimbursement to assist Network Service Providers
- Retention payments provided to all SCCMHA Staff and regionally assigned Provider Network staff. $750 May
- Second SCCMHA Staff retention payment in special payroll on 9/30/22 at a cost of $584,337.
- Contracts Dept goes paperless implementing DocuSign electronic contracts management and electronic signature software
- Operations department / BU created shifting contracts, claims processing, purchasing, care mgmt., properties mgmt. under the oversight of new Chief of Network Business Operations position.
- Replacement Plan for 9 agency vehicles at a cost of $475,630 completed and order for purchase placed. Supply chain challenges likely to delay delivery until FY 2023.
- Billing, claims, consumer insurance, pre-authorization modules within Sentri updated by SCCMHA COB workgroup/PCE
- MDHHS announces due to staffing shortages – changes to State Facility Admissions Policy to exclude persons with IDD if their clinical presentation does not include a psychiatric diagnosis and that severe behavioral challenges will no longer be cause for admission. Persons with mental health diagnosis awaiting competency evaluations in local jails and those already in the forensic process are considered admission priorities.

- SAMHSA Extend MDHHS CCBHC Demonstration Period Out to 2027
- CCBHC DCO Agreements signed with TTI for ACT, Bayside Lodge and Friends for Recovery.
- SCCMHA CCBHC Personalized Benefit Pathway Design Project Completes first project year including Core Tools Matrix, Episode of Care Framework and Service Recommendations for FY 2023 implementation. Core Tools Matrix Tools (all CCBHC required screening and assessment tools) added to Sentri in alignment with clinical workflows for 2023.
- CCBHC Expansion Grant closeout completed with SAMHSA.
- Purchase of new building security cameras and system with 2023 installation target at Hancock and A & W Buildings.
- SCCMHA Crisis Phone Line connects to MDHHS MiCAL which connects to new 988 Federal Telephone Exchange for Crisis Behavioral Health Telephone and Text service.
- SCMHA adds a Benefit to Work Coach to Supported Employment Team.
- Attendant Care and Game Changers McLeod location closed. New ABA Providers: BF Autism, Autism of America and T.R.A.C. and ABA Pathways were added to network and Autism Systems expanded to additional location.
- Community Ties Dy Programs North & South transitioned from virtual only service to both virtual and in-person service.
- SCCMHA has first MiFast Review in September for Individual Placement Services (IPS) EBP Model.
- SCCMHA expands ABA Network of providers to meet referral demand.
- Added badge readers to the Hancock elevators to allow secure use of the Hancock Group Rooms, # 190 and # 191.
- Improved lighting for the Hancock main parking lot.
- Achieved Full Compliance with the MDHHS ORR Triennial Audit.
- Added web based security cameras to Community Ties North for testing
- Added Security Guard to monitor and float between:
    - Albert & Woods Professional Building
    - Supported Employment
    - Housing Resource Center
    - Bay Road
    - Community Ties North
    - Towerline

**Definitions:**

**Community Mental Health Agency:** A CMH Agency is formed by one or more counties and is an entity of the county. Employees of a CMH Agency are county employees. CMH Agencies are governed by a twelve (12) member board appointed by county commissioners or county CEO in charter counties.

**Community Mental Health Authority:** CMH Authorities exist as government entities, independent from the county or counties that founded them and report to a twelve (12) member board appointed by county commissioners. (Initially, all CMHs were county agencies.) Authorities must be certified by the Michigan Department of Health and Human Services (MDHHS) and are afforded powers that are not available to CMH Agencies or CMH Organizations such as acquiring, owning, operating, maintaining, leasing or selling real or personal property; making purchases or contracts; accepting gifts or bequests and determining their use; incurring debts, liabilities, or obligations of the establishing counties; suing and being sued in their own names; creating reserve accounts, using state funds to cover vested employee benefits; developing a different fee schedule for services provided. In addition, employees of a CMH Authority are employees of the CMH Authority itself and not of the county that created it. If the level of state funding increases after a CMH becomes an Authority, the amount of local matching funds required of the Authority cannot exceed the level provided by the CMH during the year in which the Authority was established.

**Community Mental Health Entity (CMHE):** A community mental health authority, community mental health organization, community mental health services program, county community mental health agency, or community mental health regional entity designated by the Michigan Department of Health and Human Services (MDHHS) to represent a region of community mental health authorities, community mental health organizations, community mental health services programs, or county community mental health agencies.

**Community Mental Health Organization:** A CMH Organization is formed by two or more counties or at least one county and an institution of higher education and is legally separate from the bodies that formed it. Organizations may own property and enter into contracts. Employees work directly for Organizations, not for counties.

**Community Mental Health Services Program (CMH or CMHSP):** CMHs provide direct mental health care or contract with community providers to do so. Although each CMH is affiliated with a PIHP, the structure of each CMH varies throughout the state. Of the forty six (46) CMHs, thirty seven (37) are designated as Authorities, seven (7) as Agencies of county government, and two (2) are designated as Organizations. The two (2) CMH Organizations are the Washtenaw Community Health Organization (WCHO) and the Centra Wellness Network in Manistee/Benzie counties. (WCHO was the first CMH to become an organization under the Urban Cooperation Act.)

**Prepaid Inpatient Health Plan (PIHP):** PIHPs are Medicaid behavioral health managed care organizations that administer capitated funds, bear risk for Medicaid consumers, and manage behavioral health care for consumers with Medicaid. Medicaid funds are allocated to PIHPs based on the number of Medicaid beneficiaries in the PIHP's service area and PIHPs pay providers directly. Providers include the CMHs themselves as well as community-based providers under contract with a CMH or CA. PIHPs receive monthly capitated payments from MDHHS for the Medicaid Managed Mental Health Care

Program. PIHPs issue Medicaid payments to doctors, hospitals, other community providers and CMHs as well as perform gatekeeping and authorization services and monitor health outcomes and standards of care. There are currently ten (10) PIHPs in Michigan.

**References:**


A. Ederer, D., Baum, N., Udow-Phillips, M. (2013). *Community Mental Health Services: Coverage and Delivery in Michigan*. Center for Healthcare Research & Transformation (CHIRT). Ann Arbor MI. [On-line]. Available: http://www.chrt.org/assets/policy-papers/CHRT_Community-Mental-Health-Services-Coverage-and-Delivery-in-Michigan.pdf.

B. Michigan Mental Health Code: http://www.michigan.gov/documents/mentalhealthcode_113313_7.pdf


**Exhibits:**
None

**Procedure:**
None

# Tab 2

# Eligibility & Care Management

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: LOCUS</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.19</td></tr>
<tr><td rowspan="2">Effective Date:<br>4/1/10</td><td>Date of Review/Revision:<br>5/8/12, 6/1/13, 6/10/13, 3/14/17, 5/8/18, 9/10/19, 12/2/20, 10/21/22, 4/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, Chief Executive Officer</td></tr>
<tr><td>Supersedes: 03.01.01.01</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
<tr><td colspan="2"></td><td>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Mary Baukus<br><br>Additional Reviewers:<br>Jennifer Keilitz, Care Management Staff, John Burages, Nancy Johnson, Valerie Toney</td></tr>
</table>

**Purpose:**
To provide SCCMHA with a standardized assessment for use with Adults with Mental Illness in the review of eligibility and continuing stay decisions and to comply with MDHHS requirement for initial and annual LOCUS assessment with reporting of composite scores in the BH-TEDS data set.

**Policy:**
SCCMHA will implement the Level of Care Utilization System for Psychiatric and Addiction Services Adult Version 2010 (LOCUS) to measure the level of functioning for adults with mental illness. The LOCUS scores will be used in addition to a clinical review of the presenting needs as rationale for admission to services and to levels of care. SCCMHA will apply the LOCUS scores as descriptive of the resource intensity required by the consumer rather than prescriptive of services or a service setting. This is consistent with the Beneficiary Eligibility criteria set forth in the Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Chapter section 1.6, which describes a need for access to "specialty mental health services and supports."

**Application:**
The LOCUS will be used by SCCMHA for utilization management activities for services for adults with mental illness. The LOCUS will be scored initially as a part of the intake assessment, quarterly, and upon discharge. LOCUS will be scored as part of the pre-screening process for acute episodes of care.

**Standards:**

1. The LOCUS consists of seven subscales with a maximum composite score of 35. The LOCUS recommends six levels of care with a level of care placement algorithm which adjusts for acuity and risk. SCCMHA defines levels of care according to Exhibit one to this policy.

**Definitions:**

Basic Services (Score range up to 9): Basic services are those services that should be available to all members of the community. They are designed to prevent the onset of illness or to limit the magnitude of morbidity associated with already established disease processes. These services may be developed for individual or community application and are generally conducted in a variety of community settings. These services will be available to all members of the community with a special focus on children.

Level One: Recovery Maintenance and Health Management: This level of care provides treatment to consumers who are living either independently or with minimal support in the community and who have achieved significant recovery from past episodes of illness. Treatment and service needs do not require supervision or frequent contact. Score range 10-13.

Level Two: Low Intensity CMH/Community Based Services: This level of care provides treatment to clients who need ongoing treatment, but who are living either independently or with minimal support in the community. Treatment and service needs do not require intense supervision or very frequent contact. Score Range 14-16.

Level Three: High Intensity Community Based Services: This level of care provides treatment to consumers who need intensive support and treatment, but who are living either independently or with minimal supports in the community. Services needs do not require daily supervision, but treatment needs require contact several times per week. Score Range 17-19.

Level Four: Medically Monitored Non-Residential Services: This level of care refers to services provided to consumers capable of living in the community in supportive or independent settings, but whose treatment needs require intensive management by a multi-disciplinary treatment team. Score Range 20-22.

Level Five: Medically Monitored Residential Services: This level of care refers to residential treatment provided in community setting. This level of care has traditionally provided in a non-hospital, freestanding residential facilities based in the community. In some cases, longer-term care for persons with chronic, non-recoverable disability, which has traditionally been provided in nursing homes or similar facilities, may be included in this level. Score Range 23-27.

Level Six: Medically Managed Residential Services: This is the most intense level of care in the continuum. Level six services have traditionally been provided in hospital

setting, but could in some cases, be provided in freestanding non-hospital settings. Score Range 28-35.

Medical Necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity shall be documented in the individual plan of services.

**References:**
1) Medicaid Provider Manual
2) SCCMHA Policy Eligibility Criteria 03.01.01
3) LOCUS Manual, Adult Version 2010

**Exhibits:**
A: SCCMHA LOCUS Eligibility and Resource Intensity Matrix
B. LOCUS Training Expectations

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. MDHHS shall purchase the license to use the LOCUS from Deerfield Behavioral Health Systems as implemented through PCE in the Sentri, electronic medical record. | 1. Network Services and Information Systems Depts. |
| 2. Staff complete required Deerfield online training and submit proof to the Continuing Education Department.<br>a. Crisis staff may complete the Improving MI Practices LOCUS training in lieu of the Deerfield training. | 2. Clinical staff who complete LOCUS |
| 3. The SCCMHA Continuing Education Department will schedule advanced LOCUS training quarterly or as needed. | 3. Continuing Education Dept. |
| 4. Information about opportunities for refresher trainings through Community Mental Health Association of Michigan will be shared as they are available. | 4. Continuing Education Dept. |
| 5. The LOCUS will be reviewed by a Care Management Specialist for initial and ongoing eligibility determination. The LOCUS score is never used as a sole determinant of eligibility or | 5. Central Access & Intake Specialist, Care Management Specialist |

| | |
|---|---|
| continuing stay; it is considered in the context of diagnosis, assessment and consumer needs as described by the consumer. | |
| 6. The LOCUS will be scored by the Crisis Intervention Service therapist as a part of the inpatient preadmission screening. | 6. Crisis Intervention Service |
| 7. All acute care admissions are the clinical judgment of the Crisis Clinician who may override the LOCUS recommendation with documented rationale. | 7. Crisis Intervention Services |
| 8. Other clinicians who score the LOCUS, such as Central Access and Intake Specialists or Case Holders, may also override the LOCUS, based on clinical judgement and well-documented clinical rationale. Overrides should be rare. | 8. Clinical staff who complete LOCUS. |
| 9. The Care Management specialist may override the LOCUS disposition if the presenting consumer's needs indicate that a different level of resource intensity is required. | 9. Care Management Department |
| 10. The Care Management Specialist will also request a LOCUS when a level of care change is requested, or at the occurrence of a continuing stay review in targeted Utilization Management projects. | 10. Care Management Specialist and Care Management Conference. |
| 11. Case Holders will update LOCUS every 90 days. | 11. Case Holders |
| 12. If a consumer requests a Medicaid fair hearing for appeal or grievance or Local Dispute Resolution regarding a level of care decision; SCCMHA representative will present the LOCUS score and other supporting documentation to the consumer, Appeals Coordinator, and/or administrative law judge. | 12. Manager of Utilization Care Authorizations. |

Exhibit A

| SAGINAW COUNTY MENTAL HEALTH AUTHORITY LOCUS ELIGIBILITY AND RESOURCE INTENSITY MATRIX | | | | |
|---|---|---|---|---|
| **LOCUS LEVEL OF CARE** | **SCORE RANGE** | **DESCRIPTION** | **ENTRANCE AUTHORIZATION** | **EXIT AUTHORIZATION** |
| **Basic** | **0-9** | **Prevention and Health Maintenance** | | |
| **SCCMHA Service Level** | | **Entry level through CCBHC only. Refer to appropriate treatment team and authorize services accordingly or offer choice of community partner** | **Eligible through CCBHC only** | |
| **Level One** | **10-13** | **Recovery Maintenance and Health Management** | | |
| **SCCMHA Service Level** | | **Entry level to CCBHC only. Refer to appropriate treatment team and authorize services accordingly or offer choice of community partner** | **Eligible through CCBHC only** | |
| **Level Two** | **14-16** | **Low Intensity CMH/Community Based Services** | | |
| **SCCMHA Service Level** | | **Eligible for entry to CCBHC, refer to appropriate treatment team, if available and authorize services accordingly. Or offer choice of community partner** | **Eligible through CCBHC to Enter Outpatient Level of Care** | **Medicaid discharge from care after one year with a score of less than 14.** |
| **Level Three** | **17-19** | **High Intensity Community Based Services** | | |
| **SCCMHA Service Level** | | **Eligible for entry to Medicaid PIHP Targeted Case Management, proceed with Person Centered Planning and authorize services accordingly, this level of care does not include specialized residential services.** | **Eligible to enter Targeted Case Management Level** | **Medicaid discharge from care after one year with a score of less than 14.** |
| **Level Four** | **20-22** | **Medically Monitored Non-Residential** | | |
| **SCCMHA Service Level** | | **Eligible for Medicaid PIHP benefit, proceed with Person Centered Planning and authorize services accordingly, authorized services may include general foster care, SIP or CLS in own home, or ACT, but not specialized residential care** | **Eligible to enter Intensive Targeted Case Management or ACT Level** | **General Fund discharge if not Medicaid eligible within 90 days of notice** |
| **Level Five** | **23-27** | **Medically Monitored Residential** | | |
| **SCCMHA Service Level** | | **Eligible for Medicaid PIHP benefit, proceed with Person Centered Planning and authorize services accordingly, authorized services may include residential services up to and including specialized residential care. Or admission to Crisis Residential at this score or with a lower score and single score of 4 in risk of harm, functional status, or co-morbidity.** | **Level required for General Fund entry** | |
| **Level Six** | **28 or higher** | **Medically Managed Residential** | | |
| **SCCMHA Service Level** | | **Admission to Inpatient at this score or with a lower score and single score of 5 in risk of harm, functional status, or co-morbidity.** | **Entry to Inpatient** | |

Exhibit B

# LOCUS Training Expectations

**Who is expected to be trained in LOCUS?**

All SCCMHA Network staff Case holders who work with adult consumers with Mental Illness, Mobile Response and Stabilization Services Workers, Crisis Intervention Workers, and Central Access and Intake Specialists.

What are the minimum requirements to be considered fully trained in LOCUS?

1. Complete online Deerfield LOCUS training: Within the first 30 days of employment.
2. LOCUS 201: After completing Deerfield training and within the first 90 days of employment.
3. LOCUS refresher training: At least one training course annually.

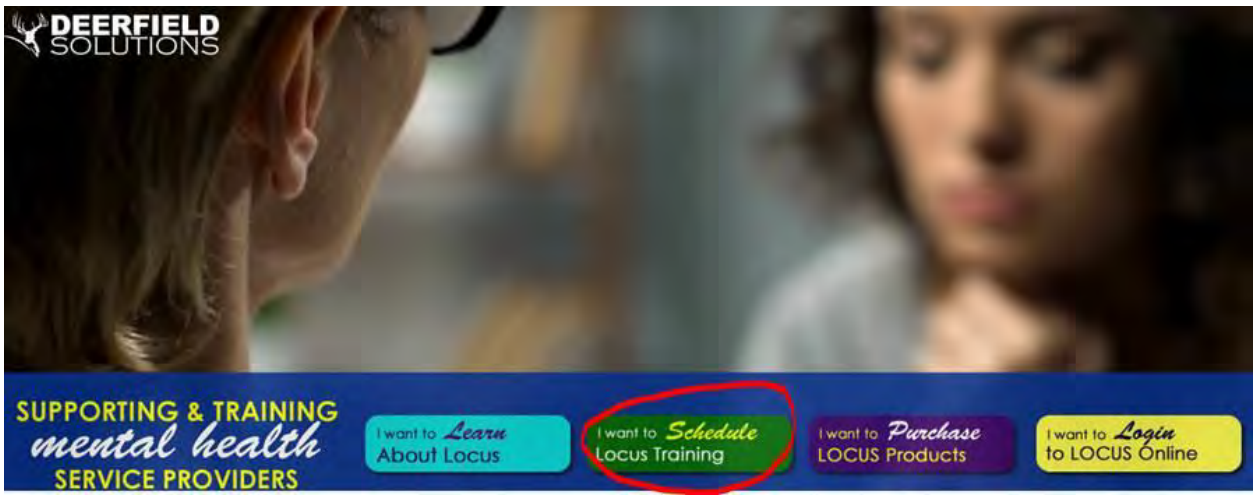
**How do I access the Deerfield LOCUS training?**

Instructions for scheduling LOCUS training. ***Please review all steps carefully***:

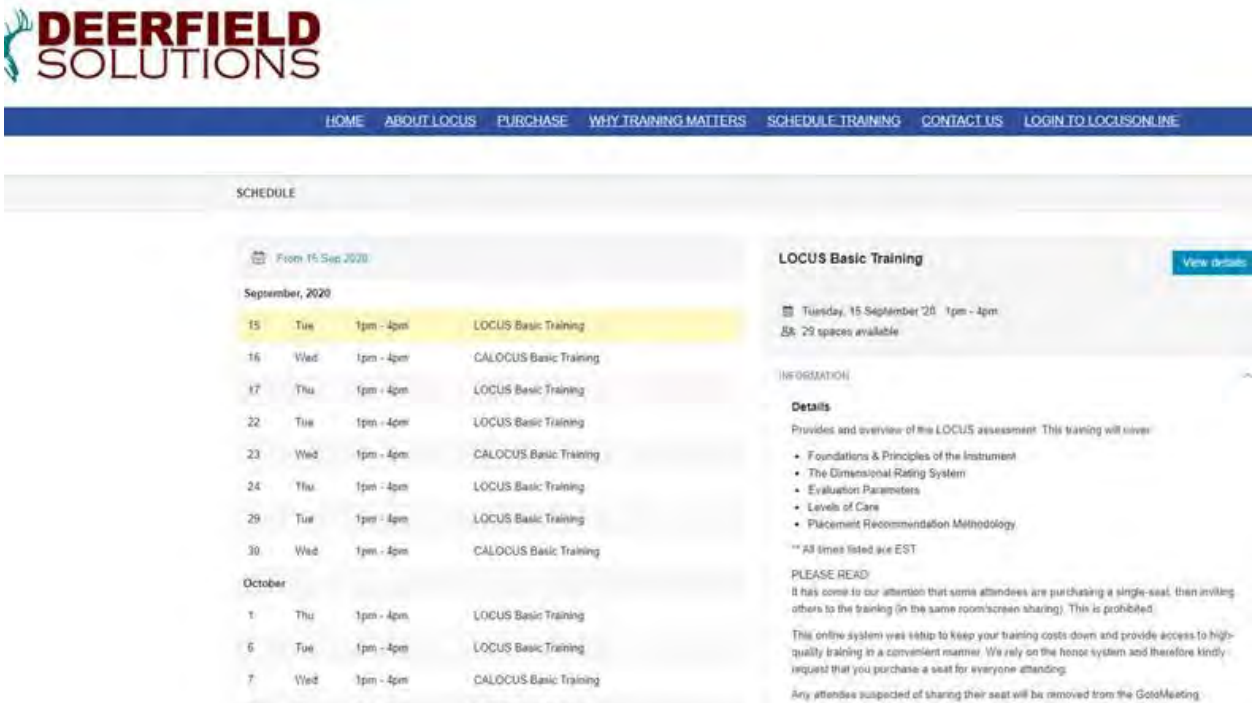
1. SCCMHA Board Operated staff: Deerfield LOCUS training does not need an external training request approval. There is a blanket approval for this training. Once your supervisor approves, you can self-register by following the steps below.

2. Website: www. http://www.locusonline.com/

3. Choose *I want to Schedule a LOCUS Training* (website states this is for INDIVIDUAL training ONLY, not for groups)




3. Choose the date and time you would like, be sure to choose a date/time for: ***LOCUS Basic Training.*** Your selection will highlight in yellow. (See next page.)




**What is LOCUS 201 and how do I complete it?**

LOCUS 201 is an advanced LOCUS course that allows the participants to go more in-depth into areas of challenge when it comes to scoring the LOCUS instrument. This training is offered internally through SCCMHA. This course provides multiple examples of challenging scenarios and provides opportunities to learn how to score them as part of the learning process. This course builds upon the foundational knowledge from online learning through Deerfield and takes it to the next level, with competency measured through a course examination where full vignettes are scored by the learner independently. People who take this course should gain the knowledge to use the LOCUS instrument accurately and reliably.

Look for email announcements of LOCUS 201 availability sent from the training department. With your supervisor's permission, contact registrations@sccmha.org to sign up. The Deerfield training must be completed prior to completing the LOCUS 201 training. *However, if you took a LOCUS training before the Deerfield training was available, you are encouraged to take LOCUS 201 as a refresher. You are not required to also take the Deerfield training, unless otherwise instructed by your supervisor.*

**How do I complete annual LOCUS training?**

These are external training opportunities offered quarterly through CMHAM. You can find these opportunities at the Community Mental Health Association website: Conferences & Training • CMHAM - Community Mental Health Association of Michigan. The CMHAM training resource link is posted on the Continuing Education tab > Training Resources section of the SCCMHA intrAnet for quick access.

With your supervisor's permission, for outside of SCCMHA trainings, use the Conference Training Request Form and contact registrations@sccmha.org to register. You may also go to the Community Mental Health Association website and check their offerings directly: Conferences & Training • CMHAM - Community Mental Health Association of Michigan, and then follow the steps listed previously to register. Network providers: please follow your external training procedures.

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Eligibility Criteria</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.01.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/1/02</td><td>Date of Review/Revision:<br>6/29/07, 10/1/08, 7/1/11, 6/11/13, 6/4/14, 5/9/16, 3/14/17, 8/7/17, 5/8/18, 9/10/19, 12/2/20, 10/11/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Network Business Operations<br><br>Authored By:<br>Manager of Utilization Care Authorizations<br><br>Additional Reviewers:<br>Service Management Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to establish the protocol for SCCMHA development and administration of eligibility criteria and the process for determination of eligibility. Eligibility Criteria as defined by this process are included in this policy; the policy will be amended as needed to define current criteria.

**Policy:**
SCCMHA shall provide an adequate array of services to persons most severely affected according to the availability of resources. The establishment of eligibility criteria and process of evaluation shall be defined and administered according to this policy.

**Application:**
SCCMHA Administration and Provider Network

**Standards:**
- All diagnostic criteria shall be defined by the current version of Diagnostic Statistical Manual of Mental Disorders and the International Classification of Disease.
- All level of functioning assessments which are used to determine eligibility shall be performed with standardized assessment instruments.
- Eligibility shall be determined only through a face-to-face or telehealth interview with the recipient by a qualified mental health professional, qualified intellectual and developmental disabilities professional or qualified children's mental health professional.

- SCCMHA will not discriminate against any person(s) or family(ies) because of race, religion, color, national origin, age, sex, cultural or linguistic styles of communication or background, sexual orientation or gender identity, height, weight, familial status, marital status, disability, military history or any other characteristic protected by law. Nor will SCCMHA discriminate based on complexity of care or severity of illness outside of appropriate applications level of care standards.

**Definitions:**

Intellectual and Developmental Disability: means either of the following:

(a) If applied to an individual older than 5 years, a severe chronic condition which meets all of the following requirements:
   i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments
   ii) Is manifested before the individual is 22 years old
   iii) Is likely to continue indefinitely.
   iv) Results in substantial functional limitations in three or more of the following areas:
      A. Self Care
      B. Receptive and Expressive Language
      C. Learning
      D. Mobility
      E. Self-Direction
      F. Capacity for Independent Living
      G. Economic Self Sufficiency
   v) That this condition and it's resulting functional limitation reflects the individuals need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.

(b) If applied to a minor from birth to age 5, a substantial developmental delay or specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subsection (a) if services are not provided.

Functional Impairment: means both of the following:

(a) with regard to a serious emotional disturbance, substantial functional limitation of major life activities in two or more of the following areas: self care at an appropriate developmental level, self direction, including behavioral control, capacity for living with family or family equivalent, social functioning, learning, or perceptive and expressive language.

(b) With regard to serious mental illness, substantial disability/functional impairment in three or more primary aspects of daily living such that self sufficiency is markedly reduced. This includes: -personal hygiene and self care, self direction, activities of daily living, learning and recreation, or social transactions and interpersonal relationships.

Serious Emotional Disturbance: means a diagnosable mental, behavioral or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by American Psychiatric Association and approved by the department that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school or community activities. The following disorders are included only if they occur in conjunction with another diagnosable emotional disorder: (a) substance use disorder, (b) a developmental disorder, (c) "V" codes in the diagnostic and statistical manual of mental disorders.

Serious Mental Illness: means a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria established in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the department that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbance but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness. The following disorders are included only if they occur in conjunction with another diagnosable serious mental illness: (a) a substance use disorder, (b) a developmental disorder or (c) a "V" code in the diagnostic statistical manual of mental disorders.

Suspension: Services will be temporarily stopped during periods of time when a consumer has failed to renew their Medicaid with consideration for essential benefits related to continuity of residential and medication services.

**References:**

1. Michigan Mental Health Code; Act 258 of the Public Acts of 1974 as amended:
   Sec. 330.1100a (20), Definition of Intellectual and Developmental Disability
   Sec. 330.1100b (5), Definition of Functional Impairment
   Sec. 330.1100d (2), Definition of Serious Emotional Disturbance
   Sec. 330.1100d (3), Definition of Serious Mental Illness
   Sec. 330.1208 (3), Priority of Service
2. Michigan Department of Health and Human Services Community Mental Health Specialty Services Managed Care Contract; Section 4.2 Target Population, Section 4.5(3) Access Assurance, Section 4.4 Services to be Delivered
3. Michigan Department of Health and Human Services; Medicaid Provider Manual; most current version of Beneficiary Eligibility, Section 2.5 Medical Necessity Criteria
4. Commission on Accreditation of Rehabilitation Facilities
5. Saginaw County Community Mental Health Authority Policy 05.04.01 Care Management Services
6. Balanced Budget Act of 1997 (H.R.2015)

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. In accordance with the Mid-State Health Network Specialty Supports and Services Contract the SCCMHA Board of Directors and Chief Executive Officer shall ensure that the service array provided to the eligible persons is adequate and the available general fund resources are allocated to support services to those most severely affected. | 1. SCCMHA Board of Directors and Chief Executive Officer |
| 2. The adequacy of the service array shall be monitored by the Services Management Team through continuous utilization analysis. | 2. Services Management Team |
| 3. The comprehensiveness and MDHHS certification of the provider network shall be monitored by the Director of Network Services, Public Policy, and Continuing Education. | 3. Director of Network Services, Public Policy, and Continuing Education |
| 4. When funding resources are inadequate to support either the adequacy or comprehensiveness of the service array the Chief Executive Officer will establish policy which adjusts the threshold of severity for eligibility for services for persons not otherwise eligible for Medicaid or Healthy Michigan. This threshold of severity may be expressed in a measurable level of functioning or a measurable level of acuity. | 4. Chief Executive Officer |
| 5. The Chief Executive Officer shall ensure that the eligibility criteria are communicated to community agencies, to Managed Health Plans and to persons requesting services. | 5. Chief Executive Officer |
| 6. The Executive Director of Clinical Services and Programs shall ensure that screening, access and assessment services are in place which ensure that: a) all persons requesting services are apprised of the eligibility criteria, b) that they are helped with accessing alternative services, and c) that they are offered a face to face assessment of their eligibility when they are dissatisfied with recommendations following screening or the need for crisis intervention services. | 6. Executive Director of Clinical Services and Programs |
| 7. The Executive Director of Clinical Services and | 7. Executive Director of |

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| Programs shall ensure that all level of functioning assessment instruments or tests which are used to establish eligibility are standardized instruments. If no standardized assessment tool is used, the level of functioning shall be assessed with a combination of generally accepted measures of level of functioning such as the ability to live independently, be competitively employed, or have adequate natural supports. The level of functioning may be further defined by the level of acuity. Acuity as an indicator must be assessed as an episode of treatment need which met the severity of illness/intensity of service requirements established by MDHHS and incorporated in the Medicaid Provider Manual. | Clinical Services and Programs |
| 8. SCCMHA will perform face to face or telehealth eligibility evaluations in the Central Access and Intake Unit, and co-located behavioral health consultants in schools, physician offices, juvenile detention and jail services. Intake clinicians will complete an Eligibility Certification in the Electronic Medical Record. Anyone denied services following a face to face assessment shall be informed of their right to a second opinion. | 8. Executive Director of Clinical Services and Programs and Manager of Utilization Care Authorizations. |
| 9. SCCMHA shall not discriminate against Medicaid Recipients in enrollment, disenrollment, or re-enrollment based on health status or need for care other than those eligibility criteria established by the MDHHS for the Behavioral Health CMHSP carve out. | 9. All Directors and SCCMHA Network Providers |
| 10. Verification of eligibility shall be documented in the medical record and such documentation will be completed prior to the authorization or provision of services other than initial assessment and engagement or crisis intervention. | 10. Manager of Utilization Care Authorizations |
| 11. Criteria for continuing eligibility will meet the standards established in this policy. Continuing eligibility shall be reviewed at least annually. | 11. Services Management Team |
| 12. SCCMHA shall identify both those priority populations established by MDHHS contract and those of local concern. Persons in these priority or | 12. SCCMHA Board of Directors, Chief Executive Officer and Services |

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| target populations may be deemed eligible for services with less restrictive criteria than for the general population. Any exceptions to the general eligibility criteria shall be published included in all communications and public information. | Management Team. |
| 13. When an active consumer fails to renew their Medicaid, they will be given advance notice of suspension of services and may re-enter under the criteria listed below for the uninsured or resume services when Medicaid is reinstated. | 13. Entitlements Supervisor |
| 14. For persons who have a Medicaid Deductible (spend down) which has not been met in three months, the consumer's status will be changed to General Fund and their continuing stay will be reviewed according to the criteria below. | 14. Entitlements Supervisor |
| 15. For persons who are requesting services for the first time, but are not Medicaid enrolled, the Central Access and Intake Unit or the Entitlements Office shall assist them with completing a Medicaid Application. SCCMHA is a MDHHS Benefits Partner and staff are trained to assist consumer with the MiBridges application portal. Consumers may be served with short term crisis stabilization services in the CAI unit until a Medicaid eligibility determination has been made. | 15. CAI Supervisor and Entitlements Supervisor |
| **16. The following eligibility criteria are effective as of August 1, 2022**<br><br>a) <u>Children with Serious Emotional Disturbance</u> shall be defined as eligible according to the Medicaid Provider Manual. For children who are not Medicaid Eligible SCCMHA further specifies that a level of function criteria as a Child and Family Assessment Scale (CAFAS) composite score of 90 or greater for children ages 7 to 12 or 120 or higher for children 13-18. Priority shall be given to children who are placed in out of home or institutional care by MDHHS. For children aged 3-6 an elevated subscale score in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards | 16. SCCMHA Services Management Team and all SCCMHA Primary Team Network Providers |

others.

Exceptions for Children: the Level of Functioning CAFAS score is not required for Children younger than aged seven. The PECFAS and the DECA will be used to inform eligibility decisions for young children however no threshold score has been established.

b) Adults with Serious Mental Illness: shall be defined as Eligible according to the Medicaid Provider Manual.

For persons not otherwise Medicaid or Healthy Michigan eligible, SCCMHA will use limited General Funds to cover brief Crisis Stabilization while a Medicaid application can be completed. No one shall be turned down for needed services due to inability to pay and a sliding fee scale shall be applied.

SCCMHA will consider non-Medicaid covered persons eligible if they have experienced prior psychiatric inpatient admissions ranging from one to four admissions and according to medical necessity and needed access to specialized system of care based on diagnosis. SCCMHA may admit adults with no recent acuity when the diagnosis is Schizophrenia or other chronic thought disorder or may require up to four admissions for diagnosis of depression or anxiety. The key variable supporting this discretion is the consumer's needed access to specialized supports and services. If the mental health diagnosis is commonly treated in primary care, and there is no evidence of substantial functional impairment due to the condition, then there is no need for access to the specialized care provided by SCCMHA. A LOCUS Score of 14 for persons enrolled in Medicaid managed health plans. A LOCUS Score of 28 for persons who are uninsured will be used as a guideline for level of functioning eligibility. Uninsured persons not meeting criteria shall be

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| referred to other community resources and offered a position on the waiting list.<br><br>Exceptions for Adults: Exempt from this utilization criterion are adults assessed by MDHHS as OBRA Level II eligible. Adults presently incarcerated in a jail are eligible while in jail only for Medicaid covered psychiatric inpatient care. Other adults exempt from the utilization criteria are ex-offenders with SPMI who are re-entering the community from prison and adults who are expectant or new parents and their infants. These exceptions are derived from the priority population groups.<br><br>c) Persons with Intellectual and Developmental Disabilities: Shall be defined as eligible according to the Medicaid Provider Manual and if they are not Medicaid enrolled shall be considered in need of access to specialized supports and services if they are requiring a specialized residential level of care.<br><br>Exceptions for Persons with Intellectual and Developmental Disabilities: Persons with Autism Spectrum Disorder will be assessed using the MDHHS required assessments and found eligible based on MDHHS review of the assessment and certification of the level of care. | |
| 17. Residency in the County of Saginaw is not an eligibility criterion. Saginaw County Community Mental Health Authority shall assume the role of "Responsible Mental Health Agency" or "County of Financial Responsibility" when:<br>a) the individual resides in Saginaw County independently or if they live in a dependent care setting and they were placed in that setting by SCCMHA.<br><br>b) a minor resides in Saginaw County, or resides in another county but their parents reside in Saginaw County or when the child who is a ward of the court has been placed in Saginaw | 17. All Directors and SCCMHA Network Providers |

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| County.<br><br>c) the individual's last independent residence was in Saginaw County and they were placed in a dependent setting by SCCMHA in another county or they require acute mental health care in another county.<br><br><u>Exceptions to Residency</u>: SCCMHA shall not assume the role of Responsible Mental Health Agency for persons who reside in dependent care (Equivalency to dependent care shall be established when the IPOS provides for provision of eight (8) or more hours of specialized services and/or supports in the residence each day) settings in Saginaw County when their last independent address was in another county or state. | |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Waiting Lists</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.01.01.06</td></tr>
<tr><td rowspan="2">Effective Date:<br>4/1/10</td><td>Date of Review/Revision:<br>6/11/13, 3/14/17, 3/9/18, 9/10/19, 12/8/20, 7/13/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief Financial Operations and Chief Operations Officer<br><br>Authored By:<br>Linda Tilot, Kim Hall<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure SCCMHA compliance with MDHHS contractual requirements and the CCBHC Guidelines regarding the use of waiting lists. The policy establishes protocols for administration of general fund consumer waiting list criteria for mental health services and the process for placing individuals on a waiting list when insufficient funding and/or resources exists. Waiting list information is used to assist SCCMHA's planning process to ensure needed services are being provided in a timely manner and waiting list census is reported annually to MDHHS as a part of the Annual Submission and community needs assessment.

**Policy:**
SCCMHA shall provide an adequate array of Mental Health Code required mental health services to persons most severely affected as well as those with mild to moderate mental health needs, according to the availability of resources. SCCMHA will work to assure that all persons will receive the needed services regardless of their insurance status or ability to pay. When resources are insufficient to address the needs of all individuals desiring to receive services from the public mental health system, SCCMHA will first work to link the person to a community resource that not only meets the individuals needs but is able to provide services in a timely manner. Should community resources not be available, the establishment of waiting list criteria and the process of waiting list maintenance shall be defined and administered according to this policy to ensure systematic access into services and ongoing service delivery.

If it is found that the demand for services consistently exceeds the availability of services within the system, SCCMHA will work to develop a Designed Collaborating Organization (DCO) relationship with a community partner to assure that needed services are available.
**Application:**

SCCMHA Administration and Provider Network

**Standards:**

- SCCMHA shall be required to provide services to any individual seeking behavioral health who has Mild, Moderate, Severe and Persistent Mental Illness, Serious Emotional Disturbance and/or Developmental Disability diagnosis, regardless of ability to pay, or access to other third-party payer sources. However, should insufficient mental health General Fund (GF) revenues or lack of resources not allow SCCMHA to address all local mental health needs for the Mental Health Code-defined priority populations, SCCMHA will link the individual with a community resource who is able to meet the individual's needs. SCCMHA shall offer to place these individuals on a waiting list and shall manage the waiting list in accordance with the standards contained in this policy guideline. An individual has a right to decline being placed on a waiting list.
- All Medicaid, Healthy Michigan, and/or MI Child beneficiaries who meet admission criteria shall immediately receive all medically necessary services and shall not be placed on a waiting list.
- Individuals who are in emergent or urgent situations will immediately receive crisis intervention services and will not be placed on a waiting list while in a crisis situation. However, once the individual is stabilized, they may be placed on a waiting list.

**Definitions:**

**Waiting List**

A waiting list is:

1. A list of uninsured and indigent only consumers who meet eligibility criteria, but due to insufficient GF (General Fund) and/or services/resources, the service they request or require is not currently available.
2. A list of consumers who are uninsured and indigent and are currently active to SCCMHA, however, due to insufficient funding, services contained in their person-centered plan are reduced or terminated.

**References:**

1. Michigan Mental Health Code; Act 258 of the Public Acts of 1974 as amended:
   Chapter 1, Sec. 330.1124 (2)
   Chapter 2, Sec. 330.1100c (6)
   Chapter 2, Sec. 330.1206
2. Michigan Department of Health and Human Services Technical Advisory Guidelines for Establishing and Managing General Fund Waiting Lists

3. CARF Standard, Sec. 2.B., Screening and Access to Services

**Exhibits:**

Exhibit 1: Population Cell Grid
Exhibit 2: Sample Waiting List Notification Letter
Exhibit 3: Sentri Medical Record Waiting List Data Collection Template

Exhibit 4: SCCMHA Outpatient Referrals

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. In accordance with the MDHHS Specialty Supports and Services Contract, the SCCMHA Board of Directors and Chief Executive Officer shall ensure that the service array provided to the eligible persons is adequate and the available general fund resources are allocated to support services to those most severely affected. When it is determined by the Chief Executive Officer that SCCMHA is unable to financially meet requests for non-emergent public mental health services for non-Medicaid, non-Healthy Michigan or non-MI Child persons deemed eligible for SCCMHA services, those persons shall be placed on a waiting list until funding becomes available. | 1. SCCMHA Board of Directors and Chief Executive Officer |
| 2. The Chief Executive Officer will ensure that all SCCMHA policies and procedures related to establishing waiting lists will be available to all individuals seeking services, those currently in services and to the general public. | 2. Chief Executive Officer |
| 3. The Executive Director of Clinical Services and Programs shall ensure that screening, access and assessment services are in place which ensure that: a) all non-emergent, non-Medicaid, non-Healthy Michigan, and non-MI Child persons requesting services are apprised of the waiting list criteria, b) that they are provided assistance with accessing alternative services, c) offered a face to face assessment of their eligibility when they are dissatisfied with recommendations following screening or the need for emergent crisis intervention services (d) are offered placement on the waiting list. | 3. Executive Director of Clinical Services and Programs |
| 4. For <u>Adults with Mental Illness</u>: SCCMHA may link the individual with a community provider who can meet the individual's needs, if resources are not available within the agency utilizing the "Outpatient Referral" list and complete a warm hand off (coordination of the appointment). If the | 4. Central Access and Intake (CAI) Specialist |

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| individual refuses the referral and wishes, SCCMHA may place a G.F. (General Fund) consumer on a waiting list through a telephonic clinical screening by SCCMHA in which the LOCUS (Level of Care Utilization System) assessment conducted by the Central Access and Intake (CAI) unit determines that the G.F. individual does not meet a minimum LOCUS score of 28. Screening results and LOCUS decision will be documented in the Sentri medical record (eligibility screening and LOCUS Assessment sections). | |
| 5. For Persons with Developmental Disabilities: No waiting list will be implemented as of this policy date. | 5. Central Access and Intake (CAI) Specialist |
| 6. For Children with Serious Emotional Disturbance: Children between the ages of 7-12 a CAFAS score of 90 or for children between the ages of 13-18 a CAFAS score of 120 or higher will be linked with a community provider who can meet the individual's needs, if resources are not available within the agency utilizing the "Outpatient Referral" list and complete a warm hand off (coordination of the appointment). If the individual refuses the referral and wishes, they will be offered to be placed on the waiting list, with those assessed with a composite CAFAS greater than 90 for children 7-12 or greater than 120 for children 13-18 being offered immediate admission to services. | 6. Central Access and Intake (CAI) Specialist |
| 7. SCCMHA link the individual with a community provider who can meet the individual's needs, if resources are not available with in the agency utilizing the "Outpatient Referral" list and complete a warm hand off (coordination of the appointment). If the individual refuses the referral and wishes, SCCMHA will place a consumer on a waiting list after a face-to-face intake assessment in which the LOCUS (Level of Care Utilization System) assessment conducted by the Central Access and Intake (CAI) Specialist determines that the G.F. individual does not meet a minimum LOCUS score of 28. Eligibility assessment results | 7. Central Access and Intake (CAI) Specialist |

| | |
|---|---|
| and LOCUS decision will be documented in the Sentri medical record (eligibility intake assessment and LOCUS Assessment sections). | |
| 8. SCCMHA may place an active general fund consumer on a waiting list if insufficient funding warrants a reduction or termination of services, as contained in their person-centered plan. | 8. Care Management Specialist |
| 9. SCCMHA will inform all eligible general fund front-door applicants and active SCCMHA general fund consumers who have had their services denied, reduced, terminated, or suspended due to insufficient general fund resources, of their right to request a review of the waiting list decision within 14 days of the date of written notification. The applicant/active SCCMHA consumer shall be informed of this opportunity both verbally and in writing. Written notice will be sent within three (3) business days and include the following: (1) service for which the individual is on a waiting list, (2) instructions on what the individual should do if his/her situation changes, including obtaining Medicaid coverage or obtaining Healthy Michigan coverage. (3) the individual's right to have the decision reviewed if they disagree with the waiting list decision. Copy of letter will be scanned into the Sentri Medical Record. | 9. Central Access and Intake (CAI) Specialist |
| 10. In the event consumer requests review of waiting list decision, SCCMHA will ensure the review occurs within five (5) business days from the date of request by the Central Access and Intake (CAI) Supervisor. A person in an urgent situation shall be entitled to an expedited review and shall have their request processed within two (2) business days from the date of request. Decision will be documented in the Sentri Waiting List form and applicant/active SCCMHA consumer shall be informed in writing of the review disposition within (3) business days. | 10. Supervisor of Care Management |
| 11. SCCMHA will ensure that the order of priority on the waiting list shall be based on the individual's severity and urgency of need (MH Code, | 11. Supervisor Care Management |

| | |
|---|---|
| 330.1124(2). Prioritization will include the following: (1) front-door applicants waiting for access into SCCMHA, (2) active SCCMHA consumers who have had their services reduced, limited, suspended, or terminated due to insufficient funds. | |
| 12. SCCMHA will designate a MA-level clinician in the Central Access and Intake (CAI) unit to maintain the waiting list including periodic calls to ask consumers if they are still interested in services and to rate the severity of their need. | 12. Central Access and Intake (CAI) Specialist |
| 13. Waiting list will be maintained in the Sentri medical record and include name, age, gender, type of service needed, disability designation, diagnostic group, date placed on the list, severity of need and rationale for decision to be placed on the waiting list. | 13. Central Access and Intake (CAI) Specialist |
| 14. SCCMHA will ensure that the waiting list is reviewed on a regular basis, but not less than quarterly. Review activities shall be documented and include removal of names of persons offered services, removal of names of persons who request to be removed from the waiting list, re-prioritization of the waiting list according to an individual's changing urgency and severity of needs, and documentation of the reasonable attempts to contact the individuals to determine if they wish to stay on the list or if they have experienced any change in situation. | 14. Supervisor Central Access and Intake |
| 15. The Chief Executive Officer shall periodically (no less than annually) report summary information related to the waiting list to its Governing Board via the Ends Committee. | 15. Chief Executive Office |
| 16. The Chief of Quality Information and Compliance will annually submit the required waiting list data to MDHHS as required in the MDHHS/CMHSP Contract. | 16. Chief of Quality Information and Compliance |

## Exhibit 1: Population Cell Grid




## Exhibit 2: Sample Waiting List Notification Letter

DATE

Consumer Name
Address
City, State, Zip

Dear: _____

As a result of your request for mental health services on _____ (date), it has been determined that you meet criteria for the following service: (identify service type). However, due to inadequacy of current funding, you are being placed on a waiting list for service.

You have the right to request a review of this decision. If you would like to request a review of this decision or have questions about this action, please contact us within 14 days from the date of this letter at:

Saginaw County Community Mental Health Authority
Attn: Central Access and Intake Unit
500 Hancock
Saginaw, MI 48601

If your situation changes, if you wish your name removed from the waiting list, or you are experiencing a mental health emergency, please contact the Central Access and Intake Unit at 989-797-3559, 989-792-9732, or toll free at 1-800-233-0022.

Sincerely,

Staff
Title

**<u>Exhibit 3</u>: Sentri Medical Record Waiting List Data Collection Template**

Adding consumer to waiting list:

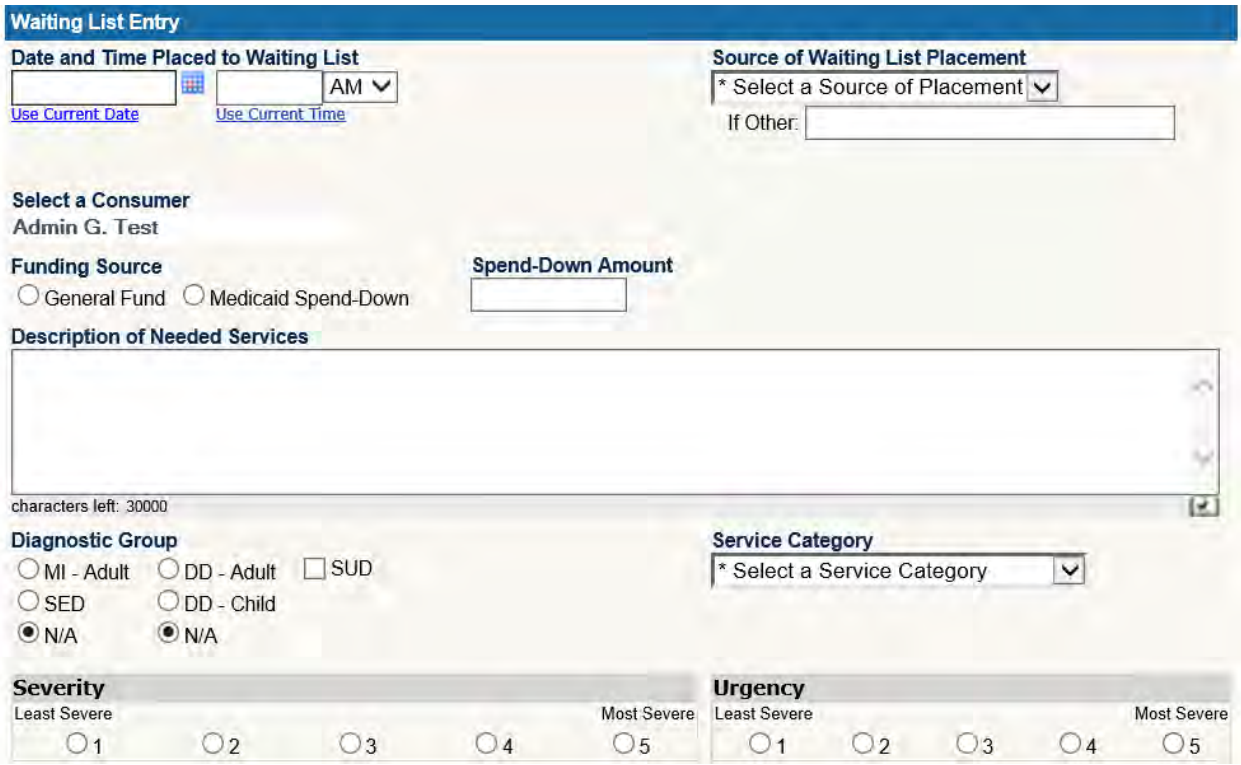

**Exhibit 4:** SCCMHA Outpatient Referrals

# SCCMHA OUTPATIENT REFERRALS

| | | | | |
|---|---|---|---|---|
| **Catholic Family Services**<br>710 N Michigan Ave, Saginaw, MI 48602<br>(989)753-8446 | | Children, family, and couple counseling. Open to everyone. Helps with Guardianship. Substance abuse. | | All forms of Medicaid, Private insurance: BCBS, Aetna, Cigna, sliding fee scale |
| **Child and Family Services**<br>2838 Automotive Centre Rd, Saginaw, MI 48603<br>(989) 790-7500 | | Counseling for children and families, Sexual Assault center. | | Medicaid, private insurance: BCBS, Aetna, Cigna, sliding fee scale |
| **David E. Gaffney LMSW**<br>5090 State St., Ste. 103-B<br>Saginaw, MI 48603<br>(989) 980-1233 | | Provides counseling for individuals, familes and groups who are verbal and willing to participate, 6+ and older; trauma, chronic pain, sleep | | Medicaid; private insurance: BCBS/BCN, Aetna, Cigna<br>Sliding fee scale |
| **Great Lakes Bay Health**<br>3023 Davenport Ave, Saginaw, MI 48602<br>(989) 907-2761 | | Adults and children. Therapy and psychiatry. Substance abuse | | All forms of Medicaid, Medicare, Private insurances: BCBS/BCN, Aetna, Cigna, Self pay, no insurance |
| **Great Lakes Psychological Services**<br>4901 Towne Centre Rd Ste 205, Saginaw, MI 48604 (989)921-5715 | | Fully licensed psychologists providing psychotherapy and assessment services for all ages | | NO Medicaid. BCBS, Medicare, ASR, Aetna, Cofinity, BCN and several others |
| **Guided Grace Family and Youth services**<br>1232 N Michigan Ave, Saginaw, MI 48602<br>(989)401-8990 ext. 204 (Dana Simmons) | | Services for childen and adults. Family and marital therapy, groups. CBT, DBT | | All forms of Medicaid; Private insurances accepted: Aetna, BCBS of MI, BCN, BC complete, Cigna, 1st Health Network; NO LONGER accept HAP, Molina and Priority Health |

| | | | | |
|---|---|---|---|---|
| **HealthSource Saginaw Behavioral Medicine Center** 3340 Hospital Rd, Saginaw, MI 48603 (989) 790-7700 | | Children, adolscents, adults, couples/families. Co-occuring, gambling. Psychiatry | | Molina, McLaren and Meridian mediciad. Most private insurances: BCBS/BCN, Aetna, Cigna |
| **Healthy Psyche Therapy** TELEHEALTH ONLY, All Michigan Residents (989) 220-1204 www.healthypsychetherapy.com | | Trauma, PTSD, Couples/marriage counseling, depression, anxiety. Morning, afternoon, and evening sessions | | Meridian and McLaren Medicaid; Medicare, Blue Cross Complete |
| **Hope Christian Counseling** 1711 Court St, Saginaw, MI 48602 (no phone number listed) | | Faith-based counseling for individuals and families. Marriage and family therapy. Substance abuse evaluations | | Medicaid, McLaren, Cigna, BCBS, Meridian |
| **Hospital Psychiatry** 3085 Hallmark Ct suite 1, Saginaw, MI 48603 (989)790-7742 | | Psychiatry | | Private insurances: BCBS/BCN, Aetna, Cigna |
| **JPS services (Dr. Jafferany) is now CMU Health** 3201 Hallmark Ct. Saginaw, MI 48603 (989)790-5990 | | Adults and children. Psychiatry | | Medicare, most Private insurances: BCBS, Aetna, Cigna |
| **List Psychological** 5024 North Center Road Saginaw, MI 48604 (989)790-3130 | | Services for children and adults. Therapy, psychiatry, substance abuse, Seniors, LGBTQ | | Meridian, Molina, McLaren medicaid, Medicare, most private insurances. Sliding fee |
| **Maple Leaf Counseling** 7950 Gratiot Rd, Saginaw, MI 48609 (989)714-4793 | | Services for children and adults. Trauma, LGBTQ | | Meridian and McLaren Medicaid, BCBS, BCN, ASR, Cigna and several others. Self pay/sliding fee scale |
| **McDowell Healing Arts Center** 3253 Congress Ave. Saginaw, MI 48602 (989) 475-4171 | | Services for children and adults. Couples and family counseling. Nights and weekends. Telehealth | | All forms of Medicaid, BCBS, BCN, HAP, Cigna, Priority Health, Aetna, Medicare, ASR and several others |

| | | | | |
|---|---|---|---|---|
| **Michigan Comprehensive Counseling** 1300 N Michigan Ave, Saginaw, MI 48602 (989)752-1668 | | Child-centered and family-focused counseling. Anger management, Substance abuse, Domestic violence | | All forms of Medicaid, Cigna, Humana, BCBS, and several others |
| **Professional Psychological and Psychiatric Services** 1010 Niagara Suite St Suite #1 Saginaw, MI 48602 (989) 401-5562 | | Anger management, Substance abuse. Psychiatry. Individual, families and groups. Sex Offender Counseling | | All forms of medicaid, Cigna, BCN, Omnicare, most other insurances, and offers sliding fee |
| **Renewal Christian Counseling Center** 6030 Bay Rd, Saginaw, MI 48604 (989) 244-1888 | | Counseling for adults and children. Faith based. Psychiatry. Telehealth | | Aetna, BCBS, BCN, Cofinity, Beacon Health, Cigna, Hap, McLaren, Medicaid, Medicare, Tricare and sliding fee |
| **Saginaw Psychological** 2100 Hemmeter Rd, Saginaw, MI 48603 (989)799-2100 | | Therapy, psychiatry for children and adults. Play therapy, DBT, Substance Abuse, ADHD testing | | All forms of medicaid; Private: BCBS/BCN, Aetna, Cigna, HAP, Medicare, Tri-Care, Humana |
| **Solutions Behavioral Health** 1010 N Niagara St #2, Saginaw, MI 48602 (989)401-5562 | | Therapy for children and adults | | All forms of medicaid; Private: Aetna, BCBSM/BCN, HAP, Tri-Care<br>Sliding Fee Scale |
| **State Street Behavioral Services** 4713 State Street. Saginaw, MI 48603 (989)270-1749 | | Services for children and adults. Autism services, Alzheimer's and Dementia. Dr. Tadeo works here | | Medicaid, Medicare, BCBS, BCN, Humana, Cigna, HAP, ASR, Tri-Care, Aetna and several others |
| **Talasila Clinic** 2578 McLeod Dr N STE 1, Saginaw, MI 48604 (989) 799-5440 | | Psychiatry | | Private insurances: BCBS/BCM, Aetna, Cigna Most commercial insurances |
| **Tri-County Mental Health Therapists** 9453 Kochville Rd Suite 1, Freeland, MI 48623 (989)573-8120 | | Services for children over the age of 11 yrs. and adults. Family/couple therapy. Groups and Telehealth | | **NO Medicaid, Medicare, Cigna, Priority Health or Beacon**. Private insurances accepted: BCBS, BCN, Optum, United Health (commercial), McLaren |

| | | | | |
|---|---|---|---|---|
| | | | | Health (commercial), Aetna, HAP, ASR |
| **Westlund Guidiance Clinic**<br>203 M-13, Saginaw, MI 48607 (SVRC Marketplace)<br>(989)793-4790 | | Children ages 3 and up. Adults. Therapy, psychiatry. Autism, school based therapy. Substance abuse | | All forms of Medicaid, Medicare; Private: BCBS, BCN, JAP, Aetna, United Health Care, Priority Health |
| **Peer Warmline**<br>1 (888) 733-7753 | | The warmline will operate seven days a week from 10:00am to 2:00am and gives the caller a peer to talk to | | |
| **National Suicide Prevention Lifeline**<br>24/7 at 1 (800) 273-8255 | | For individuals in crisis, including those considering suicide | | |
| **CRISIS TEXT LINE**<br>Text HOME to 741741 | | Text HOME to 741741 from anywhere in the USA to text with a trained Crisis Counselor | | |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Diagnosis in Medical Record, Billing, and Reporting | **Chapter**: 03 - Continuum of Care | **Subject No.** 03.01.06 |
| **Effective Date**:<br>September 10, 2019 | **Date of Review/Revision**:<br>12/8/2020, 10/11/22 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Chief Finance Officer and Chief Operations Officer<br><br>**Authored By**:<br>Linda Tilot<br><br>**Reviewed By**:<br>Director of Network Services, Public Policy and Continuing Education |

**Purpose:**
To ensure the integrity of the diagnosis in the Medical Record and the application of the diagnosis in treatment, billing, reporting and claims payment.

**Policy:**
SCCMHA shall establish a system of policies and controls to ensure compliance with applicable laws and regulations governing the creation and use of medical diagnosis for treatment, payment and operations.

**Application:**
All credentialed health professionals in the SCCMHA provider network and associated billing providers.

**Standards:**

1. Electronic Health Record (EHR): SCCMHA uses a fully electronic health record with no paper records maintained. All patient care documents are either created in the EHR or scanned into the EHR and stored electronically. The EHR shall be the sole source of diagnosis for Treatment, Payment and Operations.

2. Meaningful Use Certified EHR: The SCCMHA electronic medical record shall be a meaningful use certified product based on the current federal and state Health IT Certification Criteria.

3. Electronic Billing and Claims Payment: SCCMHA shall submit claims using ICD10 diagnosis codes which are derived from the electronic health record.

**Definitions:**
Case Holder: Individual with primary responsibility for the care plan in the electronic health record.

Diagnostic Statistical Manual of Mental Disorders (DSM): This is a publication of the American Psychiatric Association and is a clinician's guide for establishing a diagnosis of mental disorders. The multi-axial construct created by the DSM continues to be used in the Electronic Health Record and among behavioral health practitioners. However, the multi-axial construct is not supported in the ICD-10 the DSM V removed the distinctions of Axis I, II, and III created a single position. SCCMHA uses the current version of the DSM as a guide for clinical assessment

Electronic Health Record (EHR): SCCMHA uses a fully electronic health record with no paper records maintained. All patient care documents are either created in the EHR or scanned into the EHR and stored electronically.

International Classification of Disease: SCCMHA uses the current version of the ICD diagnosis codes and purchases this through the Electronic Health Record.

Meaningful Use: The SCCMHA electronic medical record is a meaningful use certified product based on the 2015 Edition of the Health IT Certification Criteria.

Medical Necessity: Health care services and supplies provided by health care entities in order to prevent, diagnosis or treat and a disease, condition, illness or injury and consistent with the applicable standards of medicine.

Behavioral Health Treatment Episode Data Set BH TEDS: This is a data set established by the Substance Abuse and Mental Health Administration to allow for nationally standardized program evaluation. It's relevance to this policy is that it includes the patient diagnosis for both mental health and substance use disorders.

Mental Health Professional (Adult): [Mental Health Code, Section 330.1100b(15)] - An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or

otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). NOTE: The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

Mental Health Professional (Child) (CMHP) - Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, or registered nurse; or an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

Treatment Payment and Operations (TPO): This is a term established in HIPAA and HiTECH regulation which describes the allowed uses of protected and electronic health information which do not require separate patient permissions.

**References:**
Michigan Department of Health and Human Services: Michigan PIHP/CMHSP Provider Qualifications, current version

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Every consumer served by SCCMHA shall be given a provisional diagnosis in the EHR at the time of record creation. | 1) CAI or Crisis Clinician |
| 2) The provisional diagnosis shall be established by a mental health professional as defined by MDHHS (see definition section above). | 2) Executive Director of Clinical Services and Programs |
| 3) The provisional diagnosis shall remain in this status until reviewed and verified by the treating psychiatrist. | 3) Executive Director of Clinical Services |

| | |
|---|---|
| | and Programs |
| 4) All medical or physical health related diagnosis will be entered only by Physicians, Physician Assistants, or Nurse Practitioners and shall be based on confirmed diagnosis established by primary care or specialists. The role of the Integrated Health or Enhanced Health nurses in the SCCMHA provider network is the primary source of medical or physical health related diagnosis. | 4) Executive Director of Clinical Services and Programs and Director of Enhanced Health and Integration |
| 5) The Case Holder shall select the primary diagnosis from the Electronic Health Record for inclusion in the BH TEDS admission and discharge records as well as for billing purposes. | 5) All Clinical Staff using EHR |
| 6) Electronic billing shall be based on diagnosis from the electronic health record. | 6) Chief Information Officer and Chief Financial Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Cost of Service and Explanation of Benefits</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.01.07</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/01/15</td><td>Date of Review/Revision:<br>3/14/17, 5/8/18, 9/10/19, 1/3/20</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>Laura Argyle, Chief Financial Officer/Chief Operating Officer<br><br>Authored By:<br>Linda Tilot<br><br>Additional Reviewers:<br>Operations Committee</td></tr>
</table>

**Purpose:**
To comply with Mid-State Health Network contractual requirements to perform the delegated function of providing consumers with information about their Estimated Annual Cost of Services and Explanation of Benefits. The purpose of the Cost of Services statement is to assist consumers in considering self-determined alternatives. The purpose of the Explanation of Benefits is to engage the consumer in monitoring for fraudulent claims paid on their behalf.

**Application:**
This function will be performed by SCCMHA for all consumers served in the SCCMHA network.

**Policy:**
All consumers served with a Person-Centered Plan will be provided an estimate of the annual cost of services which are included in the plan at the time of the plan. A sample of consumers served will be provided an Explanation of Benefits which informs them of the services that have been paid for on their behalf.

**Standards:**
- Estimated Cost of Service statements will be provided to the consumer with the PCP and at any time of change in the PCP or at the consumer's request.
- The estimated cost of services statement shall include information about self-determination.
- The estimated cost of services statement shall be included in the electronic health record with the PCP and updated in conjunction with changes in the PCP.

- The estimated cost of services statement will be included as a part of the PCP document and signed by the consumer.
- The estimated cost of services statement will not include crisis and acute care services.
- The Explanation of Benefits shall be a retrospective statement of services paid for a defined period of time.
- The Explanation of Benefits statement shall include the name of the provider and a service description in terms that can be understood by the consumer.
- The Explanation of Benefits will include information for the consumer which introduces the document and its purpose.

**Definitions:**
Cost of Services: This is a prospective cost of services statement based on the authorization associated with the PCP and is based on current provider rates.

Explanation of Benefits: This is a retrospective cost of services statement based on paid claims.

**References:**
Michigan Department of Health and Human Services Technical Requirement P6.3.2.1.B.i f Estimated Cost of Services

Michigan Department of Health and Human Services Technical Requirement P6.3.e.1.B.ii Explanation of Benefits

**Exhibits:**
Exhibit A – Understanding Your Explanation of Benefits Statement brochure

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The SCCMHA Electronic Health Record will include an Estimated Cost of Services explanation in the Person-Centered Planning document. The EHR will provide a summary of services requested for authorization at the time of the PCP in a sub section of the PCP document. This section will be available for inclusion with the PCP for consumer signature or as a document which can be separately printed for consumers upon their request. | 1. Chief Information Officer |
| 2. The Case Manager, Supports Coordinator or primary assigned clinician will explain the purpose of the Estimated Cost of Services | 2. Primary Case holder |

| | |
|---|---|
| document and how it can be used in a Self-Determined service agreement. | |
| 3. The Chief Financial Officer / Chief Operating Officer will create a random sample of 5% of consumers served to receive an Explanation of Benefits Statement. The sample shall change annually and participating consumers shall be surveyed regarding the thoughts on whether the EOB was easy to understand and useful. | 3. Chief Financial Officer / Chief Operating Officer |
| 4. The statement will include all claims paid for in the prior quarter and shall be mailed to the consumer's address of record. | 4. Chief Financial Officer / Chief Operating Officer |
| 5. The statement shall include information for the consumer about who to contact if they have questions or if they believe the information in the EOB is false. | 5. Chief Financial Officer / Chief Operating Officer |

# The ABC's of an EOB (Explanation of Benefits)

Part of making the most of your mental health coverage is understanding how Saginaw County Community Mental Health Authority (SCCMHA) pays your claims and what your role is in the process. SCCMHA provides you with an important resource called an Explanation of Benefits (EOB) to do this.

Your EOB has a lot of useful information that may help you track your mental health care expenditures and serve as a reminder of the services that you have received from SCCMHA or one of our contracted providers.

When you receive your EOB statement, please check and make sure that the dates and services that you have received are correct. The services listed on the EOB should be consistent with your PCP (Person Centered Plan) in terms of the type and amount, as well as, reflect the services that you have actually received.

If any discrepancies are noticed, or if you have any questions regarding your EOB statement, please call our Member Services Representative at 989-797-3518.

## What Information is in My EOB?

**Consumer:** The name of the person who received the service.

**Service Provider:** The name of the provider who performed the services for you. This may be the name of SCCMHA or one of our contracted providers.

**Service Dates:** The date(s) of the mental health related service you received from the Provider.

**Service Description:** A brief description of the mental health related service you received from the Provider.

**Start/End Times:** The start and end times of the service provided to you.

**Total Charge:** The total amount billed by the Provider to SCCMHA.

**Total Paid to Provider:** Total amount SCCMHA paid to the Provider for the cost of your services after all other insurances were billed and/or paid.

**Member Services Information:** The contact information (telephone/mailing address) for questions or concerns relating to your EOB.

**Medicaid Deductible/ATP**: The amount of your monthly Medicaid deductible and/or your monthly ability to pay.

## Questions?

**If you have a question about what a service is or means, you may refer to the "Service Description Section" in the SCCMHA Consumer Handbook, or you may call our Member Services Representative, Kim Hall, at 989-797-3518. She will be happy to assist you in any questions that you may have about your EOB.**




**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

500 Hancock Street
Saginaw, MI 48602

Phone: 800-258-8678 or 989-797-3400
TDD/TTY Line: 989-797-3460
Website: www.sccmha.org

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Care Management Services</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.04.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>2/22/02</td><td>Date of Review/Revision:<br>10/2/09, 2/12/09, 3/1/12, 6/5/13, 5/9/16, 6/5/13, 9/7/16, 3/14/17, 5/8/18, 6/28/18, 9/10/19, 12/08/20, 10/11/22, 8/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Network Business Operations<br><br>Authored By:<br>Chief Of Network Business Operations, Manager of Utilization Care Authorizations<br><br>Revised Authors: Chief of Network Business Operations, Manager of Utilization Care Authorizations<br><br>Additional Reviewers:<br>Executive Director of Clinical Services</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
This policy ensures that SCCMHA performs utilization management functions within standards of practice established by the Department of Health and Human Services, Mid-State Health Network and all other regulatory bodies.

**Policy:**
All utilization management functions will adhere to standards described here-in and these standards shall be derived from comprehensive summary of contractual and regulatory requirements including the principles of conflict free case management throughout the system of service delivery, utilization and network management.

**Application:**
This policy shall be implemented by the Manager of Utilization Care Authorizations in all operations which regulate access to care, authorization of care and utilization management.

**Standards:**

- SCCMHA will adhere to the principles of conflict-free case management. Staff who are responsible for the person-centered planning process (Case holders and independent facilitators) shall be separate from the staff who are responsible for eligibility determination, assessment, authorization and service provision.
- SCCMHA will not discriminate against any person(s) or family(ies) because of race (including traits historically associated with race such as hair texture and protective hairstyles), religion, color, national origin, age, sex (including pregnancy), height, weight, familial status, marital status, disability, genetic information, religion, sexual orientation, gender identity or expression, and service in the uniformed services or any other characteristic protected by law. Access to service shall be within established standards of timeliness, 14 days from request to assessment and 14 days from assessment to start of needed ongoing service.
- Preadmission Screening for Acute Care Services shall be completed within three hours of request.
- Careful discharge planning shall be provided to avoid recidivism and readmission with 30 days of discharge.
- Persons discharged from inpatient care shall be served within 7 days of discharge.
- All standard service authorization requests shall be responded to within (14) business days.
- All provider appeals of denied claims shall be responded to within 30 business days.

**Definitions:**

Access: The steps involved for the consumer from the point of requesting services to the start of services.

Authorization: The approval of services which involves review of the consumer's eligibility to receive services and the appropriateness of those services. Authorization is typically a computerized function which is closely involved in processing the service provider's claims. The authorization is issued to the service provider with a unique consumer specific number to which claims are processed.

Utilization Management Services: An integrated system of managing capitated funds for covered services to a defined population including the policies, protocols and tools established by the Authority governing the provision of services to eligible persons.

Concurrent Utilization Review: This is a review of service, concurrent to active treatment, which includes a review of the medical record or interview of the service provider to ensure continuing eligibility for the level of service as evidenced by severity of illness and related intensity of service criteria.

Conflict-free Case Management: Conflict free case management requires that assessment and coordination of services are separate from delivery of services with goal to limit any conscious or unconscious bias a care manger or agency may have to promote the individual choice and independence.

Eligibility Criteria: A statement of conditions necessary for a consumer to be eligible for services. Criteria for SCCMHA services include: Diagnosis, Level of Function, and Prior Utilization.

Engagement Services: Those services authorized prior to an initial person centered plan in order to stabilize crisis and ensure consumer is engaged in care.

Episode Management: Concurrent utilization review for the management of acute care episodes.

Intensity of Service: This is the measurement of the level of restriction, supervision, and medical monitoring necessary in response to the severity of illness and commonly describes the small range of acute care services which require pre-authorization.

Level of Functioning: SCCMHA uses several standardized measures of impact of the diagnostic condition on the consumers ability perform activities of daily living. The Child and Family Assessment Scale (CAFAS), Pre-school and Early Childhood Assessment Scale (PECFAS) and Deveraux Early Childhood Assessment (DECA) are used for children and the Level of Care Utilization System (LOCUS) is used for adults with mental illness. The Addictions Severity Index (ASI) is used for co-occurring substance use disorders.

Medical Necessity: Medically Necessary or Medical: Describes those services necessary for screening and assessing the presence of a mental illness, and/or required to identify and evaluate a mental illness that is inferred or suspected; and/or intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, including impairment of functioning; and/or designed to provide rehabilitation or habilitation for the recipient to attain or maintain an adequate level of functioning. The determination of a medically necessary service must be based upon a person-centered planning process.

Services selected based upon medical necessity criteria should be:

- Delivered in a timely manner, with an immediate response to emergencies in a location accessible to the recipient;
- Responsive to particular needs of multi-cultural populations and furnished in a culturally relevant manner;
- Provided in a least restrictive appropriate setting (inpatient and residential treatment shall be used only when less restrictive levels of treatment have been unsuccessful or cannot be safely provided);
- Delivered consistent with national standards of practice, including standards of practice in community psychiatry, psychiatric rehabilitation and in substance abuse, as defined by standard clinical references, generally accepted professional practice or empirical professional experience; and
- Provided in sufficient amount, duration and scope to reasonably achieve their purpose.

All determinations regarding medically necessary services shall be made by the AUTHORITY in a timely fashion, by appropriately trained mental health (or substance abuse) professionals with sufficient clinical experience. Provider appeal Procedures for disagreements regarding a determination of medical necessity are outlined in the Provider Manual.

Preadmission Screening: Preadmission screening is required for authorization of the acute care services of Inpatient, Partial Hospitalization, Crisis Residential. The pre-admission screening generally includes a mental status exam and may also include the review and processing of a peace officers' application, petition and medical certification or court ordered exam. Pre-admission screening (via MSHN-MCG screening tool) establishes Severity of Illness/Intensity of Service levels for persons requesting acute care services.

Primary Provider: Describes a provider who functions as a primary case holder. Primary Providers generally receive referrals directly from the administrator of the Authority's care management processes. Primary providers are responsible for the Person-Centered Plan.

Retrospective Utilization Review: A review of eligibility and appropriateness of services after the service has been provided. Retrospective review is typically provided for inpatient provider claims for payment when fund source could not be established at the time of admission.

Secondary Provider: Describes a provider that is a member of a team of providers that serves each recipient in various combinations, depending on each recipient's need and desire. Secondary Providers receive referrals through the Primary Provider and authorizations for their services are requested by the Primary Provider's case holder.

Severity of Illness: This is the degree of acute symptoms present and is assessed by mental status exam. This criterion is used to determine eligibility and authorization for acute care services.

Utilization Management: This dimension of Care Management is the array of strategies employed to ensure the right amount and mix of services. Utilization Management includes: pre-admission screening, pre-authorization, authorization, claims review, concurrent review, retrospective review and consumer and provider profiling.

**References:**
MSHN PIHP and CMHSP Contracts as amended: Attachment B, Reporting Requirements
MSHN Conflict Free Case Management Policy 3-1-22
MDHHS Medicaid Provider Manual
SCCMHA Practice Guidelines Policy
Level of Care Utilization System (LOCUS)
Child and Adolescent Functional Assessment Scale (CAFAS)
Deveraux Early Childhood Assessment (DECA)
PECFAS (Preschool Early Childhood Assessment Scale)
Addiction Service Index (ASI)

**Exhibits:**
Exhibit A - Courtesy Authorization Q&A Procedure
Exhibit B-MSHN Utilization Management Plan (5/3/22)
Exhibit C-MSHN Utilization Policy (5/3/22)
Exhibit D-MSHN Utilization Management Committee Charter (9/23/21)
Exhibit E-SCCMHA Care Management Report and Plan Fiscal Year'23 (8/8/23)

**Procedure:**

| ACTIONS | RESPONSIBLE |
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| **Care Management Services** | |
| 1) Care Management Services will be provided in a comprehensive integrated system of management and review to ensure adequate scope and duration of services within the context of individual care and the allocation of resources to persons most severely in need. Integration across organizational scopes of management shall be accomplished through management team review and implementation of Care Management Plan. | 1) Chief Executive Officer, Service Management Team |
| 2) Psychiatric supervision shall be provided in regularly scheduled conferences with the medical director and care management staff. All adverse decisions including denial of eligibility, and denial, termination or reduction of service shall be reviewed in Care Conference Review Committee. | 2) Medical Director, Manager of Utilization Care Authorizations |
| **Eligibility** | |
| 1) Eligibility Criteria for Services managed by SCCMHA as a delegated function of Mid-State Health Network, shall be derived from the Michigan Mental Health Code, with additional criteria established by SCCMHA based on the availability of local resources within the legally mandated obligation to serve the most severely ill or affected. | 1) Chief Executive Officer, Chief of Network Business Operations |
| 2) Eligibility for services shall be determined only by face to face interview with professional staff credentialed to perform necessary assessments and/or certified to establish eligibility evidence. | 2) SCCMHA Central Access & Intake Unit with QMHP, QIDP and QCMHP credentialed clinicians. |

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| 3) Eligibility will be confirmed with a review of clinical documentation and fund source at the time of enrollment and in concurrent record reviews. | 3) SCCMHA Care Management Specialists |
| 4) When possible and in an effort to ensure seamless care coordination between psychiatric providers and Case Holders, Care Management will assign consumers to one provider location. | 4) SCCMHA Care Management Specialists |
| 5) If eligibility denial is agreed with, notification will be sent to the beneficiary and recipient. | 5) SCCMHA Care Management Specialists, Care Management Coordinator |
| **Access** | |
| 1) Access to services shall be designed to identify and reduce barriers, ensure timely assessment and start of services. Central Access & Intake staff will inquire about consumer needs for accommodation in the access process and assistance needed for enrollment in Medicaid. | 1) Executive Director of Clinical Services and Programs and Central Access & Intake Unit. |
| 2) SCCMHA Central Access & Intake Unit will provide information and referral to persons screened as ineligible for SCCMHA services and shall provide active follow-up to ensure that community referral information provided to callers results in successful engagement of alternative community services. | 2) Central Access & Intake Staff |
| 3) Access procedures shall be monitored to assess customer impact and satisfaction through periodic customer survey. Access quality assurance shall be monitored by the Access Management Group, a chartered Quality Assurance operations workgroup. | 3) Executive Director of Clinical Services and Programs and Chief of Network Business Operations. |
| 4) Crisis Intervention Services will be provided 24 hours a day seven days a week and shall include direct access to services which provide diversion to inpatient care or incarceration, crisis stabilization and suicide assessment and prevention. | 4) Chief Executive Officer, Executive Director of Clinical Services and Programs, Supervisor of Central Access and Intake and the Crisis |

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| | Intervention Services Supervisor |
| 5) SCCMHA will provide screening and referral for the Mid-State Health Network Coordinating Agency to ensure that persons screened at SCCMHA are referred to MSHN CA providers licensed to provide substance abuse or integrated dual disorder services. | 5) Executive Director of Clinical Services and Programs, Mid-State Health Network SUD Coordinating Agency. |
| **Service Selection & Practice Guidelines** | |
| 1) SCCMHA adhere to any and all service guidelines promulgated by Mid-State Health Network. | 1) Chief of Network Business Operations, Executive Director of Clinical Services and Programs |
| 2) Evidence Based Practice Guidelines will be used as the basis for all care management decisions. | 2) Chief of Network Business Operations, Manager of Utilization Care Authorizations |
| 3) Care Management will authorize services consistent with evidenced based research, using evidenced based practices, whenever possible. | 3) Chief of Network Business Operations, Manager of Utilization Care Authorizations |
| **Preadmission Screening** | |
| 1) Preadmission Screening for Acute Care shall be provided 24 hours a day seven days a week. Preadmission screening shall be provided at the request of the consumer, or law enforcement officer or by court order. | 1) Executive Director of Clinical Services and Programs |
| 2) SCCMHA preadmission screening services shall be provided by staff credentialed and supervised by the Supervisor of Crisis Intervention Services. | 2) Crisis Intervention Services Supervisor |
| 3) Crisis Intervention Services therapists will inform consumers of their rights to a second opinion at the time of screening. | 3) Crisis Intervention Therapists |
| 4) Crisis Intervention Services therapists will coordinate screenings for Saginaw County residents who are presenting in another county for acute services and shall likewise | 4) Crisis Intervention Therapists |

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| provide screening services to out of county residents presenting in Saginaw County after obtaining appropriate authorization from the County of Financial Responsibility. | |
| 5) Preadmission Screening will establish authorization for acute care service for the initial & subsequent days of care. | 5) Crisis Intervention Therapists, Care Management Specialist |
| 6) Preadmission screening and Care Management services shall be monitored to ensure that assessments are provided within three hours of request, which persons discharged from inpatient care, receive follow up services within seven days of discharge and that persons discharged are not readmitted within thirty days. | 6) Chief of Quality Information and Compliance, Chief of Network Business Operations, Crisis Intervention Services Supervisor, Central Access & Intake Supervisor, Manager of Utilization Care Authorizations |
| **Authorization** | |
| 1) **SCCMHA shall authorize those services in advance of the preadmission screening which are necessary to ensure access and engagement and note the medical necessity for these services based on initial eligibility and review of complex health care conditions from the Care Connect 360 data warehouse.** | 1) Chief of Network Business Operations |
| 2) The authorization of purchased services shall be based on Preadmission Screenings and Person-Centered Plans. Assessments shall establish clinical eligibility; medical necessity and plans shall be based on service selection guidelines and evidenced based research. | 2) Chief of Network Business Operations |
| 3) Authorizations for non-acute services will be specific to the service needs that are identified in the Person-Centered Plan but shall not be specific to the quantity of services. The quantity, or number of units authorized, will be based on average number units used according to SCCMHA Care Management Plan. The number of units authorized is a maximum number of | 3) Chief of Network Business Operations |

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| billable units within the duration of the authorization. The objective of "plan based" service authorization for non-acute purchased services is to: 1) ensure that the Person Centered Plan determines the type and amount of service; 2) to provide a tool for financial forecasting and resource allocation and 3) to provide a mechanism for claims adjudication. | |
| 4) Unique authorization numbers for acute care services will be issued to the provider on day of admission by the Crisis Intervention Therapist. All Inpatient providers under contract to SCCMHA must be enrolled providers on the EMR and must provide documentation of medical necessity for continuing stay in the Utilization Management function of EMR. | 4) Crisis Intervention Therapist |
| 5) The Inpatient Discharge Utilization Management form must be completed before an authorization or claim from the inpatient provider will be processed or adjudicated. | 5) Crisis Intervention Services, Inpatient providers, Claims Specialists. |
| 6) The SCCMHA Service Authorization request shall be entered in the EMR by Primary providers. All Supports Coordinators and Case Managers are responsible for requesting authorization for services from secondary providers which are identified in the PCP. The authorization request must be submitted after the Person Centered Plan is completed. | 6) Primary Providers, SCCMHA Case Managers and Supports Coordinators |
| 7) SCCMHA will process all medically necessary standard authorization requests within fourteen business days of receipt. A Letter of Authorization will be electronically notified via encrypted E.H.R. or email to the provider, if requested, and will appear in the EMR for providers enrolled as users. | 7) Chief of Network Business Operations |

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| 8) Claims processing procedures shall ensure confirmation of authorization prior to payment of claims. | 8) Chief of Network Business Operations |
| 9) All secondary providers should work with the consumer's assigned primary provider to obtain authorization for services. If the normal "chain of command" does not produce results for needed authorizations, SCCMHA asks that providers complete a "Courtesy authorization" request. An authorization will be issued for 30 calendar days. This will ensure that there is no break in service without authorization. | 9) Secondary Providers |
| **Concurrent Review and Episode Management** | |
| 1) SCCMHA Care Management Specialists shall review acute care episodes for continuing severity of illness and intensity of service needs at intervals indicated by anticipated response to treatment. | 1) Care Management Specialists |
| 2) SCCMHA Care Management Specialists shall review appropriateness of care of sampled and select cases to confirm standards of eligibility and conformity of service plan with service selection guidelines. | 2) Care Management Specialists |
| 3) When services are found to be outside of service selection guidelines the Care Management Specialists shall issue written request for review of the care plan by the provider with request for response addressing over or underutilization or appropriateness of service selection and possible amendment of the plan of service. | 3) Care Management Specialists, Primary Provider |
| 4) Care Review requests and responses will be reviewed in Care Conference Review. | 4) Manager of Utilization Care Authorizations |
| **Retrospective Review** | |
| 1) Providers may submit requests for retrospective review and authorization of services when an unknown county of residency or coordination of benefits | 1) SCCMHA Network and Non-panel providers. |

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| resulted in delay of provider knowledge of SCCMHA service eligibility. | |
| 2) Care Management Specialists shall review the medical record to determine eligibility and medical necessity and authorize or deny payment. | 2) Care Management Specialists |
| **Consumer Profile** | |
| 1) The Care Management team will review individual consumer utilization profiles for Care Management conference review when outlier or at-risk utilization is suspected. Profiles may be either group or individual and will be used to analyze outlier's utilization patterns. | 1) Care Management team |
| 2) The SCCMHA Care Management program will review all cases using consumer demographic and utilization data to establish local utilization norms. This data will be included in the Care Management Plan. | 2) Chief of Quality Information and Compliance |
| 3) Profiles shall be used to provide consultation to primary care providers of the risk for adverse outcomes. When profiles are the source of concurrent utilization review, providers will be required to submit a response and amended service plan. | 3) Care Management Specialists, Primary Providers |
| **Provider Profile** | |
| 1) The Chief of Quality Information and Compliance will prepare provider profiles using indicators such as average length of stay and average case cost for use in analysis of network capacity and provider network management. | 1) Chief of Quality Information and Compliance |
| 2) Provider profile reports may be published for comparison in public information such as reports, bulletin boards, or similar venues for the purpose of education and performance improvement | 2) Chief Executive Officer |

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| **Provider Authorization Appeals**<br>1) Service Authorization disputes can be appealed in writing to the Manager of Utilization Care Authorizations. Appeals will be reviewed for medical necessity, authorization submission or unit errors with decision rendered in 30 days. A second review may be requested by the provider to the Chief of Network Business Operations. | 1) Chief of Network Business Operations, Manager of Utilization Care Authorizations |
| **Service Capacity Assessment and Planning**<br>1) Individual client demand for services not presently available through network contracted providers will be addressed with off panel provider authorization and single case agreements. | 1) Chief of Network Business Operations |
| 2) Utilization reports will be reviewed annually as a component of annual needs assessment and service array evaluation. Over utilization, and other determinants of demand will be used to identify gaps in capacity and to generate recommendations for redirection of resources and network development. | 2) Management Team |

Exhibit A

# Courtesy Authorization Q & A

**Q: Why was the Courtesy Authorization procedure initiated?**
**A:** Many times, services are performed without an authorization. If so, the service provider runs the risk of performing a service that hasn't been approved through Care Management. This procedure protects the integrity of the authorization process.

**Q: Who can request a Courtesy Authorization?**
**A:** Anyone can request a Courtesy Authorization, including case managers/supports coordinators for their own services. This also includes FDA's, CLS and Respite providers, Residential facilities, Bayside Lodge, etc.

**Q: How often can secondary providers request a Courtesy Authorizations?**
**A:** Secondary providers can request Courtesy Authorizations as many times as necessary.

**Q: If I receive a Courtesy Authorization, isn't that a bad thing? Will I get written up?**
**A:** Maybe. This is under your supervisors' discretion. An e-mail is sent to you, your supervisor, and the requester indicating that a Courtesy Authorization has been initiated. If it is the third consecutive courtesy authorization your director will also be sent the email. . It is up to your supervisor and the director to determine whether it is an individual performance issue or a procedural issue and whether disciplinary action is to be administered.

**Q: What will happen if I don't complete the necessary paperwork on time?**
**A:**

- External primary staff that provide a service without an authorization will have a denied claim from Finance.
- Internal primary staff that provide a service without an authorization will be unable to sign their SAL, resulting in the service not counting towards productivity expectations and not being able to count that service to the State.
- Staff who fail to complete the necessary paperwork for secondary providers and receive an approved authorization will directly affect the secondary provider's ability to claim that service.

**Q: What if I am a secondary provider performing a service without an authorization?**

**A:** The first step is to contact the Care Management Department ASAP in order to obtain a Courtesy Authorization. You can do that by using the Broadcast (Courtesy Auth Request) in Outlook or the group "Courtesy Authorization Care Management" in Sentri.

**Q: What if I am a secondary provider and the Courtesy Authorization has lapsed and I still don't have an approved authorization?**

**A:** Contact the Care Management Department and they will facilitate an authorization before the end of the next business day.

**Q: Why would I want to request a Courtesy Authorization for myself as a case manager/supports coordinator?**
**A:** Care Management will not approve any authorizations if there is not a current psychosocial assessment, IPOS and a goal for the service in the IPOS.

**Q: What is the time frame? How long can I provide the service without an authorization?**
**A:** You can request a Courtesy Authorization for 30 days ahead or 90 days retroactively.

**Q: When is a Courtesy Authorization not appropriate?**
**A:**

- Inpatient hospitalizations
- When a case worker/supports coordinator leaves and their caseload is in transition. Care Management will work with the Supervisor and grant a 60-day extension on authorizations until a new case worker/supports coordinator can establish care.

**Q: What about authorizations, including residential budgets, that are pending?**
**A:** If you have entered a request for authorization and the Care Management Specialist pended it, it is because something hadn't been completed that needs to be to get that approved. It is up to you to get what is needed done in order to get the authorization approved ***before*** the date of the service; otherwise, a courtesy authorization would need to be requested.

Exhibit B

# Mid-State Health Network Utilization Management Plan

*Pre-Paid Inpatient Health Plan (PIHP)*

Mid-State Health Network, Utilization Management Committee Approved: 9/23/2021
Mid-State Health Network Medical Director Approved: 10/11/2021
Mid-State Health Network, Operations Council Approved: 10/18/2021

# I. Utilization Management Plan Overview

The structure of the Mid-State Health Network (MSHN) Utilization Management Program is described in the MSHN policy and procedure manual. MSHN policies and procedures outline the components of the MSHN UM program, including service access procedures, medical necessity standards, and service eligibility criteria.

See MSHN Policies and Procedures:

- Utilization Management: Utilization Management
- Utilization Management: Access System
- Utilization Management: Retrospective Sample Review-Acute Care Services Policy & Procedure
- Utilization Management: Level of Care System (LOC) for Parity Policy & Procedure

In addition, the following service-related policies and procedures address service-specific utilization management requirements where they exist, such as enhanced eligibility criteria and regulated service authorization procedures. Services which have specific UM requirements are typically those which are Medicaid waiver-based or grant funded, and therefore have individual enrollment or highly specialized requirements which must be met.

See MSHN Policies and Procedures:

- Service Delivery System: Habilitation Supports Waiver Policy
- Service Delivery System: Habilitation Supports Waiver Annual Recertification Procedure
- Service Delivery System: Autism Spectrum Disorder Benefit Policy
  Service Delivery System: Autism Benefit Re-evaluation Eligibility Procedure
- Service Delivery System: SUD Services – Women's Specialty Services Policy
- Service Delivery System: Children's Home and Community Based Services Waiver Policy & Procedure.
- Service Delivery System: Serious Emotional Disturbance Waiver Policy

The MSHN Utilization Management (UM) Plan is strategic in nature and serves to support compliance with the aforementioned UM and related service policies. It applies to managed specialty supports and services delivered through the 1115 Pathways to Integration Demonstration Waiver, i.e., those for individuals experiencing mental illness, serious emotional disturbance, substance use disorders and intellectual and developmental disabilities. The UM Plan is used by the MSHN Utilization Management Committee to:

- Define specifics of regional requirements or expectations for Community Mental Health Services Programs (CMHSP) Participants and Substance Use Disorder Service Providers (SUDSP) relative to prospective service reviews (pre-authorizations), concurrent reviews and retrospective reviews for specific services or types of services, if not already addressed in policy;
- Define any necessary data collection strategies to support the MSHN UM Program, including how the data resulting from the completion of any mandatory standardized level of care, medical necessity or perception of care assessment tools will be used to support compliance with MSHN UM policies;
- Define metrics for population-level monitoring of regional adherence to medical necessity standards, service eligibility criteria and level of care criteria (where applicable);

- Define expected or typical population service utilization patterns and methods of analysis to identify and recommend possible opportunities for remediation of over/under utilization;
- Implement policies and systems to ensure consistency with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).
- Set annual utilization management priorities based on the MSHN strategic plan and/or contractual/public policy expectations;
- Recommend improvement strategies where service eligibility criteria may be applied inconsistently across the region, where there may be gaps in adherence to medical necessity standards and/or adverse utilization trends are detected (i.e., under or over utilization); and
- Identify focal areas for MSHN follow-up with individual CMHSP Participants and SUD Providers during their respective on-site monitoring visits.

## II. Exception to UM Plan: Certified Community Behavioral Health Center (CCBHC) Services

The State of Michigan was granted approval by the Centers for Medicare & Medicaid Services (CMS) for participation in the federal Certified Community Behavioral Health Center (CCBHC) Demonstration. The two-year demonstration begins on 10/1/2021 and includes 14 approved CCBHC sites statewide. Three CMHSP Participants in the MSHN region are CMS CCBHC Demonstration sites. Eligibility requirements to receive CCBHC services differ significantly from eligibility requirements for specialty supports and services delivered through the 1115 Pathways to Integration Demonstration Waiver, i.e., those for individuals experiencing mental illness, serious emotional disturbance, substance use disorders and intellectual and developmental disabilities. CCBHC services are not subject to all of the same population eligibility guidelines or service utilization guidelines as described in the MSHN UM Plan. The CMS CCBHC Demonstration sites in the MSHN region will adhere to the eligibility and service provision requirements as outlined in the MDHHS CCBHC Handbook.

## III. Definitions

These terms have the following meaning throughout this Utilization Management Plan.

1. CCBHC: Certified Community Behavioral Health Center; CCBHCs are considered a new Medicaid provider type and are designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.
2. CMHSP Participant: refers to one of the twelve-member Community Mental Health Services Program (CMHSP) participants in MSHN Regional Entity.
3. Concurrent Review: During the course of service delivery (i.e. point of care), ensuring an appropriate combination of services is authorized; concurrent review occurs within the context of philosophical frameworks governing decision making regarding services (e.g., consumer self-determination, person centered planning and trauma informed and recovery oriented care); may include re-measurement(s) of need utilizing standardized assessment tools; for Medicaid enrollees, concurrent UM decision making includes Advance Notice to the consumer.

4. Crisis Residential: Services that are intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries (adult or child) experiencing an acute psychiatric crisis when clinically indicated. Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size.

5. Crisis Stabilization: Structured treatment and support activities provided by a multidisciplinary team and designed to provide a short-term alternative to inpatient psychiatric services. Can be stabilized and served in the consumer's usual community environments.

6. Intellectual/Developmental Disability (I/DD): Developmental disability means If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements: Is attributable to a mental or physical impairment or a combination of mental and physical impairments, is manifested before the individual is 22 years old, is likely to continue indefinitely, results in substantial functional limitations in three or more of the following areas of major life activity, self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability. Intellectual disability means a condition manifesting before the age of 18 years that is characterized by significantly sub average intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions: valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors, the existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support, specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities, and with appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.

7. Prospective Review: Determination of the appropriateness of a level of care or service setting before services are initiated; associated with admission to a program, agency or facility and the application of global medical necessity, benefit eligibility or access/admission criteria; may include baseline measurements of need utilizing standardized assessment tools; for Medicaid enrollees, prospective UM decision making includes Adequate Notice to the consumer.

8. Provider Network: Refers to MSHN CMHSP Participants and Substance Use Disorder Service Providers (SUDSP) directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements.

9. Retrospective Review: After service delivery, evaluation of whether the scope, duration and frequency of services received met consumer need; includes determination of whether or not intended outcomes were achieved; may include post-discharge measurement of health outcomes or re-measurement of need utilizing standardized assessment tools; retrospective review may occur specific to a service, program or facility.

10. Serious Emotional Disturbance (SED): As described in Section 330.1100c of the Michigan Mental Health Code, a serious emotional disturbance is a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental

disorders published by the American Psychiatric Association and approved by the MDHHS, and that has resulted in functional impairment that substantially interferes with or limits the minor's role or functioning in family, school, or community activities.

11. Serious Mental Illness (SMI): As described in Section 330.1100c of the Michigan Mental Health Code, a serious mental illness is a diagnosable mental, behavioral, or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental disorders published by the American Psychiatric Association and approved by the MDHHS and that has resulted in functional impairment that substantially interferes with or limits one or more major life activities. Serious mental illness includes dementia with delusions, dementia with depressed mood, and dementia with behavioral disturbances, but does not include any other dementia unless the dementia occurs in conjunction with another diagnosable serious mental illness.
12. Staff: Refers to an individual directly employed and/or contracted with a CMHSP Participant or SUD Service Provider.
13. Stakeholder: A person, group, or organization that has an interest in an organization, including consumer, family members, guardians, staff, community members, and advocates.
14. Substance Use Disorder (SUD): The taking of alcohol or other drugs as dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

## IV. Prospective, Concurrent and Retrospective Utilization Management Review

A note about data processes for utilization management data review: Utilization management involves the review of data and this review should be preceded by the use of as many different systematic research methods as possible in that these processes are expected to be a study of evidence in order to answer a question that is raised in the data (Vogt, 2007). Methodology matters as does the reliability and validity of data collection/measurement and analysis, and thus, UM processes will employ techniques that are appropriate and consistent with prevailing behavioral science data gathering techniques intended to glean actionable information and insight into the behavioral health and substance use disorder systems of the MSHN region.

### A. Prospective Utilization Review

MSHN will have a prospective utilization review process for non-emergent mental health and substance use disorder services, which will include the following components:

1. Service eligibility determination, through an access screening process
2. Verification of medical necessity, through a clinical assessment process (which may occur concurrently or sequentially with the access screening process)
3. Standardized assessments and/or level of care tools for certain clinical populations
4. Specialized testing/evaluations for certain services

5. Certification for certain enrollment-based services
6. Pre-authorization (amount, scope, and duration) for certain services

Service eligibility and medical necessity criteria for each clinical population are outlined in the MSHN Access System policy, including requirements for second opinions and advanced/adequate notice of denials.

### 1. Eligibility Determinations and Verification of Medical Necessity

Eligibility determinations and verification of medical necessity will be performed by CMHSP Participants for mental health services, and by SUD providers for substance use disorder services. An exception is Autism Spectrum Disorder services, which are may be initiated through a screening during well-child visits, and has a state-mandated comprehensive evaluation process, as discussed further below.

To ensure adequate integration, MSHN has established a coordinated service access process. CMHSPs and the SUD provider networks in their respective catchment areas will coordinate access processes, ensure there is 'no wrong door' for linking to services, and ensure there is a single point of contact for after-hours service inquiries from Medicaid enrollees and other individuals seeking mental health and SUD services. CMHSP Access Centers may assist with screening individuals seeking SUD services.

Coordination of care will also occur with primary health care providers.

### 2. Standardized Assessments and/or Level of Care Tools

For certain clinical populations, the Michigan Department of Health and Human Services (MDHHS) requires the use of standardized assessments or level of care determination tools during the initial assessment phase, minimally to inform, and in some instances, to guide decision making regarding the appropriate level of care. No one assessment shall be used to determine the care an individual receives, rather it is part of a set of assessments, clinical judgment, and individual input that determine level of care. The following assessments/tools will be utilized in the MSHN region:

- Substance Use Disorder services
  - ASAM (American Society of Addiction Medicine) Continuum Assessment for adults (18 and older)
  - GAIN (Global Appraisal of Individual Needs) comprehensive biopsychosocial assessment for adolescents (17 and under)
  - ASAM Patient Placement Criteria (ASAM-PPC) for level of care determination
- Children and Adolescents with Serious Emotional Disturbance
  - DECA (Devereaux Early Childhood Assessment, for ages birth-47 months)
  - CAFAS (Child and Adolescent Functional Assessment Scale (for ages7-17)
  - PECFAS (Preschool and Early Childhood Functional Assessment Scale (for ages4-6,)
- Adults with Mental Illness
  - LOCUS (Level of Care Utilization System for Psychiatric and Addiction Services)
- Individuals (Adults and Children) with Intellectual/Developmental Disabilities
  - SIS (Supports Intensity Scale)

### 3. Specialized Testing/Evaluation and Certification

Certain Medicaid services have additional requirements for service eligibility or medical necessity, including enrollment/certification and/or specialized testing/evaluation, which will be followed by the MSHN region:

- Specialized testing/evaluation required:
  - Autism Spectrum Disorder Benefit
    - Full medical and physical examination, and screening for autism spectrum disorder performed by primary care provider
    - ADOS-2 (Autism Diagnostic Observation Schedule), comprehensive clinical interview and Developmental Disabilities-Children's Global Assessment Scale (DD-CGAS) completed by CMHSP Participant
- Additional documentation of medical necessity by an appropriately licensed/registered health professional:
  - Occupational Therapy (Physician's order is also required)
  - Physical Therapy (Physician's order is also required)
  - Speech, Hearing and Language Therapy
  - Behavior Treatment/Applied Behavioral Analysis (ABA)
  - Health Services
  - Private Duty Nursing (Physician's order is also required)
  - Medication Administration and Medication Review
  - Medication Assisted Treatment (MAT)
- Certification of need required:
  - Habilitation and Support Waiver (for Children and Adults with Intellectual and Developmental Disabilities)
  - Personal Care in Specialized Residential

MDHHS will retain lead responsibility for managing enrollment and eligibility determinations for the Autism Benefit (waiver). Additional requirements are outlined in the MSHN Autism Spectrum Disorder Benefit policy.

MSHN centrally manages the Children's Waiver Program (CWP), Habilitation Supports Waiver (HSW), and Waiver for Children with Severe Emotional disturbance (SEDW) certifications. CMSHP Participants will initially certify and annually recertify those persons enrolled in these waivers. The MDHHS regulates the number of HSW certificates available to the region. Eligibility requirements are outlined in the MSHN CWP, HSW, and SEDW policies.

MSHN also has responsibility to ensure that women who qualify for specialty substance use disorder (SUD) services are provided those services by designated providers and to ensure the provider network conveys an atmosphere that is welcoming, helpful and informative for its clients. See the MSHN Policy *SUD Services-Women's Specialty Services* for more information.

If not otherwise specified here, CMHSP Participants or SUD Providers, where applicable, will assess and document medical necessity by properly qualified professionals in their clinical records, including obtaining any required physician's orders. SUD Providers will use a centralized managed care software system for this purpose, called Regional Electronic Medical Information (REMI).

### 4. Level of Care Thresholds and Placement Criteria

Mid-State Health Network (MSHN) and its provider network shall ensure that determination decisions are informed by consistent application of medical necessity criteria by implementing regional admission and service guidelines that include service code-level thresholds for individuals via a nationally recognized recommended Level of Care (LOC) instrument (i.e. CAFAS/PECFAS, LOCUS, ASAM, or SIS), and person-

centered planning process. The MSHN Level of Care System (LOC) Policy and Procedure defines the regional expectations for level of care thresholds and placement criteria.

Any MDHHS-specified level of care thresholds and/or placement criteria which must be applied to the results of standardized assessments during the service eligibility determination process are outlined in the MSHN Access System policy. Requirements including a priority rubric for allocation of HSW slots are outlined in the MSHN HSW policy.

If not otherwise specified by MDHHS, once MSHN general service eligibility and medical necessity criteria are met, the level of care and/or placement for services will be based upon assessment of the individual consumer. Person centered planning activities, self-determination principles and individual goals for recovery define how the services are to be provided to address individual consumer goals. See the MSHN Policy *Service Delivery System: Person/Family Centered Plan of Service* for more information.

### 5. Pre-Authorization of Services

Pre-authorization for a defined episode of care will be required for the following services due to the cost and/or intensity of the service to require:

- Inpatient Psychiatric Hospital Admission
- Autism spectrum disorder services
- Crisis Residential Services
- Intensive Crisis Stabilization Services
- Outpatient Partial Hospitalization Services

In addition, the following services may have additional clinical review and/or administrative authorization at the CMHSP Participant or SUD Provider level to ensure required resources are available to support individual plans of service:

- Community Living Supports
- Recovery Housing
- Housing Assistance
- Assistive Technology
- Enhanced Medical Equip & Supplies
- Enhanced Pharmacy
- Environmental Modifications
- Goods & Services
- Personal Emergency Response Systems

For all other MSHN services, pre-authorization for mental health or SUD services will not be necessary. At their discretion, CMHSP participants use authorization of services to help manage provider network capacity and financial resources.

### 6. Service Denials Resulting from Prospective Utilization Review

CMHSPs and SUD Providers will offer second opinions and provide advanced/adequate notice of denials as outlined in the MSHN *Utilization Management: Access System Policy* and MSHN *Customer Service: Medicaid Enrollee Appeals/Grievances Policy.*

## 7. Monitoring Access Eligibility and Medical Necessity Determinations

Each CMHSP and SUD Provider will monitor individual service eligibility and medical necessity determinations for consistency with local and regional policy. MSHN will monitor whether the individual eligibility and medical necessity determinations that have been made are consistent with MSHN policies through record reviews during annual on-site visits to CMHSP Participants and SUD Providers. MSHN will also review individual SUD eligibility determinations through its electronic managed care information system REMI.

The MSHN UM Committee in conjunction with MSHN staff will monitor regional compliance with the access eligibility and medical necessity criteria at the population level through the review of metrics.

### *a) Metrics*

The following metric(s) will be used for 2021-2022 for purposes of monitoring medical necessity and service eligibility:

| Managed Care Requirement | Type | Indicator and Associated Tools (if any) | Data source | Definition | Threshold/ Benchmark | Frequency |
|---|---|---|---|---|---|---|
| Medical Necessity: 42CFR 438; Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract - QAPIP Attachment P7.9.1 | Medical Necessity and Service Eligibility | Service penetration per population | MMBPIS data | Unduplicated consumers served by disability designation - MIA, SED, I/DD, SUD | MMBPIS data state average | Bi-Annually |
| | | Potential tools for identification of causal factors for desirable/ undesirable variance: - Disposition of Service Requests | Annual Submission | Number of persons who request services from CMHSP; Number served; Number who do not meet initial eligibility criteria | Qualitative Analysis | Annual |

### *b) Interventions*

If an individual record review during a site review raises questions regarding compliance with MSHN service eligibility and medical necessity criteria, the issue will be addressed with the CMHSP or SUD Provider through the site review process.

The MSHN UM Committee will review access and eligibility reports to identify potentially undesirable variances in access to service at the population level. For purposes of ensuring appropriate access to the Medicaid benefit managed by the region, undesirable variance will be defined as:

- Possible inconsistency with regional service eligibility and/or medical necessity criteria; and/or
- Possible inconsistency with recommended level of care service benefit array
- Possible inconsistency with coordination of benefit requirements as defined by the State Medicaid Agency.

Based upon its findings, the UMC will identify potential interventions for consideration. Interventions will vary, depending upon the nature of the variance and anticipated causal factors, but may include the following interventions, presented in order of intensity, from least to highest:

1. Verify data

2. Request further analysis and verification
3. Request change strategies from stakeholders
4. Provide regional training
5. Modify or clarify regional service eligibility and/or medical necessity criteria through proposed revisions to MSHN policy
6. Re-evaluate required credentials and/or necessary training for access/intake staff

All official interventions that a stakeholder, CMHSP, or the UMC takes shall be documented on a "Change Strategy" form to record responses to data analysis that have occurred via the utilization management context (i.e., in UMC or local CMHSP UM processes).

## B. Concurrent Utilization Review

Concurrent reviews will be performed by CMHSPs for mental health services and appropriate MSHN UM Specialist staff will perform concurrent SUD UM reviews.

Each individual receiving services will have an individual plan of service which outlines the services to be received, including the amount, scope and duration. The amount, scope and duration of each service, if not subject to the enrollment, authorization or other limitations described earlier in this plan, will be determined by the person who will be receiving the service and their SUD Provider or CMHSP, through a person-centered and recovery-oriented planning process.

Utilization decisions will not be made outside of the person-centered planning process unless otherwise required by MDHHS (as described in this UM Plan). The individual plan of service for each person receiving services will specify the frequency of periodic (i.e., concurrent) review as determined in dialogue with the person receiving services. Plans will be reviewed at least annually, or more frequently as needed to adjust for changes in functioning or at the person's request.

CMHSPs may utilize service authorization protocols at the local level in order to trigger additional review of medical necessity for service requests (generated through the person-centered planning) which reflect potential over or under utilization of services. The MSHN UM department will utilize service protocols based on assessed ASAM level of care in order to trigger additional concurrent review of medical necessity for SUD service requests which reflect potential over or under utilization of services (See MSHN SUD Benefit Plan).

The process of periodic and/or annual review of individual plans of service will incorporate documentation or re-assessment of the individual's continued service eligibility and medical necessity for the services being received.

### 1. Services Requiring Enrollment or Pre-Authorization

Concurrent review for the following services will be required to document continuing medical necessity and adherence to service specific eligibility criteria, if any. The review process may require re-administration of population/service specific assessments, renewal of certification, or re-authorization. Specific need thresholds may be required. These services will not continue unless re-authorization/re-certification takes place or thresholds are still shown to be met.

- Continuing Stay Reviews (i.e., per episode of care):
  - Psychiatric Inpatient Hospitalization
  - Crisis Residential Services
  - Crisis Observation Care
  - Intensive Crisis Stabilization Services

        - Outpatient Partial Hospitalization Services]
        - Medication Assisted Treatment (MAT)
        - Detoxification/Withdrawal Management
        - Residential Treatment for SUD
    - Semi-Annual Orders:
        - Physician Orders (for exceptions to standard hours for Private Duty Nursing)
    - Annual Orders, Authorizations and Certifications:
        - Autism Services Authorization
        - Habilitation and Support Waiver Re-Certification
        - Physician Orders for Occupational Therapy, Physical Therapy and Private Duty Nursing

### 2. Services Not Requiring Enrollment or Pre-Authorization

For services not requiring enrollment or pre-authorization, the person-centered planning process will determine whether services are to continue. However, the re-administration of standardized tools/assessments will be required for selected populations or services, to inform the person-centered planning process and to support decision making regarding continued eligibility and medical necessity:

- Quarterly:
    - CAFAS or PECFAS (for SED Children)
    - DECA
    - ASAM (or more frequently upon change in clinical status)
- Annually:
    - LOCUS (for MI Adult)
    - ADOS-2 and DD-CGAS (for Autism Services)
    - Assessment of Personal Care Needs (for Specialized Residential)
- Every 3 Years:
    - Supports Intensity Scale (SIS) (for individuals with Intellectual and Developmental Disabilities)

### 3. Required Related Service Needs

In addition to the above requirements for authorization of services, the following requirements will be met for HSW services, 1915(I)services and private duty nursing, as outlined in the MDHHS Medicaid Manual:

- A HSW beneficiary will receive at least one HSW service per month in order to retain eligibility.
- Individuals receiving Medicaid Waiver 1915(I) funded services will have one or more goals in their individual plan of service that promote community inclusion and participation, independence, and/or productivity.
- Individuals receiving private duty nursing will also receive at least one of the following habilitative services: Community living supports, out-of-home non-vocational habilitation, or prevocational or supported employment.

### 4. Service Reduction or Loss of Eligibility Resulting from Concurrent Review

CMHSPs and SUD Providers will provide advanced/adequate notice of denials as outlined in the MSHN Access System policy for any service reduction resulting from loss of eligibility or lack of medical necessity. Unless MSHN service eligibility and medical necessity criteria are not being met, all utilization decisions will be made in the context of person-centered planning activities.

## 5. Monitoring Continuing Eligibility and Medical Necessity Determinations

Each CMHSP and SUD Provider will monitor individual continuing stay/eligibility/medical necessity determinations for consistency with local and regional policy. MSHN will monitor whether continuing stay/eligibility/medical necessity determinations that have been made are consistent with MSHN policies through record reviews during annual on-site visits to CMHSP Participants and SUD Providers. MSHN will also review individual SUD determinations through the electronic managed care information system as needed.

The MSHN UM Committee in conjunction with MSHN staff will monitor regional compliance with continuing stay/eligibility/medical necessity criteria at the population level through the review of metrics.

### *a) Metrics*

The following metric(s) will be used for 2021-2022, based upon a regional priority to address in particular crisis response capacity and utilization of detox services:

| Managed Care Requirement | Type | Indicator and Associated Tools (if any) | Data source | Definition | Threshold/ Benchmark | Frequency |
|---|---|---|---|---|---|---|
| Over/Under Utilization: 42CFR 438; Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract - QAPIP Attachment P7.9.1 | Utilization of Acute Level of Care | Inpatient Recidivism | MMBPIS data | Percent of MI and DD children/ adults readmitted to an inpatient psychiatric unit within 30 days of discharge. | 15% or less. | Quarterly |
| | | Crisis/Acute Service Utilization (MCG Behavioral Health Criteria):<br>• Inpatient Psychiatric<br>• Crisis Residential<br>• Crisis Stabilization<br>• Emergency Services | Encounters<br><br>MCG Behavioral Health Guidelines | Count each of the four services that comprise crisis/acute services to calculate rate by CMH and by region<br><br>Each CMHSP will choose one of the following options:<br>1. Conduct prospective/concurrent reviews for all persons receiving acute services; OR<br>2. Conduct quarterly retrospective reviews of a sample of crisis/acute cases to determine if MCG Behavioral Health Criteria were met for medical necessity for the service | Most common (i.e., mode) clinical profiles per population<br><br>95% or more of crisis/acute cases reviewed will meet medical necessity criteria for the service as defined by MCG Behavioral Health Criteria | Quarterly |
| | | SUD: Residential Utilization | REMI claims | Count by ASAM Level of Care (3.1, 3.3, 3.5, 3.7) to calculate rate for region | Most common (i.e., mode) clinical profile | Bi-Annually |
| | | Detox Recidivism | REMI data | The percent of adults with SUD readmitted to an detox unit within 30 days of discharge. | 15% or less. | Bi-Annually |
| | | Potential tools for identification of causal factors for desirable/ undesirable variance: Utilization of ACT; | Encounters | | | Bi-Annually |

| Managed Care Requirement | Type | Indicator and Associated Tools (if any) | Data source | Definition | Threshold/ Benchmark | Frequency |
|---|---|---|---|---|---|---|
| | | Home-Based, emergency services | | | | |

In addition, CMHSPs will monitor to ensure required related services are being utilized, as previously addressed in this plan:

- HSW beneficiaries received at least one HSW service per month.
- Individuals receiving Medicaid Waiver 1915(I) funded services had one or more goals that promote community inclusion and participation, independence, and/or productivity.
- Individuals receiving private duty nursing received at least one of the following habilitative services: Community living supports; out-of-home non-vocational habilitation; or prevocational or supported employment.

### *b) Interventions*

If an individual record review by MSHN during the site review process raises questions regarding compliance with continued service eligibility and medical necessity based on regional criteria, the issue will be addressed with the CMHSP or SUD Provider through the site review process.

The MSHN UM Committee will review access and eligibility reports to identify potentially undesirable variance in service utilization at the population level. For purposes of ensuring utilization of the Medicaid benefit managed by the region, undesirable variance will be defined as:

- Possible lack of continuing service eligibility and medical necessity over the course of an episode of care.
- Possible over and under-utilization of services when compared to the distribution of service encounters, associated measures of central tendency (i.e., mean, median, mode, standard deviation), and consumer clinical profiles (i.e., functional needs) across the region.

Based upon its findings, the UMC will identify potential interventions for consideration. Interventions will vary, depending upon the nature of the variance and anticipated causal factors, but may include the following interventions, presented in order of intensity, from least to highest:

1. Verify data
2. Request further analysis
3. Request change strategies from stakeholders
4. Provide regional training
5. Modify or clarify regional service eligibility and/or medical necessity criteria through proposed revisions to MSHN policy and/or development of clinical service protocols
6. Set utilization thresholds or limits

All official interventions that a stakeholder, CMHSP, or the UMC takes shall be documented on a "Change Strategy" form to record responses to data analysis that have occurred via the utilization management context (i.e., in UMC or local CMHSP UM processes).

## C. Retrospective Utilization Review

Retrospective review will be performed by CMHSPs for mental health services. MSHN UM Specialists perform the reviews for SUD services. Consistent with MSHN strategic plan efforts, the MSHN UM Committee, in conjunction with MSHN staff, will perform retrospective utilization review at the population level through the review of metrics.

Retrospective review will focus on the cost of care, service utilization, and clinical profiles. Analysis will consider encounter data in conjunction with level of care tools such as ASAM, LOCUS, SIS, CAFAS/PECFAS, DD Proxy Measures and other clinical need/outcomes data as available. BH-TEDS and Medicaid claims data will be incorporated as warranted.

### *a) Metrics*

The following metric(s) will be used for 2021-2022 for purposes of monitoring utilization retrospectively:

| Managed Care Requirement | Type | Indicator and Associated Tools (if any) | Data source | Definition | Threshold/ Benchmark | Frequency |
|---|---|---|---|---|---|---|
| Cost: 42CFR 438; Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract - QAPIP Attachment P7.9.1 | Service Utilization Data overlaid with Assessed Level of Need Data (ie: LOCUS, CAFAS, ASAM, SIS) | Cost *Indicators* by Code *(i.e., Program Cluster)* Per Member Per Month:<br>- CLS<br>- Autism | Sub-Element Report (*remember this is a reach back and accounts for all costs*): Compare to current encounter file data | Look at H2015, H2016, H0043 for CLS. Look retroactively for autism from previous benefit to expansion. | Cost for each member ID for CLS and Autism services, per month, in a histogram. Goal is a bell curve or normal distribution. | Fiscal Year |
| | | Tools for Identification of causal factors for desirable/ undesirable variance:<br>-Level of Need Assessment Data (i.e. CAFAS, LOCUS, SIS, ASAM)<br>-MSHN Level of Care Service Benefit Packages | CAFAS, LOCUS, SIS, ASAM and encounters | Review service grouping outliers and organizational outliers where there is considerable variance in the provision of services relative to the assessed level of need | Normal distribution of service provision relative to assessed level of need | Quarterly |
| Over/Under Utilization: 42CFR 438; Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program Contract - QAPIP Attachment P7.9.1 | Utilization of Acute Level of Care | Crisis/Acute Service Utilization (MCG Behavioral Health Criteria):<br>• Inpatient Psychiatric<br>• Crisis Residential<br>• Crisis Stabilization Emergency Services | Encounters<br><br>MCG Behavioral Health Guidelines | Count each of the four services that comprise crisis/acute services to calculate rate by CMH and by region<br><br>Each CMHSP will choose one of the following options:<br>1. Conduct prospective/concurrent reviews for all persons receiving acute services; OR<br>2. Conduct quarterly retrospective reviews of a sample of crisis/acute cases to determine if MCG Behavioral Health Criteria | Most common (i.e., mode) clinical profiles per population<br><br>95% or more of crisis/acute cases reviewed will meet medical necessity criteria for the service as defined by MCG Behavioral Health Criteria | Quarterly |

| Managed Care Requirement | Type | Indicator and Associated Tools (if any) | Data source | Definition | Threshold/ Benchmark | Frequency |
|---|---|---|---|---|---|---|
| | | | | were met for medical necessity for the service | | |

### *b) Interventions*

The MSHN UM Committee will review service utilization reports to identify potentially undesirable variance in service utilization at the population level. For purposes of ensuring effective management of Medicaid resources managed by the region, undesirable variance will be defined as:

- Inconsistency with regional service eligibility and/or medical necessity criteria; and/or
- Possible over and under-utilization of services when compared to the distribution of service encounters, associated measures of central tendency (i.e., mean, median, mode, standard deviation), and consumer clinical profiles (i.e., functional needs) across the region.

Based upon its findings, the UMC will identify potential interventions for consideration. Interventions will vary, depending upon the nature of the variance and anticipated causal factors, but may include the following, presented in order of intensity, from least to highest:

1. Verify data
2. Request further analysis
3. Request change strategies from stakeholders
4. Provide regional training
5. Modify or clarify regional service eligibility and/or medical necessity criteria through proposed revisions to MSHN policy and/or development of clinical service protocols
6. Set utilization thresholds or limits
7. Address service configuration to affect utilization

### *c) Other Retrospective Review (Health Outcomes)*

Identify population health outcomes metrics to be monitored by focusing on persons that have chronic health conditions which are co-morbid with a serious and persistent mental health illness, serious emotional disturbance, co-occurring substance use disorder and/or a developmental disability.

In an effort to ensure collaboration and integration between Medicaid Health Plans (MHPs) and Pre-Paid Inpatient Health Plans (PIHPs), the Michigan Department of Health and Human Services has developed the joint expectations for both entities. The integration of physical and mental health services provided by the MHP and PIHP for shared consumer base plans and clinical pathways which encourage all consumers eligible for specialty mental health services to receive a physical health assessment including identification of the primary health care home/provider, medication history, identification of current and past physical health care and referrals for appropriate services. Coordinate the physical health assessment through the consumer's MHP as necessary.

Based on the findings, the UMC will identify improvement opportunities based upon health outcome indicators.

| Managed Care Requirement | Type | Indicator and Associated Tools (if any) | Data source | Definition | Threshold/ Benchmark | Frequency |
|---|---|---|---|---|---|---|
| Integration Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program) | Integration with Physical Health | Children and adolescents' access to primary care practitioners (PCP) | ICDP | The Percentage of members 12 months to 19 years of age who had a visit with a PCP. | >=75%, State average for MHP performance, national performance via NCQA | Fiscal Year |
| | | Adults' access to preventive/ambulatory health services | ICDP | The percentage of members 20 years and older who had an ambulatory or preventive care visit. | >=75%, State average for MHP performance, national performance via NCQA | Fiscal Year |
| | | Reduction in number of visits to the emergency room | ICDP and Integrated care cohort | The number of individuals who are on track to have less ER visits than they had during the 12 months previous to starting an integrated care plan. | State average for performance as available | Quarterly |
| | | Follow up after ED Hospitalization for Mental Health (FUH) for Children | ICDP and Care Connect 360 | The percentage of Beneficiaries ages 6-17 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. | 70% | Quarterly |
| | | Follow up after ED Hospitalization for Mental Health (FUH) for Adults | ICDP and Care Connect 360 | The percentage of Beneficiaries ages 18 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days. | 58% | Quarterly |

References

MDHHS Medicaid Managed Specialty Supports and Services Concurrent 1115 Pathways to Integration Waiver Demonstration

MDHHS Medicaid Provider Manual, Mental Health/ Substance Abuse chapter

Michigan Mental Health Code, 330.1100a and b

Vogt, W.P. (2007). Quantitative research methods for professionals. Boston, MA: Pearson Education, Inc.

Exhibit C

MSHN
Mid-State Health Network

# POLICIES AND PROCEDURE MANUAL

| Chapter: | Utilization Management | | |
|---|---|---|---|
| Title: | Utilization Management Policy | | |
| Policy: ☒<br>Procedure:☐<br>Page: 1 of 4 | Review Cycle: Biennial<br><br>Author:<br>UM Director and UM Committee | Adopted Date: 11.22.2013<br><br>Review Date: 05.03.2022 | Related Policies:<br>Utilization Mgmt: Access<br>Service Delivery System: Service Philosophy; Level of Care System (LOC) for Parity |

**Purpose**

Mid-State Health Network (MSHN), either directly or through delegation of function to its provider network, is responsible for the region's Utilization Management (UM) system. Through contract, MSHN has identified the retained and delegated functions of the networks UM system. MSHN is responsible for oversight and monitoring of all UM functions.

UM is a set of administrative functions that assure appropriate clinical service delivery. In short, this means the "right service in the right amount to the right individuals from the right service provider". These functions occur through the consistent application of written policies and eligibility criteria

**Policy**

MSHN UM functions are performed in accordance with approved MSHN policies, protocols and standards and may be delegated to its provider network or directly administered by the Pre-Paid Inpatient Health Plan (PIHP) (see Attachment A). This includes monitoring of local prospective, concurrent and retrospective reviews of authorization and UM decisions, activities regarding level of need and level/amount of services. MSHN maintains a Utilization Management Delegation Grid (see Attachment B) that defines whether a utilization management function is considered retained or delegated.

MSHN provider network shall have mechanisms to identify and correct under/over-utilization of services; as well as procedures for conducting prospective, concurrent, and retrospective reviews. Qualified health professionals shall supervise review decisions. Decisions to deny or reduce services are made by health care professionals who have the appropriate clinical expertise to provide treatment in consultation with the primary care physician as appropriate. MSHN conducts data-driven analysis of regional utilization patterns, and monitoring for over-and under-utilization across the region.

**Principles**

Utilization management must be based on valid data in order to produce reliable reports required to analyze patterns of utilization, determine clinical effectiveness of the service delivery model and compare cost-effectiveness and outcomes of services.

- Value-based purchasing assures appropriate access, quality, and the efficient and economic provision of supports and services.
- The MSHN UM framework is not a mandate for clinical decision-making, but instead aims to define and standardize criteria, factors, and outcomes for evaluation purposes.
- The MSHN Utilization model will be consistent with MDHHS contract requirements, Balance Budget Act of 1997, and national accreditation standards.
- National standards and metrics are utilized throughout the model wherever possible (standardized tools, recognized process metrics, and outcome measures).

**Applies to:**

☒ All Mid-State Health Network Staff
☐ Selected MSHN Staff, as follows:
☒ MSHN's CMHSP Participants: ☒ Policy Only Policy and Procedure
☒ Other: Sub-contract Providers

**Definitions/Acronyms:**

CMHSP: Community Mental Health Service Program (inclusive of Substance Use Service Provision, coordination and administrative oversight)
MDHHS: Michigan Department of Health & Human Services
MSHN: Mid-State Health Network
PIHP: Prepaid Inpatient Health Plan
Provider Network: refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports. Services and supports may be provided through direct operations or through the subcontract arrangements
UM: Utilization Management
UMC: Utilization Management Committee

**Related Materials:**

MSHN Utilization Management Plan

**References/Legal Authority:**

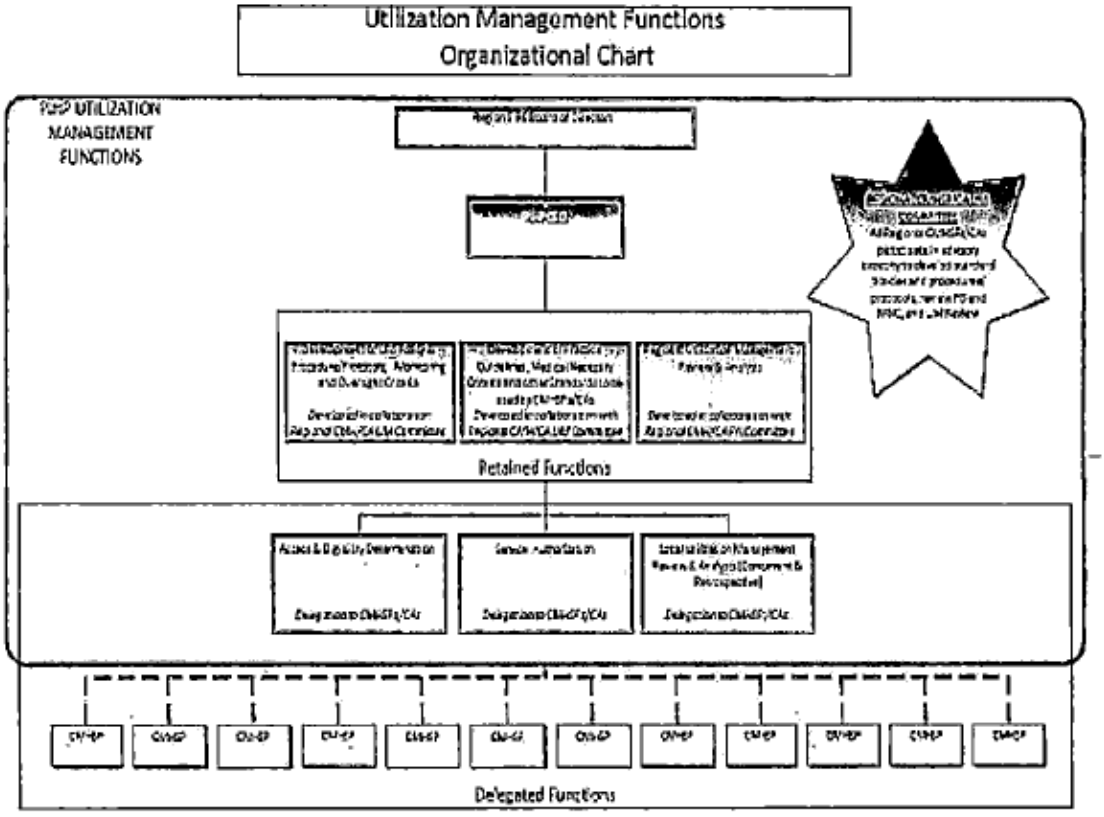
1. Appeal and Grievance Resolution Processes Technical Requirement: MDHHS, revised July 29, 2020
2. Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans: MDHHS, Current Year
3. Michigan Mission-Based Performance Indicator System, Version 6.0 for PIHPs, Current Year
4. MDHHS Medicaid Providers Manual, Current Edition
5. MSA Bulletin: Mental Health/Substance Abuse 04-03 (Prepaid Inpatient Health Plans)
6. 42 CFR 438.404c(5)(6)
7. Early Periodic, Screening, Diagnosis, and Treatment Policy: MSHN
8. Habilitation Supports Waiver Policy: MSHN

**Change Log:**

| Date of Change | Description of Change | Responsible Party |
|---|---|---|
| 11.23.2013 | New MSHN policy | L. Verdeveld |
| 03.14.2014 | Alignment with service philosophy and addition of "prescriber." | Dr. H. Lenhart |
| 04.09.2014 | To reflect input of the Utilization Management and Substance Use Disorder Committee/Workgroup | D. McAllister |
| 07.23.2015 | UM Committee feedback on MSHN monitoring of over/under utilization; and B3 service clarification of reasonable and equitable, clarify FY15 contract provisions. | UMC |
| 04.25.2016 | Moved description of UM delegation grid to UM Policy. | UMC |
| 10.27.2016 | Annual review by UMC-no changes. | UMC |
| 10.26.2017 | Annual review by UMC-no changes. | UMC |
| 10.26.2018 | Annual review by UMC- no changes | UMC |
| 02.27.2020 | Annual review by UMC- added clarifying language regarding timeliness of authorization decisions and issuing of Adverse Benefit Determinations in response to 2018-2019 HSAG quality review findings; added corresponding definitions | UMC |
| 02.24.2022 | Biennial review by UMC- separated content into policy and procedure | UMC |

**Attachment A**

**MSHN Utilization Management Functions Organization Chart**

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**Attachment B**

| PIHP Delegated Activity | Retained or Delegated? | If Retained: Conducted internally by MSHN or contracted? |
|---|---|---|
| Prospective approval or denial of requested service as guided by the regional Level of Care System (LOC) for parity:<br>- Initial assessment for and authorization of psychiatric inpatient services;<br>- Initial assessment for and authorization of psychiatric partial hospitalization services;<br>- Initial and ongoing authorization of services to individuals receiving community-based services;<br>- Grievance and Appeals, Second Opinion management, coordination and notification;<br>- Communication with consumers regarding UM decisions, including adequate and advanced notice, right to second opinion and grievance and appeal | ___ Retained by MSHN<br>☑ Delegated to local CMHs<br>*This topic has been marked as an implementation issue requiring the development of a specific policy or procedure at the MSHN level. | ☐Conducted by MSHN<br>☐Contracted |
| Local-level Concurrent and Retrospective Reviews of affiliate Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service, consistent with PIHP policy, standards and protocols. | ___ Retained by MSHN<br>☑ Delegated to local CMHs | ☐Conducted by MSHN<br>☐Contracted |
| Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually. A copy of the certification form must be in the individual's file and signed by the local CMHSP representative. | *This will be **a local responsibility** that is **prompted centrally by MSHN**. It will be a central responsibility to manage the resource of waiver slots and provide oversight. | ☒Conducted by MSHN<br>☐ Contracted |
| Development, adoption and dissemination of Practice Guidelines (PGs), Medical Necessity Criteria, and other Standards to be used by the local CMHSP. 42 CFR: 438.236: Practice Guidelines | ☑ Retained by MSHN<br>___Delegated to local CMHs | ☒Conducted by MSHN<br>☐Contracted |
| Development, modification and monitoring of related PIHP UM Policy, Procedures and Annual Plan as part of the Affiliation QI Plan. | ☑ Retained by MSHN<br>___Delegated to local CMHs | ☒Conducted by MSHN<br>☐Contracted |
| Review and Analysis of the CMHSP's quarterly utilization activity and reporting of services. Annual review of each CMHSP's and the PIHP's overall Utilization Activities. | ☑ Retained by MSHN<br>___Delegated to local CMHs | ☒Conducted by MSHN<br>☐Contracted |

**MSHN Utilization Management Delegation Grid**

4

Exhibit D

MSHN
Mid-State Health Network

**COMMITTEE CHARTER**

| | |
|---|---|
| **NAME:** | Utilization Management |
| **LEADER:** | Skye Pletcher, MSHN Director of Utilization & Care Management |
| **ADOPTED:** | April 21, 2014 |
| **LAST APPROVED:** | September 23, 2021 |

This charter shall constitute the structure, operation, membership and responsibilities of the Mid-State Health Network (MSHN) Utilization Management Committee (UMC).

Purpose of the Utilization Management Committee:
The Utilization Management Committee (UMC) exists to assure effective implementation of the Mid-State Health Network's UM Plan and to support compliance with requirements for MSHN policy, the Michigan Department of Health and Human Services Prepaid Inpatient Health Plan Contract and related Federal & State laws and regulations.

Responsibilities and Duties: The responsibilities and duties of the UMC shall include the following:

- Develop and monitor a regional utilization management plan;
- Set utilization management priorities based on the MSHN strategic plan and/or contractual/public policy expectations;
- Recommend policy and practices for access, authorization and utilization management standards that are consistent with requirements and represent best practices;
- Participate in the development of access, authorization and utilization management monitoring criteria and tools to assure regional compliance with approved policies and standards;
- Support development of materials and proofs for external quality review activities;
- Establish improvement priorities based on results of external quality review activities;
- Recommend regional medical necessity and level of care criteria;
- Perform utilization management functions sufficient to analyze and make recommendations relating to controlling costs, mitigating risk and assuring quality of care; review and monitor utilization patterns and analysis to detect and recommend remediation of over/under or inappropriate utilization;
- Recommend improvement strategies where adverse utilization trends are detected; and
- Implement policies and systems to ensure consistency with the Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA).
- Ensure committee coordination and information sharing to address continuity and efficiency of PIHP processes.

Decision-Making Context and Scope

1. General Decision-Making Process: Consensus shall be the primary mode of decision making and efforts shall be made to extend dialogue and gather information toward consensus to the extent possible.

   Should consensus not be achieved, any member of the UMC may call for a vote of the members. A vote of the body is not binding on the MSHN CEO, rather it is used to further inform as to the strength of the members' position on the subject. Any decision made subsequent to a vote of the UMC, including any items referred to the Operations Council (OC), shall reflect both the majority and minority opinions on that matter. The CEO shall inform UMC and OC members of the final decision/recommendation before further action is taken.

2. Specific authority/process related to the following: The UMC shall provide council to the MSHN CEO and OC on the Strategic plan, MSHN Policies and procedures, UM Criteria, performance monitoring and

sanctions. Advice and counsel shall be achieved through sharing of ideas, sclution focused dialogue, and research.

Defined Goals, Monitoring, Reporting and Accountability – As defined by the Utilization Management Plan

Membership

a. The UMC shall be comprised of CMHSP participant members and the MSHN Director of Utilization and Care Management.
b. CMHSP designees become members of the UMC through appointment by MSHN OC and as recommended by the CMHSP Participant CEO.
c. Membership shall be representative of the MSHN Region with each CMHSP having no more than one vote
d. Alternates may attend and speak with the power granted by their CEO.
e. External attendees are by invitation, should have a clearly defined purpose for attendance, are not intended to offer commentary on other agenda topics, and shall be excused when they have completed their purpose for meeting attendance. Subject matter expert (SME) may be invited by the UMC for a specific agenda topic and shall only participate during the related topic.

Roles and Responsibilities

a. Chairperson – With the MSHN designee, supports agenda development, runs the meeting and maintains order; may represent the committee and making reports on behalf of the committee. The Chairperson is a self-identified volunteer. In the event a self-identified volunteer is not available to act as Chairperson, the MSHN designee is responsible for fulfilling the responsibilities of the Chairperson.
b. Facilitator – The MSHN designee responsible for supporting agenda development, capturing meeting minutes and key decisions, and completing assignment follow-up. Serves as the primary point of contact for the committee; is accountable for representing the committee and making reports on behalf of the committee.
c. Member – An appointed member is a voting member. All members shall participate in the UMC in accordance with established ground rules. As a representative of their CMH, each member is responsible for informing and updating others within their agency of any pertinent information that has been reviewed and discussed.

Member Conduct/Ground Rules: Members of the MSHN UMC seek a meeting culture that is professional, productive, and comfortable. To that end, the following ground rules have been adopted:

1. Respect of others
   - Only one person speaks at a time; no one will interrupt while someone is speaking.
   - Each person expresses their own views, rather than speaking for others at the table or attributing motives to them.
   - No sidebars or end-runs.
   - Members will avoid grandstanding (i.e., extended comments/speaking), so that everyone has a fair chance to speak.
   - No personal attacks. "Challenge ideas, not people."
   - Everybody will seek to focus on the merits of what is being said, making a good faith effort to understand the concerns of others. Questions of clarification are encouraged. Disparaging comments are discouraged.
   - Each person will seek to identify options or proposals that represent shared interests, without minimizing legitimate disagreements. Each person agrees to do their best to take account of the interests of the group as a whole.

2. Meeting Efficiency
   - The agenda and related materials will be distributed one week in advance of the meeting.
   - Members are prepared for the agenda content and have completed related assignments on time.
   - Everybody agrees to make a strong effort to stay on track with the agenda and to move the deliberations forward.
   - Members share equally in the work of the body.

3. Decision Making
   - Members are respectful of the defined decision-making protocol and support decisions made of the body even when presenting a minority view.
   - Each person reserves the right to disagree with any proposal and accepts responsibility for offering alternatives that accommodate their interests and the interests of others.
   - Everybody will follow the "no surprises" rule. Concerns should be voiced when they arise, not later in the deliberations.

Meetings

a. Regular Meetings: Will typically occur monthly.
b. Special Meetings: Special meetings shall occur as determined by the consensus of the group and as business of the body necessitates.
c. Attendance at Meetings: Members shall regularly attend or send a designee who is prepared to act on behalf of the appointed member.
d. Agenda: The Agenda shall be prepared by the MSHN Director of Utilization and Care Management in consultation with the UMC Chairperson and shall be distributed in advance of the meeting with related attachments. To the extent possible the agenda shall clarify the context of a discussion to support the need for SMEs or in determining an alternate for meeting attendance.
e. Key Decisions: The recorder shall prepare a meeting summary ("Snapshot") that reflects key decisions and required actions to occur subsequent to the meeting. The required actions shall specify what, who, and by when. Committee recommendations will be made available to the appropriate committee and/or council (i.e. Operations Council, Clinical Leadership Committee, Provider Network Committee, MSHN Committees and Teams).

UMC Annual Evaluation Process

a. Past Year's Accomplishments
b. Upcoming Goals

Exhibit E




Updated August 8, 2023

# Care Management Report and Plan

Fiscal Year‘23

**CARE MANAGEMENT PROJECT REPORT AND PLAN**

SCCMHA employs an integrated systems approach to utilization risk management. This approach begins with the Finance Department defining the context for risk management with a two-year budget forecasting revenue and expense. In monthly Operations Committee Meetings, the CFO provides the management team with a review of revenue, costs and monthly PEPM. This financial forecast and monitoring provide the management team with direction for network management and service authorization. Services are managed to expand and contract within the available funds and within the allowed framework. Expansion activities include the following: expansion of the provider panel thereby offering consumers more choice, addressing targeted areas of underutilization, diversifying Evidence Based Practices or adjusting Medicaid managed benefits so that services are fairly and equitably provided within the available resources. Expansion activities might also include rate adjustment to ensure providers are compensated within competitive market rates. Contraction of the benefit may be achieved by the reduction of the provider panel, examination of overutilization with targeted utilization review or adjustment of the boundaries for fair and equitable use of Medicaid managed care services.

A good example of expansion and contraction of the respite benefits is how the availability of funds is messaged for the use of Therapeutic Camp. When funds are limited, the messaging to case holders is that SCCMHA will authorize one camp session per consumer until all are served. When funds are more available, the message to case holders might suggest one respite overnight and one respite day camp session per consumer until all are served. While there are always individual considerations, this type of messaging to case holders at the beginning of camp enrollment season has been well received by consumers who feel that the principle of "fairness" has been honored.

Ultimately, the control of utilization risk occurs through the prior authorization of the benefit through the Care Management Department to ensure that *"golden thread"* of medical necessity is in place. This analogy of the "golden thread" is commonly used in UM to describe the essential connected elements of assessment, plan and goals which support an authorization.

The utilization management framework at SCCMHA is two-fold; both prior authorization of services at the individual consumer level and service specific projects at the aggregate level. This document guides decision making for the management of risk for over and underutilization at both individual and aggregate levels.

## II. CARE MANAGEMENT OPERATIONS PLAN:

The SCCMHA Care Management Plan is based on three key principles.

The first value is SCCMHA's expectation that all service utilization decisions will be based in ***Person Centered Planning***. SCCMHA ensures that consumers and providers begin the PCP process with information about their choices, as well as, information on which to base their expectations about the availability of services at appropriate levels. We start with a "good faith" assumption that our providers and our consumers are capable partners in the stewardship of these resources.

The second value is that the SCCMHA Care Management program strives for the most ***Efficient use of Care Management Interventions.*** To this end we have implemented a model of risk management which correlates the degree of control with the degree of risk. High risk services require higher degrees of control, low risk services require the lesser degrees of control, and the continuous and close monitoring of utilization allows for rapid change if needed.

The third value is adherence to the principle of ***"Conflict Free Case Management"*** and the more nuanced concern for an organizational response to address the risk of "***Principal-Agent" Conflict***. The Medicaid procurement history of the carve-out for Specialty Behavioral Health Services in Michigan points to the special consideration necessary when a CMHSP is both the payor and provider of services. Each procurement decision made by MDHHS since the initial carve-out in 2002, required a review of how the PIHP would avoid collusion in circumstances where the CMHSP served in both roles, either directly as a PIHP, or under delegation of UM from a PIHP. Saginaw's table of organization met the necessary requirements for separation of functions in two consecutive procurements (2002 and 2008) and continues to perform acceptably under MSHN oversight as a delegated provider of UM services. With the impending change of management leadership for this division, it is our commitment to preserve compliance with these federal rules.

***Capacity****:* At SCCMHA the clinical functions of utilization management are provided in four key departments: 1) Central Access and Intake which provides initial assessment of service requests for all populations. 2) Crisis Intervention Service which provides acute care preadmission screening and inpatient episode management for adults and children. 3) Care Management Department which performs all authorizations for both contracted and board operated providers. 4) Entitlements Office which provides Medicaid outreach and enrollment supports. This program also provides the Explanation of Benefits to consumers.

***Access, Enrollment, Eligibility Determination*:** SCCMHA Access services begin with a brief screening and enrollment through the Central Access and Intake Unit. After-hours access calls are handled by the Crisis Intervention Service. Both units provide 24/7 access services for the Substance Use Disorder services which are managed by Mid-State Health Network. Access callers are provided with information about service, choices and eligibility criteria. Eligibility is not determined until the initial face to face assessment has been reviewed by the Care Management department. Eligibility "assessment" is centralized at the CAI unit for all populations. Access appointments are given at the time of the screening call for same day/next day access.

***Member Services****:* Member Services are provided by the Care Management Specialists and the Entitlements Office. Management of the enrollment record and consumer quality data is included in this dimension of Care Management. The MDHHS "Behavioral Health Treatment Episode Data Set" (BHTEDs) is created at

intake and updated annually and at closure. Additionally, the Customer Services department supports members with consumer education services including the Consumer Handbook and information about the service array.

***Pre-Admission Screening and Acute Care Authorization****:* The SCCMHA Pre-admission Screening Site provides 24/7 response to requests for acute care services. Crisis Intervention Staff (CIS) perform evaluations and make the initial authorizations for acute services. Additionally, the CIS staff perform continuing stay reviews and facilitate discharge coordination. All admission denials are reviewed in Care Management Conference.

***Acute-care Episode Management****:* After the initial authorization for acute care services is made by the Pre-admission screening staff, ongoing episode management is done by the Crisis Intervention Services unit through the SCCMHA SENTRI web-based electronic medical record when requested by the hospital utilization management departments. A discharge authorization is issued to the provider at the end of the episode. Retrospective review is also provided for dual eligible Medicare/Medicaid coordination of benefits. Additionally, SCCMHA participates quarterly in the Mid-State Health Network retrospective sampling of acute care decisions for medical necessity parity using the MCG web-based tool.

***Provider Appeals:*** The Care Management Conference Review Committee reviews all appeals by providers for denied authorizations. Denied claims appeals are reviewed by the Network Services department and whether a claim was denied for lack of authorization consultation between the departments occurs. The CEO provides the final level of appeal determination if requested by a provider.

***The Care Management Reference Set:*** The Care Management Reference Set is a standardized set of care management communication documents used for citation by the Care Management Conference Review Committee in making and communicating UM decisions to both consumers and providers. When the Care Management Review Committee Conference requests a review of care, a specific citation will be provided to the primary care provider who will be responsible for the Care Plan Review. Each of these reference documents has been included in the SCCMHA Provider Manual and should be used by the providers as guidelines in Person Centered Planning.

***Care Conference Review Committee:*** The Care Conference Review Committee is established as a chartered workgroup and its functions are described in the SCCMHA Care Management Policy. This group meets minimally weekly or on an as-needed basis for the purpose of team review and consultation regarding negative UM decisions. The Care Conference Review Committee reviews utilization reports, eligibility denials, service denials, claim appeals and provides consultation on state facility episode management. The Care Conference Review Committee will review decisions using

I. Mid-State Health Network Utilization Management Policy and Plan
II. SCCMHA Eligibility Policy
III. Michigan Mental Health Code
IV. MDHHS Medical Necessity Criteria
V. Medicaid Provider Manual
VI. Level of Care Measures: LOCUS, CAFAS, PECFAS

, but the first approach the team uses is a request to the primary care provider for a review of the Person-centered Plan. The Conference asks that the provider review the adequacy of the Person-centered Plan for appropriate scope, duration, and intensity and to specifically address indications of over or under utilization. Each Care Management Conference review either supports or overturns a utilization decision or requests an explanation of the variance or an amendment to a person-centered plan which addresses utilization risk. A database is maintained by the department Care Management Administrative Coordinator to track and review

the work of the conference. This database tool is used to produce reports and conference documents which can be published and signed by the participants in the meeting. Follow-up responses are also reviewed and approved in the meeting in which they are presented. Action files are maintained in the department for accreditation and compliance audits.

***Care Conference Review Committee Membership:*** The Care Management Conference team represents diverse and deep clinical experience. As positions are filled within the team, selection is informed by the needs of the team to insure that service in all populations and settings is represented. A special emphasis is placed on the inclusion of credentials in the field of Substance Use Disorder.

At the time of this plan the conference membership is comprised of the following individuals:

**Ali Ibrahim, M.D., F.A.P.M. Medical Director**
**Credentials:**

'08 Board Certification Psychosomatic Medicine: American Board of Psychiatry and Neurology
'06 Board Certification Psychiatry: American Board of Psychiatry and Neurology
'91 M.D. University of Health Sciences Antigua School of Medicine, St. John's Antigua -West Indies
Residency Training- Advocate Lutheran Hospital, Park Ridge, IL in adult psychiatry

**Experience:**
Current Clinical Positions:

Medical Director, Saginaw County Community Mental Health Authority
Privileging- Covenant Health Care
Medical Director, Saginaw Psychological Services, Inc.
Owner, North Shore CRU
Medical Director, List Psychological
Privileging, Owosso Memorial Hospital
Part-Time Psychiatrist – BayArenac Behavioral Health
Part-Time Psychiatrist- Ausable Valley CMH
Owner, Hospital Psychiatry LLC

**Vurlia Wheeler, LBSW, CADC, QIDP, QMHP, Manager of Utilization Care Authorizations**
**Credentials:**

'89 B.A. Psychology: Saginaw Valley State College

**Experience:**

'10 ~ Present: Manager of Utilization
Care Authorizations, SCCMHA
'02 ~ '09: Care Management Specialist, SCCMHA
'00 ~ '02: Dual Diagnosis Specialist, SCCMHA
'97 ~ '00: Inpatient Liaison, SCCMHA
'90 ~ '97: Case Manager, Community Support Services, SCCMHA
'88 ~ '90: Mental Health Tech, HealthSource, Saginaw

**Kristie Wolbert, LMSW, QMHP, Executive Director of Clinical Services**
**Credentials:**

'14 M.A. Social Work: Michigan State University

’99 B.A. Social Work: Saginaw Valley State University

**Experience:**

’19-Present: Executive Director of Clinical Services, SCCMHA
’15-’19: Central Access and Intake Supervisor, SCCMHA
’18-’19 Crisis Therapist, APS
’13-’15: Support Coordination Supervisor, SCCMHA
’06-’13: Support Coordinator, SCCMHA
’05-’06: Case Coordinator, CAN Council
’99-’05: Prevention Coordinator, Prevention and Youth Services
’98-’99: Spanish Liaison/Substitute Teacher, Saginaw Public School District

**Jennifer Keilitz, MSW, LLMSW, QIDP, Director of Network Services, Public Policy, and Continuing Education**

**Credentials:**

’19 M.S.W.: Simmon College
’90 B.S. Psychology with Minor in Social Work, Michigan University

**Experience:**

’21-Present: Director of Network Services, Public policy, Continuing Education, OBRA/PASARR and Enhanced Health Services, SCCMHA
’19-’21: Director of Network Services, Public Policy and Continuing Education, SCCMHA
’18-’19: Manager of Network Services Public Policy and Continuing Education, SCCMHA
’17-’18: Interim Manager of Network Services Public Policy and Continuing Education, SCCMHA
’03-’17: Provider Network Auditing Supervisor, SCCMHA
’01-’03: Administrative Assistant to Clinical Director, SCCMHA
’94-’01: Case Manager/Supports Coordinator, SCCMHA
’90-’94: Program Manager for Residential Homes

Clinical care decisions are made by the clinical professional members of the conference with organization communications and support services provided by the Care Management Administrative Coordinator. According to policy and unit procedures, when there is a difference of opinion, the Medical Director's decision is followed. Discipline specific consultation (e.g. Occupation Therapy, Physical Therapy, Psychology, etc.) is available upon request from the SCCMHA staff when needed to address special scope of practice considerations.

***Application of Reference Set**:* The decisions made in day-to-day utilization management are considered with a backdrop of a number of guidance references and no singular tool stands alone. Each can be used to inform a decision and a good decision is often one that emerges from the alignment of several points of reference.

VI. Mid-State Health Network Utilization Management Policy and Plan

VII. SCCMHA Eligibility Policy
VIII. Michigan Mental Health Code
IX. MDHHS Medical Necessity Criteria
X. Medicaid Provider Manual
VI. Level of Care Measures: LOCUS, CAFAS, PECFAS

***Best Value***: In closing, we would like to add that sometimes a utilization decision requires that sixth sense of common sense. If common sense was a discipline we would add it to our team, but often times it takes the collaboration of a team to confirm the best value dimension of a decision. For example: a recent denial was made for a request for authorization for an adaptive technology purchase related to a PCP goal addressing sensory integration. The item to be purchased weighed 400 lbs. and had a shipping charge by weight. It had to be delivered to the address of the payor, CMH, and from there it then would have to be transferred to the consumer's home where full assembly would be required. The advice of the Care Management team was to shop around for a better deal. This is an example of a UM decision based on "best value" not medical necessity.

## II. UTILIZATION MANAGEMENT PROJECTS: Update and Plan

The following projects are derived from analysis of trends, as well as, issues identified by the Service Management Team and/or Operations Team. A given project may have been derived from risk, quality or compliance discussions and they reflect the SCCMHA strategic management of resources to budget.

1. ***1915(i) SPA Implementation & Consumer Specific Benefit Enrollment (Populations SED/SMI/I-DD)- State Plan Home & Community Based Services-*** *The 1915(i) SPA will authorize the provision of Community Supports Services to Medicaid beneficiaries that are currently provided as Section 1915(b)(3) services under the Managed Specialty Services and Supports Program.*

   Following CMS's guidance, Michigan transitioned all the specialty behavioral health services and supports previously covered under 1915(b)(3) authority to a 1115 Behavioral Health Demonstration and 1915(i) HCBS state plan benefit effective October 1, 2019.

   •Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines.

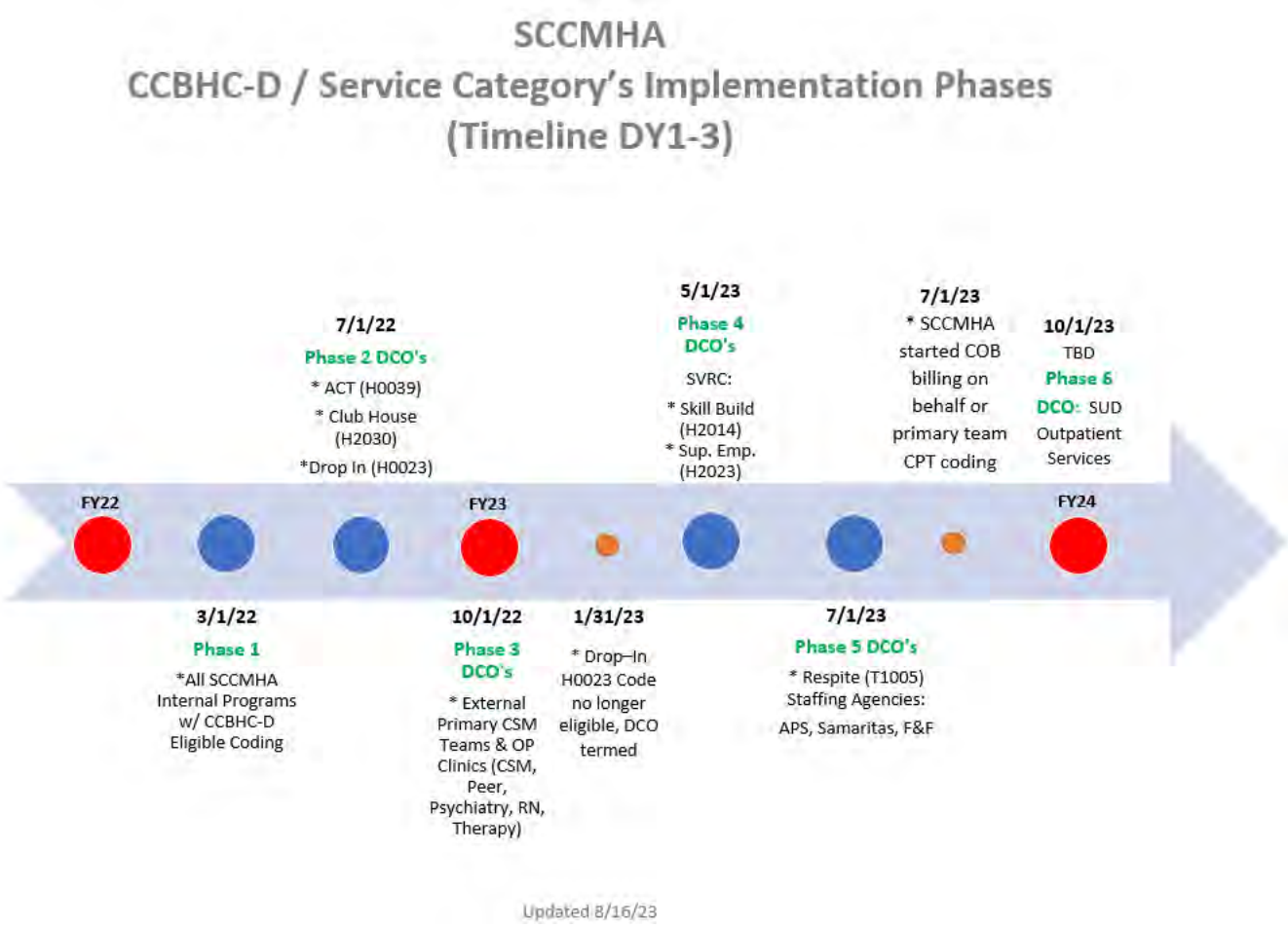
   •Beginning 10/1/2023*, the 1915(i) State Plan will operate concurrently with the 1115 Demonstration, which establishes the provision of behavioral health community-based services AND evaluation/re-evaluation of eligibility function through Michigan's managed-care contract with the regional Prepaid Inpatient Health Plans (PIHP).

   ***Status*: 1915(i) (ISPA)/WSA criteria and form SCCMHA staff training was completed August 2022 with ISPA consumer specific enrollment with E.H.R compliance with MDHHS form 5932 (3-21) to begin 10/1/22 with completion deadline of 10/1/23.**
   ***Assigned Director*: Matt Briggs**

2. ***CCBHC-D (DCO) Implementation-*** The CCBHC-D model was developed to increase access to a comprehensive array of high-quality behavioral health services for all Michiganders. Clinics are held to the highest standards for staffing, governance, care coordination practice, service delivery, integration of physical and behavioral health care, health technology, and quality metric reporting. In Michigan, 13 clinics met the CCBHC requirements and transformed their practice to become a Certified Community Behavioral Health Clinic. SCCMHA is one of the 13 clinics awarded grant eligibility in Michigan for the 3-year FY21-FY23 demonstration period.

   SCCMHA's CCBHC application outlined services to be rendered by SCCMHA internal programs and Designated Collaborating Organizations (DCO). Upon CCBHC-D grant award, SCCMHA started Phase 1 implementing services within its SCCMHA run primary teams/programs and is expanding services and utilization

through its contracted provider network as DCO's with the following 6 implementation target phases:




***Status*: Continued Development and Utilization Expansion of DCO's**
***Assigned Director*: Matt Briggs**

3. ***Formation of Coding & Benefit Integrity (CBI) Workgroup Charter (Creation 10/16/20)-*** This workgroup which meets bi-monthly was formed to create a single point of management for the interpretation and use of service codes (HCPCS/CPT) and modifiers throughout the SCCMHA system of care. This workgroup monitors changes from MDHHS standardized code/qualification book, Medicaid provider manual, and MSHN coding charts and EDIT meeting minutes. The workgroup monitors and responds to inquiries from SCCMHA supervisors and network administrative representatives. The objective of a single point of control group is to ensure uniform application of codes and modifiers systemwide (SAL's/Claims), integrity in rate setting and compliance with benefit and code interpretation.
***Status*: Continued Development**
***Assigned Director(s)*: Matt Briggs, Co-Chairs Matt Briggs/Vurlia Wheeler**

4. ***Coordination of Benefits (COB) Front-Door Project-*** SCCMHA is working on aligning our electronic E.H.R. referral system to match consumer's coordination of benefits (COB) insurance

payor(s) with referral to provider network options accepting same insurance payor(s). This project hopes to offer better consumer and provider relations by ensuring consumers have service provider options and providers can seek reimbursement for services rendered.

***Status*: In Development with December 2022 implementation target**

***Assigned Director*: Matt Briggs**

5. ***Monitoring of the Denial Rate for PCP Scope Duration and Intensity Documentation:*** This project has evolved from previous Care Management Plan which developed on line user supports to resolve barriers to effective documentation. In this extension of the project the focus will change to improving completion compliance. The current measurement, which raised this concern, is published in the Care Management Metric Report. This measurement trends authorization denials based on absent documentation for medical necessity and the use of Courtesy Authorizations.

***Status*: Continue to monitor**

***Assigned Director(s)*: *Matt Briggs/Kristie Wolbert***

6. ***Implementation of Level of Care Tools and Analysis; SCCMHA standardized authorization packages by service category discipline:*** Consultant TBD Solutions & Mid-State Health Network has provided several tools to assist member CMHs in reaching a tighter profile of UM decisions. The MCG tool will be used for retrospective review of Acute Care decisions and it is the state-wide selected tool for the implementation of the Mental Health Parity Act. SCCMHA Manager of Utilization & Care Authorizations will lead the quarterly review and will work with the CIS staff who perform continuing stay reviews to test documentation on the required sample. Secondly, MSHN has provided member CMHs with two analytic tools for examining CAFAS and LOCUS scores for over and under use at the service code level. The Care Management division will review cases selected by MSHN to address identified occurrences.

***Status*: In-Process, discipline specific auth packages to be implemented October 1, 2023**

***Assigned Director*: Matthew Briggs, MSHN-MCG attending member Vurlia Wheeler**

**SCCMHA Service Management Plan Methods and Definitions**

The SCCMHA Care Management Plan includes six different methods of utilization management. The application of each method to each service is described in the table.

| Sample SCCMHA Service Management Plan Table | |
|---|---|
| Over Utilization Risk Level | This section evaluates SCCMHA over-use risk for each service. Note is made to service use profiles, as well as, program models and clinical risk concerns. |
| Under Utilization Risk Level | This section evaluates SCCMHA under-use risk for each service. Note is made to service use profiles as well as program models and clinical risk concerns. |
| Medical Necessity | Medical necessity is reviewed prior to authorization and includes three components: i) diagnosis ii) signs and symptoms to be addressed iii) the specific service requested to address the signs and symptoms. |
| Prior Authorization | PCP authorization is delegated to the Primary Care Manager for services or service mixes at low risk for over-utilization. This means that the PCP is the authorization to the consumer.<br><br>The SCCMHA Care Management system makes authorization to the provider based on the completion of the person-centered plan for up to the maximum units recommended within protocols.<br><br>Fund source eligibility, current demographic record, current PCP and completed ability to pay assessment are required for all authorizations.<br><br>Crisis intervention is not a prior authorized service outside of Crisis Residential. In UM models which rely on level of care service groupings, Crisis is often set aside and not seen as amendable to utilization management. However; Crisis Intervention, aptly used is in itself a utilization management function. It has the ability to direct care at the point most precisely where a consumer's needs present. |
| Continuing Stay Review or Episode Management | Continuing stay reviews may be conducted by phone, record review or in person and verify continuing eligibility for this level of service. |
| Retrospective Authorization | Retrospective authorization requests will be considered up to six months following the start or provision of a service. Retrospective authorizations will be performed only upon supervisory request, all deficits in documentation must be addressed by the supervisor.<br><br>Retrospective review and authorization for inpatient episodes only will be performed when county of financial responsibility could not be determined upon admission. Documentation will be reviewed for medical necessity criteria and days paid only where supporting documentation is present. |
| Retrospective Review | Retrospective reviews are report-based reviews of utilization in which outlier utilization is identified and requests made to the provider to address the variance and possibly modify the plan. |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Member Enrollment, Transfer/ Discharge, BH-TEDS Data and Case Service Status | **Chapter**: 05 - Organizational Management | **Subject No**: 05.04.02 |
| **Initial Date**:<br>November 5, 2002 | **Date of Review/Revision**:<br>11/5/02, 1/7/08, 6/30/09, 5/8/12 8/3/16, 9/7/16, 3/14/17, 5/8/18, 9/10/19, 3/08/21, 3/16/22, 2/24/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Chief Information Officer and Chief Quality & Compliance Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Linda Tilot<br><br>**Additional Reviewers**:<br>Holli McGeshick |

**Purpose:**
To ensure that Saginaw County Community Mental Health Authority (SCCMHA) will manage consumer membership services in its electronic health record to adequately address the needs of managing treatment, payment and operations including the SCCMHA contractual obligation to the Mid-State Health Network and the Michigan Department of Health and Human Services for BH-TEDS data reporting.

**Policy:**
SCCMHA shall define required BH-TEDS data elements for compliance with MSHN contract requirements and necessary treatment, payment and operations functions. The collection and maintenance of this data set shall be directed by this procedure. This BH-TEDS data will be treated as Protected Health Information and all rules of privacy and security shall be adhered to in its maintenance and use. This policy further describes the requirements for member enrollment and for the formation of both a member record and a consumer record in the integrated electronic health record.

**Application:**
SCCMHA and Primary SCCMHA Network Providers.

**Standards:**
- All member BH-TEDS data shall be confirmed and updated and complete upon each face-to-face visit.
- SCCMHA shall report the BH-TEDS data set to the Mid-State Health Network according to contractual requirements.

**Definitions:**

Beneficiary: A person who has applied for and approved for the Medicaid or Healthy Michigan health care benefit provided by the State of Michigan.

Eligibility: Eligibility is defined by the Michigan Department of Health and Human Services, Mid-State Health Network and the Saginaw County Community Mental Health Authority Board Eligibility policy which uses the severity of illness/intensity of service criteria established by the MDHHS contracts for access to this publicly managed behavioral health care service.

Enrollee: A consumer who has applied for and has been accepted by Medicaid or Healthy Michigan health benefit may be required to become an "enrollee" of the qualified health plan of their choice. "Enrollee" designates the relationship between the beneficiary and the qualified health plan. The requirement to enroll in a managed care health plan is limited to certain beneficiaries. Not all Medicaid beneficiaries are required or allowed to enroll.

SCCMHA is not an "enrollment" health plan; however, as the delegated sole source contracted manager for supports and specialty services for Michigan Medicaid and Healthy Michigan plans under MSHN, SCCMHA manages services for Medicaid and Healthy Michigan enrollees and thereby accepts contractually delegated duties from Mid-State Health Network and for the administration of enrollee rights.

Enrollment: Enrollment may be used to describe the process of application and registration for services at the beneficiary level, the managed care level or at the specialty support and services level of a managed care health system. The term is not generally used at the provider level. Enrollment for the Medicaid and the Healthy Michigan programs occurs at the Department of Health and Human Services, enrollment for the Qualified Health Plans occurs through the MDHHS enrollment services provider, Michigan Enrolls. MDHHS provides beneficiary enrollment information to SCCMHA for all capitated contracts. The SCCMHA Care Management Department enrolls members in the specialty benefit managed for Mid-State Health Network PIHP by SCCMHA and the CMHSP managed benefit plans.

Individually Identifiable Health Information: A subset of Health Information that includes demographic information, that is created by a covered entity, that identifies the individual or that, may be used to identify the individual

Protected Health Information**:** Individually identifiable health information that is transmitted by electronic media, maintained in any electronic medium, or transmitted or maintained in any other form or medium.

Member: A member is an individual who has requested services from SCCMHA and has been issued a unique identification number (member ID number.) A member may be a Medicaid and Healthy Michigan under the Mid-State Health Network PIHP contract, or they may be served with the MDHHS general fund allocation under the CMHSP contract.

The "member" relationship is between the consumer and Mid-State Health Network as a PIHP and SCCMHA as CMHSP. The term expresses eligibility for services and enrollment in the PIHP and CMHSP service system.

Member Status: A member's status is expressed as Active or Closed. The function of member status is to ensure the minimum necessary data requirements for SCCMHA claims payment.

> Active Member Status: A member record is considered active following an initial request for service. The BH-TEDS data set is initiated at the time of the initial assessment. Claims may be paid for services provided to an active member if the provider has completed the data set (demographics in Sentri) and assessment of consumer's ability to pay.
>
> Closed/Discharged Member Status: A consumer's record shall be "closed" upon the planned or unplanned cessation of services. The record status should be changed in Sentri within two weeks of confirmation of the consumer's intent to terminate service.
>
> Transferred Member: An active consumer is moved to another SCCMHA contracted provider within the SCCMHA network.

BH-TEDS dataset: This set of client demographic and clinical data elements is established by the Michigan Department of Health and Human Services and is reported monthly to MSHN by the SCCMHA Information Systems Department. This is maintained in the Sentri electronic medical record and administered by the SCCMHA Quality Projects & Reporting Coordinator.

**References:**

- Health Insurance Portability and Accountability Act of 1966
- Michigan Department of Health and Human Services Specialty Supports and Service.
- Mid-State Health Network Contract 2023 as updated
- Contracts for PHP's and CMHSP's 2023, as amended
- SCCMHA Policy Eligibility Criteria
- Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) FY2023

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Member Enrollment**<br><br>1. The SCCMHA Central Access & Intake | 1-4 Executive Director of Clinical Services and Programs |

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| Department shall enroll members upon elective request for services by the primary consumer or their guardian. Member enrollment services shall be provided by telephone or walk-in request 24/7.<br>2. Enrollment will not be made for persons upon the request of family or friends other than guardians nor upon the request of agencies.<br>3. Enrollment requires the voluntary request of the consumer or their guardian unless the person is presented by a police officer who has the individual in protective custody or under the order of the Probate Court.<br>4. SCCMHA member enrollment procedures will include the verification of the consumer's enrollment status with Medicaid or Healthy Michigan qualified health plans. | |
| **Enrollment Non-Discrimination**<br><br>1. Acceptance of individuals for enrollment shall be open to eligible persons in the order in which they apply without restriction up to the limits set in the MDHHS contract.<br><br>2. SCCMHA shall not discriminate on the basis of health status or need for health care services in the enrollment of individuals.<br><br>3. SCCMHA shall not discriminate on the basis of race, color, or national origin and will not use any policy or practice which has the effect of discriminating on the basis of race, color or national origin. | 1-3 Chief of Network Business Operations |
| **Unique Consumer Identification**<br><br>1. The SCCMHA Central Access & Intake Department shall issue a unique consumer identification number upon member enrollment.<br>2. The number shall be issued to the consumer by legal name. The consumer name shall be recorded in the SCCMHA data base as it is in the Medicaid or MiChild enrollee record if such exists. | 1-5. Executive Director of Clinical Services and Programs |

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| 3. Enrollment shall not be given to persons under an assumed name or alias, although such names may be documented in the record if provided by the consumer.<br>4. The SCCMHA member enrollment procedure shall establish the uniqueness of the consumer identity with three data points: consumer name, date of birth and social security number.<br>5. If a second case number is accidentally issued to a consumer, notification shall be made to the Entitlement Supervisor to review and merge the records. | |
| **Case Service Status:**<br><br>1. Case Service Status shall be expressed as Active (Open) or Closed. "Inactive" status will not be used in the SCCMHA information system.<br>2. When a consumer is received into any network provider for assessment, the BH-TEDS data set and ability to pay assessment shall be completed and directly entered into the SCCMHA member record or shall be entered into the SCCMHA consumer demographic data collection tool.<br>3. Each provider shall establish a record status of "Active" (Open) and "Closed". A case status report shall be furnished by the provider upon request for random selection of active and closed cases for review by MSHN and SCCMHA auditors.<br>4. No service should be provided to a consumer whose case status is Closed. To re-initiate services for a consumer whose case service status has been closed for 90 days or more, Central Access & Intake Department must be notified in order to verify eligibility by completing a new screening. If consumer is found eligible for services, consumer will be re-opened to the appropriate service. Provider must refresh the quality demographic data set and ability to pay assessment before providing the requested service.<br>5. Case status reports may also be requested for utilization management reviews or other | 1-7. Executive Director of Clinical Services and Programs and Primary Provider administrators |

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| quality, compliance or accreditation functions.<br>6. A case status of Closed shall be entered in the record within two weeks of confirmation of the consumer's intent to terminate services. Supervisors are required to sign off on all discharges within 7 days.<br>7. Case status designation must be administered or reviewed at a supervisory or administrative level at each provider location. This administrative oversight shall ensure administrative accountability for consumer's eligibility for services and agency adherence to Medicaid Fair Hearing Adequate and Advance Notice requirements. | |
| **Disenrollment**:<br><br>1. SCCMHA shall not request member dis-enrollment for reasons other than those permitted under the MDHHS Supports and Specialty Services Contract.<br><br>SCCMHA shall not disenroll any member for reasons related to an adverse change in the enrollee's heath status, or because of the enrollee's utilization of services, or their diminished mental capacity, or uncooperative or disruptive behavior resulting from his or her special needs.<br><br>2. SCCMHA is not a voluntary enrollment program; it is a mandatory enrollment program at the Supports and Specialty Services Contract level. Further, enrollees do not have a plan choice at this level. Change of residency out of the service area is the only reason a member may disenroll from the SCCMHA Specialty Supports and Services program.<br><br>3. Enrollee disenrollment rights for the following reasons (with cause) are addressed through Medicaid Fair Hearing, Local Dispute Resolution, Non-Panel provider provisions, Person Centered Planning and Self Determination consumer directed purchase of service options.<br>i. Service restriction due to PHP limitation on requested service due to moral or religious | 1-4. Chief of Network Business Operations |

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| objections.<br>ii. Enrollee needs a group of related services not all of which are available through the SCCMHA network.<br>iii. Other reasons such as poor quality of care, lack of access to covered services under the contract, or lack of access to providers experienced in dealing with the enrollee's health care needs.<br><br>4. SCCMHA will automatically adjust member fund source based on Medicaid or Healthy Michigan beneficiary status, as SCCMHA is both the delegated manager of the Medicaid Managed Care Supports and Specialty Services for MSHN and the CMHSP Contractor for Saginaw County.<br><br>Enrollment with SCCMHA does not change based on beneficiary status with Medicaid or Healthy Michigan | |
| **Assignment**:<br><br>1. Each consumer whose case service status is Active or Open shall be assigned to a mental health professional who serves as a primary worker. In the SCCMHA provider system, this person's name shall be entered in the case holder field. This designation does not imply the provision of case management services per se, only that the named treatment team member is the lead professional who is responsible for the medical record.<br>2. The assignment of a consumer to a mental health professional allows the consumer as well as others to have the name of an individual professional who can answer questions about the consumer's record and service status. The assigned worker is the person with primary accountability for the accuracy of the demographic BH-TEDS data.<br>3. The assigned worker shall periodically review the BH-TEDS data with the consumer to ensure accuracy and provide a BH-TEDS Update Record annually. | 1-3. Executive Director of Clinical Services and Programs and Primary Provider administrators |

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| **Transfer of a Consumer to Another SCCMHA Primary Team:**<br><br>Only Care Management can transfer a consumer between primary teams.<br><br>1. The assigned Care Management Specialist must be notified in writing (e-mail) as to the reason for the transfer request as well as where they would like consumer to be transferred to. In addition, the following documents must be complete in Sentri before a transfer is considered: Complete Assessment, Treatment Plan, and PCP.<br>2. If the Care Management Specialist is not in agreement with the request for transfer, an e-mail notification will be sent to Case Manager or the decision will be brought to Care Conference for a decision.<br>3. If Care Management Specialist agrees with the transfer request and all required documents are complete in Sentri, Care Management Specialist will complete the transfer in Sentri and notification will be made to staff requesting the transfer. A final progress note and transfer summary will be completed by the case manager at that time. | 1-3. Chief of Network Business Operations |
| **Staff Re-assignment:**<br><br>1. If consumer will remain on the same primary team, however, will be assigned a new case manager, supervisor will change CMHSP admission record case manager assignment only. **A transfer/discharge is not required**. If consumer will be transferred to another case manager on a different team, follow "Transfer of a Consumer to Another SCCMHA Primary Team" above on Page 8. | 1. Executive Director of Clinical Services and Programs and Primary Provider Supervisors |
| **Discharge of a Consumer from a SCCMHA Primary Team:**<br><br>1. Primary record holder initiates discharge planning by completing a discharge summary in Sentri and sending appropriate consumer | 1-3 Executive Director of Clinical Services and Programs and Primary Provider Supervisor |

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| notice.<br>2. Supervisor reviews and signs off on discharge plan within 7 days of discharge request by Primary record holder.<br>3. Care Management will monitor all consumers without any contact within 90 days and request reason for no activity from supervisors on a regular basis. | |
| **Use of Member BH-TEDS data in Treatment Payment and Operations (TPO)**<br><br>1. Individual Protected Health Information in the BH-TEDS data set may be used by SCCMHA for treatment, payment and operations as allowed by the Health Insurance Portability and Accountability Act.<br>2. SCCMHA will contractually require Provider compliance with HIPAA regulations for Privacy in Protected Health Information maintenance, use and transmission. | 1-2 Chief Information Officer & Chief Quality and Compliance Officer |
| **BH-TEDS Data Integrity**:<br><br>1. The Quality Systems department shall make available the Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) for provider training and reference.<br>2. The Quality Systems and the Information Systems Departments shall ensure that all electronic data base fields in the SCCMHA information system or in data collection tools for the recording of BH-TEDS data elements are consistent with the current MDHHS definitions and coding requirements.<br>3. The Quality and Information Systems Departments shall monitor data for range errors and omissions and shall initiate needed periodic trainings, system level corrections or requests for correction by the assigned case managers.<br>4. The Information Systems Department will develop BH-TEDS data reports for the use of the Quality & Medical Records Supervisor in monitoring and editing the BH-TEDS data for | 1-4 Chief Information Officer & Chief Quality and Compliance Officer |

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| consumers.<br><br>The Provider shall establish a procedure for the periodic review of the BH-TEDS data, case status and assignment to ensure that it is current and accurate. | |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Access System Standards</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.04.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/1/10</td><td>Date of Review/Revision:<br>8/19/15, 3/14/17, 3/14/18, 9/10/19, 2/28/20, 3/31/21, 3/21/22, 2/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Kristie Wolbert, Executive Director of Clinical Services and Programs<br><br>Authored By:<br>Kim Hall<br><br>Additional Reviewers:<br>Monique Taylor-Whitson, Lauri Brown, Clinical Directors</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
This policy ensures that SCCMHA performs access system functions within standards of practice established by the Michigan Department of Health and Human Services, Midstate Health Network and all other regulatory bodies.

**Policy:**
All access system functions will adhere to standards described here-in and these standards shall be derived from comprehensive summary of contractual and regulatory requirements.

**Application:**
This policy shall be implemented by the Chief of Network Business Operations in all operations which regulate access to services.

**Standards:**
- Access System shall be made available and accessible to all individuals on a telephone and walk-in basis 24 hours per day, 7 days per week.
- Access System shall ensure that callers encounter no telephone "trees" and are not put on hold or sent to voicemail until they have spoken with a live representative and it is determined that their situation is not urgent.
- Access System shall be welcoming to each individual who presents for services by demonstrating empathy and providing opportunity for the person presenting to describe situations, problems and functioning difficulties, while exhibiting excellent customer service skills, and working with them in a non-judgmental way.

- Access System will screen individuals who approach for services to determine whether they are in crisis and, if so, assure they receive timely, immediate attention.
- Access System will determine individuals' eligibility for Medicaid specialty services and supports, Healthy Michigan Program (HMP), MI Child, or, for those who do not have any of these benefits as a person presenting needs for mental health services, make them a priority to be served.
- Access System will collect information from individuals for decision-making and reporting purposes.
- Access System will refer individuals to the appropriate mental health practitioners for assessment, person-centered planning, and/or supports and services; or, if the individual is not eligible for SCCMHA services, to community resources that may meet their needs.
- Access System will inform individuals about all the available mental health and substance abuse services and providers and their due process rights under Medicaid, HMP, or MI Child, and the Michigan Mental Health Code.
- Access System will offer the waiting list to non-Medicaid, non-HMP, and non-MI Child consumers who do not meet the eligibility screening criteria for services, as applicable. Please refer to policy titled "Waiting List" for further information.
- Access System will conduct outreach to under-served and hard-to-reach populations and be accessible to the community-at-large.

**Definitions:**
None

**References:**
MDHHS Technical Requirements on Access Standards, Contract Attachment C.3.1.1-February 2014

Mid-State Health Network: Access System Policy 701, 11.22.13

**Exhibits:**
Exhibit A: Access Eligibility Screening

**Procedure:**

| ACTIONS | RESPONSIBLE |
|---|---|
| **Welcoming** | |
| 1) Access System Services shall be available to all residents of the State of Michigan, regardless of where the person lives, or where he/she contacts the system. Staff shall be welcoming, accepting and helping with all applicants for service. | 1) Central Access and Intake Supervisor, Crisis Intervention Supervisor |
| 2) The Access System shall operate or arrange for an access line that is available 24 hours | 2) Crisis Intervention Supervisor, Access Intake Specialist |

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| per day, seven days per week; including in-person and by-telephone access for hearing impaired individuals. Telephone lines are toll-free; accommodate Limited English Proficiency (LEP); are accessible for individuals with hearing impairments; and have electronic caller identification.<br>a) Callers encounter no telephone "trees" and are not put on hold or sent to voicemail until they have spoken with a live representative from the Access System and it is determined, following an empathetic opportunity for the caller to express their situation and circumstances, that their situation is not urgent or emergent.<br>b) All crisis/emergent calls are immediately transferred to a Crisis Intervention Therapist, without requiring an individual to call back.<br>c) For non-emergent calls, a person's time on-hold awaiting a screening must not exceed three minutes without being offered an option for call back.<br>d) All non-emergent callbacks must occur within one business day of initial contact. | |
| 3) The Access System shall provide a timely, effective response to all individuals who walk in for services. For individuals who walk in with urgent or emergent needs, an intervention shall be immediately initiated. Those individuals with routine needs must be screened within thirty minutes. | 3) Access Intake Specialist, Crisis Intervention Specialist |
| 4) The Access System shall maintain capacity to immediately accommodate individuals who present with LEP, diverse cultural and demographic backgrounds, visual impairments, alternative needs for communication and mobility challenges. | 4) Access Intake Specialist |

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| 5) The Access System shall address financial considerations, including county of financial responsibility as a secondary administrative concern, only after any urgent or emergent needs of the person are addressed. Access system screening and crisis intervention shall never require prior authorization; nor shall access system screening and referral ever require any financial contribution from the person being served. | 5) Access Intake Specialist |
| 6) The Access System shall provide applicants with a summary of their rights guaranteed by the Michigan Mental Health Code, including information about their rights to the person-centered planning process and assure that they have access to the pre-planning process as soon as screening and coverage determination processes have been completed. | 6) Access Intake Specialist |
| **Determining Coverage Eligibility for Public Mental Health Services** | |
| 1) The Access System shall provide an electronic screening decision of the person's eligibility for admission based upon established admission criteria. The written decision shall include:<br>a) Identification of presenting problem(s) and need for services and supports<br>b) Initial identification of population group (DD, MI, SED, or SUD) that qualifies the person for public mental health services.<br>c) Documentation of any emergent or urgent needs and how they were immediately linked for crisis service<br>d) Identification of screening disposition<br>e) Rationale for system admission or diversion | 1) Access Intake Specialist |
| 2) The Access System shall identify and document any third-party payer source(s) | 2) Access Intake Specialist |

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| for linkage to an appropriate referral source, either in network, or out-of-network.<br>3) SCCMHA shall not deny an eligible individual a service because of individual/family income or third-party payer source. | 3) Access Intake Specialist |
| 4) The Access System shall document the referral outcome and source, either in-network or out-of-network. | 4) Access Intake Specialist |
| 5) The Access System shall document when a person with mental health needs, but who is not eligible for Medicaid, HMP or MI Child, is placed on a waiting list and why. | 5) Access Intake Specialist |
| **Collecting Information** | |
| 1) The Access System shall avoid duplication of screening and assessments by using assessments already performed. Information gathered during the screening process is available to the provider receiving the referral, thru the Sentri medical record. | 1) Access Intake Specialist, Provider Network |
| 2) The Access System shall have procedures for coordinating information between internal and external providers, including Medicaid Health Plans and primary care physicians. | |
| **Referral to PIHP or CMHSP Practitioners** | |
| 1) The Access System shall assure that applicants are offered appointments for assessments with mental health providers of their choice within the MDHHS/PIHP/MSHN and CMHSP contract-required standard timeframes. Staff follow-up is required to ensure the appointments occurred. | 1) Access Intake Specialist, Care Management, Provider Network |
| 2) The Access System shall ensure that, at the completion of the screening and coverage determination process, individuals who are accepted for services have access to the person-centered planning process. | 2) Access Intake Specialist |

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| 3) The Access System shall ensure that the referral of individuals with co-occurring mental illness and substance abuse disorders to PIHP or CMHSP or other practitioners must be in compliance with confidentiality requirements of 42 CFR. | 3) Access Intake Specialist |
| **Referral to Community Resources** | |
| 1) The Access System shall refer Medicaid beneficiaries who request mental health services, but do not meet eligibility for specialty supports and services, to their Medicaid Health Plans or Medicaid fee-for-service providers. | 1) Access Intake Specialist, Family Guide |
| 2) The Access System shall refer individuals who request mental health services but are neither eligible for Medicaid, HMP or MI Child mental health services, nor who meet the priority population to be served criteria in the Michigan Mental Health Code to alternative mental health treatment services available in the community. | 2) Access Intake Specialist, Family Guide |
| 3) The Access System shall provide referrals to Mid-State Health Network substance abuse treatment providers when the presenting problem is a substance used disorder with low behavioral health complexity. All CAI and CIS staff shall be registered users of REMI, the MSHN-CA electronic UM record | 3) Access Intake Specialist, Crisis Intervention Specialist |
| 4) The Access System shall provide information about other non-mental health community resources or services that are not the responsibility of the public mental health system to individuals who request it. | 4) Access Intake Specialist, Family Guide |
| **Informing Individuals** | |
| General | |
| 1) The Access System shall provide information about, and help people connect as needed with, the organization's Customer Services Department; peer | 1) Access Intake Specialist Family Guide |

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| supports specialist and family advocates; and local community resources, such as: transportation services, prevention programs, local community advocacy groups, self-help groups, and other avenues of support, as appropriate. | |
| Rights | |
| 1) The Access System shall provide Medicaid, HMP and MI Child beneficiaries information about local dispute resolution process and the state Medicaid Fair Hearing process. When an individual is determined ineligible for Medicaid specialty service and supports, HMP or MI Child mental health services, he/she is notified both verbally and in-writing of the right to request a second opinion; and/or file an appeal through the local dispute resolution process; and/or request a state Fair Hearing. | 1) Access Intake Specialist |
| 2) The Access System shall provide individuals with mental health needs with information regarding the Office of Recipient Rights (ORR). | 2) Access Intake Specialist<br>Family Guide |
| 3) Non-Medicaid beneficiaries are notified of the right under the Mental Health Code to request a second opinion and local dispute resolution process thru the Office of Recipient Rights (ORR). | 3) Access Intake Specialist<br>Family Guide<br>Peer Support Specialist |
| 4) The Access System shall schedule and provide for a timely second opinion, when requested, from a qualified health professional at no cost. The person has a right to a face-to-face determination, if requested. | 4)Crisis Intervention Specialist |
| 5) The Access System shall ensure the person and any referral source (with the person's consent) are informed of the reasons for denial, both verbally and in-writing. | 5) Access Intake Specialist,<br>Crisis Intervention Specialist |
| **Administrative Functions** | |

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| 1) SCCMHA shall have an active outreach and education effort to ensure the network providers and the community are aware of the access system and how to use it. | 1) Executive Director of Clinical Services and Programs |
| 2) SCCMHA has a regular and consistent outreach effort to commonly unserved and underserved populations, as described in the Eligibility Policy, Exhibit A, "Table of Priority Populations". | 2) Executive Director of Clinical Services and Programs |
| 3) SCCMHA shall assure that the Access System staff are informed about, and routinely refer individuals to, community resources that not only include alternatives to public mental health or substance abuse treatment services, but also resources that may help them meet their other basic needs. | 3) Executive Director of Clinical Services and Programs, Central Access and Intake Supervisor, Crisis Intervention Supervisor |
| 4) SCCMHA shall maintain linkages with the community's crisis/emergency system, liaison with local law enforcement, and have a protocol for jail diversion. | 4) Executive Director of Clinical Services and Programs, Central Access and Intake Supervisor, Crisis Intervention Supervisor |
| 5) SCCMHA's Medical Director is involved in the review and oversight of the Access System policies and clinical practices. | 5) Medical Director, Executive Director of Clinical Services and Programs, and Director of Enhanced Health and Integration |
| 6) SCCMHA will ensure Access staff are qualified, credentialed and trained consistent with the Medicaid Provider Manual, MI Child Provider Manual, and the Michigan Mental Health Code. | 6) Executive Director of Clinical Services and Programs |
| 7) SCCMHA shall monitor Access Center performance and implement quality improvement measures in response to performance issues. | 7) Chief of Quality Information and Compliance |
| 8) SCCMHA shall monitor provider capacity to accept new individuals, and be aware of any network providers not accepting referrals at any point in time. | 8) Director of Network Services, Manager of Care Management |

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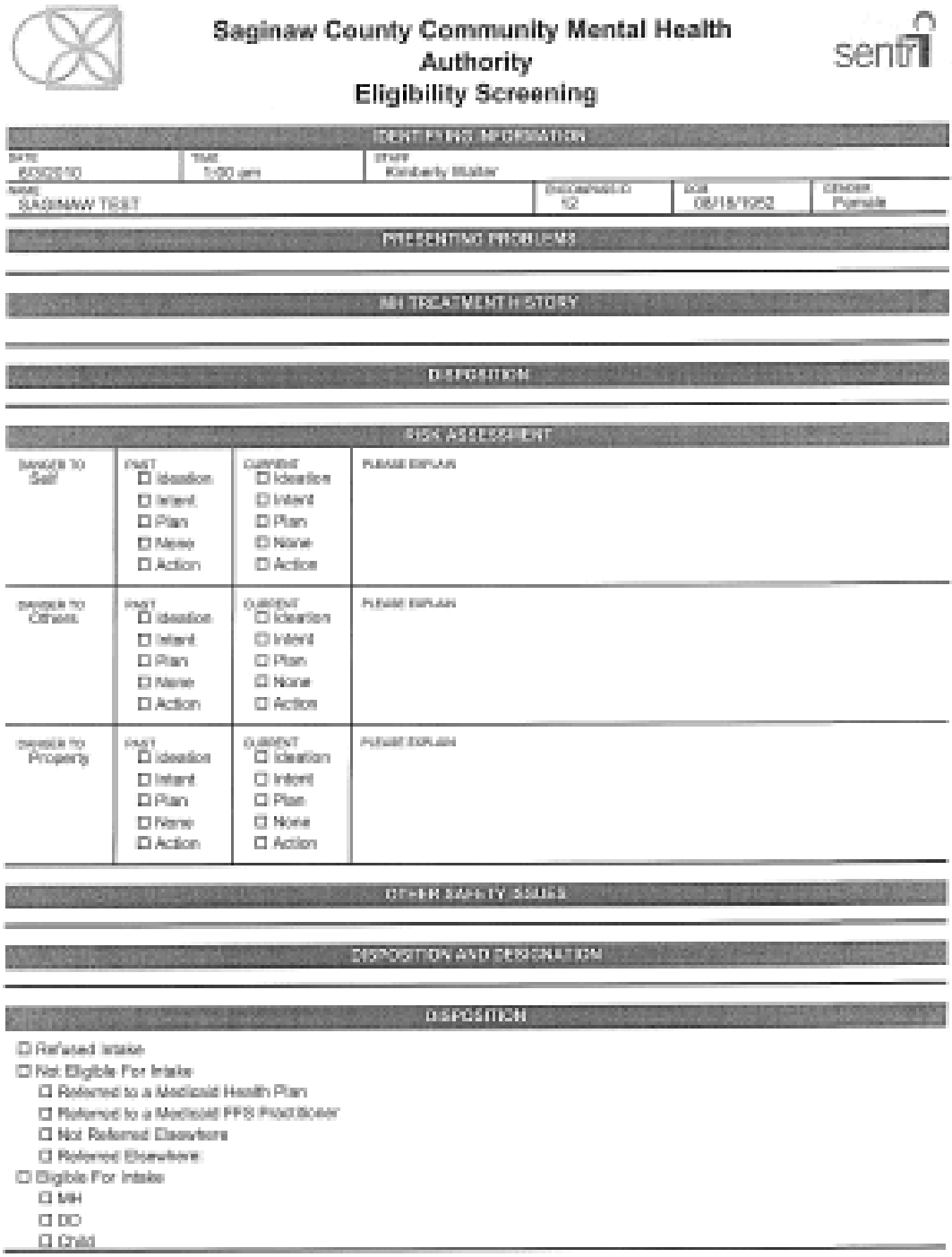
| 9) SCCMHA shall routinely measure telephone answering rates, call abandonment rates and timeliness of appointments and referrals. Any resulting performance issues are addressed through the organization's Quality Improvement Plan. | 9) Chief of Quality Information and Compliance |
| 10) SCCMHA shall work with individuals, families, local communities, and others to address barriers to using the access system, including those caused by lack of transportation. | 10) Executive Director of Clinical Services and Programs, Director of Customer Services and Recipient Rights |
| **Waiting Lists** | |
| 1) SCCMHA shall have policies and procedure for maintaining a waiting list for individuals not eligible for Medicaid, HMP or MI Child, and who request community mental health services but cannot be immediately served. *Please refer to "Waiting Lists" Policy # 03.01.01.06"* | 1) Director of Enhanced Health and Integration |

Exhibit A: Access Eligibility Screening



**Saginaw County Community Mental Health Authority**
**Eligibility Screening**

**IDENTIFYING INFORMATION**

| DATE | TIME | STAFF |
|---|---|---|
| 6/3/2010 | 1:00 pm | Kimberly Walker |

| NAME | ENCOMPASS ID | DOB | GENDER |
|---|---|---|---|
| SAGINAW TEST | 12 | 08/18/1952 | Female |

**PRESENTING PROBLEMS**

**MH TREATMENT HISTORY**

**DISPOSITION**

**RISK ASSESSMENT**

| | PAST | CURRENT | PLEASE EXPLAIN |
|---|---|---|---|
| DANGER TO Self | ☐ Ideation<br>☐ Intent<br>☐ Plan<br>☐ None<br>☐ Action | ☐ Ideation<br>☐ Intent<br>☐ Plan<br>☐ None<br>☐ Action | |
| DANGER TO Others | ☐ Ideation<br>☐ Intent<br>☐ Plan<br>☐ None<br>☐ Action | ☐ Ideation<br>☐ Intent<br>☐ Plan<br>☐ None<br>☐ Action | |
| DANGER TO Property | ☐ Ideation<br>☐ Intent<br>☐ Plan<br>☐ None<br>☐ Action | ☐ Ideation<br>☐ Intent<br>☐ Plan<br>☐ None<br>☐ Action | |

**OTHER SAFETY ISSUES**

**DISPOSITION AND DESIGNATION**

**DISPOSITION**

☐ Refused Intake
☐ Not Eligible For Intake
- ☐ Referred to a Medicaid Health Plan
- ☐ Referred to a Medicaid FFS Practitioner
- ☐ Not Referred Elsewhere
- ☐ Referred Elsewhere

☐ Eligible For Intake
- ☐ MH
- ☐ DD
- ☐ Child

## IDENTIFYING INFORMATION

| DATE | TIME | STAFF |
|---|---|---|
| 6/3/2010 | 1:00 am | Kimberly Walter |

| NAME | ENCOMPASS ID | DOB | GENDER |
|---|---|---|---|
| SAGINAW TEST | 12 | 08/18/1952 | Female |

## APPOINTMENT

| TERM | DATE OFFERED | TIME | DATE ACCEPTED | TIME |
|---|---|---|---|---|
| | | 12:00 am | | 12:00 am |

☐ Consumer requested an appointment outside of 14 days of this intake

REASON FOR REQUESTING AN APPOINTMENT OUTSIDE OF 14 DAYS OF THIS INTAKE

## SIGNATURE

| SIGNED BY | SIGNATURE DATE |
|---|---|
| COUNTER SIGNED BY | SIGNATURE DATE |



| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Coordination of Benefits (COB) | **Chapter**: 09 -<br>Department Procedures | **Subject No:** 09.02.02.01 |
| | | |
| **Effective Date**:<br>October 1, 2002 | **Date of Review/Revision**:<br>9/27/02, 4/1/02, 8/22/06, 7/1/10, 6/20/12, 6/2/14, 6/19/18, 09/01/20<br>**Supersedes:** | **Approved By**:<br>Laura Argyle, Chief Financial/Operating Officer<br><br>**Authored By**:<br>Sue McCrea, Admin Accounting Supervisor<br><br>**Reviewed By**:<br>Mary Hart, Admin Accounting Supervisor |

**Purpose:**
To ensure claims and billing amounts comply with all federal rules and regulations when there is more than one insurance provider, SCCMHA will adhere to the principles of the following guidelines.

**Application:**
SCCMHA Claims Processors
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial Officer / Chief Operating Officer
SCCMHA Contracted Network Service Providers
SCCMHA Billing Department

**Policy:**

Federal regulations require that all identifiable financial resources available for payment, including Medicare, be billed prior to billing Medicaid.

**Standards:**

Coordination of Benefits (COB) is the mechanism used to designate the order in which multiple carriers are responsible for benefit payments and, thus, prevention of duplicate payments.

Third party liability (TPL) refers to an insurance plan or carrier (e.g., individual, group, employer-related, self-insured or self-funded plan), commercial carrier (e.g., automobile insurance and workers' compensation), or program (e.g., Medicare) that has liability for all or part of a beneficiary's medical coverage. The terms "third party liability" and "other insurance" are used interchangeably to mean any source, other than Medicaid, that has a financial obligation for health care coverage. Providers must investigate and report the existence of other insurance or liability to Medicaid and must utilize other payment sources to their fullest extent prior to filing a claim with the Michigan Department of Health and Human Services (MDHHS).

Billing Medicaid prior to exhausting other insurance resources may be considered fraud under the Medicaid False Claim Act if the provider is aware that the beneficiary had other insurance coverage for the services rendered.

SCCMHA and its Provider Network will assure they are gathering consumer insurance information and verifying through CHAMPs any insurance coverage consumer may have prior to billing Medicaid.

This includes SCCMHA Board Operated Programs, SCCMHA Primary Providers as well as some SCCMHA Secondary Providers. The secondary providers this applies to are any Enhanced Health Services, (Occupational Therapy, Physical Therapy, Speech Therapy, Psychologists, Dietitian) as well ABA providers.

**Definitions:**
Coordination of Benefits- process of assuring correct priority of billing services to an insurance or insurances based on insurance coverage.

CHAMPS-

In Network and Out of Network- refers to providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount. Insured individuals usually pay less when using an in-network provider, because those networks provide services at lower cost to the insurance companies with which they have contracts. The provider's contract with the insurer requires the insurer to accept the insurer's payment (plus the patient's cost-sharing, such as the deductible, copay, or coinsurance) as payment in full — an in-network provider cannot balance bill a patient.

Some health plans only pay for services when the member uses in-network providers, while other health plans will pay at least some of the claim even if the member uses an out-of-network provider.

**References:**
SCCMHA Financial Liability for Mental Health Services Policy #05.02.06
SCCMHA Claims Submission Procedures Subject No. 09.02.01.01
Definition of In-Network Providers: https://www.healthinsurance.org/glossary/in-network/

**Exhibits:**
None

**Procedure:**

SCCMHA Central Access and Intake will gather consumer insurance information at first face to face appointment with consumer.
SCCMHA clerical staff or front desk associate, will enter the information given by consumer into the Electronic Health Record (E.H.R.)
SCCMHA Care Management staff will verify insurance coverage through to assure consumer insurance coverage will accept SCCMHA and/or the contracted network as a provider of service. This process will include checking CHAMPS for any additional insurance.
Things for Care Management to check are:

Is SCCMHA considered an IN network or OUT of network provider?
What will be covered by the insurance?
Is there special authorization that needs to be obtained prior to services rendered?

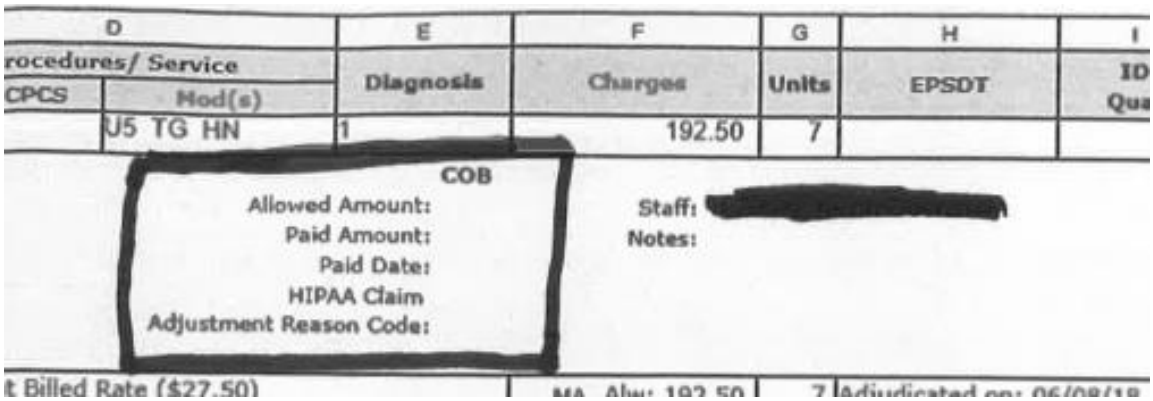
Once consumer comes for first appointment with either internal or external provider, another check of insurance will need to be completed, this can be completed by clerical staff or front desk associate for internal programs and by a process already in place for contracted providers.
All consumer insurance should be checked with an outside source such as CHAMPS prior to any service rendered.

Since Medicaid (SCCMHA) is payor of last resort, consumers that have other insurance coverage besides Medicaid should have those services billed to the other insurance prior to billing SCCMHA/Medicaid.

Provider can then bill the difference in "Allowed amount" and "Paid amount" up to what is noted in the provider contract to SCCMHA.
If provider receives a denial from an insurance company the following should be done:

a. If the denial is due to a provider not being registered with the insurance company, the provider should then register the staff person with the insurance company and rebill the insurance company.
b. If denial is due to the service not being covered, please determine why and note this on the claim under the COB area. Provide a copy of the COB to SCCMHA Claims Department.
c. If the denial is due to a staff not having the proper credentials to provide the service for the consumer. Provider needs to work to assure the proper credentialed staff person provides the service or discuss with Care Management about another option for the consumer to receive services.
d. If the denial is due to Prior Authorization needed. The Provider should contact the insurance company and ask for Prior Authorization to be waived and resubmit to the insurance company. SCCMHA will not pay a claim where Provider did obtain proper Prior Authorization.

- If it is determined that a consumer has coverage under two separate insurance policies, one being Medicaid, the insurance other than Medicaid will be billed for the services first.
- A claim in not clean if a claim has a consumer with Primary insurance and the claim is submitted without the COB information filled out, Sentri will provide an error message. See below sample.
- Providers are responsible for sending proof of COB with their claims when SCCMHA is not the primary payor. COB information can be submitted via fax 989-799-3918, via Sentri Email or mail via USPS Mail to SCCMHA Attn: Claims Department 500 Hancock St Saginaw MI 48602



| Reason Code | Description |
|---|---|
| LE03 – Changed to line adjustment | If COB is indicated in polices, and no COB data provider by the biller, deny the line. Service denied because PIHP/CMH is not primary payor and COB information not indicated for this service. |
| Adjudication Text: | **COB required and not indicated** |
| EDI Group/Reason Code: | OA/22 |

*An example would be:*
A consumer has Blue Cross Blue Shield of Michigan Insurance, which covers a portion of Mental Health Services and Medicaid Insurance. Blue Cross Blue Shield of Michigan will be billed the entire amount. In turn, BCBSM would pay its allotted amount for the services performed. Medicaid would then be billed for the balance. In order to determine how much Medicaid is responsible for paying, a copy of the insurance explanation of benefits would be submitted along with the request for payment.

- If this BCBSM insurance coverage did not cover Mental Health Services, then SCCMHA would be responsible for the Medicaid payment up to the provider's contracted amount.

*An example would be:*
A consumer has Blue Cross Blue Shield of Michigan Insurance, which does not cover Mental Health Services and Medicaid Insurance. The BCBSM insurance would be billed first. When the services are denied due to "not a covered benefit", then that insurance explanation of benefits would be submitted along with the request for payment for those services performed. If the services were mental health, SCCMHA would be responsible for the Medicaid payment up to the provider's contracted amount.

- If it is determined that a consumer has coverage under two separate insurance policies, one being Medicaid, and the consumer chooses not to use the commercial insurance, then the consumer is responsible for the entire amount of services performed.

*An example would be:*
A consumer has Blue Cross Blue Shield of Michigan Insurance, which covers a portion of Mental Health Services and Medicaid Insurance. Because the consumer is not willing to have the insurance company, who is responsible for covering the service, pay for its portion, the consumer will assume responsibility for the full amount of services performed.

- "For Medicaid eligible consumers, who have Medicare coverage, SCCMHA is responsible for any Medicare coinsurance and deductible payments up to the providers contracted amount for mental health services."

*An example would be:*
A consumer has Medicare primary with Medicaid secondary. The consumer goes into the hospital for psychiatric services. The provider would submit a bill to Medicare for services.

Medicare would pay at the Medicare rate excluding a $1,340.00 (2018) deductible. This deductible is the responsibility of Medicaid. If the services were mental health, SCCMHA would be responsible for that Medicare deductible up to the Medicaid fee screen allowed amount or the provider's contracted rate.

Medicaid is responsible for the $1,340.00 (2018) deductible every sixty (60) calendar days from the 1st admit date. This will be identified on the explanation of benefits provided by Medicare along with the amount it is paying. It is the responsibility of the provider to submit the Medicare explanation of benefits statement showing that Medicare did reimburse for services and a deductible is due, along with a clean claim in order to receive payment from SCCMHA.

Hospitalization coinsurance is handled in a similar manner. It is the responsibility of the provider to submit the Medicare explanation of benefits statement showing that Medicare did reimburse for services and a deductible is due, along with a clean claim in order to receive payment from SCCMHA up to the Medicaid fee screen amount or provider's contracted rate.

- There is no secondary Medicaid coverage for a Psychiatric Consult on a medical floor when the consumer has Medicare as primary. SCCMHA does not pay deductibles when a person is hospitalized on a medical floor even if psychiatric services are rendered.

<table>
<tr><th colspan="3">Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Ability to Pay Determination Process</td><td>Chapter: 09.02 - Finance Department Procedures</td><td>Subject No: 09.02.03.01</td></tr>
<tr><td colspan="3">  </td></tr>
<tr><td rowspan="2">Effective Date:<br>October 1, 2006</td><td>Date of Review/Revision:<br>10/1/02, 4/1/02, 4/5/06, 6/25/07, 5/17/10, 2/6/12, 6/15/12, 6/2/14, 5/2/18, 4/29/19, 6/5/19, 1/3/20</td><td rowspan="2">Approved By:<br>Laura Argyle, Chief Financial Officer / Chief Operating Officer<br><br>Authored By:<br>Brenda Mikesell, Admin Accounting Supervisor<br><br>Reviewed By:<br>Kristie Wolbert, Jennifer Keilitz, Colleen Sproul</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To establish a process which defines the financial liability for services received and ensures compliance with the Financial Liability/Ability to Pay Rules issued by the Michigan Department of Community Mental Health, SCCMHA will adhere to all guidelines pertaining to ability-to-pay (ATP) determinations.

**Application:**
Centralized Access & Intake Department Intake Specialists
Primary Case Holders (SCCMHA or Provider Network Teams)
Provider Network Front Desk / Receptionist / Billing / Administrative Staff
Finance Department Billing Staff
Administrative Accounting Supervisors
Chief Financial Officer / Chief Operating Officer
Provider Network Auditing Supervisor

**Policy:**
None

**Standards:**

1. An ATP assessment is required by the State of Michigan at initial intake and must be renewed annually.

    a. Consumers receiving services are assessed a fee for services according to their ability to pay.

    b. The charge for the services is capped at the lesser of the cost of the billable services rendered or the consumer's ATP amount.

    c. Consumers should be billed for the amount of the monthly ATP once each month in which services were provided.

    d. Willful failure to provide relevant financial information may result in the ATP determination to be the full cost of services received.

    e. Willful failure to have insurance benefits that cover the cost of services or coordinate health care benefits with primary insurance which may cover the costs of services may result in the ATP determination to be the amount of the insurance benefits that would be available.

2. Ability to Pay (ATP) determinations are to be completed PRIOR to services being rendered and services may be denied if a current completed and verified ATP is not on file. An individual shall not be denied properly approved and eligible services because of an inability of the responsible parties to pay for the service.

    a. Centralized Access and Intake department staff are responsible for the initial collection of demographic and financial information for new consumers. SCCMHA uses the Consumer Financial Information sheet (CFIS) to gather demographic and financial data needed to establish a consumer record and used for calculation of the ATP. Financial information includes the following as applicable (if financial information documents are not available services should not be delayed or denied):

        i. State of Michigan Income Tax Return
        ii. Recent paycheck stub
        iii. Divorce decree section on child health care responsibility
        iv. Insurance coverage benefits including copies of the front and back of the insurance card

    b. Primary Case Holders (SCCMHA or Provider Network Teams) are responsible for the annual review obtaining the CFIS information as well as Sate of Michigan Income Tax Return and proof of insurance coverage from the consumer annually during the Person Center Planning (PCP) process or whenever the consumer's income or insurance coverage changes.

c. ATP determinations are effective for one year.

3. The consumer's ATP amount is calculated based on the "Public Mental Health System Ability to Pay Schedule" (Attachment B).

   a. Consumers approved and covered by Medicaid or Healthy Michigan Plan will automatically have a $0.00 Ability to Pay.

   b. A Child in Foster Care does **not** have to complete the Employment/Income section of the CFIS. These consumers will automatically have $0.00 ATP.

   c. If consumer loses Medicaid eligibility or is placed on a Medicaid spend down, the Entitlements Department is to notify the Primary Case Holders (SCCMHA or Provider Network Teams of the need to perform an ATP determination.

4. Central Access and Intake Department is responsible for the establishment of Consumer records in Sentri including the initial population of the demographic data. Primary Case Holders (SCCMHA or Provider Network Teams), Home Health Specialists, and Provider Network Front Desk / Receptionist / Billing / Administrative Staff are responsible for verifying and updating consumer demographic information.

5. Finance Department Billing Staff are responsible for entering consumer financial information from the CFIS, insurance information, and the calculated ATP into Sentri and monitoring that ATP determination is current.

6. All ATP determinations should be made and entered into Sentri within 48 hours of receipt.

7. The performance of the functions discussed in this procedure must comply with the Health Insurance Accountability and Portability Act (HIPAA).

**Definitions:**
Provider Network Teams – individuals or organizations contracted by SCCMHA to provide services to SCCMHA consumers

Primary Case Holder- is a staff person who is assigned as such by Saginaw County Community Mental Health Authority and is designated in the electronic record.

Consumer – the minor or adult who receives services from SCCMHA or one of its contracted providers.

Ability to Pay (ATP) - the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code.

Person Responsible to Pay Bill – person/persons identified in CFIS as the "person responsible for consumer's medical and hospital expenses" (Parents/Spouse/Guardian

section)

Health Home Specialist - SCCMHA Customer Service Department front liner who is assigned to SCCMHA clinics and responsible for verifying eligibility and insurance coverage for consumers with appointments

Provider Network Front Desk / Receptionist / Billing / Administrative Staff – Provider Network staff expected to verify eligibility and insurance coverage for consumers with appointments

Cost of Services – The total operating and capital costs incurred by SCCMHA or Provider Network with respect to, or on behalf of a consumer. Cost of services does not include the costs of research programs or expenses unrelated to the provision of mental health services. Section 800 of the Mental Health Code.

Insurance Benefits – Payments made in accordance with insurance coverage for the cost of health care services provided to a consumer.

Insurance Coverage – Any policy, plan, program, or fund established or maintained for the purpose of providing for its participants or their dependents medical, surgical, or hospital benefits. Insurance coverage includes, but is not limited to, Medicaid or Medicare; policies, plans, programs, or funds maintained by nonprofit hospital services and medical care corporations, health maintenance organizations, and prudent purchaser organizations, and commercial, union, association, self-funded and administrative service policies, plans, program and funds.

Front Desk Face Sheet – A form designed to assist with verification of consumers information contained in Sentri.

**References:**

Michigan Mental Health Code – Act 258 of 1974, Chapter #8, Section – 330-1800 - 30.1844
SCCMHA Financial Liability for Mental Health Services Policy 05.02.06
SCCMHA Consumer Financial Information Sheet (CFIS) Instructions for Completion - 09.02.03.02
SCCMHA ATP - Entering Consumer Determination Amounts into Sentri 09.02.03.03
SCCMHA Consumer Financial Record - Updating Demographic and Self Pay Information 09.02.03.04
SCCMHA ATP Renewal Monitoring 09.02.03.05

**Exhibits:**

Exhibit A – Ability to Pay (ATP) Schedule
Exhibit B – Sample ATP Notification Letter

**Procedure:**

**A. Collection of Consumer Financial Information**

1. The Centralized Access and Intake Department initiates the financial determination during the initial assessment. Consumers should be informed of the need to bring income information and copies of any insurance coverages to their first appointment.

    a. The Intake Specialist assists the Consumer or Person responsible to pay bill with completing the Consumer CFIS form and collects applicable financial information. The Consumer or Person responsible to pay bill will be asked to sign the Signature Page of the CFIS and the Intake Specialist will sign as "Interviewer".

3. The Primary Case Holder (SCCMHA or Provider Network Teams) is to collect the consumer's CFIS form and required financial information as applicable during the annual Person Centered Planning (PCP) renewal process. The Consumer or Person responsible to pay will be asked to sign the Signature Page of the CFIS and the Primary Case Holder will sign as "Interviewer".

4. Completed CFIS forms and other required documentation are to be forwarded to the Finance Department Billing Staff. Delivery methods can be via Inter-Office mail attention Brenda Mikesell, by fax, or electronically using the one of the following email addresses:

    Finance Board OP: ATPBoardOP@sccmha.org
    SENRTI MAIL: finance atp

**B. Input of CFIS into Sentri**

1. All ATP information should be entered into Sentri within 48 hours of receipt.

2. Finance staff will verify insurance policies and enter information from the CFIS into Sentri.

3. Finance Staff will calculate the consumer ATP amount based on the "Public Mental Health System Ability to Pay Schedule" (Attachment B).

    a. If consumer has Medicaid or Healthy Michigan Plan or is in Foster Care, his/her ATP will be automatically $0.00 and should be entered as such under "Monthly Maximum Charge" of the Ability to Pay Calculation section of the CFIS.

    b. If consumer does **NOT** have Medicaid or Healthy Michigan Plan, income from line 16 of MI-1040 will be entered in the space provided under "Ability to Pay

Calculation" section of the Consumer Financial Information Sheet. Income determines the amount of the ATP based on the Public Mental Health System Ability to Pay Schedule (Attachment B). Enter the amount under "Monthly Maximum Charge" of the Ability to Pay Calculation section of the CFIS.

i. If a consumer does not have Medicaid, the SCCMHA Entitlements Department should be consulted to assist the consumer with completing a Medicaid application.

c. If consumer/person responsible to pay bill did **not** file a State of Michigan Income Tax Return, information provided in the CFIS will be used to calculate ATP.

i. If consumer is single, ATP will be calculated based consumer's income.
ii. If consumer is married, ATP will be calculated on both consumer and spouse incomes.
iii. If consumer is under 18, ATP will be calculated based on both parents' incomes.
iv. When a potential consumer is interested in receiving services from SCCMHA rather than with their primary insurance carrier, and if the consumer's ATP is greater than the insurance co-pay or the deductible, the consumer will be advised of the financial consequences of receiving services from SCCMHA or the contracted provider vs. their insurance provider. If the ATP determination is less than the insurance co-pay or deductible, the consumer will be informed by the Primary Case Holder of the amount due for services being rendered.

4. Finance Department Billing Staff will attach a scanned copy of the CFIS to the consumer record and forward the CFIS and the completed ATP determination letter the Primary Case Holder. See Exhibit B – Sample ATP Notification Letter.

5. The Primary Case Holder is responsible for informing the consumer/person responsible to pay bill of their ATP responsibility. The consumer/person responsible to pay bill has 30 days to appeal the decision.

**D. Change in Financial Situation**

ATP is to be recalculated when SCCMHA or Network Provider staff receive notification of a significant change in the financial situation of the consumer/person responsible to pay bill such as a loss of Medicaid or change in employment.

At each SCCMHA clinic appointment, the Health Home Specialist prints a Front Desk Face Sheet to facilitate the collection of changes in demographic or financial situation.

a. The face sheet is provided to the consumer/person responsible to pay bill.
b. Consumer/person responsible to pay bill is asked to verify the information printed

c. Corrected information is obtained and hand written in the spaces provided
   - The Home Health Specialist is responsible for inputting consumer demographic changes from the Face Sheet into Sentri.

d. The Health Home Specialist is to obtain a copy of the front and back of insurance card when changes are identified by the consumer.

e. When the Face Sheet contains changes in consumer financial information, it is to be forwarded to Finance Department Billing Staff along with applicable copies of the front and back of insurance cards for the consumer's record to be updated in Sentri

   i. If the answer to the change in financial situation question is "**Yes**", a new ATP determination is required. The Health Home Specialist is to provide the consumer/person responsible with a blank CFIS. The Health Home specialist will verify the completeness of form including obtaining the Consumer/Person Responsible to Pay's signature.

   ii. If consumer/person responsible refuses to sign, the Home Health Specialist will write a note regarding the refusal to sign hen initial and date

   iii. The Health Home Specialist will sign as Interviewer and write the current date in the space provided.

Network Providers are delegated the responsibility to establish a process to collect updated demographic and financial information from the consumer. Demographic information should be updated by the Network Provider and changes impacting consumer financial information should be followed as per e above.

| ACTION | RESPONSIBILITY |
|---|---|
| 1. At initial intake, collect consumer's CFIS including the signature page and applicable financial information.<br><br>**OR**<br><br>Collect CFIS and applicable financial information as applicable during the PCP renewal process.<br><br>Forward completed forms to Finance Department for processing using the following email addresses:<br><br>Finance ATP Board OP:<br>ATPBoardOP@sccmha.org<br>SENRTI MAIL: finance atp | Intake Specialist<br><br>Primary Case Holder (SCCMHA or Provider Network Team) |
| 2. Print Front Desk Face Sheet for each consumer coming in for an appointment for the purpose of identifying changes in demographic or financial situation.<br><br>If a change in financial information is identified, | Health Home Specialist<br><br>Provider Network must have a |

| | |
|---|---|
| print a CFIS and ask consumer/person responsible to pay complete the CFIS.<br>• If the answer to "worker's compensation" or "auto accident" question on Front Desk Face Sheet is "yes", give copy to A/R Billing & Reimbursement Assistant.<br>Forward completed forms to Finance Department for processing using the following email addresses:<br>Finance ATP Board OP:<br>ATPBoardOP@sccmha.org<br>SENRTI MAIL: finance atp | similar procedure in place |
| 4. Verify consumer's insurance policies. | Finance Department Billing Staff |
| 5. Calculate ATP and enter ATP amount in space provided in CFIS. | Finance Department Billing Staff |
| 6. Enter consumer's financial information and ATP into Sentri. | Finance Department Billing Staff |
| 7. Scan consumer's CFIS into Sentri within 48 hours of receipt. | Finance Department Billing Staff |
| 8. Give copy of CFIS with calculated ATP amount to Primary Case Holder. | Finance Department Billing Staff |
| 9. Inform consumer/person responsible to pay of his/her ATP amount via an ATP Notification Letter. | Primary Clinical Case Holder |

## Exhibit A – Ability to Pay (ATP) Schedule




PUBLIC MENTAL HEALTH SYSTEM
ABILITY-TO-PAY SCHEDULE

| STATE TAXABLE INCOME | | | ABILITY TO PAY MONTHLY |
|---|---|---|---|
| $0.00 | to | $6,000.00 | $0.00 |
| $6,001.00 | to | $7,000.00 | $0.00 |
| $7,001.00 | to | $8,000.00 | $0.00 |
| $8,001.00 | to | $9,000.00 | $0.00 |
| $9,001.00 | to | $10,000.00 | $0.00 |
| $10,001.00 | to | $11,000.00 | $11.00 |
| $11,001.00 | to | $12,000.00 | $14.00 |
| $12,001.00 | to | $13,000.00 | $18.00 |
| $13,001.00 | to | $14,000.00 | $22.00 |
| $14,001.00 | to | $15,000.00 | $27.00 |
| $15,001.00 | to | $16,000.00 | $32.00 |
| $16,001.00 | to | $17,000.00 | $38.00 |
| $17,001.00 | to | $18,000.00 | $45.00 |
| $18,001.00 | to | $19,000.00 | $53.00 |
| $19,001.00 | to | $20,000.00 | $62.00 |
| $20,001.00 | to | $21,000.00 | $72.00 |
| $21,001.00 | to | $22,000.00 | $83.00 |
| $22,001.00 | to | $23,000.00 | $95.00 |
| $23,001.00 | to | $24,000.00 | $108.00 |
| $24,001.00 | to | $25,000.00 | $122.00 |
| $25,001.00 | to | $26,000.00 | $137.00 |
| $26,001.00 | to | $27,000.00 | $153.00 |
| $27,001.00 | to | $28,000.00 | $170.00 |
| $28,001.00 | to | $29,000.00 | $188.00 |
| $29,001.00 | to | $30,000.00 | $206.00 |
| $30,001.00 | to | $31,000.00 | $225.00 |
| $31,001.00 | to | $32,000.00 | $244.00 |
| $32,001.00 | to | $33,000.00 | $264.00 |
| $33,001.00 | to | $34,000.00 | $284.00 |
| $34,001.00 | to | $35,000.00 | $304.00 |
| $35,001.00 | to | $36,000.00 | $324.00 |
| $36,001.00 | to | $37,000.00 | $344.00 |
| $37,001.00 | to | $38,000.00 | $364.00 |
| $38,001.00 | to | $39,000.00 | $384.00 |
| $39,001.00 | to | $40,000.00 | $405.00 |
| $40,001.00 | to | $41,000.00 | $426.00 |
| $41,001.00 | to | $42,000.00 | $447.00 |
| $42,001.00 | to | $43,000.00 | $468.00 |
| $43,001.00 | to | $44,000.00 | $489.00 |
| $44,001.00 | to | $45,000.00 | $510.00 |
| $45,001.00 | to | $46,000.00 | $531.00 |
| $46,001.00 | to | $47,000.00 | $552.00 |
| $47,001.00 | to | $48,000.00 | $573.00 |
| $48,001.00 | to | $49,000.00 | $594.00 |
| $49,001.00 | to | $50,000.00 | $615.00 |

For state taxable income over $50,000.00, ability to pay shall be 15% of that income.

Note: If available, Line 16 or Line 9 (on the E-Z form) of the Michigan Tax Return is the amount to be used.

## Exhibit B – Sample ATP Notification Letter

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

April 26, 2016

Mr. Sunny Day
12345 Main Street
Saginaw, MI 48602

Dear Mr. Day:

Re: **Spring Day ID # 456789**

Thank you for completing the Consumer Financial Information Sheet for **Spring Day.** This process is necessary to update the consumer's insurance and assess ability to pay for services rendered. The information collected also assures that we are able to bill insurance for services provided by SCCMHA.

This letter is to notify you that her ability to pay for services provided by SCCMHA has been calculated at **$22.84** per month, effective **April 25, 2016**. If you do not agree with this assessment, you have 30 days in which to file a written request for re-determination.

If you have any questions, please feel free to contact me at (989) 797-3400 or your Case Holder, Honey Bee.

Sincerely,

**Apple Blossom**
Front Desk Associate

Cc: Honey Bee
Case Holder Supervisor
Brenda Mikesell
Kim Hall
Janet Miller
Jennifer Keilitz (for Network Provider ATPs)
file

500 Hancock St., Saginaw, MI 48602 Phone: (989) 797-3400

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Consumer Financial Information Sheet (CFIS) Instructions for Completion | **Chapter**: 09.02 - Finance Department Procedures | **Subject No:** 09.02.03.02 |
|  | | |
| **Effective Date:**<br>January 1, 2012 | **Date of Review/Revision:**<br>2/6/12, 6/15/12, 5/2/16, 5/2/18, 5/14/19, 1/3/20<br><br>**Supersedes:**<br>"SCCMHA Insurance/Financial Information & Payment Agreement" form effective January 01, 2012. | **Approved By:**<br>Laura Argyle, Chief Financial Officer / Chief Operating Officer<br><br>**Authored By:**<br>Brenda S. Mikesell, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Finance Department Billing Staff |

**Purpose:**
To provide instructions on how to properly completed the Customer Financial Information Sheet.

**Application:**
Clinical Case Holders (SCCMHA or Provider Network Teams)
Finance Department Billing Staff
Provider Network Front Desk / Receptionist / Billing / Administrative Staff
Administrative Accounting Supervisors
Chief Financial Officer/Chief Operating Officer
Provider Network Auditing Supervisor

**Policy:**
None

**Standards:**
None

**Definitions:**
Provider Network Teams – individuals or organizations contracted by SCCMHA to provide services to SCCMHA consumers

Primary Case Holder- is a staff person who is assigned as such by Saginaw County Community Mental Health Authority and is designated in the electronic record.

Consumer – the minor or adult who receives services from SCCMHA or one of its contracted providers.

Person Responsible to Pay Bill – the person financially liable for services furnished, which includes the consumer and, as applicable, the consumer's spouse and parent or parents of minor.

Ability to Pay (ATP) - the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code.

Consumer Financial Information Sheet (CFIS) – the document used by SCCMHA to gather demographic and financial data used for calculating Ability to Pay (ATP).

Health Home Specialist - SCCMHA Customer Service Department front liner who is assigned to SCCMHA clinics and responsible for verifying eligibility and insurance coverage for consumers with appointments

Provider Network Front Desk / Receptionist / Billing / Administrative Staff – Provider Network staff expected to verify eligibility and insurance coverage for consumers with appointments

**References:**
SCCMHA Policy 05.02.06 - Financial Liability for Mental Health Services
SCCMHA Procedure 09.02.03.01– Ability to Pay Determination Process

**Exhibits:**
A – SCCMHA Consumer Financial Information Sheet (CFIS)
B – SCCMHA Consumer Financial Information Sheet (CFIS) done during Person Centered Planning Process

**Procedure:**
The Central Access and Intake Department and Primary Case Holder is responsible for collecting the attached "SCCMHA Consumer Financial Information Sheet" (CFIS). The CFIS replaces "SCCMHA Insurance/Financial Information & Payment Agreement" form effective January 2012. This is done during initial intake and renewed annually during the Person Centered Planning process.

A blank CFIS is available in the SCCMHA website at this link: https://www.sccmha.org/intranet/finance/

A copy of the latest State of Michigan Income Tax (MI-1040) return is required to calculate Ability to Pay (ATP) per the Mental Health Code. If a State of Michigan Income Tax return was not filed, the financial information provided in the CFIS will be used to calculate ATP.

Following are the detailed instructions:

## 1. CONSUMER INFORMATION

- **Consumer Information**

Ensure all information is accurate and complete, especially Soc Sec # and Date of Birth. If the client has a guardian/payee, it is preferable that the payee sign the CFIS. If they are not present, a copy should be sent to the payee and/or guardian with a letter explaining the Ability to Pay liability.

Verify that address is current and complete and phone numbers are current.

- **Parents/Spouse/Guardian**

If consumer is married, enter name of spouse; if consumer is a minor, enter the name of mother and father. If mother and/or father is responsible to pay bill, check the box below the mother's/father's name that says "responsible for consumer's medical and hospital expenses".

Enter the name/s of the person/s responsible to pay bill in the space provided.

If consumer is responsible to pay for his/her bill, check "self", otherwise check "spouse", "child", or "other", whichever applies. If "other", indicate consumer's relationship (e.g., guardian or payee). Provide complete address of person responsible to pay bill.

## 2. EMPLOYMENT/INCOME

**If consumer is a child in Foster Care, do not complete the Employment/Income section. Skip to "3. Income Tax" section.**

- **Consumer's Employment/Income**

Consumer's Type of Employment - check the box that best describes the consumer's employment situation.

If consumer is employed, indicate the name of employer and employment income; indicate whether this income is per week, month or year by checking the appropriate box.

Provide details of other income (non-taxable income) in the spaces provided for each type of income indicated, as applicable. This is important for state reporting purposes.

- **Spouse's Employment/Income**

If consumer is married, indicate the name of his/her spouse's employer and employment income; indicate whether this income is per week, month or year by checking the appropriate box.

Provide details of spouse's other income (non-taxable income) in the spaces provided for each type of income indicated, as applicable. This is important for state reporting purposes.

- **Mother's Employment/Income**

If consumer is a minor, indicate the name of the mother's employer and employment income; indicate whether this income is per week, month or year by checking the appropriate box.

Provide details of other income (non-taxable income) in the spaces provided for each type of income indicated, as applicable. This is important for state reporting purposes.

- **Father's Employment/Income**

If consumer is a minor, indicate the name of the father's employer and employment income; indicate whether this income is per week, month or year by checking the appropriate box.

Provide details of other income (non-taxable income) in the spaces provided for each type of income indicated, as applicable. This is important for state reporting purposes.

**3. INCOME TAX**

This section pertains to the **"person responsible to pay bill".**

- # of exemptions claimed on your federal taxes – enter the number of exemptions claimed on this person's most recently filed Federal Income Tax return.

- # of individuals 65 or older – enter the number of individuals 65 or older claimed on this person's most recently filed Federal Income Tax return.

- # of individuals qualifying for special exemption – enter the number of individuals who are blind, deaf, or totally and permanently disabled claimed on this person's most recently filed Federal Income Tax return.

**4. INSURANCE**

- Indicate **ID numbers** if consumer is covered by the following insurance:
  **Medicaid ID #:**
  **Medicare ID#:**

- **Other Insurance:** if consumer is covered by other insurance, please provide the following information **for each of the insurance companies**:
  **Name of Insurance**: example: Blue Cross Blue Shield of Michigan
  **Effective Date**: date insurance policy is effective
  **Contract #**: (found on the insurance card)
  **Policy#:** (found on the insurance card)
  **Group #:** (found on the insurance card)
  **Policy Holder Name:** name of holder of insurance policy
  **Relationship to Consumer:** policy holder's relationship to consumer
  **Date of Birth**: date of birth of policy holder
  **Soc Sec#**: Social Security Number of Policy holder

## 5. ABILITY TO PAY CALCULATION (SCCMHA/PROVIDER USE ONLY)

## 6. SIGNATURES

- Go over each of the bulleted statements with the consumer/person responsible to pay bill. Let the consumer/person responsible to pay bill know that they need to inform you if there is any change in their insurance or financial situation.

- Let the consumer/person responsible to pay bill sign and date in the spaces provided.

- Sign as interviewer and write date of interview on space provided.

After the above form is completed, Case Holder has to input the data collected into the Consumer's file in Sentri. When this is done, hard copies of these documents should be submitted to the Front Desk Associate assigned to the area. The FDA then calculates the monthly ATP (see number 5 above); enters the financial information into Sentri and scans these documents into the Consumer's file in Sentri. In areas where there is no FDA assigned, the completed forms should be sent to the Administrative Accounting Supervisor responsible for the FDAs. The designated FDA will then enter and scan these documents into Sentri.

CFIS information has to be entered and scanned into Sentri within 48 hours of receipt.

## 7. Full Financial Determination (Long Form) ATP

The Full Financial Determination (Long Form) ATP requires the submission of a detailed listing of consumer's assets, liabilities, income, and expenses. This is normally used for residential consumers, ATPs that are recalculated as a result of an appeal process, and for consumers who are denied Medicaid due to excess income/assets.

In cases where a consumer is denied Medicaid due to excess assets, the Entitlement

Supervisor sends a request to the Administrative Accounting Supervisor to send a long form ATP request to the consumer/person responsible to pay bills.

When the information is received, the Administrative Accounting Supervisor calculates the ATP and sends the ATP calculation to the FDA. FDA enters ATP and scans ATP calculation and documents submitted into consumer's Self-Pay policy in Sentri and notifies consumer/person responsible to pay, Entitlements Supervisor, Case Holder, and Case Holder Supervisor.

See Attachment C for sample of Full Financial Liability Determination (Long Form) ATP form.

| ACTION | RESPONSIBILITY |
|---|---|
| 1. During initial intake process, complete the "CFIS" form based on information provided by consumer/responsible party and have consumer/responsible party sign the form.<br>OR<br>During the annual PCP process | Central Access and Intake Department - Intake Specialist<br><br>Primary Case Holder |
| 2. Submit completed and signed forms to Finance Department Billing Staff. | Intake Specialist / Primary Case Holder |

## Exhibit A – Consumer Financial Information Sheet (CFIS)

sentri

# *Consumer Financial Information Sheet*

**CONSUMER INFORMATION**

**Consumer Information**

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| | | | |

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

| DATE OF BIRTH | AGE | GENDER | SOC SEC # | HOME PHONE |
|---|---|---|---|---|
| | | ☐ Male ☐ Female | | |

MARITAL STATUS

☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

CELL PHONE

PRIMARY CARE PHYSICIAN AND / OR NAME OF CLINIC

OTHER PHONE

**Parents / Spouse / Guardian**

| SPOUSE'S NAME | GUARDIAN'S NAME |
|---|---|
| | |

| MOTHER'S NAME (if minor) | FATHER'S NAME (if minor) |
|---|---|
| ☐ responsible for consumer's medical and hospital expenses | ☐ responsible for consumer's medical and hospital expenses |

NAME OF PERSON RESPONSIBLE TO PAY BILL

CONSUMER'S RELATIONSHIP TO PERSON RESPONSIBLE TO PAY BILL

☐ Self ☐ Spouse ☐ Child ☐ Other _____

| STREET ADDRESS OF PERSON RESPONSIBLE TO PAY BILL | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

**EMPLOYMENT / INCOME**

***If consumer is eligible for MIChild, ABW or is in Child Foster Care, Do NOT complete this section***

**Consumer's Employment / Income**

CONSUMER'S TYPE OF EMPLOYMENT

☐ Employed full-time (30+ hrs/wk)
☐ Employed part-time (<30 hrs/wk)
☐ Unemployed (looking for work / laid off)
☐ In unpaid work (volunteer, internship)
☐ Self-employed (micro-enterprise)
☐ Sheltered workshop or facility-based work
☐ Enclaves / mobile crews (hotel crews)
☐ Facility-based activity program (day program, respite)
☐ Not in the competitive work force (homemaker, child, retired)

**Does consumer earn minimum wage or higher?** ☐ Yes ☐ No

NAME OF EMPLOYER

EMPLOYMENT INCOME

$_____ per ☐ Week ☐ Month ☐ Year

CONSUMERS OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

**Spouse's Employment / Income**

NAME OF EMPLOYER

EMPLOYMENT INCOME

$_____ per ☐ Week ☐ Month ☐ Year

SPOUSE'S OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

2/6/2012 10:04:03AM Page 1 of 4

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| | | | |

**Mother's Employment / Income**

NAME OF EMPLOYER

EMPLOYMENT INCOME

$_____ per ☐ Week ☐ Month ☐ Year

MOTHER'S OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

**Father's Employment / Income**

NAME OF EMPLOYER

EMPLOYMENT INCOME

$_____ per ☐ Week ☐ Month ☐ Year

FATHER'S OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

**INCOME TAX**

# OF EXEMPTIONS CLAIMED ON YOUR FEDERAL TAXES

# OF INDIVIDUALS 65 OR OLDER

# OF INDIVIDUALS QUALIFYING FOR SPECIAL EXEMPTIONS
*(blind, deaf, or totally and permanently disabled)*

# OF CHILDREN AGES 18 AND UNDER CLAIMED IN MI EXCEMPTIONS

**INSURANCE**

MEDICAID ID #

☐ Verified by staff ☐ Not verified

ABW ID #

☐ Verified by staff ☐ Not verified

MEDICARE ID #

☐ Verified by staff ☐ Not verified

MI CHILD ID #

☐ Verified by staff ☐ Not verified

**Other Insurance** ☐ Verified by Staff ☐ Not verified

NAME OF INSURANCE

EFFECTIVE DATE

CONTRACT #

POLICY #

GROUP #

POLICY HOLDER NAME

RELATIONSHIP TO CONSUMER

DATE OF BIRTH

SOC SEC #

NAME OF INSURANCE

EFFECTIVE DATE

CONTRACT #

POLICY #

GROUP #

POLICY HOLDER NAME

RELATIONSHIP TO CONSUMER

DATE OF BIRTH

SOC SEC #

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| | | | |

| NAME OF INSURANCE | | EFFECTIVE DATE |
|---|---|---|
| | | |
| **CONTRACT #** | **POLICY #** | **GROUP #** |
| | | |
| **POLICY HOLDER NAME** | | **RELATIONSHIP TO CONSUMER** |
| | | |
| **DATE OF BIRTH** | | **SOC SEC #** |
| | | |

| ABILITY TO PAY CALCULATION (SCCMHA / PROVIDER USE ONLY) | |
|---|---|
| State taxable income derived from the Michigan Income Tax Return on the responsible parties (line 16 of MI-1040) | |
| *Based on the above amount, refer to ATP schedule to determine ATP* | |
| Monthly Maximum Charge (Calculated Ability to Pay) | Date of Ability to Pay Determination |

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| | | | |

## SIGNATURES

- I agree that the information used in the determination of my (or my dependent's) ability to pay is accurate.
- I agree to notify the **SCCMHA Reimbursement Department** if any of this information changes while I am being treated by SCCMHA.
- I understand that the Client Financial Record describes my ability to pay for any mental health services that I (or my dependent) receive from SCCMHA.
- I understand that SCCMHA may need to release my health information to insurance companies and/or third party payers to receive payment for services or benefits that I receive. I give permission to SCCMHA to release my health information for that purpose.
- I give permission for SCCMHA to receive payments directly, (that otherwise may be payable to me) for services or benefits given in the examination and/or treatment of my (or my dependent's) condition.
- I understand that if I receive any payment from an insurance company for services which were provided, I must immediately give that payment to SCCMHA.
- I understand that my financial liability is the amount decided to be my monthly ability to pay **plus** any amount the insurance company may pay. The total of my monthly ability to pay plus insurance benefits will not exceed the total charge of the service.
- I understand that if I (or my dependent) have a zero ability to pay due to active Medicaid, ABW or MI Child coverage, I am responsible to notify the **SCCMHA Reimbursement Department** immediately of any change to my Medicaid, ABW or MI Child coverage.
- I understand that I will be required to gather data about my financial situation if I no longer have Medicaid, ABW or MI Child coverage.
- I understand that if SCCMHA is responsible for residential services for me (or my dependent), I will be required to provide full financial information, including all income, expenses, assets and liabilities.

SIGNATURE OF PERSON RESPONSIBLE TO PAY BILL _____ DATE _____

SIGNATURE OF INTERVIEWER _____ DATE _____

## Exhibit B – Financial Liability Determination (Long Form) ATP

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

### SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
### FINANCIAL LIABILITY DETERMINATION

In order to determine your ability to pay, please complete this form.
Failure to complete this form promptly could put you at risk for being billed for services.

**CLIENT INFORMATION:**

| Case # | Date of Birth: | Social Security # |
|---|---|---|
| Name | | |

**RESPONSIBLE PARTY INFORMATION: (If other than above)**

| | |
|---|---|
| Name | |
| Address | |
| City, State, Zip Code | Telephone # |
| Relationship to Client: | |

**INCOME & ASSETS:**

**Please provide the following information requested as of _____**

| TYPE OF BENEFIT RECEIVED | MONTHLY AMOUNT OF BENEFIT RECEIVED | NAME OF PAYEE |
|---|---|---|
| SOCIAL SECURITY: | | |
| VETERAN'S BENEFITS: | | |
| SSI BENEFITS: | | |
| EMPLOYMENT INCOME: | | |

| | | |
|---|---|---|
| PENSION INCOME: | | |
| OTHER: INTEREST, CHILD SUPPORT, ETC. (PLEASE SPECIFY) | | |
| | | |

**Please provide the following information requested as of _____**

| TYPE OF ASSET | BALANCE/VALUE OF ASSET | LOCATION OF ASSET |
|---|---|---|
| SAVINGS ACCOUNT: | | |
| CHECKING ACCOUNT: | | |
| BURIAL FUND: | | |
| BURIAL SPACE: (CASKET, MARKET, VAULT, PLOT) | | |
| CASH ON HAND: | | |
| STOCKS/BONDS: (CURRENT VALUE) | | |
| LIFE INSURANCE: (CASH VALUE) | | |
| TRUST FUND: | | |
| CERTIFICATES OF DEPOSIT: | | |
| REAL & PERSONAL: (BOAT, SECOND CAR OR SECOND HOME, ETC.) | | |
| OTHER: (PLEASE SPECIFY) | | |

**EXPENSES & LIABILITIES:**

**Please provide the following information requested as of _____**

| TYPE OF EXPENSE | AMOUNT OF EXPENSE | COMPANY OWED/ OTHER SPECIFIC INFO. |
|---|---|---|
| GUARDIAN FEE: | | |
| ATTORNEY FEE: | | |
| INSURANCE PREMIUM: | | |
| MORTGAGE/RENT, INCLUDING UTILITIES: | | |
| MEDICAL SERVICES: | | |
| TAXES: (INCOME & PROPERTY) | | |
| ELEMENTARY/ SECONDARY EDUCATION: | | |
| OTHER PERSONAL DEBT: (ACQUIRED PRIOR TO REQUESTING SERVICES) | | |
| COURT-ORDERED PMTS: (GARNISHMENTS, CHILD SUPPORT) | | |
| TRANSPORTATION: | | |
| OTHER: (PLEASE SPECIFY) | | |
| OTHER: (PLEASE SPECIFY) | | |

I certify that the information contained in this form is correct, and I agree to notify Saginaw County Community Mental Health Authority of any changes in this information during the course of treatment. Further, I authorize payment directly to Saginaw County Community Mental Health Authority for any third-party insurance benefits to which I am entitled and authorize the release of information needed to process third-party insurance claims.

Name of Person Completing Form: _____

Relationship to Consumer: _____

Signature: _____ Date: _____

Daytime Phone #: _____

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>Consumer Record - Updating Demographic Information into Sentri | **Chapter:** 09.02 - Finance Department Procedures | **Subject No:** 09.02.03.03 |
| | | |
| **Effective Date:**<br>October 1, 2006 | **Date of Review/Revision:**<br>1/3/20, 4/29/19, 5/17/18, 5/17/10, 4/1/07<br>**Supersedes:** | **Approved By**:<br>Laura Argyle, Chief Financial Officer / Chief Operating Officer<br><br>**Authored By:**<br>Brenda Mikesell, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Finance Department Billing Staff |

**Purpose:**
To provide instructions on how to collect and update consumer demographic information in Sentri.

**Application:**
Centralized Access & Intake Department Intake Specialists
Primary Case Holders (SCCMHA or Provider Network Teams)
Provider Network Front Desk / Receptionist / Billing / Administrative Staff
Finance Department Billing Staff
Clinical Caseworker
Administrative Accounting Supervisors
Chief Financial Officer/ Chief Operating Officer

**Policy:**
SCCMHA Financial Liability for Mental Health Services Policy 05.02.06

**Standards:**
- Consumer information should be verified prior to or during each appointment.
- All Information should be entered into Sentri within 48 hours of receipt.

**Definitions:**
Provider Network Teams – individuals or organizations contracted by SCCMHA to provide services to SCCMHA consumers

Primary Case Holder- is a staff person who is assigned as such by Saginaw County Community Mental Health Authority and is designated in the electronic record.

Consumer – the minor or adult who receives services from SCCMHA or one of its contracted providers.

Person Responsible to Pay Bill – person/persons identified in CFIS as the "person responsible for consumer's medical and hospital expenses" (Parents/Spouse/Guardian section)

Health Home Specialist - SCCMHA Customer Service Department front liner who is assigned to SCCMHA clinics and responsible for verifying eligibility and insurance coverage for consumers with appointments

Provider Network Front Desk / Receptionist / Billing / Administrative Staff – Provider Network staff expected to verify eligibility and insurance coverage for consumers with appointments

Front Desk Face Sheet – A form designed to assist with verification of consumers information contained in Sentri.

**References:**
Consumer Financial Information Sheet (CFIS) Instructions for Completion - 09.02.03.02

**Exhibits:**
None

**Procedure:**

1. Central Access and Intake Department staff are expected to establish the initial consumer record and populate demographic information from the Consumer Financial Information Sheet (CFIS).

2. Health Home Specialists and Provider Network Front Desk / Receptionist / Billing / Administrative Staff – Provider Network staff are expected perform the following for all consumers with appointments:

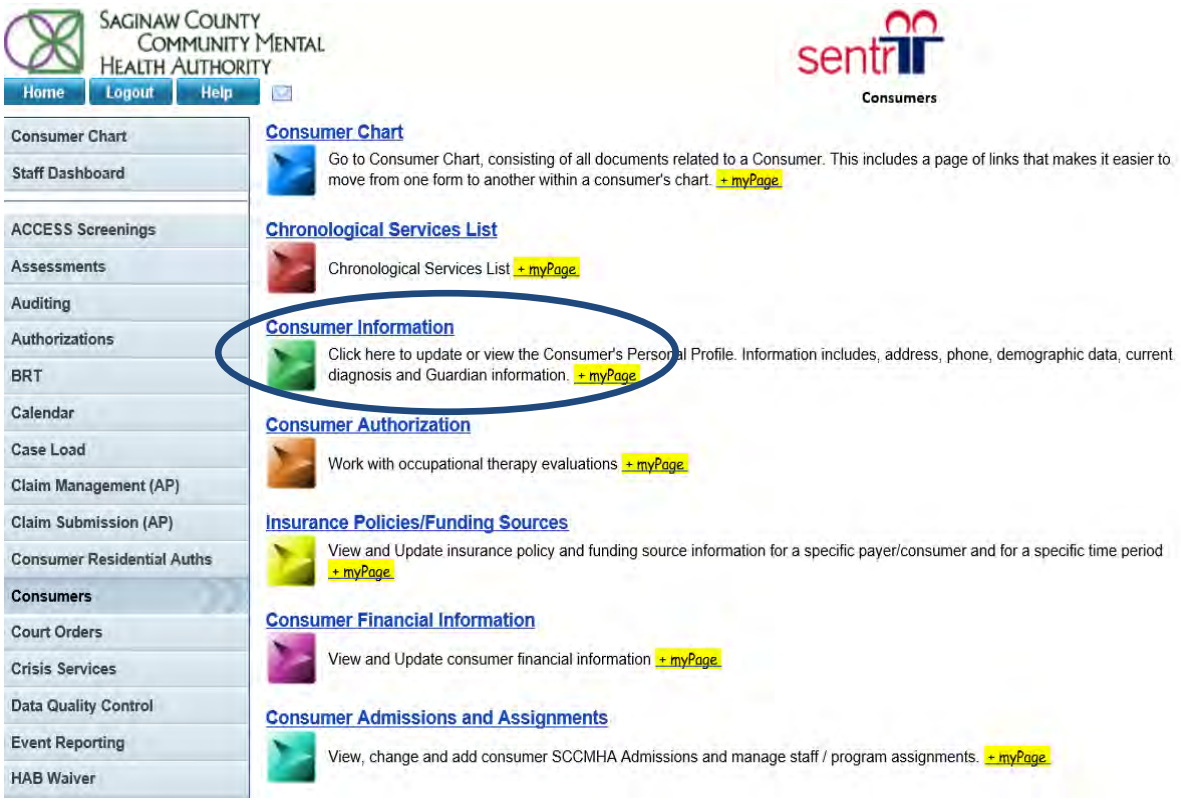
    a. Verify eligibility and insurance coverage for consumers with appointments.
    b. Ask consumer whether the demographic financial situation of the person responsible to pay bill has changed.

SCCMHA uses the Front Desk Face Sheet to facilitate the collection of such data. Network Providers are delegated the responsibility to establish a process to collect updated demographic and financial information from the consumer.

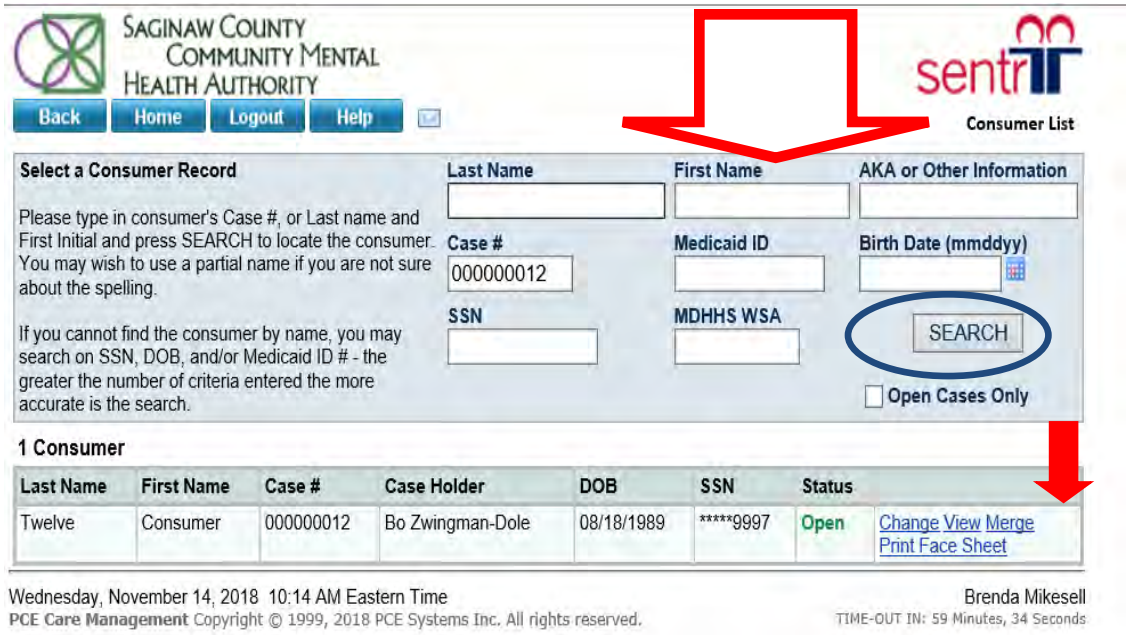
3. Demographic change to the consumer's financial record are to be made by the Health Home Specialists, Provider Network Front Desk / Receptionist / Billing / Administrative Staff – Provider Network staff and Primary Case Holders (SCCMHA or Provider Network Teams) as follows:

## Updating Demographics Information

From the main menu, click on Consumer Information

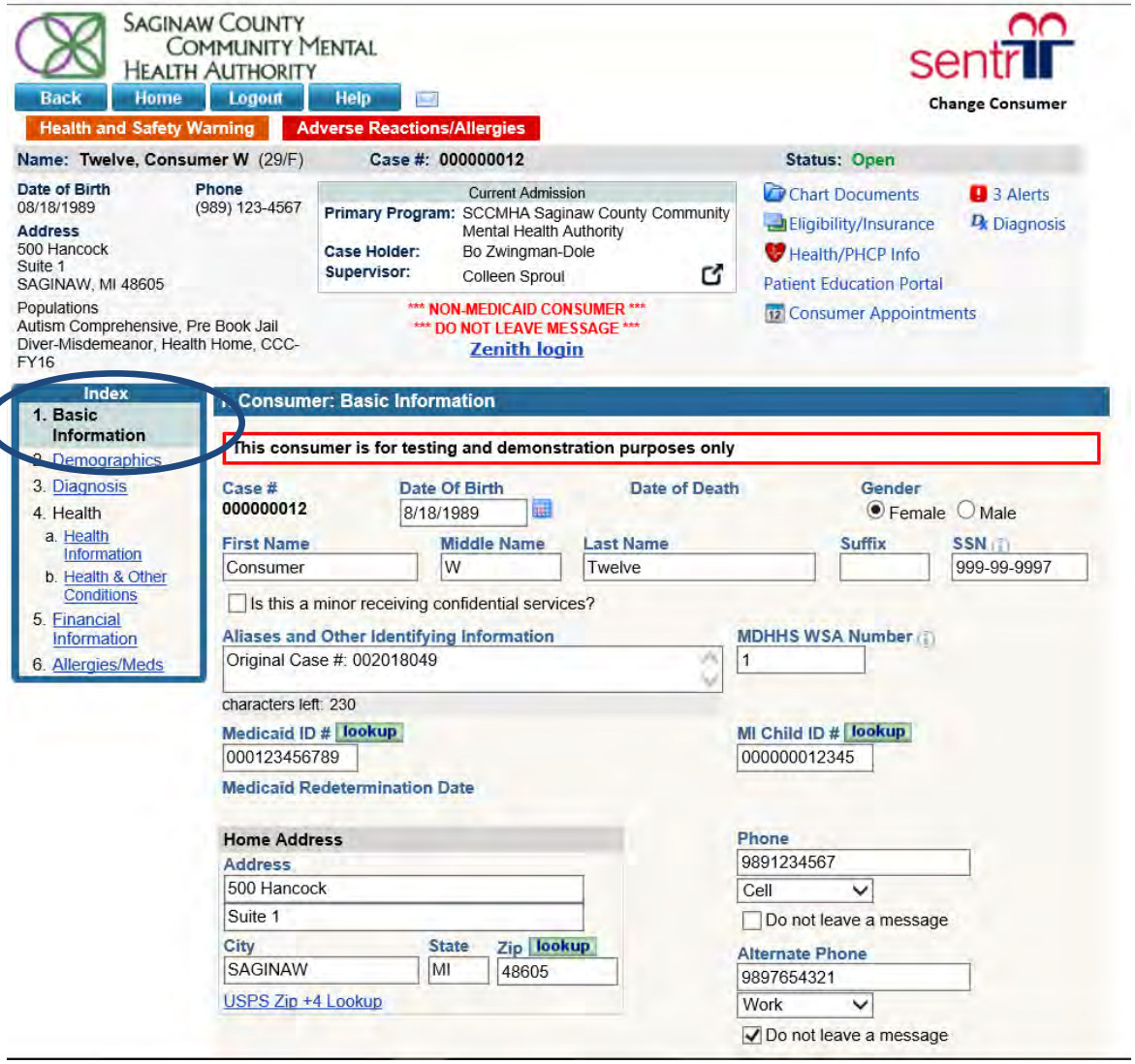


Enter consumer name/case number to find the consumer you are working with.
Click on the Search button.
Click on Change on the bottom right side of your screen.



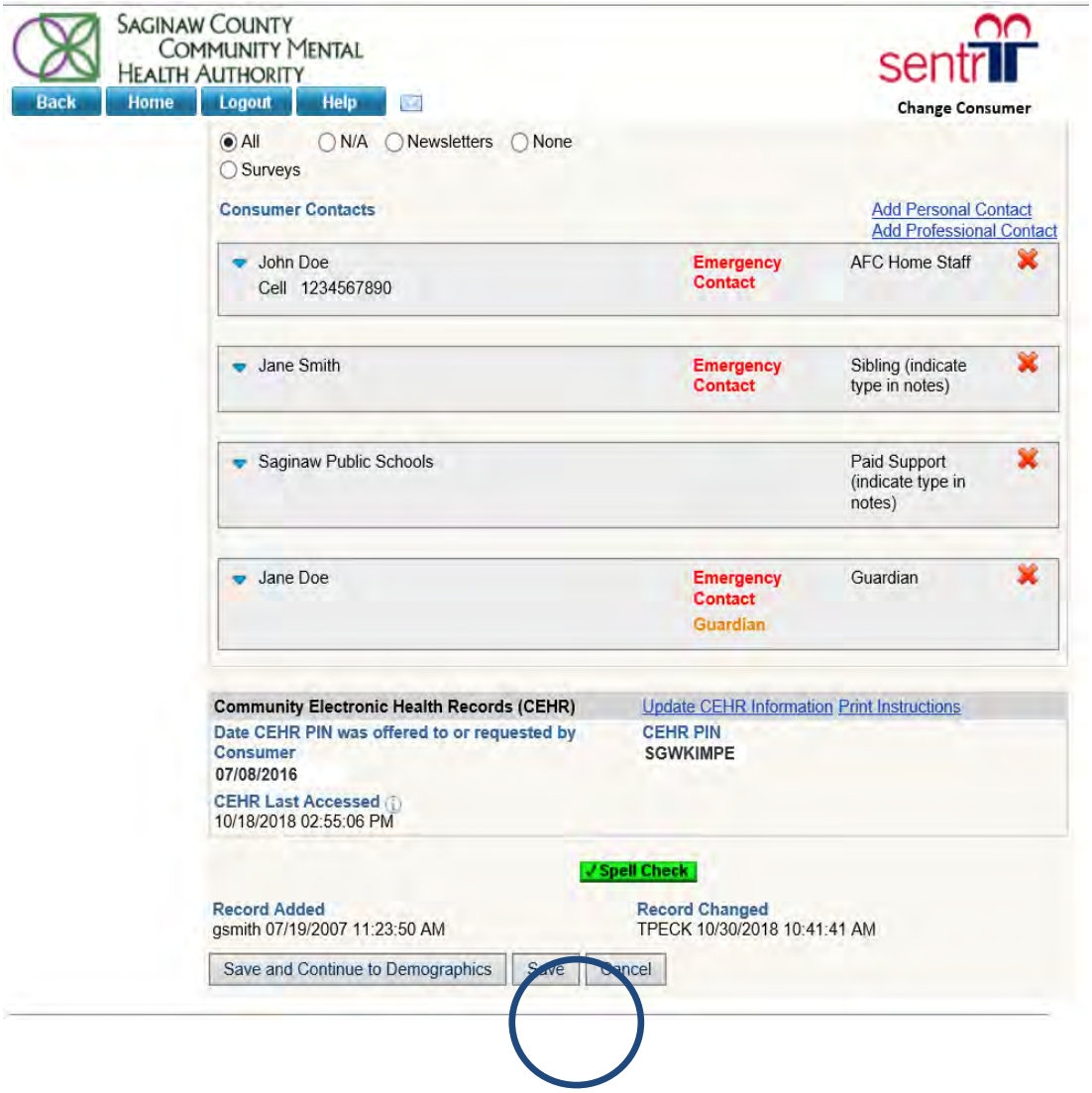
The screen below will appear.

Click on Basic Information on the left side of the screen.




Make the changes as applicable. When all the information is entered, click on Save at the

bottom of the screen.




| ACTION | RESPONSIBILITY |
|---|---|
| 1. Enter/update consumer's basic information and financial information into Sentri. | Finance Department Billing Staff |

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>Consumer Record - Entering ATP – Financial Information into Sentri | **Chapter:** 09.02 - Finance Department Procedures | **Subject No:** 09.02.03.04 |
|  | | |
| **Effective Date:**<br>January 3, 2020 | **Date of Review/Revision:**<br><br>**Supersedes:** | **Approved By**:<br>Laura Argyle, Chief Financial Officer / Chief Operating Officer<br><br>**Authored By:**<br>Brenda Mikesell, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Finance Department Billing Staff |

**Purpose:**
To provide instructions on how to enter consumer financial information / ATP determinations in Sentri.

**Application:**
Finance Billing Staff
Administrative Accounting Supervisors
Primary Case Holders (SCCMHA or Provider Network Teams)
Chief Financial Officer / Chief Operating Officer

**Policy:**
None

**Standards:**
1. ATP determinations are effective for one year.
2. All ATP determinations should be made and entered into Sentri within 48 hours of receipt.
3. The performance of the functions discussed in this procedure must comply with the Health Insurance Accountability and Portability Act (HIPAA).

**Definitions:**
Consumer – the minor or adult who receives services from SCCMHA or one of its contracted providers.

Primary Case Holder- is a staff person who is assigned as such by Saginaw County Community Mental Health Authority and is designated in the electronic record.

Ability to Pay (ATP) - the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code.

Person Responsible to Pay Bill – person/persons identified in CFIS as the "person responsible for consumer's medical and hospital expenses" (Parents/Spouse/Guardian section)

Insurance Benefits – Payments made in accordance with insurance coverage for the cost of health care services provided to a consumer.

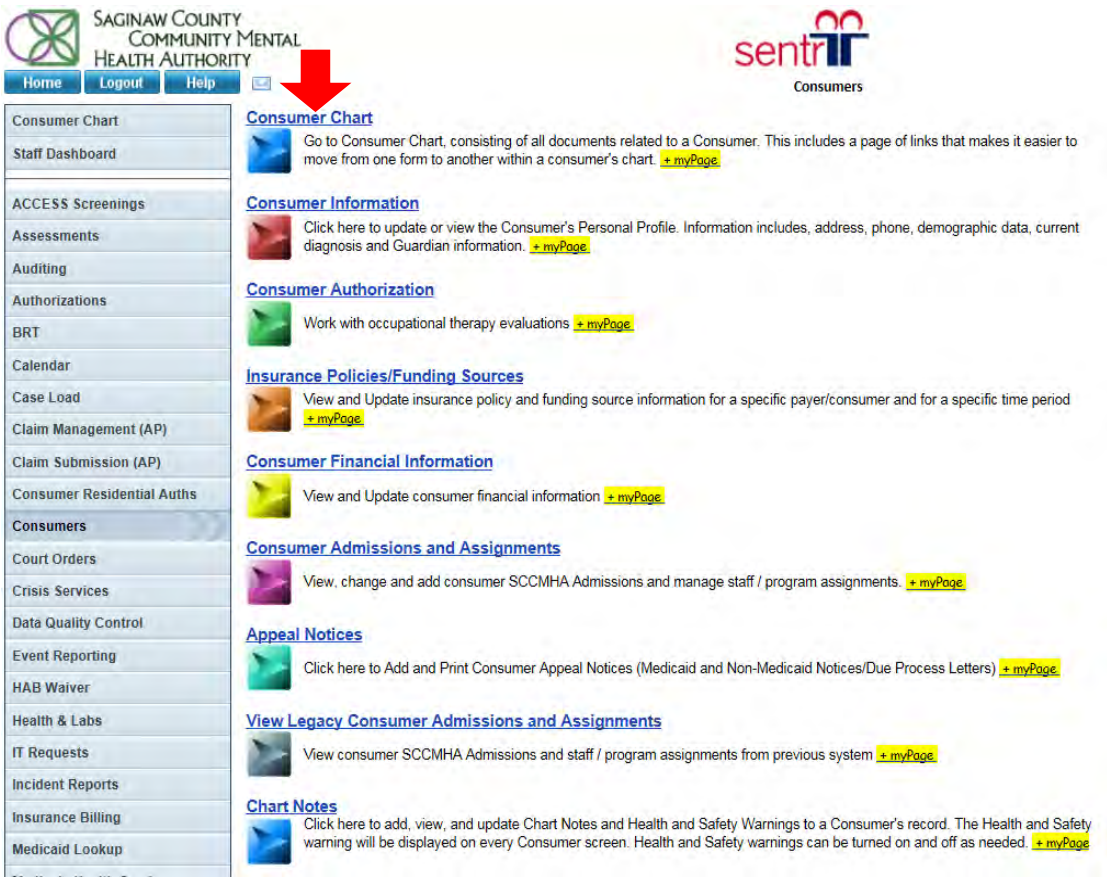
**References:**
SCCMHA Consumer Financial Information Sheet (CFIS) Instructions for Completion - 09.02.03.02
SCCMHA Insurance Verification Procedures 09.02.03.05

**Exhibits:**
None

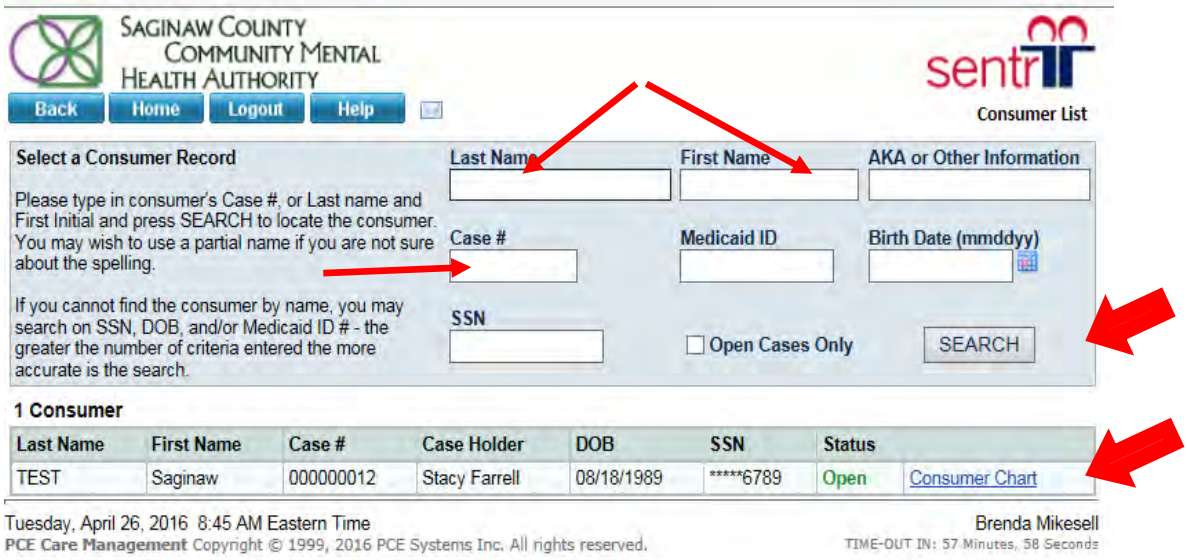
**Procedure:**
**Entering ATPs into Sentri -**

To enter consumer Self-Pay information (ATP), which is the actual financial assessment regarding income, dependents, etc., begin at your main Sentri screen.

Click on **Consumer Chart**


SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
Home
Logout
Help
sentri
Consumers
Consumer Chart
Staff Dashboard
ACCESS Screenings
Assessments
Auditing
Authorizations
BRT
Calendar
Case Load
Claim Management (AP)
Claim Submission (AP)
Consumer Residential Auths
Consumers
Court Orders
Crisis Services
Data Quality Control
Event Reporting
HAB Waiver
Health & Labs
IT Requests
Incident Reports
Insurance Billing
Medicaid Lookup
Consumer Chart
Go to Consumer Chart, consisting of all documents related to a Consumer. This includes a page of links that makes it easier to move from one form to another within a consumer's chart. + myPage
Consumer Information
Click here to update or view the Consumer's Personal Profile. Information includes, address, phone, demographic data, current diagnosis and Guardian information. + myPage
Consumer Authorization
Work with occupational therapy evaluations + myPage
Insurance Policies/Funding Sources
View and Update insurance policy and funding source information for a specific payer/consumer and for a specific time period + myPage
Consumer Financial Information
View and Update consumer financial information + myPage
Consumer Admissions and Assignments
View, change and add consumer SCCMHA Admissions and manage staff / program assignments. + myPage
Appeal Notices
Click here to Add and Print Consumer Appeal Notices (Medicaid and Non-Medicaid Notices/Due Process Letters) + myPage
View Legacy Consumer Admissions and Assignments
View consumer SCCMHA Admissions and staff / program assignments from previous system + myPage
Chart Notes
Click here to add, view, and update Chart Notes and Health and Safety Warnings to a Consumer's record. The Health and Safety warning will be displayed on every Consumer screen. Health and Safety warnings can be turned on and off as needed. + myPage

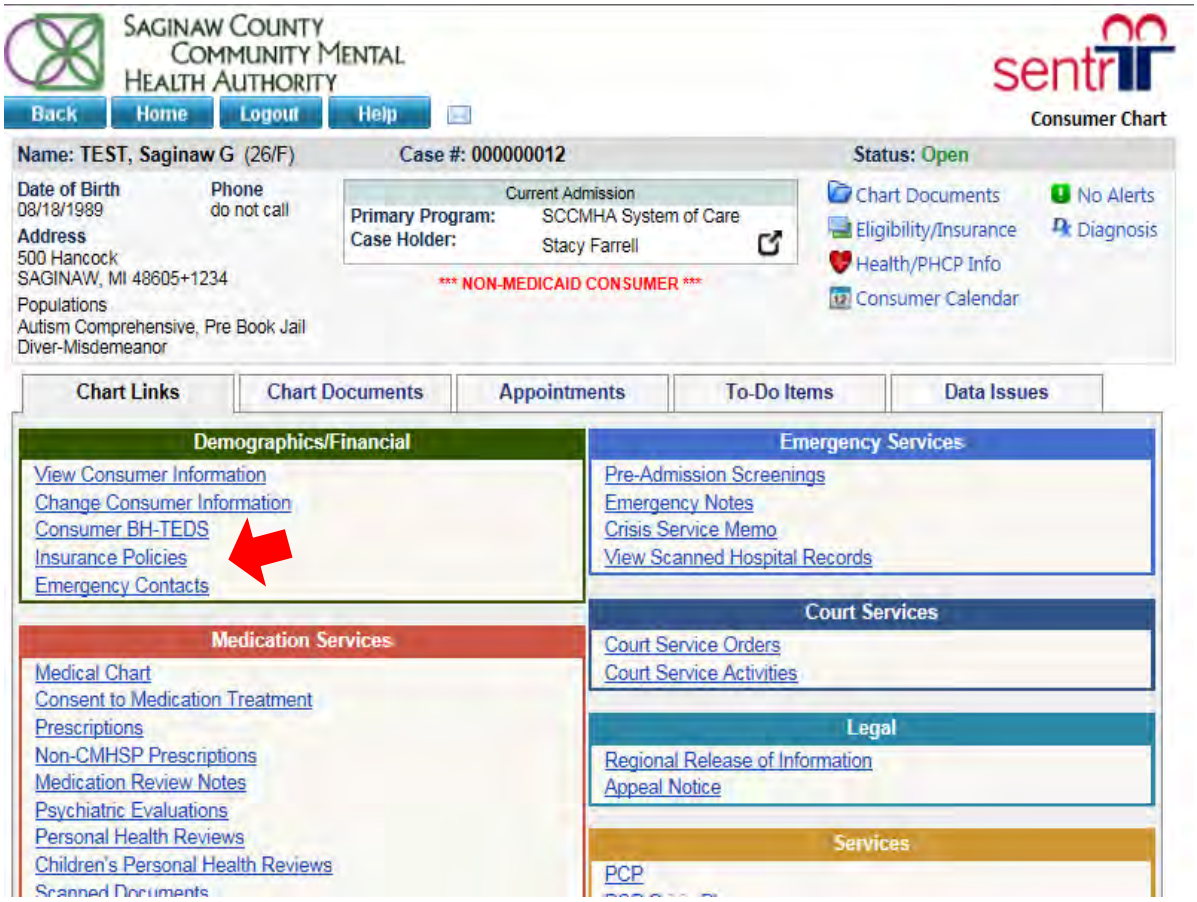
A screen will appear that lets you select a consumer.



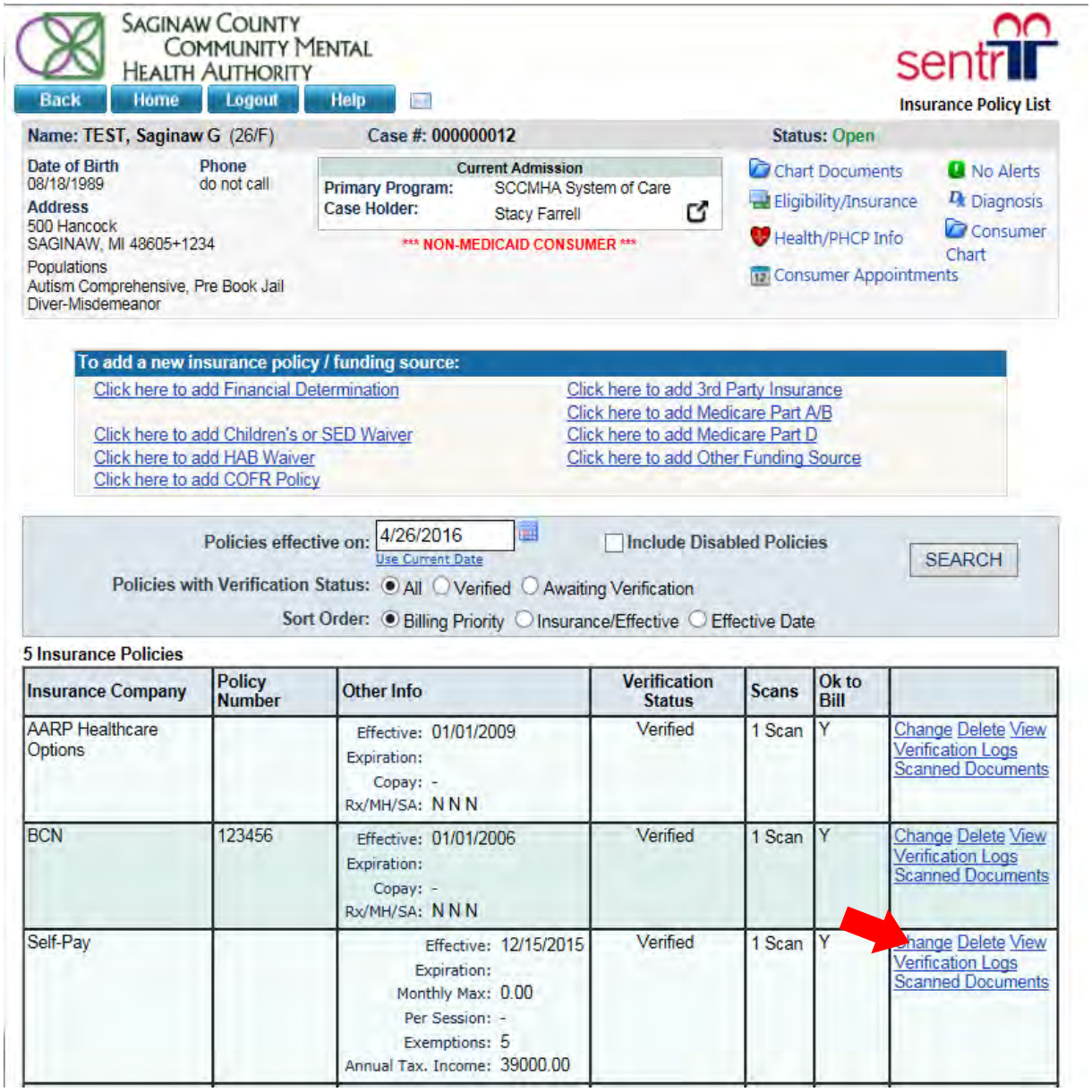

Select a consumer by either typing the first 3 letters of the consumer's last name then first 3 letters of the first name **or** keying in the consumer's case number.
Click on **Search.**

If you typed the first 3 letter of consumer's last and first name, it may return more than 1 consumer. Select the correct consumer.
Click on **Consumer Chart**.

The following screen will appear.
Click on **Insurance Policies** (under Demographics/Financial)




This will take you to the Insurance Policies Screen.

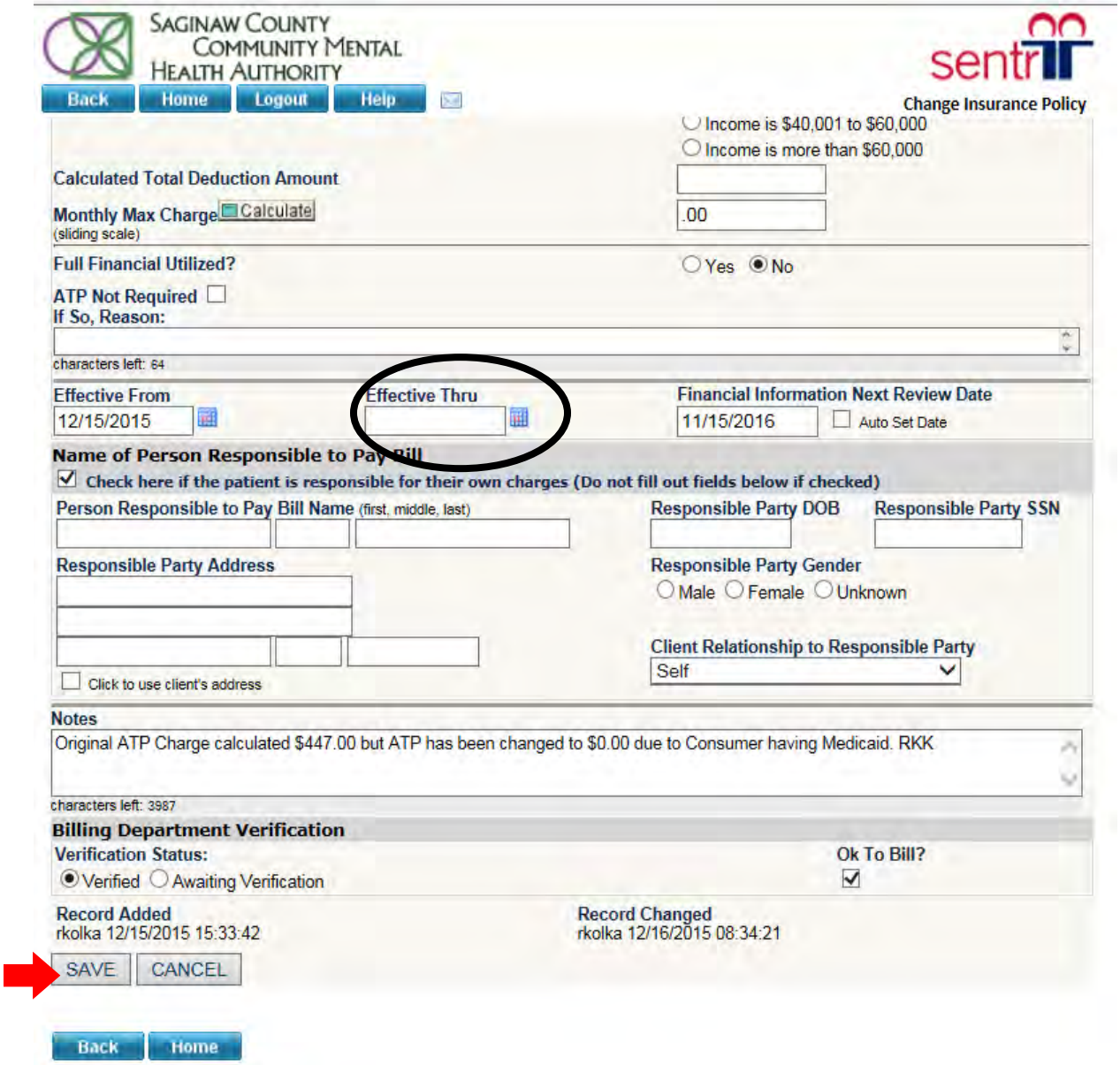



**For new policies skip this step and proceed to "To add a new Self-Pay policy".**

If this is a **renewal ATP** - Click on **Change** to the right most box of the current Self Pay policy

When the next screen appears, scroll down to the bottom
Enter end date of policy in the "**Effective Thru**" box (or use the calendar to the right of the box – select end date). This is the day before the effective date of new ATP.

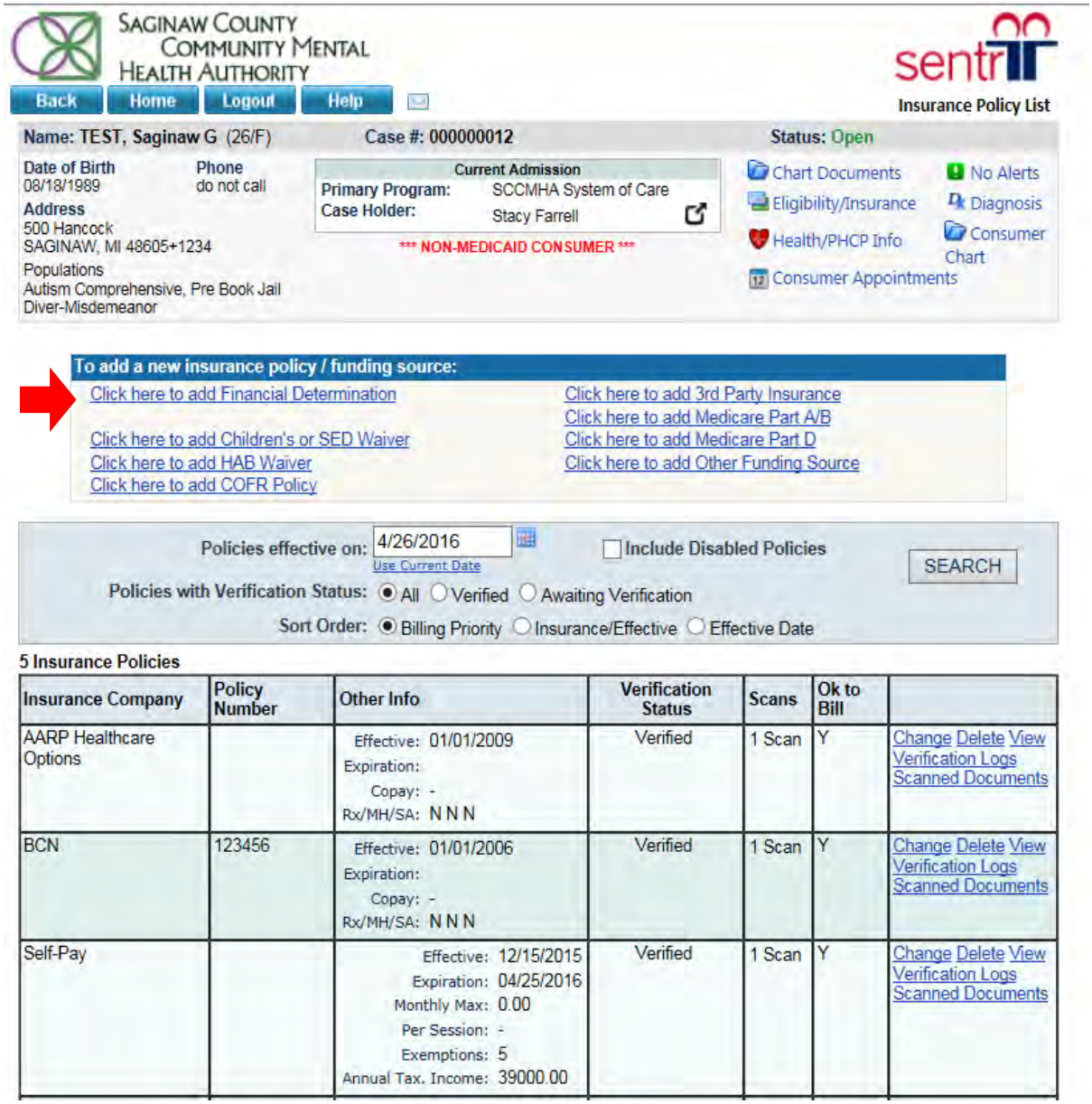
Click on '**Save**"




("Financial Information Next Review Date" is optional. This is usually done when you want to renew the ATP before the expiration date of the current Self-Pay policy. Clicking on "Auto Set Date" will calculate an end date of one year from Effective Date.)

**To add a new Self-Pay policy**:

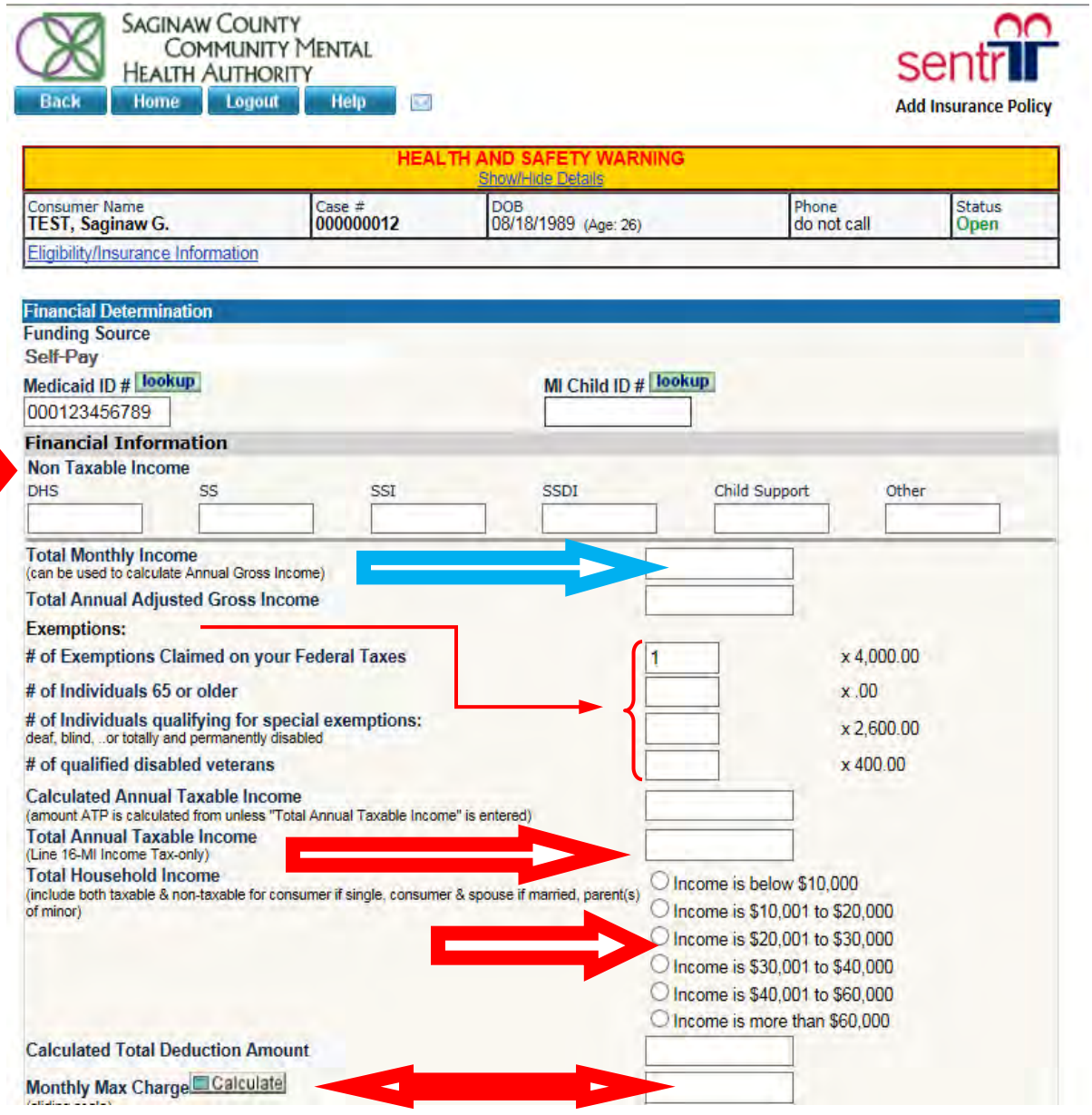
Go back to the "Insurance Policies" screen
Click on "**Click here to add Financial Determination**"




When the screen below appears, fill in the relevant Financial Information in the spaces

provided, based on the CFIS that was submitted:

**Non-taxable Income** – enter amount of DHS, SS, SSI, SSDI, Child Support, Other income in the boxes provided, if applicable.
**Exemptions** – enter the number of:
exemptions claimed on Federal Taxes
individuals 65 or older
individuals qualifying for special exemptions qualified disabled veterans



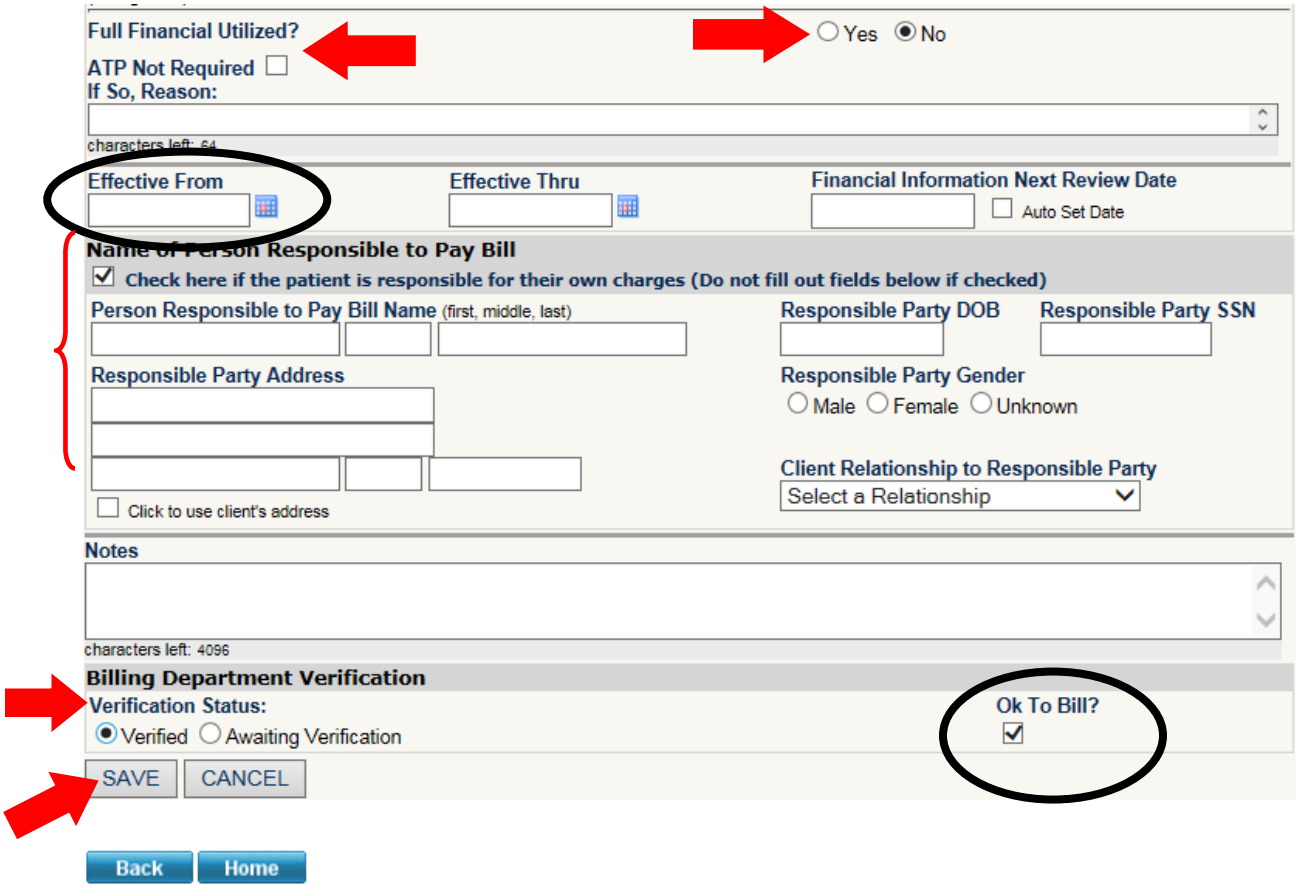

A. If a copy of the latest filed State of Michigan Income Tax return was submitted, enter amount on **line 16 of the MI Income Tax return** in the box for "**Total Annual Taxable Income**"

B. If copy of MI Income Tax Return is **not** provided, skip A, and:

- Enter **Total Monthly Income** in the box (see blue arrow) and proceed to next steps

**Total Household Income**: Click on the radial button next to the appropriate income, total of both taxable & non-taxable income. **(DO NOT SKIP THIS FIELD)**

**Monthly Max Charge**: click on **"Calculate"** (this will populate the **monthly ATP amount** in the box)




**Full Financial Utilized?:**

- click on "**No**" if you are entering a short form ATP (initial or renewal CFIS).
- click on "**Yes**" if you are entering a **Residential or Long Form ATP** (a detailed listing of assets, liabilities, income and expenses was submitted). This type of ATP is normally used for residential consumers, ATPs that are recalculated as a result of an appeal process, and for consumers who are denied Medicaid due to excess income/assets. The Administrative Accounting Supervisor does these calculations and informs the FDA when full financial calculations are done. See Attachment F for sample of Full Financial Liability Determination (aka Long Form ATP).

**ATP Not Required:** The only time this box is checked, is when then ATP is not required for the consumers due to statutory reasons, e.g., consumer is in State Hospitalization. If this applies, check the box and enter reason why ATP is not required in the space provided.

**Effective From**: enter the date that the ATP was completed.
**Effective Through**: is left blank when you are entering a new ATP.

**Name of Person Responsible to Pay Bill**: check this box if the consumer is responsible to pay his/her own bill. If person responsible to pay bill is other than the consumer, complete the following:
Person Responsible to Pay Bill Name
Person Responsible to Pay Bill Address.
If the same Address as Consumer, click on "click to use client's address box"
Person Responsible to Pay Bill DOB
Person Responsible to Pay Bill SSN
Person Responsible to Pay Bill Gender
Client's Relationship to Person Responsible to Pay Bill

**Notes**: enter any pertinent information in this box (e.g. source of "other" income)

**Verification Status**: click on "**Verified**" unless you are waiting on further information like income, insurance, etc.

Click on "**OK to Bill?"**

Click on "**SAVE"**.

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Perform verification consumer's insurance policies. | Finance Department Billing Staff |
| 2. Calculate ATP and enter ATP amount in space provided in CFIS. | Finance Department Billing Staff |
| 3. Enter consumer's financial information and ATP into Sentri. | Finance Department Billing Staff |
| 4. Scan consumer's CFIS into Sentri within 48 hours of receipt. | Finance Department Billing Staff |
| 5. Prepare consumer notification letter and forward along with a copy of CFIS with calculated ATP amount to Primary Case Holder. | Finance Department Billing Staff |

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Medicaid/Healthy Michigan Application | **Chapter**: 09.02.04 - Eligibility | **Subject No**: 09.02.04.02 |
|  | | |
| **Effective Date**:<br>June 1, 2016 | **Date of Review or Revision:**<br>3/21/17, 3/19/18, 1/3/20<br><br>**Supersedes**:<br>09.03.01.08 | **Approved By**:<br>Laura Argyle, Chief Financial Officer/Chief Operating Officer<br><br>**Authored By**<br>Kim Hall, Entitlements Supervisor<br><br>**Reviewed By**:<br>Janet Miller, Valerie Lewis, Jennifer Keilitz, Brenda Mikesell, Kristie Wolbert, Vurlia Wheeler, Nancy Johnson |

**Purpose:**
The objective of this procedure is to ensure all consumers served by Saginaw County Community Mental Health Authority, have applied for and if eligible, remain enrolled in Medicaid/Healthy Michigan insurance.

**Policy:**
None

**Application:**
Primary Case Holders
SCCMHA DHHS Eligibility Specialist and Entitlement Coordinator
Administrative Accounting Supervisors Central Access and Intake (CAI) Staff
Crisis Intervention Staff

**Standards:**
Consumer Standards: It is an expectation of SCCMHA that ***all*** consumers who are not enrolled in Medicaid or Healthy Michigan, apply as soon as they present for services. New consumers who present for services will not be offered an orientation appointment until after their Medicaid is active. Active consumers who lose their Medicaid/Healthy Michigan benefits will receive a 30-day advance notice of suspension letter. If

Medicaid/Healthy Michigan is not reinstated prior to the 30 days notice on the letter, all services will be suspended and authorizations end-dated until Medicaid/Healthy Michigan becomes active or reinstated. This standard does not apply to court ordered consumers on an AOT, consumers who are found eligible for the Hoarding Grant, or consumers approved for the Hispanic Behavioral Health grant, they are allowed to continue or start services, however, are required to fill out a Medicaid application or risk being billed for the full cost of services.

If a consumer is denied Medicaid or Healthy Michigan due to being over income or assets, they will be sent a 30-day advance notice of suspension letter requesting that assets be lowered in order to meet Medicaid eligibility criteria. All services will be suspended and authorization end-dated until Medicaid/Healthy Michigan becomes active.

If consumer chooses not to become eligible for Medicaid, Care Management will review case and if they do not meet the General Fund eligibility criteria, an advance notice of termination will be sent by the Care Management Administrative Assistant. **Please note that staff should not send notice of termination to suspended consumers until Care Management has reviewed the case for severity of symptoms.**

**Definitions:**
**ATP**: Ability to Pay: the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code.

**Benefits Advocate:** this position is located in the Central Access and Intake Department and responsible for pursuing Medicaid or Healthy Michigan eligibility for consumers served through the SCCMHA system, especially those who have been or are hospitalized and who were not Medicaid or Healthy Michigan eligible at time of admission.

**MDHHS**: Michigan Department of Health and Human Services

**MDHHS Eligibility Specialist**: SCCMHA has one on-site MDHHS staff located in the Central Access and Intake Department whose main role is to determine eligibility for SCCMHA consumers for various Public Assistance Programs. They verify all necessary documents and records to determine eligibility for requested programs, (MDR) Medical Deductible Reports and establish and maintain partnerships with Community Resources to assist consumers with correspondence, verifications and time limits. In addition, they ensure consumers receive all necessary assistance to help them meet their needs.

**Entitlements Coordinator (EC)**: this position is responsible for ensuring that SCCMHA consumers obtain the maximum health insurance benefit for which they are eligible. This objective is accomplished through monitoring of enrollment data, assistance with Medicaid or Healthy Michigan applications and facilitation of communications with DHHS.

**FDA**: Front Desk Associate – the staff located within each of the clinical programs at SCCMHA who are responsible for monitoring consumer eligibility and ability to pay.

They are also responsible for entering ATP's for consumers in the SCCMHA provider network.

**Primary Case Holder:** the primary mental health provider authorized to provide mental health services and responsible for the consumer's care. This includes internal and external case managers and support coordinators, as well as some therapists, wrap around coordinators, ACT team members, or homebased therapists. This person is designated as such in the Sentri electronic health record.

**Primary Care Provider**: the primary provider (team) to whom the primary case holder is assigned to. The primary care providers are responsible to oversee the PCP process and submit all authorizations (primary and secondary provider) requests based upon medically necessary services identified within the PCP.

**Sentri**: SCCMHA's electronic medical record (EMR) system to store consumer data regarding care and services.

**References:**
SCCMHA Financial Liability for Mental Health Services Policy 05.02.06
SCCMHA Continuum of Care Eligibility Criteria Policy 03.01.01

**Exhibits:**
Exhibit A - DCH-1426 – Health Coverage & Help Paying Costs Application
Exhibit B - DHS-3243 – Retroactive Medicaid Application
Exhibit C - Medicaid Eligibility Verification Example

**Procedure:**
**Central Access & Intake**

*Initial screening for both clinical and Medicaid eligibility:*

1. At the time of the initial phone screening, or walk-in for services, and prior to determination of clinical eligibility, each consumer will be reviewed for Medicaid/Healthy Michigan eligibility by a Medicaid Eligibility Verification check within the Sentri electronic medical record (EMR), or other appropriate source check by the Entitlement Coordinator, to determine Medicaid or Healthy Michigan eligibility. The clinical eligibility is completed whether or not the consumer has Medicaid or Healthy Michigan eligibility, in order to determine if the consumer should receive services or be referred for other supports within the community. *See Exhibit D "Medicaid Eligibility Verification Example"*

2. If the phone screening is for a consumer who is not eligible for Medicaid or Healthy Michigan, but seems to meet the clinical eligibility criteria, screener will inform consumer that they must apply for Medicaid and Healthy Michigan to receive an initial referral for services. Worker may refer consumer to the on-site MDHHS kiosk located in the Central Access and Intake Waiting Room to complete an on-line

Medicaid/Healthy Michigan application or to the SCCMHA Entitlements Coordinator or CAI Benefits Advocate for an appointment to receive help with completing the application. An orientation for services is not scheduled until the consumer's Medicaid has been approved. Authorizations will not be approved by Care Management until the consumer has been approved for Medicaid/Healthy Michigan unless an exception has been made by the Director of Clinical Services and/or Director of Care Management and Quality Systems. The above does not apply to court ordered consumers, they must be served but are required to fill out a Medicaid application or risk being billed the full cost of services.

3. If the phone screening is for a consumer who does not meet either clinical or Medicaid/Healthy Michigan eligibility criteria the screener will refer the consumer for other supports within the community.

**SCCMHA MDHHS Eligibility Specialist:**

The on-site SCCMHA MDHHS Eligibility Specialist processes applications, redeterminations, mid-cert reviews and semi-annual reviews and requests required verifications needed. MDHHS deadline requirements for providing verifications and consequences for failure to provide verification will be shared with primary care providers and case holders, through the Entitlements Coordinator. These timeframes are extremely important and will be monitored by the Entitlements Coordinator.

When the Medicaid/Healthy Michigan application has been processed and a decision rendered, this information is provided to the Entitlements Coordinator by the MDHHS Eligibility Specialist. The Entitlement Coordinator will notify the primary care provider and case holder.

**Entitlements Coordinator - EC**

The EC will receive all Medicaid/Healthy Michigan applications from all network providers, and will document the receipt of these applications prior to forwarding them to MDHHS.

The EC will maintain a log which will list each application with date received, or submitted on-line, the originating source (paper/on-line), and date sent to the MDHHS Eligibility Specialist. This log will be reviewed as needed with the MDHHS Eligibility Specialist.

When the MDHHS Eligibility Specialist has rendered a determination on the Medicaid/Healthy Michigan application, this information will be communicated to the EC, who will update the Medicaid/Healthy Michigan Application Log to include the determination rendered and the disposition of the Medicaid/Healthy Michigan application (approved/denied) with comments (if needed).

The Entitlements Coordinator will forward this information to the primary care provider and case holder.

**Primary Care Provider and Case Holder**

For consumers currently receiving services and who are not enrolled in Medicaid or Healthy Michigan, or have had their Medicaid/Healthy Michigan lapse, the primary care provider and case holder is responsible for ensuring the Medicaid/Healthy Michigan application is completed as soon as it is discovered the consumer is no longer eligible.

| ACTION | RESPONSIBILITY |
|---|---|
| At the time of the initial phone screening by the SCCMHA (CAI) Central Access and Intake Department, the consumers Medicaid/Healthy Michigan will be confirmed by checking Medicaid eligibility via Sentri, or other appropriate sources. If the consumer is eligible for SCCMHA services and does not currently have Medicaid/Healthy Michigan, the CAI worker refers the consumer to the Entitlements Coordinator (EC) or CAI Benefits Advocate to complete an on-line application. If the EC or Benefits Advocate is not available to assist at that moment, an appointment can be made with the consumer to apply, or consumer can be directed to use the MDHHS on-site kiosk located in the CAI Waiting Room. | Central Access and Intake staff, Entitlements Coordinator |
| Both internal and external Primary Care Providers and case holders are responsible for ensuring that all consumers assigned to their Team have active Medicaid/Healthy Michigan | Primary Care Providers and Case Holders, Crisis Intervention Staff |
| Manage Medicaid/Healthy Michigan applications that are approved or denied and provide communication to the primary care provider and case holder regarding the status of the consumer application and eligibility. | Entitlements Coordinator |
| Prepare and maintain the Medicaid/Healthy Michigan Application Log and coordinate with MDHHS Eligibility Specialist and primary care provider and case holder regarding the status of applications. | Entitlements Coordinator |

| | |
|---|---|
| Prepare metric reports based on the Medicaid/Healthy Michigan Application Log for reporting to the Management Team. | Supervisor of Entitlements |
| Review the progress of the Entitlements Office | Chief Financial Officer / Chief Operating Officer |

EXHIBIT A (14 pgs)

# Assistance Application

MDHHS
Michigan Department of Health & Human Services

Submit this form by mail, fax, or bring it into a local MDHHS office

Find your nearest location at
www.michigan.gov/dhs-countyoffices
or call 855-ASK-MICH

Apply online:
www.michigan.gov/mibridges

## Welcome!

**Fill out the Assistance Application**
Answer questions about you and your household.

**Fill out Program Details:**

- Healthcare Coverage
- Food Assistance Program (FAP)
- Cash Assistance
  - Family Independence Program (FIP)
  - Refugee Cash Assistance (RCA)
  - State Disability Assistance (SDA)
- Child Development + Care (CDC)
- State Emergency Relief (SER)

← Refer to the Information Booklet for details on each program

**Submit your application for one or more programs**
It will be sent to your local MDHHS office for review and follow-up.
You may need to interview with a MDHHS Specialist.

**Receive your results**

What language do you prefer?

If you do not speak English, have a hearing impairment, or have a disability, let us know how we can help you (an interpreter, sign language, TDD/TTY phone number we should call, assistance listening device, etc.) or bring your own support.

إذا كنت لا تتحدث اللغة الإنجليزية، تعاني من إعاقة سمعية، أو لديك إعاقة، أخبرنا كيف يمكننا مساعدتك (مترجم فوري، لغة الإشارة، رقم هاتف TDD/TTY يجب أن نتصل عليه، جهاز الاستماع للمساعدة، إلخ .....) أو أحضر أجهزة المساعدة الخاصة بك.

Si no habla inglés, tiene una discapacidad auditiva o tiene una discapacidad, háganos saber cómo podemos ayudarlo (un intérprete, un lenguaje de señas, un número de teléfono TDD / TTY al que debemos llamar, un dispositivo de asistencia auditiva, etc) o puede traer su propio apoyo.

If you are refused help, call **855-275-6424.**

**Michigan Department of Health and Human Services**

MDHHS-1171 (1-18)

Case #:

ID#:

# Applicant Registration

1

If you are unable to finish the entire application today, you may complete this page and return it to MDHHS. Benefits begin from the date the office receives your application

For Food Assistance (FAP), you are only required to fill in your name, address (unless homeless), and signature. For all other programs include date of birth

Legal Name (First, Middle, Last) ☐ Homeless

Household Street Address - the place where you currently live | Apt/Lot #

City | County | State | Zip Code

Mailing Address - if different from above (Street, City, County, State, ZIP Code)

Date of Birth (/ /) | Social Security Number (- -)

← We need a Social Security number (SSN) for people who are requesting assistance and have an SSN or can get one. See Info Booklet (Pg 30) for more details

Cell Phone # ( ) - | Home Phone # ( ) - | Email @

Have you received assistance in Michigan in the past (or currently)? ☐ Yes ☐ No

What programs is your household applying for today?

☐ Healthcare ☐ Food ☐ Cash ☐ Child Care ☐ State Emergency Relief

**Check any that apply:** (You may qualify for 7 day processing of your food assistance) ← For FAP only

☐ My monthly income is less than $150 and I have $100 or less in cash/accounts right now.

☐ My household's combined monthly income and cash/accounts are less than my household's combined monthly rent/mortgage and utilities.

☐ I am a migrant or seasonal farmworker whose income has stopped and I have $100 or less in cash/accounts right now.

## Sign Here

Under penalties of perjury, I state that I have reviewed this application, and to the best of my knowledge and belief, the answers I give within this application are true. If I am declaring an Authorized Representative, by signing below, I allow this person to sign my application, get official information about this application, and act for me on all future matters with this agency.

Signature of Applicant | Signature of Representative | Date

MDHHS-1171 (1-18)

# Household Members 2

**List everyone who lives in your home, including yourself and anyone who is not there all the time.** If applying for healthcare coverage, list everyone who will be included on your federal tax return this year (note: you do not need to file taxes to receive assistance).

SSN and U.S. Citizen/National are optional for people who are not requesting assistance. See Info Booklet (Pg 30) for more details

Ethnicity/Race is optional and will not affect eligibility or benefits. See Info Booklet (Pg 34) for more details

| | Relationship to you | Full Legal Name | Sex | Date of Birth | Social Security # | U.S. Citizen/ National | Married | In the Home? |
|---|---|---|---|---|---|---|---|---|
| 1 | SELF | | M F | / / | – – | Y N | Y N | Y N |
| | is requesting: HEALTHCARE FOOD CASH CHILD CARE STATE EMERGENCY RELIEF NONE | | | | | | | |
| | Ethnicity (optional): Hispanic/Latino Not Hispanic/Latino | Race (optional): African American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White | | | | | | |
| 2 | | | M F | / / | – – | Y N | Y N | Y N |
| | is requesting: HEALTHCARE FOOD CASH CHILD CARE STATE EMERGENCY RELIEF NONE | | | | | | | |
| | Ethnicity (optional): Hispanic/Latino Not Hispanic/Latino | Race (optional): African American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White | | | | | | |
| 3 | | | M F | / / | – – | Y N | Y N | Y N |
| | is requesting: HEALTHCARE FOOD CASH CHILD CARE STATE EMERGENCY RELIEF NONE | | | | | | | |
| | Ethnicity (optional): Hispanic/Latino Not Hispanic/Latino | Race (optional): African American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White | | | | | | |
| 4 | | | M F | / / | – – | Y N | Y N | Y N |
| | is requesting: HEALTHCARE FOOD CASH CHILD CARE STATE EMERGENCY RELIEF NONE | | | | | | | |
| | Ethnicity (optional): Hispanic/Latino Not Hispanic/Latino | Race (optional): African American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White | | | | | | |
| 5 | | | M F | / / | – – | Y N | Y N | Y N |
| | is requesting: HEALTHCARE FOOD CASH CHILD CARE STATE EMERGENCY RELIEF NONE | | | | | | | |
| | Ethnicity (optional): Hispanic/Latino Not Hispanic/Latino | Race (optional): African American/Black American Indian/Alaska Native Asian Native Hawaiian/Other Pacific Islander White | | | | | | |

Need more room to write? Go to notes on last page to answer these questions. ☐ Yes, I've added more notes.

# Household Details 3

This page is not required for State Emergency Relief (SER)

Is anyone in your household pregnant now or were they in the last 3 months? ☐ If yes, who? ☐ No ← Not required for FAP

# Expected ☐ End/Due Date / /

Does anyone in your household have a disability or a physical/emotional/mental health condition? ☐ If yes, who? ☐ No ← For Healthcare, only required for applicants

Do any children (under age 20) have a parent who is living outside the home? ☐ If yes, who? ☐ No

Is anyone in your household currently enrolled in college/vocational school? ☐ If yes, who? ☐ No

Is anyone temporarily absent from the home (work, military, hospital, etc.)? ☐ If yes, who? ☐ No

Has anyone in your household served in the military or armed services? ☐ If yes, who? ☐ No ← Not required for eligibility

Is anyone in your household a foster child, foster parent, adopted child, or non-parent caregiver? ☐ If yes, who? ☐ No

☐ Foster Child ☐ Foster Parent ☐ Adopted Child ☐ Non-parent Caregiver

Is anyone in your household currently a migrant farmworker, seasonal farmworker, refugee/asylee, victim of domestic violence, or victim of trafficking? ☐ If yes, who? ☐ No

☐ Migrant Farmworker ☐ Seasonal Farmworker ☐ Refugee/Asylee
☐ Victim of Domestic Violence ☐ Victim of Trafficking

If not a US citizen/national, does anyone have qualified immigration status? ☐ If yes, list below. ← See Info Booklet (Pg 34) for examples of qualified status. Non-applicants should skip this question

| Who? | Document Type | Document Number | Date of US Entry |
|---|---|---|---|
| | | # | / / |
| | | # | / / |
| | | # | / / |

Need more room to write? Go to notes on last page. ☐ Yes, I've added more notes.

# Assets

4

This page is not required for Childcare (CDC)

Healthcare-only applicants should skip this page (unless disabled or in need of long-term care services)

Please include jointly owned accounts and/or assets

## Money + Accounts

Does anyone in your household have money or accounts? ___ If yes, list below. ___ No

___ Checking ___ Savings

___ Other: 401K Retirement Plans Life Insurance Stocks Mutual Funds IRAs CDs Burial Funds Lottery/Gambling Winnings Trusts/Annuities Payroll/Benefits Card Other

| Who? | Type of Account | Name of Bank / Institution | Amount |
|---|---|---|---|
| | | | $ |
| | | | $ |
| | | | $ |

## Vehicles

Does anyone in your household own vehicles? ___ If yes, list below. ___ No

___ Car ___ Truck ___ Motorcycle ___ Boat ___ Other

| Who? | Year, Make, + Model | Estimated Mileage |
|---|---|---|
| | | |
| | | |

← Only list vehicles that are registered in a household member's name

## Property

Does anyone in your household own property? ___ If yes, check below. ___ No

___ House(s) ___ Buildings ___ Rental Property ___ Land/Lot ___ Burial Plot ___ Other

## Sales + Transfers

Has anyone sold, transferred, or given away assets in the last 5 years? ___ If yes, explain. ___ No ← In the last 90 days for FAP and SER

# Income

5

## Change in Income

Has anyone in your household had a change in employment in the last 30 days? ___ If yes, explain. ___ No

___ Laid off ___ Quit ___ Fired ___ On strike ___ Voluntarily reduced hours ___ Refused work ___ Other

Explain

## Employment (Includes Temporary/Contract Jobs)

Is anyone in your household employed? ___ If yes, list below. ___ No

← Include anyone who worked in the last 30 days or expects to work next month

| Who? | Employer Name | Avg Hrs/Wk | Wages/Tips (Before Tax) |
|---|---|---|---|
| | | | $ per Hr Wk 2Wks 2x/Mo Mo Yr |
| | | | $ per Hr Wk 2Wks 2x/Mo Mo Yr |

## Self-Employment (Includes Odd Jobs)

Is anyone in your household self-employed? ___ If yes, list below. ___ No

| Who? | Type of Work | Income (Before Expenses) | Expenses |
|---|---|---|---|
| | | $ Monthly | $ Monthly |
| | | $ | $ |

## Additional

Does anyone in your household have additional income? ___ If yes, list below. ___ No

← For Healthcare, only include taxable income (unemployment, pensions, social security, alimony, etc.)

___ Unemployment ___ Disability (SSI) ___ Alimony ___ Workers' Compensation

___ Child Support ___ Social Security (RSDI) ___ Pension/Retirement

___ Other: Rental Income Foster care/Adoption Subsidy Loans/Gifts Interest/Dividends Tribal Income/Benefits Net farming/fishing Veterans Benefits/Military Allotments Refugee Resettlement/Match Grant Short Term/Long Term Disability

| Who? | Type of Income | Amount Received |
|---|---|---|
| | | $ per Wk 2Wks 2x/Mo Mo Yr |
| | | $ per Wk 2Wks 2x/Mo Mo Yr |

# Expenses

6

This page is not required for Childcare (CDC)

## Dependent Care

For all expenses, only include the amount you are responsible to pay

Does anyone in your household pay for dependent care expenses? ___ If yes, list below. ___ No

___ Childcare (day care, after school programs, etc.) ___ Care for a child or family member with a disability ← Not required for Healthcare

| Who pays? | Who is it for? | Amount | How Often Paid |
|---|---|---|---|
| | | $ | |
| | | $ | |

## Medical

Does anyone in your household pay for medical expenses? ___ If yes, list below. ___ No ← Not required for Healthcare (unless disabled or in need of longterm care services)

___ Health Insurance ___ Prescriptions ___ In-Home Care ___ Hospital Bills

___ Co-Pays ___ Dental ___ Transportation for Care ___ Other

| Who pays? | Type of Expense | Amount | How Often Paid |
|---|---|---|---|
| | | $ | |
| | | $ | |

## Court Ordered

Does anyone in your household pay for court ordered expenses? ___ If yes, list below. ___ No ← Not required for Healthcare

___ Child Support ___ Alimony/Spousal Support Paid Out

| Who pays? | Who is it for? | Amount | How Often Paid |
|---|---|---|---|
| | | $ | |
| | | $ | |

## Student Loan Interest + Deductions

Does anyone pay for student loan interest or other tax deductible expenses? ___ If yes, list below. ___ No ← For Healthcare only

| Who pays? | Type of Expense | Amount | How Often Paid |
|---|---|---|---|
| | | $ | |

# Final Details

7

## Fact Check

← Not required for Healthcare

Has anyone ever been disqualified from public assistance due to welfare fraud or an intentional program violation in any state, including Michigan? ☐ If yes, who? _____ ☐ No

Has anyone ever been convicted for receiving cash or food assistance from two or more states for the same time period? ☐ If yes, who? _____ ☐ No

Has anyone ever been convicted of a drug-related felony that occurred after August 22, 1996? ☐ If yes, who? _____ ☐ No

Convicted more than once? Y | N

## Voter Registration

Would you like help registering to vote at your current address?

← See Info Booklet (Pg 35) for more details

☐ **Yes, send me a voter registration application.**

☐ **No thanks, I am already registered/do not need a voter registration application.**

## Authorized Representative

Do you want someone else to act for or represent you in this case? ☐ **If yes, list below.** ☐ **No** ← If you name an authorized representative, you will give permission for a trusted person to sign your application, get information, and act for you on all future matters with MDHHS. This information can also be collected later in the process

Name of your Authorized Representative (First, Middle, Last)

Address of Representative (Street, City, State, ZIP Code)

( ) – @

Phone # of Representative

Email of Representative

If applying for food assistance, do you want someone else to have a Bridge Card and access your benefits to shop for you? ☐ **If yes, who?** _____ ☐ **No**

(This should be someone you trust)

**Michigan Department of Health and Human Services**

MDHHS-1171 (1-18)

7

# Your Signature

Sign the bottom of this page to complete your application

## Anything Else?

Is there anything else you'd like for us to know about your situation? If yes, write below. No

## Your Responsibilities

I have told the truth; I understand that I can be held criminally responsible for lying on this application.
I will have to provide papers that show that what I've told the department is true.
I will have to repay any benefits I should not have received, even if it is the department's error.
I will have to tell the department about any changes to the information I provided on my application.
I agree to cooperate with state or federal reviewers for an audit.
I agree to release my information for program needs.
I will use my benefits legally and will not sell, trade, or give away my benefits online or in person.
I have received, reviewed, and agree to the information provided in the Information Booklet.

← By signing this application you are agreeing to these responsibilities

Please refer to your Information Booklet to read a complete description of your rights and responsibilities

## The Department's Responsibilities

If you think we, the department, made a mistake, you can ask for a hearing.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs, or disability.

# Sign Here

Under penalties of perjury, I state that I have reviewed this application, and to the best of my knowledge and belief, the answers I give within this application are true, including household, citizenship and non-citizenship information, and I have listed all amounts and sources of income and property I receive/own. If I am declaring an Authorized Representative, by signing below, I allow this person to sign my application, get official information about this application, and act for me on all future matters with this agency. If I am signing as an Authorized Representative for Healthcare coverage, I attest to my agreement to meet confidentiality and act in the best interest of the beneficiary.

| Signature of Applicant | Signature of Representative | Date |
|---|---|---|

**When in-person interview completed:**

| Signature of Applicant | Signature of Department Witness | Date |
|---|---|---|

MDHHS-1171 (1-18)

# Healthcare Coverage

Please fill out the following details along with the Assistance Application if seeking Healthcare Assistance

## Additional Group Details

Is anyone the primary caretaker for a child (under age of 19) in the home? ☐ If yes, who? Caretaker / Child ☐ No

Does anyone live in a medical facility or nursing home? ☐ If yes, who? ☐ No

Was anyone in foster care when they turned 18? ☐ If yes, who? ☐ No ← Only required for applicants

Is anyone applying for health insurance currently incarcerated (detained or jailed)? ☐ If yes, who? ☐ No

## American Indian or Alaska Native

AI/AN family members may not have to pay cost sharing and may get special monthly enrollment periods →

Are you or is anyone in your family American Indian or Alaska Native? ☐ If yes, who? ☐ No

If yes, are they a member of a federally recognized tribe? ☐ If yes, Tribe ☐ No

Has anyone ever received a service or referral from the Indian Health Service, a tribal health program, or urban Indian health program? ☐ If yes, who? ☐ No

If no, is anyone eligible to get these services? ☐ If yes, who? ☐ No

## Flint Water System

Did anyone in your home consume water from the Flint Water System and live, work, or receive childcare or education at an address that was served by the Flint Water System from April 2014 through present day? ☐ If yes, list below. ☐ No ← For individuals under age 21 or pregnant women. By checking "yes" you are requesting Healthcare

| Names | Address Served by Flint Water (Street, City, ZIP Code) | Dates |
|---|---|---|
| | | |
| | ☐ Home ☐ Work ☐ School ☐ Childcare Facility | |
| | | |
| | ☐ Home ☐ Work ☐ School ☐ Childcare Facility | |

Michigan Department of Health and Human Services

MDHHS-1171-HC (1-18)

Your Name

# Healthcare Coverage

Please fill out the following details along with the Assistance Application if seeking Healthcare Assistance

## Tax Filers

Does anyone applying plan to file a federal tax return next year? ___ If yes, who? ___ No ← You do not need to file a tax return to receive Healthcare

[redacted]

- Are they filing jointly with a spouse? ___ If yes, who? [redacted] ___ No
- Are they claiming dependents? ___ If yes, who? [redacted] ___ No

[redacted]

- Are they filing jointly with a spouse? ___ If yes, who? ___ No
- Are they claiming dependents? ___ If yes, who? ___ No

## Dependents

Will anyone applying be claimed as a dependent on someone else's tax return? ___ If yes, list below. ___ No

| Dependent | Tax Filer | Relationship to Tax Filer |
|---|---|---|
| [redacted] | [redacted] | |
| | | |
| | | |

## Yearly Income

Does anyone's income change from month to month? ___ If yes, list below. ___ No

| Who? | Total Estimated Income This Year | Total Estimated Income Next Year | ← If you think it will be different |
|---|---|---|---|
| [redacted] | | | |
| | | | |

Michigan Department of Health and Human Services

MDHHS-1171-HC (1-18)

Your Name

# Healthcare Coverage

## Health Coverage Info

Please fill out the following details along with the Assistance Application if seeking Healthcare Assistance

Does anyone need help paying for medical bills from the past 3 months? ☐ If yes, who? _____ ☐ No

Which months? JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC

Did anyone have insurance through a job and lose it in the last 3 months? ☐ If yes, list below. ☐ No

| Who lost coverage? | End Date | Reason Insurance Ended |
|---|---|---|
| | | |
| | | |

Is anyone currently enrolled in health coverage (even if not applying)? ☐ If yes, list below. ☐ No

← Including Medicaid, CHIP/MIChild, Medicare, VA Healthcare Programs, Peace Corps, Employer Insurance, TRICARE (unless you have direct care or Line of Duty), and Other

| Type + Name of Coverage | Person Covered | Policy # |
|---|---|---|
| | | |
| | | |
| | | |

If Medicare, do you want help paying Medicare premiums? Y | N

If employer insurance: Is this COBRA coverage? Y | N

Is this a retiree health plan? Y | N

If other, is this a limited benefit plan (such as a school accident policy)? Y | N

To make it easier to determine your Healthcare eligibility in future years, do you agree to the use of IRS data for automatic renewals? ☐ Yes ☐ No ← This allows the Marketplace and the State of Michigan to use income data (including information from tax returns). See Info Booklet (Pg 8) for more details

If yes, for how many years? 5 4 3 2 1

Michigan Department of Health and Human Services

MDHHS-1171-HC (1-18)

Your Name

# Healthcare Coverage



If you need assistance, take a copy of this page to your employer and have them help you fill it out

## Health Coverage from Jobs

Complete this page if someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage.

Information on this page won't impact your application. It will be passed on to the federal government to determine your eligibility for APTC (Advanced Premium Tax Credits)

Is anyone in the household offered health insurance from a job? ☐ **If yes, list below.** ☐ **If no, skip this page.**
This includes coverage from someone elses' job, such as a parent or a spouse

Employee | Employee Social Security # (- -)

Employer | Employer Identification # (EIN) | Address of Employer

Employer Contact | Phone # of Employer Contact ( ) - | Email of Employer Contact @
(This should be the person or department who manages employee benefits)

Can the employee get coverage now or sometime in the next 3 months? ☐ **If yes, when?** / / ☐ **No**

List everyone who is eligible for coverage from this job

Does the employer offer a health plan that pays at least 60% of the total costs of benefits (the minimum value standard for health plans)? ☐ **Yes** ☐ **No**

If yes, how much would the employee have to pay for the lowest cost plan that meets the minimum value standard?

$ per Wk 2Wks 2x/Mo Mo Qr Yr ← Don't include family plans. If the employer offers wellness programs, enter the premium that the employee would pay if they got the maximum discount for a tobacco cessation program

Will the employer make any changes for the new plan year (if you know)? ☐ **If yes, list below.** ☐ **No**

☐ **Employer won't offer health coverage**

Date of change / /

☐ **The premium amount will change for the lowest cost plan that meets the minimum value standard**

Date of change / / Employee would pay this premium $ per Wk 2Wks 2x/Mo Mo Qr Yr

**Michigan Department of Health and Human Services** | **Your Name**

MDHHS-1171-HC (1-18)

Saginaw County
Department of Health and Human Services
411 E Genesee
Saginaw, MI 48605

## Letter of Authorization

In order to allow Saginaw County Community Mental Health Authority (SCCMHA) the opportunity to assist me with completing a DHHS application, I wish to name SCCMHA as my Filing Representative (SCCMHA is NOT the Authorized Representative).

I also wish at this time to give SCCMHA permission to communicate with DHHS regarding my case; for example: communication in regards to the application, ongoing and renewal paperwork.

Regards,

Beneficiary's Printed Name: _____

Address: _____

Date of Birth: _____

Signature of Beneficiary: _____

Signature of Filing Representative: _____

Date: _____

Revised June 2016

EXHIBIT B – Retroactive Medicaid Application (3 pgs.)

Case Name:
Case Number:
Date:
DHS Office:
Specialist / ID: /
Phone:
Fax:
Individual ID:

**STATE OF MICHIGAN**
**Department of Human Services**

If you do not understand this, call a DHS office in your area.
DHS employees are prohibited by law from providing legal advice.
Si usted no entiende esto, llame a una oficina de DHS en su área.
La ley prohíbe a los empleados de DHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب DHS الموجود في منطقتك.
يحرّم القانون على موظفي DHS إعطاء النصيحة القانونية.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**AUTHORITY:** Federal 42 CFR 435
**COMPLETION:** Voluntary
**PENALTY:** No medical coverage will be authorized.

## RETROACTIVE MEDICAID APPLICATION

1. My family has unpaid medical bills for the month(s) of:

| **First Month** Month Year | **Second Month** Month Year | **Third Month** Month Year |
|---|---|---|
| ANSWER QUESTIONS 2-9 FOR EACH MONTH APPLIED FOR IN QUESTION 1. | | |
| 2. List yourself and the name of each family member who lived with you at any time during the **first month** or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month. | 2. List yourself and the name of each family member who lived with you at any time during the **second month** or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month. | 2. List yourself and the name of each family member who lived with you at any time during the **third month** or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month. |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| 3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the **first month**? ☐ YES ☐ NO If YES, enter name of family member(s): | 3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the **second month**? ☐ YES ☐ NO If YES, enter name of family member(s): | 3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the **third month**? ☐ YES ☐ NO If YES, enter name of family member(s): |
| | | |
| 4. Explain any changes during the **first month** (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. | 4. Explain any changes during the **second month** (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. | 4. Explain any changes during the **third month** (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. |
| | | |

DHS-3243 (Rev. 10-14) Previous edition obsolete. MS Word

| Case Name | Case Number | Specialist |
|---|---|---|
| | | |

**INCOME:** For each month applied for, attach proof of all income received.

| 5. Was any family member employed or self-employed in any of the months listed in question 1? ☐ YES ☐ NO If YES, complete the following: | FIRST MONTH | | SECOND MONTH | | THIRD MONTH | |
|---|---|---|---|---|---|---|
| | Total monthly earned income before deductions. | Names of children receiving child care due to employment. | Total monthly earned income before deductions. | Names of children receiving child care due to employment. | Total monthly earned income before deductions. | Names of children receiving child care due to employment. |
| Person employed: | $ | | $ | | $ | |
| | $ | | $ | | $ | |
| Name of Self-Employed Person | Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) | | Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) | | Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) | |
| | | | | | | |

**EXPENSES:** Attach copy of court order(s) for child support paid.

| 6. Did any family member pay child support in any of the months listed in question 1? ☐ YES ☐ NO If YES, complete the following: | Total monthly child support paid per person | Total monthly child support paid per person | Total monthly child support paid per person |
|---|---|---|---|
| Person(s) paying child support: | $ | $ | $ |
| 7. Did any family member pay guard-ianship/conservator expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays? | Total monthly guardianship/ conservator expenses paid per person | Total monthly guardianship/ conservator expenses paid per person | Total monthly guardianship/ conservator expenses paid per person |
| Person(s) paying guardianship/ conservator expenses: | $ | $ | $ |
| 8. Does any family member pay alimony expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays? | Total monthly alimony expenses paid per person | Total monthly alimony expenses paid per person | Total monthly alimony expenses paid per person |
| Person(s) paying alimony | $ | $ | $ |
| 9. Did any family member pay student loan expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays? | Total monthly student loan expenses paid per person | Total monthly student loan expenses paid per person | Total monthly student loan expenses paid per person |
| Person(s) paying student loan | $ | $ | $ |
| 10. Did any family member pay other expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays? | Total monthly other expenses paid per person | Total monthly other expenses paid per person | Total monthly other expenses paid per person |
| Person(s) paying other expenses: | $ | $ | $ |

11. **OTHER INCOME**: Include income of all family members. Each item must be answered YES or NO.

| | FIRST MONTH Month Year | | | | SECOND MONTH Month Year | | | | THIRD MONTH Month Year | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| INCOME TYPE | YES/ NO | MONTHLY AMOUNT | WHOSE INCOME | | YES/ NO | MONTHLY AMOUNT | WHOSE INCOME | | YES/ NO | MONTHLY AMOUNT | WHOSE INCOME | |
| Social Security Benefits (RSDI) | | $ | | | | $ | | | | $ | | |
| Supplemental Security Income (SSI) | | $ | | | | $ | | | | $ | | |
| Retirement or Pension Benefits | | $ | | | | $ | | | | $ | | |
| Veterans Benefits | | $ | | | | $ | | | | $ | | |
| Disability Benefits | | $ | | | | $ | | | | $ | | |

| Case Name | Case Number | Specialist |
|---|---|---|
| | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rental Income | | | $ | | | | $ | | | | $ | |
| Workers Compensation | | | $ | | | | $ | | | | $ | |
| Child Support | | | $ | | | | $ | | | | $ | |
| Alimony | | | $ | | | | $ | | | | $ | |
| Unemployment compensation | | | $ | | | | $ | | | | $ | |
| Military Allotments | | | $ | | | | $ | | | | $ | |
| Gambling Distributions (Casino profit sharing) | | | $ | | | | $ | | | | $ | |
| Other | | | $ | | | | $ | | | | $ | |

12 **ASSETS**: Include assets of all family members. Each item must be answered YES or NO. Attach proof of asset value for each retro month applied for.

| | FIRST MONTH | Month | Year | SECOND MONTH | Month | Year | THIRD MONTH | Month | Year |
|---|---|---|---|---|---|---|---|---|---|
| **ASSET TYPE** | **YES/NO** | **AMOUNT/VALUE** | **OWNER(S)** | **YES/NO** | **AMOUNT/VALUE** | **OWNER(S)** | **YES/NO** | **AMOUNT/VALUE** | **OWNER(S)** |
| Cash on hand, in a safety deposit box or patient trust fund | | $ | | | $ | | | $ | |
| Savings, Checking or Credit Union Accounts | | $ | | | $ | | | $ | |
| Home, life estate, life lease | | $ | | | $ | | | $ | |
| Real Estate (not your home) | | $ | | | $ | | | $ | |
| Mortgage, land contract or other notes payable to household member | | $ | | | $ | | | $ | |
| Savings bonds or money market funds | | $ | | | $ | | | $ | |
| Stocks or mutual funds | | $ | | | $ | | | $ | |
| IRA, KEOGH, 401K or deferred compensation accounts | | $ | | | $ | | | $ | |
| Trust Fund(s) | | $ | | | $ | | | $ | |
| Life insurance | | $ | | | $ | | | $ | |
| Annuity | | $ | | | $ | | | $ | |
| Cars, trucks, boats, motorcycles, other vehicles | | $ | | | $ | | | $ | |
| Tools & Equipment, Livestock or Crops | | $ | | | $ | | | $ | |
| Funeral contracts | | $ | | | $ | | | $ | |
| Burial plot(s), casket, etc. | | $ | | | $ | | | $ | |
| Certificates of Deposit (C.D.) or savings certificates | | $ | | | $ | | | $ | |
| Other | | $ | | | $ | | | $ | |

**I CERTIFY THAT ALL INFORMATION I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.**

| Signature | Date |
|---|---|
| | |

EXHIBIT C – Medicaid Eligibility Verification Example



PRINT

**Medicaid Eligibility Information**

| Name | Date of Birth | Gender | Medicaid ID | Date(s) of Request |
|---|---|---|---|---|
| [redacted] | [redacted] | M | [redacted] | 06/01/2016 - 06/30/2016 |

**Additional Subscriber Identification**
Case Number -[redacted]

**County**
73

**Contact Name and Phone**
District 00 (989) 758-1100

**Eligibility Summary**
Is the subscriber eligible for Medicaid? **Yes**
Is the subscriber covered by Medicare? **Yes**

**Subscriber Address**
[redacted]

An MDCH published guide to benefit plans and service type codes can be found here.

MA • MA FFS Dental • Medicare - Part A • Medicare - Part B • Medicare - Part D • PIHP

**Full Fee-for-Service Medical Assistance (Medicaid)** (top)

| | |
|---|---|
| **Full Fee-for-Service Medical Assistance (Medicaid)** | **Plan : 06/01/2016 - 06/30/2016** |
| **REFER TO MEDICAID PROVIDER MANUAL/MDHHS WEBSITE FOR FURTHER DETAILS ON COVERED SERVICES INCLUDING PA, COPAY AND OTHER REQUIREMENTS. SOME SERVICES MAY NOT BE COVERED IF AGE 21 AND OLDER.** | |
| Service Types: | 1, 30, 33, 35, 47, 48, 50, 71, 86, 88, 91, 92, 98, AL, MH, UC |
| **Full Fee-for-Service Medical Assistance (Medicaid)** | **Plan : 06/01/2016 - 06/30/2016** |
| Service Types: | 30 |
| Co-Insurance Percentage: | 0.00% |
| **Full Fee-for-Service Medical Assistance (Medicaid)** | **Plan : 06/01/2016 - 06/30/2016** |
| Service Types: | 30 |
| Co-Payment Amount: | $0.00 |
| **Full Fee-for-Service Medical Assistance (Medicaid)** | **Plan : 06/01/2016 - 06/30/2016** |
| Service Types: | 30 |
| Deductible Amount: | $0.00 |

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Medicaid Deductible | **Chapter**: 09.02.04 - Eligibility | **Subject No**: 09.02.04.03 |
|  | | |
| **Effective Date**: 6/1/2016 | **Date of Review/Revision**: 3/21/17, 4/10/18, 1/3/20<br><br>**Supersedes**: 09.03.01.09 | **Approved By**: Laura Argyle, Chief Financial Officer/Chief Operating Officer<br><br>**Authored By**: Kim Hall, Entitlement Supervisor<br><br>**Reviewed By**: Linda Tilot, Valerie Lewis, Janet Miller, Brenda Mikesell |

**Purpose:**
In order to ensure compliance with Government Regulations on Medicaid Deductibles, SCCMHA will adhere to the principles of the following guidelines.

**Policy:**
SCCMHA will be fiscally responsible with its financial resources and authorize services based on Medicaid guidelines.

**Application:**
Primary Case Holders
SCCMHA MDHHS Eligibility Specialist and Entitlement Coordinator
SCCMHA Central Access & Intake Staff and External Provider Intake Staff
Finance Supervisor

**Standards:**
None

**Definitions:**
**ATP (Ability to Pay)**: the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code.

**Benefits Advocate**: This position is located in the Central Access & Intake Department and responsible for pursuing Medicaid/Healthy Michigan eligibility for consumers served

through the SCCMHA system, especially those who have been or are hospitalized and who were not Medicaid/Healthy Michigan eligible at the time of admission.

**Medicaid Deductible (Spend-down)**: If the individual's net income is over the Medicaid limit, the amount in excess is established as a deductible (spend-down) amount. In order for the person to qualify for Medicaid during the months, he/she must incur medical bills equal to the deductible (spend-down) amount. Medicaid will pay expenses incurred above this amount. If a member is liable for bills incurred before the deductible (spend-down) period began, these bills can be used to meet the deductible (spend-down).

**Entitlements Coordinator**: this position is responsible for ensuring that SCCMHA consumers obtain the maximum health insurance benefit for which they are eligible. This objective is accomplished through monitoring of enrollment data, assistance with Medicaid applications, verifying and forwarding deductible reports to the MDHHS Eligibility Specialist, and facilitation of communications with MDHHS.

**MDHHS Eligibility Specialist**: SCCMHA has one on-site MDHHS staff located in the Central Access and Intake Department whose main role is to determine eligibility for SCCMHA consumers for various Public Assistance Programs. MDHHS eligibility specialist verifies all necessary documents and records to determine eligibility for requested programs, Medicaid Deductible Reports (MDR's) and establish and maintain partnerships with Community Resources to assist consumers with correspondence, verifications and time limits. In addition, ensures consumers receive all necessary assistance to help them meet their needs.

**Front Desk Associate (FDA)**: the staff located within each of the clinical programs at SCCMHA who are responsible for monitoring consumer eligibility and ability to pay. They are also responsible for entering ATP's for consumers in the SCCMHA provider network.

**References:**
SCCMHA Policy 05.02.06 – Financial Liability for Mental Health Services
SCCMHA Procedure 09.03.01.08 – Medicaid/Healthy Michigan Application Procedure

**Exhibits:**
Exhibit A - MDDHS Medicaid Deductible Information Brochure (DCH-617)
Exhibit B - SCCMHA Medicaid Deductible Report for MDHHS
Exhibit C - SCCMHA Medicaid Deductible Form Instructions
Exhibit D - MDHHS Memo Regarding Medical Deductible Report Monthly Procedure (7/1/15)
Exhibit E - Board Operated Programs Medicaid Deductible Reporting Rate Tool (Eff. May 1, 2017 – May 1, 2018)
Exhibit F - Contracted Providers Medicaid Deductible Reporting Rate Tool for Fiscal Year 2018

**Procedure:**
For a new consumer calling SCCMHA or an external provider for services, and as part of the routine determination process for eligibility of services or crisis services, the

access/intake/crisis worker will gather information from the consumer pertinent to available insurance coverage. When it has been determined the consumer has a Medicaid deductible, access/intake/crisis worker will notify the Entitlements Coordinator. The Entitlements Coordinator will confirm the monthly deductible amount with the on-site SCCMHA MDHHS Eligibility Specialist and record this information in the Insurance Policy section of Sentri. The Entitlements Coordinator will notify the Primary Case Holder of the deductible amount and keep a log of the deductible reports received monthly. If the consumer is not assigned to a primary case holder at the time of crisis service/inpatient/crisis residential service, the Entitlement Coordinator will fill out and submit the Deductible Report to the MDHHS Eligibility Specialist.

The Primary Case Holder is responsible for communicating with the consumer regarding the medical services s/he has received and submit monthly deductible reports and receipts (for non-SCCMHA related medical expenses) to the Entitlement's Office as soon as the deductible is met. Services provided by SCCMHA providers should be scheduled as early in the month as possible in order to assist the consumer in meeting his/her deductible earlier in the month, if at all possible. If the deductible is not met for the month, a monthly deductible report listing all of the services received within the month should still be sent to the Entitlements Coordinator to count toward a future month's expense. By submitting each month, this will ensure that the consumer will meet his/her deductible periodically throughout the year, and allow the consumer to use his/her Medicaid insurance for services such as, eye appointments, dental coverage, medical supplies, etc.

After the Medicaid deductible report is verified by the Entitlements Coordinator, the Medicaid deductible report is given to the SCCMHA on-site MDHHS Eligibility Specialist to process and determine Medicaid eligibility for the month.

| ACTION | RESPONSIBILITY |
|---|---|
| For a new consumer calling SCCMHA or an external provider for services, and as part of the routine determination process for eligibility of services or crisis services, the access/intake/crisis worker will gather information from the consumer pertinent to available insurance coverage. When it has been determined the consumer has a Medicaid deductible, access/intake/crisis worker will notify the Entitlements Coordinator. | Provider Access/Intake/Crisis Staff, Entitlement Coordinator |
| The Entitlements Coordinator will confirm the monthly deductible amount with the on-site SCCMHA MDHHS Eligibility Specialist and record this information in the Insurance Policy section of Sentri. The Entitlements Coordinator will notify the | Entitlements Coordinator, DHHS Eligibility Specialist |

| | |
|---|---|
| Primary Case Holder of the deductible amount and keep a log of the deductible reports received monthly. If the consumer is not assigned to a primary case holder at the time of crisis service/inpatient/crisis residential service, the Entitlement Coordinator will fill out and submit the deductible report to the MDHHS Eligibility Specialist. | |
| MDHHS Eligibility Specialist will process the deductible report and determine Medicaid eligibility. | MDHHS Eligibility Specialist |
| If consumer has a lapse in his/her Medicaid coverage or has not met their Medicaid deductible for 3 consecutive months, the Supervisor of Entitlements will send out a 30 day notice to suspend services until Medicaid deductible is active and/or has been met. | Entitlement Coordinator, Supervisor of Entitlements |
| If deductible is met during the time the consumer is suspended, the Supervisor of Entitlements will send the consumer a reinstatement of services letter. | Supervisor of Entitlements |

### 11. HOW OFTEN MUST I MEET MY DEDUCTIBLE?

When you have a deductible amount, DHS establishes your Medicaid eligibility on a month-by-month basis.

You must continue reporting your costs to your Specialist each time they are more than your deductible amount. Your Specialist needs proof of your costs each time you send in your Deductible Report.

### 12. WHAT IF I THINK THE AGENCY'S ACTION IS WRONG?

Talk with your Specialist or his or her manager. If you still believe the action is wrong, you may ask for a hearing. Your hearing request must be in writing and filed within 90 days of the notice of an action. Send your request to your local DHS office.

### 13. FRAUD

State and federal laws have penalties for a person found guilty of fraud. Misusing a Medicaid card, making false statements, or failing to report changes is against the law. If evidence shows willful violation of law, law enforcement officials will investigate. Anyone who helps another person who is not eligible to get Medicaid is subject to the same penalties.

*Michigan Department of Community Health*

MDCH

**Jennifer M. Granholm, Governor**
**Janet Olszewski, Director**

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DCH-617 Rev. 9/05

# Medicaid Deductible Information

EXHIBIT A – Pg 2

# Medicaid Deductible Information

## 1. WHAT DOES DEDUCTIBLE MEAN?

Deductible means you are eligible for Medicaid, except for your income. To get Medicaid, you must use your medical costs to get your monthly income at or below the income limits.

## 2. WHAT IS A DEDUCTIBLE AMOUNT?

It is the amount of your income that is over the income limit.

## 3. HOW DO I KNOW IF I HAVE A DEDUCTIBLE?

Your Department of Human Services (DHS) Specialist sends you a letter called the Deductible Notice. It gives your deductible amount and tells how you can get Medicaid. You can get Medicaid when your medical costs are more than your deductible amount. Your Specialist also gives you a Deductible Report form to list your medical bills.

## 4. CAN MY DEDUCTIBLE AMOUNT CHANGE?

Yes. The changes noted below are examples of what can change your deductible amount. You must let your Specialist know within 10 days of any change in:

- income
- employment
- health insurance coverage and premiums
- the persons living with you
- your address
- other factors that may affect your eligibility.

## 5. WHAT KIND OF COSTS CAN I USE TO MEET MY DEDUCTIBLE?

Use costs for medical care such as:

- care from hospitals, doctors, clinics, nurses, dentists, podiatrists and chiropractors
- most medicines
- medical supplies and equipment
- transportation to get medical care.

You cannot use costs that your health insurance or Medicare paid for you.

Make sure you tell your Specialist about all medical bills you and your family owe. Tell him or her even if you have not received the bill yet. It does not matter how long ago you received the medical services. List your old unpaid bills and each new medical cost you have on your Deductible Report.

## 6. DO I NEED PROOF OF MY COSTS?

Yes. You must provide proof of your medical costs. You can use:

- unpaid bills
- paid receipts
- other statements

These statements should show:

- the date of service
- the amount owed or paid
- the person getting the service.

Tell your Specialist if you are having trouble getting this information.

## 7. DO I HAVE TO PAY MEDICAL BILLS TO USE THEM?

No. But you must have received the medical care before you can use the bill. Paying medical bills is your responsibility. You should contact your provider.

## 8. WHAT DO I DO WHEN I HAVE ENOUGH BILLS?

Return your Deductible Report and proof of your costs to your Specialist when you have bills or receipts for medical care that total more than your deductible amount.

## 9. HOW ARE MY BILLS USED TO MEET MY DEDUCTIBLE?

Your Specialist:

- decides which bills or receipts can be used to establish Medicaid eligibility
- can use paid bills to establish eligibility only for the month you received the service
- can use unpaid bills to establish eligibility for any month
- will use the oldest unpaid bills first
- can use any paid or unpaid bill only once to establish eligibility.

## 10. WHAT HAPPENS NEXT?

Your Specialist will send you a written notice about your Medicaid coverage if:

- your allowable costs are more than your deductible amount
- you still meet the other eligibility requirements.

Your Specialist will tell you if your allowable costs are less than your deductible amount.

EXHIBIT B

**Medicaid Deductible Report**
for
Department of Health and Human Services

| Consumer Name | Sentri # |
|---|---|
| DHHS Case Number | Medicaid # |
| County 73 | Deductible Amount: |

EACH TIME A MEDICAL EXPENSE IS INCURRED, COMPLETE ONE LINE OF THIS FORM.

| DATE OF SERVICE | SERVICE CODE | CHECK ONE | IF OTHER, EXPLAIN HERE | PROVIDER NAME AND ADDRESS | AMOUNT OF CHARGE | TOTAL AMOUNT |
|---|---|---|---|---|---|---|
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |
| | | ☐ Case Mgmt/Support Coord. ☐ Skillbuilding/CLS ☐ Med. Review/Psych Eval ☐ Other (explain) | | | | $ - |

When the expenses listed above are more than your spend-down amount, return this form to your specialist immediately. You may bring this form and proof of your medical expenses to the office or mail them in. If there are any medical expenses that are non-SCCMHA, a bill or receipt should be attached.

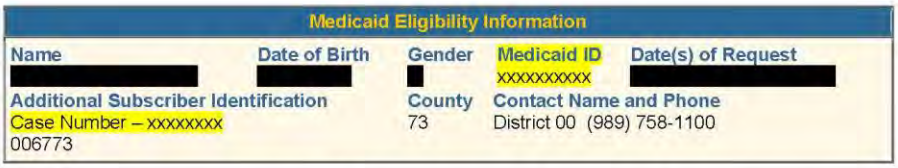
| SCCMHA CSM/SC Name: | Agency: |
|---|---|
| Phone #: | Email Address: |

*Revised 6/2/14 KH*

Page 1

## SCCMHA Medicaid Deductible Form Instructions

1. **Enter Consumer's Name**
2. **Enter Sentri Case #**
3. **Enter DHS Case # and Medicaid ID # (if unknown, this can be found by doing a manual Medicaid eligibility look-up in Sentri) see below highlighted areas.**



| Medicaid Eligibility Information | | | | |
|---|---|---|---|---|
| Name [redacted] | Date of Birth [redacted] | Gender [redacted] | Medicaid ID xxxxxxxxxx | Date(s) of Request [redacted] |
| Additional Subscriber Identification | | County | Contact Name and Phone | |
| Case Number – xxxxxxxx 006773 | | 73 | District 00 (989) 758-1100 | |

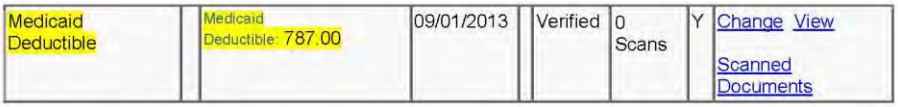
4. **Enter Consumer's Deductible Amount (this can be found in the Sentri Insurance Policy section listed under Medicaid deductible)**

   **Go to consumer chart, click on insurance policies.**



| Demographics/Financial |
|---|
| View Demographics |
| Change Demographics |
| Emergency Contact/Guardian/Family Relations |
| Insurance Policies |

**Look for the Medicaid Deductible Policy (the one without an end-date)**



| | | | | | | |
|---|---|---|---|---|---|---|
| Medicaid Deductible | Medicaid Deductible: 787.00 | 09/01/2013 | Verified | 0 Scans | Y | Change View Scanned Documents |

5. **Enter Date of Service (Month/Date/Year) - only 1 service per line is allowed unless the service is for an inpatient hospitalization.**
6. **Enter Service Activity Code if the service was provided by CMH. If expense is non-CMH related or a pharmacy expense, leave blank.**
7. **Check the type of service that was provided. If other, explain in box to the right.**
8. **List Provider Name and Address.**
9. **Fill in the amount of service charge.**
10. **Do not fill in total amount. This will calculate automatically once the service charge is entered. If the total amount is entered manually, the formula will disappear and all expenses will have to be manually entered.**

**For assistance in completing the deductible form, or if you need help deciding which services can be included on the deductible form, please call our SCCMHA Entitlements Office at 272-0242 (external) or 4112 (internal). See back for examples of medical expenses that can be used to meet a consumer's deductible.**

## Examples of Medical Expenses
### To be reported on the Deductible Form

- CMH mental health services, including Clubhouse, Drop-in Center, Injections, SVRC, Community Ties, SIP, Residential, etc.
- All medical services provided by a Primary Care Physician
- All prescriptions, either filled at Advance Care or any Pharmacy
- Dental work
- Lab work
- Occupational or Physical Therapy services
- Chiropractor services
- Ophthalmologist services (eye doctor appointments)
- Podiatrist services (foot doctor)
- X-rays
- Speech therapy
- Substance abuse treatment services
- Ambulance expense
- Purchase, repair and rental of prosthetic devices, orthopedic shoes, wheelchairs, walkers, crutches, equipment to administer oxygen, Lifeline expense).
- Drugs and Supplies such as insulin, needles, syringes, family planning drugs and supplies, ostomy supplies, oxygen, surgical supplies, nicotine patches/gum, incontinence supplies.

**Tips to remember:**

- ✓ Submit the MDR (Medicaid Deductible Report) as soon as your consumer has met their deductible. DO NOT wait until the last day of the month or later.
- ✓ If your consumer will not meet their deductible, a form is still needed, however, please let Entitlements Office know via email. MDR's effect food stamp payment amounts, so if nothing is turned in, then your consumer will not get the increase in their amount.
- ✓ If the service is provided by CMH, a receipt is not needed. However, if any service listed on the deductible report is not provided by CMH, then an invoice, bill, receipt or statement from the Provider (WHERE, WHEN, WHAT AND AMOUNT OF SERVICE) must be attached to the deductible form in order to be verified by DHHS. Also, if your consumer is hospitalized, let Entitlements Office know admission date ASAP so DHHS can be notified.
- ✓ Under Provider Address – this is WHO is providing the service, not WHERE the service is being provided.
- ✓ Attempt to schedule your appointments with your deductible consumers early in the month, so they can meet their deductibles sooner rather than later.
- ✓ Dates of service on the MDR should be in descending order.

*Prepared by Kim Hall*
*Revised: 5/1/16*

EXHIBIT D

MDHHS
Michigan Department of Health & Human Services
STATE OF MICHIGAN
Department of Health and Human Services

Saginaw

www.michigan.gov/mdhhs

V. Lewis

Tel: 989 272 0244
Fax: 517 346-5999

**Memo**

To: All CSM/and Anyone completing MDR's Date: 03/20/2017
From: Valerie Lewis
Subject: MDR-Medical Deductible Report Monthly Proceedure

- Please make an effort to schedule all Services that will be included on the MDR as close to the beginning of the month as possible. ***If your Consumer has been admitted to the Hospital let V. Lewis or Janet Miller know ASAP.*** If you are including other expenses on the MDR, please attach the Receipt/Bill showing the date of service and the amount of the service.
- Please make sure that the MDR is typed (Not Hand-Written), and is being completed correctly, ***Example:*** Name of Provider, Amount of Expense, Total of the Expenses, Date, etc…
- Once you have completed the MDR please forward to Janet Miller **ASAP!**
- ***It is Very Important that the MDR's reach the DHHS workers before the last day of the month.*** As mentioned before, the MDR needs to be received as close to the day the Deductible is met as possible. This not only helps to ensure that the DHHS worker has a sufficient amount of time to enter the Deductible, but there are also benefits for the Consumer.

  ***Example***: If a Consumer meets their Deductible on the 5th of the month and the MDR is received timely the Consumer will be able to take advantage of their ***FULL MEDICAID BENEFITS from the 5th to the last day of the month.*** This includes Prescriptions, Dental, Dr. Appointments and other Medical Needs.

  ***Example:*** If a Consumer receives FAP-Food Assistance Program, whether the Deductible is met or not the Medical Expenses listed on the MDR will give the Consumer a credit on the FAP budget helping their food amount to increase for the following month. ***The increase for the FAP in the following month ONLY applies if the MDR is Received Timely to be Entered Before the END of the MONTH.***
- We are All here for the Consumer and we want to ensure that they are able to take Full Advantage of All the Benefits they may be eligible to receive each month.

*If you have any questions about the MDR Procedure please contact V. Lewis at DHHS 989-272-0244, or inside Ext. 1244, or Janet Miller at SCCMHA 989-272-0242, or inside Ext. 4112,*

*Thank you,*

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Board Operated Programs
# Medicaid Deductible Reporting Rate Tool
## Effective May 1, 2017 - May 1, 2018

| Service Code | Service | Rate Per Unit | Unit Type | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 15 min | 30 min | 45 min | 1 hr | 1 hour 15 min | 1 hour 30 min | 1 hour 45 min | 2 hours |
| 0359T | ASD Behavior ID Assessment | $313.69 | Encounter | | | | | | | | |
| 0362T | ASD Behavioral Follow-up Assessment | $313.69 | 1st 30 min | | $313.69 | | | | | | |
| 0363T | ASD Behavioral Follow-up (add'l 30 min) | $313.69 | Add'l 30 min | | $313.69 | | $627.38 | | $941.07 | | $1,254.76 |
| 90791 | Psych Evaluation - No Medical | $737.28 | Encounter | | | | | | | | |
| 90791 GT | Psych Eval w/o Medical -Video Conf. | $627.24 | Encounter | | | | | | | | |
| 90792 | Psych Evaluation - With Medical | $731.24 | Encounter | | | | | | | | |
| 90792 GT | Psych Eval w/Medical - Video Conf. | $762.14 | Encounter | | | | | | | | |
| 90832 | Individual Psychotherapy, 30 min. | $243.70 | Encounter | | | | | | | | |
| 90834 | Individual Psychotherapy, 45 min. | $390.98 | Encounter | | | | | | | | |
| 90837 | Individual Psychotherapy, 60 min. | $526.61 | Encounter | | | | | | | | |
| 90846 | Family Therapy w/o Patient | $1,109.35 | Encounter | | | | | | | | |
| 90846 HA | Family Therapy w/o Patient | $711.82 | Encounter | | | | | | | | |
| 90847 | Family Therapy w/ Patient | $448.53 | Encounter | | | | | | | | |
| 90849 | Family Therapy Group | $854.18 | Encounter | | | | | | | | |
| 90849 HA | Family Therapy Group | $827.73 | Encounter | | | | | | | | |
| 90853 | Group Therapy | $532.72 | Encounter | | | | | | | | |
| 90853 HH | Group Therapy | $410.71 | Encounter | | | | | | | | |
| 96101 | Psychological Testing | $768.00 | Hour | | | | $768.00 | | | | $1,536.00 |
| 96101 U5 AH | Psychological Testing | $2,112.97 | Hour | | | | $2,112.97 | | | | $4,225.94 |
| 96372 | Medication Administration (injections) | $206.76 | Encounter | | | | | | | | |
| 97110 | OT/PT Therapeutic Procedure | $112.29 | 15 min. | $112.29 | $224.58 | $336.87 | $449.16 | $561.45 | $673.74 | $786.03 | $898.32 |
| 97112 | OT/PT Neuro Re-education | $120.80 | 15 min. | $120.80 | $241.60 | $362.40 | $483.20 | $604.00 | $724.80 | $845.60 | $966.40 |
| 97113 | OT/PT Aquatic Therapy | $91.92 | 15 min. | $91.92 | $183.84 | $275.76 | $367.68 | $459.60 | $551.52 | $643.44 | $735.36 |
| 97116 | OT/PT Gait Training | $122.91 | 15 min. | $122.91 | $245.82 | $368.73 | $491.64 | $614.55 | $737.46 | $860.37 | $983.28 |
| 97124 | OT/PT Massage Therapy | $122.91 | 15 min. | $122.91 | $245.82 | $368.73 | $491.64 | $614.55 | $737.46 | $860.37 | $983.28 |
| 97140 | OT/PT Manual Therapy | $126.75 | 15 min. | $126.75 | $253.50 | $380.25 | $507.00 | $633.75 | $760.50 | $887.25 | $1,014.00 |
| 97161 GP | PT Eval Low Complexity, 20 Min | $105.00 | Encounter | | | | | | | | |
| 97162 GP | PT Eval Mod Complexity, 30 Min | $307.28 | Encounter | | | | | | | | |
| 97163 GP | PT Eval High Complexity, 45 Min | $245.83 | Encounter | | | | | | | | |
| 97164 GP | PT Re-Eval Est Plan of Care | $245.83 | Encounter | | | | | | | | |
| 97165 GO | OT Eval Low Complexity, 30 Min | $306.78 | Encounter | | | | | | | | |
| 97166 GO | OT Eval Mod Complexity, 45 Min | $468.07 | Encounter | | | | | | | | |
| 97167 GO | OT Eval High Complexity, 60 Min | $504.40 | Encounter | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Board Operated Programs
# Medicaid Deductible Reporting Rate Tool
## Effective May 1, 2017 - May 1, 2018

| Service Code | Service | Rate Per Unit | Unit Type | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 15 min | 30 min | 45 min | 1 hr | 1 hour 15 min | 1 hour 30 min | 1 hour 45 min | 2 hours |
| 97168 GO | OT Re-Eval Est Plan of Care | $190.13 | Encounter | | | | | | | | |
| 97530 | OT/PT Therapeutic Activities | $141.48 | 15 min. | $141.48 | $282.96 | $424.44 | $565.92 | $707.40 | $848.88 | $990.36 | $1,131.84 |
| 97532 | OT/PT Cognitive Skills Development | $959.46 | Encounter | | | | | | | | |
| 97533 | OT/PT Sensory Integration | $97.65 | 15 min. | $97.65 | $195.30 | $292.95 | $390.60 | $488.25 | $585.90 | $683.55 | $781.20 |
| 97535 | OT/PT Self Care Training | $239.82 | 15 min. | $239.82 | $479.64 | $719.46 | $959.28 | $1,199.10 | $1,438.92 | $1,678.74 | $1,918.56 |
| 97542 | OT/PT Wheelchair Mgmt. Training | $122.91 | 15 min. | $122.91 | $245.82 | $368.73 | $491.64 | $614.55 | $737.46 | $860.37 | $983.28 |
| 97760 | Orthotic(s) Management & Training | $94.39 | 15 min. | $94.39 | $188.78 | $283.17 | $377.56 | $471.95 | $566.34 | $660.73 | $755.12 |
| 97802 | Nutrition Initial Assessment | $119.56 | 15 min. | $119.56 | $239.12 | $358.68 | $478.24 | $597.80 | $717.36 | $836.92 | $956.48 |
| 97803 | Nutrition Re-Assessment | $118.71 | 15 min. | $118.71 | $237.42 | $356.13 | $474.84 | $593.55 | $712.26 | $830.97 | $949.68 |
| 97804 | Group Nutrition Therapy | $949.65 | Encounter | | | | | | | | |
| 99201 | Med Review New Patient (10 min.) | $164.13 | Encounter | | | | | | | | |
| 99204 | Med Review New Patient (45 min.) | $305.66 | Encounter | | | | | | | | |
| 99204 GT | Med Review New Patient (45 min) | $627.24 | Encounter | | | | | | | | |
| 99211 | Med Review Established (5 min.) | $147.52 | Encounter | | | | | | | | |
| 99211 GT | Med Review Established (5 min.) | $306.65 | Encounter | | | | | | | | |
| 99212 | Med Review Established (10 min.) | $200.85 | Encounter | | | | | | | | |
| 99212 GT | Med Review Established (10 min.) | $219.67 | Encounter | | | | | | | | |
| 99213 | Med Review Established (15 min.) | $235.34 | Encounter | | | | | | | | |
| 99213 GT | Med Review Established (15 min.) | $260.22 | Encounter | | | | | | | | |
| 99214 | Med Review Established (25 min.) | $454.70 | Encounter | | | | | | | | |
| 99214 GT | Med Review Established (25 min.) | $378.05 | Encounter | | | | | | | | |
| 99215 | Med Review Established (40 min.) | $684.89 | Encounter | | | | | | | | |
| 99215 GT | Med Review Established (40 min.) | $594.19 | Encounter | | | | | | | | |
| H0002 | Program Screening | $252.07 | Encounter | | | | | | | | |
| H0002 HH | Program Screening | $316.84 | Encounter | | | | | | | | |
| H0002 TS | Program Screening - Follow-up | $262.70 | Encounter | | | | | | | | |
| H0031 | M.H. Assessment by a non-physician | $1,003.43 | Encounter | | | | | | | | |
| H0031 QJ | M.H. Assessment by a non-physician | $2,689.43 | Encounter | | | | | | | | |
| H0031 U5 | M.H. Assessment by a non-physician | $2,192.05 | Encounter | | | | | | | | |
| H0031 U5 AH AJ | M.H. Assessment by a non-physician | $1,393.66 | Encounter | | | | | | | | |
| H0031 U5 AJ | M.H. Assessment by a non-physician | $1,624.97 | Encounter | | | | | | | | |
| H0032 | Treatment Planning | $240.01 | Encounter | | | | | | | | |
| H0034 | Medication Training and Support | $130.02 | 15 min. | $130.02 | $260.04 | $390.06 | $520.08 | $650.10 | $780.12 | $910.14 | $1,040.16 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Board Operated Programs
# Medicaid Deductible Reporting Rate Tool
## Effective May 1, 2017 - May 1, 2018

| Service Code | Service | Rate Per Unit | Unit Type | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 15 min | 30 min | 45 min | 1 hr | 1 hour 15 min | 1 hour 30 min | 1 hour 45 min | 2 hours |
| H0036 | Home-Based Services | $126.78 | 15 min. | $126.78 | $253.56 | $380.34 | $507.12 | $633.90 | $760.68 | $887.46 | $1,014.24 |
| H0036 HS | Home-Based Services | $129.50 | 15 min. | $129.50 | $259.00 | $388.50 | $518.00 | $647.50 | $777.00 | $906.50 | $1,036.00 |
| H0036 TT | Home-Based Services | $129.50 | 15 min. | $129.50 | $259.00 | $388.50 | $518.00 | $647.50 | $777.00 | $906.50 | $1,036.00 |
| H0038 | Self Help/Peer Services | $137.63 | 15 min. | $137.63 | $275.26 | $412.89 | $550.52 | $688.15 | $825.78 | $963.41 | $1,101.04 |
| H0038 HH | Self Help/Peer Services | $82.90 | 15 min. | $82.90 | $165.80 | $248.70 | $331.60 | $414.50 | $497.40 | $580.30 | $663.20 |
| H0038 HH TG | Self Help/Peer Services | $82.75 | 15 min. | $82.75 | $165.50 | $248.25 | $331.00 | $413.75 | $496.50 | $579.25 | $662.00 |
| H0038 TT | Self Help/Peer Services | $144.71 | 15 min. | $144.71 | $289.42 | $434.13 | $578.84 | $723.55 | $868.26 | $1,012.97 | $1,157.68 |
| H0038 TT HH | Self Help/Peer Services | $81.74 | 15 min. | $81.74 | $163.48 | $245.22 | $326.96 | $408.70 | $490.44 | $572.18 | $653.92 |
| H0038 TT HH TG | Self Help/Peer Services | $80.06 | 15 min. | $80.06 | $160.12 | $240.18 | $320.24 | $400.30 | $480.36 | $560.42 | $640.48 |
| H2000 | Behavior Management | $522.04 | Encounter | | | | | | | | |
| H2011 | Crisis Intervention | $278.88 | 15 min. | $278.88 | $557.76 | $836.64 | $1,115.52 | $1,394.40 | $1,673.28 | $1,952.16 | $2,231.04 |
| H2011 HH | Crisis Intervention | $357.20 | 15 min. | $357.20 | $714.40 | $1,071.60 | $1,428.80 | $1,786.00 | $2,143.20 | $2,500.40 | $2,857.60 |
| H2011 QJ | Crisis Intervention | $542.80 | 15 min. | $542.80 | $1,085.60 | $1,628.40 | $2,171.20 | $2,714.00 | $3,256.80 | $3,799.60 | $4,342.40 |
| H2014 | Skills Training & Development | $10.35 | 15 min. | $10.35 | $20.70 | $31.05 | $41.40 | $51.75 | $62.10 | $72.45 | $82.80 |
| H2014 HK | Skills Training & Development | $10.43 | 15 min. | $10.43 | $20.86 | $31.29 | $41.72 | $52.15 | $62.58 | $73.01 | $83.44 |
| H2014 TT | Skills Training & Development | $10.51 | 15 min. | $10.51 | $21.02 | $31.53 | $42.04 | $52.55 | $63.06 | $73.57 | $84.08 |
| H2015 | Community Living Supports | $12.16 | 15 min. | $12.16 | $24.32 | $36.48 | $48.64 | $60.80 | $72.96 | $85.12 | $97.28 |
| H2015 HK | Community Living Supports | $10.70 | 15 min. | $10.70 | $21.40 | $32.10 | $42.80 | $53.50 | $64.20 | $74.90 | $85.60 |
| H2015 TT | Community Living Supports | $11.76 | 15 min. | $11.76 | $23.52 | $35.28 | $47.04 | $58.80 | $70.56 | $82.32 | $94.08 |
| H2015 TT HK | Community Living Supports | $10.72 | 15 min. | $10.72 | $21.44 | $32.16 | $42.88 | $53.60 | $64.32 | $75.04 | $85.76 |
| H2019 | Therapeutic Behavioral Services (DBT) | $92.02 | 15 min. | $92.02 | $184.04 | $276.06 | $368.08 | $460.10 | $552.12 | $644.14 | $736.16 |
| H2019 HH | Therapeutic Behavioral Services (DBT) | $80.61 | 15 min. | $80.61 | $161.22 | $241.83 | $322.44 | $403.05 | $483.66 | $564.27 | $644.88 |
| H2019 HH TT | Therapeutic Behavioral Services (DBT) | $80.56 | 15 min. | $80.56 | $161.12 | $241.68 | $322.24 | $402.80 | $483.36 | $563.92 | $644.48 |
| H2019 TT | Therapeutic Behavioral Services (ASD) | $80.63 | 15 min. | $80.63 | $161.26 | $241.89 | $322.52 | $403.15 | $483.78 | $564.41 | $645.04 |
| H2021 | Wraparound Facilitation (B3) | $322.64 | 15 min. | $322.64 | $645.28 | $967.92 | $1,290.56 | $1,613.20 | $1,935.84 | $2,258.48 | $2,581.12 |
| H2022 | Wraparound Facilitation (SEDW) | $1,213.94 | Day | | | | | | | | |
| H2023 | Supported Employment Services | $203.46 | 15 min. | $203.46 | $406.92 | $610.38 | $813.84 | $1,017.30 | $1,220.76 | $1,424.22 | $1,627.68 |
| H2023 HE | Supported Employment Services | $257.76 | 15 min. | $257.76 | $515.52 | $773.28 | $1,031.04 | $1,288.80 | $1,546.56 | $1,804.32 | $2,062.08 |
| H2023 HK | Supported Employment Services | $146.10 | 15 min. | $146.10 | $292.20 | $438.30 | $584.40 | $730.50 | $876.60 | $1,022.70 | $1,168.80 |
| J0401 | Abilify Maintena, 300 mg | $1,332.00 | Encounter | | | | | | | | |
| J0401 | Abilify Maintena, 400 mg | $1,776.00 | Encounter | | | | | | | | |
| J1631 | Haldol Decanoate 100 mg/ml, 5 ml vial | $30.89 | Encounter | | | | | | | | |
| J2358 | Zyprexa Relprevv, 210 mg | $707.70 | Encounter | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Board Operated Programs
# Medicaid Deductible Reporting Rate Tool

Effective May 1, 2017 - May 1, 2018

| Service Code | Service | Rate Per Unit | Unit Type | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 15 min | 30 min | 45 min | 1 hr | 1 hour 15 min | 1 hour 30 min | 1 hour 45 min | 2 hours |
| J2358 | Zyprexa Relprevv, 300 mg | $1,011.00 | Encounter | | | | | | | | |
| J2358 | Zyprexa Relprevv, 405 mg | $1,364.85 | Encounter | | | | | | | | |
| J2426 | Invega Sustenna, 39 mg | $363.87 | Encounter | | | | | | | | |
| J2426 | Invega Sustenna, 78 mg | $727.74 | Encounter | | | | | | | | |
| J2426 | Invega Sustenna, 117 mg | $394.29 | Encounter | | | | | | | | |
| J2426 | Invega Sustenna, 156 mg | $1,455.48 | Encounter | | | | | | | | |
| J2426 | Invega Sustenna, 234 mg | $2,183.22 | Encounter | | | | | | | | |
| J2426 | Invega Sustenna, 410 mg | $3,825.30 | Encounter | | | | | | | | |
| J2680 | Fluphenazine Decanoate, 5 ml vial | $32.34 | Encounter | | | | | | | | |
| J2794 | Risperdal Consta, 12.5 mg | $238.00 | Encounter | | | | | | | | |
| J2794 | Risperdal Consta, 25 mg | $476.00 | Encounter | | | | | | | | |
| J2794 | Risperdal Consta, 37.5 mg | $714.00 | Encounter | | | | | | | | |
| J2794 | Risperdal Consta, 50 mg | $952.00 | Encounter | | | | | | | | |
| S0166 | Zyprexa Immediate Action, 2.5 mg | $10.40 | Encounter | | | | | | | | |
| S0166 | Zyprexa Immediate Action, 5 mg | $20.80 | Encounter | | | | | | | | |
| S0166 | Zyprexa Immediate Action, 7.5 mg | $31.20 | Encounter | | | | | | | | |
| S0166 | Zyprexa Immediate Action, 10 mg | $41.60 | Encounter | | | | | | | | |
| S5111 | Family Training | $549.04 | Encounter | | | | | | | | |
| S5111 HS | Family Training | $946.07 | Encounter | | | | | | | | |
| S5111 HS TT | Family Training | $1,165.56 | Encounter | | | | | | | | |
| S5111 U5 | Family Training | $491.65 | Encounter | | | | | | | | |
| S5111 TT | Family Training | $1,165.56 | Encounter | | | | | | | | |
| S9445 | Patient Education Individual | $333.59 | Per Session | | | | | | | | |
| S9446 | Patient Education Group | $681.69 | Per Session | | | | | | | | |
| S9482 | Infant Mental Health | $134.57 | 15 min. | $134.57 | $269.14 | $403.71 | $538.28 | $672.85 | $807.42 | $941.99 | $1,076.56 |
| S9482 HH | Infant Mental Health | $142.98 | 15 min. | $142.98 | $285.96 | $428.94 | $571.92 | $714.90 | $857.88 | $1,000.86 | $1,143.84 |
| S9482 QJ | Infant Mental Health | $142.98 | 15 min. | $142.98 | $285.96 | $428.94 | $571.92 | $714.90 | $857.88 | $1,000.86 | $1,143.84 |
| T1001 | RN Health Assessment | $723.04 | Encounter | | | | | | | | |
| T1002 | RN Health Services | $384.12 | 15 min. | $384.12 | $768.24 | $1,152.36 | $1,536.48 | $1,920.60 | $2,304.72 | $2,688.84 | $3,072.96 |
| T1016 | Supports Coordination | $199.50 | 15 min. | $199.50 | $399.00 | $598.50 | $798.00 | $997.50 | $1,197.00 | $1,396.50 | $1,596.00 |
| T1016 GT | Supports Coordination | $161.98 | 15 min. | $161.98 | $323.96 | $485.94 | $647.92 | $809.90 | $971.88 | $1,133.86 | $1,295.84 |
| T1016 HE | Supports Coordination | $622.16 | 15 min. | $622.16 | $1,244.32 | $1,866.48 | $2,488.64 | $3,110.80 | $3,732.96 | $4,355.12 | $4,977.28 |
| T1016 HH | Supports Coordination | $152.04 | 15 min. | $152.04 | $304.08 | $456.12 | $608.16 | $760.20 | $912.24 | $1,064.28 | $1,216.32 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Board Operated Programs
# Medicaid Deductible Reporting Rate Tool
## Effective May 1, 2017 - May 1, 2018

| Service Code | Service | Rate Per Unit | Unit Type | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 15 min | 30 min | 45 min | 1 hr | 1 hour 15 min | 1 hour 30 min | 1 hour 45 min | 2 hours |
| T1016 HK | Supports Coordination | $141.62 | 15 min. | $141.62 | $283.24 | $424.86 | $566.48 | $708.10 | $849.72 | $991.34 | $1,132.96 |
| T1017 | Targeted Case Management | $151.78 | 15 min. | $151.78 | $303.56 | $455.34 | $607.12 | $758.90 | $910.68 | $1,062.46 | $1,214.24 |
| T1017 QJ | Targeted Case Management | $155.10 | 15 min. | $155.10 | $310.20 | $465.30 | $620.40 | $775.50 | $930.60 | $1,085.70 | $1,240.80 |
| T1017 SE | Targeted Case Management | $157.63 | 15 min. | $157.63 | $315.26 | $472.89 | $630.52 | $788.15 | $945.78 | $1,103.41 | $1,261.04 |
| T1023 | Inpatient Preadmission Screening | $530.07 | Encounter | | | | | | | | |
| T1023 HH | Inpatient Preadmission Screening | $332.55 | Encounter | | | | | | | | |
| T1023 QJ | Inpatient Preadmission Screening | $433.83 | Encounter | | | | | | | | |

**Modifier Descriptions:**

| | |
|---|---|
| AH | Clinical Psychologist provider of BHT/ABA observation and direction of BHT/ABA service |
| AJ | Clinical Social Worker provider of BHT/ABA observation and direction of BHT/ABA service |
| AM | Family psych-education provided as part of ACT activities |
| GO | Services delivered under an outpatient occupational therapy plan of care. |
| GP | Services delivered under an outpatient physical therapy plan of care. |
| GT | Telemedicine was provided via video-conferencing face-to-face with beneficiary. For ABA telepractice only for 0368T, 0369T and 0370T preauthorized by MDCH |
| HA | Parent Management Training Oregon model with Home-Based, Family Training, and Mental Health therapies (Evidence Based Practice Only) |
| HE | Certified Peer Specialist provided or assisted with a covered service such as (but not limited to) ACT, CLS, skill-building, and supported employment |
| HF | With HCPCS or CPT code for any Substance Abuse Treatment service that has the same code as Mental Health services (see SA treatment services section) |
| HH | Integrated service provided to an individual with co-occurring disorder (MH/SA) |
| HH TG | SAMHSA-approved Evidence Based Practice for Co-occurring Disorders: Integrated Dual Disorder Treatment is provided |
| HI | Peer Mentor provided or assisted with a covered service such as (but not limited to) CLS, skill-building, and supported employment |
| HK | Beneficiary is HSW enrolled and is receiving an HSW covered service |
| HM | With Family Training (S5111) when provided by a trained parent using the MDHHS endorsed curriculum |
| HN | Bachelor's degree level provider of BHT/ABA observation and direction |
| HO | Master's degree level provider of BHT/ABA observation and direction of BHT/ABA service |
| HP | Doctoral degree level provider of BHT/ABA observation and direction of BHT/ABA service |
| HS | Family models when beneficiary is not present during the session but family is present |
| HW | With H0031 for Support Intensity Scale (SIS) face-to-face assessment |
| SE | With T1017 for Nursing Facility Mental Health Monitoring to distinguish from targeted case management |
| ST | With family training, Home-Based (H0036), mental health therapy, or trauma assessment when providing Trauma-focused Cognitive Behavioral Therapy |
| TD | RN provided Respite |
| TE | LPN provided Respite |
| TF | With ABA Focused Behavioral Intervention (FBI) services; with H0043 average 3-10 hrs/day |
| TG | With Supported Employment (H2023) to designate evidence-based practice model; with ABA Comprehensive Behavioral Intervention (CBI) services; with H0043 more than an average of 10 hours/day |
| TS | Monitoring treatment plans with codes for Behavior Treatment Plan Review (H2000) and Treatment Planning (H0032). Monitoring of behavior treatment (H2000) does not need to be face-to-face with consumer, monitoring of other clinical treatment (H0032) does. |

EXHIBIT E – Pg 6

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Board Operated Programs
# Medicaid Deductible Reporting Rate Tool

Effective May 1, 2017 - May 1, 2018

| Service Code | Service | Rate Per Unit | Unit Type | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | 15 min | 30 min | 45 min | 1 hr | 1 hour 15 min | 1 hour 30 min | 1 hour 45 min | 2 hours |
| TT | Multiple people served face-to-face simultaneously with codes for Community Living Supports (H2015 only), Home-based multiple families (H0036) out of home non-voc/skill building (H2014), Private Duty Nursing (S9123, S9124, T1000), Dialectical Behavior Therapy (H2019), Peer Specialist (H0038) Peer Mentor (H0046), Respite (T1005) and Supported Employment (H2023) | | | | | | | | | | |
| U5 | Modifier for ABA must be reported on all encounters covered by the EPSDT Autism Benefit (i.e., ASD diagnostic evaluations, ABA eligibility assessments, ABA CPT codes, and ABA re-evaluations. | | | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| ***Adult Case Mgmt, ACT, and Support Coordination*** | | | | | | | | | | | | |
| ***CMM (Case Mgmt of MI) Adult Case Mgmt*** | 90785 | Interactive Complexity Add-on | $3.63 | Encounter | | | | | | | | |
| | 90791 GT | Psych Eval w/o medical | $192.12 | Encounter | | | | | | | | |
| | 90792 GT | Psych Eval with medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Individual Therapy (16-37 min) | $89.11 | Encounter | | | | | | | | |
| | 90833 | Psychotherapy Add-on (30 min) | $89.11 | Encounter | | | | | | | | |
| | 90834 | Individual Therapy (38-52 min) | $132.07 | Encounter | | | | | | | | |
| | 90836 | Psychotherapy Add-on (45 min) | $132.07 | Encounter | | | | | | | | |
| | 90837 | Individual Therapy (53 + min) | $236.36 | Encounter | | | | | | | | |
| | 90838 | Psychotherapy Add-on (60 min) | $236.36 | Encounter | | | | | | | | |
| | 90853 TG | Group Therapy | $23.56 | Encounter | | | | | | | | |
| | 96101 | Psych Testing pr Hr FF | $91.65 | Hour | | | | $91.65 | | | | $183.30 |
| | 96372 | Injections | $23.97 | Encounter | | | | | | | | |
| | 99201 GT | Med Review New Pt. (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99202 GT | Med Review New Pt. (20 min) | $72.18 | Encounter | | | | | | | | |
| | 99203 GT | Med Review New Pt (30 min) | $105.09 | Encounter | | | | | | | | |
| | 99204 GT | Med Review New Pt (45 min) | $160.65 | Encounter | | | | | | | | |
| | 99205 GT | Med Review New Pt (60 min) | $202.20 | Encounter | | | | | | | | |
| | 99211 GT | Med Review Estab Pt (5 min) | $19.04 | Encounter | | | | | | | | |
| | 99212 GT | Med Review Estab Pt (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99213 GT | Med Review Estab Pt (15 min) | $70.30 | Encounter | | | | | | | | |
| | 99214 GT | Med Review Estab Pt (25 min) | $104.60 | Encounter | | | | | | | | |
| | 99215 GT | Med Review Estab Pt (40 min) | $141.47 | Encounter | | | | | | | | |
| | 99075 | Medical Court Testimony | $22.91 | 15 min. | $22.91 | $45.82 | $68.73 | $91.64 | $114.55 | $137.46 | $160.37 | $183.28 |
| | H0031 | Mental Health Assessment | $133.10 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning | $85.27 | Encounter | | | | | | | | |
| | H0034 | Medication Training & Support | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | T1001 | Nursing Assessment/Evaluation | $48.94 | Encounter | | | | | | | | |
| | T1002 | RN Nursing Services, 15 min | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | T1017 SE | Targeted Case Management | $49.35 | 15 min. | $49.35 | $98.70 | $148.05 | $197.40 | $246.75 | $296.10 | $345.45 | $394.80 |
| ***DNMM (Disability Network) Supports Coordination*** | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1016 | Supports Coordination, per 15 min. | $42.44 | 15 min. | $42.44 | $84.88 | $127.32 | $169.76 | $212.20 | $254.64 | $297.08 | $339.52 |
| | T1016 SE | SC Nursing Home Monitoring | $42.44 | 15 min. | $42.44 | $84.88 | $127.32 | $169.76 | $212.20 | $254.64 | $297.08 | $339.52 |

Page 1 of 17

EXHIBIT F – Pg 2

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *DNMM Indep. Facil.* | H0032 | MH Svs Plan Develop Non-Phy | $100.00 | Encounter | | | | | | | | |
| *HNNP (Hope Network) Adult Case Management* | 90785 | Interactive Complexity Add-on | $3.74 | Encounter | | | | | | | | |
| | 90791 GT | Psych Eval w/o medical | $192.12 | Encounter | | | | | | | | |
| | 90792 GT | Psych Eval with medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Individual Therapy (16-37 min) | $89.11 | Encounter | | | | | | | | |
| | 90833 | Psychotherapy Add-on (30 min) | $89.11 | Encounter | | | | | | | | |
| | 90834 | Individual Therapy (38-52 min) | $132.07 | Encounter | | | | | | | | |
| | 90836 | Psychotherapy Add-on (45 min) | $132.07 | Encounter | | | | | | | | |
| | 90837 | Individual Therapy (53 + min) | $236.36 | Encounter | | | | | | | | |
| | 90838 | Psychotherapy Add-on (60 min) | $236.36 | Encounter | | | | | | | | |
| | 90846 | Family Therapy without patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Therapy | $114.19 | Encounter | | | | | | | | |
| | 90853 | Group Therapy | $23.56 | Encounter | | | | | | | | |
| | 96101 | Psych Testing pr Hr FF | $91.65 | Hour | | | | $91.65 | | | | $183.30 |
| | 96372 | Injections | $23.97 | Encounter | | | | | | | | |
| | 99201 GT | Med Review New Pt. (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99202 GT | Med Review New Pt. (20 min) | $72.18 | Encounter | | | | | | | | |
| | 99203 GT | Med Review New Pt (30 min) | $105.09 | Encounter | | | | | | | | |
| | 99204 GT | Med Review New Pt (45 min) | $160.65 | Encounter | | | | | | | | |
| | 99205 GT | Med Review New Pt (60 min) | $202.20 | Encounter | | | | | | | | |
| | 99211 GT | Med Review Estab Pt (5 min) | $19.04 | Encounter | | | | | | | | |
| | 99212 GT | Med Review Estab Pt (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99213 GT | Med Review Estab Pt (15 min) | $70.30 | Encounter | | | | | | | | |
| | 99214 GT | Med Review Estab Pt (25 min) | $104.60 | Encounter | | | | | | | | |
| | 99215 GT | Med Review Estab Pt (40 min) | $141.47 | Encounter | | | | | | | | |
| | G0177 | Family Psychoeducation Group | $51.14 | Encounter | | | | | | | | |
| | H0031 | Mental Health Assessment | $133.10 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning | $85.27 | Encounter | | | | | | | | |
| | H0034 | Medication Training & Support | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | H0038 | Peer Support Services | $29.27 | 15 min. | $29.27 | $58.54 | $87.81 | $117.08 | $146.35 | $175.62 | $204.89 | $234.16 |
| | H0038TT | Peer Support Services-Multiple | $7.32 | 15 min. | $7.32 | $14.64 | $21.96 | $29.28 | $36.60 | $43.92 | $51.24 | $58.56 |
| | H2015 | Peers to report CLS services until they have received their PSS cert. status | $29.27 | 15 min. | $29.27 | $58.54 | $87.81 | $117.08 | $146.35 | $175.62 | $204.89 | $234.16 |

Page 2 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *HNNP (continued)* | S5110 | Family Psychoed Skills Workshop | $29.39 | 15 min. | $29.39 | $58.78 | $88.17 | $117.56 | $146.95 | $176.34 | $205.73 | $235.12 |
| | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1001 | Nursing Assessment/Evaluation | $48.94 | Encounter | | | | | | | | |
| | T1002 | RN Nursing Services, 15 min | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | T1015 | Family Psych-education | $117.63 | Encounter | | | | | | | | |
| | T1017 SE | Targeted Case Management | $49.35 | 15 min. | $49.35 | $98.70 | $148.05 | $197.40 | $246.75 | $296.10 | $345.45 | $394.80 |
| *SPS (Saginaw Psych) Adult Case Mgmt* | 90785 | Interactive Complexity Add-on | $3.74 | Encounter | | | | | | | | |
| | 90791 GT | Psych Eval w/o medical | $192.12 | Encounter | | | | | | | | |
| | 90792 GT | Psych Eval with medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Individual Therapy (16-37 min) | $89.11 | Encounter | | | | | | | | |
| | 90833 | Psychotherapy Add-on (30 min) | $89.11 | Encounter | | | | | | | | |
| | 90834 | Individual Therapy (38-52 min) | $132.07 | Encounter | | | | | | | | |
| | 90836 | Psychotherapy Add-on (45 min) | $132.07 | Encounter | | | | | | | | |
| | 90837 | Individual Therapy (53 + min) | $236.36 | Encounter | | | | | | | | |
| | 90838 | Psychotherapy Add-on (60 min) | $236.36 | Encounter | | | | | | | | |
| | 90846 | Family Psychotherapy w/o Patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Psychotherapy w/ Patient | $114.19 | Encounter | | | | | | | | |
| | 90853 TG | Group Psychotherapy | $23.56 | Encounter | | | | | | | | |
| | 96101 | Psych Testing pr Hr FF | $91.65 | Hour | | | | $91.65 | | | | $183.30 |
| | 96372 | Injections | $23.97 | Encounter | | | | | | | | |
| | 99201 GT | Med Review New Pt. (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99202 GT | Med Review New Pt. (20 min) | $72.18 | Encounter | | | | | | | | |
| | 99203 GT | Med Review New Pt (30 min) | $105.09 | Encounter | | | | | | | | |
| | 99204 GT | Med Review New Pt (45 min) | $160.65 | Encounter | | | | | | | | |
| | 99205 GT | Med Review New Pt (60 min) | $202.20 | Encounter | | | | | | | | |
| | 99211 GT | Med Review Estab Pt (5 min) | $19.04 | Encounter | | | | | | | | |
| | 99212 GT | Med Review Estab Pt (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99213 GT | Med Review Estab Pt (15 min) | $70.30 | Encounter | | | | | | | | |
| | 99214 GT | Med Review Estab Pt (25 min) | $104.60 | Encounter | | | | | | | | |
| | 99215 GT | Med Review Estab Pt (40 min) | $141.47 | Encounter | | | | | | | | |
| | G0177 | Family Skills Development | $51.14 | Encounter | | | | | | | | |
| | H0031 | Mental Health Assessment | $133.10 | Encounter | | | | | | | | |
| | H0032 | MH Service Plan Dev Non-Phys | $85.27 | Encounter | | | | | | | | |

Page 3 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| | | | | | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program | Service Code | Service | Rate Per Unit | Unit Definition | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *SPS (Continued)* | H0034 | Medication Training & Support | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | H0038 TT | Peer Support Services-Multiple | $7.32 | 15 min. | $7.32 | $14.64 | $21.96 | $29.28 | $36.60 | $43.92 | $51.24 | $58.56 |
| | H0038 | Self Help / Peer Services | $29.27 | 15 min. | $29.27 | $58.54 | $87.81 | $117.08 | $146.35 | $175.62 | $204.89 | $234.16 |
| | H2015 | Peers to report CLS services until they have received their PSS cert. status | $29.27 | 15 min. | $29.27 | $58.54 | $87.81 | $117.08 | $146.35 | $175.62 | $204.89 | $234.16 |
| | S5110 | Fam Psycho Ed Skills Workshop | $29.39 | 15 min. | $29.39 | $58.78 | $88.17 | $117.56 | $146.95 | $176.34 | $205.73 | $235.12 |
| | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1001 | Nursing Assessment/Eval | $48.94 | Encounter | | | | | | | | |
| | T1002 | RN Health Services, 15 min | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | T1015 | Family Psycho Education:Joining | $117.63 | Encounter | | | | | | | | |
| | T1017 SE | Targeted Case Mgmt, 15 min | $49.35 | 15 min. | $49.35 | $98.70 | $148.05 | $197.40 | $246.75 | $296.10 | $345.45 | $394.80 |
| *SVRC Supports Coordination* | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1016 SE | Supports Coordination, per 15 min. | $42.44 | 15 min. | $42.44 | $84.88 | $127.32 | $169.76 | $212.20 | $254.64 | $297.08 | $339.52 |
| *TTI Adult Case Mgmt* | 90785 | Interactive Complexity Add-on | $3.74 | Encounter | | | | | | | | |
| | 90791 GT | Psych Eval without medical | $192.12 | Encounter | | | | | | | | |
| | 90792 GT | Psych Eval with medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Individual Therapy (16-37 min) | $89.11 | Encounter | | | | | | | | |
| | 90833 | Psychotherapy Add-on (30 min) | $89.11 | Encounter | | | | | | | | |
| | 90834 | Individual Therapy (38-52 min) | $132.07 | Encounter | | | | | | | | |
| | 90836 | Psychotherapy Add-on (45 min) | $132.07 | Encounter | | | | | | | | |
| | 90837 | Individual Therapy (53 + min) | $236.36 | Encounter | | | | | | | | |
| | 90838 | Psychotherapy Add-on (60 min) | $236.36 | Encounter | | | | | | | | |
| | 90846 | Family Psychotherapy w/o Patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Psychotherapy w/ Patient | $114.19 | Encounter | | | | | | | | |
| | 90853 TG | Group Psychotherapy | $23.56 | Encounter | | | | | | | | |
| | 96101 | Psych Testing pr Hr FF | $91.65 | Hour | | | | $91.65 | | | | $183.30 |
| | 96372 | Injections | $23.97 | Encounter | | | | | | | | |
| | 99201 GT | Med Review New Pt. (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99202 GT | Med Review New Pt. (20 min) | $72.18 | Encounter | | | | | | | | |
| | 99203 GT | Med Review New Pt (30 min) | $105.09 | Encounter | | | | | | | | |
| | 99204 GT | Med Review New Pt (45 min) | $160.65 | Encounter | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| | | | | | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program | Service Code | Service | Rate Per Unit | Unit Definition | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *TTI (Continued)* | 99205 GT | Med Review New Pt (60 min) | $202.20 | Encounter | | | | | | | | |
| | 99211 GT | Med Review Estab Pt (5 min) | $19.04 | Encounter | | | | | | | | |
| | 99212 GT | Med Review Estab Pt (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99213 GT | Med Review Estab Pt (15 min) | $70.30 | Encounter | | | | | | | | |
| | 99214 GT | Med Review Estab Pt (25 min) | $104.60 | Encounter | | | | | | | | |
| | 99215 GT | Med Review Estab Pt (40 min) | $141.47 | Encounter | | | | | | | | |
| | G0177 | Family Skills Development | $51.14 | Encounter | | | | | | | | |
| | H0031 | MH Assessment by Non-physician | $133.10 | Encounter | | | | | | | | |
| | H0032 | MH Service Plan Dev Non-Phys | $85.27 | Encounter | | | | | | | | |
| | H0034 | Medication Training & Support | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | H0038 | Self Help / Peer Services | $29.27 | 15 min. | $29.27 | $58.54 | $87.81 | $117.08 | $146.35 | $175.62 | $204.89 | $234.16 |
| | H0038TT | Peer Support Services-Multiple | $7.32 | 15 min. | $7.32 | $14.64 | $21.96 | $29.28 | $36.60 | $43.92 | $51.24 | $58.56 |
| | H2015 | Peers to report CLS services until they have received their PSS cert. status | $29.27 | 15 min. | $29.27 | $58.54 | $87.81 | $117.08 | $146.35 | $175.62 | $204.89 | $234.16 |
| | S5110 | Fam Psycho Ed Skills Workshop | $29.39 | 15 min. | $29.39 | $58.78 | $88.17 | $117.56 | $146.95 | $176.34 | $205.73 | $235.12 |
| | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1001 | Nursing Assessment/Eval | $48.94 | Encounter | | | | | | | | |
| | T1002 | RN Health Services, 15 min | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | T1015 | Family Psycho Education:Joining | $117.63 | Encounter | | | | | | | | |
| | T1017 SE | Targeted Case Mgmt, 15 min | $49.35 | 15 min. | $49.35 | $98.70 | $148.05 | $197.40 | $246.75 | $296.10 | $345.45 | $394.80 |
| *WGC - SVRC Adult OP Clinic* | 90785 | Interactive Complexity | $3.74 | Encounter | | | | | | | | |
| | 90791 GT | Psychiatric Evaluation | $192.12 | Encounter | | | | | | | | |
| | 90792 GT | Psychiatric Evaluation w/ medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Psychotherapy, 30 minutes | $89.11 | 30 min. | | $89.11 | | | | | | |
| | 90833 | Psychotherapy Add-on, 30 min. | $89.11 | 30 min. | | $89.11 | | $178.22 | | $267.33 | | $356.44 |
| | 90834 | Psychotherapy, 45 minutes | $132.07 | 45 min. | | | $132.07 | | | | | |
| | 90836 | Psychotherapy Add-on, 45 min. | $132.07 | 45 min. | | | $132.07 | | | | $264.14 | |
| | 90837 | Psychotherapy, 60 minutes | $236.36 | 60 min. | | | | $236.36 | | | | |
| | 90838 | Psychotherapy Add-on, 60 min. | $236.36 | 60 Min. | | | | $236.36 | | | | $472.72 |
| | 90846 | Family Therapy w/o Patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Therapy | $114.19 | Encounter | | | | | | | | |
| | 90853 | Group Therapy | $23.56 | Encounter | | | | | | | | |

Page 5 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| | | | | | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program | Service Code | Service | Rate Per Unit | Unit Definition | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *WGC - SVRC (Continued)* | 96101 | Psychological Test Psychologist | $91.65 | Hours | | | | $91.65 | | | | $183.30 |
| | 96372 | Injection | $23.97 | Encounter | | | | | | | | |
| | 99201 GT | Med Review New Pt. (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99202 GT | Med Review New Pt. (20 min) | $72.18 | Encounter | | | | | | | | |
| | 99203 GT | Med Review New Pt (30 min) | $105.09 | Encounter | | | | | | | | |
| | 99204 GT | Med Review New Pt (45 min) | $160.65 | Encounter | | | | | | | | |
| | 99205 GT | Med Review New Pt (60 min) | $202.20 | Encounter | | | | | | | | |
| | 99211 GT | Med Review Estab Pt (5 min) | $19.04 | Encounter | | | | | | | | |
| | 99212 GT | Med Review Estab Pt (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99213 GT | Med Review Estab Pt (15 min) | $70.30 | Encounter | | | | | | | | |
| | 99214 GT | Med Review Estab Pt (25 min) | $104.60 | Encounter | | | | | | | | |
| | 99215 GT | Med Review Estab Pt (40 min) | $141.47 | Encounter | | | | | | | | |
| | 99075 | Medical Court Testimony | $22.91 | 15 min. | $22.91 | $45.82 | $68.73 | $91.64 | $114.55 | $137.46 | $160.37 | $183.28 |
| | H0031 | MH Assessment by Non-physician | $133.10 | Encounter | | | | | | | | |
| | H0032 | MH Service Plan Dev Non-Phys | $85.27 | Encounter | | | | | | | | |
| | H0034 | Medication Training & Support | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1001 | Nursing Assessment/Evaluation | $48.94 | Encounter | | | | | | | | |
| | T1002 | RN Nursing Services, 15 min | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| *TTI (ACT) Assertive Community Treatment* | G0177 | Family Psycho-education | $51.14 | Encounter | | | | | | | | |
| | H0039 | ACT, 15 min | $46.87 | 15 min. | $46.87 | $93.74 | $140.61 | $187.48 | $234.35 | $281.22 | $328.09 | $374.96 |
| | H0039 AM | ACT w/family psycho-ed | $46.87 | 15 min. | $46.87 | $93.74 | $140.61 | $187.48 | $234.35 | $281.22 | $328.09 | $374.96 |
| | H0039 HE | ACT, 15 min. (provided by a Peer) | $29.26 | 15 min. | $29.26 | $58.52 | $87.78 | $117.04 | $146.30 | $175.56 | $204.82 | $234.08 |
| | H0039 HH TG | ACT, use as EBP for co-occuring | $46.87 | 15 min. | $46.87 | $93.74 | $140.61 | $187.48 | $234.35 | $281.22 | $328.09 | $374.96 |
| | H0039 HS | ACT for family, client not present | $46.87 | 15 min. | $46.87 | $93.74 | $140.61 | $187.48 | $234.35 | $281.22 | $328.09 | $374.96 |
| | H0039 GT | ACT, by telepsych | $46.87 | 15 min. | $46.87 | $93.74 | $140.61 | $187.48 | $234.35 | $281.22 | $328.09 | $374.96 |
| | S5110 | Fam Psycho Ed Skills Workshop | $29.39 | 15 min. | $29.39 | $58.78 | $88.17 | $117.56 | $146.95 | $176.34 | $205.73 | $235.12 |
| | S5110 HS | Family Workshop, client not present | $29.39 | 15 min. | $29.39 | $58.78 | $88.17 | $117.56 | $146.95 | $176.34 | $205.73 | $235.12 |
| | S9445 | Patient Education Individual | $100.68 | Encounter | | | | | | | | |
| | T1015 | Family Psycho Education:Joining | $117.63 | Encounter | | | | | | | | |
| | T1015 HS | Family Psycho Ed, client not present | $117.63 | Encounter | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| **Autism Service Providers** | | | | | | | | | | | | |
| *ABA Pathways* | 0359T-BCBA | Behavior Identification Assessment | $480.00 | Encounter | | | | | | | | |
| | 0359T-BCaBA | Behavior Identification Assessment | $340.00 | Encounter | | | | | | | | |
| *ABC Resources* | 0362T-BCBA | Behavioral follow-up assessment | $60.00 | 1st 30 min | | $60.00 | | | | | | |
| | 0362T-BCaBA | Behavioral follow-up assessment | $42.50 | 1st 30 min | | $42.50 | | | | | | |
| *Autism Centers of Michigan* | 0363T-BCBA | Behavioral follow-up assessment, each additional 30 min. | $60.00 | each add. 30 min. | | $60.00 | | $120.00 | | $180.00 | | $240.00 |
| | 0363T-BCaBA | Behavioral follow-up assessment, each additional 30 min. | $42.50 | each add. 30 min. | | $42.50 | | $85.00 | | $127.50 | | $170.00 |
| *Bay Human Svs.* | 0364T | Adaptive Behavior Treatment | $30.00 | 1st 30 min | | $30.00 | | | | | | |
| | 0365T | Adaptive Behavior Treatment, each additional 30 min. | $30.00 | each add. 30 min. | | $30.00 | | $60.00 | | $90.00 | | $120.00 |
| *Centria Healthcare* | 0366T | Group Adaptive Behavior Treatment | $8.57 | 30 min. | | $8.57 | | | | | | |
| | 0367T | Group Adaptive Behavior Treatment, each additional 30 min. | $8.57 | each add. 30 min. | | $8.57 | | $17.14 | | $25.71 | | $34.28 |
| *Spectrum Autism Center* | 0368T-BCBA | Adaptive Behavior Treatment | $60.00 | 30 min. | | $60.00 | | | | | | |
| | 0368T-BCaBA | Adaptive Behavior Treatment | $42.50 | 30 min. | | $42.50 | | $85.00 | | $127.50 | | $170.00 |
| | 0369T-BCBA | Adaptive Behavior Treatment, each additional 30 min. | $60.00 | each add. 30 min. | | $60.00 | | $120.00 | | $180.00 | | $240.00 |
| | 0369T-BCaBA | Adaptive Behavior Treatment, each additional 30 min. | $42.50 | each add. 30 min. | | $42.50 | | $85.00 | | $127.50 | | $170.00 |
| | 0370T-BCBA | Family Behavior Treatment Guidance | $120.00 | Encounter | | | | | | | | |
| | 0370T-BCaBA | Family Behavior Treatment Guidance | $85.00 | Encounter | | | | | | | | |
| | 0371T-BCBA | Multiple Family Behavior Treatment Guidance | $72.00 | Encounter | | | | | | | | |
| | 0371T-BCaBA | Multiple Family Behavior Treatment Guidance | $51.00 | Encounter | | | | | | | | |
| | 0372T-BCBA | Adaptive Behavior Treatment Social Skill Group | $51.43 | Encounter | | | | | | | | |
| | 0372T-BCaBA | Adaptive Behavior Treatment Social Skill Group | $36.43 | Encounter | | | | | | | | |
| | 0373T-BCBA | Exposure Adaptive Behavior Treatment w/protocol Modification | $120.00 | 60 min. | | | | $120.00 | | | | |

Page 7 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *Autism (Continued)* | 0373T-BCaBA | Exposure Adaptive Behavior Treatment w/protocol Modification | $110.00 | 60 min. | | | | $110.00 | | | | |
| | 0374T-BCBA | Exposure Adaptive Behavior Treatment w/protocol Modification | $120.00 | each add. 30 min. | | $120.00 | | $240.00 | | $360.00 | | $480.00 |
| | 0374T-BCaBA | Exposure Adaptive Behavior Treatment w/protocol Modification | $110.00 | each add. 30 min. | | $110.00 | | $220.00 | | $330.00 | | $440.00 |
| | H0032 | Treatment Planning-Monitoring | $125.00 | Encounter | | | | | | | | |
| | S5111 | Family Training | $200.00 | Encounter | | | | | | | | |
| | S5111TT | Family Training - Group | $120.00 | Encounter | | | | | | | | |
| *Katrina Rhymer LP* | 0359T | Behavior Identification Assessment | $467.50 | Encounter | | | | | | | | |
| | 0362T | Behavioral follow-up assessment | $60.00 | 1st 30 min | | $60.00 | | | | | | |
| | 0363T | Behavioral follow-up assessment, each additional 30 min. | $60.00 | each add. 30 min. | | $60.00 | | $120.00 | | $180.00 | | $240.00 |
| | 0370T | Family Behavior Treatment Guidance | $120.00 | Encounter | | | | | | | | |
| | 0371T | Multiple Family Behavior Treatment Guidance | $72.00 | Encounter | | | | | | | | |
| | 96101 | Psychological Test | $85.00 | Hours | | | | $85.00 | | | | $170.00 |
| | 96118 | Neuropsych Test Hour | $85.00 | Hours | | | | $85.00 | | | | $170.00 |
| | 99075 | Medical Testimony | $21.25 | 15 min. | $21.25 | $42.50 | $63.75 | $85.00 | $106.25 | $127.50 | $148.75 | $170.00 |
| | H0031 | Initial ASD Eligibility Determination | $467.50 | Encounter | | | | | | | | |
| | H0031 | MH Re-assessment | $170.00 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning-Monitoring | $85.00 | Encounter | | | | | | | | |
| | S5111 | Family Training | $170.00 | Encounter | | | | | | | | |
| *SPSI - Autism* | 90791 | Psychiatric Evaluation | $192.12 | Encounter | | | | | | | | |
| | 90792 | Psychiatric Eval w/ medical svs. | $192.12 | Encounter | | | | | | | | |
| | 96101 | Psychological Test by LP/LLP | $91.65 | Hours | | | | $91.65 | | | | $183.30 |
| | 96102 | Psychological Testing by MH Prof. | $91.65 | Hours | | | | $91.65 | | | | $183.30 |
| | 96118 | Neuropsych Test Hour | $91.65 | Hours | | | | $91.65 | | | | $183.30 |
| | 96119 | Neuropsych Test QMHP | $91.65 | Hours | | | | $91.65 | | | | $183.30 |
| | H0031 | Initial ASD Eligibility Determination | $500.00 | Encounter | | | | | | | | |
| | H0031 | MH Re-assessment | $182.00 | Encounter | | | | | | | | |
| *WGC Autism* | 0359T-BCBA | Behavior Identification Assessment | $480.00 | Encounter | | | | | | | | |
| | 0359T-BCaBA | Behavior Identification Assessment | $340.00 | Encounter | | | | | | | | |

Page 8 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| | | | | | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Program | Service Code | Service | Rate Per Unit | Unit Definition | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *WGC Autism (Continued)* | 0362T-BCBA | Behavioral follow-up assessment | $60.00 | 1st 30 min | | $60.00 | | | | | | |
| | 0362T-BCaBA | Behavioral follow-up assessment | $42.50 | 1st 30 min | | $42.50 | | | | | | |
| | 0363T-BCBA | Behavioral follow-up assessment, each additional 30 min. | $60.00 | each add. 30 min. | | $60.00 | | $120.00 | | $180.00 | | $240.00 |
| | 0363T-BCaBA | Behavioral follow-up assessment, each additional 30 min. | $42.50 | each add. 30 min. | | $42.50 | | $85.00 | | $127.50 | | $170.00 |
| | 0364T | Adaptive Behavior Treatment | $30.00 | 1st 30 min | | $30.00 | | | | | | |
| | 0365T | Adaptive Behavior Treatment, each additional 30 min. | $30.00 | each add. 30 min. | | $30.00 | | $60.00 | | $90.00 | | $120.00 |
| | 0366T | Group Adaptive Behavior Treatment | $8.57 | 30 min. | | $8.57 | | | | | | |
| | 0367T | Group Adaptive Behavior Treatment, each additional 30 min. | $8.57 | each add. 30 min. | | $8.57 | | $17.14 | | $25.71 | | $34.28 |
| | 0368T-BCBA | Adaptive Behavior Treatment | $60.00 | 30 min. | | $60.00 | | | | | | |
| | 0368T-BCaBA | Adaptive Behavior Treatment | $42.50 | 30 min. | | $42.50 | | $85.00 | | $127.50 | | $170.00 |
| | 0369T-BCBA | Adaptive Behavior Treatment, each additional 30 min. | $60.00 | each add. 30 min. | | $60.00 | | $120.00 | | $180.00 | | $240.00 |
| | 0369T-BCaBA | Adaptive Behavior Treatment, each additional 30 min. | $42.50 | each add. 30 min. | | $42.50 | | $85.00 | | $127.50 | | $170.00 |
| | 0370T-BCBA | Family Behavior Treatment Guidance | $120.00 | Encounter | | | | | | | | |
| | 0370T-BCaBA | Family Behavior Treatment Guidance | $85.00 | Encounter | | | | | | | | |
| | 0371T-BCBA | Multiple Family Behavior Treatment Guidance | $72.00 | Encounter | | | | | | | | |
| | 0371T-BCaBA | Multiple Family Behavior Treatment Guidance | $51.00 | Encounter | | | | | | | | |
| | 0372T-BCBA | Adaptive Behavior Treatment Social Skill Group | $51.43 | Encounter | | | | | | | | |
| | 0372T-BCaBA | Adaptive Behavior Treatment Social Skill Group | $36.43 | Encounter | | | | | | | | |
| | 0373T | Exposure Adaptive Behavior Treatment w/protocol Modification | $120.00 | 60 min. | | | | $120.00 | | | | |
| | 0374 T | Exposure Adaptive Behavior Treatment w/protocol Modification | $60.00 | each add. 30 min. | | $60.00 | | $120.00 | | $180.00 | | $240.00 |
| | 90791 | Psychiatric Evaluation | $192.12 | Encounter | | | | | | | | |

Page 9 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *WGC Autism (Continued)* | 90792 | Psychiatric Evaluation w/Medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Psychotherapy, 30 minutes | $89.11 | 30 min. | | $89.11 | | | | | | |
| | 90834 | Psychotherapy, 45 minutes | $132.07 | 45 min. | | | $132.07 | | | | | |
| | 90837 | Psychotherapy, 60 minutes | $236.36 | 60 min. | | | | $236.36 | | | | |
| | 90846 | Family Therapy w/o Patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Therapy | $114.19 | Encounter | | | | | | | | |
| | 97110 | OT/PT Therapeutic Procedure | $32.00 | 15 Min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97165 | OT Eval Low Complex 30 Min | $180.00 | Encounter | | | | | | | | |
| | 97165 | OT Eval Low-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97166 | OT Eval Mod Complex 45 Min | $180.00 | Encounter | | | | | | | | |
| | 97166 | OT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97167 | OT Eval High Complex 60 Min | $180.00 | Encounter | | | | | | | | |
| | 97167 | OT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97168 | OT Re-Eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97530 | OT/PT Therapeutic Activities | $32.00 | 15 Min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97532 | OT Cognitive Skills | $32.00 | Encounter | | | | | | | | |
| | 97533 | OT Sensory Integration | $32.00 | 15 Min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97535 | OT Self Care Training | $32.00 | 15 Min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97542 | OT/PT Wheelchair Mgmt Training | $26.25 | 15 Min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | H0031 | Mental Health Assessment | $500.00 | Encounter | | | | | | | | |
| | H0031 | MH Re-assessment | $182.00 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning-Monitoring | $125.00 | Encounter | | | | | | | | |
| *Enhanced Health Providers* | | | | | | | | | | | | |
| *ABA Pathways* | 90785 | Interactive Complexity | $3.74 | Encounter | | | | | | | | |
| | 90791 | Psychiatric Evaluation | $192.12 | Encounter | | | | | | | | |
| | 90792 | Psychiatric Evaluation w/medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Psychotherapy, 30 min | $89.11 | Encounter | | | | | | | | |
| | 90834 | Psychotherapy, 45 min | $132.07 | Encounter | | | | | | | | |
| | 90837 | Psychotherapy, 60 min | $236.36 | Encounter | | | | | | | | |
| | 90846 | Family Psychotherapy w/o Patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Psychotherapy w/ Patient | $114.19 | Encounter | | | | | | | | |
| | H0031 | Mental Health Assessment | $133.10 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning | $125.00 | Encounter | | | | | | | | |

Page 10 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *ABC Resources* | 92507 | Speech Therapy Individ (Encounter) | $130.00 | Encounter | | | | | | | | |
| | 92521 | Evaluation of Speech Fluency | $225.00 | Encounter | | | | | | | | |
| | 92522 | Eval of Speech Sound Production | $225.00 | Encounter | | | | | | | | |
| | 92523 | Eval of Speech w/ Language Eval | $225.00 | Encounter | | | | | | | | |
| | 92524 | Behav & Qual Analysis of Voice | $225.00 | Encounter | | | | | | | | |
| | 92526 | Swallowing Treatment | $130.00 | Encounter | | | | | | | | |
| | 92610 | Swallowing Function Evaluation | $225.00 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning | $125.00 | Encounter | | | | | | | | |
| *Ann Rapheal* | 97802 | Nutrition Assessment & Therapy | $17.31 | 15 min. | $17.31 | $34.62 | $51.93 | $69.24 | $86.55 | $103.86 | $121.17 | $138.48 |
| | 97803 | Nutrition Re-Assess. & Therapy | $17.31 | 15 min. | $17.31 | $34.62 | $51.93 | $69.24 | $86.55 | $103.86 | $121.17 | $138.48 |
| | H0032 | Treatment Planning-Monitoring | $84.94 | Encounter | | | | | | | | |
| | S9445 | Patient Education Individual | $34.62 | Encounter | | | | | | | | |
| | S9470 | Nutritional Counseling | $34.62 | Encounter | | | | | | | | |
| *Children's Therapy Corner* | 92507 GN | Speech Therapy Individ (Encounter) | $96.00 | Encounter | | | | | | | | |
| | 92521 GN | Evaluation of Speech Fluency | $180.00 | Encounter | | | | | | | | |
| | 92522 GN | Eval of Speech Sound Production | $180.00 | Encounter | | | | | | | | |
| | 92523 GN | Eval of Speech w/ Language Eval | $180.00 | Encounter | | | | | | | | |
| | 92524 GN | Behav and Qual Analysis of Voice | $180.00 | Encounter | | | | | | | | |
| | 92526 GN | Swallowing Treatment | $96.00 | Encounter | | | | | | | | |
| | 92610 GN | Swallowing Function Evaluation | $180.00 | Encounter | | | | | | | | |
| | 97110 GO/GP | OT/PT Therapeutic Evaluation | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97112 GO/GP | OT/PT Neuro Re-education | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97116 GO/GP | OT/PT Gait Training | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97140 GO/GP | OT/PT Manual Therapy | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97161 GP | PT Eval Low Complex 20 min | $180.00 | Encounter | | | | | | | | |
| | 97161 | PT Eval Low-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97162 GP | PT Eval Mod Complex 30 min | $180.00 | Encounter | | | | | | | | |
| | 97162 | PT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97163 GP | PT Eval High Complex 45 min | $180.00 | Encounter | | | | | | | | |
| | 97163 | PT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97164 GP | PT Re-eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97165 GO | OT Eval Low Complex 30 Min | $180.00 | Encounter | | | | | | | | |
| | 97165 | OT Eval Low-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97166 GO | OT Eval Mod Complex 45 Min | $180.00 | Encounter | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *Children's Therapy Corner (Continued)* | 97166 | OT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97167 GO | OT Eval High Complex 60 Min | $180.00 | Encounter | | | | | | | | |
| | 97167 | OT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97168 GO | OT Re-Eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97530 GO/GP | OT/PT Therapeutic Activities | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97533 GO/GP | OT Sensory Integration | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97535 GO/GP | OT Self Care Training | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97542 GO/GP | OT/PT Wheelchair Mgmt Training | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | G0176 | Activity Therapy CW | $61.50 | Encounter | | | | | | | | |
| *Paramount Rehabilitation Services* | 92507 GN | Speech Therapy Individ (Encounter) | $130.00 | Encounter | | | | | | | | |
| | 92521 GN | Speech Therapy Group | $63.00 | Encounter | | | | | | | | |
| | 92522 GN | Evaluation of Speech Fluency | $220.50 | Encounter | | | | | | | | |
| | 92523 GN | Eval of Speech Sound Production | $220.50 | Encounter | | | | | | | | |
| | 92524 GN | Eval of Speech w/ Language Eval | $220.50 | Encounter | | | | | | | | |
| | 92526 GN | Behav & Qual Analysis of Voice | $220.50 | Encounter | | | | | | | | |
| | 92610 GN | Swallowing Treatment | $126.00 | Encounter | | | | | | | | |
| | 92610 GN | Swallowing Function Evaluation | $220.50 | Encounter | | | | | | | | |
| | 97110 GO/GP | OT/PT Therapeutic Procedure | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | 97112 GO/GP | OT/PT Neuro Re-education | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | 97116 GO/GP | OT/PT Gait Training | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | 97124 GO/GP | OT/PT Message Therapy CW only | $25.00 | 15 min. | $25.00 | $50.00 | $75.00 | $100.00 | $125.00 | $150.00 | $175.00 | $200.00 |
| | 97161 GP | PT Eval Low Complex 20 Min | $180.00 | Encounter | | | | | | | | |
| | 97161 | PT Eval Low -Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97162 GP | PT Eval Mod Complex 30 Min | $180.00 | Encounter | | | | | | | | |
| | 97162 | PT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97163 GP | PT Eval High Complex 45 Min | $180.00 | Encounter | | | | | | | | |
| | 97163 | PT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97164 GP | PT Re-Eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97165 GO | OT Eval Low Complex 30 Min | $180.00 | Encounter | | | | | | | | |
| | 97165 | OT Eval Low-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97166 GO | OT Eval Mod Complex 45 Min | $180.00 | Encounter | | | | | | | | |
| | 97166 | OT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97167 GO | OT Eval High Complex 60 Min | $180.00 | Encounter | | | | | | | | |
| | 97167 | OT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |

Page 12 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *Paramount (Continued)* | 97168 GO | OT Re-Eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97530 GO/GP | OT/PT Therapeutic Activity | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | 97542 GO/GP | OT/PT Wheelchair Mgmt Training | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | H0032 | Treatment Planning-Monitoring | $125.00 | Encounter | | | | | | | | |
| | S8990 GO/GP | Maintenance Physical Therapy | $26.25 | Encounter | | | | | | | | |
| *Covenant Medical Center* | 97161 | PT Eval Low Complex 20 Min | $180.00 | Encounter | | | | | | | | |
| | 97161 | PT Eval Low-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97162 | PT Eval Mod Complex 30 Min | $180.00 | Encounter | | | | | | | | |
| | 97162 | PT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97163 | PT Eval High Complex 45 Min | $180.00 | Encounter | | | | | | | | |
| | 97163 | PT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97164 | PT Re-Eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97165 | OT Eval Low Complex 30 Min | $180.00 | Encounter | | | | | | | | |
| | 97165 | OT Eval Low-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97166 | OT Eval Mod Complex 45 Min | $180.00 | Encounter | | | | | | | | |
| | 97166 | OT Eval Mod-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97167 | OT Eval High Complex 60 Min | $180.00 | Encounter | | | | | | | | |
| | 97167 | OT Eval High-Wheelchair Eval | $280.00 | Encounter | | | | | | | | |
| | 97168 | OT Re-Eval Est Plan Care | $150.00 | Encounter | | | | | | | | |
| | 97110 | OT/PT Therapeutic Procedure | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97112 | OT/PT Neuro Re-education | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97116 | OT/PT Gait Training | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97140 | OT/PT Manual Therapy Techniques | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97530 | OT/PT Therapeutic Activities | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97533 | OT Sensory Integration | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97535 | OT/PT Self Care/Home Mgmt Trng | $32.00 | 15 min. | $32.00 | $64.00 | $96.00 | $128.00 | $160.00 | $192.00 | $224.00 | $256.00 |
| | 97542 | PT/PT Wheelchair Mgmt Training | $26.25 | 15 min. | $26.25 | $52.50 | $78.75 | $105.00 | $131.25 | $157.50 | $183.75 | $210.00 |
| | 92521 | Evaluation of Speech Fluency | $180.00 | Encounter | | | | | | | | |
| | 92522 | Eval of Speech Sound Production | $180.00 | Encounter | | | | | | | | |
| | 92523 | Eval of Speech w/ Language Eval | $180.00 | Encounter | | | | | | | | |
| | 92524 | Analysis of Voice and Resonance | $180.00 | Encounter | | | | | | | | |
| | 92526 | Treatment of Swallowing Dysfunct. | $96.00 | Encounter | | | | | | | | |
| | 92610 | Eval of Oral and Pharyngel Swallow. | $180.00 | Encounter | | | | | | | | |
| | 92507 | Indiv. Treatment of Speech | $96.00 | Encounter | | | | | | | | |

Page 13 of 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| *Covenant (cont.)* | G0176 | Activity Therapy CW only | $61.50 | Encounter | | | | | | | | |
| ***Outpatient IDD Adult Clinical Services*** | | | | | | | | | | | | |
| *SPS (Sag Psych) IDD Adult Clinical Services for DNMM (Disability Network)* | 90785 | Interactive Complexity Add-on | $3.74 | Encounter | | | | | | | | |
| | 90791 GT | Psych Eval w/o medical | $192.12 | Encounter | | | | | | | | |
| | 90792 GT | Psych Eval with medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Psychotherapy, 30 min. | $89.11 | 1st 30 min | | $89.11 | | | | | | |
| | 90833* | Psychotherapy Add-on (30 min) | $89.11 | 30 Min. | | $89.11 | | $178.22 | | $267.33 | | $356.44 |
| | 90834 | Psychotherapy, 45 min. | $132.07 | 1st 45 min. | | | $132.07 | | | | | |
| | 90836* | Psychotherapy Add-on (45 min) | $132.07 | 45 min. | | | $132.07 | | | | $264.14 | |
| | 90837 | Psychotherapy, 60 min. | $236.36 | 1st 60 Min. | | | | $236.36 | | | | |
| *SPS (Sag Psych) (continued)* | 90838* | Psychotherapy Add-on (60 min) | $236.36 | 60 Min. | | | | $236.36 | | | | $472.72 |
| | 90846 | Family Psychotherapy w/o Patient | $91.93 | Encounter | | | | | | | | |
| | 90847 | Family Psychotherapy w/ Patient | $114.19 | Encounter | | | | | | | | |
| | 90853 | Group Psychotherapy | $23.56 | Encounter | | | | | | | | |
| | 96101 | Psychological Testing per hr FF | $91.65 | Hour | | | | $91.65 | | | | $183.30 |
| | 96372 | Injections | $23.97 | Encounter | | | | | | | | |
| | 99201 GT | Med Review New Pt. (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99202 GT | Med Review New Pt. (20 min) | $72.18 | Encounter | | | | | | | | |
| | 99203 GT | Med Review New Pt (30 min) | $105.09 | Encounter | | | | | | | | |
| | 99204 GT | Med Review New Pt (45 min) | $160.65 | Encounter | | | | | | | | |
| | 99205 GT | Med Review New Pt (60 min) | $202.20 | Encounter | | | | | | | | |
| | 99211 GT | Med Review Estab Pt (5 min) | $19.04 | Encounter | | | | | | | | |
| | 99212 GT | Med Review Estab Pt (10 min) | $42.09 | Encounter | | | | | | | | |
| | 99213 GT | Med Review Estab Pt (15 min) | $70.30 | Encounter | | | | | | | | |
| | 99214 GT | Med Review Estab Pt (25 min) | $104.60 | Encounter | | | | | | | | |
| | 99215 GT | Med Review Estab Pt (40 min) | $141.47 | Encounter | | | | | | | | |
| | H0031 | Mental Health Assessment | $133.10 | Encounter | | | | | | | | |
| | H0032 | Treatment Planning-Monitoring | $85.27 | Encounter | | | | | | | | |
| | H0034 | Medication Training & Support | $10.46 | 15 min. | $10.46 | $20.92 | $31.38 | $41.84 | $52.30 | $62.76 | $73.22 | $83.68 |
| | S9445 | Patient Psychoeducation Skills Wk | $100.68 | Encounter | | | | | | | | |
| | S9446 | Patient Education Group | $50.35 | Encounter | | | | | | | | |
| | T1001 | Nursing Assessment/Evaluation | $48.94 | Encounter | | | | | | | | |
| | T1002 | RN services, 15 min | $10.46 | up to 15 min | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| **Enhanced Adult Outpatient** | | | | | | | | | | | | |
| *Hope Network, Sag. Psych, TTI & Westlund* | 90791 | Psych Eval w/o medical | $192.12 | Encounter | | | | | | | | |
| | 90792 | Psych Eval with medical | $192.12 | Encounter | | | | | | | | |
| | 90832 | Psychotherapy, 30 min with patient | $89.11 | 1st 30 min | | $89.11 | | | | | | |
| | 90833* | Psychotherapy Add-on (30 min) | $89.11 | 30 min. | | $89.11 | | $178.22 | | $267.33 | | $356.44 |
| | 90834 | Psychotherapy, 45 min with patient | $132.07 | 1st 45 min. | | | $132.07 | | | | | |
| | 90836* | Psychotherapy Add-on (45 min) | $132.07 | 45 min. | | | $132.07 | | | | $264.14 | |
| | 90837 | Psychotherapy, 60 min with patient | $236.36 | 1st 60 Min. | | | | $236.36 | | | | |
| | 90838* | Psychotherapy Add-on ( 60 min) | $236.36 | 60 min. | | | | $236.36 | | | | $472.72 |
| *Hope Network, Sag. Psych, TTI & Westlund (continued)* | 90853 | Group Psychotherapy | $23.56 | Encounter | | | | | | | | |
| | 99201 | Med Review New Pt. (10 min) | $42.09 | 10 min. | | | | | | | | |
| | 99202 | Med Review New Pt. (20 min) | $72.18 | 20 min. | | | | | | | | |
| | 99203 | Med Review New Pt (30 min) | $105.09 | 30 min. | | $105.09 | | | | | | |
| | 99204 | Med Review New Pt (45 min) | $160.65 | 45 min. | | | $160.65 | | | | | |
| | 99205 | Med Review New Pt (60 min) | $202.20 | 60 min. | | | | $202.20 | | | | |
| | 99211 | Med Review Estab Pt (5 min) | $19.04 | 5 min. | | | | | | | | |
| | 99212 | Med Review Estab Pt (10 min) | $42.09 | 10 min. | | | | | | | | |
| | 99213 | Med Review Estab Pt (15 min) | $70.30 | 15 min. | $70.30 | | | | | | | |
| | 99214 | Med Review Estab Pt (25 min) | $104.60 | 25 min. | | | | | | | | |
| | 99215 | Med Review Estab Pt (40 min) | $141.47 | 40 min. | | | | | | | | |
| | H0002 | Program Screening | $98.70 | Encounter | | | | | | | | |
| | H0031 | Mental Health Assessment | $133.10 | Encounter | | | | | | | | |
| | H0032 | MH Service Plan Dev, non-phys. | $85.27 | Encounter | | | | | | | | |
| **Clubhouse/Employment/Skill Building Service Providers** | | | | | | | | | | | | |
| *SVRC My Choice Program* | H2014 TT | Skill Bldg Assistance w/transport | $3.94 | 15 min. | $3.94 | $7.88 | $11.82 | $15.76 | $19.70 | $23.64 | $27.58 | $31.52 |
| | H2014 TT | Skill Bldg Assistance w/o transport | $2.12 | 15 min. | $2.12 | $4.24 | $6.36 | $8.48 | $10.60 | $12.72 | $14.84 | $16.96 |
| | H2015 TT | CLS with transport | $3.94 | 15 min. | $3.94 | $7.88 | $11.82 | $15.76 | $19.70 | $23.64 | $27.58 | $31.52 |
| | H2015 TT | CLS without transport | $2.12 | 15 min. | $2.12 | $4.24 | $6.36 | $8.48 | $10.60 | $12.72 | $14.84 | $16.96 |
| *SVRC Hemlock* | H2023 | Supported Employment | $2.76 | 15 min. | $2.76 | $5.52 | $8.28 | $11.04 | $13.80 | $16.56 | $19.32 | $22.08 |
| *SVRC Supported Employment* | H2023 | Supported Employment | $3.94 | 15 min. | $3.94 | $7.88 | $11.82 | $15.76 | $19.70 | $23.64 | $27.58 | $31.52 |
| | T2015 | Prevoc Habilit (Hab Wvr Only Code) | $18.77 | Hour | | | | $18.77 | | | | $37.54 |
| *TTI-Clubhouse* | H2030 | Mental Health Clubhouse | $3.14 | 15 min. | $3.14 | $6.28 | $9.42 | $12.56 | $15.70 | $18.84 | $21.98 | $25.12 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| **CHW (Community Health Worker) Services** | | | | | | | | | | | | |
| *Visiting Nurse Association of Saginaw* | H0043 | Supported Housing | $47.77 | Day | | | | | | | | |
| **Drop-In Center** | | | | | | | | | | | | |
| *TTI Friends for Rec* | H0023 | Drop-in Center Attendance (Enctr) | $42.49 | Encounter | | | | | | | | |
| **Fiscal Intermediary Providers** | | | | | | | | | | | | |
| *Stuart Wilson* | T2025 | Fiscal Intermediary | $140.00 | Month | | | | | | | | |
| **Project LifeSaver** | | | | | | | | | | | | |
| *Saginaw Co. Sheriff's Office* | S5160 | PERS Installation and Testing | $336.00 | Encounter | | | | | | | | |
| | S5161 | PERS Monthly Monitoring | $36.00 | Month | | | | | | | | |
| **Med Drop Program** | | | | | | | | | | | | |
| *Genoa (ACP)* | H0032 | Treatment Planning-Monitoring | $70.00 | Encounter | | | | | | | | |
| | H0043 | Med Drop - Adult | $29.72 | Day | | | | | | | | |
| | H0043 | Med Drop - Child | $36.98 | Encounter | | | | | | | | |
| **Supported Independent Housing Providers (SIPS)** | | | | | | | | | | | | |
| *Beacon Harbor* | H0043 | Supported Housing, Per Diem | $47.00 | Day | | | | | | | | |
| *Bright Vision Svs.* | H0043 | Supported Housing, Per Diem | $40.50 | Day | | | | | | | | |
| *Indep. Living Solut.* | H0043 | Supported Housing, Per Diem | $45.00 | Day | | | | | | | | |
| *JubeJu SIP 1* | H0043 | Supported Housing, Per Diem | $44.00 | Day | | | | | | | | |
| *JubeJu SIP 2* | H0043 | Supported Housing, Per Diem | $38.00 | Day | | | | | | | | |
| *JubeJu SIP 3* | H0043 | Supported Housing, Per Diem | $43.00 | Day | | | | | | | | |
| *JubeJu SIP 4* | H0043 | Supported Housing, Per Diem | $40.00 | Day | | | | | | | | |
| *JubeJu SIP 5* | H0043 | Supported Housing, Per Diem | $45.00 | Day | | | | | | | | |
| *Together w/Friends* | H0043 | Supported Housing, Per Diem | $91.00 | Day | | | | | | | | |

EXHIBIT F – Pg 17

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Contracted Network Providers
## Rate Tool for Medicaid Deductible (Spend-down) Reporting
## Fiscal Year 2018

| Program | Service Code | Service | Rate Per Unit | Unit Definition | Rate Calculation by Unit | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | 15 min | 30 min | 45 min | 1 hr | 1 hr 15 min | 1 hr 30 min | 1 hr 45 min | 2 hrs |
| **Respite Providers** | | | | | | | | | | | | |
| *APS, Samaritas dba Lutheran Social Svs., St. Mary's* | H0045 | Respite Care, day, out of home | Varies | Tot. Days | Check with Provider for Rate | | | | | | | |
| | S5151 | Respite Care, day, in-home | Varies | Tot. Days | | | | | | | | |
| | T1005 | Respite Care Svs, 15 Min | Varies | 15 Min. | | | | | | | | |
| *ABA Pathways, ABC Resources, Autism Center, Bay Human Services, Centria, Spectrum Autism Center (Autism Diagnosis Required)* | H0045 | Respite Care, day, out of home | Varies | Tot. Days | Check with Provider for Rate | | | | | | | |
| | H0045 | Respite Care, multiple consumers | Varies | Tot. Days | | | | | | | | |
| | T1005 | Respite Care Svs, 15 Min | Varies | * | | | | | | | | |
| | T1005 | Respite Care-multiple consumers | Varies | * | | | | | | | | |
| **CLS Providers - Corporate & Individual** | | | | | | | | | | | | |
| *Corporate CLS Providers:* | H2015 | Community Living Supports | Varies | 15 Min. | Check with Provider for Rate | | | | | | | |
| | APS, Bethesda, Lutheran Social Services, St. Mary's Guardian Angel Program, SVRC My Choice Program<br>ABA Pathways, ABC Resources, Autism Center, Bay Human Services, Centria, Spectrum Autism Center (Autism Diagnosis Required) | | | | | | | | | | | |
| *Individual CLS Providers:* | Olivia Drexler, Debra Hill, Eric Klingenberg, Matthew Miller, Mackenzie Modrall, Devyn Powell, Jodi Stalsberg, Payton Steinhaus, Michelle Albers | | | | | | | | | | | |
| **Specialized Residential** | | | | | | | | | | | | |
| | H2016 | Community Support Per Diem | Varies | | Check Residential Authorization for Rate Per Day | | | | | | | |
| | T1020 | Personal Care Services | Varies | | Check Residential Authorization for Rate Per Day | | | | | | | |

***Please note that inpatient, adult/child foster care, and non-panel provider costs are not listed but need to be included on spend-down reports, as utilized on a case-by-case basis. In addition, any medical expenses incurred by the consumer that are non-SCCMHA related should also be included on the spend-down report with a bill or receipt attached as proof of the expense. If you are unsure if a certain medical expense can be used to meet your consumer's spend-down, please call our SCCMHA Entitlement Office at 989-272-0242, or Ext. 4112 (internal).***

| Care Management Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Care Management Request for Authorization Review | **Chapter**: 09.03<br>Care Management Services-Department Procedures | **Subject No**: 09.03.01.01 |
|  Care Management | | |
| **Effective Date**:<br>01/20/04 | **Date of Review/Revision**:<br>2/5/09, 5/19/16, 7/19/17, 6/28/18, 10/1/20, 8/1/22 | **Approved By**:<br>Chief of Network Business Operations |
| | **Supersedes**: | **Authored By**:<br>Manager of Utilization Care Authorizations<br><br>**Reviewed By**:<br>Care Management Specialists |

**Purpose:**
This procedure is to describe how the Care Management Specialists (CMS), under the direction of the Chief of Network Business Operations and the Manager of Utilization Care Authorizations, review requests for authorization. The procedure has two goals:

- This procedure addresses the boundaries between the supervisory responsibility for staff development in the Person Centered Planning process and the SCCMHA conflict free case management and utilization management roles of the Care Management division. Our goal is to build alignment of effort between providers and Care Managers.
- This procedure addresses compliance in the context of overall administrative burden of a system of prior authorization of care. Our objective is to keep it simple and keep it compliant.

**Policy:**
This procedure for Request for Authorization Review is the responsibility of the Chief of Network Business Operations and is in reference to guidelines established by SCCMHA Care Management Policy.

**Application:**
This procedure applies to the CMS Staff, Manager of Utilization Care Authorizations, Chief of Network Business Operations, and the Care Conference Review Committee and refers to the Supervisors of Case Holders for ongoing staff development.

**Standards:**

- The Care Management Specialists are assigned to Primary Teams for reviewing Request for Authorization (RFA).
- All RFA's will be reviewed within 14 business days, with the exception of eligibility intakes, which will be authorized daily.
- Any RFA which is incomplete will be pended and may be resubmitted when documentation is complete. Incompleteness includes missing assessments, missing IPOS, missing goals within the plan. .
- All RFA's with errors related to operational problems such as route of submission, problems with parameters of the provider contract, number of units over or under in relation to the IPOS or standards of care will be pended.
- No RFA shall be unresolved for longer than 14 calendar days of the original date of request. CMS will contact the requester to resolve any pended auth.
  If a CMS believes additional review of the RFA is warranted, it will be presented at a Care Conference Review Committee meeting.

**Definitions:**

Authorization: A computer generated number issued to a provider, which may be billed to SCCMHA for authorized services for a specific consumer.

Concurrent Review: SCCMHA will monitor benefits which have been prior authorized with focused concurrent reviews addressing over and underutilization within active authorizations. These concurrent reviews may result in reductions or early termination of authorization within the context of due process for consumers and providers.

CMS: Care Management Specialist within the Care Management Department.

RFA: Request for Authorization

Care Conference Review Committee: primary function to monitor utilization of Saginaw County Community Mental Health Authority (SCCMHA) clinical resources to assist the promotion, maintenance, and availability of high-quality care in conjunction with effective and efficient utilization of resources.

**References:**

- SCCMHA Care Management Policy
- SCCMHA Eligibility Criteria Policy
- MDHHS Medical Necessity Criteria
- MDHHS Medicaid Provider Manual

**Exhibits:**

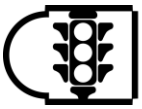
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Service Authorization Specifications** | |
| 1. The Coding and Benefits Integrity workgroup/committee provides SCCMHA and it's staff with accurate coding and benefit interpretation for SCCMHA services. This workgroup/committee is designed to improve coding and benefit integrity through greater transparency and accountability, to maintain compliance with CMS, MDHHS, and PIHP guidelines. | 1. Coding & Benefit Integrity Workgroup |
| 2. An RFA will be completed via the electronic medical record, SENTRI II. | 2. Case Holder , Case Holder Supervisor |
| 3. The Care Management Specialist assigned to the particular team will review RFA within 14 days of submission by the Case Holder. | 3. Care Management Specialist, Manager of Utilization Care Authorizations, Case Holder |
| 4. The following information is reviewed prior to approving a RFA:<br>• The consumer meets eligibility criteria<br>• Individual Plan of Service (IPOS) is in place, current and the service being requested is clearly outlined in reference to scope, duration, and intensity.<br>• A IPOS is not required for services authorized by CMS as a part of a consumer's entry to care, including screenings and assessments, outreach engagement services such as peer support and community health workers. The authorization will be initiated by Care Management based on medical necessity as evidenced by the initial screening and health | 4. Care Management Specialist, Manager of Utilization Care Authorizations, Care Conference Review Committee Members, Case Holders |

| | |
|---|---|
| encounter data.<br>• There is documented medical necessity for the services being requested and the services are based on Evidence Based Practices<br>• Yearly assessments are thoroughly completed and refreshed with consumer's current status, avoiding carry forward documentation.<br>• The IPOS is reviewed and authorization is approved by CMS. IPOS is then signed by Primary Provider and Supervisor.<br>• Ensure services being requested meet clinical protocol, treatment protocol, and service selection guidelines<br>5. Once review of the RFA has been completed, it will be pended, approved, or denied. These decisions will be made within 14 days of initial RFA. | 5. Manager of Utilization Care Authorizations, Care Management Specialists |
| **<u>Pended Authorizations:</u>**<br>1. The CMS will communicate to the Case Holder and their supervisor, via the RFA within SENTRI the reason why the RFA was placed in "pending status."<br>2. The Case Holder will make the recommended corrections to the clinical record or RFA and "comment and resubmit" the RFA for the CMS to re-review.<br>3. Communication regarding the RFA will be documented within the consumers' electronic medical record.<br>4. Pended authorizations and decisions that cannot be made will be sent to Care Conference Review Committee.<br>5. Case Holder and Consumer will be notified by letter of the Care Conference Review Committee decision. Consumer will be notified if decision is delayed through Adverse Benefit Determination letter. | 1. Manager of Utilization Care Authorizations, Care Management Specialists , Care Conference Review Committee |

| | |
|---|---|
| **Denied Authorizations:**<br>1. The authorization requestor will be notified via Sentri of the authorization denial. Adverse Benefit Determination notice will be sent to consumer, and Case Holder. | 1. Manager of Utilization Care Authorizations, Care Management Specialists |
| **Approved Authorizations:**<br>1. RFA's meeting the requirements listed above will be approved and noted within the RFA.<br>2. CMS will approve authorizations with recommendations of corrections to documents sent to supervisors. | 1. Manager of Utilization Care Authorizations., Care Management Specialists |
| **General:**<br>1. Training regarding RFA review will be provided annually or on an as needed basis by the Care Management division.<br>2. The Care Management Quality Assurance Metric Report will trend performance of the department in volume, disposition and timeliness of authorizations.<br>3. This procedure will be reviewed annually by the SCCMHA Service Management Team with consultation of the Care Management division and network providers. | 1. Chief of Network Business Operations, Network Primary Team Supervisors |

| Care Management Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Courtesy Authorization Initiation | **Chapter**: 09.03- Care Management Services - Department Procedures | **Subject No:** 09.03.01.05 |
|  **Care Management** | | |
| **Effective Date**: 10/1/09 | **Date of Review/Revision**: 8/12/10, 10/29/09, 5/19/16, 7/19/17, 6/28/18, 10/10/19, 8/1/22 | **Approved By**: Chief of Network Business Operations |
| | **Supersedes**: | **Authored By**: Manager of Utilization Care Authorizations<br><br>**Reviewed By**: Care Management Specialists |

**Purpose:**
The purpose of this procedure is to establish the protocol and steps required for initiating a Courtesy Authorization from Care Management. SCCMHA recognizes that the contractual prior authorization requirement for providers can be a barrier to meeting the needs of consumers in day to day course of care. This is especially true with a case holder centralized model of prior authorization. SCCMHA desires to help providers in good standing and in good faith meet the needs of consumers as they present for care; acknowledging that there are many circumstances in which an authorization might not be in place at that point of service. The purpose of a Courtesy Authorization is to prevent abrupt termination or point of service refusal of essential consumer services due to lack of authorization. Our goal is to ensure compliance and manage risk in a business environment that prioritizes consumer care and values provider relations.

**Policy:**
SCCMHA's Care Management Department will eliminate the need for providers to communicate with case holders in unplanned point of service situations and enable them to expedite the authorization procedure for a brief period of time in accordance with Care Management Services guidelines regarding authorizations. The assumption is that the authorization being requested is already in the consumers care plan and that it has expired, or there are insufficient units available or that the service needed is consistent with the care plan but the authorized service codes did not anticipate the exact service. Alternately, a Courtesy Auth might be requested or issued prior to the Person-Centered

Plan for the purpose of access and engagement with new consumers. Continuing authorizations will be dependent on the case holder submitting the necessary documentation and continued authorization request.

**Application:**
All SCCMHA Internal & External Network Providers.

**Standards:**
1. Courtesy Authorizations will be issued the ***same day*** as requested.

2. Courtesy Authorization will not exceed ***thirty days forward***, during which time the Case Holder and the Provider shall work together to ensure that the required documents are in place to request a full authorization.

3. A Courtesy Authorization request may be retro-active not more than ***90 days*** in addition to the 30 days forward from date of request.

**Definitions:**
Authorization: Authorization is the approval of services and the process of determining service necessity and the level of care based on scope, amount, and duration.. Authorization is typically a computerized function which is closely involved in processing the service provider's claims. The authorization is issued to the service provider with a unique number to which claims are processed.

Case Record Holder: The assigned worker to a particular consumer. Includes home based clinician and those employed in internal & external primary teams.

Care Management Services: An integrated system of managing capitated funds for covered services to a defined population including the policies, protocols and tools established by the Authority governing the provision of services to eligible persons.

CMS: Care Management Specialist within the Care Management Department

Days: All reference to Days in this procedure, mean calendar days.

Courtesy Authorization: An authorization issued at the request of a provider to cover a period of time no longer than 120 days, during which a record holder and their supervisor will update the required medical necessity documentation. The courtesy auth is issued to ensure that services are not interrupted. This procedure also allows SCCMHA to hold providers to a billing standard of 90 days from date of service; the absence of a current authorization is no longer an accepted reason for non-timely billing. Appeals submitted due to no authorization will be denied.

Medical Necessity: Describes those services necessary for screening and assessing the presence of a mental illness, and/or required to identify and evaluate a mental illness that is inferred or suspected; and/or intended to treat, ameliorate, diminish or stabilize the

symptoms of mental illness, including impairment of functioning; and/or designed to provide rehabilitation or habilitation for the recipient to attain or maintain an adequate level of functioning. The determination of a medically necessary service must be based upon a person-centered planning process.

Provider: Either internal or external contracted primary and secondary providers are referenced in the use of this term for this policy.

RFA: Request for Authorization

Utilization Management: This dimension of Care Management is the array of strategies employed to ensure the right amount and mix of services. Utilization Management includes: pre-admission screening, pre-authorization, authorization, claims review, concurrent review, and retrospective review.

**References:**

- Care Management Conference Procedure, 09.03.01.06
- Care Management Services Policy, 05.04.01
- NSPP Provider Appeal and Dispute Resolution Policy, 05.07.04

**Exhibits:**
Exhibit A: Courtesy Authorization Q & A
Exhibit B: Bridging Documentation Format

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The provider is to contact Care Management the same day or next business day via email at Broadcast (Courtesy Auth Request), encrypted email or the Care Management voice mail box (989-797-3500, ext. 3101-do not dial 9 as instructed) or through Sentri messaging to the Care Management Courtesy Authorization requesting a Courtesy Authorization for a 30-calendar day time frame and not more than 90 days retroactive. If this is not completed, no RFA will be approved. In addition, if a provider fails to contact Care Management and continues to provide service for the consumer, a sanction will be issued by the Director of Network Services and Public Policy. | 1. Provider, Director of Network Services and Public Policy |

| | |
|---|---|
| 2. After the CMS has received a Courtesy Auth request from a provider, the record holder, their direct supervisor, and the requester will be notified via e-mail that the Courtesy Authorization has begun and the record holder has 30 calendar days to complete the necessary documentation in order for the provider to continue servicing the consumer. The Subject on the e-mail should always be COURTESY AUTHORIZATION, exactly as written. | 2. Care Management Specialist, Provider, Record Holder, Supervisor, |

**Exhibit A**

## Courtesy Authorization FAQ

**Q: Why was the Courtesy Authorization procedure initiated?**

**A:** Many times, services need to be provided without an authorization on short notice for unforeseen circumstances, or due to oversite. This procedure prevents service interruption for the consumer, protects the integrity of the authorization process, and preserves provider relations.

**Q: Who can request a Courtesy Authorization?**

**A:** Any provider or representative of the provider such as a billing clerk, the Courtesy Auth is not limited to case holders.

**Q: How often can providers request a Courtesy Authorizations?**

**A:** Providers can request Courtesy Authorizations as many times as necessary.

**Q: If I receive a Courtesy Authorization, isn't that a bad thing? Will I get written up?**

**A:** The fact that a Courtesy Auth was provided is notification to the Case Holder of an unmet need for a consumer, it should be an alert to review the adequacy of the plan and to check on the compliance with required time frames. The supervisor is copied to be sure that they are aware of possible concerns for staff and consumers under their supervision. It is up to your supervisor and the director to determine whether it is an individual performance issue or a procedural issue.

**Q: What will happen if I don't complete the necessary paperwork on time?**

**A:**

- External providers will not be able to bill SCCMHA for their services.
- Internal primary staff that provide a service without an authorization will be unable to sign their SAL, resulting in the service not counting towards productivity expectations and not being able to encounter report that service to the State.

**Q: What if I am a provider performing a service without an authorization?**

**A:** The first step is to contact the Care Management Department ASAP in order to obtain a Courtesy Authorization. You will do that by calling the Care Management voice mail number. To dial directly call 989-797-3500, and then 63101 (do not dial 9 as instructed by the recording), email request to Broadcast (Courtesy Auth Request), or Sentri messaging to Care Management's Courtesy Authorizations. You may also call Customer Service at 989-797-3400 and request to be transferred to the Care Management voice mail box, extension 3101.

**Q: What if I am a provider and the 90 day/30-day Courtesy Authorization has lapsed and I still don't have an approved authorization?**

**A:** Contact the Care Management Department and they will facilitate an authorization before the end of the next business day.

**Q: What is the time frame? How long can I provide the service without an authorization?**

**A:** You can request a Courtesy Authorization for 30 days ahead or 30 days retroactively.

**Q: When is a Courtesy Authorization not appropriate?**

**A:**

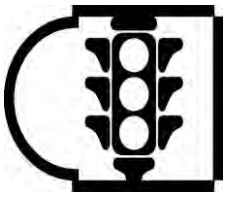
- Inpatient hospitalizations

**Q: What about authorizations, including residential budgets that are pending?**

**A:** If you have entered a request for authorization and the Care Management Specialist pended it, it is because something hadn't been completed that needs to be in order to get that approved. It is up to you to get what is needed done in order to get the authorization approved *before* the date of the service; otherwise, a Courtesy Authorization would need to be requested.

**Exhibit B**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY



*Bridging Documentation Format*

*What is Bridging Documentation?* Bridging documentation is written to close gaps between lapses in services of authorizations, while documenting medical necessity for the continuation of services to be provided.

*When is Bridging Documentation Needed?* Bridging documentation is needed when there is a lapse in authorization for a provided service with no documented explanation in place.

*Who is responsible for Bridging Documentation?* The Case Holder's immediate SUPERVISOR is responsible for completing the Bridging Documentation.

*How is the procedure completed?*

Step 1: Supervisor *MUST* complete the bridging document in the form of a chart note in Sentri.

Step 2: Chart Note must be labeled "Bridging Documentation".

Step 3: Chart Note includes the following information

a) Date of coverage for retro authorization
b) Reason for delay
c) Continuous medical necessity as evidence by; RN, Psychiatry, peer ETC… (Why are services needed?)
d) Continuous provision of services…e.g. did CSM keep monthly contact? If Not why?
e) What is the plan of correction if any needed?

Effective 02/08/2010

<table>
<tr><th colspan="3">Clinical Services Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Case Transfer</td><td>Chapter: 09.06.00 - Clinical Services</td><td>Subject No: 09.06.00.13</td></tr>
<tr><td colspan="3">Clinical Services</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/1/2015</td><td>Date of Review/Revision:<br>1/1/15, 5/2/16, 3/17/17, 3/1/18, 3/21/19, 2/10/20, 3/17/21, 10/24/22</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Executive Director of Clinical Services<br><br>Reviewed By:<br>Clinical Directors</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To assure continuity of care when a case is transferred from one staff to another and to set standards to assure that all the informational and document requirements for the transferring and receiving of cases are completed.

**Application:**
All SCCMHA contracted and board operated clinical staff

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that the transfer of consumer cases from one case holder to another shall occur in a manner that is trauma informed and results in minimal distress for the consumer.

**Standards:**
The transfer of cases between units or providers is through Care Management.

The transfer of cases between staff within a unit or provider will be done through the Supervisor.

When a transfer of cases occurs, the primary concern is the impact of the transfer on the consumer, with the consumer's well-being of utmost priority.

The transfer of cases will be done in a trauma-informed manner with the goal of causing minimal distress for the consumer.

The transfer of cases will be done in a professional, collaborative, and cooperative manner by all staff involved in the manner.
When a case is being transferred between units or providers, the transfer will include a discussion between the supervisors of those teams. The supervisor transferring the case will initiate the transfer by completing a "Level of Care Change" form and submitting it to the teams assigned Care Management Specialist.

A consumer will continually be assigned to a staff to contact during the transfer process.

It is the responsibility of the transferring staff to have all necessary information and documents current and complete prior to the transfer, and when feasible, to communicate with the receiving staff any additional pertinent information regarding the case. This includes the minimum quality data set and ability to pay assessment. Please see Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status policy number 05.04.02.

**Definitions:**
Case Transfer: The transfer of consumer care from one case holder to another.

Case Holder: This is a term that refers to the primary record holder or the person assigned to the care of the case in Sentri. This can be a case manager, supports coordinator, or therapist - whoever is assigned as the primary staff person to oversee the consumer care and coordination.

Supervisor: This is a term that refers to the Supervisor or the person that oversees the Case Holder.

Initial Assessment: the assessment located in sentri used to determine eligibility and probable services that a new consumer will require.

Annual Psychosocial Assessment: the assessment located in sentri based off the Initial Assessment and used as part of the process for developing the Individual Plan of Service as part of the Person-Centered Planning.

Therapy Assessment: the assessment located in sentri used as part of the determination of the course of treatment for a consumer receiving individual or group therapy.

Transferring Case Holder: The team where the Case Holder for the consumer is handing over the consumer care and coordination to another Case Holder.

Receiving Case Holder: The team where the Case Holder will take over monitoring and consumer care and coordination.

Same Level of Service Transfer: Refers to the circumstance where a consumer is moving from a Case Holder by one team of providers to another team of providers with out the need for increased or decreased level of care. *Examples are Community Support Services*

*to Community Support Services, Community Support Services to TTI case management, TTI case management to Saginaw Psychological Services Inc., Support Coordination Services to Disability Network.*

Different Level of Service Transfer: Refers to the circumstance where a consumer is moving from one level of service to another level of service. *Examples are Family Services Unit Home Based to Family Services Unit Case Management, Community Support Services to Assertive Community Treatment, Family Services Unit to Community Support Services, Family Services Unit to Wraparound Services, Wraparound Services to Westlund or Family Services Unit, Family Services Unit to Autism, Family Services Unit to Westlund, Caro Regional Center or Forensic Center to Community Residential Treatment.*

**References:**
SCCMHA Policy on Transition/Discharge Services 03.02.13
SCCMHA Care Management Procedure on Continuing Stay Reviews 09.03.01.04
SCCMHA Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status 05.04.02

**Exhibits:**
Exhibit A - Intake Process
Exhibit B - Intake Steps Chart
Exhibit C - Case Transfer Checklist
Exhibit D - Care Management Specialist Disposition form
Exhibit E - SCCMHA Care Management Continuing Stay Review/Level of Care Review
Exhibit F – Level of Care Change Form – Adult Version
Exhibit G– Level of Care Change Form – Child Version

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Case transfer from Central Access and Intake (CAI):** | |
| a. Will complete Intake Assessment to determine Eligibility for SCCMHA services. | CAI Specialist |
| b. Will complete checklist of forms and have them scanned into Sentri. | CAI Specialist |
| c. Will assign to a team in Sentri for orientation. | Care Management Specialist |
| d. Will review *Case Transfer Checklist attached*, to make sure all documents are in the consumer file. | Receiving Case Holder |
| e. Care management Specialist will provide authorization for orientation. | Care Management Specialist |
| f. Will schedule orientation in Case | CAI Specialist |

| | |
|---|---|
| Holder Supervisor; Sentri scheduler. | |
| g. Will give proper status in Sentri scheduler of orientation appointment met. | Receiving Case Holder Supervisor |
| h. Will transfer case to Case Holder within five (5) working days. | Receiving Case Holder Supervisor |
| i. Will schedule face to face meeting with consumer within five (5) working days of assignment. | Receiving Case Holder |
| j. Will complete an update to the Initial Assessment (this will convert the Initial Assessment to an Annual Psychosocial Assessment) of strengths and needs and record in Sentri within 45-60 days. This update should also include the necessity for any additional services identified within the 45-60 days' timeframe. *If consumer is also receiving therapy from the record holder then a Therapy Assessment is needed in addition to the updated psychosocial assessment.* | Receiving Case Holder |
| k. Initiates Person-Centered Planning process including completing a Pre-Plan to set the planning meeting with consumer and/or family. | Receiving Case Holder |
| l. Will obtain any items missing at first visit with consumer/family. *See Case Transfer Checklist attached*. | Receiving Case Holder |
| m. The receiving Case Holder will add any needed authorization for assessments of needed services and supports. | Receiving Case Holder |
| **Case Transfer with Same Level of Service:** | |
| ***Transferring*** Case Holder: | |
| a. Will discuss with consumer the need for the consumer to be transferred to new Case Holder and document in the consumer electronic medical record (Sentri). | Transferring Case Holder |

| | |
|---|---|
| b. Will assure all mandatory documents are in the consumer file. *See Case Transfer Checklist attached.* | Transferring Case Holder |
| c. Will complete update psychosocial assessment and update consumer/family plan if plan and psychosocial assessment does not contain current information about the consumer/family or/is 326 days old or older. | Transferring Case Holder |
| *d.* Completes the Care Management continuing stay or level of care form to request transfer. *Refer to Continuing Stay procedure 09.03.01.04.* | Transferring Case Holder |
| e. Review request and documents in sentri the disposition of review. | Care Management Specialist |
| f. Assures all mandatory documents are in the consumer file. *See Case Transfer Checklist attached.* | Transferring Case Holder |
| *g.* Discusses with receiving team supervisor the need to transfer the consumer to a new team. | Transferring Case Holder<br>Supervisor |
| *h.* Notifies both receiving and transferring Case Holder and both Supervisors of the decision via Care Management disposition form. *Refer to Continuing Stay procedure 09.03.01.04.* | Care Management Specialist |
| i. Care Management Specialist sets the time and day of orientation in the supervisor Sentri scheduler and enters authorization for orientation. Notifies transferring supervisor of orientation appointment. | Care Management Specialist |
| j. Transferring Case Holder notifies consumer of orientation for new case manager. ***Please note: Transferring Case Holder maintains case until orientation appointment has been met.*** | Transferring Case Holder |
| k. Will give proper status in sentri scheduler of orientation appointment met. | Receiving Case Holder Supervisor |
| l. Transfers the consumer case in | Care Management Specialist |

| | |
|---|---|
| Sentri to appropriate team and Case Holder once orientation appointment has been met and notifies the transferring team and Case Holder of transfer. | |
| m. Will transfer case to Case Holder within five (5) working days. | Receiving Case Holder Supervisor |
| n. Will assure receiving Case Holder is aware of any upcoming appointments or other relevant information needed by receiving case holder. | Transferring Case Holder |
| o. Will assure the assessment and plan, are not older than 326 days prior to official transfer of case in Sentri. | Care Management Specialist |
| p. Will make sure all progress notes are up to date from transferring case manager. | Transferring Case Holder, |
| q. Will make sure appropriate authorization(s) is/are in place for receiving Case Holder for residential, CLS, Respite, Model Payments (ASAP), Occupational Therapy, Physical Therapy, Speech Therapy, Psychologist, Psychiatrist, Supported Employment, Clubhouse, Drop-In Center, Medication Drop, etc. services. | Transferring Case Holder Supervisor and Care Management Specialist |
| r. Will notify Case Holder Supervisor of Case Holder receiving the consumer case. | Transferring Case Holder Care Management Specialist |
| ***Receiving Case Holder:*** | |
| a. Completes the orientation, gives proper status of orientation in sentri scheduler, and notifies care management specialist of met orientation appointment. | Receiving Case Holder Supervisor |
| b. Assigns Case Holder within five (5) working days of the receipt of notice of transfer. | Receiving Case Holder Supervisor |
| c. Will assure all mandatory documents are in consumer file. Including health care coordination | Receiving Case Holder |

| | |
|---|---|
| notifying primary care physician of change in service and new case holder. *See Case Transfer Checklist attached.* | |
| d. Will meet with consumer within ten (10) working days of assignment. | Receiving Case Holder |
| e. Will obtain new notice of privacy practices if needed (different agency from transferring case holder). | Receiving Case Holder |
| f. Will review psychosocial assessment and consumer/family plan. | Receiving Case Holder |
| g. Will review plan with consumer/family to assure plan is relevant and still what consumer wants in the plan. | Receiving Case Holder |
| h. Will assure that goals and objectives noted in plan are still relevant for the consumer/family. If not, new psychosocial assessment and plan should be developed. | Receiving Case Holder |
| i. Will submit authorization request for any additional services or supports noted during contacts. | Receiving Case Holder |
| **Case Transfer to Different Level of Service:** | |
| ***Transferring*** Case Holder: | |
| a. Will discuss with consumer the transfer of the care and coordination to a new Case Holder and document in consumer chart (sentri). | Transferring Case Holder |
| b. Will assure all mandatory documents are in the consumer file (sentri). *See Case Transfer Checklist attached.* | Transferring Case Holder |
| c. Will complete SCCMHA Care Management Continuing Stay Review/Level of Care Review form (*see attached*) | Transferring Case Holder |
| d. Will complete updated psychosocial assessment and update consumer/family plan if plan and | Transferring Case Holder |

| | |
|---|---|
| psychosocial assessment do not contain current information about the consumer/family or are 326 days old or older. | |
| e. Discusses with receiving team supervisor the need to transfer the consumer to a new team. | Transferring Case Holder Supervisor |
| f. Will complete and adequate notice for appeal. | Transferring Case Holder |
| g. Will assure all progress notes are up to date. | Transferring Case Holder |
| h. Will assure all authorizations are in place prior to transfer. Assure authorizations will not expire in the next 15 days. | Transferring Case Holder |
| i. Assures all mandatory documents are in the consumer file. *See Case Transfer Checklist attached.* | Transferring Case Holder Supervisor |
| j. Discusses with receiving team supervisor the need to transfer the consumer to a new team. | Care Management Specialist |
| k. Notifies both receiving and transferring Case Holder of the decision via Care Management disposition form. *Refer to Continuing Stay procedure 09.03.01.04.* | Care Management Specialist |
| l. Care Management Specialist sets the time and day of orientation in the supervisor sentri scheduler and enters authorization for orientation. Notifies transferring team of orientation appointment. | Care Management Specialist |
| m. Transferring Case Holder notifies consumer of orientation for new case manager. ***Please note: Transferring Case Holder maintains case until orientation appointment has been met.*** | Transferring Case Holder |
| n. Receiving Case Holder Supervisor will give proper status in sentri scheduler of orientation appointment met. | Receiving Case Holder Supervisor |
| o. Transfers the consumer case in sentri to appropriate team and Case Holder once orientation | Care Management Specialist |

| | |
|---|---|
| appointment has been met and notifies the transferring team and Case Holder of transfer. | |
| p. Will transfer case to Case Holder within five (5) working days. | Receiving Case Holder Supervisor |
| q. Will assure receiving Case Holder is aware of any upcoming appointments or other relevant information needed by receiving case holder. | Transferring Case Holder |
| r. Care Management Specialist will assure the assessment and plan, are not older than 326 days prior to official transfer of case in sentri. | Care Management Specialist |
| s. Will make sure all progress notes are up to date from transferring case holder. | Transferring Case Holder and Transferring Case Holder Supervisor |
| t. Will make sure appropriate authorization(s) is/are in place for receiving Case Holder for residential, CLS, Respite, Model Payments (ASAP), Occupational Therapy, Physical Therapy, Speech Therapy, Psychologist, Psychiatrist, Supported Employment, Clubhouse, Drop-In Center, Medication Drop, etc. services. | Transferring Case Holder |
| u. Will notify receiving Case Holder Supervisor of Case Holder receiving the consumer case. | Care Management Specialist |
| ***Receiving Case Holder:*** | |
| a. Completes the orientation and notifies care management specialist of met orientation appointment. | Receiving Case Holder Supervisor |
| b. Assigns Case Holder within five (5) working days of the receipt of notice of transfer. | Receiving Case Holder Supervisor |
| c. Make sure all mandatory information is in the consumer chart in sentri. *See Case Transfer Checklist attached.* | Receiving Case Holder |
| d. Will meet with consumer within ten (10) working days of assignment. | Receiving Case Holder |
| e. Will obtain any new releases of information including health care | Receiving Case Holder |

| | | |
|---|---|---|
| | coordination notifying primary care physician of change in service and new case holder. | |
| f. | Will obtain new notices of privacy notices (if different agency from transferring case holder.) | Receiving Case Holder |
| g. | Will have a 30-day authorization to complete an updated psychosocial assessment of services and supports and complete a new plan. If Case Holder has need of additional time to complete, please document reason for delay in consumer electronic medical record and contact Care Management Specialist to discuss the circumstances. *If consumer is also receiving therapy from the record holder, then a Therapy Assessment is needed in addition to the updated assessment.* | Care Management Specialist & Receiving Case Holder |
| h. | Will request authorization for services and supports needed as part of new consumer plan. | Receiving Case Holder |
| i. | Will complete an adequate notice for appeal. | Receiving Case Holder |
| j. | Will give/send copy of updated plan to consumer/family. | Receiving Case Holder |
| k. | Will note date plan given/sent to consumer/family in sentri. | Receiving Case Holder |
| l. | Will monitor services and supports noted in the plan including additional services such as residential, CLS, Respite, Model Payments (ASAP), Occupational Therapy, Physical Therapy, Speech Therapy, Psychologist, Psychiatrist, etc. | Receiving Case Holder |
| m. | Will make changes to consumer plan as necessary. | Receiving Case Holder |

Exhibit A

**INTAKE PROCESS**

| **Step** (in order) | **Staff** | **Time Standard** | **Actions/Description/Note** |
|---|---|---|---|
| Access Screening Contact /Intake Eligibility | CAI Intake Specialist | Point of service | • Potential Consumer calls/walks in for assistance<br>  ○ Coordinates with CIS for Access Call Back<br>• Creates Eligibility Screening (signs using code H0002)<br>• Determines if meets intake eligibility<br>  ○ If no, do linking<br>  ○ If yes:<br>• Creates Admission with CAI as Team<br>• Makes Intake Appointment<br>• Determines any proof document needs and requests consumer to bring to Appointment<br>  ○ MI Consumer requests code H0031<br>  ○ DD Consumer requests code 90887<br>• Letter sent, to Consumer Re: expectations<br>• Documents actions on Progress Note |
| Intake Appointment | CAI Intake Specialist | 2 days from Access Screening Contact /Intake Eligibility | • Places name as "Case Holder" on Admission form<br>• Creates Initial Intake assessment (date is start for Timeliness Standards)<br>  ○ Marks Eligibility field as "Pending"<br>  ○ Does not sign document<br>• Obtains any needed proof documents<br>  ○ Documents delays daily on Progress Note<br>• Completes items on the Initial Orientation form<br>• Sends notification to Care Management for Eligibility Determination<br>• Documents action in a Progress Note (non-billable) |
| Eligibility Determination | Care Management Specialist | 1 day from Notification | • Coordinates with CAI Intake Specialist to make a determination for Eligibility and Medical Necessity<br>• Notifies CAI worker of eligibility determination<br>  ○ If ineligible, notifies CAI worker to do linking<br>  ▪ Sends Adequate Notice<br>  ○ If eligible, notifies CAI regarding the Team<br>  ○ Changes Team name on Admission from CAI to assigned Team<br>• Documents actions on Progress Note (non-billable)<br>• Creates Authorization for initial services (T1016/T1017) |
| Completion of Initial Intake Assessment | CAI Intake Specialist | 1 day from Notification | • Completes Preliminary Plan fields on Initial Intake<br>• Coordinates with Consumer and Team Supervisor's Sentri Calendar to set Orientation appointment date<br>  ○ Email notification to Team Supervisor<br>• Adds to Intake Assessment, Orientation appointment (14 days from Intake Assessment)<br>  ○ Documents reason of deviation from 14 days on both Progress Note and Intake Assessment<br>• Signs Initial Intake with Code H0031<br>• Documents actions on Progress Note (non-billable) |
| Orientation Appointment | Team Supervisor or designee | 5 days from Completion of Initial Intake Assessment | • Documents on Scheduler and on Progress Note any changes in appointment date<br>• Meets consumer<br>• Completes items on the Team Orientation Form<br>• Introduces new Case Holder<br>• Changes Admission Form Case Manager field to assigned Case Holder<br>  ○ Sets meeting date for Pre-plan or initiates Pre-plan<br>• Documents actions on Face/Face Progress Note using code T1016/T1017<br>• Request Authorization for services based on the Preliminary Plan to expire 60 days from Orientation Appointment<br>  ○ Requests Authorization for additional needed services (not indicated in the Preliminary Plan)<br>  ○ Documents in a Progress Note |
| Pre-planning | Assigned Case Holder | 5 days from Orientation Appointment | • Meets with consumer<br>• Does Annual Assessment update from Intake Assessment<br>• Starts Pre-planning<br>• Documents in Face/Face Progress Note using apropos code |

Exhibit B

## INTAKE STEPS CHART

| Deadline | **Point of service** → | **2 days** → | **1 day** → | **1 day** → | **5 days** |
|---|---|---|---|---|---|
| Step | Access Screening Contact /Intake Eligibility | Intake Appointment | Eligibility Determination | Completion of Initial Intake Assessment | Orientation Appointment |
| Who | CAI Intake Specialist | CAI Intake Specialist | Care Management Specialist | CAI Intake Specialist | Team Supervisor or designee |
| Does What | • Takes potential Consumer calls/walk ins for assistance<br>  ○ Coordinates with CIS for Access Call Back<br>• Determines if meets intake eligibility<br>  ○ If no, completes linking<br>  ○ If yes<br>• Creates Admission with CAI as Team<br>• Schedules Intake Appointment<br>• Determines any proof document needs and requests consumer to bring to Appointment<br>  ○ CM generates code H0031<br>• Letter sent, to Consumer Re: expectations<br>• Documents actions in Chart Note | • Places name as "Case Manager" on Admission form<br>• Creates Initial Intake assessment (date is start for Timeliness Standards)<br>  ○ Marks Eligibility field as "Pending"<br>  ○ Does not sign document<br>• Obtains any needed proof documents<br>  ○ Documents delays daily in chart Note<br>• Completes items on the Initial Orientation form<br>  ○ DD Consumers may need a second appointment made to discuss/review findings.<br>• Sends notification to Care Management for Eligibility Determination<br>• Documents actions in chart note | • Coordinates with CAI Intake Specialist to make a determination for Eligibility and Medical Necessity<br>• Notifies CAI worker of eligibility determination<br>  ○ If ineligible, notifies CAI worker to do linking<br>  ▪ Sends Adequate Notice<br>  ○ If eligible, notifies CAI regarding the Team<br>  ○ Changes Team name on Admission from CAI to assigned Team<br>• CM generates code S9445 if eligible for service<br>• Documents actions on Progress Note<br>• Creates Authorization for initial services (T1017 or T1016) | • Completes Preliminary Plan fields on Initial Intake<br>• Coordinates with Consumer and Team Supervisor's Sentri Calendar to set Orientation appointment date<br>  ○ Email notification to Team Supervisor<br>• Adds to Intake Assessment, Orientation appointment (14 days from Intake Assessment)<br>  ○ Documents reason of deviation from 14 days on both Chart Note and Intake Assessment<br>• Signs Initial Intake with Code H0031<br>• Documents actions in Chart Note<br>• | • Documents on Scheduler and on Progress Note any changes in appointment date<br>• Meets consumer<br>• Completes items on the Team Orientation Form<br>• Introduces new Case Worker<br>• Changes Admission Form Case Manager field to assigned Case Worker<br>  ○ Sets meeting date for Pre-plan or initiates Pre-plan<br>• Documents actions on Face/Face Progress Note using code T1016/1017<br>• Request Authorization for services based on the Preliminary Plan to expire 60 days from Orientation Appointment<br>  ○ Requests Authorization for additional needed services (not indicated in the Preliminary Plan)<br>• Documents actions on Progress Note |
| Forms Screen | Eligibility Screening<br>Admission<br>Sentri Scheduler<br>Chart Note | Admission Form<br>Initial Intake<br>Initial Orientation Form<br>Email<br>Chart Note | Admission Form<br>Adequate Notice<br>Email<br>Progress Note | Initial Intake<br>Sentri Scheduler<br>Email<br>Authorization<br>Chart Note | Sentri Scheduler<br>Admission<br>Progress Note<br>Team Orientation Form<br>Progress Note |
| **Tracking** | **Chart Note** | **Initial Intake**<br>**Chart Note** | **Progress Note** | **Initial Intake**<br>**Chart Note** | **Progress Note** |

03-27-12 revised 11-26-13; KW 5-2-16

Exhibit C

# Case Transfer Checklist

**From Central Access and Intake (CAI):**

*Case Manager to do the following:*

☐ What Authorizations are in place?

☐ Proof of Notice of Privacy for your agency (i.e. SCCMHA, TTI, Westlund, Disability Network, Saginaw Psychological, Case Management of Michigan) in the file?

☐ Consent to Treatment form signed?

☐ Consumer notified of recipient rights and given brochure?

☐ Does person need to sign the Consent for Substance Abuse and receive the recipient rights booklet for Substance abuse treatment (any person receiving COD, IDDT, or Co-occurring Services)?

☐ Ability to Pay information is current in Sentri?

☐ Release of information to consumer primary care physician?

☐ Release of information for others as applicable: Payee, family other than guardian, other doctors or specialists, school, DHHS, Social Security Administration, etc.

☐ Health Care coordination notice sent to primary care physician noting services to be provided to consumer, notice of the primary record holder, psychiatrist if one is assigned, and any medications that are prescribed by psychiatrist.

☐ Assure all demographic fields are completed.

- Primary care physician (should match releases of information to primary care and should match health care coordination notice).
- Residential Living Arrangement
- Consumer people are filled in including guardian, payee, and other emergency contacts.
- Health Conditions are accurate

☐ If guardian involved a copy of guardianship papers are in the consumer file?

☐ Complete consumer psychosocial assessment of strengths and needs to determine services and reason for continuing treatment/services.

☐ Complete pre planning meeting and enter into Sentri.

☐ Complete planning meeting and enter into Sentri.

☐ Plan should address scope of services for all internal services, community resources, and any assistance the natural supports will give to assist the consumer.

☐ Make sure consumer receives or has copy of the following and these are explained to the consumer/family:

- Recipient Rights Booklet
- Recipient Rights Booklet for Substance Abuse *if* receiving services for Substance Use as well as Mental Health Services (any person receiving COD, IDDT, or Co-occurring Services)
- Copy of Independent Facilitation Brochure
- Copy of Appeals and Grievance Brochure

☐ Obtain signature on the consumer plan after development. Be sure appropriate boxes are checked on the form including consent to treatment.

☐ Send copy of signed signature page to Medical Records, or other staff that scan information into consumer electronic medical record; to scan into consumer electronic medical record.

☐ Enter date plan given/sent to consumer.

☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents

# Case Transfer Checklist

☐ If psychiatrist prescribes medications make sure consumer has signed medication consent for each medication and this is scanned into Sentri.
☐ Make sure if medications are initiated by the psychiatrist or changed, a new health care coordination notice is sent to the consumer primary care physician.

**Same Level of Service:**
*Case Manager to check the following:*

☐ Notify consumer/family of new primary case holder and new primary case holder contact information including supervisor name and contact information if unable to contact case worker.
☐ What Authorizations are in place?
☐ Make sure consumer receives copy of your agency (i.e. SCCMHA, TTI, Westlund, Disability Network, Saginaw Psychological, Case Management of Michigan, SVRC, New Hope) privacy practices. Notice of Privacy Practices.
☐ Does person need to sign the Consent for Substance Abuse and receive the recipient rights booklet for Substance abuse treatment? (any person receiving COD, IDDT, or Co-occurring Treatment)
☐ Ability to Pay information is current in Sentri?
☐ Release of information to consumer primary care physician?
☐ Release of information for others as applicable: Payee, family other than guardian, other doctors or specialists, school, DHHS, Social Security Administration, etc.
☐ Health Care coordination notice sent to primary care physician noting services to be provided to consumer and notice of the primary record holder, psychiatrist if one is assigned, and any medications that are prescribed by psychiatrist.
☐ Assure all demographic fields are completed.

- Primary care physician (should match releases of information to primary care and should match health care coordination notice.
- Health Care Conditions are correct and have not changed
- Residential Living Arrangement
- Consumer people are filled in including guardian, payee, and other emergency contacts.
- Correct team and primary case holder identified in the consumer chart?

☐ If guardian involved a copy of guardianship papers are in the consumer file?
☐ Date of next appointments such as with psychiatrist?
☐ Review consumer assessment of strengths and needs update if needed.
☐ Does consumer/family have current plan? If not develop.
☐ Is there a signature of the consumer/family on the consumer plan?
☐ Review plan with consumer/family to assure plan is reflective of consumer/family wants and needs.
☐ Develop new plan if goals/outcomes are different than the plan states.
☐ Make sure consumer receives copy of the following if they would like a new copy and these are explained to the consumer/family:

- Recipient Rights Booklet

- Recipient Rights Booklet for Substance Abuse *if* receiving services for Substance Use as well as Mental Health Services (any person receiving COD, IDDT, or Co-occurring Treatment)
- Copy of Independent Facilitation Brochure
- Copy of Appeals and Grievance Brochure

☐ Obtain signature on the consumer plan after development. Be sure appropriate boxes are checked on the form including consent to treatment.
☐ Send copy of signed signature page to Medical Records, or other staff that scan information into consumer electronic medical record, to scan into consumer electronic medical record.
☐ Enter date plan given/sent to consumer into sentri
☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents
☐ If psychiatrist prescribes medications make sure consumer has signed medication consent for each medication and this is scanned into Sentri.
☐ Make sure if medications are initiated by the psychiatrist or changed, a new health care coordination notice is sent to the consumer primary care physician.

**Different Level of Service Transfer:**
*Case Manager to check the following:*

☐ Discuss with consumer/family the need to transfer to different level of service and why.
☐ What Authorizations are in place?
☐ Make sure consumer receives copy of your agency (i.e. SCCMHA, TTI, Westlund, Disability Network, Saginaw Psychological, Case Management of Michigan, SVRC, New Hope) privacy practices. Notice of Privacy Practices.
☐ Does person need to sign the Consent for Substance Abuse and receive the recipient rights booklet for Substance abuse treatment? (anyone receiving COD, IDDT, or Co-occurring services)
☐ Ability to Pay information is current in Sentri?
☐ Release of information to consumer primary care physician?
☐ Release of information for others as applicable: Payee, family other than guardian, other doctors or specialists, school, DHHS, Social Security Administration, etc.
☐ Health Care coordination notice sent to primary care physician noting services to be provided to consumer and notice of the primary record holder, psychiatrist if one is assigned, and any medications that are prescribed by psychiatrist.
☐ Assure all demographic fields are completed.

- Primary care physician (should match releases of information to primary care and should match health care coordination notice).
- Health Care Conditions are current and reflect consumer current conditions
- Residential Living Arrangement
- Consumer people are filled in including guardian, payee, and other emergency contacts.
- Correct team and primary case holder identified in the consumer chart in sentri?

☐ If guardian involved a copy of guardianship papers are in the consumer file in sentri?
☐ Date of next appointments such as with psychiatrist?

# Case Transfer Checklist

☐ Complete new consumer psychosocial assessment as needs are probably different if consumer is changing level of service.
☐ Complete new plan of service to reflect the needed changes in services by consumer/family.
☐ Plan should address scope of services for all internal services, community resources, and any assistance the natural supports will give to assist the consumer.
☐ Make sure consumer receives copy of the following and these are explained to the consumer/family:

- Recipient Rights Booklet
- Recipient Rights Booklet for Substance Abuse if receiving services for Substance Use as well as Mental Health Services (anyone receiving COD, IDDT, and Co-occurring services)
- Copy of Independent Facilitation Brochure
- Copy of Appeals and Grievance Brochure

☐ Obtain signature on the consumer plan after development.
☐ Send copy of signed signature page to Medical Records, or other staff that scan information into consumer electronic medical record; to scan into consumer electronic medical record (sentri).
☐ Update Sentri with date plan was sent to consumer/guardian.
☐ Provide services and at the frequency noted in the plan and assure team members via monitoring are completing services at the frequency noted in the plan.
☐ Update goals as needed.
☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents
☐ If psychiatrist prescribes medications make sure consumer has signed medication consent for each medication and this is scanned into Sentri.
☐ Make sure if medications are initiated by the psychiatrist or changed, a new health care coordination notice is sent to the consumer primary care physician.

**FOR ALL TYPES OF TRANSFERS**
☐ All outstanding documentation will be completed prior to transfer, including Progress Notes, Case Notes, and scanned documents

Exhibit D

**Care Management**

## Care Management Specialist Disposition

**Consumers Name:** **Case Managers Name:**

**Consumers Sentri ID:** **Supervisors Name:**

**Medical Necessity (please check one):**

☐ Medical Necessity Criteria Met
Comments:

| Diagnosis | |
|---|---|
| | |

Medications:
Utilizations history

☐ Medical Necessity Criteria Not Met
Specify Reason:

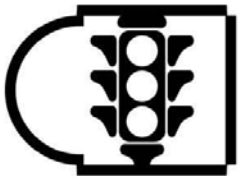
☐ Medical Necessity Criteria Met, but Service Array Modification Requested
Specify Change Requested and Reason:

**Actions Taken/Date:**

_____ _____
Care Management Specialist Date

_____ _____
Care Management Supervisor Date

Exhibit E



**Care Management**

# SCCMHA Care Management Continuing Stay Review

| | |
|---|---|
| **Consumer Name:** | **Sentri ID:** |
| **Case Manager Name/Team:** | **Supervisor:** |
| **Current PCP Date:** | |

Information required will be used the SCCMHA Care Management Department to determine if a consumer currently enrolled in services continues to meet the required medical necessity criteria for continuing authorization of services.

Please complete this form electronically, print, sign, and forward to the Care Management Specialist assigned to your team. Complete as thoroughly as possible.

| PROVIDER REPORT (To be completed by the Case Manager) | CARE MANAGEMENT REVIEW (To be completed by Care Management Specialist) |
|---|---|
| **I. Diagnosis**<br><br>Date of Diagnosis:<br>Diagnosis Given By:<br><br>Axis I:<br><br>Axis II:<br><br>Axis III:<br><br>Axis IV:<br><br>Axis V:<br><br>LOCUS Co-morbidity Score ( ) | Is this diagnosis current and valid and is it a service eligible diagnosis according to Service Selection Guidelines?<br><br>☐ Yes<br><br>☐ No |
| **II. Severity of Illness**<br><br>**Psychiatric Signs/Symptoms:**<br><br>LOCUS Dangerousness/Risk Score ( ) | Does the provider describe a severity of illness/functional impairments requiring access to the SCCMHA specialty array of supports and services?<br><br>☐ Yes |

| | |
|---|---|
| **Functional Impairments**<br>List all functional impairments currently presenting:<br><br>LOCUS Functional Status Score (  ) | ☐ No |
| **III. Medications**<br><br>Please list consumers current medications: | Do the medications listed support medical necessity based on the diagnosis?<br><br>☐ Yes<br><br>☐ No |
| **IV. Intensity of Services**<br><br>Start date of this episode of care:<br><br>List services used in the last 12 months, including those provided by the primary care physician:<br><br>List hospitalizations in the last 12 months:<br><br>LOCUS Treatment and Recovery Score (  )<br><br>LOCUS Attitude and Engagement Score (  ) | Has this consumer's utilization of services shown a need for access to the SCCMHA specialty array of supports and services?<br><br>☐ Yes<br><br>☐ No<br><br>Has this consumer shown progress in treatment resulting in improvement in signs/symptoms/level of functioning as a result of services provided?<br><br>☐ Yes<br><br>☐ No |
| **V. Proposed Continued Services**<br><br>Specify services requested for authorizations:<br><br>Anticipated discharge date:<br><br>Notes/Additional Comments: | Do the proposed continued services demonstrate that the consumer needs access to the SCCMHA array of specialty supports and services?<br><br>☐ Yes<br><br>☐ No |

Exhibit F

Level of Care Change Form – Adult Version

## SCCMHA Level of Care Change for Adults

| | |
|---|---|
| Consumer Name: | Sentri ID: |
| CSM/SC Name/Team: | Supervisor: |
| Date: | Current PCP Date: |

**Diagnosis Review**

| Diagnosis Import from Sentri | Supported in Record |
|---|---|
| Axis I | |
| Axis II | |
| Axis III | |
| Axis IV | |
| Axis V | |

**General Information**

Review Purpose

☐ Initial ☐ Ongoing ☐ Discharge ☐ Acute Crisis

Did you discuss this change with consumer/parent/guardian: Yes ☐ No ☐

Supported in record (progress note/periodic review date):

1. Risk of Harm within last year & history of attempts, ideations, and self-harm behaviors.

**Supported in record (progress note/periodic review date):**

2. Current level of function to include psychiatric symptoms and medications used.

**Supported in record (progress note/periodic review date):**

3. Medical risk

**Supported in record (progress note/periodic review date):**

4. Substance abuse risk

**Supported in record (progress note/periodic review date):**

5. Treatment and Recovery History

**Supported in record (progress note/periodic review date):**

| 6. Benefits: adherence/non-adherence to current services. |
|---|
| **Supported in record (progress note/periodic review date):** |

| **Utilization Summary** | |
|---|---|
| Services over the last six months | |
| Entitlement Status | Hospital Episodes: Date/Number of Days |
| | |
| Reason for level of care change. | |
| | |

| **Recommendations** |
|---|
| Next Step in Recovery Plan |
| Disposition:<br>☐ Transfer to<br>☐ MI ☐ DD<br>☐ Increase Level of Care to<br>☐ Case Management ☐ ACT<br>☐ Maintain Level of Care; transfer to _____<br>☐ Reduce Level of Care to<br>☐ Therapy only ☐ Case Management<br>☐ Prepare for Discharge to<br>☐ Outside Provider* ☐ Primary Care<br>*agencies that accept consumer's Qualified Health Plan |
| Discharge Recommendations |
| |

CSM/SC Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Exhibit G

Level of Care Change Form – Child Version

## SCCMHA Level of Care Change for Children

| | |
|---|---|
| Consumer Name: | Sentri ID: |
| CSM/SC Name: | Supervisor: |
| Date: | Current PCP Date: |

| Diagnosis Review | |
|---|---|
| **Diagnosis Import from Sentri** | **Supported in Record** |
| Axis I | |
| Axis II | |
| Axis III | |
| Axis IV | |
| Axis V | |

| General Information | | |
|---|---|---|
| Review Purpose<br>☐ Initial ☐ Ongoing ☐ Discharge ☐ Acute Crisis<br>Did you discuss this change with consumer/parent/guardian: ☐ Yes ☐ No<br>Supported in record (progress note/periodic review date): | CAFAS/PECFAS Total | |
| 1. Schoolwork | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 2. Home | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 3. Community | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 4. Behavior towards others | CAFASPECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 5. Moods and emotions | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 6. Self-harm behavior | CAFASPECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |

| 7. Substance Abuse | CAFAS/PECFAS Score | |
|---|---|---|
| **Supported in record (progress note/periodic review date):** | | |
| 8. Thinking; symptoms and medications | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 9. Adherence/non-adherence to current service (child and parent). | | |
| **Supported in record (progress note/periodic review date):** | | |
| **DECA: If child is between 1 month and 47 months old please summarized your DECA results.** | | |
| | | |

| **Utilization Summary** | |
|---|---|
| Services over the last six months | |
| | |
| Entitlement Status | Hospital Episodes: Date/Number of Days |
| | |
| Reason for level of care change. | |
| | |

| **Recommendations** |
|---|
| Next Step in Recovery Plan |
| Disposition:<br>☐ Transfer to<br>☐ MI ☐ DD<br>☐ Increase Level of Care to<br>☐ Wraparound ☐ Home Based Service ☐Autism ☐ Adult Services ☐Child Case Management<br>☐ Reduce Level of Care to<br>☐ Therapy only<br>☐ Maintain Level of Care; transfer to _____<br>☐ Prepare for Discharge to<br>☐ Outside Provider* ☐ Primary Care<br>*Agency that accepts consumer's Qualified Health Plan |
| Discharge Recommendations |
| |

CSM/SC/Therapist Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

# Tab 3

# Services & Protocols

**WSA Case ID**: _____ **MDHHS Reviewer**: _____

| Performance Measures | Yes | No | WSA Check | Findings |
|---|---|---|---|---|
| Beneficiaries IPOS addresses the needs.<br>A. As part of the IPOS, there is a comprehensive individualized ABA behavioral treatment plan that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.<br>B. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk (e.g. a risk factor might be how to ensure consistent staffing in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in this child's IPOS and that staff person can be sent in the event a staff does not show up to provide a service). | | | Y/N | |
| Beneficiaries ABA services and supports (i.e. 0359T, 0362T-0374T) are provided as specified in the IPOS, including:<br>A. Amount<br>B. Scope<br>C. Duration | | | Y/N | |
| Beneficiaries' providers of the ABA services meet credentialing standards.<br>**Y/N** QLP<br>**Y/N** ABA Supervisor (BCBA/BCaBA or QBHP)<br>**Y/N** Behavior Technician(s) | | | Y/N | |
| Beneficiaries' ongoing determination of level of service has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB-MAPP or other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.) | | | | |

# Children's Diagnostic and Treatment Services Program Certification Report

**PIHP/CMHSP: Name of Agency** **Dates of Review**

| REQUIREMENTS | FINDINGS | REMEDIAL ACTION |
|---|---|---|
| **I. EVALUATION AND SCREENING** | | |
| I.A. The program has the capacity to provide initial screenings to ascertain the mental health needs of minors.<br><br>R. 330.2110 | | |
| I.B. The program has the capacity to provide emergency evaluations to ascertain the mental health needs of minors.<br><br>R. 330.2110 | | |
| I.C. The program has the capacity to perform intake evaluations to ascertain the mental health needs of minors.<br><br>R. 330.2110 | | |
| **II. REFERRALS** | | |
| II.A. The community mental health board from which emergency or short-term mental health services are requested from a minor provides appropriate mental health services.<br><br>R.330.2115 | | |
| II.B. The program maintains a listing of resources it utilizes which indicates all of the following: | | |

**PIHP/CMHSP: Name of Agency** **Dates of Review**

| REQUIREMENTS | FINDINGS | REMEDIAL ACTION |
|---|---|---|
| 1. The types of services provided<br>2. Eligibility criteria<br>3. Names and locations of the referral sources<br><br>R 330.2115 | | |
| C. The program has written arrangements with public and private human service agencies that provide educational, judicial, child welfare, and other health services. These arrangements clarify the respective responsibilities for the coordination and provision of services.<br><br>R. 330.2115 | | |
| **III. TREATMENT PLANNING** | | |
| III.A. The program maintains a complete, written description of the policies and procedures its staff uses in service planning.<br><br>Michigan Standards for Michigan CMH Services, 7/76, Section 7. | | |
| III.B. A case record is maintained for each individual receiving service through the program.<br><br>Michigan Standards for Michigan CMH Services, 7/76, Section 7. | | |
| III.C. Case records contain the individual plan | | |

**PIHP/CMHSP: Name of Agency** **Dates of Review**

| REQUIREMENTS | FINDINGS | REMEDIAL ACTION |
|---|---|---|
| of service.<br><br>Michigan Standards for Michigan CMH Services, 7/76, Section 7. MDCH Person-Centered Planning Best Practice Guidelines | | |
| **IV. RANGE OF SERVICES** | | |
| IV. A. The program has developed mechanisms for coordinating the delivery of a necessary range of services specifically oriented to meet the needs of minors and their families.<br><br>R. 330.2120 | | |
| IV. B. The program coordinates the delivery of diagnostic services.<br><br>R. 330.2120 | | |
| IV. C. The program provides emergency intervention services, including crisis stabilization and response.<br><br>R. 330.2120, R 330.2005 | | |
| IV.D. The program provides prevention services.<br><br>R. 330.2005 | | |
| IV.E. The program coordinates the delivery of case management by a child mental health | | |

**PIHP/CMHSP: Name of Agency** **Dates of Review**

| REQUIREMENTS | FINDINGS | REMEDIAL ACTION |
|---|---|---|
| professional.<br><br>R. 330.2120 | | |
| IV.F. The program coordinates the delivery of specialized mental health training and treatment.<br><br>R. 330.2120 | | |
| IV.G. The program coordinates the delivery of out-of-home treatment.<br><br>R. 330.2120 | | |
| IV.H. The program provides aftercare services.<br><br>R. 330.2120 | | |
| IV.I. The program provides Community/care giver services.<br><br>R. 330.2005 | | |
| **V. STAFFING AND TRAINING** | | |
| V.A. Children's diagnostic and treatment services are provided by qualified staff.<br><br>R. 330.2125 | | |

**PIHP/CMHSP: Name of Agency** **Dates of Review**

| REQUIREMENTS | FINDINGS | REMEDIAL ACTION |
|---|---|---|
| V.B. The program provides for a formalized staff development program which includes training in identifying and treating the needs of minors and their families.<br><br>R. 330.2125 | | |
| **VI. ADMINISTRATION** | | |
| VI.A. The community mental health board has contracts with all individuals and agencies that provide services for each component of the certified program outside of the community mental health board.<br><br>R. 330.2130 | | |
| VI.B. The community mental health board's plan and budget delineates a separate and distinct part designated for the program.<br><br>R. 330.2130 | | |
| VI.C. The community mental health board has implemented a public information program to facilitate community awareness of the children's diagnostic and treatment service program that provides all of the following information:<br>1. The services that are available<br>2. hours of operation<br>3. location<br>4. access to public transportation, if any | | |

**PIHP/CMHSP: Name of Agency** **Dates of Review**

| REQUIREMENTS | FINDINGS | REMEDIAL ACTION |
|---|---|---|
| 5. telephone numbers<br><br>Services are provided pursuant to R 330.2011 and R. 330.2005 (f)<br>R 330.2130 | | |
| VI.D. The board has established procedures for evaluating its children's diagnostic and treatment service program on an annual basis. The evaluation includes:<br>1. client and consumer agency evaluations of services<br>2. opportunity for client and consumer agency input<br><br>The method and results of the evaluation are available for departmental review at the time of certification renewal.<br><br>R. 330.2130 | | |
| VI.E. The agencies under contract to the community mental health board that comprise the children's diagnostic and treatment service program have the capacity to share confidential client information in order to coordinate services for a minor or for the transition of the minor from one agency to another.<br><br>R. 330.2130 | | |




# MDHHS Medicaid Provider Manual link:

https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html

# Medicaid Provider Manual

Medicaid Provider Manual
Due to the size of this document (approximately 16MB); you may experience a delay before it opens. If you are using a dial-up modem, we recommend you use the CD version of the Manual. All other documents on this website are accessible using a dial-up modem.

Supplemental Medicaid Bulletins - bulletins that have not been incorporated into the manual and must still be retained for reference will appear on the Supplemental Bulletin List.

**About the Manual**
The electronic Medicaid Provider Manual contains coverage, billing, and reimbursement policies for Medicaid, Healthy Michigan Plan, Children's Special Health Care Services, Maternity Outpatient Medical Services (MOMS), and other healthcare programs administered by the Michigan Department of Health and Human Services (MDHHS).

Although MDHHS will continue to issue paper policy bulletins as necessary, paper manuals are not provided. The online version of the Manual is updated quarterly to incorporate any policies transmitted via policy bulletins since the last Manual update.

If you would like to receive a CD version of the Medicaid Provider Manual, you will need to submit a request to MDHHS. You will receive the current published version of the manual that is available at that time. The request must include a company/facility name and address, National Provider Identifier (NPI) (if applicable), telephone number, and a contact person's name. You may submit the request by mail, fax, or e-mail to one of the following:

MDHHS/Medicaid Program Policy Division
PO Box 30479
Lansing, MI 48909
or
Fax: 517-335-5136
or
E-mail: MSA-Forms@Michigan.gov

Providers using the CD will need to retain all bulletins received throughout the year to use in addition to the CD.

# 1915 (c) WAIVER SITE REVIEW REPORT

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| **A. ADMINISTRATIVE PROCEDURES** | | | | |
| **A.1 All** | | | | |
| A.1.1. The PIHP has adopted common policies for use throughout the service area for critical incidents.<br><br>Medicaid Managed Specialty Supports and Services contract, Section 6.4;<br><br>AFP Sections 3.8, 4.0<br><br>42 CFR 438.214.<br><br>Waiver Assurance for Participant Safeguards | | | | |
| A.1.2. The PIHP has policy and business procedures to assure regular monitoring and reporting on each network provider for critical incidents.<br><br>42 CFR 438.230(b)(4)<br><br>42 CFR 438.810<br><br>Medicaid Managed Specialty Supports and Services contract, Section 6.4;<br><br>AFP Sections 2.5, 3.8, 3.1.8<br><br>Waiver Assurance for Participant Safeguards | | | | |
| A.1.3 Review and verify that the process is being implemented according to policy.<br><br>Waiver Assurance for Participant Safeguards | | | | |
| A.1.4 PIHP/CMHSP is implementing the Quality | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| Improvement Project as approved by MDHHS.<br>• PIHPs/CMHSPs document evidence of training on the revised IPOS policy/procedures.<br>• PIHPs/CMHSPs incorporate ongoing monitoring tools for IPOS training into the internal review process.<br>• PIHPs/CMHSPs incorporate ongoing monitoring tools for SEDW to ensure service and supports are provided as specified in the plan. | | | | |
| **A.2.CWP** | | | | |
| A.2.1 CMHSP has a process to prior authorize all services. (PM A-3) | | | | |
| A.2.2 Claims are coded in accordance with MDHHS policies and procedures. (PM I-1) | | | | |
| **A.3.HSW** | | | | |
| A.3.1. If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process. (HSW PM A-4) | | | | |
| **A.3.SEDW** | | | | |
| A.3.2 CMHSP has a process to prior authorize all services. (PM A-3) | | | | |
| A.3.3 Claims are coded in accordance with MDHHS policies and procedures. (PM I-1) | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| **E. ELIGIBILITY** | | | | |
| **E. Eligibility**<br>(Medicaid Provider Manual, Mental Health/Substance Abuse) | | | | |
| **E.1.CWP** | | | | |
| E.1.1: Child is developmentally disabled.<br>Evidence:<br>1. Three or more areas of substantial functional limitations are identified. Within the last 12 months, assessments have been completed and/or supporting documentation obtained that reflect all of the consumer's current functional abilities and any current substantial functional limitations identified in the areas of self-care, understanding and use of language (expressive and receptive), learning (functional academics), mobility, and self-direction. For consumers age 16 and older, functional abilities and any current substantial functional limitations are identified in the areas of capacity for independent living and economic self-sufficiency. Or<br>2. If the consumer is a minor from birth to age 9, documentation is provided of a related condition and the current rationale to support a high probability of developing a developmental disability. (PM-B-3) | | | | |
| E.1.2 The child is in need of active treatment. (evidence: Within the last 12 months, assessments have been completed of the need for health and habilitative services designed to assist the consumer in acquiring, retaining, and improving the self-help, socialization and adaptive skills necessary to reside successfully in home and community-based settings. (PM-B-3) | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| **E.2. SEDW** | | | | |
| E.2.1 Level of Care evaluations are completed accurately. (evidence: sub-scores on CAFAS are consistent with notes and assessments in the record) (PM-B-3) | | | | |
| **F. Freedom of Choice** | | | | |
| **F.1. CWP** | | | | |
| F.1.1 Parent was informed of right to choose among qualified providers. (evidence: Parents signature on the certification form) (PM-D-10) | | | | |
| F.1.2 Parent was informed of their right to choose among the various waiver services.<br>Evidence:<br>1. administrative records policies and procedures,<br>2. individual records;<br>3. consumer/Family interviews (PM-D-9) | | | | |
| **F.2. HSW** | | | | |
| F.2.1 Individual had an ability to choose among various waiver services. (HSW PM D-10)<br><br>Medicaid Provider Manual, Section 15 | | | | |
| F.2.2 Individual had an ability to choose their providers. (HSW PM D-11)<br><br>Medicaid Provider Manual, Section 15 | | | | |
| | | | | |
| **P. IMPLEMENTATION OF PERSON-CENTERED PLANNING**<br><br>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1. Person-Centered Planning Practice Guideline | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| MHC 712<br><br>Chapter III, Provider Assurances & Provider Requirements<br><br>Attach. 4.7.1 Grievances and Appeals Technical Requirement. | | | | |
| **P.1. CWP** | | | | |
| P.1.1: The IPOS is developed through a person-centered process that is consistent with Family-Driven, Youth-Guided Practice and Person Centered Planning Policy Practice Guidelines. (PM-D-3) | | | | |
| P.1.2: The IPOS addresses all service needs reflected in the assessments. (PM-D-1) | | | | |
| P.1.3: The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care providers. (PM-D-2) | | | | |
| P.1.4: The IPOS is developed in accordance with policies and procedures established by MDHHS. Evidence:<br>1. plan contains measurable goals/objectives and time frames;<br>2. Category of Care/Intensity of Care determination was completed by staff certified or trained by MDHHS in Category of Care/Intensity of Care determination. (PM D-4) | | | | |
| **P.2 HSW** | | | | |
| P.2.1 The individual plan of service adequately identifies the individual's goals and preferences. (HSW PM D-3) | | | | |
| P.2.3. Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes. | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| P.2.4. The individual plan of service is modified in response to changes in the individual's needs. (HSW PM D-6) | | | | |
| P.2.5. The person-centered planning process builds upon the individual's capacity to engage in activities that promote community life.<br><br>MCL 330.1701(g) | | | | |
| P.2.6. Individual plan of service addressed health and safety, including coordination with primary care providers. (HSW PM D-2.) | | | | |
| P.2.7: The individual plan of service is developed in accordance with policies and procedures established by MDHHS.<br>Evidence:<br>1. pre-planning meeting,<br>2. availability of self-determination, and<br>3. use of PCP process in developing IPOS. (HSW PM D-4) | | | | |
| P.2.8: Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT, PT, and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed). | | | | |
| **SEDW** | | | | |
| P.3.1. The IPOS is developed through a person-centered process that is consistent with Family-Driven, Youth-Guided Practice and Person Centered Planning Policy Practice Guidelines. (PM-D-3) | | | | |
| P.3.2: The IPOS addresses all service needs reflected in the assessments. (PM-D-1) | | | | |
| P.3.3: The strategies identified in the IPOS are adequate to address assessed health and safety needs, including coordination with primary care | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| provider. (PM-D-2) | | | | |
| P.3.4 IPOS for enrolled consumers is developed in accordance with policies and procedures established by MDHHS.<br>Evidence:<br>1. IPOS contains meaningful and measurable goals and objectives.<br>2. Prior authorization of services corresponds to services identified in the IPOS. (PM-D-4) | | | | |
| **P. PLAN OF SERVICE AND DOCUMENTATION REQUIREMENTS** | | | | |
| **P.4.CWP** | | | | |
| P.4.1: A current narrative supports the identified Category of Care/Intensity of Care determination and services are authorized and provided accordingly. (PM-D-4) | | | | |
| P.4.2 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (PM-D-7) | | | | |
| P.4.3: Billings reflect only those services and frequencies of services that are identified in the IPOS. (PM I-1) | | | | |
| P.4.4: Physician-signed prescriptions for OT, PT, and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed. (PM-D-4) | | | | |
| P.4.5: Physician-signed and dated prescriptions for locally authorized waiver durable medical equipment and supplies are in the file. (PM-D-4) | | | | |
| P.4.6: The IPOS was updated at least annually. (PM-D-5) | | | | |
| P.4.7: The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs (evidence: IPOS is | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition). (PM-D-6) | | | | |
| **P.5 HSW** | | | | |
| P.5.1. Specific services and supports that align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS. (HSW PM D-1) | | | | |
| P.5.2**.** Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing. (HSW PM D-7) | | | | |
| P.5.3. The IPOS for individuals enrolled in the HSW is updated within 365 days of their last IPOS. (HSW PM D-5) | | | | |
| **P.6. SEDW** | | | | |
| P.6.1 Services and supports are provided as specified in the IPOS including type, amount, scope duration and frequency. (PM D-7) | | | | |
| P.6.2: Billings reflect only those services and frequencies of services that are identified in the IPOS. (PM I-1) | | | | |
| P.6.3: Physician-signed prescriptions for OT, PT, services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed. (PM D-4) | | | | |
| P.6.4: The IPOS was updated at least annually. | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| P.6.5: The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs (evidence: IPOS is updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition). (PM D-6) | | | | |
| **B. BEHAVIOR TREATMENT PLANS AND REVIEW COMMITTEES**<br>Medicaid Managed Specialty Services and Supports Contract, Attachment P.1.4.1. | | | | |
| B.1.The BTPRC process includes all the following elements as required by the Technical Requirement for Behavior Treatment Plan Review Committees:<br><br>1. Documentation that the composition of the Committee and meeting minutes comply with the TR;<br>2. Evaluation of committees' effectiveness occurs as specified in the TR;<br>3. Quarterly documentation of tracking and analysis of the use of all physical management techniques and the use of intrusive/restrictive techniques by each individual receiving the intervention;<br>4. Documentation of the QAPIP's OR QIP's evaluation of the data on the use of intrusive or restrictive techniques;<br>5. Documentation of the Committees' analysis of the use of physical management and the involvement of law enforcement for emergencies on a quarterly basis;<br>6. Documentation that behavioral intervention related injuries requiring emergency medical treatment or hospitalization and death are reported to the Department via the event reporting system;<br>7. Documentation that there is a mechanism for expedited review of proposed behavior treatment plans in emergent situations.<br><br>Medicaid Managed Specialty Services and Supports | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| Contract, Attachment P.1.4.1. | | | | |
| B.2. Behavioral treatment plans are developed in accordance with the Technical Requirement for Behavior Treatment Plan Review Committees.<br><br>1. Documentation that plans that proposed to use restrictive or intrusive techniques are approved (or disapproved) by the committee<br><br>2. Documentation that plans that include restrictive/intrusive interventions include a functional assessment of behavior and evidence that relevant physical, medical and environmental causes of challenging behavior have been ruled out.<br><br>3. Are developed using the PCP process and reviewed quarterly<br><br>4. Are disapproved if the use of aversive techniques, physical management, or seclusion or restraint where prohibited are a part of the plan<br><br>5. Written special consent is obtained before the behavior treatment plan is implemented; positive behavioral supports and interventions have been adequately pursued (i.e. at least 6 months within the past year)<br><br>6. The committee reviews the continuing need for any approved procedures involving intrusive or restrictive techniques at least quarterly. | | | | |
| **Q. STAFF QUALIFICATIONS** | | | | |
| **Q.1. CWP** | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| Q.1.1 Clinical service providers and case managers are credentialed by the CMHSP prior to providing services. (evidence: personnel records and credentialing documents – including licensure and certification and required experience for QIDP). (PM C-1) | | | | |
| Q.1.2 Clinical service providers and case managers are credentialed by the CMHSP ongoing. (evidence: personnel records and credentialing documents- including licensure and certification and required experience for QIDP) (PM C-2) | | | | |
| Q.1.3 Non-licensed/non-certified providers meet provider qualifications.<br><br>Personnel records contain documentation that staff is:<br><br>1. At least 18 years of age,<br><br>2. In good standing with the law<br><br>3. Able to practice prevention techniques to reduce transmission of any communicable diseases.<br><br>Documentation staff has completed all core training requirements – e.g. recipient rights, prevention of transmission of communicable diseases, first aid, CPR, and that staff is employed by or on contract with the CMHSP or hired through Choice Voucher arrangements.) (PM C-3) | | | | |
| Q.1.4 All CWP providers meet training requirements including training of CLS staff on the implementation of the IPOS by the appropriate professional. (evidence: case file notes identifying the who, what and when of training, personnel files with documentation of training). (PM C-4) | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| **Q.2. HSW** | | | | |
| **Q.2.1.** The PIHP ensures that Waiver service providers meet credentialing standards prior to providing HSW services. (HSW PM C-1)<br><br>(Evidence: personnel records and credentialing documents – including licensure and certification and required experience for QIDP). | | | | |
| **Q.2.2.** The PIHP ensures that Waiver service providers continue to meet credentialing standards on an ongoing basis. (HSW PM C-2)<br><br>(Evidence: personnel records and credentialing documents – including licensure and certification and required experience for QIDP). | | | | |
| **Q.2.3.** The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual. (HSW PM C-3)<br><br>Evidence; personnel and training records:<br>1. At least 18 years of age.<br><br>2. Able to prevent transmission of any communicable disease.<br><br>3. In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).<br><br>4. Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| PIHP to demonstrate competence in basic first aid procedures. | | | | |
| Q.2.4 All HSW providers meet staff training requirements. (HSW PM C-4)<br><br>• *Not limited to group home staff. All HSW providers for the samples should meet staff training requirements (includes own home and family home).*<br><br>evidence: Training records:<br>• Has received training in the beneficiary's IPOS. | | | | |
| **Q.3. SEDW** | | | | |
| Q.3.1 Clinical service providers and Wraparound facilitator are credentialed by the CMHSP prior to providing services. (evidence: personnel records and credentialing documents – including licensure and certification and required experience for child mental health professionals). (PM C-1) | | | | |
| Q.3.2 Clinical service providers and Wraparound facilitator are credentialed by the CMHSP ongoing. (evidence: personnel records and credentialing documents-including licensure and certification and required experience for child mental health professionals). (C-2) | | | | |
| Q.3.3 Non-licensed/non-certified providers meet provider qualifications.<br>Evidence: personnel records contain documentation that staff is:<br>1. At least 18 years of age,<br>2. Is in good standing with the law<br>3. Is free from communicable disease.<br><br>Documentation staff has completed all core training requirements – e.g. recipient rights, prevention of | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| transmission of communicable diseases, first aid, CPR, and that staff is employed by or on contract with the CMHSP.) (PM C-3) | | | | |
| Q.3.4 All SEDW providers meet training requirements including training of CLS staff on the implementation of the IPOS by the appropriate professional. (evidence: case file notes identifying the who, what and when of training, personnel files with documentation of training). (PM C-4) | | | | |
| **H. HOME VISITS/TRAINING/INTERVIEWS** | | | | |
| **H.1 CWP HOME VISIT** | | | | |
| H.1.1 The current IPOS is in the home and the parent /guardian and staff have access to it. (evidence: a copy of the plan is in the home) | | | | |
| H.1.2 The parent is offered a formal opportunity to express his/her level of satisfaction with the CWP. (evidence: as reported to the surveyor by the parent and documented by the surveyor's notes) | | | | |
| H.1.3 Protocols for managing individual health and safety issues are identified in the IPOS and implemented by staff and parents.<br><br>Evidence:<br><br>1. Crisis and Safety Plans are current, accessible and – per report of the child/youth, parent and staff - responsive to need;<br><br>2. Staff and parents know what the protocol is, where it is, and how to implement it | | | | |
| **H.2 SED-W HOME VISIT** | | | | |
| H.2.1 The current IPOS is in the home and the parent /guardian and staff have access to it. (evidence: a copy of the plan is in the home) | | | | |

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| H.2.2 The parent is offered a formal opportunity to express his/her level of satisfaction with the SEDW. (evidence: as reported to the surveyor by the parent and documented by the surveyor's notes) | | | | |
| H.2.3 Protocols for managing individual health and safety issues are identified in the IPOS and implemented by staff and parents.<br><br>Evidence:<br><br>1. Crisis and Safety Plans are current, accessible and – per report of the child/youth, parent and staff - responsive to need<br><br>2. Staff and parents know what the protocol is, where it is, and how to implement it | | | | |
| **H.3. HSW HOME VISIT(s)** | | | | |
| <u>Health and safety</u><br><br>Medicaid Managed Specialty Services and Supports Contract, Attachment P 3.4.1.1; 4c CFR 438.208<br><br>Administrative rule Section 3(9) of Act 218 P.A. 1979, as amended<br><br>Administrative Rule R 330.2802<br><br>Person-centered Planning Best Practice Guideline Attachment 3.4.1.1. to the MDHHS Contract<br><br>AFP Section 2.7 Specialized Residential Settings (Administrative Rule R330.1806)<br><br>Monitoring medications: | | | | |

## 1915 (c) WAIVER SITE REVIEW REPORT

**PIHP:** **Date(s):**

| DIMENSIONS/INDICATORS | Yes | No | FINDINGS | REMEDIAL ACTION |
|---|---|---|---|---|
| R 330.1719<br><br>R 330.2813<br><br>R 330.7158 | | | | |

CMHSP CLINICAL RECORD REVIEW

| MSHN Monitoring of CMHSP's – Clinical Chart Review | |
|---|---|
| CMHSP: Select a CMHSP. | Date of review: Click or tap to enter a date. |
| Consumer Name: | CMHSP Case #: |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 1 | **Intake/Assessment** | | | |
| 1.1 | Is there a copy of the Initial Assessment (if open for less than one year) or timely Re-Assessment (if open for more than one year) in the file? | Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 3.3<br>Code of Federal Regulations: 438.208(c)(2) & 438.208(c)(3)(v) | SEDW sub-scores on CAFAS are consistent with notes and assessments in the record<br>Waiver Programs: LOC evaluations are completed accurately<br>If this is an updated assessment, was information updated?<br>Annual LOCUS, Nursing, Assessment/Medical Information, Improvement/Decompensation Reflected? | |
| 1.2 | Are consumer's needs & wants are documented? | MDHHS Person-Centered Planning Practice Guideline | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 1.3 | Consumer chart reflects input and coordination with others involved in treatment. | Code of Federal Regulations: 438.208(b)(1); 438.208(b)(2); 438.208(b)(3)<br>Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program<br>Person Centered Planning Policy and Practice Guidelines | *Please note potential health & safety issues for non-coordination of care. Information from other treatment providers is not always known at time of assessment (particularly initial assessment); however, the consumer chart contains evidence of CMHSP efforts to coordinate care and obtain input. Evidence may include progress notes, non-billable contact notes, coordination letters, records requests to other providers, etc. | |
| 1.4 | Present and history of behavioral and/or symptoms are documented based on information provided by the beneficiary, beneficiary's family, and/or other individuals who know the beneficiary and health care professionals who have evaluated the beneficiary. | Medicaid Manual, 2.5 B Determination Criteria | | |

CMHSP CLINICAL RECORD REVIEW

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 1.5 | Substance use (current and history) included in assessment? | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Access System Standard Guidelines | Assessment includes evidence that substance use was addressed accurately. | |
| 1.6 | Current physical health conditions are identified? | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract | *Please note potential health & safety issues for non-coordination of care. | |
| 1.7 | Current health care providers are identified by name and contact information, including primary care physician? | MDHHS Access System Standards | | |
| 1.8 | Previous behavioral health treatment and response to treatment identified? | MDHHS Person-Centered Planning Practice Guideline<br>MDHHS Inclusion Practice Guideline<br>Medicaid Manual (Psychiatric Evaluation/Assessment Section) | | |
| 1.9 | Present and history of trauma is screened for and identified (abuse, neglect, violence, or other sources of trauma) using a validated, population-appropriate screening tool? | BHDDA Trauma Policy | Reviewer to ensure valid screening tool used at intake/assessment as clinically appropriate | |
| 1.10 | Did crisis screening and other life domain needs screening occur? | MDHHS Access System Standards R 330.7199<br>MDHHS Person Centered Planning Guidelines | | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 1.11 | Was consumer offered the opportunity to develop a Crisis Plan?<br>. | MDHHS Customer Service Standards | *Please note potential health & safety issues for non-coordination of care.<br>*If risk of harm to self or others has been identified a crisis plan must be completed and present in record.<br>*For recipients of home-based services, a crisis plan must be completed. | |
| 1.12 | CWP Only:<br>Child is developmentally disabled. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract | 1. Three or more areas of substantial functional limitations are identified. Within the last 12 months, assessments have been completed and/or supporting documentation obtained that reflect all of the consumer's current functional abilities and any current substantial functional limitations identified in the areas of self-care, understanding and use of language | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | | | (expressive and receptive), learning (Functional academics), mobility, and self-direction. For consumers aged 16 and older, functional abilities and any current substantial functional limitations are identified in the areas of capacity for independent living and economic self-sufficiency. Or<br>2.If the consumer is a minor from birth to age 9, documentation is provided of a related condition and the current rationale to support a high probability of developing a developmental disability. | |
| 1.13 | CWP Only<br>The child is in need of active treatment. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract | Chart documentation should include Within the last 12 months, assessments have been completed of the need for health and | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | | | rehabilitative services designed to assist the consumer in acquiring, retaining, and improving the self-help, socialization, and adaptive skills necessary to reside successfully in home and community-based settings | |
| 2 | Pre- Planning | | | |
| 2.1 | Did pre-planning occur prior to Person-Centered Planning meeting or the development of a plan? | MDHHS Person-Centered Planning Practice Guidelines | Was sufficient time given to take all needed actions (e.g., invite desired participants)? If the pre-plan occurred same day as planning meeting, is there documentation as to why? | |
| 2.2 | Pre-planning addressed when and where the meeting will be held. | MDHHS Person-Centered Planning Practice Guidelines | Preplan documentation includes decision for when & where meeting is held. If preplan occurs same day as planning meeting, is there justification for why, i.e., consumer requested the | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | | | preplan occur same day as meeting. | |
| 2.3 | Pre-planning addressed who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support). | MDHHS Person-Centered Planning Practice Guidelines | were all relevant parties invited and/or considered for the meeting, i.e., doctor/nurse/psychiatrist /etc. If any party was not included/invited, is there documentation to justify reasoning, i.e., CM collected information on behalf of psychiatrist & will include psychiatric feedback in planning. | |
| 2.4 | Pre-planning identified any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and making a plan for how to deal with them. | MDHHS Person-Centered Planning Practice Guidelines | Preplan includes documentation of what will and/or will not be discussed. | |
| 2.5 | Pre-planning addressed the specific PCP format or tool chosen by the person to be used for PCP. | MDHHS Person-Centered Planning Practice Guidelines | Reviewer should see evidence of choices offered and choice selected by individual. If individual selects specific tool this must be documented. Examples: | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | | | • MAPS (McGill Action Planning System)<br>• Essential Lifestyle Planning<br>• PATH (Planning Alternative Tomorrows with Hope)<br>• Personal Futures Planning<br>• Others | |
| 2.6 | Pre-planning addressed what accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication). | MDHHS Person-Centered Planning Practice Guidelines | Standard is based on individualized need. If there is any question, discuss with CMHSP prior to scoring and/or score NA & offer guidance for 2020 reviews. *This standard should not negatively impact CMHSP score. | |
| 2.7 | Pre-planning addressed who will facilitate the meeting. | MDHHS Person-Centered Planning Practice Guidelines | | |
| 2.8 | Pre-planning addressed who will take notes about what is discussed at the meeting. | MDHHS Person-Centered Planning Practice Guidelines | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 2.9 | When Applicable (Autism, Self-Determination, HSW Home-Based, CWP, SEDW):<br><br>Evidence enrollee had an ability to choose among various waiver services. | Medicaid Manual<br>MDHHS Person-Centered Planning Practice Guidelines | Evidence may include:<br>1. Administrative records policies and procedures,<br>2. Individual records.<br>3. Consumer/Family interviews (PM-D-9) | |
| 2.10 | Evidence enrollee had an opportunity to choose their providers. | MDHHS Person-Centered Planning Practice Guidelines<br>MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract | 1. Administrative records policies and procedures,<br>2. Individual records.<br>3. Consumer/Family interviews<br>CWP- Parent/guardian signature on the certification form | |
| **3** | **Person Centered Planning /Individual Plan of Service** | | | |
| 3.1 | The IPOS must be prepared in person-first singular language and can be understandable by the person with a minimum of clinical jargon or language. | MDHHS Person-Centered Planning Practice Guidelines<br>Consumerism Practice Guideline | | |
| 3.2 | The IPOS includes the following components described below:<br>A description of the individual's strengths, abilities, plans, hopes, interests, preferences, and natural supports. | MDHHS Person-Centered Planning Practice Guidelines | | |
| 3.3 | The goals and outcomes identified by the person and how progress toward | MDHHS Person-Centered Planning Practice Guidelines | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | achieving those outcomes will be measured. | | | |
| 3.4 | The services and supports needed by the person to work toward or achieve his or her outcomes including those available through the CMHSP, other publicly funded programs, community resources, and natural supports. | MDHHS Person-Centered Planning Practice Guidelines<br>Consumerism Practice Guideline | The PCP Policy and Practice Guidelines no longer identifies "ongoing" as part of this. It may be helpful for MSHN to define "ongoing." | |
| 3.5 | The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community, including opportunities to seek employment & work in competitive integrated settings, engage in community life, control person resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system. | MDHHS Person-Centered Planning Practice Guidelines | Was the consumer able to choose the setting? If no, is there justification as to why, e.g., no available homes that can accommodate individual's needs, etc. Reviewer would know what to look for via assessment documentation. Assessment should include current residence, any changes to residence, reason for change(s), etc. Setting should meet consumer's wants/needs and/or CMHSP should work with | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | | | consumer on alternative options.<br>Scoring NA is acceptable<br>Discuss with provider if there is any question. | |
| 3.6 | The amount, scope, and duration of medically necessary services and supports authorized by and obtained through the community mental health system. | MDHHS Person-Centered Planning Practice Guidelines | Ensure amount, scope, and duration are included in PCP.<br>Ensuring that amount, scope, and duration are met is completed in Section 6. | |
| 3.7 | Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports. | MDHHS Person-Centered Planning Practice Guidelines | If there is a question/concern about supports and services, work with provider. Did the provider document discussion(s) about the appropriateness of services & supports? Was an alternative plan discussed? | |
| 3.8 | There is documentation of any restriction or modification of additional conditions & documentation includes:<br><br>1. The specific & individualized assessed health or safety need. | MDHHS Person-Centered Planning Practice Guidelines | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | 2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.<br>3. Documentation of less intrusive methods of meeting the needs, that have been tried but were not successful.<br>4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need.<br>5. A regular collection and review of data to measure the ongoing effectiveness of the modification.<br>6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.<br>7. Informed consent of the person to the proposed modification.<br>8. An assurance that the modification itself will not cause harm to the person. | | | |

CMHSP CLINICAL RECORD REVIEW

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 3.9 | The services which the person chooses to obtain through arrangements that support self-determination. | MDHHS Person-Centered Planning Practice Guidelines<br>Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 2: Program Requirements | | |
| 3.10 | The estimated/prospective cost of services and supports authorized by the CMHSP | MDHHS Person-Centered Planning Practice Guidelines<br>MDHHS Technical Advisory for Estimated Cost of Services | | |
| 3.11 | Signature of the person and/or representative, his or her case manager or support coordinator, and the support broker/agent (if one is involved). | R330.7199 (Written Plan of Service)<br>Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 2: Program Requirements | | |
| 3.12 | The plan for sharing the IPOS with family/friends/caregivers with the permission of the person. | MDHHS Person-Centered Planning Practice Guidelines | Did the CMHSP document who/how/when the plan will be shared? Was consent obtained? | |
| 3.13 | A timeline for review. | Michigan Administrative Code: R330.7199 (Written Plan of Service) | | |
| 3.14 | Accommodations available for individuals accessing services who experience hearing or vision | | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | impairments, including that such disabilities are addressed in clinical assessments and service plans as requested by the person receiving services | | | |
| 3.15 | If applicable, the IPOS addresses health and safety issues. | MDHHS Person-Centered Planning Practice Guidelines | *Please note potential health & safety issues for non-coordination of care. | |
| 3.16 | If applicable, identified history of trauma is effectively addressed as part of PCP. | BDHHA Trauma Policy | | |
| 3.17 | For children's services:<br><br>The plan is family-driven, and youth guided. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver MDHHS Person-Centered Planning Practice Guidelines<br>Family Driven and youth Guided Policy and Practice Guideline<br>Michigan Administrative Code: R330.7199 (Written Plan of Service)<br>Medicaid Provider Manual: Mental Health/Substance Abuse Chapter; Section 7.1 | | |
| 3.18 | Autism Only:<br><br>Beneficiaries IPOS addresses the needs.<br><br>A. As part of the IPOS, there is a comprehensive individualized | MDHHS Medicaid Provider Manual | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.<br><br>The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. For example, a risk factor might be how to ensure consistent staffing in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in this child's IPOS, and that staff person can be sent in the event a staff does not show up to provide a service. | | | |
| 3.19 | For **Crisis Residential:**<br>• IPOS is developed within 48-hours of admission.<br>• Includes discharge planning information & need for aftercare/follow-up services<br>• Includes case manager<br>• If stay exceeds 14-days, interdisciplinary team develops a | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | subsequent plan based on comprehensive assessments | | | |
| 3.20 | Was the consumer/guardian given a copy of the Individual Plan of Service within 15 business days? | MDHHS Person-Centered Planning Practice Guidelines | | |
| 3.21 | Consumer has ongoing opportunities to provide feedback on satisfaction with treatment, services, and progress towards valued outcomes. | MDHHS Person-Centered Planning Practice Guidelines<br>Consumerism Practice Guideline | | |
| **4** | **Documentation** | | | |
| 4.1 | Consumer was provided written information related to Recipient Rights? | Code of Federal Regulations 438.10 (Information Requirements) and 438.100 (Enrollee Rights)<br>PIHP Customer Services Standards<br>Grievance and Appeal Technical Requirement | | |
| 4.2 | Consumer was given accurate and timely information about the Grievance and Appeal Process? | Code of Federal Regulations 438.10 (Information Requirements) and 438.100 (Enrollee Rights)<br>PIHP Customer Services Standards | At intake and annually there after | |
| **5** | **Customer Service** | | | |

CMHSP CLINICAL RECORD REVIEW

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 5.1 | Decisions to deny or authorize service in an amount, duration or scope that is less than requested are made by a health care professional who has the appropriate clinical expertise in treating the consumer's condition or disease? | Appeal and Grievance Resolution Processes Technical Requirement | | |
| 5.2 | The CMHSP provides Medicaid consumers with written service authorization decisions no later than 14 calendar days following receipt of a request for service authorization, unless the PIHP has authorized an extension; or the CMHSP provides Medicaid consumers with written service authorization decisions no later than 72 hours following receipt of a request for expedited service authorization, if warranted by the consumer's health or functioning, unless the PIHP has authorized an extension. | Appeal and Grievance Resolution Processes Technical Requirement | | |
| 5.3 | The reasons for the service denial decision(s) is/are clearly documented and provided to the recipient. | Appeal and Grievance Resolution Processes Technical Requirement | | |
| 5.4 | When denied or when services were authorized in an amount, duration or scope that was less than requested was the involved provider, if applicable, | Appeal and Grievance Resolution Processes Technical Requirement | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | informed verbally or in writing of the action? | | | |
| 5.5 | A second opinion from a qualified health care professional within or outside the network is available to consumers upon request, at no cost to the consumer. | 42 CFR 438.206(b)(3)<br>R 330.7005 | | |
| 6 | DELIVERY AND EVALUATION | | | |
| 6.1 | Are services being delivered consistent with plan in terms of scope, amount, and duration? | Medicaid Provider Manual | | |
| 6.2 | Monitoring and data collection on goals is occurring according to time frames established in plan? | Medicaid Provider Manual | | |
| 6.3 | Are periodic reviews occurring according to time frames established in plan and as warranted by clinical changes and needs. | Medicaid Provider Manual | | |
| 7 | PROGRAM SPECIFIC SERVICE DELIVERY | | | |
| 7.1 | For ACT services:<br>a. all members of the team routinely have contact with the individual<br>b. right to withdraw consent<br>c. majority of services occur in consumer home or community | Michigan Medicaid Manual | | |
| 7.2 | For medication services: | Medicaid Provider Manual | | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | • informed consent was obtained for all psychotropic medication<br>• evidence consumer informed of their right to withdraw consent at any time | | | |
| 7.3 | Is there a physician prescription or referral for each specialized service (Physical Therapy, Occupational Therapy, Speech Therapy, durable medical equipment etc.)? | Medicaid Provider Manual | Evidence: Physician-signed prescriptions for OT and PDN services are in the file and include a date, diagnosis, specific service, or item description, start date and the amount or length of time the service is needed.) | |
| 7.4 | Is there direct access to a specialist, as appropriate for the individual's health care condition? | Code of Federal Regulations: 438.208 (4) | | |
| 7.5 | Is there evidence of outreach activities following missed appointments? | MDHHS Recovery Policy & Practice Advisory | | |
| 7.6 | Is there evidence of coordination with Primary Care Physician in the record? If not, is there evidence of referral to a PCP? If client declined referral, is there documentation of client decline? | Code of Federal Regulations: 438.208(b)<br>PIHP Customer Services Standards | *Please note potential health & safety issues for non-coordination of care. | |
| 7.7 | **For Home Based Services:**<br>Services are provided in the family home or community to an expected/acceptable frequency. | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Guidance: Chart verification via progress notes that indicate services are being offered | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | | | both within the home and within the community. | |
| 7.8 | **For Home Based Services:**<br>A minimum of 4-hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist). | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Guidance: Chart verification via progress notes. | |
| 7.9 | **For Self-Determination:**<br>There is a copy of the SD Budget | SD P&PG, Policy § II. A | Guidance: Copy of Budget is considered evidence of compliance. | |
| 7.10 | There is a copy of the SD Agreement | SD P&PG, Policy § II. E | Guidance: Copy of Self Determination Agreement | |
| 7.11 | There is evidence that individual has assistance selecting, employing, and directing & retaining qualified providers. | SD P&PG, Policy § IV.<br>Guidance: Review file for evidence of hiring own staff for providers or agency with choice model; education materials/training materials provided; etc. | | |
| 7.12 | **For Crisis Residential:**<br>If stay exceeds 14-days, the interdisciplinary team developed a subsequent plan based on comprehensive assessments. | Medicaid Provider Manual | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 7.13 | **For Autism Benefit/Applied Behavioral Analysis**: Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB-MAPP. | Medicaid Provider Manual MHSA Section 18 | | |
| 7.14 | **For Autism Benefit/Applied Behavioral Analysis:** Observation Ratio: Number of Hours of ABA observation during a quarter are ≥ to 10% of the total service provided. | MSA 1559 Policy | | |
| 7.15 | **For all applicable Waiver Programs**: The IPOS was reviewed both at intervals specified in the IPOS and when there were changes to the waiver participant's needs. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Medicaid Manual, Medicaid Subcontract | Evidence: IPOS is updated if assessments/quarterly reviews/progress notes indicate there are changes in the child's condition). | |
| 7.16 | **For all Waiver Programs**: Individual provided information/education on how to report abuse/neglect/exploitation and other critical incidents. | Medicaid Provider Manual | Evidence may include: Date(s) of progress notes, provider notes that reflect this information.). | |
| 7.17 | **For All Applicable Services:** There is evidence of corrective action implementation. | | Reviewers to check past MSHN, MDHHS audits for corrective action. | |
| 8 | **Discharge /Transfers** | | | |

| | Standard/Requirement | Source(s)<br>Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| 8.1 | For closed cases, was the discharge summary/transfer completed in a timely manner? (Consistent with CMSHP policy) | PIHP / MDHHS Contract<br>Medicaid Provider Manual | | |
| 8.2 | Does the discharge/transfer documentation include:<br>a. Statement of the reason for discharge; and Individual's status /condition at discharge | Medicaid Provider Manual<br>42 CFR 438.208(b)(2)(i)<br>MCL 330.1712<br>Reporting Requirements for BH-TEDS | | |
| 8.3 | b. Does the discharge record include a plan for re-admission to services if necessary? | Medicaid Provider Manual | | |
| 8.4 | Does the documentation include:<br>a. Recommendations.<br>b. Referrals; and<br>c. Follow up contacts | Medicaid Provider Manual | *Please note potential health & safety issues for non-coordination of care. | |
| 9 | Integrated Physical and Mental Health Care | | | |
| 9.1 | The CMHSP encourages all consumers eligible for specialty mental health services to receive a physical health assessment including identification of the primary health care home/provider, medication history, identification of current and past physical health care and referrals for appropriate services. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract | | |
| 9.2 | As authorized by the consumer, the CMHSP includes the results of any physical health care findings that relate | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract | | |

| | Standard/Requirement | Source(s) Evidence of Compliance May Include: | Review Guidelines for Review Team | Provider to Complete: list evidence provided and location |
|---|---|---|---|---|
| | to the delivery of specialty mental health services and supports in the person-centered plan. | | | |
| 9.3 | The CMHSP will ensure that a basic health care screening/health appraisal, including height, weight, blood pressure, and blood glucose levels is performed on individuals who have not visited a primary care physician, even after encouragement, for more than 12 months. Health conditions identified through screening should be brought to the attention of the individual along with information about the need for intervention and how to obtain it. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract | | |

MSHN
Mid-State Health Network

| MSHN Monitoring of CMHSPs – Program Specific Standards | |
|---|---|
| CMHSP NAME: Choose an item. | DATE OF REVIEW: Click or tap to enter a date. |
| NAMES OF REVIEWERS: | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 1.1 | JAIL DIVERSION<br><br>CMHSP provides services designed to divert beneficiaries that qualify for MH/DD specialty services from a possible jail incarceration, when appropriate. Such services shall be consistent with the Jail Diversion Practice Guideline. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Adult Jail Diversion Policy Practice Guideline Attachment P 7.10.3.1 | Copies of all current agreements containing all the requirements outlined in contract attachment – add a note, clarify current can include a signed agreement as long as communication and identification of coordination exists. | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |
| 1.2 | CMHSP has a current copy of Jail Diversion agreements for all law enforcement entities within their counties. | | Copies of all current agreements containing all the requirements outlined in contract attachment. | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | *Current agreements can include a signed agreement as long as communication and identification of coordination exists. | | |
| 1.3 | The CMHSP/PIHP has policies/procedures/guidelines in place that define the Jail Diversion program. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Adult Jail Diversion Policy Practice Guideline Attachment P 7.10.3.1 | Copies of current policies/procedures/guidelines, etc. | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |
| 1.4 | The CMHSP has a process in place that ensures jail detainees are screened for the presence of a serious mental illness, co-occurring substance disorder, or developmental disability within the first 24-48 hours of detention. | MDHHS/PIHP Medicaid Managed Specialty Supports and Services contract, Adult Jail Diversion Policy Practice Guideline attachment P 7.10.3.1 | Sample of completed jail diversion screening showing screening for presence of co-occurring, DD, or SMI | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |
| 1.5 | The CMHSP has a liaison with the jail system. | | Name of Liaison and copy of Job Description for Liaison | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 1.6 | The CMHSP holds regular meetings (at least one annually) with the law enforcement and CMHSP representatives (judges, sheriffs, prosecuting attorneys, etc.) | | Copy of meeting minutes and attendance | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | The CMHSP provides cross training for law enforcement and mental health personnel on the pre-booking and post-booking jail diversion program. | | Copy of training attendance and dates | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 1.8 | The CMHSP has a Jail Diversion data report that includes a unique consumer ID, the date of the diversion, the type of crime, and the diagnosis. | | Copy of data report | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Jail Diversion | | | | | |
| <u>Strengths</u>:<br><br><u>Findings</u>:<br><br><u>Recommendations</u>: | | | | | |
| 2.1<br>B.4.3 | ASSERTIVE COMMUNITY TREATMENT (ACT)<br><br>ACT services are provided by all members of a mobile, multi-disciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise) | MDHHS site review protocol B.4.3.1 | Policy/procedure, encounters by staff, Program Brochures, Job Descriptions, etc. | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |
| 2.2<br>B.4.10 | ACT team includes one physician, one health care professional, one RN, non-professionals supervised by one of the above and supervision documented in the record<br><br>*Physician Assistants can perform clinical tasks under the terms of a practice agreement with a participating physician and must hold a PA license and controlled substance license, effective 10.1.18.* | MDHHS Site review protocol B 4.3.1<br><br>Medicaid Provider Manual CH. III Covered services<br><br>DHHS Memo Inclusion of Physician Assistants to Assertive Community Treatment (ACT) as a | List of Team Members, Job Titles, and Supervisor<br><br>Supervision Notes/Documentation | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | provider of psychiatric services to ACT teams and ACT consumers effective October 1, 2018 | | | |
| 2.3<br>B.4.9 | ACT team is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10 | MDHHS Site review protocol B 4.4.1 | ACT Consumer List for FY &<br>Correlating ACT Team Member List | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 2.4<br>B.4.8 | Team meetings are held Monday - Friday and documented, including attendees and consumers discussed.<br><br>Psychiatrist, Physician and/or Nurse Practitioner participates in ACT team meetings at least weekly.<br><br>**Qualified Physician Assistants can perform psychiatric duties for ACT as of 10.1.18* | MDHHS Site review protocol B 4.3.5<br><br>Medicaid Provider Manual, Mental Health and Substance Abuse Services, Chapter, Section 4.4<br><br>DHHS Memo Inclusion of Physician Assistants to Assertive Community Treatment (ACT) as a provider of psychiatric services to ACT teams and ACT consumers effective October 1, 2018 | Team meeting minutes<br><br>Documentation of Psychiatrist or PA and/or Nurse Practitioner attendance/ participation in team meetings at least weekly | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 2.5<br>B.4.13 | Majority of ACT services are provided according to the beneficiary's preference and clinical appropriateness in the beneficiary's home or other community locations rather than the team office | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 4.4 | ACT Program Description<br>Program Brochure<br>Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – ACT | | | | | |
| <u>Strengths</u>: | | | | | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Findings:<br><br>Recommendations: | | | | | |
| 3.1<br>C.3.1 | SELF-DETERMINATION<br><br>Adults with developmental disabilities and serious mental illness have opportunities to pursue arrangements that support self-determination in order to control and direct their specialty mental health services and support arrangements. | Medicaid Managed Specialty Services and Supports Contract, Attachment 3.4.4 Self-Determination Practice Guideline (SD P&PG). Choice Voucher System Technical Advisory<br><br>SD P&PG, Purpose § I, Policy § I. | Policy/Procedure, brochures | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 3.2<br>C.3.2 | Individuals receive information about self-determination and the manner in which it may be accessed and applied is provided to each consumer. | SD P&PG, Policy § I.C. | CMHSP brochures and educational materials; policies/procedures; etc. | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 3.3<br>C.3.3 | The individual budget and the arrangements that support self-determination are included as part of the person-centered planning process. | SD P&PG, Policy § II. A | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 3.4<br>C.3.4 | Each individual participating in arrangements that support self-determination has a Self-Determination Agreement that complies with the requirements. | SD P&PG, Policy § II. E | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 3.5<br>C.3.5 | Each CMHSP has a contract with at least one fiscal intermediary. | SD P&PG, Policy § IV. B | Copy of FI contract | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 3.6<br>C.3.6 | Each CMHSP has procedures in place for assuring that fiscal intermediaries meet the minimum requirements | SD P&PG, Policy § IV.B, C, D &E;<br>Medicaid Provider Manual, MH/SA, § 17.3. O. | Policies/Procedures for monitoring the FI; Copy of FI contract; Copy of FI annual review | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 3.7<br>C.3.7 | Individuals participating in self-determination shall have assistance to select, employ, and direct his/her support personnel, and to select and retain chosen qualified provider entities. | SD P&PG, Policy § IV | Policies/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 3.8<br>C.3.8 | The CMHSP has a process for handling both voluntary and involuntary termination of a Self-Determination Agreements. | | Copy of Notice of Termination; CMHSP policies/procedures; | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Self-Determination | | | | | |
| <u>Strengths</u>:<br><br><u>Findings</u>:<br><br><u>Recommendations</u>: | | | | | |
| 4.1<br>B.2.1 | **PEER DELIVERED AND OPERATED SERVICES (Drop-In) (If applicable)**<br>Staff and board of directors of the Drop In Center are each primary consumer. | Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3. H.2. | List of board members and their status as primary consumers<br>List of staff members and their consumer status<br>Certified through State; PIHP need a | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | copy of review; clarification of DCH process – JIMHO | | |
| 4.2<br>B.2.2 | The CMHSP supports consumer's autonomy and independence in making decisions about the Drop in Center's operations and financial management. | (Medicaid Provider Manual, Mental Health/Substance Abuse, 17.3. H.2.) | Minutes from meetings and participation of members, staff, and board<br>How conflicts are resolved between the funding source and the drop-in Centers Evidence of how much involvement the liaison has. Does the drop-in contract demonstrate clear consumer Leadership?<br>Who writes the checks for the? financial responsibilities of running the drop-in center and how are actual purchases decided | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Peer Delivered and Operated Services | | | | | |
| | | | | | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 5.1 | HOME-BASED SERVICES<br><br>Responsibility for directing, coordinating, and supervising the staff/program are assigned to a specific staff position. | Medicaid Provider Manual, Mental Health and Substance Abuse Services, Section 7.1 | Name, Job description | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 5.2 | The worker-to-family ratio meets the 1:12 requirements established in the Medicaid Provider Manual. For families transitioning out of home-based services, the maximum ratio is 1:15 (12 active, 3 transitioning). | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Org chart with case load documented, internal tracking document | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 5.3 | A minimum of 4 hours of individual and/or family face-to-face home-based services per month are provided by the primary home-based services worker (or, if appropriate, the evidence-based practice therapist). | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Policy/procedures | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 5.4 | Home based services are provided in the family home or community. | Medicaid Provider Manual, Mental Health and Substance Abuse Services Chapter, Section 7.1 | Location of services data, policy/procedure, program brochures, contract(s), reviews, etc | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 5.5 | Wraparound services are in compliance with program requirements and DCH approval or corrective action plan is in place. | | Policy/Procedures, Corrective Action Plan.<br><br>Verification of compliance of services will also | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | be conducted via clinical chart review tool. | | |
| Summary of Findings and Corrective Action | | | | | |
| <u>Strengths</u>:<br><br><u>Findings</u>:<br><br><u>Recommendations</u>: | | | | | |
| 6.1<br>B.5.3 | CLUBHOUSE PSYCHO-SOCIAL REHABILITATION PROGRAM (If applicable)<br>Members have access to the clubhouse during times other than the ordered day, including evenings, weekends, and all holidays. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5.) | Policy, procedures, brochures, handouts<br><br>Hours of Operations | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 6.2<br>B.5.4 | The program has a schedule that identifies when program components occur. | Program Approval, Program Structure & Services | Policy, procedure, schedule | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 6.3<br>B.5.5 | The program has an ordered day; vocational & educational support; member supports (outreach, self-help groups, sustaining personal entitlements, help locating community resources, and basic necessities); social opportunities that build personal, community and social competencies. | Program Approval, Ordered Day | Policy, procedures, schedule, handouts | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 6.4<br>B.5.6 | Services directly relate to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the | Program Approval, Employment Services & Educational Supports | Policy, procedures, brochures, handouts | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | completion of educational and other vocational assistance must be available. | | | | |
| 6.5 | State Approved Program | Program Approval | Copy of State approval letter | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 6.6 | Current Clubhouse International Accreditation (or progress toward to meet deadline) | Program Approval | Copy of accreditation letter | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 6.7 | Member choice and involvement shall be illustrated by:<br>• Voluntary membership<br>• Without time-limits<br>• Supports/services not differentiated by diagnosis or level of functioning<br>• Individual-determined schedule of attendance and choose a work unit that they will regularly participate in<br>• Active engagement and support from staff<br>• Reflects the beneficiary's preferences and needs<br>• Formal and informal decision-making is a part of the clubhouse<br>• Staff and members work side by side | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 5 | Policy, procedures, brochures, handouts | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Clubhouse | | | | | |
| <u>Strengths</u>:<br><br><u>Findings</u>:<br><br><u>Recommendations</u>: | | | | | |
| 7.1<br>B.6 | CRISIS RESIDENTIAL SERVICES | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures | ☐ Yes<br>☐ No<br>☐ Partial | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | Eligibility: Persons who meet psychiatric inpatient admission criteria, but who have symptoms and risk levels that permit them to be treated in alternative settings. | | | ☐NA | |
| 7.2<br>B.6.3 | Covered services include: psychiatric supervision; therapeutic support services; medication management/stabilization and education; behavioral services; and nursing services. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.3<br>B.6.4<br>(a) | Child Crisis Residential Services Settings - Nursing services must be available through regular consultation and must be provided on an individual basis according to the level of need of the child. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures<br>Agreement(s)/Contract, etc.<br>Evidence of Implementation | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.4<br>B.6.4<br>(b) | Adult Crisis Residential Settings - On-site nursing for settings of 6 beds or less must be provided at least 1 hour per day, per resident, 7 days per week, with 24-hour availability on-call.<br><br>OR<br><br>On-site nursing for settings of 7-16 beds must be provided 8 hours per day, 7 days per week, with 24-hour availability on-call. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures<br>Demonstration of Compliance via Nursing Schedule, Agreements/Contracts, etc. | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.5<br>B.6.5 | Staffing: Treatment services must be provided under supervision of a psychiatrist. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 6 | Policy/procedures, tracking mechanism, Supervision Notes (Team Meetings, etc.) | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.6<br>B.6.6 | The IPOS for individuals receiving crisis residential services must be developed within 48 hours of admission. | | Policy/procedures, documentation of tracking | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.7<br>B.6.7 | The IPOS for individuals receiving crisis residential services is signed by the individual receiving services, his or her parent or | | Policy, procedures, | ☐ Yes<br>☐ No<br>☐ Partial | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | guardian if applicable, the psychiatrist and any other professionals involved in treatment planning. | | additional documentation | ☐NA | |
| 7.8<br><br>B.6.8 | The IPOS for individuals receiving crisis residential services must contain discharge planning information and the need for aftercare/follow-up services, including the role and identification of the case manager. | | Policy, procedures, additional documentation | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.9<br>B.6.9 | If the individual has an assigned case manager, the case manager must be involved in treatment, as soon as possible, including follow-up services. | | Policy/procedures, tracking mechanism | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 7.10<br>B.6.10 | If the length of stay in the crisis residential program exceeds 14 days, the interdisciplinary team must develop a subsequent plan based on comprehensive assessments. | | Policy/procedures, tracking mechanism | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Crisis Residential | | | | | |
| <u>Strengths</u>:<br><br><u>Findings</u>:<br><br><u>Recommendations</u>: | | | | | |
| 8.1<br>B.7.2 | TARGETED CASE MANAGEMENT<br>Persons must be provided a choice of available, qualified case management staff upon initial assignment and on an ongoing basis. | (Medicaid Provider Manual, Mental Health/Substance Abuse, Section 13) | Policy & Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 8.2<br>B.7.3 | The case manager completes an initial written comprehensive assessment and updates it as needed. | | Policy & Procedure | ☐ Yes<br>☐ No<br>☐ Partial | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | | ☐NA | |
| 8.3<br>B.7.4 | The case record contains sufficient information to document the provision of case management services.<br><br>The beneficiary's record must contain sufficient information to document the provision of case management, including the nature of the service, the date, and the location of contacts between the case manager and the beneficiary, including whether the contacts were face-to-face.<br><br>The frequency of face-to-face contacts must be dependent on the intensity of the beneficiary's needs.<br><br>The case manager must review services at intervals defined in the individual plan of service.<br><br>The plan shall be kept current and modified when indicated (reflecting the intensity of the beneficiary's health and welfare needs). A beneficiary or his/her guardian or authorized representative may request and review the plan at any time.<br><br>A formal review of the plan shall not occur less often than annually to review progress toward goals and objectives and to assess beneficiary satisfaction. | | Policy & Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 8.4<br>B.7.5 | The case manager determines if the services and supports have been delivered, and if they are adequate to meet the needs/wants of the beneficiary.<br><br>Frequency and scope (face-to-face and telephone) of case management monitoring activities must reflect the intensity of the beneficiary's health and welfare needs identified in the individual plan of services. | | Policy & Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Targeted Case Management | | | | | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 9.1<br>A.3.1 | HABILITATION SUPPORTS WAIVER<br>If a Waiver enrollee receives Environmental Modifications or Equipment, the PIHP has implemented prior authorizations in accordance with their process. | Medicaid Provider Manual, Mental Health/Substance Abuse, Section 15 | Policy/Procedure | ☒ Yes<br>☐ No<br>☐ Partial<br>☐NA | Reviewed Durable Medical Equipment/ Environmental Modifications/ Assistive Technology Procedure. Standard met. |
| 9.2<br>F.2.1 | Individual had an ability to choose among various waiver services. | PCP Policy, 2017 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.3<br>F.2.2 | Individual had an ability to choose their providers. | HSW PM D-11<br><br>Medicaid Provider Manaul | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.4<br>P.2.1 | The individual plan of service (IPOS) adequately identifies the individual's goals and preferences. | (HSW PM D-3) | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.5<br>P.2.3 | Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving and their progress towards attaining valued outcomes. | | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 9.6<br>P.2.4 | The individual plan of service is modified in response to changes in the individual's needs. | (HSW PM D-6) | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.7<br>P.2.5 | The person-centered planning process builds upon the individual's capacity to engage in activities that promote community life. | MCL 330.1701(g) | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.8<br>P.2.5 | Individual plan of service addressed health and safety, including coordination with primary care providers. | (HSW PM D-2) | Policy/Procedure | | |
| 9.9<br>P.2.7 | The individual plan of service is developed in accordance with policies and procedures established by MDHHS.<br><br>Evidence:<br><br>1. Pre-planning meeting.<br>2. Availability of self-determination, and<br>3. Use of PCP process in developing IPOS | (HSW PM D-4) | Policy/Procedure | | |
| 9.10<br>P.2.8 | Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT and PDN services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed.) | | Policy/Procedure | | |
| 9.11<br>P.5.1 | Specific services and supports that align with the individual's assessed needs, including measurable goals/objectives, the amount, scope, and duration of services, and timeframe for implementing are identified in the IPOS. | (HSW PM | | | |
| 9.12<br>P.5.1 | Services and treatment identified in the IPOS are provided as specified in the plan, including measurable goals/objective, the type, amount, scope, duration, frequency and timeframe for implementing. | (HSW PM D-7) | Policy/Procedure | | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 9.13<br>P.5.3 | The IPOS for individuals enrolled in the HSW is updated within 365 days of their last IPOS. | (HSW PM D-5) | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.14<br>Q.2.1. | The CMHSP ensures that Waiver service providers meet credentialing standards prior to providing HSW services. | (HSW PM C-1) | Evidence should include personnel records with corresponding credentialing documents, i.e. licenses, certifications, required QIDP experience | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.15<br>Q.2.2. | The CMHSP ensures that Waiver service providers continue to meet credentialing standards on an ongoing basis. | (HSW PM C-2) | Policy/Procedure for ongoing review of credentialing.<br><br>Tracking Document(s) | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.16<br>Q.2.3 | The PIHP ensures that non-licensed Waiver service providers meet the provider qualifications identified in the Medicaid Provider Manual.<br><br>Evidence; personnel and training records:<br>1. At least 18 years of age.<br><br>2. Able to prevent transmission of any communicable disease.<br><br>3. In good standing with the law (i.e., not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).4. Able to perform basic first aid | (HSW PM C-3) | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the PIHP to demonstrate competence in basic first aid procedures. | | | | |
| 9.17 Q.2.4 | All HSW providers meet staff training requirements. *Note: This is not limited to group home staff. All HSW providers for the samples should meet staff training requirements (includes own home and family home).* | (HSW PM C-4) | Training Records | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.18 | Persons who are enrolled on a habilitation supports waiver must be certified as current enrollees and be re-certified annually & this certification form must be in the individual's record with local CMHSP signature. | | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.19 | Evidence of CMHSP Corrective Action in response to the MDHHS HSW Site Review | | Most recent MDHHS HSW Site Review, Correlating Corrective Action Plan, Evidence of Implementation | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 9.20 | Evidence of CMHSP Monitoring of potential recoupments for HSW Enrollees. | | Policy/Procedure; Copy of Report; Committee Minutes | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| Summary of Findings and Corrective Action – Habilitation Supports Waiver | | | | | |
| <u>Strengths</u>:<br><br><u>Findings</u>:<br><br><u>Recommendations</u>: | | | | | |
| 10.1 | AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS | Medicaid Provider Manual MHSA Section 18 | (review by Autism Workgroup & | ☐ Yes<br>☐ No | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | Development of IPOS is consistent with MDHHS policies and procedures against conflict of interest as evidenced by:<br><br>A. IPOS is developed through a person-centered planning process;<br><br>B. The assigned individual overseeing the development of the IPOS does not provide ABA services;<br><br>C. The authorization of Behavioral Health Treatment (BHT) is performed by the Utilization Management unit. | | compare to site visit tool utilized by DCH) | ☐ Partial<br>☐NA | |
| 10.2 | Beneficiaries IPOS addresses the needs.<br><br>A. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.<br>B. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. For example, a risk factor might be how to ensure consistent staffing in the event a staff did not show up. The backup plan is that the agency has a staff who is already trained in this child's IPOS and that staff person can be sent in the event a staff does not show up to provide a service. | Medicaid Provider Manual MHSA Section 18 | Policy & Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.3 | Beneficiaries services and supports are provided as specified in the IPOS, including:<br><br>A. Amount<br><br>B. Scope<br><br>C. Duration | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.4 | Per the MPM, "[a] preliminary plan must be developed within seven days of the commencement of services. Pursuant to state | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | law and in conjunction with the Balanced Budget Act of 1997 [Section 438.10 (f)(6)(v)], each beneficiary must be made aware of the amount, duration, and scope of the services to which he is entitled. Therefore, each plan of service must contain the expected date any authorized service is to commence, and the specified amount, scope, and duration of each authorized service. The beneficiary must receive a copy of his plan of services within 15 business days of completion of the plan." | | | ☐ Partial<br>☐NA | |
| 10.5 | Beneficiaries are informed of their right to choose among providers as evidenced by documentation the Pre- Planning Meeting summary | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.6 | Beneficiaries IPOS are updated within 365 days of their last plan of service. | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.7 | Beneficiaries BHT authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as evidenced by documentation that the staff does not provide any other service to that beneficiary | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.8 | Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB-MAPP | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.9 | Beneficiaries IPOS are reviewed at intervals specified in the MSA 15-59 (minimally every three months) and if indicated, adjusting the service level and setting(s) to meet the child's changing needs | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |
| 10.10 | Beneficiaries whose average hours of ABA services during a quarter were within the suggested range for the intensity of service plus or minus a variance of 25%. | Medicaid Provider Manual MHSA Section 18 | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 10.11 | BHT Service Provider Qualifications:<br><br>BCBA or BCBA-D: Current certification as a BCBA through the Behavior Analyst Certification Board (BACB)<br><br>Licensed Psychologist (LP) Minimum of a doctorate degree working within their scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020.<br><br>Limited Licensed Psychologist (LLP) Minimum of a doctorate degree working within their scope of practice and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020.<br><br>Board Certified Assistant Behavior Analyst (BCaBA) works under supervision of a BCBA and is currently certified as a BCaBA through BACB.<br><br>QBHP: A minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis as outlined in the MSA 15-59. Must be certified as a BCBA by September 30, 2020. QBHP may hold a master's degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution.<br><br>Behavior Technician: Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP, or QBHP) overseeing the behavioral plan of care. Must receive BACB Registered | Medicaid Provider Manual MHSA Section 18 BHT Service Provider Qualifications (See Behavior Technician, pgs 8-9)<br><br>40-hour requirement documentation found: http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf<br><br>Medicaid Provider Manual MHSA Section 18 | Staff List, Job Title, Qualifications of Team Member(s) | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | Behavior Technician (RBT) training conducted by a professional experienced in BHT services. | | | | |
| 10.12 | Evidence of CMHSP Corrective Action in response to theMDHHS ASD Site Review | | Most Recent MDHHS ASD Site Review, Corrective Action Plan, Evidence of Implementation | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |
| 10.15 | Observation Ratio: Number of Hours of ABA observation during a quarter are ≥ to 10% of the total service provided | MSA 1559 Policy | Policy/Procedure | ☐ Yes<br>☐ No<br>☐ Partial<br>☐ NA | |
| Summary of Findings and Corrective Action – Autism/ABA | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| Home & Community Based Services | | | | | |
| 11.1 | CMHSPs coordinate with providers and have assurances in place to ensure full and ongoing compliance with the HCBS Rule, including ensuring all rights and freedoms are met. | 42 CFR 441.700 et. seq., MDHHS Person Centered Planning Policy Revised (6/17/17) | Policies, procedures, evidence of choice documentation (i.e. life choice document, quality of life document, life choices form, etc.),<br><br>Contract reviews, site reviews, documentation of coordination with providers | ☒ Yes<br>☐ No<br>☐ Partial<br>☐NA | As evidenced by continued coordination with MSHN and Providers. Development of new HCBS position. Standard met. |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | Evidence of ongoing efforts (corrective action) to remediate any non-compliant requirements, Provider meeting minutes | | |
| 11.2 | CMHSPs ensures that the conflict of interest requirements of the HCBS Final Rule are met and that the person responsible for the PCP process is separate from the eligibility determination, assessment, and service provision responsibilities. | MDHHS Person Centered Planning Policy Revised (6/17/17) | Conflict free case management policy/procedure, review of access information and PCP. | ☒ Yes<br>☐ No<br>☐ Partial<br>☐NA | Reviewed CM Request for Auth Review. Standard met. |
| 11.3 | CMHSPs have processes in place to evaluate provider corrective action follow up requirements, as necessary, and provides support to the network in obtaining compliance. | MDHHS FY18 PIHP Amend #1 18.1.13 | See 11.1, also notes representative of activities assisting providers, Policy, procedure, evaluation documentation, Provider meeting notes | ☒ Yes<br>☐ No<br>☐ Partial<br>☐NA | Reviewed JD Residential Placement Liaison and HCBS Coordinator Job Description. Standard met. |
| 11.4 | If a restriction for a consumer is medically necessary, due to health and safety, modifications are addressed in the consumer's PCP and all requirements are followed and documented in consumer chart. | 42 CFR 441.725<br>Medicaid Provider Manual | Policy, procedure(s) | ☒ Yes<br>☐ No<br>☐ Partial<br>☐NA | Reviewed Behavioral Plans and Behavioral Interventions Policies. Standard met. |
| 11.5 | CMHSPs support the transition of consumers receiving services in non-compliant settings to settings that offer services and supports compliant with the HCBS rule. | Federal HCBS Rule (42 CFR Parts 430,431, 435, 436, 440, 441 and 447) | Evidence of consumer move to new residence or provider. Examples of consumer transition to compliant settings, procedures | ☐ Yes<br>☐ No<br>☐ Partial<br>☐NA | |

| | STANDARD | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | for assisting consumers with transition, documentation of provider meetings/communication regarding capacity building, expanding provider network with compliant providers | | |
| 11.6 | Effective October 1, 2017~~8~~, the CMHSP does not enter into new contracts with new providers or current provider, new setting unless the provider has obtained provisional approval status through completion of the HCBS Provisional Approval Application, demonstrating that the provider does not require heightened scrutiny. | MDHHS FY18 PIHP Amend #1 18.1.13 Federal HCBS Rule (42 CFR Parts 430,431, 435, 436, 440, 441 and 447) | List of contracted HCBS Providers and sites, policy, procedure | ☒ Yes<br>☐ No<br>☐ Partial<br>☐NA | As evidenced by previous HCBS Provisional Approval requests. Standard met. |

Summary of Findings and Corrective Action – Home and Community Based Services

Strengths:

Findings:

Recommendations:

MSHN
Mid-State Health Network

# MSHN Monitoring of Delegated Functions – Admin/Managed Care Functions

**CMHSP NAME:** Choose an item. **DATE OF REVIEW:** Click or tap to enter a date.

**NAMES OF REVIEWERS:**

| | | | | | |
|---|---|---|---|---|---|
| ☐ S. Myers | ☐ B. Groom | ☐ D. Dedloff | ☐ M. Davis | ☐ A. Dillon | ☐ |
| ☐ E. Wollner (Contractor) | ☐ K. Jaskulka | ☐ K. Hammack | ☐ F. Goodrich | ☐ C. Watters | ☐ |
| | ☐ J. Moon (Contractor) | ☐ K. VanZwoll (Contractor) | ☐ J. Manley (Contractor) | ☐ S. Gettel | ☐ |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found: Notes/Comments |
|---|---|---|---|---|---|
| 1.1 | **INFORMATION (CUSTOMER SERVICES)**<br><br>Information Requirements and Notices:<br>The CMHSP shall provide the following information to all consumers:<br><br>Names, locations, telephone numbers of, and non-English languages spoken by current providers in the consumer's service area, including information at least one provider when determined needed or requested. | PIHP contract,<br>42 CFR Part 2<br>438.10(f)(6)(i) | Member Handbook, Provider Choice Listing, other related documentation | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.2 | All informational materials, including those describing consumer rights, service requirements and benefits are provided in a manner and format that may be easily understood. Informational materials are written at the 4th grade reading level when possible (i.e., it may be necessary to include medications, diagnoses and conditions that do not meet criteria). | 42 CFR. 438.10(b)(1); 42 CFR 438.10(d)(1)(i); MDHHS Contract 6.3.2; 42 CFR 438.10(b)(3) | Method used to ensure the readability level. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.3 | Written materials are available in alternative formats that consider the special needs of the consumer, including those with vision impairments or limited reading proficiency as required by the ADA | 42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2, MDHHS Contract 6.4 | Samples of written materials in alternative formats<br><br>Copy of policy/procedure. Reference materials on language needs of community. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.4 | A policy and/or procedure is in place for accessing the language needs of individuals served. | 42 CFR 438.10(c)(4); MDHHS Contract 6.4 | Copy of policy/procedure. Reference materials on language needs of community. | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 1.5 | Written materials, including information developed by the PIHP, are available in the prevalent non-English languages of the service area (spoken as the primary language by more than 5% of the population in the PIHPs Region. | 42 CFR 438.10(d) (1)(ii); MDHHS Contract 6.3.2 | Samples of written materials in languages meeting LEP requirements | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.6 | Oral interpretation of all languages is available free of charge | P6.3.1.1 Customer Service Standards, 42 CFR 438.10(c)4 | Policy, contract for language interpreter, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.7 | The following information is provided to all consumers within a reasonable time after notice of the consumer's referral:<br>a) Names, any group affiliation, website, specialty, cultural capability, non-English language spoken, appropriate accommodations for physical disabilities, locations and telephone numbers of current providers. This includes at a minimum information about case managers, psychiatrists, primary therapists, etc., and any restrictions on the consumer's freedom of choice among providers;<br>b) Amount, duration and scope of services available in sufficient detail to ensure that consumers understand the services to which they are entitled;<br>c) Procedures for obtaining services including authorization requirements;<br>d) Extent to which, and how, recipients may obtain benefits for out-of-network providers;<br>e) Extent of and how after-hours crisis services are provided; including definitions and locations of emergency and post-stabilization services and the right to access such services;<br>f) Consumer rights and protections, including information about the right to a State Fair Hearing, the right to file grievances and appeals, the requirements and time frames for filing a grievance or appeal, the availability of assistance in the filing process, the toll-free numbers that consumers can use to file a grievance or an appeal by phone, and the | MDHHS Contract 6.3.2.B.2 | Member Handbook or other related material | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | fact that benefits can continue if requested by consumer pending a hearing decision;<br>g) Any cost-sharing and how to access any other benefits available under the state plan but not covered in contract;<br>h) Additional information is available upon request, regarding the PIHP operational structure and physician incentive plans;<br>i) Consumers are notified of their right to receive all required information at least once per year. Provider Member Handbook Annually | | | | |
| 1.8 | Written notice of a significant change in its provider network including the addition of new providers and planned termination of existing providers is provided to each beneficiary. | 42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2 | Policy or description of how changes to provider network are communicated. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.9 | Good faith effort to give written notice of termination of a contracted provider, within 15 days after receipt or issuance of the termination notice, to each beneficiary who received his or her primary care from, or was seen on a regular basis by, the terminated provider. | 42 CFR 438.10(d)(1)(ii); MDHHS Contract 6.3.2 | Policy or description of written notice of termination. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.10 | The CMHSP has a written advance directives policy and procedures. | 42 CFR 422.128(a) | Policy, procedures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.11 | The advance directives policy requires that there is documentation in a prominent part of the beneficiary's current medical record as to whether or not the beneficiary has executed an advance directive. | 42 CFR 422.128 (b)(1)(ii)(E) | Policy, procedures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.12 | CMHSP subcontracts, as applicable, contain advance directives requirements appropriate to the subcontract | 42.CFR 422.128(b)(1)(i) | Requirement is included in subcontract language related to advance directives | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 1.13 | The CMHSP provides all adult beneficiaries with written information on advance directives policies, including a description of applicable State laws. This includes information on the beneficiary's right to make decisions concerning his or her medical care, including the right to accept or refuse treatment, and the right to formulate advance directives. | 42 CFR 438.6(i)(3); 422.128(b)(1)(ii)(B) | Policy, related written materials, Advance Directive brochure, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 1.14 | The information provided to adult beneficiaries on advance directives must reflect changes in State law as soon as possible, but no later than 90 days after the effective date of the change. | 42 CFR 438.6(i)(4); 42 CFR 422.128(b)(1)(i) | Policy, procedure, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Information (Customer Service) Findings and Corrective Action | | | | | |
| <u>Strengths:</u><br><br><u>Findings:</u><br><br><u>Recommendations:</u> | | | | | |
| 2.1 | ENROLLEE RIGHTS AND PROTECTIONS (CUSTOMER SERVICE)<br>The CMHSP maintains an office(s) of Enrollee Rights and Recipient Rights in compliance with federal and state statutes. | Mental Health Code Act 258 of 1974 - 330.1755(1) | Contact information provided, flyers, brochures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.2 | Local communication with consumers regarding the role and purpose of the PIHP's Customer Services and Recipient Rights Office. | MDHHS Contract 6.3 | Flyers, brochures, Policy/Procedures, other related documentation | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.3 | Consumers are allowed to choose their health care professional(s) to the extent possible and appropriate. | 42 CFR 438.6(m); MDHHS Contract 3.4 | Policy language and/or other written materials related to consumer choice of treatment professional; | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 2.4 | Policies and member materials include the enrollee's right to be treated with respect and due consideration of his or her dignity and privacy. | 42 CFR 438.100(b)(2)(ii); 42 CFR 160 and 164 | Recipient Rights brochures, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.5 | Policies and member materials include the enrollee's right to receive information about available treatment options and alternatives, presented in a manner appropriate to the enrollee's condition and ability to understand. | 42 CFR 438.100(b)(2)(iii) | Recipient Rights brochures, polices/procedures, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.6 | A CMHSP not electing to provide, reimburse for, or provide coverage of, a counseling or referral service based on objections to the service on a moral or religious ground must furnish information about the services it does not cover as follows:<br>•Inform the PIHP prior to any action<br>• To potential enrollees, before and during enrollment; and<br>• To enrollees, within 90 days after adopting the policy with respect to any particular service, with the overriding rule to furnish the information 30 days before the policy effective date. | 42CFR438.10(f)(6)(xii) | Policy Language or description of information about the service it does not cover | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.7 | The CMHSP policies provide the enrollee the right to participate in the decisions regarding his or her healthcare, including the right to refuse treatment. | 42 CFR 438.100(b)(2)(iv) | Recipient Rights brochure, language in IPOS, policy, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.8 | The CMHSP policies and member materials will provide enrollees the right to be free from any form of coercion, discipline, convenience or retaliation. | 42 CFR 438.100(b)(2)(v) | Recipient Rights brochure, language in IPOS, policy, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 2.9 | The CMHSP ensures that consumers are free to exercise their rights in a manner that does not adversely affect their services. | 42 CFR 438.100 (3)(c); 42 CFR 438.210 | Recipient Rights brochure, policy language, Member Handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Enrollee Rights and Protections (Customer Service) Findings and Corrective Action | | | | | |
| <u>Strengths:</u><br><br><u>Findings:</u><br><br><u>Recommendations:</u> | | | | | |
| 3.1 | **24/7/365 Access for All Populations including adults and children with developmental disabilities, mental illness, and co-occurring mental illness and substance use disorder.**<br><br>CMHSP staff provides all individuals with a welcoming access experience. | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)<br>Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #1* | Policy/Procedure<br>Access Staff Training<br>Consumer Feedback | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.2 | For non-emergent calls, a person's time on-hold awaiting a screening does not exceed 3 minutes without being offered an option for callback or talking with a non-professional in the interim. | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)<br>Technical Requirement | Policy, procedure, call logs, Evidence of monitoring telephone answering rates, call abandonment rates | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.3 | All non-emergent callbacks occur within one business day of initial contact | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)<br>Technical Requirement | Policy, procedure, call logs | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.4 | Individuals with routine needs are screened or other arrangements made within 30 minutes | Access System Standards (Medicaid Managed Specialty Supports and Services Contract)<br>Technical Requirement | Policy, procedure, call logs | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.5 | Individuals approaching the access system receive timely and appropriate crisis intervention services. | Technical Requirement | Policy/Procedure | ☐Y<br>☐N | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #2* | Logs documenting date inquiries received/date CI services obtained | ☐P<br>☐NA | |
| 3.6 | Individuals approaching the access system are informed of available service options and how to access services | Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #3* | Policy/Procedure<br><br>Resource guide | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.7 | Initial/provisional eligibility and level of care determination is made by conducting a professional screening | Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #4* | Policy/Procedure<br><br>Screening Tool | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.8 | Short-term plan is developed; warm handoff (linking via direct connection) to services for which individuals have been screened and eligible to receive. | Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #5* | Policy/Procedure<br><br>Evidence of direct connection<br><br>Documentation of short term plan and indication of follow-up on the next business day | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.9 | Access staff facilitate the admission of individuals who appear to require detox services; ensure the health and safety of all individuals | Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #6* | Policy/Procedure<br><br>Referral logs | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.10 | Required demographics, clinical/functional information is documented in PIHP Managed Care Information System | Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #7* | Policy/Procedure<br><br>MCIS entry review | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.11 | Referrals to SUD care providers are appropriate based on the screening | Technical Requirement<br>*CMHSP Responsibilities for 24/7/365 Access for* | Policy/Procedure<br><br>Referral logs | ☐Y<br>☐N<br>☐P | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | *Individuals w/ Primary SUD #8* | | ☐NA | |
| 3.12 | Access staff follow up with individuals who made contact within two (2) business days to ensure services needs have been met or to re-engage if referral connections have not been met | Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #9* | Policy/Procedure<br><br>Referral logs | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.13 | CMHSP provides initial support and response to consumer complaints, including rights complaints and grievances | Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD #10* | Policy/Procedure<br><br>Grievances/Complaints documentation | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.14 | CMHSP access system works with receiving providers to ensure service priority expectations for sub-populations:<br>• Pregnant Injecting Drug Users<br>• Pregnant, Other Substance Use Disorder<br>• Injecting Drug User<br>Parent(s) at Risk of Losing Children | Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD* | Policy/Procedure<br><br>Meeting Minutes<br><br>Memos | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.15 | CMHSP works in concert with SUD providers to ensure:<br>• Phone system linkages during non-business hours<br>• Written protocols are established for after-hours referrals<br>Local first responders, hospitals, and other potential referral sources are informed of availability of after-hours access services | Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD* | Policy/Procedure<br><br>Meeting Minutes<br><br>Memos | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.16 | CMHSP engages with community coalitions and other SUD prevention collaborative by:<br>• Assigning responsibility for one or more CMSHP employed individual to perform the function<br>• Identify opportunities where existing MH prevention efforts can be expanded to integrate SUD prevention<br>General community education and awareness related to BH prevention, access, and treatment including outreach | Technical Requirement *CMHSP Responsibilities for 24/7/365 Access for Individuals w/ Primary SUD* | Meeting Minutes<br>Identified Staff/Job Description<br>Sample Outreach Documentation<br>Evidence of Collaboration | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 3.17 | State standards are met for timely access to care and services taking into account the urgency of need for service. | 42 CFR 438.206(c)(1)(i); MDCH Contract Part II, 3.1; | Screening Documentation, Policy/Procedure | ☐Y<br>☐N<br>☐P | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | | ☐NA | |
| Access Findings and Corrective Action | | | | | |
| <u>Strengths:</u><br><br><u>Findings:</u><br><br><u>Recommendations:</u> | | | | | |
| | | CMHSP Provider Network ~ Sub-Contract Providers | | | |
| 4.1 | The CMHSP maintains a network of appropriate providers that is supported by contracts. | 42 CFR 438.206(b)(1)<br>MSHN AFP Response Section 2.4.2 | Local policy/procedure, provider network list | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.2 | The network of providers is sufficient to provide adequate access to all services covered under the contract with the PIHP, based upon:<br>• the anticipated number of referrals from the PIHP<br>• the expected utilization of services taking into consideration the characteristics and health care needs of local populations;<br>• the numbers and types (in terms of training, experience, and specialization) of providers required to furnish the contracted services; and<br>• the geographic location of providers and consumers, considering distance, travel time, the means of transportation ordinarily used by consumers, and whether the location provides physical access for people with disabilities. | 42 CFR 438.206(b)(1)<br><br>Medicaid Managed Specialty Supports and Services contract, Section 6.4;<br>AFP Sections 3.8, 4.0<br>42 CFR 438.214. | Local policy/procedure<br>provider network list | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.3 | If the CMHSP is unable to provide necessary medical services covered under the contract to a particular consumer, the CMHSP adequately and timely covers these services out of network. | 42 CFR 438.206(b)(4);<br>MDCH Contract 3.4.6 | Local policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.4 | The CMHSP coordinates with out-of-network providers with respect to payment and ensures the cost to the consumer is | 42 CFR 438.206(b)(5) | Local Policy/Procedure | ☐Y<br>☐N | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | no greater than it would be if the services were furnished within the network. | | | ☐P<br>☐NA | |
| 4.5 | Negotiate contracts between the CMHSP/CA and providers based on a procurement method that meets state and federal standards and in accordance with PIHP policy | MDHHS site review template D.9.1 | Local Procurement Policy | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.6 | The CMHSP manages procurement of local providers sufficient to fulfill all PIHP delegated activities and to meet identified needs, including recruitment of staff (or contracted) interpreters, translators, and bi-lingual/bi-cultural clinicians | 42 CFR 438.206(c)(2);<br>MDHHS Contract 3.4.2<br>MDHHS Contract 6.4 | Local Policy/Procedure<br>Procurement policy | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.7 | The CMHSP has an established process for monitoring the performance of each subcontracted provider relative to the contract. The monitoring process will minimally assess performance and compliance indicators established by the PIHP, deemed status and reciprocity by other CMSHPs in the region. | AFP Section 2.4.1<br>2 CFR 438.206(b)(1)<br>Medicaid Managed Specialty Supports and Services contract, Section 6.4;<br>AFP Sections 3.8, 4.0<br>42 CFR 438.214. | Local Network Monitoring Policy | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.8 | The CMHSP has established and implemented a local level process for soliciting network provider feedback and/or complaints. | MDHHS site review template D.9.3 | Local Policy/Procedure<br>Provider review tool | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.9 | The CMHSP shall have an effective provider appeal process to promptly and fairly resolve disputes, including a secondary level review by MSHN.<br><br>*Note: MSHN review is new requirement and policy to be approved (recommendation only for FY15) | Medicaid Managed Specialty Supports and Services Contract, Claims Management, | Local Policy/Procedure<br>Contract Language | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.10 | The CMHSP has a process for ensuring that contractual providers comply with all applicable requirements concerning the provision of culturally competent services | 42 CFR 438.206('c)(2) | Local Policy/Procedure<br>Contract Language | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | | | |
| 4.11 | Provider performance reports are available for review by individuals, families, advocates, and the public.<br>Attachment P6.8.2.3 Consumerism Practice Guideline | Attachment P6.8.2.3 Consumerism Practice Guideline | Local Policy/Procedure<br>Attachment P6.8.2.3<br>Agency website | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.12 | The entire service array for individuals with developmental disabilities, mental illness, or a substance abuse disorder, including (b)(3) services, are available to consumers who meet medical necessity criteria. | Medicaid Managed Specialty Supports and Services Contract Part II, Statement of Work, Section 2.0 Supports and Services) | Local Policy/Procedure<br>Consumer handbook | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.13 | At the time of enrollment and re-enrollment, CMHSPs must search the OIG exclusion database to ensure contractor and any individuals with ownership or control interests in the provider entity have not been excluded from participating in federal health care programs.<br><br>The CMHSP shall search the OIG exclusions database monthly to capture exclusions and reinstatements that have occurred since the last search, or at any time providers submit new disclosure information | MSHN Background Check and PSV policy<br><br>Medicaid Managed Specialty Supports and Services Concurrent 1915(b)(c) Section 34.1 | Evidence of OIG monitoring at the time of enrollment or re-enrollment and monthly thereafter | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 4.14 | The CMHSP utilizes standardized template(s) for contracts and monitoring as is applicable. | MSHN Contract/OPS Council Key Decisions 2018-07 | FI Contract/Monitoring<br>IPU Contract/Monitoring | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 5.1 | SERVICE AUTHORIZATION & UTILIZATION MANAGEMENT (UTILIZATION MANAGEMENT) | 42 CFR 438.210(a)(3)(ii); 42 CFR 438.210(a)(3)(iii) | Policy/procedure | ☐Y<br>☐N | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | A utilization management program is in operation. The written utilization management program description includes:<br>• procedures to evaluate clinical necessity, and the process used to review and approve the provision of clinical services,<br>• mechanisms to identify and correct under-utilization as well as over utilization, and<br>• preauthorization, concurrent and retrospective procedures.<br>• Arbitrary denial or reduction of the amount, duration or scope of a required service solely because of a consumer's diagnosis, type of illness or condition is prohibited.<br>Any service limits imposed are appropriate and restricted to criteria such as medical necessity or for utilization control, provided the services furnished can reasonably be expected to achieve their purpose. | | | ☐P<br>☐NA | |
| 5.2 | Initial approval or denial of requested service:<br>• Initial assessment for and authorization of psychiatric inpatient services<br>• Initial assessment for and authorization of psychiatric partial hospitalization services<br>• Initial and ongoing authorization of services to individuals receiving community-based services<br>• Grievance and Appeals, Second Opinion management, coordination and notification<br>Communication with consumers regarding UM decisions, including adequate and advance notice, right to second opinion and grievance and appeal | | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 5.3 | Local-level Concurrent and Retrospective Reviews of Authorization and Utilization Management decisions/activities to internally monitor authorization decisions and congruencies regarding level of need with level of service are consistent with PIHP policy, standards and protocols. | | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 5.4 | Mechanisms are in effect to ensure consistent application of review criteria for authorization decisions; | 42 CFR 438.210(b)(2) | CMHSP UM Plan | ☐Y<br>☐N | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | | Policy & procedure for authorization decisions | ☐P<br>☐NA | |
| 5.5 | Review decisions are supervised by qualified medical professionals. | Medicaid Managed Specialty Services and Supports Contract, Quality Assessment and Performance Improvement Programs For Specialty Pre-Paid Inpatient Health Plans | Policy/procedures<br>Sample of review decision(s), if applicable | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 5.6 | • Decisions to deny or authorize service in an amount, duration or scope that is less than requested are made by a health care professional who has the appropriate clinical expertise in treating the consumer's condition or disease;<br>• The CMHSP provides Medicaid consumers with written service authorization decisions no later than 14 calendar days following receipt of a request for service authorization, unless the PIHP has authorized an extension;<br>• and the CMHSP provides Medicaid consumers with written service authorization decisions no later than 3 days following receipt of a request for expedited service authorization, if warranted by the consumer's health or functioning, unless the PIHP has authorized an extension.Reasons for decisions are clearly documented and available to the recipient. | 42CFR438.404(b)(2)<br><br>42CFR438.404(b)(3) 42 CFR 438.210(c); MDCH Contract 6.3.2 | Policy/procedure(s)<br><br>~~Policies, samples, chart reviews~~ | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 5.8 | The involved provider is informed verbally or in writing of the action if a service authorization request was denied or services were authorized in an amount, duration or scope that was less than requested. | | Policy/procedure(s) | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| <u>Strengths:</u> | | | | | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Findings:<br><br>Recommendations: | | | | | |
| 6.1 | GRIEVANCE & APPEALS (CUSTOMER SERVICE)<br><br>There are publicized and available appeal mechanisms for providers and consumers. | MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, MSHN notification letters, evidence of written materials related to appeal mechanisms | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.2 | Notification of a denial is sent to both the consumer and the provider. This notification of a denial includes a description of how to file an appeal. | MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Notification of denial letter, policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.3 | Incentives are not present for the denial, limitation or discontinuation of services to any consumer | 42 CFR 438.210(e) | Policy, Member Handbook, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.4 | Consumers are provided with written adequate notice of action regarding authorization of services:<br>at the time of the decision to deny payment for a service (on the same date the action takes effect);<br>at the time of the signing of the individual plan of services/supports;<br>within 14 calendar days of the request for a standard service authorization if the decision will deny or limit services; and<br>within 72-hours of the request for an expedited service authorization if the decision will deny or limit services. | 42 CFR 438.210(c);<br>42 CFR 438.404;<br>MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.5 | The advanced and adequate notice letter template from the PIHP/MDCH Contract is used to ensure consistency across the region. | 42 CFR 438.404(b), etc.;<br>MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | MSHN notification letters with Provider logo/name | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.6 | The adequate and advance notices meet the language and alternative format needs of the consumer. | 42 CFR 438.404(a), etc.;<br>MDHHS Grievance & Appeal Technical | Policy, related written materials | ☐Y<br>☐N | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | Requirements Attachment P6.3.1.1 | | ☐P<br>☐NA | |
| 6.7 | Consumers are provided with written adverse benefit determination within 10 calendar days before the intended action will take effect, when an action is being taken to reduce, suspend or terminate previously authorized services. | 42 CFR 438.404(c), etc.; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.8 | Consumers are given reasonable assistance to complete forms and to take other procedural steps to file a grievance, appeal and/or State Fair Hearing request. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability. | 42 CFR 438.406(a); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.9 | A copy of grievance, appeal and fair hearing requirements and timeframes are given to each provider when they join the provider network. | 42 CFR 438.414; MDHHS Contract 7.0; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Provider Manual, Sub-contract, policy | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.10 | A local appeal process has been established for Medicaid consumers to appeal action, and consumers are informed of the availability of this process. | 42 CFR 438.402(a); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.11 | An expedited appeal process has been established for Medicaid consumers to appeal an action, and consumers are informed of the availability of this process. | 42 CFR 438.410(c); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.12 | If a request for an expedited resolution of an appeal is denied, the CMHSP:<br>•Transfers the appeal to the standard resolution time frame.<br>•Initiates reasonable efforts to provide prompt oral notice of the denial.<br>•Provides follow-up written notice to consumer within 2 calendar days. | 42 CFR 438.402(a); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1<br><br>42 CFR 438.410(c); | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | •Consumers are given ~~45~~ 60 calendar days from the date of the notice of action to request a local appeal. | | | | |
| 6.13 | Receipt of each grievance and appeal is acknowledged. | 42 CFR 438.406; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials, copy of acknowledgement letter sent to consumer or provide template if no acknowledgement letter sent | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.14 | A written notice of the disposition of a grievance and appeal is provided and reasonable efforts to provide oral notice of an expedited resolution is made. | 42 CFR 438.408; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials, copy of disposition letter sent to consumer or provide template if no disposition letter sent | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.15 | Oral requests for a local appeal of an action are accepted and confirmed in writing (unless the consumer requests expedited resolution for which oral response is allowed). | 42 CFR 438.400; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.16 | Maintain a log of all requests for appeal to allow reporting to the PIHP Quality Improvement Program, that ensures individuals who make the decisions on appeal were not involved in the previous level review or decision-making | 42 CFR 438.416; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1; 42 CFR 438.405(a); | Policy, process, log or log template if have no reported appeals | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.17 | Maintain a log of all grievances and requests for appeal to allow reporting to the PIHP Quality Improvement Program that ensures individuals who make the decisions on appeal were not involved in the previous level review or decision-making. | 42 CFR 438.416; MDHHS Grievance & Appeal Technical Requirements Attachment P.6.3.1.1; 42 CFR 438.405(a) | Policy, process, log or log template if have no reported grievances | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.18 | The content of notices of disposition includes an explanation of the results of the resolution and the date it was completed. When the appeal is not resolved wholly in favor of the consumer, the notice of disposition must also include: | 42 CFR 438.408(d)(2)(i); 42 CFR 438.408(e); MDHHS Grievance & Appeal Technical | Disposition letter, policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | • the right to request a state fair hearing, and how to do so;<br>• the right to request to receive benefits while the state fair hearing is pending, if requested within 10 days of the mailing the notice of disposition, and how to make the request; and the consumer may be held liable for the cost of those benefits if the hearing decision upholds the action. | Requirements Attachment P6.3.1.1 | | | |
| 6.19 | Medicaid consumers are informed of their right to access to the State Fair Hearing process for appeal of actions, including the 120-calendar day deadline (from the date of notice of an action) for filing a request. | 42 CFR 438.414; 42 CFR 438.10(g)(1); MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy, related written materials | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 6.20 | CMHSP provides acknowledgement of grievance and appeals, Adequate and Advance Notice and disposition of grievance and appeal notices within timeframes specified by and according to MSHN Medicaid Beneficiary Appeals and Grievances Policy. | MSHN Medicaid Beneficiary Appeals and Grievances Policy; MDHHS Grievance & Appeal Technical Requirements Attachment P6.3.1.1 | Policy and/or other related written materials referencing timeliness | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Grievance and Appeals (Customer Service) Summary of Findings and Corrective Action | | | | | |
| <u>Strength:</u><br><br><u>Findings:</u><br><br><u>Recommendations:</u> | | | | | |
| 7.1 | PERSON-CENTERED PLANNING & DOCUMENTATION STANDARDS (UTILIZATION MANAGEMENT)<br>The right for all individuals to have an Individual Plan of Service developed through a person-centered planning process is clearly communicated to all service recipients. | MDCH/PIHP Contract Section 3.4.1 Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure, Handbook & rules for disseminating, Evidence that consumer has received this information | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 7.2 | Implement person-centered planning in accordance with the MDCH Person Centered Practice Guideline. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline MHC 712 Chapter III, Provider Assurances & Provider Requirements | *Separate Consumer Chart review for compliance with Person Centered Planning*<br><br>Policy/procedure<br>Internal CMHSP chart audits, peer review of PCP | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.3 | PCP focuses on the person's goals, while still meeting the person's basic needs for food, clothing, shelter etc. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.4 | For minor children, the concept of the PCP is incorporated into a family-driven, youth-guided approach OR there is an accepted/justified reason to exclude family recorded in consumer chart. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.5 | There is a pre-planning meeting prior to the Person-Centered Plan meeting.<br><br>Pre-planning elements must include:<br>a. When and where the meeting will be held.<br>b. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).<br>c. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
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| | planning for how to deal with them. (What will be discussed and not discussed.)<br>d. The specific PCP format or tool chosen by the person to be used for PCP.<br>e. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).<br>f. Who will facilitate the meeting.<br>g. Who will take notes about what is discussed at the meeting. | | | | |
| 7.6 | The individual plan of service adequately identifies the individual's chosen or preferred outcomes and the methods used to measure progress. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 MCL 330.1701(g) | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.7 | Services and supports identified in the individual plan of service assist the individual in pursuing outcomes consistent with their preferences and goals. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.8 | Individuals are provided with ongoing opportunities to provide feedback on how they feel about services, supports and/or treatment they are receiving, and their progress towards attaining valued outcomes. | | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.9 | The Person-Centered Planning Process is used to modify the individual plan of service in response to changes in the individual's preferences or needs or at any time the consumer chooses. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY18 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
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| | | Attachment P6.3.1 Amendment #1 | | | |
| 7.10 | The Person-Centered Planning process builds upon the individual's capacity to engage in activities that promote community life. | MCL 330.1701(g) Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment # 1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.11 | Person-centered planning addressed natural and external supports. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.12 | Person-centered planning addressed health and safety.<br><br>*Must include primary care coordination support & recognize people are allowed the dignity of risk. | Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY19 Attachment P6.3.1 Amendment #1 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.13 | The individual plan of service identifies the roles and responsibilities of the individual, the supports coordinator or case manager, the allies, and providers in implementing the plan. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.14 | Specific services and supports to be provided, including the amount, scope, and duration of services, are identified in the plan of service. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
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| 7.15 | Individual receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS.<br><br>Information must include consumer's option to develop any or all of the following:<br><br>• Psychiatric Advance Directive<br>• Crisis Plan<br>• Self-Determination<br><br>Must include available:<br>• Conflict Resolution processes | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.16 | Services and treatment identified in the IPOS are provided as specified in the plan. | Medicaid Managed Specialty Services and Supports Contract | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.17 | The frequency of plan review for the individual is specified in the plan. Frequency and scope of monitoring of the plan reflects the intensity of the beneficiary's health and welfare is identified in the plan. | MH Code 330.1714 Medicaid Manual Mental Health and Substance Abuse sec. 3.24 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.18 | All forms/documents placed in consumer records identify the consumer with name and medical record number | Medicaid Provider Manual; recordkeeping MDCH site review protocol 6.2.3 | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.19 | Consumers have been provided a copy of his/her plan within 15 business days of the PCP meeting | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
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| 7.20 | IPOS is prepared in person-first singular language and be understandable by the person with a minimum of clinical jargon or language. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.21 | Assessments may be used to inform the PCP process but is not a substitute for the process.<br>• Functional assessments undertake a person-centered approach<br>• Functional assessments & PCP process are used together as a basis for identifying goals, risks, and needs; authorizing services, utilization management & review<br>No assessment scale or tool should be utilized to set a dollar figure or budget that limits the PCP process | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.22 | There is documentation that individual chose the setting in which they live and there is documentation of what alternative living settings were considered by the person. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.23 | There is documentation of any restriction or modification of additional conditions & documentation includes:<br>1. The specific & individualized assessed health or safety need.<br>2. The positive interventions and supports used prior to any modifications or additions to the PCP regarding health or safety needs.<br>3. Documentation of less intrusive methods of meeting the needs, that have been tried, but were not successful.<br>4. A clear description of the condition that is directly proportionate to the specific assessed health or safety need. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
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| | 5. A regular collection and review of data to measure the ongoing effectiveness of the modification.<br>6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.<br>7. Informed consent of the person to the proposed modification.<br>8. An assurance that the modification itself will not cause harm to the person. | | | | |
| 7.24 | IPOS includes the services which the person chooses to obtain through arrangements that support self-determination. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.25 | IPOS includes the estimated/prospective cost of services & supports authorized by the CMH system. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.26 | IPOS identifies person responsible for monitoring and this person is separate from the eligibility determination; assessment; and service provision responsibilities. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.27 | IPOS includes signatures of the person and/or representative, case manager/support coordinator, and the support broker/agent (if one is involved). | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
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| 7.28 | Plans to share the IPOS with family/friends/caregivers are documented. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.29 | HCBS services documentation include:<br>• The specific person or persons, and/or provider agency or other entity providing services & supports<br>• Non-paid supports, chosen by the person and agreed to by the unpaid provider. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 7.30 | The CMHSP has a process in place for monitoring PCPs & ensuring compliance. | Medicaid Managed Specialty Services and Supports Contract, Attachment P 4.4.1.1. Person-Centered Planning Practice Guideline | Policy/procedure, Evidence of Monitoring & Follow-Up if applicable | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| <u>Strengths:</u><br><br><u>Findings:</u><br><br><u>Recommendations:</u> | | | | | |
| 8.1 | COORDINATION OF CARE/INTEGRATION OF BEHAVIORAL HEALTH AND PHYSICAL HEALTH SERVICES<br><br>CMHSP staff pro-actively assume responsibility for engaging the inpatient team during consumer's hospital stay. This includes participating in team meetings and initiating discharge planning with staff, consumer, family/guardian and community resources. | MSHN AFP response Section 5.2.1.4 | Progress notes, continuing stay reviews or hospital discharge plans showing evidence of CMHSP participation | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 8.2 | CMHSP has developed service coordination agreements with each of the pertinent public and private community-based | HSAG XIII.2 | Copies of coordination agreements | ☐Y<br>☐N | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | organizations and providers to address issues that relate to a shared consumer base | | | ☐P<br>☐NA | |
| 8.3 | The CMHSP has procedures to ensure that coordination occurs between primary care physicians and the CMHSP and/or its network. Procedures ensure that the services the CMHSP furnishes to the beneficiary are coordinated with the services the beneficiary receives from other MCOs and PIHPs. | MDCH Contract, Part II, 6.4.4 and 6.8.<br>HSAG XIII.2 | Policies/procedures related to coordination of care | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 8.4 | The CMHSP uses systems and processes related to regular, meaningful exchange of clinically relevant data between entities<br>• Identification and follow up of Shared Members with the MHP through ICDP, CC360 and/or MiHIN | MDHHS Contract, 2016 Performance Bonus – Integration of Behavioral Health and Physical Health Services | Policies/procedures related to use of ICDP, cc360 and HIE, Source documents related to care plans and follow up | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 8.5 | Collaboration between CMHSP and MHP for ongoing coordination and integration of services | MDHHS Contract, 2016 Performance Bonus – Integration of Behavioral Health and Physical Health Services | Policies/procedures and source documents related to care plans and follow up | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 8.6 | CMHSP assures appropriate Follow-up After Hospitalization for Mental Illness (FUH)<br><br>The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 days. | MDHHS Contract, 2018 Performance Bonus – Integration of Behavioral Health and Physical Health Services | Policies/procedures related to FUH, use of ADT and ICDP to support Performance Bonus | ☐Y<br>☐N<br>☐P<br>☐NA | |

**Summary of Findings and Corrective Action**

**Strengths:**

**Findings:**

**Recommendations:**

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 9.1 | **BEHAVIOR TREATMENT PLAN REVIEW COMMITTEE**<br>The CMHSP has a Behavior Treatment Plan Review Committee (BTPRC) to review and approve or disapprove any plans that propose to use restrictive or intrusive interventions. | Medicaid Provider Manual 3.3 Technical Requirement for Behavior Treatment Plan Review. Revision FY 12.<br>MDCH P.1.4.1 | Copies of CMHSP meeting minutes; committee membership; etc.<br>Stakeholder survey<br>PIHP BTC data spreadsheet and meeting minutes<br>PIHP BTC data spreadsheet and meeting minutes; consent form in file | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.2 | The Behavior Plan Review Committee is comprised of at least 3 individuals:<br>• one of whom should be a licensed physician/psychiatrist.<br>• A representative of the Office of Recipients Rights shall be a non-voting, ex-officio member.<br>• Board Certified Behavior Analyst or Licensed Behavior Analyst and/or One member should be a licensed psychologist as defined in Section 2.4 Staff Provider Qualifications<br>The Committee and Committee Chair are appointed by the CMHSP for a term of no more than two years. Members may be reappointed for consecutive terms. | MDHHS P.1.4.1<br>MSHN BTR Procedure | CMHSP Policy | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.3 | Person Centered Plans with restrictive and intrusive techniques are accompanied by and include the approved behavior plan and special consent form from consumer or the parent/guardian prior to implementation of plan. Annual signed special consent. | MDHHS P.1.4.1 | Policy/procedure(s)<br><br>Chart reviews show signed consents and plans | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.4 | All plans with restrictive and intrusive interventions must be reviewed at a minimum of quarterly. | MDHHS P.1.4.1 | Policy/procedure(s)<br><br>Chart reviews show periodic reviews | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.5 | Each committee must establish a mechanism for expedited review of a proposed behavior treatment plan in emergent situations. "Expedited" means the plan is reviewed and approved in a short time frame such as 24 or 48 hours. | MDHHS P.1.4.1<br>MSHN BTR Procedure | CMHSP Policy | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 9.6 | Evaluate the committee's effectiveness by stakeholders, including individuals with plans, family and advocates | MDHHS P.1.4.1 | Surveys, or other evaluative process, is being utilized | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.7 | The CMHSP quarterly tracks and analyzes the use of all physical management, involvement of law enforcement, and the use of intrusive and restrictive interventions.<br>• Dates and numbers of interventions, • The settings (e.g individual's home or work) where behaviors or interventions occurred.<br>• Observations about any events, settings or factors that may have triggered the behavior.<br>• Behaviors that initiated the techniques.<br>• Documentation of analysis performed to determine the cause of the behaviors that precipitated the intervention<br>• Description of positive behavioral supports used.<br>• Behaviors that resulted in termination of the interventions<br>• Length of time for each intervention<br>• Staff development and training and supervisory guidance to reduce the use of these interventions.<br>• Review and modification or development, if needed, of the individual's behavior plan. | MDHHS P.1.4.1 | BTC data spreadsheet and meeting minutes; | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.8 | Should physical management or use of law enforcement be used more than 3 times in a 30-day period the plan is revisited and modified accordingly if needed. | MDHHS P.1.4.1 | Samples of Plans<br>BTC Policy<br>Samples of minutes | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.9 | Behavior plans that are forwarded to the committee must be accompanied by:<br>• Results of assessment to rule out physical medical and environment causes of the challenging behavior<br>• A functional behavioral assessment<br>• Results of inquiries about any medical, psychological or other factor that might put the individual subjected to intrusive or restrictive techniques at high risk of death injury or trauma. | MDHHS P.1.4.1 | Samples of plans<br>Samples of minutes | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | • Evidence of the kinds of positive supports or interventions, including amount scope and duration.<br>• Evidence of continued efforts to review less restrictive options.<br>• Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention.<br>• Reference to the literature should be included on new procedures, and where the intervention has limited or not support in the literature, why the plan is the best option available.<br>The plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s). | | | | |
| 9.10 | Each Behavior Treatment Plan has<br>• Goal-expected outcome of the Behavior Treatment Plan<br>• Objectives –baseline and steps to achieving the behavior goal<br>• Methodology-interventions implemented to decrease target behaviors, a schedule and /or timing and things to be done to increase additional adaptive behaviors.<br>• Measurement-how the baseline will be established, what is being measured, and assessment of the impact of behavior treatment interventions on the individual.<br>• Plan Review- frequency of reviewing collected data<br>• Staff In-Service –who is responsible for training staff and when the plan will be implemented. Evidence of staff training/in-servicing of plan.<br>Staff Responsible- the CM who will implement and manage the plan. | MDHHS P.1.4.1 | Policy/procedure(s)<br><br>Plan Sample(s) | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 9.11 | Regional review of the Quarterly BTRC report<br>• Local implementation of recommendations<br>• Compliance with required reporting to contractor<br>Follow up to any unidentified elements (unknown) | MDHHS P.1.4.1 | Policy/procedure(s)<br><br>Quarterly Review(s) | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| <u>Strengths:</u><br><br><u>Findings:</u> | | | | | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Recommendations: | | | | | |
| 10.1 | CONSUMER INVOLVEMENT (CUSTOMER SERVICE)<br>The CMHSP provides meaningful opportunities and supports for consumer involvement in service development, service delivery, and service evaluation activities. | (Medicaid Managed Specialty Services and Supports Contract, Consumerism Practice Guideline Attachment P 7.10.2.3)<br><br>(Consumerism Practice Guideline V.A.6.) | • Consumers and family members are on CMHSP/PIHP boards and advisory councils<br>• Stakeholders and the public attend meetings for comments and information. This evidence may be found in the following areas: minutes, agendas, sign-in sheets, peer support specialists positions, mystery shopper programs, customer service information on assistance with input for the brochures and educational materials provided, consumer-oriented job-descriptions, and consumer involvement in quality management reviews of the CMHSP programs and services. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 10.2 | Development of local activities designed to engage consumers, and other stakeholders, including members of the general public, in decision-oriented activities throughout the CMHSP/CA, including its subcontractors | Consumerism Practice Guideline P7.10.2.5 | Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 10.3 | Training and orientation of customers, to participate actively in Advisory Groups, task forces, working committees. | Consumerism Practice Guideline P7.10.2.5 | Trainings offered to consumers, opportunities to serve as members of committees, Consumer Advisory Councils | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| Consumer Involvement (Customer Service) Summary of Findings and Corrective Action | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 11.1 | PROVIDER/STAFF CREDENTIALING (PROVIDER NETWORK)<br>The CMHSP follows a documented process consistent with State policy for credentialing and re-credentialing of providers who are employed by or have signed contracts or participation agreements with the CMHSP. | MDCH Credentialing and Re-Credentialing Processes P.7.1.1 | NOTE: Will require sample of employee records to confirm credentials and primary source verification | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.2 | CMHSP assures that all individuals, whether employed or contracted by the CMHSP, as identified in MDHHS/PIHP contract P.7.1.1 are credentialed; whether employed or contracted by the CMHSP | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.3 | The CMHSP's Policy reflects the scope, criteria, timeliness and process for credentialing and re-credentialing providers. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.4 | Credentials are verified, by primary source, prior to employment. This includes criminal background and central registry checks (CR if working with minors/children) for any staff having direct access to consumers served. | Public Act 218 of 1979, MCL 400.734 (b)<br>MSHN AFP response Section 2.4.5<br>PIHP Contract FY19 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.5 | Prior to employment, the CMHSP verifies that the individual is not included in any excluded or sanctioned provider lists. This verification process shall also occur at the time or re-credentialing or contract renewal.<br><br>The CMHSP shall search the OIG exclusions database monthly to capture exclusions and reinstatements that have | MDHHS Credentialing Policy MSHN Background Check and PSV Policy | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | occurred since the last search, or at any time providers submit new disclosure information | | | | |
| 11.6 | The CMHSP follows written procedures to determine whether:<br>• Physicians and other licensed healthcare professionals are qualified to perform their services<br>• Non-licensed providers of care or support are qualified to perform their jobs | HSAG IV B & C | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.7 | The CMHSP's policy and procedures for **re-credentialing** require, at a minimum:<br>• Re-credentialing at least every two years<br>• An update of information obtained during the initial credentialing.<br>• A process for ongoing monitoring, and intervention when appropriate, of provider sanctions, complaints, and quality issues pertaining to the provider, which must include, at a minimum, a review of:<br>o Medicare/Medicaid sanctions.<br>o State sanctions or limitations on licensure, registration, or certification.<br>o Beneficiary concerns, which include grievances (complaints) and appeals information.<br>CMHSP quality issues | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.8 | The CMHSP has a policy and procedures to address granting of **temporary or provisional** credentials and the policy and procedures require that the temporary or provisional credentials are not granted for more than 150 days and at a minimum:<br>1. A provider must complete a signed application that includes the following items:<br>• Lack of present illegal drug use<br>• Any history of loss of license and/or felony convictions<br>• Any history of loss or limitation of privileges or disciplinary action<br>• Summary of the providers work history for the prior five years | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | • Attestation by the applicant of the correctness and completeness of the application.<br>2. CMHSP must conduct primary source verification of the following:<br>• Licensure or certification<br>• Board certification, if applicable, or the highest level of credential attained<br>Medicare/Medicaid sanctions | | | | |
| 11.9 | The CMHSP's processes require that an individual file be maintained for each credentialed provider and each file include:<br>• The initial credentialing and all subsequent re-credentialing applications.<br>• Information gained through primary source verification.<br>Any other pertinent information used in determining whether or not the provider met the CMHSP's credentialing standards. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.10 | The CMHSP's policy and procedures require that, at a minimum include:<br>1. A written application that is completed, signed and dated by the provider and attests to the following elements:<br>• Lack of present illegal drug use<br>• Any history of loss of license and/or felony convictions<br>• Any history of loss or limitation of privileges or disciplinary action<br>• Attestation by the applicant of the correctness and completeness of the application.<br>2. A summary of the provider's work history for the prior 5 years<br>3. Verification from primary sources of:<br>A. Licensure or certification<br>B. Board certification, if applicable, or the highest level of credential attained<br>C. Documentation of graduation from an accredited school | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | D. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or in lieu of, all of the following must be verified:<br>o Minimum 5 year history of professional liability claims resulting in a judgment or settlement<br>o Disciplinary status with regulatory board or agency; and<br>• Medicare/Medicaid sanctions<br>E. If a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements for (A), (B) and (C) above.<br>Copies of all documentation kept in employees' or contractors' file | | | | |
| 11.11 | The CMHSP's credentialing policy was approved by the CMHSP's governing body and identifies the CMHSP administrative staff member responsible for oversight of the process. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.12 | The CMHSP's program for staff training includes:<br>training for new personnel related to their responsibilities, program policy, and operating procedures methods for identifying staff training needs in-service training, continuing education and staff development activities | Need source | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.13 | The CMHSP validates, and revalidates at least every two years, that an **organizational provider** is licensed as necessary to operate within the State and has not been excluded from Medicaid or Medicare. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.14 | If the CMHSP accepts the credentialing decision of another CMSHP for an individual or organizational provider, it maintains copies of the current credentialing CMHSP's decision in its administrative records. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 11.15 | The CMHSP's policy and procedures address the requirement for the CMHSP to inform an individual or organizational provider in writing of the reasons for the CMHSP's adverse credentialing decisions | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.16 | The CMHSP's policy and procedures address the CMHSP's appeal process (consistent with State and federal regulations) that is available to providers for instances when the CMHSP denies, suspends, or terminates a provider for any reason other than lack of need. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policy/Procedure<br>Sample of records | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.17 | The CMHSP has procedures for reporting, to appropriate authorities (i.e., PIHP, MDCH, the provider's regulatory board or agency, the Attorney General, etc.), improper known organizational provider or individual practitioner conduct which results in suspension of termination from the CMHSP's provider network. The procedures are consistent with current federal and State requirements, including those specified in the MDCH Medicaid Managed Specialty Supports and Services Contract. | MDHHS Credentialing and Re-Credentialing Processes P.7.1.1 | Policies and procedures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 11.18 | The CMHSP has a process or policy to ensure use of student interns is in compliance with the Provider Qualifications Chart. | MDHHS memo dated 3.2.15 | Policy, verification & supervision process | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 12.1 | QUALITY & COMPLIANCE (QUALITY IMPROVEMENT)<br>The CMHSP has a process in place for carrying out corporate compliance activities across the service area, including the following: | 42 CFR 438.608.(a); 42 CFR 438.608(b)(1) | CMHSP policies & procedures<br><br>Compliance Officer job description | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | • written policies, procedures, and standards of conduct that articulates the organization's commitment to comply with all applicable Federal and State standards, and to guard against fraud and abuse;<br>• designation of a compliance officer and a compliance committee accountable to senior management, focused on regulatory identification, comprehension, interpretation, and dissemination;<br>• training of the compliance officer, committee members and the organization's employees on the compliance policies and procedures;<br>• provision for internal monitoring and auditing to assure standards are enforced, identify high risk compliance areas and where improvements must be made;<br>• provision for prompt response to detected offenses, and for development of corrective action. | | CMHSP Corporate Compliance Plan<br><br>Staff training records<br><br>Risk Management Plan<br><br>Compliance investigation records | | |
| 12.2 | CMHSP accreditation status is current and without provisions. | | Accreditation letter and report, and improvement plans if applicable | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 12.3 | Local functions of quality assurance and management. These activities shall include:<br>- develop and implement a Quality Improvement Program to<br>- ensure that Best Practice Guidelines are adhered to<br>- ensure that compliance issues are adequately addressed and reported to the PIHP. | Medicaid Managed Specialty Supports and Services Contract: Attachment P.7.9.1 (QAPIP) | Copy of CMHSP QAPI Plan | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 12.4 | The CMHSP has an established quality improvement program and plan consistent with the MSHN QAPIP. | Medicaid Managed Specialty Supports and Services Contract: Attachment P.7.9.1 (QAPIP); MSHN QAPIP | CMHSP QAPI Plan and Report | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 12.5 | Conduct two Performance Improvement Projects (PIPs) during each Medicaid waiver period. | Medicaid Managed Specialty Supports and Services Contract: | Receipt by PIHP of input and data from the CMHSP as required | ☐Y<br>☐N<br>☐P | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | Attachment P.7.9.1 (QAPIP) | | ☐NA | |
| 12.6 | Procedures and a mandatory compliance plan are in place at each CMHSP to guard against fraud and abuse consistent with the MSHN Compliance Plan. This includes:<br>• CMHSP follows established disciplinary guidelines for their respective employees who have failed to comply with the standards of conduct, policies, and procedures, federal and state law, or otherwise engage in wrongdoing.<br>• The CMHSP informs, in writing, the MSHN Chief Executive Officer (CEO) of any notice to, inquiry from, investigation by any Federal, State, or local human services, fiscal, regulatory, investigatory, prosecutory, judicial, or law enforcement agency or protection and/or advocacy organization regarding the rights, safety, or care of a recipient of Medicaid services<br>• The CMHSP CEO/ED shall report compliance violations to external parties (i.e. OIG, DCH) as required per DCH contract and/or MSHN/CMHSP contract.<br>CMHSP staff with firsthand knowledge of activities or omissions that may violate applicable laws and regulations are required to report such wrongdoing to the MSHN Compliance Officer or to the CMHSP Compliance Officer. | 42 CFR 438.608(a); MSHN Corporate Compliance Plan | CMHSP Corporate Compliance Plan<br><br>CMHSP policies and procedures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 12.7 | The CMHSP has written procedures for reporting to the PIHP any suspicion or knowledge of fraud or abuse within the Medicaid program. | 42 CFR 455.17; MSHN Compliance Plan; Medicaid Managed Specialty Supports and Services Contract: Part III: Section 2.0 (Fraud and Abuse Reporting Responsibilities) | CMHSP policy and/or procedures; CMHSP Compliance Plan | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 12.8 | The CMHSP has a process to collect information about the nature of fraud and abuse complaints, the name of the individuals or entity involved in the suspected fraud or abuse, including name, address, phone number and Medicaid identification number and/or any other identifying information, the type of provider, approximate dollars involved, and legal and administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred. | 42 CFR 455.17; MSHN Compliance Plan; Medicaid Managed Specialty Supports and Services Contract: Part III: Section 2.0 (Fraud and Abuse Reporting Responsibilities) | CMHSP policy and/or procedures; CMHSP Compliance Plan | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| <u>Strengths:</u><br><br><u>Findings:</u><br><br><u>Recommendations:</u> | | | | | |
| 13.1 | ENSURING HEALTH & WELFARE /OLMSTEAD (QUALITY IMPROVEMENT)<br>CMHSP has processes for addressing and monitoring the health, safety and welfare of all individuals served. These may include:<br>• Recipient Rights systems that meet the standards set by the Office of Recipient Rights<br>• Personnel practices that include the use of criminal background checks, Office of the Inspector General Reports, National Practitioner Data Bank, and others as necessary<br>• Assuring that staff who provide services in residential settings receive training using approved Michigan Department of Community Health group home curriculums.<br>• Quality reviews at provider locations that include documentation of health and safety practices that meet the standards of the Michigan Department of Health and Human Services and accreditation bodies | Medicaid Managed Specialty Supports and Services Contract: MSHNAFP Response Section 2.4.11 | Evidence of processes as described in AFP response<br><br>CMHSP policies and procedures<br><br>Provider Network monitoring practices in place, including background checks and quality reviews.<br><br>CMHSP Recipient Rights certification by DCH | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | • Ensuring that providers identify and attend to the healthcare needs of all individuals served and coordinating care with other health systems and providers<br>• Imposing plans of correction on providers that do not satisfactorily meet established standards<br>Sanctions and termination of providers that consistently violate standards | | | | |
| 13.2 | The CMHSP has processes for reporting and analyzing adverse events and risk factors. This includes:<br>• critical events<br>• risk events<br>• events requiring immediate notification to MDHHS<br>• emergency physical intervention.<br>Data on all types of incidents is monitored, reviewed and reported through a quality assurance process. The CMHSP process includes analysis of any identified patterns or trends, the completion of identified actions, and recommended prevention strategies for future risk reduction. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 2.4.11; AFP Response Section 5.2.2.3 | Policy/procedure, evidence of tracking events, root cause analysis | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 13.3 | The CMHSP provides a semi-annual report to MSHN that includes the number of individuals living outside the region, the date and outcome of their last PCP/FCP meeting with regards to community-of-choice, any barriers to transitioning individuals to their home community, goals for the following year, and other pertinent information. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section5.3.1.10 | Annual report | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 13.4 | Each CMHSP will develop a process for establishing and monitoring standards regarding the availability and implementation of activities in licensed homes. Each CMHSP will insure that consumer choice is inherent in the development and participation in community integration and productivity activities. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.3.1.8 | CMHSP policies and procedures<br><br>Quality Reviews of licensed homes | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 13.5 | The CMHSP works collaboratively with the local licensing office to ensure awareness of issues or deficiencies and to ensure that these are addressed in a timely manner. CMHSP has a quality monitoring program that is sufficient to ensure adequate monitoring and oversight of all licensed residential living arrangements. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.3.1.8 | Quality Reviews of licensed homes<br><br>Agreements with local licensing office | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| 13.6 | The CMHSP has a written infection control plan which addresses health and safety needs and processes. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3 | Infection Control Plan, Health & Safety Plan, policies and procedures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 13.7 | The CMHSP has policies/procedures for medication consents, prescriptions, monitoring side effects, documentation. | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3 | Copy of policy & procedures | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 13.8 | The CMHSP has a response system to emergencies and staff are trained to act immediately and decisively when appropriate for the following events including, but not limited to:<br>1) Seeing to the immediate safety and welfare of an individual and others potentially affected, including transfer to another provider when necessary<br>2) Violence (or threat of violence) on premises<br>3) Fire<br>4) Tornadoes/severe storms<br>5) Power outages<br>6) Medical emergencies | Medicaid Managed Specialty Supports and Services Contract: MSHN AFP Response Section 5.2.2.3 | Emergency response plan | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 13.9 | CMHSP routinely collects information on individual's health conditions and ensures that health conditions, health status and current health care providers are documented in the consumer's clinical record. | Medicaid Managed Specialty Supports and Services Contract: Attachment 7.7.1.1 MSHN AFP response 5.2.1.2 | Policy/Procedure<br>~~Chart reviews show evidence of health conditions, health status and current health care providers~~ | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 14.1 | INFORMATION TECHNOLOGY (IT) MANAGEMENT | HIPAA Security and Privacy, 45 CFR Parts | Policies, procedures or other agency documents | ☐Y | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | The CMHSP has written and approved policies for the following:<br>• Adverse incident and disaster recovery Policy and Procedure<br>• Record Retention Policy<br>• Breach Notification Policy (includes reporting to MSHN)<br>• Compliance assurance (BAA, HIPAA, PHI, etc.)<br>• Data archival, restoration and retention<br>• Employee acceptable use of IT resources/information – CAUA (could include clarifications for bring-your-own-device (BYOD))<br>• Employee termination (IT section of the HR policy covering termination)<br>• Security: Computer, network, server and systems<br>• Telecommunications and Telecommuting (as applicable)<br>• Validation of quality indicator (QI)/demographic, claims, encounter, critical incident, and performance indicator data | 160 & 164 Subparts A, C & E<br><br>BAA requirements as validated by the EQRO<br><br>MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: , Performance Expectations and AFP attestation<br><br>MSHN/CMHSP Participant contract delegation grid | exist and are adequately written to meet the minimum requirements of the organization and, where applicable, MSHN policies. Describe the expectations and actions of the organization to manage its IT resources and is reviewed and revised on a regularly recurring basis. | ☐N<br>☐P<br>☐NA | |
| 14.2 | The CMHSP has a process for identification of IT needs and assures adequate IT resource allocation to fulfill contractually obligated functions. | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E<br><br>BAA requirements as validated by the EQRO<br><br>MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: , Performance Expectations and AFP attestation | Evidence that staff is able to identify needs and make request of the IT function, and how the organization decides which functions should be resourced. | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | MSHN/CMHSP Participant contract delegation grid | | | |
| 14.3 | The CMHSP assures on-going learning for technical professionals to maintain currency in IT knowledge, skills and abilities. | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E<br><br>BAA requirements as validated by the EQRO<br><br>MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: , Performance Expectations and AFP attestation<br><br>MSHN/CMHSP Participant contract delegation grid | Describe how the CMHSP reasonably assures that internal IT staff or contractors maintain currency to provide systems security, maximized capability, and regulatory compliance. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 14.4 | *INFORMATION ASSURANCE*<br>Data Integration: The CMHSP combines different types of information to provide data to the PIHP (e.g. QI, PI, critical incident, and claims/encounter, etc.). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation<br><br>MSHN/CMHSP Participant contract delegation grid | Written process describing the steps used to combine and validate various data sources in reporting information to the PIHP. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 14.5 | Data Control: The CMHSP maintains and performs data backup, restoration, and disaster recovery procedures. Utilizes secure communication for electronic protected healthcare information (PHI). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: | Beyond the policies listed in 14.1, it is the documentation and demonstration of back-up, | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found:<br><br>Notes/Comments |
|---|---|---|---|---|---|
| | | Performance Expectations and AFP attestation<br><br>MSHN/CMHSP Participant contract delegation grid | restoration and disaster recovery procedures.<br><br>The CMHSP will demonstrate the procedures and technologies in place to secure e-PHI. | | |
| 14.6 | Data Validation: The CMHSP has system controls and quality procedures in place to assure the validity of data submitted to the PIHP (e.g. QI, PI, critical incident, claims and encounter, etc.). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation<br><br>MSHN/CMHSP Participant contract delegation grid | The CMHSP can demonstrate the types of information validation that exist within its EMR/EHR/PM and data warehousing/reporting systems, along with external validation activities, that reasonably assures the quality of the data submitted to the PIHP. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 14.7 | Data Completeness: The CMHSP has systems and processes in place to gather and report all contractually obligated information, including but not limited to: MDHHS reports (encounter, BH-TEDS, QI, CIR, PI) and consumer (EOB and Cost of Service), per the frequency as defined in the contract). | MDHHS/PIHP Specialty Supports and Services Concurrent 1915 (b)/(c) Waiver contract: Performance Expectations and AFP attestation | As the organization holding records on persons served, information contained in the contract is available in EMR/EHR/PM and/or data warehousing/reporting systems, or is otherwise accounted for and able to be electronically submitted to the PIHP. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 14.8 | *SYSTEMS SECURITY*<br>Physical Security: The CMHSP mitigates vulnerabilities to system corruption and data loss through restricted physical access to non-user IT resources. | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E | Key network components – servers, network infrastructure, and external data or | ☐Y<br>☐N<br>☐P<br>☐NA | |

| # | Standard | Basis/Source | Evidence of Compliance could include: | Met Standard Yes/No/ Partial/NA | Evidence Found: Notes/Comments |
|---|---|---|---|---|---|
| | | | telecommunications nodes – are secured with limited access. Should align with the Security policy referenced in 14.1 above. | | |
| 14.9 | Systems Security: The CMHSP maintains adequate control of administrator-level user privileges | HIPAA Security and Privacy, 45 CFR Parts 160 & 164 Subparts A, C & E | Only authorized staff have access to administrator-level user information. Redundancy of administrator level functions is in place. | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |
| 15.1 | **TRAUMA INFORMED CARE:**<br><br>The CMHSP has written and approved policies and procedures for implementation of a trauma-informed culture | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | CMHSP policy & practice guidelines | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 15.2 | Implementation of an organizational self-assessment every three years. | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | Results of self-assessment tool | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 15.3 | Adoption of approaches and procedures to prevent and address secondary/vicarious trauma | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY19 Attachment C6.9.9.1 | CMHSP policy & practice guidelines.<br><br>• Environmental Factors<br>• Supervision Notes/Techniques<br>• Other Examples as warranted | ☐Y<br>☐N<br>☐P<br>☐NA | |

| | | | | | |
|---|---|---|---|---|---|
| 15.4 | Use of population and age-specific trauma-informed screen and assessment tool | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | Policy/procedure<br><br>Examples that can be used:<br>• ACES<br>• CTAC<br>• QIC / CLC to add others and/or QAPI to add during review(s) | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 15.5 | Use of trauma-informed evidence-based practice(s) (EBPs) for treatment and recovery services including procedures to address building trust, safety, collaboration, empowerment, resilience and recovery | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | CMHSP policy/procedure(s) & practice guidelines.<br><br>• Seeking Safety (Co-Occurring)<br>• DBT<br>• QAPI to add as is applicable with guidance from CMHSPs | ☐Y<br>☐N<br>☐P<br>☐NA | |
| 15.6 | Collaboration with community organizations to support development of a trauma informed community that promotes behavioral health and reduces likelihood of mental illness and substance use disorders | MDHHS/CMHSP Managed Mental Health Supports and Services Contract, FY16 Attachment C6.9.9.1 | Memos of understanding, meeting minutes, documentary evidence of collaboration | ☐Y<br>☐N<br>☐P<br>☐NA | |
| Summary of Findings and Corrective Action | | | | | |
| Strengths:<br><br>Findings:<br><br>Recommendations: | | | | | |

| CHART SPECIFIC REVIEWS<br>(NOT INCLUDED ABOVE IN DMC REVIEW) |
|---|
| PERFORMANCE INDICATOR SELECTION |
| Record Results: |
| Comments: |
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |
| CRITICAL INCIDENTS SELECTION |
| Record Results: |
| Comments: |
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |

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|---|
| STAFF TRAINING RECORDS REVIEW |
| Record Results: |
| Comments: |
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |
| MEDICAID CLAIMS/SERVICES VERIFICATION SELECTION |
| Record Results: |
| Comments: |
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |
| PROVIDER NETWORK CONTRACT SELECTION REVIEW |

Record Results:
All contracts were available for review and all are signed by both parties: Yes / No

Obtain contract invoices/claims for January - September (if large, pull a sample month) and verify sufficient oversight and authorization of payment process: Pulled Month and Year

Contractor:
Signed:
Client:
Service Date:
Services:
Units:
Paid:
According to contract:
Provider Monitoring:

S:

Contractor:
Signed:
Client:
Service Date:
Services:
Units:
Paid:
According to contract:
Provider Monitoring:

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Contractor:
Signed:
Client:
Service Date:
Services:
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Provider Monitoring:

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Contractor:
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Client:
Service Date:
Services:
Units:
Paid:
According to contract:
Provider Monitoring:

S:

Comments:

Summary of Findings and Corrective Action

Strengths:

Findings:

Recommendations:

| PROVIDER MONITORING REVIEWS |
| --- |
| Record Results:<br>1. Obtain CMHSP monitoring documents related to contracts. Review monitoring to ensure sufficient oversight per contract terms. Verify CMHSP follow up on any corrective action plan required by provider.<br><br>Contractor:<br>Certification review date:<br>General appearance of home:<br>Safety/Health/Sanitation/Training:<br>Plan of correction required:<br>Plan of correction received and approved:<br><br>Contractor:<br>Certification review date:<br>General appearance of home:<br>Safety/Health/Sanitation/Training:<br>Plan of correction required:<br>Plan of correction received and approved:<br><br>Contractor:<br>Certification review date:<br>General appearance of home:<br>Safety/Health/Sanitation/Training:<br>Plan of correction required:<br>Plan of correction received and approved:<br><br>Contractor:<br>Certification review date:<br>General appearance of home:<br>Safety/Health/Sanitation/Training:<br>Plan of correction required:<br>Plan of correction received and approved:<br><br>Contractor:<br>Certification review date:<br>General appearance of home:<br>Safety/Health/Sanitation/Training:<br>Plan of correction required:<br>Plan of correction received and approved: |

| |
|---|
| Comments: |
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |
| BH-TEDS Record Submission / Total Encounter Records (%) |
| Record Results: % |
| Comments: |
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |
| MMBPIS COMPLIANCE REPORT REVIEW |
| Record Results: |
| Comments: |

| |
|---|
| Summary of Findings and Corrective Action |
| Strengths:<br><br>Findings:<br><br>Recommendations: |

| ENCOUNTER PROCESS / DOCUMENTATION AND RECORD VALIDATION | |
|---|---|
| Encounter Process and Documentation (Part I) | Encounter Record Validation (Part II) |
| % | % |

Comments:

Summary of Findings and Corrective Action

Strengths:

Findings:

Recommendations:

| QI PROCESS / DOCUMENTATION AND RECORD VALIDATION | |
|---|---|
| QI Process and Documentation (Part I) | QI Record Validation (Part II) |
| % | % |

Comments:

Summary of Findings and Corrective Action

Strengths:

Findings:

Recommendations:

| BH TEDS PROCESS / DOCUMENTATION AND RECORD VALIDATION | | |
|---|---|---|
| BH TEDS Process and Documentation (Part I) | BH TEDS Record Validation (part II) | |
| | Data Validation | Special Processes |
| % | % | % |

Comments:

Summary of Findings and Corrective Action

Strengths:

Findings:

Recommendations:

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Directions: Please complete each column with information for each personnel file selected for review and upload completed tool to Box. MSHN staff will verify information provided in this document using actual personnel files when conducting QA visit.

| MSHN –Credentialing Personnel File Review | |
|---|---|
| **Provider:** Click or tap here to enter text. | **Date of Review:** Click or tap to enter a date. |
| **Reviewer:** Click or tap here to enter text. | |

| *Utilize columns to identify Staff Initials/Title/Date of Hire* | Staff 1: | Staff 2: | Staff 3: | Staff 4: | Staff 5: | Staff 6: | Staff 7: | Staff 8: |
|---|---|---|---|---|---|---|---|---|
| **Initial Application - Indicate date of completion of initial credentialing - could be expiration date, date of signature, or date verified** | | | | | | | | |
| **Complete Application**<br>• Education<br>• 5-year work history (any gaps include explanation)<br>• All required attestations | | | | | | | | |
| **Primary Source Verification** | | | | | | | | |
| • State Licensure | | | | | | | | |
| • Criminal Background Check **(indicate type/date) (ICHAT)** | | | | | | | | |
| • Prior convictions identified **(Y/N and indicate convictions) *If yes- is rationale included?** | | | | | | | | |
| • Medicaid/Medicare Sanctions **(indicate type/frequency)** | | | | | | | | |
| • NPDB/HIPDB query or, in lieu of query, all of the following must be verified:<br>i. Minimum 5-year history of professional liability claims resulting in judgement or settlement<br>ii. Disciplinary status with regulatory board or agency; and<br>iii. Medicare/Medicaid Sanctions | | | | | | | | |

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Directions: Please complete each column with information for each personnel file selected for review and upload completed tool to Box. MSHN staff will verify information provided in this document using actual personnel files when conducting QA visit.

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| • Education/Internship/Residency (Physicians, NP, PA, ETC). | | | | | | | | |
| **Measures of Current Clinical Competency in Areas of Work/Privilege. Could include**<br><br>(MCBAP certs, trainings, Professional Enhancements, Performance Evaluations, professional reference feedback) | | | | | | | | |
| **Proof of Liability Coverage (**if applicable) | | | | | | | | |
| **MCBAP Credential** (or dev plan submitted within 30 days of hire) | | | | | | | | |
| **Credentialing approved by qualified credentialed practitioner and/or credentialing committee** | | | | | | | | |
| **If employee was granted temporary privileges, verify all verification was completed as required by initial credentialing and that a MSHN Temporary privileging form was submitted and is in file if applicable.** | | | | | | | | |
| **Re-Credentialing - Indicate date of completion of re-credentialing - could be expiration date, date of signature, or date verified** | | | | | | | | |
| **Complete Application** (Education, work Experience, attestation, etc.) | | | | | | | | |
| **Primary Source Verification Updates** | | | | | | | | |
| • Licensure | | | | | | | | |
| • Criminal Background Check **(indicate type/date** | | | | | | | | |
| • Prior convictions identified **(Y/N and indicate convictions)** | | | | | | | | |
| • Medicaid/Medicare Sanctions **(indicate type/frequency)** | | | | | | | | |
| • NPDB/HIPDB query or, in lieu of query, all of the following must be verified:<br>iv. Minimum 5-year history of professional liability claims resulting in judgement or settlement | | | | | | | | |

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Directions: Please complete each column with information for each personnel file selected for review and upload completed tool to Box. MSHN staff will verify information provided in this document using actual personnel files when conducting QA visit.

| | | | | | | | | |
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| v. Disciplinary status with regulatory board or agency; and<br>• Medicare/Medicaid Sanctions | | | | | | | | |
| **Measures of Current Clinical Competency in Areas of Work/Privilege. Could include:**<br>• QI/Performance Monitoring,<br>• Performance Evaluation<br>• Peer Review | | | | | | | | |
| • Review for Member concerns (grievance and appeal, complaints, and appeals information<br>• Quality Issues | | | | | | | | |
| **Proof of Liability Coverage** (if applicable) | | | | | | | | |
| **MCBAP Credential** | | | | | | | | |
| **Credentialing approved by qualified credentialed practitioner and/or credentialing committee** | | | | | | | | |

| Staff Credentialing Findings and Corrective Action |
|---|
| Strengths:<br><br>Findings:<br><br>Recommendations: |

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# Regional Entity – Inpatient Chart Review Form

| | |
|---|---|
| CMSHP: | Date of review: |
| Consumer Name: | CMHSP Case #: |
| Time period reviewed: | Reviewer: |

| **Standard/Requirement** | | | | |
|---|---|---|---|---|
| | **Individual Chart Review** | | | |
| **A.** | **Development of Assessment/Diagnostic Data**<br>Medical records must stress the psychiatric components of the record, including history of findings and treatment provided for the psychiatric condition for which the inpatient is treated in the unit. | **Y** | **N** | **NA** |
| 1. | **The identification data must include the inpatient's legal status.**<br>*Legal status is defined by state statutes and dictates the circumstances under which the patient was admitted and/or is being treated (i.e. voluntary, involuntary, committed by court*) | | | |
| 2. | **A provisional or admitting diagnosis must be made on every inpatient at the time of admission, and must include the diagnoses of intercurrent diseases as well as the psychiatric diagnoses.**<br>*Is the diagnosis written in DSM nomenclature? If the diagnosis is absent, is there written justification for the omission? (for example, the patient was psychotic on admission and not accompanied by family) Is treatment provided for physical illnesses requiring immediate attention? Is there an evaluation and treatment plan for identified physical illnesses that may impact the patient's psychiatric outcome?* | | | |
| 4. | **The reasons for admission must be clearly documented as stated by the inpatient or others significantly involved, or both**<br>*The records should include who, what, where, when, and why the patient was admitted to the facility.* | | | |
| 5. | **The social service records, including reports of interviews with inpatients, family members, and others must provide an assessment of home plans and family attitudes, and community resource contacts as well as a social history.**<br>*Does the assessment include the following components? 1) Factual and historical information, 2) Social evaluation (baseline social functioning including strengths and weaknesses), and 3) Conclusions and Recommendations (in anticipation of social work's role in treatment and discharge planning).* | | | |
| 6. | **H&P completed within 24 hours**<br>*Consumer has the right to refuse.* | | | |
| **B.** | **Psychiatric Evaluation** | **Y** | **N** | **NA** |
| 1 | **The psychiatric evaluation must include the following components:**<br>*1) Chief complaints, reaction to hospitalization, 2) History of any psychiatric problems and treatment, including previous precipitating factors, diagnosis, and course of treatment, and 3) Past family, educational, vocational, occupational, and social history.* | | | |
| 2. | **Be completed within 24 hours of admission** | | | |
| 3. | **Include a medical history**<br>*Does the evaluation include any medical conditions that may impact the patient's recovery/remission?* | | | |
| 4. | **Contain a record of mental status**<br>*Does the mental status record describe the appearance, behavior, emotional response, verbalization, thought content, and cognition of the patient?* | | | |
| 5. | **Note the onset of illness and the circumstances leading to admission**<br>*Are the identified problems related to the patient's need for admission?* | | | |
| 6. | **Describe attitudes and behavior** | | | |

| Standard/Requirement | | | | |
|---|---|---|---|---|
| | *Does the problem statement describe the behavior(s) which require modification in order for the patient to function in a less restrictive environment?* | | | |
| 7. | **Estimate intellectual functioning, memory functioning, and orientation** | | | |
| Comments: | | | | |

| C. | Treatment Plan | Y | N | NA |
|---|---|---|---|---|
| 1. | **Each consumer must have a comprehensive treatment plan that must be based on an inventory of the consumer's strengths and weaknesses**<br>*Is the treatment plan a result of collaboration between the patient and the treatment team? Is the treatment plan individualized? Is there a primary diagnosis upon which the treatment interventions are based? Are the treatment plan goals written in a manner that allows for changes in the patient's behavior to be measured? If the consumer is a minor, the plan is family-focused* | | | |
| 2. | **Must include the specific treatment modalities utilized; the responsibilities of each member of the treatment team. It clearly identifies what the condition/status the consumer should be to discharge to a less restrictive setting. Goals and objectives meet SMART criteria**<br>*Does the treatment team encourage the patient's active participation and responsibility for engaging in the treatment regimen? Do completion of goal/objectives identify the desired behavioral outcomes that will reflect readiness to discharge to a less restrictive setting (i.e. - when no longer verbalizing intent to commit self-harm; not acting on persecutory hallucinations; willing to contract for safety; demonstrating orientation to all spheres, etc.)* | | | |
| 3. | **Plan includes all required signatures and evidence that consumer was offered a copy of plan**<br>*Consumer has the right to refuse and if so, is documented.* | | | |
| **D.** | **Service Delivery Consistent with Plan** | **Y** | **N** | **NA** |
| 1. | **Progress notes must be recorded by the psychiatrist responsible for the care of the inpatient, a nurse, social worker and, when appropriate, others significantly involved in active treatment modalities**.<br>*Does the content of the treatment notes and progress notes relate to: 1) the treatment plan 2) what the staff is doing to carry out the treatment plan, and 3) the patient's response? Evidence of daily psychiatry progress notes. Progress notes should document progress or lack of progress and any adjustments/changes to the treatment plan* | | | |
| 2. | **Doctor's orders are followed** | | | |
| 3. | **There is evidence of discharge planning documented within the record** | | | |
| Comments: | | | | |

| E. | Medications | Y | N | NA |
|---|---|---|---|---|
| 1. | **Was medication reconciliation completed at admission and discharge** | | | |
| 2. | **Evidence of informed consent for all psychotropic medications**<br>*Consents are signed by the consumer/guardian or evidence of refusal. Consent should state explanation of medications and side effects* | | | |
| 3. | **There is evidence medication is administered as prescribed** | | | |
| Comments: | | | | |

| G. | Discharge/Transfers | Y | N | NA |
|---|---|---|---|---|
| 1. | **Include a summary of the patient's hospitalization, the patient's condition on discharge, and recommendations for follow-up or aftercare**<br>*Does the discharge planning process include the participation of the multidisciplinary staff and the patient? Are the details of the discharge plan communicated to the post-hospital treatment entity? Evidence of coordination with CMH on discharge/transition planning. Follow-up appointment is scheduled within 7 days of discharge***.** | | | |
| Comments: | | | | |

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| Recipient Rights Review | |
|---|---|
| Hospital: | Date of Visit: |
| Inpatient Psychiatric Services Provided: | RR Reviewer Organization: |
| Admission Process: | Consumer Chart Reviewer Organization: |
| Number of Beds: | Additional Reviewer Information: |

| # | Standard/Requirement | Yes/No /Not Applicable | Source | Evidence, Guidance & Reviewer Notes |
|---|---|---|---|---|
| **Recipient Rights** | | | | |
| 1 | Does Hospital have its own Rights Advisor and back up Rights Advisor? | ☐Y<br>☐N<br>☐NA | 330.1752(1); MDHHS/ CMHSP Contract FY 17, Attachment C6.3.2.3A | 1-Name:<br>2-Name:<br><br>Interview RR Advisor, unit Director; review Job Descriptions of RR Advisor and back up. Retain a copy of their RR training. |
| 2 | Does Rights Advisor report only to Director (Chief Administrative Officer)? (check policy) | ☐Y<br>☐N<br>☐NA | 330.1755(1), (2)(c) | Name:<br><br>Completed during site review by interview with RR Advisor, Director (check policy, job descriptions, org chart, etc.). |
| 2a | Is there a designee, in the absence of the Director? | ☐Y<br>☐N<br>☐NA | | Name: |

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| 3 | Is the name of the Rights Advisor and a method for contact conspicuously posted in areas where recipients, family members and guardians and visitors have access? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(c) | The posters are posted on the wall of the unit. The poster should identify the recipient rights advisor's name and contact information. |
| 4 | Is there a copy of Chapter 7 and 7a available to recipients? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(b) | Observation<br>Interview<br>Chapter 7&7A are found on the unit/units, or recipients have knowledge of their ability to request a complete copy of chapter 7 and 7A, and can identify the process or person to ask |
| 5 | Are Recipient Rights booklets provided to recipients, family members and guardians upon admission? | ☐Y<br>☐N<br>☐NA | 330.1706a; 330.1755(5)(b) | Interview individuals on unit, if they deny receiving one, request RRO show evidence it was provided (form in record). |
| 5a. | Is there a mechanism for noting who provided the explanation, and an explanation of the materials used, in the recipient's record, when the recipient is unable to read, or their understanding is in question? | ☐Y<br>☐N<br>☐NA | AR 330.7011 | Review (redacted if necessary) forms from recipient records indicating appropriate documentation of alternative communication<br><br>Evidence: |
| 6 | Is the Rights Advisor and contact information identified on the Rights booklets? | ☐Y<br>☐N | 330.1755(5)(c) | Request a booklet from staff and verify the RR |

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| | | ☐NA | | Advisor's contact information is on it |
| 7 | Are complaint forms readily available on the unit, and is there a marked secure mechanism for reporting (lock box or other confidential way)? | ☐Y<br>☐N<br>☐NA | 330.1776(1)&(5); 330.1755(5)(d) | A. There is a locked complaint box located on the unit, which is mounted on the wall. There are complaint forms readily available and recipients do not have to request the form. Only the rights advisor and the rights alternate have access to the complaint box. |
| 8 | Is there a poster advising recipients that there are advocacy organizations available to assist in preparation of a written rights complaint, offering to refer the recipient to those organizations (if not in acknowledgement letter)? | ☐Y<br>☐N<br>☐NA | 330.1776(5) | Observe poster meeting the standard or ask for a copy of an actual letter with no PHI or the template letter. |
| 9 | Are posters on reporting abuse and neglect present and visible in staff areas? | ☐Y<br>☐N<br>☐NA | 330.1723 | Posters for reporting abuse and neglect are found on the unit/units mounted on the wall. Typically found in area where staff chart or hold team. |
| 9a. | Are staff aware of abuse and neglect reporting requirements? | ☐Y<br>☐N<br>☐NA | 330.1723 | Staff can describe when external agencies and ORR must be notified under the reporting requirements. |
| 10 | Does the Rights Advisor have unimpeded access to all information/areas necessary to conduct an investigation/perform monitoring functions? | ☐Y<br>☐N<br>☐NA | 330.1755(2)(d) | Interview RRO, and ask them to explain the process of an investigation they have |

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| | | | | conducted as well as access to employees, EHR, etc. |
| 11 | Are Unit Rules (if any) posted (i.e., telephone usage, visitation, etc.) including any exclusions (i.e., weapons, glass, aerosol)? | ☐Y<br>☐N<br>☐NA | 330.1726(3); 330.1728(3) | A. The rules are posted on the unit/units on the wall (Phone hours, Visiting hours, other Rules).<br>B. A copy of the unit rules containing exclusions are provided at the time of admission on the unit.<br>C. There is a "contraband list" separate from the unit rules that is posted on the wall & exterior to the unit and is provided in the admission packet.<br>D. The auditor receives an admission packet to keep, which contains the unit rules and contraband list (if separate from the unit rules). |
| 12 | Has the Rights Advisor assessed the Rules and determined that they are reasonable and lawful? | ☐Y<br>☐N<br>☐NA | | Packet, Interview with Advisor: The auditor is provided a copy of the unit rules to keep for the purposes of the audit for review. Any issues that result from the unit rules review are brought to the attention of the Rights Advisor.<br><br>ATTACH COPY OF RULES |

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| 13 | Is the Hospital free of health and safety concerns? | ☐Y<br>☐N<br>☐NA | 330.1708(2) | Look for locked medications, cleaning supplies, etc.; view seclusion room (if applicable) for sanitary conditions, access to toilet facilities and opportunities to sit or lie down. |
| 13a. | Is Restraint/Seclusion being utilized? | ☐Y<br>☐N<br>☐NA | 330.1740; 330.1742;<br>AR 330.7243 | Rights Advisor is aware of CMS and MHC requirements and can show reviewer where logs are kept. Rights Advisor is aware of Seclusion & Restraint Policy, and can demonstrate location of requirements: |
| 13a(i). | If yes, is the usage compliant with policy (including timeframes as outlined by CMS)? | ☐Y<br>☐N<br>☐NA | 330.1740; 330.1742;<br>AR 330.7243 | No initiation without evidence that a physician is contacted; Recipient removed from S or R if physician does not respond within 30 minutes; Ordered seclusion not to exceed 4 hours for adults, 2 hours for minors, 1 hour for minors 9 or under; physician must see recipient 30 minutes prior to reorder. |
| 13a(ii) | If yes, is the visit at 1 hour compliant with state law; completed by physician or PA? | ☐Y<br>☐N | 330.1740; 330.1745;<br>AR 330.7243; | Physician exam occurs within 60 minutes of |

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| | | ☐NA | 42 CFR §482.13 | authorized seclusion or restraint. |
| 14 | Are staff aware of how to file a complaint? INTERVIEW | ☐Y<br>☐N<br>☐NA | 330.1723(1) | Staff are interviewed. Staff are asked in what ways can a complaint be filed. They are required to list all the possible ways in which a complaint can be filed. |
| 14a. | Are staff aware of how to assist recipients in filing a complaint? | ☐Y<br>☐N<br>☐NA | 330.1776(1) | Staff can explain how to assist recipients in filing complaints. |
| 15 | Are Recipients aware of how to file a complaint? INTERVIEW | ☐Y<br>☐N<br>☐NA | 330.1776(1) | Recipients are interviewed. Recipients can explain how to file a complaint and how to contact the rights advisor if needed. They can identify where the complaint box, and complaint forms are located. They know who the rights advisor is. |
| 16 | Appeals Process for CMHSP recipients (those receiving services or authorization from CMHSP)<br><br>Does notice of appeal rights refer recipients to appropriate CMHSP appeals committee? | ☐Y<br>☐N<br>☐NA | 330.1774(3) | Review notice of appeals rights for clear referral to appeals committee. |
| 17a | Appeals Process for non-CMHSP recipients<br><br>Is there an agreement with MDHHS? | ☐Y<br>☐N<br>☐NA | 330.1774(4)(b) | LPH should have a current copy of this agreement that reflects that MDHHS will hear appeals on non-CMH recipients. (Current |

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| | | | | Director, or within 5 years) |
| 17b | Has LPH/U established their own appeals committee? | ☐Y<br>☐N<br>☐NA | 330.1774(4)(a) | LPH must present list of members & list of categories of members. The committee must be 7 members. No members can be from MDHHS or the CMHSP. Two of the members shall be primary consumers and 2 shall be community members.<br><br>If no, who? |
| 18a. | <u>Is there a Recipient Rights Advisory Committee in place either by:</u><br><br>(A)n agreement with local CMHSP | ☐Y<br>☐N<br>☐NA | 330.1758 | Documentation that the provider has a current agreement for the CMH to provide the RRAC. |
| 18b. | (O)r a process handled by Hospital's RRAC | ☐Y<br>☐N<br>☐NA | 330.1758(b) | Documentation that the hospital has an internally appointed RRAC that is made up of 1/3 primary consumers and/or family members, and of that 1/3 at least half of the members are primary consumers. None of the members work on the psychiatric unit, or have a vested interest in the outcome of the committee's actions. There is a list of committee member names? |

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| | | | | There is a list of committee member types? |
| 18b(i) | Do RRAC Minutes reflect meeting at least twice per year? | ☐Y<br>☐N<br>☐NA | 330.1758(a) | Review minutes of RRAC to ensure it meets at minimum twice a year. Minutes reflect evidence of the following: |
| 18b(ii). | Is the committee trained in ORR policies and procedures? | ☐Y<br>☐N<br>☐NA | 330.1755(2)(a) | Evidence of Training in policies. |
| 18b(iii). | Does the committee review funding for ORR? | ☐Y<br>☐N<br>☐NA | 330.1755(2)(b) | Evidence of a review of rights office funding at least once a year. |
| 18b(iv). | Does the committee protect ORR from interference/pressure? | ☐Y<br>☐N<br>☐NA | 330.1758(c) | Evidence that Issues are brought to the committee for discussion & resolution (if necessary). |
| 18b(v). | Does the committee review the Semi-Annual Report? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(j) | Evidence of a review of the semi-annual-report. |
| 18b(vi). | Does the committee review the Annual Report and provide input for the Board of Directors | ☐Y<br>☐N<br>☐NA | 330.1755(5)(j), (6) | Evidence of a review of the annual report and an opportunity for recommendations to the Board. |
| 19 | Has the Rights Advisor and Alternate Rights Advisor successfully completed Basic Skills Part 1 & 2 within 3 months of hire? | ☐Y<br>☐N<br>☐NA | MDHHS/ CMHSP Contract FY 18, Attachment C6.3.2.3A, Standards(A) | Ask for documentation evidence: certificate, email from MDHHS-ORR, HR |

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| 19a. | Has the Rights Advisor and Alternate been trained in Rights related matters annually thereafter (including 36 CEUs every 3 years)? | ☐Y<br>☐N<br>☐NA | 330.1755(2)(e); FY18 Contract Attachment C6.3.2.3A | Request list of training attended with CEU number as assigned by MDHHS-ORR. |
| 20 | Have all LPH Unit staff been trained on all **residential** rights within 30 days of hire? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(f) | Review training policy, training records: Evidence provided of new hires, date of hire, date of training. |
| 20a | Have all individuals employed by LPH, who come into contact with recipients admitted to the LPH, been trained on **basic** rights before or within 30-days of hire? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(f) | Review Hospital Orientation topics, list of Orientees with dates of training (may have brochure for 'incidental staff', such as construction workers). |
| 21 | Is there video surveillance utilized in common areas? | ☐Y<br>☐N<br>☐NA | 330.1724(9) | |
| 21a | If yes, recipients are notified upon admission and by posted signs of the existence and location of videotaping. | ☐Y<br>☐N<br>☐NA | | Request notification & observe posted notification.<br>Rights Advisor is aware of the placement of video cameras and notification documents. |
| 21b | If yes, Rights Advisor can access the video for the purposes of investigation. | ☐Y<br>☐N<br>☐NA | | Rights Advisor indicates that all video requested is made available without undo challenge. Policy reflects ORR access rights to video. |
| 21c | If video surveillance is utilized, are private areas, such as bedrooms, bathrooms and | ☐Y<br>☐N | 330.1724(9) | Interview with Unit Manager, RRO |

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| | showers exempt from videotaping or surveillance? | ☐NA | | |
| 22 | Completed LPH/U Attachment B on file, (electronic version if applicable) | ☐Y<br>☐N<br>☐NA | 330.1755(5)(g) | |
| 22a | Have policies been altered since last Attachment B accomplished? | ☐Y<br>☐N<br>☐NA | | |
| 22b | If yes, were Hospital policies reviewed for Recipient Rights compliance by the LPH Rights Advisor? | ☐Y<br>☐N<br>☐NA | | |
| 22c | If yes, CMH RRO reviewed Hospital Recipient Rights policies (Note any deficiencies not corrected) | ☐Y<br>☐N<br>☐NA | 330.1755(5)(g) | CMH Completion date:<br>Hospital notified:<br>Corrections received:<br><br>(CMH RRO reviewed Hospital Recipient Rights Policy Attachment B to assure LPH rights officer submits a review that is complete & accurate based on a random sample)<br>LPH-RRO has current Attachment B & copy of current policies<br>Compare policies/procedures to RRO standards, of 5 random policies. Utilize LPH-ORR form |

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| 23 | Recipients are afforded an opportunity to sign into the hospital on a voluntary basis | ☐Y<br>☐N<br>☐NA | 330.1406; 330.1415; 330.1416 | Rights Advisor is aware of the process for admissions. |
| 23a | Are the rights as a voluntary patient explained verbally & in writing? | ☐Y<br>☐N<br>☐NA | | Interview individuals on unit. If they deny volunteering information, request ORR show evidence it was provided (form in record). |
| 23b | Is there a mechanism for noting who provided the explanation, and an explanation of the materials in the recipient's record, when the recipient is unable to read, or their understanding is in question? | ☐Y<br>☐N<br>☐NA | | Review (redacted if necessary) forms from recipient records indicating appropriate documentation of alternative communication.<br><br>Evidence: |
| Complaint System | | | | |
| 24a | Is there a record system for reports of apparent or suspected rights violations received, including a mechanism for logging? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(d) | All complaints received by the rights office are dated with a "received date" and logged into a complaint log, which is kept securely by the recipient rights advisor. Log reviewed during site visit. |
| 24b | Is there a mechanism for securing all complaints and evidentiary materials, including proof of remedial action? | ☐Y<br>☐N<br>☐NA | 330.1755(5)(d) | All complaints received, including evidentiary materials are kept in a case file in a locked cabinet located in the |

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| | | | | recipient rights advisor's secure office. (Files may be reviewed by the CMH Rights office over the course of the year as part of monitoring). Physical files and storage reviewed during site visit.<br><br>Evidence: |
| 25a | Complaints are responded to within 5 business days. | ☐Y<br>☐N<br>☐NA | 330.1776(4) | Log indicates timeframes of responses. RRO provides examples of complaints, acknowledgement letters, interventions and investigations. (Files may be reviewed by the CMH Rights office over the course of the year as part of monitoring). |
| 25b | Complaints are investigated, unless the facts are clear, and the remedy can be obtained within 30 days of the complaint. | ☐Y<br>☐N<br>☐NA | 330.1778 | See Above |
| 25c | Investigations are completed in the timeframes required by law. | ☐Y<br>☐N<br>☐NA | 330.1778 | See Above |
| 25d | Status Reports are sent at the 30-day timeframes. | ☐Y<br>☐N<br>☐NA | 330.1778 | See Above |
| Training | | | | |

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|---|---|---|---|---|
| 26 | Is there documentation that hospital provides recipient rights training to staff on an annual basis? | ☐Y<br>☐N<br>☐NA | MDHHS/CMHSP Contract FY 17, Attachment C6.3.2.3A, Standards(B)(8), 330.1754(2)(e)(i) | Review annual training and review documentation maintained of all staff on unit, and date attended training. |
| 27 | Corporate Compliance Training includes DRA 2005 | ☐Y<br>☐N<br>☐NA | "Social Security Act, Title XIX, Sec. 1902(a) (68) Section 6034 of the DRA of 2005, P. L. 109-171, established the Medicaid Integrity Program in Section 1936 of the SSA (P.L. 109-171. MIP Sections 6031,6032, 6034), (Title VI, Subtitle A, Chapter 3 of the DRA of 2005)" | "SSA: Ensure written policies for all employees of the entity (including management) and of any contractor or agent, that provide detailed information about the FCA, administrative remedies for false claims, State laws pertaining to civil or criminal penalties for false claims, and whistleblower protections under such laws, with respect to the role of such laws in preventing and detecting FWA in Federal health care programs.<br>DRA/MIP: Section 6032 - entities receiving or making annual payments under the State Plan of at least $5M, as a condition of receiving payments, shall: (a) establish written policies as noted in SSA above, (b) include detailed provisions regarding the entity's p/p |

| | | | | |
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| | | | | for detecting and preventing FWA, (c) include in any employee handbook p/p for detecting and preventing FWA.<br>DRA/MIP: Section 6034 - Education of providers of services, MC entities, beneficiaries, and other individuals w/respect to payment integrity and quality of care.<br><br>General Compliance training to include: FWA, audit and monitoring, reporting, conflict of interest, code of conduct, HIPAA Privacy/Security, etc." |
| Unit Floor | | | | |
| 28 | Provisions for Privacy Available? (Note if separate rooms or by Dr. orders) | ☐Y<br>☐N<br>☐NA | | Adult-Semi=<br>Child-Semi=<br>Adult-Private=<br>Child- Private= |
| 29 | Weekly and Weekend Activities are scheduled and posted for consumers to see | ☐Y<br>☐N<br>☐NA | | |
| Corporate Compliance | | | | |
| 30 | Sanctioned/excluded providers checklist<br><br>How Often? | ☐Y<br>☐N<br>☐NA | MDHHS/PIHP Contract FY 17, Attachment P7.1.1 | OIG, SAM, MI Sanction Provider List, Finger printing as required, HIPDB(NPDB) as required. |

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| 31 | Are exclusion checks being completed on required individuals monthly? | ☐Y<br>☐N<br>☐NA | | Review random sample to ensure they are being completed on required individuals monthly |
| 32 | Are disclosure of ownership, controlling interest, and criminal convictions completed on managing employees, contractors, etc. at times and frequency designated? | ☐Y<br>☐N<br>☐NA | | Ensure disclosures are completed on managing employees, contractors, etc. at times and frequency designated. |
| 33 | Required Trainings are completed for all staff on unit. (PCP, Grievance, Appeals, …) | ☐Y<br>☐N<br>☐NA | MDHHS/PIHP Contract FY 17 (Attachments P4.4.1.1, P6.3.1.1) | Covered under 33, other trainings should be listed elsewhere?? |
| Sentinel Events | | | | |
| 34 | If any sentinel events occurred on the unit during the review period, was it reported to PIHP/CMHSP as required? | ☐Y<br>☐N<br>☐NA | 330.1778(3) | |
| 35 | Is there evidence of investigation/root cause analysis in the case of a sentinel event? | ☐Y<br>☐N<br>☐NA | 330.1778 | If yes, did investigation begin immediately after sentinel event?<br>Ask for summary of areas for improvement NOT the RCA to ensure non-discoverability. |
| | Current Copy of: | | Date on File Update Needed | Comments |
| | License | ☐Y<br>☐N | | |
| | Liability Insurance | ☐Y<br>☐N | | |
| | Workers Comp Insurance | ☐Y<br>☐N | | |

| | | | | |
|---|---|---|---|---|
| | | | | |
| | Accreditation | ☐Y<br>☐N | | |
| General Information: | | | | |
| | Inpt. Staff Present for Site Review Process: | | | |
| | Positive Observations: | | | |
| Quality Discussion: | | | | |
| 1 | Describe the Organization's Quality Improvement process? | | | |
| 2 | What ongoing processes are in place for evaluating the effectiveness of ongoing services (Feedback loop, surveys, outcome measures)? | | | |
| 3 | How are staff trained on the Organization's Quality Improvement Initiatives? | | | |
| Customer Services Discussion: | | | | |
| 1 | Describe the Organization's Customer Services process: | | | |
| 2 | Describe any best practices or processes you would like to share: | | | |
| Summary of Recipient Rights: | | | | |
| | Compliant: | | | |
| | Partial to Non-Compliant; Requires Corrective Action Plan: | | | |

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| | |
| | Performance Improvement needed in the following areas: |
| | Recommendations: |

_____ _____

Staff conducting site review Date

_____ _____

Staff conducting site review Date

MSHN
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# MSHN –CMHSP Staff Training Tool

CMHSP Name:
Name of Reviewer(s):

Date of Review: Click here to enter a date.

| Staff/Contractor Name: *(Please identify which service/program assigned)* | Date of Hire: Click here to enter a date. |
|---|---|
| | |

Instructions: Please fill in the initial, annual (if applicable), and most recent dates for the training completed for the identified staff/contractor. If the identified training has not been completed, please identify that in the space provided as well as a time frame that the training will be completed. Initial training requirements are listed in the grid below. Ongoing: Training completed at intervals deemed appropriate by MSHN Training Grid to meet the staff needs.

| # | REQUIRED TRAINING | Basis/Source | Frequency of Training: | Provide the Initial, Annual, and Last Date: |
|---|---|---|---|---|
| **General Training Required of ALL Staff:** *(Complete for all staff unless otherwise indicated)- For Autism staff please see Autism section)* | | | | |
| 1.1 | Appeals and Grievances *(except AFC and Aide providing services in the community or unlicensed setting and Autism Behavior Techs)* | MDHHS Contract, PA105 | Initial (90 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 1.2 | Corporate & Regulatory Compliance | Balanced Budget Act, Deficit Reduction Act, MDHHS Contract | Initial (90 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 1.3 | Cultural Competency & Diversity *(except students, volunteers and temp)* | MDHHS Contract Mental Health Code, Code of Federal Regulations | Initial (1 yr. of hire) and Annually | I:<br>A:<br>L: |

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| # | REQUIRED TRAINING | Basis/Source | Frequency of Training: | Provide the Initial, Annual, and Last Date: |
|---|---|---|---|---|
| 1.4 | Environmental Safety | MI Mental Health Code, MI Administrative Code | Initial (1 year of hire) | I: |
| 1.5 | Health Management (Blood Borne Pathogens/Infection Control) | MI Mental Health Code, MI Administrative Code | Initial (30 days of hire) and Annually | I:<br>A:<br>L: |
| 1.6 | Health Insurance Portability and Accountability Act (HIPAA) | Code of Federal Regulations, MDHHS Contract | Initial (30 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 1.7 | Limited English Proficiency (LEP) | Balanced Budget Act, MDHHS Contract | Initial (90 days of hire) and Annually | I:<br>A:<br>L: |
| 1.8 | Philosophy of Person-Centered Planning *(except CMH employed maintenance)* | MDHHS Contract, MI Mental Health Code | Initial (30 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 1.9 | Implementation of Person-Centered Planning *(Clinical Staff Only)* | MDHHS Contract, MI Mental Health Code | Initial (30 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 1.10 | Recipient Rights | MI Administrative Code, MI Mental Health Code, MDHHS Contract | Initial (30 days of hire) and Annual Refresher | I:<br>A:<br>L: |

| # | REQUIRED TRAINING | Basis/Source | Frequency of Training: | Provide the Initial, Annual, and Last Date: |
|---|---|---|---|---|
| ACT Staff Specific Training | | | | |
| 2.1 | ACT 101 or equivalent | Medicaid Provider Manual | Within 180 days of hire for work in ACT (must be a MDHHS approved training) | I: |
| 2.2 | Advance Directives | MDHHS Contract, Balanced Budget Act, Code of Federal Regulations | Initial (90 days of hire) | I: |
| 2.3 | IDDT/COD (if providing IDDT) | MDHHS Contract, Medicaid Provider Manual | Initial (90 days of hire) and Annually | I:<br>A:<br>L: |
| 2.4 | Non-Physical intervention (Verbal De-escalation) | Federal Register, MI Medicaid Manual | Initial (90 days of hire) | I: |
| 2.5 | Trauma Informed Care | MDHHS | Initial (90 days of hire) | I: |
| 2.6 | LOCUS (MI Adults) | MDHHS Contract | Initial (90 days of hire) | I: |
| Crisis Intervention/Access Staff | | | | |
| 3.1 | Access Standards (access staff only) | MDHHS Contract | Initial | I: |

| | | | | |
|---|---|---|---|---|
| 3.2 | CAFAS and/or PECFAS (if working with children-SED Waiver only) | MDHHS Contract, MI Medicaid Provider Manual | Initial (90 days of hire) and every 2 years | I:<br>2:<br>L: |
| 3.3 | COD | MI Medicaid Provider Manual, Code of Federal Regulations | Initial (90 days of hire) | I: |
| 3.4 | Non-Physical intervention (Verbal De-escalation) | Code of Federal Regulations | Initial (90 days of hire) | I: |
| 3.5 | Self Determination (Clinical Staff Only) | MDHHS Contract | Initial (90 days of hire) and Annually | I:<br>A:<br>L: |
| 3.6 | Trauma Informed Care | MDHHS Contract | Initial (90 days of hire) | I: |
| 3.7 | LOCUS (MI Adults) | MDHHS Contract | Initial (90 days of hire) | I: |
| 3.8 | DECA (Devereaux Early Childhood Assessment) | MI Medicaid Provider Manual | Prior to conducting assessments | |
| **Adult Foster Care (AFC) Licensed Direct Care Staff or Aide Level Staff providing services in the community or unlicensed setting (CLS/respite services)** | | | | |
| 4.1 | CPR & First Aid training *(Aide's – First Aid only)* | MI Medicaid Provider Manual, MI Administrative Code | Initial (30 days of hire) and every two years | I:<br>A:<br>L: |

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|---|---|---|---|---|
| 4.2 | Medication Administration *(Aide's – if passing meds)* | MI Administrative Code | Initial (90 days of hire) | I: |
| 4.3 | Non-Physical intervention/Verbal De-escalation (*Aide's - based on consumer IPOS) *Review this training using consumer chart selection reviews – if applicable* | Code of Federal Regulations, MI Medicaid Manual | Initial (90 days of hire) | I: |
| 4.4 | Person Centered Plan -Consumer specific (*Based on consumers IPOS) *Review this training using consumer chart selection reviews – if applicable* | MDHHS, MI Mental Health Code, Code of Federal Regulations | Initial (within first 30 days of hire and annual refresher | I: |
| 4.5 | Trauma Informed Care | MDHHS Contract | Initial (90 days of hire) | I: |
| **Primary Service Providers** (Case Manager, Supports Coord, Home-based Staff, Multisystemic Therapy, Wraparound) **or Individual/Group Therapist Training** | | | | |
| 5.1 | Children Diagnosis and Treatment Specific Training *(Home-Based or Children Staff)* | MI Administrative Code | 24 hours Annually *from date of hire* (indicate if all 24 hours were completed during last year - dates not necessary) | # hrs completed annually: |
| 5.2 | Advance Directives | MDHHS Contract, Balanced Budget Act, Code of Federal Regulations | Initial (90 days of hire) | I: |
| 5.3 | CAFAS and/or PECFAS *(if working with children-SED Waiver only)* | MDHHS Contract, MI Medicaid Provider Manual | Initial (90 days of hire) and every 2 years | I:<br>2:<br>L: |
| 5.4 | COD | MI Medicaid Provider Manual, Code of Federal Regulations | Initial (90 days of hire) | I:<br>A:<br>L: |

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|---|---|---|---|---|
| 5.5 | Non-Physical intervention/Verbal De-escalation | Code of Federal Regulations, MI Medicaid Manual | Initial (90 days of hire) | I: |
| 5.6 | Self Determination | MDHHS Contract | Initial (90 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 5.7 | Trauma Informed Care | MDHHS Contract | Initial (90 days of hire) | I: |
| 5.8 | LOCUS (MI Adults) | MDHHS Contract | Initial (90 days of hire) | I: |
| 5.9 | Understanding the SIS- Process/Procedure (IDD) | MDHHS Contract | Initial (60 days of hire) | I: |
| **Autism Service Providers** (Behavior Technicians, BCaBA, BCBA, LLP, QBHP, and QLP) | | | | |
| 6.1 | Appeals and Grievances *(not required for Behavior Technicians)* | MDHHS Contract 6.3.2: BBA 438.01(g), PA105 | Initial (90 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 6.2 | Corporate & Regulatory Compliance *(required initially BT's)* | Balanced Budget Act, Deficit Reduction Act, MDHHS Contract | Initial (90 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 6.3 | CPR & First Aid *(Behavior Techs First Aid **only**)* | MI Medicaid Provider Manual, MI Administrative Code | Initial (30 days of hire) and every two (2) years | I:<br>A:<br>L: |
| 6.4 | Cultural Competency & Diversity | MDHHS Contract Mental Health Code, Code of Federal Regulations | Initial (within first year of hire) and annual refresher | I:<br>A:<br>L: |

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|---|---|---|---|---|
| 6.5 | Environmental Safety | MI Mental Health Code, MI Administrative Code | Initial (within first year of hire) | I: |
| 6.6 | Health Management (Blood Borne Pathogens/Infection Control) | MI Mental Health Code, MI Administrative Code | Initial (within first 30 days of hire and annual refresher | I:<br>A:<br>L: |
| 6.7 | HIPAA Privacy and Security | Code of Federal Regulations, MDHHS Contract | Initial (within first 30 days of hire and annual refresher | I:<br>A:<br>L: |
| 6.8 | Limited English Proficiency | Balanced Budget Act, MDHHS Contract | Initial (90 days of hire) and Annual Refresher | I:<br>A:<br>L: |
| 6.9 | Medication Administration (required if passing meds) | MI Administrative Code | Initial (within 90 days of hire) | I: |
| 6.10 | Non-Physical Intervention (Verbal De-escalation) | Code of Federal Regulations, MI Medicaid Manual | Initial (within 90 days of hire) | I: |
| 6.11 | Person-Centered Planning (includes beneficiary IPOS- **Review IPOS consumer specific training using consumer chart selection reviews – if applicable* | MDHHS, MI Mental Health Code, Code of Federal Regulations | Initial (within first 30 days of hire and annual refresher | I:<br>A:<br>L: |
| 6.12 | Recipient Rights | MI Administrative Code, MI Mental Health Code, MDHHS Contract | Initial (within first 30 days of hire and annual refresher | I:<br>A:<br>L: |
| 6.13 | Trauma Informed Care | MDHHS Contract | Initial (within 90 days of hire) | I: |
| **Case Management Training:** *(only complete for Case Manager, Supports Coordinator, Home-based Mental Health Therapy, Multisystemic Therapy, and Wraparound)* | | | | |

| | | | | |
|---|---|---|---|---|
| 7.1 | Case Management Core requirements (assessment, planning, advocacy, monitoring, and linking), as defined in Medicaid Provider Manual 13.3.) | Medicaid Provider Manual | Initial and Ongoing | I:<br>A:<br>L: |
| Customer Service Training | | | | |
| 8.1 | Customer services staff shall be trained to welcome people to the public mental health system and to possess current working knowledge, or know where in the organization detailed information can be obtained | MDHHS Contract | initial and as needed | I:<br>A:<br>L: |

# Tab 4

# Service Delivery

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Consumerism</td><td>Chapter: 02 -<br>Customer Services and Recipient Rights</td><td>Subject No: 02.03.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>January 22, 2003</td><td>Date of Review/Revision:<br>2/11/03, 6/12/07, 5/6/09, 6/23/10, 6/12/12, 5/22/14, 4/7/16, 3/1/18, 3/7/19, 2/28/20, 3/11/21, 3/16/22, 2/28/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Kristie Wolbert<br><br>Additional Reviewers:<br>Clinical Directors<br>Program,<br>Coding/Compliance Specialist,<br>HRC Supervisor</td></tr>
<tr><td>Supercedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set standards for consumer inclusion in the service delivery, design, and delivery process for all mental health services. This policy ensures the goals of a consumer-driven system which gives consumers choices and decision-making roles. This consumer-driven system is based on the active participation by primary consumers (hereafter to include both youth/young adults, families, and adults), family members and advocates in gathering consumer responses to meet these goals.

**Application:**
The entire network of SCCMHA service providers.

**Policy:**
It is the policy of SCCMHA that provided services must advocate for and promote the needs, interests, and well-being of primary consumers. It is essential that consumers (including youth) become partners in creating and evaluating treatment planning, programs, and services.

It is the policy of SCCMHA that provided services be consumer-driven/family-driven/youth-guided and may also be consumer-run (i.e., Youth Breaking Boundaries, Clubhouse, etc.). This policy supports the broadest range of options and choices for consumers in services. It also supports consumer-run programs which empower consumers in the decision-making of their own services.

It is the policy of SCCMHA that all consumers will be provided opportunities and choices to reach their fullest potential and live independently. They also have the right to be included and involved in all aspects of society, particularly their own communities.

It is the Policy of SCCMHA to support the belief that every consumer, child or adult, deserves the opportunity to live a fulfilling life, including those with behavior challenges, and that SCCMHA is committed to the success of each person or family served.

Accommodations shall be made available and tailored to the needs of consumers, as specified by consumers, for their full and active participation as required by this guideline. These accommodations will include respect for unique background, culture, and communication styles.

**Standards:**

1. All services shall be designed to include ways to accomplish each of these standards:
   a) Engage with individuals in a culturally and linguistically (styles of communication) responsive manner. This includes the availability of staff and services that reflect the racial, ethnic, and cultural makeup of the service area.
   b) Interpreters needed in communicating with non-English and limited-English-speaking persons shall be provided, including different styles of communication (especially for individuals with physical, hearing, or visual needs), to ensure linguistic responsiveness.
   c) Ensure that individuals/families are fully engaged in driving decisions for developing, implementing, monitoring, and evaluating their own plans, including incorporation of individual choice and preferences. Engage individuals/families in researching options and incorporating their choice and preferences.
   d) Promote the efforts and achievements of consumers through special recognition of consumers.
   e) Through customer satisfaction surveys and other appropriate consumer related methods, gather ideas and responses from consumers concerning their experiences with services.
   f) “Person-First Language" shall be utilized in all publications, formal communications, and daily discussion.
   g) Consumers and family members will be involved in evaluating the quality and effectiveness of services and the administrative mechanisms used to establish services. The evaluation is based upon what is important to consumers, as reported in customer satisfaction surveys.
   h) Advance the employment of consumers within the mental health system and in the community at all levels of positions, including mental health service provision roles.
   i) Provide therapeutic, trauma-informed services to all consumers that are served, recognizing that not all consumers may disclose they have experienced trauma, in or outside of the mental health system.

2. Services, programs, and contracts concerning persons with mental illness and related challenges shall actively strive to accomplish these goals:
   a) Elimination of stigma regarding mental illness that exists within the public communities, service agencies, and among consumers, through education about mental illness, recovery, resiliency, and wellness.
   b) Provide a strength-based approach when working with consumers, recognizing that every consumer has strengths that contribute to their resiliency.
   c) Create environments for all consumers in which the process of recovery and the promotion of resiliency can occur. This is shown by an expressed awareness of recovery by consumers and staff.
   d) Provide basic information about mental illness, recovery, and wellness to consumers and the public.

3. Services, programs, and contracts concerning persons with developmental disabilities shall actively strive to accomplish these goals:
   a) Provide personal preferences and meaningful choices with consumers in control of the choice of services and supports.
   b) Through educational strategies: promote inclusion, both personal and in the community; strive to relieve disabling circumstances: actively work to prevent occurrence of increased disability; and promote individuals in exercising their abilities to their highest potentials.
   c) Provide a role for consumers to make decisions in polices, programs, and services that affect their lives including person-centered planning processes.

4. Services, programs, and contracts concerning minors (hereafter referred to as youth/young adults) and their families shall actively strive to accomplish these goals:
   a) Services shall be delivered in a family-centered/driven approach, implementing comprehensive services that address the needs of the youth/young adults and his/her family.
   b) Services shall be individualized, family-driven, and youth guided with respect for the youth/young adults and family's choice of services and supports.
   c) Services shall be responsive to youth/young adults and family's culture and styles of communication.
   d) Roles for families and youth/young adults to make decisions in policies, programs and services that affect their lives and their youth's life, utilizing a "youth guided" approach.

5. Consumer-run programs shall receive the same consideration as all other providers of mental health services. This includes these considerations:
   a) Clear contract performance standards.
   b) Fiscal resources to meet performance expectations.
   c) A contract liaison person to address the concerns of either party.
   d) Inclusion in provider coordination meetings and planning processes.
   e) Access to information and supports to ensure sound business decisions.

PROVIDER compliance with this guideline shall be evaluated. Foremost, this must involve consumers, family members, and advocates. Providers, professionals, and administrators must be also included. The AUTHORITY shall provide technical assistance. Evaluation methods shall provide constructive feedback about improving the use of this policy.

**Definitions:**
"Informed Choice" means that an individual receives information and understands his or her options.

"Primary Consumer" means an individual who receives services from a Community Mental Health Service Program. It also means a person who has received the equivalent mental health services from the private sector. This includes both adults and youth/young adults.

"Consumerism" means active promotion of the interests, service needs, and rights of mental health consumers.

"Consumer-Driven" means any program or service focused and directed by participation from consumers.

"Consumer-Run" refers to any program or service operated and controlled exclusively by consumers.

"Family Member" means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer. It is also any individual upon whom a primary consumer depends for 50 percent or more of his or her financial support.

"Minor" means an individual under the age of 18 years. In this document, the word youth is used for this purpose as well.

"Family Centered Services" means services for families with minors which emphasize family needs and desires with goals and outcomes defined. Services are based on the families' strengths and competencies with active participation in decision-making roles.

“Family Driven” families will be included in treatment planning discussions and decisions that are about them.

"Person-Centered Planning" means the process for planning and supporting the individual receiving services. It builds upon the individual's capacity to engage in activities that promote community life. It honors the individual's preferences, choices, and abilities, with focus on consumers goals, dream and desires.

"Person-First Language" refers to a person first before any description of disability.

"Recovery" means the process of personal change in developing a life of purpose, hope, and contribution. The emphasis is on abilities and potentials. Recovery includes positive expectations for all consumers. Learning self-responsibility is a major element to recovery.

“Resiliency” is a developed characteristic that allows positive adaptation with the context of significant adversity.

“Youth Guided” youth will be engaged in treatment planning, discussions and decisions that are about them to the extent that is developmentally appropriate.

**References:**
Act 258, Section 116(e), Public Acts of 1974 as amended, being MCL 330 1116 1704, 1708.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establishes policy requiring consumer inclusion in the service delivery, design and delivery process for all mental health services. | CEO<br>Executive Director of Clinical Services |
| Establishes a Citizens’ Advisory Committee which is active in assisting with the development and review of customer satisfaction surveys. | CEO |
| Appoints consumers to the quality committees. | CEO<br>Quality Governance Board |
| Provides services that advocate and promotes the needs, interests and well being of primary consumers. | All SCCMHA Service Providers |
| Provides accommodations for consumers based on the expressed needs of the consumer. | All SCCMHA Service Providers |
| Gathers ideas and responses from consumers concerning their experiences with services and makes changes based on these findings. | All SCCMHA Service Providers |
| Involves consumers and family members in evaluating the quality and effectiveness of services and makes changes based on these findings. | All SCCMHA Service Providers |

| | |
|---|---|
| Evaluates compliance with this policy and provides constructive feedback to providers on how to improve upon their compliance with this policy. | Director of Network Services<br>Network Services Auditing Staff |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Inclusion</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.03.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>12/1/02</td><td>Date of Review/Revision:<br>6/12/07, 5/6/09, 6/30/10 3/30/12, 3/5/14, 5/22/14, 4/7/16, 3/24/17, 3/1/18, 3/7/19, 3/4/20, 3/29/21, 3/3/22, 3/2/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Services for Persons with Intellectual and Developmental Disabilities<br><br>Authored By:<br>Jennifer Rieck-Martin<br>Julie Bitterman<br><br>Additional Reviewers:<br>Charlotte Fondren</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to foster the inclusion and community integration of all Saginaw County Community Mental Health Authority consumers.

**Application:**
The entire Saginaw County Community Mental Health Authority network of providers.

**Policy:**
No matter where people live or what they do, all community members are entitled to fully exercise and enjoy the human, constitutional and civil rights which collectively are held common. These rights are not conditional or situational. These rights are constant throughout our lives. These constitutional and civil rights are unaffected by the fact that a citizen receives services or supports from the public mental health system. By virtue of an individual's membership in his or her community, he or she is entitled to fully share in the privileges and resources that the community has to offer. Saginaw County Community Mental Health Authority supports the inclusion and community integration of all consumers of service.

**Standards:**

I. The Saginaw County Community Mental Health Authority network of providers will design programs and services to be congruent with the norms of their community. This requires giving first consideration to using a

community's established conventional resources before attempting to develop new ones that exclusively or predominantly serve only mental health consumers. Some of the resources, which can be used to foster inclusion, integration and acceptance include:

- Securing entitlements including SSI, SSD, Medicaid, and food stamps
- Use of the community's public transportation system
- Leisure and recreation facilities
- General health care services
- Employment opportunities (real work for real pay)
- Traditional housing resources
- Generic resources for low-income persons in the community including clothes closets, food pantries, etc.
- Access to faith-based resources and support
- Access to educational resources and opportunities

II. The Saginaw County Community Mental Health network of service providers shall organizationally promote inclusion by establishing internal mechanisms that:

- Assure all consumers of mental health services are treated with dignity and respect.
- Assure all consumers, including those who have guardians or advocates, have opportunities for consumer choice and self-representation.
- Provide for a review of consumer outcomes.
- Provide opportunities for consumer representation and membership on planning committees, workgroups and agency evaluation committees.
- Invite and encourage consumer participation in sponsored events and activities of their choice.
- Provide and assist with research and resources for community inclusion

III. The Saginaw County Community Mental Health network of service providers shall establish policies and procedures that support the principles of normalization, or "a life like everyone else", through delivery of clinical services and supports that:

- Address the social, chronological, cultural, linguistic, and ethnic aspects of services and outcomes of treatment.
- Help consumers gain social integration and assertive communication skills to become more self reliant in all life environments for daily living (i.e., purchasing/returns at stores, banking, grocery, doctor's appointments).
- Encourage and assist consumers, as applicable, to obtain and maintain integrated, competitive employment in the community labor market(s), irrespective of one's disability. Assistance may include, but is not limited to, helping the consumer to develop relationships with co-

workers both at work and in non-work situations. This includes making use of assistive technology to obtain or maintain employment.
- Assist adult consumers to obtain/maintain permanent individual housing integrated in residential neighborhoods.
- Help families develop and utilize both informal interpersonal and community-based networks of supports and resources.
- Provide children with treatment services in a community-based manner which promotes permanency.

IV. The Saginaw County Community Mental Health network of service providers shall establish procedures and mechanisms to provide consumers with the information and counsel they need to make informed treatment choices. This includes helping consumers examine treatment and support options, financial resources, housing options, education, and employment options. In some instances, this may include helping a consumer to:
- Learn how to make and assertively communicate one's own decisions
- Learn to take responsibility for decisions made
- Understand his/her obligations as well as rights.

**Definitions:**
**Community**: Refers to both society in general as well as the distinct cities, villages, townships, and neighborhoods where people, under a local government structure, come together and establish community identity, develop shared interests and shared resources.

**Inclusion***:* Means recognizing and accepting people with mental health needs as valued members of their community.

**Integration**: Means enabling mental health consumers to become or continue to be participants and integral members of their community.

**Normalization***:* Means rendering services in an environment and under conditions that are culturally normative. This approach not only maximizes the individual's opportunities to learn, grow and function within general accepted patterns of human behavior but it also serves to mitigate social stigma and foster inclusion.

**Self-representation***:* Means encouraging consumers, including those who have guardians, to employ the services of advocates to express their own point of view and to have input regarding the services that are being planned or provided by the Provider.

**References:**
Michigan Department of Health and Human Services (MDHHS) Inclusion Best Practice Guideline

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Provides leadership through procedures and practices which foster inclusion and community integration of consumers of mental health services. | CEO<br>Executive Director of Clinical Services<br>Network Providers |
| Designs programs and services to be congruent with the norms of the community. | The entire SCCMHA network of providers<br>Families/youth/consumers |
| Establish internal mechanisms that organizationally promote community inclusion for all consumers. | The entire SCCMHA network of providers |
| Develop or adopt policies and procedures that support the principles of normalization. | The entire SCCMHA network of providers |
| Provide and foster opportunities for consumer representation on planning committees, work groups and agency service evaluation committees. | The entire SCCMHA network of providers |
| Establishes procedures and mechanisms to provide consumers the information and accommodations needed to make informed choices. | The entire SCCMHA network of providers |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Person-Centered Planning | **Chapter**: 02 -<br>Customer Services and Recipient Rights | **Subject No**: 02.03.03 |
| **Effective Date**:<br>December 1, 2002 | **Date of Review/Revision**:<br>5/6/09, 6/30/10, 5/14/12, 5/22/14, 4/7/16, 7/12/16, 3/30/17, 3/1/18, 10/26/18, 3/26/19, 6/8/20, 10/25/21, 6/28/22, 6/6/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Jennifer Keilitz, Director of NSPP & CE |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Kristie Wolbert<br><br>**Additional Reviewers**: |

**Purpose:**
To establish person-centered planning practice guidelines as the values and principles underlying person-centered planning.

**Policy:**
As established in the Michigan Mental Health Code, all consumers receiving on-going services from Saginaw County Community Mental Health Authority have the right to utilize the Person-Centered Planning (PCP) in the development of the consumer's Individual Plan of Service (IPOS). The use of this process will be based on the services provided without regard to age, disability, race, color, religion, gender, sexual orientation, gender identity or expression, national origin, legal status, or residential setting.

PCP is a way for people to plan their lives in their communities, set the goals that they want to achieve, and develop a plan for how to accomplish them. PCP is required by state law (the Michigan Mental Health Code (the Code)) and federal law (the Home and Community Based Services (HCBS) Final Rule and the Medicaid Managed Care Rules) as the way that people receiving services and supports from the community mental health system plan how those supports are going to enable them to achieve their life goals. The process is used to plan the life that the person aspires to have, considering various options—taking the individual's goals, hopes, strengths, and preferences and weaving them into plans for the future. Through PCP, a person is engaged in decision-making, problem solving, monitoring progress, and making needed adjustments to goals and supports and services provided in a timely manner. PCP is a process that involves support and input from those people who care about the person doing the planning. The PCP process is used any time an individual's goals, desires, circumstances, choices, or needs change. While PCP is the required planning approach for mental health and I/DD services provided by the CMHSP system,

PCP can include planning for other public supports and privately-funded services chosen by the person.

**Application:**
All providers, board operated and contracted, of the Saginaw County Community Mental Health Authority network.

**Standards:**
PCP is an individualized process designed to respond to the unique needs and desires of each person. Through the PCP process, a person and those he or she has selected to support him or her:

1. Focus on the person's life goals, interests, desires, choices, strengths and abilities as the foundation for the PCP process.

2. Identify outcomes based on the person's life goals, interests, strengths, abilities, desires and choices.

3. Make plans for the person to achieve identified outcomes.

4. Determine the services and supports the person needs to work toward or achieve outcomes including, but not limited to, services and supports available through the community mental health system.

5. After the PCP process, develop an Individual Plan of Services (IPOS) that directs the provision of supports and services to be provided through the community mental health services program (CMHSP).

PCP focuses on the person's goals, while still meeting the person's basic needs [the need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation as identified in the Code]. As appropriate for the person, the PCP process may address Recovery, Self-Determination, Positive Behavior Supports, Treatment of Substance Abuse or other Co-Occurring Disorders, and Transition Planning as described in the relevant MDHHS policies and initiatives.

PCP focuses on services and supports needed (including medically necessary services and supports funded by the CMHSP) for the person to work toward and achieve their personal goals.

For minor children, the concept of PCP is incorporated into a family-driven, youth-guided approach (see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline). The needs of the child are interwoven with the needs of the family, and therefore supports and services impact the entire family. As the child ages, services and supports should become more youth-guided especially during transition into adulthood. When the person reaches adulthood, his or her needs and goals become primary.

There are a few circumstances where the involvement of a minor's family may be not appropriate:

1. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Code.
2. The minor is emancipated.
3. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the minor or substantial disruption of the planning process. Justification of the exclusion of parents shall be documented in the clinical record.

Every person is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community.

Every person has strengths, can express preferences, and can make choices

The person's choices and preferences are honored. Choices may include: the family and friends involved in his or her life and PCP process, housing, employment, culture, social activities, recreation, vocational training, relationships and friendships, and transportation. Individual choice must be used to develop goals and to meet the person's needs and preferences for supports and services and how they are provided.

The person's choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.

Every person contributes to his or her community, and has the right to choose how supports and services enable

Through the PCP process, a person maximizes independence, creates connections, and works towards achieving his or her chosen outcomes.

A person's cultural background is recognized and valued in the PCP process. Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including ASL interpretation, are also recognized, valued and accommodated.

The following elements are essential to the successful use of the PCP process with a person and the people invited by the person to participate.

1. **Person-Directed.** The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.

2. **Person-Centered.** The planning process focuses on the person, not the system or the person's family, guardian, or friends. The person's goals, interests,

desires, and choices are identified with a positive view of the future and plans for a meaningful life in the community. The planning process is used whenever there are changes to the person's needs or choices, rather than viewed as an annual event.

3. **Outcome-Based.** The person identifies outcomes to achieve in pursuing his or her goals. The way that progress is measured toward achievement of outcomes is identified.

4. **Information, Support and Accommodations.** As needed, the person receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS. Support and accommodations to assist the person to participate in the process are provided. The person is offered information on the full range of services avail-able in an easy-to-understand format.

5. **Independent Facilitation.** Individuals have the information and support to choose an independent facilitator to assist them in the planning process. See Section II below.

6. **Pre-Planning**. The purpose of pre-planning is for the person to gather the information and resources necessary for effective PCP and set the agenda for the PCP process. Each person must use pre-planning to ensure successful PCP. Pre-planning, as individualized for the person's needs, is used anytime the PCP process is used.

   The following items are addressed through pre-planning with sufficient time to take all needed actions (e.g. invite desired participants):

   a. When and where the meeting will be held.

   b. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).

   c. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and making a plan for how to deal with them. (What will be discussed and not discussed.

   d. The specific PCP format or tool chosen by the person to be used for PCP.

   e. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).

f. Who will facilitate the meeting.

g. Who will take notes about what is discussed at the meeting.

7. **Wellness and Well-Being**. Issues of wellness, well-being, physical health and primary care coordination support needed for the person to live the way he or she want to live are discussed and plans to address them are developed. People are allowed the dignity of risk to make health choices just like anyone else in the community (such as, but not limited to, smoking, drinking soda pop, eating candy or other sweets). If the person chooses, issues of wellness and well-being can be addressed outside of the PCP meeting.
   PCP highlights personal responsibility including taking appropriate risks. The plan must identify risks and risk factors and measures in place to minimize them, while considering the person's right to assume some degree of personal risk. The plan must assure the health and safety of the person. When necessary, an emergency and/or back-up plan must be documented and encompass a range of circumstances (e.g. weather, housing, support staff).

8. **Participation of Allies**. Through the pre-planning process, the person selects allies (friends, family members and others) to support him or her through the PCP process. Pre-planning and planning help the person explore who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

To assure consumer involvement in the process, consumers will be asked by their assigned Case Holder to complete the Choice Document (see exhibit below) during the pre-planning aspect of the Individual Plan of Service.

Consumers should be offered the ability to create a Crisis Plan, Psychiatric Advanced Directive, or a Wellness Recovery Action Plan.

The goal of a crisis plan, psychiatric advanced directive or a wellness recovery action plan it to help the consumer and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse.

Discussion with the consumer about this type of planning should occur:

1) After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc.
2) After a series of crisis intervention contacts. A series here is defined as three or more.
3) After treatment for SUD in a residential treatment facility.
4) As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.

All agency and network staff, at all levels of the organizations (including secretaries, administrators, psychiatrists, janitors, etc.), shall have training in person-centered planning concepts and philosophy within 30 days of hire and annually thereafter.

Additionally, Case Holders will be evaluated at least annually on their knowledge and utilization of the process for their caseloads. This will be part of the annual performance evaluation.

The SCCMHA Customer Service Staff will complete a survey of a sampling of consumers who have recently had their Person-Centered Planning Pre-Planning Meeting. The sampling will include at least 50 consumers per month and will include every member of the SCCMHA Provider Network.

- The results of the surveys will be collected and shared with the Quality Governance Committee on a quarterly basis.

Whenever feasible, consumers should be involved in providing person-centered planning training as co-presenters.

Person-Centered/family planning training should be available and open to consumers, family members and the general public.

To assure an understanding of not only the technical process but also the 'spirit' and intent of Person-Centered Planning, annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist to train and assess that Case Holder's understanding of the PCP Process. The results of this tool will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist.

**Definitions:**
**Person-Centered Planning:** means a process for planning and sup-porting the individual receiving services that build upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities. [MCL 330.1700(g)]

**Case Holder:** Case Managers, Supports Coordinators, Therapists, Wrap Coordinators and other staff who provide case management or coordination of care for a consumer

**References:**
The Michigan Mental Health Code
MDHHS Person-Centered Planning Policy (June 5, 2017)
MDHHS Person-Centered Planning Policy and Practice Guideline (updated 1/31/2022)
Policies & Practice Guidelines (michigan.gov)
SCCMHA Policy & Procedure 02.03.03B Family Centered Practice

**Exhibits:**

Exhibit A - Chart of Elements/strategies
Exhibit B – Choice Document
Exhibit C – Person Centered Planning Process-Fidelity Checklist
Exhibit D –IPOS Workflow and Activities

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Provides leadership through policy that requires staff training on Person/family Centered Planning at all levels of the organization and network. | CEO<br>Executive Director of Clinical Services<br>Director of Network Services, Public Policy & Continuing Education |
| Provides leadership through policy that requires staff and network adherence to Person/family Centered Planning policy and practices. | CEO<br>Executive Director of Clinical Services<br>Director of Network Services, Public Policy & Continuing Education |
| Assures that training is made available on a regular basis to new staff and contractors as well as consumers and family members and that, when possible, consumers are involved in providing the training, co-presenters. | CEO<br>Executive Director of Clinical Services<br>Director of Network Services, Public Policy & Continuing Education<br>SCCMHA Training Unit<br>Supervisor of Customer Services |
| Case Holder evaluation of utilization of Person-Centered Plan is conducted at least annually as part of staff performance evaluation | Clinical Supervisor |
| Assures that all decisions involving a consumer are made utilizing the concepts of person/family centered planning. | SCCMHA Network |
| Person/family centered planning processes begin when the individual makes a request to the agency. The first step is to find out from the individual the reason for his/her request for assistance. During this process the individual needs and valued outcomes are identified rather than requests for a specific type of service. The attached Chart of Elements/Strategies can be used by staff to determine how to proceed based upon the person's/family's wants and needs. | SCCMHA Centralized Access and Intake Staff/Family Guide |

| | |
|---|---|
| Before a person/family centered planning meeting is initiated, a pre-planning meeting occurs and all decisions are documented. In the pre-planning the individual chooses:<br>♦ Dreams, goals, desires and any topics which he/she would like to talk about at the meeting.<br>♦ Topics he/she does not want discussed at the meeting.<br>♦ Who to invite and who will be responsible for inviting those individuals.<br>♦ Where and when the meeting will be held.<br>♦ Who will facilitate the meeting? The consumer must be given choices including the option for independent facilitation.<br>♦ Who will be responsible for recording the meeting?<br>♦ Whether the adult consumer is interested in participating in self-determination | Case Holder/Parent/guardian when applicable |
| Before the person/family centered planning meeting is initiated, a Psychosocial Assessment is completed. Annual assessments are completed within 364 days of the last assessment. | Case Holder<br>Consumer |
| The person/family centered planning meeting is held and directed according to the choices made by the individual/family during the pre-planning meeting. | Consumer<br>Facilitator<br>Case Holder<br>Parent/guardian when applicable<br>Family members and other invited guests |
| Each consumer shall be given opportunities to express his/her needs and desired outcomes. Accommodations will be made as necessary to maximize the individual's ability for self-expression. Sensitivity to cultural and linguistic (styles of communication) responsiveness will be practiced. | Consumer<br>Facilitator<br>Case Holder<br>Parent/guardian when applicable<br>Family members and other invited guests |

| | |
|---|---|
| Each consumer is given the opportunity to develop a crisis plan to assist the individual in and those around the person recognize when the consumer is regressing in their recovery and assist the person while they are healthy to make decisions about their care when they are feeling unwell or unable to make decisions about their care. During the meeting, the consumer is the focal point of conversation. The consumer will be addressed directly in the style of communication that they prefer and is understandable by all participants. Simple and clear language will be used to assure understanding of all participants. The consumer will be empowered to make decisions regarding his/her care. The professionals involved will act as consultants to the consumer rather than primary decisions makers. | Consumer<br>Facilitator<br>Case Holder<br>Parent/guardian when applicable<br>Family members and other invited guests<br>Customer services |
| Potential support and/or treatment options identified by the consultants/staff to meet the expressed needs/desires of the individual/family will be presented to, discussed with and approved by the individual/family. All participants should maintain a positive focus on the consumer's abilities. The consumer's choices and preferences about his/her supports and services should always be given primary consideration in planning. Issues and concerns that the individual or others have about the consumer's health, welfare and safety should be shared with the consumer/family as he/she makes choices. Care will be taken to include access to high quality physical health needs as well as behavioral health. In addition, social services, housing, educational systems, and employment opportunities to facilitate wellness and recovery of the whole person. | Consumer<br>Facilitator<br>Case Holder<br>Parent/guardian when applicable<br>Family members and other invited guests<br>Customer services |
| Throughout the planning process, the resources and supports that are already | Consumer<br>Facilitator |

| | |
|---|---|
| available to the consumer including natural/community supports will be identified. The planning team should consider how these natural supports could be utilized to help the consumer/family reach his/her dreams and desires. If the consumer has no natural supports, the team will discuss how such supports will be developed. | Case Holder<br>Parent/guardian when applicable<br>Family members and other invited guests<br>Customer services |
| Consumers are encouraged and supported to reach their highest potential. To the extent possible, the individual shall be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly true for individuals who have limited life experiences in the community with respect to housing, work and other domains. | Consumer<br>Facilitator<br>Case Holder<br>Parent/guardian when applicable<br>Family members and other invited guests<br>Customer services |
| Person/family centered planning is a dynamic process. Consumers have the opportunity to reconvene any or all of the planning processes whenever he/she wants or needs. Consumers with dual diagnosis of MI/SUD will have periodic reviews of their PCP completed every 120 days. | Consumer<br>Case Holder |
| Consumers/families are provided with ongoing opportunities to provide feedback on how he/she feels about the service, support and/or treatment he/she receives and his/her progress toward attaining varied outcomes. Information is collected and changes are made in response to the consumer's/family's feedback. | Consumer<br>Case Holder |
| Once all parties have agreed to all elements of the Person-Centered Plan, the plan will be submitted to the departmental supervisor for approval, as well as Care Management for approval of authorization of requested services. The Person-Centered Plan is effective on the date which the required supervisor signs the plan. | Case Holder<br>Clinical Supervisor<br>Care Management |

| | |
|---|---|
| Each consumer is provided with a copy of his/her person/family centered plan within 15 business days after the meeting. | Case Holder |
| The SCCMHA Customer Service Staff will complete a survey of a sampling of consumers who have recently had their Person Centered Planning Pre-Planning Meeting. The sampling will include at least 50 consumers per month and will include every member of the SCCMHA Provider Network.<br>➢ The results of the surveys will be collected and shared with the Quality Governance Committee on a quarterly basis. | SCCMHA Customer Service Staff |
| Annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist to train and assess that Case Holder's understanding of the PCP Process. The results of this checklist will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist. | Clinical Supervisor<br>Case Holder |

**EXHIBIT A**

**The following chart of elements/strategies can be used by the person representing the CMHSP, depending upon what the individual wants and needs.**

**Three possible situations are:**

1. **<u>The individual expresses a need that would be considered urgent or emergent.</u>**

   When an individual is in an urgent/emergent situation, the goal is to get the individual's crisis situation stabilized. Following stabilization, the individual and CMHSP will explore further needs for assistance and if required, proceed to a more in-depth planning process as outline below. It is this type of situation where and individual's opportunity to make choices may be limited.

2. **<u>The individual expresses a need or makes a request for support, services and/or treatment in a single life domain and/or of a short duration.</u>**

   A life domain could be any of the following:
   - ♦ Daily activities
   - ♦ Social relationships
   - ♦ Finances
   - ♦ Work
   - ♦ School
   - ♦ Legal and Safety
   - ♦ Health
   - ♦ Family and relationships

3. **<u>The individual expresses multiple needs that involve multiple life domains for support(s), service(s) or treatment of an extended duration.</u>**

**The following chart represents the elements/strategies that can be used depending on the kinds of needs expressed by the individual.**

| Elements/Strategies | Urgent/ Emergency (< 7 days) | Short Duration (≥ 7 days) | Extended Duration |
|---|---|---|---|
| The individual expresses his/her needs and/or desires. Accommodations for communication will be made to maximize his/her ability for expression. | X | X | X |
| The individual's preferences, choices and abilities are respected. | X | X | X |
| Potential issues of health and safety are explored and discussed, to determine if there is a role for other clinicians to provide additional information or opinions. | X | X | X |
| As a result of health or safety concerns or court-ordered treatment, limitations may exist for individual choice. However, opportunities for individuals to express their perceived needs can occur and opportunities to make choices among limited options can be given. | X | X | X |
| Person-centered planning includes pre-planning activities. These activities result in the determination of whether in-depth treatment or support planning is necessary and if so, to determine and identify the people and information that need to be assembled for successful planning to take place. | | X | X |
| All planning meeting(s) are scheduled at a time and location convenient to the individual and persons the individual chooses to have participate. | ***Should ask at 1st meeting!*** | X | X |
| In collaboration with the RMHA, the individual identifies strategies and supports, services and/or treatment needed to achieve desired outcomes. | | X 330.1209a | X |
| Exploration of the potential resources for supports and services to be included in the individual's plan are to be considered in this order:<br>• The individual.<br>• Family, friends, guardian, and significant others.<br>• Resources in the neighborhood and community.<br>• Publicly-funded supports and services available for all citizens.<br>• Publicly-funded supports and services provided under the auspices of the MDCH and CMH Services Programs. | | X | X |
| Regular opportunities for individuals to provide feedback are available. | | X | X |
| The individual's support network is explored with that person to determine who can best help him/her plan. The individual and the people he/she selects together define the individual's desired future, and develop a plan for achieving desired outcomes. For persons with dementia or other organic impairments, this should include the identification of spouses or other primary care givers who are likely to be involved in treatment or support plan implementation. | | | X |
| The process continues during the planning meeting(s) at which the individual and, where necessary, others he/she has selected who know him/her well talk about the desired future and outcomes concentrating on the life domains previously identified as needing change. | | | X |

**EXHIBIT B**

**Saginaw County Community Mental Health Authority Life Choices Documentation Form**

## SCCMHA Funded Licensed Residential Setting

Name: _____ Date: _____

Birth Date: _____ Case: _____ Name of home: _____

The Home and Community Final Rule (HCBS) of Medicaid tells SCCMHA to help you to live your life as you would like to live it. This includes assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

| | | |
|---|---|---|
| You have the right to choose the home you live in from various options. **Given the choices available to you at this time, is your current home where you choose to live?** | Yes ☐ | No ☐ |
| You also have the right to choose your roommate from available options. **Given the choices available to you at this time, are you happy with your current roommate?** | Yes ☐ | No ☐ |

**If at any time you are not happy with the home you live in or your roommate,** you can notify your worker: _____ , phone: _____ to help you to find out about the choices available.

If you live in a place that you do not own or rent, and have staff present, then please answer these questions:

| | | | |
|---|---|---|---|
| **The Resident Care Agreement (BCAL-3266) that I (or my guardian) signed, also included a document known as "Summary of Resident Rights: Discharges and Complaints".** | Yes☐ | No☐ | Don't know ☐ |
| **My bedroom door is lockable from the inside.** | Yes☐ | No☐ | |
| **I am able to furnish and decorate my room the way that I want to.** | Yes☐ | No☐ | |
| **I set my own schedule (For example: I go to bed when I want to, bathe when I want to, etc.).** | Yes☐ | No☐ | |
| **I have access to food at any time.** | Yes☐ | No☐ | |
| **I can have visitors whenever I want to.** | Yes☐ | No☐ | |
| **I have a place to securely lock up my possessions.** | Yes☐ | No☐ | |
| **I receive privacy while doing or receiving personal care.** | Yes☐ | No☐ | |

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.**

**I am aware of, and agree to, the following home restriction(s) in place for the safety of fellow residents, that may limit my access to items or activities:** (mark all that apply) ☐ **No Restrictions**

☐Restricted visitor timeframe ☐Laundry Not Accessible ☐Alarms on doors ☐Sharp knives locked up

☐Quiet Time Hours ☐Limited access to extra food/snacks ☐Other restrictions:_____

**Of those restriction(s) checked, I desire access/accommodations to the following, which will be addressed in my individual plan of service:** (mark all that apply) ☐ **No Restrictions**

☐Restricted visitor timeframe ☐Laundry Not Accessible ☐Alarms on doors ☐Sharp knives locked up

☐Quiet Time Hours ☐Limited access to extra food/snacks ☐Other restrictions:_____

_____ _____

Signature of Person Receiving Services or Legal Representative Date

HCBW Choice Document Rev: 12/19, 2/23

Scan as an attachment to Sentri Pre-planning Form

**Saginaw County Community Mental Health Authority Life Choices Documentation Form**

## Non-Residential Settings

Name: _____ Date: _____

Birth Date: _____ Case: _____ Program: _____

The Home and Community Final Rule (HCBS) of Medicaid tells SCCMHA to help you to live your life as you would like to live it. This includes assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

Saginaw County Community Mental Health provides a full range of work and job options including supports to seek employment.

**If I want to become employed,** I can contact my worker - _____

Phone:_____ to help me find a program to help me find a job.

| | | | |
|---|---|---|---|
| **I am aware about the options available to help me to become part of my community and to develop skills: Supported Employment; Community Ties; Guardian Angels; SVRC, Community Living Supports; Bay Side Lodge; Friends for Recovery; etc.), and chose to attend the program listed above.** | Yes☐ | No☐ | Don't know ☐ |
| **I am aware that I can make changes at anytime by contacting the worker listed above.** | Yes☐ | No☐ | |
| **I am able to choose the hours and days that I attend.** | Yes☐ | No☐ | |
| **If I need help with personal care, I receive it in a private place.** | Yes☐ | No☐ | |
| **The amount of time I get to go out into the community while I attend this program meets my needs and choices.** | Yes☐ | No☐ | |
| **The amount of time I spend with people without disabilities while I attend this program meets my needs and choices.** | Yes☐ | No☐ | |
| **My lunch break is scheduled the same as other people working on my job.** | Yes☐ | No☐ | |
| **I am OK with the employee benefits I receive.** | Yes☐ | No☐ | ☐N/A (I am not an employee) |
| **I am happy with the type of work I do for my employer.** | Yes☐ | No☐ | ☐N/A (I am not an employee) |

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.**

_____ _____

Signature of Person Receiving Services or Legal Representative Date

HCBW Choice Document Rev: 12/19, 2/23

Scan as an attachment to Sentri Pre-planning Form

**EXHIBIT C**

## PERSON-CENTERED PLANNING PROCESS – Fidelity Checklist

Staff Member:_____ Review Date:_____ ID:_____ Supervisor:_____

The supervisor will shadow the staff through the PCP process by observation, which include attending meetings (with consumer permission), reviewing written documentation, and through interview or discussion with the consumer and natural supports. The supervisor will then review these findings with the staff and include findings on the annual performance review.

| Indicator | Adherence* | Recommendations or Suggestions: |
|---|---|---|
| 1. The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions. | ☐2 ☐1 ☐0 | |
| 2. The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams. | ☐2 ☐1 ☐0 | |
| 3. Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect. | ☐2 ☐1 ☐0 | |
| 4. The person uses, when possible, natural and community supports. | ☐2 ☐1 ☐0 | |
| 5. The person has meaningful choices, with decisions based on his or her experiences. | ☐2 ☐1 ☐0 | |
| 6. Planning is collaborative, recurring, and involves an ongoing commitment to the person. | ☐2 ☐1 ☐0 | |
| 7. The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints. | ☐2 ☐1 ☐0 | |
| 8. The person is satisfied with his or her activities, supports, and services. | ☐2 ☐1 ☐0 | |
| 9. Person is viewed as an unique and valued individual, not only as a client or a consumer of services. | ☐2 ☐1 ☐0 | |
| 10. Planning meetings are a celebration of the consumer | ☐2 ☐1 ☐0 | |
| 11. The Person-Centered Planning process and subsequent documentation belong to the person | ☐2 ☐1 ☐0 | |
| 12. Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants. | ☐2 ☐1 ☐0 | |

| Additional Comments or Notes: |
| --- |
| |

*2 – Displays fidelity to the factors of the indicator; 1 – Displays partial fidelity but needs to improve on various factors, 0 – Did not meet fidelity and needs to improve on all factors

**Fidelity Indicators and Factors**

Fidelity Indictors are the numbered states that reflect the values of the Person-Centered Planning Process.
Fidelity Factors are the bulleted statements regarding some of the elements or factors that would be shown in the Indicator

1. **The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions.**
   - The person and advocates participated in planning and discussions where decisions are made.
   - A diverse group of people, invited by the person, assisted in planning and decision-making.

2. **The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams.**
   - The person's dreams, interests, preferences, strengths, and capacities are explicitly acknowledged and consequently their plan drives activities and supports.
   - Supports are individualized and do not rely solely on preexisting models.
   - Supports result in goals and outcomes that are meaningful to the person.
   - Goals are defined by the person with a focus on attaining the life they envision for themselves in the community

3. **Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.**
   - The person has friends, and increasing opportunities to form other natural community relationships.
   - The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
   - The person has the opportunity to be a contributing member of the community.
   - The person can access community-based housing and work if desired.
   - The person is an engaged member within their community.

4. **The person uses, when possible, natural and community supports.**
   - With the person's consent, the support of family members, neighbors and co-workers is encouraged.
   - The person makes use of typical community and generic resources whenever possible.

5. **The person has meaningful choices, with decisions based on his or her experiences.**
   - The person has opportunities to experience alternatives before making choices.
   - The person makes life-defining choices related to home, work and relationships.
   - Opportunities for decision-making are part of the person's everyday routine.

6. **Planning is collaborative, recurring, and involves an ongoing commitment to the person.**
   - Planning activities occur periodically and routinely. Lifestyle decisions are revisited.

- A group of people who know, value, and are committed to serving the person remain involved.

7. **The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints**.
   - Funding of supports and services is responsible to personal needs and desires, not the reverse.
   - When funding constraints require supports to be prioritized or limited, the person or advocates make the decisions.
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8. **The person is satisfied with his or her activities, supports, and services.**
   - The person expresses satisfaction with his or her relationships, home, and daily routines.
   - Areas of dissatisfaction result in tangible changes in the person's life situation.

9. **Person is viewed as a unique and valued individual, not only as a client or a consumer of services.**

   - Person-first language is used
     - Refrain from terms like:
       - Non-verbal
       - Low functioning
       - He's a runner, scratcher
       - Non-compliant
       - The "collective we": How are we doing today?
   - Preferred name and gender preferences used
   - Staff understands the background, history of the person
   - Staff are sincere and genuine in interactions with the person.
   - Interactions adhere to the person's preferences and desires such as respecting someone's belongings, personal space wheelchair, privacy, etc..
   - The person's contribution was valued as shown by listening without interrupting, and giving time to respond to a comment or a question.
   - Discussions and documentation are in plain language
   - Motivational Interviewing was used by the staff to obtain a deeper understanding and knowledge of the person and the person's goals, desires, wishes, and dreams

10. **Planning meetings are a celebration of the consumer**
    - Discussions were positive, future oriented
    - Consumer was encouraged to participate and control the process
    - Consideration was given for consumer's culture, trauma history, desires, dreams, aspirations
    - Strengths are highlighted - the focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The person was involved in making decisions regarding the meeting, including:
      - Who would attend or not attend
      - Location, date, time of meeting
      - Who would lead, facilitate and/or take notes
      - What was to be discussed and what was not to be discussed
    - Staff allowed consumer time to think and to respond
    - Multiple sources were used to obtain information to obtain a fuller picture of the consumer

- Choices were offered to the individual regarding the services and supports the individual receives and from whom.

**11. The Person-Centered Planning process and subsequent documentation belong to the person**

- Plans, schedules, and routines are flexible to the direction of the person
- An environment of choice prevails throughout the process
    - Strength-focused
    - Maximum self-sufficiency and independence is promoted
    - Real opportunities are created
    - Respectfulness prevails
- The approach used was supportive of the person rather than directed by the staff
    - Consumer was provided the necessary information and support to ensure the individual directs the process to the maximum extent possible

**12. Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants.**

**EXHIBIT D**

# IPOS Workflow and Activities

## Pre-planning (60 days prior to IPOS expiration)

1. Case Holder (CH) reviews of information from previous year
    a. Chart Review: Periodic Reviews, Progress Notes, Medication Reviews, Incident Reports
    b. Personal notes or information not in chart
2. CH and consumer and (others) complete tools to help develop consumer goals
3. CH and consumer and (others):
    a. Complete the Choice Document with the consumer
    b. Determine need or want for Enhanced Health Services (EHS)
        i. Submit authorization for EHS
    c. Determine need or want for Community Living Supports
4. CH meets with consumer to complete the Pre-Plan form
5. Planning meeting set up (send invites, arrange location, etc.) is completed by parties designated in Pre-Plan
6. CH completes Assessment in Sentri prior to Planning Meeting (annual assessment should be completed within 364 days of the last assessment)
7. CH enters proposed IPOS goals in Sentri prior to Planning Meeting

## Planning Meeting

8. At the Planning Meeting, the team
    a. Reviews the current strengths of the consumer from the various community and SCCMHA provide supports, services and/or programs
    b. Adds, Reviews and/or revises (if needed) the proposed goals
    c. 15 day copy "clock" starts from date of planning meeting

## Post Planning Meeting

9. CH completes the Planning meeting fields in Sentri (may be done after the planning meeting based on notes)
10. CH Simultaneously submits IPOS for
    a. Supervisor Review, revision (if required) and approval
    b. Submit Authorizations in Sentri, revision (if required) and approval
11. CH signs IPOS after Supervisor and authorization approvals
12. CH sends completed IPOS copy to guardian (if applicable) or consumer for signature
    a. CH documents date sent in Sentri on IPOS form
    b. CH documents consumer/guardian signature date on IPOS form
    c. CH assures that the signed Signature Page scanned
13. CH Review IPOS with programs and services
    a. CH documents any in-service(s) on Sentri on PCP Header
14. CH monitors plan

a. Assures that programs and services are being provided per the IPOS
b. Monitors progress towards goal achievement as indicated in the IPOS
c. Reviews goals per agreed time frames indicated on the IPOS

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Family Centered Practice</td><td>Chapter: 02 -Customer Services & Recipient Rights</td><td>Subject No: 02.03.03 B</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/1/07</td><td>Date of Review/Revision:<br>6/18/07, 7/22/08, 5/6/09, 6/30/10, 5/9/12, 5/22/14, 4/7/16,3/30/17, 3/1/18, 4/3/20, 3/30/21, 10/25/21, 2/28/22, 3/7/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Stacey Farrell<br><br>Additional Reviewers:<br>Jennifer Stanuszek, LMFT</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to define family centered practice and give direction as to how to achieve family centered practice.

**Policy:**
Saginaw County Community Mental Health Authority (SCCMHA) providers are required to utilize a family centered approach to service delivery and planning process for children and families regardless of age, disability, race, color, religion, gender, sexual orientation, gender identity or expression, national origin, or residential setting.

**Application:**
The entire SCCMHA network of providers.

**Standards:**
Family Centered practice is a planning and service delivery process that:

- Recognizes that parents play a unique and essential role in the lives of their minor children and have the greatest influence on the child's health, growth and development.
- Recognizes that enhancing parenting competence and confidence is the best avenue to achieving better outcomes for children.
- Is family specific, individualized by culture, strengths, concerns, and resources of each family.
- Continues to build self-empowerment within parents, children and youth.
- Promotes resiliency by developing interventions that increase abilities and skills in children, youth and families, while reducing risk factors and enhancing protective factors.

- Promotes a child/youth's ability to assume more choice and leadership as he/she matures and develops in preparation for adulthood.

Staff coordinating the planning process will adhere to the following principles when implementing family centered practice:

- Partnerships are developed with parents, children, youth and other caregivers.
- Mutual respect and honesty exist between all partners.
- Planning and services are individualized, family driven and youth guided.
- Family strengths and individual strengths are discovered, acknowledged and built upon.
- Family culture and linguistics (styles of communication) are acknowledged and respected.
- Parenting skill and confidence are strengthened.

The emphasis of family centered practice, as youth become older, is to shift from supporting parents to make decisions for and on behalf of the child, to supporting youth to make his or her own decisions, in the context of their family's values, culture and beliefs.

Providers of services to children and families are required to develop a plan of service utilizing a *family* centered approach—a modification of the essential elements of person-centered planning-- to take into consideration that one is working with a family. These **essential elements of a family centered approach** are:

1. The child, youth and family have an opportunity to reconvene any or all of the planning process whenever he/she/they want or need.
2. The child, youth and family determine who should be involved in the planning meeting.
3. The family is provided with the option of choosing external independent facilitation of their meeting unless they are receiving short term outpatient therapy or a single service.
4. The family will identify the goals, dreams, aspirations and desires for their child and for their family. The child and youth will also have the opportunity to express goals, dreams, aspirations and desires which will be presented to, discussed with and approved by the individual/family.
5. Before a family centered meeting is initiated, a pre-planning meeting with the family occurs. In the pre-planning meeting the child, youth and family chooses:
    a. Strengths, dreams, goals, aspirations and desires and any topics they want to address or plan for at the meeting
    b. Topics they do not want discussed at the meeting
    c. Who to invite
    d. Where and when the meeting will be held
    e. Who will facilitate
    f. Who will record the meeting
6. All potential support and/or treatment options are identified and discussed with the child and family.

7. Health and safety needs are identified in partnership with the child and family. Services are coordinated with primary health care providers and other allied health professionals or systems working with the child.
8. The child, youth and family are provided an opportunity to develop crisis and safety plans which describes what each family member should do during a crisis.
9. The child, youth and family are given ongoing opportunity to express needs, desires and preferences and to make choices.
10. The child, youth and family are provided opportunities to give feedback on the impact of their services, the progress they are making toward outcomes and the plan is modified based on this feedback. Once all parties have agreed to all elements of the Individual Plan of Service, the plan will be submitted to the departmental supervisor for approval.
11. The child, youth and family are provided a copy of their Individual Plan of Service within 15 business days of their meeting.

The IPOS should be developed with the family in mind and should be written with minimal professional jargon or language, using the family's own words or in a way that the family may read or comprehend. The IPOS should have person first language.

All persons eligible for services through SCCMHA and SCCMHA contracted network will have an IPOS developed. A family receiving services through the SCCMHA intake process will have a preliminary plan that addresses immediate needs, as well as any crisis needs until the family meets with their assigned case holder and other team members to develop a comprehensive IPOS.

The plan should be developed within 45 days of the assignment to primary team. When a person is in a crisis situation, that situation should be stabilized before the PCP process is used to plan the life the family desires to have.

The goal of a crisis plan, is to help the consumer/ family and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse.

Discussion with the consumer/family about this type of planning should occur:

1. After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc.
2. After a series of crisis intervention contacts. A series here is defined as three or more.
3. After treatment for SUD in a residential treatment facility.
4. As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.

All agency and network staff, at all levels of the organizations (including front desk associates , administrators, psychiatrists, custodial staff , etc.), shall have family-centered practice training within 30 days of hire.

Whenever feasible, consumers should be involved in providing family-centered planning training as co-trainers.

Person-Centered/family planning training should be available and open to consumers, family members and the general public.

In order to ensure an understanding of not only the technical process but also the 'spirit' and intent of Person-Centered Planning, annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist (Exhibit C) to train and assess that Case Holder's understanding of the PCP Process. The results of this tool will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist. PCP Fidelity Checklists will be available for review by the SCCMHA Auditing team at the time of annual site reviews.

**Definitions:**
**Child**: For purposes of this policy, a child is defined as a minor age birth to 12.

**Youth**: For purposes of this policy a youth is defined as a minor age 13 to 18.

**Family:** For purposes of this policy, family is whomever the family defines to be their family.

**Case Holder**: Case Managers, Supports Coordinators, Therapists, Wrap Coordinators and other staff who provide case management or coordination of care for a consumer

**References:**
MDHHS Family- Driven and Youth-Guided Policy and Practice Guideline (July 29, 2020).
SCCMHA Policy 02.03.03- Person-Centered Planning
Certified Community Behavioral Health Clinics (CCBHC) Criteria

**Exhibits:**
Exhibit A - Chart of Elements/strategies
Exhibit B - Person Centered Planning Process-Fidelity Checklist
Exhibit C - IPOS Workflow and Activities

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Provides leadership through policy that requires staff training on Person/Family Centered Planning at all levels of the organization and network. | CEO<br>Executive Director of Clinical Services<br>Director of Network Services, Public Policy & Continuing Education |
| Provides leadership through policy that requires staff and network adherence to | CEO<br>Executive Director of Clinical Services |

| | |
|---|---|
| Person/Family Centered Planning policy and practices. | Director of Network Services, Public Policy & Continuing Education |
| Assures that training is made available on a regular basis to new staff and contractors as well as consumers and family members and that, when possible, consumers are involved in providing the training. | CEO<br>Executive Director of Clinical Services<br>Director of Network Services, Public Policy & Continuing Education<br>SCCMHA Continuing Education<br>Supervisor of Customer Services |
| Assures that all decisions involving a child, youth and family are made utilizing family centered practices. | SCCMHA Network of providers |
| Schedules a pre-planning meeting in preparation for the family centered planning meeting and assures that the essential elements of a pre-planning meeting are met. | Case Holder<br>Consumer/Youth/Family |
| Schedules and coordinates the family centered planning meeting according to the choices made by the family during the pre-planning meeting. | Case Holder<br>Consumer/Youth/Family |
| Develops the family's plan of service and all of the family outcomes under the name of the identified child. This is with the exception of situations where services to other family members will be provided without the identified child present (medication reviews, respite therapy). In those situations, a single service plan must also be entered for that person. If another family member is going to receive a variety of services and it is expected to be long term a full plan should be developed for them with the outcomes matching those of the first child as it is the family's plan. | Case Holder<br>Consumer/Youth/Family |
| Once all parties have agreed to all elements of the Individual Plan of Service, authorizations will be submitted to Care Management for approval. | Case Holder<br>Clinical Supervisor |

| | |
|---|---|
| Provides the family with a copy of their plan of service within 15 business days of the meeting. | Case Holder |
| Completes periodic reviews along with updating of CAFAS/PECFAS/DECA assessments. | Case Holder |
| Consumer/youth/family or staff can request to reconvene any or all of the planning processes whenever desired, wanted or needed. | Case Holder<br>Consumer/Youth/Family |
| Provides the family, youth and/or child opportunity to provide feedback regarding how they feel about services and modifies the plan of service based on that feedback. | Case Holder |
| Provides regular feedback regarding progress toward outcomes. | Case Holder<br>Consumer/Youth/Family |

**EXHIBIT A**

**The following chart of elements/strategies can be used by the person representing the CMHSP, depending upon what the individual wants and needs.**

**Three possible situations are:**

1. **<u>The individual expresses a need that would be considered urgent or emergent.</u>**

   When an individual is in an urgent/emergent situation, the goal is to get the individual's crisis situation stabilized. Following stabilization, the individual and CMHSP will explore further needs for assistance and if required, proceed to a more in-depth planning process as outlined below. It is this type of situation where an individual's opportunity to make choices may be limited.

2. **<u>The individual expresses a need or makes a request for support, services and/or treatment in a single life domain and/or of a short duration.</u>**

   A life domain could be any of the following:
   - ♦ Daily activities
   - ♦ Social relationships
   - ♦ Finances
   - ♦ Work
   - ♦ School
   - ♦ Legal and Safety
   - ♦ Health
   - ♦ Family and relationships

3. **<u>The individual expresses multiple needs that involve multiple life domains for support(s), service(s) or treatment of an extended duration.</u>**

**The following chart represents the elements/strategies that can be used depending on the kinds of needs expressed by the individual.**

| Elements/Strategies | Urgent/ Emergency (< 7 days) | Short Duration (≥ 7 days) | Extended Duration |
|---|---|---|---|
| The individual expresses his/her needs and/or desires. Accommodations for communication will be made to maximize his/her ability for expression. | X | X | X |
| The individual's preferences, choices and abilities are respected. | X | X | X |
| Potential issues of health and safety are explored and discussed, to determine if there is a role for other clinicians to provide additional information or opinions. | X | X | X |
| As a result of health or safety concerns or court-ordered treatment, limitations may exist for individual choice. However, opportunities for individuals to express their perceived needs can occur and opportunities to make choices among limited options can be given. | X | X | X |
| Person-centered planning includes pre-planning activities. These activities result in the determination of whether in-depth treatment or support planning is necessary and if so, to determine and identify the people and information that need to be assembled for successful planning to take place. | | X | X |
| All planning meeting(s) are scheduled at a time and location convenient to the individual and persons the individual chooses to have participate. | ***Should ask at 1st meeting!*** | X | X |
| In collaboration with the RMHA, the individual identifies strategies and supports, services and/or treatment needed to achieve desired outcomes. | | X 330.1209a | X |
| Exploration of the potential resources for supports and services to be included in the individual's plan are to be considered in this order:<br>- The individual.<br>- Family, friends, guardian, and significant others.<br>- Resources in the neighborhood and community.<br>- Publicly-funded supports and services available for all citizens.<br>- Publicly-funded supports and services provided under the auspices of the MDCH and CMH Services Programs. | | X | X |
| Regular opportunities for individuals to provide feedback are available. | | X | X |
| The individual's support network is explored with that person to determine who can best help him/her plan. The individual and the people he/she selects together define the individual's desired future, and develop a plan for achieving desired outcomes. For persons with dementia or other organic impairments, this should include the identification of spouses or other primary care givers who are likely to be involved in treatment or support plan implementation. | | | X |
| The process continues during the planning meeting(s) at which the individual and, where necessary, others he/she has selected who know him/her well talk about the desired future and outcomes concentrating on the life domains previously identified as needing change. | | | X |

**EXHIBIT B** **PERSON-CENTERED PLANNING PROCESS – Fidelity Checklist**

Staff Member:_____ Review Date:_____

ID:_____

Supervisor:_____

The supervisor will shadow the staff through the PCP process by observation, which include attending meetings (with consumer permission), reviewing written documentation, and through interview or discussion with the consumer and natural supports. The supervisor will then review these findings with the staff and include findings on the annual performance review.

| Indicator | Adherence* | Recommendations or Suggestions: |
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| 4. The person uses, when possible, natural and community supports. | ☐2 ☐1 ☐0 | |
| 5. The person has meaningful choices, with decisions based on his or her experiences. | ☐2 ☐1 ☐0 | |
| 6. Planning is collaborative, recurring, and involves an ongoing commitment to the person. | ☐2 ☐1 ☐0 | |
| 7. The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints. | ☐2 ☐1 ☐0 | |
| 8. The person is satisfied with his or her activities, supports, and services. | ☐2 ☐1 ☐0 | |
| 9. Person is viewed as an unique and valued individual, not only as a client or a consumer of services. | ☐2 ☐1 ☐0 | |
| 10. Planning meetings are a celebration of the consumer | ☐2 ☐1 ☐0 | |
| 11. The Person-Centered Planning process and subsequent documentation belong to the person | ☐2 ☐1 ☐0 | |
| 12. Strategies were included for solving disagreement within the process, | ☐2 ☐1 ☐0 | |

| | | |
|---|---|---|
| including clear conflict of interest guidelines for all planning participants. | | |
| Additional Comments or Notes: | | |

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   - The person's dreams, interests, preferences, strengths, and capacities are explicitly acknowledged and consequently their plan drives activities and supports.
   - Supports are individualized and do not rely solely on preexisting models.
   - Supports result in goals and outcomes that are meaningful to the person.
   - Goals are defined by the person with a focus on attaining the life they envision for themselves in the community

3. **Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.**
   - The person has friends, and increasing opportunities to form other natural community relationships.
   - The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
   - The person has the opportunity to be a contributing member of the community.
   - The person can access community-based housing and work if desired.
   - The person is an engaged member within their community.

4. **The person uses, when possible, natural and community supports.**
   - With the person's consent, the support of family members, neighbors and co-workers is encouraged.
   - The person makes use of typical community and generic resources whenever possible.

5. **The person has meaningful choices, with decisions based on his or her experiences.**
   - The person has opportunities to experience alternatives before making choices.

- The person makes life-defining choices related to home, work and relationships.
- Opportunities for decision-making are part of the person's everyday routine.

6. **Planning is collaborative, recurring, and involves an ongoing commitment to the person.**
   - Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
   - A group of people who know, value, and are committed to serving the person remain involved.

7. **The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints**.
   - Funding of supports and services is responsible to personal needs and desires, not the reverse.
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8. **The person is satisfied with his or her activities, supports, and services.**
   - The person expresses satisfaction with his or her relationships, home, and daily routines.
   - Areas of dissatisfaction result in tangible changes in the person's life situation.

9. **Person is viewed as a unique and valued individual, not only as a client or a consumer of services.**

   - Person-first language is used
     - Refrain from terms like:
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   - Staff are sincere and genuine in interactions with the person.
   - Interactions adhere to the person's preferences and desires such as respecting someone's belongings, personal space wheelchair, privacy, etc..
   - The person's contribution was valued as shown by listening without interrupting, and giving time to respond to a comment or a question.
   - Discussions and documentation are in plain language
   - Motivational Interviewing was used by the staff to obtain a deeper understanding and knowledge of the person and the person's goals, desires, wishes, and dreams

10. **Planning meetings are a celebration of the consumer**
    - Discussions were positive, future oriented
    - Consumer was encouraged to participate and control the process
    - Consideration was given for consumer's culture, trauma history, desires, dreams, aspirations
    - Strengths are highlighted - the focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths

- The person was involved in making decisions regarding the meeting, including:
    - Who would attend or not attend
    - Location, date, time of meeting
    - Who would lead, facilitate and/or take notes
    - What was to be discussed and what was not to be discussed
- Staff allowed consumer time to think and to respond
- Multiple sources were used to obtain information to obtain a fuller picture of the consumer
- Choices were offered to the individual regarding the services and supports the individual receives and from whom.

**11. The Person-Centered Planning process and subsequent documentation belong to the person**

- Plans, schedules, and routines are flexible to the direction of the person
- An environment of choice prevails throughout the process
    - Strength-focused
    - Maximum self-sufficiency and independence is promoted
    - Real opportunities are created
    - Respectfulness prevails
- The approach used was supportive of the person rather than directed by the staff
    - Consumer was provided the necessary information and support to ensure the individual directs the process to the maximum extent possible

**12. Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants.**

**EXHIBIT C**

# IPOS Workflow and Activities

**Pre-planning (60 days prior to IPOS expiration)**

1. Case Holder (CH) reviews of information from previous year to inform completions of psychosocial assessment
    a. Chart Review: Periodic Reviews, Progress Notes, Medication Reviews, Incident Reports
    b. Personal notes or information not in chart
2. CH and consumer and (others) complete tools to help develop consumer goals
3. CH and consumer and (others):
    a. Complete the Choice Document (as applicable) with the consumer
    b. Determine need or want for Enhanced Health Services (EHS)
    c. Determine need or want for Community Living Supports
4. CH meets with consumer to complete the Pre-Plan form and pre-plan tools
5. Planning meeting set up (send invites, arrange location, etc.) is completed by parties designated in Pre-Plan
6. CH ensures completion of Assessments in Sentri prior to Planning Meeting
    a. CH ensures that the signed Pre-Plan Signature Page is scanned
    b. CH ensures that copy of Pre-plan tools(s) is scanned
7. CH obtains signature on IPOS Consents and ensures that it is scanned
8. CH enters proposed IPOS goals in Sentri prior to Planning Meeting

**Planning Meeting**

9. At the Planning Meeting, the team
    a. Reviews the current strengths of the consumer from the various community and SCCMHA provide supports, services and/or programs
    b. Adds, Reviews and/or revises (if needed) the proposed goals and objectives
    c. 15 day copy "clock" starts from date of planning meeting

**Post Planning Meeting**

10. CH completes the Planning meeting fields in Sentri (may be done after the planning meeting based on notes)
11. Simultaneous submits IPOS for
    a. Supervisor Review, revision (if required) and approval
    b. Submit Authorizations in Sentri, revision (if required) and approval
12. CH signs IPOS after Supervisor and authorization approvals
13. CH sends completed IPOS copy to guardian (if applicable) or consumer for signature
    a. CH documents date sent in Sentri on IPOS form
    b. CH documents consumer/guardian signature date on IPOS form

    c. CH assures that the signed IPOS Meeting Signature Page scanned
14. CH Review IPOS with programs and services
    a. CH documents any in-services(s) on Sentri on PCP Header
15. CH monitors plan
    a. Assures that programs and services are being provided per the IPOS
    b. Monitors progress towards goal achievement as indicated in the IPOS
    c. Reviews goals per agreed time frames indicated on the IPOS

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Self Determination</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>June 1, 2002</td><td>Date of Review/Revision:<br>5/21/02, 10/10/02 6/12/07, 5/11/09, 6/17/10, 11/4/11, 5/16/13, 1/29/14, 5/22/14, 5/5/16, 3/24/17, 3/1/18, 2/21/19, 3/4/21, 3/31,22, 4/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Charlotte Fondren<br><br>Additional Reviewers:<br>Self-Determination Committee, Self-Determination staff and supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to establish the expectation that all individuals receiving mental health services are encouraged to live a self-directed life. Self-Determination and/or Self-Directed (SD) provides a route for individuals to engage in activities that accompany a meaningful life, promoting deep community connections, the opportunity for real work, ways to contribute to one's community, and to participate in personally valued experiences.

**Application:**

This policy applies to both the SCCMHA board operated programs and the provider network.

**Policy:**

It shall be the policy of Saginaw County Community Mental Health Authority (SCCMHA) to assist individuals with disabilities to live a self-directed life. SCCMHA shall make available methods and tools that provide opportunities for the individual to control and direct their services and support plans. This process should be directed by the individual and aimed at defining and securing the needed supports that are necessary for them to obtain their needs, wishes and dreams. This includes the availability of financial management services (FMS) for those individuals who choose to self-direct their own budgets. Every person receiving mental health services should be asked about their level of interest in self-directing their services at their pre-planning meeting and any time thereafter. Self-direction with an adult (18 years of age and up) is through a Self-

Determination Arrangement and self-direction with a child (under 18 years of age) is through a Choice Voucher Arrangement

**Standards:**

- Participation in self-determination shall be a voluntary option on the part of the individual.

- Individuals with a disability who receive services from SCCMHA or the provider network have a right to live a self-determined life. SCCMHA is committed to making available a variety of tools to help individuals to live the life of their choosing, utilizing the person-centered planning process.

- Individuals who are eligible for Community Mental Health (CMH) services and desire alternative but eligible services or providers (that are not part of the community mental health provider panel), may access these services through the use of an FMS using the purchase of service model.
    - This involves:
        - The preparation of an individual budget
        - Identification of appropriate natural and formal support services approved by the community mental health agency.
        - And an agreement with a financial management service provider (FMS) to assist with the hiring of supports, record keeping, and bill paying.
    - For example, an individual receiving SCCMHA services wishes to hire a private therapist or an independent case manager/supports coordinator from outside of the existing provider network. This would have to be approved by the budget committee to ensure services provided meet all of the requirements determined in the Medicaid Provider Manual. An independent case manager/supports coordinator would have to have all of the credentials needed to provide services, i.e., licensure if required, be of good standing with the law, at least 18 years of age, etc. (More can be found in a document called "Michigan Provider Qualifications Per Medicaid and HCPC/CPT code."

- The FMS will receive and account for funds provided by the community mental health agency, or otherwise provided on behalf of the individuals. They will maintain complete and current financial records and supporting documentation verifying expenditures in accordance with generally accepted accounting principles, and as mandated by Medicaid. The FMS will also be responsible for assisting the individual with items such as, but not limited to, payment of bills, the hiring or contracting and payment of support staff and, with the applications and record keeping that are necessary to serve as an employer in the State of Michigan and the United States.

The individual may choose to contract with an agency that provides staff (Purchase of Service Model) or they may directly hire an individual (Direct Employment Model). When

signing an employment agreement with a direct hire or agency, the individual will be the employer of record for support staff hired to provide services. The employer of record will identify the required qualifications of the support staff and the service providers who will assist the individual. The FMS will assist the individual with the application and record keeping that is necessary to serve as an employer. The FMS will also assist with assuring that the staff are paid, and do not work hours beyond what is authorized.

- The individual, along with their designated support staff, will assure that each provider of services and supports meets provider requirements identified by SCCMHA, and agrees to secure or have secured appropriate background checks on any potential providers.

- Service providers must meet basic qualifications including but not limited to:
  - At least 18 years of age
  - Able to prevent transmission of any communicable disease from self to others in the environment in which they are providing supports.
  - Able to communicate expressively and receptively in order to follow individual plan of service (IPOS) requirements and individual beneficiary specific emergency procedures, and report on activities performed.
  - In good standing with the law (i.e. not a fugitive from justice, not a convicted felon who is either still under jurisdiction or one whose felony relates to the kind of duty he/she would be performing, not an illegal alien).
  - Able to perform basic first aid procedures, as evidenced by completion of a first aid training course, self-test, or other method determined by the Prepaid Inpatient Health Plan (PIHP) to demonstrate competence in basic first aid procedures.
  - Be trained in recipient rights.
  - Has received training in the beneficiary's IPOS.
  - Willing to complete additional trainings as identified by the employer of record, specific to unique needs of the employer.
  - The type of service being offered may determine other provider qualifications.

- The individual may also choose to make an agreement with an agency that is in-network with the CMHSP. (Agency Supported Self-Direction Model) In this model of self-direction, an FMS is not utilized. The individual serves as a 'managing employer' but does not have full employer authority. The 'Agency' serves as employer of record and it is responsible for the administrative aspects of employment as determined by the individual (i.e. determining pay rate, benefits, paying payroll, taxes, worker's comp, etc.). Workers in this model are employees of the Agency but are managed by the individual and are referred to as 'workers', in relation to the individual.

- The SD team participates in the development of the initiative, providing ongoing input and oversight of activities. This team consists of a variety of individuals from the community who are advocates of self-determination and may include:
  - Primary consumers

- Secondary consumers (including family members)
- SCCMHA finance staff
- SCCMHA self-determination coordinators
- SCCMHA Director of Clinical Services
- SCCMHA Director of Care Management and Quality Systems

♦ Each individual's budget will be based upon their goals and dreams. During the person-centered planning process, an individualized budget will be developed for the upcoming year, utilizing a zero-based budget approach. The budget will include all-natural support contributions, as well as community resources such as an application for Home Help or Expanded Home Help Services through the Michigan Department of Health and Human Services (MDHHS).

♦ The Budget Review Committee will be made up of community partner(s) and agency staff relevant to the decision.,

♦ A Budget Review Committee will review and make recommendations regarding individual budgets, as submitted by the self-determination coordinator. If further clarification is needed the Budget Review Committee will give its recommendations in writing to the SD coordinator who will discuss with the employer of record within seven business days after the budget proposal, which occurs as needed.

♦ If an individualized budget is not approved by the Budget Review Committee, then the employer of record may directly appeal that decision through the SCCMHA appeals process.

♦ The Budget Review Committee will annually review all budgets to ensure that there is an appropriate use of public funds, that Medicaid dollars are being spent following the Self-Determination agreement, and in conjunction with what is identified in the IPOS.

♦ All the supports provided must meet the determination criteria identified in the Medicaid Services Administration, Medicaid Manual the section on Mental Health and Substance Abuse Services and the Department of Community Health Master Contract.

♦ It is the responsibility of the individual, guardian, representative payee, support coordinator/case manager, representative, self-determination coordinator, community mental health fiscal department, natural supports, and the FMS, to assure that the public funds allocated for services are spent responsibly and according to the approved budget. The FMS and the individual/guardian are responsible for providing the documentation necessary for verification of the funding received, as well as spending. In the case of durable medical equipment and environmental modifications, the SCCMHA process will be followed.

♦ Either party –SCCMHA or the individual – may terminate a self-determination agreement, and therefore the self-determination arrangement. Prior to terminating

and unless it is not feasible, SCCMHA shall inform the individual of the issues that have led to considering termination and provide an opportunity for problem resolution. Typically, this shall be conducted using the person-centered planning process, and if necessary, the local process for dispute resolution may be utilized to address and resolve these issues. Termination of a self-determination agreement shall not, by itself, change the individual's plan of service, nor eliminate the obligation of SCCMHA to assure services and supports required in the plan.

**Definitions:**

Advocate: a person who supports and/or stands up for another person or a cause that they believe in.

Budget Review Committee: A committee established to review and make recommendations regarding individualized budgets. The committee reviews all budgets to assure that funding is utilized for covered services and that medical necessity/determination criteria is met.

Community Partner: An individual who chooses to assist with a specific cause. These individuals may be from local organizations, private organizations, or concerned citizens in general who wish to collaborate in an effort to assist SCCMHA with furthering the self-determination initiative.

CMHSP—Community Mental Health Service Provider – i.e. Saginaw County Community Mental Health Authority

Determination Criteria: The determination of a medically necessary support, service, or treatment must be: based on information provided by the beneficiary, their family and/or other individuals (e.g., friends, personal assistants/aides) who know the beneficiary; and based on clinical information from the beneficiary's primary care physician or health care professionals with relevant qualifications who have evaluated the beneficiary; and for beneficiaries with mental illness or intellectual/developmental disabilities, based on person centered planning, and for beneficiaries with substance disorders, individualized treatment planning; and made by appropriate trained mental health, intellectual/developmental disabilities, or substance abuse professionals with sufficient clinical experience; and made within federal and state standards for timeliness; and sufficient in amount, scope and duration of the service/s to reasonable achieve its/their purpose. This is documented in the IPOS.

Financial Management Service provider: FMS is an independent legal entity (organization or individual) that acts as a fiscal agent of the PIHP/CMHSP for the purpose of assuring fiduciary accountability for the funds comprising an individual budget. The FMS shall perform its duties as specified in a contract with a PIHP/CMHSP or its designated sub-contractor. The purpose of the FMS is to receive funds making up an individual budget, and make payments as authorized by the individual to providers and other parties to whom an individual using the individual budget may be obligated. The FMS may also provide a variety of supportive services that assist the individual in selecting, employing and

directing individual and agency providers. Examples of entities that might serve in the role of FMS include bookkeeping or accounting firms and local Arc or other advocacy organizations.

Individual: For the purpose of this policy, "individual" means an individual receiving direct specialty mental health services and supports. The individual may select a representative to enter into the self-determination agreement and for other agreements that may be necessary for the individual to participate in arrangements that support self-determination. The individual may have a legal guardian. The role of the guardian in self-determination shall be consistent with the guardianship arrangement established by the court. Where an individual has been deemed to require a legal guardian, there is an extra obligation on the part of the PIHP/CMHSP and those close to the individual to assure that it is the individual's preferences and dreams that drive the use of self-determination arrangements, and that the best interests of the individual are primary.

Individual Budget: An individual budget is a fixed allocation of public mental health resources denoted in dollar terms. These resources are agreed upon as the necessary cost of specialty mental health services and supports needed to accomplish an individual's IPOS. The individual served uses the funding authorized to acquire, purchase, and pay for specialty mental health services and supports in his or her IPOS.

IPOS: Individual plan of service – the individual's plan of service and/or supports, as developed using the person-centered planning process.

PIHP: Prepaid Inpatient Health Plan - is a managed care entity that provides Medicaid-funded mental health specialty services and supports in an area of the state.

Primary consumer: An individual who has received or is receiving services from the department or a community mental health services program or services from the private sector equivalent to those offered by the department or a community mental health services program (Definition from the Michigan Mental Health Code).

Qualified Provider: A qualified provider is an individual worker, a specialty practitioner, professional, agency or vendor that is a provider of specialty mental health services or supports that can demonstrate compliance with the requirements contained in the contract between the Michigan Department of Health and Human Services and the PIHP/CMHSP, including applicable requirements that accompany specific funding sources, such as Medicaid. Where additional requirements are to apply, they should be derived directly from the person-centered planning process and should be specified in the IPOS or result from a process developed locally to assure the health and well-being of individuals, conducted with the full input and involvement of local individuals and advocates.

Choice Voucher Arrangements: Choice Voucher is the name for self-directed services for people under the age of 18. This is because children cannot independently direct their services until adulthood.

Self-Direction: Self-direction is a method for moving away from professionally managed models of supports and services. It is the act of selecting, directing, and managing one's service and supports. People who self-direct their services are able to decide how to spend their CMH services budget with support, as desired.

Self-Determination: Self-determination (SD) is the right of all people to have the power to make decisions for themselves; to have free will. The goals of SD, on an individual basis, are to promote full inclusion in community life, to have self-worth and increase belonging while reducing the isolation and segregation of people who receive services. Self-determination builds upon choice, autonomy, competence, and relatedness which are building blocks of psychological wellbeing. Within Michigan's public mental health system, self-determination involves accomplishing system change to assure that services and supports for individuals are not only person-centered, but person-defined and person-controlled. Self-determination is based on five principles. These principles are:

**FREEDOM:** The ability for individuals, with assistance from significant others (e.g., chosen family and/or friends), to plan a life based on acquiring necessary supports in desirable ways, rather than purchasing a program. This includes the freedom to choose where and with whom on lives, who and how to connect to one's community, the opportunity to contribute in one's own ways, and the development of a personal lifestyle.

**AUTHORITY:** The assurance for a person with a disability to control a certain sum of dollars in order to purchase these supports, with the backing of their significant others, as needed. It is the authority to control resources.

**SUPPORT:** The arranging of resources and personnel, both formal and informal, to assist the person in living his/her desired life in the community, rich in community associations and contributions. It is the support to develop a life dream and reach toward that dream.

**RESPONSIBILITY:** The acceptance of a valued role by the person in the community through employment, affiliations, spiritual development, and caring for others, as well as accountability for spending public dollars in ways that are life enhancing. This includes the responsibility to use public funds efficiently and to contribute to the community through the expression of responsible citizenship.

**CONFIRMATION:** The important leadership role that individuals with disabilities and their families must play in a newly re-designed system and support for the self-advocacy movement.

Self-Determined Life: A life chosen and lead by the individual.

Secondary consumer: Generally, a family member or other blood relative of a primary consumer. Other relationships would be considered on a case by case basis.

Zero-Based Budgeting: A comprehensive budgeting process that systematically considers the priorities and alternatives for current and proposed activities in relation to organizational (or individual) goals and objectives. Annual justification of programs and activities is required in order to rethink priorities within the agreed upon objectives. Zero-based budgeting requires that one reevaluate all activities at the start of the budgeting process to make decisions about which ones to continue, eliminate, or fund at a different level.

**References:**

- Michigan Department of Health and Human Services Person-Centered Planning Policy
- Michigan Department of Health and Human Services and Substance Abuse: Interpretive and Consultative Advisory Person-Centered Planning and the Role of Health and/or Safety Considerations.
- Michigan Department of Health and Human Services
  Behavioral Health and Disabilities Administration Self-Determination Practice and Fiscal Intermediary Guideline July 29,2020
- Consumer Choice and Service Management Policy
- Michigan workforce background check program-Legal Guide Section 1- 42U.S. Code 1320a-7 May 2007.
- Michigan Department of Health and Human Services Self-Direction Technical Requirement Implementation Guide Version 2.0 October 2020
- Michigan Department of Health and Human Services Medicaid Provider Manual. January 1, 2021

**Exhibits:**

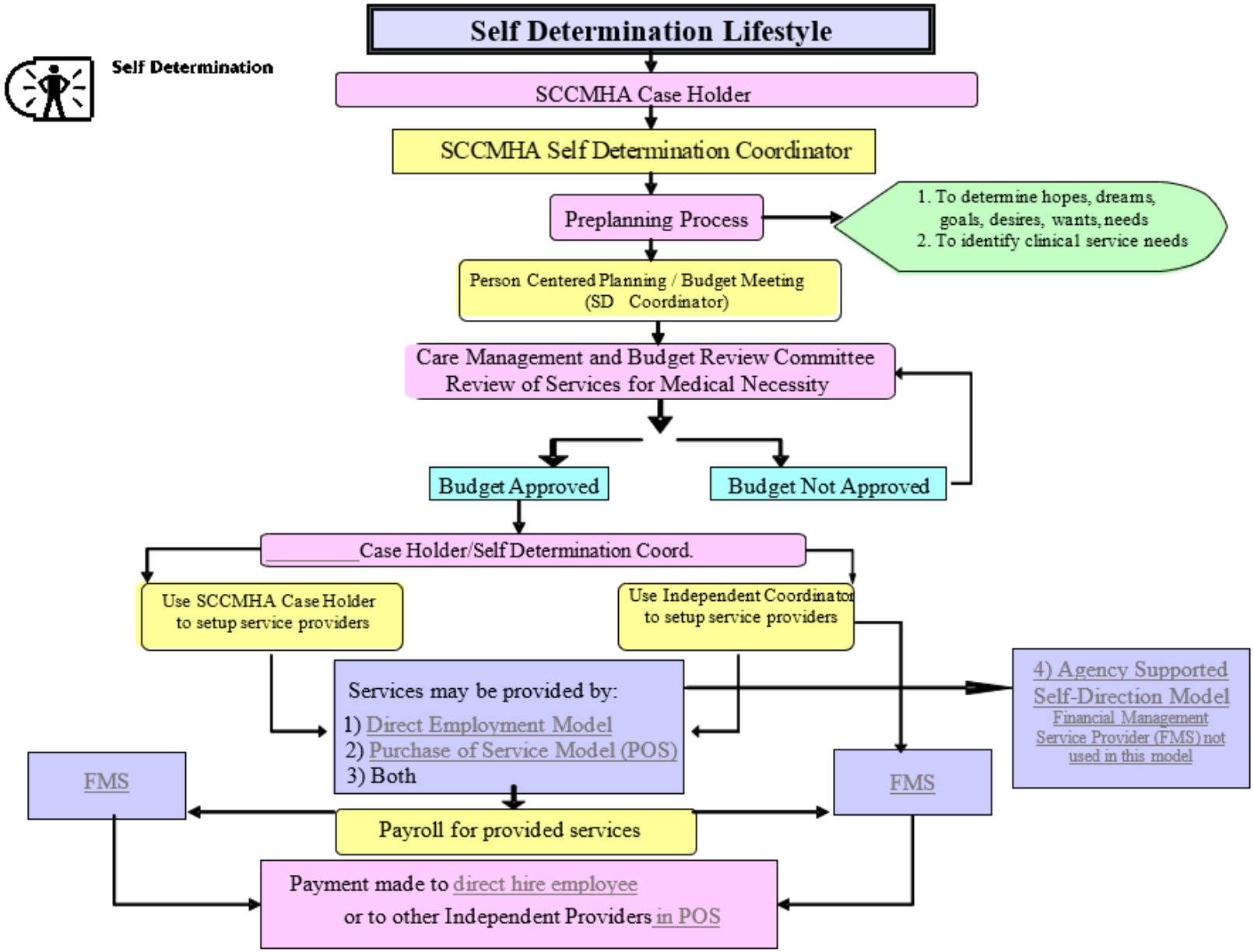
Exhibit A: Workflow for Self Determination
Exhibit B: Workflow for Self Determination Narrative
Exhibit C: Characteristics of a Self Determination Coordinator
Exhibit D: Self- Determination Time Sheet

**Procedure:**

| ACTION | RESPONSBILITY |
|---|---|
| Assigned Administrator responsible for oversight of Self-Determination initiative. Convenes a self-determination team. Approves the self-determination policy based on the recommendations of the Self-Determination Team. | CEO |
| Provides leadership for the development of the initiative. Assigns the responsibilities of the self-determination coordinator. | Director of Clinical Services |

| | |
|---|---|
| Serves as assigned administrator for self-determination and actively participates on the Self-Determination Budget Review Committee. Assigns a care management staff to the Budget Review Committee for self - determination to review and make recommendations on proposed self - determination budgets. The individual or guardian is given information on the SCCMHA appeals process. | Director of Care Management and Quality Systems |
| Participates in the development of the self-determination initiative. Provides ongoing input and oversight of self-determination activities. Reviews the self-determination policy on a regular basis and makes changes, as needed. Meets at least quarterly. | Self-determination team (Consumers, secondary consumers, community partners, advocates, self-determination coordinator, SCCMHA administrative staff, and fiscal staff) |
| Co-leads the self-determination team. Coordinates and provides staff training for case holders as well as network providers. Attends person-centered planning meetings, as invited, for persons expressing an interest in self-direction to manage their own budget. Tracks the number of individuals that are managing their own budgets. Monitors individual/family satisfaction. Assures adherence to the Consumer Choice and Services Management Policy. Maintains a central record of self-determination services. Has the authority to approve any budget revisions that do not exceed $500.00 without approval of the budget committee. | Self-Determination Coordinator |
| Expresses a desire to live a self-determined life by participating in self-direction. Accepts the responsibility to live life as independently as possible. Agrees to participate in the person-centered planning process. Develops a budget as part of their IPOS based on identified needs, wants, hopes, and dreams. Agrees to explore natural supports and other community resources as part of the planning process. Agrees to use resources wisely and to contribute back to the community in a | Individual |

| | |
|---|---|
| meaningful way. Agrees to live within the agreed upon budget. | |
| Reviews and makes recommendations for all self-determination budgets via email/Sentri II or meeting face-to-face as needed. Provide ongoing input when approached regarding a new self- determination budget or a revision to an existing budget. | Budget Review Committee |




Document created: 12/3/02

Exhibit B

# Workflow for Self Determination

- Individual desires information pertaining to self- determination.
- SD coordinator is contacted by case holder, guardian, individual, or any interested party.
- SD coordinator sets up an initial meeting to explain the basics of self-determination; what it is, what is involved, what is a financial management service provider (FMS), etc.
- If individual (or guardian) wishes to have self -determination as their lifestyle, the Case holder needs to reflect this in the IPOS, with very specific information pertaining to hiring staff, housing preferences, employment choices, etc.
- SD coordinator sets up a budget meeting with all interested parties who support the individual in their quest toward independence. Attendees could include, but are not limited too; individual/guardian, caregivers, friends, any and all family, church friends, physicians, social workers, FMS, etc.
- Once a budget has been determined, the SD coordinator must have the budget approved by the SD budget committee, which includes but not limited to care management specialist for the individual case being reviewed and care management supervisor. This committee assures that the services requested meet medical necessity criteria.
- Once the SD budget is approved, then the SD coordinator contacts the contracts department for development of the SD agreement for appropriate signatures. If the budget is not approved, then the SD coordinator goes back to the individual and their support team for revisions or appeal.
- SD coordinator schedules a "kick off meeting" for all of the paperwork to be completed and discuss all the roles and responsibilities of the employer and their employees in an SD arrangement. (SD contract, financial papers for the FMS, 42CFR agreement for each staff providing services, self- determination training guide is presented to the individual/guardian, background check information is discussed, etc.)
- The individual chooses to receive case management/support coordination services (case holder) through an SCCMHA employee/contract provider of SCCMHA or forms a contract with an independent case holder. The provider must have a minimum of a BSW and be approved by SCCMHA as qualified and credentialed.
- Case holder authorizes services under the financial management service provider.
- Care management approves the authorization, which will be reflective in the Sentri II system. If it is not approved, then the case holder may be asked to provide additional information.
- The FMS dispenses the dollars as outlined in the individualized budget and sends monthly reports to the SD coordinator and to the individual/guardian. It is the responsibility of the individual/guardian to review these statements each month for accuracy. The SD coordinator will also review on a monthly basis.

Exhibit C

# Characteristics for a Self -Determination Coordinator

- Partnership and collaboration with community leaders to develop natural supports, i.e. local churches, schools, etc.)
- Financial experience for budget development and service allocation
- Solid knowledge base of Medicaid Chapter III
- Partnership and collaboration with Occupational Therapists, Speech Therapist, Recreational Therapists, Psychologists, Registered Dieticians, Family Physicians, Psychiatrists, etc. to offer choice to individuals choosing self determination
- Clinical background to assist individuals with all disabilities and their families on their path towards independence
- Conference Planning and in-service (training) development
- Participates in the development / maintenance of program policies and procedures related to service delivery
- Participates in Continuous Quality Improvement
- Establishes program goals, priorities, objectives to encourage consistency of service outcomes to all adult, SCCMHA individuals
- Advocates for all individuals with disabilities and appropriate organizations (i.e. Department of Health and Human Services, ARC, Disability Network of Mid-Michigan, etc.), other health care agencies (i.e. primary physician, etc.), natural support systems (i.e. family members, community organizations, etc.).
- Strong leadership, organizational, and administration skills

Exhibit D

## Self-Determination Time Sheet

**Consumer Name:**

**Provider/Staff Name:** **Month & Year:**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Day:** | | | | | | | |
| **Date:** | | | | | | | |
| **Service Code:** | | | | | | | |
| **Time in :** | | | | | | | |
| **Time out :** | | | | | | | |
| **Time in :** | | | | | | | |
| **Time out :** | | | | | | | |
| **Personal Care (Guide and Direct only)** | | | | | | | |
| **Meal Preparation** | | | | | | | |
| **Laundry** | | | | | | | |
| **Routine, Seasonal & Heavy Household care and maintenance** | | | | | | | |
| **Eating** | | | | | | | |
| **Bathing** | | | | | | | |
| **Dressing** | | | | | | | |
| **Personal Hygiene** | | | | | | | |
| **Medication Administration/Monitoring** | | | | | | | |
| **Shopping for food and other necessities of daily living** | | | | | | | |
| **Community Living Supports** | | | | | | | |
| **Money Management** | | | | | | | |
| **Non Medical Care (not requiring a nurse or physician intervention)** | | | | | | | |
| **Socialization and Relationship building/Supervision** | | | | | | | |
| **Transportation (excludes to and from medical appointments)** | | | | | | | |
| **Participation in regular community activities and recreation opportunities** | | | | | | | |
| **Attendance at medical appointments** | | | | | | | |
| **Acquiring or procuring goods, other than those listed under shopping and non medical services** | | | | | | | |
| Total Hours: | | | | | | | |
| **Progress Note Completed** (Staff Initial box daily) | | | | | | | |
| **SD Staff Signature** | | | | | | | |
| | | | | | | | |
| **Consumer/Guardian/Representative** | | | | | | | |
| | | | | | | | |

**Service Code**

H2015 U7 Community Living Support 15 min

H2015 U7UN: Shared (2 consumers) CLS 15 min

T1005 U7 Respite 15 minute

H0045 U7 Respite Overnight Per Day

TR: Training (Online, In-Class, Other)

**Note: Please be sure that the progress note you have written also matches this time sheet, including dates, times , codes. If they do not match you risk having future funds deducted from your check.**

*Revised 10-1-20*

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recovery</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.03.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/20/06</td><td>Date of Review/Revision:<br>5/18/09, 6/7/12, 6/3/13, 6/2/14, 4/4/16, 6/13/17, 4/10/18, 3/11/18, 4/9/19, 4/7/20, 4/13/21, 5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to inculcate an overarching philosophy of recovery, delineate a framework for the provision of strengths-based recovery and resilience focused services and supports, and to provide a structure for the provision of opportunities that support and foster consumer recovery.

**Policy:**
All services and supports for consumers and their families shall be provided within the context of a true collaborative partnership that instills hope and a belief that consumers can recover. SCCMHA shall assist each consumer in learning to effectively approach each day's challenges, acquire skills to live independently, and contribute to society in meaningful ways. This includes addressing all of the determinants of health (social and medical).

**Application:**
This policy applies to all SCCMHA-funded providers of mental health and substance use disorder prevention, treatment, and recovery services.

**Standards:**
A. SCCMHA shall adhere to the fundamental components of recovery set forth by the Substance Abuse and Mental Health Services Administration (SAMHSA) in December 2011, which are follows:
   1. Four major dimensions that support a life in recovery:
      a. **Health:** overcoming or managing one's disease(s) or symptoms – or example, abstaining from use of alcohol, illicit drugs, and non-prescribed medications if one has an addiction problem – and for

everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

b. **Home:** a stable and safe place to live.

c. **Purpose:** meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

d. **Community:** relationships and social networks that provide support, friendship, love, and hope.

2. Ten Guiding Principles of Recovery:

a. **Recovery emerges from hope:** The belief that recovery is real provides the essential and motivating message of a better future – that people can and do overcome the internal and external challenges, barriers, and obstacles that confront them. Hope is internalized and can be fostered by peers, families, providers, allies, and others. Hope is the catalyst of the recovery process.

b. **Recovery is person-driven:** Self-determination and self-direction are the foundations for recovery as individuals define their own life goals and design their unique path(s) towards those goals. Individuals optimize their autonomy and independence to the greatest extent possible by leading, controlling, and exercising choice over the services and supports that assist their recovery and resilience. In so doing, they are empowered and provided the resources to make informed decisions, initiate recovery, build on their strengths, and gain or regain control over their lives.

c. **Recovery occurs via many pathways:** Individuals are unique with distinct needs, strengths, preferences, goals, culture, and backgrounds – including trauma experiences – that affect and determine their pathway(s) to recovery. Recovery is built on the multiple capacities, strengths, talents, coping abilities, resources, and inherent value of each individual. Recovery pathways are highly personalized. They may include professional clinical treatment; use of medications; support from families and in schools; faith-based approaches; peer support; and other approaches. Recovery is non-linear, characterized by continual growth and improved functioning that may involve setbacks. Because setbacks are a natural, though not inevitable, part of the recovery process, it is essential to foster resilience for all individuals and families. Abstinence from the use of alcohol, illicit drugs, and non-prescribed medications is the goal for those with addictions. Use of tobacco and non-prescribed or illicit drugs is not safe for anyone. In some cases, recovery pathways can be enabled by creating a supportive environment. This is especially true for children, who may not have the legal or developmental capacity to set their own course.

d. **Recovery is holistic:** Recovery encompasses an individual's whole life, including mind, body, spirit, and community. This includes addressing: self-care practices, family, housing, employment,

education, clinical treatment for mental disorders and substance use disorders, services and supports, primary healthcare, dental care, complementary and alternative services, faith, spirituality, creativity, social networks, transportation, and community participation. The array of services and supports available should be integrated and coordinated.

e. **Recovery is supported by peers and allies:** Mutual support and mutual aid groups, including the sharing of experiential knowledge and skills, as well as social learning, play an invaluable role in recovery. Peers encourage and engage other peers and provide each other with a vital sense of belonging, supportive relationships, valued roles, and community. Through helping others and giving back to the community, one helps one's self. Peer-operated supports and services provide important resources to assist people along their journeys of recovery and wellness. Professionals can also play an important role in the recovery process by providing clinical treatment and other services that support individuals in their chosen recovery paths. While peers and allies play an important role for many in recovery, their role for children and youth may be slightly different. Peer supports for families are very important for children with behavioral health problems and can also play a supportive role for youth in recovery.

f. **Recovery is supported through relationship and social networks:** An important factor in the recovery process is the presence and involvement of people who believe in the person's ability to recover; who offer hope, support, and encouragement; and who also suggest strategies and resources for change. Family members, peers, providers, faith groups, community members, and other allies form vital support networks. Through these relationships, people leave unhealthy and/or unfulfilling life roles behind and engage in new roles (e.g., partner, caregiver, friend, student, employee) that lead to a greater sense of belonging, personhood, empowerment, autonomy, social inclusion, and community participation.

g. **Recovery is culturally-based and influenced:** Culture and cultural background in all of its diverse representations – including values, traditions, and beliefs – are keys in determining a person's journey and unique pathway to recovery. Services should be culturally grounded, attuned, sensitive, and competent, as well as personalized to meet each individual's unique needs.

h. **Recovery is supported by addressing trauma:** The experience of trauma (such as physical or sexual abuse, domestic violence, war, disaster, and others) is often a precursor to or associated with alcohol and drug use, mental health problems, and related issues. Services and supports should be trauma-informed to foster safety (physical

and emotional) and trust, as well as promote choice, empowerment, and collaboration.

i. **Recovery involves individual, family, and community strengths and responsibility:** Individuals, families, and communities have strengths and resources that serve as a foundation for recovery. In addition, individuals have a personal responsibility for their own self-care and journeys of recovery. Individuals should be supported in speaking for themselves. Families and significant others have responsibilities to support their loved ones, especially for children and youth in recovery. Communities have responsibilities to provide opportunities and resources to address discrimination and to foster social inclusion and recovery. Individuals in recovery also have a social responsibility and should have the ability to join with peers to speak collectively about their strengths, needs, wants, desires, and aspirations.

j. **Recovery is based on respect:** Community, systems, and societal acceptance and appreciation for people affected by mental health and substance use problems – including protecting their rights and eliminating discrimination – are crucial in achieving recovery. There is a need to acknowledge that taking steps towards recovery may require great courage. Self-acceptance, developing a positive and meaningful sense of identity, and regaining belief in one's self are particularly important.

3. SCCMHA shall include the following additional components of recovery when working with veterans:
   a. Privacy
   b. Security
   c. Honor
   d. Support for VA patient rights
4. SCCMHA shall adhere to the 16 Guiding Principles of a Recovery Oriented System of Care (ROSC) for persons with substance use disorders:
   a. Adequately and flexibly financed
   b. Inclusion of the voices and experiences of recovering individuals, youths, families, and community members
   c. Integrated strength-based services;
   d. Services that promote health and wellness will take place within the community
   e. Outcomes driven
   f. Family and significant others involvement
   g. System-wide education and training
   h. Individualized and comprehensive services across all ages
   i. Commitment to peer support and recovery support services
   j. Responsive to cultural factors and personal belief systems
   k. Partnership-consultant relationship
   l. Ongoing monitoring and outreach
   m. Research-based

n. Continuity of care
o. Strength-based
p. Promote community health and address environmental determinants to health

5. Service providers will work with consumers to help them develop recovery plans that:
   a. Enable each consumer to identify goals for achieving wellness
   b. Specify what each consumer can do to reach those goals
   c. Include daily activities as well as longer term goals
   d. Track any changes in a consumer's mental health problem
   e. Identify triggers or other stressful events that can make a consumer feel worse, and help the consumer learn how to manage them
   f. Foster consumer self-care
   g. Are family-driven and youth-guided

B. Support for recovery shall include ensuring that comorbid general health conditions are addressed in a whole-person manner.
   1. Providers shall offer self-management support to activate consumers to self-manage their care, collaborate with providers, and to maintain their health.
   2. Case Holders shall ensure coordination of care among all practitioners and programs serving consumers, including medical services to address comorbid general health conditions.
      a. Services, supports and coordination shall be provided within the context of an interdisciplinary team approach to care.
      b. Providers shall address the social determinants of health as well as ensure that the medical determinants of health are addressed.

C. Recovery support services shall include peer support as well as assistance with addressing the social determinants of health (see definition below).
   1. SCCMHA providers shall work to remove barriers and address health disparities.

**Definitions:**

**Care Coordination:** The Agency for Healthcare Research and Quality (2014) defines care coordination as *involving deliberately organizing [consumer] care activities and sharing information among all of the participants concerned with a patient's care to achieve safer and more effective care. This means that the [consumer's] needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the [consumer].*

**Health Coaching:** The use of evidence-based skillful conversation, clinical interventions and strategies to actively and safely engage consumers in health behavior change. Health coaches focus on helping consumers who may have chronic conditions or those at moderate to high risk for chronic conditions take charge of their lives.

**Michigan's ROSC Definition:** Michigan's recovery oriented system of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities. (Adopted by the ROSC Transformation Steering Committee, 2010)

**Recovery:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential. (SAMHSA, 2011) According to the National Consensus Statement on Mental Health Recovery, "*Mental health recovery is a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential."*

**Recovery Coaching** is a peer-based service that is provided by persons who are in recovery and, as a result, have gained knowledge on how to attain and sustain recovery. Also known as peer mentoring, recovery coaching entails the provision of strengths-based support to individuals with addictive disorders and those who are in recovery from alcohol, other drugs, codependency, or other addictive behaviors. It focuses on achieving goals that are of importance to the individual and is a type of partnership in which the person in or seeking recovery self-directs their own recovery while the coach provides expertise in supporting successful change.

**Recovery Community:** Persons having a history of alcohol and drug problems who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies (SAMHSA, 2009).

**Recovery Support Services (RSS):** These are non-clinical services that assist individuals and families to recover from alcohol or drug problems and include social support, linkages to and coordination among service providers, and a full-range of human services that facilitate recovery and wellness contributing to an improved quality of life. These services can be flexibly staged and may be provided prior to, during, and after treatment. RSS may be provided in conjunction with treatment, or as separate and distinct services, to individuals and families who desire and need them. Professionals, faith-based and community-based groups, and other RSS providers are key components of ROSC (SAMHSA, 2009).

**Resilience:** An individual's ability to cope with change and adversity. Resilience develops over time and gives an individual the capacity not only to cope with life's challenges but also to be better prepared for the next stressful situation. (SAMHSA 4/4/2022)

**Social Determinants of Health (SDOH):** Conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. (CDC). Social determinants of health as the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power, and resources at global, national, and local levels. They state social determinants of health are mostly responsible for health inequities – the unfair and avoidable differences in health status seen within and between countries. (WHO)

Five key areas are identified in Healthy People 2030:

1. Healthcare Access and Quality: The connection between people's access to and understanding of health services and their own health. This domain includes key issues such as access to healthcare, access to primary care, health insurance coverage, and health literacy.
2. Education Access and Quality: The connection of education to health and well-being. This domain includes key issues such as graduating from high school, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

3. Social and Community Context: The connection between characteristics of the contexts within which people live, learn, work, and play, and their health and wellbeing. This includes topics like cohesion within a community, civic participation, discrimination, conditions in the workplace, and incarceration.
4. Economic Stability: The connection between the financial resources people have – income, cost of living, and socioeconomic status – and their health. This area includes key issues such as poverty, employment, food security, and housing stability.
5. Neighborhood and Built Environment: The connection between where a person lives – housing, neighborhood, and environment – and their health and wellbeing. This includes topics like quality of housing, access to transportation, availability of healthy foods, air and water quality, and neighborhood crime and violence.

**Whole-Person/Integrated Care:** A comprehensive and coordinated person-centered system of care that allows healthcare professionals (i.e., behavioral health, primary care, and specialty providers) to simultaneously consider all of a consumer's health conditions, resulting in the systematic coordination of physical and behavioral healthcare. Such integrated healthcare services that are delivered in a whole-person approach produce beneficial outcomes for people with multiple and complex healthcare conditions.

**References:**


A. Center for Substance Abuse Treatment. (2009). *What Are Peer Recovery Support Services?* SAMHSA. Rockville, MD. [On-line]. Available: http://store.samhsa.gov/shin/content//SMA09-4454/SMA09-4454.pdf.

B. Center for Substance Abuse Treatment. (2010). *Recovery-Oriented Systems of Care (ROSC) Resource Guide.* SAMHSA. Rockville, MD. [On-line]. Available: http://www.samhsa.gov/sites/default/files/rosc_resource_guide_book.pdf.

C. Copeland, M. (Undated). *Action Planning for Prevention and Recovery*. United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Rockville, Md. [On-line]. Available: http://store.samhsa.gov/shin/content//SMA-3720/SMA-3720.pdf.

D. Copeland, M. (Undated). *Recovering Your Mental Health—A Self-Help Guide.* United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. Rockville, Md. [On-line]. Available: http://store.samhsa.gov/shin/content//SMA-3504/SMA-3504.pdf.

E. del Vecchio, Paolo. (2012). *SAMHSA's Working Definition of Recovery Updated.* United States Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services. [On-line]. Rockville, MD. Available: http://blog.samhsa.gov/2012/03/23/defintion-of-recovery-updated/.

F. Michigan Department of Community Health. (2005). *Transforming Mental Health Care In Michigan: A Plan For Implementing Recommendations Of The Michigan Mental Health Commission.* [On-line]. Available: http://www.michigan.gov/documents/DCH_Implementation_Plan_April_2005_122025_7.pdf.

G. Michigan DCHODCP Treatment Technical Advisory No. 07: *Peer Recovery/Recovery Support Services.* [On-line]. Available: http://www.michigan.gov/documents/mdch/TA-T-07_Peer_Recovery-Recovery_Support_230852_7.pdf.
H. Office of Disease Prevention and Health Promotion. *Healthy People 2030*: https://health.gov/healthypeople
I. SAMHSA's Recovery and Recovery Support Initiative: https://www.samhsa.gov/find-help/recovery
J. SCCMHA Policy 02.03.08 – Welcoming
K. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
L. SCCMHA Policy 02.03.09.10 – Substance Use Disorder Services
M. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
N. SCCMHA Policy 02.03.19 – Peer Support Services
O. SCCMHA Policy 02.03.25 – Wellness
P. SCCMHA Policy 03.02.01 – Health Care Integration
Q. SCCMHA Policy 03.02.31 – Services for Members of the Armed Forces Veterans & their Families
R. SCCMHA Policy 03.02.46 – Whole-Person Care
S. United States Public Health Service Office of the Surgeon General. (1999). *Mental Health: A report of the Surgeon General.* Department of Health and Human Services, E.S. Public Health Service. Rockville, MD. [On-Line]. Available: http://www.surgeongeneral.gov/library/mentalhealth/home.html.
T. Veteran's Health Administration. (September 11, 2008, Amended November 16, 2015). *Uniform Mental Health Services in VA Medical Centers and Clinics*. [On-line]. Available: http://www1.va.gov/vhapublications/ViewPublication.asp?pub_ID=1762.

**Exhibits:**

A. SAMHSA's Four Dimensions of the Recovery Process
B. SAMHSA's 10 Guiding Principles of Recovery
C. Recovery Oriented System of Care (ROSC)

**Procedure:**

None

Exhibit A

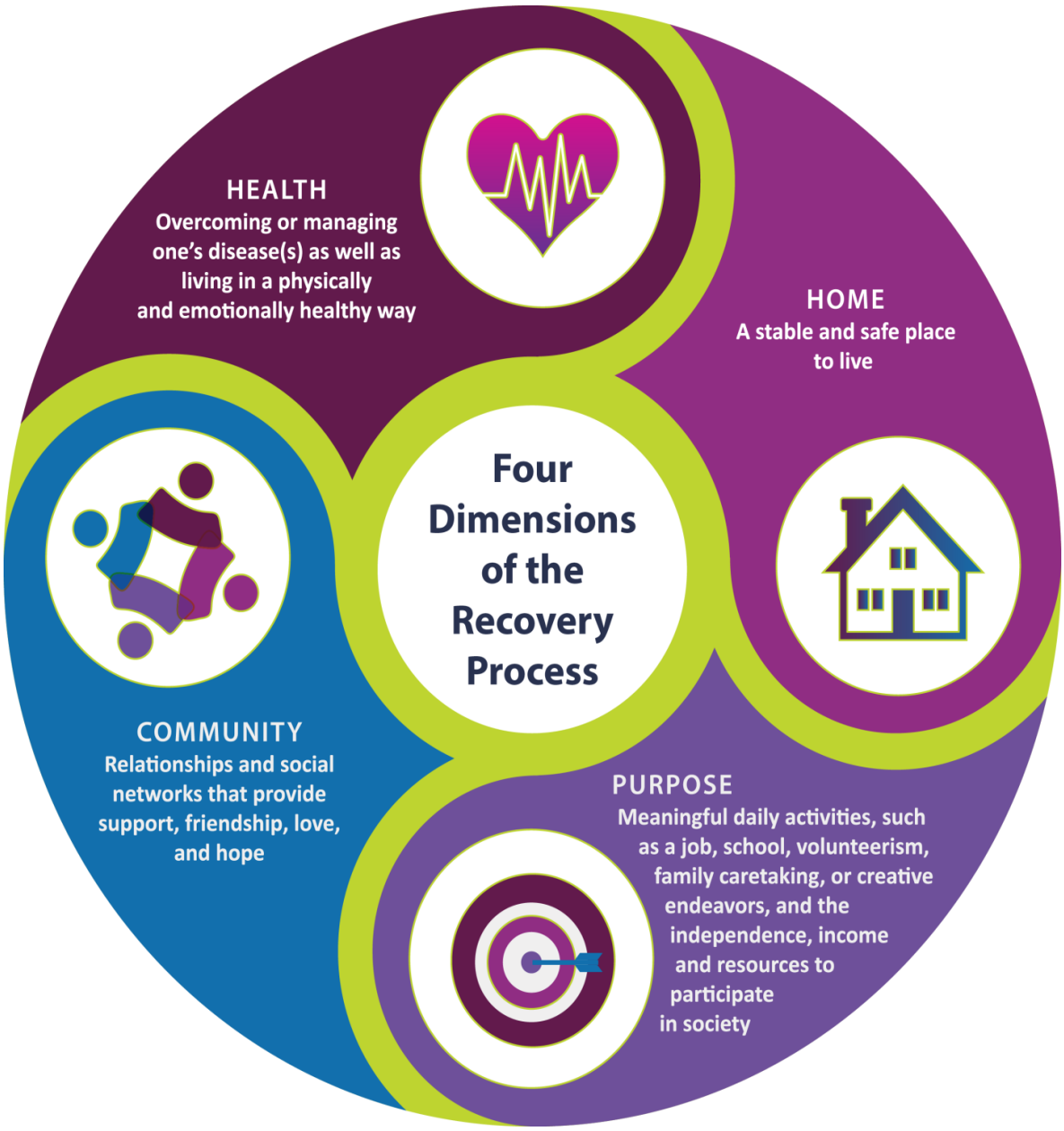

HEALTH
Overcoming or managing one's disease(s) as well as living in a physically and emotionally healthy way
HOME
A stable and safe place to live
Four Dimensions of the Recovery Process
COMMUNITY
Relationships and social networks that provide support, friendship, love, and hope
PURPOSE
Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society

Exhibit B

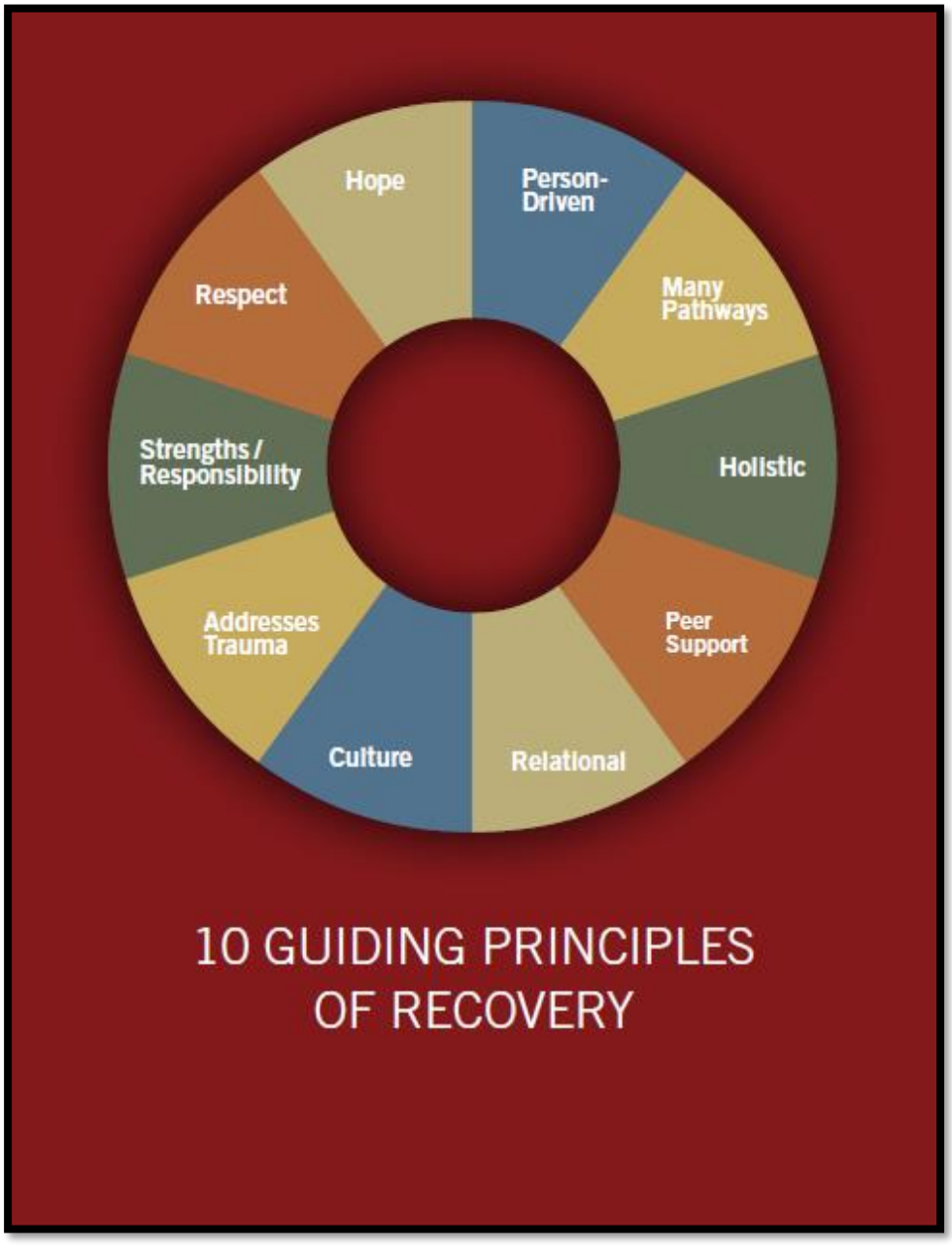
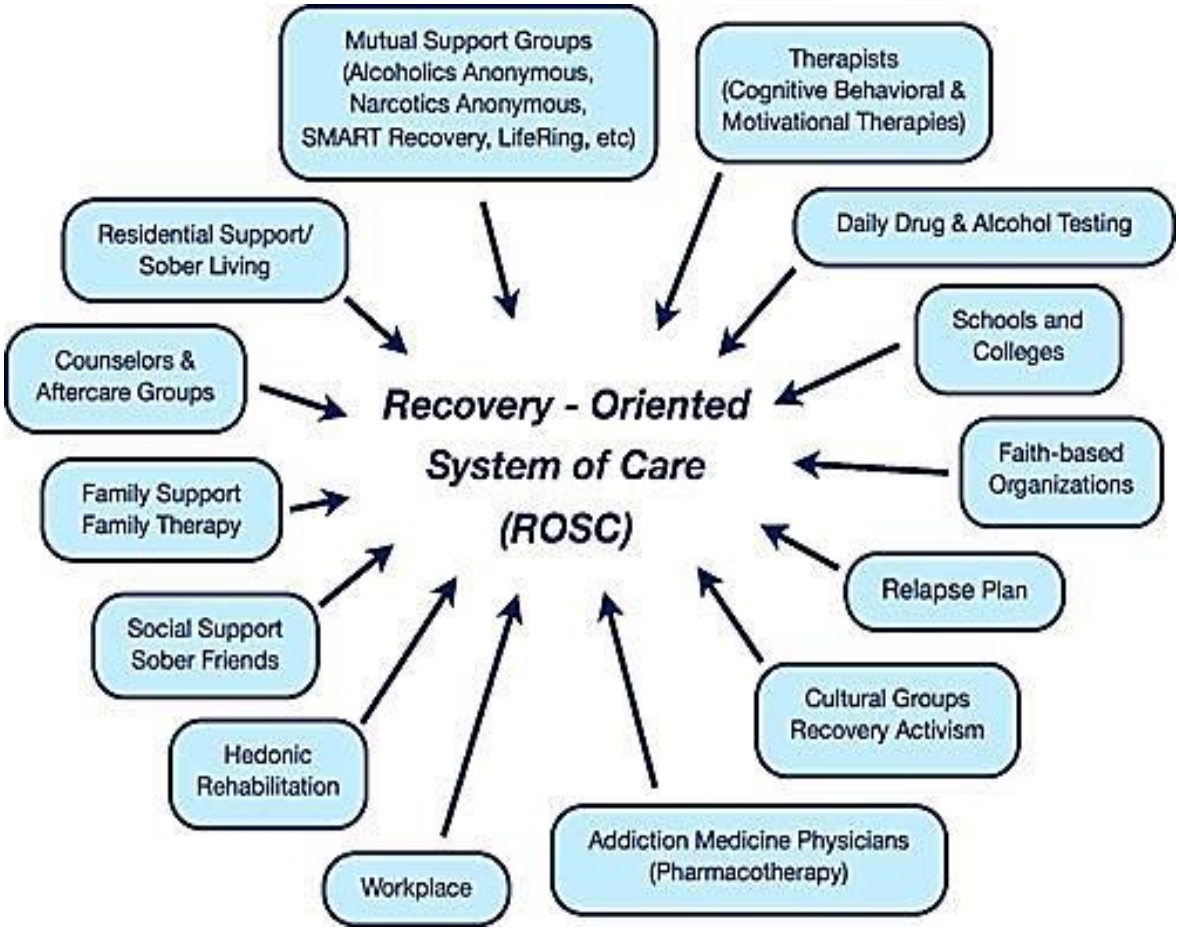

Hope
Person-Driven
Respect
Many Pathways
Strengths / Responsibility
Holistic
Addresses Trauma
Peer Support
Culture
Relational
10 GUIDING PRINCIPLES OF RECOVERY

Exhibit C


Mutual Support Groups (Alcoholics Anonymous, Narcotics Anonymous, SMART Recovery, LifeRing, etc)
Therapists (Cognitive Behavioral & Motivational Therapies)
Residential Support/ Sober Living
Daily Drug & Alcohol Testing
Schools and Colleges
Counselors & Aftercare Groups
Recovery - Oriented System of Care (ROSC)
Faith-based Organizations
Family Support Family Therapy
Relapse Plan
Social Support Sober Friends
Cultural Groups Recovery Activism
Hedonic Rehabilitation
Addiction Medicine Physicians (Pharmacotherapy)
Workplace

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Employment of Consumers | **Chapter**: 02 - Customer Services and Recipient Rights | **Subject No**: 02.03.07 |
| **Effective Date**:<br>November 1, 2002 | **Date of Review/Revision**:<br>3/11/03, 7/5/07, 5/29/09, 7/15/10, 5/9/12, 6/4/14, 5/6/16, 6/7/16, 6/1/17, 6/1/18, 4/30/19, 4/5/21, 3/24/22, 3/9/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Executive Director of Clinical Services |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Rollin Archangeli<br><br>**Additional Reviewers**:<br>Rollin Archangeli, John Burages |

**Purpose:**

1. To ensure that persons served by the SCCMHA network have opportunities, supports and services which promote sustained, competitive, community employment whenever a consumer's capabilities make community employment feasible at any level.
2. To assist SCCMHA to become a leader among Community Mental Health Service Program (CMHSP) in Michigan in the area of consumer employment.

**Application:**

This policy applies to all components of the SCCMHA organization, including all business operations and all members of the SCCMHA provider network, contracted or board operated. SCCMHA will work with the Michigan Rehabilitation Services (MDHHS-VR; Labor and Economic Opportunity - Michigan Rehabilitation Services) in efforts to improve the employment opportunities for persons served as funds allow and local needs indicate. SCCMHA is required to report on the employment of consumers to the Michigan Department of Health and Human Services (MDHHS).

**Policy:**

It is the policy of SCCMHA that systematic efforts will be made to advance the employment of individuals served in competitive, community settings. SCCMHA will engage in evidence-based best practices that promote community-based, real competitive employment for consumers. It is the belief of SCCMHA that the opportunity for meaningful community activity or engagement is a basic right of all individuals and an essential part of the recovery process. It is further the belief of SCCMHA that the employment of consumers or persons with disabilities will assist to fulfill the dreams and desires of many individuals as well as assist consumers to be fully involved and integrated in their communities. Promotion of consumer employment will also assist the SCCMHA

organization and network to improve services and supports. To be credible and most effective, SCCMHA will include meaningful, paid involvement of individuals in the development, delivery and evaluation of services and supports provided by the SCCMHA system. Employment services and supports of the SCCMHA network will recognize the individual needs, goals and functioning of each person.

**Standards:**

A. SCCMHA will ensure that staff and contractors are informed and reminded of the importance of the systemic goal regarding the employment of consumers.
B. SCCMHA will continually seek to ensure that employment needs, wants and goals of consumers served are fully explored and re-evaluated over time throughout the Person-Centered Planning process.
C. SCCMHA will focus on the alleviation of both internal and external barriers that impact the sustained and successful employment experiences of consumers.
D. SCCMHA will appoint a service-level coordinator of consumer employment opportunities.
E. SCCMHA will continually monitor, redirect and procure new funds as available to assist consumers in employment readiness development.
F. SCCMHA funding and service priorities and philosophy will emphasize competitive employment options for consumers whenever feasible.
G. SCCMHA will require provider and organizational reporting on the employment of persons with disabilities throughout the system.
H. SCCMHA will serve as an example to the network through the direct employment of persons with mental illness and intellectual and developmental disabilities, as well as substance use disorders.
I. Consumers employed by SCCMHA or SCCMHA provider network members of SCCMHA system will be subject to all normal human resource administration requirements and expectations, including routine job descriptions, benefits, and performance evaluations.
J. Consumer-specific positions may be developed for certain functions, such as customer service, to ensure consumer leadership and input for SCCMHA operations in beneficiary areas.
K. SCCMHA will promote employment of consumers through a variety of methods and means, including direct and contract employees or contractors, full or part-time positions, as well as promotion of consumer employment within the SCCMHA service area and greater business community.
L. SCCMHA will reimburse primary consumers for their involvement on SCCMHA administrative committees and boards. Consumer assistance with transportation to support their involvement in these policy venues will also be made available as needed or requested.
M. SCCMHA will ensure that follow-along services relative to employment maintenance are provided by case management/supports coordination or job coach/specialists or other means to assist in job retention and satisfaction.
N. SCCMHA will sponsor an ongoing employment Steering Committee, whose members will consist of both consumers, community members and employers, as well as staff; the role of the employment work group will be continuous oversight of SCCMHA

administrative and service level employment goals, activities, and outcomes, as well as employment initiative development and barrier identification and problem-solving.

O. SCCMHA recognizes that for some persons, employment success may not be feasible in the competitive market. In addition to SCCMHA provided supported employment supports, other options or other community or vocational alternatives in these situations will be pursued according to individual person-centered plans.
P. SCCMHA recognizes that for all persons, employment success may often include trial and error, and must often allow for the individual's right to try and fail, and to learn from these efforts.
Q. SCCMHA will coordinate effective use of resources and cooperatively address consumer needs with the consumers' team.
R. SCCMHA will continue to maintain an organizational goal of increasing the number of individuals with disabilities who are competitively employed; particularly those persons served by the SCCMHA network,.
S. SCCMHA will support, whenever possible, the promotion of consumer-run businesses and micro-enterprises.
T. Vocational supports for individuals will be coordinated with educational and other community resources whenever appropriate.
U. SCCMHA will develop and operate an array of employment services based on the evidence-based practice model for IPS (Individual Placement & Support) employment. Fidelity to the model will be monitored and maintained.
V. SCCMHA will disseminate information on employment opportunities that might benefit consumers, including network peer roles.

**Definitions:**

Competitive Employment: Employment occurring as a single, individual job placement (excludes group and enclave settings at deviated wages) in a community-based setting with compensation at or above minimum wage. In addition, this would be employment that is available to all eligible citizens, regardless of ability.

Supportive/Integrated Employment Services: The provision of initial and ongoing support services to assist persons to obtain and maintain paid employment. Examples of these services are job development, job placement, job coaching, and long-term follow-along services required to maintain employment.

Skill Building Assistance: Activities that assist an individual to achieve economic self-sufficiency and/or to engage in meaningful activities such as school, work and/or volunteering. The services provide knowledge and specialized skill development and/or support.

**References:**

| | |
|---|---|
| Internal: | SCCMHA Person-Centered Planning Policy |
| | SCCMHA Supported Employment Services Policy 02.03.09.03 |
| External: | SAMHSA's Implementation Resource Kit |
| | Federal Rehabilitation Act of 1973 |

**Exhibits:**

Exhibit A – SCCMHA Supported Employment Service Flow Chart

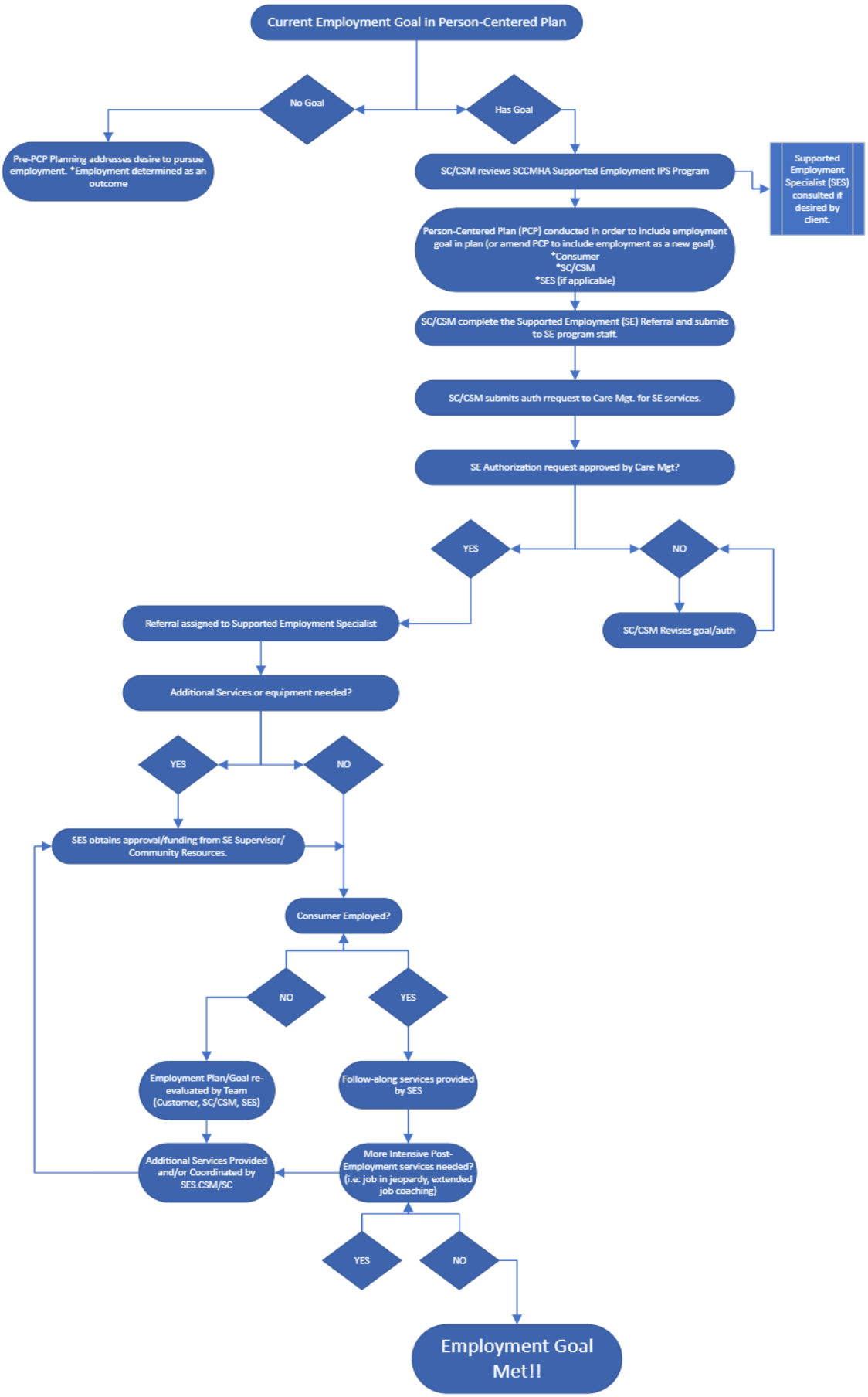
**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approves employment related policies and funding plans, and reports to SCCMHA Board on system outcomes and initiatives regarding consumer employment. | CEO |
| Ensure that consumer leadership committees and groups are given the opportunity for policy direction and outcome review regarding the employment of consumers in the SCCMHA system. | CEO, Director of Clinical Services & Programs and Supervisor of Recipient Rights/Customer Services |
| Serves as lead SCCMHA Administrator for consumer employment related matters. Appoints Employment Coordinator to chair SCCMHA's SE Best Practice Team. Employment Supervisor Oversees system Person-Centered Planning process to include employment as primary area. Oversees training throughout the system on the employment of consumers, including changes in employment resources or requirements. | Director of Clinical Services & Programs, Employment Coordinator and/or Supported Employment Supervisor |
| Chairs the SE Best Practice Team. Coordinates service delivery with staff, providers and other needed resources. | Director of Network Services, Public Policy & Continuing Education |
| Disseminates employment policy through the network; assures provider reporting on employment efforts. Serves as administrative liaison to MRS and others on employment related grants and contracts. | |
| Advises and reports on budgets and expenditure tracking, including grants, relative to employment of consumers. | Director of Finance |
| Directs outcome reporting processes that include employment status of persons served. Ensures consumer employment is addressed in access, care management & quality areas. Oversees encounter and | Director of Services for Persons with Mental Illness |

| | |
|---|---|
| performance indicator data collection for consumer employment. | |
| Include consumer employment outcomes and preferences in Person-Centered Planning processes. Refer consumers to SCCMHA's SE/IPS Best Practice Program or other employment related resources. Encourage and provide feedback on individual consumer employment readiness plans. | Case Managers & Supports Coordinators |
| Provide consumer-related employment services per SCCMHA, provider or direct consumer referral. Coordinate and write, when necessary, individualized work plan (IWP) with consumer, case manager/supports coordinator, MRS, employer and/or other consumer requested representatives. Work with consumer to implement IWP, which could include job development, job placement, job coaching, or other employment related services. Will monitor and Provide feedback to consumers, SC/CM and other team members on job progress, including barrier identification and problem-solving assistance in areas that may jeopardize employment. Provide data reporting as required by SCCMHA and participate in SCCMHA employment services planning. | Case Managers & Supports Coordinators<br>SCCMHA Employment Specialist |

Exhibit A

## SCCMHA Supported Employment Service Flow Chart



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<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
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<tr><td rowspan="2">Effective Date:<br>7/1/07</td><td>Date of Review/Revision:<br>5/18/09, 4/2/12, 5/6/14, 4/5/16, 6/13/17, 4/10/18, 4/9/19, 7/29/20, 4/13/21, 5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set forth expectations and standards of a welcoming philosophy wherein individuals and their family members engage in meaningful, non-judgmental interactions with staff within a consumer-centered, trauma-informed, recovery/resiliency building-oriented system of developmentally appropriate, culturally sensitive services and supports that supports consumer/family engagement and shared decision-making.

**Policy:**
SCCMHA recognizes that a welcoming philosophy is based on the core belief of dignity and respect for all people. Therefore, SCCMHA and its provider network shall create empathic, inclusive and welcoming relationships within all programs and incorporate welcoming into cultural and organizational structures and practices irrespective of service eligibility.

**Application:**
This policy applies to the entire SCCMHA network of direct operated and contracted service providers.
Welcoming applies to all clients/customers including individuals seeking services and their families, the public seeking services; other providers seeking access for their clients; agency staff; and the local community.

**Standards:**
A. SCCMHA shall provide safe, functional, clean, and welcoming in-person and virtual environments (telehealth services) for consumers and staff that are conducive to the scope of services provided.

B. All persons seeking, or currently receiving services from SCCMHA providers shall experience face-to-face, telephone, and remote (telehealth) assistance provided in a warm, welcoming manner.

C. Irrespective of an individual's presenting problem(s), SCCMHA shall:
   1. Convey the message that it is okay to ask for help.
   2. Indicate that the person has come to the right place.
   3. Let the individual know that if SCCMHA cannot help them, SCCMHA will ensure that the individual is connected to a place(s) that can be of assistance.
   4. Convey understanding of what the person seeking services is experiencing and that assistance is going to be provided.
   5. Convey positive regard and empathy for each individual and their situation.
   6. Indicate that no matter what problem(s) the person is facing, SCCMHA is going to work with the person on them.
   7. Help each individual feel that there is hope.
   8. Convey acceptance that, for individuals with complex problems, non-adherence to one or more treatment recommendations can be typical.
   9. Convey hope through empathizing with the reality of despair, encouragement for asking for help, and acknowledging small step successes.
   10. Enable timely access to treatment, services, and supports.

D. All clinical contacts shall be welcoming, empathic, hopeful, culturally sensitive, and consumer-centered in order to engage individuals who may be unwilling to accept or participate in recommended services, or who do not fit into available program models.

E. Welcoming shall be recognized and operationalized as the first step in engagement, by emphasizing welcoming attitudes and messaging at routine and emergency access points. This includes recognizing that addressing co-occurring issues or disorders concurrently results in the most successful and desirable outcomes.
   1. All SCCMHA providers shall include specific welcoming language for people with co-occurring disorders as part of their admissions policies and in recognition of the need to treat co-occurring disorders simultaneously in order to optimize the potential for successful and desirable treatment outcomes.

F. Staff shall demonstrate a belief in the possibility of recovery, a willingness to start where the consumer/family is at, and provide services accordingly, including harm reduction approaches.

G. Consumers shall be engaged in a culturally sensitive manner that conveys empathy and hope and that actively reaches out to the consumer/family.

H. All individuals and families self-identifying as in need of services shall be welcomed; a "no wrong door" approach to all service requests shall be maintained.
   1. No individual requesting services shall be turned away based on eligibility/exclusion criteria; every door is the right door for screening and gaining access to the most appropriate services irrespective of whether that person/family will be provided with continuing services in a SCCMHA-funded setting.

I. Program materials (e.g., consumer and staff orientation information, website, brochures, posters and newsletters) shall incorporate principles of welcoming including being visibly accessible, culturally and linguistically relevant, and consumer-friendly.

J. An orientation to welcoming skills shall be provided to all staff.

K. All SCCMHA providers shall have a welcoming policy and procedure that includes how staff are oriented and trained in the warm, welcoming approach and how this shall be utilized for performance improvement.

L. All SCCMHA providers shall have clinician competencies as a written part of human resource policies that require welcoming attitudes, accepting values, and skills in conveying empathy and hope to consumers, and that these competencies need to be demonstrated in practice and by formal assessment.

**Definitions:**

**Welcoming** is an accepting attitude and understanding of how people present for treatment that also reflects a capacity on the part of the provider to address the client's needs in a manner that accepts and fosters a service and treatment relationship. Welcoming is considered a best practice for programs that serve persons with co-occurring mental health and substance use disorders. Welcoming consists of the following:

**Reception areas:**

- ⊙ Places of welcome that give newcomers first impressions of the whole organization
- ⊙ Greeting in a manner that conveys the person matters to the people who are in charge of the facility/program
- ⊙ Communicating that people are properly cared about and confidentiality is respected
- ⊙ A culturally competent invitation to receive services, including assistance for individuals whose first language is not English.
- ⊙ A clean and cared for environment
- ⊙ Up-to-date and commonly read materials (e.g., magazines and newspapers) in waiting areas, as well as information on various mental health disorders and recovery-oriented treatments
- ⊙ Group meetings clearly posted
- ⊙ Tasteful décor
- ⊙ Posters and artwork promote hope and recovery
- ⊙ Receptionists greet all with warmth, respect, and dignity
- ⊙ A welcome sign
- ⊙ Waiting areas include consideration for family members or others accompanying the individual seeking services

**Facilities:**

- ⊙ Clean and cared for
- ⊙ Furniture that is clean, of good quality, comfortable, and ergonomically correct
- ⊙ Treatment areas that afford privacy and confidentiality
- ⊙ Barrier-free accommodations
- ⊙ Smoking areas designated away from the entrance

**Staff members:**

- Listen to consumers
- Offer consumers helpful suggestions
- Help consumers with decision-making in an empowering manner
- Offer explanations
- Provide assistance
- Function as advocates for consumers regardless of whether they are in agreement with consumers' perspectives
- Support hope and belief in the unlimited potential of consumers
- Provide prompt and on-time services
- Offer choices to consumers

**Programs/Agencies:**

- Hours of operation meet the needs of the population(s) being served
- The service location is considered with regard to public transportation and accessibility, including access to telehealth

**References:**

A. Michigan Department of Community Health, Office of Drug Control Policy Treatment Technical Advisory # 05 (October 1, 2016) – Welcoming: https://www.michigan.gov/documents/mdch/TA_Treatment_05_Welcoming_175207_7.pdf
B. SCCMHA Policy 02.03.03 – Person-Centered Planning
C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
D. SCCMHA Policy 02.03.09.01 – Dual Diagnosis Treatment Capacity
E. SCCMHA Policy 02.03.05 – Recovery
F. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
G. SCCMHA Policy 02.01.10 – Therapeutic Environment
H. SCCMHA Policy 02.01.01.02 – Cultural Competence
I. SCCMHA Policy 02.01.05 – Consumer Orientation
J. SCCMHA Policy 02.01.02 – Customer Service
K. SCCMHA Policy 03.02.31 – Services for Members of the Armed Forces, Veterans & their Families
L. SCCMHA Policy 03.02.34 – Services for American Indians
M. SCCMHA Policy 03.02.35 – Serving LGBTQ+ Consumers
N. SCCMHA Policy 03.02.46 – Whole Person Care

**Exhibits:**

A. Consumer-Centered, Trauma-Informed, Welcoming Tips and Reminders (Dawn Heje, 9.29.16)

Exhibit A

**Consumer-Centered, Trauma-Informed, Welcoming Tips and Reminders**

It is the policy and the expectation that anyone seeking or receiving services from SCCMHA or its network will experience face-to-face, telephone, video (telehealth) assistance that is provided in a warm, welcoming, non-judgmental, consumer-centered, trauma-informed, recovery/resiliency building manner. We will always keep in mind that the person we are talking to is someone's cherished husband or wife, brother or sister, mother or father, child or best friend. It is our job to give the person and their loved ones hope for recovery.

| **Do** | **Don't** |
|---|---|
| • During face-to-face contacts sit beside or at a right angle to the person whenever possible. | • Sit across from the person with a desk or table between you. |
| • Ask the person if it would be okay to take notes while you talk. Take notes in a way that the person can see what you are writing. Transfer the notes into the EMR after the face-to-face contact.<br>• If you must enter directly into the EHR when you are with the person, acknowledge the limited eye contact and let them know what you typing as you type. | • Type into a computer as you talk with the person. If you are entering information into the EMR you are not fully engaged with the person.<br>• Sit or stand with your back to the person at any time. |
| • Use non-verbal and para-verbal communication to let the person know you are listening and that you care. The way you listen, look, move and react is going to tell the person how well you are listening. Examples include eye contact as appropriate for the person's culture; nodding; "um-hmm", leaning in toward the person, facial expression. | • Look at your watch or phone, enter information into the EMR while the person is talking, fidget, stare out the window, doodle or use facial expressions that convey anything but care, concern or respect.<br>• Use sarcasm or an angry tone of voice. |
| • Truly listen. If you are planning what you're going to say next, daydreaming, or thinking about something else, you are probably going to miss nonverbal cues and other subtleties in the conversation. Stay focused on the person and the conversation in order to fully understand what's going on. | • Interrupt, daydream, plan your response, focus on your notes, check your phone, or show signs of impatience or disinterest.<br>• Finish the person's sentence. |
| • Convey verbally and non-verbally that no matter what the person is facing, there is hope and acknowledge the big step the person took by asking for help.<br>• Each contact should offer explanations and clarifications, and resources and support, especially if the outcome is not quite what was requested. | • Turn away a person based on eligibility or exclusion criteria. Remember that every door is the right door for screening and gaining access to the most appropriate services. |

| | |
|---|---|
| • Make the person the most important part of the interview. Gathering information is more than getting answers to all of the questions on the intake screen. | • Make the questionnaire or medical record the focus of the interview. |
| • Make the person feel safe and in control by offering the choice of where they would like to sit, offer water, having a box of tissues close by, showing where restrooms are in a gender-neutral way, letting the person know they can take a break at any time, and letting the person know they have the right to not respond to any question. | • Ignore the person's basic needs.<br>• Force them to ask where restrooms are located.<br>• Insist the person answer questions. |
| • Listen without judgement, artfully ask questions for clarification, provide accurate information, offer assistance, and support the person in their recovery journey by starting in the place they are at to ensure that the person will come back for services. | • Offer advice, assume you know what is best for the person, or judge the person's decisions or situation. |
| • Remember that asking people to reveal personal information can be re-traumatizing, embarrassing, or frightening. Fully explain about confidentiality before starting every contact.<br>• Acknowledge that some questions can be difficult to answer and that the person is doing a great job with a difficult task. | • Hand the person confidentiality material to read and expect they fully understand about confidentiality.<br>• Neglect the person's signs of discomfort or embarrassment. |
| • Keep in mind that if a person becomes upset during the interview, it is not recommended to probe for more information. The clinician should stop, take care of the person's needs and help the person regain a sense of safety. | • Ignore signs of distress.<br>• Continue with the interview while the person is crying or showing other signs of emotional distress.<br>• Neglect to offer follow-up services before the person leaves. |
| • Be extra sensitive to questions about gender identity, sexual orientation, sexual activity, military experience, homelessness or near homelessness, family situation, abuse and trauma, and suicidality. | • While any question could trigger re-traumatization, don't forget that some questions are more likely to bring to mind painful memories, shame or guilt. |
| • Look for signs of distress or agitation at the end of the session and help the person regain control over their feelings. Once the clinician is sure the person is okay, end with a warm sendoff or warm handoff. | • End the interview or session with the person distressed or disassociated.<br>• Neglect to spend a few minutes engaging with the person before gently handing them off to another person or walking them to the front door. |

| | |
|---|---|
| • Each contact should summarize key information and confirm next steps or follow up plans if applicable. | • Neglect to let the person know what a genuine pleasure it was to meet with them. |

For more information:
SAMHSA LGBT Training Curricula for Behavioral Health and Primary Care Practitioners:

http://www.samhsa.gov/behavioral-health-equity/lgbt/curricula

National Sexual Violence Resource Center: http://www.nsvrc.org

VA Mental Health: https://www.mentalhealth.va.gov/msthome/index.asp

Zero Suicide: http://zerosuicide.sprc.org/

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Evidence-Based Practices (EBPs)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/06</td><td>Date of Review/Revision:<br>4/21/07, 9/2/08, 5/18/09, 4/2/12, 5/9/14, 11/14/14, 4/5/16, 6/13/17, 4/10/18, 4/9/19, 11/12/19, 6/1/20, 2/10/21, 9/1/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

To promote the use of services and supports for consumers that exemplify the highest level of scientific evidence and take into consideration the clinical expertise of the practitioner as well as the choices, values, and goals of the consumer.

**Policy:**

A. SCCMHA is committed to implementing and sustaining evidence-based practices (EBPs) while shifting resources away from ineffective or less effective services and supports based on the following beliefs and values:
   1. Judicious use of evidence-based services and supports can lead to optimal functioning for consumers and their families, which, in turn, can promote independence and satisfactory participation as full citizens in community life.
   2. Consumers and their families have a right to be educated about optimal treatments and supports and to make informed decisions regarding receipt of interventions and services.
   3. In an era of shrinking resources and increasing demand, investing in practices that have been proven effective, and moving away from those that have not, makes sound fiscal sense.

B. It is the policy of SCCMHA that all providers will offer services and supports to consumers and their families that are well-grounded in science and have demonstrated to produce beneficial outcomes to provide the most optimal opportunities for recovery, resilience, and participation in community life.
   1. Treatments are provided that are appropriate for the consumer's phase of life and development, specifically considering what is appropriate for children,

adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.

a. Specifically, children and adolescents are treated using a family/caregiver-driven, youth guided and developmentally appropriate approach that comprehensively addresses family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.
b. When treating older adults, the individual consumer's desires, and functioning are considered, and appropriate evidence-based treatments are provided.
c. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided.

2. These treatments are delivered by staff with specific training in treating the segment of the population being served.

C. SCCMHA shall endeavor to ensure the availability of all SCCMHA-endorsed EBPs to consumers as resources permit.

D. All EBPs shall be delivered in a trauma-informed manner. Please see policy 02.03.14 for more information on trauma-unformed services.

**Application:**

This policy applies to all SCCMHA-funded providers of mental health, developmental disability, and substance use disorder treatment and prevention services and supports.

**Standards:**

A. SCCMHA shall adopt evidence-based practices to provide optimal opportunities for consumers and their families to achieve recovery, build resiliency, and foster opportunities for consumers to fully participate in community life.

B. SCCMHA-funded programs shall incorporate evidence-based practices into their repertoires and monitor fidelity to those practice models.

1. Practitioners shall adhere to evidence-based protocols when appropriate and warranted; consumer choice and need shall govern the selection of services and supports.
2. Staff and supervisors shall identify potential practices/treatments/interventions to meet heretofore unmet consumer needs.
3. Staff and supervisors shall verify the evidence base of potential practices/treatments/interventions prior to submitting a request for approval of their use to the EBP Leadership Team.

C. Practitioners shall seek to become privileged in the EBP(s) they employ and maintain that status on an ongoing basis in accordance with SCCMHA policy.

D. Supervisors shall provide coaching, mentoring and guidance to staff and monitor practices for fidelity to the model.

1. Supervisors shall, in conjunction with staff, help identify EBP training needs.
2. Supervisors shall review relevant reports with staff to help identify consumers appropriate for referral to a specific EBP.

3. Supervisors shall review relevant outcome reports with staff to develop improvement plans that can be implemented as needed.

E. SCCMHA shall provide support for the implementation and maintenance of EBPs through an EBP Leadership Team.

1. The EBP Leadership Team shall be comprised of the SCCMHA EBP/TIC Coordinator, SCCMHA Executive Director of Clinical Services and Programs, SCCMHA Chief of Health Services & Utilization Management, SCCMHA Director of Network Services, Public Policy, & Continuing Education, SCCMHA Director of Services for Persons with Mental Illness, SCCMHA Director of Services for Persons with Intellectual and Developmental Disabilities, SCCMHA Director of Children's Services, SCCMHA SUD Coordinator, and two contractual consultants with expertise in EBPs on an ad hoc basis.

F. Evidence-based practice implementation and ongoing maintenance activities shall be monitored by the EBP Leadership Team with regular ongoing reporting throughout the system, including quality improvement activities.

1. Adoption of practices/intervention/programs shall require a review of the relevant scientific literature to determine the level of evidence that supports the practice as well as the approval of the relevant SCCMHA or contract agency Director.
    a. Providers shall inform the EBP/TIC Coordinator and/or member of the SCCMHA EBP Leadership Team of the implementation of additional practices.
2. Assessment tools such as ANSA, CAFAS, PECFAS, and DECA shall be used as appropriate to create reports to measure outcomes for each active EBP.
3. Outcomes for each active EBP will be reviewed at least once yearly.
4. Adaptations to SCCMHA-endorsed EBPs shall be based on consumer needs, reviewed by the appropriate clinical supervisor/director, and communicated to the SCCMHA EBP/TIC Coordinator/EBP Leadership Team.
5. SCCMHA shall, whenever possible, provide ongoing evidence-based practice support, training, and education to providers.

1. The SCCMHA EBP Leadership Team shall endeavor to conduct fidelity reviews of practices that are not reviewed by other entities (e.g., the Michigan Fidelity Assistance Support Team [MIFAST]).
    a. Fidelity reviews conducted under the auspices of the SCCMHA EBP Leadership Team shall include the General Organizational Index (GOI) as well as practice-specific fidelity scales (found in Exhibits A and B).
    b. The SCCMHA EBP/TIC Coordinator shall provide notification of all impending fidelity reviews to the leadership of the agency/relevant SCCMHA Director, along with program staff supervisors, prior to conducting a fidelity review.
    c. Although not compulsory because fidelity reviews are part of quality improvement and meant to be educational in nature, it is nonetheless expected that agencies and programs will respond in

writing to fidelity reviews and indicate how items that indicate significant drift from the model will be addressed.

6. All fidelity reviews that are conducted for SCCMHA network providers shall be centralized through the SCCMHA EBP/TIC Coordinator.
    1. All fidelity reviewers must contact the SCCMHA EBP/TIC Coordinator prior to scheduling a review.
    2. SCCMHA network agency staff shall immediately forward all notifications of all impending fidelity reviews to the SCCMHA EBP/TIC Coordinator and inform external reviewers (e.g., MiFAST) of this policy – i.e., that no fidelity reviews may be scheduled directly by any SCCMHA network agency staff without the involvement of the SCCMHA EBP/TIC Coordinator.

**Definitions:**

**Evidence-Based Practice (EBP):** A clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals or outcomes when implemented to fidelity. An evidence-based practice is comprised of three components: (1) the highest level of scientific evidence; (2) the clinical expertise of the practitioner; and (3) the choices, values, and goals of the consumer.

**Evidence-Based Treatment (EBT):** Treatment that is backed by scientific evidence – i.e., has been proven effective through rigorous research methodologies. EBTs are manualized interventions for specific disorders and populations that have been shown to be effective through controlled research.

**Fidelity:** The level of adherence to the original model as specified in written materials, typically a manual, or by researchers. The degree of fidelity to the model affects outcomes; research has demonstrated that the level adherence to the model strongly affects the ability to achieve the desired outcomes.

**Levels of Evidence:** The strength of evidence for any given practice is referred to as the level of evidence. The term, *levels of evidence*, refers to a ranking system used in the evidence-based practice literature to describe the strength of the results measured in a clinical trial or research study. The design of the study (such as a case report for an individual patient or a double-blinded randomized controlled trial) and the endpoints measured (such as survival or quality of life) affect the strength of the evidence. Levels of evidence range from I-IV:

Ia — Evidence from Meta-analysis of Randomized Controlled Trials

Ib — Evidence from at least one Randomized Controlled Trial

IIa — Evidence from at least one well designed controlled trial which is not randomized

IIb — Evidence from at least one well designed experimental trial

III — Evidence from case, correlation, and comparative studies.

IV — Evidence from a panel of experts

**Recovery:** A process of learning to approach each day's challenges, overcome one's disabilities, acquire skills, live independently, and contribute to society. The process is supported by those who instill hope and a belief in self-efficacy. The recovery framework is characterized by shared decision-making in which consumers and providers are full partners in the treatment process. Providers are a source of hope, affirmation, and education and collaborate with consumers and their support systems (e.g., family) in a manner that

fosters opportunity for choice and building resilience. In an evidence-based organizational culture, practitioners are professionals with expertise who convey information to consumers about the various options available to them to work on their goals and objectives. Consumers determine what will work for themselves based on their own perspectives.

**Resilience:** The ability to weather stresses, both large and small, bounce back from trauma and get on with life, learn from negative experiences and translate them into positive ones, gather the strength and confidence to change directions when a chosen path becomes blocked or nonproductive. It encompasses strengths that function as protective factors to enable one to withstand adversity and maintain well-being. Supporting protective factors helps prevent the negative impact of stress and adversity and promotes health.

**References:**


A. Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics, Updated May 2016, CCBHC-Criteria-Updated-May-2016 (samhsa.gov)
B. Michigan Department of Community Health. (2005). *Transforming Mental Health Care In Michigan: A Plan For Implementing Recommendations Of The Michigan Mental Health Commission*:
C. SCCMHA Network Services and Public Policy Procedure 09.04.03.15 – Privileging of Practitioners in Evidence-Based Practices.
D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
E. Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices KITs
F. United States Public Health Service Office of the Surgeon General. (1999). *Mental Health: A report of the Surgeon General*: http://www.surgeongeneral.gov/library/mentalhealth/home.html


**Exhibits:**

A. General Organizational Index (GOI) – Dartmouth Psychiatric Research Center
B. GOI Protocol – Dartmouth Psychiatric Research Center

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Identifies unmet consumer needs. | 1. Staff/Supervisor |
| 2. Secures information about potential EBPs | 2. Staff/Supervisor |
| 3. Submits request or new practice or modification/adaptation of current practice to meet consumer needs | 3. Staff/Supervisor |
| 4. Seeks to obtain/maintain privileges to deliver EPB(s) | 4. Practitioner |
| 5. Provides coaching and guidance to maintain fidelity to practice(s) | 5. Supervisor |

| | |
|---|---|
| 6. Reviews EBPs | 6. SCCMHA EBP Leadership Team |
| 7. Monitors fidelity to EBP models; conducts reviews of practices not reviewed by another entity (e.g., MiFAST) | 7. SCCMHA Fidelity Monitoring Team |
| 8. Coordinates external fidelity reviews | 8. SCCMHA EBP/TIC Coordinator |
| 9. Notifies agency/department leadership of impending fidelity review to be conducted by the SCCMHA Fidelity Monitoring Team. | 9. SCCMHA EBP/TIC Coordinator |
| 10. Responds in writing to any fidelity issues/drift noted in fidelity reviews conducted by the SCCMHA Fidelity Monitoring Team | 10. SCCMHA funded providers of mental health and intellectual and developmental disability services |
| 11. Provides oversight of ongoing system-wide efforts designed to implement and maintain fidelity to evidence-based practices | 11. SCCMHA EBP Leadership Team |
| 12. Assess/review fidelity efforts | 12. SCCMHA EBP Leadership Team |
| 13. Reviews implementation of new evidence-based practices | 13. SCCMHA EBP Leadership Team |
| 14. Reviews adaptations to SCCMHA-endorsed EBPs | 14. SCCMHA EBP Leadership Team |
| 15. Conveys progress to relevant SCCMHA quality teams | 15. SCCMHA EPB leadership Team/EBP/TIC Coordinator |
| 16. Reviews requests for the adoption of additional practices | 16. SCCMHA EBP Leadership Team |

Exhibit A

# General Organizational Index (GOI) Scale

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **G1. Program Philosophy**. The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources:<br>1. Program leader<br>2. Senior staff (e.g., executive director, psychiatrist)<br>3. Practitioners providing the EBP<br>4. Clients and / or families receiving EBP<br>5. Written materials (e.g., brochures) | No more than 1 of the 5 sources shows clear understanding of the program philosophy<br>OR<br>All sources have numerous major areas of discrepancy | 2 of the 5 sources show clear understanding of the program philosophy<br>OR<br>All sources have several major areas of discrepancy | 3 of the 5 sources show clear understanding of the program philosophy<br>OR<br>Sources mostly aligned to program philosophy, but have one major area of discrepancy | 4 of the 5 sources show clear understanding of the program philosophy<br>OR<br>Sources mostly aligned to program philosophy, but have one or two minor areas of discrepancy | All 5 sources display a clear understanding and commitment to the program philosophy for the specific EBP |
| ***G2. Eligibility / Client Identification.** All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for the EBP using standardized tools or admission criteria consistent with the EBP.<br>Also, the agency tracks the number of eligible clients in a systematic fashion. | =20% of clients receive standardized screening and / or agency DOES NOT systematically track eligibility | 21%-40% of clients receive standardized screening and agency systematically tracks eligibility | 41%-60% of clients receive standardized screening and agency systematically tracks eligibility | 61%-80% of clients receive standardized screening and agency systematically tracks eligibility | >80% of clients receive standardized screening and agency systematically tracks eligibility |
| ***G3. Penetration.** The maximum number of eligible clients are served by the EBP, as defined by the ratio:<br># clients receiving EBP<br># clients eligible for EBP | Ratio = .20 | Ratio between .21 and .40 | Ratio between .41 and .60 | Ratio between .61 and .80 | Ratio > .80 |

*These two items coded based on all clients with SMI at the site or sites were the EBP is being implemented; all other items refer specifically to those receiving the EBP.

_____ Total # clients in target population

_____ Total # clients eligible for EBP % eligible: ____%

_____ Total # clients receiving EBP penetration rate: ____

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **G4. Assessment**. Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical / psychiatric / substance use disorders, current stages of all existing disorders, vocational history, and existing support network, and evaluation of biopsychosocial risk factors. | Assessments are completely absent or completely non-standardized | Pervasive deficiencies in two of the following: Standardization, Quality of assessments, Timelines, Comprehensiveness | Pervasive deficiencies in one of the following: Standardization, Quality of assessments, Timelines, Comprehensiveness | 61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains | >80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains, and updated at least annually |
| **G5. Individualized Treatment Plan.** For all EBP clients, there is an explicit, individualized treatment plan *related to the EBP* that is consistent with assessment and updated every 3 months. | =20% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months | 21%-40% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months | 41%-60% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months. OR Individualized treatment plans updated every 6 months for all clients | 61%-80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months | >80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months |
| **G6. Individualized Treatment.** All EBP clients receive individualized treatment meeting the goals of the EBP. | =20% of clients served by EBP receive individualized services meeting the goals of the EBP | 21%-40% of clients served by EBP receive individualized services meeting the goals of the EBP | 41%-60% of clients served by EBP receive individualized services meeting the goals of the EBP | 61%-80% of clients served by EBP receive individualized services meeting the goals of the EBP | >80% of clients served by EBP receive individualized services meeting the goals of the EBP |
| **G7. Training.** All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) *within 2 months of hiring*. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent) | =20% of practitioners receive standardized training annually | 21%-40% of practitioners receive standardized training annually | 41%-60% of practitioners receive standardized training annually | 61%-8-% of practitioners receive standardized training annually | >80% of practitioners receive standardized training annually |
| **G8. Supervision.** EBP practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application of *specific client situations.* | =20% of practitioners receive supervision | 21%-40% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision on an informal basis | 41%-60% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision monthly | 61%-80% of EBP practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision twice a month | >80% of EBP practitioners receive structured weekly supervision, focusing on specific clients, in sessions that *explicitly address the EBP model and its application* |

| | 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|
| **G9. Process Monitoring.** Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators. | No attempt at monitoring process is made | Informal process monitoring is used at least annually | Process monitoring is deficient on 2 of these 3 criteria: (1) Comprehensive & standardized; (2) Completed every 6 months; (3) Used to guide program improvements<br>OR<br>Standardized monitoring done annually only | Process monitoring is deficient on 1 of these 3 criteria: (1) Comprehensive & standardized; (2) Completed every 6 months; (3) Used to guide program improvements | Standardized comprehensive process monitoring occurs at least every 6 months and is used to guide program improvements |
| **G10. Outcome Monitoring.** Supervisors / program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome related to the EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate. | No outcome monitoring occurs | Outcome monitoring occurs at least once a year, but results are not shared with practitioners | Standardized outcome monitoring occurs at least once a year, and results are shared with practitioners | Standardized outcome monitoring occurs at least twice a year, and results are shared with practitioners | Standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners |
| **G11. Quality Assurance (QA).** The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months. | No review or no committee | QA committee has been formed, but no reviews have been completed | Explicit QA review occurs less than annually<br>OR<br>QA review is superficial | Explicit QA review occurs annually | Explicit review every 6 months by a QA group *or steering committee for the EBP* |
| **G12. Client Choice Regarding Service Provision.** All clients receiving EBP services are offered choices; the EBP practitioners consider and abide by client preferences for treatment when offering and providing services. | Client-centered services are absent (or all EBP decisions are made by staff) | Few sources agree that type and frequency of EBP services reflect client choice | Half sources agree that type and frequency of EBP services reflect client choice | Most sources agree that type and frequency of EBP services reflect client choice<br>OR<br>Agency fully embraces client choice with one exception | All sources agree that type and frequency of EBP services reflect client choice |

Exhibit B

**General Organizational Index (GOI)**
**-Item Definitions and Scoring-**

## G1. Program Philosophy

Definition: The program is committed to a clearly articulated philosophy consistent with the *specific* evidence-based practice (EBP), based on the following 5 sources:

- Program leader
- Senior staff (e.g., executive director, psychiatrists)
- Practitioners providing EBP
- Consumers and/or family members (depending on EBP focus)
- Written materials (e.g., brochures)

Rationale: In psychiatric rehabilitation programs that truly endorse EBPs, staff members at all levels embrace the program philosophy and practice it in their daily work.

Sources of Information:

**Overview:** During the course of a site visit, fidelity assessors should be alert to indicators of program philosophy consistent with or inconsistent with the EBP including observations from casual conversations, staff, and consumer activities, etc. Statements that suggest misconceptions or reservations about the practice are negative indicators, while statements that indicate enthusiasm for and understanding of the practice are positive indicators. The intent of this item is to gauge the understanding of and commitment toward the practice. It is not necessary that every element of the practice is currently in place (this is gauged by the EBP-specific fidelity scale), but rather whether all those involved are committed to implementing a high fidelity EBP.

The practitioners rated for this item **are limited to those implementing this practice**. Similarly, the consumers rated are those receiving the practice.

a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Consumer interview
e) Written material review (e.g., brochure):

- Does the site have written materials on the EBP? *If no written material, then item is rated done one scale point (i.e., lower fidelity).*
- Does the written material articulate program philosophy consistent with EBP?

Item Response Coding: The goal of this item is *not* to quiz every staff worker to determine if they can recite every critical ingredient. The goal is to gauge whether the understanding is generally accurate and not contrary to the EBP. If, for example, a senior staff member says, "most of our consumers are not work ready," then that would be a red flag for the practice of supported employment. If all sources show evidence of a clear understanding of the program philosophy, the item is coded as a "5". For a source type that is based on more than one person (e.g., Practitioner interviews) determine the majority opinion when rating that source as endorsing or not endorsing a clear program philosophy. Note: If no written material, then count that source as being unsatisfactory.

*Difference between a major and minor area of discrepancy (needed to distinguish between a score of "4" and a score of "3"):* An example of a minor source of discrepancy for ACT might

be larger caseload sizes (e.g., 20-1) or some brokering of services. An example of a major discrepancy would be if the team seldom made home visits or if the psychiatrist was uninvolved in the treatment team meetings.

## G2. Eligibility/Consumer Identification

Definition:

*For EBPs implemented in a mental health center:* All consumers in the community support program, crisis consumers, and institutionalized consumers are screened using standardized tools or admission criteria that are consistent with the EBP.

*For EBPs implemented in a service area:* All consumers within the jurisdiction of the services area are screened using standardized tools or admission criteria that are consistent with the EBP. For example, in New York, county mental health administrations are responsible for identifying consumers who will be served by assertive community treatment programs.

- The *target population* refers to all adults with severe mental illness (SMI) served by the provider agency (or service area). If the agency serves consumers at multiple sites, then **assessment is limited to the site or sites that are targeted for the EBP.** If the target population is served in discrete programs (e.g., case management, residential, day treatment, etc.), then ordinarily all adults with SMI are included in this definition.
- *Screening* will vary according to the EBP. *The intent is to identify any and all for who could benefit from the EBP*. For Integrated Dual Disorder Treatment and Assertive Community Treatment, the admission criteria are specified by the EBP, and specific assessment tools are recommended for each. For Supported Employment, all consumers are invited to receive the service because all are presumed eligible (although the program is intended for consumers at the point, they express interest in working). The screening for Illness Management & Recovery includes an assessment of the skills and issues addressed by this EBP. For Family Psychoeducation, the screening includes the assessment of the involvement of a family member or significant other. In every case, the program should have an explicit, systematic method for identifying the eligibility of every consumer.
- Screening typically occurs at program admission, but for a program that is newly adopting an EBP, there should be a plan for systematically reviewing consumers already active in the program.

Rationale: Accurate identification of consumers who would benefit most from the EBP requires routine review for eligibility, based on criteria consistent with the EBP.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Chart review
e) (Where applicable) County mental health administrators. If eligibility is determined at the service area level (e.g., the New York example), then the individuals responsible for this screening should be interviewed.

Item Response Coding: **This item refers to all consumers with SMI in the community support program or its equivalent at the site(s) where the EBP is being implemented;** it is not limited to the consumers receiving EBP services only. Calculate this percentage and record it

on the fidelity rating scale in the space provided. If 100% of these consumers receive standardized screening, the item would be coded as a "5."

## G3. Penetration

Definition: *Penetration* is defined as the percentage of consumers who have access to an EBP as measured against the total number of consumers who could benefit from the EBP. Numerically, this proportion is defined by:

$$\frac{\text{\# of consumers receiving an EBP}}{\text{\# of consumers eligible for the EBP}}$$

**As in the preceding item, the numbers used in this calculation are specific to the site or sites where the EBP is being implemented.**

Rationale: Surveys have repeatedly shown that persons with SMI often have a limited access to EBPs. The goal of EBP dissemination is not simply to create small exclusive programs but to make these practices easily accessible within the public mental health system.

Sources of Information:

The calculation of the penetration rate depends on the availability of the two statistics defining this rate.

- Numerator: The number receiving the service is based on a roster of names maintained by the program leader. Ideally, this total should be corroborated with service contact sheets and other supporting evidence that the identified consumers are actively receiving treatment. As a practical matter, agencies have many conventions for defining "active consumers" and dropouts, so that it may be difficult to standardize the definition for this item. The best estimate of the number actively receiving treatment should be used.
- Denominator: If the provider agency systematically tracks eligibility, then this number is used in the denominator. (See rules listed above in G2 to determine target population before using estimates below.) If the agency does not, then the denominator must be estimated by multiplying the total target population by the corresponding percentage based on the literature for each EBP. According to the literature, the estimates should be as follows:
    - Supported Employment – 60%
    - Integrated Dual Disorders Treatment – 40%
    - Illness Management & Recovery – 100%
    - Family Psychoeducation – 100% (some kind of significant other)
    - Assertive Community Treatment – 20%

  Example for calculating denominator: Suppose you don't know how many consumers are eligible for supported employment (i.e., the community support program has not surveyed the consumers to determine those who are interested). Let's say the community support program has 120 consumers. Then you would estimate the denominator to be:
  120 x .6 = 72

Item Response Coding: Calculate this ratio and record it on the fidelity scale in the space provided. If the program serves >80% of eligible consumers, the item would be coded as a "5".

## G4. Assessment

Definition: All EBP consumers receive standardized, high quality, comprehensive, and timely assessments.

*Standardization* refers to a reporting format that is easily interpreted and consistent across consumers.

*High quality* refers to assessments that provide concrete, specific information that differentiates between consumers. If most consumers are assessed using identical words, or if the assessment consists of broad, non-informative checklists, then this would be considered low quality.

*Comprehensive* assessments include history and treatment of medical, psychiatric, and substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.

*Timely* assessments are those updated at least annually.

Rationale: Comprehensive assessment/re-assessment is indispensable in identifying target domains of functioning that may need intervention, in addition to the consumer's progress toward recovery.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview:
d) Chart review

Item Response Coding:
If >80% of consumers receive standardized, high quality, comprehensive, and timely assessments, the item would be coded as a "5".

## G5. Individualized Treatment Plan

Definition: For all EBP consumers, there is an explicit, individualized treatment plan (even if it is not called this) related to the EBP that is consistent with assessment and updated every 3 months. *"Individualized" means that goals, steps to reaching the goals, services/ interventions, and intensity of involvement are unique to this consumer. Plans that are the same or similar across consumers are not individualized. One test is to place a treatment plan without identifying information in front of the supervisor and see if they can identify the consumer.*

Rationale: Core values of EBP include individualization of services and supporting consumers' pursuit of their goals and progress in their recovery at their own pace. Therefore, the treatment plan needs ongoing evaluation and modification.

Sources of Information:

*Note:* This item and the next are assessed together, i.e., follow up questions about specific treatment plans with question about the treatment.

a) Chart review (treatment plan)
b) Program leader interview
c) Practitioner interview
d) Consumer interview
e) Team meeting/supervision observation, if available

Item Response Coding: If >80% of EBP consumers have an explicit individualized treatment plan that is updated every 3 months, the item would be coded as a 5. IF the treatment plan is individualized but updated only every 6 months, then the item would be coded as a 3.

## G6. Individualized Treatment

Definition: All EBP consumers receive individualized treatment meeting the goals of the EBP. "*Individualized*" treatment means that steps, strategies, services/interventions, and intensity of involvement are focused on *specific* consumer goals and are unique for each consumer. Progress notes are often a good source of what really goes on. Treatment could be highly individualized despite the presence of generic treatment plans.

An example of a low score on this item for Integrated Dual Disorders Treatment: a consumer in the engagement phase of recovery is assigned to a relapse prevention group and constantly told he needs to quit using, rather than using motivational interventions.

An example for a low score on this item for Assertive Community Treatment: the majority of progress notes are written by day treatment staff who see the consumer 3-4 days per week, while the Assertive Community Treatment team only sees the consumer about once per week to issue his check.

Rationale: The key to the success of an EBP is implementing a plan that is individualized and meets the goals for the EBP for each consumer.

Sources of Information:
a) Chart review (treatment plan).
b) Practitioner interview
c) Consumer interview

Item Response Coding: If >80% of EBP consumers receive treatment that is consistent with the goals of the EBP, the item would be coded as a 5.

## G7. Training

Definition: All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) within 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).

Rationale: Practitioner training and retraining are warranted to ensure that evidence-based services are provided in a standardized manner, across practitioners and over time.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview.
d) Review of training curriculum and schedule, if available.
e) Practitioner interview.

Item Response Coding: If >80% of practitioners receive at least yearly, standardized training for [**EBP area**], the item would be coded as a "5".

## G8. Supervision

Definition: EBP practitioners receive structured, weekly supervision from a practitioner experienced in the particular EBP. The supervision can be either group or individual but CANNOT be peers-only supervision without a supervisor. The supervision should be consumer-centered and explicitly address the EBP model and its application to *specific consumer situations.*

Administrative meetings and meetings that are not specifically devoted to the EBP do not fit the criteria for this item. The *consumer specific* EBP supervision should be at least one hour in duration each week.

Rationale: Regular supervision is critical not only for individualizing treatment, but also for ensuring the standardized provision of evidence-based services.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Team meeting/supervision observation, if available.
e) Supervision logs documenting frequency of meetings.

Item Response Coding: If >80% of practitioners receive weekly supervision, the item would be coded as a "5".

## G9. Process Monitoring

Definition: Supervisors/program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Process monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators. An example of a process indicator would be systematic measurement of how much time individual case managers spend in the community versus in the office. Process indicators could include items related to training or supervision. The underlying principle is that whatever is being measured is related to implementation of the EBP and is not being measured to track billing or productivity.

Rationale: Systematic and regular collection of process data is imperative in evaluating program fidelity to EBP.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Review of internal reports/documentation, if available

Item Response Coding: If there is evidence that standardized process monitoring occurs at least every 6 months, the item would be coded as a "5".

## G10. Outcome Monitoring

Definition: Supervisors/program leaders monitor the outcomes of EBP consumers every 3 months and share the data with EBP practitioners in an effort to improve services. Outcome monitoring involves a standardized approach to assessing consumers.

Rationale: Systematic and regular collection of outcome data is imperative in evaluating program effectiveness. Effective programs also analyze such data to ascertain what is working and what is not working and use the results to improve the quality of services they provide.

The key outcome indicators for each EBP are discussed in the implementation resource kits. A provisional list is as follows:

- Supported Employment – competitive employment rate
- Integrated Dual Disorders Treatment – substance use (such as the Stages of Treatment Scale)
- Illness Management & Recovery – hospitalization rates; relapse prevention plans; medication compliance rates
- Family Psychoeducation – hospitalization and family burden
- Assertive Community Treatment – hospitalization and housing

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Review of internal reports/documentation, if available

Item Response Coding: If standardized outcome monitoring occurs quarterly and results are shared with EBP Practitioners, the item would be coded as a "5".

## G11. Quality Assurance (QA)

Definition: The agency's QA Committee has an explicit plan to review the EBP or components of the program every 6 months. The steering committee for the EBP can serve this function. Good QA committees help the agency in important decisions, such as penetration goals, placement of the EBP within the agency, hiring/staffing needs. QA committees also help guide and sustain the implementation by reviewing fidelity to the EBP model, making recommendations for improvement, advocating/promoting the EBP within the agency and in the community, and deciding on and keeping track of key outcomes relevant to the EBP.

Rationale: Research has shown that programs that most successfully implement evidence-based practices have better outcomes. Again, systematic, and regular collection of process and outcome data is imperative in evaluating program effectiveness.

Sources of Information:
a) Program leader interview
b) QA Committee member interview

Item Response Coding: If agency has an established QA group or steering committee that reviews the EBP or components of the program every 6 months, the item would be coded as a "5".

## G12. Consumer Choice Regarding Service Provision

Definition: All consumers receiving EBP services are offered a reasonable range of choices consistent with the EBP; the EBP practitioners consider and abide by consumer preferences for treatment when offering and providing services.

Choice is defined narrowly in this item to refer to services provided. This item does not address broader issues of consumer choice, such as choosing to engage in self-destructive behaviors.

To score high on this item, it is not sufficient that a program offers choices. The choices must be consonant with EBP. So, for example, a program implementing supported employment would score low if the only employment choices it offered were sheltered workshops.

A *reasonable range of choices* means that EBP practitioners offer realistic options to consumers rather than prescribing only one or a couple of choices or dictating a fixed sequence or prescribing conditions that a consumer must complete before becoming eligible for a service.

*Sample of Relevant Choices by EBP:*

- Supported Employment
  - *Type of occupation*
  - *Type of work setting*
  - *Schedules of work and number of hours*
  - *Whether to disclose*
  - *Nature of accommodations*
  - *Type and frequency of follow-up supports*
- Integrated Dual Disorders Treatment
  - *Group or individual interventions*
  - *Frequency of DD treatment*
  - *Specific self-management goals*
- Family Psychoeducation
  - *Consumer readiness for involving family*
  - *Who to involve*
  - *Choice of problems/issues to work on*
- Illness Management & Recovery
  - *Selection of significant others to be involved*
  - *Specific self- management goals*
  - *Nature of behavioral tailoring*
  - *Skills to be taught*
- Assertive Community Treatment
  - *Type and location of housing*
  - *Nature of health promotion*
  - *Nature of assistance with financial management*
  - *Specific goals*
  - *Daily living skills to be taught*
  - *Nature of medication support*
  - *Nature of substance abuse treatment*

Rationale: A major premise of EBP is that consumers can play a vital role in the management of their illnesses and in making progress towards achieving their goals. Providers accept the responsibility of getting information to consumers so that they can become more effective participants in the treatment process.

Sources of Information:
a) Program leader interview
b) Practitioner interview
c) Consumer interview
d) Team meeting/supervision observation
e) Chart review (especially treatment plan)

Item Response Coding: If all sources support that type and frequency of EBP services always reflect consumer choice, the item would be coded as a “5”. If agency embraces consumer choice fully, except in one area (e.g., requiring the agency to assume representative payee-ships for all consumers), then the item would be coded as a “4”.

**General Organizational Index Cover Sheet**

**Date:**_____ **Rater(s):** _____

_____

**Program Name:** _____

**Address:** _____

**Contact Person:** _____ **(Title:** _____**)**

**☎:** _____ **Fax:** _____

**E-mail:** _____

**Sources Used:**

____ Chart review ____ Agency brochure review

____ Team meeting observation ____ Supervision observation

____ Interview with Program Director/Coordinator

____ Interview with Practitioners ____ Interview with consumers

____ Interview with supervisors ____ Interview with supervisors

____ Interview with rehabilitation service providers

____ Interview with QA Committee Member

____ Interview with _____

____ _____

____ _____

**# of EBP Practitioners:** _____ **# of active consumers served by EBP:** _____

**# of consumers served by EBP in preceding year:** _____ # of charts reviewed _____

**Date program was started:** _____

## GOI Score Sheet

Program: Date of Visit:

Informants – Name(s) and Position(s): _____, _____,

_____, _____, _____, _____

Number of Records Reviewed: Rater 1: Rater 2:

| | | Rater 1 | Rater 2 | Consensus |
|---|---|---|---|---|
| G1 | Program Philosophy | | | |
| G2 | Eligibility/Consumer Identification | | | |
| G3 | Penetration | | | |
| G4 | Assessment | | | |
| G5 | Individualized Treatment Plan | | | |
| G6 | Individualized Treatment | | | |
| G7 | Training | | | |
| G8 | Supervision | | | |
| G9 | Process Monitoring | | | |
| G10 | Outcome Monitoring | | | |
| G11 | Quality Assurance (QA) | | | |
| G12 | Consumer Choice Regarding Service Provision | | | |
| | TOTAL MEAN SCORE: | | | |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Dual Diagnosis Treatment Capacity</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/7/14</td><td>Date of Review/Revision:<br>4/13/16, 6/13/17, 4/10/18, 4/9/19, 6/9/20, 4/11/21, 10/12/21, 9/27/22, 3/08/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, and Continuing Education<br><br>Authored By: Barbara Glassheim and SCCMHA EBP & TIC Coordinator<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>02.03.09.01 Co-occurring Disorders/Integrated Dual Disorder Treatment</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To develop and promote a comprehensive, continuous, and integrated system of care for persons with co-occurring substance use disorders and serious mental illnesses, serious emotional disturbances, or intellectual/developmental disabilities who receive SCCMHA-funded services and supports.

**Policy:**
SCCMHA recognizes that persons with co-occurring psychiatric and substance use disorders experience generally poorer outcomes and incur higher costs for care in multiple clinical and life domains. Local service areas that engage persons with co-occurring disorders (CODs) include the mental health and substance misuse service networks as well as the criminal justice system, primary health care providers, homeless shelters and other housing programs, and the child and adult protective/welfare systems. Further, persons with co-occurring disorders are sufficiently prevalent in all behavioral health settings to be considered an expectation, rather than an exception, in treatment planning and service delivery. It is therefore the policy of SCCMHA that all providers will ensure an integrated scope of practice for clinicians working with persons with co-occurring disorders for consumers and their families to achieve optimal outcomes.

**Application:**
This policy applies to all SCCMHA-funded providers of mental health and substance use disorder treatment, prevention, and recovery services. Details regarding specific aspects of the model's applicability to various providers can be found in Exhibit D (SCCMHA Provider Network COD Expectations).

**Standards:**

A. The core of treatment success in any setting is the availability of welcoming, empathic, hopeful, integrated, and continuous treatment relationships that support a philosophy of dual recovery.

B. SCCMHA will screen and assess co-occurring disorders (mental illness, emotional disturbance, or intellectual/developmental disability and a substance use disorder) as well as a history of trauma (e.g., physical abuse, sexual abuse, family, and other environment of violence) and co-occurring trauma-related disorders, cognitive disorders, personality disorders, and medical conditions.
   1. Services and supports shall be provided in a person/family-centered, trauma-informed, developmentally appropriate, and culturally and linguistically competent manner.

C. SCCMHA-funded providers shall conduct integrated, longitudinal, strength-based assessments.

D. SCCMHA-funded providers shall employ standardized, validated assessment and screening tools.

E. The four-quadrant national consensus model (found in Exhibit A) will be used to assign responsibility for the provision of service (i.e., primary service delivery program/system), based on the severity of the psychiatric and substance use disorders.
   1. The continuum for mental health treatment programs:
      a. Mental health-only services (MHOS)
      b. Dual-diagnosis capable (DDC)
      c. Dual diagnosis enhanced (DDE)
   2. The continuum for substance use disorder treatment programs:
      a. Addiction-only services (AOS)
      b. Dual-diagnosis capable (DDC)
      c. Dual diagnosis enhanced (DDE)

F. Mental illness and substance dependence are both examples of chronic, biopsychosocial disorders that may be understood using a disease and recovery model.

G. Treatment shall be matched, not only to diagnosis, but also to the phase of recovery, stage of treatment, and stage of change for everyone. Therefore, appropriately matched interventions must be provided at all levels of care; no one correct dual diagnosis program or intervention applies.

H. At a minimum, clinicians will demonstrate competencies in the provision of an integrated scope of practice that encompasses the following attributes:
   1. Convey a welcoming, empathic attitude, supporting a philosophy of dual recovery.
   2. Screen for co-morbidity, including trauma history.
   3. Assess for acute mental health/detoxification risk and know how to get the person to safety if necessary.
   4. Obtain an assessment of the co-morbid condition, either one that has already been done, or, if needed, conduct a new one.
   5. Be aware of and understand the diagnosis and treatment plan for each problem (at least as well as the consumer understands them).

6. Support treatment adherence, including medication compliance, 12-step program attendance, etc.
7. Identify the stage of change for each problem.
8. Provide one-on-one and group interventions for education and motivational enhancement to help consumers move through stages of change.
9. Provide specific skills training to reduce substance use and/or manage mental health symptoms or mental illness (e.g., help consumers take medications exactly as prescribed).
10. Help consumers manage feelings, mental health symptoms, and medication side effects without using substances.
11. Help consumers advocate with other providers regarding mental health treatment needs.
12. Help consumers advocate with other providers regarding substance misuse/dependence treatment needs.
    a. Ensure that services are medically necessary.
    b. Strengthen discharge planning with "warm handoffs."
    c. Utilize electric medical records to improve clinicians' ability to provide effective integrated care.
    d. Utilize peer support services to help individuals engage in treatment services.
13. Collaborate with other providers so consumers receive integrated messages.
14. Educate consumers about the appropriateness of taking psychiatric medications and participating in mental health treatment while attending 12-step recovery programs and participating in other addiction treatment support systems.
15. Modify (simplify) skills training for any problem to accommodate each consumer's cognitive or emotional learning impairment or disability, regardless of cause.
16. Promote dual recovery meeting attendance for consumers when appropriate.

I. At a minimum, providers will demonstrate a dual diagnosis program capability (DDC) infrastructure designed to provide properly matched integrated services, within the context of its resources and mission, to the individuals and families with co-occurring disorders who are already coming to the door. Programs that are DDC are characterized by the following:
1. Routinely accept consumers with dual diagnoses.
2. Display welcoming attitudes toward comorbidity.
3. Substance abuse programs treat individuals whose mental health conditions are stable and can participate in treatment.
4. Mental health programs coordinate phase-specific interventions for any substance disorder.
5. Have policies and procedures that routinely look at comorbidity in assessments, medication management plans, diagnostic plans, and programming.
6. Provide care coordination for medication regimens.

7. Services can be delivered face-to-face, in-person, or via telehealth technology.

J. SCCMHA shall adopt a comprehensive, continuous, integrated system of care (CCISC) model for individuals who have co-occurring mental illness and substance use disorders that adheres to the following standards (delineated by Kenneth Minkoff, M.D.):

1. *Dual diagnosis is an expectation, not an exception:* Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating individuals who have co-occurring mental illness and substance use disorders with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.
2. *All individuals who have co-occurring mental illness and substance use disorders are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (9) can be used as a guide for service planning on the system level.* In this model, individuals who have co-occurring mental illness and substance use disorders can be divided according to high and low severity for each disorder, into high-high (Quadrant IV), low MH – high CD (Quadrant III), high MH – low CD (Quadrant II), and low-low (Quadrant I). High MH individuals usually have serious persistent mental illness (SPMI) and require continuing integrated care in the MH system. Individuals with High CD are appropriate for receiving episodes of addiction treatment in the CD system, with varying degrees of integration of mental health capability.
3. Empathic, *hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence-based best practice for individuals with the most severe combinations of psychiatric and substance difficulties.* The system needs to prioritize a) the development of clear guidelines for how clinicians in any service setting can provide integrated treatment in the context of an appropriate scope of practice, and b) access to continuous integrated treatment of appropriate intensity and capability for individuals with the most complex difficulties.
4. *Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each consumer, and in each service setting.* Each individual consumer may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system, different programs are designed to provide this balance in different ways. Individuals who require high degrees of support or supervision can utilize contingency based learning strategies involving a variety of

community-based reinforcers to make incremental progress within the context of continuing treatment.

5. *When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended.* The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle, and to develop specific practice guidelines emphasizing how to integrate diagnosis-specific best practice treatments for multiple disorders for clinically appropriate consumers within each service setting.
6. *Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change.* Literature in both the addiction field and the mental health field has emphasized the concept of stages of change or stages of treatment and demonstrated the value of stage wise treatment (6).
7. *There is no single correct intervention for individuals who have co-occurring mental illness and substance use disorders; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements.* This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. It also forms the basis for designing the template of the CCISC, in which each program is a dual diagnosis program, but all programs are not the same. Each program in the system is assigned a "job": to work with a particular cohort of individuals who have co-occurring mental illness and substance use disorders, providing continuity or episode interventions, at a particular level of care. Consequently, all programs become mobilized to develop cohort specific dual diagnosis services, thereby mobilizing treatment resources throughout the entire system.
8. *Clinical outcomes for individuals who have co-occurring mental illness and substance use disorders must also be individualized, based on similar parameters for individualizing treatment interventions.* Abstinence and full mental illness recovery are usually long-term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in "harm" (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.

K. Enhanced Dual Disorders Treatment will be provided by a multi-disciplinary team that includes a psychiatrist, nurse, qualified mental health professional, peer

support specialist, substance misuse professional, supported employment specialist, and residential/housing services specialist.

L. Enhanced Dual Disorders Treatment team members will have a training plan that addresses treatment philosophies, motivational interviewing, stage-wise treatment, pharmacological treatment, cognitive behavioral interventions, and substance use treatment. Staff with less than one year of experience must acquire 12 hours of training in integrated treatment specific content and receive supervision from experienced integrated treatment staff.
    1. Staff shall be required to acquire at least 6 hours of related training content annually.

M. Enhanced Dual Disorders Treatment teams will maintain an Integrated Treatment License issued by Michigan Department of Community Health, Bureau of Health Systems, Division of Licensing & Certification.

N. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the SAMHSA DDCMHT and DDCAT Rating Scale scales.
    1. All Enhanced Dual Disorder Treatment teams shall undergo a MiFAST fidelity review every 3-5 years.

O. The Evidence-Based Practice and Trauma-Informed Care Coordinator will facilitate quarterly meetings for supervisors of teams that provide Integrated Dual Disorder Treatment to discuss fidelity monitoring.

P. The Adult Strengths and Needs Assessment (ANSA) will be used as tool to examine outcomes with reports reviewed up to twice per year.

**Definitions:**

**Comprehensive, Continuous, Integrated System of Care (CCISC):** A model for organizing services for individuals with co-occurring psychiatric and substance use disorders that is designed to improve treatment capacity by adhering to the above-noted standards.

**Co-occurring Disorder (COD):** The co-existence of a psychiatric and substance disorder in one person. Each disorder is considered primary and must receive appropriately intensive diagnosis-specific treatment. Adolescents with emotional disturbances as well as individuals with intellectual/developmental disabilities may also experience co-occurring disorders.

**Dual diagnosis capable (DDC):** Programs that focus on co-occurring mental and substance use-related disorders in their policies and procedures, assessment, treatment planning, program content and discharge planning. In such programs program staff can address the interaction between mental and substance-related disorders and their effect on the consumer's readiness to change as well as relapse and recovery issues through individual and group programmatic content.

**Dual diagnosis enhanced (DDE):** Programs that have a higher level of integration of substance misuse and mental health treatment services and can provide unified substance misuse and mental health treatment to consumers who have greater symptomatology and/or functional impairment due to their co-occurring mental disorder. Such enhanced services are primarily focused on the integration of services for mental and substance use-related disorders in their staffing, services, and program content.

**Integrated Screening, Assessment, and Interventions:**

**Integrated Screening:** Refers to making a determination of the likelihood that an individual has a co-occurring substance use or mental illness. The purpose of integrated screening is to establish the need for an in-depth assessment. Integrated screening is a formal process that typically is brief and occurs soon after the consumer presents for services.

**Integrated Assessment:** Such an assessment is comprised of assembling information and engaging in a process with the consumer that allows the practitioner to establish the presence or absence of co-occurring disorders, determine the consumer's readiness for change, identify the consumer's strengths or problem areas that may affect the processes of treatment and recovery, and engage the consumer in the development of an appropriate treatment relationship. The purpose of the assessment is to establish (or rule out) the existence of a clinical disorder or service need and to collaborate with the consumer to develop a plan of services and supports.

**Integrated Interventions:** Specific treatment strategies or therapeutic techniques in which interventions for all COD diagnoses or symptoms are combined in a single contact or in a series of contacts over time. These can be acute interventions to establish safety, as well as ongoing efforts to foster recovery.

**Recovery:** The process by which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability while for others, recovery implies the reduction or complete remission of symptoms.

**Relapse:** The return to active substance use in a person with a diagnosed substance use disorder, or the return of disabling psychiatric symptoms after a period of remission related to a non-addictive mental disorder. Relapse is both an anticipated event during recovery and a process in which warning signs appear prior to an individual's actual recurrence of impairment.

**Remission:** The absence of distress or impairment due to a substance use or mental disorder.

**Substance-Induced Disorders:** Substance-induced disorders include intoxication, withdrawal, substance induced mental disorders, including substance induced psychosis, substance induced bipolar and related disorders, substance induced depressive disorders, substance induced anxiety disorders, substance induced obsessive-compulsive and related disorders, substance induced sleep disorders, substance induced sexual dysfunctions, substance induced delirium and substance induced neurocognitive disorders..

**Substance Use Disorders (SUDs):** Patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result.

**References:**


A. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition: DSM-5*. American Psychiatric Association. Washington, DC.

B. Center for Substance Abuse Treatment. (2005). *Definitions and Terms Relating to Co-Occurring Disorders.* COCE Overview Paper No. 1. Substance Abuse and Mental Health Services Administration, and Center for Mental Health Services. Rockville, MD. [On-line]. Available: http://www.atforum.com/pdf/DefinitionsandTerms-OP1-4.pdf.

C. Center for Substance Abuse Treatment. *Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42.* (2005). Substance Abuse and Mental Health Services Administration. Rockville, MD. [On-line]. Available: TIP 42: Substance Use Treatment for Persons With Co-Occurring Disorders | SAMHSA Publications and Digital Products.
D. Drake, R., Essock, S., et al. (2001) Implementing Dual Diagnosis Services For Clients With Severe Mental Illness. *Psychiatric Services 52:* 469-476.
E. Mee-Lee, D. (Ed.). (2013). *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions.* American Society of Addiction Medicine. Chevy Chase, MD.
F. Minkoff, K. (Undated). *Behavioral Health Recovery Management Service Planning Guidelines: Co-occurring Psychiatric and Substance Disorders.*
G. Minkoff, K. (2001). Best practices: Developing Standards of Care for Individuals with Co-occurring Psychiatric and Substance Use Disorders. *Psychiatric Services 52:* 597–599.
H. National Association of State Mental Health Program Directors and the National Association of State Alcohol and Drug Abuse Directors (1998). *The New Conceptual Framework For Co-Occurring Mental Health And Substance Use Disorders*. NASMHPD. Washington, DC.
I. National Association of State Mental Health Program Directors *and* the National Association of State Alcohol and Drug Abuse Directors (2004). *The Evolving Conceptual Framework for Co-Occurring Mental Health and Substance Use Disorders: Developing Strategies for Systems Change.* [Online] Available: http://www.nasmhpd.org/.
J. SCCMHA Policy 02.03.08 – Welcoming.
K. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs).
L. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
M. Substance Abuse and Mental Health Services Administration. (2011). *Dual Diagnosis Capability in Mental Health Treatment (DDCMHT) Toolkit Version 4.0.* Substance Abuse and Mental Health Services Administration. Rockville, MD. [On-line]. Available: https://www.centerforebp.case.edu/client-files/pdf/ddcmhttoolkit.pdf.

**Exhibits:**

A. Four Quadrant Model
B. DDCMHT Rating Scale (SAMHSA)
C. DDCAT Rating Scale (SAMHSA)
D. SCCMHA Provider Network COD/Dual Diagnosis Capability Expectations
E. Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools (MiFAST)

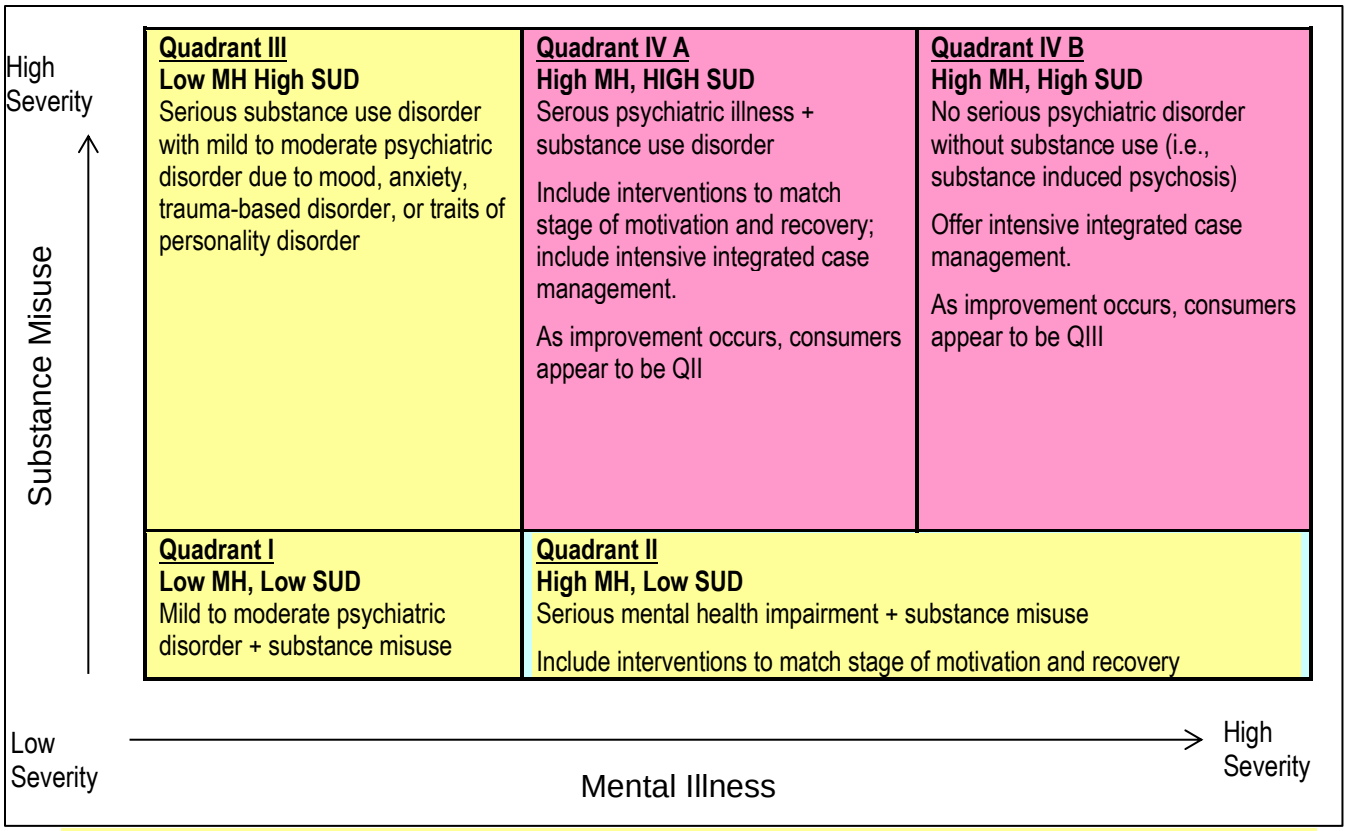
**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. COD treatment services are provided in accordance with the standards of the model to consumers who meet criteria | 1. IDDT Team Providers |

| | |
|---|---|
| 2. COD treatment services are monitored on a regular basis for fidelity and outcomes | 2. MiFAST, SCCMHA EBP Leadership/Fidelity Monitoring Team, IDDT Supervisors |

**Exhibit A**

**Four Quadrant Model**




**DD Capable: Quadrants I, II, and III**
**DD Enhanced (IDDT): Quadrant IV**

**Consultation:** ***Quadrant I*** *(both disorders* less severe): Informal relationships among providers that ensure both mental disorders and substance misuse problems are addressed, especially regarding identification, engagement, prevention, and early intervention. An example of such consultation might include a telephone request for information or advice regarding the etiology and clinical course of depression in a person abusing alcohol or drugs.

**Collaboration:** ***Quadrant II/III*** (one disorder more severe, the other less severe): More formal relationships among providers that ensure both mental disorders and substance misuse problems are included in the treatment regimen. An example of such collaboration might include interagency staffing conferences where representatives of both substance misuse and mental health agencies specifically contribute to the design of a treatment program for individuals with co-occurring disorders and participate in service delivery.

**Integrated Services:** ***Quadrant IV*** (both disorders more severe): Relationships among mental health and substance misuse providers, in which the contributions of professionals in both fields are merged into a single treatment setting and treatment regimen. Integrated treatment is any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting. Such treatment exists on a continuum that ranges from cross-referral and linkage, through cooperation, consultation, and collaboration, to integration in a single setting or treatment model.

## Exhibit B: DDCMHT Rating Scale

# DDCMHT — Rating Scale Cover Sheet

### *Program Identification*

Date_____ Rater(s) _____ Time Spent (Hours) _____

Agency Name _____

Program Name _____

Address _____ Zip Code _____

Contact Person 1) _____ 2) _____

Telephone _____ FAX _____ Email _____

State _____ Region _____ Program ID _____ Time Period _____

*1= Baseline; 2 = 1st-follow-up;*
*3= 2nd follow-up; 4= 3rd follow-up; etc*

### *Program Characteristics*

**Payments received (program)**

____Self-pay
____Private health insurance
____Medicaid
____Medicare
____State financed insurance
____Military insurance

**Other funding sources**

____Other public funds
____Other funds

**Primary focus of agency**

____Addiction treatment services
____Mental health (MH) services
____Mix of addiction & MH services
____General health services
____Hospital

**Size of program**

____# of admissions/last fiscal year
____Capacity (highest # serviceable)
____Average length of stay (in days)
____Planned length of stay (in days)
____# of unduplicated clients/year

**Agency type**

____Private
____Public
____Non-Profit
____Government operated
____Veterans Health Administration

**Level of care**

ASAM-PPC-2R (Addiction)

____I. Outpatient
____II. IOP/Partial Hospital
____III. Residential/Inpatient
____IV. Medically Managed Intensive Inpatient (Hospital)
____OMT: Opioid Maintenance
____D: Detoxification

Mental Health

____Outpatient
____Partial hospital/Day program
____Inpatient

**Exclusive program/ Admission criteria requirement**

____Adolescents
____Co-occurring MH & SU disorders
____HIV/AIDs
____Gay & lesbian
____Seniors/Elders
____Pregnant/post-partum
____Women
____Residential setting for patients and their children
____Men
____DUI/DWI
____Criminal justice clients
____Adult General

**DDCMHT assessment sources**

____Chart Review;
____Agency brochure review;
____Program manual review;
____Team meeting observation;
____Supervision observation;
____Observe group/individual session;
____Interview with Program Director;
____Interview with Clinicians;
____Interview with clients (#: ____);
____Interview with other service providers;
____Site tour.

**Total # of sources used:** _____

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *I. Program Structure* | | | | | |
| IA. Primary focus of agency as stated in the mission statement *(If program has mission, consider program mission).* | Mental health only. | | Primary focus is mental health, co-occurring disorders are treated. | | Primary focus on persons with co-occurring disorders. |
| IB. Organizational certification and licensure. | Permits only mental health treatment. | Has no actual barrier, but staff report there to be certification or licensure barriers. | Has no barrier to providing addiction treatment or treating co-occurring disorders within the context of mental health treatment. | | Is certified and/or licensed to provide both. |
| IC. Coordination and collaboration with addiction services. | No document of formal coordination or collaboration. Meets the SAMHSA definition of minimal Coordination. | Vague, undocumented, or informal relationship with addiction agency, or consulting with a staff member from that agency. Meets the SAMHSA definition of Consultation. | Formalized and documented coordination or collaboration with addiction agency. Meets the SAMHSA definition of Collaboration. | Formalized coordination and collaboration, and the availability of case management staff, or staff exchange programs (variably used). Meets the SAMHSA definition of Collaboration and has some informal components consistent with Integration. | Most services are integrated within the existing program, or routine use of case management staff or staff exchange program. Meets the SAMHSA definition of Integration. |
| ID. Financial incentives. | Can only bill for mental health treatments or bill for persons with mental health disorders. | Could bill for either service type if mental health disorder is primary, but staff report there to be barriers. –OR- Partial reimbursement for addiction services available. | Can bill for either service type, however, a mental health disorder must be primary. | | Can bill for addiction or mental health treatments, or their combination and/or integration. |

| Table Header Key | |
|---|---|
| 1-MHOS | Mental Health Only Services |
| 3-DDC | Dual Diagnosis Capable |
| 5-DDE | Dual Diagnosis Enhanced |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *II. Program Milieu* | | | | | |
| IIA. Routine expectation of and welcome to treatment for both disorders. | Program expects mental health disorders only, refers or deflects persons with substance use disorders or symptoms. | Documented to expect mental health disorders only (e.g., admission criteria, target population), but has informal procedure to allow some persons with substance use disorders to be admitted. | Focus is on mental health disorders, but accepts substance use disorders by routine and if mild and relatively stable as reflected in program documentation. | Program formally defined like DDC but clinicians and program informally expect and treat co-occurring disorders regardless of severity, not well documented. | Clinicians and program expect and treat co-occurring disorders regardless of severity, well documented. |
| IIB. Display and distribution of literature and patient educational materials. | Mental health or peer support only. | Available for both disorders but not routinely offered or formally available. | Routinely available for both mental health and substance use disorders in waiting areas, patient orientation materials and family visits, but distribution is less for substance use disorders. | Routinely available for both mental health and substance use disorders with equivalent distribution. | Routinely and equivalently available for both disorders and for the interaction between mental health and substance use disorders. |
| *III. Clinical Process: Assessment* | | | | | |
| IIIA. Routine screening methods for substance use. | Pre-admission screening based on patient self-report. Decision based on clinician inference from patient presentation or history. | Pre-admission screening for substance use and treatment history prior to admission. | Routine set of standard interview questions for substance use using generic framework (e.g., ASAM-PPC Dim. I & V, LOCUS Dim. III) or "Biopsychosocial" data collection. | Screen for substance use using standardized or formal instruments with established psychometric properties. | Screen using standardized or formal instruments for both mental health and substance use disorders with established psychometric properties. |
| IIIC. Mental health and substance use diagnoses made and documented. | Substance use diagnoses are neither made nor recorded in records. | Substance use diagnostic impressions or past treatment records are present in records but the program does not have a routine process for making and documenting substance use diagnoses. | The program has a mechanism for providing diagnostic services in a timely manner. Substance use diagnoses are documented in 50-69% of the records. | The program has a mechanism for providing routine, timely diagnostic services. Substance use diagnoses are documented in 70-89% of the records. | Comprehensive diagnostic services are provided in a timely manner. Substance use diagnoses are documented in at least 90% of the records. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| IIID. Mental health and substance use history reflected in medical record. | Collection of mental health disorder history only. | Standard form collects mental health disorder history only. Substance use disorder history collected inconsistently. | Routine documentation of both mental health and substance use disorder history in record in narrative section. | Specific section in record dedicated to history and chronology of both disorders. | Specific section in record devoted to history and chronology of both disorders and the interaction between them is examined temporally. |
| IIIE. Program acceptance based on substance use disorder symptom acuity: low, moderate, high. | Admits persons with no to low acuity. | | Admits persons in program with low to moderate acuity, but who are primarily stable. | | Admits persons in program with moderate to high acuity, including those unstable in their substance use disorder. |
| IIIF. Program acceptance based on severity and persistence of substance use disability: low, moderate, high. | Admits persons in program with no to low severity and persistence of substance use disability. | | Admits persons in program with low to moderate severity and persistence of substance use disability. | | Admits persons in program with moderate to high severity and persistence of substance use disability. |
| IIIG. Stage-wise assessment. | Not assessed or documented. | Assessed and documented variably by individual clinician. | Clinician assessed and routinely documented, focused on mental health motivation. | Formal measure used and routinely documented but focusing on mental health motivation only. | Formal measure used and routinely documented, focus on both substance use and mental health motivation. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *IV. Clinical Process: Treatment* | | | | | |
| IVA. Treatment plans. | Address mental health only (addiction not listed). | Variable by individual clinician, i.e., plans vaguely or only sometimes address co-occurring substance use disorders. | Plans routinely address both disorders although mental health disorders addressed as primary, substance use disorders as secondary with generic interventions. | Plans routinely address substance use and mental health disorders; equivalent focus on both disorders; some individualized detail is variably observed. | Plans routinely address both disorders equivalently and in specific detail; interventions in addition to abstinence are used to address substance use disorder. |
| IVB. Assess and monitor interactive courses of both disorders. | No documentation of progress with substance use disorders. | Variable reports of progress on substance use disorder by individual clinicians. | Routine clinical focus in narrative (treatment plan review or progress note) on substance use disorder change; description tends to be generic. | Treatment monitoring and documentation reflecting equivalent in-depth focus on both disorders is available but variably used. | Treatment monitoring and documentation routinely reflects clear, detailed, and systematic focus on change in both substance use and mental health disorders. |
| IVC. Procedures for intoxicated/high patients, relapse, withdrawal, or active users. | No guidelines conveyed in any manner. | Verbally conveyed in-house guidelines. | Documented guidelines: referral or collaborations (to local addiction agency, detox unit, or emergency department). | Variable use of documented guidelines, formal risk assessment tools and advance directives for mental health crisis and substance use relapse. | Routine capability, or a process to ascertain risk with ongoing use of substances and/or severity of mental health symptoms; maintain in program unless alternative placement (i.e., detox, commitment) is warranted. |
| IVD. Stage-wise treatment. | Not assessed or explicit in treatment plan. | Stage of change or motivation documented variably by individual clinician in-treatment plan. | Stage of change or motivation routinely incorporated into individualized plan, but no specific stage-wise treatments. | Stage of change or motivation routinely incorporated into individualized plan; general awareness of adjusting treatments by mental health stage or motivation only. | Stage of change or motivation routinely incorporated into individualized plan; formally prescribed and delivered stage-wise treatments for both substance use and mental health disorders. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| IVE. Policies and procedures for evaluation, management, monitoring and compliance for/ of medications for substance use disorders. | Patients with active substance use routinely not accepted. No capacities to monitor, guide prescribing, or provide medications for substance use disorders during treatment. | Certain types of medication for substance use disorders are not prescribed. Some capacity to monitor medications for substance use disorders. | Some types of medication for substance use disorders are routinely available. Present, coordinated policies regarding medication for substance use disorders. Some access to prescriber for medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by the prescriber. | Clear standards and routine regarding medication for substance use disorders for medication prescriber who is also a staff member. Routine access to prescriber and guidelines for prescribing in place. The prescriber may periodically consult with other staff regarding medication plan and recruit other staff to assist with medication monitoring. | All types of medication for substance use disorders are available. Clear standards and routine for medication prescriber who is also a staff member. Full access to prescriber and guidelines for prescribing in place. The prescriber is on the treatment team and the entire team can assist with monitoring. |
| IVF. Specialized interventions with substance use disorders content. | Not addressed in program content. | Based on judgment by individual clinician; variable penetration into routine services. | In program format as generalized intervention with penetration into routine services. Routine clinician adaptation of an evidence-based mental health treatment. | Some specialized interventions by specifically trained clinicians in addition to routine generalized interventions. | Routine substance use disorder management groups; individual therapies focused on specific disorders; systematic adaptation of evidence-based addiction treatment (e.g., motivational interviewing, relapse prevention); or use of integrated evidence-based practices. |
| IVG. Education about substance use disorders, treatment, and interaction with mental health disorders. | Not offered. | Generic content, offered variably or by clinician judgment. | Generic content, routinely delivered in individual and/or group formats. | Specific content for specific co-morbidities; variably offered in individual and/or group formats. | Specific content for specific co-morbidities; routinely offered in individual and/or group formats. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| IVH. Family education and support. | For mental health disorders only, or no family education at all. | Variably or by clinician judgment. | Substance use disorders routinely but informally incorporated into family education or support sessions. Available as needed. | Generic family group on site on substance use and mental health disorders, variably offered. Structured group with more routine accessibility. | Routine and systematic co-occurring disorder family group integrated into standard program format. Accessed by families of the majority of patients with co-occurring disorders. |
| IVI. Specialized interventions to facilitate use of peer support groups in planning or during treatment. | No interventions made to facilitate use of either addiction or mental health peer support. | Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to mental health peer support groups. | Generic format on site, but no specific or intentional facilitation based on substance use disorders. More routine facilitation to mental health peer support groups (e.g., NAMI, Procovery). | Variable facilitation targeting specific co-occurring needs, intended to engage patients in mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR). | Routine facilitation targeting specific co-occurring needs, intended to engage patients in mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR). |
| IVJ. Availability of peer recovery supports for patients with co-occurring disorders. | Not present, or if present not recommended. | Off site, recommended variably. | Off site and facilitated with contact persons or informal matching with peer supports in the community, some co-occurring focus. | Off site, integrated into plan, and routinely documented with co-occurring focus. | On site, facilitated and integrated into program (e.g., alumni groups); routinely used and documented with co-occurring focus. |
| *V. Continuity of Care* | | | | | |
| VA. Co-occurring disorder addressed in discharge planning process. | Not addressed. | Variably addressed by individual clinicians. | Co-occurring disorder systematically addressed as secondary in planning process for off-site referral. | Some capacity (less than 80% of the time) to plan for integrated follow-up, i.e., equivalently address both substance use and mental health disorders as a priority. | Both disorders seen as primary, with confirmed plans for on-site follow-up, or documented arrangements for off site follow-up; at least 80% of the time. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| VB. Capacity to maintain treatment continuity. | No mechanism for managing ongoing care of substance use disorder needs when mental health treatment program is completed. | No formal protocol to manage substance use disorder needs once program is completed, but some individual clinicians may provide extended care until appropriate linkage takes place; variable documentation. | No formal protocol to manage substance use disorder needs once program is completed, but when indicated, most individual clinicians provide extended care until appropriate linkage takes place. Routine documentation. | Formal protocol to manage substance use disorder needs indefinitely, but variable documentation that this is routinely practiced, typically within the same program or agency. | Formal protocol to manage substance use disorder needs indefinitely and consistent documentation that this is routinely practiced, typically within the same program or agency. |
| VC. Focus on ongoing recovery issues for both disorders. | Not observed. | Individual clinician determined. | Routine focus is on recovery from mental health disorders, addiction viewed as potential relapse issue only. | | Routine focus on addiction recovery and mental health management and recovery, both seen as primary and ongoing. |
| VD. Specialized interventions to facilitate use of community-based peer support groups during discharge planning. | No interventions made to facilitate use of either addiction or mental health peer support groups upon discharge. | Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to mental health peer support groups upon discharge. | Generic, but no specific or intentional facilitation based on substance use disorders. More routine facilitation to mental health peer support groups (e.g., NAMI, Procovery) upon discharge. | Assertive linkages and interventions variably made targeting specific co-occurring needs to facilitate use of mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge. | Assertive linkages and interventions routinely made targeting specific co-occurring needs to facilitate use of mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge. |
| VE. Sufficient supply and compliance plan for medications for substance use disorders (see IVE) are documented. | No medications in plan. | Variable or undocumented availability of 30-day or supply to next appointment off site. | Routine 30-day or supply to next appointment off site. Prescription and confirmed appointment documented. | Maintains medication management in program/agency until admission to next level of care at different provider (e.g., 45-90 days). Prescription and confirmed admission documented. | Maintains medication management in program with provider. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *VI. Staffing* | | | | | |
| VIA. Psychiatrist or other physician or prescriber of medications for substance use disorders. | No formal relationship with a prescriber for this program. | Consultant or contractor off site. | Consultant or contractor on site. | Staff member, present on site for clinical matters only. | Staff member, present on site for clinical, supervision, treatment team, and/or administration. |
| VIB. On-site clinical staff members with substance abuse licensure, certification, competency, or substantive experience. | Program has no staff who are licensed/certified as substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment. | 1-24% of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment. | 25-33% of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment. | 34-49% of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment. | 50% or more of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment. |
| VIC. Access to addiction clinical supervision or consultation. | No access. | Consultant or contractor off site, variably provided. | Provided as needed or variably on site by consultant, contractor or staff member. | Routinely provided on site by staff member. | Routinely provided on site by staff member and focuses on in-depth learning. |
| VID. Case review, staffing or utilization review procedures emphasize and support co-occurring disorder treatment. | Not conducted. | Variable, by off-site consultant, undocumented. | Documented, on site, and as needed coverage of co-occurring issues. | Documented, routine, but not systematic coverage of co-occurring issues. | Documented, routine and systematic coverage of co-occurring issues. |
| VIE. Peer/Alumni supports are available with co-occurring disorders. | Not available. | Available, with co-occurring disorders, but as part of the community. Variably referred by individual clinicians. | Available, with co-occurring disorders, but as part of the community. Routine referrals made through clinician relationships or more formal connections such as peer support service groups (e.g., AA Hospital and Institutional committees or NAMI). | Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Variable referrals made. | Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Routine referrals made. |

## DDCMHT — Rating Scale

| | 1–MHOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *VII. Training* | | | | | |
| VIIA. All staff members have basic training in attitudes, prevalence, common signs and symptoms, detection and triage for co-occurring disorders. | No staff have basic training (0% trained). | Variably trained, no systematic agency training plan or individual staff member election (1-24% of staff trained). | Certain staff trained, encouraged by management and with systematic training plan (25-50% of staff trained). | Many staff trained and monitored by agency strategic training plan (51-79% of staff trained). | Most staff trained and periodically monitored by agency strategic training plan (80% or more of staff trained). |
| VIIB. Clinical staff members have advanced specialized training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders. | No clinical staff have advanced training (0% trained). | Variably trained, no systematic agency training plan or individual staff member election (1-24% of clinical staff trained). | Certain staff trained, encouraged by management and with systematic training plan (25-50% of clinical staff trained). | Many staff trained and monitored by agency strategic training plan (51-79% of clinical staff trained). | Most staff trained and periodically monitored by agency strategic training plan (80% or more of clinical staff trained). |

## Site Visit Notes

## DDCMHT — Scoring Summary

**I. Program Structure**

A. _____
B. _____
C. _____
D. _____

Sum Total = _____
/4 = ***SCORE*** _____

**II. Program Milieu**

A. _____
B. _____

Sum Total = _____
/2 = ***SCORE*** _____

**III. Clinical Process: Assessment**

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____

Sum Total = _____
/7 = ***SCORE*** _____

**IV. Clinical Process: Treatment**

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____

Sum Total = _____
/10 = ***SCORE*** _____

**V. Continuity of Care**

A. _____
B. _____
C. _____
D. _____
E. _____

Sum Total = _____
/5 = ***SCORE*** _____

**VI. Staffing**

A. _____
B. _____
C. _____
D. _____
E. _____

Sum Total = _____
/5 = ***SCORE*** _____

**VII. Training**

A. _____
B. _____

Sum Total = _____
/2 = ***SCORE*** _____

**DDCMHT Index Program Category: Scale Method**

**OVERALL SCORE**
(Sum of Scale Scores/7)

**DUAL DIAGNOSIS CAPABILITY:**

MHOS (1 - 1.99) _____
MHOS/DDC (2 - 2.99) _____
DDC (3 - 3.49) _____
DDC/DDE (3.5 - 4.49) _____
DDE (4.5 - 5.0) _____

**DDCMHT Index Program Category: Criterion Method**

**% CRITERIA MET FOR MHOS**
(# of "1" or > /35) ____ 100%

**% CRITERIA MET FOR DDC**
(# of "3" or > scores/35) _____

**% CRITERIA MET FOR DDE**
(# of "5" scores/35) _____

**HIGHEST LEVEL OF DD CAPABILITY**
(80% or more) _____

## Exhibit C: DDCAT Rating Scale

# DDCAT — Rating Scale Cover Sheet

### *Program Identification*

Date_____ Rater(s) _____ Time Spent (Hours) _____

Agency Name _____

Program Name _____

Address _____ Zip Code _____

Contact Person 1) _____ 2) _____

Telephone _____ FAX _____ Email _____

State _____ Region _____ Program ID _____ Time Period _____

*1= Baseline; 2 = 1st-follow-up;*
*3= 2nd follow-up; 4= 3rd follow-up; etc*

### *Program Characteristics*

**Payments received (program)**

____Self-pay
____Private health insurance
____Medicaid
____Medicare
____State financed insurance
____Military insurance

**Other funding sources**

____Other public funds
____Other funds

**Primary focus of agency**

____Addiction treatment services
____Mental health (MH) services
____Mix of addiction & MH services
____General health services
____Hospital

**Size of program**

____# of admissions/last fiscal year
____Capacity (highest # serviceable)
____Average length of stay (in days)
____Planned length of stay (in days)
____# of unduplicated clients/year

**Agency type**

____Private
____Public
____Non-Profit
____Government operated
____Veterans Health Administration

**Level of care**

ASAM-PPC-2R (Addiction)

____I. Outpatient
____II. IOP/Partial Hospital
____III. Residential/Inpatient
____IV. Medically Managed Intensive Inpatient (Hospital)
____OMT: Opioid Maintenance
____D: Detoxification

Mental Health

____Outpatient
____Partial hospital/Day program
____Inpatient

**Exclusive program/ Admission criteria requirement**

____Adolescents
____Co-occurring MH & SU disorders
____HIV/AIDs
____Gay & lesbian
____Seniors/Elders
____Pregnant/post-partum
____Women
____Residential setting for patients and their children
____Men
____DUI/DWI
____Criminal justice clients
____Adult General

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *I. Program Structure* | | | | | |
| IA. Primary focus of agency as stated in the mission statement *(If program has mission, consider program mission).* | Addiction only. | | Primary focus is addiction, co-occurring disorders are treated. | | Primary focus on persons with co-occurring disorders. |
| IB. Organizational certification and licensure. | Permits only addiction treatment. | Has no actual barrier, but staff report there to be certification or licensure barriers. | Has no barrier to providing mental health treatment or treating co-occurring disorders within the context of addiction treatment. | | Is certified and/or licensed to provide both. |
| IC. Coordination and collaboration with mental health services. | No document of formal coordination or collaboration. Meets the SAMHSA definition of minimal Coordination. | Vague, undocumented, or informal relationship with mental health agency, or consulting with a staff member from that agency. Meets the SAMHSA definition of Consultation. | Formalized and documented coordination or collaboration with mental health agency. Meets the SAMHSA definition of Collaboration. | Formalized coordination and collaboration, and the availability of case management staff, or staff exchange programs (variably used). Meets the SAMHSA definition of Collaboration and has some informal components consistent with Integration. | Most services are integrated within the existing program, or routine use of case management staff or staff exchange programs. Meets the SAMHSA definition of Integration. |
| ID. Financial incentives. | Can only bill for addiction treatments or bill for persons with substance use disorders. | Could bill for either service type if substance use disorder is primary, but staff report there to be barriers. –OR– Partial reimbursement for mental health services available. | Can bill for either service type; however, a substance use disorder must be primary. | | Can bill for addiction or mental health treatments, or their combination and/or integration. |

| Table Header Key | |
|---|---|
| 1-AOS | Addiction Only Services |
| 3-DDC | Dual Diagnosis Capable |
| 5-DDE | Dual Diagnosis Enhanced |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *II. Program Milieu* | | | | | |
| IIA. Routine expectation of and welcome to treatment for both disorders. | Program expects substance use disorders only; refers or deflects persons with mental health disorders or symptoms. | Documented to expect substance use disorders only (e.g., admission criteria, target population), but has informal procedure to allow some persons with mental health disorders to be admitted. | Focus is on substance use disorders, but accepts mental health disorders by routine and if mild and relatively stable as reflected in program documentation. | Program formally defined like DDC but clinicians and program informally expect and treat co-occurring disorders regardless of severity, not well documented. | Clinicians and program expect and treat co-occurring disorders regardless of severity, well documented. |
| IIB. Display and distribution of literature and patient educational materials. | Addiction or peer support (e.g., AA) only. | Available for both disorders but not routinely offered or formally available. | Routinely available for both mental health and substance use disorders in waiting areas, patient orientation materials and family visits, but distribution is less for mental health disorders. | Routinely available for both mental health and substance use disorders with equivalent distribution. | Routinely and equivalently available for both disorders and for the interaction between mental health and substance use disorders. |
| *III. Clinical Process: Assessment* | | | | | |
| IIIA. Routine screening methods for mental health symptoms. | Pre-admission screening based on patient self-report. Decision based on clinician inference from patient presentation or by history. | Pre-admission screening for symptom and treatment history, current medications, suicide/homicide history prior to admission. | Routine set of standard interview questions for mental health using a generic framework, e.g., ASAM-PPC (Dimension III) or "Biopsychosocial" data collection. | Screen for mental health symptoms using standardized or formal instruments with established psychometric properties. | Screen using standardized or formal instruments for both mental health and substance use disorders with established psychometric properties. |
| IIIB. Routine assessment if screened positive for mental health symptoms. | Assessment for mental health disorders is not recorded in records. | Assessment for mental health disorders occurs for some patients, but is not routine or is variable by clinician. | Assessment for mental health disorders is present, formal, standardized, and documented in 50-69% of the records. | Assessment for mental health disorders is present, formal, standardized, and documented in 70-89% of the records. | Assessment for mental health disorders is formal, standardized, and integrated with assessment for substance use symptoms, and documented in at least 90% of the records. |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| IIIC. Mental health and substance use diagnoses made and documented. | Mental health diagnoses are neither made nor recorded in records. | Mental health diagnostic impressions or past treatment records are present in records but the program does not have a routine process for making and documenting mental health diagnoses. | The program has a mechanism for providing diagnostic services in a timely manner. Mental health diagnoses are documented in 50-69% of the records. | The program has a mechanism for providing routine, timely diagnostic services. Mental health diagnoses are documented in 70-89% of the records. | Comprehensive diagnostic services are provided in a timely manner. Mental health diagnoses are documented in at least 90% of the records. |
| IIID. Mental health and substance use history reflected in medical record. | Collection of substance use disorder history only. | Standard form collects substance use disorder history only. Mental health history collected inconsistently. | Routine documentation of both mental health and substance use disorder history in record in narrative section. | Specific section in record dedicated to history and chronology of both disorders. | Specific section in record devoted to history and chronology of both disorders and the interaction between them is examined temporally. |
| IIIE. Program acceptance based on mental health symptom acuity: low, moderate, high. | Admits persons with no to low acuity. | | Admits persons in program with low to moderate acuity, but who are primarily stable. | | Admits persons in program with moderate to high acuity, including those unstable in their mental health disorder. |
| IIIF. Program acceptance based on severity and persistence of mental health disability: low, moderate, high. | Admits persons in program with no to low severity and persistence of mental health disability. | | Admits persons in program with low to moderate severity and persistence of mental health disability. | | Admits persons in program with moderate to high severity and persistence of mental health disability. |
| IIIG. Stage-wise assessment. | Not assessed or documented. | Assessed and documented variably by individual clinician. | Clinician assessed and routinely documented, focused on substance use motivation. | Formal measure used and routinely documented but focusing on substance use motivation only. | Formal measure used and routinely documented, focus on both substance use and mental health motivation. |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| *IV. Clinical Process: Treatment* | | | | | |
| IVA. Treatment plans. | Address addiction only (mental health not listed). | Variable by individual clinician, i.e., plans vaguely or only sometimes address co-occurring mental health disorders. | Plans routinely address both disorders although substance use disorders addressed as primary, mental health as secondary with generic interventions. | Plans routinely address substance use and mental health disorders; equivalent focus on both disorders; some individualized detail is variably observed. | Plans routinely address both disorders equivalently and in specific detail; interventions in addition to medication are used to address mental health disorders. |
| IVB. Assess and monitor interactive courses of both disorders. | No documentation of progress with mental health disorders. | Variable reports of progress on mental health disorder by individual clinicians. | Routine clinical focus in narrative (treatment plan review or progress note) on mental health disorder change; description tends to be generic. | Treatment monitoring and documentation reflecting equivalent in-depth focus on both disorders is available but variably used. | Treatment monitoring and documentation routinely reflects clear, detailed, and systematic focus on change in both substance use and mental health disorders. |
| IVC. Procedures for mental health emergencies and crisis management. | No guidelines conveyed in any manner. | Verbally conveyed in-house guidelines. | Documented guidelines: Referral or collaborations (to local mental health agency or emergency department). | Variable use of documented guidelines, formal risk assessment tools, and advance directives for mental health crisis and substance use relapse. | Routine capability, or a process to ascertain risk with ongoing use of substances and/or severity of mental health symptoms; maintain in program unless commitment is warranted. |
| IVD. Stage-wise treatment. | Not assessed or explicit in treatment plan. | Stage of change or motivation documented variably by individual clinician intreatment plan. | Stage of change or motivation routinely incorporated into individualized plan, but no specific stage-wise treatments. | Stage of change or motivation routinely incorporated into individualized plan; general awareness of adjusting treatments by substance use stage or motivation only. | Stage of change or motivation routinely incorporated into individualized plan; formally prescribed and delivered stage-wise treatments for both substance use and mental health disorders. |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| IVE. Policies and procedures for medication evaluation, management, monitoring, and compliance. | Patients on medication routinely not accepted. No capacities to monitor, guide prescribing or provide psychotropic medications during treatment. | Certain types of medication are not acceptable, or patient must have own supply for entire treatment episode. Some capacity to monitor psychotropic medications. | Present, coordinated medication policies. Some access to prescriber for psychotropic medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by the prescriber. | Clear standards and routine for medication prescriber who is also a staff member. Routine access to prescriber and guidelines for prescribing in place. The prescriber may periodically consult with other staff regarding medication plan and recruit other staff to assist with medication monitoring. | Clear standards and routine for medication prescriber who is also a staff member. Full access to prescriber and guidelines for prescribing in place. The prescriber is on the treatment team and the entire team can assist with monitoring. |
| IVF. Specialized interventions with mental health content. | Not addressed in program content. | Based on judgment by individual clinician; variable penetration into routine services. | In program format as generalized intervention (e.g., stress management) with penetration into routine services. Routine clinician adaptation of an evidence-based addiction treatment (e.g., MI, CBT, Twelve-Step Facilitation). | Some specialized interventions by specifically trained clinicians in addition to routine generalized interventions. | Routine mental health symptom management groups; individual therapies focused on specific disorders; systematic adaptation of an evidence-based addiction treatment (e.g., MI, CBT, Twelve-Step Facilitation). |
| IVG. Education about mental health disorders, treatment, and interaction with substance use disorders. | Not offered. | Generic content, offered variably or by clinician judgment. | Generic content, routinely delivered in individual and/or group formats. | Specific content for specific co-morbidities; variably offered in individual and/or group formats. | Specific content for specific co-morbidities; routinely offered in individual and/or group formats. |
| IVH. Family education and support. | For substance use disorders only, or no family education at all. | Variably or by clinician judgment. | Mental health disorders routinely, but informally incorporated into family education or support sessions. Available as needed. | Generic family group on site on substance use and mental health disorders, variably offered. Structured group with more routine accessibility. | Routine and systematic co-occurring disorders family group integrated into standard program format. Accessed by families of the majority of patients with co-occurring disorders. |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| IVI. Specialized interventions to facilitate use of peer support groups in planning or during treatment. | No interventions used to facilitate use of either addiction or mental health peer support. | Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to addiction peer support groups. | Generic format on site, but no specific or intentional facilitation based on mental health disorders. More routine facilitation to addiction peer support groups (e.g., AA, NA). | Variable facilitation targeting specific co-occurring needs, intended to engage patients in addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR). | Routine facilitation targeting specific co-occurring needs, intended to engage patients in addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR). |
| IVJ. Availability of peer recovery supports for patients with co-occurring disorders. | Not present, or if present not recommended. | Off site, recommended variably. | Off site and facilitated with contact persons or informal matching with peer supports in the community, some co-occurring focus. | Off site, integrated into plan, and routinely documented with co-occurring focus. | On site, facilitated and integrated into program (e.g., alumni groups); routinely used and documented with co-occurring focus. |
| *V. Continuity of Care* | | | | | |
| VA. Co-occurring disorders addressed in discharge planning process. | Not addressed. | Variably addressed by individual clinicians. | Co-occurring disorders systematically addressed as secondary in planning process for off site referral. | Some capacity (less than 80% of the time) to plan for integrated follow-up, i.e., equivalently address both substance use and mental health disorders as a priority. | Both disorders seen as primary, with confirmed plans for on-site follow-up, or documented arrangements for off-site follow-up; at least 80% of the time. |
| VB. Capacity to maintain treatment continuity. | No mechanism for managing ongoing care of mental health needs when addiction treatment program is completed. | No formal protocol to manage mental health needs once program is completed, but some individual clinicians may provide extended care until appropriate linkage takes place. Variable documentation. | No formal protocol to manage mental health needs once program is completed, but when indicated, most individual clinicians provide extended care until appropriate linkage takes place. Routine documentation. | Formal protocol to manage mental health needs indefinitely, but variable documentation that this is routinely practiced, typically within the same program or agency. | Formal protocol to manage mental health needs indefinitely and consistent documentation that this is routinely practiced, typically within the same program or agency. |
| VC. Focus on ongoing recovery issues for both disorders. | Not observed. | Individual clinician determined. | Routine focus is on recovery from addiction; mental health symptoms are viewed as potential relapse issues only. | | Routine focus on addiction recovery and mental health management and recovery; both seen as primary and ongoing. |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| VD. Specialized interventions to facilitate use of community-based peer support groups during discharge planning. | No interventions made to facilitate use of either addiction or mental health peer support groups upon discharge. | Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to addiction peer support groups upon discharge. | Generic, but no specific or intentional facilitation based on mental health disorders. More routine facilitation to addiction peer support groups (e.g., AA, NA) upon discharge. | Assertive linkages and interventions variably made targeting specific co-occurring needs to facilitate use of addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge. | Assertive linkages and interventions routinely made targeting specific co-occurring needs to facilitate use of addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge. |
| VE. Sufficient supply and compliance plan for medications is documented. | No medications in plan. | Variable or undocumented availability of 30-day or supply to next appointment off-site. | Routine 30-day or supply to next appointment off-site. Prescription and confirmed appointment documented. | Maintains medication management in program/agency until admission to next level of care at different provider (e.g., 45-90 days). Prescription and confirmed admission documented. | Maintains medication management in program with provider. |
| *VI. Staffing* | | | | | |
| VIA. Psychiatrist or other physician or prescriber of psychotropic medications. | No formal relationship with a prescriber for this program. | Consultant or contractor off site. | Consultant or contractor on site. | Staff member, present on site for clinical matters only. | Staff member, present on site for clinical, supervision, treatment team, and/or administration. |
| VIB. On-site clinical staff members with mental health licensure (doctoral or masters level), or competency or substantive experience. | Program has no staff who are licensed as mental health professionals or have had substantial experience sufficient to establish competence in mental health treatment. | 1-24% of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment. | 25-33% of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment. | 34-49% of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment. | 50% or more of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment. |
| VIC . Access to mental health clinical supervision or consultation. | No access. | Consultant or contractor off site, variably provided. | Provided as needed or variably on site by consultant, contractor or staff member. | Routinely provided on site by staff member. | Routinely provided on site by staff member and focuses on in-depth learning. |

## DDCAT — Rating Scale

| | 1–AOS | 2 | 3–DDC | 4 | 5–DDE |
|---|---|---|---|---|---|
| VID. Case review, staffing or utilization review procedures emphasize and support co-occurring disorder treatment. | Not conducted. | Variable, by off site consultant, undocumented. | Documented, on site, and as needed coverage of co-occurring issues. | Documented, routine, but not systematic coverage of co-occurring issues. | Documented, routine, and systematic coverage of co-occurring issues. |
| VIE. Peer/Alumni supports are available with co-occurring disorders. | Not available. | Available, with co-occurring disorders, but as part of the community. Variably referred by individual clinicians. | Available, with co-occurring disorders, but as part of the community. Routine referrals made through clinician relationships or more formal connections such as peer support service groups (e.g., AA Hospital and Institutional committees or NAMI). | Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Variable referrals made. | Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Routine referrals made. |
| *VII. Training* | | | | | |
| VIIA. All staff members have basic training in attitudes, prevalence, common signs and symptoms, detection and triage for co-occurring disorders. | No staff have basic training (0% trained). | Variably trained, no systematic agency training plan or individual staff member election (1-24% of staff trained). | Certain staff trained, encouraged by management and with systematic training plan (25-50% of staff trained). | Many staff trained and monitored by agency strategic training plan (51-79% of staff trained). | Most staff trained and periodically monitored by agency strategic training plan (80% or more of staff trained). |
| VIIB. Clinical staff members have advanced specialized training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders. | No clinical staff have advanced training (0% trained). | Variably trained, no systematic agency training plan or individual staff member election (1-24% of clinical staff trained). | Certain staff trained, encouraged by management and with systematic training plan (25-50% of clinical staff trained). | Many staff trained and monitored by agency strategic training plan (51-79% of clinical staff trained). | Most staff trained and periodically monitored by agency strategic training plan (80% or more of clinical staff trained). |

## Site Visit Notes

## DDCAT — Scoring Summary

**I. Program Structure**

A. _____
B. _____
C. _____
D. _____

Sum Total = _____
/4 = ***SCORE*** _____

**II. Program Milieu**

A. _____
B. _____

Sum Total = _____
/2 = ***SCORE*** _____

**III. Clinical Process: Assessment**

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____

Sum Total = _____
/7 = ***SCORE*** _____

**IV. Clinical Process: Treatment**

A. _____
B. _____
C. _____
D. _____
E. _____
F. _____
G. _____
H. _____
I. _____
J. _____

Sum Total = _____
/10 = ***SCORE*** _____

**V. Continuity of Care**

A. _____
B. _____
C. _____
D. _____
E. _____

Sum Total = _____
/5 = ***SCORE*** _____

**VI. Staffing**

A. _____
B. _____
C. _____
D. _____
E. _____

Sum Total = _____
/5 = ***SCORE*** _____

**VII. Training**

A. _____
B. _____

Sum Total = _____
/2 = ***SCORE*** _____

**DDCAT Index Program Category: Scale Method**

**OVERALL SCORE**
(Sum of Scale Scores/7)

**DUAL DIAGNOSIS CAPABILITY:**

AOS (1 - 1.99) _____
AOS/DDC (2 - 2.99) _____
DDC (3 - 3.49) _____
DDC/DDE (3.5 - 4.49) _____
DDE (4.5 - 5.0) _____

**DDCAT Index Program Category: Criterion Method**

**% CRITERIA MET FOR AOS**
(# of "1" or > /35) ____ 100%

**% CRITERIA MET FOR DDC**
(# of "3" or > scores/35) _____

**% CRITERIA MET FOR DDE**
(# of "5" scores/35) _____

**HIGHEST LEVEL OF DD CAPABILITY**
(80% or more) _____

**Exhibit D**

## SCCMHA PROVIDER NETWORK COD/DUAL DIAGNOSIS CAPABILITY EXPECTATIONS

| SCCMHA Network Providers | Fidelity Scale Elements | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1a | 1b | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| Case Management/ACT Programs (DDE)[1] | X | X | X | X | X | X | X | X | X | X | X | X | X | X |
| Substance Misuse Providers (DDC) | NA | [2] | X | X | NA | NA | X | X | NA | X | X | X[3] | X | X |
| Access SCCMHA (DDC) | NA | X | X | X | NA | NA | NA | NA | NA | NA | NA | NA | NA | X |
| Hospitals Substance Misuse Detox (DDC) | X | X | X | NA | NA | NA | X | X | NA | NA | NA | X | X | X |
| Hospitals MH (DDC) | X | X | X | X | NA | NA | X | X | X | X | X | X | X | X |
| Specialized Residential Providers – Community Living Supports & Personal Care Services (DDC) | NA | NA | X | NA | X | NA | X | NA | NA | NA | X | NA | X | X |
| Crisis Intervention Services (DDC) | X | X | X | X | NA | NA | X | X | NA | X | X | X | X | X |
| Crisis Residential Services (DDC) | X | X | X | X | NA | NA | X | X | X | X | X | X | X | X |
| Mobile Response and Stabilization Services (MRSS) (DDC) | X | X | X | X | NA | NA | X | X | NA | X | X | X | X | X |
| Psychosocial Rehabilitation/Clubhouse (DDC) | NA | NA | X | NA | NA | NA | X | NA | NA | NA | X | NA | X | X |
| Supports Coordination for Persons with Intellectual and Developmental Disabilities (DDC)[4] | X | X | X | X | X | NA | X | X | X | X | X | X | X | X |
| Services for Children, Adolescents & Their Families with Severe Emotional Disturbance[5] (DDC) | X | X | X | X | X | X | X | X | NA | X | X | X | X | X |

Key:
1a – Multidisciplinary Team
1b – Integrated Substance Misuse Specialist
2 – Stage-Wise Interventions
3 – Access for IDDT Clients to Comprehensive Dual Disorder Services
4 - Time-Unlimited Services
5 - Outreach
6 – Motivational Interventions
7 – Substance Misuse Counseling
8 – Group Dual Disorder Treatment
9 – Family Psychoeducation on Dual Disorders (Note: not FPE EBP model)
10 – Participation in Alcohol & Drug Self-Help Groups
11 – Pharmacological Treatment
12 – Interventions to Promote Health
13 – Secondary Interventions for Substance Misuse Treatment Non-Responders

DDE = Dual Disorder Enhanced
DDC = Dual Disorder Capable

[1] Includes ACT as well as all team related psychiatry and all enhanced health services
[2] SA providers will have an integrated mental health specialist
[3] Applicable whenever psychiatry is available
[4] Includes all team related psychiatry and enhanced health services.
[5] Includes all team related psychiatry and enhanced health services; applicable to older children, adolescents and parents of children

**Exhibit E: Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools (MiFAST)**

## Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools

***Treatment Characteristics and Organizational Characteristics***

| IDDT FIDELITY DOMAIN | IMPLEMENTATION TIPS, TOOLS, RESOURCES |
|---|---|
| **Tx.1a. Multidisciplinary Team:**<br><br>Case managers, psychiatrist, nurses, residential staff, and vocational specialists work collaboratively on mental health treatment team | Many ACT teams are already constructed in multidisciplinary fashion, and only need enhancement in the direction of co-occurring addictions treatment |
| **Tx.1b. Integrated Substance Abuse Specialist:**<br><br>Substance abuse specialist works collaboratively with the treatment team, modeling IDDT skills and training other staff in IDDT | Certified Addictions Counselor credentialing is recommended, with all pertinent information available at the website of the Michigan Certification Board for Addiction Professionals at www.mcbap.com/<br><br>Empower integrated SAP to teach, coach, and clinically consult with team members |
| **Tx.2. Stage-Wise Interventions:**<br><br>Treatment consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention) | See Chapter 6 from the Integrated Dual Disorders Treatment Workbook – **Stages of Treatment**<br><br>See Chapter 9 from the Integrated Dual Disorders Treatment Workbook – **Engagement**<br><br>See the **SATS and Modified SATS**, and **Evaluating Substance Abuse in Persons with Severe Mental Illness** tools in the **ASSESSMENT** section of the CD |
| **Tx.3. Access for IDDT Clients to Comprehensive Dual Disorders Services**<br><br>• Residential services<br>• Supported employment<br>• Family psychoeducation<br>• Illness management<br>• ACT or ICM | Implementing multiple evidence-based practices in an organization poses significant challenges. Those interested in receiving a free copy of the 100-page pdf publication, **"Integrating Multiple Evidence-Based Practices in a Public Mental Health Organization: *An Implementation Field Guide for Project Managers and Clinical Supervisors"*** are invited to e-mail a request to wilands@ewashtenaw.org |

1

## Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools

***Treatment Characteristics and Organizational Characteristics***

| IDDT FIDELITY DOMAIN | IMPLEMENTATION TIPS, TOOLS, RESOURCES |
|---|---|
| **Tx.4. Time-Unlimited Services**<br><br>• Substance abuse counseling<br>• Residential services<br>• Supported employment<br>• Family psycho-education<br>• Illness management<br>• ACT or ICM | Most ACT teams already operate in this fashion, and are able to "hang in there" over the long haul with ambivalent consumers who may not yet be well-engaged in treatment |
| **Tx.5. Outreach:**<br><br>Program demonstrates consistently well-thought-out strategies and uses outreach whenever appropriate:<br>• Housing assistance<br>• Medical care<br>• Crisis management<br>• Legal aid | Many ACT teams feature a significant amount of outreach activity, especially if maintaining high fidelity to the traditional ACT model |
| **Tx.6. Motivational Interventions:**<br><br>Clinicians who treat IDDT clients use strategies such as:<br>• Express empathy<br>• Develop discrepancy between goals and continued use<br>• Avoid argumentation<br>• Roll with resistance<br>• Instill self-efficacy and hope | See entire **TREATMENT: Motivational Enhancement** section on CD, which includes 15 handouts &/or tools for use in training staff and engaging consumers, as well as the article, "***Enhancing Readiness-to-Change Substance Abuse in Persons with Schizophrenia: A Four-Session Motivation-Based Intervention***"<br><br>See Chapter 10 from the Integrated Dual Disorders Treatment Workbook – **Motivational Counseling**<br><br>(Also recommended is a visit to the website www.motivationalinterview.org/ which features additional material for free download and/or purchase, including the useful and affordable ***Motivational Interviewing: Professional Training Series, 1998***, available for only $100.) |

2

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| **Tx.7. Substance Abuse Counseling:**<br><br>Clients who are in the *action* stage or *relapse prevention* stage receive substance abuse counseling that include:<br>• Teaching how to manage cues to use and consequences to use<br>• Teaching relapse prevention strategies<br>• Drug and alcohol refusal skills training<br>• Problem-solving skills training to avoid high-risk situations<br>• Challenging clients' beliefs about s.a.<br>• Coping skills and social skills training | See Chapter 11 from the Integrated Dual Disorders Treatment Workbook – **Substance Abuse Counseling for Persons with SMI**<br><br>See Chapter 12 from the Integrated Dual Disorders Treatment Workbook – **Relapse Prevention** |
| **Tx.8. Group DD Treatment:**<br><br>DD clients are offered group treatment specifically designed to address both mental health and substance abuse problems | See Chapter 13 from the Integrated Dual Disorders Treatment Workbook – **Group Treatment for Dual Disorders** |
| **Tx.9. Family Psycho-education on DD:**<br><br>Clinicians provide family (or significant others):<br>• Education about DD<br>• Coping skills training<br>• Collaboration with the treatment team<br>• Support | See Chapter 15 from the Integrated Dual Disorders Treatment Workbook – **Family Treatment**<br><br>See entire **TREATMENT: Educational and Group Materials** section on CD, which includes 25 Power Point presentations on various aspects of Dual Disorders recovery, and 57 educational handouts on various substances of abuse. |
| **Tx.10. Participation in Alcohol & Drug Self-Help Groups:**<br><br>Clients in the *action* stage or *relapse prevention* stage attend self-help programs in the community | See Chapter 14 from the Integrated Dual Disorders Treatment Workbook – **Self-help**<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix J** |

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| **Tx.11. Pharmacological Treatment:**<br><br>Prescribers for IDDT clients:<br>1. Prescribe psychiatric medications despite active substance use<br>2. Work closely with team/client<br>3. Focus on increasing adherence<br>4. Avoid benzodiazepines and other addictive substances<br>5. Use clozapine, naltrexone, disulfiram | See Dr. Kenneth Minkoff's **Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders**<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix F** |
| **Tx.12. Interventions to Promote Health:**<br><br>Examples include:<br>• Teaching how to avoid infectious diseases<br>• Helping clients avoid high-risk situations and victimization<br>• Securing safe housing<br>• Encouraging clients to pursue work, health, diet, & exercise | See Chapter 16 from the Integrated Dual Disorders Treatment Workbook – **Infectious Diseases** |
| **Tx.13. Secondary Interventions for Substance Abuse Treatment Non-Responders:**<br><br>Program has a protocol for identifying substance abuse treatment non-responders and offers individualized secondary interventions, such as:<br>• Clozapine/naltrexone/disulfiram<br>• Long-term residential care<br>• Trauma treatment<br>• Intensive family intervention<br>• Intensive monitoring | Information to support **trauma-informed services** can be found on Lisa Najavits' website (www.seekingsafety.org/) , Roger Fallot/Maxine Harris' website's Trauma Services page (www.ccdc1.org/trauma_services.htm) , Stephanie Covington's website (www.stephaniecovington.com/) or Dusty Miller's website (www.dustymiller.org/) – these feature materials that are viewable, downloadable, or able to be purchased. Another useful point of reference/perspective on the established efficacy of any of these approaches is SAMHSA's NREPP webpage which describes the **Seeking Safety** and **TREM** models in additional (and objective) detail, viewable at www.nrepp.samhsa.gov/listofprograms.asp?textsearch=trauma&ShowHide=1&Sort=A1 |

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| **O.1. Program Philosophy.**<br><br>The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources:<br>• Program leader<br>• Senior staff (e.g., executive director, psychiatrist)<br>• Practitioners providing IDDT services<br>• Clients and/or families receiving IDDT services<br>• Written materials (e.g., brochures) | See the complete set of COCE Overview Papers found in the **GENERAL** section of the CD<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 3** |
| **O.2. Eligibility/Client Identification.**<br><br>All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for IDDT services using standardized tools or admission criteria consistent with IDDT. Also, the agency tracks the number of eligible clients in a systematic fashion. | Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record<br><br>See the entire **SCREENING** and **ASSESSMENT** sections of the CD for instruments perspectives<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 4** |
| **O.3. Penetration.**<br><br>The maximum number of eligible clients are provided with IDDT services, as defined by the ratio:<br>$\frac{\text{\# clients receiving EBP}}{\text{\# clients eligible for EBP}}$ | Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record |

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| **O.4. Assessment.**<br><br>Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical/psychiatric/substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors. | See Chapter 7 from the Integrated Dual Disorders Treatment Workbook – **Assessment**<br><br>See COCE Overview Paper # 2 - **Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders**<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix G** |
| **O.5. Individualized Treatment Plan.**<br><br>For all EBP clients, there is an explicit, individualized treatment plan *related to the EBP* that is consistent with assessment and updated every 3 months. | See Chapter 8 from the Integrated Dual Disorders Treatment Workbook – **Treatment Planning**<br><br>See COCE Overview Paper # 2 - **Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders** |
| **O.6. Individualized Treatment.**<br><br>All EBP clients receive individualized treatment meeting the goals of the EBP. | See COCE Overview Paper # 2 - **Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders**<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42** |

## Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools

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|---|---|
| **O.7. Training.**<br><br>All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) *within 2 months of hiring.* Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent). | See chapters 1-5 from the Integrated Dual Disorders Treatment Workbook, entitled, **Definitions, Alcohol, Cannabis, Stimulants, Opiates and Opioids**, as well as the remaining 11 chapters as core curriculum for staff training.<br><br>See **Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42,** which serves as an excellent core text / reference for basic IDDT training<br><br>See entire **TREATMENT: Educational and Group Materials** section on CD, which includes 25 Power Point presentations on various aspects of Dual Disorders recovery, and 57 educational handouts on various substances of abuse. |
| **O.8. Supervision.**<br><br>IDDT practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in IDDT. The supervision should be client-centered and explicitly address the IDDT model and its application *to specific client situations.* | Ideally this function can be served by the existing Team Leader/Supervisor, who may need significant training in order to be functional in this clinical IDDT supervision role. Other approaches feature delegating this function to the team's Substance Abuse Specialist, or having some other sufficiently experienced & educated individual (Clinical Director, ?) provide "matrix supervision" until Team Leader and/or Substance Abuse Specialist can move along their respective IDDT learning curves. |
| **O.9. Process Monitoring.**<br><br>Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators. | Use of the IDDT Fidelity Scale, for internal review and/or MIFAST Site Review, can be helpful in evaluating the status of implementation, and to inform organizational Action-Planning / Performance Improvement moving forward<br><br>Minkoff's COMPASS, CODECAT, and COFIT instruments have also been found useful |

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***Treatment Characteristics and Organizational Characteristics***

| IDDT FIDELITY DOMAIN | IMPLEMENTATION TIPS, TOOLS, RESOURCES |
|---|---|
| **O.10. Outcome Monitoring.**<br><br>Supervisors/program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome *related to the EBP*, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate. | SAMHSA's **National Outcome Measures** (NOMs) provides guidance on meaningful outcome indicators to target<br><br>Each EBP Toolkit (including the IDDT Toolkit), contains a **"Client Outcomes – EBP Toolkit Quarterly Report Form"** prompting the provider to track the following:<br>1. EBP eligibility, EBP enrollment (10)<br>2. Employment status (2), homelessness (4), legal status (3), hospitalization status (7,1)<br>3. Stage of treatment (~1)<br>4. Living arrangement (4)<br>5. Educational status (2) |
| **O.11. Quality Assurance (QA).**<br><br>The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months. | Embed in Clinical Care Committee / Improving Practices Leadership teams at both the provider and PIHP levels |
| **O.12. Client Choice Regarding Service Provision.**<br><br>All clients receiving IDDT services are offered choices; the IDDT practitioners consider and abide by client preferences for treatment when offering and providing services. | Examine and address providers' and community partners' philosophical views on co-occurring addiction as a disease, including attitudes toward harm reduction, "work-first" and "housing first" approaches, "wet" or "damp" housing, etc. |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: SCCMHA Practice Guidelines | **Chapter**: Chapter 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.01.01 |
| **Effective Date**: 10/1/11 | **Date of Review/Revision**: 6/13/17, 2/27/20, 6/14/20, 4/14/21, 1/12/22, 1/10/23<br>**Supersedes**: 02.03.16 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br><br>**Authored By**: Mary Baukus<br><br>**Additional Reviewers**: EBP Leadership Team |

**Purpose:**
SCCMHA acts to ensure that all services are delivered in accordance with an array of consistent practice guidelines, whenever and wherever such guidelines or practices are available and applicable, in order to promote consistent and effective service delivery for consumers throughout the network, resulting in better outcomes for persons served as well as the best value use of limited public funds. This policy seeks to encompass all relevant practice guidelines areas of SCCMHA for this purpose.

**Policy:**
It is the policy of SCCMHA that standards for use of acceptable, proven practices will be established and monitored by SCCMHA. Key standard areas for SCCMHA include, but are not limited to, a list of proven Evidence-Based Practices (EBP) which specifically meet the needs of consumer population groups served by SCCMHA, as well as the state issued Service Selection Guidelines and current Michigan Medicaid Manual. Practices include those for whole health, including behavioral health and physical health practices.

**Application:**
The policy applies to the entire SCCMHA service delivery network, including direct operated programs and purchased/contracted services and supports.

**Standards:**
A. Specific practices are reviewed, evaluated for SCCMHA system use, and endorsed for system provider and program use by the Service Management Team.
B. Key standard areas for SCCMHA include various Evidence-Based Practices as supported by valid research and adopted by SCCMHA as delineated in SCCMHA

policy and manuals; other EBP resources are available through the Substance Abuse & Mental Health Services Administration (SAMHSA) current tool kits.

C. Key standard areas for SCCMHA include state issued service selection guidelines which retain their useful value to SCCMHA in the oversight of provision of services and supports.
D. Staff and providers involved in service delivery and the provision of supports for consumers are expected to obtain the knowledge and develop the skill set(s), as well as abide by all applicable guidelines for their scope of service, including population and/or sub-populations being served and other factors including specific job assignments and/or presentation of consumer needs.
E. Staff and providers are not permitted to engage in practices for which they have not been privileged by SCCMHA except under supervision during initial training periods.
F. Staff members actively engaged in specific practices must be individually privileged through an initial and on-going process defined by SCCMHA.
G. Person-centered/family-centered planning practices are embedded in all practices throughout SCCMHA.
H. Foundational practice areas for the SCCMHA network include trauma-informed practice, consumerism, therapeutic environment, motivational interviewing, and positive behavior supports.
I. SCCMHA will promote recovery, development of resilience and self-determination as part of the overall practice guidelines throughout the network.
J. Proactive crisis planning with consumers served is promoted as part of the overall SCCMHA practice guideline framework; this may include advance directives if desired by the consumer.
K. SCCMHA will promote welcoming as part of the practice guideline expectations within the SCCMHA service delivery network.
L. SCCMHA will provide and support training and continuing education to assist staff and providers, including issuing professional continuing education unit credits where feasible.
M. SCCMHA will engage community partners in the mutual sharing of practice resource information.
N. Practice guidelines are a critical component of the overall SCCMHA Quality Assurance and Improvement Program.
O. All policies and procedures that pertain to practice guideline areas are included in the SCCMHA Network Services Provider Manual, updated annually.
P. The Evidence-Based Practices Leadership Team, in concert with lead practice facilitators, will provide continuous monitoring of the use of practices in the network.
Q. SCCMHA will provide educational opportunities for consumers in practice areas where feasible, including but not limited to specific evidence-based practice content, consumer orientation information provided by providers and dissemination of educational information in any relevant area, such as the SCCMHA Residential Directory which provides guidance on licensed adult foster care home selection.
R. Active or referred consumer requests for more detail or additional information on practice methods available at SCCMHA will be responded to in a timely manner.

S. Development or adoption of practices utilized throughout SCCMHA will consider consumer needs, preferences, cultural or ethnic backgrounds, feedback, and outcomes.
T. Practices of SCCMHA will include health care integration models and methods in recognition of the overall wellness and health of individuals served.
U. SCCMHA will conduct clinical management decision making and service array management and development in keeping with practice guidelines.
V. Monitoring venues of the use of practice guidelines includes: the SCCMHA service management team (Executive Director of Clinical Services & Programs, Director of Network Services, Public Policy, & Continuing Education, Chief of Health Services & Integrated Care, and Chief Information Officer & Chief Quality and Compliance Officer); clinical supervisors; varied, specific health care consultants and/or practice experts; Evidence-Based Practices Leadership Team; and Network Auditing Supervisor.
W. Behavioral interventions and management of clinical risk will be in keeping with SCCMHA policies and approved practices.
X. Peer support services are an integral aspect of practice guidelines.
Y. Availability and/or provision of practices endorsed by SCCMHA may vary over time based on consumer needs, training staff capacity and available resources.

**Definitions:**

Practice Guidelines: Any nationally accepted practices that are recommended by MDCH and/or approved by SCCMHA leadership for use, with accompanying guidance to supervisors and staff about practice parameters, implementation, and adherence to elements for fidelity and effectiveness to produce positive consumer outcomes.

Evidence-Based Practice: A clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals or outcomes.

Care Management Manual: Manual prepared as a guideline for the SCCMHA Care Management unit and other management team members involved in care management and quality systems to assist in service authorization and denial decisions for SCCMHA.

**References:**

- Medicaid Manual: The most current (generally revisions are issued on a quarterly basis on January 1, April 1, July 1 and October 1) of the Michigan Department of Community Health (MDCH) *Medicaid Provider Manual, Mental Health/Substance Abuse* section(s).
- *MDCH Service Selection Guidelines* issued October 1, 2002.
- SCCMHA Care Management Procedure
- SCCMHA Evidence-Based Practices Policy & various, specific EBP Policies
- SCCMHA Policy 02.03.01 – Consumerism
- SCCMHA Policy 02.03.04 – Trauma-Informed Services and Supports

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Reviews and adopts specific practices for use in the SCCMHA service network, and issues relevant policies, training, supervision, and resources to implement and measure outcomes and support the SCCMHA strategic plan and network performance. Updates practices as needed and ensure dissemination to all pertinent providers and programs. Provides direction on practices for specific programs or service areas. Reviews evaluation data to determine sustained use of practices and/or the need for practice changes. | Service Management Team |
| Provide leadership in the initiation and successful implementation of specific practices for specific populations. Identify areas of practice need or interest to enhance system competency to support consumer needs. Provide feedback to leadership and submit requests for adoption consideration. Supervise or assist staff members in specific, relevant practice models. Participate in state sponsored work groups or collaborative sessions for relevant practices and help disseminate information within teams and network. Oversee fidelity to practice models where applicable. | Clinical Supervisors or practice champion designees |
| Provides oversight of system evidence-based practices and related resources. Reviews data, monitors fidelity reviews and facilitates direct consumer leadership oversight and input in practice areas or needs. | Evidence-Based Practices Leadership Team |

| | |
|---|---|
| Adhere to practice guidelines of SCCMHA. Seek and maintain credentials to meet requirements and consumer needs. | Individual Staff and Provider Network Practitioners |
| Provides leadership to network psychiatrists/prescribers regarding best practices. Provides practice consultations with community physicians, including primary care providers. | Medical Director |
| Conducts care management reviews and/or utilization management or level of care assessments in keeping with practice guidelines. Authorizes off panel services in keeping with best practices when indicated to meet unique consumer needs. | Care Management Team |
| Provides leadership/oversight and/or responds to inquiries regarding specific practice models or SCCMHA needs, including emerging /available research evidence, application to SCCMHA system needs and efficacy. Provides support and consultation to practice leaders and other staff. Facilitates fidelity reviews, privileging processes, and tracking of EBP data. | Evidence-Based Practice and Trauma-Informed Care Coordinator |
| Conducts reviews to ensure provider training and performance, as well as credentials, in SCCMHA required or expected practice areas are compliant with SCCMHA policy. | Evidence-Based Practice and Trauma-Informed Care Coordinator/EBPLT and/or Provider Network Auditing Supervisor |
| Review, plan, develop and implement training programs including offering continuing education units which support practice needs and priorities. | Continuing Education Supervisor & Continuing Education Committee |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Assertive Community Treatment (ACT) | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.03.09.02 |
| **Effective Date**: 7/20/06 | **Date of Review/Revision**: 5/18/09, 6/10/10, 4/2/12, 5/7/14, 10/7/14, 3/22/16, 6/13/17, 4/10/18, 4/9/19, 6/9/20, 3/10/21, 1/12/22, 1/10/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**: Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**: EBP Leadership Team |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to delineate standards for the provision of Assertive Community Treatment (ACT) services to eligible consumers.

**Policy:**
A. SCCMHA shall make ACT services available to eligible consumers as resources permit.
B. ACT services shall adhere as closely as possible to the evidence-based practice model of ACT.
C. Adaptations to the model for local community needs may be made with the approval of SCCMHA.

**Application:**
This policy applies to SCCMHA-funded ACT programs.

**Standards:**
A. The Saginaw ACT team shall be approved by and registered with MDHHS in accordance with Michigan Medicaid requirements which include MDHHS re-approval every three years.
B. The Saginaw ACT team shall provide all services for consumers of ACT within the team's structure; billing for ACT services shall occur as part of ACT and services billed outside of ACT shall be limited to those not available in the ACT program (e.g., inpatient hospitalization, community health workers to assist with addressing comorbid medical conditions).

C. The Saginaw ACT team shall provide services and supports to consumers in a trauma-informed manner.

D. ACT shall be delivered in accordance with the following standards:

1. Resources

a. Program Staff: **Team leader** with a minimum of a master's degree in a relevant discipline with appropriate licensure or certification to provide clinical supervision with a minimum of two years clinical experience with adults with serious mental illness (1.0 FTE with direct service provision 50% of the time), **psychiatrist** (1.0 FTE per 100 consumers), a full-time **RN**, **Certified Peer Support Specialist**, other **Qualified Mental Health Professionals (QMHPs)** who hold bachelor's, master's or doctoral degrees in social work, nursing, rehabilitation counseling, psychology, occupational therapy, and a program assistant. In addition, the team shall include an **employment specialist** and a **substance use disorder specialist**.

1). The ACT team shall address co-occurring substance use disorders (SUDs) of consumers within the team service.

a). The ACT team shall provide or obtain co-occurring treatment for consumers with co-occurring mental health and substance use disorders.

b). If the team provides substance abuse services, there must be a designated substance abuse specialist who is certified through the Michigan Certification Board of Addiction Professionals (MCBAP) and have one or more of the following credentials:

(1). Certified Alcohol and Drug Counselor – Michigan (CADC-M)

(2). Certified Alcohol and Drug Counselor - IC & RC (CADC)

(3). Certified Advanced Alcohol and Drug Counselor – IC & RC (CAADC)

(4). Certified Clinical Supervisor – IC & RC (CCS)

(5). Certified Clinical Supervisor – Michigan (CCS-M)

(6). Certified Criminal Justice Professional - IC & RC Reciprocal (CCJP-R)

(7). Certified Co-Occurring Disorders Professional – IC & RC (CCDP)

(8). Certified Co-Occurring Disorders Professional Diplomat – IC & RC (CCDP-D)

c). ACT team members who provide substance use disorder treatment must have appropriate substance use disorder treatment credentials or be supervised by staff with the appropriate credentials.

d). ACT programs shall maintain a substance use disorder treatment license that specifies the integrated treatment service category.

2). The ACT team shall provide employment services for consumers who request this service.

3). The ACT team shall closely monitor consumers who are admitted to inpatient psychiatric hospitals and inpatient substance abuse treatment centers.

a). The ACT team shall participate in treatment team meetings and discharge planning.

b). The ACT team shall closely monitor symptoms during time of admission to provide information about the consumer's baseline functioning

b. Coverage: The ACT team shall provide twenty-four hour/seven-day a week crisis response coverage (including psychiatric availability) that is handled directly by members of the ACT team.

1). The ACT team will provide a rapid response to early signs of relapse, including the capability to provide multiple contacts daily with consumer in acute need or with emergency conditions.

2). The ACT team will participate in the face-to-face screening of consumers who are presenting to an emergency department for admission to an inpatient psychiatric hospital**.**

3). The ACT team will make attempts to avoid hospitalization including: scheduling an emergency medication review, increasing visits, 'eyes on' medication, and/or placement at the Crisis Residential Unit.

4). ACT staff shall conduct pre-screenings for inpatient hospitalizations.

5.) Once the screening is complete and inpatient treatment is recommended, SCCMHA Crisis Intervention Services (CIS) staff will facilitate locating an appropriate placement.

6.) ACT staff shall call CIS to let them know that a prescreen was done and a bed is needed before going to court (court is only necessary if an individual who has been recommended inpatient treatment does not agree to the treatment).

7). ACT staff shall petition the court for an involuntary inpatient treatment order once an inpatient bed has been secured by CIS.

8). ACT and Crisis Screening staff will coordinate monitoring of all consumers in the emergency department while waiting for bed availability.

c. Staff to Consumer Ratio: A staff to consumer ratio of one to ten shall be maintained, inclusive of paraprofessional staff.

d. Team Caseload: The ACT team shall maintain a shared caseload

E. Admission Criteria: ACT shall be reserved for adults with serious and persistent mental illnesses with or without co-occurring substance use disorders who experience the most severe symptoms and therefore face continuous challenges in functioning in adult roles in the community.
   1. ACT shall not be provided to a consumer with a primary personality disorder, a primary SUD, or a primary developmental disability diagnosis.
   2. ACT team services shall be deemed medically necessary to provide treatment in the least restrictive setting, to allow consumers to remain in the community, to improve the consumer's condition and/or allow the consumer to function without more restrictive care.
   3. Consumers who reside in an AFC home without a plan to move out shall not be deemed to meet initial medical necessity for ACT services.

F. Processes: Admission meetings, comprehensive assessments, treatment plans, psychiatric/social functioning timelines, ongoing assessments, daily communication logs, daily team schedules, weekly consumer schedules, and daily team meetings are conducted.
   1. Team meetings shall occur Monday through Friday and shall be attended by all staff members on duty.
      a. The status of all consumers served by the team shall be reviewed.
      b. Documentation of daily team meetings shall include all consumers discussed and all staff members present.
      c. The daily schedule shall be organized and contacts scheduled.

G. Service Delivery: Services shall be provided in consumers' residences or other community locations by *all* members of the ACT team staff.

H. Discharge/Transition: Services shall be provided on a time unlimited basis as long as the consumer requires ACT (i.e., meets admission and level of care criteria) in order to maintain community tenure. Consumers who no longer meet criteria shall be transitioned to a less intensive level of supports and services in accordance with need.
   1. For consumers who have progressed forward on their journey toward recovery and are ready for a less intensive level of service, their IPOS shall document the transition from ACT to a less intensive service.
   2. If a consumer requests transition to other service(s) because he/she believes maximum benefit has been reached in ACT, consideration for transition into less intensive service shall be reviewed using the person- centered planning process.
   3. If engaging the consumer is not possible using frequent assertive team outreach, discharge will be considered.
   4. If the consumer has moved outside the geographic services area, the ACT team will continue to provide care to the consumer until services have been established in the new location.
   5. Once it is determined that a consumer will be placed in a general or specialized AFC, transition to a lower level of care will occur.
      a. The transition will be reflected in the consumer's IPOS.
      b. The length of transition time shall be specific to the needs of each consumer.

c. There may be exceptions to transitioning to a lower level of care when a consumer is placed in an AFC including a frequent need for new placements, high hospital utilization, high on-call utilization, and when transitioning will cause a disruption in treatment.

d. A transition into ACT will be considered for a consumer who is moving out of an AFC home (dependent setting) into an independent setting.

e. There may be an overlap of ACT services while the consumer is still in an AFC in order to ensure a smooth transition.

f. Consumers who are placed in an AFC on a temporary basis in order to achieve a higher level of stability shall remain in ACT services.

g. SCCMHA Care Management shall conduct a review of each consumer served by the ACT team who has been placed in a residential setting and authorize residential stays for a maximum of thirty days.

1). Residential reauthorizations for such consumers shall also include a concurrent review of ACT services.

I. Consumer Engagement: Consumers shall be assertively engaged and their progress shall be monitored on an ongoing basis.

J. Legal: The ACT team will monitor the status of treatment orders and complete any necessary paperwork to facilitate the continuing of orders as needed.

1. The ACT team psychiatrist will participate in court hearings for treatment orders as needed.
2. The ACT team will complete comprehensive Alternative Treatment Plans (ATP) as well as MOAs (memorandum of agreement) as needed.

**Definitions:**

**Assertive Community Treatment (ACT)** is a means of delivering comprehensive and effective services to individuals who have been diagnosed with a serious mental illness and whose needs have not been met effectively by traditional approaches to service delivery. ACT is targeted to individuals who have the most serious and intractable symptoms of mental illness and experience the most severe difficulties with basic day-to-day functioning such as caring for basic physical needs, maintaining adequate and safe housing, and keeping themselves safe. Such individuals may have extensive histories of hospitalization, unemployment, substance abuse, homelessness and involvement in the criminal justice system. ACT services are provided by a transdisciplinary team on a twenty-four-hour, seven day a week basis.

The Michigan Medicaid Provider Manual defines ACT as "a therapeutic set of intensive clinical, medical and psychosocial services provided by a mobile multi-disciplinary treatment team that includes case/care management, psychiatric services, counseling/psychotherapy, housing support, Substance Use Disorders treatment, and employment and rehabilitative services provided in the beneficiary's home or community".

**Alternative Treatment Plan (ATP):** is prepared at the request of the Probate court, for a person who will be adjudicated by the court for involuntary commitment. This document is based on a clinician's assessment of the consumer's needs, resources available in the community, and the recommendations of the clinician for the manner in which the consumer's needs are best met within available resources.

**Individual Plan of Service (IPOS)** directs the provision of supports and services to be provided to the consumer. The IPOS is developed using person-centered planning.

**References:**

A. MDCH. *Medicaid Provider Manual.* Michigan Department of Community Health. Lansing, MI. [On-line]. Available: MedicaidProviderManual.pdf (state.mi.us)

B. Substance Abuse Mental Health Services Administration. (2008). *Assertive Community Treatment (ACT) Evidence-Based Practices (EBP) KIT.* Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Rockville, MD. [On-line]. Available: https://store.samhsa.gov/product/ Assertive-Community-Treatment-ACT-Evidence-Based-Practices-EBP-KIT/SMA08-4344.

C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

**Exhibits:**

A. ACT Fidelity Scale (SAMHSA)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. ACT services are provided in accordance with the standards of the model to consumers who meet admission and level of care criteria | 1. ACT Team |
| 2. ACT services are monitored on a regular basis for fidelity to the model and outcomes | 2. SCCMHA EBP Leadership/Fidelity Monitoring Team or other SCCMHA-designated body |

Exhibit A

# ACT Fidelity Scale

## Human resources: Structure and composition

| Criterion | | Ratings / Anchors 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| H1 | **Small caseload:** Consumer/ provider ratio = 10:1 | 50 consumers/team member or more | 35–49 | 21–34 | 11–20 | 10 consumers/team member or fewer |
| H2 | **Team approach:** Provider group functions as team rather than as individual ACT team members; ACT team members know and work with all consumers | Less than 10% consumers with multiple team face-to-face contacts in reporting 2-week period | 10–36% | 37–63% | 64–89% | 90% or more consumers have face-to-face contact with >1 staff member in 2 weeks |
| H3 | **Program meeting:** Meets often to plan and review services for each consumer | Service-planning for each consumer usually 1x/month or less | At least 2x/month but less often than 1x/week | At least 1x/week but less than 2x/week | At least 2x/week but less than 4x/ week | Meets at least 4 days/ week and reviews each consumer each time, even if only briefly |
| H4 | **Practicing ACT leader:** Supervisor of Frontline ACT team members provides direct services | Supervisor provides no services | Supervisor provides services on rare occasions as backup | Supervisor provides services routinely as backup or less than 25% of the time | Supervisor normally provides services between 25% and 50% time | Supervisor provides services at least 50% time |
| H5 | **Continuity of staffing:** Keeps same staffing over time | Greater than 80% turnover in 2 years | 60–80% turnover in 2 years | 40–59% turnover in 2 years | 20–39% turnover in 2 years | Less than 20% turnover in 2 years |
| H6 | **Staff capacity:** Operates at full staffing | Operated at less than 50% staffing in past 12 months | 50–64% | 65–79% | 80–94% | Operated at 95% or more of full staffing in past 12 months |
| H7 | **Psychiatrist on team:** At least 1 full-time psychiatrist for 100 consumers works with program | Less than .10 FTE regular psychiatrist for 100 consumers | .10–.39 FTE for 100 consumers | .40–.69 FTE for 100 consumers | .70–.99 FTE for 100 consumers | At least 1 full-time psychiatrist assigned directly to 100-consumer program |
| H8 | **Nurse on team:** At least 2 full-time nurses assigned for a 100-consumer program | Less than .20 FTE regular nurse for 100 consumers | .20–.79 FTE for 100 consumers | .80–1.39 FTE for 100 consumers | 1.40–1.99 FTE for 100 consumers | 2 full-time nurses or more are members for 100-consumer program |
| H9 | **Substance abuse specialist on team:** A 100-consumer program with at least 2 staff members with 1 year of training or clinical experience in substance abuse treatment | Less than .20 FTE S/A expertise for 100 consumers | .20–.79 FTE for 100 consumers | .80–1.39 FTE for 100 consumers | 1.40–1.99 FTE for 100 consumers | 2 FTEs or more with 1 year S/A training or supervised S/A experience |
| H10 | **Vocational specialist on team:** At least 2 team members with 1 year training/experience in vocational rehabilitation and support | Less than .20 FTE vocational expertise for 100 consumers | .20–.79 FTE for 100 consumers | .80–1.39 FTE for 100 consumers | 1.40–1.99 FTE for 100 consumers | 2 FTEs or more with 1 year voc. rehab. training or supervised VR experience |
| H11 | **Program size:** Of sufficient absolute size to consistently provide necessary staffing diversity and coverage | Less than 2.5 FTE staff | 2.5–4.9 FTE | 5.0–7.4 FTE | 7.5–9.9 | At least 10 FTE staff |

## Organizational boundaries

| Criterion | | Ratings / Anchors 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| O1 | **Explicit admission criteria:** Has clearly identified mission to serve a particular population. Has and uses measurable and operationally defined criteria to screen out inappropriate referrals. | Has no set criteria and takes all types of cases as determined outside the program | Has a generally defined mission but admission process dominated by organizational convenience | Tries to seek and select a defined set of consumers but accepts most referrals | Typically actively seeks and screens referrals carefully but occasionally bows to organizational pressure | Actively recruits a defined population and all cases comply with explicit admission criteria |
| O2 | **Intake rate:** Takes consumers in at a low rate to maintain a stable service environment | Highest monthly intake rate in the last 6 months = greater than 15 consumers/month | 13–15 | 10–12 | 7–9 | Highest monthly intake rate in the last 6 months no greater than 6 consumers/month |
| O3 | **Full responsibility for treatment services:** In addition to case management, directly provides psychiatric services, counseling/ psychotherapy, housing support, substance abuse treatment, employment and rehabilitative services | Provides no more than case management services | Provides 1 of 5 additional services and refers externally for others | Provides 2 of 5 additional services and refers externally for others | Provides 3 or 4 of 5 additional services and refers externally for others | Provides all 5 services to consumers |
| O4 | **Responsibility for crisis services:** Has 24-hour responsibility for covering psychiatric crises | Has no responsibility for handling crises after hours | Emergency service has program-generated protocol for program consumers | Is available by phone, mostly in consulting role | Provides emergency service backup; e.g., program is called, makes decision about need for direct program involvement | Provides 24-hour coverage |
| O5 | **Responsibility for hospital admissions:** Is involved in hospital admissions | Is involved in fewer than 5% decisions to hospitalize | ACT team is involved in 5%–34% of admissions | ACT team is involved in 35%–64% of admissions | ACT team is involved in 65%–94% of admissions | ACT team is involved in 95% or more admissions |
| O6 | **Responsibility for hospital discharge planning:** Is involved in planning for hospital discharges | Is involved in fewer than 5% of hospital discharges | 5%–34% of program consumer discharges planned jointly with program | 35%–64% of program consumer discharges planned jointly with program | 65–94% of program consumer discharges planned jointly with program | 95% or more discharges planned jointly with program |
| O7 | **Time-unlimited services (graduation rate):** Rarely closes cases but remains the point of contact for all consumers as needed | More than 90% of consumers are expected to be discharged within 1 year | From 38–90% of consumers expected to be discharged within 1 year | From 18–37% of consumers expected to be discharged within 1 year | From 5–17% of consumers expected to be discharged within 1 year | All consumers served on a time-unlimited basis, with fewer than 5% expected to graduate annually |

## Nature of services

| Criterion | | Ratings / Anchors 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| S1 | **Community-based services:** Works to monitor status, develop community living skills in community rather than in office | Less than 20% of face-to-face contacts in community | 20–39% | 40–59% | 60–79% | 80% of total face-to-face contacts in community |
| S2 | **No dropout policy:** Retains high percentage of consumers | Less than 50% of caseload retained over 12-month period | 50–64% | 65–79% | 80–94% | 95% or more of caseload is retained over a 12-month period |
| S3 | **Assertive engagement mechanisms:** As part of ensuring engagement, uses street outreach and legal mechanisms (probation/parole, OP commitment) as indicated and as available | Passive in recruitment and re-engagement; almost never uses street outreach legal mechanisms | Makes initial attempts to engage but generally focuses on most motivated consumers | Tries outreach and uses legal mechanisms only as convenient | Usually has plan for engagement and uses most mechanisms available | Demonstrates consistently well-thought-out strategies and uses street outreach and legal mechanisms whenever appropriate |
| S4 | **Intensity of service:** High total amount of service time, as needed | Average 15 minutes/week or less of face-to-face contact for each consumer | 15–49 minutes/week | 50–84 minutes/week | 85–119 minutes/week | Average 2 hours/week or more of face-to-face contact for each consumer |
| S5 | **Frequency of contact:** High number of service contacts, as needed | Average less than 1 face-to-face contact/week or fewer for each consumer | 1–2x/week | 2–3x/week | 3–4x/week | Average 4 or more face-to-face contacts/week for each consumer |
| S6 | **Work with informal support system:** With or without consumer present, provides support and skills for consumer's support network: family, landlords, employers | Less than .5 contact/month for each consumer with support system | .5–1 contact/month for each consumer with support system in the community | 1–2 contact/month for each consumer with support system in the community | 2–3 contacts/month for consumer with support system in the community | 4 or more contacts/month for each consumer with support system in the community |
| S7 | **Individualized substance abuse treatment:** 1 or more team members provides direct treatment and substance abuse treatment for consumers with substance-use disorders | No direct, individualized substance abuse treatment provided | Team variably addresses SA concerns with consumers; provides no formal, individualized SA treatment | While team integrates some substance abuse treatment into regular consumer contact, no formal, individualized SA treatment | Some formal individualized SA treatment offered; consumers with substance-use disorders spend less than 24 minutes/week in such treatment | Consumers with substance-use disorders average 24 minutes/week or more in formal substance abuse treatment |
| S8 | **Co-Occurring disorder treatment groups:** Uses group modalities as treatment strategy for consumers with substance-use disorders | Fewer than 5% of consumers with substance-use disorders attend at least 1 substance abuse treatment group meeting a month | 5–19% | 20–34% | 35–49% | 50% or more of consumers with substance-use disorders attend at least 1 substance abuse treatment group meeting/month |
| S9 | **Dual Disorders (DD) Model:** Uses a non-confrontational, stage-wise treatment model, follows behavioral principles, considers interactions of mental illness and substance abuse, and has gradual expectations of abstinence | Fully based on traditional model: confrontation; mandated abstinence; higher power, etc. | Uses primarily traditional model: e.g., refers to AA; uses inpatient detox & rehab; recognizes need to persuade consumers in denial or who don't fit AA | Uses mixed model: e.g., DD principles in treatment plans; refers consumers to persuasion groups; uses hospitalization for rehab.; refers to AA, NA | Uses primarily DD model: e.g., DD principles in treatment plans; persuasion and active treatment groups; rarely hospitalizes for rehab. or detox except for medical necessity; refers out some SA treatment | Fully based in DD treatment principles, with treatment provided by ACT staff members |
| S10 | **Role of consumers on team:** Consumers involved as team members providing direct services | Consumers not involved in providing service | Consumers fill consumer-specific service roles (e.g., self-help) | Consumers work part-time in case-management roles with reduced responsibilities | Consumers work full-time in case management roles with reduced responsibilities | Consumers employed full-time as ACT team members (e.g., case managers) with full professional status |

# ACT Fidelity Score Sheet

Date of visit: _____ / _____/ _____

Agency name: _____

Assessors' names: _____ _____

| | | Assessor 1 | Assessor 2 | Consensus |
|---|---|---|---|---|
| H1 | Small caseload | | | |
| H2 | Team approach | | | |
| H3 | Program meeting | | | |
| H4 | Practicing ACT leader | | | |
| H5 | Continuity of staffing | | | |
| H6 | Staff capacity | | | |
| H7 | Psychiatrist on team | | | |
| H8 | Nurse on team | | | |
| H9 | Substance abuse specialist on team | | | |
| H10 | Vocational specialist on team | | | |
| H11 | Program size | | | |
| O1 | Explicit admission criteria | | | |
| O2 | Intake rate | | | |
| O3 | Full responsibility for treatment services | | | |
| O4 | Responsibility for crisis services | | | |
| O5 | Responsibility for hospital admissions | | | |
| O6 | Responsibility for hospital discharge planning | | | |
| O7 | Time-unlimited services | | | |
| S1 | In vivo services | | | |
| S2 | No drop-out policy | | | |
| S3 | Assertive engagement mechanisms | | | |
| S4 | Intensity of service | | | |
| S5 | Frequency of contact | | | |
| S6 | Work with support system | | | |
| S7 | Individualized substance abuse treatment | | | |
| S8 | Co-Occurring disorder treatment groups | | | |
| S9 | Co-Occurring disorders (Dual Disorders) model | | | |
| S10 | Role of consumers on treatment team | | | |
| **Total mean score** | | | | |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Supported Employment Services (SE)</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/20/06</td><td>Date of Review/Revision:<br>8/29/07, 5/18/09, 4/2/12, 5/8/14, 5/9/16, 6/13/17, 4/10/18, 4/9/19, 6/9/20, 3/10/21, 3/9/22, 3/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>Rocky Archangeli, Evidence-Based Practice Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
SCCMHA recognizes that most people who live with a serious mental illness and many who have an intellectual/developmental disability want to work and shall therefore provide supported employment (SE) services in order to maximize their opportunities to obtain gainful employment.

**Policy:**
A. SCCMHA shall adhere to evidence-based practice standards in the delivery of supported employment services, using the Individual Placement and Support (IPS) model.
B. SCCMHA or a designated body, shall periodically review supported employment services in order to ascertain their level of fidelity to the IPS model set forth in the *Supported Employment Fidelity Review Manual: A companion guide to the evidence-based IPS Supported Employment Fidelity Scale*.
C. SCCMHA shall provide supported employment services, as resources permit, to help individuals with serious mental illnesses find and retain jobs at competitive wages in integrated settings in the community based upon the belief that every person with a disability is capable of working competitively in the community if the right kind of job and work environment can be found. Individuals with a developmental disability will be provided employment services contracted through SVRC (Saginaw Valley Rehabilitation Center).
D. SE services shall be provided in a trauma-informed manner.

**Application:**

A. All adult consumers shall be eligible for supported employment based on the following criteria:
   1. The consumer is unemployed or working non-competitively and desires competitive work.
   2. The consumer is working but not receiving employment supports and he/she wants such supports.
   3. The consumer wishes to search for other competitive employment.

**Standards:**

A. Supported employment shall be guided by eight core principles:
   1. Zero exclusion: Eligibility for supported employment is based upon consumer choice. No consumer is excluded from the opportunity for a competitive job. Consumers are deemed "work ready" when they say they want to work. (Symptomatology, diagnosis, substance abuse, prior hospitalization, education, age, gender, and other consumer factors are not strong and consistent predictors of work.)
   2. Integration of vocational rehabilitation and mental health: Supported employment services are integrated with treatment and other related services and supports. The supported employment program is staffed by employment specialists and Certified Peer Support Specialists who function as members of consumers' treatment teams and participate in team meetings on a regular basis.
   3. Competitive employment: Competitive employment is the goal of supported employment services. Competitive jobs are those that exist in the open labor market that anyone, regardless of disability, could have (rather than those that are set aside for individuals with disabilities), and pay at least minimum wage. The wage should be equal to the standard wage and benefit level paid for the same work performed by individuals who do not have a mental illness.
   4. Rapid job search: A job search commences soon after a consumer expresses interest in working and is not postponed by requirements for the completion of extensive pre-employment assessment and training, intermediate work experiences (e.g., transitional employment). Job searches are guided by profiles of consumers' work experience, job interests and preferences, personal strengths, unique challenges, and input from the treatment team and family members/supporters.
      a. Components of job finding:
         1) Starting the job search soon after entry into the supported employment program
         2) Individualizing job finding based on consumers' strengths, preferences, and experiences
         3) Networking to identify job leads
         4) Involving the treatment team and family/significant others to maintain support

5. Time-unlimited support: Follow-along supports are provided on a continuous basis. Consumers who receive supported employment services are never terminated from such services unless they directly request termination.
6. Attention to consumer preferences: Consumer preferences are important and play a critical role in determining the type of job sought, the nature of support provided by an employment specialist, and the decision regarding whether to disclose the individual's disability to the employer.
7. Systematic Job Development: Employment specialists systematically visit employers, who are selected based on the job seeker's preferences, to learn about their business needs and hiring preferences.
8. Benefits Planning: The Supported Employment Benefit to Work Coach helps people obtain personalized, understandable, and accurate information about their Social Security, Medicaid, and other government entitlements and how wages from employment will affect those entitlements.

B. Jobs are seen as transitions; people commonly try several jobs before finding one they want to keep. Employment Specialists help consumers find other jobs when they leave jobs.

C. Any person on the treatment team, as well as the consumer, can make a referral for supported employment services.

D. By engaging the consumer and members of their support system, the Employment Specialist shall focus on developing a working alliance with the consumer in the community.

E. Assessment is ongoing. The Employment Specialist gathers as much information as quickly as possible to start the job search process at the consumer's pace. The consumer's vocational profile and employment plan are updated with relevant information as the consumer looks for employment and works in jobs.

F. Job supports enable consumers to function successfully in competitive employment and can include assistance with starting a new job, performing in a job over time, dealing with a crisis while at work, ending a job, arranging for workplace accommodations.

G. Case Holders shall work to ensure that supported employment services are integrated into the consumer's plan of service.
1. Case Holders shall include Employment Specialists in PCP meetings with consumers.

H. Case Holders shall seek to ensure consumers are actively engaged in SE services.
1. Case Holders shall reconvene IPOS (Individual Plan of Service) meetings with consumers who are not engaging with the SE team.
    a. These reconvened IPOS meetings shall include the relevant Employment Specialist(s).
    b. The Plan shall be modified, if needed, in accordance with the outcome of the meeting.

9. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.

a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including Supported Employment, to discuss fidelity monitoring.
b. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes for SE participants.
c. The SE team(s) shall undergo a DHHS or State IPS or consultant, or internal fidelity review every 1-3 years.

**Definitions:**

**Individual Placement and Support (IPS)** is a specific type of supported employment that is an evidence-based practice. The evidence-based practice of IPS is sometimes referred to as IPS and supported employment which may be considered interchangeable when applied to helping people with a serious mental illness who are seeking work in the competitive job market (i.e., in a regular job).

**Supported Employment** programs assist individuals with serious mental illnesses in finding and maintaining competitive employment.

**Customized Employment** entails the identification of accommodations and supports that allow an individual to perform the functions of a job. In customized employment, jobs are individually negotiated and developed, based on individualized determinations of consumers' strengths, expressed needs and interests, and designed to meet the specific business needs of employers.

**References:**


A. Becker, D., Swanson, S., Reese, S., Bond, G., McLeman, M. (2015). *Supported Employment Fidelity Review Manual: A companion guide to the evidence-based IPS Supported Employment Fidelity Scale.* Dartmouth Psychiatric Research Center. Lebanon, NH. [On-line]. Available: https://ipsworks.org/wp-content/uploads/2017/08/ips-fidelity-manual-3rd-edition_2-4-16.pdf.

B. Substance Abuse and Mental Health Services Administration. (2009). *Supported Employment Evidence-Based Practices (EBP) KIT.* Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Rockville, MD. [On-line]. Available: https://store.samhsa.gov/product/Supported-Employment-Evidence-Based-Practices-EBP-Kit/SMA08-4364.

C. The IPS Employment Center at The Rockville Institute, Westat (2019) Supported Employment Fidelity Review Manual, Fourth Edition. [On-line]. Available: Final-Fidelity-Manual-Fourth-Edition-112619.pdf (ipsworks.org)

D. SCCMHA Policy 02.03.07 – Employment of Consumers

E. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)


**Exhibits:**

A. Supported Employment Referral Packet
B. List of information and resources given to consumers
C. Supported Employment Fidelity Scale (SAMHSA)
D. Practice Principles of IPS (Individual Placement and Support) Supported Employment (Dartmouth) for persons with a serious mental illness

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| SE services are provided to consumers who desire the service. | Employment Specialists |
| SE services are monitored on a regular basis for fidelity to the model and outcomes. | SCCMHA EBP Leadership/Fidelity Monitoring Team |
| Referrals for SE are made:<br>• Self-refers for SE (via service providers/case holders or via direct contact to the SCCMHA Employment Unit) | Consumer |
| • Contacts the SE Unit to request SE services for consumers. | Case Holder, Physicians, Clinicians, etc. |
| • Includes the Employment Specialist in the IPOS meeting. | Case Holder |
| • If the IPOS meeting has already been held, reconvenes the meeting in order to ensure inclusion of the Employment Specialist. | |
| Provide referral packets to consumers. | |
| Review the contents of referral packets with consumers. | Case Holder, Physicians, Clinicians, etc. |
| Reviews the *Talking Points for IPOS Goal Development* with the consumer to ensure their understanding of SE services and supports offered. | Referral source |
| Reconvenes IPOS meetings for consumers who do not engage with the SE Team and includes SE Team member(s) in the meeting. | Case Holder |
| Modifies the Plan as needed. | Case Holder |
| Conducts fidelity reviews and/or Coordinates MIFAST reviews | SCCMHA EBP Leadership/Fidelity Monitoring Team |

**Exhibit A**




# Supported Employment Referrals Instructions

To obtain Supported Employment Services for a consumer, please complete the following steps:

1. Assure that there is an Outcome related to obtaining employment in the consumer Person-Centered Plan. This outcome is to include how often the Jobseeker and Employment Specialist engage on a Bi-Weekly, Monthly, Quarterly or Annual basis. This is best achieved by inviting SES team members to the PCP pre-planning or Planning meeting whenever possible. A good rule-of-thumb for our program fidelity is to indicate that the SES (Supported Employment Specialist) will meet with the client "at least monthly, or more often as needed" in the frequency portion of the goal writing.

2. Request authorization for code H2023; 72 units for six months is typically needed.

3. Complete the Supported Employment Referral Form.

4. Return the completed referral form to the Employment Supervisor

   Please contact the Employment Supervisor for assistance in completing this packet.
   Upon receipt of the completed referral the SE Supervisor will process the referral, complete orientation and assign a SE Specialist.

Please send referral forms thru SCCMHA inter-office mail, Sentri message or fax to:

Rocky Archangeli.

Supported Employment Services Supervisor

989-797-3489

rarchangeli@sccmha.org

Fax: 989-791-1464

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Supported Employment Referral Form

Referral sent on Date:_____

Consumer: _____SCCMHA ID: _____

Consumer Address:
_____

City, State, Zip: _____ Cell Phone:
_____
Alternate Phone:_____
Related Outcome from PCP:
_____
Authorization #'s: H2023 Supported Employment and H0038 Peer Supports (per client):
_____
Medications and Side Effects that might interfere with work/employment (such as difficulty concentrating, tremors, etc.):
__-
_____
_____
_____
Substance Use present? If so please elaborate:
_____
_____
_____
What job(s) are you looking for?
_____
Have you ever worked with Michigan Rehabilitation Services (MRS): Yes _____No _____?

Criminal history needed to help us help you find suitable jobs and does not affect services:__
_____
_____
Please tell us what jobs you don't like. What skills, education or training you have? :
_____
_____
_____

Do you have a Valid Michigan Drivers License? Yes_____No_____
Referral completed by: _____ Title: _____

Person completing Referral Phone:_____email: _____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Talking Points for IPOS Goal Development

**What is Supported Employment?**

The Supported Employment program assists consumers of Saginaw County Community Mental Health with obtaining and maintaining *Competitive Employment.* These are jobs that:

- Are not only for a person with a disability, any person can apply.
- Pays Minimum Wage (or higher)
- Pay is paid based on hours worked and not solely on individual productivity
- The hours of work can be full or part time
- Co-workers are not solely others with a disability
- Located in the local community
- The responsibilities, demands, productivity, and tasks for that job are the same for both the employee with a disability and the employee who does not have a disability

Supported Employment assists in finding a job using a "person-centered" approach. This is a ***partnership*** with you and your case holder and considers your talents, abilities, and desires. Using that information, a plan is developed to help you achieve your career or vocational goals, not just to get you "any" job.

**What does the Supported Employment program offer you?**

After agreeing to participate, you will be assigned an Employment Specialist/Peer Supports Specialist who works closely with you through the *process* of obtaining and keeping employment.

The first step is to gather information about you. This is done by creating a Vocational Profile. This information includes your work history as well as your interests, abilities, skills, preferences, supports, personality, strengths, needs, and challenges. Together, you and the Specialist create a Plan to locate a job that best suits you.

Some things you and the Employment Specialist may do in looking for work are:

- Explore vocational and career interests
- Interview Prep- Dress for success
- Search job listings
- Visit potential employers'
- Create a resume and cover letter
- Fill out job applications

Mock Interviews
Community Job Development on your behalf
Benefits Counseling
In-depth vocational assistance-Peer assistance
Learn acceptable Follow-up techniques
Introduction to DB101 web resource

Supported Employment Services understands concerns regarding working and its affect on your benefits. The Employment Specialist will work with you and agencies, such as Social Security, MDHHS. MRS, Supported Employment Benefits to Work Coach, etc., to help manage any impact on your benefits from obtaining work.

Once working, the Employment Specialist will help you keep your job. Services provided include *job coaching, task training, employee/employer problem solving,* and *acceptable workplace behaviors-workplace policy review*. There is no time limit on how long or how often this assistance is offered – it may be for a short time or provided for as long as you want (with caveats)...

**What is expected of you? A desire to work!**

Preparing to, and looking for employment can be a demanding activity, and may require a lot of time and energy. Finding a job can be frustrating because you may feel rejected if an employer does not hire you. Looking for work can also cause us to look at ourselves and may require you to change or learn new ways to dress or speak or act.

You should expect to:

- Arrive to appointments on-time.
- Always! Have Email address, Login Passwords with you for All Supported Employment related appointments.
- Be actively involved in the search for your job. Remember, this is a partnership.
- Comply with your mental health treatment
- Be teachable. Your Employment Specialist may need to address personal concerns that create barriers to your employment - these will only be brought up if they could be a hindrance to finding a job. The Specialist has your best interest in mind in bringing up difficult issues.
- Be serious about wanting a job. You will be personally challenged as you look for work and learn a job. Unemployment can be very difficult at times, but Supported Employment is here to help, encourage, and support you.
- Be patient. Unemployment may not have happened overnight. Finding the job of your choice will likely take some time.

Case manager/Support Coordinator Job-seeker considerations.

When you are thinking about work, what is it that appeals to you? Is it the human connection? There are other aspects to consider. Other options such as volunteering; joining a club or community group; recreation or sports; taking a class; or other leisure-time activities should be explored if you are looking for socialization. Those should be discussed with your Case Worker.

The Employment Specialist works in conjunction with your other service providers and will be in contact with them as needed. The Employment Specialist does not replace or provide the same services as your therapist, case worker, psychiatrist, nurse, doctor, clergy, or others who support you. The Specialist has one main function – to help you ***get*** and ***keep*** the job of your choice.

The decision to hire you rests with the employer. No employer creates a job just to put someone to work. Jobs are created to meet a need of the employer. No one can force him or her to hire you. A job is never guaranteed nor promised. The availability of jobs depends upon the local, state and Federal economy and your personal motivation to achieve employment. Getting a job is quite often a numbers game. The more time invested and applications submitted the better your chances of being hired. There are

many others out there looking for work just like you. You need to put in the effort. It takes time and patience so please, don't give up!

Program participation is voluntary, and you may stop using Supported Employment services at any time. You, the Jobseeker, and your Employment Specialist will notify the Case holder of your decision to change engagement or suspend Supported Employment Services. To satisfy SCCMHA auditing and Network services requirements Your Plan of Service will need to be updated to reflect your decision.

**Exhibit B**

**Information and Resources Packet**

The following materials are distributed to new consumers when they start SE:

- SAMSHA *Supported Employment: Information for Consumers* handout.
- SAMSHA *Information for Family* article
- *Natural Supports Assessment* developed by Virginia Commonwealth
- A Brief Questionnaire on vocational, educational and criminal history
- A list of all employment and temp staffing agencies in the area
- A list of Internet Job banks
- A set of resume templates and handouts on resume writing
- 2 handouts on job search strategies
- info on interviewing skills
- *Employer Contact* form.
- SSA pamphlet on how work effects SSI/SSDI benefits
- Employment Specialists' business cards

## Exhibit C: Supported Employment Fidelity Scale (From *The IPS Employment Center at The Rockville Institute, Westat*)

**SUPPORTED EMPLOYMENT FIDELITY SCALE***

**1/7/08**

**Rater:** **Site:** **Date:** **Total Score:**

**Directions**: Circle one anchor number for each criterion.

| Criterion | Data Source** | Anchor |
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| **STAFFING** | | |
| 1. Caseload size: Employment specialists have individual employment caseloads. The maximum caseload for any full-time employment specialist is 20 or fewer clients. | MIS, DOC, INT | 1= Ratio of 41 or more clients per employment specialist.<br>2= Ratio of 31-40 clients per employment specialist.<br>3= Ratio of 26-30 clients per employment specialist.<br>4= Ratio of 21-25 clients per employment specialist.<br>5= Ratio of 20 or fewer clients per employment specialist. |
| 2. Employment services staff: Employment specialists provide only employment services. | MIS, DOC INT | 1= Employment specialists provide employment services less than 60% of the time.<br>2= Employment specialists provide employment services 60 - 74% of the time.<br>3= Employment specialists provide employment services 75 - 89% of the time.<br>4= Employment specialists provide employment services 90 - 95% of the time.<br>5= Employment specialists provide employment services 96% or more of the time. |

*Formerly called IPS Model Fidelity Scale

SUPPORTED EMPLOYMENT FIDELITY SCALE
139

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| 3. Vocational generalists: Each employment specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before step down to less intensive employment support from another MH practitioner. (Note: It is not expected that each employment specialist will provide benefits counseling to their clients. Referrals to a highly trained benefits counselor are in keeping with high fidelity, see Item # 1 in "Services".) | MIS, DOC, INT, OBS | 1= Employment specialist only provides vocational referral service to vendors and other programs.<br><br>2= Employment specialist maintains caseload but refers clients to other programs for vocational services.<br><br>3= Employment specialist provides one to four phases of the employment service (e.g. intake, engagement, assessment, job development, job placement, job coaching, and follow along supports).<br><br>4= Employment specialist provides five phases of employment service but not the entire service.<br><br>5= Employment specialist carries out all six phases of employment service (e.g. program intake, engagement, assessment, job development/job placement, job coaching, and follow-along supports). |

## ORGANIZATION

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| 1. Integration of rehabilitation with mental health treatment thru team assignment: Employment specialists are part of up to 2 mental health treatment teams from which at least 90% of the employment specialist's caseload is comprised. | MIS, DOC, INT, OBS | 1= Employment specialists are part of a vocational program that functions separately from the mental health treatment.<br><br>2= Employment specialists are attached to three or more mental health treatment teams. OR Clients are served by individual mental health practitioners who are not organized into teams. OR Employment specialists are attached to one or two teams from which less than 50% of the employment specialist's caseload is comprised.<br><br>3= Employment specialists are attached to one or two mental health treatment teams, from which at least 50 - 74% of the employment specialist's caseload is comprised.<br><br>4= Employment specialists are attached to one or two mental health treatment teams, from which at least 75 - 89% of the employment specialist's caseload is comprised.<br><br>5= Employment specialists are attached to one or two mental health treatment teams, from which 90 - 100% of the employment specialist's caseload is comprised. |

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| 2. Integration of rehabilitation with mental health treatment thru frequent team member contact: Employment specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services are integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services. | MIS, DOC INT, OBS | 1= One or none is present.<br><br>2= Two are present<br><br>3= Three are present.<br><br>4= Four are present.<br><br>5= Five are present.<br><br>All five key components are present.<br><br>• Employment specialist attends weekly mental health treatment team meetings.<br><br>• Employment specialist participates actively in treatment team meetings with shared decision-making.<br><br>• Employment services documentation (i.e., vocational assessment/profile, employment plan, progress notes) is integrated into client's mental health treatment record.<br><br>• Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members.<br><br>• Employment specialist helps the team think about employment for people who haven't yet been referred to supported employment services. |
| 3. Collaboration between employment specialists and Vocational Rehabilitation counselors: The employment specialists and VR counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals. | DOC, INT OBS, ISP | 1= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) less than quarterly to discuss shared clients and referrals. OR Employment specialists and VR counselors do not communicate.<br><br>2= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in person) at least quarterly to discuss shared clients and referrals.<br><br>3= Employment specialists and VR counselors have client-related contacts (phone, e-mail, in-person) monthly to discuss shared clients and referrals.<br><br>4= Employment specialists and VR counselors have scheduled, face-to-face |

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| | | meetings at least quarterly, OR have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals.<br><br>5= Employment specialists and VR counselors have scheduled, face-to-face meetings at least monthly and have client-related contacts (phone, e-mail, in person) weekly to discuss shared clients and referrals. |
| 4. Vocational unit: At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed. | MIS, INT, OBS | 1= Employment specialists are not part of a vocational unit.<br><br>2= Employment specialists have the same supervisor but do not meet as a group. They do not provide back-up services for each other's caseload.<br><br>3= Employment specialists have the same supervisor and discuss clients between each other on a weekly basis. They provide back-up services for each other's caseloads as needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times monthly with their supervisor by teleconference.<br><br>4= At least 2 employment specialists and a team leader form an employment unit with 2-3 regularly scheduled meetings per month for client-based group supervision in which strategies are identified and job leads are shared and discuss clients between each other. They provide coverage for each other's caseloads when needed. OR, If a program is in a rural area where employment specialists are geographically separate with one employment specialist at each site, the employment specialists meet 2-3 times per month with their supervisor in person or by teleconference and mental health practitioners are available to help the employment specialist with activities such as taking someone to work or picking up job applications.<br><br>5= At least 2 full-time employment specialists and a team leader form an employment unit with weekly client-based group supervision based on the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseloads when needed. |

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| 5. Role of employment supervisor: Supported employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present. | MIS, INT, DOC, OBS | 1= One or none is present.<br><br>2= Two are present.<br><br>3= Three are present.<br><br>4= Four are present.<br><br>5= Five are present.<br><br>Five key roles of the employment supervisor:<br><br>• One full-time equivalent (FTE) supervisor is responsible for no more than 10 employment specialists. The supervisor does not have other supervisory responsibilities. (Program leaders supervising fewer than ten employment specialists may spend a percentage of time on other supervisory activities on a prorated basis. For example, an employment supervisor responsible for 4 employment specialists may be devoted to SE supervision half time.)<br><br>• Supervisor conducts weekly supported employment supervision designed to review client situations and identify new strategies and ideas to help clients in their work lives.<br><br>• Supervisor communicates with mental health treatment team leaders to ensure that services are integrated, to problem solve programmatic issues (such as referral process, or transfer of follow-along to mental health workers) and to be a champion for the value of work. Attends a meeting for each mental health treatment team on a quarterly basis.<br><br>• Supervisor accompanies employment specialists, who are new or having difficulty with job development, in the field monthly to improve skills by observing, modeling, and giving feedback on skills, e.g., meeting employers for job development.<br><br>• Supervisor reviews current client outcomes with employment specialists and sets goals to improve program performance at least quarterly. |

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| 6. Zero exclusion criteria: All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally. | DOC, INT OBS | 1= There is a formal policy to exclude clients due to lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.) by employment staff, case managers, or other practitioners.<br><br>2= Most clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).<br><br>3= Some clients are unable to access supported employment services due to perceived lack of job readiness (e.g., substance abuse, history of violence, low level of functioning, etc.).<br><br>4= No evidence of exclusion, formal or informal. Referrals are not solicited by a wide variety of sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held.<br><br>5= All clients interested in working have access to supported employment services. Mental health practitioners encourage clients to consider employment, and referrals for supported employment are solicited by many sources. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended or number of jobs held. |
| 7. Agency focus on competitive employment: Agency promotes competitive work through multiple strategies. Agency intake includes questions about interest in employment. Agency displays written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. The focus should be with the agency programs that provide services to adults with severe mental illness. Agency supports ways for clients to share work stories with other clients and staff. Agency measures rate of competitive employment and shares this information with agency leadership and staff. | DOC, INT, OBS | 1= One or none is present.<br><br>2= Two are present.<br><br>3= Three are present.<br><br>4= Four are present.<br><br>5= Five are present.<br><br>Agency promotes competitive work through multiple strategies:<br><br>• Agency intake includes questions about interest in employment.<br><br>• Agency includes questions about interest in employment on all annual (or semi-annual) assessment or treatment plan reviews. |

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| | | • Agency displays written postings (e.g., brochures, bulletin boards, posters) about working and supported employment services, in lobby and other waiting areas.<br><br>• Agency supports ways for clients to share work stories with other clients and staff (e.g., agency-wide employment recognition events, in-service training, peer support groups, agency newsletter articles, invited speakers at client treatment groups, etc.) at least twice a year.<br><br>• Agency measures rate of competitive employment on at least a quarterly basis and shares outcomes with agency leadership and staff. |
| 8. <u>Executive team support for SE</u>: Agency executive team members (e.g., CEO/Executive Director, Chief Operating Officer, QA Director, Chief Financial Officer, Clinical Director, Medical Director, Human Resource Director) assist with supported employment implementation and sustainability. All five key components of executive team support are present. | DOC, INT, OBS | 1= One is present.<br><br>2= Two are present.<br><br>3= Three are present.<br><br>4= Four are present.<br><br>5= Five are present.<br><br>• Executive Director and Clinical Director demonstrate knowledge regarding the principles of evidence-based supported employment.<br><br>• Agency QA process includes an explicit review of the SE program, or components of the program, at least every 6 months through the use of the Supported Employment Fidelity Scale or until achieving high fidelity, and at least yearly thereafter. Agency QA process uses the results of the fidelity assessment to improve SE implementation and sustainability.<br><br>• At least one member of the executive team actively participates at SE leadership team meetings (steering committee meetings) that occur at least every six months for high fidelity programs and at least quarterly for programs that have not yet achieved high fidelity. Steering committee is defined as a diverse group of stakeholders charged with reviewing fidelity, program implementation, and the service delivery system. Committee develops written action plans aimed at developing or sustaining high fidelity services. |

- The agency CEO/Executive Director communicates how SE services support the mission of the agency and articulates clear and specific goals for SE and/or competitive employment to all agency staff during the first six months and at least annually (i.e., SE kickoff, all-agency meetings, agency newsletters, etc.). This item is not delegated to another administrator.

- SE program leader shares information about EBP barriers and facilitators with the executive team (including the CEO) at least twice each year. The executive team helps the program leader identify and implement solutions to barriers.

## SERVICES

1. Work incentives planning: All clients are offered assistance in obtaining comprehensive, individualized work incentives planning before starting a new job and assistance accessing work incentives planning thereafter when making decisions about changes in work hours and pay. Work incentives planning includes SSA benefits, medical benefits, medication subsidies, housing subsidies, food stamps, spouse and dependent children benefits, past job retirement benefits and any other source of income. Clients are provided information and assistance about reporting earnings to SSA, housing programs, VA programs, etc., depending on the person's benefits. DOC, INT OBS, ISP

   1= Work incentives planning is not readily available or easily accessible to most clients served by the agency.

   2= Employment specialist gives client contact information about where to access information about work incentives planning.

   3= Employment specialist discusses with each client changes in benefits based on work status.

   4= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a person trained in work incentives planning prior to client starting a job.

   5= Employment specialist or other MH practitioner offer clients assistance in obtaining comprehensive, individualized work incentives planning by a specially trained work incentives planner prior to starting a job. They also facilitate access to work incentives planning when clients need to make decisions about changes in work hours and pay. Clients are provided information and assistance about reporting earnings to SSA, housing programs, etc., depending on the person's benefits.

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| 2. Disclosure: Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability. | DOC, INT OBS | 1= None is present.<br>2= One is present.<br>3= Two are present.<br>4= Three are present.<br>5= Four are present.<br>• Employment specialists do not require all clients to disclose their psychiatric disability at the work site in order to receive services.<br>• Employment specialists offer to discuss with clients the possible costs and benefits (pros and cons) of disclosure at the work site in advance of clients disclosing at the work site. Employment specialists describe how disclosure relates to requesting accommodations and the employment specialist's role communicating with the employer.<br>• Employment specialists discuss specific information to be disclosed (e.g., disclose receiving mental health treatment, or presence of a psychiatric disability, or difficulty with anxiety, or unemployed for a period of time, etc.) and offers examples of what could be said to employers.<br>• Employment specialists discuss disclosure on more than one occasion (e.g., if clients have not found employment after two months or if clients report difficulties on the job.) |
| 3. Ongoing, work-based vocational assessment: Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustment, strengths, personal contacts, etc, is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with | DOC, INT, OBS, ISP | 1= Vocational evaluation is conducted prior to job placement with emphasis on office-based assessments, standardized tests, intelligence tests, work samples.<br>2= Vocational assessment may occur through a stepwise approach that includes: prevocational work experiences (e.g., work units in a day program), volunteer jobs, or set aside jobs (e.g., NISH jobs agency-run businesses, sheltered workshop jobs, affirmative businesses, enclaves).<br>3= Employment specialists assist clients in finding competitive jobs directly without systematically reviewing interests, experiences, strengths, |

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| the client's permission, from family members and previous employers. | | etc. and do not routinely analyze job loss (or job problems) for lessons learned.<br><br>4= Initial vocational assessment occurs over 2-3 sessions in which interests and strengths are explored. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. They do not document these lessons learned in the vocational profile, OR The vocational profile is not updated on a regular basis.<br><br>5= Initial vocational assessment occurs over 2-3 sessions and information is documented on a vocational profile form that includes preferences, experiences, skills, current adjustment, strengths, personal contacts, etc. The vocational profile form is used to identify job types and work environments. It is updated with each new job experience. Aims at problem solving using environmental assessments and consideration of reasonable accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Employment specialists help clients learn from each job experience and also work with the treatment team to analyze job loss, job problems and job successes. |
| 4. Rapid job search for competitive job: Initial employment assessment and first face-to-face employer contact by the client or the employment specialist about a competitive job occurs within 30 days (one month) after program entry. | DOC, INT, OBS, ISP | 1= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average 271 days or more (> 9 mos.) after program entry.<br><br>2= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 151 and 270 days (5-9 mos.) after program entry.<br><br>3= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 61 and 150 days (2-5 mos.) after program entry.<br><br>4= First face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average between 31 and 60 days (1-2 mos.) after program entry.<br><br>5= The program tracks employer contacts and the first face-to-face contact with an employer by the client or the employment specialist about a competitive job is on average within 30 days (one month) after program entry. |

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| 5. Individualized job search: Employment specialists make employer contacts aimed at making a good job match based on clients' preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences. | DOC, INT<br>OBS, ISP | 1= Less than 25% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc. rather than the job market.<br><br>2= 25-49% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.<br><br>3= 50-74% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market.<br><br>4= 75-89% of employer contacts by the employment specialist are based on job choices which reflect client's preferences, strengths, symptoms, etc., rather than the job market and are consistent with the current employment plan.<br><br>5= Employment specialist makes employer contacts based on job choices which reflect client's preferences, strengths, symptoms, lessons learned from previous jobs etc., 90-100% of the time rather than the job market and are consistent with the current employment/job search plan. When clients have limited work experience, employment specialists provide information about a range of job options in the community. |
| 6. Job development - Frequent employer contact: Each employment specialist makes at least 6 face to-face employer contacts per week on behalf of clients looking for work. (Rate for each then calculate average and use the closest scale point.) An employer contact is counted even when an employment specialist meets the same employer more than one time in a week, and when the client is present or not present. Client-specific and generic contacts are included. Employment specialists use a weekly tracking form to document employer contacts. | DOC, INT | 1= Employment specialist makes less than 2 face-to-face employer contacts that are client-specific per week.<br><br>2= Employment specialist makes 2 face-to-face employer contacts per week that are client-specific, OR Does not have a process for tracking.<br><br>3= Employment specialist makes 4 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a monthly basis.<br><br>4= Employment specialist makes 5 face-to-face employer contacts per week that are client-specific, and uses a tracking form that is reviewed by the SE supervisor on a weekly basis. |

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| | | 5= Employment specialist makes 6 or more face-to-face employer contacts per week that are client specific, or 2 employer contacts times the number of people looking for work when there are less than 3 people looking for work on their caseload (e.g., new program). In addition, employment specialist uses a tracking form that is reviewed by the SE supervisor on a weekly basis. |
| 7. Job development - Quality of employer contact: Employment specialists build relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. (Rate for each employment specialist, then calculate average and use the closest scale point.) | DOC, INT, OBS | 1= Employment specialist meets employer when helping client to turn in job applications, OR Employment specialist rarely makes employer contacts.<br><br>2= Employment specialist contacts employers to ask about job openings and then shares these "leads" with clients.<br><br>3= Employment specialist follows up on advertised job openings by introducing self, describing program, and asking employer to interview client.<br><br>4= Employment specialist meets with employers in person whether or not there is a job opening, advocates for clients by describing strengths and asks employers to interview clients.<br><br>5= Employment specialist builds relationships with employers through multiple visits in person that are planned to learn the needs of the employer, convey what the SE program offers to the employer, describe client strengths that are a good match for the employer. |
| 8. Diversity of job types: Employment specialists assist clients in obtaining different types of jobs. | DOC, INT, OBS, ISP | 1= Employment specialists assist clients obtain different types of jobs less than 50% of the time.<br><br>2= Employment specialists assist clients obtain different types of jobs 50-59% of the time.<br><br>3= Employment specialists assist clients obtain different types of jobs 60-69% of the time.<br><br>4= Employment specialists assist clients obtain different types of jobs70-84% of the time. |

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| | | 5= Employment specialists assist clients obtain different types of jobs 85-100% of the time. |
| 9. Diversity of employers: Employment specialists assist clients in obtaining jobs with different employers. | DOC, INT, OBS, ISP | 1= Employment specialists assist clients obtain jobs with the different employers less than 50% of the time.<br><br>2= Employment specialists assist clients obtain jobs with the same employers 50-59% of the time.<br><br>3= Employment specialists assist clients obtain jobs with different employers 60-69% of the time.<br><br>4= Employment specialists assist clients obtain jobs with different employers 70-84% of the time.<br><br>5= Employment specialists assist clients obtain jobs with different employers 85-100% of the time. |
| 10. Competitive jobs: Employment specialists provide competitive job options that have permanent status rather than temporary or time-limited status, e.g., TE (transitional employment positions). Competitive jobs pay at least minimum wage, are jobs that anyone can apply for and are not set aside for people with disabilities. (Seasonal jobs and jobs from temporary agencies that other community members use are counted as competitive jobs.) | DOC, INT, OBS, ISP | 1= Employment specialists provide options for permanent, competitive jobs less than 64% of the time, OR There are fewer than 10 current jobs.<br><br>2= Employment specialists provide options for permanent, competitive jobs about 65- 74% of the time.<br><br>3= Employment specialists provide options for permanent competitive jobs about 75-84%% of the time.<br><br>4= Employment specialists provide options for permanent competitive jobs about 85-94% of the time.<br><br>5= 95% or more competitive jobs held by clients are permanent. |

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| 11. Individualized follow-along supports: Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Supports are provided by a variety of people, including treatment team members (e.g., medication changes, social skills training, encouragement), family, friends, co-workers (i.e., natural supports), and employment specialist. Employment specialist also provides employer support (e.g., educational information, job, accommodations) at client's request. Employment specialist offers help with career development, i.e., assistance with education, a more desirable job, or more preferred job duties. | DOC, INT, OBS, ISP | 1= Most clients do not receive supports after starting a job.<br><br>2= About half of the working clients receive a narrow range of supports provided primarily by the employment specialist.<br><br>3= Most working clients receive a narrow range of supports that are provided primarily by the employment specialist.<br><br>4= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialists provide employer supports at the client's request.<br><br>5= Clients receive different types of support for working a job that are based on the job, client preferences, work history, needs, etc. Employment specialist also provides employer support (e.g., educational information, job accommodations) at client's request. The employment specialist helps people move onto more preferable jobs and also helps people with school or certified training programs. The site provides examples of different types of support including enhanced supports by treatment team members. |
| 12. Time-unlimited follow-along supports: Employment specialists have face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily, and desired by clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. Employment specialists contact clients within 3 days of learning about the job loss. | DOC, INT, OBS, ISP | 1= Employment specialist does not meet face-to-face with the client after the first month of starting a job.<br><br>2= Employment specialist has face-to-face contact with less than half of the working clients for at least 4 months after starting a job.<br><br>3= Employment specialist has face-to-face contact with at least half of the working clients for at least 4 months after starting a job.<br><br>4= Employment specialist has face-to-face contact with working clients weekly for the first month after starting a job, and at least monthly for a year or more, on average, after working steadily, and desired by clients.<br><br>5= Employment specialist has face-to-face contact within 1 week before starting a job, within 3 days after starting a job, weekly for the first month, and at least monthly for a year or more, on average, after working steadily and desired by clients. Clients are transitioned to step down job supports, from a mental health worker following steady employment clients. Clients are transitioned to step down job supports from a mental health worker following steady employment. |

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| | | Employment specialist contacts clients within 3 days of hearing about the job loss. |
| 13. Community-based services: Employment services such as engagement, job finding and follow-along supports are provided in natural community settings by all employment specialists. (Rate each employment specialist based upon their total weekly scheduled work hours then, calculate the average and use the closest scale point.) | DOC, INT OBS | 1= Employment specialist spends 30% time or less in the scheduled work hours in the community.<br><br>2= Employment specialist spends 30 - 39% time of total scheduled work hours in the community.<br><br>3= Employment specialist spends 40 -49% of total scheduled work hours in the then community.<br><br>4= Employment specialist spends 50 - 64% of total scheduled work hours in the community.<br><br>5= Employment specialist spends 65% or more of total scheduled work hours in the community. |
| 14. Assertive engagement and outreach by integrated treatment team: Service termination is not based on missed appointments or fixed time limits. Systematic documentation of outreach attempts. Engagement and outreach attempts made by integrated team members. Multiple home/community visits. Coordinated visits by employment specialist with integrated team member. Connect with family, when applicable. Once it is clear that the client no longer wants to work or continue SE services, the team stops outreach. | MIS, DOC, INT, OBS | 1= Evidence that 2 or less strategies for engagement and outreach are used.<br><br>2= Evidence that 3 strategies for engagement and outreach are used.<br><br>3= Evidence that 4 strategies for engagement and outreach are used.<br><br>4= Evidence that 5 strategies for engagement and outreach are used.<br><br>5= Evidence that all 6 strategies for engagement and outreach are used: i) Service termination is not based on missed appointments or fixed time limits. ii) Systematic documentation of outreach attempts. iii) Engagement and outreach attempts made by integrated team members. iv) Multiple home/community visits. v) Coordinated visits by employment specialist with integrated team member. vi) Connect with family, when applicable. |

*Data sources:

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| MIS | Management Information System |
| DOC | Document review: clinical records, agency policy and procedures |
| INT | Interviews with clients, employment specialists, mental health staff, VR counselors, families, employers |
| OBS | Observation (e.g., team meeting, shadowing employment specialists) |
| ISP | Individualized Service Plan |

2/14/96
6/20/01, Updated
1/7/08, Revised

Supported Employment Fidelity Scale Score Sheet

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|---|---|---|
| **Staffing** | | |
| 1. | Caseload size | Score: |
| 2. | Employment services staff | Score: |
| 3. | Vocational generalists | Score: |
| **Organization** | | |
| 1. | Integration of rehabilitation with mental health thru team assignment | Score: |
| 2. | Integration of rehabilitation with mental health thru frequent team member contact | Score: |
| 3. | Collaboration between employment specialists and Vocational Rehabilitation counselors | Score: |
| 4. | Vocational unit | Score: |
| 5. | Role of employment supervisor | Score: |
| 6. | Zero exclusion criteria | Score: |
| 7. | Agency focus on competitive employment | Score: |
| 8. | Executive team support for SE | Score: |
| **Services** | | |
| 1. | Work incentives planning | Score: |
| 2. | Disclosure | Score: |
| 3. | Ongoing, work-based vocational assessment | Score: |
| 4. | Rapid search for competitive job | Score: |
| 5. | Individualized job search | Score: |
| 6. | Job development—Frequent employer contact | Score: |
| 7. | Job development—Quality of employer contact | Score: |
| 8. | Diversity of job types | Score: |
| 9. | Diversity of employers | Score: |
| 10. | Competitive jobs | Score: |
| 11. | Individualized follow-along supports | Score: |
| 12. | Time-unlimited follow-along supports | Score: |
| 13. | Community-based services | Score: |
| 14. | Assertive engagement and outreach by integrated treatment team | Score: |
| | Total: | |

| | |
|---|---|
| 115 – 125 | = Exemplary Fidelity |
| 100 - 114 | = Good Fidelity |
| 74 – 99 | = Fair Fidelity |
| 73 and below | = Not Supported Employment |

**Exhibit D**

# Practice Principles of IPS Supported Employment

## Competitive employment is the goal

Employment specialists help clients obtain competitive jobs. Competitive employment is defined: paying at least minimum wage and the wage that others receive performing the same work, based in community settings alongside others without disabilities, and not reserved for people with disabilities. Clients prefer competitive jobs over sheltered work. Working alongside others without psychiatric disabilities helps to reduce stigma and discrimination.

## IPS supported employment is integrated with treatment

IPS supported employment services are closely integrated with mental health treatment. Employment specialists are members of multidisciplinary teams that meet regularly to review client progress. Discussions include clinical and rehabilitation information that is relevant to work, such as medication side effects, persistent symptoms, cognitive difficulties, or other rehabilitation needs. They share information and develop ideas to help clients improve their functional recovery.

## Zero Exclusion: Eligibility is based on client choice

Every person with severe mental illness who wants to work is eligible for IPS supported employment, regardless of psychiatric diagnosis, symptoms, work history, or other problems, including substance abuse and cognitive impairment. The core philosophy of IPS supported employment is that all persons with a disability can work at competitive jobs in the community without prior training, and that no one should be excluded from this opportunity. Agencies develop a culture of work so all practitioners encourage clients to consider working.

## Attention to client preferences

Services are based on clients' preferences and choices, rather than providers' judgments. Client preferences help determine the type of job that is sought, the nature of support provided by the employment specialist and team, and whether to disclose the aspects of a person's psychiatric disability to the employer.

## Benefits counseling is important

Employment specialists help clients to access ongoing guidance regarding Social Security, Medicaid, and other government entitlements. Fear of losing benefits is a major reason that clients may not want to seek employment. It is vital that clients obtain accurate information to inform and guide the plan for starting work and over time for making decisions about changes in wages and work hours.

## Rapid job search

Employment specialists help clients seek jobs directly, rather than providing extensive pre-employment assessment and training, or intermediate work experiences. Beginning the job search process early (i.e., within 30 days) demonstrates to clients that their desire to work is taken seriously, and conveys optimism that there are multiple opportunities available in the community for clients to achieve their vocational goals.

## Systematic job development

Employment specialists develop relationships with employers, based upon their clients' work preferences, by meeting face-to-face over multiple visits. Employment specialists learn about the work environment and the employers' work needs. They find out about jobs that they may not be aware of at employment sites. They gather information about the nature of job opportunities and assess whether they may be a good job fit. Employment specialists continue to make periodic visits because networking is how people find jobs.

## Time-unlimited support

Follow-along supports are individualized and continued for as long as the client wants and needs the support. IPS specialists and other members of the treatment team provide work support. n addition they look for natural supports (e.g., family member, co-worker) that would be available over time. The goal is to help the client become as independent as possible in his or her vocational role, while providing support and assistance as needed. Once a person has worked steadily (e.g., one year), they discuss transitioning from IPS.

IPS stands for Individual Placement and Support, which is the evidence-based practice of supported employment for people with severe mental illnesses.

Dartmouth Psychiatric Research Center, 10/11/2011

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Dialectical Behavior Therapy (DBT) | **Chapter**: 02 - Customer Services and Recipient Rights | **Subject No**: 02.03.09.04 |
| **Effective Date**: 7/20/06 | **Date of Review/Revision**: 11/29/07, 5/18/09, 6/10/10, 4/2/12, 5/8/14, 4/5/16, 6/13/17, 4/10/18, 4/9/19, 8/26/19, 6/1/20, 3/10/21, 1/12/22, 1/10/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br><br>**Authored By**: Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**: EBP Leadership Team |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to delineate a framework for the provision and monitoring of Dialectical Behavior Therapy (DBT) and Dialectical Behavior Therapy for Adolescents (DBT-A).

**Policy:**
A. SCCMHA shall make DBT available to eligible consumers as resources permit.
B. Providers who offer DBT shall adhere as closely as possible to the evidence-based practice model of DBT.
C. Adaptations to the model for local community needs may be made with the authorization of SCCMHA.
D. DBT shall be delivered in a trauma-informed manner.
E. DBT can be delivered face-to-face, in-person, or via telehealth technology.

**Application:**
This policy applies to all SCCMHA-funded providers of mental health and substance use disorder treatment services who offer DBT.

**Standards:**
A. Only clinicians who have received SCCMHA-approved DBT/DBT-A training and have been privileged to do so shall be permitted to conduct this treatment.
B. DBT/DBT-A shall be provided in accordance with the model which includes:
    1. The five primary modes of treatment of DBT:
        a. Individual therapy

b. Group skills training
c. Telephone contact/Phone Coaching
d. Therapist weekly consultation group (in which the DBT team of individual therapists and skills trainers meet to review the program and their practice using the dialectical style that characterizes the practice of DBT within this peer supervision group).
e. Ancillary Treatments (e.g., pharmacotherapy, employment services, clubhouse, hospitalization, and other evidence-based practices)

2. The four groups of skills that are taught:
   a. Core Mindfulness Skills which are derived from Buddhist meditation techniques and are designed to enable the consumer to become aware of the different aspects of experience and develop the ability to stay with that experience in the present moment.
   b. Interpersonal Effectiveness Skills which focus on effective ways of achieving one's objectives with other people (e.g., asking for what one wants effectively, saying no, being taken seriously) in order to maintain relationships and self-esteem in interactions with other people.
   c. Emotion Regulation/Modulation Skills are ways of coping with intense emotional experiences and their causes. They also allow for an adaptive experience and expression of intense emotions. These skills include:
      1). Identifying and labeling emotions
      2). Identifying obstacles to changing emotions
      3). Reducing vulnerability to *emotion mind*
      4). Increasing positive emotional events
      5). Increasing mindfulness to current emotions
      6). Taking opposite action
      7). Applying distress tolerance techniques
   d. Distress Tolerance Skills include techniques for putting up with, finding meaning for, and accepting distressing situations if there is no conceivable solution at present.
   e. DBT-A also includes Walking the Middle Path which entails helping with adolescent-family issues. It focuses on teaching adolescents and their parents the concepts of dialectics, validation, and behavioral therapy. Emphasis is placed on the relationship between parents and teens.
3. The four modules in DBT group skills training**:**
   a. The pre-treatment stage focuses on assessment, commitment, and orientation to therapy.
   b. Stage 1 focuses on suicidal behaviors, therapy interfering behaviors and behaviors that interfere with the quality of life, together with developing the necessary skills to resolve these problems.
   c. Stage 2 deals with posttraumatic stress related problems (PTSD).
   d. Stage 3 focuses on self-esteem and individual treatment goals.
4. Dialectical Behavioral Therapy (DBT) consists of:

a. Once-weekly individual psychotherapy sessions in which a particular problematic behavior or event from the past week is explored in detail, beginning with the chain of events leading up to it, going through alternative solutions that might have been used, and examining what kept the consumer from using more adaptive solutions to the problem. DBT-A, there may also be family sessions.
b. Both between and during sessions, the therapist actively teaches and reinforces adaptive behaviors, especially as they occur within the therapeutic relationship. The emphasis is on teaching consumers how to manage emotional trauma rather than reducing or taking them out of crises.
c. Weekly 2.5-hour group therapy sessions in which interpersonal effectiveness, distress tolerance/reality acceptance skills, emotion regulation, and mindfulness skills are taught.

5. DBT targets behaviors in a descending hierarchy:
   a. Decreasing high-risk suicidal behaviors
   b. Decreasing responses or behaviors (by either the therapist or consumer) that interfere with therapy
   c. Decreasing behaviors that interfere with/diminish quality of life
   d. Decreasing and dealing with post-traumatic stress responses
   e. Enhancing respect for self
   f. Acquisition of the behavioral skills taught during group
   g. Additional goals set by the consumer
6. The core strategies in DBT are validation and problem-solving. Attempts to facilitate change are surrounded by interventions that validate the consumer's behavior and responses as understandable in relation to their current life situation, and that show an understanding of their difficulties and suffering. Problem-solving focuses on the establishment of necessary skills. To deal with difficulties in using problem-solving skills in particular situations the following techniques may be applied in the course of therapy:
   a. Contingency management
   b. Cognitive therapy
   c. Exposure based therapies
   d. Pharmacotherapy

7. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.
   a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including DBT, to discuss fidelity monitoring.
   b. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes for DBT participants ages 18+. For youth participating in DBT-A who are under the age of 18, the Child and

Adolescent Functional Assessment Scale (CAFAS) will be used in a similar manner.

c. All active DBT teams shall undergo MiFAST fidelity reviews every 3-5 years.

**Definitions:**

**Dialectical Behavior Therapy (DBT):** A mode of treatment designed for people with borderline personality disorder (BPD), especially those who engage in suicidal behavior. DBT aims to help people with BPD validate their emotions and behaviors, examine behaviors and emotions that have a negative impact on their lives, and make a conscious effort to bring about positive changes. In validation the therapist helps the individual see that their behavior and responses are understandable in relation to their current life situation. However, these behaviors and responses often create a great deal of distress, suffering, and instability in the person's life. The consumer works on building social and personal skills to deal effectively with the problems in life via training in problem-solving skills. Studies have indicated that people with BPD who have had DBT make fewer suicide attempts and are hospitalized less often. DBT was pioneered by Dr. Marsha Linehan at the University of Washington.

**Dialectical Behavior Therapy for Adolescents (DBT-A):** Dialectical Behavior Therapy (DBT) has been adapted for adolescents aged thirteen to nineteen who are suicidal. It focuses on helping teens and their families master the challenges of the transition from adolescence to adulthood as well as ameliorate problematic behaviors that are sometimes used to deal with extreme emotional intensity. The intervention has been modified for use in outpatient as well as inpatient settings. The first phase of treatment has been shortened from one year to sixteen weeks. The number of skills has been reduced in order to teach them in sixteen weeks. Parents are included in the skills training group in order to enhance generalization and maintenance of skills. Family members are taught to use skills and improve the adolescent's home environment. A new skills training module, Walking the Middle Path, has been added to teach behavioral principles and validation as well as address the dialectical dilemmas inherent in parent-adolescent interactions.

Parents are required to attend a multi-family parents' group where they learn the DBT skills of mindfulness, distress tolerance, interpersonal effectiveness, emotion regulation and Walking the Middle Path. In addition, parents learn to understand and respond to specific adolescent behaviors, encourage the use of skills at home, and receive support from each other within a DBT framework. One of the group skills trainers provides parents with skills coaching for occasions of distress. Parents and/or other family members are included in individual sessions when indicated. The language on the skills handouts has been simplified to make them developmentally and culturally appropriate for adolescents.

In the DBT-A outpatient format the consumer attends twice-weekly psychotherapy for sixteen weeks. One of these weekly sessions is for multifamily group skills training, and the other is for individual therapy. The focus is on stabilization and control of the acute behavior that precipitated the intervention. The inpatient format of DBT-A is briefer, more intensive, and even more focused on the behavior that precipitated the hospital admission. Here therapy goals are limited to establishing a commitment to treatment and stabilization of life-threatening behavior.

**References:**

A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

A. SCCMHA DBT Referral Packet

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Initiates referral for DBT by completing the DBT referral form (found on the SCCMHA information system G-drive and Exhibit A). | Clinician |
| Interviews the consumer.<br>Provides a DBT case formulation and documents it in the Therapist Assessment in Sentri<br>Administers the SCID DSM-5 Personality Disorders (SCID-5-PD) diagnostic and Borderline Symptom List 23 (BSL-23). | DBT Team Screening Clinician |
| Complete Pre-treatment stage checklist<br>Assist consumer to complete intake forms | DBT Therapist and Team Leader |
| Completes assessment or functional analysis of target behavior.<br>Reviews diagnosis with the consumer.<br>Teaches the Biosocial Theory to the consumer if the consumer has a diagnosis of borderline personality disorder.<br>Reviews the concept of Dialectics.<br>Reviews the modes of DBT and their functions with the consumer<br>Reviews the DBT therapist's clinical style with the consumer and what they can expect during certain in-session behavior.<br>Reviews Agreements of consumer and therapist stresses that DBT is supportive, behavioral, collaborative, skill-oriented, and balanced between acceptance and change. | |
| Determines if the consumer has the cognitive capacity (at least an I.Q. of 70) when there is a question of whether the consumer will be able to benefit from participating in a DBT skills building format. | Psychologist |

| | |
|---|---|
| Determines whether any psychological testing is necessary.<br><br>Review clinical and psychometric information reviewed along with consumer input for eligibility for DBT membership.<br>NOTE: DBT team consultation members agree to apply DBT philosophy when determining consumer inclusion and exclusion criteria to DBT comprehensive services.<br>Provides the following DBT sessions to eligible consumers:<br>• 4-8 DBT joining sessions with a DBT therapist for Pre-Treatment and DBT Case Formulation<br>• 52 weeks of individual therapy<br>• 52 weeks of group therapy<br>• 24-hour DBT telephonic consultation<br>• Ancillary services such as psychiatric services and psychological testing<br>Note: Starts the termination phase of treatment at 10 months.<br>Provides optional booster sessions after termination.<br>Provides post DBT services and supports (e.g., case management) in accordance with SCCMHA utilization criteria for continued stay based on severity of symptoms. | DBT Team (DBT therapist, Consultation team members, psychologist, and other ancillary clinicians if needed) |
| Monitors DBT on a regular basis for adherence to the model and outcomes.<br>Conducts a MIFAST DBT review every 3-5 years. | EBP Leadership Team/Designated DBT Fidelity Monitoring Group<br>MIFAST/SCCMHA DBT Team |
| Help the consumer to monitor consumer information related to target behaviors at the following designated intervals:<br>6 months pre DBT<br>• Start of DBT<br>• 6 months<br>• 1 year of DBT<br>• 6 months post DBT<br><br>Record consumer demographics and information in the SENTRI II electronical health record including: | DBT Therapist and Case Holder |

1. Number of times consumer has committed acts of attempted suicide or reported suicidal ideations.
2. Number of times the consumer has committed acts of self-harm.
3. Numbers of times consumer has visited the emergency room.
4. Number of times admitted to inpatient treatment/hospitalizations.
5. Total days spent in the inpatient/hospital.
6. Number of times consumer has visited the medical floor of hospital.
7. Number of times consumer has committed self-destructive or impulsive acts.
8. Number of times consumer has contacted crisis center, called 911and the number of times consumer has called the 24/7 DBT phone coaching line.

**Exhibit A**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

DBT Referral Cover Sheet

**Name:** _____

**Sentri ID:** _____

**Date:** _____

Include the following documents with this Referral Cover Sheet [A]:

| | | |
|---|---|---|
| [B] | Referral Form | ☐ |
| [C] | Target Behavior Data Tracking Form | ☐ |
| [D] | Borderline Symptom List (BSL-23) | ☐. |
| [E] | Life Problems Inventory (LPI) | ☐ |

**Please submit completed referral packet to the SCCMHA DBT Team**
**ATTN: Brian Birdwell via fax at (989) 272-0285**
**or mail to 500 Hancock Street, Saginaw, MI 48601.**

Once referral is received and reviewed, a DBT Team Member will reach out to consumer to schedule a DBT eligibility assessment. Once assessment is complete, the case will be presented at our DBT Team Consultation Meeting. Each case will be considered on an individual basis by consensus of the DBT team and in conjunction with Saginaw County Community Mental Health Authority Policy and Procedures. Primary Record Holder and Consumer will be notified once a determination has been made.

Questions?
Please contact Brian Birdwell, LLMSW via email at bbirdwell@sccmha.org
or by telephone at (989) 284-6045

# DIALECTICAL BEHAVIOR THERAPY (DBT) REFERRAL FORM

Date: _____

**Consumer Information**

First Name (legal): _____ Last Name: _____

Preferred Name (*if different*): _____ DOB: _____ Age: _____

Sentri ID: _____

Interpreter required? ___YES ___NO If yes, language needed: _____

Gender Identity: ___Female ___Male ___Non-binary/3rd gender ___Other: _____

___Prefer not to say

Pronouns: ___She, her, hers ___He, him, his ___They, them, theirs ___Other: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Type (*Mark one*): __Cell __Home __Work

Secondary phone: _____ Type (*Mark one*): __Cell __Home __Work

OK to leave voicemails? (*Mark one*): ___YES ___NO Best time to call? _____

Has consumer participated in DBT in the past? ___YES ___NO

*If yes, where?* _____. *When?* _____

**Referral Source** *(if client is self-referred, you may skip to next section)*

Relationship to client: _____

First and Last name: _____ Agency name: _____

Address (street, city, state, zip): _____

Phone: _____ Type (*Mark one*): __Cell __Home __Work

Email address: _____

OK to leave voicemails? (*Mark one*): ___YES ___NO Best time to call? _____

When did current treatment episode begin? _____

Scan Under Supporting Documentation

**Current DSM 5 Diagnosis(es):** _____

_____

_____

_____

**Current Psychiatric Medications:** _____

(please include dosage and how often taken) _____

_____

_____

_____

_____

**Eating disorder concerns?** (*Mark one*): ___YES ___NO

If yes (*Mark all that apply*): ___Binging ___Purging ___Restricting ___Over-exercise

___Other (please list): _____

**Self-harming behaviors in the past twelve (12) months?** (*Mark one*): ___YES ___NO

If yes (*Mark all that apply*): ___Burning ___Cutting ___Picking ___Hitting/Slapping

___Other (please specify): _____

**Substance Use Problems?** (*Mark one*): ___YES ___NO ___Past History

If yes, which substances(s): _____

**Psychiatric Hospitalization / Inpatient History?** (*Mark one*): ___YES ___NO

*If yes, please complete the following:*

| Name / Location | When | Reason for Admission |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |

**Total number of lifetime hospitalizations for mental health reasons:** _____

Scan Under Supporting Documentation

**Suicidal thoughts?** (*Mark one*): ___YES (current) ___YES (past) ___ NO

If yes, how frequently? _____

**Suicide attempts in the past twelve (12) months?** (*Mark one*): ___YES ___NO

If yes, date of most recent attempt: _____

Number of lifetime suicide attempts: _____

**Cognitive Delay or Intellectual Impairment?** (Mark one): ___YES ___NO

If yes, please describe: _____

_____

**Any current legal involvement?** (e.g. parole, probation, ATO, etc.): ___YES ___NO

If yes, please describe: _____

**History of assault/violence towards others?** (*Mark one*): ___YES ___NO

**Homicidal thoughts?** (*Mark one*): ___YES ___NO

**History of trauma/traumatic experiences?** ___YES ___NO

**Is consumer compliant with current scheduled appointments?** ___YES ___NO

**Is consumer compliant with current medications?** ___YES ___NO

**Has DBT been discussed with consumer previously?** ___YES ___NO

If yes, are they aware of this referral? ___ YES ___NO

**Current Case Management Needs:** (*please check all that apply*)

☐ Personal/Self-Care ☐ Benefits and Entitlements ☐ Transportation

☐ Housing ☐ Employment ☐ Medical/Physical Health

**Why do you believe consumer would benefit from DBT services?** _____

_____

_____

Scan Under Supporting Documentation

**Related IPOS Goal:** _____

_____

_____

**SCCMHA DBT GOALS** (*please check all that apply*):

1. ☐ To decrease suicidal, parasuicidal and self-harming behaviors.
2. ☐ To decrease therapy interfering behaviors.
3. ☐ To decrease quality of life interfering behaviors.
4. ☐ To increase interpersonal effectiveness.
5. ☐ To increase ability to tolerate stress.
6. ☐ To increase ability to manage and cope with strong emotions.
7. ☐ To increase core mindfulness skills.
8. ☐ Other (*please specify*) _____

_____ Date ___/___/___

Consumer Signature

_____ Date ___/___/___

Primary Record Holder Signature

_____ Date ___/___/___

Current Therapist (if applicable) Signature

**DISPOSITION:** (for administrative use only)

_____ Date ___/___/___

DBT Team Consultant

Scan Under Supporting Documentation

**Dialectical Behavioral Therapy Program**
**Target Behavior Data Tracking Form**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Name: _____ Date: _____

Treatment Phase: ☒ Referral (Baseline) ____ 6 Months ____ 12 months
____ 18 Months ____ Dropout/Termination

**In the past six (6) months, how many times* has the client:**

(**If client reports daily, weekly, or monthly ask them about how many times a day/week/month, etc.*)

1. Attempted suicide _____
2. Reported suicidal ideations _____
3. Engaged in self-harming behaviors (e.g. cutting, burning, bruising, etc.) _____
4. Visited the Emergency Room _____
5. Been admitted inpatient (psychiatric) _____
6. Total days spent in inpatient/hospital _____
7. Engaged in self-destructive behaviors (Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating.) _____
8. Contacted Crisis Department, 911, or DBT phone _____

Additional Comments: _____

_____

_____

Case Manager/Therapist Signature: _____ Date: _____

and/or

Consumer Signature: _____ Date: _____

*Adapted from the CMU DBT data tracking model for use by SCCMHA* Rev. March 2021

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Family Psychoeducation (FPE)</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>2/7/07</td><td>Date of Review/Revision:<br>5/18/09, 6/10/10, 4/2/12, 5/7/14, 4/19/16, 6/13/17, 4/10/18, 4/9/19, 6/10/20, 3/10/21, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate standards for the provision of Family Psychoeducation (FPE) services to consumers who can benefit from this program and desire to participate.

**Policy:**

- SCCMHA is committed to supporting the recovery process of consumers using evidence-based practices that are designed to decrease illness symptoms, crises, rehospitalizations, social isolation, and unemployment. FPE is one such evidence-based practice that has been selected to promote services and supports that produce beneficial outcomes. Research has demonstrated that relapse rates and unemployment are significantly decreased when family intervention, multi-family groups, and medication are used concurrently.
- SCCMHA shall make FPE to eligible consumers and their families/support systems available as resources permit.
- FPE shall be delivered in accordance with the standards set forth in the Substance Abuse and Mental Health Service Administration (SAMHSA), Center for Mental Health Services' Family Psychoeducation Resource Toolkit Fidelity Scale (contained in Exhibits A – C), Michigan's standards (contained in Exhibits D – G), and in a trauma-informed manner.

**Application:**
This policy applies to all SCCMHA-funded providers delivering FPE to consumers and their families.

**Standards:**

A. FPE has been shown to be most helpful for individuals with schizophrenia, obsessive compulsive disorder, schizoaffective disorder, bipolar disorder, major depression, and borderline personality disorder. Therefore, consumers with these diagnoses will be offered FPE in accordance with available resources.

B. FPE shall be delivered in accordance with the following standards:

1. Program elements:
    a. Engagement sessions, which usually involve caretakers and consumers, who may meet separately or together, depending on clinical condition and other considerations, as determined by the provider. Three or more engagement sessions may be conducted and are optimally offered as early in the course of an episode or illness as possible. These sessions focus on:
        1). Exploring precipitants of previous acute episodes of illness
        2). Review of prodromal signs and symptoms
        3). Reactions of the family in supporting family members with an illness
        4). Coping strategies and strengths that have been successful
        5). Social supports in the communities
        6). Grief and mourning in relation to the illness and a contract for treatment and the development of a treatment plan
    b. Educational workshops involve caretaking relatives and, at the determination of the practitioners leading the workshop, consumers. These workshops offer extensive information about the biological, psychological, and social aspects of mental illness, the nature, effects and side effects of psychiatric treatments, what families can do to facilitate recovery and prevention of relapse and guidelines for the management of mental illnesses.
    c. Ongoing supportive and problem-solving sessions occur in a multi-family (of five or six families) or single-family format, usually with the consumer present. These sessions follow an empirically tested format and focus on solving problems that interfere with treatment, illness and symptom management, and coping skills. Case management may also be accomplished during these sessions. They are usually biweekly, and become monthly after stability has been achieved. They continue for at least one year and two years is indicated for consumers who experience schizophrenic disorders
2. Core Components:
    a. Joining with consumers and their families.
    b. Education about the illness and useful coping skills. This includes an education curriculum comprised of the following modules:
        1). The psychobiology of mental illness
        2). Diagnosis and treatment
        3). Family reaction and its stages
        4). Psychosis as a family trauma, relapse prevention and family guidelines

c. Problem-solving strategies for difficulties caused by illness. This includes the following problem-solving techniques and process from the multi-family format:

1). Techniques:

a). Select a problem for one consumer/family

b). Define the problem in behavioral terms

c). Generate at least eight suggestions for solution to the problem

d). Explore with the consumer and family pros and cons for each suggestion

e). Have consumer and family select the best suggestion

f). Develop a step-by-step plan with the consumer and family

2). Process:

Step 1: Socializing for 10-15 minutes before group starts.

Step 2: Go around – everyone (consumer and natural support) is asked, "What is going well? and then asked, "What could be going better?"

Step 3: Co-facilitators will discuss between themselves what problem arose during the Go Around to be the focus of the session. The problem or goal is then defined (family, consumer, and practitioners)

Step 4: List all possible solutions (all group members)

Step 5: Discuss first advantages and then disadvantages of each in turn (family, consumer, and practitioners, group members)

Step 6: Choose the solution that best fits the situation (consumer and family)

Step 7: Plan how to carry out this solution by forming a detailed, written action plan (consumer, family, and practitioners)

Step 8: Review implementation (practitioners in concert with consumer and family)

Step 9: At the next meeting, the consumer is asked if the plan was effective.

d. Creating an optimal environment for recovery by establishing a strengths-based environment where all members are respectful of one another.

e. Creating social and support groups wherein families establish connections with others who have similar experience and gain a broader social network.

f. Meetings are held every two weeks for the first months, then once a month thereafter. The most beneficial outcomes are derived from

participation for a minimum of nine months and longer, with an additional two years resulting in the most improvements.

3. FPE facilitation requires the following credentials:
   a. A fully Licensed, Limited Licensed, or Temporally Limited Licensed Master's Level Mental Health Professional or
   b. A fully Licensed or Limited Licensed Bachelor's Level Qualified Mental Health professional, or
   c. A Bachelor's level Qualified Mental Health Professional supervised by a Licensed Master's Level Mental Health Professional.
   d. A Certified Peer Support Specialist trained by the MDDHS-approved curricula, and supervised by a Licensed or Limited License Master's Level Mental Health Professional.
   e. Completion of FPE Facilitator training with approved curricula.
   f. The provision of mental health services to adults with serious mental illnesses.
4. Certification requirements for FPE facilitators are as follows:
   a. Participation in the 3-day FPE training workshop with approved curricula and proof of attendance at all sessions.
   b. Facilitation of an FPE group for 1 year or a minimum of 20 sessions.
   c. Participation in group supervision with a FPE Trainer/ Supervisor for a minimum of 10 monthly supervision sessions, with demonstration of competence and positive outcomes.
   d. The submission of a minimum of 3 videotaped FPE sessions conducted with a FPE facilitator over a 12-month period that includes 3 sessions: Joining session (may be an audio tape), Problem-Solving Group sessions, the FPE Workshop along with a copy of the PowerPoint presentation and agenda from the workshop for review.
   e. Feedback about each recorded FPE session is given to trainees which includes discussion of fidelity to the FPE model, recommendations for improvements, and timelines for additional recording.
   f. Access to at least one Mental Health Professional FPE Trainer/Supervisor for local supervision of FPE sessions during the 12 months supervision period.
   g. Recommendation by the ongoing FPE Trainer/Supervisor to move to next level for certification.
      1). Videotapes will be used to review improvement with the use of the Clinical Competency Checklist.
      2). Specific areas for improvement shall be shared with the FPE Facilitator and Advanced Facilitator Trainee.
      3). At the end of one year if the FPE Facilitator or Advanced Facilitator is not quite ready to move to the next level, they will need to continue be supervised for a minimum of 3 months, and provide one videotape to demonstrate a minimum of 80% on the competency checklist.
   h. Completion of FPE documentation requirements.

i. Receipt of feedback from Trainer/ Supervisor via phone call, email or in person on a monthly basis.

j. Participation in required Fidelity reviews and development of strategies for improving fidelity if warranted.

k. Recertification is required every 2 years and consists of:

1) Attending a 1-day booster session or Recertification Learning Collaborative provided by the FPE Steering Committee / MDHHS / MACMHB, or

2). Attending the 3-day Advanced Facilitator Training

3). Adhering to the guidelines set forth in the FPE Fidelity Workbook

5. Billing for FPE services will adhere to state standards as follows:

a. Face-to-face encounters with a family are reported as one encounter per family irrespective of the number of family members present

b. For multifamily group encounters in which families of several beneficiaries are present, an encounter for each consumer represented is reported.

c. FPE codes:

1). T1015: The single-family joining session. It is a clinic visit and reported as an encounter. The standard length of the encounter is 45 – 60 minutes.

2). S5110: One unit for every 15 minutes for the Family Skills Workshop.

3). G0177: Problem-solving groups. The standard length of group is 90 minutes.

4). Modifiers

a). HS: The consumer is not present for any one of these activities

b). AM: FPE is provided as part of ACT

c). HE: A Peer Support Specialist is involved in delivery of FP

6. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.

a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including FPE as appropriate, to discuss fidelity monitoring.

b. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes for FPE participants.

c. All active FPE teams shall undergo a MiFAST or internal fidelity review every 3-5 years.

**Definitions:**

**Family** is defined as anyone who is committed to the care and support of the person with mental illness and does not have to be a blood relative.

**Family Psychoeducation** is an evidence-based practice that reduces relapse rates and facilitates recovery by partnering with families and providing education about the illness and teaching specific problem-solving strategies for dealing with difficulties arising from the illness. It is derived from theories of expressed emotion (EE), which are based on observations that individuals with schizophrenia discharged home from hospitalizations to families with high expressed emotion are more likely to suffer a relapse. Expressed emotion has two components: criticism (CR) and emotional over involvement (EOI). Expressed emotion is characterized unsupportive, critical, negative interactions. It has been shown to be a significant and strong predictor of relapse with studies demonstrating that individuals living in household with high levels of EE are much more likely to relapse than those living in households with low-EE.

Family Psychoeducation is designed to replace individual meetings with consumers. It is an approach to working with families in a partnership to help them acquire coping skills for dealing with difficulties posed by mental illness in the family and supporting the recovery of a family member with a mental illness. The partnership is engendered by collaborating with families as consultants to help with the management of the illness. Family Psychoeducation is not family therapy; the focus of intervention is the illness, not the family.

**References:**


A. Dixon. L., McFarlane, W., Lefley, H., et al. (2001). Evidence-Based Practices for Services to Families of People with Psychiatric Disabilities. *Psychiatric Services 52:* 903-910.

B. Drake, R., Goldman, H., Leff, H., et al. (2001). Implementing Evidence-Based Practices in Routine Mental Health Service Settings. *Psychiatric Services 52:* 179-182.

C. Goldman, H., Ganju, V., Drake, R., et al. (2001). Policy Implications for Implementing Evidence-Based Practices. *Psychiatric Services 52:* 1591-1597.

D. Hogarty, G., Anderson, C., Reiss, D., et al. (1991). Family Psychoeducation, Social Skills Training, and Maintenance Chemotherapy in the Aftercare Treatment of Schizophrenia. *Archives of General Psychiatry 48:* 156-163.

E. McFarlane, W. ((2002). Multifamily Groups in the Treatment of Severe Psychiatric Disorders. Guilford Press. New York.

F. McFarlane, W., McNary, S., Dixon, L., et al. (2001). Predictors of Dissemination of Family Psychoeducation in Community Mental Health Centers in Maine and Illinois. *Psychiatric Services 52:* 935-942.

G. McFarlane, W., Lukens, E., Link, B., et al. (1995). Multi-Family Groups and Psychoeducation in the Treatment of Schizophrenia. *Archives of General Psychiatry 52:* 679-687.

H. Michigan Department of Community Health (MDCH) & Family Psychoeducation (FPE) Steering Committee. (November, 2010). *Guide to Family Psychoeducation: Requirements for Certification, Sustainability, and Fidelity.* Michigan Department of Community Health, Lansing, MI. [On-line]. Available: 11-4-2010_final_certification_document_with_all_attachments_338492_7.pdf (michigan.gov)

I. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

J. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

K. Substance Abuse and Mental Health Services Administration. (2010). *Family Psychoeducation Evidence-Based Practices (EBP) KIT.* Center for Mental Health

Services, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. Rockville, MD. [On-line]. Available: Family Psychoeducation Evidence-Based Practices (EBP) KIT | SAMHSA

L. Torrey, W., Drake, R., Dixon, L., et al. (2001). Implementing Evidence-Based Practices for Persons with Severe Mental Illnesses. *Psychiatric Services 52:* 45-50.

**Exhibits:**

A. Checklist—Observation of Multifamily Group Sessions (SAMHSA)
B. Family Psychoeducation Fidelity Scale (SAMHSA)
C. Score Sheet: Family Psychoeducation Fidelity Scale (SAMHSA)
D. Multiple Family Psychoeducation: Joining with Families and Consumers Flowchart (MDCH/FPE Steering Committee)
E. Single and Multiple Family Psychoeducation Flowchart (MDCH/FPE Steering Committee)
F. Competency Checklist for MFG Clinicians: Problem-Solving Meetings of the Multifamily Psychoeducation Group (MDCH/FPE Steering Committee)
G. Competency Checklist for MFG Clinicians: Joining Sessions and Family Workgroup of the Multifamily Psychoeducation Group Treatment (MDCH/FPE Steering Committee)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. FPE is delivered to consumers and their families. | 1. SCCMHA providers. |
| 2. FPE service delivery is monitored on a regular basis for adherence to the standards set forth in the model as delineated in the SAMHSA Toolkit. | 2. EBP Leadership Team/Designated FPE Fidelity Monitoring Group / Providers |
| 3. All primary case management providers have staff trained in the FPE model and offer FPE to all consumers who can benefit from the program. | 3. SCCMHA Providers |
| 4. SCCMHA secures/develops resources to assure that training is available on a regular basis. | 4. SCCMHA Administration |

**Exhibit A**

# Checklist—Observation of Multifamily Group Sessions

Today's date ____/____/____

Assessors' names _____

_____

_____

Program name (or Program code) _____

Agency name _____

Agency address _____
Street

_____
City State ZIP code

Names of FPE practitioners _____ _____

Number of consumer participants _____

Number of family participants _____

Frequency of sessions _____

## Item 11. Structured Group Sessions

| | Yes | No | |
|---|---|---|---|
| 1. Beginning socialization | ❑ | ❑ | |
| 2. Review progress from last session's action plan | ❑ | ❑ | |
| 3. Go-round | ❑ | ❑ | |
| 4. Selection of a single problem | ❑ | ❑ | |
| 5. Structured problem-solving | ❑ | ❑ | |
| 6. End with socialization | ❑ | ❑ | Rating _____ |

## Item 12. Structured Problem-Solving Technique

| | Yes | No | |
|---|---|---|---|
| 1. Define the problem | ❑ | ❑ | |
| 2. Generate solutions | ❑ | ❑ | |
| 3. Discuss advantages and disadvantages of each solution | ❑ | ❑ | |
| 4. Choose the best solution | ❑ | ❑ | |
| 5. Form an action plan | ❑ | ❑ | |
| 6. Review the action plan | ❑ | ❑ | Rating _____ |

## Exhibit B

**Family Psychoeducation Fidelity Scale**

| Criteria | | Ratings / Anchors 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 1. | **Family intervention coordinator:** Designated clinical administrator who performs the following tasks:<br>■ Establishes, monitors, and automates family intake and engagement procedures<br>■ Assigns potential FPE consumers to FPE practitioners<br>■ Monitors and adjusts FPE practitioner caseloads<br>■ Arranges for training new FPE practitioners and continuing education of existing FPE staff<br>■ Supervises FPE staff | Agency does not have a designated staff member<br>OR<br>Cannot rate due to no fit. | Agency has a designated staff member who performs 1 or 2 of the tasks. | Agency has a designated staff member who performs 3 of the tasks. | Agency has a designated staff member who performs 4 of the tasks. | Agency has a designated staff member who performs all tasks. |
| 2. | **Session frequency:** Families and consumers participate biweekly in FPE sessions. | < Every 3 months<br>OR<br>Cannot rate due to no fit. | Every 3 months | Every 2 months | Monthly | At least twice a month |
| 3. | **Long-term FPE:** Families and consumers are provided with long-term FPE; specifically, at least one family member per consumer participates in FPE sessions for at least 9 months. | Most families and consumers receive less than 6 months of FPE sessions<br>OR<br>Cannot rate due to no fit. | Most families and consumers receive 6–7 months of FPE sessions. | Most families and consumers receive 7–8 months of FPE sessions. | Most families and consumers receive 8–9 months of FPE sessions. | More than 90% of families and consumers receive at least 9 months of FPE sessions. |
| 4. | **Quality of practitioner-consumer-family alliance** FPE practitioners engage family members and consumers with warmth, empathy, acceptance, and attention to each individual's needs and desires. | High dropout rate<br>OR<br>Cannot rate due to no fit. | Sources indicate that alliance is often poor, leading to high dropout rate. | MSources indicate alliance is inconsistent or barely adequate, leading to moderate dropout rate,<br>OR<br>Information is inconsistent | Sources indicate a fairly strong alliance. | Sources consistently indicate a strong alliance. |
| 5. | **Detailed family reaction:** FPE practitioners identify and specify the family's reaction to their relative's mental illnesses. | There is consistent evidence for less than 33% of involved families. | There is consistent evidence for 33–49% of involved families. | There is consistent evidence for 50–64% of involved families. | There is consistent evidence for 65–79% of involved families. | There is consistent evidence for 80% or more of involved families. |
| 6. | **Precipitating factors:** FPE practitioners, consumers, and families identify and specify precipitating factors for the consumers' mental illnesses. | There is consistent evidence for less than 33% of involved families and consumers. | There is consistent evidence for 33-49% of involved families and consumers. | There is consistent evidence for 50–64% of involved families and consumers. | There is consistent evidence for 65–79% of involved families and consumers. | There is consistent evidence for 80% or more of involved families and consumers. |
| 7. | **Prodromal signs and symptoms:** FPE practitioners, consumers, and families identify and specify prodromal signs and symptoms of the consumer's mental illnesses. | There is consistent evidence for less than 33% of involved families and consumers. | There is consistent evidence for 33–49% of involved families and consumers. | There is consistent evidence for 50–64% of involved families and consumers. | There is consistent evidence for 65–79% of involved families and consumers. | There is consistent evidence for 80% or more of involved families and consumers. |

## Family Psychoeducation Fidelity Scale

| Criteria | | Ratings / Anchors 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 8. | **Coping strategies:** FPE practitioners identify, describe, clarify, and teach coping strategies. | There is consistent evidence for less than 33% of involved families and consumers. | There is consistent evidence for 33–49% of involved families and consumers. | There is consistent evidence for 50–64% of involved families and consumers. | There is consistent evidence for 65–79% of involved families and consumers. | There is consistent evidence for 80% or more of involved families and consumers. |
| 9. | **Educational curriculum:** FPE practitioners use a standardized curriculum to teach families about mental illnesses. The curriculum covers six topics:<br>■ Psychobiology of the specific mental illness;<br>■ Diagnosis;<br>■ Treatment and rehabilitation;<br>■ Impact of mental illness on the family;<br>■ Relapse prevention; and<br>■ Family guidelines. | Less than 33% of involved families receive a standardized educational curriculum, no standardized educational curriculum exists,<br>OR<br>Only 1–2 topics are covered | 33–49% of involved families receive a standardized educational curriculum covering all 6 topics<br>OR<br>Only 3 topics are covered. | 50–64% of involved families receive a standardized educational curriculum covering all 6 topics<br>OR<br>Only 4–5 topics are covered. | 65–79% of involved families receive a standardized educational curriculum covering all 6 topics. | 80% or more of involved families receive a standardized educational curriculum covering all 6 topics. |
| 10. | **Multimedia education:** Consumers and family members are given educational materials about mental illnesses in several formats (for example, paper, video, and Web sites). | Less than 33% of families and consumers receive educational materials<br>OR<br>Cannot rate due to no fit. | 33–49% of families and consumers receive educational materials<br>OR<br>Materials are given in only 1 format. | 50–64% of families and consumers receive educational materials<br>OR<br>Materials are given in only 2 formats. | 65–79% of families and consumers receive educational materials in all 3 formats. | 80% or more of families and consumers receive educational materials in all 3 formats. |
| 11 | **Structured group sessions:** FPE practitioners follow a structured procedure that includes the following:<br>■ Beginning socialization;<br>■ Review progress from last session's action plan;<br>■ Go-round;<br>■ Selection of a single problem;<br>■ Structured problem solving; and<br>■ Ending with socialization. | Groups include 2 or fewer components. | Groups include 3 of the 6 components. | Groups include 4 of the 6 components. | Groups include 5 of the 6 components. | Groups include all 6 components. |

## Family Psychoeducation Fidelity Scale

| Criteria | | Ratings / Anchors 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|---|---|
| 12. | **Structured problem–solving:**<br>FPE practitioners use a standardized approach to help consumers and families with problem solving, which includes the following:<br>■ Define the problem;<br>■ Generate solutions;<br>■ Discuss the advantages and disadvantages of each solution;<br>■ Choose the best solution;<br>■ Form an action plan; and<br>■ Review the action plan. | No more than 2 of 6 components of the structured problem-solving are used. | 3 of 6 components of the structured problem-solving are used. | 4 of 6 components of the structured problem-solving are used. | 5 of 6 components of the structured problem-solving are used. | All 6 components of the structured problem-solving are used. |
| 13. | **Stage-wise provision of services:**<br>FPE services are provided in the following:<br>■ Engagement;<br>■ 3 or more joining sessions;<br>■ Educational workshop; and<br>■ Multifamily group. | Families and consumers begin multifamily groups with minimal or no engagement, no joining sessions, or no education. | Engagement is minimal and only 1 joining session is completed before entry into the multifamily group. Education is delayed or absent. | Engagement and 2 joining sessions are completed before entry into the multifamily group. Education is delayed or absent. | Most steps are done in order; however, families enter multifamily groups before 3 joining sessions are completed or education is provided. | Engagement, all 3 joining sessions, and education are completed before entry into the multifamily group. |
| 14. | **Assertive engagement and outreach:**<br>FPE practitioners assertively engage all potential consumers and family members by phone, by mail, or in person (in the agency or in the community) on an ongoing basis. | FPE practitioners do not engage potential consumers and family members. | FPE practitioners engage potential consumers and family members only once as part of initial engagement. | FPE practitioners engage potential consumers and family members 2 times as part of initial engagement. | FPE practitioners assertively engage some potential consumers and family members using all necessary means on a time-limited basis. | FPE practitioners assertively engage all potential consumers and family members using all necessary contact means on an ongoing basis.<br>FPE practitioners demonstrate tolerance of different levels of readiness using gentle encouragement. |

**Exhibit C**

## Score Sheet: Family Psychoeducation Fidelity Scale

Date of visit ____/____/____

Agency name _____

Assessors' names _____ _____

| | | Assessor 1 | Assessor 2 | Consensus |
|---|---|---|---|---|
| 1 | Family intervention coordinator | | | |
| 2 | Session frequency | | | |
| 3 | Long-term FPE | | | |
| 4 | Quality of practitioner-consumer-family alliance | | | |
| 5 | Detailed family reaction | | | |
| 6 | Precipitating factors | | | |
| 7 | Prodromal signs and symptoms | | | |
| 8 | Coping strategies | | | |
| 9 | Educational curriculum | | | |
| 10 | Multimedia education | | | |
| 11 | Structured group sessions | | | |
| 12 | Structured problem-solving | | | |
| 13 | Stage-wise provision of services | | | |
| 14 | Assertive engagement and outreach | | | |
| | **Total score** | | | |
| | **Items not rated** | | | |

62-70 = Good implementation
52-61 = Fair implementation
51 and below = Not evidence-based practice

## Exhibit D

Multiple Family Psychoeducation: Joining with Families and Consumers Flowchart

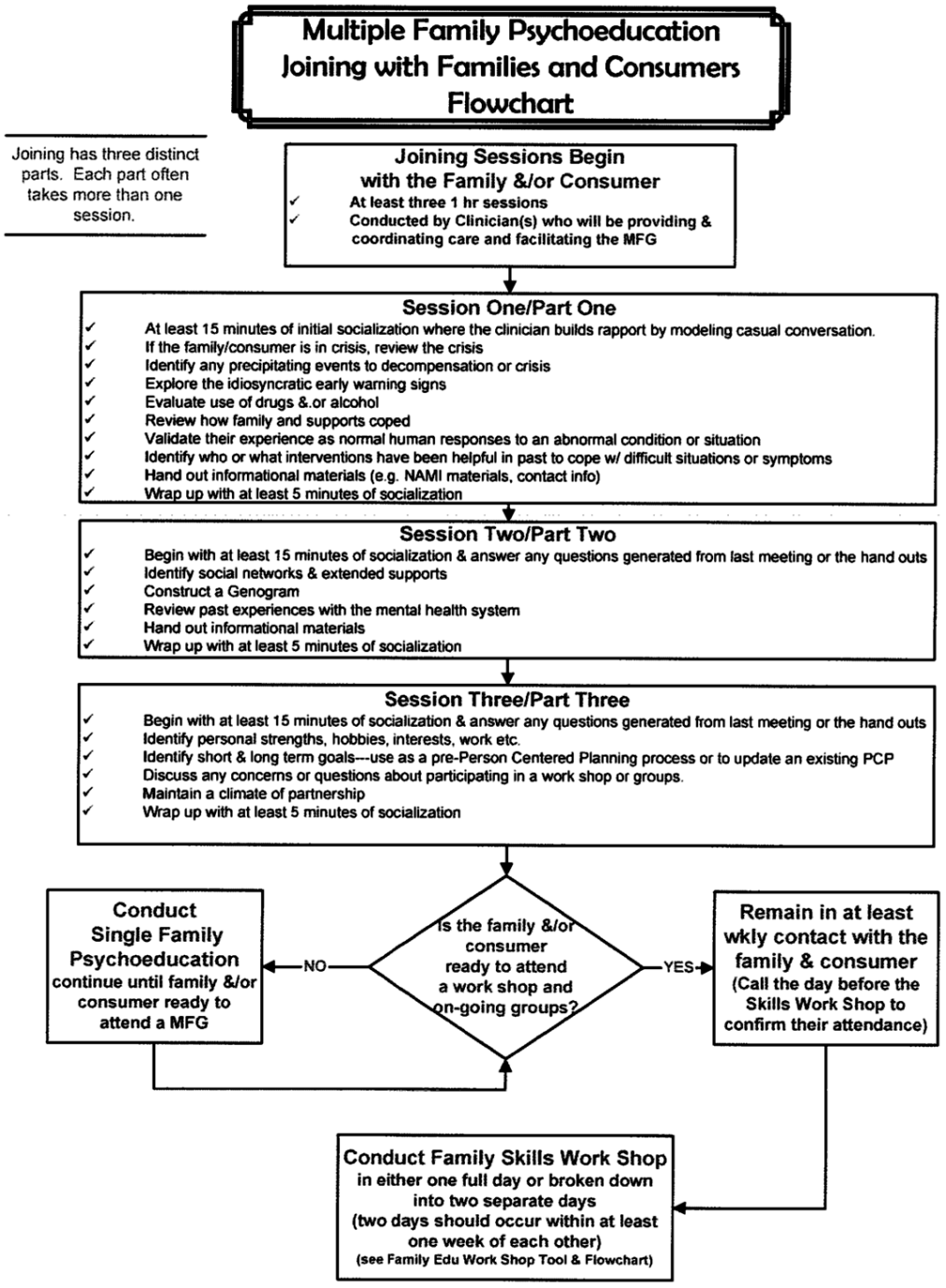

**Exhibit E**

Single and Multiple Family Psychoeducation Flowchart

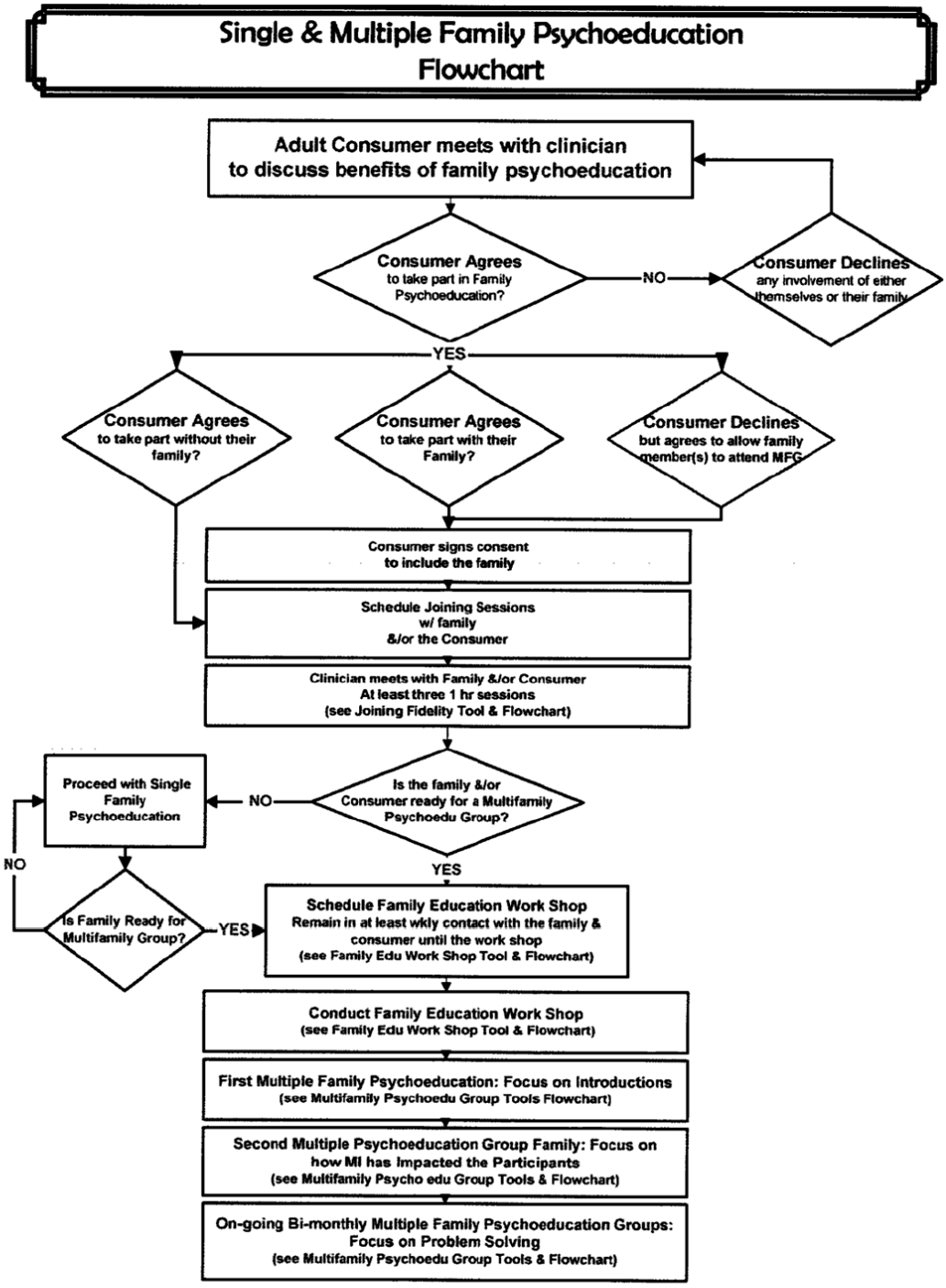

**Exhibit F**

**Competency Checklist for MFG Clinicians**
**Problem-Solving Meetings of the**
**Multifamily Psychoeducation Group**

**Clinicians** _____ **Date of Session** _____
**Session Number** _____ **Date of Rating** _____

**Circle One:** Videotape Audiotape Self monitor/Discussion

**Coding Key:** ✓ = appropriately included **O** = optionally omitted **NA** = not applicable

**Initial Socialization**

____ 1. The meeting began with 10-15 minutes of social conversation.
____ 2. The clinician introduced a topic of conversation.
____ 3. There was balanced participation among group members.
____ 4. Quiet members were encouraged to participate.
____ 5. Group members were encouraged to talk to each other directly without side conversations.
____ 6. The clinician redirected side conversations.
____ 7. The content was light with a place for humor.
____ 8. Comments about the illness or criticisms/ complaints about the consumer were deflected, ignored or reframed.
____ 9. The group started on time.
____ 10. The clinician reminded the group members of the structure of the group (for the first 2-3 months).
____ 11. The clinicians shared relevant, social information about themselves.

**Go Around**

____ 1. The clinician started the go-around with the family who solved a problem in the previous session.
____ 2. The clinician reviewed the implementation of the plan with the family.
____ 3. The clinician praised the family for their efforts.
____ 4. Praise was given for an alternative solutions tried by the family
____ 5. The clinician pointed out specific suggestions made by other family members and thanks them for their participation

____ 6. Factors that might have been overlooked if the solution and plan was unsuccessful were reviewed.

____ 7. The clinician took responsibility for any failed solutions.

____ 8. An alternative solution was suggested if necessary.

____ 9. The clinician checked in with each member of the family.

____ 10. The clinician inquired about pertinent areas of significance.

____ 11. The clinician probed for more information when responses were general.

____ 12. Appropriate biological information was shared with the family.

____ 13. The Family Guidelines were reinforced or integrated into the clinician comments.

____ 14. The clinician offered to intervene directly with the treatment system when appropriate.

____ 15. The family was asked to observe a situation and contact the clinician before the next meeting if the situation persists, if appropriate.

____ 16. The issue was identified as a possible problem solving for the meeting.

____ 17. The clinicians "debriefed" each family situation between families and summarized key issues.

____ 18. The Go-Around was completed in 20-25 minutes.

____ 19. The clinician's voice tone was low key, supportive and nonjudgmental throughout the Go-around.

____ 20. The clinician redirected interruptions from other group members.

____ 21. Everyone was thanked for their participation.

**Problem/Issue Identification**

____ 1. The clinicians openly discussed which problem needed to be worked on in this session.

____ 2. There was an attempt to rotate the problem-solving among the families.

____ 3. Attention was given to factors leading to relapse and issues having to do with the next steps in recovery when considering a problem-solving.

____ 4. Consideration was given to the immediacy of the problem/issue.

____ 5. The clinician offered to meet with the family outside of group if a crisis was presented.

____ 6. A problem solving was not done with a family attending for the first time.

____ 7. The definition of the problem/issue was narrowed so that it leads to a practical solution.

____ 8. The clinician acquired agreement on issue definition from all family members.

**Problem Solving**

____ 1. A problem solving process was facilitated utilizing the 6-step problem-solving model.

____ 2. In the early sessions the families were reminded of the problem-solving steps and guidelines.

____ 3. The clinicians rotated their roles; one lead the group through the six-step process while the other ensured group participation.

____ 4. Clinicians contributed solutions and accepted all solutions to the problem.

____ 5. Clinicians used a brainstorming format for solution generation; deferring evaluation of ideas to discussion of advantages/disadvantages.

____ 6. Six to eight solutions were generated before moving on to discussing the advantages and disadvantages.

____ 7. The advantages then disadvantages to each solution were explored.

____ 8. A solution was identified that the family feels best suits their situation.

____ 9. The solution was broken done into manageable, specific steps.

____ 10. A copy of the problem solving is given to the family.

____ 11. A recorder documented the information.

**Closing Socialization**

____ 1. The group spent five minutes socializing.

____ 2. The content was again light and positive.

_____ 2. The clinician facilitated a discussion about the family and consumer's short-term goals.

_____ 3. The clinician facilitated a discussion about the family and consumer's long-term goals.

_____ 4. The clinician answered questions and provided information about the upcoming Family workshop.

_____ 5. Inquires were made regarding the family's experience with groups and any concerns they may have about groups.

_____ 6. The clinician asked the family for information regarding their past experiences with the mental health system of care.

_____ 7. A discussion occurred regarding the consumer and family's response to living with and/or around the illness.

_____ 8. The session ended with 5 minutes of socialization.

**Multifamily Workshop**

_____ 1. The workshop was structured in a classroom atmosphere.

_____ 2. Information about the nature, etiology, course and outcomes of schizophrenia was presented.

_____ 3. Information about medications and current treatment was presented.

_____ 4. Information about management of the illness was presented.

_____ 5. Information regarding common reactions was presented.

_____ 6. The Family Guidelines were presented.

_____ 7. The problem solving method was presented.

_____ 8. Specific questions were answered.

_____ 9. Handouts were included and given to families.

_____ 10. The clinicians' manner was collegial, open and encouraged questions from family members.

_____ 11. The clinicians acted as hosts, hostesses during the breaks assisting families in feeling comfortable.

**Exhibit G**

**Competency Checklist for MFG Clinicians**

**Joining Sessions and Family Workshop**

**Multifamily Psychoeducation Group Treatment**

**Clinicians** _____ **Date of Session** _____

**Session** _____ **Date of Rating** _____

**Circle One:** Videotape Audiotape Self monitor/Discussion

**Coding Key**: ✓ = appropriately included **O** = optionally omitted **NA** = not applicable

**Session I**

____ 1. The clinician socialized with the family for 15 minutes.
____ 2. The clinician presented self as a colleague and an advocate.
____ 3. The clinician shared relevant personal information about self.
____ 4. The consumer's history was reviewed.
____ 5. Early warning signs were identified.
____ 6. Symptoms of the illness were identified.
____ 7. The clinician explained the basic structure of the multifamily group experience and what the family can expect.
____ 8. Emphasis was placed on the concept that the family is not to blame.
____ 9. The clinician shared relevant information about the illness.
____ 10. The session ended with 5 minutes of socialization.

**Session 2**

____ 1. The clinician socialized with the family for 15 minutes.
____ 2. Exploration of the family's social network and resources occurred.
____ 3. The clinician identified family and consumer strengths.
____ 4. A genogram or sociogram was used in the session.
____ 5. The session ended with 5 minutes of socialization.

**Session 3**

____ 1. The clinician socialized with the family for 15 minutes.

____ 2. The clinician facilitated a discussion about the family and consumer's short-term goals.

____ 3. The clinician facilitated a discussion about the family and consumer's long-term goals.

____ 4. The clinician answered questions and provided information about the upcoming Family workshop.

____ 5. Inquires were made regarding the family's experience with groups and any concerns they may have about groups.

____ 6. The clinician asked the family for information regarding their past experiences with the mental health system of care.

____ 7. A discussion occurred regarding the consumer and family's response to living with and/or around the illness.

____ 8. The session ended with 5 minutes of socialization.

**Multifamily Workshop**

____ 1. The workshop was structured in a classroom atmosphere.

____ 2. Information about the nature, etiology, course and outcomes of schizophrenia was presented.

____ 3. Information about medications and current treatment was presented.

____ 4. Information about management of the illness was presented.

____ 5. Information regarding common reactions was presented.

____ 6. The Family Guidelines were presented.

____ 7. The problem solving method was presented.

____ 8. Specific questions were answered.

____ 9. Handouts were included and given to families.

____ 10. The clinicians' manner was collegial, open and encouraged questions from family members.

____ 11. The clinicians acted as hosts, hostesses during the breaks assisting families in feeling comfortable.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Parent Management Training – Oregon Model (PMTO) | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.03.09.06 |
| **Effective Date**: 1/25/08 | **Date of Review/Revision**: 5/18/09, 6/10/10, 6/11/12, 5/7/14, 4/19/16, 6/13/17, 4/10/18, 4/9/19, 6/12/20, 3/10/21, 3/9/22, 3/8/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br><br>**Authored By**: Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**: Matthew Linkowski, EBP Leadership Team |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to delineate a framework for the provision and monitoring of Parent Management Training – Oregon Model (PMTO) as well as Parenting Through Change (PTC) and Parenting through Change Reunification (PTC-R).

**Policy:**
A. Providers shall adhere to the practice standards of PMTO as delineated in the PMTO FIMP (Fidelity Implementation Rating System) of the Oregon Social Learning Center (OSLC).
B. SCCMHA shall offer PMTO, PTC, and PTC-R to eligible consumers as resources permit.
C. PMTO shall be delivered in a trauma-informed manner.
D. PMTO can be delivered face-to-face, in-person, or via telehealth technology.

**Application:**
This policy applies to all providers who have received appropriate training, certification and have been privileged to provide PMTO, PTC, or PTC-R.

**Standards:**
A. PMTO shall be delivered in accordance with the following standards:
    1. Target population:
        a. Youth from preschool through adolescence who display serious behavior problems including:

1). Overt antisocial behavior (e.g., aggression, defiance, hyperactivity, fighting)
2). Covert antisocial behavior (e.g., lying, stealing, truancy, fire setting)
3). Internalizing problems (e.g., depressed mood, peer relationship problems, deviant peer associations)
4). Delinquency
5). Substance abuse
6). School Failure

b. Families experiencing multiple problems including:
1). Parents with mental health problems (e.g., depression, anxiety, antisocial personality traits/disorder)
2). Family contextual problems (e.g., poverty, residing in an economically challenged neighborhood)
3). Family structure transitions (e.g., divorce, re-partnering)
4). Marital conflict

2. Parental empowerment:
a. Parents function as primary treatment/change agents
b. Identifying and building on families' strengths
c. Skills training in five core effective parenting practices for parents:
1). Encouragement: Teaching new behavior through positive contingencies (i.e., praise, incentives)
2). Limit Setting: Responding to problem behavior with negative, non-corporal nonphysical consequences
3). Monitoring and Supervision**:** Attending to children's behavior at home and away from home
4). Family Problem Solving: An organized method of making decisions with family input that includes interpersonal planning, troubleshooting, contingency agreements
5). Positive Parental Involvement: Parents demonstrating interest, attention, and caring

3. Interventions with family members and subsystems (e.g., couples, youngsters, siblings) as needed.
4. Intensive training of PMTO therapists:
a. Workshops
b. Biweekly group consultation based on direct observation of family treatment
c. Fidelity assessed from observation of family treatment
d. Certification in method

B. Birth parents/caregivers of children with a serious emotional disturbance (SED) whose child welfare plan calls for reunification with their children shall be considered candidates for PTC-R.

NOTE: PTC-R shall be limited to parents whose children have been removed by MDHHS's (Michigan Department of Health and Human Service) CPS (Children's Protective Services) and are seeking and actively working toward reunification.

1. PTC/PTC-R shall be delivered in accordance with the model's standards as follows:
    a. The provision of tools related to five core positive parenting practices listed above in Standard A.2.c.
    b. The provision of a mixture of education and support in a once weekly group-based format for ninety minutes to eight to ten participants (i.e., birth parents) for a period of ten weeks.
    c. Adherence to the curriculum for the practice which includes the following topics:
        1). Creating Change
        2). Encouraging Cooperation
        3). Teaching Positive Behavior
        4). Observing Emotions
        5). Regulating Emotions
        6). Setting Limits
        7). Following Through
        8). Active Communication
        9). Problem-Solving
        10). Putting It All Together
    d. Weekly observation utilizing the PTC-R checklist provided shall be provided by the case holder during the parent's visit with their child to encourage the parent to incorporate topics covered in the group session during their visit.
        1). PTC-R therapists shall review the results on the portal and incorporate extra help during the group sessions as needed.
    e. Group attendance and checklist forms shall be entered into the consumer's electronic health record.
    f. Birth parents shall participate in a six-session aftercare program, Parenting Through Change–Return Home (PTC-RH) program subsequent to reunification with their child.
    g. Monthly refreshers shall be made available to parents who have not been reunified with their children subsequent to the ten-week PTC-R program.
2. Case holders and supervisors shall receive training to learn the PTC curriculum in order to facilitate PTC groups.
    a). Two-day PTC-R trainings shall be offered to MDHHS, foster care and other staff in order to inform them of the process the parents go through and provide training regarding the PMTO Portal.
3. Fidelity to the model shall be monitored by SCCMHA.
4. The CAFAS (Child and Adolescent Functional Assessment Scale) will be used as a tool to examine outcomes by the EBP Leadership Team.
5. The Strength and Growth Areas (SAGA) is an additional assessment for outcomes used by the clinician. A pre and posttest are completed with the individuals/families served.

**Definitions:**

**Fidelity of Implementation Rating System (FIMP)** evaluates five dimensions of competent adherence to PMTO (i.e., knowledge, structure, teaching skill, clinical skill, and overall effectiveness) specified in the model as well as competent clinical and teaching processes observed during intervention. Objectivity is achieved through the use of observation of video recordings of sessions that deal with core content material.

**Parent Management Training-Oregon Model (PMTO™)** is an evidence-based, structured, family-based, behavioral intervention program designed by Dr. Gerald Patterson and his colleagues at the Oregon Social Learning Center (OSLC) to help parents and caregivers manage the behavior of their children. It is designed to promote prosocial skills and cooperation and to prevent, reduce and reverse the development and maintenance of mild to moderate to severe conduct problems in children aged 4 – 12. PMTO empowers parents as primary treatment agents to promote and sustain positive change in families and emphasizes, identifies, and builds upon strengths already present in parents, children, and their environment. Professionals shape parents to shape their children's behavior with the use of positive and negative contingencies.

**Parenting Through Change (PTC):** A group-based birth parent engagement model that teaches core intervention components in order to reduce coercive and inconsistent parenting practices through the empowerment of parents and increasing effective parenting practices while reducing child behavioral and emotional problems; and increase positive and pro-social behaviors in the parent and child.

**Parenting Through Change Reunification (PTC-R):** An evidenced-based adaptation of Parent Management Training – Oregon Model (PMTO) which is a hands-on, strength-based and skill building oriented practice that is delivered to groups of birth parents with children in foster care who wish to reunify with their children over the course of ten weeks.

**Parenting Through Change Return Home (PTC-RH):** As part of PTC-R, individual sessions are provided to parents as reunification approaches or upon the child's return home. The family is seen individually for at least six weeks and the worker reviews relevant strategies and materials. Families learn additional skills to support and assist them in dealing with the changes and challenges that arise during the time of reunification. These skills focus on the strength of the parents and rebuilding the family.

**References:**

A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

A. FIMP Categories Rating Form (2019)
B. Strength and Growth Areas (SAGA)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| PMTO/PTC/PTC-R is offered to eligible consumers and families by certified PMTO therapists. | Therapists/case holders<br><br>PTC-R Therapists |

| | |
|---|---|
| 10-week PTC-R group sessions are delivered to parents who are in the process of reunification | PTC-RH Therapists |
| PTC-RH is delivered to parents who have been reunified with their children | |
| 10-week PTC sessions are delivered to eligible parents | PTC Therapists |
| Refresher sessions are delivered to eligible parents who have not been successful in reunifying with their children | PTC-R Therapists |
| PMTO/PTC/PTC-R programs are monitored for adherence to the model on an ongoing basis using the FIMP. | PMTO instructors/SCCMHA |
| Family member participation in PMTO/PTC/PTC-R shall be recorded within the active youth consumer's Functional Assessment Systems (FAS) record. | Case Holder |
| Outcomes will be monitored. | EBP Leadership Team |

**Exhibit A**

# FIMP Categories Rating Form

Knutson, Forgatch, Rains, Sigmarsdóttir, & Domenech Rodríguez, 2019

Interventionist ____ Family #__ Session #___ Session Date _____ Rater __ Content _____ Phase ____ Date Coded _____

Time(s) Coded: ___:____:_____ - ___:____:____ ___:____:_____ - ___:____:____ ___:____:_____ - ___:____:____

| | Good Work | Acceptable | Needs Work |
|---|---|---|---|
| **Knowledge** | 9 8 7 | 6 5 4 | 3 2 1 |
| • Applies principles and model<br>• Understands core/supporting parenting practices<br>• Uses correct technical details/procedures<br>• Integrates GenerationPMTO tools as relevant | | | |
| **Structure** | 9 8 7 | 6 5 4 | 3 2 1 |
| • Follows an agenda<br>• Includes appropriate sections<br>• Manages orderly flow<br>• Appropriate attention to relevant categories<br>• Responsive to family<br>• Maintains leadership<br>• Leads without dominating<br>• Good transitions<br>• Sensitive pacing<br>• Good timing<br>• Sums up | | | |
| **Teaching** | 9 8 7 | 6 5 4 | 3 2 1 |
| **Verbal Teaching**<br>• Gives information/ instructions<br>• Provides rationales<br>• Good GenerationPMTO raps<br>• Pinpoints<br>• Provides sufficient information<br>**Active Teaching**<br>• Uses variety of activities<br>• Balances verbal Teaching/active teaching<br>• Elicits goal behavior<br>• Engages family<br>**Active Teaching (cont.)**<br>• Problem solves / brain storms<br>• Integrates/weaves information<br>• Guides review of material<br>• Assesses skills and fills in gaps<br>• Pre-corrects<br>• Breaks into teachable units<br>• Balances encouragement/ correction<br>• Predicts problems<br>• Leads parents to pinpoint (LQ)<br>• Adjusts GenerationPMTO tools to family<br>• Punctuates<br>**Use of Role Play**<br>• Capitalizes on opportunities<br>• Conducts sufficient number/range<br>Sets up: • Models/demonstrates<br>• Provides enough information<br>• Directs what to do<br>Conducts/Coaches: • Engages family<br>• Models/prompts/coaches<br>• Breaks into appropriate steps/chunks<br>• Theatrical/Uses movement<br>Debriefs: • Balances encouragement/ correction<br>• Weaves instructional material<br>• Differentiates | | | |
| **Process Skills** | 9 8 7 | 6 5 4 | 3 2 1 |
| • Uses questioning process<br>• Prevents/manages resistance<br>• Prevents/manages conflict<br>• Maintains balance<br>• Promotes united approach<br>• Encourages/supports/emphasizes strengths<br>• Reinforces<br>• Promotes perspective taking<br>• Connects with storyline<br>• Uses variety of tools<br>• Normalizes<br>• Interprets/reframes<br>• Metaphors<br>• Mirrors/matches<br>• Strategic warning<br>• Takes responsibility<br>• Paraphrases/summarizes<br>• Humor<br>• Paradox<br>• Reflects<br>• Supportive interrupts<br>• Keeps contact<br>• Movement<br>• Quality of Questioning Process | | | |
| **Overall Development** | 9 8 7 | 6 5 4 | 3 2 1 |
| • Application of Generation PMTO/SIL model<br>• Adjusts for context/situation/needs<br>• Apparent relationship with Specialist<br>• Family making progress<br>• Likelihood family will use<br>• Likelihood family will come back<br>• Family's satisfaction<br>• Difficulty of family/situation<br>• Growth occurred | | | |

**Exhibit B**

| Region: | Therapist: | Type: ☐ PTC ☐ PTC-R ☐ PMTO | Time: ☐ Pre ☐ Post ☐ Follow-Up |
|---|---|---|---|

Parent First Name: Last Name Initial: Date:

## Family Strengths and Growth Areas Survey (SAGA 2.0)

**We would like to start by gathering some information about you and your family in order to learn more about families in Michigan participating in PMTO.**

**Please answer this first set of questions about yourself:**

1. What is your age?
   - ☐ 17 or younger
   - ☐ 18-20
   - ☐ 21-29
   - ☐ 30-39
   - ☐ 40-49
   - ☐ 50-59
   - ☐ 60 or older

2. What is your gender?
   - ☐ Male
   - ☐ Female
   - ☐ Prefer not to disclose

3. What is the highest level of school you have completed?
   - ☐ Less than a high school degree
   - ☐ High school degree or equivalent (e.g., GED)
   - ☐ Some college but no degree
   - ☐ Associate degree
   - ☐ Bachelor degree
   - ☐ Graduate degree

4. What is your race/ethnicity? Please select all that apply.
   - ☐ White/Caucasian
   - ☐ Spanish, Hispanic, or Latino
   - ☐ Black or African American
   - ☐ Asian
   - ☐ American Indian or Alaskan Native
   - ☐ Native Hawaiian or other Pacific Islander
   - ☐ Other (please specify): _____
   - ☐ Prefer not to disclose

5. What is your current marital status?
   - ☐ Married
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Never Married
   - ☐ Other (please specify): _____

6. Are any other caregivers attending PMTO services with you?
   - ☐ No, I am attending PMTO by myself
   - ☐ Yes, I am attending PMTO with a spouse/partner
   - ☐ Yes, I am attending PMTO with another caregiver who is not my spouse/partner (Please specify):

     _____

Please Turn Over To Complete Next Page

**Please answer this next set of questions about your child.** (If you have more than one child, tell us about the child receiving services at this time. If more than one child is receiving services, tell us about your oldest child.)

7. What is the date of birth of the child receiving services?

   __ __/__ __/__ __ __ __

8. What is the gender of the child receiving services?
   - ☐ Male
   - ☐ Female
   - ☐ Prefer not to disclose

9. What is your relationship to the child receiving services? Please select all that apply.
   - ☐ Mother
   - ☐ Father
   - ☐ Step-mother
   - ☐ Step-father
   - ☐ Grandparent
   - ☐ Foster caregiver
   - ☐ Other family member (please specify): _____
   - ☐ Other (please specify): _____

**A.** Please indicate **how often** each behavior occurs with your child receiving services.

| | | Never | Sometimes | Often | |
|---|---|---|---|---|---|
| 1. | Complains of aches/pains | 0 | 1 | 2 | |
| 2. | Spends more time alone | 0 | 1 | 2 | |
| 3. | Tires easily, has little energy | 0 | 1 | 2 | |
| 4. | Fidgety, unable to sit still | 0 | 1 | 2 | |
| 5. | Has trouble with a teacher | 0 | 1 | 2 | [ ] Does not apply, child not in school |
| 6. | Less interested in school | 0 | 1 | 2 | [ ] Does not apply, child not in school |
| 7. | Acts as if driven by a motor | 0 | 1 | 2 | |
| 8. | Daydreams too much | 0 | 1 | 2 | |
| 9. | Distracted easily | 0 | 1 | 2 | |
| 10. | Is afraid of new situations | 0 | 1 | 2 | |
| 11. | Feels sad, unhappy | 0 | 1 | 2 | |
| 12. | Is irritable, angry | 0 | 1 | 2 | |
| 13. | Feels hopeless | 0 | 1 | 2 | |
| 14. | Has trouble concentrating | 0 | 1 | 2 | |
| 15. | Less interest in friends | 0 | 1 | 2 | |
| 16. | Fights with others | 0 | 1 | 2 | |
| 17. | Absent from school | 0 | 1 | 2 | [ ] Does not apply, child not in school |
| 18. | School grades dropping | 0 | 1 | 2 | [ ] Does not apply, child not in school |
| 19. | Is down on him or herself | 0 | 1 | 2 | |
| 20. | Visits doctor with doctor finding nothing wrong | 0 | 1 | 2 | |
| 21. | Has trouble sleeping | 0 | 1 | 2 | |
| 22. | Worries a lot | 0 | 1 | 2 | |
| 23. | Wants to be with you more than before | 0 | 1 | 2 | |
| 24. | Feels he or she is bad | 0 | 1 | 2 | |
| 25. | Takes unnecessary risks | 0 | 1 | 2 | |
| 26. | Gets hurt frequently | 0 | 1 | 2 | |
| 27. | Seems to be having less fun | 0 | 1 | 2 | |
| 28. | Acts younger than his or her age | 0 | 1 | 2 | |

| | *(continued from prior page)* | Never | Sometimes | Often |
|---|---|---|---|---|
| 29. | Does not listen to rules | 0 | 1 | 2 |
| 30. | Does not show feelings | 0 | 1 | 2 |
| 31. | Does not understand other people's feelings | 0 | 1 | 2 |
| 32. | Teases others | 0 | 1 | 2 |
| 33. | Blames others for his or her troubles | 0 | 1 | 2 |
| 34. | Takes things that do not belong to him or her | 0 | 1 | 2 |
| 35. | Refuses to share | 0 | 1 | 2 |

**B.** Parenting is hard work. Sometimes you might feel good about how things are going. Other times you might feel discouraged. How much do you agree or disagree with the following statements?

| | | Strongly disagree | Disagree | Neutral | Agree | Strongly agree |
|---|---|---|---|---|---|---|
| 37. | What I do has little effect on my child's behavior | 1 | 2 | 3 | 4 | 5 |
| 38. | When something goes wrong between me and my child, there is little I can do to correct it | 1 | 2 | 3 | 4 | 5 |
| 39. | Sometimes I feel that my child's behavior is hopeless | 1 | 2 | 3 | 4 | 5 |

| **C.** Below are some statements about parents and families. All families are different, and this will help us learn about your family. There are no right or wrong answers. Please circle the number indicating how often each one **typically** occurs in your family. | | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|---|
| 40. | You praise or compliment your child when they do something well | 1 | 2 | 3 | 4 | 5 |
| 41. | The kind of punishment you give your child depends on your mood | 1 | 2 | 3 | 4 | 5 |
| 42. | You know what your child is doing when they are not with you | 1 | 2 | 3 | 4 | 5 |
| 43. | When solving a problem as a family, you get input from all family members | 1 | 2 | 3 | 4 | 5 |
| 44. | You make time in your day to play games or do other fun things with your child | 1 | 2 | 3 | 4 | 5 |
| 45. | You give your child a small reward for behaving well (like a treat or extra privilege) | 1 | 2 | 3 | 4 | 5 |
| 46. | You give your child a small negative consequence when they misbehave (like time out, privilege removal, or a work chore) | 1 | 2 | 3 | 4 | 5 |
| 47. | You know where your child is when they are away from your direct supervision | 1 | 2 | 3 | 4 | 5 |
| 48. | You begin solving a problem by stating a goal to work toward | 1 | 2 | 3 | 4 | 5 |
| 49. | You give your child a hug, kiss, high five, or fist bump when you spend time together | 1 | 2 | 3 | 4 | 5 |
| 50. | You feel frustrated when dealing with child misbehavior | 1 | 2 | 3 | 4 | 5 |
| 51. | You tell your child in advance how you want them to behave in a situation (like telling them to "use an inside voice" before going to a restaurant) | 1 | 2 | 3 | 4 | 5 |
| 52. | Your child is successful at getting around the rules you have set | 1 | 2 | 3 | 4 | 5 |
| 53. | You encourage your child to participate in supervised, positive activities (like school programs or clubs) when away from home | 1 | 2 | 3 | 4 | 5 |
| 54. | When faced with a problem, you come up with many possible solutions | 1 | 2 | 3 | 4 | 5 |
| 55. | You have friendly conversations with your child on a regular basis | 1 | 2 | 3 | 4 | 5 |
| 56. | You teach your child step-by-step how to do new behaviors (like showing them how to make their bed) | 1 | 2 | 3 | 4 | 5 |
| 57. | You give your child a spanking when they do something wrong | 1 | 2 | 3 | 4 | 5 |
| 58. | You know who your child spends time with when they are not with you | 1 | 2 | 3 | 4 | 5 |
| 59. | You consider the pros and cons of different ideas when solving a problem | 1 | 2 | 3 | 4 | 5 |
| 60. | You and your child enjoy laughing together | 1 | 2 | 3 | 4 | 5 |
| 61. | You check to see if your child does what you tell them to do | 1 | 2 | 3 | 4 | 5 |
| 62. | When you need to discipline your child, you follow through with a consequence | 1 | 2 | 3 | 4 | 5 |
| 63. | You pay attention to your child's activities on social media (like on the phone or computer) | 1 | 2 | 3 | 4 | 5 |
| 64. | When problems come up in your family, you are able to solve them successfully | 1 | 2 | 3 | 4 | 5 |
| 65. | You attend activities your child is involved in (like school events or sports) | 1 | 2 | 3 | 4 | 5 |
| 66. | You find parenting to be an easy task | 1 | 2 | 3 | 4 | 5 |

Please Turn Over To Complete Next Page

**D.** We also want to know about any difficulties you might be having so we can make sure parents receive the support they need. Over the **past 2 weeks**, how often have you been bothered by any of the following issues?

| | | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|---|
| 67. | Little interest or pleasure in doing things | 0 | 1 | 2 | 3 |
| 68. | Feeling down, depressed or hopeless | 0 | 1 | 2 | 3 |
| 69. | Trouble falling asleep, staying asleep, or sleeping too much | 0 | 1 | 2 | 3 |
| 70. | Feeling tired or having little energy | 0 | 1 | 2 | 3 |
| 71. | Poor appetite or overeating | 0 | 1 | 2 | 3 |
| 72. | Feeling bad about yourself, or that you're a failure or have let yourself or your family down | 0 | 1 | 2 | 3 |
| 73. | Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | 2 | 3 |
| 74. | Moving or speaking so slowly that other people have noticed. Or, the opposite – being so fidgety or restless that you have been moving around a lot more than usual | 0 | 1 | 2 | 3 |
| 75. | Thoughts that you would be better off dead or of hurting yourself in some way | 0 | 1 | 2 | 3 |

**Thank you for completing this survey**

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Wraparound</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.08</td></tr>
<tr><td rowspan="2">Effective Date:<br>4/29/08</td><td>Date of Review/Revision:<br>6/10/09, 6/10/10, 4/4/12, 6/5/13, 6/24/15, 4/19/16, 8/12/16, 6/13/17, 4/10/18, 4/9/19, 6/12/20, 3/10/21, 3/9/22, 3/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>Hannah Rousseau, Wardene Talley, EBP Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate a framework for the provision of Wraparound services and supports to children and adolescents with serious emotional and/or behavioral disturbances and their families.

**Policy:**
SCCMHA recognizes that it is essential to design and deliver services and supports for children and adolescents with severe emotional and/or behavioral disturbances that are individualized, strength-based, family-focused, and community-based. As resources permit, SCCMHA shall maintain an MDHHS-enrolled Wraparound services program to provide community-based services to children and adolescents that are individualized, strength-based, trauma-informed, and family-focused.

**Application:**
This policy applies to Wraparound program service providers.

**Standards:**
A. Wraparound services shall be targeted to children/youth and families who meet SCCMHA admission requirements as well as two or more of the following criteria (as stipulated in the Michigan Medicaid Provider Manual):
   1. Involvement in multiple child/youth serving systems (e.g., child welfare, juvenile justice).

2. At risk of out-of-home placement or currently in out-of-home placement (e.g., residential, foster care, correctional, or psychiatric hospitalization).
3. Previous lack of sufficient improvement in functioning through involvement with other mental health services
4. Risk factors that exceed the capacity of traditional community-based alternatives
5. Numerous providers are working with multiple children/youth in a family and the identified outcomes are not being met.

B. Wraparound services shall adhere to the thirteen principles of Michigan's Wraparound model which are enumerated in Exhibit A and compared to the national model which has ten principles.

C. Families shall be involved in the development and implementation of Wraparound services and supports for their children.

D. Wraparound services and supports shall build on child and family strengths, increase consumer choice, foster family independence and self-care.

E. Wraparound shall adhere to the following values:
1. Voice and choice for the child and family
   a. Choice: Families and youth shall be actively involved in the decision-making process.
   b. Voice: Families and youth shall be heard and listened to during all planning and implementation stages, especially with respect to cultural and linguistic background (i.e., communication styles).
   c. Ownership: Plans are made in concert with parents and children; their commitment and agreement with plans is essential.
2. Integration of services and systems
3. Compassion for children and families
4. A focus on safety, success, and permanency in the home, school, and community
5. Care that is:
   a. Unconditional
   b. Individualized
   c. Strengths-based
   d. Family-centered
   e. Youth-guided
   f. Culturally and linguistically competent
   g. Community-based (with services close to home in natural settings)

F. A relationship with the child and family characterized by:
1. A lack of blame
2. A lack of shame
3. Dignity
4. Respect
5. Empathy
6. Active listening
7. Support
8. Meaningful options
9. Self-determination

G. The following core elements of Wraparound shall be adhered to:

1. Community-based services and supports. Wraparound will be provided in accordance with the premise upon which it is based: children belong in their natural environments.
2. Individualized and strength-focused planning. Individualized and strength-focused planning for services and supports in all life domains that fit the child (as opposed to fitting the child into a pre-existing program), focus on positives, and build on strengths rather than problems, diagnoses, or deficits.
3. Culturally and linguistically competent. Culturally competent services/supports that demonstrate respect for unique family cultures and recognition that every family has its own culture and style of communication.
4. Family-driven. Families shall be full and active partners at every level of the process and responsible for decisions and allocation of resources (with input from the professionals on the team), rather than passive consumers of care. Family choices shall be adhered to and prioritized in accordance with needs based on the premise that families possess the most knowledge regarding how services and supports should enter into their lives. The process shall be structured to give families voice, choice, and ownership. Success shall be defined from the perspectives of the *family* and provider.
5. Team-based. The Wraparound process shall be team-based and include the child, family, natural supports, agencies, and community services. Team members shall be selected on the basis of their connection or attachment to the family rather than their roles. Teams shall include professionals and natural supporters (e.g., friends, co-workers, and family) who are equal partners in the planning process. Teams change over time with respect to roles and membership. The ideal composition of a team includes less than fifty percent professional membership.
    a. The Wraparound Team structure shall include a facilitator, supervisor, and a Community Team.
    b. The caseload ratio shall not exceed a ratio of one facilitator to ten child/youth and family teams with the exception of a maximum of twelve when two child/youth and family teams are transitioning from Wraparound.
    c. Wraparound facilitators shall:
        1). Complete the required MDHHS (Michigan Department of Health and Human Services) three-day new facilitator training within 90 days of hire and a minimum of two MDHHS Wraparound trainings per calendar year.
        2). Maintain no more than one provider role with a family; (i.e., may not function as both a home-based therapist and Wraparound facilitator for a family).
    d. Wraparound supervisors shall:
        1). Complete the MDHHS three-day Wraparound new facilitator training within 90 days of hire and an additional MDHHS-approved supervisory training during their first year of supervision as well as attend two MDHHS Wraparound

trainings annually, one of which shall be a Wraparound supervisor training.

2). Wraparound supervisors shall participate on the Community Team and provide individualized clinical supervision and coaching to the Wraparound staff on a weekly basis in accordance with their individual needs and experience and maintain a supervision log which shall be made available during on-site MDHHS reviews and re-enrollment, if applicable, with support from the director.

i. In lieu of asking for revisions of new enrollments, the Statewide Wraparound Coordinator will offer support and providing technical assistance.

ii. The MDHHS should be notified of any changes in the Wraparound services approval, e.g., changes in current providers, addition of new providers, number of staff assigned to the program, supervisor changes and caseload sizes over the Medicaid Provider Manual requirements that are not temporary.

3). Ensure documentation of attendance at required trainings is maintained for all Wraparound staff.

e. The Community Team shall:

1). Include representation from system partners, other child serving agencies and local community agencies.

2). Provide support to Wraparound staff, supervisors, and child/youth and family teams and problem-solve barriers/needs to improve outcomes for children/youth and families.

3). Work as a collaborative body to improve community service delivery to children, youth, and families.

4). Provide support to other child serving community agencies who are experiencing challenges meeting the needs of children, youth and families with complex needs.

5). Implement additional activities and responsibilities that reflect the individual needs of the community.

6. Balanced between conventional and natural supports. Natural supports are a source of culturally relevant caring and support for families. Ideally, conventional clinical services shall be gradually replaced with natural ones (e.g., extended family members, friends, neighbors, members of the faith-based community, volunteers, local service organizations, teachers, and coaches) that are self-sustaining, culturally relevant, and nurturing.

7. Unconditional commitment. A "no reject, no eject" policy and a mindset of doing whatever it takes to meet the needs of the child and family are maintained. When difficulties arise, services and supports are changed, but never eliminated. An attitude of *doing whatever it takes* to meet the needs of children and their families and overcoming barriers and obstacles shall be adopted.

8. Collaboration. Interagency/community/neighborhood collaboration shall be used to develop individualized support and service plans. The approach is: *How can we as a group get this accomplished and funded?*
9. Accountability for outcomes. Accountability for outcomes shall be based on family, child, and team priorities. Outcomes shall be identified, documented, and progress shall be measured. Goals will often include achieving success, safety, and permanence in the home, school, and community. All team members equally share accountability for, and ownership of, outcomes.

H. Wraparound shall be provided in accordance with the steps of the Wraparound process:

Step 1: Engagement of the Child and Family
Step 2: Immediate Crisis Stabilization, Safety and Support Planning
Step 3: Strengths Assessment and Needs Assessment.
Step 4: Child and Family Team Formation and Nurturing
Step 5: Child and Family Team Preparing for the Meeting
- Facilitating the Meeting
- The Wraparound Plan

Step 6: Ongoing Crisis, Safety and Support Planning
Step 7: Tracking and Adapting (the Wraparound Plan)
Step 8: Transition (Out of Formal Services)

I. Wraparound teams shall adhere to the Outcome Measurement section in the Wraparound Framework.

J. All children and adolescents receiving Wraparound shall have Family Status Reports (FSRs) completed at intake and every three months thereafter until the child and family exit Wraparound.

K. Wraparound Coordinators shall enter quarterly reports electronically in the RedCap system.

L. Fidelity to the Wraparound model shall be monitored using the Fidelity Survey which will be completed with the Wraparound Team.
1. MDHHS may review adherence to Wraparound model fidelity at enrollment, re-enrollment, during site reviews through case file review, family interviews, and with evaluation and fidelity tools.

M. The SCCMHA-funded Wraparound Program shall be enrolled with MDHHS in accordance with State policy.

N. The Child and Adolescent Functional Assessment Scale (CAFAS), the Preschool and Early Childhood Functional Assessment Scale (PECFAS), or the Devereux Early Childhood Assessment (DECA) shall be completed at intake, and on a quarterly basis thereafter as well as upon graduation.

O. Wraparound plans shall adhere to the following standards:
1. Evidence that the child/youth and family team completed each step/phase of the Wraparound process, including completion of the strengths/culture discoveries, needs assessments, crisis/safety support plans, Wraparound plans, outcomes, and the development of the team mission statement.
2. Individualized child/youth and family outcomes that are developed and measured by each child/youth and family team.

3. A strength-based, needs-driven, and culturally relevant Wraparound plan that is stated in the language of the child/youth and family.
4. Evidence of regular updates as the needs of the child/youth and family change (annual updates alone are not sufficient).
5. Any services, supports, and interventions that are provided to the family. ♣ A mixture of formal and informal support and services.
6. An individualized crisis/safety support plan that reflects the child's/youth's and family's strengths and culture and seeks to build skills/competencies that reduce risk.
7. Measurement of outcomes identifying when transition plans should be developed. Transition plans will address any barriers to graduation and identify how services and supports will be maintained after Wraparound has ended.
8. Evidence that the child/youth and family team review and measure outcomes at least monthly.

P. Documentation standards shall be adhered to including:
1. All Wraparound team meetings shall be documented in the form of minutes and are saved on the SCCMHA G drive.
2. All collateral contacts shall be documented in the form of contact/progress notes .

Q. Meeting frequency is guided by the family's needs and level of risk.
1. Child/youth and family teams shall meet weekly until the Wraparound plan has been developed and is being implemented.
2. Exceptions to Wraparound model expectations regarding the frequency of meetings can occur to fit the family's need and availability and must be documented in the case file.
3. When the Wraparound plan is successfully implemented and the child/youth and family have stabilized, meeting frequency may decrease to twice monthly.
4. Wraparound child/youth and family teams begin to transition from the formal process when the outcomes identified by child/youth and family teams are met and shall not exceed three months in duration. Monthly meetings may occur during the transition phase.

**Definitions:**

**Blended funds:** Funds that come from various sources that are merged and used interchangeably.

**Braided funding:** Funding that uses monies from different sources but accounts for the different sources separately.

**CAFAS (Child And Adolescent Functional Assessment Scale):** An instrument that is designed to provide an assessment of day-to-day functioning, track outcomes and inform decisions regarding treatment and level of care of for youth aged 7 and above. The CAFAS consists of eight subscales that correspond with functional domains in the child or youth's daily life: School, Home, Community, Behavior Toward Others, Moods and Emotions, Self-Harmful Behavior, Substance Use, and Thinking. Two additional scales are used to rate the child or youth's caregiver(s) - the Material Needs and the Social Support subscales.

**Child and Family Team (CFT):** Wraparound utilizes a Child and Family Team, with team members determined by the family often representing multiple agencies and informal

supports. The Child and Family Team creates a highly individualized Wraparound plan with the child/youth and family that consists of mental health specialty treatment, services and supports covered by the Medicaid mental health state plan, waiver, B3 services and other community services and supports. (Also may be referred to as a Child/Youth and Family Team.)

**Community Team:** The Community Team consists of parents, guardians, and/or legal representatives, agency representatives, and other relevant community members. The Community Team oversees the Wraparound program from a system level.

**Cultural and linguistic competence:** Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, physical disability, or style of communication. They also adapt their skills to fit a family's values and customs.

**Devereux Early Childhood Assessment (DECA):** A suite of age-based assessment instruments for infants and toddlers. All instruments assess protective factors of Initiative and Attachment, additional factors of Self-Regulation, and concerns of Withdrawal/Depression, Emotional Control Problems, Attention Problems, and Aggression are assessed for toddlers and very young children.

**Preschool and Early Childhood Functional Assessment Scale (PECFAS):** An instrument that is designed to provide an assessment of day-to-day functioning, track outcomes and inform decisions regarding treatment and level of care of for preschool-age youth. Medicaid provider contracts require completion for youth ages 4-, 5-, and 6-years-old who receive services. The PECFAS consists of seven subscales that correspond with functional domains in the child's daily life: School, Home, Community, Behavior Toward Others, Moods and Emotions, Self-Harmful Behavior, and Thinking. Two additional scales are used to rate the child's caregiver(s) - the Material Needs and the Social Support subscales.

**RedCap:** A secure web application for building and managing online surveys and databases.

**Wraparound process:** A team-based, collaborative process for developing and implementing individualized care plans for children and adolescents with severe emotional and/or behavioral disorders and their families.

**References:**

A. Michigan Medicaid Provider Manual: http://www.michigan.gov/mdhhs/0,5885,7-339-71551_2945_42542_42543_42546_42553-87572--,00.html
B. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
C. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

A. Wraparound Principles – Michigan (excerpted from SCCMHA's Wraparound Manual)
B. Wraparound Evaluation Protocol
C. Wraparound Fidelity Scale

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Engage the child and family | Wraparound Coordinator |
| 2. Develop an immediate crisis stabilization and support plan | |
| 3. Complete Strengths Assessment and Needs Assessment. | |
| 4. Form and nurture the child and family team | Wraparound Coordinator/Team |
| 5. Oversee the child and family team process:<br>a. Prepare for the meeting<br>b. Facilitate the meeting<br>c. Develop the Wraparound plan | |
| 6. Continue ongoing crisis, safety, and support planning | |
| 7. Track and adapt the Wraparound plan to meet changing needs | |
| 8. Transition out of formal services | |
| 9. Monitor Wraparound services for fidelity using the Fidelity Survey | Wraparound Team members/Parents/Youth |
| 10. Monitor consumer satisfaction with Wraparound | Wraparound Coordinator |
| 11. Complete FSRs in accordance with the schedule set forth in Standard H | |
| 12. Enter quarterly reports in the RedCap system | |

## Exhibit A

### Wraparound Principles

Michigan utilizes 13 principles as the foundation of Wraparound services.




1. **Child Well Being**

The best interest of the child is always the paramount concern. When looking at the best interest of the child, the team is looking at all areas: safety, housing, food, clothing, emotional, social, school, interpersonal, transportation, etc. The hope is to minimize disruptions/transitions and create permanency for the family/child and to focus on strengthening their relationships. Focus is on the child's strengths and what the child has to bring to the table. Similar to the national principle of Family Voice and Choice, the child's perspective, beliefs, and values are important to the entire wraparound process. Planning and decision-making consider the child's perspective, preferences, desires, and choices. Options are elicited from the child, and any ideas recommended from the team need to also reflect the child's perspective.

2. **Family Focused**

Besides having the best interest of the child, the family is central to the Wraparound process. This principle considers the strength's, needs, and outcomes for the entire family. They need to have their voices heard to be able to have ownership in the process. They need access to any necessary resources. The family's perspective/beliefs/values/traditions are a primary and important focus throughout the entire wraparound process. This principle recognizes that families come in many different forms and that the people who have had long-term relationships with the child and the child need to have their voices heard. This value recognizes that the family is interdependent of each other and that strengthening/improving family relationships are vital. The family needs to be fully involved where their values/perspectives/desires are elicited, and they need to influence the planning and the outcomes of the process. Planning is focused on the family/child's values, preferences, and choices. Any decision-making is a collaborative effort where the family/child's choices are paramount. Options are elicited from the family/child, and any ideas recommended from the team need to reflect the family/child's values/perspectives. This principle recognizes that the likelihood of successful outcomes for the entire family are increased when the wraparound process reflects the priorities of the family.

3. **Safety, Child, Family and Community**

First and foremost, the priority is safety for everyone, the child, the family, and the community. Throughout the process, any safety concerns will be addressed immediately through honest, open discussions. It is the team's responsibility to address safety concerns, and any team member can address any safety issues at any time. The team will then develop a plan to ensure the safety of the child, family, and/or community. The team will also explore and develop a plan to address any safety concerns within the community. Just as the community needs to be safe, the child and/or family need to feel safe in their community environment.

4. **Individualized**

To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services that represent the family/child's perspectives, beliefs, strengths, and choices. The plan is unique to the family and is not a one size fits all. There should not be any plans that look the same or offer the same set of options. Each family/child is unique, complex, and the plan should reflect what is important and needed by each family/child. Flex funds should be available to assist in meeting the needs of each individualized plan.

5. **Cultural Competence**

The wraparound process has respect for and builds on the values, preferences, traditions, beliefs, identity, ethnicity, and culture of the family/child and their community. Cultural competence asks that team members also look at their own cultural dynamics and the impact it plays on them and this process. This principle also recognizes the strengths in the family/child's culture and that their cultural identity can be essential to supports and resources that will help the family/child/team meet their goals and to sustain them once wraparound services have ended.

6. **Direct Practice and System Persistence**

Despite challenges, the team is committed to working toward the goals developed in the wraparound plan until the team reaches an agreement that a formal wraparound process is no longer needed. Thus, the family/child cannot be "ejected or rejected" from the program due to behavior, events, lack of progress, etc. The team does not ever give up and does not place "blame or shame". The wraparound process is committed to working through issues that arise and providing the supports and services necessary for success. The team is responsible to break through barriers, fill any gaps in service delivery, and to utilize the strengths of the family/child to address system issues. The team will continue to work on changing, creating a plan that reflects the wraparound principles and goals of family/child/team until the team decides that services are no longer necessary.

7. **Community –Based**

The wraparound team implements services and supports that are the least restrictive, most inclusive, most responsive, and most accessible settings where the family/child can participate safely, fully in family and community life. It is important for the family/child to be involved in

the community where they choose to live and have access to all the resources/activities that are available to any other family/child within the community. The family/child needs to learn and apply coping/problem-solving skills to manage life stressors while living within the community. Plans need to work on reducing isolation and on utilizing natural/community supports to the fullest extent.

8. **Strength-based**

Wraparound is a strengths-based approach. The wraparound process and plan identify, build upon, and enhance the knowledge, skills, and capabilities of the family, the child, the community, and the team. Meetings start and end with discussing strengths, the positives, and with celebrating successes. The interactions of team members should demonstrate mutual respect and recognize the value, skills, capabilities that each person brings to the team. Wraparound seeks not only to identify strengths but utilize them throughout every aspect of the plan and throughout each intervention.

9. **Parent – Professional**

The parent and professional relationships represent a relationship of equals. Everyone is on the same playing field, and on the same team. It is not a process of "blaming and shaming". Both the parent/family and professionals are on the same team and working toward the same overall goal. All decisions are made together, and all information is shared. There are not any secrets or behind the scenes decisions. The family is a part of every process, including quality improvement and any part of the system infrastructure.

10. **Collaboration and Community Support**

The wraparound process embraces the philosophy of "Community Children". The belief that we are all in this together and have equal responsibility to work for the good of the family/child. The focus is on collaboration and utilizing the strengths/resources that each community organization has to offer. This is a time to put aside any differences and share resources/information and to work with the family/child to offer them every opportunity to be a part of the community. This principle focuses on thinking outside of the box and doing what makes sense.

11. **Social Networks / Informal Supports**

The team actively, intentionally seeks out and encourages the full participation of team members from the family/child's network of interpersonal and community relationships. This includes re-engaging supports that have disconnected from the family/child and expanding new supports. The team works to empower the family to develop/maintain supports that are going to stay with the family/child long after formal services have ended. Natural supports can include family, friends, neighbors, co-workers, and community organizations such as: church, clubs, school, extracurricular activities, etc. The wraparound plan reflects activities and interventions that utilize the natural support system.

12. **Outcome based**

The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress, and revises as needed. Outcomes looks in concrete terms at what the family wants from the process and what the system wants from the process. This principle holds the team accountable and assesses whether the plan is effective or if it needs to be adjusted. Keeping track of progress helps the family/child identify changes. Monitoring is a way to demonstrate success and a way of maintaining/gaining support/resources.

13. **Cost effective and Responsible**

The wraparound process utilizes every community resource available that is consistent with the overall family/child goal. The team strives to be fiscally responsible and considers the long-term effects of any decision to use flex funds. Flex funds are only used as last resort.

| **COMPARISON: NATIONAL PRINCIPLES**<br><br>The national Wraparound model utilizes ten similar principles. Since they are often referenced in research and best practice materials, Wraparound coordinators should be familiar with them and understand how they correlate to the Michigan principles. |
|---|
| Family Voice and Choice<br><br>The family and the youth/child's perspectives/beliefs/values are a primary and important focus throughout the entire wraparound process. This principle recognizes that families come in many different forms and that the people who have had long-term relationships with the child and the child need to have their voices heard. The family and the youth need to be fully involved where their values/perspectives are elicited, and they need to influence the planning and the outcomes of the process. Planning is focused on the family/child's values, preferences, and choices. Any decision-making is a collaborative effort where the family/child's choices are paramount. Options are elicited from the family/child, and any ideas recommended from the team need to reflect the family/child's values/perspectives. This principle recognizes that the likelihood of successful outcomes are increased when the wraparound process reflects the priorities of the family/child. |
| Team Based<br><br>The wraparound team consists of individuals who are committed to the well-being of the family/child. The members may be involved with the family formally, informally, and may consist of multiple members from the community. Choices about who is involved on the team should be driven by the family. It is important to provide support to the family to make informed decisions about who is a member of the team to make sure that the family/child has opportunity to have access to all available resources/supports. |

| |
|---|
| Natural Supports<br><br>The team actively, intentionally, seeks out and encourages the full participation of team members from the family/child's network of interpersonal and community relationships. This principle focuses on supports that are going to stay with the family/child long after formal services have ended. Natural supports can include family, friends, neighbors, co-workers, and community organizations such as: church, clubs, school, etc. The wraparound plan reflects activities and interventions that utilize the natural support system. |
| Collaboration<br><br>Team members work together and share responsibility for developing, implementing, monitoring, and evaluating the wraparound plan. The team works cooperatively to develop mutually agreed upon decisions about the goals to pursue, how to reach those goals, and whether the team is making progress towards the goals, and/or if adjustments need to be made. The plan reflects a blending of the team members' perspectives and guides each team member's work toward meeting the team goals. This area is focused on the team, and there needs to be a balance of the principle of collaboration and the principle of Family Voice and Choice. |
| Community Based<br><br>The wraparound team implements services and supports that are the least restrictive, most inclusive, most responsive, and most accessible settings where the family/child can participate safely, fully in family and community life. It is important for the family/child to be involved in the community where they choose to live and have access to all the resources/activities that are available to any other family/child within the community. |
| Culturally Competent<br><br>The wraparound process has respect for and builds on the values, preferences, traditions, beliefs, identity, and culture of the family/child and their community. This principle also recognizes the strengths in the family/child's culture and that their cultural identity can be essential to supports and resources that will help the family/child/team meet their goals and to sustain them once wraparound services have ended. |
| Individualized<br><br>To achieve the goals laid out in the Wraparound plan, the team develops and implements a customized set of strategies, supports, and services that represent the |

| |
|---|
| family/child's perspectives, beliefs, strengths, and choices. The plan is unique to the family and is not a one size fits all. |
| Strengths based<br><br>Wraparound is a strengths-based approach. The wraparound process and plan identify, build upon, and enhance the knowledge, skills, and capabilities of the family, the child, the community, and of the team. The interactions of the team should demonstrate mutual respect and recognize the value, skills, capabilities that each person brings to the team. Wraparound seeks not only to identify strengths but utilize them throughout the course of the plan. |
| Persistence<br><br>Despite challenges, the team is committed to working toward the goals developed in the wraparound plan until the team reaches an agreement that a formal wraparound process is no longer needed. Thus, the family/child cannot be "ejected or rejected" from the program due to behavior, events, lack of progress, etc. The wraparound process is committed to working through issues that arise and providing the supports and services necessary for success. The team will work on changing, creating a plan that reflects the wraparound principles and goals of family/child/team until the team decides that services are no longer necessary. |
| Outcome Based<br><br>The team ties the goals and strategies of the wraparound plan to observable or measurable indicators of success, monitors progress, and revises as needed. This principle holds the team accountable and assesses whether the plan is effective or if it needs to be adjusted. Keeping track of progress helps the family/child identify changes. Monitoring is a way to demonstrate success and a way of maintaining/gaining support/resources. |

**Exhibit B**

# Wraparound Evaluation Protocol

## Family Status Report

**In accordance with the Michigan Department of Community Health's evaluation requirement as stated in the Michigan Medicaid provider manual section 17.3N the Family Status Report (FSR) evaluation tool will now be used with all Wraparound youth. This tool has been piloted by SEDW sites and is now available in a web-based format.**

The Michigan Department of Community Health (MDCH) has developed a partnership with Michigan State University to collect and analyze FSR data and provide MDCH with evaluation findings. This evaluation team, called the Wraparound Evaluation Project (WEP) is led by John Carlson, PhD. The WEP team includes school psychology graduate students and staff from MSU's Biomedical Research Informatics Core (BRIC). The RedCap system was developed by the WEP to collect our data in a web-based format.

**Below are instructions for all Wraparound Projects without regard to the particular funding stream being utilized. All wraparound youth should have Family Status Reports (FSRs) completed on the following schedule:**

- An initial form completed within 45 days of opening
- Quarterly FSR's completed every subsequent 90 days
- An exit FSR is completed when youth leaves Wraparound for any reason.
- A follow up FSR completed 30 days post exit

Wraparound projects will identify the individual responsible to ensure completion of FSR's and will notify Millie Shepherd with contact information for that individual. Program Manager contact information will also be provided.

Counties with more than one Wraparound project will identify how they will ensure completion and provide that information to Millie Shepherd.

Entry of all Wraparound youth should *begin no later than June 15th, 2013 with all newly opened Wraparound cases.* Those cases with *youth already in progress do not have to be entered.* Contact information to set up access to the RedCap system will be included at the end of this document.

The RedCap system will provide Wraparound Facilitators and Supervisors with reminders when a quarterly report is due. You will have 14 days to enter that report. If the report is not entered within that 14 day period a follow up e-mail will be sent to Wraparound Facilitators and Supervisors as well as Program Managers.

You will be contacted by Erin Seif from Michigan State University's Wraparound Evaluation Program (WEP) with instructions for the RedCap system and will have access to Erin for questions regarding use of the system.

**RedCap access instructions for initial access to the database:**

In order to receive a user name and login information for the RedCap online data entry system, please send Erin Seif (msuwraparound@gmail.com) the following information for each person you would like to grant RedCap access to:

Facilitator First & Last Name

Facilitator Email Address

3 digit facilitator ID

Please note that the facilitator ID can be the same three digit ID that the facilitator is already using. Or, if your site does not have facilitator IDs at this point in time, you can assign each facilitator an ID beginning with 001, 002, 003, etc.

**If you have questions about how to develop the facilitator ID or any other data entry questions, you may contact Erin Seif or other WEP staff at the contact information listed below:**

**MSU Wraparound Evaluation Project**
**Toll-free: 855-678-7627**
**Local: 517-432-5090**

**(msuwraparound@gmail.com)**

**If you have questions not related to data entry please contact Millie Shepherd at shepherdm@michigan.gov**

## Wraparound Evaluation Protocol- Continued

## Wraparound Fidelity Survey

**The Fidelity Survey utilizes 25 questions to measure the extent to which Wraparound Youth, Parents, Team Members and Facilitators of teams believe the Wraparound values and philosophy are evident in team interactions.**

The Fidelity Survey is required at 6 months and 12 months and will be completed with every team who has not yet reached the 6 month mark. Those who have passed the 6 month mark should complete the 12 month survey.

Additional information regarding the administration of the Survey will be sent out by Michigan State Universities WEP staff to those individuals identified by each site as the party responsible for ensuring evaluation requirements are met.

If you have questions regarding the evaluation requirements please contact Millie shepherd at shepherd@michigan.gov

**Exhibit C**

SEDW SITE FF REVIEW - ATTACHMENT
WRAPAROUND: FIDELITY TO THE MODEL

| Indicator / Evidence | Degree to Which Standard is Met | | | Findings/Comment |
|---|---|---|---|---|
| | Full | Partial | Inadequate | |
| **W-1 A Strength and Culture Narrative is completed for each member of the family, and for the family as a whole. (evidence: the Strength and Culture Discovery is completed and maintained in the record)** | | | | |
| **W-2 The Strength and Culture Narrative is holistic and crosses life domain areas. (evidence: the Strength and Culture Discovery addresses skills, abilities, values, traditions, interests, preferences, etc., and life domains)** | | | | |
| **W-3 Results of the Strength and Culture Narrative are incorporated in the Plan of Service (POS). (evidence: planned interventions and strategies incorporate individual / family strengths and culture)** | | | | |
| **W-4 People that support the child and family across various areas of their lives are identified. (evidence: meeting minutes, notes of discussions, and/or POS/PCP documents identify family, friends, neighbors, professionals, school personnel, etc.)** | | | | |
| **W-5 The child, youth or family chooses who participates on the wraparound team. (evidence: POS/PCP paperwork; meeting minutes; case file notes)** | | | | |
| **W-6 Wraparound team meetings and attendance at meetings are documented. (evidence: minutes document each meeting and attendance)** | | | | |
| **W-7 Wraparound team meetings are held at least weekly initially and subsequently no less than twice monthly while enrolled in the SEDW unless otherwise documented in a transition plan. (evidence: minutes of meetings)** | | | | |
| **W-8 A mission statement is developed / articulated for each wraparound team. (evidence: the POS; minutes)** | | | | |
| **W-9 A needs assessment across life domain areas is completed. (evidence:** | | | | |

| Indicator / Evidence | Degree to Which Standard is Met | | | Findings/Comment |
|---|---|---|---|---|
| | Full | Partial | Inadequate | |
| **assessment format includes all domains and the assessment is maintained in the record)** | | | | |
| **W-10 Needs are prioritized by the family. (evidence: family priorities are clearly evident in minutes, notes, and/or POS)** | | | | |
| **W-11 The wraparound team develops an action plan that identifies alternative strategies (various ways) to meet identified needs. (evidence: meeting minutes; alternative strategies are outlined in the plan)** | | | | |
| **W-12 The Wraparound plan contains strategies or interventions that pertain to natural supports and other community resources, in addition to billable services. (evidence: the POS)** | | | | |
| **W-13 Outcomes are measurable and method of measurement is identified for each outcome. (evidence: measurement format, meeting minutes and/or POS)** | | | | |
| **W-14 Outcomes are monitored and evaluated at least monthly by the Child and Family Team, and by the Community Team at least every 6 months. (evidence: meeting minutes, outcome tool, Community Team 6-month Review format)** | | | | |
| **W-15 The Community Team reviews the plan and budget on a regular basis. This means at least initially, every 6 months and at graduation; crisis and safety plans are reviewed more frequently – as appropriate to need. (evidence: signatures / dates on the budget and plan)** | | | | |
| **W-16 The plan and budget are updated to reflect new interventions and services. (evidence: case notes, meeting minutes, budget reflects the plan)** | | | | |
| **W-17 Flexible funds are used as a last resort and community outreach is done to meet some needs of the child and family. (evidence: Community Team authorization of budget; budget form identifies other community resources)** | | | | |
| **W-18 The Child and Family Team identified and addressed safety risks. (evidence: the Safety Plan)** | | | | |

| Indicator / Evidence | Degree to Which Standard is Met | | | Findings/Comment |
|---|---|---|---|---|
| | Full | Partial | Inadequate | |
| **W-19 Worries, concerns and potential crisis / safety areas are identified and planned. (evidence: the Crisis / Safety Support Plan)** | | | | |
| **W-20 The crisis / safety plan identifies both proactive and reactive steps / interventions. (evidence: the Crisis / Safety Support Plan)** | | | | |
| **W-21 The crisis / safety plan includes interventions that are culturally relevant and strength-based. (evidence: the crisis / safety plan is consistent with the results of the Strength and Culture Narrative)** | | | | |
| **W-22 All team members have a defined role in implementing the crisis / safety plan. (evidence: roles of each team member are specified in the crisis / safety plan)** | | | | |
| **W-23 All contacts are documented in the file. (evidence: case file notes; minutes)** | | | | |
| **W-24 A transition plan is developed and it outlines how the family will continue to get their needs met after the child / youth is off the SEDW. (evidence: plan, outcomes measurement format and/or transition plan)** | | | | |
| **W-25 A graduation summary identifies overall progress on outcomes and transition to other services / supports. (evidence: the graduation summary)** | | | | |
| **W-26 The child / youth and his/her family have identifiable connection to the community. (evidence: included in the graduation summary)** | | | | |
| **W-27 The Community Team agreed with / to the graduation plan. (evidence: signature of Community Team members on the graduation plan)** | | | | |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: System of Care (SOC)</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.03.09.09</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/08</td><td>Date of Review/Revision:<br>6/10/09, 6/10/10, 4/4/12, 5/6/14, 4/19/16, 6/13/17, 4/10/18, 4/9/19, 7/29/20, 4/13/21, 5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

A. The purpose of this policy is to delineate a framework for fostering the development and maintenance of a System of Care (SOC) for children and families with a serious emotional/behavioral disturbance who require services and supports from multiple child-serving organizations and public sector service delivery systems, and that enables children to be cared for in their homes, schools, and communities. SOC goals include:

1. Helping children and families develop the skills needed to manage their lives in their homes and communities.
2. Promoting parent–professional–community partnerships in the design, implementation and evaluation of the system of care.
3. Ensuring cultural competence in the delivery of services.
4. Expanding the amount and quality of services and supports available from all child-serving agencies and matching them to each individual child.
5. Providing ongoing training/education for families, advocates, and professionals.
6. Using quality improvement activities to help make decisions.
7. Expanding community-based systems of services and supports.
8. Providing state-of-the-art, effective clinical services and supports.

**Policy:**

Children with serious emotional disturbances and their families often need a range of comprehensive, individualized, coordinated services and supports. All key partners must come together to plan for and deliver these services, with families as full partners in the process. To this end, SCCMHA shall promote and help maintain a child-focused and family-centered system of community-based, trauma-informed, resiliency-focused,

developmentally appropriate care for children with serious emotional disturbances and their families.

**Application:**
This policy applies to all providers of mental health treatment and related supports to children, adolescents, and families operating under the auspices of the Saginaw County Community Mental Health Authority.

**Standards:**
A. Children with serious emotional disturbances often experience a variety of problems that require solutions from an array of professionals and services.
B. Serving children who have serious emotional disturbances and multiple service system needs requires substantial assistance from the community.
C. The following core values of a system of care shall be adhered to:
    1. Child and family-centered. The needs of the child and family shall dictate the types and mix of services and supports provided; services are adapted to the child and family rather than expecting the child and family to conform to preexisting service and support configurations.
    2. Individualized. A unique service plan shall be developed for each child and family which assesses their strengths and needs, prioritizes their needs in each life domain, and is responsive to the family's cultural, racial, and ethnic identity.
    3. Community-based. Services shall be provided within or close to the child's home community in the least restrictive setting feasible, and coordinated and delivered via connections between providers.
    4. Oversight by a multi-agency advisory team. A multi-agency advisory team shall provide oversight for a system of care. The team shall be comprised of representatives from families and partner agencies who engage in planning and decision-making. The team will monitor the development and maintenance of interagency collaborations, seek to improve the overall effectiveness of the partnerships and help to maintain open communication and decision-making across all stakeholders.
D. The following guiding principles of a system of care shall be adhered to:
    1. Service coordination or case management
    2. Prevention and early identification and intervention
    3. Smooth transitions among agencies, providers, and to the adult service system (where indicated)
    4. Human rights protection and advocacy
    5. Nondiscrimination in access to services
    6. A comprehensive array of services
    7. Individualized service planning
    8. Services in the least restrictive environment
    9. Family participation in all aspects of planning, service delivery, and evaluation
    10. Integrated services with coordinated planning across child-serving systems
    11. Promotion of the use of best practices across all systems; evidence-based clinical interventions which are integral to an effective system of care.

**Definitions:**

**Blended Funds:** Funds that come from various sources that are merged and used interchangeably.

**Braided Funding:** Funding that uses monies from different sources but accounts for the different sources separately.

**Cultural Competence:** Help that is sensitive and responsive to cultural differences. Caregivers are aware of the impact of culture and possess skills to help provide services that respond appropriately to a person's unique cultural differences, including race and ethnicity, national origin, religion, age, gender, sexual orientation, or physical disability. They also adapt their skills to fit a family's values and customs.

**System of Care (SOC):** A comprehensive network of community-based services organized to meet the needs of children who are involved with multiple services and systems (e.g., juvenile justice, child welfare, mental health). SOC initiatives were established in 1992 when Congress launched the Children's Mental Health Initiative (CMHI) within the Substance Abuse Mental Health Administration (SAMHSA) to address the needs of children with serious emotional disturbances. The concept has since evolved to include children who require services from multiple organizations as a way providing whole person care in an integrated fashion (while reducing siloes of care and services).




[MDHHS]

SOC is based on the premise that the needs of children, adolescents, and their families can be met within their home, school, and community environments. An SOC is developed around the principles of child-centeredness, family-driven, strength-based, cultural competence, and interagency collaboration. It is comprised of a wide range of mental health and related services and supports working together to provide care. It is designed to help children with serious emotional disturbances and their families obtain the services and supports they need in or near their homes and communities. In systems of care, local public and private organizations work in teams to implement a set of services unique to each child in accordance with their physical, emotional, social, educational, and family needs that focus on the strengths of the child and the family.

**References:**


A. Glassheim, B. (2006). *A Guide to Evidence-Based Practices for Children, Adolescents and their Families*. SCCMHA: https://www.sccmha.org/userfiles/filemanager/287/

B. Hernandez, M., Worthington, J., Davis, C.S. (2005). *Measuring the Fidelity of Service Planning and Delivery to System of Care Principles: The System of Care Practice Review (SOCPR).* (Making children's mental health services successful series, 223-1). University of South Florida, The Louis de la Parte Florida Mental Health Institute. Tampa FL. Available at http://cfs.fmhi.usf.edu/tread/PDFs/SOCPR_Monograph%20FINAL-3-5-05.pdf.

C. MDHHS – Mental Health Partnerships (SOC): https://www.michigan.gov/mdhhs/keep-mi-healthy/mentalhealth/mentalhealth/childrenandfamilies/mh-partnerships
D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
E. SCCMHA Policy 02.03.09.09 – Wraparound
F. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
G. SCCMHA Policy 03.02.46 – Whole Person Care
H. Stroul, B. (2002). A Framework For System Reform In Children's Mental Health. *Issue Brief*. National Technical Assistance Center For Children's Mental Health, Georgetown University, Child Development Center. Washington, DC. [On-line]. Available: http://gucchd.georgetown.edu/files/products_publications/SOCbrief.pdf.
I. Stroul, B., Blau, G., Friedman, R. (2010). Updating the system of care concept and philosophy. Georgetown University Center for Child and Human Development, National Technical Assistance Center for Children's Mental Health. Washington, DC. Available at https://www.isbe.net/Documents/soc-brief-2010.pdf.
J. Stroul, B., Friedman, R. (1986). *A System of Care for Children and Youth with Severe Emotional Disturbances*. Georgetown University Child Development Center, National Technical Assistance Center for Children's Mental Health. Washington, DC.
K. Worthington, J., Davis, C., Hernandez, M., Pinto, A., Vergon, K. (2005). *System of Care Practice Review: Review Team Member Training Manual* (rev. ed.) University of South Florida, The Louis de la Parte Florida Mental Health Institute. Tampa, FL. [On-line]. Available at http://cfs.fmhi.usf.edu/tread/PDFs/SOCPR%20Training%20Manual.pdf.

**Exhibits:**
A. System of Care Framework
B. System of Care Practice Review (SOCPR) domains and subdomains

**Procedure:**
None

Exhibit A

## System of Care Framework




The range of services that may be included in a system of care:

- Case management (service coordination)
- Community-based in-patient psychiatric care
- Counseling (individual, group, and youth)
- Crisis residential care
- Crisis outreach teams
- Day treatment
- Education/special education services
- Family support
- Health services
- Independent living supports
- Intensive family-based counseling (in the home)
- Legal services
- Protection and advocacy
- Psychiatric consultation
- Recreation therapy
- Residential treatment
- Respite care
- Self-help or support groups
- Small therapeutic group care
- Therapeutic foster care
- Transportation
- Tutoring
- Vocational counseling

Exhibit B

## SYSTEM OF CARE PRACTICE REVIEW (SOCPR)

**DOMAIN 1** Child-Centered and Family-Focused: The needs of the child and family dictate the types and mix of services provided.

**SUBDOMAINS**

**INDIVIDUALIZATION** Individualization refers to the development of a unique service plan for each child and family in which their needs are assessed and prioritized in each life domain. Strengths are also identified and included as part of the plan.

**FULL PARTICIPATION** Developing an individualized service plan is possible with full participation of the child, family, providers, and significant others. Additionally, the child and family participate in setting their own treatment goals, and plan for the evaluation of interventions to reach those goals.

**CASE MANAGEMENT** Case management is intended to ensure the child and family receive the services they need in a coordinated manner, that the type and intensity of services are appropriate, and that services are driven by the family's changing needs over time.

**DOMAIN 2** Community-Based: Services are provided within or close to the child's home community, in the least restrictive setting possible, and are coordinated and delivered through linkages between public and private providers.

**SUBDOMAINS**

**EARLY INTERVENTION** Early identification and intervention for the child with emotional disturbances enhance the likelihood of positive outcomes by reversing maladaptive behaviors and preventing problems from reaching serious proportions. This refers to both providing services before problems escalate, in the case of the older child, and designing services for the younger child.

**ACCESS TO SERVICES** Each child and family has access to comprehensive services across physical, emotional, social, and educational domains. These services are flexible enough to allow the child and family to integrate them into their daily routines.

**MINIMAL RESTRICTIVENESS** Systems serve the child in as normal an environment as possible. Interventions provide the needed services in the least intrusive manner to allow the family to continue day-to-day routines as much as possible.

**INTEGRATION AND COORDINATION** Coordination among providers, continuity of services, and movement within the components of the system are of central importance for each child and family with multiple needs.

**DOMAIN 3** Culturally Competent: Services are attuned to the cultural, racial, and ethnic background and identity of the child and family.

**SUBDOMAINS**

**AWARENESS** Culturally competent service systems and providers are aware of the impact of their own culture and the culture of each family being served. They accept cultural differences and understand

| | |
|---|---|
| | the dynamics at play when persons from different cultural backgrounds come into contact with each other. They recognize how cultural context uniquely relates to service delivery for each child and family. |
| **AGENCY CULTURE** | The child and family are assisted in understanding the agency's culture, in terms of how the system operates, its rules and regulations, and what is expected of them. |
| **SENSITIVITY AND RESPONSIVENESS** | Cultural Competence includes the ability to adapt services to the cultural context of each child and family. |
| **INFORMAL SUPPORTS** | Cultural Competence is reflected in the inclusion of the family's informal or natural sources of support in formal service planning and delivery. Each service provider becomes knowledgeable about the natural resources that may be used on behalf of the child and family and are able to access them. |

**DOMAIN 4** Impact: The SOC philosophy implies that the implementation of SOC principles at the practice level produce positive outcomes for child and family receiving services.

**SUBDOMAINS**

| | |
|---|---|
| **IMPROVEMENT** | Services that have had a positive impact on the child and family have enabled the child and family to improve their situation. |
| **APPROPRIATENESS OF SERVICES** | Services that have had a positive impact on the child and family have provided appropriate services that have met the needs of the child and family. |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Substance Use Disorder Services</td><td>Chapter: 02 - Customer Service & Recipient Rights</td><td>Subject No: 02.03.09.10</td></tr>
<tr><td rowspan="2">Effective Date:<br>October 1, 2008</td><td>Date of Review/Revision:<br>1/1/08, 6/22/09, 6/11/12, 6/5/14, 5/9/16, 7/1/16, 9/28/16, 2/2/17, 3/28/17, 6/13/17, 6/1/18, 6/12/19, 11/18/20, 10/6/21</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Utilization Management<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>SUD Coordinator, SCCMHA Service Management Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to guide the development, management, delivery and oversight of substance use disorder (SUD) prevention and treatment services and supports as well as to ensure the availability of such services and supports for Medicaid, Healthy Michigan Plan (HMP), CCBHC (Certified Behavioral Health Clinic), and any other appropriate beneficiaries are managed within an overall integrated system of specialty services and supports adhere to the requirements of the Michigan Department of Health & Human Services (MDHHS) and the Regional PIHP (Pre-paid Inpatient Health Plan), Mid-State Health Network (MSHN) and CCBHC criteria.

**Policy:**

The Saginaw County Community Mental Health Authority, as the Saginaw CMHSP (Community Mental Health Services Program) and CCBHC, is responsible for ensuring continual access for individuals with behavioral health needs, including adults, children and their families whose primary concern, and/or any behavioral health need, is related to a substance use issue or disorder. SCCMHA serves as a 24/7/365 access point for any such potential consumers, as a CMHSP and on behalf of Mid-State Health Network (MSHN) regional Prepaid Inpatient Health Plan (PIHP).

It is the policy of SCCMHA to seek to ensure: (1) high quality, culturally competent, developmentally appropriate service delivery; (2) the use of appropriate evidence-based practice treatment models; (3) compliance with relevant federal, state and regional requirements; and (4) local community needs are assessed and met.

**Application:**
This policy applies to all access points and core service areas in the SCCMHA provider network, including direct operated and contracted provider programs.

**Standards:**

A. SCCMHA will use standardized, validated screening and assessment tools support the accurate determination of SUD treatment and service need(s).
   1. The American Society of Addiction Medication (ASAM) Criteria shall be used to determine SUD treatment placement/admission and/or continued stay needs.

B. The SCCMHA provider network shall obtain and maintain competence in the provision of treatment and support to consumers with SUDs.

C. SCCMHA Providers shall obtain and maintain co-occurring disorders (COD) enhanced competence as well as the ability to appropriately treat primary substance use disorders.
   1. Providers shall secure any necessary certifications, licensure as well as relevant training and continuing education regarding SUD screening, assessment, prevention, and treatment.

D. SCCMHA providers shall serve as added access points to ensure there is 'no wrong door' for the identification of potential consumers in need of SUD services.

E. SCCMHA will use Screening, Brief Intervention and Referral to Treatment (SBIRT) and will encourage the use of SBIRT by local primary care providers.

F. SCCMHA shall include SUDs as part of its integrated care service delivery.

G. SCCMHA will maintain, at minimum, an active referral and coordination relationships with community substance use disorder providers.
   1. Written care coordination agreements shall be maintained with SUD providers including, but not limited to, those with contracts with Mid-State Health Network regional PIHP for purchase of services.

H. A full continuum of SUD services and supports shall be provided to eligible consumers.
   1. Services and supports shall include:
      a. Access Management
      b. Prevention Programs and services
      c. Early Intervention services
      d. Acute Care (including medical detoxification and withdrawal monitoring)
      e. Subacute Detoxification treatment
      f. Outpatient Treatment
      g. Intensive Outpatient Treatment
      h. Recovery Support services
      i. Group Therapy
      j. Integrated Co-occurring Disorders Treatment (IDDT)
      k. Residential programs
      l. Case Management
      m. Medication Assisted Treatment (MAT) including methadone maintenance therapy, buprenorphine, naloxone

I. Services provided to persons with SUDs shall, when feasible, adhere to evidence-based practices.
    1. Fidelity reviews shall be conducted on a regular basis in order to ensure adherence to evidence-based practice models.

J. SUD services shall be provided at locations and times that are in accordance with acceptable time and distance standards to facilitate access and continued engagement of vulnerable populations and thus maximize the potential to achieve positive outcomes.
    1. Office-based services shall be located within 60 minutes/60 miles in rural areas, and 30 minutes/30 miles in urban areas, from the beneficiary's residence.
    2. Consumers shall be provided with resources for transportation to medically necessary appointments as needed.
    3. Priority for admission shall be given to the following populations in accordance with state and federal requirements:
        a. Pregnant, using injection drugs
        b. Pregnant, using drugs
        c. Individual using an injection drug
        d. Parents at risk of losing custody of their children
        e. All others

K. SCCMHA will make training and continuing education opportunities available for all SUD treatment panel members to ensure services and supports are provided in accordance with current evidence-based practice models.
    1. SCCMHA shall welcome input from all providers, including those who are not credentialed SUD providers, regarding ongoing educational needs to adequately serve persons with SUD.

L. SCCMHA will appoint an SUD Coordinator to serve as the lead contact person and consultant for all matters relative to local CMHSP SUD services and supports.
    1. This position shall serve as a liaison to MSHN and as a resource for local providers, under the direction of the SCCMHA Chief of Health Services & Utilization Management and the SCCMHA Service Management Team.

M. Peer services, including recovery coaches, will be promoted and included in the delivery of SUD prevention, intervention and treatment services.

N. Recovery Oriented System of Care approaches will be utilized in SUD treatment services and programs.

O. Selection of SUD treatment and prevention service panel providers will be based upon open public procurement procedures and practices in accordance with state and federal standards and regional guidance where applicable.

P. SCCMHA will include SUDs in all network needs assessment and planning efforts.

Q. SUD provider treatment and prevention service panel network members are subject to SCCMHA and/or MSHN site visits or review on a regular basis, including programmatic/service requirements and retrospective event verification review.

R. Screening and assessment for SUDs shall be embedded in all SCCMHA access and crisis service provision and documented in the electronic health record.

S. In accordance with SCCMHA standards, SUD services will be provided through an individualized, person-centered treatment plan for each individual served, with the plan and progress documented in the electronic medical record.

T. SCCMHA and local SUD leadership will meet on a periodic basis to ensure effective management, oversight and coordination of SUD services at the regional and local levels.

U. SUD providers will immediately notify SCCMHA, as well as MSHN as appropriate, of any urgent or serious service delivery or management issues.
   1. SCCMHA will maintain current information on provider panel changes, provider selection processes, service delivery changes and regional directives.

V. SCCMHA will ensure that appropriate confidentiality is maintained for persons receiving SUD services as required by state and federal statutes including 42 CFR.

W. SUD services will be delivered in a culturally and linguistically sensitive, developmentally appropriate and trauma-informed manner in accordance with the unique needs of each individual served.

**Definitions:**

**Priority Populations:** Pregnant women who are using injectable drugs, pregnant women who are drug users, individuals who are using injectable drugs and parents who are at risk of losing their children under the Child Protection Laws. Michigan law extends priority populations status to men. As defined by 45 CFR Part 96 and Michigan Public Act 368.

**Recovery Oriented System of Care (ROSC):** Michigan's recovery-oriented system of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities. (MDHHS: Adopted by the ROSC Transformation Steering Committee, September 30, 2010) The goal of treatment extends beyond abstinence or symptom management to helping people achieve a full, meaningful life in the community. Prior treatment is not viewed as a predictor of poor treatment outcomes and is not used as grounds for denial of treatment. People are not discharged from treatment for relapsing or confirming their diagnosis. Post treatment continuing care services are an integrated part of the service continuum rather than an afterthought. Focus is on all aspects of the individual and the environment, using a strength-based perspective and emphasizing assessment of recovery capital. (MDHHS)

**References:**


A. Glassheim, B. (2007). *A Guide of Evidence-Based Practices for Substance Use Disorders.* Saginaw County Community Mental Health Authority. Saginaw, MI. (https://www.sccmha.org/userfiles/filemanager/288/)

B. CMHSP Contracts, including attachments and references.

C. Michigan Department of Health and Human Services. *Medicaid Provider Manual*. MDHHS. Lansing, MI. (https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html).

D. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration. (October 1, 2021). *MI Certified Community Behavioral Health Clinic (CCBHC) Handbook, Version 1.2*.

E. *Saginaw County's First Responders Guide for Behavioral Health Interventions*: https://www.sccmha.org/userfiles/filemanager/12403/.
F. SAMHSA. (2016*). Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics*. (https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)
G. SCCMHA Substance Use Disorder Treatment Provider Memorandum of Understanding.

**Exhibits:**
A. SCCMHA Crisis Follow Up Plan
B. MDCH Treatment Policy #12

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Manages SUD service array and service delivery in Saginaw County via selected network panel providers. | MSHN |
| Purchases and manages Medicaid/HMP and non-Medicaid services, addresses key regulatory functions delegated by the PIHP and participates in regional planning and oversight. | SCCMHA/MSHN |
| Executes contractual agreements and MOUs and provide mutual and specific executive leadership. | SCCMHA CEO |
| Serves as SCCMHA Liaison/Contract Manager and SUD Liaison to the Regional PIHP. | SCCMHA SUD Coordinator |
| Strengthens and establish collaboration among community and support the efforts of coalitions using a comprehensive approach by the Behavioral Health Continuum of Care to expand Mental Health and Prevention efforts. | |
| Deliver substance use disorder treatment and prevention services within scope of work and requirements and maintain compliance with contractual/agreement areas. | SCCMHA Primary Provider Teams and MOU SUD Providers |
| Provides continuing SUD/COD education planning services for provider network. | SCCMHA Continuing Education Supervisor |

| | |
|---|---|
| Coordinates crisis and access services, including between MSHN and SCCMHA. Ensures adequate screening for substance use/misuse and co-occurring disorders, including level of care determination and appropriate access to detox services. Provides links services and supports via warm handoff when feasible to facilitate access and engagement. Adhere to screen and eligibility standards to ensure referrals to SUD care providers are appropriate. | SCCMHA Crisis Intervention Services and Central Access & Intake (CAI) Supervisors |
| In accordance with the SCCMHA Crisis Follow Up Plan standards (Attachment A), follows up with individuals within two (2) business days to verify service needs have been met and to re-engage with referral connections. Completed documentation in REMI and Sentri including clinical and demographic information. Generates call logs to document adherence to the two (2) business days standard for referral connections. Screens individuals in accordance with access timelessness standards and links them to services and supports within 2 business days to reduce barriers to treatment assuring to assess for priority populations. Ensures that all individuals seeking services are treated in a welcoming and consumer-centered manner. Screens and admits priority populations in accordance to Treatment Policy #12 page 8 of 12 October 1, 2010. (see Attachment B) | CAI |
| Provide leadership, oversight and consultation on contract, data, information system management, regulatory, quality, rights, customer service, financial and clinical areas, in collaboration with MSHN as appropriate. | SCCMHA Contract & Properties Manager, Director Network Services, Public Policy & Continuing Education, Director of Information Systems, Compliance Administrator, CIO & Quality and Compliance Officer, Director of Customer Services & Recipient Rights, Director of Financial Services, and Director of Clinical Services & Programs, |

| | |
|---|---|
| | and Director of Enhanced Health & Integration. |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Saginaw County Community Mental Health Authority
## Crisis Follow – Up Plan— 24-Hour Phone 792-9732

Client's Name _____ Sentri # _____

**Specific Stipulations**

_____ I will not do anything to harm myself or others.

_____ I will talk to friends, family and / or support people about my concerns.

_____ I will call the crisis line at **792-9732** or have someone else call for me as needed.

_____ I will go to the emergency room before hurting myself or others.

_____ I will contact my therapist or case manager by _____.

_____ I will contact my psychiatrist by _____.

_____ I will take my medications as prescribed.

_____ I will stay with friends, relatives, and / or _____ until my mental health is stable.

_____ Arrangements have been made for me to go to Crisis Residential Treatment Program. I will go there safely at a designated time.

_____ I do not have access to weapons.

_____ I will follow-up with _____ on _____.

_____ **General Safety Guidelines (Only Applicable if Checked)**

**Medications:** Keep all medications stored and locked in a secure area. This includes medications that have been prescribed by a doctor as well as over-the-counter drugs.
**Firearms:** It is best not to keep firearms in your home. If you must have firearms, keep them unloaded and locked-up.
**Sharps:** Keep all sharp objects locked in a drawer—Including items such as... knives, razor blades, scissors, etc.
**Alcohol/Other Drugs:** The consumption of alcohol, misuse of prescribed / over-the-counter drugs, and use of substances increase the risk of suicide. Do not use substances.

I fully understand the above, was not coerced into signing, agree with the stipulations, and intend to be compliant.

Client_____ Date _____

Parent/Guardian/Staff_____ Date _____

Clinician_____ Date _____

Telephone number for follow-up call: _____ or _____

Disposition of follow-up call: _____

_____

Clinician: _____ Date: _____

**Entered in Sentri? YES ☐ NO ☐**

**500 HANCOCK ST. • SAGINAW, MI • 48602 • PHONE: 989-792-9732 • HANCOCK FAX: 989-797-3477 • COVENANT FAX: 989-583-4252**

6-7-16 mef

Exhibit B



Admissions:

Coordinating agencies and treatment providers must follow the priority population guidelines identified in the MDCH/BSAAS contract with coordinating agencies, listed below, for admitting women to treatment:

| Population | Admission Requirement | Interim Service Requirement |
|---|---|---|
| **Pregnant Injecting Drug User** | 1) Screened and referred within 24 hours.<br>2) Detoxification, methadone or residential – offer admission within 24 business hours.<br>Other Levels of Care – offer admission within 48 business hours. | **Begin within 48 hours:**<br>1. Counseling and education on:<br>a. HIV and TB.<br>b. Risks of needle sharing.<br>c. Risks of transmission to sexual partners and infants.<br>d. Effects of alcohol and drug use on the fetus.<br>2. Referral for pre-natal care.<br>3. Early Intervention Clinical Services. |
| **Pregnant with Substance Use Disorder** | 1) Screened and referred within 24 hours.<br>2) Detoxification, methadone or residential – offer admission within 24 business hours.<br>Other Levels of Care – offer admission within 48 business hours. | **Begin within 48 hours:**<br>1. Counseling and education on:<br>a. HIV and TB.<br>b. Risks of transmission to sexual partners and infants.<br>c. Effects of alcohol and drug use on the fetus.<br>2. Referral for pre-natal care.<br>3. Early Intervention Clinical Services. |
| **Injecting Drug User** | Screened and referred within 24 hours. Offer admission within 14 days. | **Begin within 48 hours – maximum waiting time 120 days:**<br>1. Counseling and education on:<br>a. HIV and TB.<br>b. Risks of needle sharing.<br>c. Risks of transmission to sexual partners and infants.<br>2. Early Intervention Clinical Services. |
| **Parent at Risk of Losing Children** | Screened and referred within 24 hours. Offer admission within 14 days. | **Begin within 48 business hours:**<br>Early Intervention Clinical Services. |
| **All Others** | Screened and referred within seven calendar days. Capacity to offer admission within 14 days. | **Not Required.** |

* The full table can be found in the MDCH/BSAAS contract with coordinating agencies.

<table>
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<tr><td>Subject: Adult Crisis Residential Services</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.11</td></tr>
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<tr><td>Supersedes:</td></tr>
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**Purpose:**
The purpose of this policy is to delineate a framework for the provision of crisis residential services and supports to adults with mental illnesses and co-occurring substance use disorders.

**Policy:**
SCCMHA-funded adult crisis residential services shall adhere to established standards set forth for the provision of crisis residential programs.

**Application:**
A. Providers: This policy applies to all SCCMHA-funded adult crisis residential services and supports.
B. Consumers: Services are designed for adult consumers who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital.

**Standards:**
A. Crisis residential services shall be made available, as resources permit, by SCCMHA to provide a short-term alternative to inpatient psychiatric care for adult consumers experiencing an acute psychiatric crisis who meet criteria for inpatient psychiatric hospitalization (per the Michigan Medicaid Provider Manual).
B. Crisis residential services shall be targeted to adult consumers who meet psychiatric inpatient admission criteria or are at risk for hospitalization but can receive care in a less intensive setting. Consumers who have a mental illness or a mental illness and a concomitant disorder (e.g., a substance use disorder or intellectual/developmental disability) can be served by the CRTP (crisis residential treatment program) if the primary reason for admission is due to a mental illness.

C. Crisis residential services shall be used to avert an inpatient psychiatric admission (i.e., as a diversion) or to reduce the length of an inpatient stay (i.e., as a step-down).

D. Crisis residential services can be provided for a period up to 14 calendar days per episode. This length of stay may be extended with clinical justification and SCCMHA approval.

E. Crisis residential services and supports shall include:
   1. Psychiatric supervision
   2. Nursing services
   3. Therapeutic support services
   4. Medication management/stabilization and education
      a. Medication reviews performed at the crisis residential home must be performed by a physician, physician's assistant, or a nurse practitioner under the clinical supervision of the psychiatrist.
   5. Behavioral services
      a. Individual and group sessions as well as other types of activities that promote wellness and recovery shall be available to consumers.
      b. Motivational Interviewing techniques shall be used to engage consumers in the process of positive change.
   6. Milieu Therapy

F. Admission shall be predicated upon the consumer signing a voluntary consent to treatment.

G. Consumers who express a desire to leave prior to completion of the program shall be referred to clinical staff or a peer support staff to discuss the benefits of remaining with the program.
   1. Transportation shall be arranged for consumers who still wish to leave the facility.
   2. CIS and the Case Holder shall be notified of the consumer's AMA discharge from the CRTP.

H. MDDHS approval and State of Michigan Adult Foster Care licensing shall be secured and maintained by the SCCMHA-funded CRTP.

I. SCCMHA's CRTP shall focus on resolving the immediate precipitating crisis and enhance consumers' abilities to return to their community residences.
   a. Consumers shall be assisted to develop and implement illness management and coping skills, a relapse prevention plan, and linkages to community resources in accordance with each consumer's person-centered plan in a recovery/resiliency-oriented approach.
   b. Exploration of issues related to crises, substance use/abuse/misuse, identity, values, choices, and choice-making, recovery and recovery planning will be offered.
   c. Services and supports shall be delivered in a trauma-informed manner.

J. Individualized plans of service based on consumer needs shall be developed within 48 hours of admission and signed by the consumer (if possible), parent or guardian if applicable, attending psychiatrist and other professionals involved in treatment planning. A subsequent plan based on comprehensive assessments must be developed if the length of stay exceeds 14 days. Individualized plans shall consist of:

1. Clearly stated goals and measurable objectives that are derived from the assessment of immediate need with specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis documented.
2. Identification of specific procedures designed to assist the consumer in attaining his/her goals and objectives.
3. Discharge plans that include aftercare and follow-up services as well as functions of any assigned case holder.

K. The SCCMHA-funded CRTP will support and coordinate the physical health care needs of residents.

L. SCCMHA's CRTP shall adhere to established staffing standards and Michigan Medicaid regulations:
1. Nursing services (i.e., an RN, or LPN under appropriate supervision) provided on site for a minimum of 8 hours per day.
2. A psychiatrist who provides clinical supervision of treatment services available by telephone at all times (24/7) at a minimum, and who must provide psychiatric evaluation/assessments and medication reviews on site.
3. A supervisor who is a master's degree prepared mental health professional with one year of experience providing services to consumers with serious mental illness, or has a bachelor's degree in human services and at least two years of experience providing services to consumers with serious mental illnesses, and is on site a minimum of eight hours a day, Monday through Friday, and on call at all other times.
4. Paraprofessional staff members with at least one year of satisfactory work experience providing services to consumers with mental illness, or who have successfully completed a PIHP/MDHHS-approved training program for working with consumers with mental illnesses.
5. Peer support specialists can be part of the multidisciplinary CRTP team and facilitate peer support groups, assist in transitioning consumers to less intensive services, and provide recovery-oriented mentoring.

M. Each consumer's multidisciplinary treatment team shall be comprised of the following disciplines at a minimum:
1. The consumer
2. The consumer's parent or guardian, if applicable
3. The attending psychiatrist
4. The Case Holder assigned to the consumer
5. Other professionals relevant to the needs of the consumer including their ACT team and outpatient treatment provider

N. The CRTP shall adhere to following administrative protocols:
1. The CRTP shall fax a bed vacancy summary (or otherwise provide written bed vacancy update per CIS request) that is gender-specific to the SCCMHA Crisis Services (CIS) Unit every morning by 8:30 am. If for any reason this notice is delayed, CRTP will advise CIS and when the update will be provided.
2. The CRTP shall immediately notify CIS Unit by telephone whenever the last available bed of either gender is being requested by another county and

wait for one half-hour for a response from CIS prior filling the last bed of either gender.

3. Staff of the CRTP shall wear employee identification badges at all times while on duty and in all venues in which they are assigned to work (e.g., at the CRTP and when transporting consumers from other facilities).
4. The CRTP shall maintain a separate office telephone number which is only answered by staff members who shall formally identify themselves when answering the office telephone (e.g., "Hello, thank you for calling the CRU. This is [full name of person] speaking. How can I help you?"). An additional telephone/line shall be made available for use by consumers.
5. Transportation of consumers to the CRTP will be provided by CRTP and shall generally occur within sixty minutes of the request. The CRTP shall notify SCCMHA of any delays in transportation along with a timeframe for the pick-up.
    a. Upon referral, CRTP will ask CIS when the person will be ready for pickup and arrange pick up based on anticipated time of readiness. CRTP and CIS staff will stay in contact with each other regarding any delays on transportation readiness or pick up times to promote reduction of either consumer or staff waiting time.
    b. Transportation exceptions will be made with notice to the CRTP for identified Case Holders only, who may wish to transport individuals. At no time should family, friends, or AFC providers transport persons to CRTP directly.
6. Psychiatry services shall be accessible telephonically to the program on a 24-hour basis. Psychiatric consultation will occur for all admissions. Psychiatry face to face services shall occur within 48 hours of admission and a minimum of daily program consultation will occur with the program psychiatrist, and more often whenever indicated.
7. Therapeutic intervention shall commence upon admission and continue daily for the duration of a consumer's stay in accordance with the consumer's mental health status.
8. Pharmacotherapy regimens shall be continuous from the time of admission through discharge with no gaps in treatment.
    a. A medication evaluation shall be conducted within 24 or less hours of admission or by the end of the nursing day shift.
9. Discharge planning shall commence upon admission.
    a. The CRTP shall ensure that each consumer has a follow-up appointment with a mental health provider scheduled within seven days of discharge from the CRTP.
        1). An appointment shall be scheduled with the existing treatment team at SCCMHA or SCCMHA network provider.
        2). The SCCMHA Central Admissions & Intake (CAI) Unit will assist in arranging a seven-day follow-up appointment if the service will be provided by an agency other than SCCMHA or an SCCMHA network provider.
10. The CRTP shall check each consumer's Medicaid status upon addition.

a. Medicaid status verification shall include county of residence.
   1). The CRTP shall assist consumers whose Medicaid is from a different county to transfer that county of residence to Saginaw County.
   2). All county of residence changes shall be communicated to the SCCMHA Entitlement's office (which will then notify Saginaw DHHS).

b. An application for Medicaid shall be initiated by the CRTP for all consumers who do not have active Medicaid.
   1). When a non-Medicaid consumer is admitted to the CRTP, the CRTP shall contact the SCCMHA Entitlement Coordinator to determine whether a Medicaid application is required.
   2). Medicaid applications are to be completed by the CRTP electronically through MI Bridges or submitted to SCCMHA on paper.
      a.) The SCCMHA Entitlement Coordinator is to be notified of the consumer's name and date of electronic application.

11. CIS will provide a copy of the preliminary prescreen to CRTP upon admission to CRTP; the prescreen will be entered or scanned into the EMR within 24 hours.

O. Assigned Case Holders of consumers admitted to crisis residential shall be involved in as soon as possible following admission and in the arrangement and provision of follow-up services.
   1. Any consumers whose stay exceeds 14 days and who does not have a Case Holder prior to admission, shall be assigned a Case Holder for treatment involvement and follow-up care.
      NOTE: Case Holders can be assigned prior to the 14 days in accordance with consumer need.

P. The Program Manager of the CRTP shall ensure integrity of the physical plant is maintained in accordance with licensing and general safety standards to ensure the health and safety of consumers and staff.
   1. CRTP shall assign staff to monitor the facility and act immediately to address any identified structural problems with the plant and/or its furnishings as well as expired products that need to be replaced.

Q. Bed checks shall be conducted every 15 minutes at a minimum; this frequency may be enhanced at the discretion of the Program Manager or clinical staff of the CRTP based on the consumer's clinical status/needs.
   1. When a consumer is found missing from the CRTP facility staff shall:
      a. Conduct a grounds and local area search.
      b. Notify the Program Manager or on-call staff as well as the police, CIS, and the consumer's assigned Case Holder.

**Definitions:**

**Crisis residential services** are intended to provide a short-term alternative to inpatient psychiatric services for consumers experiencing an acute psychiatric crisis when clinically

indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that led to a crisis residential admission through a person-centered, recovery-oriented, and resiliency-building approach.

**References:**

A. Michigan Medicaid Provider Manual: https://www.michigan.gov/mdhhs/doing-business/providers/providers/medicaid/policyforms/medicaid-provider-manual

B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Makes an eligibility determination. | 1. CIS |
| 2. If the consumer is eligible for CRTP, determines CRTP vacancy. | 2. CIS |
| 3. If an appropriate bed is available, contacts the CRTP to transport the consumer. | 3. CIS |
| 4. If the consumer does not meet criteria or the CRTP does not have a bed an alternative, arranges for an alternative that will meet the consumer's need. | 4. CIS |
| 5. Transports the consumer to the CRTP within 60 minutes of the transport request. | 5. CRTP/Case Holder/AFC/Family/Taxi |
| 6. Provides crisis residential services (including discharge planning) in accordance with the psychopharmacological intervention, milieu/programming and personnel standards delineated above. | 6. CRTP treatment team |
| 7. Conducts continued stay reviews conducted and authorizes or denies continued stays in accordance with SCCMHA policy. | 7. SCCMHA Care Management |
| 8. Maintains the CRTP in accordance with Standard N. | 8. CRTP Program Manager |
| 9. Conducts bed checks in accordance with Standard P and addresses consumer absences in accordance with this standard. | 9. CRTP staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Mobile Response and Stabilization Services (MRSS)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.12</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/8/2021</td><td>Date of Review/Revision:<br>7/7/21, 2/28/22, 3/2/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Farrah Wojcik, MRSS Site Program Supervisor<br>Carey Moffett, MRSS Supervisor<br>Marky Baukus, EBP Coordinator<br><br>Additional Reviewers:<br>EBP workgroup</td></tr>
<tr><td>Supersedes:<br>02.03.09.12 MUTT Services</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

A. To provide SCCMHA employees and network providers with comprehensive information regarding SCCMHA mobile crisis response model, Mobile Response and Stabilization Services.
B. To reflect the expansion of service array and populations served by Mobile Response and Stabilization Services (formerly known as Mobile Urgent Treatment Team).
C. To identify the purpose and processes of SCCMHA Mobile Response and Stabilization Services.

**Application:**

1. SCCMHA
2. Provider Network Members
3. SCCMHA Divisions serving children, adults with mental illnesses, substance use disorders or co-occurring disorders, and persons with intellectual or developmental disabilities

**Policy:**

SCCMHA shall endeavor to provide services and supports in the least restrictive setting possible. Services and supports shall be strengths-based, consumer-driven, community-based, trauma-informed, and culturally and linguistically competent. In addition, care planning shall be individualized, collaborative, and flexible based on consumer need.

SCCMHA shall provide telephonic (warm line and triage), virtual (video conferencing), and mobile (on-site, in-person) crisis intervention for children, adolescents, families, and adults with mental illness, substance use disorders or co-occurring disorders, and/or intellectual or developmental disabilities. The primary goals for crisis intervention shall be: to de-escalate crisis situations; to provide opportunities for immediate stabilization while maintaining the least restrictive setting/level of care; to prevent out-of-home placements when clinically appropriate (i.e., inpatient psychiatric hospitalization, residential services, or incarceration/detention); to limit emergency room utilization, unnecessary involvement of emergency personnel, and unnecessary pre-admission screening while maintaining the safety of the consumer, his/her/their family, and the community.

**Standards:**

A. SCCMHA MRSS services shall be made available, as resources permit, to individuals who are experiencing a crisis.
    1. Referrals will be accepted from any SCCMHA-funded providers/programs, law enforcement agencies, schools, juvenile court/probation department, other community agencies, Saginaw DHHS, SCCMHA Clinical Risk Committees, families, and consumers through an established referral procedure.
    2. MRSS services are not limited to open, active SCCMHA consumers.
    3. For callers who are not residents of Saginaw County, telephonic and virtual crisis intervention will be provided. For in-person assistance, MRSS will facilitate in the referral to the appropriate local resources.
B. The team responding to the crisis will be comprised of the following:
    1. Primary team member: the lead clinician will be identified as a "Stabilization Therapist" and will have a master's degree and licensing in the mental health field (i.e., LMSW, LLMSW, LC, LLC, LMFT) or will be a current MSW student completing a field placement with MRSS, supervised by a licensed master's prepared clinician.
    2. Secondary team member: the supporting staff may be a Stabilization Therapist as well, or may also be a Client Services Manager (Child, Family, and Youth Services; Community Support Services), Supports Coordinator, Wraparound Coordinator, Peer Support Partner/Parent Support Partner, Juvenile Probation Officer, and/or a current BSW or MSW student completing a field placement with MRSS
        i. A minimum of a bachelor's degree or lived experience and registration as a Qualified Mental Health Professional (QMHP) shall be required for secondary MRSS personnel.

3. Mobile Response and Stabilization Services shall be supervised by a master's prepared clinician.
4. The Daytime MRSS Team shall consist of, at minimum, four Stabilization Therapist staff.
5. The Evening MRSS Team shall include staff from: Child, Family, and Youth Services (including Infant Mental Health), Wraparound, Autism, Supports Coordination, Community Support Services, Central Access and Intake, Housing Resource Center, and juvenile probation.
    i. A roster of at least 15 MRSS staff shall be maintained at all times.
    ii. The Evening Team shall consist of, at minimum, two staff for the duration of the shift.
6. Once fully operational, the Overnight MRSS Team (3rd shift) shall consist of, at minimum, two Stabilization Therapist staff and two secondary team members who will operate in a rotation for daily coverage of at least two team members per shift.

C. Hours of operation:
    1. Telephone, virtual, and community-based intervention shall be made available 24 hours per day, 7 days per week, 365 days per year once fully operational. Current available hours are 8am-10pm daily, including weekends and holidays.
        i. Community-based services are provided by a minimum of two team members working in tandem on-site at a crisis situation.
        ii. Requests for on-site crisis interventions shall be completed within two hours of the request being received by the team.
        iii. MRSS staff shall triage incoming calls and assess for safety prior to completing on-site crisis interventions.

D. Daily team huddles and regular shift reports shall be held to discuss cases.

E. The MRSS Site Program Supervisor shall conduct monthly staff meetings to discuss operations.

F. Documentation of MRSS Contacts will be completed in the Sentri II electronic health record.
    1. MRSS staff shall enter an emergency note for each telehealth or in-person contact.
        i. This documentation shall be completed by the end of the team's shift.
        ii. The note shall include the names of the MRSS personnel involved in any intervention, summarize what transpired during the contact, describe any interventions or coaching that were implemented during the episode of care, and detail the disposition (short-term plan of safety/follow-up) of the contact.
        iii. The staff designated as the primary MRSS staff will be responsible for the documentation of the emergency note for in-person/face-to-face and telephonic contacts; secondary staff will complete non-billable supporting documentation of in-person contacts and of telephonic contacts as needed

iv. All documentation will include a copy sent to the consumer's current case holder.

G. MRSS staff shall conduct a safety assessment to determine the danger a consumer poses to themselves or others, and to determine the services and supports necessary for resolving the crisis and preventing placement in higher, more restrictive levels of care. MRSS staff will utilize clinical judgment to determine if the situation is safe and appropriate for in-person crisis intervention.

H. Intervention shall focus on coaching and support to help consumers and their families self-regulate when homeostasis (optimal functioning) is disrupted, providing educational resources for consumers and providers, modifying the physical environment, connecting consumers to community resources, providing solution-focused counseling for consumers and families in crisis, and providing consultation and support for providers.

1. MRSS staff will assist the consumer/family in developing a safety plan to facilitate de-escalation with a focus on safety.
2. MRSS shall provide support to the consumer/family as well as community information and resources to assist them until they have follow-up contact with their primary case holder/treatment team.
3. MRSS staff may provide follow-up to the consumer/family via call-backs, telephonic coaching, and wellness checks.
4. MRSS may also serve as a liaison between a consumer and available community resources.
5. Proactive, or wellness, contacts shall be an integral component of MRSS and shall be provided to support consumer/family strengths and to prevent escalation of a crisis due to a known life stressor.
    i. Life stressors may include: ongoing family conflict, eviction, Children's Protective Services (CPS) or Adult Protective Services (APS) involvement/risk for removal, emerging psychiatric symptoms that are not florid, domestic violence, existence of trauma and possible Post-Traumatic Stress Disorder (PTSD), and other causative conditions (e.g., poverty, high crime, dearth of natural supports, etc.).
    ii. Proactive contacts may also be completed following the consumer's discharge from an inpatient admission/step-down from a higher level of care.
    iii. Proactive contacts are determined each shift by the MRSS Supervisor, MRSS Site Program Supervisor, and identified mobile response team members who shall compile a list of High-Risk consumers as referred to MRSS by SCCMHA staff, as well as other staff, agencies, or programs that collaborate with MRSS.
6. If a consumer/family requests a pre-admission screening for inpatient hospitalization and all efforts made by MRSS to provide stabilization and diversion in the community have been unsuccessful, MRSS will notify Crisis Intervention Services of the consumer/family's impending arrival to Hancock/Covenant Emergency Department and assist the

consumer/family in identifying the safest, least restrictive mode of transportation.

I. Mobile Response and Stabilization Services shall work in close collaboration with the consumer's primary treatment team, SCCMHA Central Access and Intake Services (CAI), and SCCMHA Crisis Intervention Services (CIS).
    1. MRSS will provide a disposition to the consumer's case holder following the consumer's contact with MRSS to ensure coordination of services between Mobile Response's acute crisis intervention and the clinicians who provide ongoing services.
    2. MRSS Supervisor/Site Program Supervisor will participate in Clinical Risk Committee (Adult and Child) to assist in completing clinically appropriate referral of a consumer to MRSS for proactive and/or crisis contacts.
    3. MRSS staff will collaborate with staff from CAI to CIS to complete contact with identified consumers following initial screening or diversion after pre-admission screening, as guided by consumer preference and clinical need.
    4. MRSS staff will assist CAI with after-hours requests for services by scheduling a screening for eligibility and/or an intake assessment when appropriate.

J. Mobile Response and Stabilization Services include the following time-limited stabilization services (regular business hours only):
    1. Access and Stabilization for Children (ASC)
    2.

**Definitions:**

**Crisis:**

A situation in which an individual's behaviors places them at risk of harming themselves or others and/or when a parent/caretaker is unable to resolve the situation with the skills and resources available to them.

MRSS intervention is warranted when a crisis significantly interferes with the individual's ability to function and is severe enough to place the consumer at risk for placement disruption or treatment in higher levels of care. The clinical threshold for crisis may include emotional dysregulation; interpersonal conflict; physically or verbally aggressive behaviors; suicide attempts/suicidal ideation/non-suicidal self-injury; risk of harm to self or others; drug and alcohol overdose or abuse; or disruptive symptoms related to mood and anxiety disorders (e.g., panic, hopelessness, anger, depression). It may also present as an overt change in functioning or be prompted by traumatic life events (Shannahan & Fields). Crises may be psychiatric, behavioral, or situational in nature.

**Crisis Interventions:**

Unscheduled activities conducted for the purpose of resolving a crisis requiring immediate attention. Activities include crisis response, crisis line, assessment, referral, and direct therapy (Michigan Medicaid Provider Manual).

**Crisis Plan (Safety Plan)**:

An individualized plan that is designed to address behaviors and help prepare for a crisis. The plan may contain the following elements: mental health diagnosis, medical history, list of consumer's strengths and interests; trigger behaviors or antecedents; strategies and treatments that have previously been effective; actions that may escalate the problematic behavior as well as what helps calm the consumer or reduces symptoms; current medication(s) as well as those that have been previously ineffective; interventions/treatments being used as well as those shown to be ineffective in the past, those that should be avoided and treatment preferences; members of the consumer's natural support system; safety concerns (e.g., limiting access to weapons, over-the-counter [OTC] and prescription medications); safety plan for other family members; and resources (e.g., community agencies, advocacy organizations, support groups).

**Mobile Crisis Response and Stabilization Services (MRSS):**

A cost-effective alternative to the use of EDs (emergency departments) and inpatient treatment, MRSS provides mobile, on-site and rapid intervention for youth experiencing a behavioral health crisis, allowing for: immediate de-escalation of the situation in the least restrictive setting possible; prevention of the condition from worsening; and the timely stabilization of the crisis. The mobile crisis component of MRSS is designed to provide time-limited, on-demand crisis intervention services in any setting in which a behavioral health crisis is occurring. Depending on the needs of the child, the stabilization component may include a temporary, out-of-home crisis resolution in a safe environment.

A growing body of evidence points to MRSS as a cost-effective method for: improving behavioral health outcomes; deterring ED and inpatient admissions; reducing out-of-home placements; reducing lengths of stay and the cost of inpatient hospitalizations; and improving access to behavioral health services. In addition, families often report greater satisfaction with MRSS when compared to the ED (Shannahan & Fields). Because of the efficacy of this mobile crisis response model with youth and families, MRSS has expanded services to any individual experiencing a mental health crisis.

**References:**


A. Michigan Medicaid Provider Manual: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf.

B. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

C. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

D. SCCMHA Policy 02.03.24 – Suicide Prevention

E. Shannahan, R., Fields, S. (May 2016). *Services in Support of Community Living for Youth with Serious Behavioral Health Challenges: Mobile Crisis Response and Stabilization Services*. National Technical Assistance Network for Children's Behavioral Health. Washington, DC

**F.** Substance Abuse and Mental Health Services Administration. (2014). *Crisis Services: Effectiveness, Cost-Effectiveness, and Funding Strategies.* HHS Publication No. (SMA)-14-4848. Substance Abuse and Mental Health Services Administration. Rockville, MD

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Compile and amend a daily High-Risk List (HRL) of consumers requiring proactive contacts and manage incoming referrals to the list. | Stabilization Therapist (identified primary clinician, all shifts)<br>MRSS Supervisor, MRSS Site Program Supervisor |
| Contact the identified consumer and/or parent/guardian as indicated by the HRL for proactive contact and/or coaching to reinforce current coping skills and alternatives to hospitalization or incarceration | Identified team members on-call (primary clinician, secondary staff) |
| Coordinate/communicate with secondary team members on each shift | Stabilization Therapist (identified primary clinician, all shifts) |
| Complete phone screening and safety check prior to completing in-person contacts | Stabilization Therapist (identified primary clinician, all shifts)<br>Secondary staff member (all shifts), non-billable supportive documentation |
| Conduct an in-person, face-to-face follow-up visit with assigned colleague upon the request of a consumer, parent/guardian, or other relevant community referral. | Stabilization Therapist (identified primary clinician, all shifts)<br>Secondary staff member (all shifts), non-billable supportive documentation |
| Document the event in the SCCMHA electronic health record with an emergency note that includes: the names of Stabilization Therapist and secondary staff member as well as a brief narrative detailing the content of the visit, intervention, the family's response to the intervention and the plan for follow-up with the consumer's assigned treatment team. | Stabilization Therapist (identified primary clinician, all shifts), billable contact<br><br>Secondary staff member (all shifts), non-billable supportive documentation |
| Communicate and coordinate Diversion/Crisis Plans with the next team members covering the next shift | Stabilization Therapist (identified primary clinician, all shifts) |

| | |
|---|---|
| Provide feedback to the treating therapist each day to inform interventions provided in a manner that reinforces alternatives to seeking hospitalization with the consumer and family. | Stabilization Therapist (identified primary clinician, all shifts) |
| Conduct monthly staff meetings | MRSS Site Program Supervisor |
| Attend Adult and Child Clinical Risk Committee meetings to provide consultation and support to primary case holders who identify consumers at-risk of requiring a more intensive level of care. | MRSS Supervisor<br>MRSS Site Program Supervisor |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Trauma Recovery & Empowerment (TREM)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.13</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/13/17</td><td>Date of Review/Revision:<br>4/10/18, 4/9/19, 10/7/19, 6/1/20, 3/10/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>02.03.11</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to specify the use of Trauma Recovery & Empowerment (TREM).

**Policy:**
A. SCCMHA recognizes that the experience of trauma is the rule rather than the exception among consumers served by the public mental health system.
B. Consumers who have been found to have experienced trauma shall be offered opportunities to participate in trauma-specific, evidence-based interventions.
C. SCCMHA shall, resources permitting, offer W-TREM for women, G–TREM for adolescent girls (aged 12–18), B-TREM for adolescent boys (aged 12–18), and M–TREM for men who have experienced trauma and are being served by SCCMHA-funded providers.
D. TREM can be delivered face-to-face, in-person, or via telehealth technology.

**Application:**
This policy applies to the SCCMHA-funded provider network.

**Standards:**
A. TREM groups shall be offered to consumers who have a history of sexual, physical, and/or emotional abuse.
B. Providers who deliver TREM shall receive SCCMHA-approved training and be privileged to provide TREM in accordance with SCCMHA policy.
C. TREM shall be delivered in accordance with fidelity to the model.

D. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.
    1. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including TREM when appropriate, to discuss fidelity monitoring.
    2. When TREM is actively being offered, the Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes with reports reviewed at least twice per year (or as is appropriate for how frequently TREM is occurring) for TREM participants ages 18+. For youth participating in TREM who are under the age of 18, the Child and Adolescent Functional Assessment Scale (CAFAS) will be used in a similar manner.

E.
    1. M–TREM shall be conducted by two male co-leaders for groups of eight to ten participants in twenty-four, seventy five-minute sessions held once a week.
        a. The three parts of M–TREM shall be provided as follows:
            1). Part One: Male Messages, Emotions, and Relationships (11 sessions) that focus on:
                a). Facilitating a sense of safety and trust in the group
                b). Discussion of the importance of gender roles
                c). Development of a shared emotional vocabulary
                d). Introducing key relationship themes
                e). Initiating preliminary discussion of the role of violence and abuse in the lives of the participants
            2). Part Two: Trauma Recovery (7 sessions) that focus on:
                a). Helping participants deepen their understanding of trauma and its broad-ranging impact
                b). Identifying characteristic ways of coping with traumatic events
                c). Helping participants understand the connections among trauma and other life difficulties
                d). Framing certain problem behaviors or symptoms as coping attempts
                e). Building on personal strengths in developing alternative coping methods
            3). Part Three: Advanced Recovery Skills (6 sessions) that focus on:
                a). Applying an understanding of trauma's impact to a variety of life domains
                b). Developing, practicing, and consolidating recovery skills
                c). Deepening the mutual help functions of the group
        b. M–TREM shall focus on recovery skills including self-awareness; self-protection; self-soothing; emotional modulation; relational

mutuality; accurate labeling of self and others; sense of agency and initiative-taking; consistent problem-solving; reliable parenting; possessing a sense of purpose and meaning; and judgment and decision-making.

2. W-TREM shall be conducted by two female co-leaders in once weekly seventy five-minute group sessions in four parts.
   a. Part One: Empowerment (11 sessions) includes the following topics:
      1). Introduction to the Group
      2). What It Means to Be a Woman
      3). What Do You Know and How Do You Feel About Your Body?
      4). Physical Boundaries
      5). Emotional Boundaries, Setting Limits, and Asking for What You Want
      6). Self Esteem
      7). Self-Soothing: Developing Ways to Feel Better
      8). Intimacy and Trust
      9). Female Sexuality
      10). Sex with a Partner
      11). Transition Session
   b. Part Two: Trauma Recovery (10 sessions) includes the following topics:
      1). Gaining an Understanding of Trauma
      2). The Body Remembers What the Mind Forgets
      3). What Is Physical Abuse?
      4). What Is Sexual Abuse?
      5). Physical Safety
      6). What Is Emotional Abuse?
      7). Institutional Abuse
      8). Abuse and Psychological and Emotional Symptoms
      9). Trauma and Addictive or Compulsive Behavior
      10). Abuse and Relationships
   c. Part Three: Advanced Trauma Recovery Issues (9 sessions) includes the following topics:
      1). Family: Myths and Distortions
      2). Family Life: Current
      3). Decision Making: Trusting Your Judgment
      4). Communication: Making Yourself Understood
      5). Self-Destructive Behaviors
      6). Blame, Acceptance, and
      7). Forgiveness
      8). Feeling Out of Control
      9). Relationships
      10). Personal Healing
   d. Part Four: Closing Rituals (3 Sessions) includes the following:
      1). Truths and Myths About Abuse

2). What It Means to Be a Woman
3). Closing Ritual

3. G-TREM (Love and Life) shall be targeted to girls aged 12–18 and conducted in accordance with the 16-session, 75–90-minute, 8–10-member, group-based intervention model.
   a. Session 1 – Kicking It Off: Introduction to the Group
   b. Session 2 – The Feminine Mystique: What It Means to Be Female and What I Know About My Body
   c. Session 3 – Your Space, My Space: Managing Emotional and Physical Boundaries in Relationships
   d. Session 4 – A Little TLC: Self-Esteem, Self-Soothing and Self-Care
   e. Session 5 – Can We Talk: Expressing Feelings and Developing Communication Skills
   f. Session 6 – Being Part of the In Crowd: Dealing with Peer Pressure
   g. Session 7 – Words will Never Hurt Me?: When Girls Get Mad, Mean, and Fight
   h. Session 8 – The Caged Bird: Understanding Emotional, Physical, and Sexual Abuse and the Inter-Relationships Among the Three
   i. Session 9 – The Blame Game: Beginning to Accurately Assess Responsibility for Abuse
   j. Session 10 – Let's Get Together: The Development of Intimacy and Trust
   k. Session 11 – Give A Little, Get a Lot: How to Negotiate Relationships Successfully
   l. Session 12 – Why Can't We All Just Get Along?: Working on Relationships Within Your Family
   m. Session 13 – Calm the Storm: How to Manage Overwhelming Feelings and Self-Destructive Behaviors
   n. Session 14 – Learning to Exhale: Anger and Anger Management
   o. Session 15 – The Highs and the Lows: Abuse and Drug and Alcohol use
   p. Session 15 – That's a Wrap: Hope, Accomplishments, and Saying Good-Bye
4. B-TREM shall be targeted to 12–18-year-old boys and adolescents and conducted in accordance with the 12-session, 8–10-member, group-based intervention model.
   a. Session 1 – Introduction
   b. Session 2 – Male Messages Part I
   c. Session 3 – Male Messages Part II
   d. Session 4 – Working Together/Building Trust
   e. Session 5 – Identifying emotions
   f. Session 6 – Sexual Education
   g. Session 7 – Relationships
   h. Session 8 – Community Violence
   i. Session 9 – Abuse
   j. Session 10 – Fight/Flight/Freeze

k. Session 11 – Self-Expression & Communication
l. Session 12 – Saying Goodbye and Finding Hope for the Future

**Definitions:**

**Trauma:** A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**Trauma Recovery and Empowerment Model (TREM):** A manualized twenty-four to twenty-nine-session group-based intervention that is designed to facilitate trauma recovery among individuals with histories of exposure to emotional, sexual, and physical abuse. TREM incorporates cognitive restructuring, psychoeducational, and skills-training techniques, and addresses both short-term and long-term consequences of violent victimization, including mental health symptoms, especially posttraumatic stress disorder (PTSD) and depression, and substance abuse. The TREM model has been adapted for men (M–TREM), boys (B–TREM) and has been translated into Spanish and culturally adapted for Latina women. It has also been adapted for adolescent girls and young women ages 12-18 (Love and Life: G–TREM).

**References:**

A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
C. Community Connections: www.ccdc1.org

**Exhibits:**

None

**Procedure:**

None

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Clubhouse: Psychosocial Rehabilitation | **Chapter**: 02 – Customer Service & Recipient Rights | **Subject No**: 02.03.09.14 |
| **Effective Date**: 10/2/08 | **Date of Review/Revision**: 6/10/09, 6/10/10, 4/4/12, 5/8/14, 4/13/16, 6/13/17, 4/10/18, 4/9/19, 10/7/19, 6/1/20, 3/10/21, 3/9/22, 3/8/23<br>**Supersedes**: 02.03.13 | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**: Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**: Jim Nesbit, EBP Leadership Team |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to delineate a framework for the provision of a Clubhouse model of psychosocial rehabilitation services and supports.

**Policy:**
SCCMHA-funded Clubhouse programs shall adhere to established standards set for the provision of Clubhouse programs as well as applicable SCCMHA policies including, but not limited to trauma-informed services and supports.

**Application:**
This policy applies to all SCCMHA-funded Clubhouse services and supports.

**Standards:**
SCCMHA-funded Clubhouse providers shall adhere to the following standards which are derived from the Michigan Medicaid Provider Manual and Clubhouse International:

A. Eligibility:
   1. Clubhouse Services are intended for beneficiaries with a primary diagnosis of serious mental illness. Clubhouse is not an appropriate service for beneficiaries with a primary Developmental Disability diagnosis. Clubhouse services are not appropriate for beneficiaries who exhibit:
      - Behaviors that would threaten or pose a current health and safety risk to themselves or others
      - A severity of symptoms requiring a more intensive level of treatment

- Behaviors that disrupt the daily work of the Clubhouse
- Behaviors that require excessive redirection and/or monitoring

2. The Clubhouse director has the responsibility to ensure the safety of the Clubhouse. All changes to a member's service provision must follow due process and all policies and procedures at local, state, and federal levels. Discharge criteria are only met if the member moves on voluntarily or if one or more of the above criteria are met. Cessation or control of symptoms alone is not sufficient criteria for discharge from the Clubhouse.
3. Members must be able to participate in and benefit from activities necessary to support the Clubhouse and its members and are ineligible if they experience behavioral/safety or health issues that cannot be adequately addressed in a program with a low staff-to-member ratio.

B. Program approval standards:
   1. Program approval from the Michigan Department of Health and Human Services Community Health (MDHHS) Behavioral Health Developmental Disabilities Administration (BHDDA) is required for Prepaid Inpatient Health Plans' (PIHPs) providers of psychosocial rehabilitation Clubhouse services. (MDHHS approval is based on adherence to the requirements set forth in the Michigan Medicaid Provider Manual.)
   2. Clubhouses must acquire and maintain Clubhouse International Accreditation in order to ensure fidelity to the model of the evidence-based practice of Psychosocial Rehabilitation.

C. Core components standards:
   1. Member choice and involvement are hallmarks of the program.
   2. All members have access to Clubhouse services/supports and resources without differentiation based upon diagnosis or level of functioning.
   3. Members establish their own schedules of attendance and select a unit that they participate in on a regular basis during the ordered day.
   4. Clubhouse staff members actively engage and provide support to members on a regular basis in the activities and tasks that they have selected.
   5. Membership and access to services is based on each consumer's preferences and needs established through individualized person-centered planning processes.
   6. Members have formal and informal decision-making opportunities in all Clubhouse units and program structures in order to influence and shape program operations.
   7. Staff and members work side-by-side to generate and accomplish individual and team-based tasks and activities necessary for the development, support, and maintenance of the Clubhouse.
   8. Members have access to the Clubhouse during times other than the ordered day including evenings, weekends, and all holidays (i.e., New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day). Members determine how this standard will be met and if even only one member wants access on a holiday, services/supports will be provided, although not necessarily at the Clubhouse facility itself.

9. The structure and schedule of the Clubhouse identifies when the various program components occur (e.g., ordered day, vocational, and educational activities). Other activities (e.g., self-help groups and social activities) are scheduled prior to and following the ordered day.
10. Services directly related to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, completion or initiation of education or training, and other vocational assistance are available to members.
11. Supports for members, including opportunities for them to provide and receive support in the community (e.g., outreach, warm lines, self-help groups, housing supports, entitlements, food, clothing, basic necessities, or assistance in locating community resources), are available.
12. Social supports that involve opportunities for members to develop a sense of a community through planning and organizing Clubhouse social activities and exploration of recreational resources and activities in the community are based on the interests and desires of the membership; the membership determines both spontaneous and planned activities.
13. Symptom identification and care including:
    a. Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of relapses.
    b. Gaining competence regarding how to respond to a psychiatric crisis.
    c. Gaining competence in understanding the role psychotropic medication plays in the stabilization of well-being.
    d. Working in partnership with members who express a desire to develop a crisis plan.
14. Competency building standards:
    a. Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
    b. Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).
    c. Personal adjustment abilities to reduce dependency on professional caregivers and to enhance independence (e.g., developing and enhancing personal abilities in handling every day experiences and crises, such as stress management, leisure time management, coping with symptoms of mental illness).
    d. Cognitive and adult role competency including task-oriented activities to develop and maintain cognitive abilities and maximize adult role functioning (e.g., increased attention, improved concentration, and improved memory to, enhance the ability to learn and establish the ability to develop empathy).
15. Environmental supports standards:
    a. Identification of existing natural supports for addressing personal needs (e.g., families, employers, and friends).

b. Identification and development of organizational support including sustaining personal entitlements and locating and using community resources or other supportive programs.

D. Staffing standards:

1. Staff shall be of sufficient capacity to effectively administer the program, but allow the members sufficient latitude to participate meaningfully in it. Clubhouse staff shall include:
   a. One full-time on-site Clubhouse director who has a minimum of a bachelor's degree in a health or human service field and is licensed, certified or registered by the State of Michigan or a national organization to provide health care services with two years' experience working at a Clubhouse accredited by Clubhouse International; or a master's degree in a health or human service field with appropriate licensure and one-year experience working at a Clubhouse.
      1). The Clubhouse manager is responsible for all aspects of Clubhouse operations, staff supervision and the coordination of Clubhouse services with case management and ACT. Central to this responsibility is the engagement of members and staff in all aspects of the Clubhouse's operations.
   b. Other experienced professional staff who are licensed, certified, or registered by the State of Michigan or a national organization to provide health care services.
   c. Other staff members who are not licensed, certified, or registered by the State of Michigan to provide health care services may be part of the program, but shall operate under the supervision of a qualified professional. This supervision must be documented.
2. Clubhouse staff shall not include clinical staff (e.g., nurses, psychiatrists, or therapists); the Clubhouse is not a clinical setting and therefore does not offer psychotherapy or pharmacotherapy.
3. Clubhouse staff members have generalist roles; all staff members share employment-related and other activities, evening and weekend, holiday and unit responsibilities; they shall not divide their time between the Clubhouse and other major work responsibilities.
4. All Clubhouse staff must have a basic knowledge of the Clubhouse Model acquired through MDHHS approved Clubhouse-specific training within six months of hire, and then at least one MDHHS approved Clubhouse specific training annually.
   a. As part of the accreditation process the Clubhouse director, members, and staff shall participate in a comprehensive training program in the Clubhouse Model conducted at an accredited Training Base Clubhouse.
   b. A six-month follow-up site visit shall be scheduled with the Training Base Clubhouse.
   c. This training requires the development of an action plan for developing the Clubhouse and upon returning from training all Clubhouses will submit their action plan to MDHHS.

E. Membership standards:
   1. Membership is voluntary and without time limits.
   2. The Clubhouse maintains control over its acceptance of new members.
   3. Membership is open to anyone with a history of mental illness, unless that person poses a significant and current threat to the general safety of the Clubhouse community.
   4. Members select the ways they utilize the Clubhouse and staff with whom they work; agreements, contracts, schedules, or rules intended to enforce participation of members shall not be put into effect.
   5. All members shall have equal access to every Clubhouse opportunity without differentiation based on diagnosis or level of functioning.
   6. Members, at their choice, shall be involved in the documentation of all records reflecting their participation in the Clubhouse; all such records are to be signed by both the member and staff.
   7. Members shall have a right to immediate re-entry into the Clubhouse community subsequent to any length of absence unless their return poses a threat to the Clubhouse.
   8. The Clubhouse shall provide outreach to members who are not attending, are becoming isolated in the community, or who have been hospitalized.
   9. All Clubhouse meetings shall be open to both members and staff; no formal member-only meetings or formal staff-only meetings where program decisions and member issues are discussed shall be held.

F. Space standards:
   1. The Clubhouse shall maintain its own identity, including its own name, mailing address, and telephone number.
   2. The Clubhouse shall be located in its own physical space separate from any mental health or institutional settings, and shall be impermeable to other programs.
   3. The Clubhouse will be designed to facilitate the ordered day as well as be attractive, adequate in size, and convey a sense of respect and dignity.
   4. All Clubhouse spaces shall be accessible to members and staff; no staff-only or member-only spaces shall be designated.
   5. The Clubhouse will be located in an area where access to local transportation can be assured for getting to and from the program as well as accessing transitional employment (TE) opportunities.
      a. The Clubhouse shall provide or arrange for effective alternatives whenever access to public transportation is limited.

G. Ordered Day standards:
   1. The ordered day shall function to engage members and staff together, side-by-side, in the day-to-day Clubhouse operations in manner that focuses on strengths, talents and abilities; the ordered day shall not include medication clinics, day treatment, or therapy programs within the Clubhouse.
   2. The work conducted in the Clubhouse shall be exclusively work generated by the Clubhouse for its operation and enhancement; work for outside individuals or organizations, whether for pay or not, shall not be conducted within the program.

a. Members shall not be paid for Clubhouse work and no artificial reward systems will be put in place to benefit the members.

b. The Clubhouse shall provide an ordered day at least five days a week, analogous to typical working hours.

c. The Clubhouse shall be organized into one or more work units, each of which has sufficient staff, members, and meaningful work to sustain a full and engaging ordered day.

a. Unit meetings will be held to foster relationships as well as to organize and plan the work of the day.

b. All work in the Clubhouse shall be designed to help members regain self-worth, purpose, and confidence; work in the Clubhouse is not intended to be job-specific training.

c. Members shall have the opportunity to participate in all work of the Clubhouse, including administration, research, intake and orientation, outreach, hiring, training and evaluation of staff, public relations, as well as advocacy and evaluation of the Clubhouse's effectiveness.

H. Employment and education standards:

1. The Clubhouse shall enable its members to return to paid work through Transitional Employment (TE), Supported Employment (SE), and Independent Employment (IE); the Clubhouse does not provide employment to members through in-house businesses, segregated Clubhouse enterprises, or sheltered workshops.

a. Coordination with the SCCMHA Supported Employment Unit shall occur in order to provide access to SE and independent employment opportunities (e.g., microenterprises) for members.

2. The Clubhouse shall offer its own Transitional Employment (TE) program as a right of membership to provide opportunities for members to work in job placements in business and industry.

a. The Clubhouse shall guarantee coverage on all placements during member absences.

b. The Transitional Employment program shall meet the following criteria.

1). The desire to work is the single most important factor determining placement opportunities.

2). Placement opportunities will continue to be available regardless of success or failure in previous placements.

3). Members work at employers' places of business.

4). Members are paid the prevailing wage rate, but at least minimum wage, directly by employers.

5). TE placements are drawn from a wide variety of job opportunities.

6). TE placements are part-time and time-limited (generally fifteen to twenty hours per week for six to nine months).

7). The selection and training of members in TE is conducted by the Clubhouse rather than employers.

8). Clubhouse members and staff shall prepare reports on TE placements for SCCMHA and other agencies dealing with members' benefits.

9). TE placements are managed by Clubhouse staff and members rather than TE specialists.

10). No TE placements shall be provided within the Clubhouse; such placements are off-site and meet the above criteria.

11). The Clubhouse will assist and support members to secure, sustain, and subsequently achieve improved employment opportunities.

12). Members who are working independently will continue to have all Clubhouse supports and opportunities (including advocacy for entitlements, and assistance with housing, clinical, legal, financial, and personal issues) as well as participation in evening and weekend programs available to them.

13). The Clubhouse shall assist members to further their vocational and educational goals by helping them take advantage of adult education opportunities in the community including General Education Development (GED) resources and local institutions of higher education (e.g., community colleges).

a). Members shall also receive help with admission and applying for financial aid.

b). When the Clubhouse provides an in-house educational program, it will utilize the teaching and tutoring skills of members.

14). The Clubhouse shall be committed to securing a range of choices of safe, decent, and affordable housing for all members and shall have access to the SCCMHA Housing Resource Unit.

15). Community support services/activities will be provided by members and staff and be centered in the work unit structure of the Clubhouse. These shall include assistance with entitlements, housing, and advocacy, as well as assistance in finding quality medical, psychological, pharmacological, and substance abuse treatment services in the community.

3. The Clubhouse shall provide its members with assistance in benefits planning.

I. Wellness supports standards:

1. The Clubhouse shall support enhanced physical wellness through programming that may include exercise, tobacco cessation, health nutrition, weight loss and other wellness activities that may include the use of community resources (e.g., memberships in the local YMCA).

J. Recovery support standards:

1. Each member's goals for participation in the Clubhouse are based upon their Individual Plan of Service and developed through a person-centered planning process. Such goals may include:
    a. Improved community living skills including self-care, grooming, cooking, money management, etc.
    b. Improved personal and interpersonal skills including interpersonal problem-solving, relationship skills including empathy and conversational competency, developing a positive self-image, effective stress management skills, leisure time management skills, coping with symptoms of a mental illness, and others.
    c. Improved symptom and illness management skills including the identification and management of triggers and prodromal symptoms, effective management of psychiatric crises, the role of pharmacotherapy, and others.
    d. Educational/vocational/career opportunity development including learning how to apply for a job, job interview skills, managing co-worker relationships, and others.
    e. Social support network development including the development of natural supports.
    f. Linkages with various community resources that support community inclusion.
    g. Increased independence including improved self-efficacy and enhanced decision-making capacity.
    h. Enhanced overall psychosocial functioning.

K. Funding, governance, and administrative standards:
1. The Clubhouse shall maintain an independent advisory board comprised of individuals that can provide fiscal, legal, legislative, consumer, and community support and advocacy.
2. The Clubhouse shall maintain its own operating budget that is approved prior to the beginning of the fiscal year and is routinely monitored.
3. The Clubhouse shall be provided support by SCCMHA.
4. The Clubhouse shall maintain MDHHS certification.
5. The Clubhouse will collaborate with individuals and organizations that can increase its effectiveness in the broader community.
6. The Clubhouse will enable members and staff to actively participate in decision-making, generally by consensus, regarding governance, policy-making, and future directions and development of the Clubhouse.
7. The Clubhouse will conduct an objective evaluation of its effectiveness on a regular basis.
8. The Clubhouse director, members, staff, and other appropriate persons will participate in relevant training related to the Clubhouse psychosocial rehabilitation program model.
9. The Clubhouse will offer recreational and social programs during evenings and on weekends, and holidays will be celebrated on the actual day they are observed.

L. Documentation standards:

1. Members' progress shall be documented on a monthly basis at a minimum
2. Progress notes shall be integrated into unit work whenever possible
3. Members shall have the opportunity to document their own progress in the record

**Definitions:**

**Clubhouse:** Programs that provide a wide range of services and supports that are designed to help people living with severe psychiatric disorders recover, achieve, and maintain community integration. Clubhouses are organized around the ordered day and participants (i.e., members) work with a small number of professional staff to operate the program. The ordered day enables individuals experiencing unemployment due to a mental illness to go to work each day side-by-side supportive peers and helpful professionals. Traditional mental health services that tend to focus on treating illnesses are not provided; the focus is almost entirely on the strengths of the membership rather than the problems caused by mental illnesses.

The first psychosocial rehabilitation Clubhouse was started in 1947 by a group of people with a mental illness who realized they could help each other in their recovery. The original group, called WANA (We Are Not Alone) became Fountain House in New York City which was established in 1948. Professional staff members were hired by the clients and a partnership between staff and members developed to create opportunities for people with mental illnesses to function as respected members of society.

Clubhouses use an ordered day which parallels traditional hours of work. Members come to the Clubhouse and have an opportunity to contribute to the completion of its daily functions (e.g., reception, orientation of new members, data entry, creation of newsletters and mailings, public relations, devising menus, food preparation, and clean-up). A critical component is job placement for persons who are either ready to work in a TEP (Transitional Employment Position) or are ready to start competitive employment. Clubhouses help members secure and maintain employment that fits their talents and capabilities. Clubhouses provide the following services

- An organization (a place) to which a person can belong, contribute, and experience feelings of ownership. In such a work-like setting, people acquire real coping and life skills that make successful community integration possible.
- Peer Support Services: The Clubhouse community functions as a support group for persons who have struggled with mental illness in isolation. Members help other members resolve crises, obtain resources, and pursue rehabilitation goals.
- Crisis Intervention: Clubhouse programs have been shown to reduce the use of more expensive mental health crisis services (e.g., crisis clinics, emergency rooms, and hospital beds). Members can turn to their Clubhouse community for help in times of crisis.
- Prevocational Services: Research has demonstrated that Clubhouse programs, through the structure and activity provided in the Clubhouse work units, help individuals with severe psychiatric disorders who are not interested in employment when they join the Clubhouse become interested in and obtain employment.
- Vocational Rehabilitation Services designed specifically for the unique needs of persons who live with mental illnesses.
- Supported Education Services: Clubhouses assist members to further their vocational and educational goals by helping them take advantage of adult education

opportunities in the community. In addition, Clubhouses provide in-house educational programs that significantly utilize the teaching and tutoring skills of members.

- Case Management Services: Other members and Clubhouse staff provide a full range of community support services and assist members with resource acquisition.

**Ordered Day** (also referred to as work-ordered day): A basic component of the Clubhouse program that provides opportunities for members to regain a sense of self-worth, purpose, and confidence. It is comprised of tasks and activities essential to the operation of the Clubhouse, usually taking place during traditional work hours, and conducted in organizational units determined by the Clubhouse to accomplish work necessary for its operation and meet the needs of its members. Participation in the ordered day provides opportunities for developing a variety of interpersonal and vocationally related skills but is not intended to be job-specific training. Members' participation in the ordered day provides experiences that support their recovery, and is designed to assist them in the acquisition of personal, community, and social competencies as well as establish and navigate environmental support systems.

**Transitional Employment (TEP): A** a vocational strategy for integrating adults with mental illness into the paid labor force. TEPs are part-time, time limited (generally fifteen to twenty hours per week for six to nine months) job placements at minimum wage or higher, drawn from a wide variety of business or work settings in the community. Transitional Employment was created in the early 1960s at Fountain House in New York City to specifically address the needs of persons with severe mental illnesses.

**References:**

A. International Center for Clubhouse Development (ICCD):
   1. Accreditation: http://www.iccd.org/certification.html
   2. Standards and Guidelines: http://www.iccd.org/images/employment_guidelines_2012.pdf
B. Michigan Medicaid Provider Manual: MedicaidProviderManual.pdf (state.mi.us)
C. MSA Bulletin 15-42 (issued October 30, 2015, effective, December 1, 2015): *Revisions to the Mental Health/Substance Abuse Chapter of the Medicaid Provider Manual, Clubhouse Psychosocial Rehabilitation Programs Section*: http://content.govdelivery.com/attachments/MIDHHS/2015/10/30/file_attachments/441930/MSA%2B15-42.pdf
D. SAMHSA's (Substance Abuse and Mental Health Services Administration) NREPP (National Registry of Evidence-based Programs and Practices). ICCD (International Center for Clubhouse Development) Clubhouse Model
E. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
F. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**
None

**Procedure:**
None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Peer Support Services</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.15</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/4/14</td><td>Date of Review/Revision:<br>4/27/15, 6/8/16, 8/11/16, 6/13/17, 9/27/17, 4/10/18, 4/9/19, 10/21/19, 3/10/21, 1/12/22, 3/31/22, 3/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>02.03.19</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to delineate a framework for the provision of peer support services.

**Policy:**

A. The promotion of a peer culture and peer support (i.e., people helping people) throughout the SCCMHA system is a critical element of a recovery-oriented, resiliency-building, trauma-informed behavioral health care system. SCCMHA will promote and support a vibrant peer culture in recognition of the experience of consumers of mental health and substance use disorder treatment services, youth with serious emotional disturbances, families, and persons with intellectual/developmental disabilities as an important component of effective service and support delivery.

B. Peers will offer assistance by using their personal and practical experience, knowledge, and first-hand insight on recovery from a mental illness and/or co-occurring substance use disorder, and community inclusion, and independence, and peer mentoring for adults with an intellectual/developmental disability. They will offer support to consumers to help them discover their hopes and dreams, strengths and challenges, and develop plans that facilitate progress toward independence, resiliency, and/or recovery. Peers will also support staff in maintaining a recovery/resiliency and trauma-informed orientation by modeling the principles of inclusion, cultural competence, trustworthiness, empowerment, and independence.

**Application:**
This policy applies to all SCCMHA-funded providers of mental health, intellectual/developmental disability and substance use disorder treatment, prevention and recovery services and supports.

**Standards:**

A. SCCMHA shall promote SAMHSA's core principles and values for behavioral health services peers:
   1. Recovery-oriented: Peer support provides a hopeful framework for the person to envision a meaningful and purposeful life, recognizing that there are multiple pathways to recovery.
   2. Person-centered: Peer support is directed by the person participating in peer support service. Peer support is personalized to meet the specific hopes, needs and goals of an individual.
   3. Non-coercive: Peer support never involves force and participation in peer support is always voluntary.
   4. Relationship-focused: Peer support centers on the affiliation between peers. Characteristics of the relationship are: respectful, empathetic, and mutual.
   5. Trauma-informed care: Peer support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

B. SCCMHA shall promote SAMHSA's core competencies for behavioral health services peers which include:
   1. Engaging peers in collaborative and caring relationships:
      a. Listening to peers with careful attention to the content and emotion being communicated
      b. Reaching out to engage peers across the whole continuum of the recovery process
      c. Demonstrating genuine acceptance and respect
      d. Demonstrating understanding of peers' experiences and feelings
   2. Providing support:
      a. Validating peers' experiences and feelings
      b. Encouraging the exploration and pursuit of community roles Conveying hope to peers about their own recovery
      c. Celebrating peers' efforts and accomplishments
      d. Providing concrete assistance to help peers accomplish tasks and goals
   3. Sharing lived experiences of recovery:
      a. Relating their own and others' personal recovery stories to peers to inspire hope
      b. Discussing ongoing personal efforts to enhance health, wellness, and recovery
      c. Recognizing when to share experiences and when to listen
      d. Describing personal recovery practices and helping peers discover recovery practices that work for them
   4. Personalizing peer support:

a. Understanding his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
b. Appreciating and respecting the cultural and spiritual beliefs and practices of peers and their families
c. Recognizing and responding to the complexities and uniqueness of each peer's process of recovery
d. Tailoring services and support to meet the preferences and unique needs of peers and their families

5. Recovery planning:
   a. Assisting and supporting peers to set goals and to dream of future possibilities
   b. Proposing strategies to help a peer accomplish tasks or goals
   c. Supporting peers to use decision-making strategies when choosing services and supports
   d. Helping peers to function as a member of their treatment/recovery support team
   e. Researching and identifying credible information and options on the Internet and through other resources
6. Linking to resources, services, and supports:
   a. Developing and maintaining up-to-date information about community resources and services, both indigenous and formal
   b. Assisting peers to investigate, select, and use needed and desired resources and services, both indigenous and formal
   c. Helping peers to find and use health services and support
   d. Accompanying peers to community activities and appointments
   e. Participating in community activities with peers
7. Teaching information and skills:
   a. Educating peers about health, wellness, recovery, and recovery supports
   b. Participating with peers in discovery or co-learning to enhance recovery experiences
   c. Coaching peers about how to access services and navigate systems of services
   d. Coaching peers in desired skills and strategies
   e. Educating family members and other supportive individuals about recovery and recovery supports
   f. Using teaching strategies that match the preferences and needs of individual peers
8. Helping peers to manage crises by:
   a. Recognizing signs of distress and threats to safety among peers and in their environments
   b. Providing reassurance to peers who are in distress
   c. Striving to create safe spaces when meeting with peers
   d. Taking action to address distress or a crisis by using knowledge of local resources and service and support preferences of individual peers

e. Assisting peers in developing advance directives and other crisis prevention tools

9. Communication skills that include:
   a. Using respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
   b. Using active listening skills
   c. Clarifying their understanding of information when in doubt of the meaning
   d. Conveys their point of view when working with colleagues
   e. Documenting information as required by program policies and procedures
   f. Following laws and rules concerning confidentiality and respects others' rights for privacy
10. Collaboration and teamwork:
   a. Works together with other colleagues to enhance the provision of services and supports
   b. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
   c. Coordinates efforts with health care providers to enhance the health and wellness of peers
   d. Coordinates efforts with peers' family members and other natural supports
   e. Partners with community members and organizations to strengthen opportunities for peers
   f. Strives to resolve conflicts in relationships with peers and others in their support network
11. Leadership and advocacy:
   a. Using knowledge of relevant rights and laws (ADA, HIPAA, 42 CFR, Olmstead, etc.) to ensure that peer's rights are respected
   b. Advocating for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
   c. Using knowledge of legal resources and advocacy organization to build an advocacy plan
   d. Participating in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
   e. Educating colleagues about the process of recovery and the use of recovery support services
   f. Actively participating in efforts to improve the organization
   g. Maintaining a positive reputation in peer/professional communities
12. Growth and development:
   a. Recognizing the limits of their knowledge and seeks assistance from others when needed
   b. Using supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)

c. Reflecting and examining own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support
d. Seeking opportunities to increase knowledge and skills of peer support

C. Peer Support Specialists shall be present or past consumers of mental health services who are assigned to participate as full-fledged members of multidisciplinary teams and work with consumers in a range of settings, including treatment offices, consumers' homes, hospitals, community settings, and transport vehicles.

D. Peer Support Specialists shall provide a wide range of peer support services to consumers to assist them in gaining/regaining control over their lives and the recovery process as well as attain personal goals of community membership, independence, and productivity.

E. Peer Support Specialists will assist in the development and maintenance of a recovery-oriented environment by providing any of the following services to consumers:
1. Modeling and teaching effective communication, recovery-oriented living, and effective coping/problem-solving skills, as well as self-help strategies.
2. Assisting consumers in developing self-empowerment skills via self-advocacy and stigma-busting.
3. Assisting consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers' recovery/life goals; peer support specialists will be actively involved in developing consumers' person-centered recovery plans.
4. Orienting new consumers to SCCMHA-delivered services and supports.
5. Providing input to traditional treatment staff colleagues during staff and person-centered planning meetings.
6. Functioning as liaisons to community resources and assisting consumers in accessing and using such resources.
7. Advocating for the full integration of consumers into communities of their choice and promoting the inherent value of those individuals to those communities.

F. Veteran Peer Support Specialists may serve in all the same capacities as a Peer Support Specialist with the specification that they serve the Veteran population.

G. Peer Mentors shall:
1. Help people with disabilities advocate for their own goals
2. Assist consumers in building their own independent lives
3. Assist consumers with person-centered planning goals
4. Help build bridges to people and resources within the community
5. Involve the consumer's circle of support
6. Are guided by the principle of self- determination for all

H. Parent-to-Parent Support shall be made available to support parents/families of children with serious emotional disturbance (SED) or intellectual/developmental disabilities in order to help them to become empowered, confident and acquire skills that will enable them to assist their child to improve in functioning.

1. Parents who provide parent-to-parent support shall have the lived experience of raising a child with special mental health needs.
2. Parents providing support services to other parents/families shall receive SCCMHA/MDHHS approved training.
3. Parent-to-Parent services shall include the provision of:
    a. Education
    b. Training
    c. Support
    d. Enhancement of the assessment and mental health treatment process
4. Parent support activities shall be provided in the home and in the community.

I. Peer Health & Wellness Specialists shall work as part of the consumer's Health Home & Wellness team and focus on helping to remove personal and environmental obstacles to health care access for SCCMHA adult consumers with a serious mental illness by offering support to individuals, their family members, and caregivers.
1. Peer Health & Wellness Specialists shall provide the following services and supports:
    a. Connect consumers to education programs that promote prevention and understanding of chronic health conditions
    b. Assist in the coordination of care with physical health providers and serve as a consumer advocate
    c. Provide individualized health coaching to consumers to achieve their health objectives and wellness goals.
    d. Share their knowledge to help coach others about managing their mental and physical health.
    e. Support consumers in learning how to make good choices for themselves
    f. Seek input from consumers to create and adapt wellness goals to overcome barriers to good mental and physical health based on the needs of consumers
    g. Co-facilitate groups or classes to support improved health outcomes for adults with severe mental illness such as PATH (Personal Action Toward Health) classes
    h. Promote consumer engagement with: primary care, therapy with clinicians, engagement with psychiatric appointments, and wellness services

J. Peer Recovery Coaches shall provide the following to help consumers establish self-sustaining recovery from substance use disorders:
1. Recovery Planning: An opportunity for the recovery coach and consumer to assess what services are needed and to develop a plan. Recovery planning can involve, but be not limited to identifying triggers for use, developing a relapse prevention plan, and building a support network.
2. Relationship Building: A recovery coach can assist the consumer in developing social skills needed to maintain healthily relationships or

establish new ones. This often requires assisting the consumer with repairing, or rebuilding new support network to achieve lasting recovery.

3. Leisure Activity Planning: Consumers can benefit from recovery support services when they learn new ways to have fun without drugs and alcohol. The coach can assist skill building efforts such as time management and positive social activities
4. Behavior Education: Research shows that addiction is a chronic, relapsing disease. The recovery coach can educate the consumer regarding relapse prevention and identify relapse indicators as part of the recovery plan.

K. Youth Peer Support (YPS) services shall be made available to support youth with severe emotional disturbances, particularly those who may be involved in multiple systems (behavioral health, child welfare, juvenile justice, special education, etc.).

1. The goals of Youth Peer Support services shall be included in the consumer's individualized plan of service and mutually identified in active collaboration with the consumer receiving services.
2. Youth Peer Support Specialist shall meet the following qualifications:
    a. Aged 18 through 26, with the lived experience of having received mental health services as a youth
    b. Willing and able to self-identify as a person who has or is receiving behavioral health services use that experience in helping others
    c. Experience receiving services as a youth in complex, child serving systems preferred (behavioral health, child welfare, juvenile justice, special education, etc.).
    d. Participation in the MDHHS approved curriculum and ongoing training model

L. Consumers shall be given a choice, where possible, of peer support service providers.

M. Supervision shall be provided to peers.

1. Peer Support Specialists shall be provided with supervision by qualified mental health professionals.
2. Peer Mentors shall be provided with supervision by qualified intellectual/developmental disability professionals.
3. Parent Support Partners shall be provided with supervision by qualified mental health and/or intellectual/developmental disability professionals.
4. Recovery Coaches shall receive weekly supervision from designated agency staff.
5. Professional staff shall supervise Youth Peer Support.

N. Peers shall receive appropriate training for their roles.

1. Support Specialists shall receive standardized and accredited training and meet MDHHS' (Michigan Department of Health and Human Services) specialized training and certification requirements.
2. Peer Mentors shall attend the Michigan Developmental Disabilities Council's Peer Mentoring 101 training.
3. Peer Recovery Associates must receive training that includes:
    a. Gaining knowledge of community resources
    b. Listening skills

c. Taking a non-judgmental stance (the ability to respond positively and provide assistance to an individual regardless of personal opinions, experiences, and choices)
d. Understanding of confidentiality
e. Establishing boundaries
f. Possessing an attitude that there are many paths to recovery (none are any better than another)

4. Peer Recovery Coaches must successfully complete the MDHHS Peer Recovery Coach training for certification.
5. Youth Peer Support Specialists complete the MDHHS-approved training curriculum.
6. Peer Mentors shall attend the Michigan Developmental Disabilities Council's Peer Mentor 101 training and complete a supervised 90-120 hour internship at an SCCMHA-funded agency and receive certification from the Michigan Developmental Disabilities Council.
7. Parent Support Partners (peer-parents) who provide family support and training to parents of children with SED must complete MDHHS-endorsed training and receive a Certificate of Completion of the initial three (3)-day training curriculum.

O. Each SCCMHA-funded adult case management/ACT team must include at least one PSS position. Programs providing services and supports for persons with intellectual/developmental disabilities shall also provide PSS services.

P. Peer Recovery Support Services will recognize core values in an individual's recovery, their families, and their community allies are critical resources that can effectively extend, and enhance formal treatment services.

1. SAMSHA recognizes the following core competencies, principles and values:
   a. RECOVERY-ORIENTED: Peer workers hold out hope to those they serve, partnering with them to envision and achieve a meaningful and purposeful life. Peer workers help those they serve identify and build on strengths and empower them to choose for themselves, recognizing that there are multiple pathways to recovery.
   b. PERSON-CENTERED: Peer recovery support services are always directed by the person participating in services. Peer recovery support is personalized to align with the specific hopes, goals, and preferences of the individual served and to respond to specific needs the individuals has identified to the peer worker.
   c. VOLUNTARY: Peer workers are partners or consultants to those they serve. They do not dictate the types of services provided or the elements of recovery plans that will guide their work with peers. Participation in peer recovery support services is always contingent on peer choice.
   d. RELATIONSHIP-FOCUSED: The relationship between the peer worker and the peer is the foundation on which peer recovery support services and support are provided. The relationship between

the peer worker and peer is respectful, trusting, empathetic, collaborative, and mutual.

e. TRAUMA-INFORMED: Peer recovery support utilizes a strengths-based framework that emphasizes physical, psychological, and emotional safety and creates opportunities for survivors to rebuild a sense of control and empowerment.

**Definitions:**

**Certified Peer Recovery Mentor (CPRM-M)** is an individual who has been successful in their own recovery and is prepared to share their experience and knowledge with others at an earlier stage of recovery from alcohol and/or drug dependency. The Certified Peer Recovery Mentor credential is for peer recovery mentors working within licensed substance abuse service provider organizations, with a minimum of 500 hours of working experience, 25 or more hours documented supervision, and completion of a minimal set of education requirements. (*Michigan Certification Board for Addiction Professionals [MCBAP], 2013*)

**Certified Peer Support Specialist (CPSS)** is an individual with a lived experience and journey in receiving public mental health services and supports. Certified Peer Support Specialists are employed in a variety of settings including consumer-run organizations, employment, psychosocial rehabilitation programs, housing outreach, supports coordination and integrated behavioral health and primary care. They provide direct services to support others with health navigation, accessing resources, and supporting a person-centered recovery journey to achieve community inclusion and participation, independence, recovery and resiliency. (*Michigan Developmental Disabilities Council*)

**Parent-to-Parent Support** is designed to support the parents/families of children with a serious emotional disturbance or intellectual/developmental disability as part of the treatment process to be empowered, confident and possess skills that will enable them to assist their child to improve in functioning. The trained parent support partner currently has or previously had a child with special mental health needs. Parent support partners provide education, training, and support, and augment the assessment and mental health treatment process. A parent support partner provides these services to the parents and their family in the home and in the community. Parent support partners receive regular supervision and team consultation by the treating professionals. [Adapted from the *MDHHS Medicaid Provider Manual*]

**Parent Support Partners** serve as equal members of treatment teams and assist in identifying goals within the Person Centered/Family Centered Plan that will support parents to develop skills, knowledge, resources, and confidence in parenting a child with serious emotional disturbance (SED) and/or an intellectual/developmental disability (I/DD). This service is provided by another parent who has first-hand experience navigating the public child serving agencies and raising a child with mental health challenges. Services focus on increasing confidence and competence in parenting skills, increasing the parent's knowledge to better navigate systems and partner with service providers, and empower the parent to develop sustainable, natural support networks after formal service delivery has ended. [Adapted from the *MDHHS Medicaid Provider Manual*]

**Peer** is a person who has lived experience with a psychiatric, traumatic, and/or addiction condition, and may benefit from peer recovery support in the context of peer recovery support. (*International Association of Peer Supporters [iNAPS], 2013*)

A peer is a person in a journey of recovery who identifies with an individual based on a shared background and life experience. (*Michigan DCHODCP, 2012*)

**Peer Mentor** is a person with an intellectual/developmental disability who has learned problem solving strategies, how to be a self-advocate, how to live a self-determined life, and knows how to access services and resources in the community. Peer Mentors offer the benefit of their experiences, passing along encouragement and support to help others construct their own advocacy to bring about the changes they want for their lives. (*MDDHHS*)

**Peer Recovery Associate** is an individual who assists a peer recovery coach by engaging in designated peer support activities. Peer recovery associates receive an orientation and brief training in the functional aspect of their role by the entity that will utilize them to provide supports. These individuals are not trained to the same degree as peer recovery coaches. A peer recovery associate must have a minimum of six (6) months in recovery (*Michigan DCHODCP, 2012*)

**Peer Recovery Coach** is a peer specifically trained to provide advanced peer recovery support services in Michigan. A peer recovery coach works with individuals during their recovery journey by linking them to the community and its resources. A peer recovery coach serves as a personal guide or mentor, helping the individual overcome personal and environmental obstacles to recovery. Peer recovery coaches must have two continuous years in recovery at some point in time after the age of 18. (*From MDHHS Peer Recovery Coach application, 2022*)

**Peer Recovery Support** is the process of giving and receiving non-clinical assistance to achieve long-term recovery from severe psychiatric, traumatic, or addiction challenges. This support is provided by peer recovery supporters – i.e., people who have "lived experience" – and have been trained to assist others in initiating and maintaining long-term recovery and enhancing the quality of life for individuals and their families Peer recovery support services are inherently designed, developed, delivered, evaluated, and supervised by Substance Abuse Treatment Specialists (SATS) or Substance Abuse Treatment Practitioner (SATP) when in a setting that receives Medicaid reimbursement. Programs funded by the Substance Abuse Block Grant (SABG) and/or Public Act 2 (PA2) funding shall receive ongoing supervision by a case manager, treatment practitioner, prevention staff, or an experienced Certified Peer Recovery Coach who has over two continuous years in recovery and over two years in the direct provision of recovery coach services and supports. (From *MDHHS Bulletin MSA 22-01, 2022* and the *International Association of Peer Supporters [iNAPS], 2013*)

**Peer Recovery Support Services** may include peer mentoring, peer-led support groups, parenting classes, job readiness training, wellness seminars, childcare, transportation, help with accessing community health and social services, recovery centers, sports league participation, and alcohol- and drug-free socialization opportunities. (*SAMHSA, 2009*)

**Peer Recovery Supporter** is someone who has experienced the healing process of recovery and, as a result, can offer assistance and support to promote another peer's own personal recovery journey. (*International Association of Peer Supporters [iNAPS], 2013*)

**Peer Services** include Medicaid Managed Care 1915 (b) (3) waiver services which promote community inclusion and participation, independence and productivity, of which two broad categories found in the Michigan Medicaid Provider Manual: peer-delivered and operated support services (e.g., peer support specialists, peer mentors, etc.), and peer run drop-in centers.

**Peer Support Relationship:** The qualities that make an effective peer supporter are best defined by the individual receiving support, rather than by an organization or provider of care. Matching peer recovery supporters with peers often encompasses shared cultural characteristics, such as age, gender, ethnicity, language, sexual orientation, co-occurring conditions, experience in the military or with the criminal justice system, or other identity-shaping life experiences that increase common language, mutual understanding, trust, confidence, and safety. (*International Association of Peer Supporters [iNAPS], 2013*)

**Peer Support Services** consist of activities that focus on helping consumers assume control over their lives and recovery and/or resilience building process. Peer support can include peer mentoring or coaching, helping consumers find and access resources, advocating for consumers, and facilitating and leading recovery, support or educational groups. Peer support is provided by persons with lived experience.

**Peer Support Specialist (PSS)** is a person with a mental illness and/or co-occurring substance use disorder and/or intellectual/developmental disability who has been trained to help her/his peers identify and achieve specific life goals. Peer Support Specialists cultivate the ability of those they assist to make informed, independent choices and set goals, and gain information and support from the community to achieve those goals. They promote personal responsibility, empowerment, and self-determination inherent in self-directed recovery and resiliency, and assist people with mental illnesses and intellectual/developmental disabilities in gaining/regaining control over their own lives and their own recovery process and achievement of independence. Peer Support Specialists model competency in recovery/resiliency and maintaining ongoing wellness. It should be noted that the role of peer support specialists is not interchangeable with that of traditional staff members who typically operate from the perspectives of their training and/or licensure. Peer Support Specialists operate from the perspective of "having been there" and lend unique insight into mental illnesses, substance use disorders, and intellectual/developmental disabilities and factors that make recovery and the achievement of community integration possible.

**Recovery** is defined as the process in which people are able to live, work, learn, and fully participate in their communities. For some individuals, recovery entails being able to live a fulfilling and productive life despite a disability. For others, recovery signifies the reduction or complete remission of symptoms of an illness.

**Recovery Community** includes individuals with a history of alcohol and drug problems who are in or seeking recovery, including those currently in treatment; as well as family members, significant others, and other supporters and allies. (SAMHSA)

**Resiliency** is defined as the ability of an individual to function competently in the face of adversity or stress.

**Veteran Peer Support** may be defined as the help and support given by veterans to veterans through shared experiences and/ or an experience of a mental health illness related to their military life. It may be social, emotional, or practical support but importantly this support is mutually offered and reciprocal, allowing peers to benefit from the support whether they are giving or receiving it.

**Veteran Peer Support Specialist** is an individual who has served in the U.S. Military and has a mental health and/or co-occurring condition, who has been trained to help others identify and achieve specific life and recovery goals. They help fellow Veterans navigate the VA system, facilitate support groups, and provide information on community resources while actively being engaged in their own recovery.

**Youth Peer Support (YPS)** are designed to support youth with a serious emotional disturbance through shared activities and interventions. The goals of Youth Peer Support include supporting youth empowerment, assisting youth in developing skills to improve their overall functioning and quality of life, and working collaboratively with others involved in delivering the youth's care. Youth Peer Support services can be in the form of direct support, information sharing and skill building.

**Youth Peer Support Services** are provided by trained youth peer support specialists, one-on-one or in a group, for youth with a serious emotional disturbance who are resolving conflicts, enhancing skills to improve their overall functioning, integrating with community, school and family and/or transitioning into adulthood. Services provide support and assistance for youth in accordance with the goals in their plan of service to assist the youth with community integration, improving family relationships and resolving conflicts, and making a transition to adulthood, including achieving successful independent living options, obtaining employment, and navigating the public human services system. Youth Peer Support activities are identified as part of the assessment and the person-centered/family-driven, youth-guided planning process.

**Youth Peer Support Specialists** are young adults aged 18 through 26 who have lived experience navigating behavioral health systems and must participate in and complete the approved MDHHS curriculum and ongoing training. A Youth Peer Support Specialist is willing and able to self-identify as a person who is receiving or has been the recipient of behavioral health services and is prepared to use that experience to help others. Youth Peer Support Specialists shall receive regular supervision by a child mental health professional and shall participate as an active member of the treatment team.

**References:**

A. Medical Services Administration Bulletin 16-39 – Peer Mentor Training: https://www.michigan.gov/documents/mdhhs/MSA_16-39_543833_7.pdf
B. Medical Services Administration Bulletin 17-45 – Peer Recovery Coach Certification: https://www.michigan.gov/documents/mdhhs/MSA_17-45_609942_7.pdf
C. Medical Services Administration Bulletin 22-01, March 1, 2022, Peer Recovery Coach Training: HASA-22-01.pdf (govdelivery.com)

D. Michigan Certification Board for Addiction Professionals. (2023). Certification information for Certified Peer Recovery Mentor: https://mcbap.com/cprm-certified-peer-recovery-mentor/
E. Michigan Medicaid Provider Manual: https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf
F. Michigan DCH/ODCP Treatment Technical Advisory No. 07 (September 1, 2012) – Peer Recovery/Recovery Support Services: https://www.michigan.gov/documents/mdch/TA-T-07_Peer_Recovery-Recovery_Support_230852_7.pdf
G. National Practice Guidelines for Peer Supporters: https://na4ps.files.wordpress.com/2012/09/nationalguidelines1.pdf
H. Center for Substance Abuse Treatment. (2009). *What Are Peer Recovery Support Services?* SAMHSA. Rockville, MD.
I. Center for Substance Abuse Treatment. (April, 2022). *Core Competencies for Peer Workers in Behavioral Health Services*. SAMHSA. Rockville, MD.: https://www.samhsa.gov/brss-tacs/recovery-support-tools/peers/core-competencies-peer-workers
J. Loveland, D. and Boyle, M. (2005). *Manual for Recovery Coaching and Personal Recovery Plan Developme*nt: https://facesandvoicesofrecovery.org/wp-content/uploads/2019/06/Manual-for-Recovery-Coaching-and-Personal-Recovery-Plan-Development.pdf
K. Veterans in Communities Peer Support, retrieved 03/10/2022, https://www.veteransincommunities.org/veteran-to-veteran-peer-support.html
L. SCCMHA Policy 02.03.05 – Recovery
M. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
N. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
O. Social Security Act Section 1915 (b) (3) Waiver

**Exhibits:**
A. Michigan Certified Peer Support Specialist Code of Ethics, updated 2021
B. Michigan Certified Peer Recovery Coach Code of Ethics, updated 2022
C. Core Competencies for Peer Workers in Behavioral Health Services (SAMHSA)
D. 2023 Peer Support Specialist Certification Training Application
E. Peer Related Medicaid Services Guidance

**Procedure:**
None

Exhibit A

# Michigan Certified Peer Support Specialists Code of Ethics

**Certified Peer Support Specialists** will maintain high standards of professional conduct in a manner that fosters hope and recovery while practicing self-care.
**Certified Peer Support Specialists** will advocate and support for the full integration of individuals into the communities of their choice.
**Certified Peer Support Specialists** will improve their knowledge and skills through ongoing education and share that knowledge with colleagues and individuals they serve.

**Certified Peer Support Specialists** will value diversity, equity and inclusion and will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition, or state.

**Certified Peer Support Specialists** will respect the privacy of those they serve and will abide by State and Federal privacy and confidentiality laws.
**Certified Peer Support Specialists** will inform supervisor(s) or other members of the treatment team/agency immediately of any reported or suspected intent of serious harm to self or others or abuse from caregivers with those they serve.
**Certified Peer Support Specialists** will respect the rights and dignity of those they serve and shall not force any values or beliefs onto the person engaging in services.
**Certified Peer Support Specialists** will not engage in sexual or intimate relationships with individuals they serve, their relatives or others with whom they maintain a close personal relationship with.
**Certified Peer Support Specialists** will avoid relationships that conflict or create risk of harm in the best interest of individuals they serve. When dual relationships are unavoidable, it is the responsibility of the Certified Peer Support Specialist to seek supervisory consultation.
**Certified Peer Support Specialists** will not give, lend, borrow and/or accept gifts, of significant value, including financial transactions, from persons they serve.
**Certified Peer Support Specialists** will conduct themselves in a manner that fosters their own recovery and recognize the many ways in which they may influence peers and others in the community, as they serve as a role model.
**Certified Peer Support Specialists** will share relevant parts of their recovery story to provide hope at a time when it is beneficial to the person served.
**Certified Peer Support Specialists** will provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.
**Certified Peer Support Specialists** will provide support for those they serve through all stages of recovery.

Updated 2021

Exhibit B

# Michigan Certified Peer Recovery Coach Code of Ethics

March 2022

Certified Peer Recovery Coaches (CPRC), as professionals, who are credentialed by the State of Michigan acknowledge and agree to follow the code of ethics. The standards listed below will direct CPRCs as they function in their roles in providing recovery support services with the persons they serve.

1. **Peer Recovery Coaches** will actively pursue recovery in their own lives as well as role model recovery for others.

2. **Peer Recovery Coaches** will assist and advocate for the persons they serve in achieving their needs, personal pursuits, and self-directed goals.

3. **Peer Recovery Coaches** will advocate for and support all pathways to and of recovery.

4. **Peer Recovery Coaches** will intentionally value and actively implement diversity, equity, and inclusion.

5. **Peer Recovery Coaches** will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex, sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, or condition.

6. **Peer Recovery Coaches** will not pursue or engage in sexual or intimate relationships through the use of technology or in-person with individuals they serve, their relatives or others with whom they maintain a close personal relationship with.

7. **Peer Recovery Coaches** will respect the privacy of those they serve and will abide by confidentiality as required by state and federal law.

8. **Peer Recovery Coaches** will not give, lend, borrow and/or accept gifts, of significant value, or personal favors of any kind, from persons they serve.

9. **Peer Recovery Coaches** will improve their knowledge and skills of recovery services through ongoing education and trainings.

10. **Peer Recovery Coaches** will share their lived experiences to inspire hope, encourage change, and assist to identify resources and supports that promote recovery.

Exhibit C

# CORE COMPETENCIES FOR PEER WORKERS IN BEHAVIORAL HEALTH SERVICES

## Category I: Engages peers in collaborative and caring relationships

This category of competencies emphasized peer workers' ability to initiate and develop on-going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skills, knowledge about recovery from behavioral health conditions and attitudes consistent with a recovery orientation.

1. Initiates contact with peers
2. Listens to peers with careful attention to the content and emotion being communicated
3. Reaches out to engage peers across the whole continuum of the recovery process
4. Demonstrates genuine acceptance and respect
5. Demonstrates understanding of peers' experiences and feelings

## Category II: Provides support

The competencies in this category are critical for the peer worker to be able to provide the mutual support people living with behavioral health conditions may want.

1. Validates peers' experiences and feelings
2. Encourages the exploration and pursuit of community roles
3. Conveys hope to peers about their own recovery
4. Celebrates peers' efforts and accomplishments
5. Provides concrete assistance to help peers accomplish tasks and goals

## Category III: Shares lived experiences of recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer workers need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family peer support worker likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1. Relates their own recovery stories, and with permission, the recovery stories of others' to inspire hope
2. Discusses ongoing personal efforts to enhance health, wellness, and recovery
3. Recognizes when to share experiences and when to listen
4. Describes personal recovery practices and helps peers discover recovery practices that work for them

## Category IV: Personalizes peer support

These competencies help peer workers to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1. Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2. Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3. Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4. Tailors services and support to meet the preferences and unique needs of peers and their families

## Category V: Supports recovery planning

These competencies enable peer workers to support other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1. Assists and supports peers to set goals and to dream of future possibilities
2. Proposes strategies to help a peer accomplish tasks or goals
3. Supports peers to use decision-making strategies when choosing services and supports
4. Helps peers to function as a member of their treatment/recovery support team
5. Researches and identifies credible information and options from various resources

## Category VI: Links to resources, services, and supports

These competencies assist peer workers to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer workers apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that peer workers have knowledge of resources within their communities as well as on-line resources.

1. Develops and maintains up-to-date information about community resources and services
2. Assists peers to investigate, select, and use needed and desired resources and services
3. Helps peers to find and use health services and supports
4. Accompanies peers to community activities and appointments when requested
5. Participates in community activities with peers when requested

## Category VII: Provides information about skills related to health, wellness, and recovery

These competencies describe how peer workers coach, model or provide information about skills that enhance recovery. These competencies recognize that peer workers have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1. Educates peers about health, wellness, recovery and recovery supports

2. Participates with peers in discovery or co-learning to enhance recovery experiences

3. Coaches peers about how to access treatment and services and navigate systems of care

4. Coaches peers in desired skills and strategies

5. Educates family members and other supportive individuals about recovery and recovery supports

6. Uses approaches that match the preferences and needs of peers

## Category VIII: Helps peers to manage crises

These competencies assist peer workers to identify potential risks and to use procedures that reduce risks to peers and others. Peer workers may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1. Recognizes signs of distress and threats to safety among peers and in their environments

2. Provides reassurance to peers in distress

3. Strives to create safe spaces when meeting with peers

4. Takes action to address distress or a crisis by using knowledge of local resources, treatment, services, and support preferences of peers

5. Assists peers in developing advance directives and other crisis prevention tools

## Category IX: Values communication

These competencies provide guidance on how peer workers interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1. Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others

2. Uses active listening skills

3. Clarifies their understanding of information when in doubt of the meaning

4. Conveys their point of view when working with colleagues

5. Documents information as required by program policies and procedures

6. Follows laws and rules concerning confidentiality and respects others' rights for privacy

## Category X: Supports collaboration and teamwork

These competencies provide direction on how peer workers can develop and maintain effective relationships with colleagues and others to enhance the peer support provided. These competencies involve not only interpersonal skills but also organizational skills.

1. Works together with other colleagues to enhance the provision of services and supports

2. Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers

3. Coordinates efforts with health care providers to enhance the health and wellness of peers

4. Coordinates efforts with peers' family members and other natural supports

5. Partners with community members and organizations to strengthen opportunities for peers

6. Strives to resolve conflicts in relationships with peers and others in their support network

## Category XI: Promotes leadership and advocacy

These competencies describe actions that peer workers use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1. Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected

2. Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family

3. Uses knowledge of legal resources and advocacy organization to build an advocacy plan

4. Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families

5. Educates colleagues about the process of recovery and the use of recovery support services

6. Actively participates in efforts to improve the organization

7. Maintains a positive reputation in peer/professional communities

## Category XII: Promotes growth and development

These competencies describe how peer workers become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1. Recognizes the limits of their knowledge and seeks assistance from others when needed

2. Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)

3. Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, and knowing when to seek support

4. Seeks opportunities to increase knowledge and skills of peer support

Exhibit D

# Michigan Department of Health and Human Services

**320 S. Walnut, Lansing, MI 48913**
**Email: MDHHS-PeerSupport@Michigan.gov**

# 2023 Peer Support Specialist Certification Training Application

**Trainings for 2023 will be held online via zoom unless otherwise noted.**

***Once trainings are allowed to be conducted face to face, zoom trainings may be changed to a training location***

| Dates of Training: | Location of Training: |
|---|---|
| February 6 – 10, 2023 | Online via Zoom |
| April 17 – 21, 2023 | Online via Zoom |
| June 12 – 16, 2023 | Online via Zoom |
| July 10 – 14, 2023 | Online via Zoom |
| September 11 – 15, 2023 | Online via Zoom |
| November 13 – 17, 2023 | Online via Zoom |

****To conduct peer support specialist trainings, we must have ten or more individuals, or the training will be subject to be rescheduled****

****This training is not affiliated with the Michigan Certification Board of Addiction Professionals (MCBAP) peer mentor credential and does not meet the requirements of a MCBAP development plan****

## Email: MDHHS-PeerSupport@Michigan.gov

### Peer Support Specialist Certification Training Application

**Please print clearly. Applications must be filled out by the applicant. All sections of the form must be completed for the application to be accepted.**
These instructions explain how to complete the application for the Michigan

Certified Peer Support Specialist certification training program. The application measures skills and requirements necessary to be a Certified Peer Support Specialist.
The application process for peer support specialist training includes a written application, two professional letters of reference, and a peer-to-peer telephone interview. The two professional letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. The application process is designed to determine whether the applicant has substantial experience with his or her own recovery and is a suitable candidate for certification training.

Individuals eligible for certification training must:

- Be at least 18 years of age;
- Have a high school diploma, General Education Diploma (GED), or provide college transcripts in lieu of a high school diploma or GED;
- Primary diagnosis of a mental health condition;
- Have a strong personal knowledge of what it is like to have first-hand lived experience with a mental health condition that has caused a substantial life disruption;
- Has been a recipient of mental health treatment and/or services for at least one year, with a substantial life disruption due to their mental health condition;
- Have personal experience in navigating complex mental health treatment services;
- Self-identifies as having a mental health condition with a substantial life disruption and shares their recovery story in supporting others;
- Be employed by a CMHSP or contract provider at the beginning of training;
- Meet the MDHHS application approval process for specialized training and certification;
    - Completed peer support specialist application
    - Supervisor signature and acknowledgement form
    - Two written letters of reference (The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. The letter should not be from someone you serve.)
    - Current job description
    - Read, understand, and agree to peer code of ethics
    - Acknowledgement of truthfulness and accuracy of application
    - Peer-to-peer interview
    - Training fee paid by the agency that employs the peer support specialist

- ❖ Attend professional advancement opportunities to maintain skills;
- ❖ Be freely chosen by beneficiaries utilizing peer support services; and
- ❖ Adhere to the MDHHS Peer Support Specialist Code of Ethics.

Applicants must be willing to:

- ❖ Attend all five days of the online training
- ❖ Actively participate in discussions and role plays
- ❖ Complete and pass the certification exam

****Other training opportunities are available for individuals with lived experience in the following areas: Substance use experience (Recovery Coach Training), Youth (Youth Peer Support), Developmental Disabilities (Peer Mentors), Family (Parent Support Partners), and Public Health (Community Health Workers)****

Application review process considers factors such as:

- ❖ Current job duties (Applicant must be preforming peer support duties as outlined in the Michigan Medicaid Provider Manual.)
- ❖ Interest in and understanding of the role of a Peer Support Specialist
- ❖ Understanding of the concept of recovery
- ❖ Leadership skills
- ❖ Ability to share their lived experience in mental health recovery
- ❖ Two professional letters of reference
- ❖ Peer to peer phone interview

**Today's Date:** Click or tap to enter a date.

| Last Name: | | First Name: |
|---|---|---|
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Mailing Address: | | City, State, Zip |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Home Phone: | Cell Phone: | Work Phone: |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Personal Email: | | Work Email (required): |
| Click or tap here to enter text. | | Click or tap here to enter text. |
| Birthdate: | | |
| Click or tap to enter a date. | | |

| Job Title: | Program that you work in: |
|---|---|
| Click or tap here to enter text. | Click or tap here to enter text. |
| Employer Name: | Supervisor's Name: |
| Click or tap here to enter text. | Click or tap here to enter text. |

**Please complete the following check list:**

| | |
|---|---|
| ☐ **YES**<br>☐ **NO** | I have a high school diploma, General Education Diploma (GED), or can provide college transcripts in lieu of a high school diploma or GED. |
| ☐ **YES**<br>☐ **NO** | I have education/training/degree beyond high school. *(For information only)*<br>Detail: Click or tap here to enter text. |
| ☐ **YES**<br>☐ **NO** | It has been more than one year since I was first diagnosed with a mental health condition with a substantial life disruption. |
| ☐ **YES**<br>☐ **NO** | I am currently employed as a peer support specialist, working _____ hours per week. My hire date as a peer specialist was Click or tap to enter a date. |
| ☐ **YES**<br>☐ **NO** | I currently or have received complex mental health treatment services. |
| ☐ **YES**<br>☐ **NO** | I have a mental health condition with a substantial life disruption and have shared my recovery story in providing support to others. |
| ☐ **YES**<br>☐ **NO** | I have lived experience in the following areas:<br>Click or tap here to enter text. |
| ☐ **YES**<br>☐ **NO** | I have served in the military *(For information only)* |
| ☐ **YES**<br>☐ **NO** | I agree to attend the five-day peer support specialist training. If I miss any time, I understand I will need to repeat the session and may be required to re-take the entire training. I agree to take the certification exam. |
| ☐ **YES**<br>☐ **NO** | I agree to follow the zoom peer worker guidelines (attached). |
| ☐ **YES**<br>☐ **NO** | I agree to notify MDHHS Peer Support Unit if my employment changes at any given time after submitting this application. If I still meet the Medicaid requirements and am employed, I understand I will need to complete and send in a new application. |

**Application Narrative**

The following questions are used as part of the application process to review the applicant's recovery experience and understanding of the principals of recovery. Your answers will be reviewed during the peer-to-peer phone interview.

| |
|---|
| 1) Why do you want to become a State of Michigan Certified Peer Support Specialist (CPSS)?<br>Click or tap here to enter text. |
| 2) Describe what being in recovery means to you.<br>Click or tap here to enter text. |
| 3) Peer support specialists must be willing to share their recovery story for the benefit of others. Please describe at least one example of how you have done this.<br>Click or tap here to enter text. |
| 4) What are some of the services and supports that you found helpful in your mental health recovery journey?<br>Click or tap here to enter text. |
| 5) What strengths, skills, and abilities have you developed in your recovery journey?<br>Click or tap here to enter text. |

| |
|---|
| |
| 6) What are some of your strengths that you will build on while supporting others in their journey of recovery?<br>Click or tap here to enter text. |
| 7) Describe some of the tools you use in the areas of health, wellness, and recovery.<br>Click or tap here to enter text. |

**Your Current Employment:**

| |
|---|
| 1) What are the job duties that you perform as a peer support specialist?<br>*(A copy of your current job description is required to be attached when submitting your application)*<br>Click or tap here to enter text. |

| |
|---|
| |
| 2) Share some examples of how you have worked with individuals who are culturally diverse.<br>Click or tap here to enter text. |
| 3) Describe what you find most **and** least rewarding about your current position.<br>Click or tap here to enter text. |

## Michigan Certified Peer Support Specialists Code of Ethics

**Certified Peer Support Specialists** will maintain high standards of professional conduct in a manner that fosters hope and recovery while practicing self-care.

**Certified Peer Support Specialists** will advocate and support for the full integration of individuals into the communities of their choice.

**Certified Peer Support Specialists** will improve their knowledge and skills through ongoing education and share that knowledge with colleagues and individuals they serve.

Certified Peer Support Specialists will value diversity, equity and inclusion and will not practice, condone, facilitate, or collaborate in any form of discrimination based on ethnicity, race, sex,

sexual orientation, gender identity, age, religion, national origin, marital status, political belief, disability, or any other preference or personal characteristic, condition, or state.

**Certified Peer Support Specialists** will respect the privacy of those they serve and will abide by State and Federal privacy and confidentiality laws.

**Certified Peer Support Specialists** will inform supervisor(s) or other members of the treatment team/agency immediately of any reported or suspected intent of serious harm to self or others or abuse from caregivers with those they serve.

**Certified Peer Support Specialists** will respect the rights and dignity of those they serve and shall not force any values or beliefs onto the person engaging in services.

**Certified Peer Support Specialists** will not pursue or engage in sexual or intimate relationships through the use of technology or in-person with individuals they serve, their relatives or others with whom they maintain a close personal relationship with.

**Certified Peer Support Specialists** will avoid relationships that conflict or create risk of harm in the best interest of individuals they serve. When dual relationships are unavoidable, it is the responsibility of the Certified Peer Support Specialist to seek supervisory consultation.

**Certified Peer Support Specialists** will not give, lend, borrow and/or accept gifts, of significant value, including financial transactions, from persons they serve.

**Certified Peer Support Specialists** will conduct themselves in a manner that fosters their own recovery and recognize the many ways in which they may influence peers and others in the community, as they serve as a role model.

**Certified Peer Support Specialists** will share relevant parts of their recovery story to provide hope at a time when it is beneficial to the person served.

**Certified Peer Support Specialists** will provide strength-based services acknowledging that every person has skills, gifts, and talents they can use to better their lives.

**Certified Peer Support Specialists** will provide support for those they serve through all stages of recovery.

## Please Read –
## Sign below to indicate that you have read and agree with the following statements:

- I am a person who has a primary diagnosis of a mental health condition with a substantial life disruption.
- I understand that submission of this application does not guarantee approval.
- I attest that I meet the eligibility requirements as outlined on page two of this application and I authorize the peer support specialist training program to confirm my eligibility.
- I am employed by a CMHSP or contract provider and working in a peer support specialist role as defined in the Michigan Medicaid Provider Manual.
- I understand that I will be required to attend a five-day training (make up any sessions missed and/or may be required to re-take the entire training),

follow the zoom peer worker guidelines (attached), and successfully pass a written exam to qualify for certification.
- I agree to respect and follow the Michigan Certified Peer Support Specialist Code of Ethics included in this application.
- I agree to share my recovery story in supporting others.
- All statements in this application are true and accurate.

| Signature: | Date: |
|---|---|
| | Click or tap to enter a date. |

This application must be submitted by email (or fax if necessary) at least 30 days prior to the training date and must include:

- A copy of the current job description of the applicant
- Two professional written references. - The letters of reference should be from individuals that can speak to your ability to effectively share your experience as a person in recovery, relate to people, and partner with colleagues. (The letter should not be from someone you serve)
- Supervisor Acknowledgment Form (page ten)

| A peer-to-peer telephone interview will be a part of this application process. Please provide days/times most convenient to you. | |
|---|---|
| Days: | Times: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Primary phone number to be reached at:<br>Click or tap here to enter text. | |

Upon receiving your application, applicants will receive a confirmation email. Applicants will receive a telephone interview within three weeks. Applicants will receive confirmation of acceptance or denial approximately three days after the telephone interview is completed.

## Direct Supervisor Acknowledgement

The direct supervisor of the applicant must check the boxes below, provide the following information and signature. The direct supervisor must meet the following criteria (*only one of the first two boxes will be checked, all other boxes need to be checked*).

☐ I am a Qualified Mental Health Professional (QMHP) as defined by the Medicaid Services Administration.

☐ I am a supervisor at a MDHHS approved drop-in program as defined in the Medicaid Provider Manual.

☐ I confirm that the applicant meets the training requirements as defined by the Medicaid Provider Manual. MedicaidProviderManual.pdf (state.mi.us)

☐ Our agency agrees to support the applicant's attendance by providing them a meeting space that is conducive to learning without other individuals present and pay the individual's salary for the five-day training, one-day study session, and test date.

☐ Our agency will pay Michigan Disability Rights Coalition a **$300.00 application fee** if the applicant is approved for training. If the applicant is unable to attend and notification is not provided within five business days prior to the training the application fee will not be refunded.

☐ All training materials must be returned at the expense of the agency if the applicant does not attend.

| Name of Community Mental Health Service Program (CMHSP)/Provider Agency: | Name of Employer: |
|---|---|
| Click or tap here to enter text. | Click or tap here to enter text. |
| Full address of applicant's employer: | |
| Click or tap here to enter text. | |
| Name of applicant's direct supervisor: | Phone: |
| Click or tap here to enter text. | Click or tap here to enter text. |
| Supervisor Email: | |
| Click or tap here to enter text. | |
| Supervisor Credentials: | |
| Click or tap here to enter text. | |
| Supervisor Signature: | Date: |
| Click or tap here to enter text. | Click or tap to enter a date. |

**Michigan Peer Workers,**

We have received feedback from trainers and peers sharing concerns about participation of individuals while attending a MDHHS sponsored peer online trainings. We are including guidelines in the registration process to ensure that the trainings are safe and peers are representing professional standards. It is expected that even though we cannot meet in person, the same guidelines will be followed on the Zoom platform. In addition

to these guidelines below, please respect any additional participation requirement provided by trainers. Please review the guidelines you will be expected to follow and sign at the bottom.

**Training guidelines sponsored by MDHHS include:**

- Be attentive –please be active and present. Don't work on other tasks (like checking email, answering your cell phone, or talking to others) during the virtual meeting. You might miss out on key information and/ or an opportunity to give input;
- Silence your cell phone – please make sure your cell phone is on silent;
- Be respectful –please raise your hand – don't interrupt other people when they are speaking (or attempt to speak over them). If you want to speak, physically raise your hand or use the "raise hand" feature that is available in the participant's panel;
- Mute yourself – please mute your microphone when you are not talking. This will help eliminate any feedback or background noise that can be heard in your environment;
- Please arrive on time at the beginning of the training so you can introduce yourself and fully participate;
- Please arrive on time after breaks;
- **Do not drive and zoom** – This is a safety requirement. If a participant is driving, they will be removed from the training;
- Please do not smoke or use a vape;
- No swearing please;
- Have your camera **ON** at all times; we want people to be present and participate as we would in a face-to-face training;
- Please attend all sessions or entire training whichever applies; and
- Be yourself and have fun!

**By signing this I understand and agree to follow these guidelines during all MDHHS sponsored trainings I attend.**

| | |
|---|---|
| | |

**First and Last Name** **Date**

We hope you will leave with great skills to implement with the people you serve. If you have any questions or concerns, please reach out to us at MDHHS-peersupport@michigan.gov

## Michigan Peer Support Specialist Training Application
## Professional Letter of Reference (current or past employers/co-workers)

| Name of applicant: |
|---|

| |
|---|
| Date: |
| Name of person providing reference: |
| Relationship to applicant: |
| How long have you known the applicant? |
| Please describe this person's role at the agency: |
| How will the agency benefit from the applicant attending the training? |

## Michigan Peer Support Specialist Training Application

## **Professional Letter of Reference** (current or past employers/co-workers)

| |
|---|
| Name of applicant: |
| Date: |
| Name of person providing reference: |
| Relationship to applicant: |
| How long have you known the applicant? |
| Please describe this person's role at the agency: |
| How will the agency benefit from the applicant attending the training? |

Exhibit E

| Name of Peer Service | Youth Peer Support | Parent Support Partner | Mental Health Peer Specialist | Peer Recovery Coach | Peer Mentor (provided by a DD mentor) |
|---|---|---|---|---|---|
| **Target Population** | Youth with a Serious Emotional Disturbance | Parents or caregivers of a child with a Serious Emotional Disturbance or Intellectual or Developmental Disability | Individuals receiving mental health services and supports | Individuals receiving substance use services or co-occurring services | Individuals with intellectual/developmental disabilities |
| **Training Requirements and Certification process** | Youth Peer Support provided by a trained youth peer using the MDHHS-endorsed curriculum (can report after completion of initial 3 days of core training but must continue certification process) | Parent-to-parent support provided by a trained parent using the MDHHS-endorsed curriculum (can report after completion of initial 3 days of core training but must continue certification process) | Outlined in Medicaid provider manual. Person must be working at least 10 hours a week in a position described as peer support. Training is 5 days. Once successfully completes the requirements can use the H0038 code with an HE modifier for different codes based on description of activity/description in Medicaid provider manual | Outlined in MSA Bulletin 22-01. Peer Recovery Coach certification training provided by MDHHS including passing a certification exam. | There is no training requirement/certification to use the H0046 code.<br>The DD Council's Peer Mentor program requires individuals to attend Peer Mentoring 101, complete a 90-120 hour internship at a CMHSP, and complete an exit interview for certification.<br>Once certified, the H0046 code can be used. |

| Name of Peer Service | Youth Peer Support | Parent Support Partner | Mental Health Peer Specialist | Peer Recovery Coach | Peer Mentor (provided by a DD mentor) |
|---|---|---|---|---|---|
| **Training Structure** | Statewide Coordinator and Lead Trainer – MDHHS contract with CMHAM | Statewide Coordinator and Lead Trainer – MDHHS contract with CMHAM | Overseen by MDHHS and National peer trainers provide training | Statewide Coordinator and Lead Trainer – MDHHS contract with CMHAM | Michigan Developmental Disabilities curriculum and training lead by Certified Peer Mentors |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Cognitive-Behavior Therapy (CBT) | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.03.09.16 |
| **Effective Date**: 6/4/14 | **Date of Review/Revision**: 6/13/17, 4/10/18, 4/9/19, 10/21/19, 6/1/20, 3/10/21, 1/12/22, 1/10/23 | **Approved By**: Sandra M. Lindsey, CEO |
| | **Supersedes**: 02.03.20 | **Responsible Director:** Director of Network Services Public Policy & Continuing Education |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**: Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**: EBP Leadership Team |

**Purpose:**
The purpose of this policy is to delineate a framework for the provision of Cognitive-Behavior Therapy (CBT).

**Policy:**
A. SCCMHA-funded practitioners shall adhere to the tenets of CBT when providing psychotherapeutic interventions for conditions amenable to cognitive and behavioral treatment. CBT interventions shall be provided in a trauma-informed manner.
B. CBT can be delivered face-to-face, in-person, or via telehealth technology.

**Application:**
This policy applies to mental health and intellectual/developmental disability and substance use disorder treatment professionals who are qualified by SCCMHA to provide evidence-based treatment.

**Standards:**
A. Practitioners who have received SCCMHA-approved training may provide CBT in individual or group modalities to treat consumers with a variety of conditions including depression, bipolar disorder, substance use disorders, eating disorders, sleep disorders, psychotic disorders, and anxiety disorders including posttraumatic stress disorder (PTSD), phobias, panic attacks, and obsessive-compulsive disorder (OCD).
    a. Individuals who have received and maintained training in another SCCMHA approved EBP that falls under CBT, do not need to take additional CBT-specific training to be privileged in this EBP. These EBPs

include DBT, DBT-A, IDDT, CBT for HD, and TF-CBT. Maintaining the requirements for privileging in these EBPs will also qualify for CBT.

b. Individuals trained in another CBT-related EBP that is not presently approved by SCCMHA may have their training evaluated on an individual basis by the EBP Coordinator.
c. For all other individuals, initial CBT privileging can be obtained by completing Introduction to Cognitive Behavioral Therapy within the RELIAS training system.
    i. For subsequent privileging in CBT, clinicians will be required to submit a CBT progress note to the EBP Coordinator on an annual basis during the privileging process. See exhibit C for elements to be included.
d. All clinicians who provide psychotherapy to individuals ages 6 and older will be required to be privileged in CBT.

B. Practitioners shall adhere to the principles of CBT:
1. CBT is time-limited
2. CBT sessions are structured
3. CBT entails an ever-evolving formulation of consumers' problems and an individual conceptualization of each consumer in cognitive/behavioral terms – i.e., identification of current thinking that contributes to current feelings and problematic or maladaptive behaviors that includes the identification of precipitating factors or triggers.
4. CBT emphasizes the present and current problems; therapy starts with an examination of here-and-now problems, regardless of diagnosis.
5. CBT entails a psycho-educative orientation which aims to teach the consumer to be his or her own therapist and emphasizes relapse prevention that includes teaching the consumer about the nature and course of their condition(s), goal setting, identification and evaluation of their thoughts and beliefs, and behavioral change plan.
6. CBT includes teaching consumers to identify, evaluate, and respond to their dysfunctional thoughts and beliefs.
7. CBT is goal-oriented and problem-focused – the consumer is helped to enumerate his or her problems and set specific behavioral goals; both the therapist and consumer have a shared understanding of what the consumer is working toward.
8. CBT places emphasis on collaboration and active participation; therapy is teamwork and includes homework assignments for the consumer.
9. CBT requires a sound therapeutic alliance characterized by warmth, empathy, caring, and genuine positive regard.
10. CBT involves the use of a variety of techniques to change thinking, mood, and behavior.

**Definitions:**

**Cognitive-Behavior Therapy (CBT)** is a short-term (typically ranging from five to twenty sessions), goal-oriented psychotherapeutic treatment that takes a hands-on, practical approach to problem-solving. It is a blend of cognitive therapy (CT) and behavioral therapy that focuses on examining the relationships between thoughts, feelings and behaviors and

altering maladaptive patterns of thinking and/or behavior that underlie problems. By exploring patterns of thinking that lead to self-destructive actions and the beliefs that direct these thoughts, people with mental illness can modify their patterns of thinking to improve coping. CBT has been found to be effective for a wide range of issues including sleeping difficulties, relationship problems, substance use disorders, eating disorders, anxiety disorders and depressive disorders as well as psychotic disorders. Booster sessions or continuation CBT can be used to reduce the risk of relapse.

**References:**


A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
C. Wright, J., Basco, M., Thase, M. (2005). *Learning Cognitive-Behavior Therapy: An Illustrated Guide*. American Psychiatric Publishing, Inc., Washington, D.C.


**Exhibits:**

A. Examples of CBT Methods
B. CBT Model
C. CBT Clinical Progress Note

**Procedure:**

None

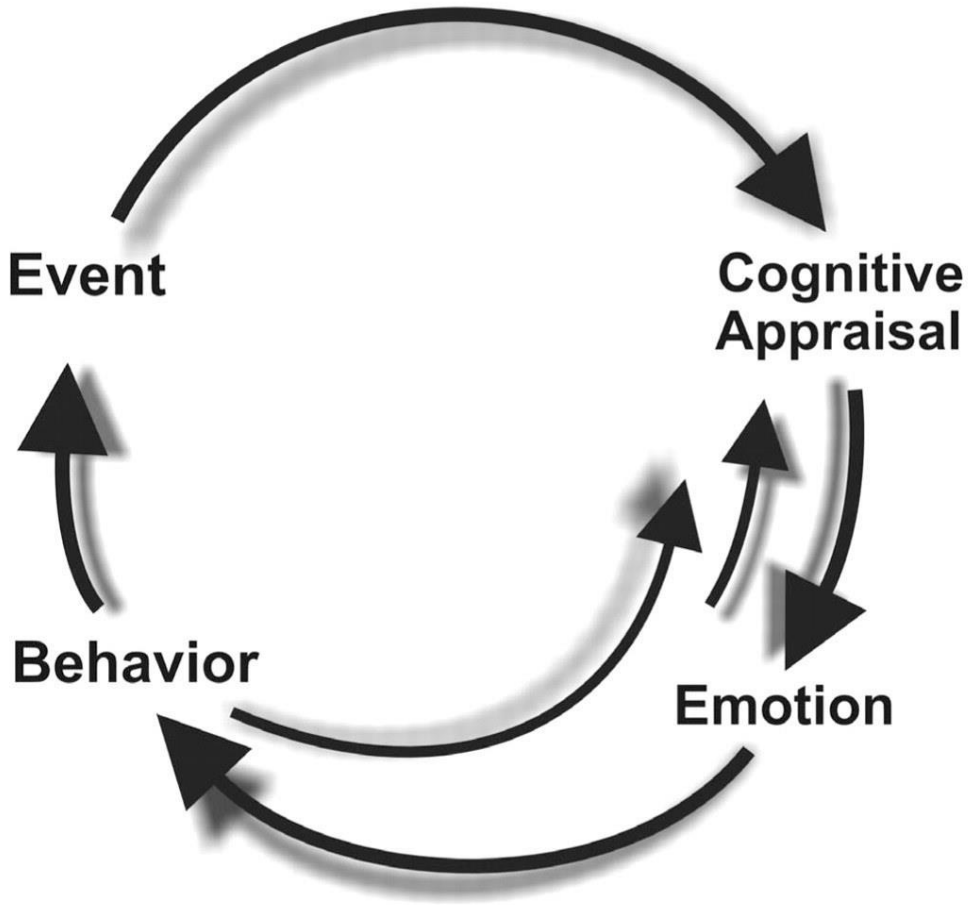
**Exhibit A**

| Examples of CBT Methods |
|---|
| **Socratic Questioning:** Questioning that allows the therapist to stimulate the consumer's self-awareness, focus in on the problem definition, expose the consumer's belief system, and challenge irrational beliefs while revealing the consumer's cognitive processes. |
| **Guided Discovery:** A technique is to help consumers to understand their cognitive distortions. Cognitive errors include all or nothing thinking, overgeneralization, mental filter (dwelling on the negatives and ignoring the positives), discounting the positives, jumping to conclusions, magnification or minimization, emotional reasoning, should statements, labeling, personalization, and blame. Consumers are offered the necessary assistance and guidance to understand how they process information. It allows consumers to alter the way they process information to change the consumer's perception and outlook. A change in perception enables the consumer to modify his/her behavioral patterns. |
| **Behavioral Experiments:** The experiment process includes experiencing, observing, reflecting, and planning. These steps are conducted through thought testing, discovery, activity, and/or observation. |
| **Thought change records:** Like behavioral experiments, thought records are also designed to test the validity of thoughts. |
| **Generating rational alternatives** |
| **Self-Monitoring:** Also called diary work, self-monitoring is used to record the amount and degree of thoughts and behaviors. This provides the client and therapist information regarding the degree of a client's negative affirmations. |
| **Role play:** To help the consumer become aware of their automatic thoughts and resulting emotions the therapist may role play different situations with the consumer, pausing at points to identify what automatic thoughts are occurring |
| **Rehearsal:** Behavioral rehearsal is the process of reproducing the modeled behavior according to explicit and specific guidelines for consumers to effectively acquire novel behaviors through observation, especially if they can try out the target behavior. In cognitive rehearsal, the consumer imagines a difficult situation and the therapist guides them through the step-by-step process of facing and successfully dealing with it. The consumer then works on practicing, or rehearsing, these steps mentally. |
| **Activity and pleasant event scheduling:** Commonly used to help consumers with depression reverse problems with low energy and anhedonia. These techniques involve obtaining a baseline of activities during a day or week, rating activities on the degree of mastery and/or pleasure, and then collaboratively designing changes that will reactivate the patient, stimulate a greater sense of enjoyment in life, or change patterns of social isolation or procrastination. |

| |
|---|
| **Graded task assignments:** Problems are broken down into pieces and a stepwise management plan is developed, are used to assist consumers in coping with situations that seem especially challenging or overwhelming. |
| **Exposure and Response Prevention (ERP):** Confrontation of a fear and discontinuation of the escape response or maladaptive safety behavior while practicing a fear-incompatible behavioral response to the stimulus resulting in habituation to the feared stimulus. |
| **Relaxation training:** Autogenic training, breathing, progressive muscle relaxation, meditation |
| **Systematic Desensitization:** Pairs relaxation with exposure to something stressful. Clients are taught to relax in anxiety producing situations. |
| **Homework Assignments:** To assist with cognitive restructuring, clients are often assigned homework. Typical CBT homework assignments may include activities in behavioral activation, monitoring automatic thoughts, reviewing the previous therapy session, and preparing for the next therapy session. |

**Exhibit B**

# Cognitive Behavior Model




*Source:* From Wright JH, Basco MR, Thase ME: Learning Cognitive-Behavior Therapy: An Illustrated Guide. Washington, DC, American Psychiatric Publishing, 2006, p 5

**Exhibit C**

## CBT Clinical Progress Notes

Treatment Goal and Objective to be addressed in this session:

Results of Client's Homework from last session:

Clinical intervention used in session:

Client's response to intervention used:

Resistance to change/Barriers to goal attainment:

Progress towards goals and objectives witnessed in session:

Homework given client at end of session:

Plan for next session's interventions:

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Mental Health First Aid (MHFA) | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.17 |
| **Effective Date**:<br>1/1/14 | **Date of Review/Revision**:<br>6/9/17, 6/1/18, 5/23/19, 10/21/19, 5/26/20, 4/14/21, 1/12/22, 4/27/23<br>**Supersedes**:<br>02.03.22 | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Jennifer Keilitz<br><br>**Additional Reviewers**:<br>Alecia Schabel, EBP Leadership Team |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**

The purpose of this policy is to enhance the reduction of stigma, promote public education on mental health conditions, and facilitate community citizen key skill development in the support of individuals who may be experiencing a mental health crisis or problem, through the endorsement and coordination of a local evidence-based curriculum.

**Policy:**

SCCMHA recognizes that mental health and substance use problems are prevalent and that people who experience such problems often confront negative attitudes and discrimination. SCCMHA also recognizes that many people lack fact-based information about mental health and substance use problems and professional assistance is not always readily available; people often lack knowledge regarding how to respond to a developing mental illness and a psychiatric crisis. Furthermore, individuals with mental health and substance use difficulties often do not seek help.

SCCMHA is committed to reducing stigma and promoting mental health literacy through education and the application of evidence-based interventions. SCCMHA is also committed to promoting early intervention based on research demonstrating that the sooner individuals receive appropriate help for mental health and substance use issues, the more likely they are to experience positive outcomes.

SCCMHA endorses the National Council's Mental Health First Aid (MHFA) Curriculum and will allocate CMHSP resources in the provision of a local training program, including certification of MHFA instructors, to address myths, provide facts and develop community involvement with mental health literacy and intervention skills.

SCCMHA shall promote Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHFA) training as a means to increase the understanding of mental

illness by members of the community in an effort to reduce stigma and help people who are experiencing a mental health or substance use problem expeditiously access professional help.

**Application:**
This policy applies to SCCMHA-sponsored or supported MHFA/YMHFA training.

**Standards:**

A. SCCMHA shall sponsor in-person and virtual MHFA and YMHFA training for members of the general community as well as targeted audiences including first responders and others such as members of faith-based organizations, school personnel, physical health care providers, child welfare staff, foster parents, juvenile justice staff, law enforcement personnel, public health staff, Veterans Administration personnel, and various social/human service agencies as well as SCCMHA community partners.

B. SCCMHA shall communicate the need for increased knowledge about mental illness and substance use problems and related services in the community in a variety of relevant venues.

C. SCCMHA shall, if possible, dedicate resources to sustain MHFA/YMHFA training.
   1. SCCMHA shall actively seek resources that are needed to sustain MHFA/YMHFA training.
   2. Whenever grant funding or other funding is available, MHFA is offered free of charge. When funding is not available, SCCMHA charges a $30/participant fee in order to assist in sustaining continuous MHFA training opportunities for Saginaw County and surrounding communities. This $30 fee is a substantial reduction from the $175/participate cost to train.
      a. Group Rates: SCCMHA will agree to flat fee of a $500 group rate for private MHFA training of 15 to 30 participants
      b. Scholarship form: If there are community partners who are unable to pay the $30 fee to attend the MHFA training there is a scholarship form available. The Continuing Education Committee will review, approve or deny all MHFA Scholarship forms.

D. SCCMHA shall provide leadership to oversee MHFA/YMHFA training, including evaluation of its impact, as long as it has the requisite resources to do so, that may include:
   1. Collecting and reporting data on the number of people trained (including key demographic information such as age, race/ethnicity, and occupation/role).
   2. Self-reported changes in attitude about people with mental illness.
   3. Self-reported changes in knowledge about how to access mental health services.

E. SCCMHA shall help identify champions in the community to help promote awareness of mental health and substance use issues.
   1. SCCMHA shall help stakeholders and champions connect to community organizations and agencies that can benefit from the program.

F. SCCMHA shall tailor MHFA/YMHFA to identified needs of the community in designing the scope and frequency of the training.

G. SCCMHA shall collaborate with key community stakeholders to promulgate the training and promote its implementation and marketing.

H. SCCMHA shall promote and support the development of a cadre of certified MHFA instructors.

I. Mental Health First Aid instructors shall be certified by Mental Health First Aid USA to teach specific modules of MHFA/YMHFA.

1. Certified instructors shall have completed the required three or five-day training, satisfactorily deliver the program, and pass the written exam.
    a. NOTE: Instructor certification is awarded specifically for both the adult and youth courses. Instructors who want to teach both types of courses, must first certify as an instructor through the three or five-day training (for one course type), and then go through a two and one half-day training for the other course they want to teach.
2. Certified instructors will agree to complete at least the minimum number of trainings to maintain their instructor certification (3) as well as any additional trainings at the request of SCCMHA Leadership.
    a. Instructors agree to provide training dates to Continuing Education Unit (CUE) as requested.
    b. If an instructor needs or desires a co-instructor for any course the instructor will identify and advise CEU of a co-instructor.
3. Certified instructors will adhere to training expectations:
    a. Verbally advise participants as a condition of MHFA training participation they are agreeing to follow up surveys and report referrals about 3-6 months from training date. Trainers advise participants SCCMHA will be sending an electronic survey.
    b. In-person Training Only: Ensure each participant completes modules 1-3 in the MHFA Connect database BEFORE the training starts. Completed opinion quizzes MUST be submitted to SCCMHA. The sign in/sign out must be submitted to CEU front office in order for participants to receive their MHFA credit.
    c. Live Training Only: Ensuring participants review the MHFA Connect Instructions – AFTER TRAINING document within the packet: This is how participants will complete their MHFA evaluation (the one directly from National MHFA) and this is also how they RECEIVE their certificate. (on the website here: Log in | MHFA (mentalhealthfirstaid.org)
        i. The trainer is responsible for supporting participants with any follow up needed.
    d. Virtual Training: instructors will maintain communication with the MHFA Coordinator regarding any First Aiders who have not completed their pre-work prior to the start of the instructor led virtual course.
    e. Virtual Training: instructors will complete and pass First Aiders within the MHFA Connect System upon successful completion.

f. Instructors will support First Aiders with training follow up if needed: evaluation completion and certificate.

J. MHFA participants will successfully complete a 6.5 hour or 8-hour training program to receive a Mental Health First Aider certificate in mental health first aid. If First Aiders are participating virtually, they are required to complete 2.5 hours of self-led pre-work online prior to the instructor led virtual training.

1. Key reasons why community members might wish to become a Mental Health First Aider include: to be prepared, to help people who are often suffering alone, because mental illnesses are common, and because they care and want to be there for a friend, family member or colleague.
2. Participants will become familiar with a five step intervention action plan, including: a) assess for risk of suicide or harm; b) listen nonjudgmentally; c) give reassurance and information; d) encourage appropriate professional help; and e) encourage self-help and other support strategies.
3. Participants will understand the prevalence of various mental health disorders in the United States and the need for reduced stigma in the local community.
4. Participants will learn about local resources - including professional, peer, social and self-help – available to help someone treat and manage a mental health problem and achieve recovery.
5. Adult MHFA participants will learn about mental health conditions, including depression, anxiety, psychosis and substance use disorders.
6. Youth MHFA participants will learn about mental health challenges and disorders for youth, ages 12 to 18, including adolescent development, and, depression, anxiety, eating disorders, psychosis, substance use and attention deficit and disruptive behaviors in youth people – with emphasis on the importance of early intervention.
7. Mental Health First Aid for Public Safety provides law officers and staff with more response options to help them de-escalate incidents and better understand mental illnesses so they can respond to mental health-related situations appropriately without compromising safety.
8. Mental Health First Aid for Military, Veterans and Their Families. Military, veterans and their families face significant challenges in accessing mental health care. This evidence-based and early-intervention training program helps to decrease stigma, address tough challenges and allow these adults to show up fully in their daily lives and support those around them.
9. Mental Health First Aid is part of the SCCMHA Continuing Education Unit annual training plan as well as the community health improvement plan.

**Definitions:**

**Mental Health First Aid (MHFA)** is an eight-hour, in-person, evidence-based training program that is designed to teach members of the public about mental illnesses and addictive disorders, including risk factors and warning signs. Participants learn a five-step action plan (listed below) to help people who are developing a mental health problem, experiencing a worsening of an existing mental health problem, or are in a mental health crisis. Like traditional first aid, MHFA does not teach people to treat or diagnose mental

health or substance use conditions but, rather, teaches how to offer initial support until appropriate professional help is received or until the crisis resolves.

Just as Cardio Pulmonary Resuscitation (CPR) training helps a layperson without medical training assist an individual following a heart attack, MHFA training helps a layperson assist someone experiencing a mental health crisis. Evidence demonstrates that MHFA makes people feel more comfortable managing a crisis situation and builds mental health literacy, helping the public identify, understand and respond to signs of mental illness. Studies have found that those who are trained in MHFA have greater confidence in providing help to others, greater likelihood of advising people to seek professional help, improved concordance with health professionals about treatments, and decreased stigmatizing attitudes. MHFA is intended for people and family of individuals who make up the fabric of a community. Anyone interested in learning more about mental illness and addiction would benefit.

**Mental Health First Aid Five-Step Action Plan:**

**A**ssess for risk of suicide or harm
**L**isten non-judgmentally
**G**ive reassurance and information
**E**ncourage appropriate professional help
**E**ncourage self-help and other support strategies

**References:**

A. Mental Health First Aid USA: www.MentalHealthFirstAid.org
B. National Council for Mental Wellbeing: www.thenationalcouncil.org
C. Abuse and Mental Health Services Administration's (SAMHSA's) Evidence-Based Practices Resource Center: https://www.samhsa.gov/resource-search/ebp

**Exhibits:**

Exhibit A: MHFA Training Registration Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| SCCMHA will allocate resources on an annual basis to support a routine training program for the community in mental health first aid, including youth and adult curriculums. | SCCMHA Service Management Team & Director of Network Services, Public Policy & Continuing Education |
| SCCMHA Website and Facebook Marketing: CEU maintain an electronic distribution list and will ensure the appropriate contacts have material for community marketing. | SCCMHA Continuing Education Supervisor |
| Registration Management: SCCMHA CEU ensures proper First Aider | SCCMHA Continuing Education Unit Staff |

| | |
|---|---|
| registration and ensures collection of participant fees for MHFA Training.<br><br>MHFA will be part of the SCCMHA Continuing Education Unit annual training plan and training protocols including the routine publication of local MHFA classes. SCCMHA will coordinate the certification of local instructors for Youth, Adult, Public Safety and Veteran modules of MHFA. | SCCMHA Supervisor of Continuing Education Unit Staff |
| SCCMHA will promote the marketing of and participation in MHFA training programs. | SCCMHA Leadership Team members & community partners |

**Exhibit A**

6.24.21 Both instructors were excellent. I am very thankful for their time and energy put into teaching this course.

USA MENTAL HEALTH FIRST AID

# Sometimes, first aid isn't a bandage, or CPR, or the Heimlich, or calling 911.

8.13.21
Coming into this course without much knowledge on the topic of mental health first aid, and not knowing that, that was a thing, this course has for sure prepared me and taught me how to be an aid and assist people dealing with mental health challenges.

# Sometimes, first aid is YOU!



9.23.21 I 1000% would recommend this class, to anyone at my church, in my personal life or workplace

## Someone you know could be experiencing a mental illness or crisis. You can help them.

You are more likely to encounter someone — friend, family member, coworker, neighbor, or member of the community — in an emotional or mental crisis than someone having a heart attack. Mental Health First Aid teaches a 5-step action plan to offer initial help to people with the signs and symptoms of a mental illness or in a crisis, and connect them with the appropriate professional, peer, social, or self help care. Anyone can take the 8-hour Mental Health First Aid course — first responders, students, teachers, leaders of faith communities, human resources professionals, and caring citizens.

## Sometimes, the best first aid is you. Take the course, save a life, strengthen your community.

8/13/21 This class was very informative and gave me more practical ways to communicate with people suffering from mental health problems



Mental Health First Aid
Currently offering: Blended or Virtual Courses

SCCMHA, A & W Building, One Germania Platz
Saginaw, Michigan 48602

See back for registration and contact information.

This course brought to you by Saginaw County Community Mental Health Authority and a MDHHS MHBG-Covid-19 Expansion Grant

www.MentalHealthFirstAid.org

**REFER TO WEBSITE TO COMPLETE THE BELOW REQUIRED INFORMATION**
***https://www.sccmha.org/resources/mental-health-first-aid/training-schedules.html***

# Mental Health First Aid

Training Module [Choose an item]
FIRST CHOICE Course Type/Date/Time [Choose an item]
SECOND CHOICE Course Type/Date/Time [Choose an item]

**Virtual Trainings - THOSE NOT IN MICHIGAN: this training time is Eastern Time.*

**RECEIPT OF REGISTRATION IS REQUIRED WITHIN 10 BUSINESS DAYS (VIRTUAL COURSE) / 48 BUSINESS HOURS (IN-PERSON COURE) OF COURSE START**

To register, please complete the information below and email the form to: registrations@sccmha.org.
TRAINING FOR THOSE **OUTSIDE OF SAGINAW COUNTY $30 FEE**: *There is a PayPal link* here https://www.sccmha.org/resources/mental-health-first-aid/training-schedules.html for quickest, most convenient payment method. *Must request refund within 72 hours of training start time.* If no ability to pay online, please advise in the section below.

| | |
|---|---|
| Name | [Click or tap here to enter text] |
| Phone Number | [Click or tap here to enter text] |
| Email Address | [Click or tap here to enter text] |
| Occupation/ Employer Name | [Click or tap here to enter text] |
| Address | [Click or tap here to enter text] |
| Social Work CEs Requested **read CE statement on website* | ☐ Yes ☐ No |
| Brief description of why you're enrolling in the course: (examples: help family member or loved one, better serve clients/public with mental health issues, seeking general mental health information) [Click or tap here to enter text] | |
| ☒ By checking this box I agree: 1. I will complete the pre-work/online steps at least 48 business hours to the start of training time (*virtual and blended courses*); 2. I will log in to virtual courses or arrive at training facility at least 15 minutes prior to training start time; 3. I am aware of the cancellation/no show policy below; 4. I will have properly functioning equipment and will remain on camera *(virtual training)* and/or remain in the in-person session during instruction; and finally 5. I am aware I can make accommodation requests at least 24 hours prior to the start of training if needed. | |
| ☒ By checking this box I agree: I will submit payment in order to be confirmed for training *if I am located OUTSIDE OF SAGINAW COUNTY MI.* Please identify here if you are not able to pay online and will be sending a check | |

**COST: FREE to Saginaw County Community Members Only**
**$30 for those outside of Saginaw County MI**
**This training is valued at $170*

****FREE: If cancelled less than 24 hours prior to virtual training start time; no show the day of virtual training, late to arrive which results in non-admittance to training, leave the training early, or not complete training for any reason a $25 fee will be billed. Transfer to another training will not be accepted until $25 fee is paid. Those who pay the $30 fee will not get a refund for any of the above circumstances and will need to pay the $30 fee to register for another course.***



*ALGEE, the Mental Health First Aid Action Plan*

*A*ssess for risk of suicide or harm
*L*isten nonjudgmentally
*G*ive reassurance and information
*E*ncourage appropriate professional help
*E*ncourage self-help and other support strategies

Questions? Call or Email
Alecia Schabel at 989-797-3451 or 989-797-3445

Mental Health First Aid USA is coordinated by the National Council for Mental Wellbeing, the Maryland Department of Health and Mental Hygiene, and the Missouri Department of Mental Health.

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Child-Parent Psychotherapy (CPP)</td><td>Chapter: 02.03 – Philosophy of Care</td><td>Subject No: 02.03.09.18</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/10/2020</td><td>Date of Review/Revision:<br>3/10/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus<br><br>Additional Reviewers:<br>Jennifer Stanuszek, EBP Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the provision of an evidence-based trauma intervention for young children, ages 0-5.

**Policy:**
SCCMHA shall insure that all consumers are screened for trauma and that positive screens result in trauma treatment as needed.
SCCMHA shall, resources permitting, make CPP available to children 0-5, who have experienced or have been exposed to at least one traumatic events (e.g., domestic violence, community violence, traumatic loss, sexual abuse or exploitation, etc.) in an effort to help children and families recover from the negative effects of traumatic experiences (e.g., symptoms of Posttraumatic Stress Disorder [PTSD], depression, and other associated problems including difficulties with affect regulation, relationships, attachment, attention and consciousness, somatization, self-perception, and systems of meaning all of which can interfere with adaptive functioning).

**Application:**
This policy applies to SCCMHA-funded providers of services and supports to children and their families/caregivers.

**Standards:**
A. CPP shall be provided by clinical members of the SCCMHA provider network who have completed SCCMHA-approved training and have been privileged to provide CPP in accordance with SCCMHA policy or are in the process of going through an approved cohort.

B. CPP shall be delivered in accordance with the standards set for by the National Child Traumatic Stress Network Learning Collaborative Model.
   1. A master's degree or higher in the mental health field
   2. Professional licensure
   3. Three in-person CPP intensive skills-based training, (3-day, two 2-day) 7 days in total, or as provided during training cohort.
   4. Participation in follow-up consultation or supervision through an approved provider
   5. Completion of required number of separate CPP treatment cases through required number of sessions
   6. Use of at least one standardized instrument to assess CPP treatment progress with each of the cases from the previous step

C. CPP shall be provided with fidelity to the model and in accordance with the needs of each consumer during the course of 20-32 weeks or more, at approximately 60 minutes each, and inclusive of the essential components that will be most beneficial and clinically warranted. CPP usually consists of three phases:
   1. Foundational Phase: Assessment and Engagement
   2. Core Intervention
   3. Recapitulation and Termination: Promoting Sustainability of Gains

D. The essential components of Child-Parent Psychotherapy (CPP) include:

   1. A focus on the parent-child relationship as the primary target of the intervention.

   2. A focus on safety:
      a) Focus on safety issues in the environment as needed;
      b) Promote safe behavior;
      c) Legitimize feelings while highlighting the need for safe/appropriate behavior;
      d) Foster appropriate limit setting;
      e) Help establish appropriate parent-child roles.

   3. Affect regulation:
      a) Provide developmental guidance regarding how children regulate affect and emotional reactions;
      b) Support and label affective experiences;
      c) Foster parent's ability to respond in helpful, soothing ways when child is upset;
      d) Foster child's ability to use parent as a secure base;
      e) Develop/foster strategies for regulating affect.

   4. Reciprocity in Relationships:
      a) Highlight parent's and child's love and understanding for each other;
      b) Support expression of positive and negative feelings for important people;
      c) Foster ability to understand the other's perspective;
      d) Talk about ways that parent and child are different and autonomous;
      e) Develop interventions to change maladaptive patterns of interactions.

5. Focus on the traumatic event:
   a) Help parent acknowledge what child has witnessed and remembered;
   b) Help parent and child understand each other's reality with regards to the trauma;
   c) Provide developmental guidance acknowledging response to trauma;
   d) Make linkages between past experiences and current thoughts, feelings, and behaviors;
   e) Help parent understand link between their own experiences and current feelings and parenting practices;
   f) Highlight the difference between past and present circumstances;
   g) Support parent and child in creating a joint narrative;
   h) Reinforce behaviors that help parent and child master the trauma and gain a new perspective.
6. Continuity of Daily Living:
   a) Foster prosocial, adaptive behavior;
   b) Foster efforts to engage in appropriate activities;
   c) Foster development of a daily predictable routine.
7. Reflective supervision

E. SCCMHA shall support ongoing adherence to the model through fidelity consultation and/or review.
   1. CPP fidelity measures shall focus on the core CPP components (listed above) across the three phases (see section C)
   2. The fidelity framework consists of six interconnected strands of fidelity measured with instruments focused on the specific phase of treatment (see Exhibits A, B, C).
      a. Reflective Practice Fidelity
      b. Emotional Process Fidelity
      c. Dyadic Relational Fidelity
      d. Trauma Framework Fidelity
      e. Procedural Fidelity
      f. Content Fidelity
   3. The fidelity of the reflective supervision is also a component (see Exhibit D).

**Definitions:**

**Child-Parent Psychotherapy:** CPP is an intervention model for children aged 0-5 who have experienced at least one traumatic event and/or are experiencing mental health, attachment, and/or behavioral problems, including posttraumatic stress disorder. The treatment is based in attachment theory but also integrates psychodynamic, developmental, trauma, social learning, and cognitive behavioral theories. Therapeutic sessions include the child and parent or primary caregiver. The primary goal of CPP is to support and strengthen the relationship between a child and his or her caregiver as a vehicle for restoring the child's cognitive, behavioral, and social functioning. Treatment also focuses on contextual factors that may affect the caregiver-child relationship.

**Posttraumatic Stress Disorder (PTSD):** A disorder that is characterized by difficulties with managing trauma-related negative emotions and physical reactions caused by memories or reminders of the trauma that may lead to maladaptive coping (e.g., avoidance of reminders). These reactions often interfere with functioning at home, in school, and in interpersonal relationships. Symptoms of PTSD include: intrusive and upsetting memories, thoughts, or dreams about the trauma; avoidance of things, situations, or people which are trauma reminders; emotional numbing; and physical reactions of hyperarousal, trouble concentrating, or irritability).

**Trauma:** A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**References:**


A. National Child Traumatic Stress Network (NCTSN)/National Center for Child Traumatic Stress (NCCTS) resources for CPP. Retrieved February 20, 2020, from https://www.nctsn.org/interventions/child-parent-psychotherapy
B. Child-Parent Psychotherapy. Retrieved February 28, 2020, from http://childparentpsychotherapy.com/
C. The California Evidence-Based Clearinghouse for Child Welfare. Retrieved February 28, 2020, from https://www.cebc4cw.org/program/child-parent-psychotherapy/detailed
D. Lieberman, A. F., Horn, P. V., & Ippen, C. G. (2015). *Don't Hit My Mommy!: A Manual for Child-Parent Psychotherapy with Young Children Exposed to Violence and other trauma* (2nd ed.). Washington, DC: Zero to Three...
E. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
F. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports


**Exhibits:**

A. CPP Fidelity Scale: Foundational Phase
B. CPP Fidelity Scale: Core Intervention Phase
C. CPP Fidelity Scale: Recapitulation and Termination Phase
D. CPP Fidelity Scale: Supervision Fidelity

**Procedure:**

None

Exhibit A

ChildParent Psychotherapy

# CPP FIDELITY
## FOUNDATIONAL PHASE: ASSESSMENT AND ENGAGEMEI
### Client Registration

CPP Training Name:_____

Therapist Name:_____ Client Nickname:_____ Client ID: automatically generated

**TREATMENT INFORMATION**

| Date CPP Treatment Started | Language Treatment Conducted in (indicate all) | Will a Translator be Used? ☐ No ☐ Sometimes ☐ Yes |
|---|---|---|
| | | |

**TARGET CHILD INFORMATION**

| Age in months | Gender | Ethnicity (check all that apply) | Language(s) spoken |
|---|---|---|---|
| | ☐ male ☐ female<br>☐ other, specify_____ | ☐ African American ☐ Asian* ☐ Caucasian ☐ Latino/a*<br>☐ Native American ☐ Other*<br>*Specify(Asian, Latino, Other) _____ | ☐ Spanish ☐ English ☐ Other (specify)<br>Specify:_____ |

**SIBLING INFORMATION**

| Age in Years | Gender (M/F/O) | Relation to Child (e.g. full sibling, half sibling) | Where Resides (e.g. w/ child, w/dad) | In treatment with Child? |
|---|---|---|---|---|
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |
| | | | | ☐ No ☐ Sometimes ☐ Yes |

**CAREGIVER #1 INFORMATION**

| Age in Years | Years of Education (1st grade=1, Graduated High school=12; Graduated college=16) | Ethnicity (check all that apply) | Language(s) spoken: |
|---|---|---|---|
| | | ☐ African American ☐ Asian* ☐ Caucasian ☐ Latino/a*<br>☐ Native American ☐ Other*<br>*Specify(Asian, Latino, Other) _____ | ☐ Spanish ☐ English ☐ Other (specify)<br>Specify:_____ |

| Involved in child's treatment? | Relationship to Child (select one) | | |
|---|---|---|---|
| ☐ Yes ☐ Partially ☐ No ☐ UNK | ☐ Biological mother<br>☐ Biological father<br>☐ Adoptive mother<br>☐ Adoptive father<br>☐ Step-mother<br>☐ Step-father<br>☐ Foster mother<br>☐ Foster father | ☐ Caregiver's female partner (girlfriend)<br>☐ Caregiver's male partner (boyfriend)<br>☐ Grandmother<br>☐ Grandfather<br>☐ Great grandmother<br>☐ Great grandfather<br>☐ Aunt | ☐ Uncle<br>☐ Great aunt<br>☐ Great uncle<br>☐ Other relative, please specify<br>☐ Other non-relative, please specify<br>Specify:_____ |

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USE AS NEEDED

☐ Not applicable – no other caregiver

## CAREGIVER #2 INFORMATION

| Age in Years | Years of Education (1st grade=1, Graduated High school=12; Graduated college=16) | Ethnicity (check all that apply)<br>☐ African American ☐ Asian* ☐ Caucasian ☐ Latino/a*<br>☐ Native American ☐ Other*<br>*Specify(Asian, Latino, Other) _____ | Language(s) spoken<br>☐ Spanish ☐ English ☐ Other (specify)<br>Specify: _____ |
|---|---|---|---|

| Involved in child's treatment?<br>☐ Yes ☐ Partially ☐ No ☐ UNK | Relationship to Child (select one)<br>☐ Biological mother<br>☐ Biological father<br>☐ Adoptive mother<br>☐ Adoptive father<br>☐ Step-mother<br>☐ Step-father<br>☐ Foster mother<br>☐ Foster father | ☐ Caregiver's female partner (girlfriend)<br>☐ Caregiver's male partner (boyfriend)<br>☐ Grandmother<br>☐ Grandfather<br>☐ Great Grandmother<br>☐ Great Grandfather<br>☐ Aunt<br>☐ Uncle | ☐ Great aunt<br>☐ Great uncle<br>☐ Other relative, please specify<br>☐ Other non-relative, please specify<br>Specify: _____ |
|---|---|---|---|

☐ Not applicable – no other caregiver

## CAREGIVER #3 INFORMATION

| Age in Years | Years of Education (1st grade=1, Graduated High school=12; Graduated college=16) | Ethnicity (check all that apply)<br>☐ African American ☐ Asian* ☐ Caucasian ☐ Latino/a*<br>☐ Native American ☐ Other*<br>*Specify(Asian, Latino, Other) _____ | Language(s) spoken<br>☐ Spanish ☐ English ☐ Other (specify)<br>Specify: _____ |
|---|---|---|---|

| Involved in child's treatment?<br>☐ Yes ☐ Partially ☐ No ☐ UNK | Relationship to Child (select one)<br>☐ Biological mother<br>☐ Biological father<br>☐ Adoptive mother<br>☐ Adoptive father<br>☐ Step-mother<br>☐ Step-father<br>☐ Foster mother<br>☐ Foster father | ☐ Caregiver's female partner (girlfriend)<br>☐ Caregiver's male partner (boyfriend)<br>☐ Grandmother<br>☐ Grandfather<br>☐ Great grandmother<br>☐ Great grandfather<br>☐ Aunt<br>☐ Uncle | ☐ Great aunt<br>☐ Great uncle<br>☐ Other relative, please specify<br>☐ Other non-relative, please specify<br>Specify: _____ |
|---|---|---|---|

☐ Not applicable – no other caregiver

## CAREGIVER #4 INFORMATION

| Age in Years | Years of Education (1st grade=1, Graduated High school=12; Graduated college=16) | Ethnicity (check all that apply)<br>☐ African American ☐ Asian* ☐ Caucasian ☐ Latino/a*<br>☐ Native American ☐ Other*<br>*Specify(Asian, Latino, Other) _____ | Language(s) spoken<br>☐ Spanish ☐ English ☐ Other (specify)<br>Specify: _____ |
|---|---|---|---|

| Involved in child's treatment?<br>☐ Yes ☐ Partially ☐ No ☐ UNK | Relationship to Child (select one)<br>☐ Biological mother<br>☐ Biological father<br>☐ Adoptive mother<br>☐ Adoptive father<br>☐ Step-mother<br>☐ Step-father<br>☐ Foster mother<br>☐ Foster father | ☐ Caregiver's female partner (girlfriend)<br>☐ Caregiver's male partner (boyfriend)<br>☐ Grandmother<br>☐ Grandfather<br>☐ Great grandmother<br>☐ Great grandfather<br>☐ Aunt<br>☐ Uncle | ☐ Great aunt<br>☐ Great uncle<br>☐ Other relative, please specify<br>☐ Other non-relative, please specify<br>Specify: _____ |
|---|---|---|---|

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## PROCEDURAL FIDELITY: CPP CONTACT LOG

| COMPLETE FOR ANY CONTACT | | | | COMPLETE FOR SCHEDULED SESSIONS (NOT PHONE CONTACTS) | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | Contact Type<br>Assessment<br>Case management<br>Feedback<br>Dyadic Treatment*<br>Individual caregiver*<br>Individual child*<br>Cgiver phone – conversation<br>Cgiver phone – message<br>Collateral – meeting<br>Collateral – phone<br>Collateral – other<br>Team meeting<br>Other | Minutes | | Session Status<br>Show<br>Cancel<br>No Show | Reason for Not Attending<br>Childcare problem<br>Conflicting appointment<br>Forgot<br>Illness<br>Therapist cancelled<br>Transportation<br>Weather<br>Other | Who Attended<br>(check all that apply)<br>Target child<br>Caregiver 1 Sibling 1<br>Caregiver 2 Sibling 2<br>Caregiver 3 Sibling 3<br>Caregiver 4 Sibling 4<br>Collateral: specify<br>_____ | Where Held<br>Home<br>Clinic<br>Community<br>Other | Session Counter (#) |
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*Typically during the Foundational Phase, most sessions are coded as assessment, case management, or feedback

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## PROCEDURAL FIDELITY: ASSESSMENT AND ENGAGEMENT

This is a suggested order; items do not need to be done in this order but do need to be done before the CPP core intervention phase begins. This checklist should be completed for each caregiver involved in treatment, with attempts made to engage all primary caregivers. Trauma and symptom screening should occur without the child present unless the child is a young infant (e.g. < 6 months) and the caregiver has no source of childcare.

| # | ITEM | Caregiver Response | Done |
|---|---|---|---|
| 1 | Elicited Caregiver Perception of Need for Treatment<br>Met alone and discussed with caregiver the reason for referral, referral source, and how caregiver feels about treatment | | ☐ |
| 2 | Elicited Caregiver Description of Family Circumstances, Challenges, and Strengths<br>Met alone and discussed caregiver's concerns about child, self, and other family members | | ☐ |
| 3 | Provided a Sense of Positive Expectations About Improvement<br>Noticed protective actions, conveyed realistic hope, provided emotional support, and acknowledged that coming to treatment is an important first step | | ☐ |
| 4 | Shared with Caregiver Rationale for Screening for Child Trauma (for this specific child or in general) | | ☐ |
| 5 | Asked Caregiver to Jointly Complete a Child Trauma Screening Instrument | | ☐ |
| | 5a. Is caregiver aware of child's history? | ☐No<br>☐In part<br>☐Yes | |
| | 5b. Select one to describe how you and caregiver discussed child's experience of trauma<br>a) Child has no known history of trauma (e.g. newborn baby)<br>b) Met alone with caregiver and screened for child's trauma history using a comprehensive trauma screening instrument to discuss what the caregiver knows and what is known from other sources (e.g. court reports, past therapists)<br>c) Caregiver is not aware of child's trauma history. Met alone with caregiver and used a comprehensive trauma screening instrument or trauma history summary to talk to caregiver about child's history (facts and hypotheses) gathered from other sources (e.g. social worker, prior caregivers & therapists, court reports)<br>Note: get appropriate releases prior to sharing information<br>d) Caregiver refused to complete trauma screening, but did provide details regarding child's trauma history<br>e) Caregiver refused to complete trauma screening, and refused to talk about child's trauma history | ☐a (NA)<br>☐b<br>☐c<br>☐d<br>☐e | |
| | 5c. Indicate instrument used to screen for child trauma history<br>☐TESI-PRR ☐Other, specify: Click here to enter text. | | |
| 6 | Considered Caregiver's Response to Child's Trauma History<br>Considered the quality of the way the caregiver thinks about the child's traumatic experiences (NA child has no trauma hx) | | ☐<br>☐NA |

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| | | | |
|---|---|---|---|
| | 6a. Factual response: Select one to describe caregiver's factual response to child's trauma history<br>a) Child has no known history of trauma<br>b) Acknowledged traumatic event(s) and impact on child<br>c) Acknowledged traumatic event(s) but may be unsure of impact on child<br>d) Acknowledged event but denied impact<br>e) Denied child's experience of documented traumatic events | ☐a (NA)<br>☐b<br>☐c<br>☐d<br>☐e | |
| | 6b. Emotional response: Select one to describe caregiver's emotional response to child's trauma history<br>a) N/A Child has no known history of trauma<br>b) Integrated: Emotionally integrated, able to talk about experience without being overwhelmed<br>c) Triggered: Overwhelmed or flooded by thinking about child's experience<br>d) Avoidant: Avoids thinking about child's experience, blocks or pushes away experience<br>e) Mixed Avoidant & Triggered: Overwhelmed by child's experience and actively avoids thinking about it | ☐a (NA)<br>☐b<br>☐c<br>☐d<br>☐e | |
| | Note: Caregivers can refuse to answer any questions that make them feel uncomfortable. However, if a caregiver completely refuses to talk about a child's potential history of trauma, or if a caregiver denies the child's experience of trauma, and the child has a known history of trauma, a fundamental goal of the Foundational Phase is to determine if the caregiver can talk about and acknowledge the child's history once s/he forms a relationship with you and feels safer. If not, it may be contraindicated to engage in trauma-informed CPP. | | |
| 7 | Assessed Child Symptoms (May be done prior to screening for trauma)<br>Met alone with caregiver and obtained caregiver report of child's symptoms and areas of concern | | ☐ |
| | 7a. Method for assessing child's symptoms (select one)<br>☐a) Clinical interview<br>☐b) Standardized questionnaire (check all used)<br>(Below are optional instruments. It is recommended that you use one of them, but none are required)<br>☐CBCL ☐DECA-I/T ☐DECA-C ☐ITSEA ☐BITSEA ☐SDQ ☐ECBI ☐Other: Click here to enter text. | | |
| 8 | Assessed Child Trauma Symptoms (Ideally done after screening for trauma)<br>Met alone with caregiver and obtained caregiver report of child's trauma symptoms using a standardized instrument or clinical interview (check NA if child has no history of trauma exposure) | | ☐<br>☐NA |
| | 8a. Method for assessing child's trauma symptoms (check all that apply)<br>☐TSCYC ☐DIPA ☐PAPA ☐P.I.E. ☐Interview ☐None ☐Other, specify: | | |
| 9 | Assessed Child Developmental Functioning<br>Assessed child's developmental functioning (regulatory capacity, achievement of age appropriate skills) | | ☐ |
| | 9a. Method for assessing child's developmental functioning (check all that apply)<br>☐ASQ ☐Clinical observation ☐Other:Click here to enter text. | | |

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| | | | |
|---|---|---|---|
| 10 | Discussed Connection Between Child's Symptoms and Child's History<br>Talked to caregiver about how child's symptoms or functioning may be related to the child's trauma history (including any history of separations). Note: This may be repeated at different times in the treatment but needs to happen in the beginning as part of setting the trauma frame (check NA if child has no history of trauma exposure) | | ☐<br>☐NA |
| 11 | Discussed Trauma Reminders<br>Helped the caregiver understand the concept of a trauma reminder and begin to identify possible trauma reminders for the child and caregiver (check NA if child and caregiver have no history of trauma exposure) | | ☐<br>☐NA |
| 12 | Assessed for Child Safety Risks to Engaging in Trauma-Informed Treatment<br>(check NA if child and caregiver have no history of trauma exposure) | | ☐<br>☐NA |
| | 12a. Code any safety risks (check one)<br>☐ No risks, it seems safe to talk about the child's experience of trauma with the child<br>☐ Yes, there are potential safety risks<br>(check all potential risks)<br>☐ Child has contact with violent caregiver who is unaware that child is participating in trauma treatment<br>☐ Child has contact with violent caregiver who denies the child's experience of trauma<br>☐ Other safety risk, specify Click here to enter text. | | |
| | Note: If there are safety risks that cannot be resolved, conducting trauma-informed CPP with the child may be contraindicated. You can help the caregiver think about how to support the child and ensure safety, or engage in relationship-based CPP to strengthen their relationship, but it would not be safe to involve the child in trauma treatment. | | |
| 13 | Observed Child and Caregiver Interaction<br>Observed child and caregiver together to obtain information regarding quality of their relationship, the way child and caregiver typically play and interact | | ☐ |
| 14 | Discussed Impact of Child Trauma Treatment on Caregivers<br>Met alone with caregiver and discussed how talking about/processing a child's traumatic experiences can affect caregivers, highlighting both risks and benefits (check NA if child has no history of trauma exposure) | | ☐<br>☐NA |
| 15 | Shared Rationale for Asking About Caregiver Trauma History<br>Examples:<br>• It may be helpful to know caregiver's trauma history, so you can support him/her with any reactions that may arise as you both talk about and process child's trauma history with child<br>• When caregivers have experienced trauma, especially as children, this can affect the way they raise their children in positive and negative ways. It may be good to talk about this in treatment to break the cycle of trauma and violence | | ☐ |

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| | | | |
|---|---|---|---|
| 16 | Asked Caregiver to Jointly Complete a Caregiver Trauma Screening Instrument<br>Met alone with caregiver and discussed using a trauma screening instrument to think about caregiver history | | ☐ |
| | 16a. Caregiver response (select one)<br>a) Reports s/he has not experienced any traumatic events<br>b) Agreed to complete screening instrument<br>c) Did not agree to screening instrument but did describe his/her history<br>d) Did not want to talk about own trauma history now but is open to talking about it later<br>e) Did not want to talk about own trauma history | ☐a<br>☐b<br>☐c<br>☐d<br>☐e | |
| | 16b. Indicate instrument used to screen for caregiver trauma history<br>☐ LSC-R ☐Other, specify: Click here to enter text. | | |
| 17 | Shared Rationale for Asking About Caregiver Symptoms<br>Examples:<br>• It is common for caregivers to be strongly affected when their children experience trauma, especially if they experienced the same event<br>• Caregiver's mood and functioning can affect the child<br>• In CPP, the therapist supports the caregiver and family in addition to the child | | ☐ |
| 18 | Introduced Caregiver Symptom Measures<br>Discussed using questionnaires or interviews to better understand the caregiver's symptoms | | ☐ |
| | 18a. Caregiver response (select one)<br>a) Agreed to complete questionnaires regarding his/her symptoms<br>b) Did not agree to questionnaire but did describe symptoms<br>c) Did not want to talk about own symptoms now but is open to maybe talking about it later<br>d) Did not want to talk about own symptoms | ☐a<br>☐b<br>☐c<br>☐d | |
| | 18b. Indicate method used to assess caregiver PTSD<br>☐ NA No Trauma Hx ☐ None ☐ PSSI ☐ Clinical Interview ☐Other, specify: | | |
| | 18c. Indicate method used to assess caregiver depression<br>☐ None ☐ CES-D ☐ Clinical Interview ☐Other, specify: Click here to enter text. | | |
| | 18d. Describe other instruments used to assess caregiver mood or functioning<br>Click here to enter text. | | |
| 19 | Processed Information Gathered During Assessment/Engagement with Supervisor/Colleague<br>• For supervisees: reviewed the checklist and discussed the assessment results and treatment conceptualization with a supervisor<br>• For supervisors and other licensed staff: As needed, processed assessment with a colleague to conceptualize treatment and reflect on emotions brought up by the dyad. Check done if reflected alone and no additional support was needed. | | ☐ |

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## PROCEDURAL FIDELITY: FEEDBACK SESSION

After completing the assessment, therapist and caregiver meet alone to discuss what they have learned, plan treatment, and talk about how to introduce the child to treatment, including how to bring up the child's trauma history. Other caregivers may be present, but the child should not be present unless the child is an infant.

| # | ITEM | Caregiver Response | Done |
|---|---|---|---|
| 1 | Elicited Caregiver Perception About Assessment Process and Foundational Phase<br>Engaged caregiver in a conversation about what s/he learned, positive experiences, concerns, ideas for future steps | | ☐ |
| 2 | Described Therapist Perspective and Recommendations | | ☐ |
| 3 | Provided Other Referrals as Needed for Child, Caregiver, or Other Family Members | | ☐ |
| 4 | Provided Rationale for Dyadic Treatment<br>Examples<br>• We work with caregivers to think about how trauma may affect the child's development and relationships and how caregivers can help them heal from this experience<br>• For older toddlers and preschoolers: We help very young children talk/play about and process experiences with their caregivers<br>• If a caregiver's trauma history is affecting perceptions of or interactions with the child, treatment can help the caregiver consciously think about how his or her history affects parenting and develop ways to change intergenerational patterns | | ☐ |
| 5 | Processed Cultural Beliefs About Talking About Trauma<br>Discussed with caregiver how CPP's view of talking about and processing trauma may be different from the way they were raised or from typical cultural beliefs. Elicited caregiver's view on this.<br>(check NA if child and caregiver have no history of trauma exposure) | | ☐<br>☐NA |
| 6 | Discussed Play in CPP<br>Spoke with caregiver about how we use play in CPP (e.g. to process experience and build relationships) and how this may differ from how people typically interact with young children in the caregiver's family/culture or in the broader culture. | | ☐ |
| 7 | Requested Permission to Introduce Trauma-Related Toys (for children old enough to use play to process experience)<br>Discussed with caregiver the toys you might bring to help the child process his/her experience. Obtained permission to introduce trauma-related toys (e.g. dolls especially for boys, police cars, knives). Highlighted that young children often benefit from having "props" to tell their "story" (check NA if child is too young or has no history of trauma exposure) | | ☐<br>☐NA |
| 8 | Discussed Child's Need for Emotion Regulation while Processing Trauma (for children old enough to process trauma)<br>Helped caregiver understand that child may need "emotion regulation breaks" when processing traumatic experiences. Helped caregiver think about the way this child may do this and how the caregiver will support the child in doing this. | | ☐<br>☐NA |
| 9 | Discussed with Caregiver the Need for Regular Weekly Sessions | | ☐ |

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| | | | |
|---|---|---|---|
| 10 | Asked About Caregiver's Perspective of CPP | | ☐ |
| | 10a. Is caregiver in agreement about the need to address child's trauma history (either directly or at least if the child brings it up)? *Code in part if there are aspects of the child's trauma history the caregiver is willing to bring up, and there are aspects that the caregiver prefers not be discussed.* | ☐No<br>☐In part<br>☐Yes | |
| | 10b. Does caregiver understand why CPP is conducted jointly with child and caregiver? | ☐No<br>☐In part<br>☐Yes | |
| | If the caregiver does not agree with the treatment model or has serious concerns, it will be important to explore this further. CPP may be contraindicated and in this case a referral to an alternate treatment should be considered | | |
| 11 | Thought About the Appropriateness of Beginning CPP with Child<br>Considered items assessing: Caregiver's Response to Child's Trauma History, Safety Risks to Engaging in Trauma-Informed Treatment, and Caregiver's Perspective of CPP and decided whether to include child in CPP. | | ☐ |
| | 11a. Therapist assessment of appropriateness of CPP (select one)<br>☐ a) It seems safe/appropriate to include child in CPP even if treatment includes a focus on child's trauma history<br>☐ b) It is not safe and/or appropriate to begin trauma-informed CPP with the child<br>Given concerns, the treatment plan will focus on the following (check all that apply)<br>☐ 1. Work with caregiver alone to enhance safety and provide case management<br>☐ 2. Work with caregiver alone to help caregiver begin to acknowledge child's history<br>☐ 3. Conduct CPP with caregiver and child to strengthen the relationship but not address the trauma<br>☐ 4. Develop alternate CPP plan, (describe) Click here to enter text.<br>☐ 5. Refer family to alternate treatment Click here to enter text. | | |
| 12 | Developed CPP Triangle of Explanations with Caregiver | | ☐ |
| | 12a. Describe the components of the CPP triangle<br>Experience:<br><br>Feelings/Behavior:<br><br>How Treatment will Help:<br><br>Protective and Growth Promoting Factors:<br><br>Modality: Way this will be shared with the child (e.g. discussion, using toys) | | |

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| REFLECTIVE PRACTICE FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Family is difficult to engage or work with | ☐ | ☐ | ☐ | ☐ |
| Family trauma history is likely to provoke negative reactions in any clinician | ☐ | ☐ | ☐ | ☐ |
| Systems are involved in complicated and/or conflictual ways with family/treatment | ☐ | ☐ | ☐ | ☐ |
| Therapist and caregiver have significantly different perspectives or cultural beliefs | ☐ | ☐ | ☐ | ☐ |
| Therapist knowledge and skill level (e.g. new therapist, new to the model or trauma work) | ☐ | ☐ | ☐ | ☐ |
| Limited access to safe reflective supervision or reflective consultation | ☐ | ☐ | ☐ | ☐ |
| THERAPIST REFLECTIVE PRACTICE CAPACITY | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Awareness of own emotional reactions | | | | |
| In the moment (in session) | ☐ | ☐ | | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | | ☐ |
| In supervision/consultation | ☐ | ☐ | | ☐ |
| Awareness of own personal and/or cultural biases | | | | |
| In the moment (in session) | ☐ | ☐ | | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | | ☐ |
| In supervision/consultation | ☐ | ☐ | | ☐ |
| Ability to consider multiple perspectives (caregiver's, child's, own) | | | | |
| In the moment (in session) | ☐ | ☐ | | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | | ☐ |
| In supervision/consultation | ☐ | ☐ | | ☐ |
| Ability to recognize and regulate strong emotions prior to intervening (in the moment) | ☐ | ☐ | | ☐ |
| Use of self-care practices to enhance ability to regulate | ☐ | ☐ | | ☐ |
| USE OF EXTERNAL SUPPORTS<br>Appropriately uses supervision and/or consultation with colleagues to: | | | | |
| Process emotional reactions | ☐ | ☐ | | ☐ |
| Consider alternative perspectives | ☐ | ☐ | | ☐ |
| Seek new knowledge & new skills | ☐ | ☐ | | ☐ |

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| EMOTIONAL PROCESS FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Degree to which in sessions. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Caregiver is dysregulated or triggered | ☐ | ☐ | ☐ | ☐ |
| Caregiver is avoidant or shut down | ☐ | ☐ | ☐ | ☐ |
| Child is dysregulated or triggered | ☐ | ☐ | ☐ | ☐ |
| Child is avoidant or shut down | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO HANDLE EMOTIONAL CHALLENGES<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Identify when caregiver is not regulated | ☐ | ☐ | | ☐ |
| Tolerate caregiver's strong emotional reactions | ☐ | ☐ | | ☐ |
| Intervene in ways to help caregiver become regulated | ☐ | ☐ | | ☐ |
| Identify when child is not regulated | ☐ | ☐ | | ☐ |
| Tolerate child's strong emotional reactions | ☐ | ☐ | | ☐ |
| Create a context where child's emotional response is understood | ☐ | ☐ | | ☐ |
| Create a context where child is helped to regulate | ☐ | ☐ | | ☐ |

| DYADIC-RELATIONAL FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Degree to which in the sessions. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Caregiver and child have conflictual, competing agendas | ☐ | ☐ | ☐ | ☐ |
| Caregiver has difficulty understanding or tolerating child's behavior or temperament | ☐ | ☐ | ☐ | ☐ |
| Caregiver and/or child serve as trauma reminders to the other | ☐ | ☐ | ☐ | ☐ |
| Caregiver has unrealistic expectations of the child | ☐ | ☐ | ☐ | ☐ |
| Child has sensorimotor or affect regulation challenges | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO ADDRESS THE NEEDS OF CAREGIVER AND CHILD<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Balance attention between caregiver and child (tracking both) | ☐ | ☐ | | ☐ |
| Hold/support child and caregiver perspectives | ☐ | ☐ | | ☐ |
| Bridge/translate between caregiver & child (help them understand each other) | ☐ | ☐ | | ☐ |
| Intervene in ways that strengthen the caregiver-child relationship | ☐ | ☐ | | ☐ |
| Think about and support child's relationship with other important caregivers (e.g. father) | ☐ | ☐ | | ☐ |

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| TRAUMA FRAMEWORK FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Challenges related to . . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Child's history being unknown | ☐ | ☐ | ☐ | ☐ |
| Caregiver's history being unknown | ☐ | ☐ | ☐ | ☐ |
| Caregiver not fully acknowledging child's history or not agreeing to talk about it | ☐ | ☐ | ☐ | ☐ |
| Caregiver not having a trauma framework (does not view child behavior in light of history) | ☐ | ☐ | ☐ | ☐ |
| Caregiver being triggered and having difficulty thinking about child's past experience | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO INTERVENE WITHIN A TRAUMA FRAMEWORK<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Keep child's and caregiver's trauma history in mind | ☐ | ☐ | | ☐ |
| Think about how the child's and caregiver's history may be affecting interactions with each other and with the therapist | ☐ | ☐ | | ☐ |
| Frame interventions (e.g. affect regulation, improving relationships) within the broader context of the family's traumatic experiences (in addition to other contributing factors) | ☐ | ☐ | | ☐ |
| Directly talk about and bring up the family's trauma history when relevant | ☐ | ☐ | | ☐ |

| PROCEDURAL FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Scheduling challenges due to family illness, work, competing needs, or irregular visitation schedule make it difficult for family to attend weekly sessions | ☐ | ☐ | ☐ | ☐ |
| Scheduling challenges due to therapist illness, work schedule or competing needs make it difficult for therapist to hold weekly sessions | ☐ | ☐ | ☐ | ☐ |
| Family structure (e.g. multiple children) makes it difficult for therapist and caregiver to hold sessions focusing on the needs of individual children when clinically indicated | ☐ | ☐ | ☐ | ☐ |
| Home visiting environment often chaotic | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO CARRY OUT PROCEDURES<br>Therapist is able to . . . | Response (check one) | | | |
| | No | Yes, But They Did Not Attend Regularly | | Yes, Attended |
| Schedule sessions on a regular basis (generally 1x per week) | ☐ | ☐ | | ☐ |
| Give appropriate notice for vacation | ☐ | ☐ | | ☐ |
| Propose caregiver collateral sessions when . . .<br>• Caregiver is triggered by child or child's play or in need of psycho-education<br>• Caregiver does not understand trauma as a potential cause of child's behaviors<br>• Caregiver needs to share information with therapist (e.g. new traumatic events) | ☐<br><br>☐<br>Not needed | ☐ | | ☐ |

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## CPP CASE CONCEPTUALIZATION AND CONTENT FIDELITY

- Clinical Focus: Throughout the phase, degree to which the therapist's interventions addressed the objective:
  0=not at all a focus; 1=minor; 2=moderate; 3=significant
- Appropriateness: Under=Therapist should have focused more on this objective; Appropriate=Amount of therapeutic focus seems appropriate; Over=Therapist may have overly focused on this objective, to the detriment of other important objectives
- Progress Towards Objective (Referral=Upon Referral; Current=At the end of the Foundational Phase)
  3 = Established: Good enough to support development
  2 = Present but Unstable: Good under some conditions. Not fully consolidated. Lost in response to internal or external stress.
  1 = Emerging: Early manifestations
  0 = Primary Target/Urgent Concern: Immediate risk to development, relationship and/or therapeutic alliance

| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Referral (0-3) | Progress Current (0-3) |
|---|---|---|---|---|---|---|
| | | Under | Appropriate | Over | | |
| **CONVEY HOPE** | | | | | | |
| • Highlighted that change and growth are possible given positive steps the family has made<br>• Provided realistic examples of potential pathways for healing, noting ways that caregiver efforts and treatment may lead to improved caregiver and child functioning<br>• Helped the family connect to spiritual resources consistent with family traditions | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| **DEVELOP EMPATHIC RELATIONSHIP WITH FAMILY MEMBERS** | | | | | | |
| • Empathically listened to concerns: ☐ caregiver ☐ child's<br>• Understood difficult behavior given past history & current context: ☐caregiver ☐child<br>• Made warm supportive comments or recognized accomplishments: ☐ caregiver ☐child<br>• Understood caregivers' mistrust of providers and reluctance to engage in treatment in light of their past history and current experiences with potentially punitive systems | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| **ENHANCE SAFETY** | | | | | | |
| Safety - Physical Safety (chart all safety risks separately)<br>• Helped caregiver reflect on his/her history of physical endangerment and how it shapes current expectations regarding danger and safety<br>• In a supportive, non-confrontational manner, directly addressed safety issues with caregiver with the goal of increasing caregiver awareness and mobilizing protective action<br>• Balanced respect for the caregiver's psychological vulnerabilities with the need to address lapses in safety and destructive or self-destructive behavior<br>• Encouraged the caregiver to develop an attitude that prioritizes safety as a core value for the caregiver, child, and family<br>• Supported caregiver in engaging other family members in addressing risks to safety (including partners who may have been violent)<br>• Focused on and addressed serious risks to physical safety, including risks within family relationships and permanency of placement<br>• Engaged in safety planning<br>• Assessed for and filed appropriate DCF reports for suspected abuse | ____ | ☐ | ☐ | ☐ | ____ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Referral (0-3) | Progress Current (0-3) |
|---|---|---|---|---|---|---|
| | | Under | Appropriate | Over | | |
| Safety - Environmental Context<br>• Discussed ways that contextual risks (e.g. poverty, community violence, immigration-related risks, inadequate or unsafe housing, and inadequate access to services) affect child and family functioning<br>• Considered the impact of racism and historical trauma on child and family functioning | ____ | □ | □ | □ | ____ | ____ |
| Safety – Stabilization<br>• Discussed provision/maintenance of basic needs<br>• Provided case management to help family obtain basic needs<br>• Helped caregiver develop the capacities to obtain services and needs independently (to overcome barriers, communicate about needs, and collaborate with service providers)<br>• Helped caregiver identify and address root causes of recurrent crisis and ongoing instability | ____ | □ | □ | □ | ____ | ____ |
| Safety & Consistency in Therapy<br>• Acknowledged safety risks to participating in therapy: reporting, mandated nature, etc.<br>• Encouraged consistent, on-time participation in therapy<br>• Created a consistent environment for treatment | ____ | □ | □ | □ | ____ | ____ |
| Perceived Safety<br>• Identified misperceptions of danger or safety: □caregiver □child<br>• Fostered accurate perceptions of danger and safety | ____ | □ | □ | □ | ____ | ____ |
| Safety within Caregiver-Child Relationships<br>• Acknowledged past history of risks to safety: □ caregiver □ child<br>• Highlighted the need for safe behavior while legitimizing feelings (e.g. child cannot hit others even though child is angry)<br>• Fostered caregiver's ability to socialize child in ways that are consistent both with the caregiver's cultural values and beliefs and the family's context<br>• Identified factors that may interfere with caregivers capacity to socialize child, including environmental circumstances, strong emotions (e.g. guilt, fear, feelings of worthlessness), and prior history<br>• Supported caregiver's development of routines to enhance safety<br>• Helped establish caregiver as a protective, benevolent, legitimate authority figure | ____ | □ | □ | □ | ____ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Referral (0-3) | Progress Current (0-3) |
|---|---|---|---|---|---|---|
| | | Under | Appropriate | Over | | |
| **STRENGTHEN FAMILY RELATIONSHIPS: PROMOTE EMOTIONAL RECIPROCITY** | | | | | | |
| • Helped caregiver reflect on how current expectations about relationships (child's or caregiver's) are shaped by past experience<br>• Helped caregiver identify and explore origins of negative views/representations of the child<br>• Helped caregiver think about how perceptions may affect behavior or interactions with child<br>• Helped caregiver and child notice and respond supportively to each other's relational bids<br>• Helped caregiver reflect and respond benevolently to the child's challenging behavior<br>• Helped identify negative perceptions child may have about caregiver<br>• Helped child understand and appreciate caregiver's efforts on the child and family's behalf<br>• Helped caregiver and child learn ways to repair and connect after conflict<br>• Helped caregiver and child consciously explore new ways of relating that promote trust, continuity, reciprocity, and pleasure | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| **COORDINATE CARE** | | | | | | |
| • Engaged in systematic efforts to obtain all relevant information about child history (e.g. CPS reports related to placement history)<br>• Helped family members obtain needed referrals to other services<br>• Communicated and coordinated care as needed with other service providers<br>• Reflected on the needs of the entire family and prioritized services according to immediacy of needs<br>• Took steps to ensure that risks to the child's safety were known and addressed effectively by the team of service providers involved with the family<br>• Fostered a climate of transparency in communicating to caregiver the way that service providers are working together to ensure child safety | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| **STRENGTHEN DYADIC AFFECT REGULATION CAPACITIES** | | | | | | |
| • Fostered caregiver's ability to respond in soothing ways when child is upset<br>• Fostered child's ability to use caregiver as a secure base<br>• Provided developmental guidance around typical early childhood fears/anxieties<br>• Acknowledged and helped find words for emotional experiences: ☐caregiver ☐child<br>• Provided developmental guidance around emotional reactions: ☐caregiver ☐child<br>• Taught, developed, or fostered strategies for regulating affect: ☐caregiver ☐child<br>• Explored with caregiver links between emotional responses to past experiences and current emotional responses to child's behavior | ____ | ☐ | ☐ | ☐ | ____ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Referral (0-3) | Progress Current (0-3) |
|---|---|---|---|---|---|---|
| | | Under | Appropriate | Over | | |
| **STRENGTHEN DYADIC BODY-BASED REGULATION** | | | | | | |
| • Fostered body-based awareness, including awareness of physiological responses, particularly as they relate to stress □caregiver □child<br>• Fostered understanding and identification of body-based trauma reminders<br>• Helped caregiver learn/engage in body-based regulation techniques to regulate affect<br>• Helped caregiver & child learn or use body-based regulation techniques to soothe child<br>• Helped caregiver and child exchange physical expressions of care<br>• Enhanced understanding of safe body-based boundaries | ____ | □ | □ | □ | ____ | ____ |
| **SUPPORT CHILD'S RELATIONSHIP WITH OTHER IMPORTANT CAREGIVERS** | | | | | | |
| • Helped caregivers understand the child's perspective and need for positive representations of alternative caregivers (e.g. father, step-parent, foster parents)<br>• Helped caregiver support the child in integrating the positive and negative aspects of other caregivers<br>• Shared the concept of angel moments and the importance of helping the child hold on to positive memories involving alternative caregivers, even when relationships between caregivers are strained<br>• Supported child in developing an age-appropriate understanding of the family history<br>• Supported the child in understanding that different family members have different points of view and different ways of relating to each other and to the child | ____ | □ | □ | □ | ____ | ____ |
| **ENHANCE UNDERSTANDING OF THE MEANING OF BEHAVIOR** | | | | | | |
| • Helped caregiver notice behavior (child's, caregiver's, or another caregiver's)<br>• Provided developmental guidance regarding age appropriate behavior and developmental meaning of behavior<br>• Provided developmental guidance around how children learn and develop<br>• Helped caregiver consider (reflect on) the meaning of child and/or caregiver behavior (thinking about developmental stage, past experiences, cultural beliefs)<br>• Helped enhance reflective functioning in caregivers and child | ____ | □ | □ | □ | ____ | ____ |
| **SUPPORT CHILD IN RETURNING TO A NORMAL DEVELOPMENTAL TRAJECTORY** | | | | | | |
| • Supported adaptive behavior and normative developmental activities<br>• Supported healthy non-trauma play<br>• Supported positive identity development<br>• Fostered caregiver's efforts to engage in age appropriate activities<br>• Provided case management to help engage child in age appropriate activities (e.g. school) | ____ | □ | □ | □ | ____ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Referral (0-3) | Progress Current (0-3) |
|---|---|---|---|---|---|---|
| | | Under | Appropriate | Over | | |
| NORMALIZE THE TRAUMATIC RESPONSE | | | | | | |
| • Acknowledged effects of child's and caregivers' experience of trauma and historical trauma<br>• Provided psychoeducation: Impact of trauma, including common symptoms & PTSD, trauma reminders and how they affect child and caregiver<br>• Helped caregiver anticipate developmental changes in child's processing of the trauma | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| SUPPORT DYAD IN ACKNOWLEDGING THE IMPACT OF TRAUMA | | | | | | |
| • Promoted a deep emotional acknowledgement of the impact of trauma while attending and responding to dysregulated (over or under) affective states<br>• Helped caregiver acknowledge what child has witnessed & remembers<br>• Helped caregiver and child understand each other's reality (with regards to the trauma)<br>• Helped caregiver & child identify and cope with trauma reminders<br>• Helped caregiver think about his/her own trauma history (ghosts in the nursery) and ways this history may affect her/him and the way s/he parents | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| HELP DYAD DIFFERENTIATE BETWEEN THEN AND NOW | | | | | | |
| • Highlighted difference between past and present circumstances<br>• Helped dyad understand that they can make new choices<br>• Helped child and caregiver become aware of the difference between reliving and remembering by helping them identify traumatic triggers and pointing out the different circumstances in the past and the present | ____ | ☐ | ☐ | ☐ | ____ | ____ |
| HELP DYAD PUT THE TRAUMATIC EXPERIENCE IN PERSPECTIVE | | | | | | |
| • Supported caregiver and child in making meaning (e.g. creating a story, using ritual, connecting with spiritual beliefs)<br>• Integrated historical trauma as part of the family and personal narrative<br>• Worked with beliefs (existential challenges) around why the traumatic events happened (e.g. that they are bad, being punished)<br>• Helped caregiver and child see trauma as something that happened to them but that does not define them<br>• Supported family's advocacy work or work to help others<br>• Fostered acceptance around how these experiences have shaped the caregiver and child's sense of self<br>• Helped the family find pathways to post trauma growth and joy<br>• Encouraged appreciation of goodness, beauty, and hope | ____ | ☐ | ☐ | ☐ | ____ | ____ |

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Exhibit B

ChildParent Psychotherapy

# CPP FIDELITY
## CORE INTERVENTION PHASE

v.09.2015
Completed by: Therapist
Reviewed with Supervisor

CPP Training Name:_____

Therapist Name:_____ Client Nickname:_____ Client ID: automatically generated

Date Core Intervention Phase Began:_____

Typically the core intervention phase begins by introducing the child to CPP. In rare circumstances, where safety is a concern, treatment may begin with the caregiver alone. If for any reason the child will not be involved in treatment, please indicate this here. In this case, check "Not Done" in the "Procedural Fidelity: Introducing the Child to CPP" section

- ❑ Child will be involved in treatment

- ❑ Child will not be involved in treatment
  Please indicate reasons why: (check all that apply)
  - ❑ Another caregiver has not given consent for child to participate
  - ❑ Another caregiver is not aware that child will be participating in a trauma treatment and it would be unsafe to inform caregiver about treatment
  - ❑ Core intervention phase will at least initially consist of individual meetings with the caregiver to enhance caregiver's capacity to acknowledge child's experience of trauma and/or to focus on safety
  - ❑ Other (describe below)

  Describe any reason for not holding dyadic sessions during core intervention phase:

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## PROCEDURAL FIDELITY: CPP CONTACT LOG

Instructions: Use to track treatment participation during the core intervention phase

| COMPLETE FOR ANY CONTACT | | | COMPLETE FOR SCHEDULED SESSIONS (NOT PHONE CONTACTS) | | | | |
|---|---|---|---|---|---|---|---|
| Date | Contact Type<br>Assessment<br>Case management<br>Feedback<br>Dyadic Treatment*<br>Individual caregiver*<br>Individual child*<br>Cgiver phone – conversation<br>Cgiver phone – message<br>Collateral – meeting<br>Collateral – phone<br>Collateral – other<br>Team meeting<br>Other | Minutes | Session Status<br>Show<br>Cancel<br>No Show | Reason for Not Attending<br>Childcare problem<br>Conflicting appointment<br>Forgot<br>Illness<br>Therapist cancelled<br>Transportation<br>Weather<br>Other | Who Attended<br>(check all that apply)<br>Target child<br>Caregiver 1 Sibling 1<br>Caregiver 2 Sibling 2<br>Caregiver 3 Sibling 3<br>Caregiver 4 Sibling 4<br>Collateral: specify<br>_____ | Where Held<br>Home<br>Clinic<br>Community<br>Other | Session Counter (#) |
| | | | | | | | |
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MAKE ADDITIONAL COPIES OF PAGE AS NEEDED

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## PROCEDURAL FIDELITY: INTRODUCING THE CHILD TO CPP

Instructions: Complete immediately after the session where the child is introduced to CPP.

☐ Not done (child initially not involved in CPP sessions)

| # | ITEM | Done |
|---|---|---|
| 1 | Prepared for Session: Selected Toys for Treatment<br>Ensured that toy bag or playroom had toys related to child's traumatic experience (see CPP toy list) as well as toys to help the child and caregiver regulate.<br>• For infants, ensured access to toys/materials appropriate given treatment goals. | ☐ |
| 2 | Explained the Reason for Treatment to Child<br>Had a session with the child and caregiver where you discussed the reason for treatment with the child using what was decided during the feedback session as a starting point.<br>• If the child is an infant or young toddler, had an introductory session with the child present and discussed the reason for treatment with caregiver, referring back to the young child. | ☐ |
| | 2a. Describe the Way the CPP Triangle of Explanations was Presented in Session<br>Experience:<br><br>Feelings/Behavior:<br><br>How Treatment Will Help:<br><br>Protective and Growth Promoting Factors: |  |

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| | | |
|---|---|---|
| 3 | Tracked Child Response to Introduction to Treatment | ☐ |
| | 3a. Describe How Child Responded to Introduction to Treatment<br>(e.g. played out content of trauma, became aggressive, crawled into caregiver's lap. . . )<br>Click here to enter text. |  |
| | 3b. Code Emotional Response (check all that apply)<br>□ Child is a young infant and does not show a response to the introduction<br>□ Integrated: Emotionally integrated, remained connected to caregiver and/or intervener, able to talk about experience without being overwhelmed<br>□ Triggered: Became overly active, overwhelmed, clingy<br>□ Avoidant: Actively avoided topic, wanted to leave, turned back on intervener<br>□ Mixed Avoidant & Triggered: Active and overwhelmed and actively avoids thinking about it<br>□ Other, make sure you described this above |  |
| 4 | Supported Caregiver During Introduction to Treatment<br>Checked in with caregiver to see how s/he understood child's response to the introduction to treatment. Provided any emotional support necessary. | ☐ |
| 5 | Benevolent Explanation for Any Negative Reactions/Behaviors<br>During the opening session, provided a benevolent or developmentally-informed explanation to the caregiver for any reactions in the child or caregiver that may be perceived as negative (e.g. child who plays out an aggressive or violent scene) | ☐<br>☐ NA |
| 6 | Processed Session with Supervisor/Colleague<br>• For supervisees: Processed session with supervisor<br>• For supervisors and other licensed staff: Processed session with colleague as needed given any feelings or confusion that may have arisen. Check done if reflected alone and no additional support was needed. | ☐ |

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## CPP CORE INTERVENTION FIDELITY

Instructions:

- For most agencies, pages 5-12 completed after every 12 CPP sessions to re-conceptualize the case unless termination has begun
- In clinics designated as CPP Agencies (with an endorsed CPP training team), complete paged 5-12 after every 20 sessions

Date Completed: _____ CPP Session #: _____

### REFLECTIVE PRACTICE FIDELITY

| POTENTIAL SOURCES OF CHALLENGE | Level (select one) | | | |
|---|---|---|---|---|
| | No | Low | Moderate | Significant |
| Family is difficult to engage or work with | ☐ | ☐ | ☐ | ☐ |
| Family trauma history is likely to provoke negative reactions in any clinician | ☐ | ☐ | ☐ | ☐ |
| Systems are involved in complicated and/or conflictual ways with family/treatment | ☐ | ☐ | ☐ | ☐ |
| Therapist and caregiver have significantly different perspectives or cultural beliefs | ☐ | ☐ | ☐ | ☐ |
| Therapist knowledge and skill level (e.g. new therapist, new to the model or trauma work) | ☐ | ☐ | ☐ | ☐ |
| Limited access to safe reflective supervision or reflective consultation | ☐ | ☐ | ☐ | ☐ |

| THERAPIST REFLECTIVE PRACTICE CAPACITY | Therapist Capacity (select one) | | |
|---|---|---|---|
| | Requires Development | Emerging | Acquired |
| Awareness of own emotional reactions | | | |
| In the moment (in session) | ☐ | ☐ | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | ☐ |
| In supervision/consultation | ☐ | ☐ | ☐ |
| Awareness of own personal and/or cultural biases | | | |
| In the moment (in session) | ☐ | ☐ | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | ☐ |
| In supervision/consultation | ☐ | ☐ | ☐ |
| Ability to consider multiple perspectives (caregiver's, child's, own) | | | |
| In the moment (in session) | ☐ | ☐ | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | ☐ |
| In supervision/consultation | ☐ | ☐ | ☐ |
| Ability to recognize and regulate strong emotions prior to intervening (in the moment) | ☐ | ☐ | ☐ |
| Use of self-care practices to enhance ability to regulate | ☐ | ☐ | ☐ |
| USE OF EXTERNAL SUPPORTS<br>Appropriately uses supervision and/or consultation with colleagues to: | | | |
| Process emotional reactions | ☐ | ☐ | ☐ |
| Consider alternative perspectives | ☐ | ☐ | ☐ |
| Seek new knowledge & new skills | ☐ | ☐ | ☐ |

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| EMOTIONAL PROCESS FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Degree to which in sessions. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Caregiver is dysregulated or triggered | ☐ | ☐ | ☐ | ☐ |
| Caregiver is avoidant or shut down | ☐ | ☐ | ☐ | ☐ |
| Child is dysregulated or triggered | ☐ | ☐ | ☐ | ☐ |
| Child is avoidant or shut down | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO HANDLE EMOTIONAL CHALLENGES<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Identify when caregiver is not regulated | ☐ | ☐ | | ☐ |
| Tolerate caregiver's strong emotional reactions | ☐ | ☐ | | ☐ |
| Intervene in ways to help caregiver become regulated | ☐ | ☐ | | ☐ |
| Identify when child is not regulated | ☐ | ☐ | | ☐ |
| Tolerate child's strong emotional reactions | ☐ | ☐ | | ☐ |
| Create a context where child's emotional response is understood | ☐ | ☐ | | ☐ |
| Create a context where child is helped to regulate | ☐ | ☐ | | ☐ |

| DYADIC-RELATIONAL FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Degree to which in the sessions. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Caregiver and child have conflictual, competing agendas | ☐ | ☐ | ☐ | ☐ |
| Caregiver has difficulty understanding or tolerating child's behavior or temperament | ☐ | ☐ | ☐ | ☐ |
| Caregiver and/or child serve as trauma reminders to the other | ☐ | ☐ | ☐ | ☐ |
| Caregiver has unrealistic expectations of the child | ☐ | ☐ | ☐ | ☐ |
| Child has sensorimotor or affect regulation challenges | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO ADDRESS THE NEEDS OF CAREGIVER AND CHILD<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Balance attention between caregiver and child (tracking both) | ☐ | ☐ | | ☐ |
| Hold/support child and caregiver perspectives | ☐ | ☐ | | ☐ |
| Bridge/translate between caregiver & child (help them understand each other) | ☐ | ☐ | | ☐ |
| Intervene in ways that strengthen the caregiver-child relationship | ☐ | ☐ | | ☐ |
| Think about and support child's relationship with other important caregivers (e.g. father) | ☐ | ☐ | | ☐ |

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| TRAUMA FRAMEWORK FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Challenges related to. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Child's history being unknown | ☐ | ☐ | ☐ | ☐ |
| Caregiver's history being unknown | ☐ | ☐ | ☐ | ☐ |
| Caregiver not fully acknowledging child's history or not agreeing to talk about it | ☐ | ☐ | ☐ | ☐ |
| Caregiver not having a trauma framework (does not view child behavior in light of history) | ☐ | ☐ | ☐ | ☐ |
| Caregiver being triggered and having difficulty thinking about child's past experience | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO INTERVENE WITHIN A TRAUMA FRAMEWORK<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Keep child's and caregiver's trauma history in mind | ☐ | ☐ | | ☐ |
| Think about how the child's and caregiver's history may be affecting interactions with each other and with the therapist | ☐ | ☐ | | ☐ |
| Frame interventions (e.g. affect regulation, improving relationships) within the broader context of the family's traumatic experiences (in addition to other contributing factors) | ☐ | ☐ | | ☐ |
| Directly talk about and bring up the family's trauma history when relevant | ☐ | ☐ | | ☐ |

| PROCEDURAL FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Scheduling challenges due to family illness, work, competing needs, or irregular visitation schedule make it difficult for family to attend weekly sessions | ☐ | ☐ | ☐ | ☐ |
| Scheduling challenges due to therapist illness, work schedule or competing needs make it difficult for therapist to hold weekly sessions | ☐ | ☐ | ☐ | ☐ |
| Family structure (e.g. multiple children) makes it difficult for therapist and caregiver to hold sessions focusing on the needs of individual children when clinically indicated | ☐ | ☐ | ☐ | ☐ |
| Home visiting environment often chaotic | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO CARRY OUT PROCEDURES<br>Therapist is able to . . . | Response (check one) | | | |
| | No | Yes, But They Did Not Attend Regularly | | Yes, Attended |
| Schedule sessions on a regular basis (generally 1x per week) | ☐ | ☐ | | ☐ |
| Give appropriate notice for vacation | ☐ | ☐ | | ☐ |
| Propose caregiver collateral sessions when . . .<br>• Caregiver is triggered by child or child's play or in need of psychoeducation<br>• Caregiver does not understand trauma as a potential cause of child's behaviors<br>• Caregiver needs to share information with therapist (e.g. new traumatic events) | ☐<br><br>☐<br>Not needed | ☐ | | ☐ |

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## CPP CASE CONCEPTUALIZATION AND CONTENT FIDELITY

- Clinical Focus: Throughout the phase, degree to which the therapist's interventions addressed the objective:
  0=not at all a focus; 1=minor; 2=moderate; 3=significant
- Appropriateness: Under=Therapist should have focused more on this objective; Appropriate=Amount of therapeutic focus seems appropriate; Over=Therapist may have overly focused on this objective, to the detriment of other important objectives
- Progress Towards Objective
  3 = Established: Good enough to support development
  2 = Present but Unstable: Good under some conditions. Not fully consolidated. Lost in response to internal or external stress.
  1 = Emerging: Early manifestations
  0 = Primary Target/Urgent Concern: Immediate risk to development, relationship and/or therapeutic alliance

| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **CONVEY HOPE** | | | | | |
| • Highlighted that change and growth are possible given positive steps the family has made<br>• Provided realistic examples of potential pathways for healing, noting ways that caregiver efforts and treatment may lead to improved caregiver and child functioning<br>• Helped the family connect to spiritual resources consistent with family traditions | _____ | ☐ | ☐ | ☐ | _____ |
| **DEVELOP EMPATHIC RELATIONSHIP WITH FAMILY MEMBERS** | | | | | |
| • Empathically listened to concerns: ☐ caregiver ☐ child's<br>• Understood difficult behavior given past history & current context: ☐caregiver ☐child<br>• Made warm supportive comments or recognized accomplishments: ☐ caregiver ☐child<br>• Understood caregivers' mistrust of providers and reluctance to engage in treatment in light of their past history and current experiences with potentially punitive systems | _____ | ☐ | ☐ | ☐ | _____ |
| **ENHANCE SAFETY** | | | | | |
| Safety - Physical Safety (chart all safety risks separately)<br>• Helped caregiver reflect on his/her history of physical endangerment and how it shapes current expectations regarding danger and safety<br>• In a supportive, non-confrontational manner, directly addressed safety issues with caregiver with the goal of increasing caregiver awareness and mobilizing protective action<br>• Balanced respect for the caregiver's psychological vulnerabilities with the need to address lapses in safety and destructive or self-destructive behavior<br>• Encouraged the caregiver to develop an attitude that prioritizes safety as a core value for the caregiver, child, and family<br>• Supported caregiver in engaging other family members in addressing risks to safety (including partners who may have been violent)<br>• Focused on and addressed serious risks to physical safety, including risks within family relationships and permanency of placement<br>• Engaged in safety planning<br>• Assessed for and filed appropriate DCF reports for suspected abuse | _____ | ☐ | ☐ | ☐ | _____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| Safety - Environmental Context<br>• Discussed ways that contextual risks (e.g. poverty, community violence, immigration-related risks, inadequate or unsafe housing, and inadequate access to services) affect child and family functioning<br>• Considered the impact of racism and historical trauma on child and family functioning | ____ | ☐ | ☐ | ☐ | ____ |
| Safety – Stabilization<br>• Discussed provision/maintenance of basic needs<br>• Provided case management to help family obtain basic needs<br>• Helped caregiver develop the capacities to obtain services and needs independently (to overcome barriers, communicate about needs, and collaborate with service providers)<br>• Helped caregiver identify and address root causes of recurrent crisis and ongoing instability | ____ | ☐ | ☐ | ☐ | ____ |
| Safety & Consistency in Therapy<br>• Acknowledged safety risks to participating in therapy: reporting, mandated nature, etc.<br>• Encouraged consistent, on-time participation in therapy<br>• Created a consistent environment for treatment | ____ | ☐ | ☐ | ☐ | ____ |
| Perceived Safety<br>• Identify misperceptions of danger or safety: ☐caregiver ☐child<br>• Foster accurate perceptions of danger and safety | ____ | ☐ | ☐ | ☐ | ____ |
| Safety within Caregiver-Child Relationships<br>• Acknowledged past history of risks to safety: ☐ caregiver ☐ child<br>• Highlighted the need for safe behavior while legitimizing feelings (e.g. child cannot hit others even though child is angry)<br>• Fostered caregiver's ability to socialize child in ways that are consistent both with the caregiver's cultural values and beliefs and the family's context<br>• Identified factors that may interfere with caregivers capacity to socialize child, including environmental circumstances, strong emotions (e.g. guilt, fear, feelings of worthlessness), and prior history<br>• Support caregiver's development of routines to enhance safety<br>• Helped establish caregiver as a protective, benevolent, legitimate authority figure | ____ | ☐ | ☐ | ☐ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **STRENGTHEN FAMILY RELATIONSHIPS: PROMOTE EMOTIONAL RECIPROCITY** | | | | | |
| • Helped caregiver reflect on how current expectations about relationships (child's or caregiver's) are shaped by past experience<br>• Helped caregiver identify and explore origins of negative views/representations of the child<br>• Helped caregiver think about how perceptions may affect behavior or interactions with child<br>• Helped caregiver and child notice and respond supportively to each other's relational bids<br>• Helped caregiver reflect and respond benevolently to the child's challenging behavior<br>• Helped identify negative perceptions child may have about caregiver<br>• Helped child understand and appreciate caregiver's efforts on the child and family's behalf<br>• Helped caregiver and child learn ways to repair and connect after conflict<br>• Helped caregiver and child consciously explore new ways of relating that promote trust, continuity, reciprocity, and pleasure | ____ | ☐ | ☐ | ☐ | ____ |
| **COORDINATE CARE** | | | | | |
| • Engaged in systematic efforts to obtain all relevant information about child history (e.g. CPS reports related to placement history)<br>• Helped family members obtain needed referrals to other services<br>• Communicated and coordinated care as needed with other service providers<br>• Reflected on the needs of the entire family and prioritized services according to immediacy of needs<br>• Took steps to ensure that risks to the child's safety were known and addressed effectively by the team of service providers involved with the family<br>• Fostered a climate of transparency in communicating to caregiver the way that service providers are working together to ensure child safety | ____ | ☐ | ☐ | ☐ | ____ |
| **STRENGTHEN DYADIC AFFECT REGULATION CAPACITIES** | | | | | |
| • Fostered caregiver's ability to respond in soothing ways when child is upset<br>• Fostered child's ability to use caregiver as a secure base<br>• Provided developmental guidance around typical early childhood fears/anxieties<br>• Acknowledged and helped find words for emotional experiences: ☐caregiver ☐child<br>• Provided developmental guidance around emotional reactions: ☐caregiver ☐child<br>• Taught, developed, or fostered strategies for regulating affect: ☐caregiver ☐child<br>• Explored with caregiver links between emotional responses to past experiences and current emotional responses to child's behavior | ____ | ☐ | ☐ | ☐ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **STRENGTHEN DYADIC BODY-BASED REGULATION** | | | | | |
| • Fostered body-based awareness, including awareness of physiological responses, particularly as they relate to stress: □caregiver □child<br>• Fostered understanding and identification of body-based trauma reminders<br>• Helped caregiver learn/engage in body-based regulation techniques to regulate affect<br>• Helped caregiver & child learn or use body-based regulation techniques to soothe child<br>• Helped caregiver and child exchange physical expressions of care<br>• Enhanced understanding of safe body-based boundaries | ____ | □ | □ | □ | ____ |
| **SUPPORT CHILD'S RELATIONSHIP WITH OTHER IMPORTANT CAREGIVERS** | | | | | |
| • Helped caregivers understand the child's perspective and need for positive representations of alternative caregivers (e.g. father, step-parent, foster parents)<br>• Helped caregiver support the child in integrating the positive and negative aspects of other caregivers<br>• Shared the concept of angel moments and the importance of helping the child hold on to positive memories involving alternative caregivers, even when relationships between caregivers are strained<br>• Supported child in developing an age-appropriate understanding of the family history<br>• Supported the child in understanding that different family members have different points of view and different ways of relating to each other and to the child | ____ | □ | □ | □ | ____ |
| **ENHANCE UNDERSTANDING OF THE MEANING OF BEHAVIOR** | | | | | |
| • Helped caregiver notice behavior (child's, caregiver's, or another caregiver's)<br>• Provided developmental guidance regarding age appropriate behavior and developmental meaning of behavior<br>• Provided developmental guidance around how children learn and develop<br>• Helped caregiver consider (reflect on) the meaning of child and/or caregiver behavior (thinking about developmental stage, past experiences, cultural beliefs)<br>• Helped enhance reflective functioning in caregivers and child | ____ | □ | □ | □ | ____ |
| **SUPPORT CHILD IN RETURNING TO A NORMAL DEVELOPMENTAL TRAJECTORY** | | | | | |
| • Supported adaptive behavior and normative developmental activities<br>• Supported healthy non-trauma play<br>• Supported positive identity development<br>• Fostered caregiver's efforts to engage in age appropriate activities<br>• Provided case management to help engage child in age appropriate activities (e.g. school) | ____ | □ | □ | □ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **NORMALIZE THE TRAUMATIC RESPONSE** | | | | | |
| • Acknowledged effects of child's and caregivers' experience of trauma and historical trauma<br>• Provided psycho-education: Impact of trauma, including common symptoms & PTSD, trauma reminders and how they affect child and caregiver<br>• Helped caregiver anticipate developmental changes in child's processing of the trauma | ____ | ☐ | ☐ | ☐ | ____ |
| **SUPPORT DYAD IN ACKNOWLEDGING THE IMPACT OF TRAUMA** | | | | | |
| • Promoted a deep emotional acknowledgement of the impact of trauma while attending and responding to dysregulated (over or under) affective states<br>• Helped caregiver acknowledge what child has witnessed & remembers<br>• Helped caregiver and child understand each other's reality (with regards to the trauma)<br>• Helped caregiver & child identify and cope with trauma reminders<br>• Helped caregiver think about his/her own trauma history (ghosts in the nursery) and ways this history may affect her/him and the way s/he parents | ____ | ☐ | ☐ | ☐ | ____ |
| **HELP DYAD DIFFERENTIATE BETWEEN THEN AND NOW** | | | | | |
| • Highlighted difference between past and present circumstances<br>• Helped dyad understand that they can make new choices<br>• Helped child and caregiver become aware of the difference between reliving and remembering by helping them identify traumatic triggers and pointing out the different circumstances in the past and the present | ____ | ☐ | ☐ | ☐ | ____ |
| **HELP DYAD PUT THE TRAUMATIC EXPERIENCE IN PERSPECTIVE** | | | | | |
| • Supported caregiver and child in making meaning (e.g. creating a story, using ritual, connecting with spiritual beliefs)<br>• Integrate historical trauma as part of the family and personal narrative<br>• Worked with beliefs (existential challenges) around why the traumatic events happened (e.g. that they are bad, being punished)<br>• Helped caregiver and child see trauma as something that happened to them but that does not define them<br>• Supported family's advocacy work or work to help others<br>• Fostered acceptance around how these experiences have shaped the caregiver and child's sense of self<br>• Helped the family find pathways to post trauma growth and joy<br>• Encouraged appreciation of goodness, beauty, and hope | ____ | ☐ | ☐ | ☐ | ____ |

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Exhibit C

ChildParent Psychotherapy

# CPP FIDELITY
## RECAPITULATION AND TERMINATION PHASE
### CPP CLOSING FORM

v.09.2015
Completed by: Therapist
Reviewed with Supervisor

CPP Training Name:_____

Therapist Name:_____ Client Nickname:_____ Client ID: automatically generated

1. Please code when termination occurred: (check one & complete CPP logs as this will help us understand when family dropped)
   ☐ Foundational Phase ☐ Core Intervention Phase ☐ Termination Phase ☐ Completed Termination Phase

2. Who initiated termination: (check one)
   ☐ Family ☐ Therapist ☐ Mutually agreed upon

3. Please code type of termination: (check one)
   ☐ Dropped (no termination process possible)
   ☐ Abrupt termination (informed of termination but full planned termination not possible)
   ☐ Planned termination

4. Change in functioning: (check one)
   ☐ Much worse ☐ Slightly worse ☐ No change ☐ Slightly improved ☐ Much improved

5. Prognosis: (check one)
   ☐ Poor ☐ Fair ☐ Good ☐ Excellent ☐ Unable to rate

6. Code reasons for closing below: (check all that apply)

☐ Completed treatment OR

| | | | |
|---|---|---|---|
| ☐ Reason unknown | ☐ Caregiver challenges | ☐ Family did not want more treatment | ☐ Therapist left clinic or on leave |
| ☐ Moved | ☐ Mental illness | ☐ Felt not useful | ☐ Thought family better served by another treatment or agency |
| ☐ Too busy | ☐ Physical illness | ☐ Felt no more problems | |
| ☐ Transportation problems | ☐ In drug treatment/residential | ☐ Other responsibilities | ☐ Other, specify |
| ☐ Scheduling problems | ☐ In jail | ☐ Pressure from partner or other family | _____ |
| ☐ Unexpected emergency | ☐ Lost custody of or visits w/ child | ☐ Unhappy with therapist | |

7. Is part of the plan to transfer family to another CPP therapist? ☐ No ☐ Yes

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## PROCEDURAL FIDELITY: CPP CONTACT LOG

Instructions: Use to track treatment participation during the termination phase

| COMPLETE FOR ANY CONTACT | | | | COMPLETE FOR SCHEDULED SESSIONS (NOT PHONE CONTACTS) | | | | |
|---|---|---|---|---|---|---|---|---|
| Date | Contact Type<br>Assessment<br>Case management<br>Feedback<br>Dyadic Treatment*<br>Individual caregiver*<br>Individual child*<br>Cgiver phone – conversation<br>Cgiver phone – message<br>Collateral – meeting<br>Collateral – phone<br>Collateral – other<br>Team meeting<br>Other | Minutes | | Session Status<br>Show<br>Cancel<br>No Show | Reason for Not Attending<br>Childcare problem<br>Conflicting appointment<br>Forgot<br>Illness<br>Therapist cancelled<br>Transportation<br>Weather<br>Other | Who Attended<br>(check all that apply)<br>Target child<br>Caregiver 1 Sibling 1<br>Caregiver 2 Sibling 2<br>Caregiver 3 Sibling 3<br>Caregiver 4 Sibling 4<br>Collateral: specify<br>_____ | Where Held<br>Home<br>Clinic<br>Community<br>Other | Session Counter (#) |
| | | | | | | | | |
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MAKE ADDITIONAL COPIES OF PAGE AS NEEDED

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## PROCEDURAL FIDELITY: PLANNED TERMINATION

Instructions: Families often have great difficulty saying goodbye and may dropout at any time during termination. This checklist is a guideline for termination planning when families are able to collaborate in the process. If treatment was abrupt, indicate which elements you were able to do.

| ☐ Not done (family dropped from treatment.) | | Done |
|---|---|---|
| 1. | Reflected on Termination<br>Before you began termination, remembered that goodbyes evoke profound feelings of rejection and loss no matter how well you prepare for and conduct them. Reviewed the caregiver and child's history of separation and loss to help you hypothesize about possible reactions they may have related to saying goodbye. | ☐ |
| 2. | Planned Termination with Caregiver<br>Began termination phase by talking alone w/ caregiver about ending treatment approximately 2 months before end date.<br>If the child is an infant, this may be done with the child present.<br>Rationale for 2-month period: Termination is integral to trauma treatment and a lot of "work" happens during this phase. In cases where a 2-month termination is not possible, try to incorporate the elements on the checklist and check the box for < 2 months. | ☐<br>☐<2 mo. |
| 3. | Planned Treatment Evaluation (Posttest)<br>As part of termination planning, scheduled treatment-outcome evaluation with caregiver. | ☐ |
| 4. | Completed Treatment Evaluation (Posttest) | ☐ |
| 5. | Told Child About Termination<br>Let the child know treatment is ending at least one month before the end date. If child is an infant, had a session with the child present where you and the caregiver acknowledged that treatment will be ending. | ☐<br>☐<1 mo. |
| 6. | Jointly Planned Termination<br>Planned with caregiver and child (or caregiver alone if child is an infant) how treatment will end, how you will say goodbye. | ☐ |
| 7. | Processed the Goodbye<br>• Talked about how goodbyes can be hard and make you sad and angry<br>• If appropriate, differentiated this goodbye from other goodbyes or separations<br>• Allowed caregiver and child to be a part of the process and experience a range of feelings<br>• Helped caregiver and child realize that they can feel connected to people even after they have said goodbye | ☐ |
| 8. | Counted Down the Sessions with Caregiver and Child<br>Every week reviewed how many more sessions until the end (e.g. with a calendar) | ☐ |
| 9. | Reviewed the Family's Story<br>Discussed the course of treatment and the family's treatment narrative<br>• Where they were when they came here, whether things were hard, where things are now<br>• The themes that emerged in treatment/play<br>• If things are still not safe, how this affects them and how they can continue to talk about this and support each other | ☐ |
| 10. | Feedback: Treatment Evaluation Met alone with caregiver and provided feedback from evaluation. | ☐ |
| 11. | Planned for the Future and Discussed Trauma Reminders with Caregivers<br>• Talked with caregivers about how symptoms may return with trauma reminders or when child is under stress (metaphor: posttraumatic stress reactions are like asthma, flare up from time to time when the person is under stress)<br>• Helped caregivers reflect on how they have skills to help the child when this happens<br>• Helped caregivers to recognize if child's symptoms are significant enough to perhaps warrant a return to treatment | ☐ |
| 12. | Held Last Session | ☐ |

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## CPP CORE INTERVENTION FIDELITY

Instructions:
Complete at the end of treatment to reflect on intervention fidelity during the termination phase.

### REFLECTIVE PRACTICE FIDELITY

| POTENTIAL SOURCES OF CHALLENGE | Level (select one) | | | |
|---|---|---|---|---|
| | No | Low | Moderate | Significant |
| Family is difficult to engage or work with | ☐ | ☐ | ☐ | ☐ |
| Family trauma history is likely to provoke negative reactions in any clinician | ☐ | ☐ | ☐ | ☐ |
| Systems are involved in complicated and/or conflictual ways with family/treatment | ☐ | ☐ | ☐ | ☐ |
| Therapist and caregiver have significantly different perspectives or cultural beliefs | ☐ | ☐ | ☐ | ☐ |
| Therapist knowledge and skill level (e.g. new therapist, new to the model or trauma work) | ☐ | ☐ | ☐ | ☐ |
| Limited access to safe reflective supervision or reflective consultation | ☐ | ☐ | ☐ | ☐ |

| THERAPIST REFLECTIVE PRACTICE CAPACITY | Therapist Capacity (select one) | | |
|---|---|---|---|
| | Requires Development | Emerging | Acquired |
| Awareness of own emotional reactions | | | |
| In the moment (in session) | ☐ | ☐ | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | ☐ |
| In supervision/consultation | ☐ | ☐ | ☐ |
| Awareness of own personal and/or cultural biases | | | |
| In the moment (in session) | ☐ | ☐ | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | ☐ |
| In supervision/consultation | ☐ | ☐ | ☐ |
| Ability to consider multiple perspectives (caregiver's, child's, own) | | | |
| In the moment (in session) | ☐ | ☐ | ☐ |
| Upon self-reflection (outside session) | ☐ | ☐ | ☐ |
| In supervision/consultation | ☐ | ☐ | ☐ |
| Ability to recognize and regulate strong emotions prior to intervening (in the moment) | ☐ | ☐ | ☐ |
| Use of self-care practices to enhance ability to regulate | ☐ | ☐ | ☐ |
| USE OF EXTERNAL SUPPORTS<br>Appropriately uses supervision and/or consultation with colleagues to: | | | |
| Process emotional reactions | ☐ | ☐ | ☐ |
| Consider alternative perspectives | ☐ | ☐ | ☐ |
| Seek new knowledge & new skills | ☐ | ☐ | ☐ |

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| EMOTIONAL PROCESS FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Degree to which in sessions. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Caregiver is dysregulated or triggered | ☐ | ☐ | ☐ | ☐ |
| Caregiver is avoidant or shut down | ☐ | ☐ | ☐ | ☐ |
| Child is dysregulated or triggered | ☐ | ☐ | ☐ | ☐ |
| Child is avoidant or shut down | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO HANDLE EMOTIONAL CHALLENGES<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Identify when caregiver is not regulated | ☐ | ☐ | | ☐ |
| Tolerate caregiver's strong emotional reactions | ☐ | ☐ | | ☐ |
| Intervene in ways to help caregiver become regulated | ☐ | ☐ | | ☐ |
| Identify when child is not regulated | ☐ | ☐ | | ☐ |
| Tolerate child's strong emotional reactions | ☐ | ☐ | | ☐ |
| Create a context where child's emotional response is understood | ☐ | ☐ | | ☐ |
| Create a context where child is helped to regulate | ☐ | ☐ | | ☐ |

| DYADIC-RELATIONAL FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Degree to which in the sessions. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Caregiver and child have conflictual, competing agendas | ☐ | ☐ | ☐ | ☐ |
| Caregiver has difficulty understanding or tolerating child's behavior or temperament | ☐ | ☐ | ☐ | ☐ |
| Caregiver and/or child serve as trauma reminders to the other | ☐ | ☐ | ☐ | ☐ |
| Caregiver has unrealistic expectations of the child | ☐ | ☐ | ☐ | ☐ |
| Child has sensorimotor or affect regulation challenges | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO ADDRESS THE NEEDS OF CAREGIVER AND CHILD<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Balance attention between caregiver and child (tracking both) | ☐ | ☐ | | ☐ |
| Hold/support child and caregiver perspectives | ☐ | ☐ | | ☐ |
| Bridge/translate between caregiver & child (help them understand each other) | ☐ | ☐ | | ☐ |
| Intervene in ways that strengthen the caregiver-child relationship | ☐ | ☐ | | ☐ |
| Think about and support child's relationship with other important caregivers (e.g. father) | ☐ | ☐ | | ☐ |

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| TRAUMA FRAMEWORK FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE<br>Challenges related to. . . | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Child's history being unknown | ☐ | ☐ | ☐ | ☐ |
| Caregiver's history being unknown | ☐ | ☐ | ☐ | ☐ |
| Caregiver not fully acknowledging child's history or not agreeing to talk about it | ☐ | ☐ | ☐ | ☐ |
| Caregiver not having a trauma framework (does not view child behavior in light of history) | ☐ | ☐ | ☐ | ☐ |
| Caregiver being triggered and having difficulty thinking about child's past experience | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO INTERVENE WITHIN A TRAUMA FRAMEWORK<br>Therapist is able to . . . | Therapist Capacity (select one) | | | |
| | Requires Development | Emerging | | Acquired |
| Keep child's and caregiver's trauma history in mind | ☐ | ☐ | | ☐ |
| Think about how the child's and caregiver's history may be affecting interactions with each other and with the therapist | ☐ | ☐ | | ☐ |
| Frame interventions (e.g. affect regulation, improving relationships) within the broader context of the family's traumatic experiences (in addition to other contributing factors) | ☐ | ☐ | | ☐ |
| Directly talk about and bring up the family's trauma history when relevant | ☐ | ☐ | | ☐ |

| PROCEDURAL FIDELITY | | | | |
|---|---|---|---|---|
| POTENTIAL SOURCES OF CHALLENGE | Level (select one) | | | |
| | No | Low | Moderate | Significant |
| Scheduling challenges due to family illness, work, competing needs, or irregular visitation schedule make it difficult for family to attend weekly sessions | ☐ | ☐ | ☐ | ☐ |
| Scheduling challenges due to therapist illness, work schedule or competing needs make it difficult for therapist to hold weekly sessions | ☐ | ☐ | ☐ | ☐ |
| Family structure (e.g. multiple children) makes it difficult for therapist and caregiver to hold sessions focusing on the needs of individual children when clinically indicated | ☐ | ☐ | ☐ | ☐ |
| Home visiting environment often chaotic | ☐ | ☐ | ☐ | ☐ |
| CAPACITY TO CARRY OUT PROCEDURES<br>Therapist is able to . . . | Response (check one) | | | |
| | No | Yes, But They Did Not Attend Regularly | | Yes, Attended |
| Schedule sessions on a regular basis (generally 1x per week) | ☐ | ☐ | | ☐ |
| Give appropriate notice for vacation | ☐ | ☐ | | ☐ |
| Propose caregiver collateral sessions when . . .<br>• Caregiver is triggered by child or child's play or in need of psychoeducation<br>• Caregiver does not understand trauma as a potential cause of child's behaviors<br>• Caregiver needs to share information with therapist (e.g. new traumatic events) | ☐<br><br>☐<br>Not needed | ☐ | | ☐ |

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## CPP CASE CONCEPTUALIZATION AND CONTENT FIDELITY

- Clinical Focus: Throughout the phase, degree to which the therapist's interventions addressed the objective:
  0=not at all a focus; 1=minor; 2=moderate; 3=significant
- Appropriateness: Under=Therapist should have focused more on this objective; Appropriate=Amount of therapeutic focus seems appropriate; Over=Therapist may have overly focused on this objective, to the detriment of other important objectives
- Progress Towards Objective
  3 = Established: Good enough to support development
  2 = Present but Unstable: Good under some conditions. Not fully consolidated. Lost in response to internal or external stress.
  1 = Emerging: Early manifestations
  0 = Primary Target/Urgent Concern: Immediate risk to development, relationship and/or therapeutic alliance

| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **CONVEY HOPE** | | | | | |
| • Highlighted that change and growth are possible given positive steps the family has made<br>• Provided realistic examples of potential pathways for healing, noting ways that caregiver efforts and treatment may lead to improved caregiver and child functioning<br>• Helped the family connect to spiritual resources consistent with family traditions | ____ | ☐ | ☐ | ☐ | ____ |
| **DEVELOP EMPATHIC RELATIONSHIP WITH FAMILY MEMBERS** | | | | | |
| • Empathically listened to concerns: ☐ caregiver ☐ child's<br>• Understood difficult behavior given past history & current context: ☐caregiver ☐child<br>• Made warm supportive comments or recognized accomplishments: ☐ caregiver ☐child<br>• Understood caregivers' mistrust of providers and reluctance to engage in treatment in light of their past history and current experiences with potentially punitive systems | ____ | ☐ | ☐ | ☐ | ____ |
| **ENHANCE SAFETY** | | | | | |
| Safety - Physical Safety (chart all safety risks separately)<br>• Helped caregiver reflect on his/her history of physical endangerment and how it shapes current expectations regarding danger and safety<br>• In a supportive, non-confrontational manner, directly addressed safety issues with caregiver with the goal of increasing caregiver awareness and mobilizing protective action<br>• Balanced respect for the caregiver's psychological vulnerabilities with the need to address lapses in safety and destructive or self-destructive behavior<br>• Encouraged the caregiver to develop an attitude that prioritizes safety as a core value for the caregiver, child, and family<br>• Supported caregiver in engaging other family members in addressing risks to safety (including partners who may have been violent)<br>• Focused on and addressed serious risks to physical safety, including risks within family relationships and permanency of placement<br>• Engaged in safety planning<br>• Assessed for and filed appropriate DCF reports for suspected abuse | ____ | ☐ | ☐ | ☐ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| Safety - Environmental Context<br>• Discussed ways that contextual risks (e.g. poverty, community violence, immigration-related risks, inadequate or unsafe housing, and inadequate access to services) affect child and family functioning<br>• Considered the impact of racism and historical trauma on child and family functioning | ____ | ☐ | ☐ | ☐ | ____ |
| Safety – Stabilization<br>• Discussed provision/maintenance of basic needs<br>• Provided case management to help family obtain basic needs<br>• Helped caregiver develop the capacities to obtain services and needs independently (to overcome barriers, communicate about needs, and collaborate with service providers)<br>• Helped caregiver identify and address root causes of recurrent crisis and ongoing instability | ____ | ☐ | ☐ | ☐ | ____ |
| Safety & Consistency in Therapy<br>• Acknowledged safety risks to participating in therapy: reporting, mandated nature, etc.<br>• Encouraged consistent, on-time participation in therapy<br>• Created a consistent environment for treatment | ____ | ☐ | ☐ | ☐ | ____ |
| Perceived Safety<br>• Identify misperceptions of danger or safety: ☐caregiver ☐child<br>• Foster accurate perceptions of danger and safety | ____ | ☐ | ☐ | ☐ | ____ |
| Safety within Caregiver-Child Relationships<br>• Acknowledged past history of risks to safety: ☐ caregiver ☐ child<br>• Highlighted the need for safe behavior while legitimizing feelings (e.g. child cannot hit others even though child is angry)<br>• Fostered caregiver's ability to socialize child in ways that are consistent both with the caregiver's cultural values and beliefs and the family's context<br>• Identified factors that may interfere with caregivers capacity to socialize child, including environmental circumstances, strong emotions (e.g. guilt, fear, feelings of worthlessness), and prior history<br>• Support caregiver's development of routines to enhance safety<br>• Helped establish caregiver as a protective, benevolent, legitimate authority figure | ____ | ☐ | ☐ | ☐ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **STRENGTHEN FAMILY RELATIONSHIPS: PROMOTE EMOTIONAL RECIPROCITY** | | | | | |
| • Helped caregiver reflect on how current expectations about relationships (child's or caregiver's) are shaped by past experience<br>• Helped caregiver identify and explore origins of negative views/representations of the child<br>• Helped caregiver think about how perceptions may affect behavior or interactions with child<br>• Helped caregiver and child notice and respond supportively to each other's relational bids<br>• Helped caregiver reflect and respond benevolently to the child's challenging behavior<br>• Helped identify negative perceptions child may have about caregiver<br>• Helped child understand and appreciate caregiver's efforts on the child and family's behalf<br>• Helped caregiver and child learn ways to repair and connect after conflict<br>• Helped caregiver and child consciously explore new ways of relating that promote trust, continuity, reciprocity, and pleasure | ____ | ☐ | ☐ | ☐ | ____ |
| **COORDINATE CARE** | | | | | |
| • Engaged in systematic efforts to obtain all relevant information about child history (e.g. CPS reports related to placement history)<br>• Helped family members obtain needed referrals to other services<br>• Communicated and coordinated care as needed with other service providers<br>• Reflected on the needs of the entire family and prioritized services according to immediacy of needs<br>• Took steps to ensure that risks to the child's safety were known and addressed effectively by the team of service providers involved with the family<br>• Fostered a climate of transparency in communicating to caregiver the way that service providers are working together to ensure child safety | ____ | ☐ | ☐ | ☐ | ____ |
| **STRENGTHEN DYADIC AFFECT REGULATION CAPACITIES** | | | | | |
| • Fostered caregiver's ability to respond in soothing ways when child is upset<br>• Fostered child's ability to use caregiver as a secure base<br>• Provided developmental guidance around typical early childhood fears/anxieties<br>• Acknowledged and helped find words for emotional experiences: ☐caregiver ☐child<br>• Provided developmental guidance around emotional reactions: ☐caregiver ☐child<br>• Taught, developed, or fostered strategies for regulating affect: ☐caregiver ☐child<br>• Explored with caregiver links between emotional responses to past experiences and current emotional responses to child's behavior | ____ | ☐ | ☐ | ☐ | ____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| **STRENGTHEN DYADIC BODY-BASED REGULATION** | | | | | |
| • Fostered body-based awareness, including awareness of physiological responses, particularly as they relate to stress □caregiver □child<br>• Fostered understanding and identification of body-based trauma reminders<br>• Helped caregiver learn/engage in body-based regulation techniques to regulate affect<br>• Helped caregiver & child learn or use body-based regulation techniques to soothe child<br>• Helped caregiver and child exchange physical expressions of care<br>• Enhanced understanding of safe body-based boundaries | _____ | □ | □ | □ | _____ |
| **SUPPORT CHILD'S RELATIONSHIP WITH OTHER IMPORTANT CAREGIVERS** | | | | | |
| • Helped caregivers understand the child's perspective and need for positive representations of alternative caregivers (e.g. father, step-parent, foster parents)<br>• Helped caregiver support the child in integrating the positive and negative aspects of other caregivers<br>• Shared the concept of angel moments and the importance of helping the child hold on to positive memories involving alternative caregivers, even when relationships between caregivers are strained<br>• Supported child in developing an age-appropriate understanding of the family history<br>• Supported the child in understanding that different family members have different points of view and different ways of relating to each other and to the child | _____ | □ | □ | □ | _____ |
| **ENHANCE UNDERSTANDING OF THE MEANING OF BEHAVIOR** | | | | | |
| • Helped caregiver notice behavior (child's, caregiver's, or another caregiver's)<br>• Provided developmental guidance regarding age appropriate behavior and developmental meaning of behavior<br>• Provided developmental guidance around how children learn and develop<br>• Helped caregiver consider (reflect on) the meaning of child and/or caregiver behavior (thinking about developmental stage, past experiences, cultural beliefs)<br>• Helped enhance reflective functioning in caregivers and child | _____ | □ | □ | □ | _____ |
| **SUPPORT CHILD IN RETURNING TO A NORMAL DEVELOPMENTAL TRAJECTORY** | | | | | |
| • Supported adaptive behavior and normative developmental activities<br>• Supported healthy non-trauma play<br>• Supported positive identity development<br>• Fostered caregiver's efforts to engage in age appropriate activities<br>• Provided case management to help engage child in age appropriate activities (e.g. school) | _____ | □ | □ | □ | _____ |

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| CPP OBJECTIVES | Clinical Focus (0-3) | Appropriateness (check one) | | | Progress Current (0-3) |
|---|---|---|---|---|---|
| | | Under | Appropriate | Over | |
| NORMALIZE THE TRAUMATIC RESPONSE | | | | | |
| • Acknowledged effects of child's and caregivers' experience of trauma and historical trauma<br>• Provided psychoeducation: Impact of trauma, including common symptoms & PTSD, trauma reminders and how they affect child and caregiver<br>• Helped caregiver anticipate developmental changes in child's processing of the trauma | _____ | ☐ | ☐ | ☐ | _____ |
| SUPPORT DYAD IN ACKNOWLEDGING THE IMPACT OF TRAUMA | | | | | |
| • Promoted a deep emotional acknowledgement of the impact of trauma while attending and responding to dysregulated (over or under) affective states<br>• Helped caregiver acknowledge what child has witnessed & remembers<br>• Helped caregiver and child understand each other's reality (with regards to the trauma)<br>• Helped caregiver & child identify and cope with trauma reminders<br>• Helped caregiver think about his/her own trauma history (ghosts in the nursery) and ways this history may affect her/him and the way s/he parents | _____ | ☐ | ☐ | ☐ | _____ |
| HELP DYAD DIFFERENTIATE BETWEEN THEN AND NOW | | | | | |
| • Highlighted difference between past and present circumstances<br>• Helped dyad understand that they can make new choices<br>• Helped child and caregiver become aware of the difference between reliving and remembering by helping them identify traumatic triggers and pointing out the different circumstances in the past and the present | _____ | ☐ | ☐ | ☐ | _____ |
| HELP DYAD PUT THE TRAUMATIC EXPERIENCE IN PERSPECTIVE | | | | | |
| • Supported caregiver and child in making meaning (e.g. creating a story, using ritual, connecting with spiritual beliefs)<br>• Integrate historical trauma as part of the family and personal narrative<br>• Worked with beliefs (existential challenges) around why the traumatic events happened (e.g. that they are bad, being punished)<br>• Helped caregiver and child see trauma as something that happened to them but that does not define them<br>• Supported family's advocacy work or work to help others<br>• Fostered acceptance around how these experiences have shaped the caregiver and child's sense of self<br>• Helped the family find pathways to post trauma growth and joy<br>• Encouraged appreciation of goodness, beauty, and hope | _____ | ☐ | ☐ | ☐ | _____ |

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Exhibit D

ChildParent Psychotherapy

# CPP SUPERVISON FIDELITY

v.012.2017 (minor rev.)
Completed by: Therapist
Every 2 months for new CPP Supervisors
Every 4 months for established CPP Supervisors

CPP Training Name: _____

Therapist Name:_____ Supervisor Name:_____ Reporting Month/Year:_____

| PROCEDURAL FIDELITY | | |
|---|---|---|
| | Response (check one) | |
| | No | Yes (usually, >80% of time) |
| Supervisor as a rule provides weekly supervision or coverage for absences | ☐ | ☐ |
| Supervisor advises supervisee of vacations and other absences | ☐ | ☐ |
| Supervisee as a rule attends weekly supervision | ☐ | ☐ |
| Supervisee advises supervisor of vacations and other absences | ☐ | ☐ |
| Supervisee comes prepared to supervision with case notes or other case material | ☐ | ☐ |

| Supervisor capacity to . . . | Supervisor Capacity/Focus Given Needs (select one) | | | |
|---|---|---|---|---|
| | Could Do Less | Could Do More | Appropriate | Strength |
| Create a safe space | ☐ | ☐ | ☐ | ☐ |
| Offer supportive feedback | ☐ | ☐ | ☐ | ☐ |
| Remember the cases and supervisee's needs | ☐ | ☐ | ☐ | ☐ |
| Create an atmosphere that promotes reflection | ☐ | ☐ | ☐ | ☐ |
| Help the therapist | | | | |
| Consider his/her emotional reactions related to the case | ☐ | ☐ | ☐ | ☐ |
| Process his/her own emotional reactions | ☐ | ☐ | ☐ | ☐ |
| Consider different perspectives (e.g. therapist's, caregiver's, child's, system's) | ☐ | ☐ | ☐ | ☐ |
| Consider possible cultural and contextual influences | ☐ | ☐ | ☐ | ☐ |
| Consider family member's (e.g. child, caregiver's) emotional reactions | ☐ | ☐ | ☐ | ☐ |
| Develop interventions to address family members' dysregulated emotions | ☐ | ☐ | ☐ | ☐ |
| Consider the degree to which interventions held the perspective of different family members | ☐ | ☐ | ☐ | ☐ |
| Develop relationship enhancing interventions | ☐ | ☐ | ☐ | ☐ |
| Understand the connection between child and/or caregiver's trauma history and their behavior in session | ☐ | ☐ | ☐ | ☐ |
| Consider ways to address the trauma | ☐ | ☐ | ☐ | ☐ |
| Recognize CPP goals addressed during the session (e.g. safety, affect regulation, put trauma in perspective) | ☐ | ☐ | ☐ | ☐ |
| Consider ways to address additional CPP goals | ☐ | ☐ | ☐ | ☐ |

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| The supervisor helped the supervisee gain knowledge in the areas of . . . | Supervisor Capacity/Focus Given Needs (select one) | | | |
|---|---|---|---|---|
| | Could Do Less | Could Do More | Appropriate | Strength |
| Early childhood development (social, emotional, and cognitive) | ☐ | ☐ | ☐ | ☐ |
| Understanding the impact of trauma for caregivers and children | ☐ | ☐ | ☐ | ☐ |
| The potential meaning of children's play and/or behavior | ☐ | ☐ | ☐ | ☐ |
| Sociological and cultural influences on development | ☐ | ☐ | ☐ | ☐ |
| Understanding and working with caregivers, understanding adult development | ☐ | ☐ | ☐ | ☐ |
| Understanding parenthood as a developmental phase | ☐ | ☐ | ☐ | ☐ |
| Understanding contextual influences on parenting | ☐ | ☐ | ☐ | ☐ |
| The supervisor helped the supervisee gain skills and competencies in the areas of . . . | | | | |
| CPP case conceptualization | ☐ | ☐ | ☐ | ☐ |
| Eliciting the family's cultural values and perspectives | ☐ | ☐ | ☐ | ☐ |
| Observing and understanding child and caregiver behavior | ☐ | ☐ | ☐ | ☐ |
| Developing self-reflection around personal cultural values and beliefs | ☐ | ☐ | ☐ | ☐ |
| Collaborating with other service systems and/or engaging in case management | ☐ | ☐ | ☐ | ☐ |
| Working with ports of entry | ☐ | ☐ | ☐ | ☐ |
| Translation, serving as a conduit between caregiver and child | ☐ | ☐ | ☐ | ☐ |
| Fostering dyadic affect regulation | ☐ | ☐ | ☐ | ☐ |
| Fostering the development of a trauma narrative | ☐ | ☐ | ☐ | ☐ |
| Learning specific CPP intervention techniques | ☐ | ☐ | ☐ | ☐ |

| GLOBAL SUPERVISOR RATINGS (Completed every four months)<br>Note: Ratings made by a supervisee will not be shared with the supervisor | Select one | | | | |
|---|---|---|---|---|---|
| | Not at all | A little | Somewhat | Very | Extremely |
| How knowledgeable is your supervisor in CPP? | ☐ | ☐ | ☐ | ☐ | ☐ |
| How skilled is your supervisor in implementing CPP interventions? | ☐ | ☐ | ☐ | ☐ | ☐ |
| How skilled is your supervisor in teaching CPP? | ☐ | ☐ | ☐ | ☐ | ☐ |

Please highlight strengths and provide suggestions for improvement for your supervisor (below or on another page):

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| CPP SUPERVISION LOG<br>Completed by: Supervisee | | | | | |
|---|---|---|---|---|---|
| Date | # supervisees in supervision (Individual=1) | Minutes | % time clinical versus administrative | Counter | Optional Notes |
| | | | | | |
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Copy as needed

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<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Picture Exchange Communication System (PECS)</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.22</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/13/17</td><td>Date of Review/Revision:<br>4/10/18, 4/9/19, 3/4/20, 3/10/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>02.03.30</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to specify and promote the use of Picture Exchange Communication System (PECS) for consumers and members of their natural support systems who, because of expressive language challenges, may benefit from the system.

**Policy:**
SCCMHA shall, resources permitting, make PECS available to consumers who may benefit from PECS (e.g., those with autism spectrum disorders). PECS shall be utilized in a trauma-informed manner.

**Application:**
This policy applies to SCCMHA-funded services for consumers who are nonverbal, as well those who are primarily echolalic, or have unintelligible speech, and those who have only a small set of meaningful words or signs in their communication repertoire.

**Standards:**
A. PECS training shall transpire during typical activities within the natural settings (i.e., the classroom and the home).
B. PECS training shall be targeted to intentional communicators (i.e., those who are aware of the need to communicate their message to someone).
C. Picture discrimination ability shall not be considered a prerequisite criterion for PECS training.
D. PECS training shall be targeted to consumers with identifiable personal preferences.

1. A repertoire of preferences and dislikes shall be developed through trial and error or through a history of exposure to several types of food, objects, or activities in any instance of a paucity of strong preferences.

E. Training techniques shall include a variety of strategies such as chaining, prompting/cuing, modeling, and environmental engineering.

F. PECS trainers shall adhere to the training format as follows:

1. The PECS protocol includes three individuals in the training situation: (1) the individual who will be transmitting a message, (2) the person who will be receiving the message (e.g., parent or teacher), and (3) the facilitative participant who will deliberately assist the message sender to make the targeted response.
2. Phase I – How to Communicate: During this phase, the program shall be initiated with enticement whereby a preferred object or food item is displayed or shown to the consumer.
    a. As the consumer reaches for the desired object, the facilitator shall provide assistance in picking up a picture for the desired object or food item.
    b. The consumer shall be given physical assistance to give the picture to the message receiver who must be within close physical proximity to the consumer.
        1). Two trainers shall be utilized, one of whom shall function as the consumer's communicative partner, and the other as the physical prompter, who will prompt the consumer to reach towards the communicative partner with the picture in exchange for a reward.
3. Phase II – Distance and Persistence: During this phase, the exchange shall continue with attempts to increase the consumer's independence. The consumer will learn to remove the picture from a display board for the exchange and, in doing so, engage in more physical movement than during Phase I in order to accomplish the exchange.
    a. The facilitator shall be available as needed to provide assistance.
    b. The consumer shall be encouraged to be responsible for carrying their own communication book.
4. Phase III – Discrimination Between Symbols (Picture Discrimination): During this phase, the consumer learns to select the target picture from a choice of multiple pictures that differ in various dimensions.
    a. Error correction strategies shall be used when the response is incorrect.
5. Phase IV – Using Phrases (Sentence Structure): During this phase, the consumer will combine the object picture with the carrier phrase "I want" on a sentence strip and give the strip to the communication partner.
6. Phase V – Answering a Direct Question (Answering Questions): In this phase, the consumer will learn to respond to the question "What do you want?" by exchanging the sentence strip.

    NOTE: Use of the questioning phrase is delayed until Phase V because the exchange behavior should be automatic by that point in the

programming sequence and earlier use of the carrier phrase, or an extended hand gesture is believed to provide undesirable cues relative to the desired behavior.

7. Phase VI – Commenting: In this phase, the consumer will learn to respond to the questions "What do you want?" vs. "What do you see?" vs. "What do you have?"

   NOTE: The last phase is designed to introduce the consumer to commenting behavior while the previous stages focused on requesting behavior.

G. Implementation of PECS by a practitioner shall be predicated upon the completion of SCCMHA-approved training.
   1. Training shall (typically) include attendance at a two-day workshop.
   2. SCCMHA reserves the right to limit PECS teaching to practitioners who have been privileged in this practice.

**Definitions:**

**Picture Exchange Communication System (PECS):** The Picture Exchange Communication System or PECS approach is a modified applied behavior analysis program designed for early nonverbal symbolic communication training. While it is not designed to teach speech, the latter is encouraged indirectly, and some consumers begin to spontaneously use speech while in the program. In addition, although PECS is commonly used as a communication aid for children with autism spectrum disorder (ASD), it has been used with a wide variety of learners, from preschoolers to adults, who have various communicative, cognitive, and physical impairments, including cerebral palsy, blindness, and deafness. The program may take several months or several years to complete.

**References:**

A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

None

**Procedure:**

None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Permanent Supportive Housing (PSH)</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.24</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/13/17</td><td>Date of Review/Revision:<br>4/10/18, 4/9/19, 3/4/20, 07/29/20, 3/10/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team, Debbie Jones-Burt</td></tr>
<tr><td>Supersedes:<br>02.03.32 and<br>02.03.06 – Housing Best Practice</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to articulate standards for the provision of housing-related services and supports to consumers served by SCCMHA-funded programs and agencies.

**Policy:**
SCCMHA recognizes that individuals who experience psychiatric disabilities have the same right to live in a home of their own as does everyone else and that they can enjoy the same rights and responsibilities as other people, irrespective of their support needs. Therefore, SCCMHA shall advocate for the elimination of the housing disparities that are often experienced by consumers by taking appropriate actions to: (1) support their rights to live in the community; (2) rent or buy housing on the same terms as others do (without any special conditions or agreements); and (3) ask landlords and property managers to make reasonable accommodations for persons with psychiatric disabilities.

**Application:**
This policy applies to SCCMHA-funded providers of services and supports for consumers who need assistance to live in the community, particularly those with histories of homelessness, those who have spent time in institutional or congregate settings (e.g., hospitals, correctional facilities, nursing homes, adult foster care group homes, etc.), and those who have never established their own household (e.g., have always lived with their family).

**Standards:**

A. Providers shall advocate and promote the fundamental right of consumers to live in the most integrated setting possible with accessible, individualized supports.

B. Consumers' housing preferences shall be fully explored, in a trauma-informed manner, prior to the initiation of housing-related services and supports. (See Exhibit C for a tool to elicit preference.)
   1. Housing choice and supportive services shall be consumer-directed.
   2. Case holders and others who are working with the consumer shall strive to elicit the consumer's unique housing preferences (e.g., desired living situation; types of roommates/housemates, or desire to live alone; type of neighborhood or area that is desirable; types of support services desired and needed).

C. Consumers shall be offered choice of housing that adheres to the following principles:
   1. Functional separation of housing and services[1].
      a. Consumers shall have rights of tenancy.
         1). Consumers shall hold leases in their own names.
            a). Terms and provisions of leases shall be the same as those found in leases held by individuals who do not have a psychiatric disability.
         2). Consumers shall be able to maintain their homes even if their service and support needs change.
   2. Decent, safe, and affordable housing.
      a. Affordability shall be measured by the standard that tenants must pay no more than thirty percent of their adjusted income toward rent plus basic utilities.
         1). Housing subsidies or financial assistance shall be pursued when needed to meet this standard.
      b. Housing shall adhere to the U.S. Department of Housing and Urban Development's (HUD's) Housing Quality Standards (HQS).
   3. Housing integration.
      a. Consumers shall have access to housing in the most integrated settings such as mixed-use buildings in the rental market and scattered-site homes.
   4. Access to housing.
      a. Consumers shall have access to housing that is not predicated upon the acceptance of services, including mental health treatment or medication, except in the case of HUD funded housing that requires treatment for a mental disability pursuant to HUD requirements for Special Needs Assistance Housing Programs
      b. SCCMHA will strive to adopt a housing-first approach.
      c. Housing shall not be time-limited; leases shall be renewable at tenants' and owners' options.
   5. Flexible, voluntary, and recovery-focused services.

[1] Permanent Supportive Housing has been found to be most successful when a functional separation exists between housing matters (rent collection, physical maintenance of the property) and services and supports (e.g., case management.)

a. Consumers shall have the right to select the services and supports they wish to receive.
    1). Housing shall not be predicated on acceptance of services; rights of tenancy shall be maintained even if the consumer refuses services, except in the case of HUD funded housing that requires treatment for a mental disability pursuant to HUD requirements for Special Needs Assistance Housing Programs.
b. Consumer input shall be sought to ascertain services and supports they believe will be most effective for maintaining community tenure.
c. Services shall be focused on recovery, improved functioning, and life satisfaction rather than symptom reduction.
d. Services shall be provided in vivo whenever possible (rather than in offices or clinics).

D. SCCMHA shall monitor housing-related services for fidelity to the PSH model.

**Definitions:**

**Housing First** (also known as **low demand housing**) is an approach to quickly and successfully connect individuals and families experiencing homelessness to permanent housing without preconditions and barriers to entry, such as sobriety, treatment, or service participation requirements. Supportive services are offered to maximize housing stability and prevent returns to homelessness as opposed to addressing predetermined treatment goals prior to permanent housing entry. Permanent supportive housing models that use a Housing First approach have been proven to be highly effective for ending homelessness, particularly for people experiencing chronic homelessness who have higher service needs. (*Source: HUD*)

Housing first, or low-demand housing, has three critical components: (1) it avoids complex application processes such as multiple site visits, interviews, extensive documentation, and waiting lists; (2) it does not require that applicants be "housing ready" (in terms of medication, sobriety, money management, etc.); and (3) it has no or few conditions that impinge on residents' autonomy (such as requirements for treatment, money management, or curfews). (*Source: SAMHSA PSH EBP KIT*)

**Permanent Supportive Housing (PSH):** is an evidence-based housing intervention that combines non-time-limited affordable housing assistance with wraparound supportive services for people experiencing homelessness, as well as other people with disabilities. PSH offers decent, safe, and affordable community-based housing that provides tenants with the rights of tenancy under state and local property owner, tenant laws and is linked to voluntary and flexible support and services designed to meet tenants' needs and preferences. PSH makes housing affordable to someone on SSI, (either through rental assistance or housing development). (*Source: SAMHSA PSH EBP KIT*)

**Reasonable accommodation** is any change in the landlord's policies that enables a person with disabilities to apply for, obtain, or live in housing (e.g., allowing a support person who is not listed on the lease stay overnight in the unit, or allowing someone who lives in a unit that does not allow pets to have a companion animal).

It should be noted that housing providers are not required to provide accommodations that are not considered reasonable. An accommodation is not reasonable

if it imposes an "undue financial and administrative burden" on the housing provider or would create a "fundamental alteration" in its programs or services.

**References:**

A. HUD. *Housing Quality Standards (HQS)*: http://www.hakc.org/sites/www/Uploads/files/Downloads/HQS_Inspections_13_Jan04.pdf
B. New Freedom Commission on Mental Health. *Achieving the Promise: Transforming Mental Health Care in America*: https://www.sprc.org/sites/default/files/migrate/library/freedomcomm.pdf
C. SAMHSA. *Permanent Supportive Housing Evidence-Based Practices KIT*: https://store.samhsa.gov/product/Permanent-Supportive-Housing-Evidence-Based-Practices-EBP-KIT/SMA10-4509
D. SCCMHA Policy 02.03.05 – Recovery
E. SCCMHA Policy 02.03.06 – Housing Best Practice
F. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
G. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

A. PSH Fidelity Scoresheet (SAMHSA)
B. PSH Fidelity Scale (SAMHSA)
C. PSH Tools for Tenants – Tool 3: Your Housing Preferences (SAMHSA)

**Procedure:**

None

Exhibit A

## Fidelity Scoresheet

Today's date: ____/___/____

Agency name: _____

Assessors' names: _____ _____

| Dimension | Indicator | Item Scores (unshaded lines only) | Average Score for Dimension |
|---|---|---|---|
| 1. Choice of housing | **1.1:** Housing Options | | |
| | 1.1.a: Tenants have choice of type of housing | | |
| | 1.1.b: Real choice of housing unit | | |
| | 1.1.c: Tenant can wait without losing their place in line | | |
| | **1.2:** Choice of living arrangements | | |
| | 1.2.a: Tenants have control over composition of household | | |
| | **Dimension Subtotal** $\frac{1.1.a + 1.1.b + 1.1.c + 1.2.a}{4 \text{ items}}$ = average score for dimension | | |
| 2. Separation of housing and services | **2.1:** Functional Separation | | |
| | 2.1.a Housing management role in service provision | | |
| | 2.1.b Service staff have no housing role | | |
| | 2.1.c Location of service providers | | |
| | **Dimension Subtotal** $\frac{2.1.a + 2.1.b + 2.1.c}{3 \text{ items}}$ = average score for dimension | | |
| 3. Decent, safe, and affordable housing | **3.1:** Housing Affordability | | |
| | 3.1.a: Reasonable amount of income for housing | | |
| | **3.2:** Decent and Safe | | |
| | 3.2.a: Housing quality standards | | |
| | **Dimension Subtotal** $\frac{3.1.a + 3.2.a}{2 \text{ items}}$ = average score for dimension | | |
| 4. Housing integration | **4.1:** Housing Integration | | |
| | 4.1.a Integration | | |
| | **Dimension Subtotal** 4.1a. is the score for *this* dimension. | | |
| 5. Rights of tenancy | **5.1:** Tenant Rights | | |
| | 5.1.a: Legal rights of tenancy | | |
| | 5.1.b: Compliance with program rules | | |
| | **Dimension Subtotal** $\frac{5.1.a + 5.1.b}{2 \text{ items}}$ = average score for dimension | | |

| Dimension | Indicator | Item Scores (unshaded lines only) | Average Score for Dimension |
|---|---|---|---|
| **6. Access to housing** | **6.1:** Access to Housing | | |
| | 6.1.a: Housing readiness required? | | |
| | 6.1.b: People with housing obstacles are given priority | | |
| | **6.2:** Privacy | | |
| | 6.2.a: Extent to which tenants control entry to housing unit | | |
| | **Dimension Subtotal** $\frac{6.1.a + 6.1.b + 6.2.a}{3 \text{ items}}$ = average score for dimension | | |
| **7. Flexible, Voluntary, Services** | **7.1:** Tenant Service Preferences | | |
| | 7.1.a: Tenants choose services | | |
| | 7.1.b: Opportunity to modify services | | |
| | **7.2:** Service Options | | |
| | 7.2.a: Service Options | | |
| | 7.2.b: Change in services | | |
| | **7.3:** Consumer-Driven Services | | |
| | 7.3.a: Consumer-driven Services | | |
| | **7.4:** Availability and Adequacy of Services | | |
| | 7.4.a: Caseload size: Optimum caseload size = 12 to 15 people per staff team member | | |
| | 7.4.b: Service structure: Services are provided by a team. | | |
| | 7.4.c: Service availability: Services are available 24/7 | | |
| | **Dimension Subtotal** $\frac{7.1.a + 7.1.b + 7.2.a + 7.2.b + 7.3.a + 7.4.a + 7.4.b + 7.4.c}{8 \text{ items}}$ = = average score for dimension | | |

Exhibit B

# Fidelity Scale

| Dimension 1: Choice of Housing | | | | |
|---|---|---|---|---|
| **Indicator 1.1: Housing options** | Measures the degree of choice offered to tenants. If the program has a range of housing choices sufficient to meet consumer preferences, and when an integrated, affordable apartment is one housing choice, the score is 4. If the program does not have the capacity to offer choice (e.g., the program operates one apartment complex and tenants must take the open apartment), the score is 1. | | | |
| **Score 1.1.a =** | **4** | | **2.5** | **1** |
| 1.1.a: Extent to which tenants choose among types of housing (e.g., clean and sober cooperative living, private landlord apartment) | Tenants choose the type of housing they prefer from a range of housing types, with an integrated, affordable apartment as 1 choice. | | Tenants have a restricted choice of housing types (e.g., 2 types of project-based housing). | Tenants are not given a choice of type of housing and are assigned to a type of housing. |
| **Score 1.1.b =** | **4** | | | **1** |
| 1.1.b: Extent to which tenants have choice of unit within the housing model. For example, within apartment programs, tenants are offered a choice of units. | Tenants choose among multiple units. | | | Tenants are assigned to a unit. |
| **Score 1.1.c =** | **4** | **3** | **2** | **1** |
| 1.1.c: Extent to which tenants can wait for the unit of their choice without losing their place on eligibility lists. | Tenants can wait for the unit of their choice without risking discharge from the program or losing priority for services or units. A reasonable waiting period is the allowed "search" time for the local Housing Choice/Section 8 voucher program (usually 60 days). | Tenants can wait for the unit of their choice, but they are allowed a set number of choices before they lose priority on the list for units (e.g., 3 choices and then go to the bottom of the list). | Tenants must accept the unit offered; no waiting for units is allowed. Prospective tenants who refuse the unit offered are not discharged from the program but go to the end of the waiting list. | Tenants must accept the unit offered or be discharged from the program. |
| **Indicator 1.2: Choice of living arrangements** | Measures the degree to which tenants can choose their living arrangements, particularly about roommates and any shared space. If tenants choose the members of their household and have a private bedroom, the score is 4. If tenants are required to accept a predetermined household, not of their choosing, and share a bedroom, the score is 1. | | | |
| **Score 1.2.a =** | **4** | | **2.5** | **1** |
| 1.2.a: Extent to which tenants control the composition of their household. | Tenants choose the members of their household or can choose to live alone and have a private bedroom. | | Tenants must accept a predetermined household not of their choosing but have a private bedroom. | Tenants must accept a predetermined household not of their choosing and must share a bedroom. |

| Dimension 4: Housing integration | | | | |
|---|---|---|---|---|
| **Indicator 4.1: Community integration** | Measures the extent to which an individual's housing unit is clustered with housing units occupied by people with disabilities vs. scattered throughout the community. The ideal is for individuals to live in housing units typical of the community, without clustering people with disabilities. All disability-only settings receive a score of 1, regardless of location in the community. For example, an apartment complex with five or more units with 100% occupancy by people with disabilities scores 1 on this dimension even if the apartment complex is located among other apartment complexes that do not exclusively serve people with disabilities. | | | |
| **Score 4.1.a =** | **4** | **3** | **2** | **1** |
| 4.1.a: Extent to which housing units are integrated.<br><br>(See below for special scoring instructions for providers with multiple housing programs.) | People live in housing units where 0-25% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless. | People live in housing units where 26-50% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless. | People live in housing units where 51-75% of all units have been set aside for people meeting disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless. | People live in settings where 76-100% of the tenants meet disability-related eligibility criteria and the remaining units are not set aside for any special needs groups, including people who are homeless. |
| **Dimension 5: Rights of Tenancy** | | | | |
| **Indicator 5.1: Tenant rights** | Measures the extent to which tenants have full rights of tenancy. | | | |
| **Score 5.1.a =** | **4** | | | **1** |
| 5.1.a: Extent to which tenants have legal rights to the housing unit. | Tenants have full legal rights of tenancy according to local landlord/tenant laws. | | | Tenants do not have full legal rights of tenancy according to local landlord/tenant laws. |
| **Score 5.1.b =** | **4** | | **2.5** | **1** |
| 5.1.b: Extent to which tenancy is contingent on compliance with program provisions. | Tenancy is not contingent in any way on compliance with program or treatment participation (e.g., sobriety or medication compliance). | | Program rules require participating in ongoing services, but failure to comply with this requirement does not lead to eviction. | Tenancy is revoked based on noncompliance with program or failure to participate in treatment (e.g., not maintaining sobriety or keeping to a required medical regime). |

| Dimension 6: Access to Housing | | | | |
|---|---|---|---|---|
| **Indicator 6.1** | Measures the extent to which tenants have access to housing with no required demonstration of housing readiness. | | | |
| **Score 6.1.a =** | **4** | **3** | **2** | **1** |
| 6.1.a: Extent to which tenants are required to demonstrate housing readiness to gain access to units. | Tenants have access to housing with no requirements to demonstrate readiness (other than provisions in a standard lease). | Tenants have access to housing with minimal readiness requirements, such as engagement with case management. | Tenant access to housing is determined by successfully completing a period of time in a program (e.g., transitional housing). | To qualify for housing, tenants must meet requirements such as sobriety, medication compliance, or willingness to comply with program rules. |
| **Score 6.1.b =** | **4** | | **2.5** | **1** |
| 6.1.b. Extent to which tenants with obstacles to housing stability have priority. | Program proactively seeks tenants who have obstacles to housing stability. | | Tenants who meet program eligibility have equal access to housing. | Tenants are prioritized based on positive clinical or functional criteria (e.g., stability or sobriety). |
| **Indicator 6.2: Privacy** | Measures the extent to which the tenant has privacy in the unit. | | | |
| **Score 6.2.a =** | **4** | **3** | **2** | **1** |
| 6.2.a: Extent to which tenants control staff entry into the unit. | Service staff may not enter the unit unless tenants invite them. | Service staff may enter the unit uninvited only under specific circumstances agreed on in advance. | Service staff may enter the unit uninvited only in a crisis. | Service staff has free access to housing units, including the right to make unannounced visits. |
| **Dimension 7: Flexible, Voluntary Services** | | | | |
| **Indicator 7.1: Exploration of tenant preferences** | Measures the degree to which tenants are offered a range of services. Only if an array of service choices is offered, the score is 4. | | | |
| **Score 7.1.a =** | **4** | | | **1** |
| 7.1.a: Extent to which tenants choose the type of services they want at program entry. | Tenants are the primary authors of their service plans. | | | Tenants are not the primary authors of their service plans. |
| **Score 7.1.b =** | **4** | | | **1** |
| 7.1.b: Extent to which tenants have the opportunity to modify service selection. | Tenants initiate and are offered routine opportunities to modify their service selections. | | | Tenants do not have the opportunity to modify their service selection. |
| **Indicator 7.2: Service options** | Measures the degree of service choice offered to tenants. If the program has a broad array of services sufficient to meet consumer preferences, and if tenants may choose not to participate in services, the score is 4. If the program does not have the capacity to offer choice (the program operates with a standard service package and tenants must accept the service package), the score is 1. | | | |
| **Score 7.2.a =** | **4** | **3** | **2** | **1** |
| 7.2.a: Extent to which tenants are able to choose the services they receive. | Tenants may choose from an array of services, including the option of no services. | Tenants may choose from an array of services, but choosing no services is not an option. | Tenants must participate in services that staff identify. | Tenants must participate in a standard service package. |
| **Score 7.2.b =** | **4** | **3** | **2** | **1** |
| 7.2.b: Extent to which services can be changed to meet tenants' changing needs and preferences. | Service mix is highly flexible and can adapt type, location, intensity and frequency based on tenants' changing needs and preferences. | Service mix is predictable, but significant variations can occur at tenant request. | Service mix can be adapted in minor ways. | Service mix cannot be adapted to meet tenants' changing needs and preferences. |

| **Indicator 7.3: Consumer-driven services** | Measures the degree to which services are consumer driven. | | | |
|---|---|---|---|---|
| **Score 7.3.a =** | **4** | **3** | **2** | **1** |
| 7.3.a: Extent to which services are consumer driven. | All services are consumer driven. | Significant consumer control of services exists in design and provision. | Some consumer input into design and provision of services (e.g., consumer advisory board). | Program is staff-controlled without meaningful consumer input. |
| **Indicator 7.4: Quality and adequacy of services** | Measures the degree to which caseloads, service structure, and service availability are adequate. | | | |
| **Score 7.4.a =** | **4** | **3** | **2** | **1** |
| 7.4.a: Extent to which services are provided with optimum caseload sizes. | Caseload is no more than 15 tenants to each staff member. | Caseload is 16–25 tenants to each staff member. | Caseload is 26–35 tenants to each staff member. | Caseload is 36 or more tenants to each staff member. |
| **Score 7.4.b =** | **4** | **3** | **2** | **1** |
| 7.4.b: Behavioral health services are team based. | All behavioral health services are provided through a team, including psychiatric services. A good example is an Assertive Community Treatment team. | All behavioral health services except psychiatric services are provided through a team. A good example is a Continuous Treatment Team, such as those found in providing Integrated Dual Diagnosis Treatment (IDDT). | Individual service providers are primarily responsible for behavioral health services, but specialists are routinely consulted. For example, a case manager provides services, but may call a substance abuse treatment provider to assess and make recommendations. | The primary responsibility for behavioral health services falls to one provider. |
| **Score 7.4.c=** | **4** | **3** | **2** | **1** |
| 7.4.c: Extent to which services are provided 24 hours a day, 7 days a week. | Services are available 24/7. | Services are available on flexible schedules, but not 24/7. | Services are available 8 a.m. to 5 p.m., Monday-Friday, with some weekend availability (4-12 hours scheduled on weekends). | Services are available from 8 a.m. to 5 p.m., Monday through Friday. |

Exhibit C

| | Comments | Importance |
|---|---|---|
| **Living arrangements** | | |
| Would you like to live in a house? An apartment building with just a few units? A building with many units? | | |
| Would you prefer living by yourself or with other people? | | |
| Would you like to live with specific people—a girlfriend or boyfriend, family members, or a friend? | | |
| Would you share an apartment if you had your own room? | | |
| If you had a roommate, what would you want the person to be like? | | |
| Is a building with private bedrooms and shared kitchens acceptable? | | |
| Is a shared bathroom in the hall acceptable? | | |
| Would a bathroom shared only with one or two other people be all right? | | |
| Do you prefer living with all women (or men), younger people, etc? | | |
| Would you prefer to live around other people who have psychiatric disabilities? Would you prefer not to? | | |
| **Features** | | |
| What features in a home are important to you—air conditioning, dishwasher, onsite laundry, etc.? | | |
| Do you need any special accommodations for a physical or sensory disability, such as ramps, elevators, or doorbell signalers? | | |
| **Neighborhood** | | |
| Do you want to live in a specific neighborhood? | | |
| What features of the neighborhood are important to you? Examples of things you might want are a quiet environment, parks, well-lit streets, shopping, libraries, or public transportation. | | |
| Do you need to have easy access to any specific place—for example, your job, treatment facility, place of worship, or family home? | | |

| | Comments | Importance |
|---|---|---|
| **Support needs** | | |
| Would you like to have onsite staff available any time of the day or night? | | |
| Would you prefer to live in a place that has no staff onsite and have staff visit you instead? | | |
| **Security and visitors** | | |
| Do you like having company? Do you want to have overnight guests? How often? | | |
| How do you feel about having your guests screened at a front desk? Do you like knowing that other people's guests are screened? | | |
| **Alcohol and other drugs** | | |
| Is a community that strongly supports sobriety important to you? | | |
| How do you feel about being in a setting where some people may be using drugs or alcohol? | | |
| **Activities** | | |
| Would you like to have access to in-house groups? | | |
| Do you like the idea of having staff-sponsored activities like trips and movies? | | |
| **Pets** | | |
| Do you have a pet? | | |
| Would you like to have a pet? | | |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Seeking Safety</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.25</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/13/17</td><td>Date of Review/Revision:<br>4/10/18, 4/9/19, 3/4/20, 4/14/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services Public Policy & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>02.03.33</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the scope of Seeking Safety as a treatment for trauma, including PTSD (posttraumatic stress disorder) within the context of a primary or co-occurring substance use disorder.

**Policy:**
SCCMHA, through its network of funded providers, shall make Seeking Safety available for consumers with a history of trauma and/or substance abuse as resources permit.
Seeking Safety shall only be provided by practitioners who are familiar with the manual to be able to provide this evidence-based practice to fidelity and are privileged to provide this intervention.
Seeking Safety can be delivered face-to-face, in-person, or via telehealth technology.

**Application:**
This policy applies to SCCMHA-funded providers.

**Standards:**
A. Seeking Safety may be delivered by peers or case managers; there is no requirement for a degree or licensure. All persons wishing to implement this evidenced based practice should be familiar with the Seeking Safety Manual. SCCMHA reserves the right to credential providers to conduct this practice as well as monitor the practice for fidelity to the model.
B. Seeking Safety shall be delivered in accordance with its key principles:
    1. Safety is the overarching goal
        a. Helping consumers to attain safety in their relationships, thinking, behavior, and emotions

2. Integrated treatment shall be provided
    a. Both trauma and substance abuse shall be addressed simultaneously
3. Focusing on ideals to counteract the loss of ideals in both trauma and substance abuse
4. The inclusion of four content areas:
    a. Cognitive
    b. Behavioral
    c. Interpersonal
    d. Case management
5. Attention to clinician processes
    a. Helping clinicians work on countertransference, self-care, and other issues

C. Providers shall include as many of Seeking Safety's twenty-five topics (see Exhibit A) in accordance with the needs of the consumer(s) being served and in any order as authorized.
    1. Since each topic is independent of the others, they can be used in any order and for as long or short as the duration of the consumer's treatment.

D. Providers shall also focus on engaging consumers in community resources.

E. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.
    1. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including Seeking Safety, to discuss fidelity monitoring.
    2. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes when Seeking Safety is being offered) for Seeking Safety participants ages 18+. For youth participating in Seeking Safety who are under the age of 18, the Child and Adolescent Functional Assessment Scale (CAFAS) will be used in a similar manner.

**Definitions:**

**Seeking Safety** is an evidence-based, present-focused (i.e., avoids delving into painful, emotionally distressing trauma narratives) model for adolescents and adults that is designed to enhance coping skills and help individuals attain safety from trauma and/or substance abuse. It can be conducted in a group (of any size) or an individual format and can be provided for any duration of treatment that is clinically warranted.

**Trauma:** A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**References:**

A. Najavits, L. (2002). Seeking Safety: *A New Psychotherapy for Posttraumatic Stress Disorder and Substance Abuse*. In *Trauma and Substance Abuse: Causes, Consequences and Treatment of Comorbid Disorders*. (Eds. P. Ouimette & P. Brown). American Psychological Association. Washington, DC.
B. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
C. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
D. Seeking Safety website: http://www.seekingsafety.org/

**Exhibits:**

A. Seeking Safety Treatment Topics (Najavits)

**Procedure:**

None

Exhibit A

*Seeking Safety* treatment topics

Domains (cognitive, behavioral, interpersonal, or a combination) are listed in parentheses.

| |
|---|
| (1) **Introduction to treatment / Case management**<br>This topic covers: (a) Introduction to the treatment; (b) Getting to know the patient; and (c) Assessment of case management needs. |
| (2) **Safety** *(combination)*<br>Safety is described as the first stage of healing from both PTSD and substance abuse, and the key focus of this treatment. A list of over 80 *Safe Coping Skills* is provided, and patients explore what safety means to them. |
| **(3) PTSD: Taking Back Your Power** *(cognitive)*<br>Four handouts are offered: (a) "What is PTSD?"; (b) "The Link Between PTSD and Substance Abuse"; (c) "Using Compassion to Take Back Your Power"; and (d) "Long-Term PTSD Problems". The goal is to provide information as well as a compassionate understanding of the disorder. |
| **(4) Detaching from Emotional Pain: Grounding** *(behavioral)*<br>A powerful strategy, "grounding", is offered to help patients detach from emotional pain. Three types of grounding are presented (mental, physical, and soothing), with an experiential exercise to demonstrate the techniques. The goal is to shift attention toward the external world, away from negative feelings. |
| **(5) When Substances Control You** *(cognitive)*<br>Eight handouts are provided, which can be combined or used separately: (a) "Do You Have a Substance Abuse Problem?" (b) "How Substance Abuse Prevents Healing From PTSD"; (c) "Choose a Way to Give Up Substances"; (d) "Climbing Mount Recovery", an imaginative exercise to prepare for giving up substances; (e) "Mixed Feelings"; (f) "Self-Understanding of Substance Use"; (g) "Self-Help Groups"; and (h) "Substance Abuse And PTSD: Common Questions". |
| **(6) Asking for Help** *(interpersonal)*<br>Both PTSD and substance abuse lead to problems in asking for help. This topic encourages patients to become aware of their need for help and provides guidance on how to obtain it. |
| **(7) Taking Good Care of Yourself** *(behavioral)*<br>Patients are guided to explore how well they take care of themselves, using a questionnaire listing specific behaviors (e.g., "Do you get regular medical check-ups?"). They are asked to take immediate action to improve at least one self-care problem. |
| **(8) Compassion** *(cognitive)*<br>This topic encourages the use of compassion when trying to overcome problems. Compassion is the opposite of "beating oneself up", a common tendency for people with PTSD and substance abuse. Patients are taught that only a loving stance toward the self produces lasting change. |
| **(9) Red and Green Flags** *(behavioral)*<br>Patients are guided to explore the up-and-down nature of recovery in both PTSD and substance abuse through discussion of "red and green flags" (signs of danger and safety). A *Safety Plan* is developed to identify what to do in situations of mild, moderate, and severe relapse danger. |
| **(10) Honesty** *(interpersonal)*<br>Patients are encouraged to explore the role of honesty in recovery and to role-play specific situations. Related issues include: What is the cost of dishonesty? When is it safe to be honest? What if the other person doesn't accept honesty? |
| **(11) Recovery Thinking** *(cognitive)*<br>Thoughts associated with PTSD and substance abuse are contrasted with healthier "recovery thinking". Patients are guided to change their thinking using rethinking tools such as *List Your* |

| |
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| *Options*, *Create a New Story*, *Make a Decision*, and *Imagine*. The power of rethinking is demonstrated through think-aloud and rethinking exercises. |
| **(12) Integrating the Split Self** *(cognitive)*<br>Splitting is identified as a major psychic defense in both PTSD and substance abuse. Patients are guided to notice splits (e.g., different sides of the self, ambivalence, denial) and to strive for integration as a means to overcome these. |
| **(13) Commitment** *(behavioral)*<br>Making and keeping promises, both to self and others, are explored. Creative strategies for keeping commitments, and feelings that can get in the way, are described. |
| **(14) Creating Meaning** *(cognitive)*<br>Meaning systems are discussed with a focus on assumptions specific to PTSD and substance abuse, such as *Deprivation Reasoning, Actions Speak Louder Than Words,* and *Time Warp*. Meanings that are harmful versus healing in recovery are contrasted. |
| **(15) Community Resources** *(interpersonal)*<br>A lengthy list of national non-profit resources is offered to aid patients' recovery (including advocacy organizations, self-help, and newsletters). Also, guidelines are offered to help patients take a consumer approach in evaluating treatments. |
| **(16) Setting Boundaries in Relationships** *(interpersonal)*<br>Boundary problems are described as either too much closeness (difficulty saying "no" in relationships) or too much distance (difficulty saying "yes" in relationships). Ways to set healthy boundaries are explored, and domestic violence information is provided. |
| **(17) Discovery** *(cognitive)*<br>Discovery is offered as a tool to reduce the cognitive rigidity common to PTSD and substance abuse (called "staying stuck"). Discovery is a way to stay open to experiences and new knowledge, using strategies such as *Ask Others, Try It and See, Predict,* and *Act "As If"*. Suggestions for coping with negative feedback are provided. |
| **(18) Getting Others to Support Your Recovery** *(interpersonal)*<br>Patients are encouraged to identify which people in their lives are supportive, neutral, or destructive toward their recovery. Suggestions for eliciting support are provided, as well as a letter they can give to others to promote understanding of their PTSD and substance abuse. A safe family member or friend can be invited to attend the session. |
| **(19) Coping with Triggers** *(behavioral)*<br>Patients are encouraged to actively fight triggers of PTSD and substance abuse. A simple three-step model is offered: change *who* you are with, *what* you are doing, and *where* you are (similar to "change people, places, and things" in AA). |
| **(20) Respecting Your Time** *(behavioral)*<br>Time is explored as a major resource in recovery. Patients may have lost years to their disorders, but they can still make the future better than the past. They are asked to fill in schedule blanks to explore issues such as: Do they use their time well? Is recovery their highest priority? Balancing structure versus spontaneity; work versus play; and time alone versus in relationships are also addressed. |
| **(21) Healthy Relationships** *(interpersonal)*<br>Healthy and unhealthy relationship beliefs are contrasted. For example, the unhealthy belief "Bad relationships are all I can get" is contrasted with the healthy belief "Creating good relationships is a skill to learn." Patients are guided to notice how PTSD and substance abuse can lead to unhealthy relationships. |

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| **(22) Self-Nurturing** *(behavioral)*<br>Safe self-nurturing is distinguished from unsafe self-nurturing (e.g., substances and other "cheap thrills"). Patients are asked to create a gift to the self by increasing safe self-nurturing and decreasing unsafe self-nurturing. Pleasure is explored as a complex issue in PTSD/substance abuse. |
| **(23) Healing from Anger** *(interpersonal)*<br>Anger is explored as a valid feeling that is inevitable in recovery from PTSD and substance abuse. Anger can be used constructively (as a source of knowledge and healing) or destructively (a danger when acted out against self or others). Guidelines for working with both types of anger are offered. |
| **(24) The Life Choices Game** *(combination)*<br>As part of termination, patients are invited to play a game as a way to review the material covered in the treatment. Patients pull from a box slips of paper that list challenging life events (e.g., "You find out your partner is having an affair"). They respond with how they would cope, using game rules that focus on constructive coping. |
| **(25) Termination**<br>Patients express their feelings about the ending of treatment, discuss what they liked and disliked about it, and finalize aftercare plans. An optional Termination Letter can be read aloud to patients as a way to validate the work they have done. |

From: Najavits, L.M. (2002). Seeking Safety: A New Psychotherapy for Posttraumatic Stress Disorder and Substance Abuse. In *Trauma and Substance Abuse: Causes, Consequences and Treatment of Comorbid Disorders* (Eds. P. Ouimette & P. Brown). Washington, DC: American Psychological Association.

(Source: Najavits, L. [2002])

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.27</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/13/17</td><td>Date of Review/Revision:<br>4/10/18, 4/9/19, 2/7/20, 6/14/20, 4/14/21, 1/12/22, 1/10/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services Public Policy & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>02.03.37</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the provision of an evidence-based trauma intervention for children.

**Policy:**
A. SCCMHA shall insure that all consumers are screened for trauma and that positive screens result in trauma treatment as needed. See also the SCCMHA Procedure 04.01.04 – Trauma Screening, Assessment, and Treatment.
B. TF-CBT can be delivered face-to-face, in-person, or via telehealth technology.

SCCMHA shall, resources permitting, make TF-CBT available to children and adolescents aged three to eighteen who have experienced or have been exposed to traumatic events (e.g., domestic violence, community violence, traumatic loss, sexual abuse or exploitation, etc.) in an effort to help children and families recover from the negative effects of traumatic experiences (e.g., symptoms of Posttraumatic Stress Disorder [PTSD], depression, and other associated problems including difficulties with affect regulation, relationships, attention and consciousness, somatization, self-perception, and systems of meaning all of which can interfere with adaptive functioning).

**Application:**
This policy applies to SCCMHA-funded providers of services and supports to children and adolescents and their families/caregivers.

**Standards:**

A. TF-CBT shall be provided by clinical members of the SCCMHA provider network who have completed SCCMHA-approved training and have been privileged to provide TF-CBT in accordance with SCCMHA policy.

B. TF-CBT shall be delivered in accordance with the standards set for by the TF-CBT National Therapist Certification Program, which outlines eight specific criteria a TF-CBT trainee must complete for certification:

1. A master's degree or higher in the mental health field
2. Professional licensure
3. Completion of the free, web-based learning course TF-CBTWeb (https://tfcbt.musc.edu/)
4. One three-day and one two-day session of in-person TF-CBT intensive skills-based training (or the live virtual equivalents).
5. Participation in follow-up consultation or supervision through an approved provider
6. Completion of three separate TF-CBT treatment cases
7. Use of at least one standardized instrument ( Young Child PTSD Checklist, YCPC, for ages 3-6 or UCLA Child/Adolescent PTSD Reaction Index for DSM 5, for ages 7-18) to assess TF-CBT treatment progress with each of the cases from the previous step
8. Passing the TF-CBT Therapist Certification Program Knowledge-Based Test

C. TF-CBT shall be provided with fidelity to the model and in accordance with the needs of each consumer during the course of twelve to twenty-five sessions and inclusive of the core components (which are summarized by the acronym PRACTICE) that will be most beneficial and clinically warranted as follows:

**P**: Psychoeducation and parenting skills:
Psychoeducation is provided to children and their caregivers about the impact of trauma and common childhood reactions. Parenting skills are provided to optimize children's emotional and behavioral adjustment.

**R**: Relaxation skills:
Relaxation and stress management skills are individualized for each child and parent.

**A**: Affective expression and modulation skills:
Affective expression and modulation are taught to help children and parents identify and cope with a range of emotions.

**C**: Cognitive coping and processing skills:
Cognitive coping and processing are enhanced by illustrating the relationships among thoughts, feelings, and behaviors. This helps children and parents modify inaccurate or unhelpful thoughts about the trauma.

**T**: Trauma narration and processing:
Trauma narration, in which children describe their personal traumatic experiences, is a key component of the treatment.

**I**: In vivo mastery of trauma reminders:

In vivo mastery of trauma reminders is used to help children overcome their avoidance of situations that are no longer dangerous, but which remind them of the original trauma.

**C**: Conjoint child–parent sessions:
Conjoint child-parent sessions help the child and parent talk to each other about the child's trauma.

**E**: Enhancing safety and future developmental trajectory:
The final phase of the treatment, Enhancing future safety and development, addresses safety, helps the child to regain developmental momentum, and covers any other skills the child needs to end treatment.

D. SCCMHA shall support ongoing adherence to the model through fidelity consultation and/or review.

1. TF-CBT fidelity measures shall focus on the core TF-CBT components (listed above) and the sequence in which they are provided to the child and family.
    a. TF-CBT shall be delivered in the sequence in which the components are described in the treatment manual and in training because later sessions build on skills learned in earlier sessions.
    b. Any materials created in the process of TF-CBT therapy will be addressed per the SCCMHA Procedure for Consumer Records, 08.04.01. and the following:
        1. In an attempt to maintain compliance with the storage of TF-CBT documentation, the following initiatives have been created to ensure proper confidential storage.
            a. Screening and Assessment
                i. CTAC checklist- Organizations will complete the checklist without additional notes or descriptions of specific traumas.
                ii. UCLA PTSD assessment- All TF-CBT clinicians will submit for scanning: pre, mid and post UCLA PTSD Symptom Analysis (stoplight page). The UCLA PTSD assessment is one of many clinical factors that determine whether the model of TF-CBT is appropriate- it is not used to rule in or out the model. (With the DSM revision it is not to be used as the exclusive determinant of PTSD diagnosis.)
            b. Documentation of trauma processing- The trauma narration process is collaborative and therapeutic and is not forensic in nature. Therefore, no formal physical documentation is maintained during this process. Written documentation in progress notes and periodic reviews will reference processing trauma experiences, connecting thoughts and

feelings related to the trauma experience, working towards desensitization, and mastering triggers.

c. Per progress notes, any products referenced will be placed in physical chart (i.e., progressive muscle relaxation; assessment results (see above)).

d. In summary, this process is intended to help the child in the context of a confidential therapist relationship and is not forensic in nature.

NOTE: Treatment is fluid, and components may overlap and/or be repeated in order to maximize the opportunity to achieve beneficial outcomes.

2. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.

a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including TF-CBT, to discuss fidelity monitoring.

b. The Child and Adolescent Functional Assessment Scale (CAFAS) or Preschool and Early Childhood Assessment Scale (PECFAS), depending on the age of the participant, will be used as a tool to examine outcomes for TF-CBT participants.

**Definitions:**

**Posttraumatic Stress Disorder (PTSD):** A disorder that is characterized by difficulties with managing trauma-related negative emotions and physical reactions caused by memories or reminders of the trauma that may lead to maladaptive coping (e.g., avoidance of reminders). These reactions often interfere with functioning at home, in school, and in interpersonal relationships. Symptoms of PTSD include intrusive and upsetting memories, thoughts, or dreams about the trauma; avoidance of things, situations, or people which are trauma reminders; emotional numbing; and physical reactions of hyperarousal, trouble concentrating, or irritability).

**Trauma:** A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**Trauma-Focused Cognitive Behavioral Therapy (TF-CBT):** An evidence-based treatment model designed to assist children, adolescents, and their families in overcoming the negative effects of a traumatic experience.

**References:**

A. Child Sexual Abuse Task Force and Research & Practice Core, National Child Traumatic Stress Network. (2004). *How to Implement Trauma-Focused Cognitive Behavioral Therapy*. Durham, NC and Los Angeles, CA: National Center for Child Traumatic Stress: (https://cacnc.org/wp-content/uploads/2016/06/TF-CBT_Implementation_Manual.pdf)
B. Feldman & Dorsey. (2010). *TF-CBT PRACTICE Checklist* (University of Washington): https://depts.washington.edu/hcsats/PDF/TF-%20CBT/pages/Theoretical%20Perspective/TF-CBT%20Components,%20Rationale,%20&%20Methods%20Worksheet.pdf
C. National Child Traumatic Stress Network (NCTSN)/National Center for Child Traumatic Stress (NCCTS) resources for TF-CBT: tfcbt@musc.edu
D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
F. SCCMHA Procedure 08.04.01 – Consumer Records
G. SCCMHA Procedure 04.01.04 – Trauma Screening, Assessment and Treatment

**Exhibits:**

A. Organizational Readiness and Capacity Assessment
B. TF-CBT Brief Practice Checklist - Revised

**Procedure:**

None

Exhibit A

| Organizational Readiness and Capacity Assessment[1,2]<br><br>This assessment is intended to help your agency identify issues that are known to impact readiness for adoption of a new practice. Please circle the number that corresponds to how true each statement is with respect to current conditions and practices at your agency. | Not at all | To a slight extent | To a moderate extent | To a large extent | Consistently |
|---|---|---|---|---|---|
| **Clients** | | | | | |
| 1. Clients are currently able to be screened for trauma-related symptoms that could qualify them for the new practice. | 1 | 2 | 3 | 4 | 5 |
| 2. We already have many clients who will benefit from the new practice based on their clinical presentation, diagnosis, and histories. | 1 | 2 | 3 | 4 | 5 |
| **Leadership/Clinicians/Staff** | | | | | |
| 3. Clinicians in our agency agree with the rationale for using the new practice. | 1 | 2 | 3 | 4 | 5 |
| 4. Agency and clinical leadership actively support the adoption of the new practice for reasons clinicians can share. | 1 | 2 | 3 | 4 | 5 |
| 5. We have on staff seasoned professionals to whom clinicians look for support, consultation, and guidance. | 1 | 2 | 3 | 4 | 5 |
| 6. All staff who will be affected by the new practice know that changes are coming and are prepared to offer feedback for its success. | 1 | 2 | 3 | 4 | 5 |
| 7. Our agency has a tradition of learning and changing so we do not become entrenched in the status quo. | 1 | 2 | 3 | 4 | 5 |
| 8. The clinical orientation of the new practice is not inconsistent with that of the existing staff and leadership. | 1 | 2 | 3 | 4 | 5 |
| 9. Staff at all levels perceives the advantage of implementing the new practice. | 1 | 2 | 3 | 4 | 5 |
| 10. Our staff has opportunities for interaction with others in our community or around the nation who have implemented or are currently implementing the new practice. | 1 | 2 | 3 | 4 | 5 |
| **Supervision** | | | | | |
| 11. Our supervisors are clear about how the new practice will benefit clients. | 1 | 2 | 3 | 4 | 5 |
| 12. Our agency currently provides case-specific clinical supervision (as opposed to administrative supervision) to our clinicians. | 1 | 2 | 3 | 4 | 5 |
| 13. Supervisors are prepared to learn about the new practice through training. | 1 | 2 | 3 | 4 | 5 |
| 14. Weekly one-hour clinical supervision is the norm for new treatments implemented in our agency. | 1 | 2 | 3 | 4 | 5 |
| 15. Clinician direct care hours can be adjusted to allow for supervision in the new practice. | 1 | 2 | 3 | 4 | 5 |

| Circle the number that corresponds to how true each statement is with respect to current conditions and practices at your agency. | Not at all | To a slight extent | To a moderate extent | To a large extent | Consistently |
|---|---|---|---|---|---|
| **Internal and External Stakeholders** | | | | | |
| 16. We have collected information about key stakeholders within our agency (e.g. intake, records, and billing personnel) that might be affected by the new practice. | 1 | 2 | 3 | 4 | 5 |
| 17. Internal and external "champions" or "cheerleaders" are in place to support implementation of the new practice. | 1 | 2 | 3 | 4 | 5 |
| 18. We have developed or are developing targeted information for our identified stakeholders that answers their specific questions about the new practice. | 1 | 2 | 3 | 4 | 5 |
| **Program/Culture/Services** | | | | | |
| 19. Our supervisors, clinicians, and staff are generally positive about changes in practice, especially when they can see how it will benefit the clients. | 1 | 2 | 3 | 4 | 5 |
| 20. There are components of the new practice that are consistent with ongoing practice in our agency. | 1 | 2 | 3 | 4 | 5 |
| 21. Case load and direct-care hours can be adjusted in response to the requirements of the new practice. | 1 | 2 | 3 | 4 | 5 |
| 22. We have measurement systems that will provide feedback on our progress in adoption of the new practice. | 1 | 2 | 3 | 4 | 5 |
| **Finance and Administration** | | | | | |
| 23. Current reimbursement mechanisms cover the new practice. | 1 | 2 | 3 | 4 | 5 |
| 24. Current service definitions, units, provider qualifications, or financing mechanisms can accommodate the new practice. | 1 | 2 | 3 | 4 | 5 |
| 25. Funds are available to pay for the added cost of implementing and delivering the service, even if they must be shifted from other areas. | 1 | 2 | 3 | 4 | 5 |
| **Education** | | | | | |
| 26. Therapists have adequate time to formally learn about the new practice. | 1 | 2 | 3 | 4 | 5 |
| 27. We traditionally provide ongoing learning opportunities and consultation to clinicians learning a new practice. | 1 | 2 | 3 | 4 | 5 |
| 28. We can provide financial support and time to clinicians wishing to learn a new practice. | 1 | 2 | 3 | 4 | 5 |
| **Technology** | | | | | |
| 29. Our clinicians and supervisors have high-speed broadband access to the Internet, intranet, e-mail, and learning and feedback about the new practice. | 1 | 2 | 3 | 4 | 5 |

[1] Allred, C., Markiewicz, J., Ameya-Jackson, L., Putnam, F., Saunders, B., Wilson, C., Kelly, A., Koiko, D., Berliner, L., & Rosch, J. (2005). *The Organizational Readiness and Capacity Assessment.* Durham NC: UCLA-Duke National Center for Child Traumatic Stress.

[2] This project was funded in part by the US Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Center for Mental Health Services (CMHS). The views, policies, and opinions expressed are those of the authors and do not necessarily reflect those of HHS, SAMHSA, or CMHS.

Exhibit B

TF-CBT Brief Practice Checklist

**Which PRACTICE component did you implement today? Mark only ONE component for each session.**

**Therapist Identifier:_____ (May also check caregiver participation for any session)**

| TF-CBT Treatment Component | Session #: | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date: | / | / | / | / | / | / | / | / | / | / |
| **Caregiver participation:** Meet with caregiver > 15 minutes | | | | | | | | | | | |
| **P:** Provide psychoeducation about traumatic experiences, trauma reactions, youth's symptoms and trauma reminders<br>**GE:** identify trauma triggers; use proper words for traumas and body parts | | | | | | | | | | | |
| **P:** Provide parenting skills (praise, selective attention, time out, contingency reinforcement)<br>**GE:** connect parental response and youth's behavior problems to trauma | | | | | | | | | | | |
| **R:** Provide individualized relaxation skills<br>**GE:** Connect use of relaxation skills to youth's trauma reminders | | | | | | | | | | | |
| **A:** Provide affect identification and modulation skills<br>**GE:** Connect use of skills to youth's trauma reminders | | | | | | | | | | | |
| **C:** Introduce cognitive triangle; encourage more accurate/helpful thoughts<br>**GE**: Help PARENT use cognitive coping for trauma related maladaptive thoughts | | | | | | | | | | | |
| **T:** Develop youth's trauma narrative in calibrated increments with thoughts, feelings and worst moments. Cognitively process maladaptive cognitions. Share with parent as TN is developed<br>**GE:** Re-read the TN at the beginning of *each* session | | | | | | | | | | | |
| **I:** GE: Develop in-vivo desensitization plan for generalized avoidant behaviors | | | | | | | | | | | |
| **C:** Conjoint youth-parent sessions: share youth's TN ; youth and parent Q&A; improve communication<br>**GE**: Share TN with parent or address other trauma related issues conjointly | | | | | | | | | | | |
| **E:** Address personal safety skills and assertive communication; increase awareness of problem-solving skills and/or social skills<br>**GE:** Address safety skills related to youth's trauma | | | | | | | | | | | |
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| TF-CBT Treatment Component | Session #: | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Date: | / | / | / | / | / | / | / | / | / | / |
| **Caregiver participation:** Meet with caregiver > 15 minutes | | | | | | | | | | | |
| **P:** Provide psychoeducation about traumatic experiences, trauma reactions, youth's symptoms and trauma reminders<br>**GE:** identify trauma triggers, use proper words for traumas and body parts | | | | | | | | | | | |
| | | | | | | | | | | | |
| **P:** Provide parenting skills (praise, selective attention, time out, contingency Reinforcement)<br>**GE:** connect parental response and youth's behavior problems to trauma | | | | | | | | | | | |
| | | | | | | | | | | | |
| **R:** Provide individualized relaxation skills<br>**GE:** Connect use of relaxation skills to youth's trauma reminders | | | | | | | | | | | |
| | | | | | | | | | | | |
| **A:** Provide affect identification and modulation skills<br>**GE:** Connect use of skills to youth's trauma reminders | | | | | | | | | | | |
| | | | | | | | | | | | |
| **C:** Introduce cognitive triangle; encourage more accurate/helpful thoughts<br>GE: Help PARENT use cognitive coping for trauma related maladaptive thoughts | | | | | | | | | | | |
| | | | | | | | | | | | |
| **T:** Develop youth's trauma narrative in calibrated increments with thoughts, feelings and worst moments. Cognitively process maladaptive cognitions. Share with parent as TN is developed<br>**GE:** Re-read the TN at the beginning of *each* session | | | | | | | | | | | |
| | | | | | | | | | | | |
| **I:** GE: Develop in-vivo desensitization plan for generalized avoidant behaviors | | | | | | | | | | | |
| | | | | | | | | | | | |
| **C:** Conjoint youth-parent sessions: share youth's TN ; youth and parent Q&A; improve communication<br>GE: Share TN with parent or address other trauma related issues conjointly | | | | | | | | | | | |
| | | | | | | | | | | | |
| **E:** Address personal safety skills and assertive communication; increase awareness of problem-solving skills and/or social skills<br>**GE:** Address safety skills related to youth's trauma | | | | | | | | | | | |
| | | | | | | | | | | | |
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## Meeting Fidelity Standards

The following criteria are used when evaluating whether fidelity standards are being met:

- Each TF-CBT component must be implemented for each child unless there are clinical reasons for deleting a component (for example, there are no trauma reminders the child is avoiding, so *in vivo* mastery is not needed).
- The TF-CBT components must be implemented in the "PRACTICE" order unless there is a compelling reason to change the sequencing. (However, returning to a previously provided component to reinforce its use is permitted.)
- Progression from one component to the next must occur within a reasonable time period (i.e., treatment is completed within 12 to 16 sessions for usual cases, and 16 to 20 sessions for complex cases).

(Source: *How to Implement Trauma-Focused Cognitive Behavioral Therapy* [2004])

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Whole Health Action Management (WHAM) | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.28 |
| **Effective Date**:<br>6/13/17 | **Date of Review/Revision**:<br>4/10/18, 4/9/19, 3/11/20, 4/14/21, 1/12/22, 1/10/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>02.03.39 | **Responsible Director:**<br>Director of Network Services Public Policy & Continuing Education |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:**<br>Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**:<br>EBP Leadership Team |

**Purpose:**
SCCMHA recognizes the value of peer support in building resiliency and promoting recovery as well as preventing and/or managing general health conditions. Therefore, SCCMHA supports the provision of training and evidence-based practices that peers can draw upon to help consumers envision and achieve recovery.

**Policy:**
SCCMHA shall, resources permitting, make WHAM training available to peer support staff who are interested in developing and working toward a whole health and resiliency goal; providing peer support to help consumers reach their whole health and resiliency goals; and facilitating or participating in an eight-week whole health and resiliency peer group. WHAM shall be delivered in a person-centered, recovery-oriented, and trauma-informed manner that is respectful of consumers' needs, preferences, and values

WHAM can be delivered face-to-face, in-person, or via telehealth technology.

**Application:**
This policy applies to SCCMHA-funded peer services for adults with mental illnesses and/or co-occurring substance use disorders as well as those with co-morbid general health conditions.

**Standards:**
A. Peers shall be required to attend the two-day, in-person WHAM facilitator training, or an SCCMHA-approved alternative, in order to facilitate WHAM sessions.

1. WHAM training guides participants through a person-centered planning process to set a whole health and resiliency goal.
2. WHAM training includes teaching participants how to do weekly action plans, create a daily/weekly personal log, and the importance of the one-to-one peer support and the weekly WHAM support group.

B. WHAM teaches consumers how to set and achieve whole health goals via weekly action plans and eight-week support groups.

C. The provision of WHAM incorporates the following goals:
1. Write an achievable whole health goal and weekly action plans
2. Participate in peer support groups to create new health behaviors
3. Elicit the relaxation response to manage stress
4. Engage in cognitive skills to avoid negative thinking
5. Know basic whole health screenings and how to prepare for them
6. Complete a shared-decision-making form for more engaging meetings with doctors

D. WHAM includes the provision of education about basic health screenings for prevention and encourages shared decision-making with health professionals.

E. The ten sessions of WHAM include two major components in accordance with the model.
1. The first component follows the Participant Guide and uses a person-centered planning process in ten health and resiliency factors to help participants create a concise whole health goal to begin the self-management process.
   a. The whole health goal can also be added to a treatment plan.
   b. The guide provides learning skills to enhance self-management, including eight weeks of WHAM peer support groups and a weekly action plan to create new health habits.
2. WHAM training also focuses on mind-body resiliency to promote self-management skills.
   a. Ten health and resiliency factors are incorporated into the provision of WHAM in accordance with the established training model:
      1). Stress management
      2). Healthy eating
      3). Physical activity
      4). Restful sleep
      5). Service to others
      6). Support network
      7). Optimism based on positive expectations
      8). Cognitive skills to avoid negative thinking
      9). Spiritual beliefs and practices
      10). A sense of meaning and purpose

F. WHAM shall be provided in accordance with the established format of the program over the course of six sessions during three two-hour meetings that cover three sections:
1. Section I:

a. *Session 1: Welcome and Introduction/Overview* – This session includes an introduction to the program, a discussion of the 10 health and resiliency factors, an overview of the person-centered planning process and "5 keys to success."

b. *Session 2: The Science of Stress* – This session describes the stress response, the relaxation response, and stress management techniques.

c. *Session 3: Improving Your Health* – This session covers the importance of and strategies for healthy eating, physical activity, and restful sleep.

2. Section II:

a. *Session 4: The Power of Human Connections* – This session discusses the benefits of providing service to others and developing a strong support network.

b. *Session 5: Maintaining a Positive Attitude* – This session introduces the value of optimism based on positive expectations and how to use cognitive skills to avoid negative thinking.

c. *Session 6: Connecting With More Than Self* – This session discusses spiritual beliefs and practices and the importance of finding a sense of meaning and purpose in one's life.

NOTE: *Session 7: Health Risk, Screening, and Shared Decision-Making* – This session covers common health risks, recommended health screenings, how to have effective shared decision-making about health issues with health care providers, and useful health screening resources. This material can be taught anytime, and is not structured into the implementation process

3. Section III:

a. *Session 8: Key to Success 1* – This session describes the first of the five keys to success, which is setting a person-centered goal. It also includes a review and prioritization of the ten health and resiliency factors, and applying six IMPACT Criteria to maximize the likelihood of achieving the personal goal:

I Improve – Does it improve the quality of my health and resiliency? (*This criterion is usually easy to meet because we have been talking about improving one's health.*)

M Measurable – Is it measurable in terms of my supporter knowing if I have accomplished it? (*For something to be objectively measurable, it usually has to state an amount - how much, how often, or how many one wants.*)

P Positively Stated – Is it positively stated as something new I want in my life? (*It is more motivating to work toward getting something you want than working toward getting rid of something you don't want or want to avoid or change.*)

A Achievable – Is it achievable for me in my present situation and current abilities? (*Achievable involves you being in control of the actions required to accomplish the goals.*)

C Calls Forth Actions – Does it call forth actions that I can take on a regular basis to begin to create healthy habits? *(The goal needs to be something you work to achieve over a period of time; there are actions you can take to achieve your goal.*)

T Time Limited – Is it time limited in terms of when I will begin and when I plan to accomplish it? (*You know by when you plan to accomplish the goal.*)

b. *Session 9: Keys to Success 2 & 3* – This session covers the second and third keys to success: having a weekly action plan and a daily/weekly personal log.

c. *Session 10: Keys to Success 4 & 5* – This final session covers the last two keys to success: one-to-one peer support and a peer support group.

G. One-to-one peer support is provided to participants in addition to the group sessions.

H. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.

a. The Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes (when WHAM is being offered).

**Definitions:**

**Relaxation Response:** A state of deep rest that changes the short- and long-term physical and emotional responses to stress (e.g., decreases in heart rate, blood pressure, rate of breathing, and muscle tension). Methods to elicit the relaxation response include meditation, mindfulness, progressive muscle relaxation, tai chi, and yoga. The Relaxation Response was defined by Herbert Benson, MD, in 1974 when he found that there was an opposite state to the stress response (i.e., the fight-or-flight response).

**Whole Health Action Management (WHAM):** A peer-led program to activate self-management to reach a person-centered whole health goal that was developed by the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS). WHAM is an integrated health approach that is designed to help consumers more effectively manage mental health and substance use issues. It is based on long-term disease self-management programs such as HARP (Health and Recovery Peer Program) and research-based approaches such as the Relaxation Response. WHAM training is intended to teach the following whole health self-management skills:

- Engage in person-centered planning to identify strengths and supports in ten science-based whole health and resiliency factors
- Write a whole health and resiliency goal based on person-centered planning
- Create and log a weekly action plan
- Participate in WHAM peer support groups to create new health behavior
- Elicit the Relaxation Response to manage stress
- Engage in cognitive skills to avoid negative thinking
- Use tools for shared decision-making
- Promote prevention health screenings

**References:**

A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
C. SCCMHA Policy 02.03.09.15 – Peer Support Services
D. SCCMHA Policy 02.03.25 – Wellness
E. WHAM Implementation Manual for Peer Providers (SAMHSA-HRSA, 2014): https://www.center4healthandsdc.org/uploads/7/1/1/4/71142589/12-week_format_research_intervention_facilitator_manual_uic_study.pdf
   WHAM Peer Support Training Participant Guide (SAMHSA-HRSA, 2015): wham_participant_guide.pdf (kff.org)

**Exhibits:**

None

**Procedure:**

None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: NADA Auricular Acupuncture Protocol</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.29</td></tr>
<tr><td rowspan="2">Effective Date:<br>4/10/18</td><td>Date of Review/Revision:<br>3/12/20, 4/14/21, 3/9/22, 3/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services Public Policy & Continuing Education<br><br>Authored By:<br>Mary Baukus, Natibidad Gonzales<br><br>Additional Reviewers:<br>Natibidad “Steve” Gonzalez, SCCMHA Evidence-Based Practices Leadership Team</td></tr>
<tr><td>Supersedes:<br>03.02.36</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate a framework for the use of the National Acupuncture Detoxification Association (NADA) auricular acupuncture protocol.

**Application:**
This policy applies to SCCMHA-funded providers who are privileged to deliver auricular acupuncture. NADA is based on the utilization of both Oriental medicine and Western addictions and behavioral health models to bring significant benefit to persons in recovery from addictions and a variety of mental disorders. The NADA protocol is a simplified, standardized ear needling technique derived from medical acupuncture. The NADA adaptation has been meticulously developed and tested to assist consumers in their recovery for both severe trauma and addictions when talk therapy is limited.

**Policy:**
SCCMHA shall make the NADA auricular acupuncture protocol available to eligible consumers as resources permit.

**Standards:**
A. NADA auricular acupuncture shall be applied to consenting adult consumers with a mental illness and/or co-occurring substance use disorder by providers who have received SCCMHA-approved training and have been privileged to use this protocol.

B. NADA auricular acupuncture shall be incorporated as part of an integrated program rather than as a stand-alone intervention.
   1. NADA auricular acupuncture shall be utilized to help consumers with relaxation, stress management and craving or desire for addictive substances. NADA auricular acupuncture opens possibilities on the body, mind, and spiritual levels. The effects of NADA auricular protocol are immediate and tangible and tends to increase the consumer's motivation and readiness to be involved in the recovery process.

C. NADA auricular acupuncture can be administered in a small or a large group format in a quiet, comfortable room.

D. NADA auricular acupuncture shall be provided in accordance with the standard protocol to maintain fidelity to the model.
   1. One to five acupuncture needles shall be inserted bilaterally into predetermined points on each ear (auricle) for 30 to 45 minutes per session.
      a. These predetermined points (sympathetic, Shen Men, kidney, liver, and lung) have been shown to produce neurophysiologic, biochemical, endocrine, emotional, and cognitive effects. (See Exhibit A)

**Definitions:**

**National Acupuncture Detoxification Association (NADA) Acupuncture** Protocol is a non-verbal approach to healing. NADA involves the gentle placement of up to five, small, sterilized disposable needles into specific sites on each ear. It is a standardized 1- to 5-point auricular needling protocol that is delivered in a group setting as part of a treatment program for substance use disorders as well as other behavioral health conditions (e.g., PTSD, depression, stress). The recipients sit quietly in a group setting for 30-45 minutes allowing the treatment to take effect. It can be applied in an individual setting as well. NADA ear acupuncture is an adjunct therapy which is clinically effective, cost-efficient, drug-free, and compatible cross-culturally. The combined application of acupuncture with counseling, education, medical support, and self-help groups such as AA and NA enhance opportunities for success.

**References:**


A. Bemis, R. (2013). *Ear Acupuncture and Humanitarian Aid: History, application, and improvement of the NADA model*. National Acupuncture Detoxification Association. Laramie, WY. (Ear Acupuncture and Humanitarian Aid | National Acupuncture Detoxification Association (acudetox.com)

B. Bemis, R. (2013). *Evidence for the NADA Ear Acupuncture Protocol: Summary of Research.* National Acupuncture Detoxification Association. https://acudetox.com/evidence-for-the-nada-protocol-summary-of-research/

C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

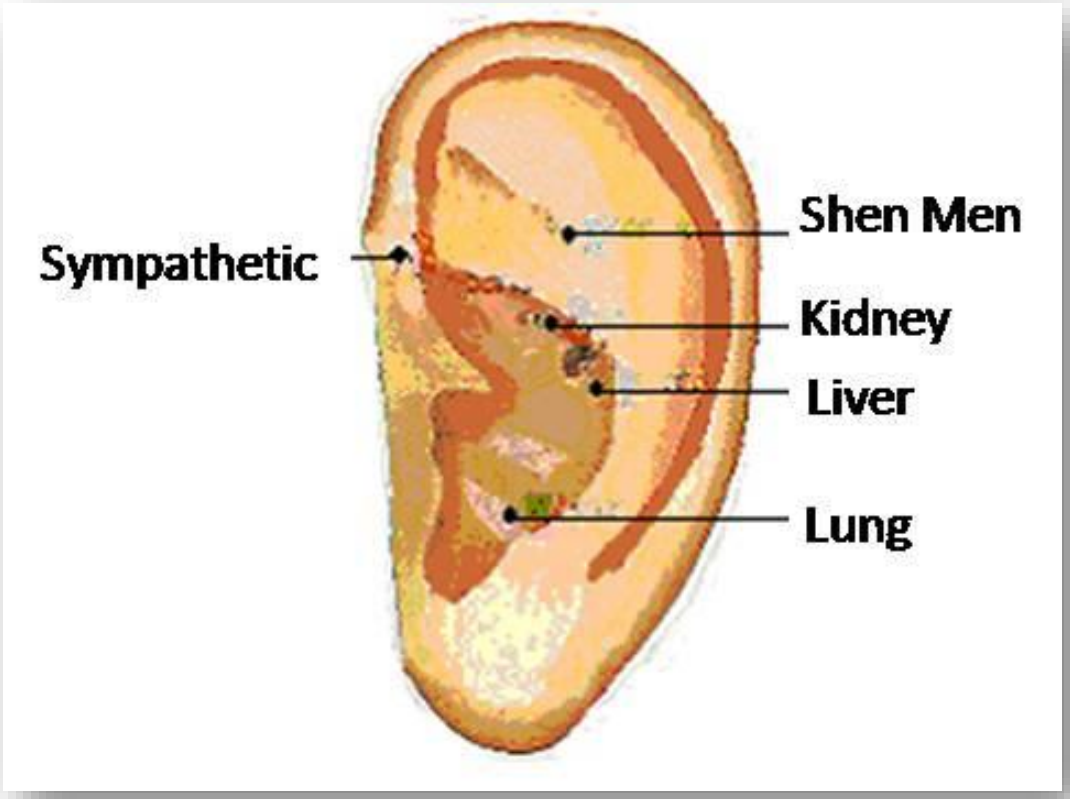
D. Stuyt, E., Voyles, C. (2016). The National Acupuncture Detoxification Association protocol, auricular acupuncture to support patients with substance abuse and behavioral health disorders: current perspectives. *Substance Abuse and Rehabilitation 7:* 169–180. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5153313/

E. NADA Protocol. (2018, September 10). Retrieved March 11, 2020, from https://acudetox.com/nada-protocol/

**Exhibits:**
Exhibit A: NADA Auricular Acupuncture Protocol's Five Needle Points

**Procedure:**
None

Exhibit A




**Number 1** – **Sympathetic:** Related to disruption in both sympathetic and parasympathetic nervous systems. It has a strong analgesic and relaxant effect on internal organs as it dilates blood vessels.

**Number 2** – **Shen Men:** Regulates excitation and inhibition of the cerebral cortex and can produce sedation.

**Number 3** – **Kidney:** Strengthening point that can relieve mental weariness, fatigue, and headaches.

**Number 4** – **Liver:** Addresses symptoms associated with poor liver functioning and inflammation.

**Number 5** – **Lung:** Associated with analgesia, sweating, and various respiratory conditions.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Motivational Interviewing (MI)</td><td>Chapter: 02 – Customer Service and Recipient Rights</td><td>Subject No: 02.03.09.30</td></tr>
<tr><td rowspan="2">Effective Date:<br>8/16/10</td><td>Date of Review/Revision:<br>4/2/12, 5/8/14, 4/19/16, 6/13/17, 4/10/18, 4/9/19, 7/2/20, 4/14/21, 3/9/22, 3/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services Public Policy & Continuing Education<br><br>Authored By:<br>Mary Baukus, Heidi Wale Knizacky<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>03.02.23</td></tr>
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</table>

**Purpose:**
The purpose of this policy is to delineate a framework for the use of Motivational Interviewing (MI).

**Policy:**
SCCMHA recognizes that behavioral changes are an integral part of health interventions and that ambivalence about committing to behavioral change is both typical and normal. SCCMHA is committed to providing welcoming, engaging, collaborative, empowering, and non-judgmental service environments and recognizes that Motivational Interviewing is an evidence-based approach to conversations that actualize these values. SCCMHA also recognizes that use of Motivational Interviewing increases effectiveness of collaboratively identifying behavioral change targets, eliciting, and strengthening commitment to healthy behaviors, and developing person-centered plans for change. It is therefore the policy of SCCMHA that Motivational Interviewing be used to guide conversations when engagement has not been established or is disrupted, and when the consumer and/or their natural support system is in a pre-contemplative, contemplative, or preparatory stage of change relative to person-centered behavior changes. Motivational Interviewing is considered a core competency requirement for all staff who provide direct services to consumers within the SCCMHA network. MI shall be used in a trauma-informed manner.

**Application:**
This policy applies to all SCCMHA-funded providers.

**Standards:**

A. SCCMHA-funded providers shall use Motivational Interviewing techniques when working with consumers and families who need help with identifying and changing unhealthy behaviors, or who persist with behavior that interfere with their own stated goals.
   1. This includes behavior that may be placing them at risk of developing health problems or that may be preventing their optimal management of a chronic condition.

B. Motivational Interviewing shall also be used to guide consumers, guardians, and supportive persons to resolve their own ambivalence about changing support behavior or supporting a consumer's behavior change.

C. To promote skillful integration of Motivational Interviewing into all services by two years post-hire date, direct care staff shall be required to demonstrate competency in Motivational Interviewing. (Exhibit A)
   1. Providers shall participate, at minimum, in a two-day Motivational Interviewing introductory training from a training resource approved by SCCMHA.
      a. SCCMHA shall, resources permitting, offer a two-day workshop titled *Introduction to Motivational Interviewing*.
   2. Providers are expected to complete a basic skills assessment and demonstrate a total score within the Beginning Proficiency level at minimum.
      a. In addition to the two-day introductory training, SCCMHA shall provide additional Motivational Interviewing learning support opportunities to providers to assist them with increasing their proficiency.
      b. Learning opportunities will include group and individual virtual skills testing sessions utilizing the VASE-R (Virtual Assessment of Simulated Encounters – Revised) or other reliable measure approved by the Evidence-Based Practices Leadership Team.
   3. Staff shall be required to demonstrate MI competency which will be assessed by the submission of an audio sample and the achievement of a successful fidelity score on the MICA (Motivational Interviewing Competency Assessment), or other valid and reliable competency assessment measure approved by the Evidence-Based Practices Leadership Team. (Exhibit A – Attachments A&B)
   4. Supervisors shall be expected to be able to offer coaching and support to the direct-care staff they supervise in applying and improving Motivational Interviewing skills.
      a. Supervisors shall be offered additional specialized support training by SCCMHA.
      b. Resources permitting, training shall be offered that includes orientation to all trainings and support tools, dissemination of materials, and coaching on methods to support staff during team meetings, supervision, and documentation review.

D. Motivational Interviewing shall be used with fidelity to the model which relies equally upon its two essential components.

1. The "spirit" of MI, of which there are four aspects (which can be recalled through the acronym "PACE"):

a). Partnership (or collaboration) which consists of the professional becoming a partner, not the leader, in the change process.

1). While the staff person is a professional "expert," the consumer is the only expert about their own life.

2). Collaboration is the process of active partnership between experts.

b). Acceptance is the simultaneous demonstration of:

1). Valuing of the consumer's Absolute Worth as a human being, no matter their past or present behaviors

2). Noticing the consumer's strengths and efforts and offering Affirmation

3). Acknowledging Autonomy by learning without judgment about the consumer's values and validating that the consumer is the only person who can make decisions about change for their own life

4). Continuous curiosity about and effort to understand the consumer's internal perspective (referred to as Accurate Empathy).

c). Compassion is the selfless act of wanting what is best for another.

d). Evocation is effectively demonstrating a strength-based perspective.

1). Rather than viewing those involved in change conversations as having a deficit that needs professional intervention to fill or fix, individuals are viewed as having unique experiences, values, perspectives, and solutions for their own lives.

2). The practitioner's role is to assist the consumer with identifying, recognizing, and drawing upon their own inherent wisdom.

2. The "method" (or techniques) of MI

E. Motivational Interviewing shall be applied by guiding the individual through four stages.

NOTE: The rate of moving through these stages depends upon many variables and may take from mere moments to several encounters to move through each. The process of change is dynamic and any of the stages may need to be revisited as barriers and obstacles emerge throughout an individual's change journey.

1. Engaging is the process by which an alliance relationship is established.

a. Engagement is essential before beginning to work together collaboratively.

2. Focusing is determining which topics are identified as change goals and the desired direction for these changes.

3. Evoking is the heart of the Motivational Interviewing process, whereby the clinician elicits the individual's own feelings regarding, reasons for, and ideas about making change.
4. Planning occurs when the conversation about change moves from defining the change into specific commitments, solutions, and plans for action.

F. The five core MI skills shall be implemented in different ways throughout the four stages of a Motivational Interviewing process:

NOTE: The first four of these skills are labeled "listening skills" and can be remembered by the acronym "**OARS**."

1. **O**pen Ended Questions: When engaged in an MI conversation, the practitioner is careful to guide the conversation without taking control. To this end the practitioner asks few questions, and those questions that are posed allow the individual to choose information of the most importance to themselves and share what they find personally relevant.
2. **A**ffirming: The practitioner acknowledges and comments upon the goodness observed in the consumer's actions and statements, such as noting positive efforts or reflecting the consumer's own feelings of pride and accomplishment.
3. **R**eflections: Reflections are the skill used most often by the practitioner throughout a MI conversation and:
   a. Are brief statements that are not questions
   b. Offer a guess about what the speaker is communicating
   c. Are a means of checking in to make sure what the listener thinks the speaker means and what the speaker intended are indeed the same
   d. Help encourage the speaker to continue the pattern of their story
   e. May offer subtle direction toward speaker's increased awareness of own motivation

   NOTE: Reflections can be Simple (conveying understanding without additional meaning or emphasis) or Complex (conveying a deeper understanding and contributing emphasis or meaning to the speaker's words).
4. **S**ummaries: Summaries potentially offer new insight to the speaker by juxtaposing several different bits of information shared in a new way. Summaries should include reflections of Change Talk and may increase and maintain Engagement by also briefly acknowledging continued ambivalence (Sustain Talk). Uses of summaries include:
   a. Collecting Summaries are a brief way of organizing the speaker's recent comments and encouraging them to continue sharing, often in a particular direction.
   b. Linking Summaries are a way of connecting recently shared information with information that was shared at a previous time or by another source.
   c. Transitional Summaries mark the end of one discussion and announce the movement toward another focus. Transitional summaries are a means of organizing and highlighting the important information shared and are often used at the close of an appointment

before moving into the discussion of such details that conclude an appointment

5. Informing and Advising: The final core skill is the method by which the practitioner balances maintaining their own specialized expertise while honoring the speaker's expertise and autonomy.

   NOTE: The practitioner may offer information or advice when the speaker asks for it. When unsolicited, the practitioner may offer information or advice if they first gain permission and by honoring the speaker's autonomy to select or reject the information.

   a. The best strategy for collaborative information exchange is to follow the potentially repeating formula Elicit—Provide—Elicit.
      1). Elicit: The clinician asks permission to give information, clarifies the speaker's understanding or information gaps, and/or determines their interest.
      2). Provide: The clinician briefly and succinctly provides the relevant information using autonomy-supporting language.
      3). Elicit: The clinician checks back in by inquiring about the individual's reaction, understanding, or response.

G. A tenet of MI is that there is no such thing as an unmotivated person. Rather, the process of change is difficult, and it is normal to experience ambivalence.

H. Patterns of behavior are value-driven; by exploring the connection of values that are connected to making a change, the awareness of internal ambivalence is amplified.

1. This amplification may increase the individual's desire to move toward their deeper values and promote readiness for change.

I. When exploring their ambivalence, individuals will naturally present both change talk (statements favoring change) and sustain talk (statements favoring maintaining the status quo and not making change). It is easy to become stuck in ambivalence.

NOTE: It is the clinician's role to evoke and strengthen change talk statements by utilizing the core MI skills. Hearing oneself voice change talk clarifies internal arguments and increases commitment. The MI process guides individuals to talking themselves into change.

1. The clinician should always respond to change talk by using an "**EARS**" technique:
   a. **E**laborating (i.e., asking for elaboration, more detail, in what ways, an example, etc.)
   b. **A**ffirming (i.e., commenting positively on the person's statement; this may even include a nod of the head, or other nonverbal affirmation as the speaker continues talking)
   c. **R**eflecting (i.e., when the clinician specifically reflects noted change talk which allows the individual to hear their own change talk again, thereby reinforcing it)
   d. **S**ummarizing (i.e., collecting bouquets of change talk)

1). Change talk is self-motivating speech that signals problem recognition, statements of concern about the status quo, optimism for change, and/or intention to change. Different types of change talk can be recalled through the acronym **DARN-CATs**.

a). **D**esire (i.e., statements reflecting want)
b). **A**bility (i.e., statements of self-perceived ability)
c). **R**easons (i.e., specific reasons for change, independent of desire or ability)
d). **N**eed (i.e., general importance or urgency of change, but without specific reasons)
e). **C**ommitment (i.e., statements asserting intent)
f). **A**ctivation (i.e., statements expressing readiness and willingness for change)
g). **T**aking **S**teps (i.e., reporting recent activity toward change)

NOTE: The first four types of change talk (Desire, Ability, Reason, and Need) are preparatory change talk and are most often noted early in the process of contemplating change. The remaining types (Commitment, Activation, and Taking Steps) are mobilizing change talk and are most readily observed when an individual is preparing to plan and embark upon their change journey.

e. Basic MI methods to elicit change talk include:
1). Asking Evocative Questions
2). Asking for Examples
3). Asking for Elaboration
4). Imagining Extremes
5). Looking Forward
6). Looking Back
7). Exploring Goals and Values
8). Using Change Rulers

f. When the engagement process is incomplete, unsuccessful, or lapsed, discord may occur. Discord is interpersonal and signifies a rupture in the relationship. (The concept of "discord" is sometimes referred to as "resistance.") Signals of discord may include defending, squaring off, interrupting, or disengagement.
1). Discord is a signal for the clinician to switch techniques and respond differently.

**Definitions:**

**Motivational Interviewing (MI):** A collaborative, person-centered form of guiding to elicit and strengthen a person's motivation for change (W. Miller), the conversational style of which may be counterintuitive to a provider's instincts to persuade or convince another individual to engage in healthier behaviors (known as the "Righting Reflex"). The Motivational Interviewing approach has been extensively researched since the early 1980's and consistently demonstrates positive and long-lasting outcomes. It relies equally on two

essential and different components: 1) the "spirit" of MI, and 2) the "method" (or techniques). Both components are necessary to the fidelity of MI. MI can also be described as a guiding consumer-focused conversation style for eliciting behavior change by helping consumers, and the individuals who support them, to explore and resolve ambivalence. It is especially effective when working with consumers who are reluctant to change their behavior or are ambivalent about changing by helping them to marshal their own resources and intrinsic motivation so they can move forward in a positive direction.

Motivational interviewing is founded on four main principles to effect behavior change: (1) expressing empathy (or creating a sense of shared understanding), (2) developing discrepancy (or helping consumers recognize how their values are or are not reflected in their behavior), (3) rolling with resistance (or avoiding challenging a consumer's hesitation to change), and (4) supporting self-efficacy (or encouraging the belief that consumers can change their behavior).

**Speaker**: The person undertaking the behavior change. In Motivational Interviewing conversations the facilitator of the conversation (e.g., practitioner) is referred to as the "Listener."

**References:**


A. Center for Substance Abuse Treatment. (2019). *Enhancing Motivation For Change in Substance Abuse Treatment. Treatment Improvement Protocol (TIP) Series 35.* Substance Abuse and Mental Health Services Administration. Rockville, MD.: https://store.samhsa.gov/system/files/pep19-02-01-003_0.pdf

B. Miller, W., Rollnick, S. (2013). *Motivational Interviewing: Helping People Change, Third Edition.* Guilford Press. New York, NY.

C. SCCMHA Policy 02.03.05 – Recovery

D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports


**Exhibits:**

A. SCCMHA Motivational Interviewing: Core Competency Expectations (and Attachments)

B. Readiness Indicators

C. Motivational Interviewing Tip Sheet

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Motivational Interviewing is used to guide conversations with consumers when engagement has not been established or is disrupted, and when the consumer and/or their natural support system is in a pre-contemplative, contemplative, or preparatory stage of change relative to person-centered behavior changes. | 1. SCCMHA Providers |

| | |
|---|---|
| 2. Application of Motivational Interviewing will be coached during clinical consultations when appropriate. | 2. SCCMHA Network Supervisors |
| 3. Direct-service staff will complete Motivational Interviewing basic skills training within 3 months of hire date. | 3. SCCMHA Providers, SCCMHA Training Department, designated trainers |
| 4. Direct-service staff will demonstrate Motivational Interviewing competency within two years of hire date. | 4. SCCMHA Providers, SCCMHA Training Department, designated trainers |

Exhibit A

# SCCMHA Motivational Interviewing: Core Competency Expectations

Updated June 2020

## Who is expected to utilize Motivational Interviewing (MI)?

All SCCMHA Network staff who work directly with consumers toward development and achievement of person-centered goals.

## What are the minimum training and competency requirements for MI?

There are 3 steps:

1. Complete a Motivational Interviewing basic skills training course.
2. Demonstrate proficiency in Motivational Interviewing basic skills.
3. Demonstrate competency in facilitating a Motivational Interviewing conversation.

## What is the basic skills training course? (Step 1)

The MI basic skills training course is a two-day workshop, or equivalent training, which is offered through or pre-approved by the SCCMHA training department; must be completed within 90 days of hire.

## How is basic skills proficiency assessed? (Step 2)

The Video Assessment of Simulated Encounters-Revised (VASE-R) is a written assessment that takes 40 minutes to complete through live group administration or individual online administration at surveymonkey.com/r/MI_Assessment. The VASE-R assesses five skill areas: reflective listening, responding to resistance, providing summaries, eliciting change talk, and developing discrepancy. Assessments are scored by an MI trainer using reliabile scoring protocols. A customized coaching report is returned containing proficiency levels, notes about demonstrated strengths, and suggestions for what to focus on for continued skill growth.

After completing a basic skills training course, staff must complete the basic skills assessment every 90 days until a score level of Proficiency (either beginning or advanced) is obtained.

## How is Motivational Interviewing competency demonstrated? (Step 3)

Staff members who have demonstrated basic skills proficiency will demonstrate full utilization of Motivational Interviewing skills to engage, focus, evoke, and guide a speaker toward a healthy resolution of ambivalence by recording a conversation and submitting it for review. Demonstration recordings can be either be completed with an actor (see Attachment A) or completed with a volunteer acquaintance (see Attachment B). Staff must also complete a self-review as part of submitting their demonstration recording. The first 20 minutes of each conversation will be reviewed and scored by an MI trainer using a validated fidelity tool. A customized coaching report will be returned.

Audio samples must be submitted within two years of hire date and every three months thereafter until an overall score in the “Basic Competency” range or higher is reached.

# Motivational Interviewing Practice and Competency Demonstration

## Standardized Scenarios Option

SCCMHA network members who have completed Motivational Interviewing Training Step 1 and 2 (basic skills workshop and basic skills assessment) may schedule a virtual meeting to practice their skills.

Here's how:

1. Choose one of the standardized scenarios (below).
2. Email Admin@apprecots.com to request a virtual meeting. Include in your email a first and second choice date and start time for meeting and which scenario you have selected. You will receive a confirmation email with a Zoom link.
    - Scheduling options: Any weekday with starting time between 9 AM and 4 PM.
    - Allow 30 minutes for the meeting.
3. At the scheduled time, log in to Zoom and proceed with the interview. The actor will play the part of the ambivalent character and they will record the conversation.
    - You will have up to twenty minutes for the MI conversation.
    - The actor will keep track of the time and will let you know when there are 2 minutes remaining.
    - At the conclusion of the interview, you will be asked some debriefing questions so you can process how it went while it is fresh in your thoughts.

After the call, the recording will be shared with the MI trainers. The trainers will review and email you with feedback and also a transcript of the interview for your own reference.

Qualified SCCMHA network members may utilize this practice support as often as they wish and are encouraged to do so at least once per year to maintain skills. **Completion of this process fulfills all criteria for MI Training Step 3 (competency demonstration).**

## Standardized Scenarios for Motivational Interviewing Practice

1. Chris is an adult consumer who suffers from severe depression and anxiety. They have not held a job in several years, although they have indicated they would like to have a part-time job someday. They spend most of their time alone in their apartment. Chris does not have a set schedule or routines and often misses appointments because (as Chris later reports), they were sleeping after being awake for most of the night. Chris' psychiatrist has advised that they practice good sleep hygiene habits and stick to a daily routine and schedule.
    a. You are about to meet with Chris to follow up on the psychiatrist's recommendation.

    OR

    b. You are about to meet with Chris to explore pursuing employment.

    *(Interviewer choice between 1a and 1b.)*

2. The designated consumer that you work with, Xander, is 4 years old and has a diagnosis of ASD (Autism Spectrum Disorder). Xander doesn't have any functional speech, he primarily moans, cries, and grunts. He is not successful with independent toileting tasks, and he spends hours each day lining his toys up into rows on his bedroom floor. He sleeps very little, and, on several occasions, he has left the house and wandered the neighborhood in the middle of the night. Xander is always "on the go" and will often hit, kick, or scream at adults who attempt to restrain or deny him. One of Xander's parents works full-time and the other is a homemaker, taking care of him, his 6-year-old sister, and his 2-year-old brother.
   Xander has qualified for the Autism Benefit with a recommendation of 20 hours each week of ABA services. Xander's parents have said they only want to sign up for three hours each week because they have too many other things to do with their time and have barriers with getting to the ABA program.

   Evidence-based research protocols suggest that this sub-optimal dose (3 hours instead of 20) is unlikely to be effective. You are about to meet with Xander's parent to discuss signing up for ABA services.

3. Pat has been participating in a skills group to learn how to control their impulsive behaviors when angry. You know that the facilitator of the group is very qualified and receives high ratings of satisfaction from group participants. Participants tend to have good outcome changes (such as fewer conflicts in relationships) after they complete the group. Pat has told you that they think the group is a waste of their time and that all going does is make them angry. You, and the rest of Pat's service team, believe Pat would be happier and closer to reaching their goals if they knew how to control their anger. You are getting ready to talk to Pat about engaging in the group and practicing the coping skills that they have been taught.

4. The consumer you work with, Sally, is a 24-year-old woman with an intellectual disability. Sally has told you that she would like to move out of her highly supervised adult foster-care home and into an apartment with a roommate. She has identified that another consumer at the AFC home where she currently lives would like to do this with her. This is a financially plausible arrangement, and, if she were to participate in Self Determination services, she and her roommate would be able to hire community living supports (CLS) staff to assist with activities of daily living (ADL's) such as cleaning, paying bills, grocery shopping, and cooking. You believe that this living arrangement would be healthy for Sally as it would help her with her goals of increasing her skills and independence and would promote emotional health.
   Sally's legal guardian is her parent. Her parent likes the AFC home where Sally currently lives and believes that Sally needs constant supervision to protect her. When she was younger and in school, Sally was eager to make friends and was often taken advantage of by peers (such as by giving away possessions to get people to like her). Her parent credits the strict structure and supervision of the AFC home with protecting Sally from being exploited.

   You are about to meet with Sally's parent to advocate on Sally's behalf.

# Motivational Interviewing Practice and Competency Demonstration

## Audio Recording Guide

Updated June 2020

## Process

The Motivational Interviewing trainee**,** known here as the "Interviewer," will facilitate a real play with a volunteer "Participant" (co-worker, friend, relative, etc.). The real-play will be audio-recorded and must be a complete conversation that demonstrates Motivational Interviewing. The conversation does not have to end with development of a change plan. However, the Interviewer is expected to utilize the Motivational Interviewing processes to guide the Participant toward healthy resolution of ambivalence.

The Participant will identify something in their life that they are contemplating changing but that they have not yet decided about *(Tip: think New Year's resolutions)* and that they are willing to talk about with the Interviewer. Factual details may be changed, but no impersonations or "drama." The Participant must be 18 years of age or older and should not be in a professional relationship with the Interviewer as a recipient of SCCMHA services.

Any digital audio-recording method may be utilized that can create and share files in one of the following formats: mp3, aac, wav, m4a, wma, mp4, avi, mov, wmv, or mpg. Video files in one of the listed formats will be accepted, but visual recording is not required. Before beginning, do a brief test recording to ensure both the Interviewer and the Participant voices are clearly audible.

The Interviewer and Participant will start the audio recording by identifying themselves and providing consent by reading aloud the following:

***Interviewer:***

- The purpose of creating this recording is for self-evaluation and gaining feedback regarding use of Motivational Interviewing processes and skills.
- The recording will be reviewed by one or more members of the MI training team for the purposes of providing feedback and coaching.
- The recording may be transmitted by email, which is not considered a secure method of transmitting private and personal information.
- A transcript of the recording will be shared with me, the Interviewer, for training purposes.
- Permission for this recording to be shared or reviewed can be revoked at any time by either the Interviewer or Participant emailing MI@apprecots.com.
- The recording will be destroyed after it has served the stated purpose and/or upon request.

I, *[Interviewer First and Last Name]*, consent to be recorded for the purposes just described.

***Participant:***

I, *[Participant First and Last Name]*, consent to be recorded for the purposes just described. I understand that I may refuse to answer any questions or stop participating in this conversation at any time. I may withdrawal my consent at any time and request that the recording be destroyed.

There is no one right way to start the interview. The Interviewer might say something like, "Thank you for agreeing to talk with me today. I understand you have concerns about [dieting/quitting smoking/exercising/going back to school/...]."

Only the first 20 minutes of the conversation will be reviewed. There is no one right way to end the interview, but typically an MI conversation would include a Summary in the wrap-up. (e.g., "We are almost out of time, let me see if I can summarize our discussion today.")

## Submitting Your Audio Recording

Recordings must be submitted electronically by email. Types of sharing include either attachment of a file or an inclusion of a link to a virtual storage address (e.g., Dropbox, Zoom recording).

The subject line of the email should contain the Interviewer's name and the words "MI Step 3 Submission".

The body of the email must contain the following elements of Interviewer tracking information:

1. First and Last Name
2. Work email address
3. Program and/or team
4. Job Title
5. Supervisor's Name

The Self-Assessment must either be completed as a separate typed document or recording and added as an attachment to the email, or the content may be included in the body of the email. **Submissions without a self-assessment will not be reviewed.**

## Self-Assessment

Please provide a thoughtful written or audio-recorded response to each of the following questions and submit with your recorded interview.

1. How did you demonstrate the Spirit of MI (Partnership, Acceptance, Compassion, Evocation)?
2. How did you do with using Reflections to guide the conversation instead of asking Questions?
3. What Change Talk did you hear?
4. What one thing do you wish you had done differently?
5. What did you do in this demonstration that you like best?

## Tips for Using the Supernote Application

*Note: These tips are provided for assistance for those choosing to use the Supernote application. Use of Supernote is not required. Other digital recording formats that can be shared by email or virtual storage are acceptable.*

Your recording can be completed, reviewed, and sent as an email via your phone.



### Supernote: All in One Notepad (Droid)

- Open the Supernote application and click the plus sign at the bottom of the page.
- Click the microphone button.
- Press the circle in the right of the box to begin recording and then the square to stop recording.
- The triangle is used to play the recording.
- At the bottom left corner of the page is an icon that can be used to save and title the recording.
- After saving the recording, go to the top of the page and press the square on the right-hand side that has an arrow inside pointing down and select your recording.

*To send:*

- Click on the three vertical dots on the right-hand corner of the page (not the three vertical dots in the recording box).
- Press share note, then under the microphone icon put a check mark in the box and press ok.
- This will link you to email.

### Supernote: Notes, Recorder, & Photo (iOS)

- Open Supernote and click the plus sign in the right-hand corner of the page.
- Press the microphone icon in the right-hand corner of the page.
- As soon as you tap the microphone, it starts recording. You tap the microphone icon again to stop recording.

*To send:*

- At the bottom of the page, there is a box with an arrow pointing right. Click that icon.
- Then press the envelope icon, which will bring up the email.

Exhibit B

# Readiness Indicators
## Assessing Importance and Confidence

**Importance**

How important is it to you to _____ ?
On a scale of 0 to 10, with 0 being not important & 10 being very important...

0 O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 O
Not at all Somewhat Very

**Confidence**

How confident are you that you could _____, if you decided to? On a scale of 0 to 10, with 0 being not confident at all & 10 being very confident?

0 O 1 O 2 O 3 O 4 O 5 O 6 O 7 O 8 O 9 O 10 O
Not at all Somewhat Very

Invite exploration of components of motivation, such as Importance and perceived Ability for change. Ask "On a scale of 0 to 10, where 0 means 'not at all important' and 10 means 'the most important thing for me right now,' how important would you say it is for you to _____?" (Or change "important" to "able are you to.")

After reflecting on response, ask follow up question: "Why are you a [5] instead of a [3]?" Always position question in direction of moving client TOWARD change rather than against.

An additional follow-up question may be useful. Ask the individual what they think it might take to move up to a higher number. "What would it take for you to go from [current number] to [a slightly higher number]?"

## Readiness Ruler

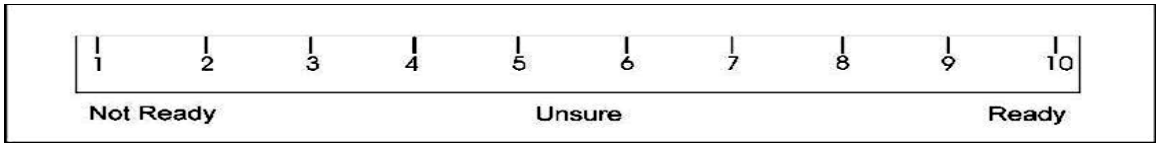
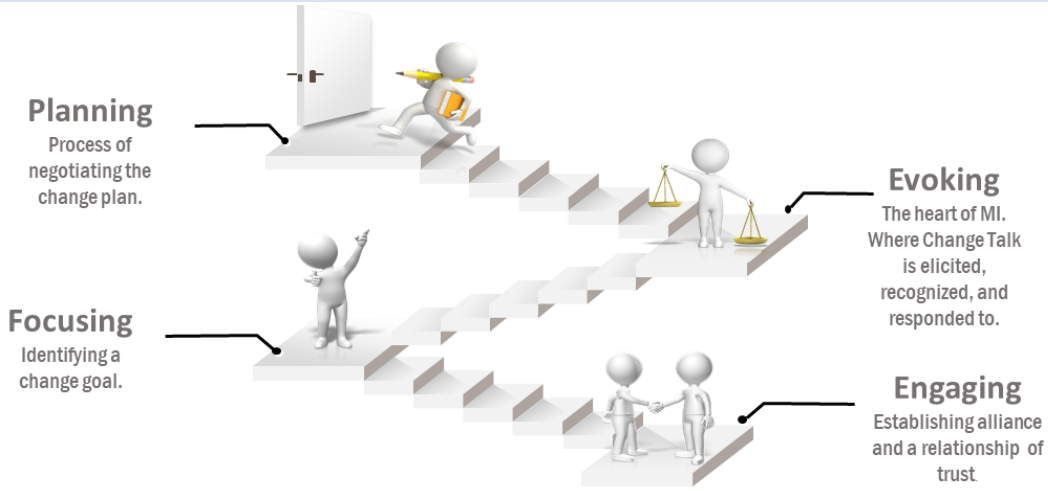


Exhibit C

# MOTIVATIONAL INTERVIEWING TIP SHEET

## MI PROCESSES




## RECOGNIZING CHANGE TALK

**D**esire
**A**bility
**R**eason
**N**eed
**C**ommitment
**A**ctivation
**T**aking **S**teps



## RESPONDING TO CHANGE TALK

**E**licit more
**A**ffirm
**R**eflect
**S**ummarize



## GUIDING LISTENING SKILLS

**O**pen Questions/Curiosity
**A**ffirmations
**R**eflections
**S**ummaries



## THE SPIRIT OF MI

**P**artnership
**A**cceptance
**C**ompassion
**E**vocation

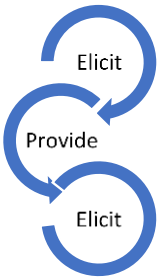


## CIRCUMSTANCES FOR ADVISING OR INFORMING

**P**rovide answer to question
**R**equest permission
**E**mphasize autonomy



## METHOD FOR SHARING INFORMATION



| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: 5 A's (Tobacco use EBP) | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.31 |
| **Effective Date**:<br>4/10/18 | **Date of Review/Revision**:<br>4/9/19, 3/11/20, 4/14/21, 3/9/22, 3/8/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>02.03.40 | **Responsible Director:**<br>Director of Network Services Public Policy & Continuing Education |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:**<br>Mary Baukus, Barbara Glassheim<br><br>**Additional Reviewers**:<br>EBP Leadership Team, |

**Purpose:**
The purpose of this policy is to is promote the use of 5 A's as an expeditious intervention aimed at harm reduction by helping consumers who use tobacco to quit.

**Application:**
This policy applies to SCCMHA-funded providers of services and supports to adults with a mental illness as well those with primary and co-occurring substance use disorders who use tobacco or have a recent history of tobacco use.

**Policy:**
SCCMHA recognizes the prevalence of tobacco use among adult consumers with serious mental illness and the deleterious impact it has on health and wellbeing of smokers and those around them (via secondhand smoke). SCCMHA also recognizes the many immediate and long-term health benefits of quitting. Therefore, SCCMHA encourages providers to become familiar with the 5 A's Intervention and use it, in a trauma-informed manner, to promote healthy behaviors and reduce the use of tobacco among consumers. SCCMHA shall provide training and support for the use of this intervention as resources permit.

**Standards:**
A. The 5 A's Intervention shall be utilized with every consumer who currently smoke or has recently quit smoking.
B. Providers shall deliver The 5 A's in accordance with the model:
    1. **ASK**: At each visit/encounter, ask consumers about their tobacco use.
    2. **ADVISE**: Urge consumers who are using tobacco to quit.

a. Advice should be clear, strong, and personalized.

3. **ASSESS**: Determine the consumer's willingness to make a quit attempt (Stage of change).
   a. Assessment shall include a readiness ruler (i.e., "On a scale of 1 to 10, where 10 is very ready, how ready are you to quit smoking?") or a Stages of Change assessment
4. **ASSIST**: Provide help to move consumers toward a successful quit attempt and develop a quit plan.
   a. Provide brief counseling and medication (if appropriate).
   b. Refer consumers to complementary support resources (e.g., quitlines, Smokefree.gov, SmokefreeTXT, BeTobaccoFree.gov, group counseling)
   c. Use the 5R's for consumers who are unwilling to quit in an effort to enhance motivation to quit:
      1). RELEVANCE: Discuss why and how quitting is relevant to the consumer; encourage the consumer to indicate how quitting is personally relevant to him/her
      2). RISKS: Discuss the risks the consumer is taking by smoking; encourage the consumer to identify the potential negative consequences of tobacco use that are relevant to him/her
      3). REWARDS: Identify the rewards the consumer would benefit from by quitting; ask the consumer to identify the potential benefits of quitting
      4). ROADBLOCKS: Address the roadblocks the consumer will face and help find a way around them; ask the consumer to identify barriers or impediments to quitting and provide or arrange for treatment (problem-solving counseling, medication) that could address barriers
      5). REPETITION: Review the 5 A's at every visit; repeat the assessment of readiness to quit as long as needed.
5. **ARRANGE**: Follow-up contact with the consumer.
   a. Arrange for additional support services as needed.

**Definitions:**

**The 5 A's** (ask, advise, assess, assist, arrange) is a brief, goal-directed, evidence-based intervention to address tobacco use with consumers that aims to meet tobacco users' needs in terms of readiness to quit. Altogether, the 5 A's may take 1 to 5 minutes, depending on a provider's clinical setting and roles. The 5 A's do not need to be applied in a rigid manner, and an entire office/clinical staff may be involved to support tobacco users. The 5 A's has been adapted for other conditions including alcohol use, obesity and physical activity counseling.

**References:**

A. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

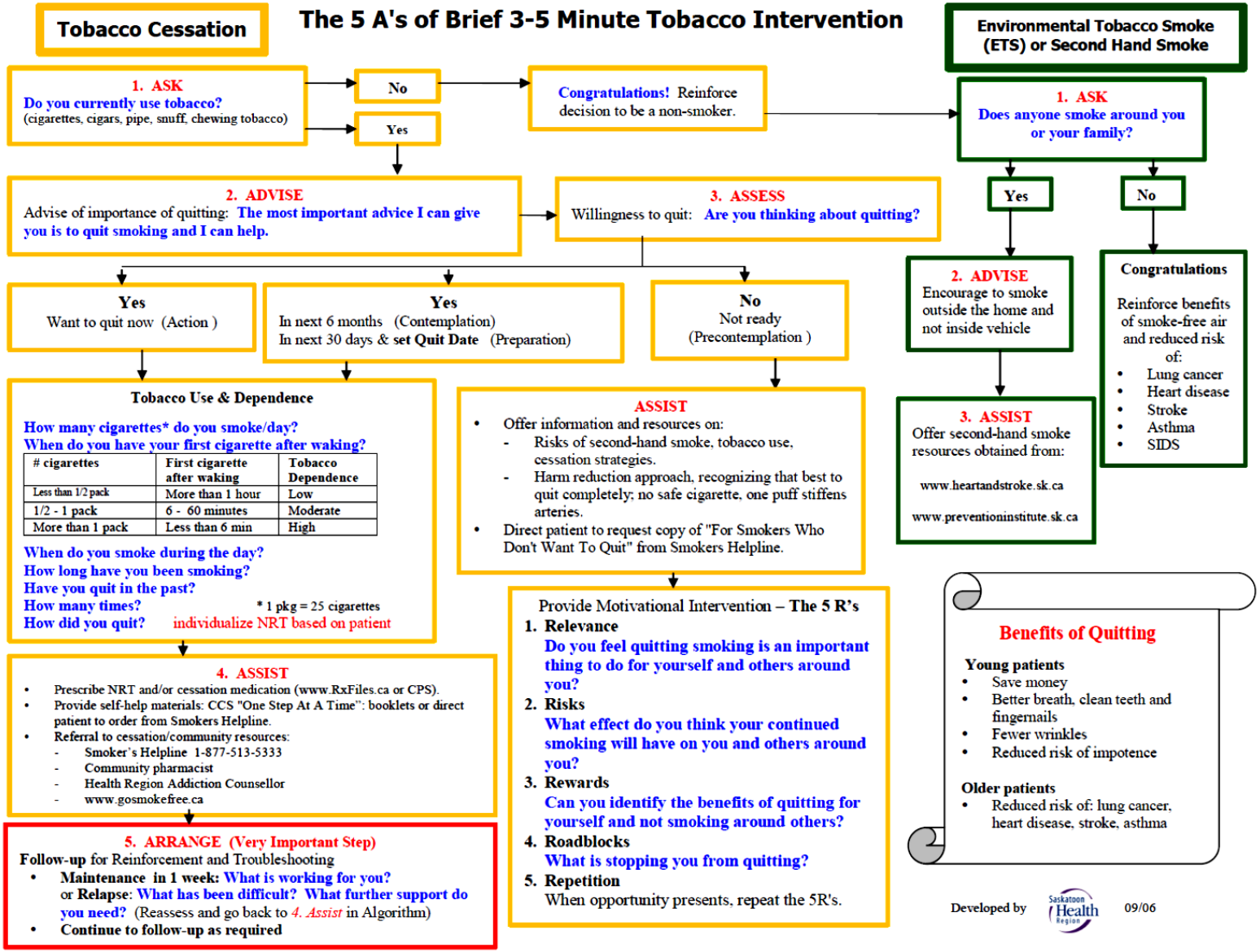
C. World Health Organization. (2014). *Toolkit for delivering the 5A's and 5R's brief tobacco interventions in primary care*. Toolkit for delivering the 5Aís and 5Rís brief tobacco interventions in primary care_Mise en page 1 (who.int)

**Exhibits:**

A. The 5 A's of Brief 3–5 Minute Tobacco Intervention Flow Chart (Saskatoon Health Region, 09/06)

**Procedure:**
None

Exhibit A


Tobacco Cessation
The 5 A's of Brief 3-5 Minute Tobacco Intervention
1. ASK
Do you currently use tobacco?
(cigarettes, cigars, pipe, snuff, chewing tobacco)
No
Yes
Congratulations! Reinforce decision to be a non-smoker.
2. ADVISE
Advise of importance of quitting: The most important advice I can give you is to quit smoking and I can help.
3. ASSESS
Willingness to quit: Are you thinking about quitting?
Yes
Want to quit now (Action )
Yes
In next 6 months (Contemplation)
In next 30 days & set Quit Date (Preparation)
No
Not ready
(Precontemplation )
Tobacco Use & Dependence
How many cigarettes* do you smoke/day?
When do you have your first cigarette after waking?
# cigarettes | First cigarette after waking | Tobacco Dependence
Less than 1/2 pack | More than 1 hour | Low
1/2 - 1 pack | 6 - 60 minutes | Moderate
More than 1 pack | Less than 6 min | High
When do you smoke during the day?
How long have you been smoking?
Have you quit in the past?
How many times?
How did you quit?
* 1 pkg = 25 cigarettes
individualize NRT based on patient
4. ASSIST
Prescribe NRT and/or cessation medication (www.RxFiles.ca or CPS).
Provide self-help materials: CCS "One Step At A Time": booklets or direct patient to order from Smokers Helpline.
Referral to cessation/community resources:
Smoker's Helpline 1-877-513-5333
Community pharmacist
Health Region Addiction Counsellor
www.gosmokefree.ca
5. ARRANGE (Very Important Step)
Follow-up for Reinforcement and Troubleshooting
Maintenance in 1 week: What is working for you?
or Relapse: What has been difficult? What further support do you need? (Reassess and go back to 4. Assist in Algorithm)
Continue to follow-up as required
ASSIST
Offer information and resources on:
Risks of second-hand smoke, tobacco use, cessation strategies.
Harm reduction approach, recognizing that best to quit completely; no safe cigarette, one puff stiffens arteries.
Direct patient to request copy of "For Smokers Who Don't Want To Quit" from Smokers Helpline.
Provide Motivational Intervention – The 5 R's
1. Relevance
Do you feel quitting smoking is an important thing to do for yourself and others around you?
2. Risks
What effect do you think your continued smoking will have on you and others around you?
3. Rewards
Can you identify the benefits of quitting for yourself and not smoking around others?
4. Roadblocks
What is stopping you from quitting?
5. Repetition
When opportunity presents, repeat the 5R's.
Environmental Tobacco Smoke (ETS) or Second Hand Smoke
1. ASK
Does anyone smoke around you or your family?
Yes
No
2. ADVISE
Encourage to smoke outside the home and not inside vehicle
3. ASSIST
Offer second-hand smoke resources obtained from:
www.heartandstroke.sk.ca
www.preventioninstitute.sk.ca
Congratulations
Reinforce benefits of smoke-free air and reduced risk of:
Lung cancer
Heart disease
Stroke
Asthma
SIDS
Benefits of Quitting
Young patients
Save money
Better breath, clean teeth and fingernails
Fewer wrinkles
Reduced risk of impotence
Older patients
Reduced risk of: lung cancer, heart disease, stroke, asthma
Developed by
Saskatoon Health Region
09/06

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Cognitive-Behavior Therapy for Hoarding Disorder (CBT for HD) | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.37 |
| **Effective Date**: 6/13/17 | **Date of Review/Revision**: 4/10/18, 4/9/19, 4/14/21, 3/9/22, 3/8/23<br>**Supersedes**: 02.03.27 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br>**Authored By**: Mary Baukus, Barbara Glassheim<br>**Additional Reviewers**: EBP Leadership Team |

**Purpose:**
The purpose of this policy is to delineate a framework for the use of Cognitive-Behavior Therapy for Hoarding Disorder (CBT for HD).

**Policy:**
A. Providers who have been trained and privileged to provide CBT for HD model shall use this intervention for consumers with HD.
B. CBT for HD shall be made available to consumers as resources permit.
C. CBT for HD shall be provided in a trauma-informed manner with empathy, compassion, hopefulness and positive regard for each consumer with HD.

**Application:**
This policy applies to all SCCMHA-funded providers.

**Standards:**
A. Clinicians and peers, including CHWs (Community Health Workers) who provide CBT for HD shall receive SCCMHA-approved training prior to the provision of treatment to consumers.
B. CBT for HD shall be provided inclusive of the following components in order to maintain fidelity to the model.
    1. Assessment, using a validated instrument (e.g., Clutter Image Rating Scale).
        a. The assessment shall include pictures of the home.
            (1). Said photos shall be made part of the consumer's electronic health record.

2. Case formulation to develop an individualized model that explains the function (i.e., the how and why) of hoarding for the consumers (e.g., personal and family vulnerabilities, information-processing difficulties, beliefs about and attachment to possessions, emotional reactions, and reinforcement of the behavior)
3. Goal-setting: Treatment goals shall be developed collaboratively with the consumer and may include:
    a. Increasing the consumer's understanding of hoarding
    b. Creating living space
    c. Expanding the appropriate use of space
    d. Organizing items in order to make them more accessible
    e. Improving decision-making skills
    f. Reducing acquiring
    g. Evaluating beliefs about possessions
    h. Reducing clutter
    i. Learning problem-solving skills
    j. Preventing hoarding in the future
4. Psychoeducation about hoarding and the cognitive-behavioral model of HD shall be provided to the consumer along with a discussion about treatment and its effects.
    a. An individualized model of the disorder shall be formulated.
5. Motivational interviewing shall be provided to enhance motivation for change by helping consumers deal with ambivalence, recognize problems, self-motivate for change, make a plan, and take immediate steps to be effective in their new intentions
6. Cognitive therapy that includes treatment for organization problems, helping the consumer to reduce the number of categories and locations for saved items as well as categories for unwanted items shall be provided.
    a. Cognitive therapy shall include cognitive restructuring to help consumers recognize, challenge, and ultimately change patterns of faulty thinking including beliefs about possessions.
7. Skills training sessions shall be provided and include organizing, decision-making, as well as problem-solving skills that incorporates the following steps:
    a. Defining the problem
    b. Generating as many solutions to the problem as possible
    c. Evaluating the solutions and choosing one or two that seem likely to work
    d. Breaking the solution into manageable steps
    e. Implementing the steps
    f. Evaluating the results
    g. Starting the process again if the problem is not resolved
8. Exposure and practice sorting, discarding, and non-acquisition (e.g., "non-shopping" trips to the store) shall be provided including Exposure and Response Prevention (ERP) treatment.

9. Relapse prevention shall include a collaborative review of the treatment process, symptoms, and interventions with the consumer who will be prompted to identify strategies that have been effective, and they will continue to use to prevent relapse.
10. Booster sessions following the cessation of treatment may be provided to help consumers maintain gains and to cope with specific setbacks.

C. CBT for HD may be provided in a group format or on an individual basis.
D. Family members/natural support systems and relevant community agencies shall be engaged when feasible and appropriate in the treatment of consumers with HD.
1. Privacy and confidentiality laws and regulations shall be adhered to when sharing consumer information with others.

**Definitions:**

**Cognitive Behavior Therapy for Hoarding Disorder (CBT for HD)** is a manualized, multi-component twenty-six session evidence-based intervention that is conducted over the course of six to twelve months and includes office and home visits, It incorporates: motivational interviewing to address low insight and limited motivation; decision-making training to improve cognitive processing; exposure to reduce negative emotions associated with discarding and resisting acquiring; and cognitive restructuring to alter distorted beliefs.

**Exposure and Response Prevention (ERP)** is an evidence-based, treatment that consists of controlled and prolonged exposure to the objects or situations that trigger an anxiety while preventing the habitual response.

**Hoarding Disorder** is characterized by the acquisition of and failure to discard or part with possessions regardless of the value attributed to those possessions by others, even those that appear to be useless or of limited value, resulting in cluttered living spaces and significant distress and impairment in functioning.

**References:**

A. *Saginaw County First Responder's Guide for Behavioral Interventions, 4th Edition*. (February 2018). 5.4 Saginaw Hoarding Task Force, pp.120-122: https://www.sccmha.org/userfiles/filemanager/12403/
B. Saginaw Hoarding Task Force: http://hoardingtaskforcesaginaw.org/index.html
C. SCCMHA. (2016). *Hoarding Disorder: A Guide to Effective Interventions*: http://hoardingtaskforcesaginaw.org/
D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EBPs)
E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

A. HD Treatment Components (from SCCMHA's *Guide to Effective Interventions for HD*)
B. Saginaw County Community Mental Health Clinical Protocol for Working with Individuals with Hoarding Disorder
C. Saginaw Community Care HUB Hoarding Disorder Referral Flow Chart
D. SCCMHA/Saginaw Hoarding Task Force HOARDING SERVICES FLOW CHART

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Screen the consumer for HD.<br>Assess the consumer's motivation to address the hoarding.<br>Offer CBT for HD to the consumer if they are receptive.<br>Request authorization for CBT for HD if the consumer is amenable to treatment.<br>Address motivation for treatment if the consumer is not amenable and offer treatment every 6 months if consumer declines. | Case Holder/Treatment Team Members |
| Conduct CBT for HD in accordance with the model. | CBT for HD Clinician/CHW |
| Monitor fidelity to the CBT for HD treatment protocol. | SCCMHA EBP Leadership Fidelity Review Team |

Exhibit A

# HD Treatment Components

- **Assessment and Case Conceptualization**
  - Start with client's explanation
  - Add features based on interview and experimentation
  - Identify feelings, beliefs, core beliefs
  - Connect these to acquiring and saving behavior and clutter
  - Link vulnerabilities to feelings, beliefs and behaviors
  - Do functional analyses of individual features
- **Establishment of Personal Goals and Values**
  - Values
    - What does the client care most about? (e.g., family, friends, honesty, achievements, etc.)
  - Personal goals
    - What does the client most want to do in the remainder of his/her life?
    - Refer to personal goals and values throughout treatment to clarify ambivalence and increase motivation
- **Psychoeducation**
  - Education about cognitive-behavioral model of hoarding
  - Discussion of treatment and its effects
  - Personalized model-building
- **Motivational Interviewing/Motivational Enhancement**
  - Recognize ambivalence
  - Enhance ambivalence
  - Resolve ambivalence
  - Reinforce change talk and action
- **Skills Training for Organizing and Problem-Solving (Cognitive Rehabilitation)**
  - Manage attention/distraction
  - Teach problem-solving skills:
    Problem-solving steps:
    1. Identify/define the problem
    2. Generate as many solutions as possible
    3. Evaluate solutions & select one or two that seem feasible
    4. Divide solutions into manageable steps
    5. Implement the steps
    6. Evaluate the outcome
    7. Repeat the process until a good solution is found
- **Cognitive Therapy**

- ▣ Identify common thinking errors
  - All-or-nothing thinking (e.g., Most, everything, nothing)
  - Overgeneralization (e.g., Always, never)
  - Jumping to conclusions (e.g., I will need this just as soon as I do not have it anymore)
- ▣ Identify distorted beliefs
  - Listen closely to statements during acquiring and discarding tasks
  - Use the Downward Arrow technique:

    What would happen if you threw that out?

    "I'll never find it again."

    Why would that be so bad?

    "I would lose an opportunity."

    What would be so bad about that?

    "I'd be stupid for not taking advantage of an opportunity."

    What's the worst part about that?

    "Just that, I'd be a stupid person."

    Downward Arrow 2:

    It sounds like you are worried that if you threw this out, that would mean you were a stupid person. Let's take a look at that idea.

    "I guess I never thought about it. I do worry about doing something stupid."

    Sounds like you also worry that you might be a stupid person. Does that seem right?

    "Yeah, I guess so. All through school…."
- ▣ Evaluate and challenge beliefs
  - Standard questions to challenge beliefs (e.g., How many do you already have? Do you have a plan for its use?)
  - Socratic questioning to examine the beliefs (e.g., How well could you cope without having this? How distressing would it be?)
  - Other cognitive strategies (e.g., advantages/disadvantages; taking another perspective: distinguishing need versus want)
  - Behavioral experiments

### ▣ Sorting/discarding/categorizing

- ▣ Develop a hierarchy of increasingly difficult items for sorting, ranked from easy to hard

  Remind the client that:

  - ✓ Discomfort is expected
  - ✓ Tolerating discomfort allows progress on clutter
  - ✓ Reduction in anxiety and other negative emotions comes only through confronting them via exposure activities
- ▣ Select the target area and the type of possession
  - Create categories for this type of possession
- ▣ Work in easier locations first (with highest motivation)

- Work on easier objects first; set aside harder objects into box labeled "to be sorted later"
  - Continue cleanout until the target area clear
  - Plan the appropriate use of cleared area
  - Create a plan for preventing new clutter to area
- Gradually reduce therapist assistance in making decisions

- **Categorizing and Sorting Items:**
  - Clients must think aloud when sorting
  - OHIO (Only Handle It Once)
  - Categorize unwanted items:
    - Trash, recycle, donate, sell, and undecided
    - Develop a list of items to be removed
    - Develop an action plan for removing items
  - Define categories for saved objects (non-paper):
    - Keep similar items together ("like with like")
    - Choose a limited number of locations for each category
    - Help client select final locations for categories of items
  - Categorizing and filing paper:
    - Help the client identify where to store paper
    - Determine the materials needed to organize paper
    - Ensure each paper category is included in the filing system
    - Make categories for mail, newspapers, magazines

- **Establish Personal Rules for Saving and Acquiring:**

I must have:

- ✓ an immediate use for it
- ✓ time to deal with it appropriately
- ✓ money to afford it comfortably
- ✓ space to put it
- ✓ … [others]

- **Questions to Challenge Acquiring:**

  - ✓ Do I need it?
  - ✓ How many do I already have?
  - ✓ Do I have an immediate use for this?
  - ✓ Have I used this in the last year?
  - ✓ Do I have a plan to use this?
  - ✓ Can I manage without it?
  - ✓ Can I get it elsewhere?
  - ✓ Do I want it taking up space in my home?
  - ✓ Does buying/keeping this help meet my personal goals?
  - ✓ Will not buying/getting rid of this help my hoarding problem?

- ✓ Is this truly important or do I want it just because I was looking at it?
- ✓ What are the advantages and disadvantages of acquiring this?

## Practice and Homework

- Collect a box or bag of items from home to bring to the office
- Work from easier to harder items
- Sort similar items at home between sessions
- As skills are gained, bring in only difficult items to sort in office
- Make sure sorted items are moved to storage locations or out of home

## Relapse Prevention

- Review progress
- Plan strategies to continue progress
- Identify therapy methods that worked best
- Anticipate stressors, setbacks and lapses
- Plan strategies to deal with setbacks and determine resources for the future
- Discuss end-of-treatment concerns
- Review all skills and techniques
- Review rules and establish future rules
- Develop strategies to continue self-work
- Identify social support and pleasurable maintenance activities
- Develop strategies for setbacks
- Schedule booster sessions

Exhibit B

# Saginaw County Community Mental Health Clinical Protocol for Working with Individuals with Hoarding Disorder

- Treatment for individuals with hoarding disorders will be provided through specifically selected therapists through the enhanced outpatient program.
- A clinical diagnosis of Hoarding Disorder as outlined in the DSM-V must be present to provide hoarding specific services.
- Before therapy begins, there should be an authorization request made by one of the above-mentioned therapists for hoarding disorder treatment through SCCMHA care management.
    - If there is other individual therapy currently occurring by another provider, the current therapy provider should either transfer the case or step aside from the case until the treatment for the hoarding disorder is completed (having two therapists may be overwhelming or confusing to the consumer).
- The Evidence-Based Treatment for individuals with hoarding disorder is CBT for hoarding. The book and workbook Treatment for Hoarding Disorder (Therapist Guide and accompanying workbook) by Gail Steketee and Randy O. Frost is the endorsed treatment model by SCCMHA for the treatment of hoarding disorder. These books should be read by the therapist before beginning treatment.
    - Adjunct books such as: Buried in Treasures (Tolin, Frost, and Steketee) and Stuff (Frost, and Steketee) are also recommended as needed during the treatment process.
- CBT for hoarding (outlined in Treatment for Hoarding Disorder: therapist guide) recommends 26 weekly sessions, spaced over a period of 6 months-this number may vary in some cases.
    - It is also recommended that every 4th session occur in the home with the first home session being recommended to occur by the 2nd session. The in-home sessions may take up to 2 hours to complete.
- Initial hoarding assessment scales should be used, particularly the Clutter Image Rating Scale (CIR), (located on pg. 217 of the Therapist guide and 17 of the consumer workbook)
    - There are also scales related to safety, daily living, and home environment that are highly recommended.
    - The hoarding interview may also be a useful tool for clinicians in the initial assessment phase of treatment
        - These forms and assessments are located in the appendix of the therapist guide.
- If pictures are being taken of the consumers house to determine severity and progress they must be scanned into the Medical Record

- Community Health Workers (CHWs) will be playing an important role in the treatment of consumers with hoarding disorder; acting as a coordinator and a case manager for community services and possible cleanout related to the housing conditions.
    - CHWs should be working closely with the therapist and the consumer as a coach (Mentioned in the therapist guide) to help with encouragement in treatment throughout the process of change.
- It is recommended that all therapists and CHW's working with persons with hoarding disorder have a base knowledge in hoarding 101 and motivational interviewing.
    - The clinicians working with persons with hoarding disorder should also have a base knowledge of cognitive behavior therapy (CBT).
- There will be a treatment for hoarding disorder privileging process that all practitioners working with individuals with hoarding disorders will be required to go through.

Exhibit C

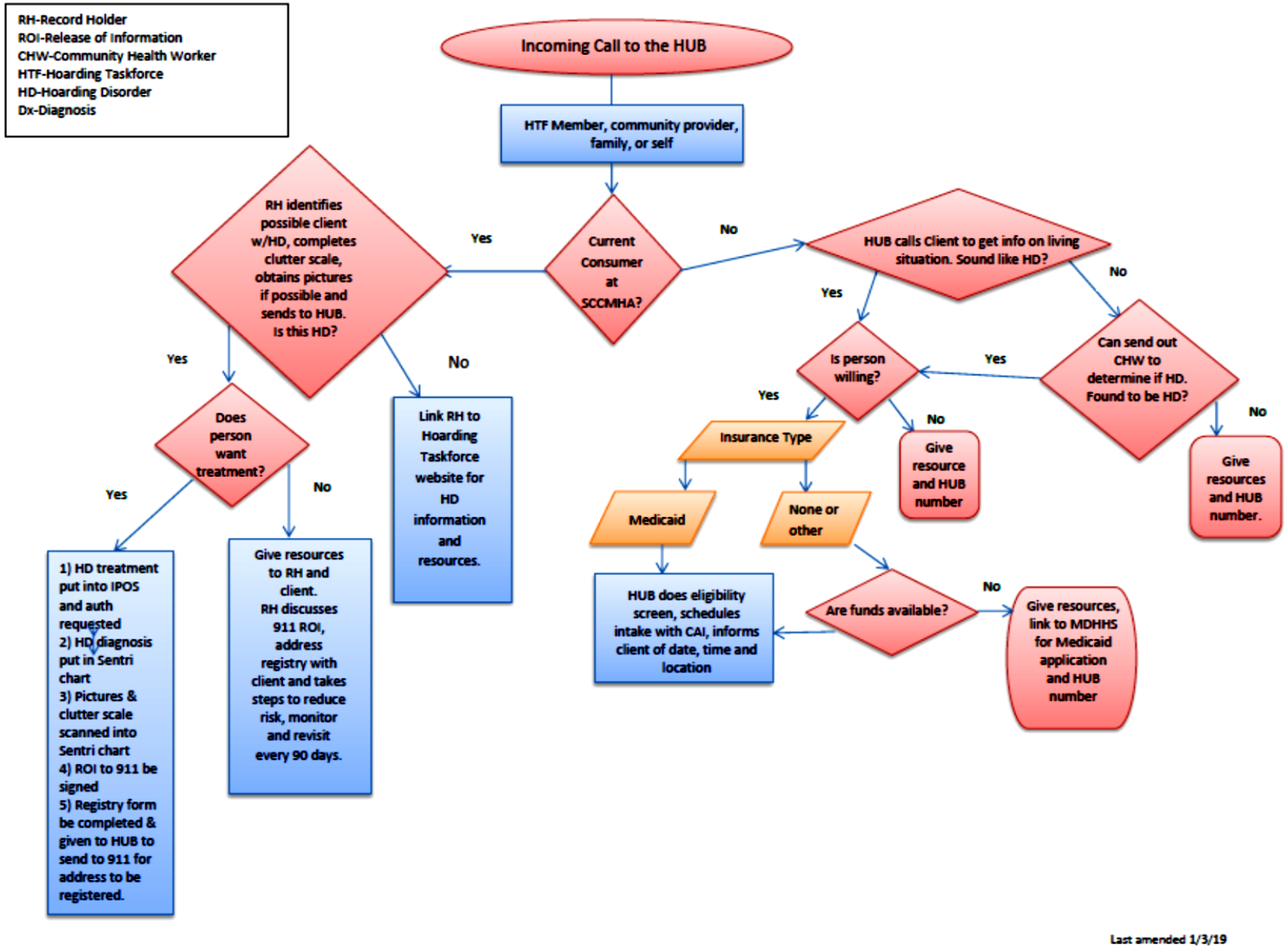

RH-Record Holder
ROI-Release of Information
CHW-Community Health Worker
HTF-Hoarding Taskforce
HD-Hoarding Disorder
Dx-Diagnosis
Incoming Call to the HUB
HTF Member, community provider, family, or self
Current Consumer at SCCMHA?
Yes
No
RH identifies possible client w/HD, completes clutter scale, obtains pictures if possible and sends to HUB. Is this HD?
Yes
No
Does person want treatment?
Yes
No
1) HD treatment put into IPOS and auth requested
2) HD diagnosis put in Sentri chart
3) Pictures & clutter scale scanned into Sentri chart
4) ROI to 911 be signed
5) Registry form be completed & given to HUB to send to 911 for address to be registered.
Give resources to RH and client. RH discusses 911 ROI, address registry with client and takes steps to reduce risk, monitor and revisit every 90 days.
Link RH to Hoarding Taskforce website for HD information and resources.
HUB calls Client to get info on living situation. Sound like HD?
Yes
No
Is person willing?
Yes
No
Insurance Type
Medicaid
None or other
HUB does eligibility screen, schedules intake with CAI, informs client of date, time and location
Are funds available?
No
Give resources, link to MDHHS for Medicaid application and HUB number
Give resource and HUB number
Can send out CHW to determine if HD. Found to be HD?
Yes
No
Give resources and HUB number.
Last amended 1/3/19

Exhibit D

**SCCMHA/Saginaw Hoarding Task Force**
**HOARDING SERVICES FLOW CHART**

| ***SCREENING & INFORMATION*** → | ***→ELIGIBLITY DETERMINATION & ASSESSMENT*** → | ***→TREATMENT PROVISION*** |
|---|---|---|
| ●SCCMHA publishes/posts hoarding number/website address for information<br>●SCCMHA publishes brochure for community on specific services<br>●SCCMHA HUB Responds to Calls – and takes action depending upon caller/need (family/friend/neighbor, law enforcement/first responder, other)<br>●Caller given general information<br>●Clutter tool Screening by Community Health Worker or other if/when appropriate – HUB will deploy CHW as appropriate – CHW may use other contacts to gain access, "Officer asked me to call."<br>●Notice to Central Dispatch for property registry if/when appropriate – real or potential issue, check is address is on the list or put on the list<br>●Notice to municipality/police if/when appropriate/serious situation<br>●Referral to Crisis Intervention Services if appropriate<br>●Referrals for other services?<br>●HUB to track calls/referrals/services (number, referral sources, disposition, etc.) | ●Crisis Intervention Services Screening for Urgent/Petition Status<br>●SCCMHA screening for Enhanced Outpatient services eligibility<br>●Since Enhanced Outpatient providers can do decentralized intake, referrals to the HUB may come from any of the four providers<br>●SCCMHA Central Access & Intake – oversees SCCMHA service eligibility, early intervention and screening/assessment<br>●SCCMHA Care Management – oversees assignment of provider and authorization for services<br>●Determination of other service providers/home visitor involvement/history of contact (MDHHS/APS/CPS, first responders, etc.)<br>●Existing SCCMHA consumers can be referred for hoarding treatment with Care Management Authorization<br>●Revisit of services offered if first declined – every 90 days<br>●Serious hoarding conditions require municipality contact and coordination | ●Referrals made to Saginaw Psychological Services or Training and Treatment Innovations for clinical services under SCCMHA Enhanced Outpatient benefit<br>●Non-Medicaid/Healthy MI covered by special funds as available<br>●Services may include Community Health Worker supports or other to assist with clean out (and other social determinants of health needs)<br>●Arrangements with DHHS and/or municipality for clean out funds/contracts and monitoring<br>●Services will be authorized for 6+months<br>●Evidence-based practice therapy and in-home interventions will be provided<br>●Plan of service will denote progress in behavior/home conditions<br>●Use of photos to depict progress, scan pictures into health record on progress<br>●Post treatment follow up in 6 months |

June 2016

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Learning About Healthy Living Tobacco and You (LAHL) | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.38 |
| **Effective Date**: 6/13/17 | **Date of Review/Revision**: 4/10/18, 4/9/19, 4/14/21, 3/9/22, 3/8/23<br>**Supersedes**: 02.03.28 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br>**Authored By**: Mary Baukus, Barbara Glassheim<br>**Additional Reviewers**: EBP Leadership Team |

**Purpose:**
SCCMHA recognizes the multiple adverse impacts of tobacco use on consumers and therefore supports and promotes the utilization of interventions that aim to reduce and eliminate tobacco use among consumers as part of the organization's health and wellness programming.

**Policy:**
A. Consumers who use tobacco shall, in a trauma-informed manner, be routinely asked about their desire to reduce or stop using tobacco and shall be encouraged to engage in harm reduction activities including eliminating or reducing their use of tobacco products.
B. Adult mental health consumers shall be routinely offered the opportunity to participate in the Learning About Healthy Living Tobacco and You (LAHL) program when it is available at the SCCMHA-funded drop-in center.
C. Adult mental health consumers shall also be offered combination treatment that includes pharmacotherapy (e.g., nicotine replacement medications, bupropion SR, and varenicline) and counseling (e.g., the 5 As, which is described below).

**Application:**
This policy applies to SCCMHA-funded providers of services and supports to adult consumers with a serious mental illness who use tobacco.

**Standards:**
A. Consumers will be screened for tobacco use.

B. Case Holders are encouraged to educate consumers about the hazards of tobacco use.
    1. Case Holders are encouraged to use motivational interventions such as the 5 As for Brief Intervention (ask, advise, assess, assist, arrange follow-up), when discussing tobacco use with consumers. (See Exhibit B)

C. Consumers shall be provided with an opportunity to complete a self-report tobacco use assessment prior to starting LAHL.
    1. Consumers may also complete other health-oriented assessments at the discretion of SCCMHA and/or the LAHL facilitator.

D. Consumers who are referred to LAHL should be psychiatrically stable, not currently experiencing a crisis and, ideally, not actively abusing substances other than tobacco.
    1. Persistent symptoms (e.g., depression, mood instability, or psychosis) shall not preclude participation when the consumer is in a stable psychiatric state.

E. LAHL groups shall be made available to consumers in accordance with their stage of change.
    1. Group I: Learning about Healthy Living, an educational and motivational based intervention, shall be targeted to all consumers who smoke.
        a. The focus shall be on helping consumers to gain knowledge and insight as part of an effort to help them consider moving toward a tobacco-free lifestyle.
        b. This group shall cover other issues related to healthy living including, but not limited to, nutrition, physical activity, and stress management.
        c. This group will provide consumers with detailed information regarding the risks associated with smoking, what is in cigarettes, the benefits of quitting smoking, ways to quit smoking, and general healthy lifestyle behaviors that can assist them in quitting smoking.
        d. This group shall be provided in an open-ended format with rolling admission and shall not be time limited.
            1). Consumers may continue attending Group I as long as they desire and will only advance to Group II when they have decided they are ready to take action to quit smoking.
            2). Group I membership may have mixed membership and, as such, include members who are ambivalent about quitting as well as those who may not even express a desire to quit.
    2. Group II: Quitting Smoking, an action-based treatment which emphasizes techniques for quitting in an effort to improve success and minimize the risk of relapse, shall be targeted to consumers who are ready to try to quit smoking.
        a. Group II shall be provided in a closed group format.
        b. Group II shall be conducted once a week for eight to ten weeks.
        c. This group must be comprised of a minimum of four participants who are committed to quitting.

d. Although most consumers will have completed Group I as a pre-requisite to participating in Group II, those who are ready to quit may begin LAHL with Group II.

F. Facilitators shall adhere to the LAHL curriculum as explicated in the program manual (referenced below) when conducting LAHL groups in order to maintain fidelity to the program model.

**Definitions:**

**Learning About Healthy Living Tobacco and You (LAHL)** is a manualized, facilitator-led, group-based intervention for consumers with mental health problems who use tobacco.

**References:**

A. Learning about Healthy Living: Tobacco and You Program Manual: http://hd.ingham.org/Portals/HD/Home/Documents/eh/Tobacco/Tobacco%20and%20You/Maunal_LearningAboutHealthyLivingNJDental2012.pdf
B. SCCMHA. *A Guide to Evidence-Based Wellness Practices*. 2016
C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
E. SCCMHA Policy 02.03.25 – Wellness
F. SCCMHA Policy 02.03.09.31 – 5 A's

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Screen the consumer for tobacco use.<br>Assess the consumer's motivation to quit using tobacco.<br>Inform the consumer about the hazards of tobacco use.<br>Offer LAHL to the consumer if they use tobacco.<br>Refer the consumer to the drop-in center for LAHL. | Case Holder/Treatment Team Members |
| Conduct LAHL groups in accordance with the goals, objectives, and suggested approaches as specified in in the Learning about Healthy Living: Tobacco and You Program Manual | Friends for Recovery Center staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Teach-Back</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.39</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/13/17</td><td>Date of Review/Revision:<br>4/10/18, 4/9/19, 4/14/21, 3/9/22, 03/8/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>EBP Leadership Team</td></tr>
<tr><td>Supersedes:<br>02.03.36</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to encourage the use of Teach-Back in order to help consumers and families derive maximum benefit from the services and supports available to them as well as ensure informed consent to interventions or treatment regimens.

**Policy:**
Studies have shown that forty to eighty percent of the medical information received during office visits is forgotten immediately and nearly half of the information retained is incorrect. Providers shall use Teach-Back, in a trauma-informed manner, with consumers and families in an effort to improve consumer and family understanding of diagnoses, treatments, and interventions in order to enhance adherence to treatment regimens and maximize opportunities for beneficial outcomes.

**Application:**
This policy applies to all SCCMHA-funded providers.

**Standards:**
A. SCCMHA shall offer training in the Teach-Back method to its provider network as resources permit.
    1. Teach-Back shall be deemed a foundational practice.
        a. Providers shall work to become proficient in the use of the Teach-Back method.

B. Providers shall use Teach-Back when explaining an important concept (e.g., treatment options, medications, adherence to a treatment plan) or demonstrating how to perform a healthcare related activity.

C. Providers shall adhere to the core elements of Teach-Back:
   1. Speaking slowing and using eye contact as well as a caring tone of voice and attitude
   2. Displaying comfortable body language and making eye contact
   3. Explaining things clearly and in plain language (i.e., avoiding the use of medical jargon and vague directions)
   4. Asking the consumer to explain what they heard from the provider using their own words (rather than asking whether they understood what was said or having them parrot what they heard)
   5. Using open-ended questions that start with "what" or "how" and avoiding questions that can be answered with a simple "yes" or "no"
   6. Emphasizing that the responsibility to explain rests clearly with the provider (rather than the consumer)
   7. Explaining the information again and re-checking in all instances when the consumer is unable to teach the material back correctly
      a. Rephrasing what was told to the consumer/family or re-teaching the material in a different manner and asking them to repeat back what was stated to them in order to increase comprehension
   8. Using reader-friendly print materials to support learning
   9. When appropriate, asking consumers to demonstrate how to do something (e.g., check their blood pressure or take their medications) – the **show-me method**.
   10. Documenting the use of and the consumer's response to Teach-Back in the consumer's electronic health record

D. Providers who wish to evaluate their Teach-Back skills can use the Conviction and Confidence Scale (Exhibit A) and the Teach-Back Observation Tool (Exhibit B) to assess how they are implementing it in everyday practice.

**Definitions:**

**Health Literacy:** The ability to receive, understand, and act on health information to make informed health care decisions. Health literacy includes: reading/comprehension, writing, listening, speaking, numeracy, communication/interaction, and problem-solving skills.

**Teach-Back:** A research-based health literacy intervention that has been found to improve patient-provider communication and patient health outcomes that is a communication technique designed to help consumers remember and understand important information regarding their diagnosis, treatment, or medication. It entails asking consumers to recall and then explain or demonstrate the important information discussed during an interaction with their health care team.

**References:**

A. Agency for Healthcare Research and Quality (AHRQ). *Teach-Back: Implementation Quick Start Guide*:

https://www.ahrq.gov/sites/default/files/wysiwyg/professionals/quality-patient-safety/patient-family-engagement/pfeprimarycare/TeachBack-QuickStartGuide.pdf

B. Merck & Company, Inc. (2014). *The Teach-Back Technique: Communicating Effectively With Patients*: https://berkslancasterlebanonlink.files.wordpress.com/2014/07/hl-teachback-brochure.pdf

C. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**

A. Conviction and Confidence Scale

B. Teach-Back Observation Tool

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Teach new concept or activity to the consumer | 1. Provider |
| 2. Use own words to describe what was learned or demonstrates what was learned | 2. Consumer/Family |
| 3. Clarify or correct misinformation<br>Re-teach the concept or activity | 3. Provider |
| 4. Restate understanding or demonstrates learned behavior/activity<br>Asks questions | 4. Consumer |
| 5. Repeat steps 3 and 4 until sure the consumer/family understand the concept or has the ability to perform the activity safely and accurately | 5. Provider/Consumer/Family |

Exhibit A

Always Use Teach-back!

# Conviction and Confidence Scale

Fill this out before you start using teach-back, and 1 and 3 months later.

Name: _____

Check one: ◯ Before - Date: _____

◯ 1 month - Date: _____

◯ 3 months - Date: _____

1. On a scale from 1 to 10, how **convinced** are you that it is important to use teach-back (ask patients to explain key information back in their own words)?

Not at all important Very Important

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

2. On a scale from 1 to 10, how **confident** are you in your ability to use teach-back (ask patients to explain key information back in their own words)?

Not at all confident Very Confident

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|---|---|---|---|---|---|---|---|---|---|

3. How often do you ask patients to explain back, in their own words, what they need to know or do to take care of themselves?

◯ I have been doing this for 6 months or more.

◯ I have been doing this for less than 6 months.

◯ I do not do it now, but plan to do this in the next month.

◯ I do not do it now, but plan to do this in the next 2 to 6 months.

◯ I do not do it now and do not plan to do this.

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## Conviction and Confidence Scale continued

4. Check all the elements of effective teach-back you have used **more than half the time in the past work week.**

- ◯ Use a caring tone of voice and attitude.
- ◯ Display comfortable body language, make eye contact, and sit down.
- ◯ Use plain language.
- ◯ Ask the patient to explain, in their own words, what they were told.
- ◯ Use non-shaming, open-ended questions.
- ◯ Avoid asking questions that can be answered with a yes or no.
- ◯ Take responsibility for making sure you were clear.
- ◯ Explain and check again if the patient is unable to teach back.
- ◯ Use reader-friendly print materials to support learning.
- ◯ Document use of and patient's response to teach-back.
- ◯ Include family members/caregivers if they were present.

Notes: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Exhibit B

Always Use Teach-back!

# Teach-back Observation Tool

Care Team Member: _____ Date: _____

Observer: _____ Time: _____

| Did the care team member… | Yes | No | N/A | Comments |
|---|---|---|---|---|
| Use a caring tone of voice and attitude? | | | | |
| Display comfortable body language, make eye contact, and sit down? | | | | |
| Use plain language? | | | | |
| Ask the patient to explain in their own words what they were told to do about:<br>• Signs and symptoms they should call the doctor for?<br>• Key medicines?<br>• Critical self-care activities?<br>• Follow-up appointments? | | | | |
| Use non-shaming, open-ended questions? | | | | |
| Avoid asking questions that can be answered with a yes or no? | | | | |
| Take responsibility for making sure they were clear? | | | | |
| Explain and check again if the patient is unable to use teach-back? | | | | |
| Use reader-friendly print materials to support learning? | | | | |
| Document use of and patient's response to teach-back? | | | | |
| Include family members/caregivers if they were present? | | | | |

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# Teach-back Observation Tool continued

Notes: _____

_____

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<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: SBIRT/YSBIRT</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.40</td></tr>
<tr><td rowspan="2">Effective Date: 4/13/21</td><td>Date of Review/Revision: 3/15/22, 03/8/23</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>Director of Network Services Public Policy & Continuing Education<br><br>Authored By: Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>SCCMHA EBP Leadership Team</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the use of SBIRT (Screening, Brief Intervention, Referral to Treatment) for adults and youth (YSBIRT) as part of SCCMHA's commitment to identifying consumers with substance use issues and providing intervention in order to reduce risk and successfully engage consumers in treatment when indicated.

**Application:**
This policy applies to the entire SCCMHA Provider Network.

**Policy:**
SCCMHA will use a comprehensive, integrated, whole-person, public health approach, based on universal screening, to identify, reduce, and prevent risky substance use, misuse, and dependence.

**Standards:**
A. SCCMHA is committed to engaging in shared decision-making with consumers and to the enhancement of opportunities for consumer recovery.
B. SCCMHA shall conduct universal screening to help identify the appropriate level of services needed based on the consumer's level of risk.
    1. Universal screening and brief intervention shall be delivered to consumers in order to help strengthen individual commitment to and success in reduction or absence of alcohol or drug use/misuse and assist in promoting optimum wellness.

2. Universal screening for alcohol and substance use shall be conducted with all consumers aged 12 and older.
    a. SCCMHA shall consider adhering to the NIAAA's (National Institute on Alcohol Abuse and Alcoholism) recommendation that screening for alcohol use begin as early as age 9 or as soon as children can be interviewed alone without a parent present.
        1). Screening younger children shall be considered in order to present a prevention message to younger children prior to their first opportunity to try substances as well as to identify children who initiate substance use early.

C. Consumers with SUDs shall have access to a coordinated approach to chronic disease management.

D. Consumers shall be given tools to maximize the use of proven self-management techniques to improve their health status outcomes.

E. Consumers shall be part of a recovery-oriented system of care that honors each of their familial, cultural, spiritual, economic, and social and emotional needs.

F. Consumer participation in SBIRT/YSBIRT shall be deemed voluntary and can be terminated by the consumer at any time with no consequence to the consumer.

G. SBIRT shall be delivered to adults, and YSBIRT shall be delivered to youth aged 12 to 21 by trained and credentialed staff.
    1. Such practitioners include licensed physicians, RNs supervised by licensed physicians, physician assistants, nurse practitioners, psychologists, and licensed masters prepared clinicians.

H. SBIRT/YSBIRT shall be delivered with fidelity to the model:
    1. **S**creening to identify a consumer's place on a spectrum from non-use to substance use in order to deliver an appropriate response.
    2. **B**rief **I**ntervention (BI) to raise consumer awareness of risks, elicit internal motivation for change, and help set behavior-change goals.
    3. **R**eferral to **T**reatment to facilitate access to and engagement in specialized services and coordinated care for consumers at highest risk.

I. SCCMHA shall, as resources permit, make training in SBIRT/YSBIRT available to the provider network.

**Definitions:**

**AUDIT:** The Alcohol Use Disorders Identification Test identifies preliminary signs of hazardous drinking and mild dependence. It is used to detect alcohol problems experienced within the last year. It is one of the most accurate alcohol screening tests available, rated 92% effective in detecting hazardous or harmful drinking. The test (see Exhibit A) contains 10 multiple choice questions on quantity and frequency of alcohol consumption, drinking behavior and alcohol-related problems or reactions. Each question ranges in point value from 0 to 4.

**Brief Intervention (BI):** A collaborative conversation between a health professional and a consumer to promote behavior change in order to reduce substance use. BI (see Exhibit F) is designed to educate consumers and increase their motivation to reduce risky behavior. Using Motivational Interviewing techniques, individuals are provided information specific to their alcohol or drug use. Substance use/misuse occurs on a continuum and services are prescribed based on where the individual screened resides on that continuum. BI takes

about 5 minutes and consists of having a brief motivational conversation with an individual and guides the person through the standard drink sizes and safe drinking levels (recommended limits), the Drinker's Pyramid (see Exhibit C), and the physical effects diagram. The clinician gauges the individual's readiness to change and motivation for change and provides feedback about the results, discusses the individuals AUDIT/DAST-10/CRAFFT+N score, discusses the area(s) of concern, provides encouragement to reduce their risks and discusses the risks of continued drug and/or alcohol use. The clinician assists the individual in setting a wellness goal and ends the session with praise and encouragement.

**Brief Treatment:** Brief Treatment (usually 5-12 sessions) aims to change not only the immediate behavior or thoughts about a risky behavior, but also to address long-standing problems with harmful drinking and drug misuse and help individuals with higher levels SUD obtain more long-term care. Brief Treatment typically entails the use of Motivational Enhancement and Cognitive Behavioral approaches to help consumers address unhealthy cognitions and behaviors associated with current use patterns and adopt change strategies.

Brief Treatment consists of sessions matched to the individual's motivational level and stage of change. Stages of change include: Pre-contemplation (feedback about results and information of misuse); Contemplation (benefits of change, resource sharing, pros/cons of use, risks of delaying, ambivalence challenge, goal review); Preparation (choosing a goal, praise, and encouragement) action (trigger reduction, putting plan in action, healthy behavior substitution, support network) and Maintenance (continued goal setting for relapse prevention).

**CRAFFT+N:** A health screening tool designed to identify substance use, substance-related riding/driving risk, and substance use disorder among youth ages 12-21. There are two versions; one that is administered by a clinician (see Exhibit D) and the other is self-administered (see Exhibit E). CRAFFT stands for the key words of the 6 items in the second section of the assessment – Car, Relax, Alone, Forget, Friends, Trouble.

**DAST:** The Drug Abuse Screening Test was designed to provide a brief instrument for clinical screening and treatment evaluation research. The test (see Exhibit B) contains 10 self-report items that are combined in a total DAST score to yield a quantitative index of problems related to drug misuse. For all questions, with the exception of question 3, each "yes" response receives 1 point and each "no" response receives 0. For question 3, a "no" reply receives 1 point and 'yes" receives a 0. The answers are scored on a point system.

**Referral to Treatment:** Discussions with the consumer to support them in getting specialized SUD treatment using motivational interviewing and the provision of feedback about results (e.g., use exceeds limits, current problems that exist, dependence symptoms, dangers to health [medical, psychiatric, social]), and clear messages about continued risk of use. The clinician provides resources and referrals and may obtain assistance from the co-located substance abuse professional. The clinician coordinates medical, psychiatric and or substance abuse referrals and provides encouragement and support.

**SBIRT:** An integrated and comprehensive evidence-based approach to delivering early intervention treatment services for persons with substance use disorders, and those at risk of developing a substance use disorder. SBIRT/YSBIRT is implemented to identify, reduce, and prevent alcohol and drug use, misuse, and dependence. It is an early intervention for individuals with non-dependent substance use to help before the person needs more extensive or specialized treatment. This approach differs from specialized

treatment of individuals with more severe substance misuse or those who meet criteria for a substance use disorder.

**References:**


A. Agerwala, S., McCance-Katz, E., (2012). Integrating Screening, Brief Intervention, and Referral to Treatment (SBIRT) into Clinical Practice Settings: A Brief Review. *Journal of Psychoactive Drugs 44(4):* 307–317. {on-line]. Available: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3801194/pdf/nihms404111.pdf
B. AUDIT: https://auditscreen.org/
C. CRAFFT: https://crafft.org/
D. DAST: https://cde.drugabuse.gov/instrument/e9053390-ee9c-9140-e040-bb89ad433d69
E. Massachusetts Department of Public Health. (June 2012). *SBIRT A Step-By-Step Guide for Screening and Intervening for Unhealthy Alcohol and Other Drug Use*: https://www.masbirt.org/sites/www.masbirt.org/files/documents/toolkit.pdf
F. National Council for Behavioral Health. (Undated). *Improving Adolescent Health: Facilitating Change for Excellence in SBIRT*: https://www.thenationalcouncil.org/wp-content/uploads/2021/12/2021.09.28_NC_SBIRT_FaCES_ChangePackage.pdf
G. SCCMHA Policy 02.03.09.30 – Motivational Interviewing
H. The Center for Adolescent Substance Use Research. (2018). The CRAFFT 2.1 Manual : https://crafft.org/wp-content/uploads/2018/08/FINAL-CRAFFT-2.1_provider_manual_with-CRAFFTN_2018-04-23.pdf


**Exhibits:**

A. AUDIT
B. DAST
C. The Drinker's Pyramid
D. CRAFFT+N – Clinician Administered
E. CRAFFT+N – Self-Administered
F. Brief Intervention (from the Massachusetts Department of Public Health: SBIRT Screening Toolkit, June 2012)
G. SBIRT/YSBIRT Flow Charts

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Conducts pre-screening of all individuals aged 12 and older presenting for services using 2 questions:<br>How many times in the past year have you had 5 (male) or 4 (female) or more drinks in a day?<br>How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons? | 1. CAI/CIS/Case Holder |
| 2. Refers individuals who score above a zero on either question (i.e., positive pre-screen) for an | 2. CAI/CIS/Case Holder |

| | |
|---|---|
| AUDIT (alcohol question) and/or DAST-10 (drug question) full screen or the CRAFFT 2.1+N for youth (either question). | |
| 3. Conducts screening administering and scoring the DAST, AUDIT or CRAFFT+N. | 3. CAI/CIS/Case Holder |
| 4. Provides Brief Intervention (BI):<br>Establish rapport – understand the consumer's views of use.<br>Elicit thoughts and provide information/feedback.<br>Enhance motivation to change.<br>Give advice and negotiate a plan. | 4. Clinician |
| 5. Conducts brief treatment using CBT and Motivational Enhancement techniques. | 5. Clinician |
| 6. Provides a referral to treatment using educational, motivational interviewing and feedback about the consumer's substance use. | 6. Clinician |

Exhibit A

Patient name: _____

Date of birth: _____

## Alcohol screening questionnaire (AUDIT)

Drinking alcohol can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

One drink equals:   12 oz. beer  5 oz. wine  1.5 oz. liquor (one shot)

| | | | | | |
|---|---|---|---|---|---|
| 1. How often do you have a drink containing alcohol? | Never | Monthly or less | 2 - 4 times a month | 2 - 3 times a week | 4 or more times a week |
| 2. How many drinks containing alcohol do you have on a typical day when you are drinking? | 0 - 2 | 3 or 4 | 5 or 6 | 7 - 9 | 10 or more |
| 3. How often do you have five or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 4. How often during the last year have you found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 5. How often during the last year have you failed to do what was normally expected of you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 7. How often during the last year have you had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 8. How often during the last year have you been unable to remember what happened the night before because of your drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| 9. Have you or someone else been injured because of your drinking? | No | | Yes, but not in the last year | | Yes, in the last year |
| 10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down? | No | | Yes, but not in the last year | | Yes, in the last year |
| | 0 | 1 | 2 | 3 | 4 |

Have you ever been in treatment for an alcohol problem? ◯ Never ◯ Currently ◯ In the past

| I | II | III | IV |
|---|---|---|---|
| 0-3 | 4-9 | 10-13 | 14+ |

*(For the Provider)*

**Scoring and interpreting the AUDIT:**

**1.** Each response has a score ranging from 0 to 4. All response scores are added for a total score.

**2**. The total score correlates with a risk zone, which can be circled on the bottom left corner.

| Score | Zone | Explanation | Action |
|---|---|---|---|
| 0-3 | I – Low Risk | "Someone using alcohol at this level is at low risk for health or social complications." | Positive Health Message – describe low risk drinking guidelines |
| 4-9 | II – Risky | "Someone using alcohol at this level may develop health problems or existing problems may worsen." | Brief intervention to reduce use |
| 10-13 | III – Harmful | "Someone using alcohol at this level has experienced negative effects from alcohol use." | Brief Intervention to reduce or abstain and specific follow-up appointment (Brief Treatment if available) |
| 14+ | IV – Severe | "Someone using alcohol at this level could benefit from more assessment and assistance." | Brief Intervention to accept referral to specialty treatment for a full assessment |

**Positive Health Message:** An opportunity to educate patients about the NIAAA low-risk drinking levels and the risks of excessive alcohol use.

**Brief Intervention to Reduce Use:** Patient-centered discussion that uses Motivational Interviewing concepts to raise an individual's awareness of his/her substance use and enhance his/her motivation to change behavior. Brief interventions are typically 5-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention. The recommended behavior change is to cut back to low-risk drinking levels unless there are other medical reasons to abstain (liver damage, pregnancy, medication contraindications, etc.).

**Brief Intervention to Reduce or Abstain (Brief Treatment if available) & Follow-up:** Patients with numerous or serious negative consequences from their alcohol use, or patients who likely have an alcohol use disorder who cannot or are not interested in obtaining specialized treatment, should receive more numerous and intensive BIs with follow up. The recommended behavior change is to cut back to low-risk drinking levels or abstain from use. Brief treatment is 1 to 5 sessions, each 15-60 minutes. Refer for brief treatment if available. If brief treatment is not available, secure follow-up in 2-4 weeks.

**Brief Intervention to Accept Referral:** The focus of the brief intervention is to enhance motivation for the patient to accept a referral to specialty treatment. If accepted, the provider should use a proactive process to facilitate access to specialty substance use disorder treatment for diagnostic assessment and, if warranted, treatment. The recommended behavior change is to abstain from use and accept the referral.

More resources: www.sbirtoregon.org

* Johnson J, Lee A, Vinson D, Seale P. "Use of AUDIT-Based Measures to Identify Unhealthy Alcohol Use and Alcohol Dependence in Primary Care: A Validation Study." Alcohol Clin Exp Res, Vol 37, No S1, 2013: pp E253–E259

Exhibit B

## Drug Screening Questionnaire (DAST)

Using drugs can affect your health and some medications you may take. Please help us provide you with the best medical care by answering the questions below.

_____

_____

☐ methamphetamines (speed, crystal)
☐ cannabis (marijuana, pot)
☐ inhalants (paint thinner, aerosol, glue)
☐ tranquilizers (valium)
☐ cocaine
☐ narcotics (heroin, oxycodone, methadone, etc.)
☐ hallucinogens (LSD, mushrooms)
☐ other _____

How often have you used these drugs? ☐ Monthly or less ☐ Weekly ☐ Daily or almost daily

| | | |
|---|---|---|
| 1. Have you used drugs other than those required for medical reasons? | No | Yes |
| 2. Do you abuse more than one drug at a time? | No | Yes |
| 3. Are you unable to stop using drugs when you want to? | No | Yes |
| 4. Have you ever had blackouts or flashbacks as a result of drug use? | No | Yes |
| 5. Do you ever feel bad or guilty about your drug use? | No | Yes |
| 6. Does your spouse (or parents) ever complain about your involvement with drugs? | No | Yes |
| 7. Have you neglected your family because of your use of drugs? | No | Yes |
| 8. Have you engaged in illegal activities in order to obtain drugs? | No | Yes |
| 9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? | No | Yes |
| 10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)? | No | Yes |
| | 0 | 1 |

Have you ever injected drugs? ☐ Never ☐ Yes, in the past 90 days ☐ Yes, more than 90 days ago

Have you ever been in treatment for substance abuse? ☐ Never ☐ Currently ☐ In the past

| I | II | III | IV |
|---|---|---|---|
| 0 | 1-2 | 3-5 | 6+ |

*(For the health professional)*

**Scoring and interpreting the DAST:**

"Yes" responses receive one point each and are added for a total score. The score correlates with a zone of use that can be circled on the bottom right corner of the page.

| Score | Zone of use | Indicated action |
|---|---|---|
| **0** | **I – No risk**<br>No risk of related health problems | None |
| **1 - 2,** plus the following criteria:<br>No daily use of any substance; no weekly use of drugs other than cannabis; no injection drug use in the past 3 months; not currently in treatment. | **II – Risky**<br>Risk of health problems related to drug use. | Offer brief education on the benefits of abstaining from drug use. Monitor at future visits. |
| **1 - 2** (without meeting criteria) | | Brief intervention |
| **3 - 5** | **III – Harmful**<br>Risk of health problems related to drug use and a possible mild or moderate substance use disorder. | Brief intervention (offer options that include treatment) |
| **6+** | **IV – Severe**<br>Risk of health problems related to drug use and a possible moderate or severe substance use disorder. | |

**Brief education:** Inform patients about low-risk consumption levels and the risks of excessive alcohol use.

**Brief intervention:** Patient-centered discussion that employs Motivational Interviewing concepts to raise an patient's awareness of their substance use and enhances their motivation to change their use. Brief interventions are typically performed in 3-15 minutes, and should occur in the same session as the initial screening. Repeated sessions are more effective than a one-time intervention.

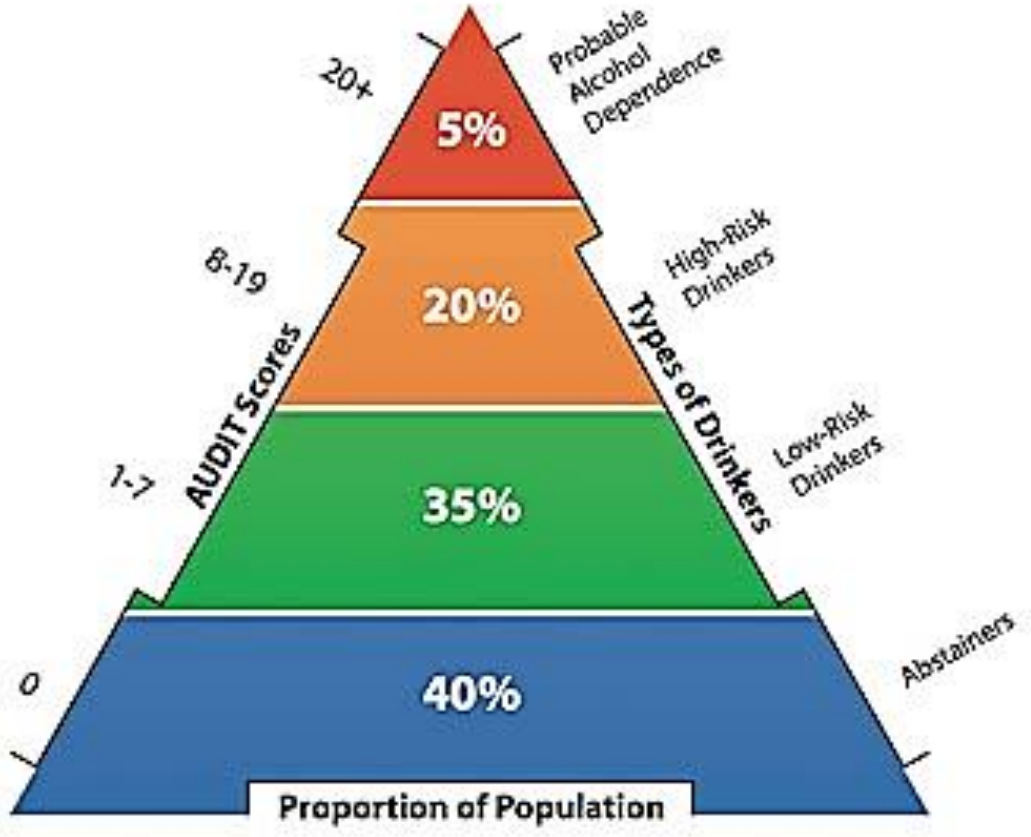
If a patient is ready to accept treatment, a referral is a proactive process that facilitates access to specialized care for individuals likely experiencing a substance use disorder. These patients are referred to alcohol and drug treatment experts for more definitive, in-depth assessment and, if warranted, treatment. However, treatment also includes prescribing medications for substance use disorder as part of the patient's normal primary care.

More resources: www.sbirtoregon.org

Exhibit C

# Determining Risk
## AUDIT Scores & Drinking Types

**The Drinkers' Pyramid:**




**Something to think about:**

25% of the population will score an 8 or above on the AUDIT. That means 1 in 4 people are probably high-risk or dependent drinkers.

sbirtinaction.org

Exhibit D

# The CRAFFT+N Interview

**To be verbally administered by the clinician**

**Begin:** "*I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential.*"

## *Part A*

**During the PAST 12 MONTHS, on how many days did you:**

1. Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Say "0" if none. ☐ # of days
2. Use any **marijuana** (cannabis, weed, oil, wax, or hash by smoking, vaping, dabbing, or in edibles) or "**synthetic marijuana**" (like "K2," "Spice")? Say "0" if none. ☐ # of days
3. Use **anything else to get high** (like other illegal drugs, pills, prescription or over-the-counter medications, and things that you sniff, huff, vape, or inject)? Say "0" if none. ☐ # of days
4. Use a **vaping device* containing nicotine or flavors,** or use any **tobacco products†?** Say "0" if none. ☐ # of days
   **Such as e-cigs, mods, pod devices like JUUL, disposable vapes like Puff Bar, vape pens, or e-hookahs. †Cigarettes, cigars, cigarillos, hookahs, chewing tobacco, snuff, snus, dissolvables, or nicotine pouches.*

**If the patient answered…**

| "0" for all questions in Part A | "1" or more for Q. 1, 2, or 3 | "1" or more for Q. 4 |
|---|---|---|
| ↓ | ↓ | ↓ |
| **Ask 1st question only in Part B below, then STOP** | **Ask all 6 questions in Part B below** | **Ask all 10 questions in Part C on next page** |

## *Part B*

| | | Circle one | |
|---|---|---|---|
| **C** | Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | **No** | **Yes** |
| **R** | Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in? | **No** | **Yes** |
| **A** | Do you ever use alcohol or drugs while you are by yourself, or **ALONE**? | **No** | **Yes** |
| **F** | Do you ever **FORGET** things you did while using alcohol or drugs? | **No** | **Yes** |
| **F** | Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use? | **No** | **Yes** |
| **T** | Have you ever gotten into **TROUBLE** while you were using alcohol or drugs? | **No** | **Yes** |

**Two or more YES answers in Part B suggests a serious problem that needs further assessment. See Page 3 for further instructions.** →

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## *Part C*

*"The following questions ask about your use of any **vaping devices containing nicotine and/or flavors**, or use of any **tobacco products.***"*

| | Circle one | |
|---|---|---|
| **1.** Have you ever tried to **QUIT** using, but couldn't? | **Yes** | **No** |
| **2.** Do you vape or use tobacco **NOW** because it is really hard to quit? | **Yes** | **No** |
| **3.** Have you ever felt like you were **ADDICTED** to vaping or tobacco? | **Yes** | **No** |
| **4.** Do you ever have strong **CRAVINGS** to vape or use tobacco? | **Yes** | **No** |
| **5.** Have you ever felt like you really **NEEDED** to vape or use tobacco? | **Yes** | **No** |
| **6.** Is it hard to keep from vaping or using tobacco in **PLACES** where you are not supposed to, like school? | **Yes** | **No** |
| **7.** When you **HAVEN'T** vaped or used tobacco in a while (or when you tried to stop using)… | | |
| **a.** did you find it hard to **CONCENTRATE** because you couldn't vape or use tobacco? | **Yes** | **No** |
| **b.** did you feel more **IRRITABLE** because you couldn't vape or use tobacco? | **Yes** | **No** |
| **c.** did you feel a strong **NEED** or urge to vape or use tobacco? | **Yes** | **No** |
| **d.** did you feel **NERVOUS**, restless, or anxious because you couldn't vape or use tobacco? | **Yes** | **No** |

**One or more YES answers in Part C suggests a serious problem with nicotine that needs further assessment. See Page 3 for further instructions.** ⟶

*References:*

Wheeler, K. C., Fletcher, K. E., Wellman, R. J., & DiFranza, J. R. (2004). Screening adolescents for nicotine dependence: the Hooked On Nicotine Checklist. *J Adolesc Health*, *35*(3), 225–230;

McKelvey, K., Baiocchi, M., & Halpern-Felsher, B. (2018). Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Network Open*, *1*(6), e183535.

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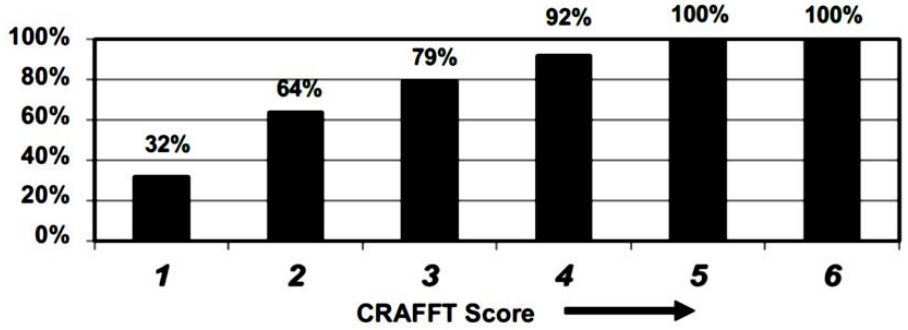
## CRAFFT Score Interpretation

**Probability of a DSM-5 Substance Use Disorder by CRAFFT score***




*Data source: Mitchell SG, Kelly SM, Gryczynski J, Myers CP, O'Grady KE, Kirk AS, & Schwartz RP. (2014). The CRAFFT cut-points and DSM-5 criteria for alcohol and other drugs: a reevaluation and reexamination. Substance Abuse, 35(4), 376–80.

**Use the 5 R's talking points for brief counseling.**

1. **REVIEW** screening results
   For each "yes" response: *"Can you tell me more about that?"*
2. **RECOMMEND** not to use
   *"As your doctor (nurse/health care provider), my recommendation is not to use any alcohol, nicotine, marijuana or other drug because they can: 1) Harm your developing brain; 2) Interfere with learning and memory, and 3) Put you in embarrassing or dangerous situations."*
3. **RIDING/DRIVING** risk counseling
   *"Motor vehicle crashes are the leading cause of death for young people. I give all my patients the Contract for Life. Please take it home and discuss it with your parents/guardians to create a plan for safe rides home."*
4. **RESPONSE** elicit self-motivational statements
   Non-users: *"If someone asked you why you don't drink, vape, or use tobacco or drugs, what would you say?"* Users: *"What would be some of the benefits of not using?"*
5. **REINFORCE** self-efficacy
   *"I believe you have what it takes to keep substance use from getting in the way of achieving your goals."*

**Give patient Contract for Life.** Available at www.crafft.org/contract

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crafft@childrens.harvard.edu www.crafft.org

For more information and versions in other languages, see www.crafft.org.

Exhibit E

# The CRAFFT+N Questionnaire

**To be completed by patient**

Please answer all questions **honestly**; your answers will be kept **confidential**.

**During the PAST 12 MONTHS, on how many days did you:**

| | | |
|---|---|---|
| **1.** | Drink more than a few sips of beer, wine, or any drink containing **alcohol**? Put "0" if none. | ☐ # of days |
| **2.** | Use any **marijuana** (weed, oil, or hash by smoking, vaping, or in food) or "**synthetic marijuana**" (like "K2," "Spice")? Put "0" if none. | ☐ # of days |
| **3.** | Use **anything else to get high** (like other illegal drugs, prescription or over-the-counter medications, and things that you sniff, huff, or vape)? Put "0" if none. | ☐ # of days |
| **4.** | Use **any tobacco or nicotine** products (for example, cigarettes, e-cigarettes, hookahs or smokeless tobacco)? | ☐ # of days |

**READ THESE INSTRUCTIONS BEFORE CONTINUING:**

- **If you put "0" in ALL of the boxes above, ANSWER QUESTION 5, THEN STOP.**
- **If you put "1" or higher in ANY of the boxes above, ANSWER QUESTIONS 5-10.**

| | | No | Yes |
|---|---|---|---|
| **5.** | Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs? | ☐ | ☐ |
| **6.** | Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in? | ☐ | ☐ |
| **7.** | Do you ever use alcohol or drugs while you are by yourself, or **ALONE**? | ☐ | ☐ |
| **8.** | Do you ever **FORGET** things you did while using alcohol or drugs? | ☐ | ☐ |
| **9.** | Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use? | ☐ | ☐ |
| **10.** | Have you ever gotten into **TROUBLE** while you were using alcohol or drugs? | ☐ | ☐ |

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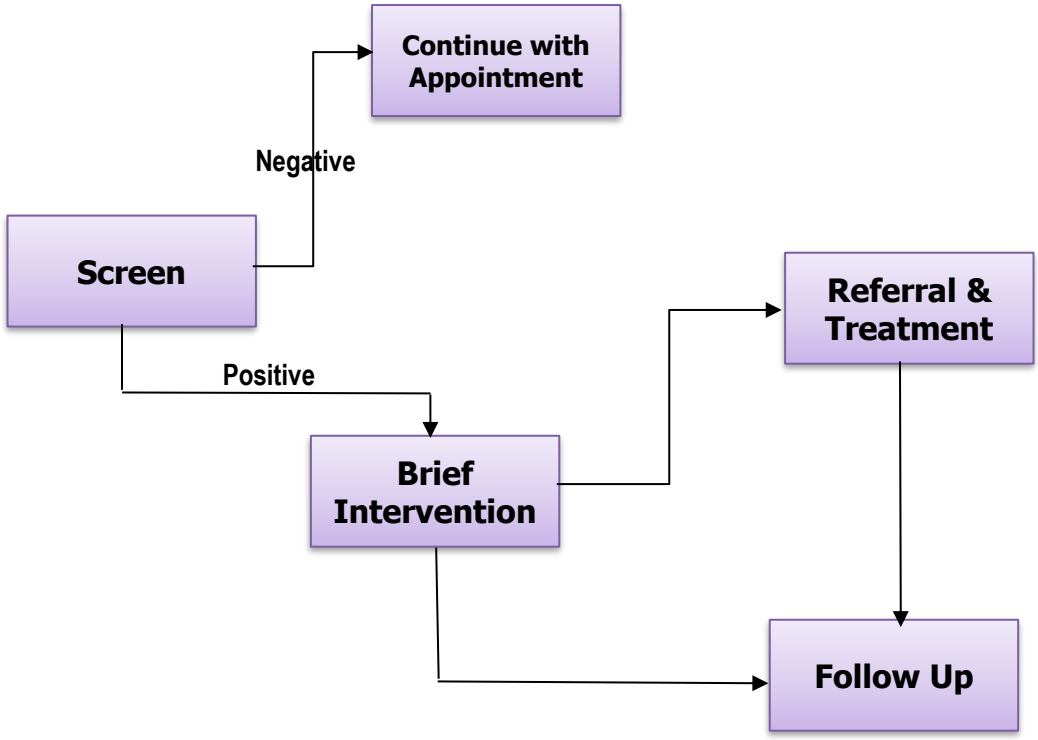
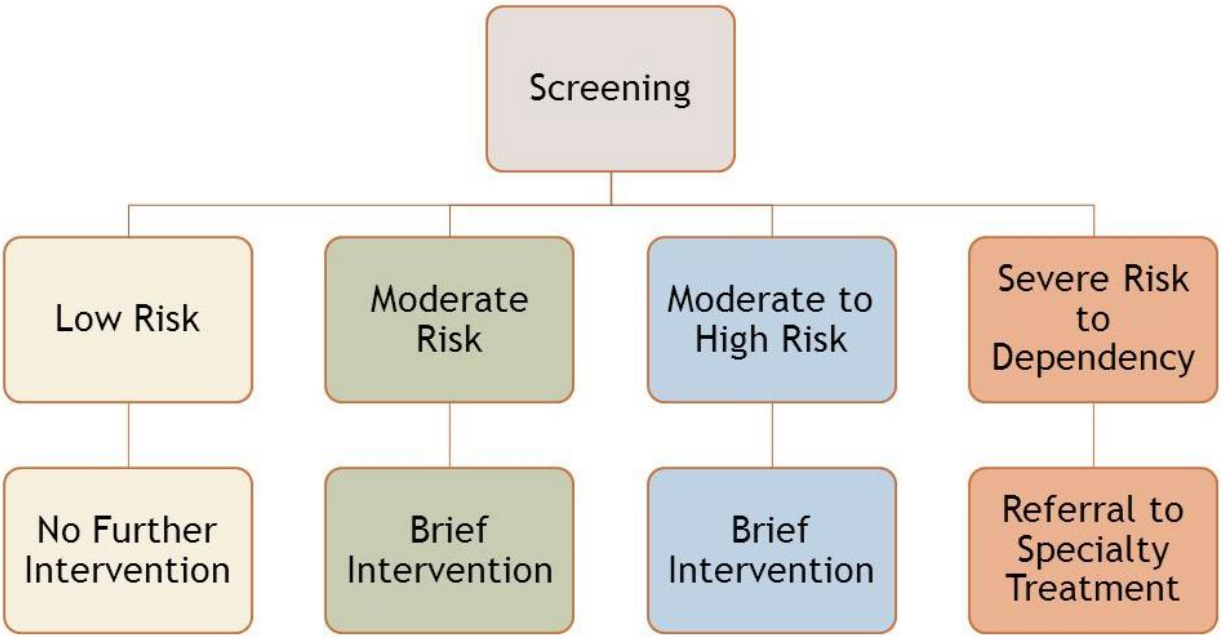
Exhibit F

| BI STEPS | DIALOGUE/PROCEDURES |
|---|---|
| ***1. Understand the patient's views of use***<br><br>• Develop discrepancy between patient's goals and values and actual behavior | **Ask Pros and Cons**<br>*"I'd like to know more about your use of [X]. Help me to understand what you enjoy about using [X]? What else?"*<br>*"What do you enjoy less about using [X] or regret about your use".*<br>**Summarize Pros and Cons**<br>*"So, on the one hand you say you enjoy X because…"*<br>*"And on the other hand you said…."* reiterate negative consequences, as stated by patient. |
| ***2. Give information/ feedback***<br><br>• Ask permission to give feedback<br>• Use reflective listening, | **Review Health Risks**<br>*"Is it OK if we review some of the health risks of using X?"*<br>*"Are you aware of health risks related to your use of X?"*<br>**If YES:** *Which ones are you aware of?*<br>**If NO:** *Indicate problems. Refer to NIDA Commonly Abused Drugs chart for drug consequences, as needed on p. 18.*<br>**If focus is on risky alcohol use and abstinence is not indicated:**<br>*"Is it OK if I review with you what is considered safe drinking limits for your age and gender?" (No more than 4/3 drinks in one day and no more than 14/7 drinks in one week.) "Drinking more than this puts you at risk for experiencing illness or injury from your alcohol use."* |

| | |
|---|---|
| ***3. Enhance motivation to change***<br>• Ask readiness and confidence scales | **Readiness Scale**<br>*"Given what we have been discussing, help me better understand how you feel about making a change in your use of X. On a scale from 0 -10, how ready are you to change any aspect of your use of [X]? A 10 would mean you are fully ready to change and a 0 means you are not at all ready."*<br>Then, Ask: *"Why did you choose that number and not a lower one like a 1 or a 2?"* Patient will indicate reasons to change. You also ask the patient for other reasons for change. *"How does this fit with where you see yourself in the future? If you make these changes what would be different in your life?"*<br>If the patient, answers "0" ask, *"What would need to happen to be at a higher number?"*<br>**Confidence Scale**<br>*"On a scale from 0-10, how confident do you feel to make these changes?"*<br>*"A 10 would mean total confidence and a 0 means no confidence at all."*<br>*"What needs to happen for you to feel more confident? What have you successfully changed in the past? How? Could you use these methods to help you with the challenges of this change?"* |
| ***4. Give advice and negotiate goal*** | **Give Advice**<br>Review concerns, as discussed with patient. Advise abstinence or decrease in use, according to screening and assessment. Give referrals for further assessment, if appropriate.<br>**Negotiate Goal**<br>*"What can you do to stay healthy & safe? Where do you go from here?"*<br>SUMMARIZE: "*Let me summarize what we've been discussing…*<br>*Is that accurate? Is there anything I missed or you want to add?"*<br>Suggest discussing progress of plan at next appointment. |
| ***Close: Thank Patient*** | *"Thank you for taking the time to discuss this with me and being so open."* |

Exhibit G


Continue with Appointment
Negative
Screen
Positive
Referral & Treatment
Brief Intervention
Follow Up


Screening
Low Risk
Moderate Risk
Moderate to High Risk
Severe Risk to Dependency
No Further Intervention
Brief Intervention
Brief Intervention
Referral to Specialty Treatment

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Eye Movement Desensitization and Reprocessing (EMDR) | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.41 |
| **Effective Date**:<br>09/08/21 | **Date of Review/Revision**:<br>3/9/22, 03/8/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Director of Network Services Public Policy & Continuing Education<br><br>**Authored By**: Mary Baukus<br><br>**Additional Reviewers**:<br>Jay McRae, EBP Leadership Team |

**Purpose:**
The purpose of this policy is to specify the use of Eye Movement Desensitization and Reprocessing (EMDR)**.**

**Policy:**
SCCMHA recognizes that the experience of trauma is the rule rather than the exception among consumers served by the public mental health system. Therefore, consumers who have been found to have experienced trauma shall be offered opportunities to participate in trauma-specific, evidence-based, interventions including EMDR.

**Application:**
This policy applies to the entire SCCMHA provider network.

**Standards:**
A. SCCMHA shall, resources permitting, offer Eye Movement Desensitization and Reprocessing (EMDR) for individuals who have experienced trauma and are being served by SCCMHA-funded providers.
B. Providers who deliver EMDR shall receive SCCMHA-approved training and must be privileged to provide EMDR in accordance with SCCMHA policy.
C. EMDR shall be delivered with fidelity to the model.
    1. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI ( General Organizational Index) as a guide.
        a. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing

Education will facilitate quarterly meetings for Supervisors of EBP Teams, including EMDR ~~when appropriate as needed~~, to discuss fidelity monitoring.

b. When EMDR is actively being offered, the Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes with reports reviewed at least yearly (or as appropriate for the frequency with which EMDR is occurring) for EMDR participants.

D. Treatment Description:

1. EMDR therapy[1] combines different elements to maximize treatment effects.
2. EMDR therapy involves attention to three time periods: the past, the present, and the future.
    a. Focus is given to past disturbing memories and related events, current situations that cause distress, and to developing the skills and attitudes needed for positive future actions.
    b. The time periods are addressed using an eight-phase treatment approach (see Exhibit A).
        1). **Phase 1**: History-taking session(s) and treatment plan development.
            a). The therapist assesses the consumer's readiness and works with the consumers to develop a treatment plan.
            b). The consumer and therapist identify possible targets for EMDR processing, including distressing memories and current situations that cause emotional distress and related incidents in the past.
                (1). Emphasis is placed on the development of specific skills and behaviors that will be needed by the consumer in future situations.

            NOTE: Initial EMDR processing may be directed to childhood events rather than to adult-onset stressors or the identified critical incident if the consumer had a problematic childhood. Consumers generally gain insight into their situations, the emotional distress resolves, and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of the onset of PTSD. Generally, individuals with single event adult-onset trauma can be successfully treated in under 5 hours, while individuals who have experienced multiple traumas may require a longer treatment timeframe.

        2). **Phase 2:** Developing ways of handling emotional distress.

[1] A full description of the theory, sequence of treatment, and research on protocols and active mechanisms can be found in F. Shapiro (2001) *Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (2nd edition)* New York: Guilford Press.

a). The therapist may teach the consumer a variety of imagery and stress reduction techniques the consumer can use during and between sessions.

NOTE: A goal of EMDR therapy is to produce rapid and effective change while the consumer maintains equilibrium during and between sessions.

3). **Phases 3-6:** Identification and processing of a target using EMDR procedures.

a). The consumer identifies three items:

(1). The vivid visual image related to the memory.

(2). A negative belief about oneself.

(3). Related emotions and body sensations.

b). The consumer also identifies a positive belief.

(1). The therapist helps the consumer rate the positive belief as well as the intensity of the negative emotions.

(2). The consumer is then instructed to focus on the image, negative thought, and bodily sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation.

(a). These sets may include eye movements, taps, or tones.

NOTE: The type and length of these sets are different for each consumer.

(b). At this point, the EMDR consumer is instructed to just notice whatever spontaneously happens.

(c). After each set of stimulation, the clinician instructs the consumer to let their mind go blank and to notice whatever thought, feeling, image, memory, or sensation comes to mind.

(d). Depending upon the consumer's report, the clinician will choose the next focus of attention.

NOTE: These repeated sets with directed focused attention occur numerous times throughout the session. If the consumer becomes distressed or has difficulty in

progressing, the therapist follows established procedures to help the consumer get back on track.

(c). When the consumer reports no distress related to the targeted memory, they are asked to think of the preferred positive belief that was identified at the beginning of the session. At this time, the consumer may adjust the positive belief if necessary, and then focus on it during the next set of distressing events.

4). **Phase 7:** Consumer log.

a). The therapist asks the consumer to keep a log during the week.

NOTE: The log should document any related material that may arise. It serves to remind the consumer of the self-calming activities that were mastered in phase two.

5). **Phase 8:** Examination of progress to date.

NOTE: The EMDR treatment processes all related historical events, current incidents that elicit distress, and future events that will require different responses

**Definitions:**

**Trauma:** A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**EMDR (Eye Movement Desensitization and Reprocessing)**: A psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. The brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes. (EMDR Institute, Inc.)

**References:**

A. EMDR Institute, Inc. What is EMDR? - EMDR Institute - EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY
B. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
C. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**
A. EMDR Session Notes

**Procedure:**
None

Exhibit A

# EMDR Session Notes

Clinician:_____

Client Initials:_____Date:____/____/_____

Presenting symptom: _____

Treatment Session: (circle one): First Reevaluation

Session #_____

EMDR Treatment:

Target: (circle one): Past Present Future _____

Negative Cognition/Belief: _____

Positive Cognition/Belief: _____

VoC: (circle one) 1 2 3 4 5 6 7

Emotions: _____

SUD: (circle one) 0 1 2 3 4 5 6 7 8 9 10

Body Location: _____

Session Outcome/Target Memory Status: (circle one) Completed Unfinished

SUD: (circle one) 0 1 2 3 4 5 6 7 8 9 10

VoC: (circle one) 1 2 3 4 5 6 7

Closure: If needed (check)

[ ] Grounding/Breathing [ ] Secure Place [ ] Container [ ] EMD

Client Stability when leaving session: Poor Fair Good Excellent

Treatment Notes:

Additional Interventions Planned:

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Mindfulness | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.09.42 |
| **Effective Date**:<br>12/09/2021 | **Date of Review/Revision**:<br>01/10/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Director of Network Services, Public Policy, & Continuing Education<br><br>**Authored By**:<br>Mary Baukus<br><br>**Additional Reviewers**:<br>EBP Leadership Team |

**Purpose:**
The purpose of this policy is to specify the use of Mindfulness.

**Application:**
This policy applies to the SCCMHA-funded provider network.

**Policy:**
A. SCCMHA shall, resources permitting, offer Mindfulness.
B. Mindfulness is now being scientifically examined and has been found to be a key element in stress reduction, emotional regulation, and overall happiness.
C. Mindfulness is a promising practice that SCCMHA has decided to adopt as a practice. There is much research about the efficacy of mindfulness for a variety of symptoms and diagnoses.
D. Mindfulness can be delivered face-to-face, in-person, or via telehealth technology.
E. Mindfulness can be offered in individual contacts or in group settings and is appropriate for ages 3 and up.
F. Mindfulness will be provided in a trauma-informed manner.

**Standards:**
A. Mindfulness is the practice of purposely focusing one's attention on the present moment and accepting it without judgment.
B. Mindfulness may be delivered by peers, case managers, therapists, or other clinical professionals; there is no requirement for a degree or licensure.
C. All persons wishing to implement this promising practice should be familiar with Mindfulness and be able to demonstrate having completed training that included

information on Mindfulness. Refresher trainings should be completed on an annual basis.

D. SCCMHA reserves the right to credential providers to conduct this practice as well as monitor the practice for fidelity to the model.
E. Mindfulness includes:
    a. Mindful breathing: This is a practice where individuals use the breath as the object of attention to which we return every time we notice that the mind has wandered. It is most practiced with attention centered on the breath, without any effort to change the breathing.
        i. There are four postures which are suggested to practice mindful breathing: standing, sitting, reclining, and walking. Sitting and lying down are the best postures for beginners.
    b. The basics of Mindfulness Practice that the practitioner uses as a guide for the individuals served, when facilitating mindfulness includes:
        i. **Set aside some time.** One does not need a meditation cushion or bench, or any sort of special equipment to access one's mindfulness skills—but one does need to set aside some time and space.
        ii. **Observe the present moment as it is.** The aim of mindfulness is not quieting the mind or attempting to achieve a state of eternal calm. The goal is simple: we're aiming to pay attention to the present moment, without judgment.
        iii. **Let one's judgments roll by.** When we notice judgments arise during our practice, we can make a mental note of them, and let them pass.
        iv. **Return to observing the present moment as it is.** Our minds often get carried away in thought. That's why mindfulness is the practice of returning, again and again, to the present moment.
        v. **Be kind to one's wandering mind.** Don't judge oneself for whatever thoughts crop up, just practice recognizing when one's mind has wandered off, and gently bring it back.
    c. Mindfulness activities. Activities may include:
        i. Mindfulness meditation
        ii. Yoga
        iii. Coloring
        iv. Body relaxation/scan
        v. Walking
        vi. Crafts
        vii. Any variety of activities that require focus on the present moment.

**Definitions:**

**Mindfulness:** The practice of being aware of one's body, mind, and feelings in the present moment, thought to create a feeling of calm: Mindfulness can be used to alleviate feelings of anxiety and depression.

**References:**

A. DBT Institute of Michigan (2014) *Dialectical Behavior Therapy (DBT) Mindfulness Activities Guide*
B. Getting Started with Mindfulness - Mindful: https://www.mindful.org/meditation/mindfulness-getting-started/
C. MINDFULNESS | definition in the Cambridge English Dictionary: https://dictionary.cambridge.org/us/dictionary/english/mindfulness
D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Exhibits:**
None

**Procedure:**
None

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Problem-Solving Skills Training (PSST) | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.03.09.43 |
| **Effective Date**: 2/8/23 | **Date of Review/Revision**:<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| | | **Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br><br>**Authored By**: Mary Baukus<br><br>**Additional Reviewers**: EBP Leadership Team |

**Purpose:**
The purpose of this policy is to delineate a framework for the provision and monitoring of Problem-Solving Skills Training (PSST).

**Policy:**
SCCMHA shall, resources permitting, provide PSST to eligible youth and their families in accordance with the standards delineated below.

**Application:**
This policy applies to all providers who have received appropriate training and have been privileged by SCCMHA to provide PSST.

**Standards:**

A. Providers shall adhere to the practice standards of PSST.
B. SCCMHA shall offer PSST to eligible consumers as resources permit.
C. PSST shall be delivered in a trauma-informed manner.
D. PSST can be delivered face-to-face, in-person, or via telehealth technology.
E. PSST shall be delivered in accordance with the following standards:
    1. Target population: Youth from age 7-14 who display serious behavior problems including:
        a. Overt antisocial behavior (e.g., aggression, defiance, hyperactivity, fighting)
        b. Covert antisocial behavior (e.g., lying, stealing, truancy, fire setting)
        c. Internalizing problems (e.g., depressed mood, peer relationship problems, deviant peer associations)

d. Delinquency
e. Substance misuse
f. School Failure

F. Model:
1. PSST can be used in groups of three to five children for eleven sessions over an approximately three-to-five-month period.
2. The therapist provides coaching and modeling for the skills taught through role plays of social situations so that skills are practiced with the therapist providing cues, feedback, and praise.
3. Homework tasks are assigned between sessions and include active parental involvement.
4. A parent component teaches problem-solving skills to families to manage interpersonal situations through practice, modeling, and role playing, corrective feedback, and the use of social and token reinforcements.

G. Goals:
1. Train the child to think differently about situations and behave differently in diverse situations
2. Help the child internalize the problem-solving steps so that they are able to use them to evaluate potential solutions to problems occurring outside of therapy
3. Learn and generalize problem solving skills and how to apply problem solving skills using self-instruction
4. Learn how to generate positive solutions that would enable the child to avoid physical aggression, resolve the conflict, and keep themselves out of trouble

H. In order to provide this intervention, Master's level clinicians must complete a 1-day training through the Parent Management Training Institute.

I. Fidelity shall be monitored by SCCMHA using the General Organization Index tool.

J. The CAFAS (Child and Adolescent Functional Assessment Scale) will be used to as a tool to examine outcomes by the EBP Leadership Team.

**Definitions:**

**Problem-Solving Skills Training (PSST)** entails the use of modeling and reinforcement to help children and adolescents develop and use appropriate cognitive problem-solving skills. It focuses on altering the cognitive processes that underlie interpersonal behavior by targeting cognitive distortions and impulse control problems that are common in youth who display aggression. Children and adolescents are helped to develop skills that reduce the extent to which they attribute hostile intent to the actions of others and develop non-aggressive responses to perceived provocations by peers.

**References:**


A. Glassheim, B. (2006). *A Guide to Evidence-Based Psychotherapies for Children, Adolescents, and their Families*. (p. 106). Saginaw County Community Mental Health Authority.

B. Kazdin, A.E. (2017). *Parent management training and problem-solving skills training for child and adolescent conduct problems.* In J.R. Weisz & A.E. Kazdin (Eds.).

Evidence-based Psychotherapies for Children and Adolescents (3rd ed., pp. 142-158). New York: Guilford Press.
C. *Problem Solving Skills Training (PSST)*. (2009, April). The California Evidence-Based Clearinghouse for Child Welfare. Retrieved August 1, 2022, from https://www.cebc4cw.org/program/problem-solving-skills-training/
D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
F. The Parent Management Training Institute: https://www.parentmanagementtraininginstitute.com/professional-training.html

**Exhibits:**

A. Components and Overview of Treatment by Dr. Alan Kazdin

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Offers PSST to eligible consumers and families by trained PSST therapists. | Therapists/Case Holders |
| Monitor PSST program for adherence to the model on an ongoing basis using the GOI. | PSST Therapists |
| Record family member participation in PSST within the active youth consumer's Functional Assessment Systems (FAS) record. | PSST Therapists |
| Monitors outcomes. | EBP Leadership Team |

**Exhibit A**

# COMPONENTS AND OVERVIEW OF TREATMENT

**Dr. Alan Kazdin**

This manual delineates a cognitive-behavioral treatment procedure developed to assist children who engage in impulsive, nonself-controlled behavior to learn to "stop, slow down, and to consider all of the possibilities." The components of this procedure, detailed below, include: problem-solving tasks, verbal self-instruction, modeling, reinforcement and mild penalty contingencies, and the reward menu.

The therapy procedures are provided in 11 sessions over approximately a three to five month period. Optional sessions can be provided if the child needs additional assistance in grasping the approach (early in treatment) or its application to everyday situations (later in treatment). Each of the treatment sessions is approximately 40 to 50 minutes; one session is scheduled each week. Throughout the course of treatment, modeling is utilized to teach the child the problem-solving skills. These skills consist of applying various steps to solve a problem. After the child has demonstrated mastery, he or she is taught to apply these skills to academic, personal and interpersonal problems.

In order to facilitate acquisition of the problem-solving skills response cost (or a fine) is combined with reinforcement contingencies. At the beginning of each session, the child is given 20 tokens. When the child makes an error, a token is withdrawn. In addition, social reinforcement such as praise and encouragement is combined with self-reward to enhance successful performance and appropriate behavior.

## The Problem-solving Tasks

In order to assist the children in the acquisition and generalization of the problem-solving skills, the tasks are taught sequentially. Initially, the child is taught the problem-solving skills and they are applied to simple problem situations. Later he is gradually shown how to utilize the skills in confronting personal problem situations. To promote further generalization, positive reinforcement is

provided for applications of the approach to problem situations outside of the treatment setting.

The primary goal of the initial tasks is to teach the child to apply problem-solving skills through the use of self-instructions. Therefore, the first sessions are intended to be nonstressful and emphasize interpersonal play situations. During the final stages of treatment, the sessions focus on the child's particular problems. The child is asked to apply the problem-solving skills as he role-plays certain situations which he finds problematic. The more difficult interpersonal situations are approached gradually to ensure that the child fully grasps the method of self-instruction and that the therapist and the child have established rapport.

Verbal Self-Instructions/Problem-Solving Steps

In order to break down the process of problem-solving into discrete steps, 5 verbal self-instructions or problem-solving steps are utilized. Each self-instruction or self-statement represents one step in solving a problem. These verbal self-instructions are outlined in Table 1 (see next page). As shown in Table 1, the content of the problem-solving steps include the following 5 types of statements. The first step requires that the child identify or generate a problem. The second step asks him to come up with an appropriate solution to the problem. In the third step, he comes up with a consequence to that solution. The second and third steps are repeated three times so the child comes up with three different solutions to the same problem. During the fourth step he chooses the solution which he thinks would work the best. The fifth step entails evaluating how he did with his choice, and self-reinforcing if the solution is appropriate.

In order to help the child learn the problem-solving steps, cue cards are employed. Each card features the written problem-solving step accompanied by a drawing. The child and therapist take turns completing the tasks, each using the problem-solving steps. One of the therapeutic objectives is to help the child internalize the problem-solving steps so that he is able to use them to evaluate potential solutions to problems occurring outside of therapy.

A fading procedure is employed so that the child may utilize his problem-solving skills without disrupting the activities of others. The problem-solving steps are first faded from saying all the five steps out loud to just saying steps two and three out loud (still using all five fingers). The next level of fading is saying all the steps in your head (still using all five fingers). The last level of fading is saying all the steps in your head and not using fingers.

From session 4 through the completion of therapy, the therapist and child role-play interpersonal problem situations. Three different levels of fading, explained above, are used over the course of these sessions in order to help the child move from overt self-statements to covert speech. From session 5 through session10, spot checks are utilized. These spot checks require the child to return to the initial level of fading. This gives the therapist information on whether the child is actually internalizing the problem-solving steps or whether he is progressing through the use of rote memory.

Modeling

The therapist alternates tasks with the child and models problem-solving skills and the use of the self-statements. This therapy relies heavily on teaching through modeling, and to a much lesser extent through direct instructions. Instructions are employed only to provide task directions which ensure that the child understands what he or she is being asked to do. Therefore, the therapist functions as a model who participates and demonstrates rather than as a teacher who instructs.

Table 1 The Problem-Solving Steps and Self-Statements

| Specific Steps | Self-Statements |
|---|---|
| 1. Problem definition | 1. What am I supposed to do? |
| 2. Problem approach | 2. What could I do? |
| 3. Evaluating approach | 3. What would happen? |
| 4. Choosing an answer | 4. I need to make a choice. |
| 5. Self-reinforcement or coping | 5. I need to find out how I did. |

statement

In the social learning literature, two types of models have been described: the mastery model and the coping model. The mastery model performs problems perfectly, demonstrating ideal task performance; such a model would complete the therapy tasks without difficulty and without making mistakes. In contrast, a coping model makes mistakes occasionally and shares any difficulties that are encountered while completing the tasks. The coping model demonstrates coping strategies for dealing with difficulties and failures. Some children are reluctant to attempt difficult problems. Random guessing enables them to avoid possible failure and frustration. For children with these difficulties, the coping strategies demonstrated in treatment are particularly important. Therefore, it is the coping model which is used here.

Contingencies: Social Reinforcement

One of the most salient elements of therapy is the systematic use of social reinforcement to shape and maintain high rates of child involvement and skill. Research has established that practice followed by praise usually results in higher performance than practice alone. Skillful delivery of contingent therapist attention, affection, and approval within sessions rests on a clear definition of specific target behavior and the ability to assess the child's performance objectively within each session. When the desired behaviors occur, therapist smiles, hugs, praise, and applause are immediately and enthusiastically delivered.

The early stages of therapy entail a "shaping" process in which social reinforcement is contingent upon the child's success with small components of the task (e.g., learning one step). Throughout therapy, and as the child masters component skills, the performance criterion is gradually raised, so that social reinforcement is delivered for increasingly complex and independent applications of the skills.

Some children initially may not respond to social reinforcement by observed increases in the behaviors that are praised or may not appear to react enthusiastically to the praise. Often both

behavior change and reactions to the praise increase over the course of treatment. In any case, in all treatment sessions therapists provide high rates of social reinforcement using diverse ways to convey approval and praise.

An abbreviated list of therapist social reinforcers, ranging from mild to quite enthusiastic would be:

1. Nonverbal attention (eye contact, smiles, nods, posture)

2. Verbal (specific praise)

3. Affection (touching, hugs)

4. "Total Cheerleader" (combining all three with heightened enthusiasm) Contingencies:

Response Cost

Aggressive children often respond impulsively without carefully evaluating all possible alternative solutions to problems. Consequently, they make many errors. However, in spite of their impulsive responses, they occasionally answer correctly. They may select the correct answer randomly or because the problem was so easy that the answer was readily apparent. If the therapist only reinforces the correct answers, the child's impulsive behavior may also be reinforced.

Two separate procedures are included in the treatment to deter impulsive behavior. First, positive reinforcement, mentioned earlier, is directed at use of the steps in a slow and methodical fashion. Thus, at the beginning of treatment, correct answers are de-emphasized to focus and reinforce use of the problem-solving steps.

Second, the implementation of response cost also is directed to decrease impulsive behavior. At the outset of each session, the child is given a number of tokens. Response cost consists of taking a token away from the child each time he makes a mistake on the task. The child relinquishes a token (is fined) each time he makes a mistake on the task, fails to use the problem-solving steps (or misuses the steps), or goes too quickly through the task. Response cost contingencies usually are instituted in the first session, but only if the child has attained mastery in memorizing the 5 problem-solving steps.

Mastery is defined as that level of performance where the child can fluently and correctly complete the task at least two times without therapist reminders and/or prompts.

Response cost procedures are the same throughout treatment. Each time the child makes an error, the therapist consequates the child with a chip loss and encourages the child to start again. The therapist takes the next turn and makes an intentional error followed by a coping statement (e.g., "Oops, I made a mistake. I guess I was going to fast on that one. I'm going to start again and this time I'll do it perfectly"). The therapist's use of the coping statement models for the child a positive way of handling mistakes.

Although positive reinforcement and response cost are used to develop use of the problem solving approach, there is no question that emphasis is on positive reinforcement. In fact, we are reluctant to use response cost heavily within the individual sessions. We do so as specified here, but the actual invocation of fines is relatively infrequent.

Labeling

When the child loses a token, it is important that he understands why the token was retracted, so that he can avoid the same mistake in the future. Therefore, the therapist explains or labels the mistake. Two labeling approaches are used: concrete labeling and conceptual labeling. Concrete labeling is explicit and typically applies to one specific mistake. The child is told exactly what he did wrong. Conceptual labels are more general and apply to a variety of mistakes and situations. The child is provided with a more global description of his error.

Research suggests that the conceptual labeling process facilitates the transfer of learning from the therapy sessions to natural settings more effectively than concrete labeling. However, concrete labeling provides an unambiguous explanation of errors, which in the early stages enables the child to produce the particular changes specified. Therefore, concrete labels are utilized during the early stages of training. As treatment progresses, however, the therapist gradually decreases his or her use of concrete labeling and increases his or her use of conceptual labeling.

Examples of Concrete Labeling

"You lose a chip because you didn't say 'What would happen'."'

or

"You lose a chip for saying the negative solution, "I would hit him."

Instead you need to come up with a positive solution such as, "I would ask the teacher for help."

Concrete labeling is explicit. The child is provided with a precise statement of his error.

Examples of Conceptual Labeling

"You lose a chip for not taking your time and getting the correct answer."

or

"You lose a chip for not going through all of the steps."

Conceptual labeling is more general. The child is provided with a global statement of his mistake.

When explaining mistakes the therapist's voice and manner should remain calm and nonpunitive.

Throughout each session the therapist models several coping statements. Every time the child loses a chip, the therapist follows with an intentional error and a coping statement when modeling the next task.

The response cost contingency is employed following errors on the tasks, fast guessing, or failure to use all of the problem-solving steps when self-instructing aloud. The contingency is designed to assist the child in remembering to "stop and think" prior to responding.

Contingencies: Self-Evaluation

The response cost procedure is not the only contingency employed. As described previously, social reinforcement and self-reinforcement are provided. The therapist uses frequent and

enthusiastic smiles and praise, and affection. One of the problem-solving steps the child is taught is a self-reward statement with which to reinforce his successful performance. In addition, at the end of the sessions, the child is encouraged to make an accurate self-evaluation of his performance for each session. If his self-evaluation is consistent with that of the therapist he earns an additional token. A chart describing the 3 levels of performance is shown to the child.

Table 2 Chart Provided to the Child to Assist with Self-Evaluation

| How I Did Today | | |
|---|---|---|
| 1 | 2 | 3 |
| Not So Good | Good | Great |

At the conclusion of the sessions, the therapist rates the child's performance and provides feedback to the child with "How I Did Today". The therapist provides a complete explanation as to why this particular rating was chosen. Beginning with the second session, the child is also asked to evaluate his own performance. If the child and therapist ratings match, the child earns one bonus chip. The goal of this procedure is to teach the child to make accurate self-evaluations. Guidelines for discussing self-evaluations are found in Appendix B and Session Two.

Contingencies: Reward Menu

At the end of each therapy session the child uses the chips to purchase a prize from the "Reward Menu" (see Table 3). The child must buy one prize at the end of each session, but may choose to save some chips in order to buy a more expensive prize after a future session. (See Appendix C for sample Bank that records the child's earnings and Appendix D for the "Reward Menu".) Appropriate rewards may vary from child to child. Therefore, a wide variety of rewards is made available. A variety of prices for different rewards is desirable; some rewards should be made available for as few as five chips. This ensures that each child will be able to earn some type of reward and also allows the child to purchase an inexpensive prize, while he saves for a more costly item.

Table 3 Reward Menu

Appendix D

REWARD MENU FOR_____

| | COST |
|---|---|
| CARD GAME | 5 chips |
| MARBLES | 5 chips |
| JACKS | 10 chips |
| NERF BALL | 10 chips |
| POSTER | 15 chips |
| COMIC BOOK | 20 chips |
| BASEBALL CARDS | 25 chips |
| CANDY | 25 chips |
| BOOKS | 30 chips |
| STAR WARS GAME | 40 chips |
| KITE | 45 chips |
| YO-YO | 50 chips |
| VIDEO TAPE | 60 chips |
| BUBBLE GUM MACHINE | 75 chips |

An initial inquiry should be made regarding the acceptability of rewards in the home, and if there are any restrictions on rewards (i.e., no candy). Social reinforcement, therapist praise, and affection is always paired with the presentation of session prizes.

Challenge

A central purpose of treatment is to provide the child with special skills and processes that apply to everyday life including those situations in which performance has been problematic. Over the course of treatment, explicit efforts are enacted to increase the realism and relevance of the situations in which problem-solving skills can be used by the child. The realism and relevance of the situations are addressed in separate ways. Outside of the session, "supersolvers" or special assessments are provided to extend application of problem solving skills in everyday life (see below). Within the sessions, the nature of the interactions between the therapist and child and the situations they enact also evolve over the course of treatment. Children are provided with individualized situations based on interactions derived from their home, school, and community life. Over the

course of treatment, an effort is made to make these interactions more realistic and to provide problems and dilemmas as they are encountered by the child.

Beginning in session 6 and continuing through the end of treatment, the therapist gradually increases the realism of the role-plays. It is useful to conceive of the changes along three dimensions.

1. Compliance: Through the role plays, therapists usually are placed in a position of authority and can decide whether to accept or reject the child's solution to the problem. In the early stages of treatment, the child's solutions are readily accepted to help develop the child's use of the approach. Over time, the therapist's compliance is reduced and eventually not automatic. This requires the child to spontaneously generate new solutions and to apply the approach in the face of more difficult circumstances.

2. Therapist Demeanor: The behavior of the therapist also evolves over the course of the role-plays. With the assistance of the child, the therapist tries to add to the realism by using the tone and intonation of others with whom the child interacts (e.g., slightly raised voice, facial expressions).

3. Child Prompts: The child is instructed by the therapist in advance of situations that this may be more difficult, that the therapist may be unreasonable, and so on to ensure that the task is not frustrating. Throughout the procedure, the game-like quality is retained. At the same time, the difficult situations and dilemmas relevant to the child's life are addressed in reasonable although tame fashion.

The therapist will gradually increase the amount of the realism or challenge for the role plays along these dimensions as treatment progresses. A guideline for progression of realism follows but it is expected that each child will vary according to the amount of challenge they can usefully work through at any particular time.

Sessions 6 & 7

a) Prompts that a challenging situation will arise are given

b) Therapist begins to reject child's original response

Sessions 8 & 9

a) Prompting continues

b) Therapist continues to reject child's response

c) Therapist begins to employ a more realistic or challenging demeanor

Sessions 10 & 11

a) Therapist continues to reject child's response

b) Therapist continues to employ a more realistic or challenging demeanor

c) Therapist discontinues prompts given to child that challenging role plays will ensue

Supersolvers (Homework)

To encourage the child to use the steps in real-life situations, the child is given homework assignments. These begin early in treatment and consist of applications of the problem-solving steps to every day life. Initially the child is asked to think of situations to which the problem-solving steps could be applied and then applies the steps to easy and eventually more complex situations. Related to the homework (supersolver) assignments, parents are integrated into real-life applications with the child. Here too, early in treatment, parents and children are given supersolver assignments where they work together and the child applies the steps to real life problems. The supersolver procedures constitute a major facet of treatment. They involve their own reward programs, graduated tasks, monitoring forms, and fading procedures. Consequently these procedures are described in a separate supplement to this manual.

Materials Checklist and Therapist's Checklist Before Starting Session

These sheets need to be filled out before the therapy session starts.

Session Summary Sheet and Therapy Checklist

This sheet is to be filled out by the therapist at the end of each session (not with child present). (For explicit content of Materials Checklist, Therapy Checklist, and Session Summary, see Appendices E and F.)

Therapy Procedures Section

In the previous section the components of cognitive therapy aimed toward the development of self-control have been highlighted. Problem-solving tasks, self-instruction procedures, modeling, and contingencies, have been detailed and a suggested reward menu has been proposed. The next section details how these procedures are implemented and integrated into each session. It is important to reiterate that a significant segment of treatment is conducted outside of the session as part of the supersolver and in vivo assignments. These are detailed in a separate manual supplement.

The conceptual basis of each session is reiterated. Procedures essential to the session are defined and sequenced. Model therapist statements are provided. Special considerations are offered to enrich the therapist's understanding of particular individual needs of children, as well as to include some of the subtle "fine tuning" that is required in clinical practice.

Overview of the Sessions

**Session One**. The purpose of this initial session is to establish rapport with the child, to teach the problem-solving steps and to explain the procedures of the cognitively based treatment program. The child is acquainted with the system and the use of token reward (chips), reward menus, and response cost contingencies. The session is concluded with an introduction and explanation of self-evaluation.

**Session Two**. This session teaches the child to employ the problem-solving steps to complete a relatively simple task. The child applies the steps to simple problem situations presented in a board game fashion. During the session, the therapist demonstrates how to use the problem-solving steps in decision making, how to provide self-reinforcement for successful performance, and how to cope with mistakes and failure. One of the goals of this session is to illustrate how the self-statements can be used to help "stop and think" rather than respond impulsively when confronted with a problem. During this session, the therapist makes errors and models their correction by using appropriate, self-controlled responses.

**Session Three**. This session involves presenting the child with hypothetical interpersonal problem situations and asking him to evaluate potential solutions and examine the consequences of each possibility. Because of the nature of the task for this session, it is often referred to as the DO-HAPPEN session.

**Session Four - Ten.** In these sessions the child uses the problem-solving steps to generate prosocial solutions to provocative interpersonal problems or situations. The interpersonal problems are presented in a variety of ways using various approaches, materials, and tasks to encourage the child to think about different nonaggressive ways to handle difficult problems with others. In most sessions, role-playing is utilized to give the child the opportunity to physically enact what he would do in a situation, thus making these interactions similar to real-life exchanges.

Each session concentrates on a different category of social interaction which the child might realistically encounter (i.e., peers, parents, siblings, teachers, etc.). This categorization organizes and structures the material to be presented and also communicates to the child that his responses may vary as a function of the category of person with whom he is interacting (i.e., responses to siblings may differ from responses to the school principal). Real-life situations, generated by the child, are employed alone with the hypothetical situations presented by the therapist, to promote generalization into the child's daily environment. The child's homework assignments (supersolvers) also become a more integral part of each session; they are re-enacted with the therapist beginning in session 8 in order to better evaluate how the child is transferring skills to his daily environment.

**Session Eleven**. This "wrap-up" session is included: 1) to help the therapist generally assess what the child has learned in the session, 2) to clear up any remaining confusions the child may have concerning the therapy, and 3) to provide a final summary for the child of what has been covered in the meetings. A role-reversal task with the child playing therapist is used to give the child a final opportunity to pose and defend nonaggressive solutions to problems. In addition, this session provides closure for the therapy, and allows unfinished business ("spending" remaining chips, completing final supersolvers, etc.) to be completed.

**Optional Sessions**. Additional sessions are provided to the child, as needed, if the child has special difficulty in grasping any features of the problem-solving steps or their application. For example, the child may have difficulty in applying the steps, learning to state them covertly, and so on. An additional session may be applied to repeat material of a previous session, so that the child has a solid grasp of the approach. Optional sessions may be implemented at any point that the child's progress lags behind the level appropriate to the session that has been completed. For example, if a facet of treatment has not been learned (e.g., memorization of steps, fading of steps) associated with the particular session that has been completed, an optional session may be implemented. These sessions can only be scheduled after supervisory consultation about the case. It is likely that optional sessions will occur at particular points in treatment. One such place might be very early in treatment if the child has special difficulty in learning the steps. Alternatively, optional sessions might occur between sessions 11 and 16 where additional opportunities would be provided for the child to practice the steps in role-play situations in which he has had difficulty.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Alternatives to Guardianship</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.12</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/08</td><td>Date of Review/Revision:<br>6/10/09, 6/10/10, 4/4/12, 5/8/14, 8/6/14, 10/29/14, 5/4/15, 6/13/17, 4/10/18, 12/11/18, 4/9/19, 8/14/20, 4/13/21, 5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>Director of Recipient Rights, Customer Service, & Security</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

This document sets forth SCCMHA's policy regarding alternative methods to handle decision-making that assist adults with a serious mental illness, substance use disorder, intellectual/developmental disability, and their advocates. It is designed to provide guidance, encourage best practice, and promote the rights of persons served by SCCMHA as well as ensure that individuals have access to alternatives to guardianship including, but not limited to those delineated below in Standard F.

**Policy:**

Independence, respect, and equality are values important to all people and, as such, help define the concepts of autonomy (i.e., independence and freedom) and self-determination (i.e., a person's right to make decisions for him or herself).

SCCMHA believes that adults should be empowered to make their own decisions but recognizes that consumers may require support that can include restrictions on autonomous decision-making in instances of clearly demonstrable risks to health and safety. SCCMHA shall always seek to balance the preservation of safety with the dignity of risk approval.

The least restrictive alternative should always be considered before taking away a person's civil and legal rights to make decisions for him or herself. The least restrictive alternative is an option that allows a person to maintain as much autonomy and self-determination as possible while providing only the level of protection and supervision necessary.

Consumers for whom decision-making autonomy has been restricted shall be provided with opportunities to acquire the skills and abilities needed for autonomous decision-making as well as those deemed essential to maintaining health and safety.

**Application:**
This policy applies to all SCCMHA-funded providers of services and supports to adults with mental illness, substance use disorder, co-occurring condition(s), and/or an intellectual/developmental disability.

**Standards:**

A. All SCCMHA-funded providers shall endeavor to preserve the basic human, civil rights and freedom of all persons served.

B. Alternatives to guardianship shall always be pursued prior to considering guardianship for consumers.
   1. These options shall be reviewed with consumers and their supporters.

C. The alternative to guardianship identified for each individual shall be deemed as the most effective relative to the person's situation in terms of empowerment and legal enforceability.
   1. Alternatives to full guardianship that offer the greatest autonomy and are the least intrusive/restrictive shall be given priority consideration.
   2. Any restrictions placed upon the consumer's right to autonomous decision-making shall be as narrow as feasible and shall be based on demonstrable health and safety issues.
      a). Said restrictions shall be reviewed on a regular basis to ensure that they continue to be necessary and are effective.
         1). Reviews and continued justification of any restrictions placed upon the consumer's autonomy shall be documented in the consumer's PCP.
      b). A consumer whose decision-making autonomy has been reduced or eliminated shall be offered interventions that are designed to help them gain the necessary skills and abilities to eliminate or decrease the restrictions placed upon them for their health and safety.

D. Guardianship issues and alternatives to guardianship shall, as indicated and warranted, be incorporated into the person-centered planning process and documented in the consumer's person-centered plan of service and shall include:
   1. The identification of a specific and individualized assessed need.
   2. Documentation of positive interventions and supports used prior to any revisions to the person-centered service plan that will result in a curtailment of the consumer's decision-making autonomy.
   3. Documentation of less intrusive methods of addressing the identified need that have been tried but found to be ineffective.
   4. A clear description of the condition that is directly proportionate to the specific assessed need.
   5. Systematic collection and review of data on an ongoing basis to measure the effectiveness of the modification.
   6. Established time limits for periodic reviews to determine if the modification is still necessary or can be terminated.
   7. The informed consent of the individual.
   8. An assurance that interventions and supports will not cause harm to the consumer.

E. The consumer's clinical record shall clearly indicate any surrogate decision-maker and the extent of that surrogate's authority.
   1. This will be recorded in the applicable Demographic section of the electronic record (Sentri).
   2. A legible and legal document providing proof, such as the court guardianship papers, power of attorney, etc. must be scanned into the electronic record (Sentri).

F. SCCMHA providers need to be familiar with alternatives to guardianship and actively advocate for alternatives including the following options:
   1. A natural support system consisting of a network of committed family members, friends, and circles of support that are fully aware of a person's strengths, wishes, and character traits can assure that decisions are not made in a void or by paid service providers. In addition, a support system can distribute tasks and supports in a shared fashion so that no single person bears full responsibility. Consideration should be given for a release of information to allow family and other supporters access to medical records and receive routine invitations to participate in person-centered planning meetings.
   2. The provision of community assistance for support and observation including, but not limited to:
      a. Postal service checks for piled up mail
      b. Unpaid utility bills and meter reader observation
      c. Telephone reassurance programs
      d. Home visitors and pets on wheels
      e. Meals on wheels
      f. Food and prescription medication delivery
      g. Home sharing/roommate
      h. Personal assistance/home health care
      i. Service animals
   3. The provision of assistance with finances for people who have difficulty managing their funds. Including the following options:
      a. A representative payee designated by the Social Security Administration, the Veteran's Administration, and other government agencies to receive monthly benefit checks on behalf of a beneficiary when the beneficiary is determined incapable of managing the funds themselves.
      b. A bill payer who assists an individual in organizing monthly income and expenditures, writes checks for the person's signature, and assists the client with paperwork related to bill paying. **Bill** payer programs serve individuals with limited incomes who are still in charge of their own financial affairs but need some help organizing their bills and checkbook.
      c. Banking arrangements and dual signature accounts can be used as alternatives to conservatorships. A person can often retain control of their own affairs with the help of automatic deposits and withdrawals for bills or banking by mail or phone. Another method

often used is the establishment of a joint bank account in which a trusted friend or family member's name is added to an account. Caution is recommended because both persons on the account have ownership of the account. A limited bank account that requires a co-signor to access funds, write checks, or transact business is another banking option.

d. A joint property arrangement in which two or more people share ownership of real estate or bank accounts is a common form of property management. Joint property arrangements, particularly joint bank accounts, generally are easy and inexpensive to establish and no court supervision is necessary. On the other hand, joint property arrangements are inherently risky because of the control they allow the co-owner over money or property and these arrangements may be less flexible once control over the property is given to the co-owner.

4. Families can set up Special Needs Trusts (SNTs) that adhere to Social Security, SSI (Supplemental Security Income), and Medicaid rules to ensure their family member with a disability has available resources after parents or other caretakers are no longer available. Funds in Special Needs Trusts are not counted as part of an individual's income (unlike funds in traditional savings accounts) and thus provide a safeguard for benefits such as Medicaid and Social Security. People with disabilities can also set up trusts on their own behalf.

   a. An OBRA 93 trust is used to shelter the assets of a person with a mental illness or intellectual/developmental disability while protecting their eligibility for Medicaid. Such assets are typically in the form of accounts created for the person prior to reaching the age of majority or unexpected distributions such as inheritances, gifts from relatives, or personal injury settlements. OBRA 93 trust provisions must require that the income and principal be unavailable to provide support to the beneficiary. These trusts must also specifically authorize that the state of Michigan will receive all amounts remaining in the trust upon the death of recipient up to an amount equal to the total medical expenditures paid on their behalf, including benefits received prior to the creation of the trust. An exception allows for the assets retained by the trust subsequent to the death of the beneficiary by a trustee that is a nonprofit organization which may then use retained assets for the benefits of others with disabilities.

   b. An amenities trust is designed to supplement means-tested entitlement benefits[1] (e.g., SSI, SSDI, and Medicaid) that are essential to securing personal assistance and medical treatment. Amenities trusts provide a resource for purchasing amenities to enhance the person's quality of life without hindering their access

[1] Any outright inheritance or distribution received by an individual with an intellectual/developmental disability or mental illness can interfere with the flow of their mean-tested benefits such as SSI or Medicaid.

to essential public benefits. They can also be used to purchase a residence[2] for the beneficiary and ensure the beneficiary's needs are monitored subsequent to parents' deaths. An Amenities trust is typically a subtrust to a family or credit shelter trust funded upon the death of the grantor and grantor's spouse. A fiduciary is required to manage the assets throughout the beneficiary's lifetime. The grantors (typically parents) determine the disposition of any remaining trust assets subsequent to the death of the beneficiary.

c. A "solely for the benefit of" trust is created solely for the benefit of a person who is disabled under federal law and is in the amenities trust format. The transfer of assets to the trust (typically by a parent) is used to qualify the parent for Medicaid without disqualifying the person with an intellectual/developmental disability or mental illness from also receiving Medicaid. Thus, the assets are transferred to the trust and removed from the parent's countable assets which are not a divestment subject to the look-back period with respect to the parent's Medicaid application. A parent who is moving toward long-term care and may need to qualify for Medicaid can create a trust that is solely for the benefit of his/her child with an intellectual/development disability or mental illness and can fund the trust during the parent's lifetime. The parent thus becomes immediately eligible for medical assistance and the beneficiary of the trust does not have to count the trust assets or income generated by the trust. This type of trust can be effective in estate planning when the parent's estate is at risk for depletion due to their medical and long-term care needs.

5. **ABLE (Achieving a Better Life Experience) accounts** are tax-advantaged savings accounts that enable eligible individuals with disabilities to save money in a tax-exempt account that may be used for qualified disability expenses while still maintaining their eligibility for federal public benefits. Contributions to ABLE accounts are made on an after-tax basis and earnings grow tax-deferred and are tax-free if used for qualified disability expenses. Contributions may be made by any person (the account beneficiary, an employer, family and friends) and may or may not be tax deductible depending on the specifics of the state ABLE law. Funds in the account may be used for many different types of expenses (e.g., education, housing, transportation, employment training and support, assistive technology, personal support services, health care expenses, financial management and administrative services, daily living expenses and other expenses to enhance the beneficiary's quality of life). The beneficiary is the owner of the account, but legal guardianship and powers of attorney will

[2] If the beneficiary pays rent to the trust and the rent payment constitutes a reasonable share of the expenses for maintaining the home, the provision that the trust not be used for shelter is satisfied. The amenities trust can purchase the home in the beneficiary's name if their income is sufficient to pay for basic utilities and property taxes. If the beneficiary opts to include roommates, they can share the expenses associated with home maintenance.

permit others to control ABLE funds in the event that the beneficiary is unwilling or unable to manage the account.

6. **Power of Attorney** allows an individual to designate a person to discuss and make decisions regarding medical decisions, living situations, confidentiality issues and other areas. The power of attorney allows the individual to give that power and they can take it away if they become dissatisfied with the decisions being made. There are general powers of attorney that convey a broad range of authority and limited powers of attorney that convey power over specific activities.
    a. A General Power of Attorney authorizes the attorney-in-fact to act on the person's behalf in all personal affairs and financial transactions. The authorization ceases upon death. Unless the document is a durable power of attorney, it terminates upon disability or incapacity.
    b. A Limited Power of Attorney authorizes the attorney-in-fact to act on the person's behalf only in matters specifically designated in the written document. The authorization ceases upon death. Unless the document is a durable power of attorney, it terminates upon disability or incapacity.
    c. Durable and Standby Powers of Attorney continue to be effective even in the event of disability or incapacity. Furthermore, a durable power of attorney can be made effective upon occurrence of a certain date or event such as a diagnosis by a physician of disability or incapacity. Because the effective date is delayed, this type of durable power of attorney is referred to as a standby power of attorney. Financial and medical Powers of Attorney can be made durable.
    d. A Medical (Durable) Power of Attorney or Durable Power of Attorney for Health Care appoints an agent to provide informed consent to surgery, medical treatment, personal care, and other medical or health related matters. A Medical Durable Power of Attorney covers a broader spectrum of medical procedures than a Living Will can. This type of power of attorney allows an individual to choose someone as their agent (i.e., someone who acts on their behalf) to make health care decisions whenever the individual cannot, due to unconsciousness or loss of ability to think and reason. This agent is required to make health care decisions according to directions provided by the principal. If the principal's wishes are not clearly understood and defined, then the agent must make decisions based on what he or she believes to be in the principal's best interests. The durable power of attorney for health care only comes into play when the principal's doctor has determined that the principal is unable to make health care decisions for him or herself, even when the situation is temporary.
        1) A Protective Medical Decisions Document (PMDD) is a durable power of attorney for health care that gives a person

named (the agent) to make health care decisions the authority to act on another person's behalf. The PMDD does not give the agent authority to approve the direct and intentional ending of life; it specifically prohibits euthanasia and assisted suicide.

e. A Financial (Durable) Power of Attorney appoints an agent to make financial decisions and/or handle financial transactions for an individual.

7. A conservator is appropriated by the court and is responsible for making decisions about the financial affairs of the ward. The ward's financial affairs include assets (e.g., stocks, bonds, bank accounts, cash and real estate) for which the conservator has assumed responsibility. Generally, the conservator controls all of the ward's income and property, takes care of paying bills, and handles other financial matters. The conservator's duties are to first, take possession of all the real and personal property of the ward. The conservator should immediately establish a bank account on which the conservator has signature authority. All of the ward's income, including Social Security, investment income and other sources should go into this account so the conservator can control it and render appropriate accounting when it is required.

   It is also the conservator's duty to preserve and protect the ward's property. At all times the conservator should exercise the same diligence that he/she would practice handling his/her own financial affairs. The conservator should invest prudently, keep records, and return the assets at the termination of the conservatorship. The conservator must be careful not to mix his/her property with the ward's property.

   A conservator's powers are divided into two distinct categories: those powers that can be exercised without prior court approval, and those powers that can be exercised only with the court's prior approval. Powers that the conservator can exercise without prior court approval include: collecting principal and income from any source; suing or defending claims in favor of, or against, the ward; selling or transferring perishable personal property; voting for the ward at corporate meetings; and receiving additional property from any source. The powers that the conservator can exercise only with the court's prior approval include: making payments to or for the benefit of the ward, including payments for nursing homes, medical expenses; investing the ward's funds; executing leases on behalf of the ward; applying any part of the ward's income or property for the support of anyone else; settling a legal claim; selling any property of the ward's; canceling contracts entered into by the ward that are no longer beneficial to the ward; and making gifts.

   a. A limited conservatorship gives only those specific powers that are set out in the court order; the ward can still make decisions in all other matters. By law, the court must attempt to give the conservator the fewest powers necessary to meet the needs of the ward. In contrast, a general or full conservatorship gives the conservator the authority to make all but a few decisions on behalf of the ward.

b. A standby conservatorship can be appropriate for a person who may currently be able to handle his/her affairs but anticipates a time when he/she may not be able. A person of sound mind can establish a standby conservatorship to plan for any infirmities without giving up present control over the property. A verified petition must be executed for the voluntary appointment of a conservator to establish a standby conservatorship. The petition must contain the express condition that the petition be acted upon by the court only upon the occurrence of a specified event, or the existence of a described condition of mental or physical health of the petitioner. The occurrence of the event, or the existence of such condition, must be established in the manner directed by the petition. The petitioner can revoke the petition before the appointment if the petitioner is of sound mind.

8. An Advance Directive names a proxy and provides guidance about a person's wishes and is essentially a combination of a health care power of attorney (or health care proxy) and a living will. Advance directives are oral or written instructions an adult gives to health care providers, family and loved ones while able to communicate. The reason for giving advance directives is to ensure a person's wishes regarding their health care are followed in case the person is no longer able to communicate with providers. Advance directives should be executed while the principal (person entering into an advance directive) is competent. The principal must be able to understand who he or she is appointing to make health care decisions and should choose an agent who is trusted. There are two types of advance directives: the durable power of attorney for health care and the living will.
9. A living will, also called a directive or declaration, is a document, signed while an individual is competent, that instructs doctors to withdraw or withhold artificial life support if the individual becomes medically terminal. Living wills only apply to artificial life sustaining procedures. It should be noted that because the attending physician may be a total stranger who is completely unfamiliar with the consumer's values and wishes, terms in the document may be interpreted by the physician in a manner that was not intended by the signer. In addition, family members and others who are familiar with the signer's values and wishes have no legal standing to interpret the meaning of the directive.

**Definitions:**

**ABLE Act:** The Stephen Beck Jr. Achieving a Better Life Experience (ABLE) Act (PL 113-295) added Section 529A to the federal tax code to enable eligible individuals with disabilities to save money in a tax-exempt account that may be used for qualified disability expenses while still keeping their eligibility for federal public benefits.

**ABLE Account:** A tax-advantaged savings account that qualified individuals with disabilities may open as a result of the passage of the ABLE Act of 2014 and subsequent enactment of state ABLE laws. Individuals with disabilities can only have $2,000 in assets at any given time in order to remain eligible for many federal means-tested benefits

programs which provide much-needed supports, such as Supplemental Security Income (SSI). Under ABLE, eligible individuals and families may establish ABLE savings accounts that will not affect their eligibility for SSI (up to $100,000), Medicaid and other public benefits. ABLE accounts provide a mechanism to essentially increase this $2,000 asset limitation so that individuals with disabilities and their families can save money for their future and to improve their quality of life.

An individual must meet two requirements to be eligible for an ABLE account: an age requirement and a severity of disability determination. The onset of symptoms of the person's disability must have occurred before age 26. Additionally, the disabled individual must have "marked and severe functional limitations" (essentially, a Social Security definition of disability). An individual whose disability occurred prior to age 26 and is already receiving SSI and/or SSDI is automatically eligible to establish an ABLE account. Those who are not recipients of SSI and/or SSDI but still meet the age of onset disability requirement will be eligible to open an ABLE account upon obtaining a disability certification from their physician.

The total annual contributions by all participating individuals, including the beneficiary, family and friends, is $14,000 (the federal gift tax exclusion). The total limit of contributions that could be made to an ABLE account over time is tied to the individual state's maximum amount for regular 529 accounts (typically around $350,000). The first $100,000 in ABLE accounts will be exempted from the SSI $2,000 individual resource limit. After $100,000, the beneficiary's SSI will be suspended (but not terminated), though Medicaid benefits will continue regardless of ABLE funds.

**Amenity:** An amenity is anything that is not food or shelter and does not involve a direct distribution of cash to a Medicaid recipient. For purposes of SSI, amenities trusts cannot pay for basic support including rent, utilities (gas, water, sewer, electricity, and garbage removal), mortgage payments, property taxes, and property insurance.

Allowable amenities include:

- acupuncture/acupressure
- advocacy
- appliances (TV, VCR, stereo, microwave, stove, refrigerator, washer/dryer)
- bottled water
- bus pass/public transportation fees
- clothing
- clubs and club dues (record clubs, book clubs, health clubs, service clubs)
- computer (hardware, software, programs, Internet service)
- courses or classes (academic or recreational)
- curtains, blinds, drapes
- dry cleaning and laundry services
- elective surgery
- fitness equipment
- furniture, home furnishings
- gasoline for automobile
- haircuts/salon services
- house cleaning/maid services
- insurance (automobile and/or possessions)
- linens and towels
- massage
- musical instruments (including lessons)
- nonfood grocery items (laundry soap, bleach, fabric softener, deodorant, dish soap, hand and body soap, personal hygiene products, paper towels, napkins, Kleenex, toilet paper, any household cleaning products)
- over-the-counter medications (including vitamins or herbs)
- personal assistance
- pet, pet supplies
- physician specialists

- private counseling
- repair services (appliance, automobile, bicycle, household)
- retail store charge accounts (gift stores, craft stores, hardware stores, pet stores)
- sporting goods/equipment
- taxi cab scrip
- telephone, internet, cable or satellite television
- tickets to concerts or events (for beneficiary and accompanying companion)
- transportation (automobile, motorcycle, bicycle, moped)
- vacation (including paying for a companion to accompany the beneficiary)

**Guardian:** A person who is responsible for someone legally unable to care for him/herself and manage his/her affairs and has been given decision making authority pursuant to testamentary or court appointment. A guardian is appointed by the court to make decisions about the ward's needs or affairs other than financial matters. These may include decisions regarding medical treatment, where the ward lives, and arrangements for services such as meals, personal care, training, and education. A guardian's duties and powers are divided into two distinct categories: those powers and duties that can be exercised without prior court approval, and those powers and duties that can be exercised only with the court's prior approval. Powers that a guardian can exercise without prior court approval include: providing for the care, comfort and maintenance of the ward, including appropriate training and education intended to maximize the ward's potential; taking reasonable care of the ward's clothing, furniture, vehicle and other personal effects; assisting the ward in developing maximum self-reliance and independence; ensuring that the ward receives necessary emergency medical services and routine medical care; ensuring that the ward receives professional care, counseling, treatment and services as needed; plus any other powers and duties that the court may specify. The powers the guardian can exercise only with the court's prior approval include: changing the ward's permanent residence if the proposed residence is more restrictive than the current residence; arranging the provision of major elective surgery or any non-emergency major medical procedure; and consenting to the withholding or withdrawal of life-sustaining procedures.

A **general guardian** is someone charged with the care of both the ward and his property. This includes room and board, personal maintenance, financial needs, medical care, and other legal responsibilities pertaining to handling the ward's estate, property, and assets responsibly. A **personal guardian** or **guardian of the person** has the power only to make all personal decisions, including where the ward will live.

A **full (plenary) guardian** possesses all the legal duties and powers enumerated in law. A person with a full guardian has some or all of their rights taken away and given to another person including the right to choose their own clothes, leisure activities, friends, and food.

A **limited guardian** possesses fewer than all other legal duties and powers of a full guardian and whose rights, powers, and duties have been specifically enumerated by the court. A limited guardianship gives the guardian only those specific powers that are set out in the court order; in all other matters the ward can still make decisions for him or herself. The court must, by law, only give the guardian the powers necessary for the guardian to meet the needs of the ward. By contrast, a general or full guardianship gives the guardian the authority to make all decisions on behalf of the ward, except those that require prior court approval.

A person may currently be able to handle their affairs but anticipates a time when he/she may not be able to do so. To pre-determine who will serve as guardian, if in the future a guardianship becomes necessary, a person of sound mind can establish a **standby guardianship**. The standby guardianship takes effect only upon the occurrence of an event specified in the document (petition). With a standby guardianship, a person can retain control over his/her personal affairs until the event specified occurs. To establish a standby guardianship, a verified petition must be executed for the voluntary appointment of a guardian. The petition must contain the express condition that the petition be acted upon by the court only upon the occurrence of an event specified or the existence of a described condition of mental or physical health of the petitioner. The occurrence of the event or the existence of such conditions shall be established in the manner directed by the petition. The petitioner can revoke the petition before the need for appointment if the petitioner is of sound mind.

A guardian is usually selected in accordance with the following prioritized list:

1. A member of the individual's natural support system (e.g., spouse, adult child, parent, sibling relative or friend)
2. A representative of a recognized advocacy organization (e.g., United Cerebral Palsy Association of Michigan, National Association for the Mentally Ill Michigan Chapter, the ARC, Disability Rights Michigan).

It should be noted that Michigan law provides that guardianship over individuals with intellectual/developmental disabilities be considered as a last resort (MCL 330.1602). In addition, guardianship does not confer power of compulsion, only of persuasion. Guardianship is not appropriate in order simply to require a person to take medication nor does it authorize a person to be treated without their consent. Moreover, unless a guardian with the person 24/7, guardianship cannot prevent abuse or exploitation; guardianship cannot prevent bad things from happening.

**Health Care Proxy:** An agent who makes health care decisions for a person lacking the capacity to make such decisions for him/herself.

**Incapacitated Person:** Any person who is impaired by reason of mental illness, mental deficiency, physical illness or disability, chronic use of drugs, chronic intoxication or other cause (except minority) to the extent that s/he lacks sufficient understanding or capacity to make or communicate responsible decisions concerning his/her person or which cause has so impaired the person's judgment that he/she is incapable of realizing and making a rational decision with respect to his/her need for treatment.

**Living Will:** A legal document directing the principal's doctor to withhold or withdraw certain treatments (life-sustaining procedures) that could prolong the dying process. It is used to express wishes for medical decisions about withholding or withdrawing of life-sustaining treatment wherein the person lacks capacity to make decision. This advance directive becomes effective only at the point when, in the written opinion of the doctor (and confirmed by one other doctor), the principal is expected to die soon and is unable to make health decisions for him or herself (because he/she is unconscious or unable to think and reason) or because of permanent unconsciousness (irreversible coma or persistent vegetative state). A living will is often used in conjunction with health care proxy.

**Power of Attorney**: A written document by which one person (the principal) gives to another person (attorney-in-fact) the authority to act on the first person's behalf in one or more matters. The person giving legal authority must be competent to grant a power of

attorney and only a trusted individual should be chosen to act as the attorney-in-fact. A power of attorney for financial matters grants authority to the attorney-in-fact to transact business on the person's behalf. The power of attorney can grant the attorney-in-fact one or all of the following:

- Open, maintain or close bank accounts or brokerage accounts
- Access to safe deposit boxes and their contents
- Make financial investments
- Borrow money, mortgage property, or renew or extend debts
- Prepare and file federal and state income tax returns
- Vote at corporate meetings
- Sell, convey, lease or maintain real estate
- Purchase insurance for the principal's benefit
- Initiate, defend, prosecute, or settle any lawsuit
- Start or carry on business
- Employ professional and business assistances of all kinds, including lawyers, accountants, real estate agents, etc.
- Apply for benefits and participate in governmental programs
- Transfer to a trustee any and all property
- Disclaim part or all of an inheritance

**Representative Payee:** A person appointed to take care of another person's money. Government benefits may be paid to a representative payee. The person appointed as the Representative Payee will pay for the other person's living expenses. The Social Security Administration and the Veterans Administration (if applicable) must be contacted to have a representative payee appointed for someone.

**Trust:** A legal relationship in which one person (a trustee) holds real or personal property (e.g., money, real estate, stocks, bonds, collections, business interests, personal possessions, and other tangible assets) for the benefit of another person (the beneficiary). Trusts that can be changed or terminated at any time by the grantor are **revocable**. Trusts that cannot be changed or terminated before the time specified in the trust itself are **irrevocable**. The trustee holds legal title to the property transferred to the trust and has a legal duty to use the property as provided in the trust agreement as permitted by law. The beneficiary retains equitable title (i.e., the right to benefit from the property as specified in the trust). Trusts can be useful planning tools for incapacity because they can be established and controlled by a competent person and later continue in operation under a successor trustee if the person establishing the trust becomes unable to manage his/her affairs. One person often establishes a trust for the benefit of another. This type of trust involves at least three people: the grantor/trustor (the person who creates the trust); the trustee (the person or financial institution who holds and manages the property for the benefit of the grantor and others); and the beneficiary or beneficiaries (the person(s) who receives the benefits from the trust).

**Exhibits:**

A. Guardianship Referral Form
B. Authorization for Payment to Guardianship Services
C. Guardianship Questionnaire Electronic Form

**References:**

A. Centers for Medicare & Medicaid Services (CMS) Home and Community Based Services (HCBS) Final Rule (CMS 2249-F/2296-F): https://www.michigan.gov/documents/mdch/Final_Rule_474879_7.pdf
B. MDHHS BHDDA HCBS Guardianship FAQs: https://www.michigan.gov/documents/mdhhs/MDHHS_BHDDA_HCBS_GUARDIANSHIP_FAQ_6.25.18_634277_7.pdf
C. Medcaid.gov Home & Community Based Services Final Regulation: https://www.medicaid.gov/medicaid/hcbs/guidance/hcbs-final-regulation/index.html
D. Michigan Medicaid Provider Manual: Home and Community Based Services Chapter
E. Michigan Mental Health Code, Chapter 6 (*Guardianship for the Developmentally Disabled)*: https://www.legislature.mi.gov/(S(es1wxoil2rubqjnavtoe3pjd))/documents/mcl/pdf/mcl-258-1974-6.pdf
F. SCCMHA Policy 02.03.03 – Person-Centered Planning
G. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Incorporates discussion of guardianship issues and alternatives into the person-centered planning process, as indicated/needed, and documents that process in the consumer's person-centered plan of service and ongoing reviews in accordance with Standards C and D of this policy. | 1. Case Holder |
| 2. Establishes a guardianship request review committee to review requests for guardianships | 2. Executive Director of Clinical Services |
| 3. Submits the guardianship referral form to the Administrative Coordinator for the Customer Service/Recipient Rights Office | 3. Case Holder |
| 4. Adds the form to the guardianship review committee's monthly meeting agenda. | 4. Administrative Coordinator for the Customer Service/Recipient Rights Office |
| 5. Meets with the Case Holder, reviews relevant information, and decides | 5. SCCMHA Guardianship Committee |

| | |
|---|---|
| whether or not SCCMHA agrees that the Case Holder should pursue a guardianship and whether or not to request authorization for a court-required psychological evaluation. | |
| 6. If approved, completes the Guardianship Questionnaire form and sends to Braun Kendrick Law Offices for pursuit of guardianship | 6. Case Holder |
| 7. Sends a copy of the signed Guardianship Referral form to Medical Records for scanning into the Clinical Record. | 7. Administrative Coordinator for Customer Service/Recipient Rights |
| 8. Approves guardianship for a period of one year only. | 8. Guardianship Committee |
| 9. Completes and submits a new referral to the Guardianship Committee if the guardianship is not completed within one year. | 9. Case Holder |
| 10. Works with family/advocate/supporter to establish an alternative to guardianship if the committee determines the Case Holder should not pursue guardianship. | 10. SCCMHA Guardianship Committee and Case Holder |
| 11. Completes the Authorization for Payment form and sends it to Guardianship Services when there is a vacancy in the list kept by Guardianship Services. | 11. Director of Recipient Rights, Customer Service, & Security |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Guardianship Referral Form

**Please review Alternatives to Guardianship Policy # 02.03.12 before making the referral to the Guardianship Committee**

**Case Manager/Support Coordinator to complete form and send to the Customer Service/Recipient Rights Administrative Coordinator for inclusion on the next scheduled Guardianship Committee Meeting.**

| | |
|---|---|
| Date of Referral: | |
| Consumer Name: | Consumer Case #: |
| Case Holder: | |
| Provider/Team: | |
| Reason for Referral: | |
| Referral Approved by Supervisor: | Name/Signature / Date |

**Information Below to be completed by Guardianship Committee**

| | |
|---|---|
| **Date of Guardianship Committee Meeting:** | |
| **Request for SCCMHA Support of Guardianship Accepted:** | ☐ |
| **Request for SCCMHA Support of Guardianship Declined:** | ☐ |
| **Reason for Decision OR other Recommendations:** | |
| **SCCMHA Guardianship Chair – Kristie Wolbert** | **Date** |

Scan: Legal

4/22/20 tn

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Authorization for Payment to Guardianship Services

**Guardianship Committee to complete this form for every person approved for Guardianship or Payee Services through contract with SCCMHA.**

**Consumer Name:** _____ **Consumer Case #:** _____

**Case Holder:** _____

**Provider/Team:** _____

**Reason for Authorization:** _____

_____

**Service to be Provided:** ☐ **Guardianship** ☐ **Payee**

**Date of Guardianship/Payee Authorization:** _____

_____ _____

**SCCMHA Guardianship Chair – Kristie Wolbert** **Date**

Exhibit C

# GUARDIANSHIP QUESTIONNAIRE

**Kosta D. Povich, Esq.**
**Braun Kendrick Finkbeiner P.L.C.**
**4301 Fashion Square Blvd.**
**Saginaw, Michigan 48603**
**Phone: (989) 399-0620**
**Fax: (989) 799-4666**
**E-mail Address: kospov@braunkendrick.com**

If you are asking the Court to appoint a guardian, then you are the *petitioner*. The person who requires a guardian is the *proposed ward*. The person/entity that you want to have the Court appoint as guardian is the *proposed guardian*. The information contained in this Questionnaire will be used to draft a Petition seeking the appointment of the *proposed guardian*.

NOTE: A Report must accompany the Petition that is submitted to the Court for the appointment of a guardian. The Report is to be completed by a licensed medical professional and cannot be more than a year old. Please also note that we will be required to submit information regarding the medications that the proposed ward is receiving. The type of Petition and Report that is submitted to the Court will depend on what type of guardianship is sought. The Court has standard forms that are used for the Petition and the Report.

*After you have completed this Questionnaire, please ***fax*** it to my attention at the number above. Please do not hesitate to call me at the number above regarding any questions or concerns. I look forward to working with you on this matter. Thank you.

**********

## GUARDIANSHIP COMMITTEE ONLY

A guardian is needed to assist the proposed ward with the following responsibilities and duties:

Proposed ward's name: _____

☐ medical treatment
☐ program and placement decisions
☐ other: _____
☐ living arrangements
☐ financial matters

**Guardianship Committee is Requesting:**

☐ plenary (full) guardian of the ☐ individual ☐ estate

☐ partial guardian of the ☐ individual
☐ estate with the following powers: _____

**********

**********

**PETITIONER INFORMATION**:

Name of the petitioner: _____

Petitioner's interest/relationship to the proposed ward: _____

☐ Address: _____

City: _____ State: _____Zip Code: _____

Telephone number: _____ Cell phone number:_____

Email: _____ Fax: _____

**********

**PROPOSED GUARDIAN INFORMATION IF NOT GUARDIANSHIP SERVICES OF SAGINAW COUNTY, INC.**:

Full name of proposed guardian: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Cell phone number:_____

Email: _____

**********

**PROPOSED WARD INFORMATION**:

Proposed ward's name: _____

Address where proposed ward is currently living: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____ Cell phone number:_____

County proposed ward is a resident of: _____

Date of birth: _____

Social security number: _____ Race: _____

☐ Male ☐ Female

If applicable, citizen of foreign country: _____

Does the proposed ward have:

A guardian: ☐ Yes ☐ No

A Conservator: ☐ Yes ☐ No

A General Durable Power of Attorney: ☐ Yes ☐ No

A Durable Medical Power of Attorney: ☐ Yes ☐ No

A representative payee for social security benefits: ☐ Yes ☐ No

*If you answered "Yes" to any of the above, please provide additional information/ documentation of same.

**********

The proposed ward has a severe, chronic condition that meets the following:

☐ self-care ☐ receptive and expressive language ☐ learning ☐ mobility

☐ self-direction ☐ capacity for independent living ☐ economic self-sufficiency

**********

Specific nature and extent of proposed ward's disability is:

_____

**********

The proposed ward lacks sufficient understanding or capacity to make or communicate informed decisions due to: (mark all that apply)

☐ mental illness ☐ mental deficiency ☐ physical illness/disability
☐ chronic intoxication ☐ chronic drug use

Facts about the proposed ward's recent condition or conduct that is believed to warrant the need for a guardian and/or conservator:

_____

Estimated value of proposed ward's estate and income:

Real Estate: $ _____ Yearly Income: $ _____

Personal Property: $ _____ Source of Yearly Income: _____

Does the proposed ward receive, or is he/she entitled to receive any income, financial assistance or other payment of money? If so, provide yearly amount.

Social Security: Yes _____ No _____ Unknown _____

SSI: Yes _____ No _____ Unknown _____

MDHS: Yes _____ No _____ Unknown _____

Pension: Yes _____ No _____ Unknown _____

Veterans benefits: Yes _____ No _____ Unknown _____

If yes, provide claimant number: _____

Annuity Payments: Yes _____ No _____ Unknown _____

Dividends: Yes _____ No _____ Unknown _____

**********

If an action within the jurisdiction of the family division of circuit court involving the family or family members of the proposed ward has been previously filed provide the following:

County: _____ Judge: _____

Case Number: _____ ☐ remains ☐ is no longer pending.

**********

Name of proposed ward's spouse: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**********

All children of the proposed ward: (attach extra sheet if necessary)

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**********

Name of proposed ward's father, if living: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

Name of proposed ward's mother, if living: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**********

Please provide information regarding any other relatives of the proposed ward: (attach extra sheet if necessary)

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**********

Who currently has the care and custody of the proposed ward?

**Name**: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone number: _____

**********

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Trauma-Informed Services and Supports</td><td>Chapter: 02 – Customer Service and Recipient Rights</td><td>Subject No: 02.03.14</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/5/09</td><td>Date of Review/Revision:<br>4/4/12, 5/6/14, 6/8/16, 6/13/17, 7/17/17, 4/10/18, 4/9/19, 9/6/19, 1/16/20, 6/3/20, 4/14/21, 3/7/22, 3/20/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Additional Reviewers:<br>Trauma-Informed Workgroup</td></tr>
<tr><td>Supersedes:<br>02.01.10</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is the importance of the recognition of trauma as a foundational concept across the service array in the provision of all services and supports, embed trauma-informed principles of care within the SCCMHA service system and Saginaw community, promote a strength-based focus on resilience that endorses respect for consumers/families in all situations, as well as to delineate organizational efforts to address secondary trauma among staff. SCCMHA recognizes the idea of universal trauma precautions. This approach always presumes the possibility that an individual one encounters, whether a consumer, visitor, or staff member, may have a trauma history.

**Policy:**

A. SCCMHA recognizes that trauma is pervasive among children, youth, adults, and families who are involved in public systems. Additionally, trauma may be significant amongst staff members. Trauma exposure among children and youth is associated with lifelong health, mental health, and related problems. High percentages of individuals with mental illness, substance use disorders, co-occurring psychiatric and substance use disorders, and intellectual/developmental disabilities have experienced childhood neglect or abuse, sexual assault, and other traumatizing experiences. Trauma can challenge a person's capacity for recovery. The impact of trauma exposure can be mitigated by developing a service delivery and support system that is trauma-informed, prevention-oriented, and focused on improving mental health functioning for children, youth, adults, and their families. Therefore, SCCMHA supports strategies that are designed to prevent and eliminate

treatment practices that cause trauma or re-traumatization as well as those that reduce the adverse impact of trauma exposure on consumers.

B. SCCMHA administers an organizational trauma-informed culture initiative across the network of service providers and in the local community, which incorporates leadership input of provider and consumer members to inform a system trauma-informed practices plan, train and integrate knowledge about violence and abuse and fully account for consumer experiences.

C. SCCMHA recognizes that staff may experience secondary trauma pursuant to working with consumers who have experienced trauma and shall make every effort to address secondary trauma among staff members and shall make resources designed to mitigate its impact available to staff.

**Application:**

This policy applies to all providers that receive funding from SCCMHA as well as all staff of the SCCMHA organization.

**Standards:**

A. Consumers shall be screened for trauma exposure and related symptoms at initial intake and annually with the completion of the psychosocial assessment.
   1. Screening instruments for children and youth
      a. CTAC Trauma Screening Checklist 0-5 years
      b. CTAC Trauma Screening Checklist 6-18 years
   2. Screening instrument for adults
      a. CTAC Adult Trauma Screen Self-Report

B. SCCMHA supports the core principles of a trauma-informed system of care:
   1. Safety: ensuring physical and emotional safety of persons served by providing a safe, calm, and secure environment with supportive care to ensure the physical and emotional safety of consumers served
   2. Trustworthiness: maximizing trustworthiness, making tasks clear, and maintaining appropriate boundaries
   3. Choice: prioritizing consumer voice, choice, and control as well as self-advocacy
   4. Collaboration: maximizing collaboration and sharing of power with consumers through the development of healing, hopeful, honest, and trustworthy relationships
   5. Empowerment: prioritizing consumer empowerment and skill-building through recovery-oriented, consumer-driven, trauma-specific services and supports
   6. System-wide understanding of the prevalence and impact of trauma on persons served
   7. Cultural competence

C. SCCMHA shall create and maintain a trauma-informed system of care for children and their families that:
   1. Makes resources on trauma exposure, its impact, and available treatments available to children, families, and providers
   2. Focuses on strengthening the resilience and protective factors of children and families who have been impacted by and are vulnerable to trauma

3. Addresses parent and caregiver trauma and its impact on the family system
4. Emphasizes continuity of care and collaboration across child-service systems
5. Maintains an environment of care for staff that addresses, minimizes, and treats secondary traumatic stress, and increases staff resilience

D. SCCMHA shall ensure that trauma-informed services and supports incorporate the following components:
1. Trauma-informed screening upon admission, and annually with the psychosocial assessment, to identify consumers who are at high risk. (See A-1 and A-2 in this section.)
2. When a Trauma-informed screening indicates that the consumer has experienced trauma, the consumer is given the choice to have an assessment of their experiences with trauma, after admission or continued services, is completed using validated instruments and techniques.
   a. Assessment for adults
      i. PTSD Checklist for DSM-5 (PCL-5)
   b. Assessments for children and youth
      i. Young Child PTSD Checklist Version 5 (YCPC-5) 1-6 years
      ii. UCLA PTSD Reaction Index for Children/Adolescents DSM 5, 7-18 years
3. The assessments will:
   a. Provide a context for current symptoms and guide clinical approaches and recovery progress.
   b. Inform the treatment culture to minimize potential for re-traumatization.
4. Treatment planning that facilitates consumer choice, control, and participation in treatment, program/policy development, and evaluation.
5. An environment that is physically and practically designed to avoid re-traumatization.
6. An environment that is safe and nurturing.
7. An environment that is empowering.
8. An environment that is culturally competent.
9. An environment that is therapeutic.
   a. This therapeutic environment is demonstrated by:
      i. Waiting rooms and group rooms that are accessible, clean, neat, and decorated with comfortable furnishings and tasteful wall decorations.
      ii. Chairs in waiting rooms, group rooms and offices should be sturdy and able to accommodate all persons regardless of size.
      iii. In spaces where children receive services there should be age-appropriate activities available to make waiting easier. These materials should be kept clean and replenished on a regular basis.
      iv. The front desk where consumers check in should be designed in a way that makes the staff person accessible to the consumer while also protecting personal health information.

v. Careful consideration should be given to lighting, assuring that it allows for a calm comfortable atmosphere but is not too dim which can result in a dreary, depressing environment.
vi. Reading materials, signage, and other educational materials and televisions should be available in waiting rooms for the comfort of the consumer and those who may be transporting them.
vii. Programs shown on television should be of general interest and reflect, as possible, the values of Saginaw County Community Mental Health Authority.
viii. Care should be given to assure that the temperature is comfortable for most persons served.
ix. Spaces used for therapeutic purposes must be accessible, clean, and neat with comfortable furnishings and tasteful wall decorations.
x. Spaces used for therapeutic purposes must be free of controversial decorations such as religious symbols, political commentary, inflammatory or prurient materials, or other decorative or personal items that might hinder or interfere with the therapeutic environment by causing a conflict with the personal values or beliefs of the consumers served in that space.
xi. Spaces used for therapeutic purposes as well as general consumer waiting rooms should feel safe for most consumers served, they should be well lit and private.
xii. When meeting with a consumer for therapeutic purposes, care should be taken to ensure full consumer choice; including but not limited to choice of where to sit in the room, whether to have the door open or closed, and choice of who is in the room with them.

b. For consumers served in residential homes this is demonstrated by:
   i. Homes that are well maintained both inside and outside
   ii. The main living areas of the home have a warm and homelike feel.
   iii. Consumers are encouraged and supported to decorate their own personal space with bedding and decorations of their own choosing.
   iv. Dining areas are large enough for consumers to dine family style.
   v. Furniture and furnishings are sturdy and in good repair and fixed and/or replaced as needed.
   vi. Health and safety inspections will occur on a regular basis but at least on an annual basis in all facilities operated by, or under contract with, SCCMHA. The results of these inspections will be documented, identifying the areas inspected and the recommendations for improvement, as well as the action taken to respond to the recommendations.

c. Welcoming and Recovery are not just about the physical environment but also evidenced through the attitude of the staff working within each environment. Steps should be taken to assure that:

i. Persons answering the phone at the main switchboard are pleasant, respectful and have a welcoming trauma-informed attitude.
ii. Those assigned front desk responsibility have the personality needed to greet consumers, making them feel comfortable, safe, and welcomed.
iii. Staff serving consumers demonstrate respect for consumers, an understanding of recovery, trauma-informed care, and a welcoming attitude.
iv. Staff working in residential settings acknowledge that the residence is the consumer's home, and the consumer is the focus of the services being provided.

d. In addition, a therapeutic environment includes:
   i. Consistently assigned personnel
   ii. Scheduled activities
e. Sufficient professional staff to:
   i. Conduct clinical assessments
   ii. Develop appropriate individual plans
   iii. Provide therapeutic interventions
   iv. Review goals/objectives on a regular basis

f. Recovery is the expectation for persons with mental illness and/or substance use disorders. This should be evident within the environment through posters and materials in the waiting room and through the attitudes of all staff working with persons with mental illness and/or substance use disorders.

10. Staff training regarding trauma and related issues as well as how to provide treatment and care to individuals who have experienced trauma including:
    a. Staff orientation, training, support, job competencies, and standards related to trauma including an understanding of the dynamics of trauma and recognition that some practices (e.g., the use of seclusion and restraint and forcing intramuscular shot medications) are re-traumatizing.
    b. Staff development activities that reflect understanding of and sensitivity to issues of violence, trauma, and coercion; incorporate relevant skill sets and job standards; and address prevalence and impact of traumatic events.
    c. Administrative policy that stipulates that all employees receive orientation and basic education about the prevalence and traumatic impacts of sexual and physical abuse and other overwhelming adverse experiences in the lives of consumers.
    d. Curriculums used for orientation and basic training that cover the dynamics of re-traumatization and how practices can mimic original sexual and physical abuse experiences, trigger trauma responses,

and cause further harm to the person in order to ensure safety and reduction of harm.

e. All employees receive education regarding the impacts of culture, race, ethnicity, gender, age, sexual orientation, disability, and socio-economic status on individuals' experiences and perceptions of trauma and their unique ways of coping or healing.

f. Education of direct service and clinical staff that fosters a trauma-informed understanding of unusual or difficult behaviors, the maintenance of personal and professional boundaries, trauma dynamics and avoidance of iatrogenic re-traumatization, relationships between trauma, mental health symptoms and other problems and life difficulties, vicarious traumatization, and self-care.

g. The application of trauma-informed issues and approaches and trauma-specific techniques such as grounding and teaching trauma recovery skills to consumers.

h. Input from and involvement of persons (consumers and staff) with the lived experience of trauma shall be a part of trauma trainings.

i. The implementation evidence-based and promising practices for the treatment of trauma by practitioners whose clinical work includes assessment and treatment, including those involved in critical incident response.

j. Critical incident planning, policy and curriculums shall include trauma issues and trauma-informed processes shall be incorporated into initial assessments and intervention processes.

E. SCCMHA shall endeavor to address secondary trauma among staff in accordance with the following standards:

1. SCCMHA shall provide education regarding trauma and secondary trauma to staff in order to increase self-awareness and recognition which shall include:
   a. The risk factors for secondary trauma.
   b. The signs and symptoms of secondary trauma.
2. SCCMHA shall promote a supportive culture and safe environment that promotes self-care.
3. SCCMHA shall provide information on self-care to staff during orientation and during ongoing continuing education/in-service training.
   a. Self-care strategies may include: exercise, meditation/mindfulness, healthy eating, increasing positive coping and time management skills, and engaging in supportive relationships, such as reflective supervision, peer consultation and support.
4. SCCMHA shall provide opportunities for debriefing following the occurrence of critical incidents.
5. Efforts should be made to assure that each building where staff members are located includes a quiet space that can be used by staff during break periods to separate themselves from the stress of the day.

6. Supervisors shall address secondary trauma during individual and group staff meetings.
7. Staff shall have access to EAP (employee assistance program) services for counseling regarding secondary trauma.

**Definitions:**

**Adverse Childhood Experiences (ACEs)** are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse (SAMHSA).

**Compassion Fatigue** which is also known as **secondary traumatic stress** (**STS**), is a condition characterized by a gradual lessening of compassion (i.e., the response to the suffering of others that motivates a desire to help) over time.

**Individual Trauma** results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being (SAMHSA).

**Recovery** is process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

**Re-traumatization** entails replication of the event(s) or dynamics of an original trauma which triggers a response associated with the original trauma. Examples include subjecting a person with a history of abuse to restraints and seclusion in a treatment facility or a person exposed to domestic violence who is harshly interrogated in a shelter.

**Secondary Trauma** which is also known as **vicarious trauma (VT)** is defined as indirect exposure to trauma through a firsthand account or narrative of a traumatic event. SAMHSA (2014) defines secondary trauma as trauma-related stress reactions and symptoms resulting from exposure to another individual's traumatic experiences, rather than from exposure directly to a traumatic event. Secondary trauma can occur among behavioral health service providers across all settings and among all professionals who provide services to people who have experienced trauma such as healthcare providers, peer counselors, first responders, clergy, and intake workers.

**Therapeutic Environment** promotes the ability of each person served to meet the goals and objectives jointly agreed upon in the development of his or her plan. It is free of unnecessary interruptions and distractions

**Trauma** is defined as a psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

**Trauma-Informed Care** is an approach to engaging people with histories of trauma that recognizes the presence of trauma symptoms and acknowledges the role that trauma has played in their lives (SAMHSA). This term refers to an organizational structure and treatment framework that involves understanding, recognizing, and responding to the

effects of all types of traumas and seeking to employ practices that do not traumatize or re-traumatize. Trauma-informed care also emphasizes physical, psychological, and emotional safety; trustworthiness and transparency; collaboration and mutuality; empowerment; and cultural sensitivity and responsiveness.

**Trauma-Informed Service Systems/Organizations** are those in which all components of the system/organization have been reconsidered and evaluated in the light of a basic understanding of the role that trauma plays in the lives of people seeking mental health and substance use disorder treatment services. A trauma-informed organizational environment is capable of supporting and sustaining trauma-specific services. A trauma-informed system recognizes that trauma results in multiple vulnerabilities and affects many aspects of a survivor's life over the lifespan, and therefore coordinates and integrates trauma-related activities and trainings with other systems of care serving trauma survivors. A basic understanding of trauma and trauma dynamics, including that caused by childhood or adult sexual and/or physical abuse shown to be prevalent in the histories of mental health consumers, should be held by all staff and used to design systems of services and supports in a manner that accommodates the vulnerabilities of trauma survivors and allows services to be delivered in a way that will avoid re-traumatization and facilitate consumer participation in treatment. A trauma-informed service system is knowledgeable and competent to recognize and respond effectively to adults and children who have been traumatically impacted by any of a range of overwhelming adverse experiences, both those that are interpersonal in nature and those caused by natural events and disasters. Written plans and procedures as well as methods to identify and monitor progress in developing a trauma-informed service system and/or trauma-informed organization should be developed and implemented.

**Trauma-Informed Services** are designed to avoid re-traumatizing consumers as well as staff working in service settings.

**Trauma-Specific Services** are designed to treat the long-term effects of past sexual, physical, or emotional trauma. Trauma-specific treatments include:

- **Grounding** techniques which help trauma survivors manage dissociative symptoms.
- **Desensitization** therapies which help to render painful images more tolerable.
- **Behavioral therapies** which teach skills for the modulation of strong emotions.

**Welcome:** to greet hospitably and with courtesy or cordiality

**References:**


A. Adverse Childhood Experiences Study (https://nhttac.acf.hhs.gov/soar/eguide/stop/adverse_childhood_experiences)
B. American Academy of Experts in Traumatic Stress (www.aaets.org)
C. Association of Traumatic Stress Specialists (www.atss.info)
D. CARF Behavioral Health Standards
E. David Baldwin's Trauma Information (www.trauma-pages.com)
F. International Society for the Study of Trauma and Dissociation (https://www.isst-d.org/ )
G. Michigan Department of Health and Human Services/Behavioral Health and Developmental Disabilities Administration Trauma Policy, Trauma-Policy_704460_7.pdf (michigan.gov)

H. National Assn. of State Mental Health Program Directors (www.nasmhpd.org)
I. National Center for Children Exposed to Violence (www.nccev.org)
J. National Center for Post-Traumatic Stress Disorder ( https://www.ptsd.va.gov/)
K. National Center for Trauma Informed Care (originally from SAMHSA, no longer active)
L. National Center for Victims of Crime https://victimsofcrime.org/
M. National Child Traumatic Stress Network (www.nctsnet.org)
N. National Child Traumatic Stress Network. (Undated). *Glossary of Terms Related to Trauma-Informed, Integrated Healthcare.* http://www.nctsn.org/sites/default/files/assets/pdfs/glossary_of_terms_related_to_trauma-Informed_integrated_healthcare.pdf
O. National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011*). Secondary traumatic stress: A fact sheet for child-serving professionals*: https://www.nctsn.org/resources/secondary-traumatic-stress-fact-sheet-child-serving-professionals
P. National Trauma Consortium
Q. Pittsburgh Action Against Rape (www.paar.net)
R. Rape, Abuse and Incest National Network (www.rainn.org)
S. Ritual Abuse, Ritual Crime and Healing (www.ra-info.org)
T. Trauma Services Associates Treatment and Training Institute (www.traumaservices.com)
U. Sidran Institute (www.sidran.org)
V. SCCMHA Policy 02.03.05 - Recovery
W. SCCMHA Policy 02.03.08 – Welcoming
X. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
Y. SCCMHA Policy 04.01.04 – Trauma Screening, Assessment and Treatment Services
Z. SCCMHA Trauma Informed Community Plan
AA. Stamm, B.H., Varra, E.M., Pearlman, L.A., Giller, F. *Vicarious Traumatization*: VT Handout 3.2018.pdf (wsimg.com)
BB. Substance Abuse Mental Health Services Administration (SAMHSA)
CC. Substance Abuse and Mental Health Services Administration (SAMHSA). (2014). *Trauma-Informed Care in Behavioral Health Services. Treatment Improvement Protocol (TIP) Series 57*: https://store.samhsa.gov/product/TIP-57-Trauma-Informed-Care-in-Behavioral-Health-Services/SMA14-4816
DD. Vietnam Veterans
EE. Witness Justice
FF. Women, Co-Occurring Disorders and Violence Study: https://www.ncbi.nlm.nih.gov/pubmed/15780539
GG. Fallot, R., Harris, M. (2009). *Creating Cultures of Trauma-Informed Care (CCTIC): A Self-Assessment and Planning Protocol*: https://children.wi.gov/Documents/CCTICSelf-AssessmentandPlanningProtocol0709.pdf
HH. National Council for Behavioral Health: https://www.thenationalcouncil.org/areas-of-expertise/trauma-informed-behavioral-healthcare/

**Exhibits:**

A. Consumer-Centered, Trauma-Informed, Welcoming Tips and Reminders (Dawn Heje, 9.29.16)
B. SCCMHA Secondary Traumatic Stress Checklist
C. Michigan Department of Health and Human Services/Behavioral Health and Developmental Disabilities Administration Trauma Policy

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will appoint a trauma leadership group, which will develop a system trauma-informed leadership plan, incorporating marketing, training, and policy, practices and procedure as indicated with defined measurable objectives that includes ongoing organizational self-assessment to evaluate the extent to which current policies are trauma-informed, identify organizational strengths and barriers, and any needed corrective action, as well as approaches that address secondary trauma of staff. | 1. SCCMHA CEO, Executive Director of Clinical Services and appointed trauma team and Evidence-Based Practice and Trauma-Informed Care Coordinator |
| 2. SCCMHA will provide ongoing training and educational programs to support a trauma-informed culture. | 2. Continuing Education Supervisor and EBP & TIC Coordinator |
| 3. SCCMHA will provide oversight of trauma-informed activities which will be reported in relevant community venues. | 3. Trauma-Informed Care Workgroup & SCCMHA Service Management Team |
| 4. SCCMHA will provide methods of soliciting consumer and provider input and offer resources to support special events, visible communications, and appropriate modifications to highlight, broaden and improve trauma-informed foundational knowledge and inform all practices and procedures throughout the network and in the local community. | 4. Service Management Team and Trauma-Informed /Evidence Based Practice and Trauma Informed Care Coordinator and Continuing Education Supervisor |
| 5. Trauma team members work in collaboration with SCCMHA | 5. Trauma-Informed Workgroup |

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|---|---|
| leadership will include key staff, and trauma survivors such as trauma group participation graduates, who serve in an active advocacy role for service planning, implementation, and evaluation. | |
| 6. Consumers are screened for trauma using culturally competent, standardized, and validated instruments appropriate for each population. | 6. SCCMHA Board Operated and Network Providers |
| 7. Consumers are assessed for trauma using culturally competent, standardized, and validated instruments appropriate for each population to identify past or current trauma, violence, abuse, and assess related sequelae that minimally includes:<br>a. Type of trauma (e.g., sexual, physical, emotional abuse or neglect, exposure to disaster)<br>b. Age when the trauma occurred<br>c. Who/what perpetrated the trauma?<br>d. Assessment of symptoms (e.g., dissociation, flashbacks, hyper-vigilance, numbness, self-injury, anxiety, depression, poor school/work performance, conduct problems, eating problems, etc.)<br>e. History of seclusion/restraint, involuntary IM medication experiences<br>f. Individual experiences in inpatient settings (e.g., fear, dissociation, anger, powerlessness) | 7. SCCMHA Board Operated and Network Providers |

| | |
|---|---|
| g. Homelessness, substance use disorder, domestic violence<br>h. What happened when the trauma was disclosed in the past? | |
| 8. Clinical practice guidelines are used for working with consumers with trauma histories that include services that mitigate the effects of risk factors, minimize any trauma potential, and eliminate any further trauma or re-traumatization. | 8. SCCMHA Board Operated and Network Providers |
| 9. Consumers are helped to develop safety plans, crisis plans, advance directives | 9. SCCMHA Board Operated and Network Providers |
| 10. Trauma-specific services tailored to the population served are provided when indicated. | 10. SCCMHA Board Operated and Network Providers |
| 11. Staff education, training and resources are provided to minimize secondary trauma to staff | 11. Service Management Team and Trauma Team Leader/Specialist and Continuing Education Supervisor |
| 12. Sets the expectation that consumers served by SCCMHA receive services in an environment that is accessible, clean, safe, and welcoming. | 12. CEO, Executive Director of Clinical Services |
| 13. Reviews the environment on at least an annual basis to assure that the environment meets the standards identified through this policy. | 13. Provider and SCCMHA Auditing Department |
| 14. Acts related to the recommendations from the above referenced reviews. | 14. Provider |

Exhibit A

**Consumer-Centered, Trauma-Informed, Welcoming Tips and Reminders**

It is the policy and the expectation that anyone seeking or receiving services from SCCMHA, or its network will experience face-to-face and telephone assistance that is provided in a warm, welcoming, non-judgmental, consumer-centered, trauma-informed, recovery–oriented manner. It is our job to give the person and their loved ones hope for recovery.

| Do | Don't/Avoid |
|---|---|
| • During face-to-face contacts sit beside or at a right angle to the person whenever possible. | • Sit across from the person with a desk or table between you. |
| • Ask the person if it would be okay to take notes while you talk. Take notes in a way that the person can see what you are writing. Transfer the notes into the EMR after the face-to-face contact.<br>• If you must enter directly into the EMR when you are with the person, acknowledge the limited eye contact and let them know what you are typing as you type. | • Type into a computer as you talk with the person. If you are entering information into the EMR you are not fully engaged with the person.<br>• Sit or stand with your back to the person at any time. |
| • Use non-verbal and para-verbal communication to let the person know you are listening and that you care. The way you listen, look, move and react is going to tell the person how well you are listening. Examples include eye contact as appropriate for the person's culture; nodding; "um-hmm", leaning in toward the person, facial expression. | • Look at your watch or phone, enter information into the EMR while the person is talking, fidget, stare out the window, doodle or use facial expressions that convey anything but care, concern or respect.<br>• Use sarcasm or an angry tone of voice. |
| • Truly listen. If you are planning what you're going to say next, daydreaming, or thinking about something else, you are probably going to miss nonverbal cues and other subtleties in the conversation. Stay focused on the person and the conversation in order to fully understand what's going on. | • Interrupt, daydream, plan your response, focus on your notes, check your phone, or show signs of impatience or disinterest.<br>• Finish the person's sentence. |
| • Convey verbally and non-verbally that no matter what the person is facing, there is hope and acknowledge the big step the person took by asking for help.<br>• Each contact should offer explanations and clarifications, and resources and support, especially if the outcome is not quite what was requested. | • Turn away a person based on eligibility or exclusion criteria. Remember that every door is the right door for screening and gaining access to the most appropriate services. |

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| • Make the person the most important part of the interview. Gathering information is more than getting answers to all of the questions on the intake screen. | • Make the questionnaire or medical record the focus of the interview. |
| • Make the person feel safe and in control by offering the choice of where they would like to sit, offer water, having a box of tissues close by, showing where restrooms are in a gender-neutral way, letting the person know they can take a break at any time, and letting the person know they have the right to not respond to any question. | • Ignore the person's basic needs.<br>• Force them to ask where restrooms are located.<br>• Insist the person answer questions. |
| • Listen without judgement, artfully ask questions for clarification, provide accurate information, offer assistance, and support the person in their recovery journey by starting in the place they are at to ensure that the person will come back for services. | • Offer advice, assume you know what is best for the person, or judge the person's decisions or situation. |
| • Remember that asking people to reveal personal information can be re-traumatizing, embarrassing, or frightening. Fully explain about confidentiality before starting every contact.<br>• Acknowledge that some questions can be difficult to answer and that the person is doing a great job with a difficult task. | • Hand the person confidentiality material to read and expect they fully understand about confidentiality.<br>• Neglect the person's signs of discomfort or embarrassment. |
| • Keep in mind that if a person becomes upset during the interview, it is not recommended to probe for more information. The clinician should stop, take care of the person's needs and help the person regain a sense of safety. | • Ignore signs of distress.<br>• Continue with the interview while the person is crying or showing other signs of emotional distress.<br>• Neglect to offer follow-up services before the person leaves. |
| • Be extra sensitive to questions about gender identity, sexual orientation, sexual activity, military experience, homelessness or near homelessness, family situation, abuse and trauma, and suicidality. | • While any question could trigger re-traumatization, don't forget that some questions are more likely to bring to mind painful memories, shame, or guilt. |
| • Look for signs of distress or agitation at the end of the session and help the person regain control over their feelings. Once the clinician is sure the person is okay, end with a warm sendoff or warm handoff. | • End the interview or session with the person distressed or disassociated.<br>• Neglect to spend a few minutes engaging with the person before gently handing them off to another |

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|---|---|
| • Each contact should summarize key information and confirm next steps or follow up plans if applicable. | person or walking them to the front door.<br>• Neglect to let the person know what a genuine pleasure it was to meet with them. |

For more information:
http://www.samhsa.gov/behavioral-health-equity/lgbt/curricula
National Sexual Violence Resource Center: http://www.nsvrc.org
http://www.mentalhealth.va.gov/msthome.asp
Zero Suicide: http://zerosuicide.sprc.org/

Exhibit B

## SCCMHA SECONDARY TRAUMATIC STRESS CHECKLIST

- Providers shall provide education regarding trauma and secondary trauma to staff in order to increase self-awareness and recognition which shall include:
    - The risk factors for secondary trauma
    - The signs and symptoms of secondary trauma
- Providers shall promote a supportive culture and safe environment that promotes self-care.
- Providers shall provide information on self-care to staff during orientation and during ongoing continuing education/in-service training.
    - Self-care strategies may include: exercise, meditation/mindfulness, healthy eating, increasing positive coping and time management skills, and engaging in supportive relationships, such as reflective supervision, peer consultation and support.
- Providers shall provide opportunities for debriefing following the occurrence of critical incidences.
- Efforts should be made to assure that each building, where staff members are located, includes a quiet space that can be used by staff during break periods to separate themselves from the stress of the day.
- Supervisors shall address secondary trauma during individual and group staff meetings.
- Supervisors should make every effort to promote trustworthiness between supervisors and staff. Supervisors should create an open environment for communication with clear boundaries and expectations.
- A balance between staff autonomy and clear guidelines should be present in performing job duties.
    - Staff are encouraged to make meaningful input into affecting their work (i.e. caseload size and diversity, hours and flex time, when to take leave, kinds of training offered, approaches to clinical care, location and décor of office space).
- All staff are encouraged to collaborate with each other and provide meaningful feedback and feel they are listened to

- Directors communicate with direct line staff and listen to opinions even if they are not implemented.

- Staff are routinely empowered and skill building is a priority
  - Each staff member's strengths and skills are utilized to provide the best quality care to consumers/clients
  - Staff members express a high degree of job satisfaction
  - Staff members receive annual training in areas related to trauma and workplace stressors
  - There is appropriate attention to staff accountability and shared responsibility not a blame others mentality.
  - Supervisory feedback is constructive even when critical.
- Staff shall have access to EAP (Employee assistance program) services for counseling regarding secondary trauma.

Exhibit C

Last Revision Date: July 29, 2020

# MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
## Behavioral Health and Developmental Disabilities Administration

## TRAUMA POLICY

The purpose of this policy is to address the trauma in the lives of the individuals served by the community mental health system. This policy is promulgated to promote the understanding of trauma and its impact, ensure the development of a trauma-informed system, and the availability of trauma specific services for all populations served. Trauma is defined as:

> *Individual trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individual's functioning and physical, social, emotional, or spiritual well-being.1*

**Policy**

It is the policy of the Michigan Department of Health and Human Services (MDHHS) Behavioral Health and Developmental Disabilities Administration (BHDDA) that Prepaid Inpatient Health Plans (PIHPs), through their direct service operations and their network providers, shall develop a trauma-informed system for all ages across the services spectrum and shall ensure that the following essential elements are provided:

I. Adoption of trauma-informed culture: values, principles, and development of a trauma-informed system of care ensuring safety and preventing re-traumatization.

II. Engagement in organizational self-assessment of trauma informed care.

III. Adoption of approaches that prevent and address secondary trauma of staff (See Exhibit A).

IV. Screening for trauma exposure and related symptoms for each population.

V. Trauma-specific assessment for each population.

VI. Trauma-specific services for each population using evidence-based practice(s) (EBPs), or evidence-informed practice(s) are provided in addition to EBPs.

VII. The PIHP shall, through its direct service operations and its network providers, join with other community organizations to support the development of a trauma-informed community that promotes behavioral health and reduces the likelihood of mental illness and substance use disorders. [2, 3]

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[1]Substance Abuse Mental Health Services Administration (SAMHSA), http://www.samhsa.gov/traumajustice/traumadefinition/definition.aspx
[2]Substance Abuse and Mental Health Services Administration, Leading Change: SAMHSA's Role and Actions 2011-2012.
[3]SAMHSA's Initiatives, Preventing Substance Abuse and Mental Illness, 2010.

**Standards**

To ensure a trauma informed behavioral health system, the following standards are required to meet the stated policy.

| Policy | Standards – Requirements |
|---|---|
| I. Adoption of trauma-informed culture: values, principles, and development of a trauma-informed system of care ensuring safety and preventing re-traumatization. | a.) The PIHP shall, through its direct service operations and its network providers, develop and support a Quality Improvement committee with representatives from children, adult, SUD, I/DD services, and individuals. The committee's primary focus is to ensure the building and maintaining of trauma informed care within the PIHPs direct service operations and its network providers.<br><br>b.) The PIHP shall, through its direct service operations and its network providers, ensure that all staff, including direct care staff, are trained and has ongoing training in trauma-informed care. An online module is available for use in training, but other curriculums can be utilized if they address the points delineated in the next paragraph. (Online Module: *Creating Cultures of Trauma-Informed Care* with Roger Fallot, Ph.D. of Community Connections, Washington, DC. This online module is available at http://improvingmipractice.org).<br><br>Training needs to be updated on a regular basis due to changes in the research and/or evidence-based approaches. Staff trained in trauma-informed care should (1.) understand what trauma is and the principles of trauma-informed care; (2.) know the impact of trauma on a child's and/or adult's life; (3.) know strategies to mitigate the impact of the trauma(s); |

| | |
|---|---|
| | (4) understand re-traumatization and its impact; and (5) understand traumatic loss which may include the loss of a therapeutic, direct care or service relationship. |
| | c.) Policies and procedures shall ensure a trauma-informed system of care is supported and the policies address trauma issues, re-traumatization, and secondary trauma of staff. |
| II. Engagement in organizational self-assessment of trauma-informed care. | a.) The PIHP Quality Improvement committee conducts an organizational self-assessment to evaluate the extent to which current agency's policies are trauma-informed and to identify organizational strengths and barriers, including an environmental scan to ensure that the environment/building(s) do(es) not re-traumatize. An online module is available to assist the committee in their self-assessment. No specific self-assessment tool is recommended, but it is recommended that the tool being used is comprehensive and ensures that all aspects of the organization is assessed (administration, clinical services, staff capacity, environment, etc.). (Online module: *Creating Cultures of Trauma-Informed Care: Assessing your Agency* with Roger Fallot, Ph.D. & Lori L. Beyer, LICSW, of Community Connections, Washington, DC. This online module is available at http://improvingmipractice.org).<br><br>The self-assessment is updated every three (3) years. |

| | |
|---|---|
| III. Adoption of approaches that prevent and address secondary trauma of staff. (See Exhibit A) | a.) The PIHP shall, through its direct service operations and its network providers, adopt approaches that prevent and address secondary traumatic stress of all staff, including, but not limited to:<br>• Opportunity for supervision<br>• Trauma-specific incident debriefing<br>• Training<br>• Self-care<br>• Other organizational support (e.g., employee assistance program) |
| IV. Screening for trauma exposure and related symptoms for each population. | a.) The PIHP shall, through its direct service operations and its network providers, use a culturally competent, standardized, and validated screening tool appropriate for each population during the intake process and other points as clinically appropriate.[1], [2] |
| V. Trauma-specific assessment for each population. | a.) The PIHP shall, through its direct service operations and its provider network, use a culturally competent, standardized, and validated assessment instrument appropriate for each population. Trauma assessment is administered based on the outcome of the trauma screening. [3] |
| VI. Trauma-specific services for each population using evidence-based practice(s) (EBPs). Evidence-informed practice(s) are provided in addition to EBPs. | a.) The PIHP shall, through its direct service operations and its network providers, use evidence-based trauma specific services for each population in sufficient capacity to meet the need. The services are delivered within a trauma-informed environment.[4] |

[1]ACE tool is a population screen and does not screen for related symptoms.
[2]Examples of standardized, validated screening tools are provided in the trauma section of the website, www.improvingMIpractices.org.

[3]Examples of standardized, validated assessment tools are provided in the trauma section of the website, www.improvingMIpractices.org.

[4]Examples of trauma-specific services are provided in the trauma section of the website, www.improvingMIpractices.org

VII. The PIHP shall, through its direct service operations and its network providers, join with other community organizations to support the development of a trauma-informed community that promotes behavioral health and reduces the likelihood of mental illness and SUD.

a.) The PIHP and its network providers shall join with community organizations, agencies, community collaboratives (i.e., MPCBs), and community coalitions (i.e., Substance Abuse Coalitions, Child Abuse and Neglect Councils, Great Start Collaboratives, neighborhood coalitions, etc.) to support the development of a trauma-informed community that promotes healthy environments for adults, children, and their families.

b.) Education on recovery and the reduction of stigma are approaches supported in a trauma-informed community.

c.) Substance abuse prevention programs are provided using a SAMHSA approved, evidence-based, and trauma-informed approach.

## Exhibit A

### Secondary Traumatic Stress and Related Conditions: Sorting One from Another

**Secondary Traumatic Stress** refers to the presence of post-traumatic stress disorder (PTSD) symptoms caused by at least one indirect exposure to traumatic material. Several other terms capture elements of this definition but are not all interchangeable with it.

**Compassion fatigue** is a less stigmatizing way to describe secondary traumatic stress and has been used interchangeably with the term.

**Vicarious trauma** refers to changes in the inner experience of the therapist resulting from empathic engagement with a traumatized client. It is a theoretical term that focuses less on trauma symptoms and more on the covert cognitive changes that occur following cumulative exposure to another individual's traumatic material.

**Compassion satisfaction** refers to the positive feelings derived from competent performance as a trauma professional. It is characterized by positive relationships with colleagues and the conviction that one's work makes a meaningful contribution to clients and society.

**Burnout** is characterized by emotional exhaustion, depersonalization, and a reduced feeling of personal accomplishment. While it is also work-related, burnout develops because of general occupational stress. The term is not used to describe the effects of indirect trauma exposure specifically.

**Source:** The National Child Traumatic Stress Network, Secondary Traumatic Stress Committee. (2011). Secondary traumatic stress: A fact sheet for child-serving professionals. Los Angeles, CA, and Durham, NC. National Center for Child Traumatic Stress.

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Pharmacotherapy Guidelines</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.15</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/12/17</td><td>Date of Review/Revision:<br>4/10/18, 6/11/19, 11/19/20, 4/13/21, 4/12/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Utilization Management<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>SCCMHA Medical Director</td></tr>
<tr><td>Supersedes:<br>Pharmacotherapy Guidelines for Co-Occurring Disorders/Integrated Dual Disorder Treatment</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to provide guidance regarding the use of controlled substances to all prescribers who treat consumers whose care is funded by the Saginaw County Community Mental Health Authority. Of particular concern are consumers with co-occurring mental health and substance use disorders.

**Policy:**

Significant numbers of individuals with mental illnesses experience co-occurring substance use disorders and those who have the most severe psychiatric disorders tend to have the highest rates of co-occurring substance use disorders. Epidemiological data indicate that approximately 47% of persons with schizophrenia, 56% of those with bipolar disorder, and 30% who have another mood or anxiety disorder also have a substance use disorder. It is also estimated that as many as 72% of people who abuse substances have at least one co-occurring psychiatric condition. Such high rates of comorbidity have led to the conclusion co-occurring disorders are the rule rather than the exception. SCCMHA has made a concerted effort to address co-occurring disorders through the use of strategies that combine/integrate mental health and substance use disorder interventions. Pharmacological treatment of both psychiatric and substance use disorders is critical to helping people with co-occurring disorders recover from both disorders. Such treatment is typically provided along with psychosocial interventions.

The use of psychotropic medication is an integral part of the treatment programs for persons served and is directed toward maximizing the functioning of the consumer while reducing specific symptoms. Medication is intended to support and enhance other services strategies and shall be integrated into the overall treatment plan of the persons served. In all cases, the safety of the consumer using prescribed medications shall be prioritized.

**Application:**
This policy applies to all prescribers of psychotropic medications funded by SCCMHA and it applies to all persons (i.e., consumers) served by SCCMHA-funded providers.

**Standards:**

A. All medications shall be prescribed in accordance with state and federal laws, and Michigan Department of Health and Human Services (MDHHS) requirements as well as the standards set forth in this document.

B. The comorbidity of mental illnesses and substance use disorders requires integrated, properly matched, diagnosis-specific treatment that is of adequate intensity for each disorder.

C. In general, psychopharmacologic interventions are designed to ameliorate two primary disorders and diagnosis-specific treatment for each disorder is provided simultaneously.
   1. Effective psychopharmacologic interventions for diagnosed psychiatric illnesses shall be prescribed irrespective of the status of a comorbid substance disorder.
   2. Effective psychopharmacologic interventions for substance use disorders (e.g., disulfiram, naltrexone, opiate maintenance treatment) shall be used as ancillary treatments to support a comprehensive program of recovery, irrespective of the status of a comorbid psychiatric disorder and in accordance with cognitive capacity and disability.

D. Treatment shall be matched to the individual's phase of recovery (i.e., acute stabilization, engagement/motivational enhancement, active treatment/prolonged stabilization, rehabilitation/recovery), specific diagnoses, and stage of change or stage of treatment for each disorder so that psychopharmacologic practice varies in accordance with the stage (e.g., during acute stabilization detoxification is provided).

   NOTE: No single psychopharmacologic approach to the treatment of co-occurring disorders has been found to be effective for all individuals.

F. No arbitrary requirements for length of sobriety or alcohol/drug levels shall be imposed as requirements for initial evaluations; referrals for psychopharmacologic evaluation shall occur as quickly as possible based on triage of acuity and dangerous risk factors.

G. The maintenance of current <u>non-addictive</u> psychotropic medication during detoxification and early recovery shall be prioritized because substance misuse increases the risk for destabilization of a co-occurring mental illness.

H. Antipsychotics and other sedating compounds (including benzodiazepines) may be required to establish behavioral control in situations involving acutely dangerous behavior.
   1. When used, these medications shall be closely monitored and not prescribed indefinitely.

I. Medications used for detoxification of individuals with psychiatric disorders who have co-occurring addictive disorders shall be the same as those used for persons with addictive disorders only during acute withdrawal situations requiring medical detoxification.

J. The use of essential non-addictive medication for the treatment of psychosis and other serious mental illnesses shall be initiated and/or maintained irrespective of continuing substance use; treatment shall not be discontinued.
    1. Individuals who display risky substance use behaviors shall be monitored/supervised more closely, not discontinued[1] from necessary psychiatric or medical treatment.

K. Peer or expert consultation shall be sought when prescribers are considering:
    1. Discontinuation of psychiatric medications for patients with a serious persistent mental illness who are using substances
    2. Continuation of treatment with a benzodiazepine beyond detoxification for patients with known substance dependence
    3. Unilateral termination of clinical care for any patient with a co-occurring disorder.

L. Non-addictive medications for psychiatric disorders may be initiated or maintained for patients with active substance dependence or those with substance dependence during early recovery when reasonable historical evidence for the value of and need for the medication is present.

M. Benzodiazepines or other potentially addictive sedatives/hypnotics should be avoided for patients with known substance dependence.
    1. The continuation of prescriptions of benzodiazepines, addictive pain medications, or non-specific sedatives/hypnotics for patients with known substance dependence (active or remitted) is not recommended, with or without a comorbid psychiatric disorder.
    2. Medications with addictive potential should not be withheld for specific patients who have well-established abstinence and demonstrate specific beneficial responses without signs of misuse, just because of a history of addiction.
    3. The continued prescription of potentially addictive medications for consumers with diagnosed substance dependence shall be deemed to be an indication for a careful discussion of risks and benefits with the patient (and, where indicated, the family), as well as expert consultation or peer review.

N. Coordination and consultation with consumers' primary care or specialist care providers are critical in instances of pharmacological interventions that include benzodiazepines and other potentially addictive drugs.
    1. Information shall be shared with the primary care provider via the Medication Review and/or Health Care Coordination form.

O. The Michigan Automated Prescription System (MAPS) shall be queried to review any Schedule 2-5 controlled substance prescription records in order to determine whether consumers with CODs are receiving any potentially addictive medications.
    1. MAPS queries shall be made at the outset of treatment for any consumer receiving benzodiazepines on a long-term, ongoing basis as deemed appropriate and at every medication review appointment thereafter.
    2. Coordination, consultation, and MAPS queries must be documented in the consumer's electronic health record.

[1] The risks for deleterious outcomes associated with lack of treatment for a known mental illness appear to significantly outweigh those of continuing treatment for individuals continuing to use substances.

P. Prescribers shall exercise due caution when prescribing stimulant medications (e.g., to treat ADHD).
   1. Stimulant medications with less potential for misuse should be prescribed whenever possible and consumers taking stimulants and should be carefully monitored.
      NOTE: Short-acting stimulant medications are the most likely to be misused while longer-acting stimulants are less likely to be misused and have been found to provide better symptom relief.

Q. Fixed dose regimes, rather than PRNs, shall be considered first for treating mood and anxiety disorders for consumers with addictive disorders in early recovery because these patients often experience significant difficulties with regulating medication.

R. Consumers with co-occurring disorders shall be engaged as much as possible in understanding the nature of the illness or illnesses for which they are being treated and in collaborative partnerships with prescribers to determine the best course of treatment using a shared decision-making approach.
   NOTE: Most established medication algorithms [e.g. TIMA, MIMA] and practice guidelines incorporate medication education and peer support regarding understanding the risks and benefits of medication use are incorporated into standard treatment practice.

S. While the pharmacological management of pain is not within the purview of psychiatric treatment funded by SCCMHA, collaboration with the prescribing physician (i.e., primary care provider or specialist provider) is critical; prescribers shall be fully informed about the status of the consumer's substance use disorder.
   1. Coordination with primary care providers and other treating providers shall occur via phone or video consultation, sending and requesting medical records (e.g. diagnosis, medication changes, and laboratory results).

T. If a female consumer is of childbearing age, risks related to pregnancy and fetal development shall be documented and explained and discussed on a regular basis with the consumer.
   1. If a woman believes she is pregnant, a pregnancy test will be ordered and results obtained prior to any further consideration of the use of psychotropic medication.

U. When the prescribing professional is concerned that medications are being misused or prescriptions are being obtained from multiple sources, the use of MAPS (Michigan Automated Prescription System) shall be required.
   1. The prescriber shall also corroborate this concern with required lab testing, including urinalysis, and act upon the results in accordance with current professional standards.

V. Consumers with an opioid use disorder who have non-specific pain (e.g., neck, back, etc.) shall be informed that continued use of opioids may worsen perceived pain and encouraged to consider full withdrawal and alternative pain management strategies which have been found to improve pain.

W. Prescribing professional must carefully document the clinical rationale for the use of medications for consumers who misuse or have a dependency medications or illicit drugs in order to ensure consumer safety.

1. The use of such medications does not preclude the prescribed medications for the consumer; there will be times when consumers are under the influence and yet require medication. For individuals who are dually diagnosed, it is imperative that all disorders are aggressively treated.

X. Prescribers who identify a consumer with an addiction/and or addiction potential shall make an appropriate referral for treatment and document said referral in the consumer's electronic health record.

Y. For potentially addictive medication:
   1. SCCMHA provider network psychiatrists and other prescribers shall document the clinical rationale for choosing to prescribe an addictive medication.
   2. SCCMHA provider network psychiatrists and other prescribers shall adhere to federal prescribing guidelines.
   3. Peer review shall be conducted to monitor the use of addictive medication.

Z. Prescribers shall be alert to and exercise due caution with respect to high alert medications (see Exhibit F) because these drugs are involved in a higher percentage of medication incidences and/or sentinel and significant events, or carry an increased risk for misuse or other adverse outcomes.
   1. Prescribers shall review High Alert treatment issues on an ongoing basis.
   2. Prescribers shall adhere to the High Alert Treatment Protocol in Exhibit F.

AA. All SCCMHA employed and contract prescribers will prescribe all medications via electronic prescribing methods located within SCCMHA's specified electronic health record.

BB. Prescribers shall make every effort to prevent the diversion of prescription drugs.
NOTE: Attempting to obtain a controlled substance by misrepresentation, fraud, forgery or deception is a felony and punishable by a prison term and fines. Physicians and other prescribers often have the first opportunity to identify, control and report drug diversion.
   1. If a prescriber suspects that drug diversion has occurred the prescriber shall document the activity and report it to the authorities by contacting the Office of the Inspector General by calling 1-800-HHS-TIPS or TTY 1-800-377-4950 or by visiting https://forms.oig.hhs.gov/hotlineoperations/report-fraud-form.aspx.

CC. SCCMHA will promote the use of pharmacogenomic technology as a medication management decision support tool.
   1. Prescribers shall use pharmacogenomic technology to determine the most effective neuropsychiatric medication(s) for consumers.

DD. Prescribers shall adhere to the SCCMHA Laboratory Testing Protocol in accordance with SCCMHA Policy 03.02.20 – Medication Review.

**Definitions:**

**Controlled Substances** consist of drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) and are divided into five schedules, an updated and complete list of which is published annually in the Title 21 Code of Federal Regulations (C.F.R.) 1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in

treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused.

**Co-occurring Disorder (COD)** is the co-existence of a psychiatric and substance use disorder in one person. Each disorder is considered primary and requires appropriately intensive diagnosis-specific treatment. Adolescents with emotional disturbances as well as individuals with intellectual/developmental disabilities may also experience co-occurring disorders.

**Drug Diversion** is the illegal distribution or abuse of prescriptions or their use for unintended purposes. The diversion of prescription drugs occurs at every point in the distribution chain. Drug diversion can result in drug addictions, overdoses, drug-related emergency room visits, death and has contributed to a significant increase in substance abuse treatment admissions. Cases of drug diversion vary widely but the most common types include patient diversion, doctor shopping, illegal Internet pharmacies, drug theft, prescription pad theft and forgery and illicit prescribing. The U.S. Drug Enforcement Administration (DEA) recognizes five classes of drugs that are frequently abused: anabolic steroids, depressants, hallucinogens, opioids and stimulants.

**High Alert Medications** are psychotropic drugs that have higher than usual risks of complication or the potential for more serious risks and require additional efforts in monitoring or management including those that need special blood monitoring, have established teratogenic effects, or have the potential for additional physical burden due to their use.

**MAPS (Michigan Automated Prescription System)** is the prescription monitoring program for the State of Michigan. Prescription monitoring programs are used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule 2-5 controlled substances prescriptions dispensed by pharmacies and practitioners. The State of Michigan replaced the Michigan Automated Prescription System (MAPS) with Appriss, PMP AWARxE software as of April 4, 2017.

**Post-injection Delirium Sedation Syndrome (PDSS)** is characterized by features of excess sedation and/or delirium which can occur within minutes to a few hours after injection of Olanzapine long-acting injection (LAI) as well as other medications. Clinical signs and symptoms of PDSS include dizziness, confusion, disorientation, slurred speech, altered gait, difficulty ambulating, weakness, agitation, extrapyramidal symptoms, hypertension, convulsions, and reduced level of consciousness ranging from mild sedation to coma. The risk of PDSS is 0.1 % subsequent to an administration of Zyprexa Relprevv.

**Risk Evaluation and Mitigation Strategy (REMS)** is a strategy to manage known or potential risks associated with a drug or group of drugs, and is required by the FDA for clozapine to ensure that the benefits of the drug outweigh the risk of severe neutropenia.

**Zyprexa Relprevv Patient Care Program** is designed to mitigate the risk of PDSS and includes registration and log-in access, on-line training modules and other educational information as well prescribing and safety information.

**References:**

A. American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).* American Psychiatric Association. Washington, DC.

B. American Society of Addiction Medicine. (2013). *The ASAM Criteria (3rd ed.).* The Change Companies®. Carson City, NV.
C. Glassheim, B. (2005). *A Guide to Evidence-Based Practices for Individuals with Mental Illness*. Saginaw County Community Mental Health Authority. Saginaw, MI. [On-line]. Available: https://www.sccmha.org/userfiles/filemanager/260/ or https://www.sccmha.org/intranet/network-services/evidence-based-practices/.
D. Glassheim, B. (2007). *A Guide to Evidence-Based Practices for Individuals with Substance Use Disorders*. Saginaw County Community Mental Health Authority. Saginaw, MI. [On-line]. Available: https://www.sccmha.org/userfiles/filemanager/288/ or https://www.sccmha.org/intranet/network-services/evidence-based-practices/.
E. Michigan Department of Licensing and Regulatory Affairs (LARA) Michigan Automated Prescription System (MAPS): http://www.michigan.gov/lara/0,4601,7-154-72600_72603_55478---,00.html
F. Minkoff, K. (2005). *Comprehensive Continuous Integrated System of Care (CCISC): Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders (COD)*. [On-line]. Available: http://www.bhrm.org/guidelines/psychopharmacology.pdf.
G. Office of National Drug Control Policy. (September 2012). Healthcare Brief: Medication-Assisted Treatment for Opioid Addiction. Office of National Drug Control Policy (ONDCP). Washington, DC. [On-line]. Available: https://www.whitehouse.gov/sites/default/files/ondcp/recovery/medication_assisted_treatment_9-21-20121.pdf.
H. Substance Abuse and Mental Health Services Administration (SAMHSA). (2009). *Integrated Treatment for Co-Occurring Disorders Evidence-Based Practices (EBP) KIT*. SAMHSA. Rockville, MD. [On-line]. Available: https://store.samhsa.gov/product/Integrated-Treatment-for-Co-Occurring-Disorders-Evidence-Based-Practices-EBP-KIT/SMA08-4366.
I. SCCMHA Policy 02.03.09.01 – Dual Diagnosis Treatment Capacity.
J. SCCMHA Policy 02.03.23 – Care Coordination
K. SCCMHA Policy 03.02.04 – Medication Services Only
L. SCCMHA Policy 03.02.20 – Medication Review
M. SCCMHA Policy 03.02.22 – SCCMHA Prescription Drug Formulary
N. SCCMHA Policy 03.02.37 – Prescribing Controlled Substances
O. SCCMHA Policy 03.02.38 – Prescription Monitoring Program Compliance
P. SCCMHA Policy 09.06.04.08 – Consent to Treatment with Medications
Q. Substance Abuse and Mental Health Services Administration. (2012). *General Principles for the Use of Pharmacological Agents to Treat Individuals with Co-Occurring Mental and Substance Use Disorders.* Substance Abuse and Mental Health Services Administration. Rockville, MD. [On-line]. Available: http://www.samhsa.gov/sites/default/files/topics/mental_substance_disorders/pharmacologic-principles.pdf.
R. Substance Abuse and Mental Health Services Administration and National Institute on Alcohol Abuse and Alcoholism (2015). *Medication for the Treatment of Alcohol Use Disorder: A Brief Guide*. Substance Abuse and Mental Health Services Administration. Rockville, MD. [On-line]. Available:

https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4907.pdf.

S. Zyprexa Relprevv Patient Care Program (Eli Lilly): https://www.zyprexarelprevvprogram.com/public/Default.aspx

T. Clozapine REMS Program: https://www.clozapinerems.com/CpmgClozapineUI/home.u

**Exhibits:**

A. Psychopharmacological Treatments for Mental Illnesses
B. Medications for Substance Use Disorders
C. Pain Management
D. SCCMHA Controlled Substance Agreement – Adults
E. SCCMHA Controlled Substance Agreement – Children
F. High Alert Medication Protocol

**Procedure:**

None

Exhibit A

## PSYCHOPHARMACOLOGICAL TREATMENTS FOR MENTAL ILLNESSES

**Psychotic Disorders**

Psychotic Disorders are treated with the best psychotropic agent available for the specific condition. Improving psychotic or negative symptoms can promote recovery from a substance use disorder. This includes treatment of substance-induced psychoses as well as psychoses associated with conventional psychiatric disorders. **Atypical neuroleptics** including olanzapine, risperidone, quetiapine, aripiprazole, ziprasidone or clozapine can be considered. Clozapine has been demonstrated to have a direct effect on reducing substance use in this population, beyond any improvement in psychotic symptoms, and therefore may be specifically indicated for selected patients. **Typical neuroleptics** can be prescribed adjunctively to atypical neuroleptics, particularly in situations of acute agitation, unresolved psychosis, and acute decompensation. Many individuals with co-occurring disorders benefit from both typical and atypical neuroleptics depot antipsychotic medications (e.g., risperidone).

**Major Depression**

The relative safety profile of SSRIs (and to a somewhat lesser extent SNRIs such as venlafaxine), other newer generation antidepressants, and possibly bupropion (although its higher seizure risk must be considered) are acceptable treatments from a risk-benefit standpoint. SSRIs have been demonstrated to be associated with lower alcohol use in a subset of persons with alcohol dependence, with or without depression. Caution regarding the use of tricyclic antidepressants (TCAs) and MAO inhibitors (MAOIs) is recommended due to their potential danger for persons with co-occurring disorders if there is a risk for active substance use.

**Bipolar Disorder**

The use of the most effective mood stabilizer or combination of mood stabilizers that match the needs of the patient is recommended. However, because rapid cycling and mixed states may occur with greater frequency in persons with co-occurring disorders, it is recommend that valproate, oxycarbamazepine, carbamazepine, or olanzapine (and other atypicals) be considered.

**ADHD**

Studies have clearly demonstrated that stimulant medications can be used safely in adults and adolescents and are associated with better outcomes for both ADHD and substance use disorders subsequent to adequate stabilization of the addictive disorder and/or the adolescent or adult is properly monitored. Initial treatment recommendations during in early sobriety have included bupropion, but atomoxetine may be a reasonable first choice although studies in co-occurring populations are lacking.

**Anxiety Disorders**

SSRIs, venlafaxine, buspirone, clonidine, and possibly mood stabilizers (e.g., valproate, carbamazepine, oxycarbamazepine, gabapentin, and topiramate) as well as atypical neuroleptics can all be considered in the treatment of anxiety disorders in persons

with co-occurring disorders. There is evidence of effectiveness of topiramate for nightmares and flashbacks associated with PTSD.

**Sleep disturbances**

Sleep disturbances are common in mental illness as well as substance use disorders during early recovery. Non-addictive sedating medications (e.g., trazodone) are recommended within the context of a careful risk benefit assessment.

# QUICK REFERENCE TO PSYCHIATRIC MEDICATIONS®

DEVELOPED BY JOHN PRESTON, PSY.D., ABPP AND BRET A. MOORE, PSY.D., ABPP

To the best of our knowledge recommended doses and side effects listed below are accurate. However, this is meant as a general reference only, and should not serve as a guideline for prescribing of medications. Please check the manufacturer's product information sheet or the P.D.R. for any changes in dosage schedule or contraindications. (Brand names are registered trademarks.)

## ANTIDEPRESSANTS

| NAMES | | Usual Daily Dosage | | | Selective Action On Neurotransmitters[2] | | |
|---|---|---|---|---|---|---|---|
| Generic | Brand | Range | Sedation | ACH[1] | NE | 5-HT | DA |
| desipramine | Norpramin | 150-300 mg | low | low | +++++ | 0 | 0 |
| amitriptyline | Elavil | 150-300 mg | high | high | ++ | ++++ | 0 |
| nortriptyline | Aventyl, Pamelor | 75-125 mg | mid | mid | +++ | ++ | 0 |
| trazodone | Oleptro | 150-400 mg | mid | none | 0 | ++++ | 0 |
| nefazodone | Generic Only | 100-300 mg | mid | none | 0 | +++ | 0 |
| fluoxetine | Prozac[4], Sarafem | 20-80 mg | low | none | 0 | +++++ | 0 |
| bupropion | Wellbutrin[4] | 150-400 mg | low | none | ++ | 0 | ++ |
| sertraline | Zoloft | 50-200 mg | low | none | 0 | +++++ | + |
| paroxetine | Paxil | 20-50 mg | low | low | + | +++++ | 0 |
| venlafaxine | Effexor[4] | 75-350 mg | low | none | +++ | +++ | + |
| desvenlafaxine | Pristiq | 50-400 mg | low | none | +++ | +++ | + |
| fluvoxamine | Luvox | 50-300 mg | low | low | 0 | +++++ | 0 |
| mirtazapine | Remeron | 15-45 mg | mid | mid | +++ | +++ | 0 |
| citalopram | Celexa | 10-40 mg | low | none | 0 | +++++ | 0 |
| escitalopram | Lexapro | 5-20 mg | low | none | 0 | +++++ | 0 |
| duloxetine | Cymbalta | 20-80 mg | low | none | +++ | +++ | 0 |
| vilazodone | Viibryd | 10-40 mg | low | low | 0 | +++++ | 0 |
| atomoxetine | Strattera | 60-120 mg | low | low | +++++ | 0 | 0 |
| vortioxetine | Trintellix | 10-20 mg | mid | none | 0 | +++++ | + |
| levomilnacipran | Fetzima | 40-120 mg | low | none | +++ | ++ | 0 |
| MAO INHIBITORS | | | | | | | |
| phenelzine | Nardil | 30-90 mg | low | none | +++ | +++ | +++ |
| tranylcypromine | Parnate | 20-60 mg | low | none | +++ | +++ | +++ |
| selegiline | Emsam (patch) | 6-12 mg | low | none | +++ | +++ | +++ |
| ATYPICAL ANTIDEPRESSANTS | | | | | | | |
| brexanolone | Zulresso | see footnote 5 | … | … | see footnote 5 | … | … |
| esketamine | Spravato | see footnote 6 | … | … | see footnote 6 | … | … |

[1]ACH: Anticholinergic Side Effects
[2]NE: Norepinephrine, 5-HT: Serotonin, DA: Dopamine (0 = no effect, + = minimal effect, +++ = moderate effect, +++++ = high effect)
[3]Uncertain, but likely effects
[4]Available in standard formulation and time release (XR, XL or CR). Prozac available in 90mg time released/weekly formulation
[5]This medication is used to treat postpartum depression. It is administered IV over a period of 60 hours.
[6]This medication is used to treat severe, acute suicidal impulses and treatment resistant depression. It is administered via nasal spray and doses vary considerably.

## BIPOLAR DISORDER MEDICATIONS

| NAMES | | Daily | Serum[1] |
|---|---|---|---|
| Generic | Brand | Dosage Range | Level |
| lithium carbonate | Eskalith, Lithonate | 600-2400 | 0.6-1.5 |
| olanzapine/ fluoxetine | Symbyax | 6/25-12/50mg[4] | (2) |
| carbamazepine | Tegretol,Equetro | 600-1600 | 4-10+ |

| NAMES | | Daily | Serum[1] |
|---|---|---|---|
| Generic | Brand | Dosage Range | Level |
| divalproex | Depakote | 750-1500 | 50-100 |
| lamotrigine | Lamictal | 50-500 | (2) |
| oxcarbazepine | Trileptal | 1200-2400 | (2) |

Note: Many antipsychotic medications are used to treat various aspects of bipolar disorder (see page two for a list)

[1]Lithium levels are expressed in mEq/l, carbamazepine and valproic acid levels express in mcg/ml.
[2]Serum monitoring may not necessary [3]Not yet established [4]Available in: 6/25, 6/50, 12/25, and 12/50mg formulations

## PSYCHO-STIMULANTS

| NAMES | | |
|---|---|---|
| Generic | Brand | Daily Dosage[1] |
| methylphenidate[3] | Ritalin | 5-50 mg |
| methylphenidate[3] | Concerta[2] | 18-54 mg |
| methylphenidate[3] | Metadate | 5-40 mg |
| methylphenidate[3] | Methylin | 10-60 mg |
| methylphenidate[3] | Daytrana (patch) | 15-30 mg |
| methylphenidate[3] | Quillivant XR (liquid)[2] | 10-60 mg |
| dexmethylphenidate | Focalin | 5-40 mg |
| dextroamphetamine | Dexedrine | 5-40 mg |

## PSYCHO-STIMULANTS

| NAMES | | |
|---|---|---|
| Generic | Brand | Daily Dosage[1] |
| lisdexamphetamine | Vyvanse | 30-70 mg |
| d- and l-amphetamine | Adderall | 5-40 mg |
| modafinil | Provigil, Sparlon | 100-400 mg |
| armodafanil | Nuvigil | 150-250 mg |
| amphetamine salts | Mydayis | 12.5-50 mg |
| amphetamine sulfate | Adzenys | 3.1-18.8 mg |
| amphetamine salts | Evekeo | 5-40 mg |

[1]Note: Adult Doses. [2]Sustained release [3]Note: Many generic brands have emerged recently. Included here are the most common.

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## ANTIPSYCHOTICS

| NAMES Generic | Brand | Dosage Range[1] | Sedation | Ortho[2] | EPS[3] | Weight[4] Gain | Metabolic Side Effects | Equivalence[5] |
|---|---|---|---|---|---|---|---|---|
| *LOW POTENCY* | | | | | | | | |
| chlorpromazine | Thorazine | 50-800 mg | high | high | + + | +++++ | +++++ | 100 mg |
| clozapine | Clozaril | 300-900 mg | high | high | 0 | +++++ | +++++ | 50 mg |
| quetiapine | Seroquel | 150-600 mg | mid | mid | +/0 | +++ | ++++ | 50 mg |
| HIGH POTENCY | | | | | | | | |
| perphenazine | Trilafon | 8-60 mg | mid | mid | +++++ | 0/+ | 0/+ | 10 mg |
| haloperidol | Haldol | 2-40 mg | low | low | +++++ | 0/+ | ++ | 2 mg |
| pimozide | Orap | 1-10 mg | low | low | +++++ | +/0 | ++ | 1-2 mg |
| risperidone | Risperdal | 4-6 mg | low | mid | + | ++ | 0/+ | 1-2 mg |
| paliperidone | Invega | 3-12 mg | low | mid | + | ++ | 0/+ | 1-2 mg |
| olanzapine | Zyprexa | 5-20 mg | mid | low | +/0 | +++++ | +++++ | 1-2 mg |
| ziprasidone | Geodon | 60-160 mg | low | mid | +/0 | 0/+ | 0/+ | 10 mg |
| iloperidone | Fanapt | 12-24 mg | mid | mid | + | ++ | 0/+ | 1-2 mg |
| asenapine | Saphris | 10-20 mg | low | low | + | ++ | 0/+ | 1-2 mg |
| lurasidone | Latuda | 40-80 mg | mid | mid | + | 0/+ | 0/+ | 10 mg |
| aripiprazole | Abilify | 15-30 mg | low | low | ++ | 0/+ | 0/+ | 2 mg |
| brexpiprazole | Rexulti | 1-4 mg | low | low | + | 0/+ | 0/+ | 1 mg |
| cariprazine | Vraylar | 1.5-6 mg | low | low | +/0 | +/0 | 0/+ | 1 mg |

[1]Usual daily oral dosage.
[2]Orthostatic Hypotension. Dizziness and falls.
[3]Acute: Parkinson's, dystonias, akathisia. Does not reflect risk for tardive dyskinesia. All neuroleptics may cause tardive dyskinesia, except clozapine.
[4]Monitor BMI.
[5]Must monitor for blood lipids, fasting glucose, baseline at 12 weeks, and then atleast annually.
[6]Dose required to achieve efficacy of 100 mg chlorpromazine.
[7]In recent times a number of second generation antipsychotics have been developed in injectable form for acute treatment and longer term prophylaxis. These are not mentioned in this quick reference.
[8]Note: Many antipsychotic medications are approved for the treatment of various phases of bipolar disorder.

## ANTI-ANXIETY

| NAMES Generic | Brand | Single Dose Dosage Range | Equivalence[1] |
|---|---|---|---|
| *BENZODIAZEPINES* | | | |
| diazepam | Valium | 2-10 mg | 5 mg |
| chlordiazepoxide | Librium | 10-50 mg | 25 mg |
| clonazepam | Klonopin | 0.5-2.0 mg | 0.25 mg |
| lorazepam | Ativan | 0.5-2.0 mg | 1 mg |
| alprazolam | Xanax | 0.25-2.0 mg | 0.5 mg |
| OTHER ANTIANXIETY AGENTS | | | |
| buspirone | BuSpar | 5-20 mg | |
| gabapentin | Neurontin | 200-600 mg | |
| hydroxyzine | Atarax, Vistaril | 10-50 mg | |
| propranolol | Inderal | 10-80 mg | |
| atenolol | Tenormin | 25-100 mg | |
| guanfacine | Tenex, Intuniv | 0.5-3 mg | |
| clonidine | Catapres, Kapvay | 0.1-0.3 mg | |
| pregabalin | Lyrica | 25-450 mg | |
| prazosin[2] | Minipress | 5-20 mg | |
| ANTI OBSESSIONALS | | | |
| Clomipramine | Anafranil | 150-300 mg | |
| All SSRIs | | | |

[1]Doses required to achieve efficacy of 5 mg of diazepam
[2]For treatment of nightmares and day time anxiety

## HYPNOTICS

| NAMES Generic | Brand | Single Dose Dosage Range |
|---|---|---|
| temazepam | Restoril | 15-30 mg |
| triazolam | Halcion | 0.25-0.5 mg |
| zolpidem | Ambien | 5-10 mg |
| zolpidem | Intermezzo | 1.75 mg |
| zaleplon | Sonata | 5-10 mg |
| eszopiclone | Lunesta | 1-3 mg |
| ramelteon | Rozerem | 4-16 mg |
| diphenhydramine | Benadryl | 25-100 mg |
| doxepin | Silenor | 3-6 mg |
| suvorexant | Belsomra | 15-40 mg |

## OVER THE COUNTER

| Name | Daily Dose |
|---|---|
| St. John's Wort[1, 2] | 600-1800 mg |
| SAM-e[3] | 400-1600 mg |
| Omega-3[4]-EPA | 1-2 g |
| Folic Acid[7] | 400-800 mcg |
| L-methylfolate[7, 8] | 7.5-15 mg |
| N-acetylcysteine[5] | 1200-2400 mg |
| Chamomile[6] | 200-1500 mg |
| 5-HTP[7] | 300-600 mg |
| Magnesium L-Threonate[8] | 500-2000 mg |

[1]Treats depression and anxiety
[2]May cause significant drug-drug interactions
[3]Treats depression
[4]Treats depression and bipolar disorder
[5]For trichotillomania
[6]Treats anxiety
[7]Treats depression
[8]Treats sleep
[9]Note: also available as Deplin 1-methylfolate (prescription) 7.5-15 mg

## REFERENCES and RECOMMENDED BOOKS

Quick Reference & Bipolar Medications • Free Books • Free Downloads
Website: www.PsyD-fx.com


***Handbook of Clinical Psychopharmacology For Therapists***
(2017) Preston, O'Neal and Talaga

***Clinical Psychopharmacology Made Ridiculously Simple 8th Edition***
(2020) Preston, Moore and Johnson

***Bipolar Medications A Concise Guide***
(2019) Preston: Free Download

***Child and Adolescent Psychopharmacology Made Simple***
(2015) Preston, O'Neal, Talaga

Exhibit B

## MEDICATIONS FOR SUBSTANCE USE DISORDERS

Pharmacotherapy for substance use disorders is used: (1) to replace a harmful substance with a safer drug of the same class (e.g., methadone); (2) to suppress symptoms of withdrawal; (3) to discourage continued substance use by precipitating an unpleasant reaction or reducing the euphoric effects of a substance (e.g., disulfiram and naltrexone); (4) for agonist substitution therapy (which replaces an illicit drug with a prescribed medication); (5) to treat co-occurring psychiatric disorders; and (6) to decrease potential relapses.

| Generic | Brand |
|---|---|
| **Alcohol** | |
| ***Alcohol withdrawal agents*** | |
| benzodiazepines (e.g., lorazepam)[2] | Ativan |
| anticonvulsants (e.g., carbamazepine, divalproex sodium, gabapentin) | Tegretol, Depakote, Neurontin |
| barbiturates | |
| ***Alcohol relapse prevention agents*** | |
| disulfiram | Antabuse |
| naltrexone hydrochloride | Revia, Depade |
| acamprosate | Campral |
| nalmefene hydrochloride | Revex |
| topiramate[3] | Topamax |
| **Opioids** | |
| ***Opioid withdrawal agents*** | |
| buprenorphine | Subutex |
| buprenorphine and naloxone | Suboxone |
| clonidine | Catapres |
| methadone hydrochloride | Methadone |
| nalmefene hydrochloride | ReVia, Depade |
| naltrexone hydrochloride | Revex |
| ***Opioid maintenance agents*** | Subutex |
| buprenorphine | Suboxone |
| naloxone | Bunavail (buprenorphine and naloxone) buccal film |
| | Cassipa (buprenorphine and naloxone) sublingual film |
| | Probuphine (buprenorphine) implant for subdermal administration |
| | Sublocade (buprenorphine extended-release) injection for subcutaneous |

[2] Baclofen (gamma-aminobutyric acid B (GABA(B)), a receptor agonist used for spasticity) has been found to be as effective as diazepam in treatment of uncomplicated alcohol withdrawal syndrome and is a promising pharmacological compound for use in the treatment of alcohol dependence. It has been found to reduce cocaine use.

[3] There is some evidence indicating topiramate (an anticonvulsant) is effective in reducing craving and heavy drinking and improving abstinence among people with alcohol dependence. It may also be effective for cocaine addiction.

| | |
|---|---|
| | use<br>Suboxone (buprenorphine and naloxone) sublingual film for sublingual or buccal use<br>Subutex (buprenorphine and naloxone) sublingual film or tablet<br>Vivitrol (naltrexone for extended-release injectable suspension) intramuscular<br>Zubsolv (buprenorphine and naloxone) sublingual tablets |
| LAAM (levo-alpha-acetyl-methadol)[4]<br>methadone hydrochloride | Dolophine (methadone hydrochloride) tablets<br>Methadose (methadone hydrochloride) oral concentrate |

**Disulfiram**

Disulfiram interferes with the metabolism of alcohol via alcohol dehydrogenase, so that individuals who use alcohol will get ill to varying degrees when taking this medication. This can be a valuable tool in assisting individuals to resist impulsive drinking, but generally must be combined with additional recovery programming and/or positive contingencies. Disulfiram should NOT be used to coerce sobriety in any patient.

Disulfiram has been available since the 1940s. It is used as an aversive medication; when ingested with alcohol it produces unpleasant effects[5] by interfering with the metabolism of acetaldehyde (an intermediary product in the oxidation of alcohol) causing it to accumulate in the blood. Disulfiram can be initiated subsequent to a lack of alcohol consumption for four or five days and is continued as long as it is effective in helping with the maintenance of abstinence, which can be for several years. It is often prescribed for individuals who are abstinent, in recovery, and facing high risk situations. As a dopamine beta-hydroxylase inhibitor, disulfiram has been found to reduce cocaine craving and cocaine usage in some studies.

Disulfiram is contraindicated during pregnancy (as it has been associated with clubfoot and congenital malformities), and co-existing acute hepatitis, significant cardiac disease, severe chronic lung disease or asthma, rubber allergy, and work that entails handling alcohol or solvents (e.g., mechanics and painters). As a dopamine beta-hydroxylase inhibitor, disulfiram can exacerbate psychosis necessitating adjustment of antipsychotic medication. It can also increase suicidal ideation/intent. In addition,

[4] Levo-alpha-acetyl-methadol (LAAM) suppresses opioid withdrawal symptoms for forty eight to seventy two hours. The Food and Drug Administration approved LAAM for use in (opioid treatment programs (OTPs) in 1990, but in 2003 strengthened warnings in the product's labeling due to cardiac-related adverse events, including QT interval prolongation (slowing of cardiac induction) and death from torsade de pointes arrhythmia. In 2003 the manufacturer announced it would cease production in 2004. While LAAM has been shown to be as effective as methadone and buprenorphine in decreasing opioid use and enhancing treatment retention, it is no longer available.

[5] The consumption of alcohol within twelve hours of ingesting disulfiram produces facial flushing within fifteen minutes, then intense vasodilation of the face and neck with suffusion of the conjunctivae, throbbing headache, tachycardia, hyperpnea, and sweating. Nausea and vomiting ensue after thirty to sixty minutes. It can lead to hypotension, dizziness, anxiety, and, sometimes, fainting and collapse. The reaction lasts one to three hours.

disulfiram is not generally recommended for older patients due to adverse effects of alcohol-disulfiram interaction and its toxicity.

A substantial literature base has been generated on the use of disulfiram, but there is a paucity of controlled clinical trials, and those that exist reveal mixed findings. There is some evidence that disulfiram reduces drinking days, but little exists to show that it enhances abstinence (which is a robust predictor of outcome). Disulfiram is more likely to be beneficial when it is prescribed in conjunction with psychosocial interventions including self-help groups, and when given in a monitored (i.e., supervised) fashion, such as by treatment staff in a clinic or at home by a spouse. If a spouse or other family member functions as a monitor, only observation is provided; administration is not recommended.

**Methadone**

Methadone a synthetic opioid that is the most commonly used medication for detoxification and treatment of opioid abuse, is a long-acting agonist at the mu opioid receptor site that displaces heroin (and other opioids) and restabilizes the site, thereby reversing opioid withdrawal symptoms and, when used on a maintenance basis, the immunologic and endocrinologic impairments caused by long-term heroin use. Research indicates that methadone does not cause the medical abnormalities and behavioral destabilization that are induced by rapid fluctuations in drug levels caused by using heroin several times a day. Methadone significantly reduces the desire for heroin, blocks its euphoric effects, suppresses withdrawal, blocks the effects of other opioids, and decreases craving for opioids.

Methadone is highly regulated and can only be prescribed for withdrawal by physicians practicing in or affiliated with Substance Abuse and Mental Health Services Administration (SAMHSA)-certified Opioid Treatment Programs (OTPs) [i.e., methadone clinics][6] or during hospitalization for another medical condition[7]. Methadone has two enantiomeric forms, (R)-methadone (or levo or L-methadone), and (S)-methadone (or dextro or D-methadone), which are used in a 50:50 racemic mixture in OTPs. Only (R)-methadone has clinically significant mu receptor agonist activity, and its potency as an analgesic is fifty times greater than that of (S)-methadone. (R)-methadone also has a significantly higher mean clearance rate than (S)-methadone.

Methadone is metabolized primarily by the CYP 450 enzymes[8] (i.e., CYP/3A4, CYP/2B6, CYP/2D6, CYP/1A2, CYP/2C9, and CYP/2C19) in the liver, and different isoforms metabolize (R) and (S)-methadone differently. Genetic factors affect the functioning of these enzymes and produce wide variations in methadone metabolism. For

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[6] Federal regulations stipulate that eligibility for opioid pharmacotherapy programs is based on addiction to an opioid for at least one year prior to admission. A physician can request an exception to the one-year rule for individuals who have been released from correctional facilities within six months of the release, women who are pregnant, and patients who have previously received treatment for up to two years following discharge. Individuals who are younger than eighteen years of age must have experienced at least two documented outpatient psychosocial or detoxification trials within twelve months to be eligible, and must have written consent from a parent, legal guardian or relevant state authority.

[7] It has been suggested that the stigma and inconvenience associated with receiving methadone maintenance in OTPs have, in part, contributed to the less than twenty-five percent of the individuals with opioid addictions who receive treatment, and has prevented more physicians from gaining experience and expertise in the treatment of opioid addictions with methadone.

[8] This system is one of many hepatic liver enzyme systems responsible for the metabolic breakdown of various drugs into inactive compound products. Different drugs and compounds have varying affinities for the CYP450 system. The higher the affinity, the more rapidly the drug or compound breaks down. Some compounds can slow the metabolism or breakdown of other drugs with a lower affinity, leading to a buildup of that drug or compound in the body.

example, while CYP/2D6 selectively metabolizes the (R)-methadone enantiomer, some individuals do not produce much CYP/2D6, while others have very high CYP/2D6 activity. The latter group may require much higher methadone doses to compensate for this high rate of (R)-methadone metabolism. Individuals also differ considerably in CYP/3A4 and CYP/1A2 activity.[9]

Drugs that induce or inhibit CYP 450 enzyme activity can affect methadone metabolism. If these enzymes are stimulated by other medications, the duration of methadone's effect and serum methadone levels can be decreased thereby precipitating withdrawal symptoms. If these enzymes are inhibited by other medications, methadone metabolism may be slowed, and serum methadone levels and duration of effect can be increased. Some medications (e.g., fluconazole) increase methadone levels and others (e.g., nevirapine, efavirenz, and ritonavir) lower them. Rifampin (an anti-TB medication), accelerates the clearance of drugs metabolized by the liver so that up to a fifty percent increase in methadone dosage may be needed. Other common inducers include carbamazepine, phenytoin, and phenobarbital. Psychiatric medications sharing the same metabolic pathways as methadone include some selective serotonin reuptake inhibitors (SSRIs), which inhibit the isoenzymes that metabolize methadone and can increase serum methadone levels. For example, fluvoxamine has been shown to induce over-sedation and respiratory depression when combined with methadone, while fluoxetine and sertraline do not increase methadone levels significantly. Methadone impairs the metabolism of tricyclics and can cause increased tricyclic medication blood levels. It is not used in combination with opioid agonists/antagonists such as pentazocine (Talwin) as this will precipitate withdrawal.

When participants in OTPs are admitted for inpatient treatment of disorders other than substance use, federal regulations allow hospital physicians to continue prescribing maintenance doses of methadone. Methadone maintenance treatment is continued in accordance with patients' daily doses during hospitalization for medical problems. However, it is likely that larger doses of medications for anesthesia will be required, and additional medication for pain relief may be needed.

Since methadone is a full mu opioid agonist, overdose and death can occur if it is taken in amounts exceeding tolerance levels. Potentially lethal respiratory depressant effects also can occur if methadone is used in combination with substances that depress the central nervous system, (e.g., alcohol and benzodiazepines.) Methadone can produce cardiotoxic effects, QT interval prolongation, and cardiac arrhythmia (torsade de pointes).

Methadone has been shown to be safe for use during pregnancy[10] and is approved by the FDA for treatment of opioid addiction during pregnancy. It decreases fluctuations in maternal serum opioid levels and thus offers protection to the fetus from repeated episodes of withdrawal (which can cause premature labor and other adverse effects). Many women require increased methadone dosages during the last trimester because of increases in blood volume and metabolic changes due pregnancy. Methadone can be used while breastfeeding unless the mother has HIV infection.

Methadone maintenance treatment in OTPs that incorporate monitoring, counseling services (e.g., individual, group, and family therapies), and vocational resources and

[9] A discussion of CYP 450 can be found in the Ethnopsychopharmacology section of *A Guide to Evidence-Based Practices for Adults with Mental Illness*.

[10] Prenatal care for pregnant women substance abuse treatment is mandated by the federal government.

referrals has been demonstrated to lead to reductions and cessation of opioid use and its adverse consequences, including medical problems (e.g., cellulitis, hepatitis), criminal behavior (by as much as fifty percent) associated with obtaining drugs, psychiatric symptoms,[11] unemployment, and family and social problems. Studies also have found that methadone maintenance treatment increases adherence to HIV/AIDS therapeutic regimens, reduces seroconversion to HIV/AIDS, and decreases the mortality associated with opioid use disorders. However, it is estimated that about one in four individuals do not achieve maximal benefit from methadone maintenance treatment. Retention rates and outcomes are improved with more frequent counseling and higher doses (of an average of sixty to one hundred twenty milligrams per day). Methadone treatment typically requires a minimum of twelve months of participation to derive maximum benefit and, for some individuals, maintenance on methadone is beneficial for a period of years.

**Buprenorphine**

Buprenorphine, a derivative of the opium alkaloid thebaine, is a partial agonist at the mu opioid receptor and an antagonist at the kappa receptor that is used to suppress withdrawal, reduce craving, and block the euphoric and reinforcing effects of opioids. Buprenorphine can be used for medically supervised withdrawal and detoxification from opioids as well as for long-term maintenance. It can be taken on a daily basis or less frequently. Its effectiveness for gradual detoxification has been shown to be better than for rapid detoxification.

Studies have demonstrated that buprenorphine is effective in decreasing opioid use, increasing treatment retention, has few side effects, and is acceptable to most patients. It has very high affinity and low intrinsic activity at the mu receptor and displaces morphine, methadone, and other opioid full agonists from the receptor. In addition, buprenorphine dissociates from opioid receptors at a slow rate allowing for daily or less frequent dosing (e.g., three times per week). Buprenorphine is abusable, but its abuse potential and level of physical dependence (i.e., withdrawal discomfort) are lower than that of opioid full agonists. It has a lower ceiling effect[12] at higher doses, and is safer in overdose compared with opioid full agonists. However, buprenorphine can precipitate opioid withdrawal when administered subsequent to the recent use of heroin.

Buprenorphine is available in two sublingual forms including Subutex which contains only buprenorphine for initiating treatment, and a combination of buprenorphine and naloxone (Suboxone) for medically supervised withdrawal and maintenance treatment. The sublingual tablet with naloxone is designed to decrease the potential for abuse via injection. Injection of the combination tablet results in the predominance of the antagonistic effect of naloxone. An injectable form (Buprenex) has been approved by the FDA for the treatment of pain, as a detoxification agent, and for opioid maintenance treatment as an alternative to methadone maintenance.

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[11] Research shows that individuals who have a co-occurring mental illness or hepatitis C may require fifty percent or greater than standard methadone dosages to attain stabilization.

[12] Because of its low intrinsic activity at the mu receptor, at increasing doses, and unlike a full opioid agonist, the agonist effects of buprenorphine reach a maximum and do not continue to increase linearly with increasing doses (i.e., the ceiling effect). Due to the ceiling effect an overdose is less likely to cause fatal respiratory depression than an overdose of a full mu opioid agonist. However, persons who are treated with opioids for chronic severe pain may not be good candidates for buprenorphine treatment because of the ceiling effect on buprenorphine's analgesic properties.

Buprenorphine is metabolized in the liver by the CYP3A4 subgroup of CYP450 enzymes, and, like methadone, its rate of metabolism is affected by co-administration of other medications, medications that may inhibit, induce, or be metabolized by the cytochrome P450/3A4 enzyme system particularly benzodiazepines, other sedative drugs, opioid antagonists, opioid agonists, and HIV antiretroviral medications (e.g., protease inhibitors). In addition, the consumption of alcohol while taking this medication can lead to a lethal interaction. It is not used in combination with opioid agonists (e.g., naltrexone) because it can precipitate opioid withdrawal syndrome. Finally, it should also be noted that because buprenorphine is a partial agonist at higher doses, it can precipitate opioid-like withdrawal symptoms in the presence of significant physical dependence on opioids (making it appear to function more like an antagonist).

There is a paucity of well-designed research on the effects of buprenorphine on pregnant women and fetal development and is therefore not recommended for use during pregnancy. There is also a lack of information on its interaction with antipsychotic and mood stabilizing medications (e.g., lithium). Buprenorphine can alter the metabolism of antiseizure medications (e.g., phenytoin, carbamazepine, and valproic acid), and such medications can alter the metabolism of buprenorphine. There is also a risk for interactions between buprenorphine and sedative-hypnotics (e.g., phenobarbital and clonazepam); the combination can cause depression of the central nervous system. If both are used, lower dosages of both types of medication are indicated. Buprenorphine is not recommended for individuals who display active suicidality. It has not been found to be effective for the treatment of other drugs of abuse in individuals with polysubstance dependence.

Hospitalization for medical problems may necessitate temporary suspension of buprenorphine treatment due to its attenuation or blocking of the effects of opioids. At analgesic doses, buprenorphine is twenty to fifty times more potent than morphine. Patients with acute pain on maintenance doses of buprenorphine who do not obtain relief from non-opioid medications are treated with standard pain management intervention (e.g., short-acting opioid pain relievers) subsequent to discontinuation of buprenorphine. Buprenorphine is not restarted until sufficient time has elapsed for the clearance of opioid pain medications (as evidenced by the onset of early withdrawal symptoms) in order to prevent precipitating withdrawal. Individuals treated with long-acting opioids for chronic severe pain may not be good candidates for buprenorphine treatment due to the ceiling effect on its analgesic properties. Moreover, it may be difficult to achieve analgesia with short-acting opioids for individuals receiving buprenorphine maintenance therapy prior to its clearance; higher doses of short-acting opioids may be required.

Buprenorphine can be prescribed and dispensed in physicians' offices, although there are specific training and certification requirements delineated in the Drug Addiction Treatment Act of 2000 (DATA 2000), the text of which can be found on the Internet at http://www.buprenorphine.samhsa.gov/fulllaw.html. Physicians must obtain a waiver exempting them from federal requirements regarding prescribing controlled substances and obtain subspecialty board certification or training in treatment and management of patients with opioid dependence. Information on requirements for physicians as well as eight hours of on-line training can be found at www.buprenorphine.samhsa.gov. As of December 2006, physicians who meet the criteria can treat up to one hundred patients at any one time. This patient limit applies to both solo and entire group practices.

It should also be noted that **desipramine** has been used to reduce craving for cocaine, but studies have yielded very inconsistent findings. **Dopaminergic agents** have also been used to decrease cocaine craving and have also yielded inconsistent findings. In addition, these agents pose a risk for exacerbation of psychosis.

**Naltrexone**

Naltrexone, an allyl derivative of noroxymorphine synthesized in the 1960s, is a long-acting synthetic opioid antagonist that was approved by the Food and Drug Administration (FDA) in 1984 to treat opioid dependence, in 1994 for the treatment of alcohol dependence (the first new medication for this in almost fifty years), and as a preventive treatment for relapse for individuals with alcohol dependence in 1995. It works by blocking opiate receptors that are involved in the rewarding effects of drinking alcohol and the craving for alcohol subsequent to abstinence. Naltrexone tightly binds to mu opiate receptors and, because it has a higher affinity for these receptors than heroin, morphine, or methadone, it displaces those drugs from receptors and blocks their effects. If opiates are already present (i.e., bound at receptor sites), then naltrexone displaces them almost immediately and precipitates withdrawal symptoms (e.g., anxiety, irritability, yawning, runny eyes and nose, perspiration, vomiting, cramps, tremors, and insomnia). If opiates are administered subsequent to naltrexone, it blocks pleasurable feelings as well as the development of physical dependence with regular administration at sufficient doses.

Naltrexone is used for the treatment of opioid use disorders following medically supervised withdrawal and nonuse of opioids for about fourteen days in order to avoid opiate abstinence syndrome. It blocks opioid effects for two to three days and has no narcotic effect so withdrawal symptoms are not precipitated when it is discontinued. Tolerance does not develop, so it can be discontinued without tapering. Moreover, naltrexone does not have abuse potential since it does not have addictive properties or produce physical dependence. It has a long half-life and its therapeutic effects can last up to three days.

Naltrexone has no opioid agonist effects so cravings continue to be experienced, thus reducing motivation for adherence. Moreover, individuals must be fully withdrawn for up to two weeks from all opioids prior to the initiation of naltrexone, leaving them vulnerable to relapse and at increased risk for death from overdose subsequent to discontinuation. Treatment retention has been shown to be problematic; rates of premature termination range from seventy to eighty percent in some studies. Adherence is improved when treatment is combined with vouchers.

Naltrexone has been found to be very effective in preventing relapse to opioid use and is most effective for individuals with high levels of motivation who want to achieve total abstinence (e.g., those on parole, probation, in work-release programs, and professionals such as anesthesiologists and other healthcare practitioners), have undergone detoxification, and require added support to prevent relapse. It is also beneficial for patients who are in early stages of opioid dependence.

A number of studies have demonstrated that naltrexone is effective for reducing alcohol consumption with outcomes indicating less frequent drinking, less consumption of alcohol during drinking episodes and fewer relapses to heavy drinking, particularly when used in conjunction with psychosocial interventions, especially cognitive-behavioral therapy. Individuals who experience significant levels of craving for alcohol, cognitive ability challenges, have a limited education, a family history of alcohol dependence, and

significant levels of physical or emotional stress have been shown to benefit from naltrexone in combination with other psychosocial interventions. The beneficial effects of naltrexone diminish subsequent to termination of treatment. Unlike disulfiram, naltrexone does not appear to alter the absorption or metabolism of alcohol or precipitate adverse effects when taken in combination with alcohol.

Naltrexone is contraindicated during pregnancy and breast feeding because it affects a number of hormones (e.g., luteinizing hormone, prolactin, and growth hormone). It is not used to treat adolescents due to the lack of data on safety and efficacy for this population. Naltrexone is also contraindicated for people who have chronic pain that does not respond to non-narcotic medications (e.g., due to hemophilia, sickle cell disease, chronic kidney stones, chronic pancreatitis, or advanced cancer).

One of the most serious adverse effects of naltrexone is hepatotoxicity. High doses administered to individuals with obesity have been found to lead to hepatocelluar injury. (However, obesity and opiate or alcohol dependence are associated with liver abnormalities.) Naltrexone is not combined with opioids, thioridazine, oral hypoglycemics, or drugs that are associated with potential liver toxicity (e.g., acetaminophen and disulfiram). It appears to be safe when used in combination with antidepressants. Initial medical workups are required prior to starting naltrexone, including liver function tests, which should be repeated periodically during treatment. Moreover, because it is an opioid antagonist, opioid analgesics such as morphine and codeine cannot be used routinely. If opioids are required for pain management subsequent to recent naltrexone ingestion, pain relief can be obtained at higher than standard doses. Naltrexone is discontinued for two to three days, and an opioid is then administered in conventional doses. In emergency situations requiring opiate analgesia, rapidly acting analgesics with minimal respiratory depression are used and titrated in accordance with patients' responses.

**Nalmefene**

Nalmefene (a drug that is used to reverse the effects of anesthesia), is an opioid antagonist that, like naltrexone, has no agonist activity, no abuse potential, a longer half-life, greater bioavailability, and lacks dose-dependent liver toxicity. (It differs from naltrexone by substitution of the ketone group at the 6-position of naltrexone with a methylene (CH2) group, which significantly increases binding affinity to the mu opioid receptor.) It is indicated for the management of opioid overdose and complete or partial reversal of opioid drug effects, including respiratory depression, induced by either natural or synthetic opioids. Nalmefene, like other opioid antagonists, can potentiate acute withdrawal symptoms in individuals who have some degree of opioid tolerance and dependence. It is thus used with extreme caution in the presence of physical dependence on opioids or following surgery involving high doses of opioids.

Nalmefene has been shown to be safe and efficacious when used to treat alcohol dependence and leads to reductions in intake rather than the achievement of complete abstinence. Studies indicate nalmefene decreases relapses to heavy alcohol consumption and is the first medication to show efficacy in controlled trials without the provision of concomitant psychosocial intervention. However, it has yet to receive FDA approval for the treatment of alcohol use disorders.

**Acamprosate**

Acamprosate reduces alcohol usage through an impact on endogenous GABA pathways. The combination of acamprosate plus naltrexone is reportedly more effective than either alone.

Acamprosate, a synthetic derivative of homotaurine (a structural analog of gamma-aminobutyric acid (GABA) that interacts with glutamate receptors, was approved by the FDA in 2004 for the treatment of alcohol dependence. Acamprosate therapy is usually initiated subsequent to full withdrawal and abstinence from alcohol. It has been found to be generally safe and has a dose-response effect on drinking behavior. Studies indicate it leads to the promotion of abstinence, increased time to first drink, and increased rates of treatment retention and completion. Treatment duration varies between three and twelve months. There is some evidence to support the combination of acamprosate with naltrexone or disulfiram for individuals who do not respond to monotherapy.

Acamprosate does not appear to interact with psychiatric medications, alcohol, and other medications used for the treatment of alcohol disorders. Moreover, it does not have addictive properties, abuse potential, or risk for overdose. Individuals with liver problems can use this medication (rather than naltrexone) since it is not metabolized to a significant degree in the liver. Monitoring for symptoms of depression and suicidal ideation are recommended due to increases in suicidal events (e.g., ideation, attempts, and completions) observed among patients in clinical trials. Acamprosate is contraindicated for individuals who have serious renal problems.

## Smoking Cessation

It is estimated that ninety percent of persons entering substance abuse treatment programs and fifty to ninety-five percent of individuals with co-occurring psychiatric disorders use nicotine. Individuals with a serious mental illness who smoke display more positive symptoms, are prescribed more medications, experience more side effects from medications, and are hospitalized more frequently than those who do not smoke.

| Name | Forms |
|---|---|
| Bupropion, sustained release | Zyban<br>(prescription only) |
| Nicotine gum | Nicorette, Nicorette DS, Nicorette Mint, Nicorette Orange (OTC only) |
| Nicotine inhaler | Nicotrol inhaler<br>(prescription only) |
| Nicotine nasal spray | Nicotrol NS<br>(prescription only) |
| Nicotine patch | Nicoderm CQ (OTC only)<br>Generic/house brand<br>Patches (OTC and prescription)<br>Nicotrol (OTC only) |

**Bupropion SR** was approved by the FDA for smoking cessation in 1997 and was marketed under the trade name of Zyban. It has been shown to be effective, but is contraindicated in the presence of a history of seizures, head trauma, anorexia bulimia, and heavy alcohol consumption.

**Nicotine replacement therapies (NRTs)** for nicotine dependence includes nicotine patch, gum, and, nasal spray. NRTs provide less than half of the nicotine plasma levels achieved through smoking cigarettes. Combination therapies (e.g., the patch and gum) have been used to augment nicotine levels and increase the effectiveness of therapy. There is some evidence to support the combination of the patch (a passive nicotine delivery system) with an active, self-administered therapy (e.g., gum and nasal spray) when monotherapy has not been successful. The combination of bupropion SR and the transdermal patch has been found to lead to higher quit rates over a twelve-month period.

The majority of smokers make several quit attempts on their own. Seventy-five to eighty percent of individuals who attempt to quit experience relapse. Fear of weight gain is a common barrier to quit attempts, especially in women. However, dieting during smoking cessation has been shown to lead to relapse (as has alcohol consumption). There is also some evidence showing that women do not benefit as much as men from NRT, but may benefit more from non-NRT treatments such as bupropion and naltrexone which can attenuate weight gain.

Research shows that extending treatment longer than typical smoking cessations programs improves quit rates to fifty percent at one year post intervention. Evidence indicates that these medications are effective when used alone, but the addition of psychosocial interventions potentiates their effectiveness by fifty percent. Moreover, there is a direct correlation between the intensity of counseling and quitting success and that even very brief counseling improves success rates. In sum, NRTs in combination with behavioral interventions (ranging from self-help materials to individual cognitive-behavioral interventions that teach people to recognize high risk smoking situations, develop alternative coping strategies, manage stress, enhance problem-solving skills, and increase social supports) have been shown to be effective.

**Varenicline tartrate** (Chantix) was approved by the FDA in May, 2006 for smoking cessation. It binds to nicotine receptors in the brain and reduces withdrawal symptoms, and blocks the effects of nicotine if smoking is resumed. A course of treatment is twelve weeks in duration. Individuals who achieve cessation can continue treatment for an additional twelve weeks to increase potential for long-term cessation. Reports of neuropsychiatric symptoms (e.g., anxiety, nervousness, tension, depressed mood, suicide ideation and behaviors) led to FDA to issue a public health advisory regarding the need to monitor patients for adverse effects. Varenicline tartrate can also cause impairment of the ability to drive or operate heavy machinery.

**Clonidine**, **nortriptyline**, and **moclobemide** have also been found to be effective but are not approved by the FDA for smoking cessation therapy. Nortriptyline and clonidine are second-line treatments according to the U.S. Public Health Service's guideline on the treatment of tobacco use and dependence.

### Medication Interactions with Smoking and Smoking Cessation

Smoking interacts with both psychiatric and non-psychiatric medications commonly used by people with mental illness. Medication levels can vary if someone starts or stops smoking, or if they change how much they smoke. Some people may need dose adjustment when quitting or reducing smoking or when resuming smoking following abstinence. Interactions are caused by components of tobacco smoke (not nicotine) and nicotine replacement therapy will not affect changes in medication levels caused by smoking cessation. Interactions are often the result of tobacco smoke inducing cytochrome P450 enzymes in the liver, affecting absorption, distribution, metabolism or elimination of the medication.

Individuals with co-occurring disorders need to be monitored for changes in mental status and psychopharmacotherapeutic side effects because some psychotropic medications interact with tobacco smoke. Tobacco is metabolized by the CYP 450/Ia2 isoenzyme in the liver. The metabolism of tobacco increases the metabolism of some psychotropic

medications such as fluphenazine, haloperidol, clozapine, and olanzapine secondary to aromatic polynuclear hydrocarbons (i.e., tar). The cessation of smoking reduces the activity of the CYP 40/Ia2 enzymes and, hence, the metabolism of psychotropic medications. This, in turn, increases the blood level of the medications which can increase their side effects and reduce adherence to treatment regimens.

| Psychiatric medication | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| Antipsychotics | Amisulpride | No effect | | |
| | Chlorpromazine | Moderate | Lower serum levels<br>Less drowsiness and hypotension<br>May need higher doses | Increased serum levels<br>May need lower doses |
| | Clozapine | Moderate | Lower serum levels<br>Will need higher doses | Increased serum levels<br>Will need lower doses<br>Monitor closely for signs of toxicity |
| | Fluphenazine | Moderate | Serum levels may be lower | May increase serum levels<br>Possible increased drowsiness or extrapyramidal side effects<br>May need lower doses |
| | Haloperidol | Moderate | Lower serum levels<br>Need higher doses | Increased serum levels<br>May need lower doses<br>Possible increased drowsiness, extrapyramidal side effects, hypotension |
| | Olanzapine | Moderate | Lower serum levels<br>May shorten half-life | Increased serum levels<br>May need lower doses |

| Psychiatric medication | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| | Perphenazine | | Lower serum levels | May increase serum levels<br>Monitor response<br>May need lower doses |
| | Quetiapine | No known effect | | |
| | Risperidone | No known effect | | |
| | Thioridazine | High | | Risk of cardiotoxicity |
| | Ziprasidone | No known effect | | |
| | Zotepine | No known effect | | |
| **Anticonvulsants** | Carbamazepine | None to minimal effect | | |
| | Phenytoin | Moderate | Varying reports | Varying reports |
| | Valproate | Moderate | Varying reports | Varying reports |
| **Hypnotics and anxiolytics** | Benzodiazepines<br>Aprazolam<br>Chlordiazepoxide<br>Clonazepam<br>Diazepam<br>Loprazolam<br>Lorazepam<br>Lormetazepam<br>Nitrazepam<br>Oxazepam<br>Temazepam | Moderate | Lower plasma levels<br>May need higher doses | Possible increased sedation<br>May need lower doses |
| | Zolpidem | | May lower plasma levels<br>Possibly less hypnotic effect<br>Heavy smokers may need higher doses | Increased plasma levels<br>Possible increased sedation<br>May need lower doses |
| **Lithium** | | Possible indirect effect<br>Smoking increases caffeine metabolism, and significant changes in amount of caffeine may affect serum lithium levels | | Theoretically, could indirectly change lithium excretion<br>Check levels especially if deterioration evident |
| **NaSSAs** | Mirtazapine | Clinical significance unclear | Lower serum levels | May increase serum levels |
| **Opioids** | Methadone | Moderate | | Sedation and respiratory depression |

| Psychiatric medication | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| **SNRIs** | Duloxetine | | Lower plasma levels | Increased plasma levels<br>Possible increased side effects<br>May need lower doses |
| **SSRIs** | Fluvoxamine | Moderate | Lower serum levels | May increase serum levels |
| **Tricyclic antidepressants** | Amitriptyline<br>Clomipramine<br>Imipramine<br>Nortriptyline | Moderate | Lower plasma levels<br>Serum levels fall but free drug levels rise minimising clinical significance | May increase serum levels<br>Monitor for side effects and consider dose adjustment if appropriate |

| Non-psychotropic drugs | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| **Analgesics** | Codeine<br>Dextropropoxyphene<br>Pentazocine | | Codeine unknown<br>Dextropropoxyphene and pentazocine are less effective and smokers need higher doses | Improved analgesic response |
| **Anti-arrhythmic drugs** | Mexilitine | Minor to moderate | | Increased risk of adverse effects |
| | Beta blockers | Moderate | Less effective<br>May need higher doses | Effectiveness may be enhanced<br>Possible bradycardia and hypotension<br>May need lower doses |
| | Quinidine | Minor to moderate | | Increased risk of adverse effects |
| **Anticoagulants** | Heparin<br>Warfarin | Moderate | May need higher doses to achieve anticoagulation | INR / Prothromin time may increase<br>Risk of bleeding<br>Monitor closely<br>Adjust dose according to INR / Prothromin time |
| **Caffeine** | | Moderate<br>May effect excretion of lithium | Clearance increased | Caffeine levels may increase<br>Increased risk of side effects eg. tremor, nausea<br>Advise patients to reduce caffeine intake when making a quit attempt |

| Non-psychotropic drugs | | Degree of effect | Smoking | Smoking cessation |
|---|---|---|---|---|
| **Insulin** | | | May increase insulin resistance<br>Insulin dependent smokers may need higher doses | Insulin dependent diabetics may need lower doses<br>Improved glycaemic control<br>Monitor for hypoglycaemia<br>Check blood glucose more frequently<br>May need to adjust dose according to individual need |
| **Respiratory medications** | Theophylline | Moderate to high<br>Narrow therapeutic range, toxicity is possible with cessation | Increased clearance<br>Shorter half-life<br>Need higher doses | Increased plasma levels<br>Risk of toxicity eg. palpitations, nausea<br>Need lower doses |

*(from New South Wales Health Medication interactions with smoking and smoking cessation: (http://www.health.nsw.gov.au/tobacco/Publications/tool-14-medication-intera.pdf)*

| Pharmacological agent | Efficacy in substance use disorder | Major indications |
|---|---|---|
| Prostaglandin inhibitors (tolfenamic acid) | Alcohol | Alcohol withdrawal hangover |
| Benzodiazepines | Alcohol, cannabis | All forms of alcohol withdrawal symptoms (including delirium tremens), Nonspecific withdrawal symptoms of cannabis |
| Dexmedetomidine (alpha-2 adrenergic agonist) | Alcohol | Delirium tremens |
| Disulfiram | Alcohol* | As a deterrent agent in alcohol dependence |
| Naltrexone | Alcohol*, opioids, amphetamine | Anticraving agent in alcohol dependence, opioid dependence |
| Acamprosate | Alcohol* | Anticraving agent in alcohol dependence |
| Nalmefene | Alcohol | Anticraving agent in alcohol dependence |
| Ondansetron | Alcohol | In early-onset alcohol dependence as anticraving agent |
| Topiramate | Alcohol, cocaine | Anticraving agent |
| Gabapentin | Alcohol | Sleep disturbances in alcohol dependence |
| SSRIs | Alcohol | Nonspecific role |
| Trazodone | Alcohol | Sleep disturbances in alcohol dependence |
| GHB | Alcohol | Withdrawal symptoms in alcohol dependence |
| NRT | Nicotine* | Nicotine withdrawal symptoms as well as reduction of craving |
| Bupropion | Nicotine*, methamphetamine | Anticraving agent, management of withdrawal symptoms |
| Varenicline | Nicotine*, cocaine, alcohol | Management of withdrawal symptoms and craving of nicotine, some role in alcohol and cocaine dependence |
| Nortriptyline | Nicotine | Anticraving agent, management of withdrawal symptoms |
| Cytisine | Nicotine | Anticraving agent, management of withdrawal symptoms (similar to varenicline) |
| Clonidine | Nicotine, opioids | Management of nicotine and opioid withdrawal symptoms, reduces craving for nicotine |
| Methadone | Opioids* | Opioid withdrawal symptoms |
| Buprenorphine | Opioids* | Management of opioid withdrawal symptoms and craving |
| Buprenorphine+naloxone combination | Opioids* | Management of opioid withdrawal symptoms and craving |
| SROM | Opioids | Management of opioid withdrawal symptoms and craving |
| XR-NTX | Opioids, alcohol* | Anticraving agent in alcohol dependence, Maintenance treatment of opioid dependence |
| Heroin | Heroin dependence | Management of opioid withdrawal symptoms and craving |
| FAAH inhibitor | Cannabis | Treatment of acute cannabis withdrawal |
| Dronabinol | Cannabis | Treatment of cannabis withdrawal |
| Entacapone | Cannabis | Anticraving agent |
| Atomoxetine | Cannabis | Anticraving agent |
| NAC | Cannabis, cocaine | Anticraving agent, some role in cocaine dependence |
| Buspirone | Cannabis | Anticraving agent |
| Divalproex | Cannabis | Anticraving agent |
| CRT | Cannabis | Treatment of cannabis withdrawal and craving |
| Modafinil | Cocaine | Some role in cocaine dependence |
| Propranolol | Cocaine | Some role in cocaine dependence |
| Methylphenidate, rivastigmine | Methamphetamine | Some role in methamphetamine dependence |
| Serotonergic agents (SSRI, mirtazapine, ondansetron) | Amphetamine | May have some role in amphetamine dependence |
| Ibudilast | Amphetamine | May have some role in amphetamine dependence |
| Flumazenil | Benzodiazepines | Benzodiazepine overdose |
| Prazosin | Alcohol | Some role in alcohol dependence |
| Psilocybin | Nicotine | As an adjunctive treatment |
| Oxytocin | Mephedrone, MDMA | Some beneficial role reported |
| Baclofen | Alcohol | Anticraving agent |
| Thiamine | Alcohol | Delirium tremens, Wernicke-Korsakoff syndrome |

**Approved by USFDA. SSRIs: Selective serotonin reuptake inhibitors; GHB: Gamma-hydroxybutyric acid; NRT: Nicotine replacement therapy; SROM: Slow-release oral morphine; XR-NTX: Extended Release Naltrexone; FAAH: Fatty acid amide hydrolase; NAC: N-acetylcysteine; CRT: Cannabinoid replacement therapy; MDMA: Methylenedioxy-methamphetamine*

Exhibit C

## PAIN MANAGEMENT

People with substance use disorders are often under treated for acute pain. Reluctance to provide adequate pain treatment is usually based on the erroneous belief that maintenance doses of opioid addiction treatment medication also relieves acute pain. Patients in MAT programs have been shown to have high rates of acute pain, and thirty to sixty percent experience chronic pain. Long-term opioid pharmacotherapy produces substantial tolerance to the analgesic effects of opioid treatment medications so typical maintenance doses afford little to no pain relief and, due to tolerance for narcotics, higher doses of narcotic analgesia and more frequent dosing intervals are generally required for effective pain control.

It is recommended that patients with substance abuse problems be prescribed drugs with a low potential for: (1) abuse, (2) exacerbation of the effects of substances that are abused, and (3) lethality in overdose. It is also recommended that medications be dispensed in limited amounts and be closely monitored. In general, a hierarchical approach to prescribing is recommended to minimize the potential for abuse. In this approach, the lowest doses of safer, less abusable medications are prescribed first, and the most potentially abusable medications are used only when other agents have not been effective. Dispensing medication in small amounts helps limit overuse, misuse, or abuse of medications with the potential for abuse. In addition, it is recommended that one prescriber be assigned to write all prescriptions and that patients be requested to sign a contract to this effect. Nonopioid alternatives (e.g., nonsteroidal anti-inflammatory drugs, COX-2 inhibitors, physical therapy, or surgical intervention) are often recommended prior to treatment with opioids for pain management to minimize the risk of exacerbation of addiction posed by analgesics containing opioids. In fact, relapse to illicit opioid use has been shown to occur when opioid analgesics are given to people in recovery.

It is recommended that shorter acting narcotics be used for time-limited periods while methadone is continued at usual doses for pain control. Methadone doses several times per day can be used for individuals with opioid addictions who have severe chronic pain. Acute pain is managed with adequate doses of alternative mu opioid agonists (e.g., morphine, hydromorphone, or oxycodone), while continuing the maintenance dose of methadone. Partial agonists such as buprenorphine, butorphanol tartrate, and nalbuphine, as well as mixed opiate agonist-antagonists (e.g., pentazocine [Talwin]), are contraindicated because they can precipitate withdrawal. Certain types of pain have been found to be relieved by anticonvulsant adjuvant medications such as carbamazepine or phenytoin, but both are potent CYP 450/3A inducers that can lead to a sharp reduction in serum methadone levels. Gabapentin, effective for neuropathic pain, does not alter CYP 450/3A isoenzymes and thus does not change methadone levels.

Exhibit D

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## CONTROLLED SUBSTANCE AGREEMENT

Patient Name:_____ DOB:_____ Date:_____

The purpose of this contract is to prevent misunderstandings about the medications you are prescribed by Saginaw County Community Mental Health Authority.
You are being prescribed a controlled substance for the treatment of your psychiatric illness(es). It is important that you understand the risks and responsibilities that accompany this treatment. ***You are ultimately responsible for your physical and emotional health.*** This agreement will help you and your prescriber comply with the law(s) regarding controlled pharmaceuticals.

MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of my medications is a violation of this agreement and will result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that continued prescription is based on evidence of benefit. I understand that if my symptoms are not improved or my ability to function is not improved with the medication prescribed, it may be stopped or changed. I will work with my therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do for my illness(es). I am agreeable to therapy as a treatment option and know I am responsible to make and keep scheduled appointments.
- I will not attempt to obtain any anti-anxiety medications, sleeping pills or stimulants from another prescriber.
- I will safeguard my medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my health and wellbeing.
- I will not use recreational drugs, street drugs or alcohol.
- I understand that if I become pregnant that my prescriber needs to be notified as soon as possible.
- I will report all medications that I am taking (including but not limited to Methadone, Medical Marijuana, Suboxone and pain medication) to my prescriber. I also agree to sign releases for my prescriber to communicate with all other healthcare providers that are prescribing medication(s) for me.
- I understand that running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for my prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Signature: _____ Date:_____

Exhibit E

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CONTROLLED SUBSTANCE AGREEMENT- Children's Clinic

Patient Name:_____ DOB:_____ Date:_____

Parent/Guardian Name:_____

The purpose of this contract is to prevent misunderstandings about the medications your child/adolescent is prescribed by Saginaw County Community Mental Health Authority. Your child/adolescent is being prescribed a controlled substance for the treatment of their psychiatric illness(es). It is important that you and your child/adolescent understand the risks and responsibilities that accompany this treatment. ***You and your child/adolescent are ultimately responsible for their physical and emotional health***. This agreement will help you, your child/adolescent, and the prescriber to comply with the law(s) regarding controlled pharmaceuticals.

MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of the prescribed medications is a violation of this agreement and may result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that any continued prescription is based on evidence of benefit. I understand that if symptoms are not improved or the ability to function is not improved with the medication prescribed, it may be stopped or changed. My child/adolescent and I will work with a therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do. I am agreeable to therapy as a treatment option for my child/adolescent and know that there is a responsibility to make and keep any scheduled appointments.
- I will not attempt to obtain or administer any medications including but not limited to anti-anxiety medications, sleeping pills or stimulants from another prescriber for psychiatric treatment.
- I will safeguard medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my child's health and mental wellbeing.
- Child/adolescent will not use recreational drugs, street drugs or alcohol.
- I understand that if my child/adolescent becomes pregnant that their prescriber needs to be notified as soon as possible.
- I will report all medications that my child/adolescent is taking (including but not limited to pain medication) to my prescriber. I also agree to sign releases on behalf of my child/adolescent for the prescriber to communicate with all other healthcare providers that are prescribing medication(s) to him/her.
- I understand that my child/adolescent running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for their prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Parent/Guardian Signature:_____ Date:_____

Child/Adolescent Signature:_____

Exhibit F

**High Alert Medication Protocol**

| Group | Medications | Action | Responsibility |
|---|---|---|---|
| Group I | Clozapine (Clozaril) | NOTE: Clozapine is associated with severe neutropenia (absolute neutrophil count (ANC) less than 500/µL). The requirements to prescribe, dispense, and receive clozapine are incorporated into a single, shared program called the Clozapine Risk Evaluation and Mitigation Strategy (REMS). A The Clozapine REMS Program replaces the individual clozapine patient registries and the National Non-Rechallenge Master File (NNRMF).<br><br>Reviews lab work for critical levels and alert psychiatric providers/prescribers | Nursing Staff |
| | Olanzapine long-acting injection (Zyprexa Relprevv) | NOTE:<br>The psychiatric provider, healthcare facility, consumer and pharmacy must all be enrolled in the Zyprexa Relprevv Patient Care Program.<br>Prior to initiating treatment with Zyprexa Relprevv, tolerability to oral olanzapine needs to be established; an allergic reaction to oral olanzapine may be a contraindication for use of Zyprexa Relprevv.<br>Zyprexa Relprevv is pre-packaged with all components. The injection is prepared according to manufacturer's directions and administered using a 19 gauge, 1.5 inch needle, which is included. It is intended for deep intramuscular gluteal injection only, using standard technique, and should not be administered intravenously or subcutaneously. Following insertion of the needle into the muscle, aspiration should be maintained for several seconds to ensure that no blood is drawn into the syringe. If any blood is aspirated into the syringe, the needle should be withdrawn (no medicine is injected). The syringe should be discarded and fresh drug should be prepared using a new convenience kit. The injection | |

| Group | Medications | Action | Responsibility |
|---|---|---|---|
| | | should be performed at a steady, continuous pressure and the injection site should not be messaged after injection.<br><br>Monitors the consumer via direct observation in the facility for three hours post injection for signs of PDSS<br><br>At the third hour, confirms that the consumer is alert, oriented and without signs of PDSS.<br>Informs the consumer they should not drive or use heavy machinery for the remainder of the day (on the day of injection).<br>Advises the consumer and caregivers they should be vigilant for signs of PDSS for the remainder of the day and to seek medical assistance, if needed.<br>Accompanies the consumer is to their next destination upon leaving the clinic. (NOTE: Independent use of public transportation is not acceptable.)<br><br>If PDSS is suspected, assesses the consumer and calls 911 to summon EMS<br>Reports suspected PDSS events to Eli Lilly's Zyprexa Relprevv Patient Care Program (877-772-9390 and www.zyprexarelprevvprogram.com) within 24 hours<br>Completes an incident report<br>Alerts primary care and psychiatric providers<br>Documents the event in the consumer's EHR | Trained observers<br><br>Nursing Staff<br><br>Nurse or designated staff<br><br>Nursing Staff |
| Group II | Medications with metabolic risks | Obtains screening labs for consumers with metabolic risks<br>Track lab work and alert psychiatric providers/prescribers of any variance in obtaining necessary lab work<br>Track lab work to assure consumers receive lab work results in a timely fashion<br>Coordinate with primary care to assure appropriate medical follow up for metabolic concerns | Medical/Nursing Staff<br>Nursing Staff<br><br>Case Holders/ medical staff |

| Group | Medications | Action | Responsibility |
|---|---|---|---|
| Group III | Medications requiring blood level monitoring:<br>Lithium<br>Valproic Acid (Depakote, Depakene)<br>Carbamazepine (Tegretol) | Adhere to established guidelines for routine monitoring.<br><br>Track and alert psychiatric providers for any variance in obtaining necessary labs.<br>Review signs and symptoms of Lithium toxicity with consumers during every medical appointment. | Psychiatric providers/prescribers<br><br>Nurses |
| Group IV | Pregnancy risks:<br>Valproic Acid (Depakote, Depakene) | Alert psychiatric providers/prescribers to potential risks for women of childbearing age who are prescribed mood stabilizers, which may include Valproic Acid and Lithium.<br>Provide general information and warnings to all women of childbearing age of risks and concerns regarding psychiatric conditions, psychotropic medications and their potential risk during pregnancy. | Nurses |
| Group V | Naltrexone (Vivitrol, Revia) | Provide education to consumers regarding block of “high” feeling.<br>Ensure that the consumer has not have used narcotic medications within the past 7-10 days.<br>Ensure consumer carries a card to let others know that they are taking this medication in case of emergency situations. | Nursing Staff/Prescribers |
| Group VI | MAOIs:<br>Phenelzine (Nardil)<br>Tranylcypromine (Parnate)<br>Isocarboxazid (Marplan) | Provide a list of dietary/medication restrictions to the consumer.<br>Educate the consumer regarding the warning signs of a hypertensive reaction and appropriate response. | Nursing Staff/Prescribers |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Outcome Tool for Adults (ANSA) | **Chapter**: 02.03 – Philosophy of Care | **Subject No**: 02.03.17 |
| **Effective Date**: 9/27/13 | **Date of Review/Revision**: 5/4/16, 3/28/17, 5/18/18, 4/9/19, 4/7/20, 3/29/21, 3/14/22, 3/17/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Executive Director of Clinical Services<br><br>**Authored By**: Heidi Wale Knizacky<br><br>**Additional Reviewers**: Clinical Directors Sara Anani, John Burages |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
In order to ensure recovery and effective services, the use of an evidenced-based and standardized tool, the Adult Strengths and Needs Assessment (ANSA), will be used as the required clinical outcome tool for adults. The ANSA documents both needs and strengths in functioning.

**Policy:**
It is the policy of the Saginaw County Community Mental Health Authority that an evidenced-based, standardized tool will be used in the provision of services to promote recovery and meeting the clinical needs of each individual served by the agency.

**Application:**
This policy applies to the SCCMHA Network of providers who serve adult consumers with an SMI (Severe Mental Illness) diagnosis.

**Standards:**
A. Permission for Use:
The ANSA is a copyrighted tool that is available for free use by permission of the John Praed Foundation. In April 2012, SCCMHA obtained written permission to use the ANSA within specified limits and requirements. (See Exhibit A)

B. A belief in the concept of recovery is integral to the items represented and language inherent to the ANSA.

C. The ANSA is used to:
1. help determine the appropriate match of services to needs for an individual,
2. create a common language for communicating strengths and needs between treatment team members and other providers,

3. identify treatment and training needs for program planning,
4. provide accountability to funding sources, the community, auditors, and stakeholders,
5. aid in evaluating the effectiveness of SCCMHA Evidence Based Practice (EBP) programs,
6. help clinicians identify treatment interventions of best fit and measure progress,
7. aid in keeping track of all relevant facets of an individual's circumstances - including monitoring of safety issues,
8. strengthen ongoing and transparent dialogue between each clinician and consumer to aid the therapeutic relationship and promote recovery, and
9. provide a mechanism for all members of the treatment team, especially the consumer themselves, to visually see and celebrate improvements in functioning.

D. Completion schedule:
   a. The ANSA must be completed for all adult consumers with SMI receiving SCCMHA services
      i. during the initial Person-Centered Planning process and prior to the completion of the Individual Plan of Service,
      ii. every six months during service enrollment, and
      iii. at exit from services.
   b. The ANSA profile should reflect the needs addressed within the service plan. On the occasion that a consumer's circumstances or life functioning alters greatly, or very different information is presented to the clinician from what was previously known, another ANSA assessment outside of the initial and every six months schedule should be completed by the case holder, or therapist providing treatment, to assist with therapeutic rapport and treatment planning.

E. Staff responsible:
   1. The ANSA is to be scored only by a "reliable rater" (one who has been trained in the use of the ANSA). Any case holder who has not achieved 'reliable rater' status will collaborate with a staff member who has achieved this status in order to assure the ANSA is properly completed.
   2. The assigned case holder will assure that the assessment results are recorded in Sentri.

F. Training requirements:
   a. All ANSAs must only be completed by individuals who are reliable raters in good standing with SCCMHA. To become a reliable rater an individual will attend a full-day training program, complete a test vignette, and obtain a score of ".70" or higher.
      i. All prospective ANSA raters will receive a user account allowing access to online training resources under the SCCMHA jurisdiction. Accounts will be set up for individual users during the initial reliability training session. The current web address for this program is https://www.schoox.com/login.php. The training

account provides users with item scoring instructions and a downloadable copy of the ANSA manual.

ii. Reliability examinations, both initial and annual renewals, are to be completed via the online user account.

iii. Individual accounts must pay an annual subscription fee. SCCMHA will purchase vouchers and the ANSA Coordinator will distribute to network raters annually to maintain their account access.

b. Raters must renew reliability status annually by both 1) attending a booster training and 2) independently completing a reliability exam by rating a test vignette and obtaining a score within acceptable limits.

i. The booster training format will be announced and scheduled by fiscal year.

ii. Reliability exams must be completed within 30 days of the rater's annual renewal date. Failure to pass the reliability exam within 90 days of the annual renewal date may result in removal of access to ANSA within Sentri.

c. Additional trainings or activities may be required to address individual, program, or agency needs.

G. Distribution of ANSA information:

a. Since the ANSA is intended to facilitate helpful communication between clinicians and consumers, each time an ANSA is completed, the consumer should be presented with their profile report and invited to review with a service professional who is knowledgeable about the assessment and involved in their treatment planning.

b. The information represented by the ANSA should be referenced during treatment planning conversations.

c. ANSA profiles should be referenced during staff supervision and team consultation.

d. The results from the ANSA are to be integrated into the development of the outcomes, goals, and objectives for each consumer as part of the Person-Centered Planning process.

e. Having a current ANSA will be a requirement in order to attain authorization for services.

f. The ANSA Coordinator will provide regular aggregate reports, quarterly at minimum, by collaborating with clinical supervisors to determine areas of focus for clinical needs, outcomes, and data integrity.

g. Supervisors will review aggregate ANSA reports for their teams to aid in identifying supervisory, training, and other resource needs.

h. Supervisors will review data integrity reports to ensure staff enter ANSA assessments into the SENTRI II system within the required timeframes.

**Definitions:**

**Rater** – Case Manager, therapist, or supervisor who is authorized to complete an ANSA assessment by meeting minimum ANSA training and testing requirements and proof of their credential is approved by the SCCMHA ANSA Coordinator.

**ANSA** – Adult Needs and Strengths Assessment

**IPOS** – Individual Plan of Service
**SMI** – Serious Mental Illness

**References:**
SCCMHA Recovery Policy 02.03.05

**Exhibits:**
A. Praed SCCMHA letter, April 2012

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| A group of individuals will be designated as an ANSA leadership team, one member of which will serve as the ANSA Coordinator. | The SCCMHA Outcomes Management Group or members of the SCCMHA Management Team |
| The ANSA leadership team will be comprised (at least in part) of reliable raters who have satisfactorily participated in additional trainer training sanctioned by the Praed Foundation. The ANSA leadership team will develop local training materials, conduct trainings for SCCMHA staff and contractual providers, and monitor and respond to the needs of ANSA raters working with SCCMHA consumers. Members of the team may or may not determine to become an official ANSA Trainer as recognized by the Praed Foundation. The ANSA leadership team will also coordinate with SCCMHA's EMR provider to design and maintain electronic data collection of the ANSA. | ANSA leadership team |
| Service staff who have demonstrated and maintained ANSA reliability status will be granted Sentri access to rate ANSA within individual consumer records. Staff who have not maintained their reliability credential will have rating access removed. | SCCMHA Information Technology Department |
| The ANSA Coordinator will coordinate efforts of the ANSA leadership team. The Coordinator will maintain a list of raters in | ANSA Coordinator |

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| good standing and share this list with the SCCMHA Information Technology department to ensure raters have electronic access to complete an ANSA. The Coordinator shall collect current research and practice use of the ANSA and draw from this information to design and create meaningful reports for all stakeholders of SCCMHA ANSA data on a quarterly basis or as requested by stakeholder groups. | |
| The results from the ANSA are integrated into the outcomes, goals, and objectives for the consumer as part of the Person-Centered Planning process. | Case Holder |
| Semi-annually, an ANSA is completed to reflect the current needs and strengths of the consumer. An ANSA should also be completed if a consumer experiences a significant change in functioning that results in a need to change their IPOS. Prior to or while completing an ANSA, the consumer should be interviewed and collateral sources of information referenced to insure accurate and reliable rating. Completed ANSA's must be entered into Sentri and electronically signed. The results will be integrated, as applicable, into the consumer's plan of service through the Periodic Review. | Case Holder |
| An "Exit" ANSA will be completed to reflect a consumer's needs and strengths upon termination of services. This should be done as part of a collaborative process with the consumer for planned termination of services. If the termination was unplanned (e.g. for prolonged "no shows" to appointments), whenever possible an ANSA should be completed and dated to reflect that last known status of the consumer when engaged in services. In the circumstance that no opportunity has presented to obtain complete information regarding the consumer since their last | Case Holder |

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| completed ANSA, the consumer's case should be closed without entering an Exit ANSA. | |
| ANSA profiles are consulted during chart reviews, case consultations, and staff meetings to review progress and identify needs and concerns to be addressed in service planning. | Program Supervisors |

Exhibit A




April 9, 2012

To Whom It May Concern:

The Praed Foundation (Foundation) recognizes the complexity of the Saginaw County Community Mental Health Authority behavioral health care system and supports the work of SCCMHA and its contracted behavioral health providers to improve behavioral health services, including the use of improved assessment tools. The Foundation is working with SCCMHA to develop assessment tools tailored for the use of SCCMHA and its contracted behavioral health providers.

The Foundation is issuing this letter to certify that it is granting permission to Saginaw County Community Mental Health Authority (SCCMHA), its agents, contracted behavioral health providers, and business associates to use the Child and Adolescent Needs and Strengths Assessment (CANS) and the Adult Needs and Strengths Assessment (ANSA) tools as modified for SCCMHA.

The Foundation recognizes that additional modifications to the CANS and ANSA assessment tools may be necessary. The Foundation should be consulted regarding substantive modifications to the assessment, including adding or removing items or language from the Needs Assessments forms and manuals. Changes limited to altering formatting, item/domain order, or to correct typographical or grammatical errors may be implemented without seeking prior approval.

Appropriate training received from a certified trainer or Training Entity is a necessary component for successful use of the SCCMHA Needs Assessments. To ensure that proper training is attained, completion of a certification program is required for all SCCMHA Needs Assessments users. The Foundation authorizes SCCMHA to determine whether the Needs Assessments users must seek recertification and the frequency of any recertification.

SCCMHA or its contracted behavioral health providers may choose to develop capacity to be designated as training entities. In this capacity SCCMHA or its contracted behavioral health providers could develop and certify both users and trainers of the SCCMHA Needs Assessments. Certification of SCCMHA or its contracted behavioral health providers as Training Entities requires that SCCMHA or its contracted behavioral health providers work with the Praed Foundation on meeting the following requirements:

- Develop and maintain at least one certified trainer who works as a trainer for a minimum of one year training on the CANS and ANSA; and
- During the one year training period, works with the Praed Foundation to learn how to provide trainer training and certification; and
- Does at least one joint trainer program with a Praed Foundation designated trainer of trainers.

In order to maintain its status as a training entity, SCCMHA or its contracted behavioral health provider will need to maintain at least one qualified trainer of trainers in its employ.

Subject to SCCMHA receiving certification as a Training Entity by the Foundation and if SCCMHA chooses to develop its own training program, the Foundation authorizes SCCMHA to perpetually, irrevocably, without licensing costs, and royalty-free, establish, develop, administer, and maintain a training program which will focus on services provided to consumers in Saginaw, Michigan for staff at SCCMHA, its contractors, and business associates.Any licensing or royalty fee is also perpetually waived if SCCMHA directly provides training to end users, however the following also applies.

At SCCMHA' discretion, SCCMHA may contract with another party, including the Foundation, for any or all training-related activities. Should SCCMHA exercise its contracting option and the Foundation is selected as a contractor, the Foundation reserves the right to charge SCCMHA training fees for any contracted service requested of the Foundation as listed in Attachment A to this letter.

For any contract between SCCMHA and a third party that already pays the Foundation a licensing or royalty fee associated with CANS or ANSA training services, the Foundation does not, nor is the third party is expected to, waive those fees for services provided to SCCMHA when those fees are normally incorporated into its service charges, such as those associated with providing web-based training.

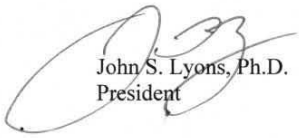
The Foundation also authorizes SCCMHA and/or its agents, contractors, business associates, to perpetually, irrevocably, without licensing costs, and royalty-free:

- Develop, distribute, and utilize any computer software (including, but not limited to, Electronic Health Record (EHR) system(s), stand-alone application(s), component code, system documentation, data tables, table structures, and file structures), templates, electronic or paper materials and documents, associated business rules, training guides and examinations, and other materials or resources that may be used to operationalize, utilize, implement, support, address, or incorporate the SCCMHA Needs Assessments into clinical operations and health care delivery;

- Incorporate and utilize the SCCMHA Needs Assessments as a component of a(n) EHR(s) and/or other Health Information Technology (HIT) application or system(s);
- Use and distribute the SCCMHA Needs Assessments in paper and/or electronic form;
- Grant unlimited access and usage for all appropriately trained and certified users to the SCCMHA Needs Assessments in electronic and/or paper form; and
- Deliver technical support to trained users and potential users relating to the SCCMHA Needs Assessments.

Thank you and good luck with your use of the CANS and ANSA to help improve care to the citizens of Saginaw, Michigan.

Sincerely,



John S. Lyons, Ph.D.
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<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Preschool and Early Childhood Functional Assessment Scale (PECFAS) & Child and Adolescent Functional Assessment Scale (CAFAS)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.18</td></tr>
<tr><td rowspan="2">Effective Date:<br>June 4, 2014</td><td>Date of Review/Revision:<br>5/6/16, 3/30/17, 4/10/18, 4/8/19, 3/29/20, 3/4/21, 2/28/22, 3/17/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Heidi Wale Knizacky<br><br>Additional Reviewers:<br>Jennifer Stanuszek, Heidi Wale Knizacky, Clinical Directors</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
In order to determine care needs and changes in functioning, the Preschool and Early Childhood Assessment Scale (PECFAS®) and Child and Adolescent Assessment Scale (CAFAS®) will be utilized with all Seriously Emotionally Disturbed (SED) children and youth within the designated age ranges. The PECFAS® and CAFAS® measures have established acceptable reliability and validity for assessing functioning of children and youth in a variety of both natural and care environments.

**Application:**
This policy applies to all clinicians, Wraparound workers, case managers and the SCCMHA CAI (Centralized Access and Intake) staff who serve all SED (Seriously Emotionally Disturbed) child and youth consumers ages of 4 years and above, supervisors of these staff, and the Care Management and Utilization team.

**Policy:**
It is the policy of the Saginaw County Community Mental Health Authority that an evidenced-based, standardized tool will be used in the provision of services to promote recovery and meeting the clinical needs of each individual served by the agency.

**Standards:**
A. Permission for Use:

1. The PECFAS and CAFAS are copyrighted tools that are available for use by purchase through Functional Assessment Systems (FAS) of Multi-Health Systems Inc. (MHS). http://www.mhs.com/product.aspx?gr=cli&prod=cafas&id=overview
2. The Michigan Department of Health and Human Services (MDHHS) requires the use of the tools per MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY23 ATTACHMENT C4.7.2. MDHHS currently pays the FAS Outcomes annual licensing fee for web-based use at web address https://app.fasoutcomes.com/. (Exhibit A - Michigan Department of Health and Human Services CAFAS and PECFAS Guidance to PIHPs and MHSPs; for the most current version of this document visit: https://www.michigan.gov/-/media/Project/Websites/mdhhs/Folder3/Folder44/Folder2/Folder144/Folder1/Folder244/PECFAS-CAFAS_Guidance.pdf?rev=ee2dc4d0a25f49be98968de5cd40e529.)

B. Purposes of PECFAS/CAFAS use:
   1. determine eligibility and assist with determining the appropriate match of services to needs for an individual,
   2. create a common language for communicating needs between treatment team members and other providers,
   3. help clinicians identify treatment interventions of best fit and measure progress,
   4. aid in keeping track of all relevant facets of an individual's circumstances - including monitoring of safety issues,
   5. strengthen ongoing and transparent dialogue between each clinician and consumer to aid the therapeutic relationship and promote recovery,
   6. provide a mechanism for all members of the treatment team, especially the child and their family themselves, to visually see and celebrate improvements in functioning,
   7. identify treatment and training needs for program planning,
   8. comply with MDHHS Provider requirements,
   9. provide accountability to funding sources, the community, auditors, and stakeholders, and
   10. aid in evaluating the effectiveness of SCCMHA Evidence Based Practice (EBP) programs.

C. Eligibility determinations:
   1. Amongst other dimensions, such as a supporting diagnosis, criteria for determining when a child 7 through 17 years is considered to have a serious emotional disturbance (SED) includes "Functional impairment that substantially interferes with or limits the minor's role or results in impaired functioning in family, school, or community activities." (Technical Requirement for SED Children, MDHHS/CMHSP Managed Mental Health Supports and Services Contract, Attachment C4.7.2) This functional impairment is determined by:
      a. A total score of 50 (using the eight subscale scores on the Child and Adolescent Functional Assessment Scale (CAFAS), or
      b. Two 20s on any of the first eight subscales of the CAFAS, or

c. One 30 on any subscale of the CAFAS, except for substance abuse only.

2. According to the Michigan Medicaid Provider Manual, for purposes of qualification for home-based services, children/adolescents age 7 to 17 may be considered markedly or severely functionally impaired if the minor has:
    a. An elevated subscale score (20 or greater) on at least two elements of the Child/Adolescent Section of the CAFAS; or
    b. An elevated subscale score (20 or greater) on one element of the CAFAS Child/Adolescent Section, combined with an elevated subscale score (20 or greater) on at least one CAFAS element involving Caregiver/Care-giving Resources; or
    c. A total impairment score of 80 or more on the CAFAS Child/Adolescent Section.
3. Functional impairment qualifications for the Children's Serious Emotional Disturbance Home and Community-Based Services Waiver (SED-W) are: (Medicaid Provider Manual Behavioral Health and Intellectual and Developmental Disability Supports and Services, Children's Serious Emotional Disturbance Home and Community-Based Services Waiver Appendix)
    a. CAFAS® score of 90 or greater for children age 7 to 12; OR
    b. CAFAS® score of 120 or greater for children age 13 to 18; OR
    c. For children age 3 to 7, elevated PECFAS® subscale scores in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others; AND

    Be under the age of 18 when approved for the waiver. If a child on the SEDW turns 18, continues to meet all non-age-related eligibility criteria, and continues to need waiver services, the child can remain on the waiver up to their 21st birthday.
4. If, based on evidence-based clinical judgment, the child is believed to be in significant need of SCCMHA-funded SED services despite a non-qualifying CAFAS score, the rating clinician should: 1) still submit the CAFAS completed in accordance to rules of reliable scoring; and 2) type an explanation of clinical need for services in the rater comments section of the CAFAS. This information will be reviewed and considered by the Utilization and Care Management department.

D. Age and diagnostic applications:
1. A PECFAS must be completed for all children with 1) a primary services eligibility designation of SED and 2) who are age 4, 5 or 6 years old.
2. A CAFAS must be completed for all children and youth with 1) a primary services eligibility designation of SED and 2) who are ages 7 and above.
3. PECFAS/CAFAS should not be completed for children and youth who are primarily eligible for services through Intellectual/Developmental Disabilities (I/DD) determination. On the occasion that a consumer has both SED and I/DD diagnoses, the PECFAS/CAFAS should only be completed if SED is the consumer's primary service eligibility determination.
    a. Youth who initially present to SCCMHA requesting Autism Benefit qualification for services may be initially considered SED until the required assessment process for Autism Benefit eligibility is complete.

These youth will receive an initial PECFAS or CAFAS assessment as part of their intake assessment with the Central Access and Intake Department. The FAS Program designation for these youth at intake should be CAI-ASD; youth who qualify for the Autism Benefit need to be marked Inactive in the FAS software upon beginning of services in the Autism program or, upon determination of ineligibility, Transferred within the FAS software to the designated SED youth program.

b. If a youth is receiving both SED and I/DD services, their eligibility is considered primary I/DD if the youth is assigned Supports Coordination services. These youth should not receive a PECFAS/CAFAS.

c. If the youth meets criteria for a non-developmental behavioral health diagnosis and CAI staff are unable to reasonably predict primary I/DD over SED eligibility, a PECFAS/CAFAS assessment should be completed.

4. Children and youth often receive services within the context of being a family member which poses unique considerations regarding who the recipients of treatment are. Service providers must determine if an individual is the intended direct beneficiary of services (as determined by a Person-Centered Plan) with expectations of improved emotional and behavioral functioning. Individuals who meet this criteria must receive ongoing standardized assessment as required by age and eligibility classification.

E. Assessing caregivers:

1. Up to three caregiving environments/residences may be rated for each youth during each assessment period:
    a. Primary Family
    b. Non-Custodial Family or Parent Not Living in Youth's Home
    c. Surrogate Caregiver
2. At minimum, ratings must be provided for a Primary Family caregiver for each PECFAS/CAFAS youth assessment completed. Non-Custodial and Surrogate Caregiver ratings should be completed as relevant.
3. The Primary Family designation should reflect:
    a. The youth's parent figure that has primary custody of the youth (even if rights are temporarily suspended), and
    b. The actions of the parent figure and that caregiver's household environment, such as activities of live-in partners, and
    c. The same caregiver throughout the entire episode of care for a youth unless that caregiver's rights are terminated during the episode of care.

F. Assessment timeframes:

1. A PECFAS/CAFAS must be completed for all eligible youth at intake (i.e., Initial Assessment), during initial person centered planning process (i.e., Revised Initial), every three months while receiving services, and at exit from services.
2. The time period rated is the last three months of functioning prior to the assessment. Exceptions to this rule are:
    a. If a recent significant event is related to why a youth is seeking treatment but the event occurred prior to the three-month assessment

window, the window should be extended to include the episode. Example: If a youth committed a seriously aggressive act four months prior and subsequent incarceration or foster care placement changes interfered with presenting for intake assessment for more than 90 days, the assessment period would be extended back to the time of the aggressive act.

b. Time periods assessed should not overlap. If a youth is exiting from services less than 90 days after the previous CAFAS assessment, the Exit CAFAS should only reflect the previously unrated expanse of time.

3. The case holder must complete a "Revised Initial" PECFAS/CAFAS when:
   a. Completing the assessment phase of the initial Individual Plan of Service (IPOS). Ongoing quarterly assessments will be based from this Revised Initial date and are to correspond with quarterly and annual reviews, including IPOS updates.
   b. A case has been open to SCCMHA but no services have been provided, for example, a youth has been assigned to a clinical treatment team after having been found ineligible for ASD benefit.
   c. A case had been open to SCCMHA for 90 or more days without provision of services, for example, a youth has been assigned to a treatment team, but fails to attend/participate in services.
4. The case holder will continue the sequential 3 month assessment should a youth's case close and then reopen within a 90 day time period.
5. Having a current PECFAS/CAFAS will be a requirement in order to attain authorization for services.
6. An Exit PECFAS/CAFAS must be completed for youth who terminate services. The assessment must accurately reflect functioning at the time of termination. If no new information is known about the youth since the last PECFAS/CAFAS was completed (e.g. the youth stopped attending treatment sessions), the assessment designation of the most recent assessment may be changed to "Exit" or, in the instance that considerable time has passed or some services were provided after the date of the last assessment but not enough information is known about the youth to complete the assessment, the case may be designated "Inactive" in the FAS software without completing the required Exit assessment.

G. All PECFAS/CAFAS must only be completed by individuals who are reliable raters in good standing with SCCMHA.
   1. The CAFAS Coordinator will complete and maintain both PECFAS and CAFAS trainer requirements as established by MDHHS.
   2. Case holders who have not achieved 'reliable rater' status will collaborate with a staff member who has achieved this status in order to assure the PECFAS/CAFAS is properly completed. The case holder will serve as an information source and the reliable rater will rate the PECFAS/CAFAS.
   3. To become a reliable rater an individual will attend an SCCMHA provided or sanctioned 12-hour training program for each instrument, complete a set

of test vignettes, and obtain an algorithm of passing scores for each subscale.
    i. Child Diagnostic credits will be provided for participation in these trainings
4. Individual coaching and re-test opportunities will be made available for individuals who do not obtain a score above the minimum threshold on their first attempt and whose job position requires them to be a reliable rater.
5. Raters who have been trained in other locations may apply for SCCMHA reliable rater status by furnishing their training information (including trainer's name and contact information, training date and location, and the completed reliability grid) to the CAFAS Coordinator. Reliable rater status will be granted upon verification that the rater:
    i. Was trained by a qualified trainer, and
    ii. The training followed an accepted curriculum, and
    iii. The rater successfully completed all reliability vignettes, and
    iv. The training took place within the previous two years.
6. An individual may apply to the CAFAS Coordinator for permission to complete a self-training course set forth in the PECFAS/CAFAS self-training manuals instead of attending the in-person reliability training. Individuals who receive this permission will submit their completed test vignettes to the CAFAS Coordinator for review. An individual may qualify for this option if:
    i. The individual works for an SCCMHA contract provider agency, and
    ii. Rating the PECFAS/CAFAS is required to fulfill their job duties, and
    iii. They work less than 10 hours per week for the provider agency.
7. All raters will be provided a copy of the PECFAS/CAFAS Manual during their initial training as a new rater. Raters should preserve and maintain access to this manual for future reference.
8. Raters must renew reliability status every two years by attending a SCCMHA provided or sanctioned Booster training for each instrument and passing the requirements of the course.
    i. Raters who do not renew reliability status within a 6-month grace period of the two-year requirement will be revoked of reliable rater status and lose access to completing an assessment in the FAS software.
    ii. Child Diagnostic credits will be provided for participation in these trainings
9. Additional trainings or activities may be required to address individual, program, or agency needs.

H. Information sources:
1. To reliably rate the PECFAS/CAFAS, raters must obtain all relevant information about current functioning covered by each subscale domain. (Exhibit B – Basic Information Necessary to Rate PECFAS® and CAFAS®)

2. Information gathered from all credible information sources should be referenced when rating. Information sources typically include (but are not limited to): clinical interview, child report, caregiver report, teacher report, academic records, medical records, and clinician observation.

I. Information sharing:

1. It is the consumer's (and caregiver's) right to be apprised of their treatment and assessment information. Furthermore, sharing information helps strengthen treatment collaborations between professional staff and families. The rater should volunteer to share and explain individual CAFAS scores with the consumer (or their caregiver). The consumer and/or their caregiver(s) will have the choice to discuss the information represented by the scores.
2. The information represented by the PECFAS/CAFAS should be referenced during treatment planning conversations.
3. PECFAS/CAFAS profiles should be referenced during staff supervision and team consultation.
4. The results from the PECFAS/CAFAS are to be integrated into the development of the outcomes, goals, and objectives for each IPOS as part of the Person-Centered Planning process.
5. Supervisors should regularly review PECFAS/CAFAS profiles to determine specialized care and treatment needs based on high risk behaviors, needs for changes in level of care, and to develop protocols and interventions for consumers who are apparently not responding to treatment. Detailed reports with this information can be generated and viewed through the Supervisor Dashboard application within the Functional Assessment Systems software.
6. Aggregate reports for PECFAS and CAFAS must be completed by fiscal year and submitted to MidState Health Network for PIHP submission to MDHHS by 5 PM on November 30th. (MDHHS web site at www.michigan.gov/MDHHS per MDHHS/CMHSP Managed Specialty Supports and Services Contract: ATTACHMENT C6.5.1.1; see Exhibit C – MI_-_Generating_Aggregate_Reports_366780_7_441795_7 Generating CAFAS® and PECFAS® Aggregate Reports.)
7. All youth that DHS Incentive Payments (DHIP) were provided for at any time during a fiscal year must be labeled by fiscal year within the FAS software and an annual report must be generated and submitted to MDHHS. See the documents DHIP Labeling Instructions (Exhibit D) and Annual DHIP Outcomes Reporting: CAFAS® and PECFAS® Exporting and Reporting Guide for labeling and reporting instructions.
8. Customized program reports will be provided to administrators and supervisors quarterly at minimum. Reports will be designed to support data integrity processes, determine program strengths, identify program needs, and provide annual comparisons to state benchmarks.

J. Determining episodes of care:

1. A record is started in the FAS system for a youth consumer when they first present for SCCMHA services. The FAS Primary Client ID is the same as the consumer's Sentri identification number.
    i. Each individual youth should have only ONE client record in the FAS system and each client record can hold multiple service episodes. If a consumer has previously received SCCMHA services, the record is located through the Search Clients menu option, selecting "Show: Both" under the Client Search Criteria, and searching by Primary Client ID (i.e. Sentri identification number). If no existing record is located through the Primary Client ID search criteria, then the record should be located by Last Name, using the first two letters of the consumer's last name (or previous last name if they have been adopted or otherwise had a name change) and by choosing "Show: Both" under the Client Search Criteria.
    ii. The returning consumer's status is designated "Active" on the Demographics tab under the "Edit Client Details" menu option.
2. If the youth consumer is receiving services for the first time:
    i. A PECFAS or CAFAS assessment will be completed and designated "Initial Assessment." This will automatically begin a First Episode of treatment within the FAS software.
    ii. After completing the Initial Assessment, the CAI department will designate the consumer record "Inactive" in the FAS software.
    iii. When the case holder contacts the UM department for authorization of services, the UM department will designate the consumer's FAS record "Active" and transfer the record within the software to the appropriate department.
    iv. The case holder will continue the Episode by designating the next assessment "Revised Initial" as part of the assessment phase of the person-centered planning process. The date of the Revised Initial will be used to calculate subsequent due dates of quarterly and annual assessments.
    v. Each time the record manger requests authorizations for service, the UM staff will verify the PECFAS/CAFAS assessments are up to date.
    vi. When the consumer terminates services, the case holder will 1) complete an "Exit" assessment and, 2) designate the consumer record "Inactive" in the FAS software.
    vii. If the consumer returns for services within 90 days under the same treatment plan, the FAS record can be returned to "Active" and the "Exit" assessment label can be changed to reflect the time-period of treatment (e.g., "6 Months"). Assessments can resume within the First Episode, each labeled progressively reflecting time since the intake.
3. If the youth consumer is returning for services after a gap in services of more than 90 days:

i. The client record status must be set to "Active." If the record was not previously inactivated, the record must be set to "Inactive" and then "Active" again.
ii. A new "Initial Assessment" must be completed. This will begin a new episode of care in the record (e.g., "Second Episode"). Changes in functioning will be measured against this new baseline.

4. If the consumer experiences a significant change in life circumstances and functioning with the result of beginning an entirely new IPOS with wholly different goals and objectives, follow the process outlined in Step 3 above to begin a new Episode within the software.
5. If the consumer was receiving PECFAS assessments throughout a course of treatment and that consumer turns seven years old while continuing treatment: (Exhibit E - What to do when Your Client Leaves PECFAS)
    i. Modify the Assessment Setup Info for the last PECFAS completed by selecting "No Subsequent Assessment Due" under the Next Assessment Date.
    ii. Continue assessments every three months with CAFAS.
    iii. Designate the Assessment Setup Info: Administration label for the first CAFAS completed as a continuation of the completed PECFAS Administration labels. (For example, if the youth received an Initial, 3 Month, and 6 Month PECFAS and then the youth turned 7 years old, the next assessment would be a 9 Month CAFAS.)
    iv. Indicate the youth's episode is assessed across the two different measures by selecting the drop-down client label "Aged from PECFAS to CAFAS" (located within the Client Labels tab under the Edit Client Details menu).
6. Assessment period labels are detailed in three month increments from Initial through 96 Months. If a youth consumer is enrolled in a single, continuous Episode for more than 8 years, the "Special Circumstances" label should be chosen for remaining assessments.

K. Special client labels:
1. Provision of specific Evidence-Based Practice (EBP) treatments must be tracked with beginning and ending dates under the Client EBTs tab under Edit Client.
    i. Specific labeling instructions exist regarding youth who are receiving PMTO, PTC/PTC-R, CPP, or TFCBT interventions (Attachment A)
2. Youth consumers who turn 7 years old while in the midst of treatment will have both PECFAS and CAFAS assessments during the same care episode. These youth must be assigned the "Aged from PECFAS to CAFAS" label under the Client Labels tab within the Edit Client menu.
3. Youth consumers who are referred from or involved with the juvenile justice system (JJ) while receiving SCCMHA services must be assigned the "JJ Involved" label under the Client Labels tab under the Edit Client menu.

4. Youth consumers who are SED-W recipients must be assigned the appropriate SED-W label under the Client Labels tab under the Edit Client menu.
5. Youth consumers that DHIP funding has been provided for must be identified by fiscal year code under the Caregivers tab in Client Information. (See Exhibit D – DHIP Labeling Instructions.)

L. To objectively measure clinical improvement, the following benchmarks are considered valid indicators of change:
1. A decrease in total PECFAS/CAFAS score by 20 or more points;
2. A profile with no Severe (score = 30) level of impairment in subscales and where one or more Severe impairments were present on Initial Administration;
3. A total CAFAS score of 40 or below and where total score was 50 or higher on Initial Administration;
4. A drop in CAFAS "Tier Type" (see Exhibit F);
5. A subscale score decrease to 10 (Mild) or 0 (Minimal or No Impairment) in School, Home, and/or Behavior Toward Others for a youth who previously met criteria for Pervasive Behavioral Impairment (PBI).

M. Staff who are not required to rate the CAFAS as part of their job duties, but do provide direct services to children and youth who are SED eligible, must be familiar with the CAFAS in order to effectively communicate with all individuals involved in planning and executing service plans (including family members).
1. The Michigan Department of Health and Human Services (MDHHS) stipulates as a Medicaid provider qualification that assessments of/services to children ages 7-17 with SED must be provided by a Child Mental Health Professional (CMHP) trained in CAFAS. As of January 1, 2019, this requirement applies to use of any of the following Medicaid Service HCPCS Codes: 90887, 96105, 96110, 96112, 96113, 96127, H0036, T1017, 90832, 90834, 90837, 90785, 90853, 90785, H2021, H2022.
2. In accordance with this requirement, all individuals employed within the SCCMHA Network as Child Mental Health Professionals must complete training to become familiar with the CAFAS. This training requirement can be fulfilled by participation in CAFAS Reliability (rater) training. However, a supervisor and their managing director may determine that a non-Case Holder CMHP staff position will not rate the CAFAS and deem the position eligible to complete a training for non-raters.
3. Non-rater CAFAS training is offered in two formats: 1) an interactive workshop which introduces the concepts of assessing functioning in children and reviews uses of CAFAS across the SCCMHA network, OR 2) an independent self-study training which introduces CAFAS subscales and scoring guidelines.
4. Participation in either format must be pre-approved by the direct supervisor and advance approval submitted to the SCCMHA Training Department by emailing registrations@sccmha.org.

**Abbreviations:**

CAFAS – Child and Adolescent Functional Assessment Scale®

CAI - Central Access and Intake Unit
CMHSP – Community Mental Health Services Provider
DHIP – Department of Human Services Incentive Payments
EBP – Evidence-Based Practice
FAS – Functional Assessment Systems
I/DD – Intellectual/Developmental Disability
IPOS – Individual Plan of Service
JJ – Juvenile Justice
MDHHS – Michigan Department of Health and Human Services
MHS – Multi-Health Systems
MHSP – Mental Health Services Program
PBI – Pervasive Behavioral Impairment
PECFAS – Preschool and Early Childhood Functional Assessment Scale®
PIHP - Prepaid Inpatient Health Plan
SED – Serious Emotional Disturbance
SED-W – Children's Serious Emotional Disturbance Home and Community-Based Services Waiver
UM – Utilization and Care Management Department

**Definitions:**

**CAFAS:** Child and Adolescent Functional Assessment Scale®: Assessment tool completed by clinician to determine functional impairments of school-aged children across eight domains. Rating generates specific subscale score profiles and Total Score. Caregiving environments specific to youth are also assessed.

**CAFAS Tiers:** Tool to assist in clinical conceptualization of CAFAS scores and aid in targeting treatment needs of most critical functional impairments.

Functional Assessment Systems (FAS): Corporate owner of PECFAS/CAFAS, PECFAS/CAFAS software, and PECFAS/CAFAS training materials.

**Initial Assessment:** First PECFAS/CAFAS assessment completed at the beginning of an episode of care. Initial Assessments measure a youth's baseline functioning just as services are beginning. Changes during treatment are measured against this baseline.

**PECFAS:** Preschool and Early Childhood Assessment Scale®: Assessment tool completed by clinician to determine functional impairments of preschool-aged children across seven domains. Rating generates specific subscale score profiles and Total Score. Caregiving environments specific to youth are also assessed.

**Rater:** Case manager, therapist, intake worker or supervisor who is authorized to complete PECFAS/CAFAS assessment by meeting minimum training and testing requirements and proof of their credential is approved by the SCCMHA CAFAS Coordinator.

**Revised Initial Assessment:** A Revised Initial Assessment replaces the Initial Assessment as the treatment baseline, is reflected in the Individual Plan of Service, and changes in functioning are measured against this marker.

**References:**

Child and Adolescent Functional Assessment Scale (CAFAS®). Hodges, K.
Preschool and Early Childhood Functional Assessment Scale (PECFAS®). Hodges, K.
SCCMHA Recovery Policy 02.03.05

MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY18 ATTACHMENT C4.7.2
Michigan Medicaid Provider Manual
Annual DHIP Outcomes Reporting: CAFAS® and PECFAS® Exporting and Reporting Guide

**Exhibits:**
Exhibit A - Michigan Department of Health and Human Services CAFAS and PECFAS Guidance to PIHPs and MHSPs March 2021
Exhibit B – Basic Information Necessary to Rate PECFAS® and CAFAS®
Exhibit C – MI_-_Generating_Aggregate_Reports_366780_7_441795_7 Generating CAFAS® and PECFAS® Aggregate Reports
Exhibit D - DHIP Labeling Instructions
Exhibit E – What to do when Your Client Leaves PECFAS
Exhibit F – CAFAS Tier Types

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| A member of the IT Department will be designated as the local FAS Super IT Administrator. The Super IT Administrator will provide assistance and technical support to SCCMHA provider users and make changes and updates to the FAS software user interface. | Super IT Administrator |
| The CAFAS Coordinator will maintain credentials to be a PECFAS/CAFAS trainer, provide trainings as needed for all SCCMHA staff and providers, maintain tracking records of reliable raters, and assign rater access to the FAS software. | CAFAS Coordinator |
| Reliability training for new raters will be offered on a quarterly basis (or as needed) for PECFAS and CAFAS. Booster trainings will be offered at least semiannually. Training for non-raters will be offered annually, or as needed. Other trainings will be scheduled as needed. | Continuing Education Supervisor and CAFAS Coordinator |
| PECFAS/CAFAS raters will establish reliable rater status by participating in training and passing examination. Status must be renewed every two years through booster training participation and examination. | Clinicians, Wraparound workers, case managers and CAI staff who serve SED youth ages 4 through 17 |

| | |
|---|---|
| PECFAS/CAFAS ratings will be completed for all SED youth ages 4 through 17 at intake, every three months throughout service provision, and at exit from services. Raters will gather sufficient information to reliably rate the PECFAS/CAFAS at required assessment times. | Clinicians, Wraparound workers, case managers and CAI staff who serve SED youth ages 4 through 17 |
| Consumer records will be transferred within the FAS software to the department providing services to the youth. Current PECFAS/CAFAS ratings will be reviewed as a requirement for authorization of services. | Utilization and Care Management staff |
| PECFAS/CAFAS profiles and scores will be reviewed with consumers and caregivers. Identified needs will be discussed and reviewed during the PCP process. | Clinicians, Wraparound workers, case managers, CAI staff |
| PECFAS/CAFAS information will be utilized during supervision and team consultation to note risk behaviors and help determine treatment progress and needs. | Clinicians, Wraparound workers, case managers, CAI staff, children's service provider supervisors |
| PECFAS/CAFAS information will be utilized to help determine program strengths and needs. | CAFAS Coordinator, SCCMHA administrative staff, children's service provider supervisors |
| Report creation using PECFAS/CAFAS data as requested by program supervisors, SCCMHA Directors, or the SCCMHA CEO to assist in efforts to improve quality of services provided to minor children and their families, including efforts to coordinate care throughout the community. | CAFAS Coordinator |
| PECFAS/CAFAS profiles will be referenced to determine treatment eligibility | Utilization and Care Management staff |
| All special labels for youth, with the exception of DHIP fiscal year codes, will be entered into the FAS consumer record at time of occurrence. | Clinicians, Wraparound workers, case managers, CAI staff |

| | |
|---|---|
| DHP fiscal year codes will be entered annually into the FAS consumer record. | CAFAS Coordinator |
| MDHHS reporting requirements will be upheld. | CAFAS Coordinator |
| Customized program reports will be created and shared at monthly Child Case Management Supervisors meetings. | CAFAS Coordinator |
| Technical assistance available to all stakeholders related to rating assessments and interpreting reports. | CAFAS Coordinator |
| Technical assistance with utilizing FAS software. | CAFAS Coordinator and Super IT Administrator |

Exhibit A

Michigan Department of Health and Human Services
Child and Adolescent Functional Assessment Scale (CAFAS) and
Preschool and Early Childhood Functional Assessment Scale (PECFAS)

## Guidance to PIHPs and CMHSPs

March 2021

To ensure that CMHSPs and PIHPs provide for the administration of the PECFAS and CAFAS to children served in the behavioral health system, this guidance is provided to clarify requirements for the administration of the tools, the training requirements, and the MDHHS support for the administration and training in the tools. **The FAS system, operated by MHS, is to be used when scoring the PECFAS or CAFAS for each child at intake, quarterly thereafter and at exit from CMHSP.**

| Issue | CAFAS | PECFAS |
|---|---|---|
| **Contract Requirements** | In the MDHHS contract with the PIHPs/CMHSPs, the CAFAS is a required assessment tool for all children with **Serious Emotional Disturbance (SED)** in the CMHSP system, ages 7 through 17 years and/or as long as they are receiving children's services. The CAFAS is to be completed at intake, quarterly thereafter and at exit from CMHSP for children in this age range receiving behavioral health services.<br><br>The CAFAS is used as part of the determination of functional impairment that substantially interferes with or limits the minor's role or results in impaired functioning in family, school, or community activities. | In the MDHHS contract with the PIHPs/CMHSPs, the PECFAS is a required assessment tool for all children with **Serious Emotional Disturbance (SED)** in the CMHSP system ages 4 through 6 years. The PECFAS is to be completed at intake, quarterly thereafter and at exit from CMHSP for children in this age range receiving behavioral health services.<br><br>The PECFAS is used as part of the determination of functional impairment that substantially interferes with or limits the minor's role or results in impaired functioning in the family, childcare/school or community activities. |
| | Submission of CAFAS and PECFAS data to MDHHS on an annual basis is a CMHSP contract requirement. | |
| **Using CAFAS/PECFAS to assess functioning as part of eligibility and level of care determination** | The CAFAS is used as part of the determination of functional impairment **of the child with SED**** to document that their mental health condition substantially interferes with or limits the minor's role or results in impaired functioning in family, school, or community activities. This is defined as:<br>• A total score of 50 (using the eight subscale scores on the CAFAS, or<br>• Two 20s on any of the first eight subscales of the CAFAS, or<br>• One 30 on any subscale of the CAFAS, except for substance abuse only. | The PECFAS is used as part of the determination of functional impairment **of the child with SED**** to document that their mental health condition substantially interferes with or limits the minor's role or results in impaired functioning in the family, childcare/school or community activities. Specific scores have not been identified for use as part of the determination of functional impairment at this time.<br><br>The PECFAS:<br>• is used as a criterion to consider in determining the intensity of services needed, as an outcome measure (pre and post), as an aid to actively manage cases during a course of treatment, and for agency tracking and quality improvement.<br>• measures seven subscales; School/Daycare, Home, Community, Behavior Towards Others, Moods/Emotions, Self-Harmful Behavior |

| Issue | CAFAS | PECFAS |
|---|---|---|
| | The CAFAS<br>• is used as a criteria to consider in determining the intensity of services needed, as an outcome measure (pre and post), as an aid to actively manage cases during a course of treatment, and for agency tracking and quality improvement.<br><br>• measures eight subscales; School, Home, Community, Behavior Towards Others, Moods/Emotions, Self-Harmful Behavior, Substance Use and Thinking/ Communication. The CAFAS also includes Caregiver Resources Scale which is not included in the total score.* | and Thinking/ Communication. The PECFAS also includes Caregiver Resources Scale which is not included in the total score.*<br><br>For young children, ages 3-4, that are involved in the SED Waiver and Wraparound, the PECFAS is required. |
| | ***** A comprehensive psychosocial assessment identifies the parent, family and caregiver's strengths and needs which informs the treatment plan. Utilization of the Caregiver Resources Scale is not required nor are the scores reported to the Department. | |
| | ** Information on Eligibility Criteria for children with serious emotional disturbance is outlined in the Medicaid Managed Specialty Supports and Services Concurrent 1915(b)/(c) Waiver Program FY18- P.4.7.4 Technical Requirement for SED Children and MDHHS/CMHSP Managed Mental Health Supports and Services Contract: FY18- C 4.7.2 Technical Requirement for SED Children | |
| | Please Note: ***Do not use the CAFAS and PECFAS to assess children with I/DD*** *and do not use the online PECFAS/CAFAS system to enter data on these children.* | |
| **Using the LOCUS and CAFAS for youth, ages 18-21** | For children/youth receiving Children's Services in the CMHSP system, the CAFAS needs to be completed at intake, quarterly and at exit up to age 21. If the youth, aged 18-21 years, is also receiving CMHSP Adult Services the LOCUS should be completed by their Adult Services provider. | |
| **Transitioning from PECFAS to CAFAS** | When transitioning from the PECFAS to the CAFAS during a treatment episode because the child will be continuing to receive services past the age of 7, it is recommended that an exit PECFAS and an initial CAFAS be completed as close as possible to the child's seventh birthday. If both an initial and exit score is not entered for either or both tools (as applicable) for a child, data is not captured for that child in state aggregate reports. | |
| **Evidence Based Practice-Treatment Labeling (EBPs)** | The Evidence Based Treatment labels has been updated (Spring 2020). Please use the labels to identify what treatments are being used with each child rated. Please note that clinicians being trained or certified in the following treatments are to use the labeling provided.<br>• *Parent Management Training-Oregon (PMTO), Parenting Through Change (PTC) and Parenting Through Change Reunification (PTC)*--All non-certified and certified PMTO/PTC/PTC-R clinicians must label the CAFAS and PECFAS pre- and post-intervention for all children/youth receiving PMTO (individual) or PTC/PTC-R (group). | |

| Issue | CAFAS | PECFAS |
|---|---|---|
| | • *Trauma Focused Cognitive Behavioral Therapy (TFCBT) and Trauma Assessment*--All clinical supervisors and clinicians providing trauma assessment and TFCBT (during the Learning Collaborative/training, after completion of the training) are to use the TFCBT label on the web-based application.<br><br>Please note: *Children/youth receiving the DHHS Incentive Payment (DHIP) are labeled by the designated person after payment.* | |
| | | |
| **PIHP/CMHSP Responsibilities** | PIHPs/CMHSPs are expected to establish and/or maintain access to CAFAS and PECFAS trainers (employ them or contract with trainers) to ensure that their children's staff have access to CAFAS and PECFAS Rater Trainings and Rater Boosters.<br>All CAFAS and PECFAS training and booster records for raters and trainers must be maintained by the CMHSP/PIHP. | |
| **Training Requirements** | **Initial Rater Reliability for CAFAS and for PECFAS:** Rater reliability training is required for all child mental health professionals providing assessment and treatment to children/youth beginning at four years of age. CAFAS or PECFAS raters must attend rater reliability training and pass the reliability test in order to become a reliable rater of CAFAS and/or PECFAS. The Multi-Health Systems online CAFAS training may be used to enhance the face-to-face training but is not a substitute for face-to-face rater training.<br><br>**Booster for Raters**<br>Raters must maintain their reliability every two years by completing a booster training for CAFAS and/or PECFAS. | |
| | **CAFAS or PECFAS Train the Trainers and Boosters for Trainers**<br>MDHHS and MHS have an agreement that allows Michigan to continue to train trainers and raters in both tools. All training materials for the CAFAS and PECFAS are to display the following language, on every slide:<br><br>*Copyright ©2006. Multi-Health Systems Inc. All rights reserved. Not to be translated or reproduced in whole or in part, stored in a retrieval system, or transmitted in any form or by any means, photocopying, mechanical, electronic, recording or otherwise, without prior permission in writing from Multi-Health Systems Inc. Applications for written permission should be directed in writing to Multi-Health Systems Inc. at 3770 Victoria Park Avenue, Toronto, Ontario M2H 3M6, Canada.*<br><br>In order to be considered a **trainer of either/both the CAFAS and/or PECFAS**; a person must have attended the two-day rater training for the tool, plus the two-day training of trainers for the tool. Trainers are then required to attend a trainer booster every two years. | |
| | | |
| **Multi-Health Systems, Inc**. (MHS) | The Functional Assessment Systems (FAS) website is owned and maintained by MHS (www.fasoutcomes.com). Manuals and other materials are available for purchase via the MHS website, www.mhs.com.<br><br>If you are having problems with downloading the CAFAS or PECFAS annual report, please contact MHS via their website, https://mhs.com/contact-us/.<br><br>**PLEASE NOTE**: MHS, Inc. has guidance on their website regarding training, booster for raters. Their guidance is not reflective of the Department's guidance. Please see MDHHS's requirements for rater training and boosters (Training Requirements, above). | |
| **MDHHS Support** | **Licensing Fee**<br>MDHHS pays the licensing fee for the use of the web-based PECFAS and CAFAS (and Caregiver Wish List) for Michigan's CMHSPs and their provider agencies through a contract with Multi-Health Systems Inc. (MHS). Additional "basic web services" may be | |

| Issue | CAFAS | PECFAS |
|---|---|---|
| | purchased by sites but “fully integrated web services” are not an available to Michigan sites because it prevents data from being included in the statewide aggregate data. | |
| | **Training**<br>MDHHS will continue to provide CAFAS and PECFAS Train the Trainer trainings and CAFAS and PECFAS Trainer Boosters through the Community Mental Health Association of Michigan (CMHAM). Please go to the CMHAM’s website for training details and registration, www.cmham.org. | |
| **Questions** | Mary Ludtke, MA, Innovative Services Section, Division of Mental Health Services to Children and Families, MDHHS<br>T: (517) 241-5769; E: Ludtkem@michigan.gov | |

Exhibit B

## Basic Information Necessary To Rate PECFAS® and CAFAS®

**School/Daycare/Work**

- Does the youth's learning/performance (e.g. grades/reports) match intellectual abilities?
- Has the youth been disciplined for behavior in this environment?
- Has the youth been aggressive in this environment?
- Does the youth receive accommodations or assistance for behavior in this environment?

**Home**

- Is the youth compliant with rules and expectations?
- Do the youth's behaviors place an excessive burden on caregiver(s)?
- Does the youth damage the home or furnishings?
- Does the youth hurt or threaten others within their residence?
- Has the youth run away?

**Community**

- Has the youth committed any unlawful acts?
- Is the youth on probation?
- Does the youth choose to associate with other youths known to engage in delinquent acts?
- Has the youth played with fire?
- Based on the youth's behaviors, is there concern about the youth being sexually inappropriate around or sexually aggressive toward vulnerable youth?

**Behavior Toward Others**

- Does the youth behave in a way that interferes with their ability to develop healthy natural supports?
- Has the youth committed an act of aggression during the rating period?
- Does the youth express anger inappropriately/excessively?

**Moods/Emotions**

- Related to depression/anxiety/trauma has the youth experienced problems with:
    - Social interest
    - Academic performance
    - Sleeping
    - Appetite
    - Ability to concentrate
    - Enjoyment of pleasurable activities
    - Energy level
    - Somatic complaints (e.g. stomachaches, headaches)
    - Self-esteem

    - Ability to self-soothe
- Is youth depressed and wants to die?
- Is the youth restricted or unusual in their ability to display typical emotions that are obviously correlated to and proportionate to environmental events?

**Self-Harmful Behavior**

- Has the youth deliberately harmed, or attempted to harm, his/her own body?
- Does the youth talk about, or admit thinking about, suicide or a desire to be dead?

**Substance Use**

- Has the youth consumed alcohol or other substances?
- Do caregivers suspect that the youth is using substances?
- Does the youth choose to socialize with known substance users?

**Thinking**

- Is the youth's ability to utilize rational (e.g. age appropriate cause and effect problem-solving) thought processes compromised?
- Can the youth organize their thoughts into clear, effective and relevant communication?
- Does the youth experience sensory events that are not real?
- Is the youth oriented in all spheres (e.g. knows who they are, where they are, when it is)?
- Does the youth become excessively preoccupied with topics that are harmful or that otherwise interfere with healthy development?

**Caregiver Resources: Material Needs**

- Are all of the youth's needs for food, clothing, shelter, medical care, and neighborhood safety consistently met?

**Caregiver Resources: Family/Social Support**

- Do caregivers demonstrate unconditional positive regard to youth?
- Does the household provide structure and support for academic, social and developmental achievement?
- Are the youth's activities consistently monitored?
- Do caregivers provide consistent, appropriate, and relevant discipline?
- Does abuse, neglect or domestic violence occur in the home?
- Do caregivers model good problem-solving communication?
- Is the youth provided adequate nurturing relative to needs/diagnosis?

Exhibit C

CAFAS®, PECFAS® and FAS Outcomes are copyrighted by Multi-Health Systems, Inc.

## Generating CAFAS® and PECFAS® Aggregate Reports

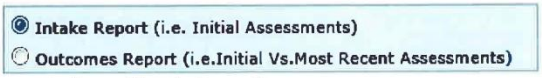
*NOTE: Only persons with the role of Business Administrators are able to view Aggregate Reports. See left navigation bar to begin the process. If you do not have this access, then contact your IT department or your CAFAS lead at your site.*

This guide will walk you through the process to generate three different kinds of Aggregate Reports:

- Report 1: An Aggregate Report of Initial Assessments for Active and Inactive Cases
- Report 2: An Aggregate Report of Outcomes for Inactivate (Closed) Cases
- Report 3: An Aggregate Report of Outcomes for Active and Inactive Cases

Generating an Aggregate Report is a very straightforward task. Simply specify your criteria and choose to generate the report. We'll go over each option here to make sure you understand every selection fully.

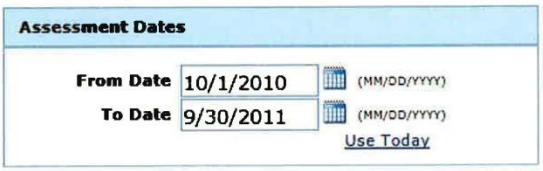
1. *Choose a report type*
   Click the radio button to specify whether you want an Intake Report of only Initial assessments or an Outcomes Report that compares clients' most recent assessments with their Initial assessment.




   ***For Report 1, choose "Intake Report"***
   ***For Reports 2 and 3, choose "Outcomes Report"***

2. *Select a date range*
   Type in the start and end dates you would like to use, or click the calendar icon to use the calendar tool to pick a date from the calendar.
   If you are doing an Intake Report, then any Initial assessments found in the time period that meets the other criteria will be included in the report. If you are doing an Outcomes Report, any *non*-Initial assessment found in the time period that meets the other criteria will be included and compared to the Initial assessment even if the Initial assessment is not in the specified time frame.

   *Note: You cannot export data over more than a one year period. You may specify any time frame that you have data for, but the difference between the two dates cannot be more than one year.*




   ***For Reports 1, 2, and 3, choose the dates for the fiscal year for which you want the reports run.***

3. *Select a Client Status*
   Click a radio button to indicate the Case Status of clients you would like to see included in the report (**Active**, **Inactive** or **Both**). This allows you to report on active cases, closed cases, or both.




***For Reports 1 and 3, choose "Both"***
***For Report 2, choose "Inactive"***

4. *Select the Service Areas/Programs*
   Check or uncheck boxes to indicate the Service Areas and Programs to include on the report. The Aggregate Report will be limited to only cases in the selected Service Areas and Programs.




***For Reports 1, 2, and 3, check "All" and ensure that every check box is checked***

5. Click **Generate Report**. A printable PDF report will appear in a separate window.
   *Note: You must have pop-up blockers disabled for the PDF to appear, or you must choose to allow https://app.fasoutcomes.com as an allowed site. If the PDF is blocked, a bar will appear at the top of your internet browser with suggested actions that will allow you to open the PDF.*

6. You now have the report based on the specified criteria in a convenient PDF format. This PDF can be easily saved and e-mailed or printed.

7. **REPEAT THIS PROCESS FOR BOTH THE CAFAS® AND THE PECFAS® TO GENERATE A TOTAL OF 6 REPORTS (3 CAFAS® and 3 PECFAS®.)**

8. Email the PDF files to Jennifer Stentoumis at MDCH at stentoumisj@michigan.gov

If you want examples of the state aggregate reports, contact Jennifer Stentoumis at the Michigan Department of Community Health at stentoumisj@michigan.gov or 517-335-6258.

Exhibit D

# DHIP Labeling Instructions

## Overview:

Each CMH must identify within the Functional Assessment Systems (FAS) software (i.e. CAFAS® and PECFAS®) all youth for whom they received Department of Human Services Incentive Payments (DHIP) within a fiscal year.

## Specification:

Enter the DHIP identifier for every youth between the ages of 4 and 17 and for whom the CMH received DHIP for at any time (and for any duration) during the fiscal year.

## Procedure:

1. Log into the FAS software (https://app.fasoutcomes.com/) and locate the client for whom DHIP was provided. Clients can be located through the user's "My Clients" menu option or searched for through the "Search Clients" menu option.
2. Choose "Edit Client Details."
3. On the Edit Client page, choose the second tab ("Caregivers").
4. On the Caregivers page, select the "Add New Caregiver" link on the right side of the page.
5. Enter the following information in the Add Caregiver form:

   *First Name:* **FY13**

   *Last Name:* **DHIP**

   *Caregiver ID:* **DHIPFY13**

   *Relationship:* **Other**

   *Description if Other:* **DHIPFY13**

6. Select "Save."

## Comments on using the Caregiver variable for tracking:

- This method allows for simply adding a new "Caregiver" each year that DHIP is provided for the youth. Previously collected information remains intact.
- The directive in Step 5 above shows information EXACTLY as it should be entered for a youth that DHIP was provided for during any time during Fiscal Year 12/13 (October 1, 2012 through September 30, 2013). For youth who are granted DHIP at any time between October 1, 2013 and September 30, 2014, a new "Caregiver" must be entered with "First Name" **FY14** and "Caregiver ID" and "Description if Other" both **DHIPFY14**, with the remaining two labels entered as shown above and without variation. This pattern will continue into FY15, and beyond if applicable.
- Many Caregivers may be added for a single youth without disrupting or eliminating existing information.
- A list of all DHIP labeled clients may be viewed by selecting "Search by Caregiver" from the navigation menu and entering the Caregiver ID (e.g. DHIPFY13). ***Hint:*** *Viewing this list will allow CMH supervisors or QI personnel to verify that all DHIP youth were correctly identified and labeled.*

Exhibit E

# What to do when Your Client Leaves PECFAS



Four-, Five- and Six-year-olds can leave PECFAS ratings behind through three different types of events:

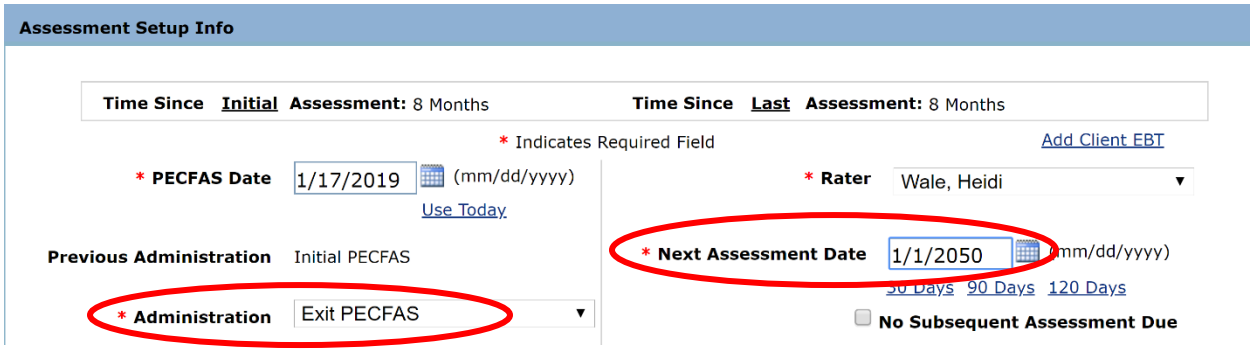
1. They have a planned exit from services
2. They drop out of services
3. They turn SEVEN years old

Each of these events requires some notations within the FAS software system.

## Planned Exit From Services

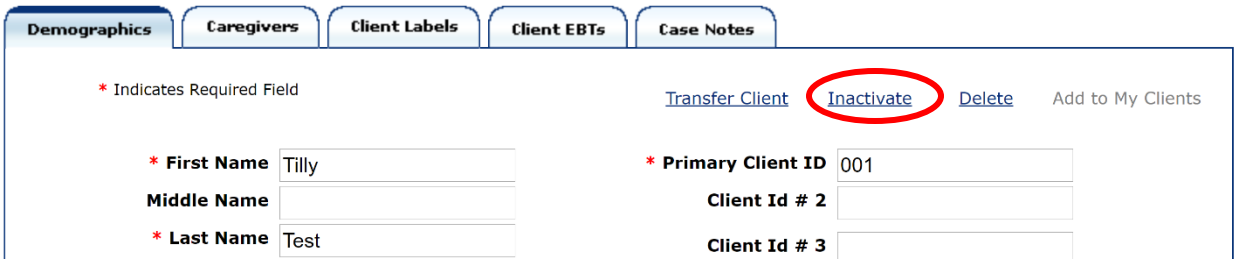
### 1. Complete an Exit PECFAS.

In the Next Assessment Date field put **January 1, 2050**. *Why? Because this works around a glitch in the program; if the youth returns to services when they are older, they won't show up as having missing PECFAS assessments.*




### 2. Inactivate the Client's Record in the FAS System.

Under Demographics within the Edit Client option, click "Inactivate" and Save.



# Client Drops Out of Services

## 1. Complete an Exit PECFAS

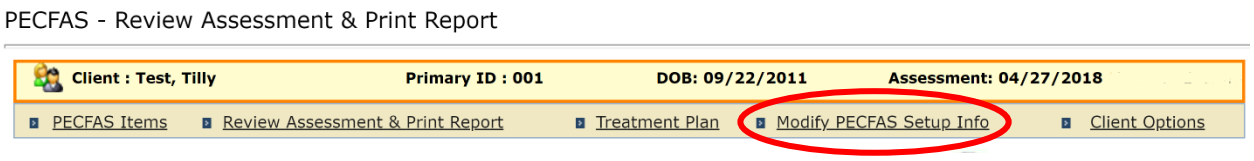
If the client received services for several weeks past their last PECFAS assessment:

1. Complete an Exit PECFAS and date it for the last time you received information (e.g. through seeing the youth, talking to the parents, talking to school personnel) about the youth's functioning.
2. Complete all steps under "Planned Exit From Services."

## OR 1. Modify Setup Info

IF the last time the client received services was within a couple of weeks of the last time a PECFAS assessment was completed AND the last PECFAS assessment was not the Initial assessment:

1. Open (Review) the last PECFAS assessment
2. Select Modify PECFAS Setup Info
3. Change the Administration to Exit PECFAS
4. Change the Next Assessment Date to January 1, 2050 *(see note under Planned Exit instructions)*




## 2. Inactivate the Client's Record in the FAS System.

Regardless of if the client had an Exit PECFAS or not (e.g. the client only had an Intake PECFAS), the case file must be Inactivated within the FAS system. Under the Edit Client option, click "Inactivate" *(see image under Planned Exit instructions).*

# Active Client Turns Seven

## 1. Complete a CAFAS

On the next assessment due date, complete a CAFAS. Continue the Administration labeling from the PECFAS assessments (e.g. 9 Months). *In other words, do NOT label the first CAFAS "Initial CAFAS" unless the assessment is a baseline measure of the youth's functioning when services begin.*

## 2. Modify Last PECFAS

1. Open (Review) the last PECFAS assessment
2. Select Modify PECFAS Setup Info *(see image under Drop Out of Services instructions)*
3. Change the Next Assessment Date to January 1, 2050 *(see note under Planned Exit instructions)*

## 3. Add Label

Under Client Labels within the Edit Client option, select the “Aged from PECFAS to CAFAS” label and Save.



Exhibit F

# CAFAS Tiers ® (CAFAS Types Hierarchy)

**Thinking** (30 or 20 on Thinking subscale)



**Maladaptive Substance Use** (30 or 20 on Substance Use subscale)



**Self-Harmful Potential** (30 or 20 on Self-Harmful or 30 on Moods/Emotions subscales)



**Delinquency** (30 or 20 on Community subscale)



**Behavior Problems with Moderate Mood** (30 or 20 on School, Home OR BTO subscales & 20 on Moods/Emotions subscales)



**Behavior Problems without Mood** (30 or 20 on School, Home OR BTO subscales)



**Moderate Mood*** (20 on Mood/Emotions subscale)



**Mild Behavior and/or Mood*** (10 on any subscale)

**Types combined in some reporting as "Adjustment/Prevention Client Type"*

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Autism Spectrum Disorder (ASD) Program</td><td>Chapter: 02 – Customer Service & Recipient Rights</td><td>Subject No: 02.03.21</td></tr>
<tr><td rowspan="2">Effective Date:<br>3/10/15</td><td>Date of Review/Revision:<br>5/6/16, 8/10/16, 6/13/17, 4/10/18, 3/31/20, 3/23/21, 3/3/22, 3/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Heather Beson<br><br>Additional Reviewers:<br>Clinical Directors<br>Amanda Elliott</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to specify requirements for the implementation of the Medicaid and MIChild Autism Spectrum Disorder (ASD) benefit.

**Application:**
This policy applies to children with ASD served by SCCMHA.

**Policy:**
SCCMHA shall provide services and supports to children with ASD and their families in accordance with evidence-based practice standards and the MIChild and Medicaid ASD benefit.

**Standards:**
A. SCCMHA shall provide early identification and intervention for individuals under the age of twenty-one (21) with a diagnosis of ASD based upon a medical diagnosis of Autistic Disorder *and* who have the developmental capacity to clinically participate in the available interventions covered by the Medicaid/MIChild ASD benefit.
B. The Primary Care Physician (PCP) for the individual seeking the ASD benefit will submit to family or SCCMHA a referral for ASD evaluation. This referral would include information about the presenting signs and symptoms of ASD, screening tool completed by the PCP and ruling out any other possible contributing factors to the presenting symptoms.
C. SCCMHA shall offer other services to children who do not meet criteria for ASD services in accordance with SCCMHA's eligibility standards.

D. The M-Chat (Modified Checklist for Autism in Toddlers) for children ages 1.5 through 2.5 or SCQ (Social Communication Questionnaire) for children ages 2.6 or higher shall be administered prior to conducting an eligibility determination.

If the child fails more than three items total or two critical items on the M-Chat or above 15 on the SCQ, and meets additional medical necessity criteria, he/she will be referred for an Eligibility Determination.

E. A needs-based eligibility determination shall be provided in accordance with the following standards:

**The following battery is expected to be completed (Adaptive/developmental assessment should be completed *PRIOR to* the ADOS-2)**

• **Clinical interview**, including thorough assessment of developmental symptom history (medical, behavioral, and social history [ADI-R or clinical equivalent])

• **Developmental evaluation** (Mullen Scales of Early Learning, Bayley Scales of Infant Development- Third Edition) **unless testing has already been conducted to give an estimate of the child's developmental skill levels, including expressive language, receptive language, and nonverbal skills*

• **Adaptive skills** (Vineland-3 or similar measure)

• **Observational assessment of social behaviors (**ADOS-2 & informal)

F. A formal review of the IPOS shall take place no less than annually with the child and family. Every three months, the IPOS is to be reviewed to ensure satisfaction and progress towards goals. A Child and Adolescent Needs and Strengths profile is to completed every three months upon entry to services.

While receiving the benefit, one of the behavioral outcome measurement tools, such as the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or Assessment of Basic Language and Learning Skills revised (ABBLLS-R), shall be administered every 6 months

G. SCCMHA shall provide a team approach to treating ASD.

1. All providers of ABA services shall meet credentialing standards as identified in the EPSDT benefit and Michigan Medicaid Manual in order to perform their function.
   a. It is the requirement of SCCMHA that Behavior Consultants submit proof of credentials to the SCCMHA Provider Network Auditing Supervisor for verification prior to serving consumers. Credentials must be verified prior to services being billed.
2. The team shall be comprised of the following members who have received approved training in ASD:
   a. Autism Program Supervisor who oversees the ASD program and team.
   b. Board Certified Behavior Analyst (BCBA and/or BCBA Practicum Student being provided supervision by a fully credentialed BCBA)or Qualified Behavior Health Practitioner (QBHP) who:

- Develops and implements treatment program

- Reviews and monitors data and makes programmatic changes based on the data
- Provides skill development training and supervision of Behavioral Technicians
- Administers one of the behavioral outcome measurement tools. Board-Certified Assistant Behavior Analyst (BCaBA) who works under supervision of the Board Certified Behavior Analyst and may provide direct implementation of the treatment plan as well as gather data and make program adjustments under the direction of the BCBA.

d. Behavioral Technicians who work under the supervision of the BCBA to provide the technical assistance and implementation of the treatment plan.

e. Qualified Licensed Practitioner who provides psychological testing, psychological evaluations, and therapy, administers the ADOS and the developmental family history, and recommends the intensity of the ABA service and other service recommendations.

f. Autism Program Supports Coordinator who provides planning and/or facilitates planning using person-centered principles and develops the Individual Plan of Service. Links, coordinates, and follows up with all medically necessary supports and services. Monitors the ABA service and other mental health services the child receives.

3. Ancillary services including, but not limited to:
   a. Psychotherapy to address issues such as anxiety, disruptive behavior, coping with stress and bullying, social skills, and others
   b. Occupational therapy to improve independent functioning and to teach basic skills (e.g., dressing, bathing, etc.)
   c. Physical therapy using exercise and other measures (e.g., heat) to help children with ASD control body movements
   d. Speech and language therapy to help children with ASD gain the ability to speak or to initiate language development
   e. Pharmacotherapy services to treat associated behaviors and mental health disorders such as anxiety, attention deficit hyperactivity disorder (ADHD), and depression

H. Children and adults who age out of the ASD benefit (i.e., reach the age of 21) or are found no longer eligible upon re-evaluation shall be transferred to general Supports Coordination services or other appropriate team as determined by Care Management and shall be ineligible for ABA but shall be eligible for Speech and Language, Occupational Therapy, Respite, and other needed services. At times it is medically necessary to have individuals continue to receive services through the Autism department.

I. All Telepractice services must be prior authorized by the Michigan Department of Health and Human Services (MDHHS) unless noted otherwise by MDHHS.
   1. Telepractice must be obtained through real-time interaction between the child's physical location and the provider's physical location.
   2. It is the expectation of providers, facilitators, and staff involved in Telepractice are trained in the use of equipment and software prior to servicing consumers.

3. Qualified providers of behavioral health services are able to arrange Telepractice services for the purposes of teaching the caregivers to provide individualized interventions to their child and engage in behavioral health clinical observation and direction. The provider is only able to monitor one child/family at a time.
4. The administration of Telepractice services are subject to the same provision of services provided to a consumer in person.
5. Providers must ensure the privacy of the child and secure any information shared via telemedicine.
6. The technology must meet the requirements of audio and visual compliance in accordance with current regulations and industry standards (i.e. HIPPA rules).
7. The consumer site may be located within a center, clinic, at the consumer's home, or any other established site deemed appropriate by the provider.
8. The room must be free of distractions that would interfere with the Telepractice sessions.
9. Providers interested in utilizing Telepractice must notify immediately the primary Supports Coordinator and Autism Program Supervisor.

J. Applied Behavior Analysis is available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD based on recommendation from the qualified professional.
    1. Hours of intervention are determined by the treatment team based on recommendations from the qualified professional, ABA provider, Supports Coordinator, and caregiver.
    2. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in the school or other settings, or to be provided when the child would typically be in school but for the caregiver's choice to homeschool their child (please see School and ABA Procedure for more information).

**Definitions:**

**Antecedent Package:** Interventions that entail the modification of situational events that typically precede the occurrence of a target behavior (e.g., cueing and prompting/prompt fading procedures, noncontingent reinforcement).

**Applied Behavior Analysis (ABA):** ABA is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that the interventions employed are responsible for the improvement in behavior (Baer, Wolf, & Risley, 1968). ABA incorporates evidence-based strategies and techniques that are targeted to increasing ADL (activities of daily living) skills as well as communication, higher cognitive functions, interpersonal interaction, learning readiness, motor skills, play, and self-regulation in order to increase developmentally-appropriate skills to facilitate independence and community integration. ABA services are provided in the office, home or community settings. There are two levels of intensity within ABA services: Focused and Comprehensive.

**Autism:** A neurodevelopmental disorder that is characterized by impaired social interactions, impairments in verbal and nonverbal communication, repetitive behaviors,

and/or severely limited activities and interests. Autism can be viewed as a continuum or spectrum, known as ASD, and includes Autistic Disorder, Asperger's Disorder, and Pervasive Developmental Disorder-Not Otherwise Specified (PDDNOS). While the disorders on the spectrum vary in presentation and severity manifestations of core symptoms are present in all of them.

**Autism Diagnostic Observation Schedule-2 (ADOS-2):** An instrument for diagnosing and assessing autism. The protocol consists of a series of structured and semi-structured tasks that involve social interaction between the examiner and the subject. The examiner observes and identifies segments of the subject's behavior and assigns these to predetermined observational categories. Categorized observations are subsequently combined to produce quantitative scores for analysis. Research-determined cut-offs identify the potential diagnosis of autism or related autism spectrum disorders, allowing a standardized assessment of autistic symptoms

**Autism Spectrum Disorder (ASD): A** group of developmental disabilities defined by significant impairments in social interaction, communication, and the presence of unusual behaviors and interests. ASDs include Autism, Asperger Syndrome and Pervasive Developmental Disorder – Not Otherwise Specified.

**Behavioral Health Treatment (BHT):** Services that are designed to prevent the progression of ASD, prolong life, and promote physical and mental health, and competencies. BHT services include a variety of evidence-based behavioral interventions including:

- The systematic gathering of information regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis)
- Environmental adaptations that are designed to promote positive behaviors and learning and reduce negative behaviors (e.g., naturalistic intervention, antecedent based intervention, visual supports, stimulus fading)
- The application of reinforcement in order to alter behaviors and promote learning (e.g., reinforcement, differential reinforcement of alternative behaviors, extinction)
- The systematic application of teaching techniques that are designed to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g., discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting, chaining, imitation)
- Teaching parents/guardians/caretakers to deliver individualized interventions that will be of benefit to the child (i.e., parent/guardian/caretaker implemented/mediated intervention)
- The utilization of typically developing peers (who do not have ASD) to teach and interact with children with ASD (e.g., peer mediated instruction, structured play groups, peer social interaction training)
- The application of technology to alter behaviors and teach skills (e.g., video modeling, tablet-based learning software)

**Behavioral Package:** Interventions that are designed to reduce problem behaviors and teach functional alternative behaviors or skills through the application of basic principles of behavior change (e.g., chaining, reinforcement, functional communication training and discrete trial training).

**Discrete Trial Training (DTT):** A specific method of teaching used to maximize learning. It is a method within the science of Applied Behavior Analysis that involves providing numerous discrete opportunities to practice a skill. The discrete trial sequence involves a stimulus or instruction, a behavior and the consequence for that behavior (such as reinforcement). It is a teaching technique or process used to develop many skills, including cognitive, communication, play, social and self-help skills.

**Joint Attention Intervention:** Interventions that entail building the foundational skills involved in regulating the behaviors of others. Joint attention often involves teaching a child to respond to the nonverbal social bids of others or to initiate joint attention interactions (e.g., pointing to objects, showing items/activities to another person and following eye gaze).

**Modeling:** Interventions that rely on an adult or peer providing a demonstration of the target behavior in order to elicit an imitation of the target behavior by the consumer. Modeling is often combined with other strategies such as prompting and reinforcement. Modeling can be live (in vivo) modeling or provided via recording (i.e., video).

**Naturalistic Teaching Strategies:** Interventions that entail using primarily child-directed interactions to teach functional skills in the natural environment. These interventions often involve the provision of a stimulating environment, modeling how to play, and encouraging conversation, providing choice and direct/natural reinforcers, and rewarding reasonable attempts.

**Peer Training Package:** Interventions that teach children without disabilities (such as peers or siblings) strategies for facilitating play and social interactions with children who have ASD. These interventions may include components of other treatment packages (e.g. self-management for peers, prompting, reinforcement, etc.).

**Pivotal Response Treatment:** Interventions that focus on targeting pivotal behavioral areas including motivation to engage in social communication, self-initiation, self-management, and responsiveness to multiple cues, with the development of these areas having the goal of very widespread and fluently integrated collateral improvements.

**Schedules:** Interventions that involve the presentation of a task list that communicates a series of activities or steps required to complete a specific activity. Schedules are often supplemented by other interventions such as reinforcement and can take several forms including written words, pictures or photographs, or work stations.

**Self-management:** Interventions that involve promoting independence by teaching consumers to regulate their behavior by recording the occurrence/non-occurrence of the target behavior and securing reinforcement for doing so. Initial skills development may involve other strategies and may include the task of setting one's own goals. In addition, reinforcement is a component of this intervention with the consumer independently seeking and/or delivering reinforcers. Examples include the use of checklists (using checks, smiley/frowning faces), wrist counters, visual prompts and tokens.

**Story-based Intervention Package:** Treatments that entail a written description of the situations under which specific behaviors are expected to occur. Stories may be supplemented with additional components (e.g. prompting, reinforcement, discussion, etc.) Social Stories are the most well-known story-based interventions**.**

**Telepractice:** The use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services. Telepractice services are provided to consumers through hardwire or internet connection.

**References:**


A. Baer, D., Wolf, M., Risley, T. (1968). Some Current Dimensions of Applied Behavior Analysis. *Journal of Applied Behavior Analysis 1:* 91-97. [On-line]. Available: http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1310980/pdf/jaba00083-0089.pdf.

B. Michigan Department of Health and Human Services. (April 1, 2017). Michigan Medicaid Provider Manual. Michigan Department of Community Health. Lansing, MI. [On-line]. Available: http://www.mdch.state.mi.us/dch-medicaid/manuals/medicaidprovidermanual.pdf.

C. Michigan Department of Health and Human Services. (January 1, 2016). *Coverage of Autism Services for Children Under 21 Years of Age.* Medicaid Bulletin. MSA 15-59. MDHHS. Lansing, MI. [On-line]. Available: http://www.michigan.gov/documents/mdhhs/1543-EPSDT-P_507415_7.pdf.

D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)

E. Weitlauf, A., McPheeters, M., Peters, B., et al. (August 2014). *Therapies for Children With Autism Spectrum Disorder: Behavioral Interventions Update. Comparative Effectiveness Review No. 137.* Agency for Healthcare Research and Quality. Rockville, MD. [On-line]. Available: http://dlr.sd.gov/autism/documents/cer_behavioral_interventions_2014.pdf.

F. Mid-State Health Network (MHSN) Policy, Autism Benefit Compliance Monitoring Procedure

G. MSHN Policy, Autism Benefit Re-Evaluation Eligibility

H. MSHN Policy, Autism Spectrum Disorder Benefit

I. Michigan Medicaid Provider Manual

J. MSA 15-59

K. SCCMHA Policy and Procedure Manual, Eligibility Determination and Re-Evaluation

L. SCCMHA Policy and Procedure Manual, Support Coordinator Responsibilities

M. SCCMHA Policy and Procedure Manual, School and ABA

N. SCCMHA Policy and Procedure Manual, Discharge Planning

O. SCCMHA Policy and Procedure Manual, Expectations Regarding Treatment Planning

P. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EBPs)

Q. ASD Grid-Age Ranges and CPT Codes 12-14-20

R. MDHHS Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines


**Exhibits:**

Exhibit A - Staff Qualifications

**Procedure:**

None

Exhibit A

| Qualified Provider | Education and Training Requirements | License/Certification | Services Provided |
|---|---|---|---|
| **Board Certified Behavior Analyst-Doctoral (BCBA-D)** | Minimum of a doctoral degree from an accredited institution conferred in a degree program in which the candidate completed a course sequence approved by the Behavior Analyst Certification Board (BACB). | Current certification as a BCBA-D through the Behavior Analyst Certification Board (BACB). Must be licensed by the State of Michigan. | Behavioral assessment<br>Behavioral intervention<br>Behavioral observation and direction |
| **Board Certified Behavior Analyst (BCBA)** | Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a course sequence approved by the Behavior Analyst Certification Board (BACB). | Current certification as a BCBA through the Behavior Analyst Certification Board (BACB). Must be licensed by the State of Michigan. | Behavioral assessment<br>Behavioral intervention<br>Behavioral observation and direction |
| **Board Certified Assistant Behavior Analyst (BCaBA)** | Minimum of a bachelor's degree from an accredited institution conferred in a degree program in which the candidate completed a course sequence approved by the Behavior Analyst Certification Board (BACB).<br>Works under the supervision of the BCBA/BCBA-D. | Current certification as a BCaBA through the Behavior Analyst Certification Board (BACB). Must be licensed by the State of Michigan. | Behavioral assessment<br>Behavioral intervention<br>Behavioral observation and direction |
| **Licensed Psychologist (LP)**<br>*(Must be certified as a BCBA by 09/30/2025)* | A minimum of one year experience in treating children with ASD based on the principles of behavior analysis.<br>Minimum doctoral degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:<br>1. Ethical considerations.<br>2. Definitions & characteristics and principles, processes & concepts of behavior.<br>3. Behavioral assessment and selecting interventions outcomes and strategies.<br>4. Experimental evaluation of interventions.<br>5. Measurement of behavior and developing and interpreting behavioral data.<br>6. Behavioral change procedures and systems supports.<br>Works in consultation with the BCBA/BCBA-D to discuss the caseload, progress, and treatment of the child with ASD. | Doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements. | Behavioral assessment<br>Behavioral intervention<br>Behavioral observation and direction |

Exhibit A

| Qualified Provider | Education and Training Requirements | License/Certification | Services Provided |
|---|---|---|---|
| **Limited Licensed Psychologist (LLP)** *(Must be certified as a BCBA by 09/30/2025)* | A minimum of one year experience in treating children with ASD based on the principles of behavior analysis.<br>Minimum of a master's or doctoral degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:<br>1. Ethical considerations.<br>2. Definitions & characteristics and principles, processes & concepts of behavior.<br>3. Behavioral assessment and selecting interventions outcomes and strategies.<br>4. Experimental evaluation of interventions.<br>5. Measurement of behavior and developing and interpreting behavioral data.<br>6. Behavioral change procedures and systems supports.<br>Works in consultation with the BCBA/BCBA-D to discuss the progress and treatment of the child with ASD. | Doctoral or master's level psychologist licensed by the State of Michigan. Must complete all coursework and<br>Experience requirements. | Behavioral assessment<br>Behavioral intervention<br>Behavioral observation and direction |
| **Qualified Behavioral Health Professional (QBHP)** *(Must be certified as a BCBA by 09/30/2025)* | Must meet at least one of the following state requirements:<br>Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.<br>Minimum of a master's degree in a mental health-related field from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.<br>May hold a master's degree in a Behavior Analyst Certification Board (BACB) approved degree category from an accredited institution<br>Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas:<br>1. Ethical considerations.<br>2. Definitions & characteristics and principles, processes & concepts of behavior. | Must be certified as BCBA within two years of successfully completing ABA graduate coursework | Behavioral assessment<br>Behavioral intervention<br>Behavioral observation and direction |

Exhibit A

| Qualified Provider | Education and Training Requirements | License/Certification | Services Provided |
|---|---|---|---|
| | 3. Behavioral assessment and selecting interventions outcomes and strategies.<br>4. Experimental evaluation of interventions.<br>5. Measurement of behavior and developing and interpreting behavioral data.<br>6. Behavioral change procedures and systems supports.<br>Works under the supervision of the BCBA/BCBA-D. | | |
| **Behavior Technician (BT)**<br>*(Formerly ABA Aide)* | Will receive 40 hours of training in accordance with the Behavior Analyst Certification Board (BACB) Registered Behavior Technician (RBT) Task List as conducted by a professional experienced in BHT services (BCBA, BCaBA, LP, LLP, and/or QBHP), but is not required to register as an RBT with the BACB upon completion in order to furnish services.<br>Must be at least 18 years of age<br>Must be able to practice universal precautions to protect against the transmission of communicable disease<br>Must be able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedure, and to report on activities performed<br>Must be in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien)<br>Must be able to perform and be certified in basic first aid procedures<br>Must be trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.<br>Works under the supervision of the qualified provider who is able to perform behavioral observation and direction (i.e. BCBA, BCBA-D, BCaBA, LP, LLP or QBHP) and who provides oversight of the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment. | No license or certification is required. | Behavioral intervention |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Care Coordination</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.03.23</td></tr>
<tr><td rowspan="2">Effective Date:<br>4/1/16</td><td>Date of Review/Revision:<br>6/13/17, 6/1/18, 5/13/19, 6/8/20, 4/27/21, 9/27/22, 3/22/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>Mary Baukus</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
Care coordination is a critical expectation of service delivery throughout the SCCMHA network to promote positive outcomes and improve the experience of consumers. Care coordination also promotes the best use of limited public or private resources. The purpose of this policy is to delineate the various aspects of care coordination across the SCCMHA provider network and between SCCMHA provider programs and other community partners.

**Policy:**
SCCMHA requires that all service delivery staff members and particularly those in case management or supports coordination roles provide and ensure care coordination for persons served on a continuous basis. Put another way, care coordination is a critical aspect of the case management and supports coordination function and is a foundational element of the important role of SCCMHA in the provision of services and supports for consumers with disabilities in the community. Care coordination activities conducted for each individual consumer served will be documented in the clinical record. SCCMHA is ultimately responsible for the standards of care and clinical services including care coordination provided by both direct programs and contracted entities for all consumers.

**Application:**
This policy applies to all SCCMHA services and programs, including direct operated services and supports as well as contracted agencies or any other entities with a service delivery or coordination related agreement with SCCMHA.

**Standards:**

A. Care coordination occurs with any internal program and/or external organization, as well as any individual and/or entity with an identified role in supporting a consumer's person-centered plan.
B. Care coordination encompasses physical, behavioral, and social supports in the community, including access to acute and chronic health settings, primary and specialty health providers, multiple service providers whenever applicable, and housing, education, and employment systems.
C. Care coordination must identify, address, and seek to reduce or eliminate barriers and risk for persons served.
D. While generally care coordination is most often directed by designated case managers and supports coordinators in the SCCMHA network, others may often share care coordination functions, as defined in each person-centered plan, including but not limited to nurses, peers, community health workers, and clinicians, as well as various medical and ancillary health professionals.
E. Care coordination activities support the concepts of recovery, self-determination, self-management, whole health, wellness, appropriate medical supports, and interventions for acute or chronic conditions, prevention, consumer education, healthcare integration, and any and all aspects of quality-of-life domains for persons served.
F. Care coordination occurs in clinical settings, in the consumer's living environment and in various community settings as appropriate to best meet each person's needs.
G. Care coordination is supported by the 'no wrong door' access to treatment and supports philosophy of SCCMHA.
H. Care coordination endorses the four concepts of: clarity of goals and communications; recognition of differences in the management of processes; making no assumptions; and involvement of stakeholders.
I. SCCMHA programs will adhere to defined admission and discharge criteria and protocols, including provision of notice, processes for the transfer of care, follow-up, and recognition of risk for consumers.
J. Care coordination includes recognition of the needs of special populations, including, but not limited to: older adults and/or persons with significant or multiple health conditions; persons with unique cultural needs such as those with tribal affiliations or associations with military culture; persons with limited speech, hearing, mobility or communication skills; persons with unique disorders such as eating or hoarding conditions; persons with history of traumatic experience; and, those who are at high risk due to their dependence upon others to meet their daily needs.
K. Documentation of full consumer or guardian consents are part of the care coordination expectations at SCCMHA, in keeping with privacy and confidentiality requirements.
L. An important aspect of care coordination is the ability of health care providers to listen to a consumer's family, friends, or others whenever appropriate, even if privacy requirements and/or absence of the consumer's consent do not allow for

the exchange and/or provision of information to natural supports or other key informants.

M. Consumer's choices, preferences and goals are a critical aspect of care coordination as documented in the clinical record.
N. Care coordination includes the offer of the development of a crisis plan to ascertain in advance the desires of individual consumers, including advanced directives, wellness recovery or other relevant advance preparation action plans. If a consumer declines the development of a crisis plan, this will be noted in the record and revisited on some frequency for consumer reconsideration or confirmation.
O. Documentation of all consumer medications in the clinical record will include monitoring by prescribers, critical event reviewers and pharmacy management personnel.
P. No policies, practices, and/or provider agreements/contracts of SCCMHA impact the ability of a consumer to freely select their own provider.
Q. Care coordination and clinical decision support at SCCMHA is facilitated by the centralized electronic medical/health record, which includes demographic, diagnoses, medication, individual plans, consents/releases, and consumer progress/outcome information, including the provision of electronic prescribing to pharmacies by prescribing medical providers.
R. SCCMHA will engage all appropriate partner entities in care coordination activities, as supported by contracts or other agreements whenever possible as relevant to the SCCMHA service array and needs of consumers, to promote clear procedures and processes in routine and ad hoc care coordination.
S. Care coordination will be supported by routine training and education for all relevant staff.
T. Care coordination is the implementation of the comprehensive treatment and care management/person or family centered plan, through appropriate linkages, referrals, coordination, and follow-up to needed services and support.
U. Care coordination examples include:
    a. Providing telephonic reminders of appointments.
    b. Providing telephone outreach and follow-up to low-risk consumers who do not need face-to-face contact.
    c. Communication with family members.
    d. Administering risk assessment.
    e. Use of survey assessments.
    f. Follow-up reminders and assistance with making appointments, including warm hand offs for referrals.
    g. Identifying outstanding items on patient visit summaries.
    h. Assisting with medication reconciliation.
    i. Making appointments.
    j. Providing patient education materials.
    k. Assisting with arrangement such as transportation, directions, and completion of durable medical equipment requests.
    l. Obtaining missing medical records, laboratory testing and consultation reports.

m. Participating in hospital and emergency room transition care.
n. Documenting in the integrated care management system/electronic medical record.

V. Care Coordination is also focused on assisting individuals to improve self-management of chronic mental and physical health conditions and includes:
   a. Participation in the development and implementation of a consumers' PCP addressing dimension of behavioral health recovery, stabilization, and improvement in chronic physical conditions.
   b. Assistance and support to the consumer in stressor situations.
   c. Mental health and physical health education, support and consultation to consumers' families and support system, including care for children in custody or share custody arrangements, which is directed exclusively to the well-being and benefit of the consumer.
   d. Individual assistance for the development of interpersonal, community coping and self-management skills, including adapting to home, school, and work environments.
   e. Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric and physical health symptoms that interfere with the consumer's daily living, financial management, personal development or school or work performance.
   f. Assistance to the consumer to increase social support skills and networks that reduce life stresses resulting from the consumer's mental illness or physical health conditions and are necessary to enable and maintain the consumer's independent living.
   g. Developing strategies and supportive mental and physical health interventions for avoiding out-of-home placement for consumers and building strong family support skills and knowledge of the consumer's strengths and limitations.
   h. Developing mental and physical health relapse prevention strategies and plans.

**Definitions:**

Care Coordination, as defined by the Agency for Healthcare Research and Quality (2014): "*Deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient."* Care coordination is an activity rather than a service, and includes directly provided services, services, and supports provided by other entities, including both behavioral and physical healthcare.

SAMHSA refers to care coordination as "the cornerstone of many healthcare redesign efforts, including primary and behavioral healthcare integration. It involves bringing together various providers and information systems to coordinate health services, patient

needs, and information to help better achieve the goals of treatment and care. Research shows that care coordination increases efficiency and improves clinical outcomes and patient satisfaction with care."

**References:**
Substance Abuse and Mental Health Services Administration (SAMHSA)

SCCMHA Policies: *02.01.01.02-Cultural Competence; 02.03.03-Person-Centered Planning; 02.03.03B-Family-Centered Practice; 02.03.04-Self-Determination; 02.03.05-Recovery; 02.03.14-Trauma-Informed Services and Supports; 02.03.09.01.01-Practice Guidelines; 03.01.03-Consumer Choice and Service Management; 03.02.05-Plans of Services and Supports; 03.02.06-Consumer Health and Safety; 03.02.13-Transition/Discharge Services; 03.02.14-Advance Directives; 03.02.29-Closure/Discharge Criteria; 08.04.01-Consumer Records. 02.03.05-Recovery; 03.02.49.01 Care Transitions*

**Exhibits:**
None

**Procedure:**
None

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Suicide Prevention | **Chapter**: 02 – Customer Services & Recipient Rights | **Subject No**: 02.03.24 |
| **Effective Date**:<br>8/1/16 | **Date of Review/Revision**:<br>6/13/17, 5/11/18, 4/9/19, 7/29/20, 4/13/21, 5/10/22, 4/11/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Executive Director of Clinical Services |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Barbara Glassheim<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to delineate a framework for addressing suicidality and preventing suicide from occurring.

**Policy:**

Suicide is a major contributor to premature death in the United States, especially among people aged 10–34, for whom it is the second leading cause of death. It is a serious public health problem that causes immeasurable pain, suffering, and loss to individuals, families, and communities. In 2021, more than forty seven thousand (47,646) Americans died from suicide, 4% higher than in 2020 (45,979).

Groups with the highest rates were non-Hispanic American Indian/Alaska Native and non-Hispanic White populations. Other Americans with higher than average rates of suicide are veterans, people who live in rural areas, and workers in certain industries and occupations like mining and construction. Young people who identify as lesbian, gay, or bisexual have higher rates of suicidal ideation and behavior than their peers who identify as heterosexual.

SCCMHA is committed to preventing suicide and dedicating resources to support education and training as well as functioning as a catalyst to energize and mobilize key stakeholders to promote community awareness and support interventions that are targeted to eliminating suicidality. SCCMHA shall promote an integrated, multi-tiered approach to suicide prevention in a comprehensive and collaborative manner in order to increase protective factors and mitigate risk factors (see Exhibit A) at both the community and individual consumer levels.

**Application:**
The policy applies to the entire SCCMHA service delivery system and is considered to be a foundational element of the system.

**Standards:**

A. SCCMHA shall adopt a "zero suicides" goal for all populations served.

B. SCCMHA shall screen all consumers for suicide risk, with particular attention to the high risk groups enumerated in the Policy section above using standardized, validated screening instruments (ASQ, C-SSRS).

1. Each consumer served shall be assessed for risk including danger to self, danger to others, danger to property, access to firearms and other health and safety issues and the results shall be documented in the electronic health record (EHR) as part of the psychosocial assessment.
    a. Suicide risk factors that shall be taken into consideration include ideation as well as planned action.
    b. Screening for suicide risk shall include standard questions in the SCCMHA electronic health record, as well as the ANSA (Adult Needs and Strengths Assessment), CAFAS (Child and Adolescent Functional Scale), MAYSI-2 (Massachusetts Youth Screening Instrument), and screening instrument used for the SCCMHA Health Home & Wellness Center (i.e., the NOMs Client-Level Measures).

C. Individuals who are served by SCCMHA shall be educated about crisis management services and Psychiatric Advance Directives (crisis plans) and how to access crisis services, including suicide or crisis hotlines and warm lines, at the time of the initial evaluation in accordance with the appropriate methods, language(s), and literacy levels of consumers.

1. The SCCMHA *Customer Services Handbook* (which describes how to access crisis management services, advance directives and psychiatric advance directives) shall be distributed to all consumers during the initial meeting.
2. Psychiatric Advance Directives shall be documented in the consumer's electronic health record.

D. Crisis planning shall be offered to consumers and shall be deemed a formal component of the Person Centered Plan.

1. The consumer's acceptance of crisis planning, or lack thereof, shall be documented in the EHR.
2. Safety plans shall be developed for at-risk consumers and documented in the electronic health record and shall include the components enumerated below.
    a. Identification of warning signs (e.g., feelings of hopelessness or irritability; thoughts like, "I'll always be alone"; behaviors like arguing with a parent; and/or physiological sensations such as intense pain from a chronic medical condition; or events, such as the anniversary of the death of a loved one) that risk for suicide is increasing in order to help consumers gain awareness of when they need to access and use their safety plan.
    b. Identification of different categories of coping strategies consumers will use once they have recognized that they are at heightened risk for suicide.

1). Safety plans start with internal coping strategies (e.g., experiences that distract from suicidal thoughts, emotional distress, or urges by diverting attention to other activities, stimuli, or sensations) consumers can use without assistance from others and progress through incrementally more intensive strategies that can be used if the initial strategies prove ineffective.

c. Identification of individuals and social settings that can serve as a distraction during a suicidal crisis.

d. Identification of individuals that can be contacted to request support.

e. Mental health providers or facilities (e.g., the treating clinician, hotline services including 988) that can provide professional help if the consumer is still in suicidal crisis after using the previous coping strategies.

f. Reduce the consumer's access to their identified means for suicide.

g. Identification of reasons for living.

E. SCCMHA shall conduct and/or sponsor trainings for mental health and substance use disorder treatment providers on the recognition, assessment, and management of at-risk behavior as well as the delivery of effective clinical care for individuals who are at risk for suicide.

1. Staff shall receive initial and annual training on suicide prevention.

a. Mandatory initial and annual training requirements shall include suicide risk and assessment knowledge and roles of families and peers**.**

1). All SCCMHA staff and network providers who have contact with recipients of services shall be required to receive suicide prevention and suicide response training which shall include the Columbia-Suicide Severity Rating Scale (C-SSRS) and ASQ.

b. SCCMHA shall promote the use of evidence-based suicide prevention and intervention practices.

F. SCCMHA shall promote public awareness and resources to improve recognition of the signs and symptoms of mental disorders and risks for suicide and where to get help.

1. SCCMHA shall promote and support community-wide efforts to reduce access to lethal means and methods of suicide.

2. SCCMHA shall promote and support responsible media reporting of mental illness and suicide in order to reduce prejudice and stigma as well as prevent contagion.

3. SCCMHA shall maintain authorship and make available the *Saginaw County First Responder's Guide for Behavioral Interventions* which is a written instruction tool for all local collaborating partners in dealing with any type of behavioral health crisis response, including the role of law enforcement in responding to a psychiatric crisis.

a. This document shall provide guidance and define all local collaborating partners' roles with SCCMHA, including the

SCCMHA provider network, in urgent psychiatric and substance use disorder responses in the community.

NOTE: The *Saginaw County First Responders Guide for Behavioral Interventions* has been signed by all sixteen law enforcement jurisdictions in the county and by the Sheriff representing the County Jail, and is actively used and referred to by officers in their collaborations with SCCMHA to meet urgent needs.

4. SCCMHA shall publish a suicide hotline on its website.
5. SCCMHA shall disseminate information to the community on suicide risk and prevention.
6. The SCCMHA website shall describe available mental health crisis services and how to access them.
7. The SCCMHA website shall offer a resource section on suicide awareness and prevention including links to the Saginaw County Suicide Awareness and Prevention Service and other prevention resources including the Trevor Project for LGBTQ youth and the National Suicide Prevention Hot Line.
8. SCCMHA shall participate in the Michigan Association for Suicide Prevention, a statewide organization devoted to providing resources to a broad-based audience, as well as any local or regional suicide prevention or awareness initiatives.
9. SCCMHA shall support and promulgate its nationally recognized, award-winning anti-stigma campaign in an effort to reduce prejudice about mental disorders and suicide in an effort to enhance help-seeking behaviors.
10. SCCMHA shall offer Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMFA) to the community free of charge in order to promote improved knowledge and awareness and expand the capacity of the community to identify persons who are at-risk and increase referrals for treatment.

G. SCCMHA shall provide county-wide (and beyond as applicable to CCBHC [Certified Behavioral Health Clinic] consumers) crisis intervention services.
   1. SCCMHA shall provide 24/7 crisis services for adults and youth including suicide prevention and response, a mobile crisis team response (Mobile Response and Stabilization Services, or MRSS), emergency crisis intervention service and crisis stabilization and post intervention services.
   2. SCCMHA's Crisis Intervention Services (CIS) unit shall maintain a key responsibility to respond appropriately to any and all suicide related crises and emergencies.

H. SCCMHA shall continue to promote trauma-informed policies and practices in order to ensure that consumers are treated with respect and in a manner that promotes healing and recovery.
   1. Resources shall be made available to offer social support, resiliency training, problem-solving skills, and other protective factors to consumers and their families and/or support network.
   2. SCCMHA shall offer and/or link survivors with postvention services.

I. SCCMHA shall ensure that systems are in place to evaluate the effectiveness and efficiency of the interventions provided (Quality Improvement).
   1. The SCCMHA Critical Incident Review Committee (CIRC) shall review all incidences of consumer death by suicide and reported suicide attempts.
   2. Each attempt and successful suicide shall represent an opportunity for the system and provider to evaluate care delivered and to consider opportunities for improvement.
      a. A root cause analysis of suicide attempts and deaths shall be conducted when recommended by the CIRC.
      b. Findings shall be used to continuously improve the quality of services and supports provided to consumers.

**Definitions:**

**Postvention:** Activities following a suicide to help alleviate the suffering and emotional distress of the survivors, and prevent additional trauma and contagion; response to and care for individuals affected in the aftermath of a suicide attempt or suicide death.

**Prevention:** A strategy or approach that reduces the likelihood of risk of onset or delays the onset of adverse health problems, or reduces the harm resulting from conditions or behaviors; activities implemented prior to the onset of an adverse health outcome (e.g., dying by suicide) and designed to reduce the potential that the adverse health outcome will take place.

**Protective Factors:** Attributes, characteristics, or environmental exposures that reduce the likelihood of suicidal behaviors; conditions that promote strength and resilience and ensure that vulnerable individuals are supported and connected with others during difficult times that make suicidal behaviors less likely to occur. Protective factors may encompass biological, psychological, or social factors in the individual, family, and environment. For example, connectedness to others, including family members, teachers, coworkers, community organizations, and social institutions help increase an individual's sense of belonging, foster a sense of personal worth, and provide access to sources of support help to protect against suicide.

**Resilience**: Capacities within a person that promote positive outcomes (e.g., mental health and well-being) and provide protection from factors that might otherwise place that person at risk for adverse health outcomes.

**Risk factors:** Personal or environmental characteristics that increase the likelihood that an individual will think about suicide or engage in suicidal behaviors. Risk factors may encompass biological, psychological, and/or social factors in the individual, family, and environment. For example, mental and/or a substance use disorders can greatly increase the risk for suicidal behaviors. Suicide risk tends to be highest when someone has several risk factors at the same time.

**Root Cause Analysis (RCA):** A step-by-step method that leads to the discovery of a fault's first or root cause using a systematic approach to identify the progression of actions and consequences that led to an undesired event. Within the context of suicide prevention, an RCA investigation entails tracing the cause and effect path from a suicide attempt or death back to the root cause.

**Safety Plan:** A written list of warning signs, coping responses, and support sources that an individual can avail themselves of in order to avert or manage a suicide crisis.

**Screening:** A procedure in which a standardized tool, instrument, or protocol is used to identify individuals who may be at risk for suicide.
**Suicide:** Death caused by self-directed injurious behavior with intent to die as a result of the behavior.
**Suicide Attempt:** A non-fatal, self-directed, potentially injurious behavior with intent to die as a result of the behavior. A suicide attempt may or may not result in injury.
**Suicidal Behavior:** A spectrum of activities related to thoughts and behaviors that include suicidal thinking, suicide attempts, and completed suicide as well as preparatory behavior such as buying a gun, hoarding pills, writing a suicide note, etc.
**Suicide Contagion:** Suicide risk associated with the knowledge of another person's suicidal behavior, either firsthand or through the media. Suicides that may be at least partially caused by contagion are sometimes called "copycat suicides." Contagion can contribute to a suicide cluster. Community and media education is vitally important to reduce this risk.
**Suicidal Ideation:** Thoughts or fantasies about engaging in suicide-related behavior.
**Warning Signs:** Behaviors and symptoms that may indicate that a person is at immediate or serious risk for suicide or a suicide attempt.

**References:**


A. CDC National Vital Statistics System (Mortality Data).
B. Michigan Suicide Prevention Coalition. (2005). Suicide Prevention Plan for Michigan: http://www.sprc.org/sites/default/files/Michigan_Suicide_Prevention_Plan_2005_135849_7.pdf
C. Michigan Association for Suicide Prevention. (2012). *Suicide Prevention Plan for Michigan Evaluation:* https://www.michigan.gov/mdhhs/-/media/Project/Websites/mdhhs/Folder2/Folder52/Folder1/Folder152/State_Suicide_Prevention_Plan_Evaluation.pdf?rev=f246e48f3b0a45cda80a3f38522c67c3&hash=9DE0D76F337E01759A4868726FC485BA
D. Saginaw County's First Responders Guide for Behavioral Health Interventions: https://www.sccmha.org/userfiles/filemanager/12403/
E. SCCMHA Policy 02.03.09.12– Mobile Response and Stabilization Services (MRSS)
F. SCCMHA Policy 02.03.09.17 – Mental Health First Aid (MHFA)
G. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
H. SCCMHA Policy 03.02.31 – Services for Members of the Armed Forces, Veterans and their Families
I. SCCMHA 03.02.34 – Services for American Indians
J. SCCMHA Policy 03.02.35 – Serving LGBTQ+ Consumers
K. SCCMHA Policy 03.02.46 – Whole-Person Care


**Exhibits:**

A. Social Ecological Model of Risk and Protective Factors
B. ASQ
C. Columbia-Suicide Severity Rating Scale (C-SSRS)

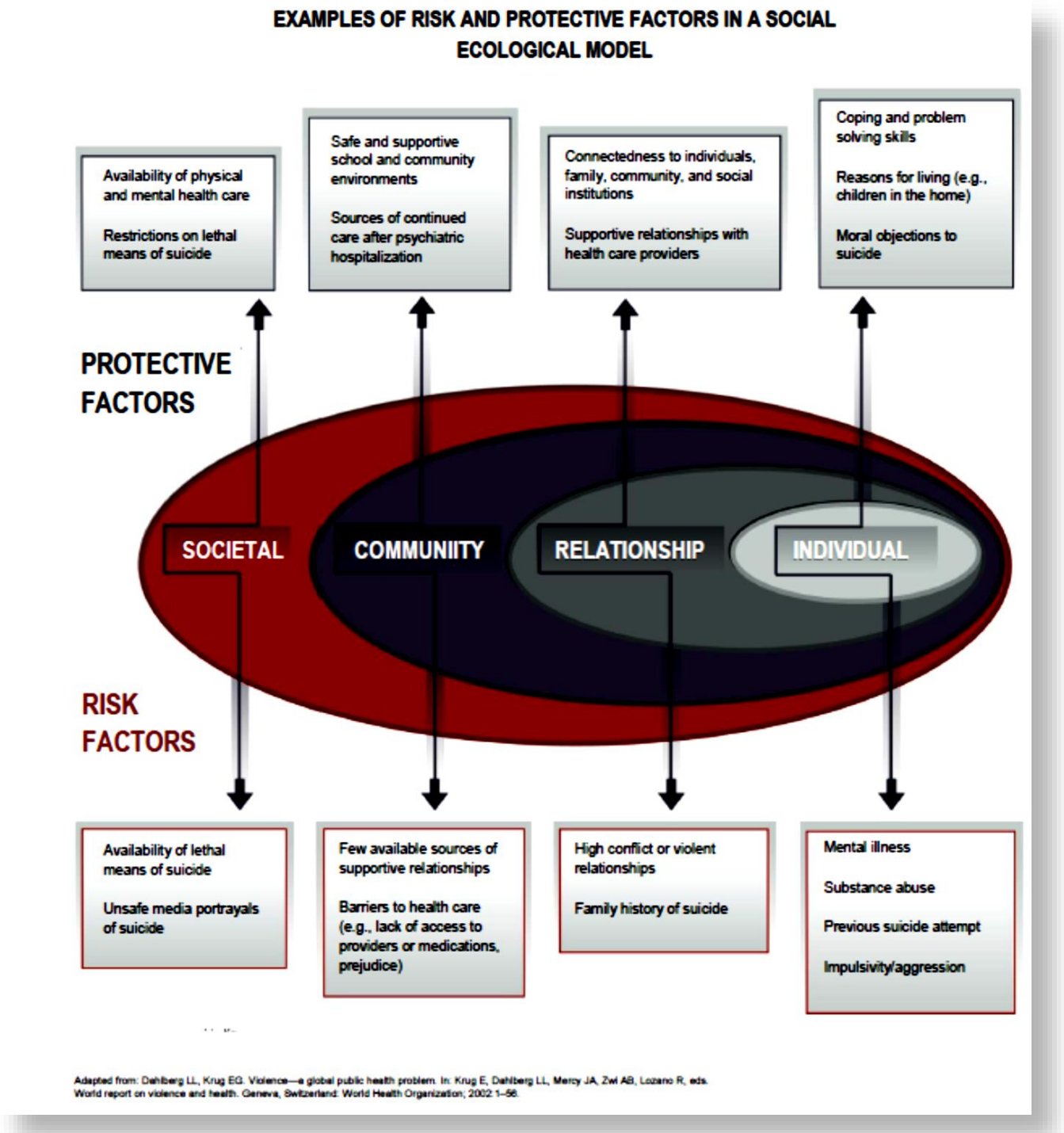
D. Columbia-Suicide Severity Rating Scale (C-SSRS) – for Individuals with Cognitive Impairment

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Conducts suicide risk screening using the questions in SCCMHA EHR, ASQ for children, and Columbia Suicide Rating Scale for adults and individuals with I/DD during the initial assessment in addition to taking relevant measures in the ANSA or CAFAS into consideration. | CAI/CIS/Case Holder |
| If the consumer screens positive for suicide risk (i.e., a danger to self, others, or property as documented in SENTRI), conducts an assessment using a standardized tool that has been validated for the population served (e.g., children, adults).<br>Works with at-risk consumers (and families as appropriate) to develop a safety plan. | Assigned master's prepared mental health clinician |
| If unable to develop a safety plan, immediately refer the consumer to CIS for a suicide assessment | CAI/CIS/Case Holder/Master's level clinician |
| Conducts an assessment.<br>Scans the assessment into the consumer's electronic health record. | CIS |
| Works with the consumer and family (as appropriate) as well as the treatment team to ensure the safety plan is incorporated into the person-centered pan and adhered to. | Case Holder |
| Documents the safety plan in the SCCMHA EHR. | |
| Conducts routine, ongoing screening of consumers with a history of suicide risk as well as consumers who are currently at risk using the SCCMHA EHR, ANSA, and CAFAS in accordance with planned periodic reviews of the person-centered plan. | |
| Screens consumers at high risk during each encounter. | |

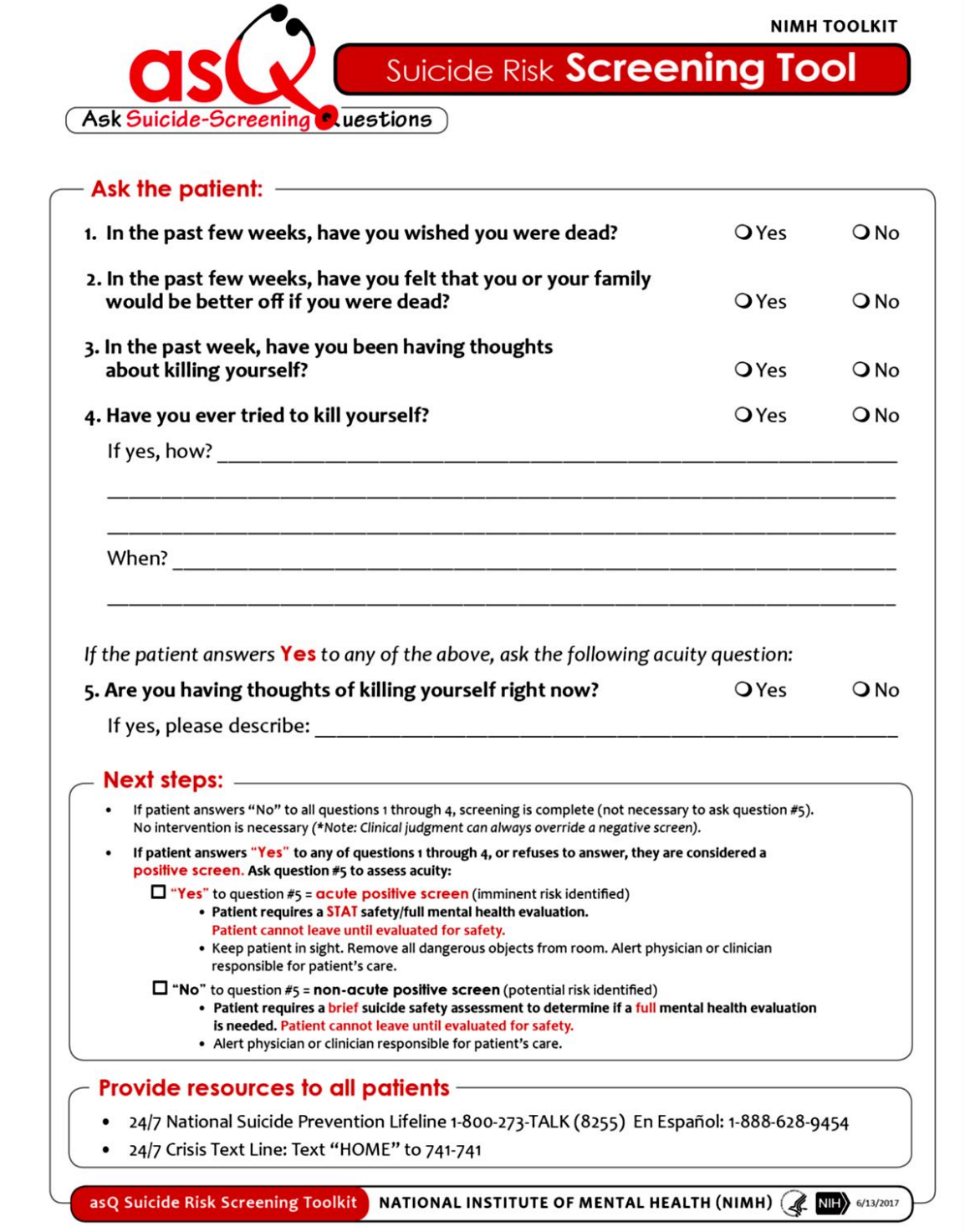
| | |
|---|---|
| Adjusts the frequency of subsequent, ongoing screening in accordance with identified risk.<br><br>Seeks consultation with supervisor and/or clinical leadership for all consumers with identified risk.<br><br>Provides consultation and guidance to staff. | Clinical supervisory staff/leadership |

Exhibit A




(HHS, 2012)

Exhibit B



NIMH TOOLKIT

asQ Suicide Risk Screening Tool

Ask Suicide-Screening Questions

## Ask the patient:

1. **In the past few weeks, have you wished you were dead?** ❍ Yes ❍ No
2. **In the past few weeks, have you felt that you or your family would be better off if you were dead?** ❍ Yes ❍ No
3. **In the past week, have you been having thoughts about killing yourself?** ❍ Yes ❍ No
4. **Have you ever tried to kill yourself?** ❍ Yes ❍ No

   If yes, how? _____

   _____

   _____

   When? _____

   _____

*If the patient answers **Yes** to any of the above, ask the following acuity question:*

5. **Are you having thoughts of killing yourself right now?** ❍ Yes ❍ No

   If yes, please describe: _____

## Next steps:

- If patient answers "No" to all questions 1 through 4, screening is complete (not necessary to ask question #5). No intervention is necessary (**Note: Clinical judgment can always override a negative screen*).
- **If patient answers "Yes" to any of questions 1 through 4, or refuses to answer, they are considered a positive screen. Ask question #5 to assess acuity:**
  - ☐ **"Yes"** to question #5 = **acute positive screen** (imminent risk identified)
    - **Patient requires a STAT safety/full mental health evaluation. Patient cannot leave until evaluated for safety.**
    - Keep patient in sight. Remove all dangerous objects from room. Alert physician or clinician responsible for patient's care.
  - ☐ **"No"** to question #5 = **non-acute positive screen** (potential risk identified)
    - **Patient requires a brief suicide safety assessment to determine if a full mental health evaluation is needed. Patient cannot leave until evaluated for safety.**
    - Alert physician or clinician responsible for patient's care.

## Provide resources to all patients

- 24/7 National Suicide Prevention Lifeline 1-800-273-TALK (8255) En Español: 1-888-628-9454
- 24/7 Crisis Text Line: Text "HOME" to 741-741

asQ Suicide Risk Screening Toolkit | NATIONAL INSTITUTE OF MENTAL HEALTH (NIMH) | NIH | 6/13/2017

Exhibit C

**COLUMBIA-SUICIDE SEVERITY RATING SCALE**

*Screen Version - Recent*

| | Past Month | | Lifetime (Worst Point) | |
|---|---|---|---|---|
| **Ask questions that are bolded and underlined.** | **YES** | **NO** | **YES** | **NO** |
| **Ask Questions 1 and 2** | | | | |
| **1) *Have you wished you were dead or wished you could go to sleep and not wake up?*** | | | | |
| **2) *Have you actually had any thoughts of killing yourself?*** | | | | |
| **If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.** | | | | |
| **3) *Have you been thinking about how you might do this?***<br>E.g. "*I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it....and I would never go through with it.*" | | | | |
| **4) *Have you had these thoughts and had some intention of acting on them?***<br>As opposed to "*I have the thoughts but I definitely will not do anything about them.*" | | | | |
| **5) *Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?*** | | | | |

**How long ago did the Worst Point Ideation occur?** _____

| | YES | NO |
|---|---|---|
| **6) *Have you ever done anything, started to do anything, or prepared to do anything to end your life?***<br>Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.<br>**If YES, ask: *Was this within the past three months?*** | | |

- Low Risk
- Moderate Risk
- High Risk

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Exhibit D

| ***SUICIDAL IDEATION*** | | |
|---|---|---|
| *Ask questions 1 and 2. If both are negative, proceed to "Suicidal Behavior" section. If the answer to question 2 is "yes", ask questions 3, 4 and 5. If the answer to question 1 and/or 2 is "yes", complete "Intensity of Ideation" section below.* | **Lifetime: Time He/She Felt Most Suicidal** | **Past 1 month** |
| **1. Wish to be Dead**<br>Subject endorses thoughts about a wish to be dead or not alive anymore, or wish to fall asleep and not wake up.<br>***Have you thought about being dead or what it would be like to be dead?***<br>***Have you wished you were dead or wished you could go to sleep and never wake up?***<br>***Do you ever wish you weren't alive anymore?***<br>If yes, describe: | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| **2. Non-Specific Active Suicidal Thoughts**<br>General, non-specific thoughts of wanting to end one's life/die by suicide (e.g., *"I've thought about killing myself"*) without thoughts of ways to kill oneself/associated methods, intent, or plan during the assessment period.<br>***Have you thought about doing something to make yourself not alive anymore?***<br>***Have you had any thoughts about killing yourself?***<br>If yes, describe: | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| **3. Active Suicidal Ideation with Any Methods (Not Plan) without Intent to Act**<br>Subject endorses thoughts of suicide and has thought of at least one method during the assessment period. This is different than a specific plan with time, place or method details worked out (e.g., thought of method to kill self but not a specific plan). Includes person who would say, *"I thought about taking an overdose but I never made a specific plan as to when, where or how I would actually do it…and I would never go through with it."*<br>***Have you thought about how you would do that or how you would make yourself not alive anymore (kill yourself)? What did you think about?***<br>If yes, describe: | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| **4. Active Suicidal Ideation with Some Intent to Act, without Specific Plan**<br>Active suicidal thoughts of killing oneself and subject reports having some intent to act on such thoughts, as opposed to *"I have the thoughts but I definitely will not do anything about them."*<br>***When you thought about making yourself not alive anymore (or killing yourself), did you think that this was something you might actually do?***<br>***This is different from (as opposed to) having the thoughts but knowing you wouldn't do anything about it.***<br>If yes, describe: | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| **5. Active Suicidal Ideation with Specific Plan and Intent**<br>Thoughts of killing oneself with details of plan fully or partially worked out and subject has some intent to carry it out.<br>***Have you ever decided how or when you would make yourself not alive anymore/kill yourself? Have you ever planned out (worked out the details of) how you would do it?***<br>***What was your plan?***<br>***When you made this plan (or worked out these details), was any part of you thinking about actually doing it?***<br>If yes, describe: | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ***INTENSITY OF IDEATION*** | | |
| *The following feature should be rated with respect to the most severe type of ideation (i.e., 1-5 from above, with 1 being the least severe and 5 being the most severe).*<br>***Lifetime - Most Severe Ideation:*** _____ _____<br>***Type # (1-5)*** ***Description of Ideation***<br>***Recent - Most Severe Ideation:*** _____ _____<br>***Type # (1-5)*** ***Description of Ideation*** | Most Severe | Most Severe |
| **Frequency**<br>***How many times have you had these thoughts?*** ***Write response***_____<br>(1) Only one time (2) A few times (3) A lot (4) All the time (0) Don't know/Not applicable | ____ | ____ |

| ***SUICIDAL BEHAVIOR***<br>*(Check all that apply, so long as these are separate events; must ask about all types)* | **Lifetime** | **Past 3 Months** |
|---|---|---|
| **Actual Attempt:**<br>A potentially self-injurious act committed with at least some wish to die, *as a result of act.* Behavior was in part thought of as method to kill oneself. Intent does not have to be 100%. If there is ***any*** intent/desire to die associated with the act, then it can be considered an actual suicide attempt. ***There does not have to be any injury or harm***, just the potential for injury or harm. If person pulls trigger while gun is in mouth but gun is broken so no injury results, this is considered an attempt.<br>Inferring Intent: Even if an individual denies intent/wish to die, it may be inferred clinically from the behavior or circumstances. For example, a highly lethal act that is clearly not an accident so no other intent but suicide can be inferred (e.g., gunshot to head, jumping from window of a high floor/story). Also, if someone denies intent to die, but they thought that what they did could be lethal, intent may be inferred.<br>***Did you ever do anything to try to kill yourself or make yourself not alive anymore? What did you do?***<br>***Did you ever hurt yourself on purpose? Why did you do that?***<br>***Did you_____ as a way to end your life?***<br>***Did you want to die (even a little) when you_____?***<br>***Were you trying to make yourself not alive anymore when you _____?***<br>***Or did you think it was possible you could have died from_____?***<br>***Or did you do it purely for other reasons, not at all to end your life or kill yourself (like to make yourself feel better, or get something else to happen)?*** (Self-Injurious Behavior without suicidal intent)<br>If yes, describe: | **Yes** ☐ **No** ☐<br>Total # of Attempts<br>_____ | **Yes** ☐ **No** ☐<br>Total # of Attempts<br>_____ |
| **Has subject engaged in Non-Suicidal Self-Injurious Behavior?** | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| **Has subject engaged in Self-Injurious Behavior, intent unknown?** | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| **Interrupted Attempt:**<br>When the person is interrupted (by an outside circumstance) from starting the potentially self-injurious act *(if not for that, actual attempt would have occurred).*<br>Overdose: Person has pills in hand but is stopped from ingesting. Once they ingest any pills, this becomes an attempt rather than an interrupted attempt. Shooting: Person has gun pointed toward self, gun is taken away by someone else, or is somehow prevented from pulling trigger. Once they pull the trigger, even if the gun fails to fire, it is an attempt. Jumping: Person is poised to jump, is grabbed and taken down from ledge. Hanging: Person has noose around neck but has not yet started to hang - is stopped from doing so.<br>***Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but someone or something stopped you before you actually did anything? What did you do?***<br>If yes, describe: | **Yes** ☐ **No** ☐<br>Total # of interrupted<br>_____ | **Yes** ☐ **No** ☐<br>Total # of interrupted<br>_____ |
| **Aborted or Self-Interrupted Attempt:**<br>When person begins to take steps toward making a suicide attempt, but stops themselves before they actually have engaged in any self-destructive behavior. Examples are similar to interrupted attempts, except that the individual stops him/herself, instead of being stopped by something else.<br>***Has there been a time when you started to do something to make yourself not alive anymore (end your life or kill yourself) but you changed your mind (stopped yourself) before you actually did anything? What did you do?***<br>If yes, describe: | **Yes** ☐ **No** ☐<br>Total # of aborted or self-interrupted<br>_____ | **Yes** ☐ **No** ☐<br>Total # of aborted or self-interrupted<br>_____ |
| **Preparatory Acts or Behavior:**<br>Acts or preparation towards imminently making a suicide attempt. This can include anything beyond a verbalization or thought, such as assembling a specific method (e.g., buying pills, purchasing a gun) or preparing for one's death by suicide (e.g., giving things away, writing a suicide note).<br>***Have you done anything to get ready to make yourself not alive anymore (to end your life or kill yourself)- like giving things away, writing a goodbye note, getting things you need to kill yourself?***<br>If yes, describe: | **Yes** ☐ **No** ☐<br>Total # of preparatory acts<br>_____ | **Yes** ☐ **No** ☐<br>Total # of preparatory acts<br>_____ |

| | Most Recent Attempt Date: | Most Lethal Attempt Date: | Initial/First Attempt Date: |
|---|---|---|---|
| **Actual Lethality/Medical Damage:**<br>0. No physical damage or very minor physical damage (e.g., surface scratches).<br>1. Minor physical damage (e.g., lethargic speech; first-degree burns; mild bleeding; sprains).<br>2. Moderate physical damage; medical attention needed (e.g., conscious but sleepy, somewhat responsive; second-degree burns; bleeding of major vessel).<br>3. Moderately severe physical damage; *medical* hospitalization and likely intensive care required (e.g., comatose with reflexes intact; third-degree burns less than 20% of body; extensive blood loss but can recover; major fractures).<br>4. Severe physical damage; *medical* hospitalization with intensive care required (e.g., comatose without reflexes; third-degree burns over 20% of body; extensive blood loss with unstable vital signs; major damage to a vital area).<br>5. Death | *Enter Code*<br>_____ | *Enter Code*<br>_____ | *Enter Code*<br>_____ |
| **Potential Lethality: Only Answer if Actual Lethality=0**<br>Likely lethality of actual attempt if no medical damage (the following examples, while having no actual medical damage, had potential for very serious lethality: put gun in mouth and pulled the trigger but gun fails to fire so no medical damage; laying on train tracks with oncoming train but pulled away before run over).<br>0 = Behavior not likely to result in injury<br>1 = Behavior likely to result in injury but not likely to cause death<br>2 = Behavior likely to result in death despite available medical care | *Enter Code*<br>_____ | *Enter Code*<br>_____ | *Enter Code*<br>_____ |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Wellness | **Chapter**: 02.03. – Philosophy of Care | **Subject No**: 02.03.25 |
| **Effective Date**: 6/13/17 | **Date of Review/Revision**: 4/10/18, 4/9/19,7/29/20, 4/13/21, 5/10/22, 4/11/23<br>**Supersedes**: | **Approved By**: Sandra Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Executive Director of Clinical Services<br>**Authored By**: Barbara Glassheim<br>**Additional Reviewers**: |

**Purpose:**

The purpose of this policy is to delineate a framework for the adoption and support of a culture of well-being for consumers and staff so that services and supports are provided in a person/family-centered, trauma-informed, recovery/resiliency-oriented, developmentally and phase-of-life appropriate, culturally and linguistically sensitive manner that promotes consumer engagement and shared decision-making and employs evidence-based practices and treatments to maximize the potential for beneficial outcomes.

**Policy:**

A. SCCMHA recognizes that individuals with a mental illness experience a life span that is 25 years shorter than members of the general population (with an average age of death of 53 years). Moreover, those who have a co-occurring substance use disorder are at even greater risk for premature death (with an average age of death of 45 years). This disparity in life expectancy has been found to be primarily due to increased morbidity and mortality from treatable medical conditions that are caused by modifiable risk factors including smoking, obesity, and substance abuse, as well as preventable medical conditions such as diabetes and cardiovascular, respiratory, or infectious diseases (including HIV). In addition, people with mental health problems often live in poverty and experience social isolation, stigma, and trauma, which can lead to higher levels of stress and/or reduce access to quality primary care services that can help prevent and manage health conditions.

B. SCCMHA recognizes that persons with substance use disorders (SUDs) also often experience comorbid mental health conditions including anxiety disorders, posttraumatic stress disorder (PTSD), attention-deficit hyperactivity disorder (ADHD), as well as physical health conditions, including chronic pain, https://www.drugabuse.gov/publications/research-reports/common-comorbidities-substance-use-disorders/references cancer, and heart disease. In addition, suicide is the leading cause of death among people with SUDs and co-occurring mental illness and SUDs increases the risk even further. (SAMHSA)

C. SCCMHA also recognizes the growing disparity in health status and life expectancy between individuals with intellectual/developmental disabilities (I/DD) and the general population. Individuals with I/DD have been found to be in poorer overall health and have a higher incidence of obesity (as well as the secondary conditions that often accompany obesity including hypertension, hypercholesterolemia, and diabetes), coronary heart disease, and pulmonary problems.

D. SCCMHA further recognizes that chronic diseases (e.g., depression and hypertension) can lead to a decline in the overall health of employees and that a healthy lifestyle can lead to a significant reduction in the risk of developing chronic diseases and premature disability and death.

E. SCCMHA-funded providers shall support physical health prevention, wellness checks, routine tests or screenings recommended by physicians, and other health and wellness promotion activities for consumers and staff members.

F. SCCMHA shall adopt the Wellness Initiative developed by the Substance Abuse and Mental Health Service (SAMHSA) which encourages the incorporation of the Eight Dimensions of Wellness into the lives of consumers as well as staff:
    1. **Emotional:** Coping effectively with life and creating satisfying relationships
    2. **Environmental:** Good health by occupying pleasant, stimulating environments that support well-being
    3. **Financial:** Satisfaction with current and future financial situations
    4. **Intellectual:** Recognizing creative abilities and finding ways to expand knowledge and skills
    5. **Occupational:** Personal satisfaction and enrichment from one's work
    6. **Physical:** Recognizing the need for physical activity, healthy foods and sleep
    7. **Social:** Developing a sense of connection, belonging, and a well-developed support system
    8. **Spiritual:** Expanding our sense of purpose and meaning in life

**Application:**

This policy applies to all SCCMHA employees, consumers, visitors, volunteers, and contractors.

**Standards:**

A. SCCMHA shall support the well-being of consumers and staff through a whole-person approach that encompasses the integration of mental health and physical health which allows for holistic approaches to disease prevention and health promotion.

B. SCCMHA shall promote a culture of well-being among consumers as well as staff and support the adoption of a healthy lifestyle.
    1. SCCMHA shall use its Better Together We Can campaign to promote health and well-being among consumers, providers and staff through SCCMHA-sponsored events, activities, classes and presentations.
        a. To encourage participation in SCCMHA's culture of well-being and adopt a healthy lifestyle, full and part-time SCCMHA employees

shall earn Better Together (BT) hours based on employment status in accordance with SCCMHA human resource policy.

C. SCCMHA shall promote mental health recovery by supporting improved general health and vice versa.

D. Consumers shall be encouraged to stop or reduce high-risk behaviors as well as engage in healthy activities, including, but not limited to:
   1. Eating a healthy diet
   2. Getting physical exercise
   3. Effective stress management, including, but not limited to:
      a. Gaining an understanding of triggers and how to mitigate or avoid them
      b. Learning to use mindfulness as a technique to manage stress
   4. Recommended health screenings (e.g., A1c level, blood pressure, body mass index, cholesterol levels)
   5. Maintaining oral health and accessing preventive oral health services
   6. Screening for depression and suicidality
   7. Participating in programs that target tobacco cessation
   8. Avoiding substance misuse and abuse
   9. Developing a natural support system
   10. Engaging in meaningful activities

**Definitions:**

**Health:** A resource that allows people to realize their aspirations, satisfy their needs and to cope with the environment in order to live a long, productive, and fruitful life. Health is more than the absence of disease. (Centers for Disease Control and Prevention [CDC])

**Well-being:** While there is a lack of consensus around a single definition of well-being, it is generally agreed that, at minimum, well-being includes the presence of positive emotions and moods (e.g., contentment, happiness), the absence of negative emotions (e.g., depression, anxiety), satisfaction with life, fulfillment and positive functioning. Aspects of well-being include: physical well-being; economic well-being, social well-being; development and activity; emotional well-being; psychological well-being; life satisfaction; domain specific satisfaction; and engaging activities and work.

**Wellness:** A conscious, deliberate process that requires an individual to become aware of and make choices for a more satisfying lifestyle. It is the process of creating and adapting patterns of behavior that lead to improved health in the wellness dimensions (physical, spiritual, social, intellectual, emotional/mental, occupational, environmental, and financial).

Wellness is self-defined because each person has individual needs and preferences, and the balance of activity, social contact, and sleep varies from person to person.

**Wellness Lifestyle:** A self-defined balance of health habits such as adequate sleep and rest, productivity, exercise, participation in meaningful activity, nutrition, productivity, social contact, and supportive relationships.

**Whole-Person/Integrated Care:** A comprehensive and coordinated person-centered system of care that allows healthcare professionals (i.e., behavioral health, primary care, and specialty providers) to simultaneously consider all of a consumer's health conditions, resulting in the systematic coordination of physical and behavioral healthcare. Such

integrated healthcare services that are delivered in a whole-person approach produce beneficial outcomes for people with multiple and complex healthcare conditions.

**References:**

A. Better Together We Can: https://www.sccmha.org/healthcare-partnerships/better-together-we-can/
B. Glassheim, B. (March 2022). *A Guide to Evidence-Based Wellness Practices.* SCCMHA: https://www.sccmha.org/userfiles/filemanager/1058/
C. SCCMHA Consumer Health Education Council Workgroup Charter
D. SCCMHA Employee Handbook Policy Number 528 – Better Together Bank
E. SCCMHA Employee Wellness Committee Workgroup Charter
F. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
G. SCCMHA Policy 03.02.46 – Whole-Person Care

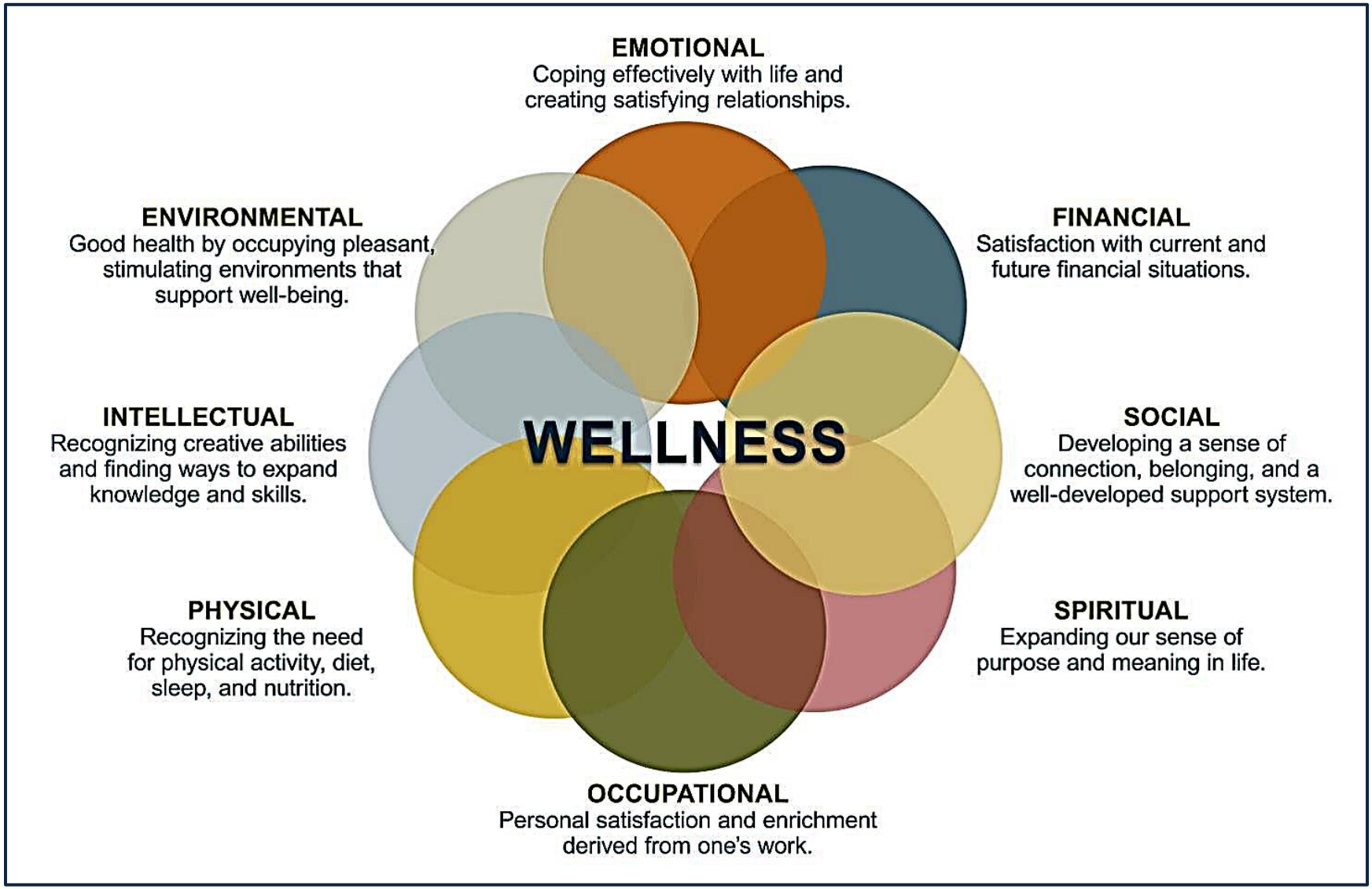
**Exhibits:**

A. SAMHSA's Eight Dimensions of Wellness

**Procedure:**

None

Exhibit A: The Eight Dimensions of Wellness (SAMHSA)



| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: SOGI Safe | **Chapter**: 02 - Customer Services and Recipient Rights | **Subject No**: 02.03.41 |
| **Effective Date**:<br>4/10/18 | **Date of Review/Revision**:<br>4/9/19, 8/21/20, 5/10/21, 4/12/22, 5/10/22, 4/11/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Executive Director of Clinical Services<br><br>**Authored By:**<br>Barbara Glassheim, Heidi Wale Knizacky<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to apply specific staff development training that is designed to promote a safe, supportive and welcoming environment for LGBTQAI+ consumers as well as to enhance the competency and effectiveness of providers who serve LGBTQAI+ consumers and their families.

**Application:**
This policy applies to SCCMHA-funded providers.

**Policy:**

SCCMHA recognizes that LGBTQAI+ people face many health disparities and experience stigma and discrimination in health care settings as well as discrimination in employment, housing, and public accommodations. SCCMHA also recognizes that LGBTQAI+ consumers have higher rates of histories of trauma (including abuse and neglect), depressive symptomatology, PTSD (posttraumatic stress disorder), suicidality, and SUDs (substance use disorders) than their counterparts in the general population.

In addition, SCCMHA recognizes that LGBTQAI+ youth are more likely than their counterparts in the general population to experience family rejection, victimization (including bullying, teasing, harassment, and physical assault), employment and housing instability, and have higher rates of juvenile justice involvement.

In an effort to maximize the potential for recovery and resiliency through the provision of affirming services and supports to LGBTQAI+ consumers, SCCMHA shall, resources permitting, offer a Sexual Orientation and Gender Identity (SOGI) Safe Study group to providers.

**Standards:**

A. SCCMHA shall endeavor to increase its provider network's understanding of the unique needs of LGBTQAI+ individuals in order to be able to effectively assess

and provide and/or coordinate appropriate, supportive services within a safe environment for LGBTQAI+ consumers and their family members by providing relevant training, including a SOGI Safe Study Group.

B. The SCCMHA SOGI Safe Study Group shall endeavor to inculcate the following principles and standards in order to increase the number of providers that can effectively and skillfully offer an authentically safe, non-judgmental and affirmative space for LGBTQAI+ consumers and their families:

1. Use gender neutral language (e.g., significant other) until informed by the consumer of another preference.
2. Understand and appreciate the fact that people may use a range of pronouns, including "she/her/hers", "he/him/his", and "they/them/their".
3. Avoid disrespectful language, including terminology that is considered outdated (e.g., homosexual, transvestite, etc.).
4. Ask, rather than assume terms, labels, and experiences.
5. Avoid assuming gender or sexual orientation; a person's gender or sexual orientation cannot be assumed based on how they look or sound.
6. Understand and appreciate the fact that gender identity and sexual orientation labels are personally relevant, and that these labels may change, especially for individuals who are gender fluid, working through the Coming Out process, or Questioning.
7. Appreciate and understand the ways a consumer's sexual orientation and gender identity can be relevant to the provision of mental health services and supports.
8. Understand and appreciate the challenges families can face in accepting a child who identifies as LGBTQA+.
9. Demonstrate cultural awareness of multiple social identities and the intersectionality of race, ethnicity, religion and other cultural factors (e.g., socioeconomic status).
10. Understand how past and present trauma may impact the lives of LGBTQ+ people and ways to avoid re-traumatization as well as mitigate the adverse effects of trauma.
11. Differentiate between effective, appropriate evidence-based treatments and those that are ineffective and/or harmful to LGBTQ+ consumers.

**Definitions:**

**Coming Out:** The process that LGBTQAI+ people go through as they work to accept their sexual orientation or gender identity and share that identity openly with other people. Coming out is a process of understanding, accepting, and valuing one's sexual orientation/identity that typically occurs in stages and is nonlinear. Moreover, a person may come out multiple times to different people and groups throughout a lifetime. Every time an LGBTQ+ person meets someone new (e.g., friends, co-workers, healthcare and other professionals, etc.), they have to decide if, when, and how to come out. Finally, it should be noted that coming out can have benefits and risks and is not always by choice; some people are outed by others.

**LGBTQAI+:** An acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and other sexual and gender minorities. It refers to a population of people united by having gender identities or sexual orientations that differ from the heterosexual

and cisgender (i.e., individuals whose gender identity matches the sex that they were assigned at birth or those who perform a gender role society considers appropriate for one's sex) majority. It is used as a catchall term to represent the entire spectrum of diversity in sexual orientation and gender identity.

**Questioning:** The process of exploring, learning, or experimenting with one's gender, sexual orientation, romantic orientation, or another part of one's identity. Questioning can happen at any age, and can take anywhere from days to years. Questioning is normal for anyone, irrespective of whether the person turns out to actually be of a gender or sexual minority or not. Questioning can describe the process of exploring one's identity as well as an individual who is in the process of questioning.

**SOGI:** Sexual Orientation and Gender Identity is an all-inclusive term; sexual orientation describes people that an individual is sexually or romantically attracted to as compared to their own gender; gender identity is any individual's own internal awareness of their gender (often "male" or "female," but gender is not solely a binary construct). Sexual orientation and/or gender identity may change during an individual's lifetime.

**SOGI Safe:** The provision of a safe and welcoming space and the creation of a supportive and inclusive climate that encourages the success of all individuals irrespective of sex, gender identity, or sexual orientation.

**References:**

A. Applied Research Consultants (APPRECOTS) / Sexual Orientation Gender Identity (SOGI) Youth Issues: http://www.apprecots.com/sogi/
B. It's Pronounced Metrosexual: http://itspronouncedmetrosexual.com/
C. National LGBT Health Education Center: https://www.lgbthealtheducation.org/
D. SCCMHA Policy 02.01.01.02 – Cultural Competence
E. SCCMHA Policy 02.03.08 – Welcoming
F. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
G. SCCMHA Policy 03.02.35 – Serving LGBTQAI+ Consumers

**Exhibits:**

A. SCCMHA SOGI Safe Study Group Pre-Test
B. The Genderbread Person v3.3
C. What Does it Mean to be SOGI Safe?

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Arrange accommodations for the SCCMHA SOGI Safe Study Group in conjunctions with the facilitator(s) | SCCMHA CE Unit |
| Promote the group to recruit participants | SCCMHA CE Unit/Agency Leaders |
| Complete the SCCMHA SOGI Safe Study Group Pre-Test | SOGI Safe Study Group Participants |
| Convene the SCCMHA SOGI Safe Study Group | SOGI Safe Study Group Facilitator(s) |
| Complete the SCCMHA SOGI Safe Study Group Post-Test | SOGI Safe Study Group Participants |

| | |
|---|---|
| Evaluate the effectiveness of the SOGI Safe Study Group | SOGI Safe Study Group Facilitator(s) |

Exhibit A

# SCCMHA SOGI Safe Study Group

**Pre-Test**

*Name: Job Title:

**This questionnaire is being used to establish a baseline from which the outcomes of this study group will be measured. Your name is requested so individual changes can be measured by differences in Post-Test scores at the end of this program. All reporting will only show aggregate results and absolutely no individual responses will be shared with anyone outside of the APPRECOTS team.*

## Lesbian, Gay, and Bisexual Affirmative Counseling Self-Efficacy Inventory

Frank R. Dillon and Roger L. Worthington

*Instructions:* Below is a list of activities regarding counseling/psychotherapy. Indicate your confidence in your current ability to perform each activity by marking the appropriate answer below each question ranging from Not at all Confident to Extremely Confident. Please answer each item based on how you feel now, not on your anticipated (or previous) ability. I am interested in your actual judgments, so please be honest in your responses.

| | **How confident am I in my ability to … ?** | **Not at all Confident** | | | | | **Extremely Confident** |
|---|---|---|---|---|---|---|---|
| 1 | Directly apply sexual orientation/identity development theory in my clinical interventions with lesbian, gay, and bisexual (LGB) clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 2 | Directly apply my knowledge of the coming out process with LGB clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 3 | Identify specific mental health issues associated with the coming out process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 4 | Understand the socially constructed nature of categories and identities such as lesbian, bisexual, gay, and heterosexual. | 1 | 2 | 3 | 4 | 5 | 6 |
| 5 | Explain the impact of gender role socialization on a client's sexual orientation/identity development. | 1 | 2 | 3 | 4 | 5 | 6 |
| 6 | Apply existing American Psychological Association guidelines regarding LGB-affirmative counseling practices. | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | Use current research findings about LGB clients' critical issues in the counseling process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 8 | Assist LGB clients to develop effective strategies to deal with heterosexism and homophobia. | 1 | 2 | 3 | 4 | 5 | 6 |
| 9 | Evaluate counseling theories for appropriateness in working with an LGB client's presenting concerns. | 1 | 2 | 3 | 4 | 5 | 6 |
| 10 | Help a client identify sources of internalized homophobia and/or biphobia. | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 11 | Select affirmative counseling techniques and interventions when working with LGB clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 12 | Assist the development of coping strategies to help same-sex couples who experience different stages in their individual coming out processes. | 1 | 2 | 3 | 4 | 5 | 6 |
| 13 | Facilitate an LGB-affirmative counseling/support group. | 1 | 2 | 3 | 4 | 5 | 6 |
| 14 | Recognize when my own potential heterosexist biases may suggest the need to refer an LGB client to an LGB-affirmative counselor. | 1 | 2 | 3 | 4 | 5 | 6 |
| 15 | Examine my own sexual orientation/identity development process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 16 | Identify the specific areas in which I may need continuing education and supervision regarding LGB issues. | 1 | 2 | 3 | 4 | 5 | 6 |
| 17 | Identify my own feelings about my own sexual orientation and how it may influence a client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 18 | Recognize my real feelings versus idealized feelings in an effort to be more genuine and empathic with LGB clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 19 | Provide a list of LGB-affirmative community resources, support groups, and social networks to a client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 20 | Refer an LGB client to affirmative social services in cases of estrangement from their families of origin. | 1 | 2 | 3 | 4 | 5 | 6 |
| 21 | Refer LGB clients to LGB-affirmative legal and social supports. | 1 | 2 | 3 | 4 | 5 | 6 |
| 22 | Provide a client with city, state, federal, and institutional ordinances and laws concerning civil rights of LGB individuals. | 1 | 2 | 3 | 4 | 5 | 6 |
| 23 | Help a same-sex couple access local LGB-affirmative resources and support. | 1 | 2 | 3 | 4 | 5 | 6 |
| 24 | Refer an elderly LGB client to LGB-affirmative living accommodations and other social services. | 1 | 2 | 3 | 4 | 5 | 6 |
| 25 | Refer an LGB client with religious concerns to an LGB-affirmative clergy member. | 1 | 2 | 3 | 4 | 5 | 6 |
| 26 | Integrate clinical data (e.g., mental status exam, intake assessments, presenting concern) of an LGB client. | 1 | 2 | 3 | 4 | 5 | 6 |
| 27 | Complete an assessment for a potentially abusive same-sex relationship in an LGB-affirmative manner. | 1 | 2 | 3 | 4 | 5 | 6 |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 28 | Assess for post-traumatic stress felt by LGB victims of hate crimes based on their sexual orientations/identities. | 1 | 2 | 3 | 4 | 5 | 6 |
| 29 | Assess the role of alcohol and drugs on LGB clients' social, interpersonal, and intrapersonal functioning. | 1 | 2 | 3 | 4 | 5 | 6 |
| 30 | Establish an atmosphere of mutual trust and affirmation when working with LGB clients. | 1 | 2 | 3 | 4 | 5 | 6 |
| 31 | Normalize an LGB client's feelings during different points of the coming out process. | 1 | 2 | 3 | 4 | 5 | 6 |
| 32 | Establish a safe space for LGB couples to explore parenting. | 1 | 2 | 3 | 4 | 5 | 6 |

Additional Items:

| | | | | | | |
|---|---|---|---|---|---|---|
| Support parents/family members as they come to terms with their LGBTQ+ youth's identity. | 1 | 2 | 3 | 4 | 5 | 6 |
| Have the same (or higher) level of confidence in working with Transgender youth as I do with working with LGB youth. | 1 | 2 | 3 | 4 | 5 | 6 |
| Refer a transgender client for appropriate and affirmative medical consultation and care. | 1 | 2 | 3 | 4 | 5 | 6 |

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What is your own individual growth objective for participating in the SCCMHA SOGI Safe Study Group?

How will you know you have achieved this objective?

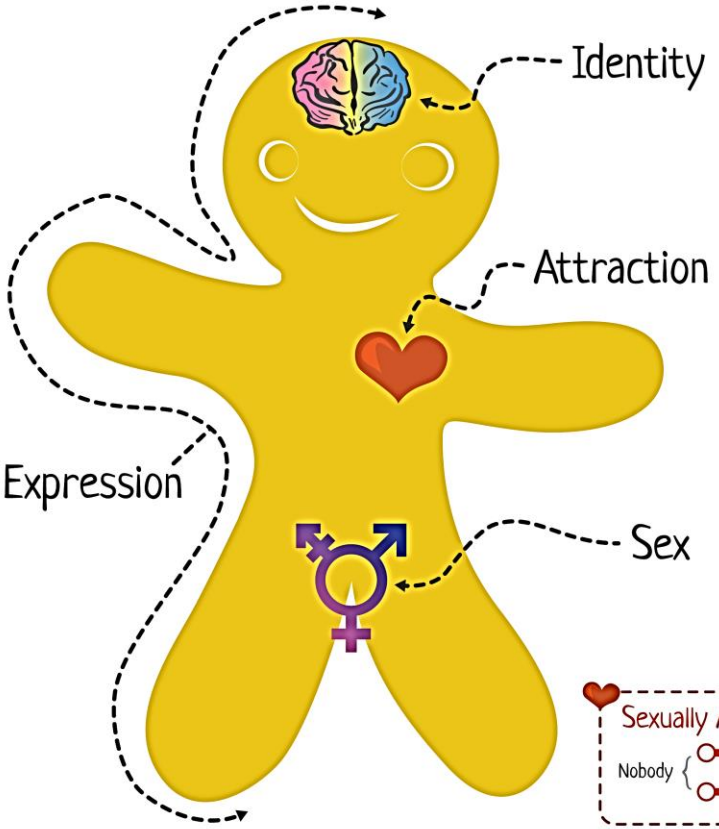
What support do you hope to receive from the group leaders and other group members to help you achieve your objective?

Exhibit B

# The Genderbread Person v3.3

by it's pronounced METROsexual .com

Gender is one of those things everyone thinks they understand, but most people don't. Like *Inception*. Gender isn't binary. It's not either/or. In many cases it's both/and. A bit of this, a dash of that. This tasty little guide is meant to be an appetizer for gender understanding. It's okay if you're hungry for more. In fact, that's the idea.




Plot a point on both continua in each category to represent your identity; combine all ingredients to form your Genderbread

4 (of infinite) possible plot and label combos

## Gender Identity

⊘ Indicates a lack of what's on the right.

Woman-ness

Man-ness

How you, in your head, define your gender, based on how much you align (or don't align) with what you understand to be the options for gender.

"woman" "man" "two-spirit" "genderqueer"

## Gender Expression

Feminine

Masculine

The ways you present gender, through your actions, dress, and demeanor, and how those presentations are interpreted based on gender norms.

"butch" "femme" "androgynous" "gender neutral"

## Biological Sex

Female-ness

Male-ness

The physical sex characteristics you're born with and develop, including genitalia, body shape, voice pitch, body hair, hormones, chromosomes, etc.

"male" "female" "intersex" "MtF Female"

## Sexually Attracted to

Nobody { (Women/Females/Femininity) (Men/Males/Masculinity)

## Romantically Attracted to

Nobody { (Women/Females/Femininity) (Men/Males/Masculinity)

In each grouping, circle all that apply to you and plot a point, depicting the aspects of gender toward which you experience attraction.

For a bigger bite, read more at http://bit.ly/genderbread

Exhibit C

# What Does it Mean to be SOGI Safe?

You can tell that a professional is SOGI Safe if they:

## Don't:

- Assume clients are straight and/or cisgender.
- Gender stereotype clients or clients' interests.
- Assume that being LGBTQ+ is caused by trauma.
- Assume that knowing a client's sexual orientation and gender identity isn't relevant to providing treatment.
- Assume that a client's sexual orientation and gender identity is ALWAYS relevant to their treatment.
- Impose judgment on families who are struggling to accept their LGBTQ+ loved one.
- Ignore clients' intersectionality of race, religion, or other cultural backdrops.
- Assume LGBTQ+ clients will volunteer the fact that they're LGBTQ+ if no one asks.

## Do:

- Use gender-neutral language, such as "significant other," until told otherwise.
- Demonstrate a working knowledge of the Coming Out process and the decisions each individual faces related to personal congruence and choosing to share or not share information with others.
- Recognize forms of trauma and microaggressions that are unique to LGBTQ+ individuals.
- Understand that when youth are raised in affirming environments, risk of trauma can be mitigated.
- Cite APA guidelines and research on the inefficacy of anti-gay conversion therapy.
- Ask (rather than assume) terms, labels, and experiences.
- Understand that gender identity and sexual orientation labels are personally relevant, and that individuals, especially those who are gender fluid, working through the Coming Out process, or Questioning, may change their labels.
- Offer an authentically safe, non-judgmental space for clients and clients' families.

Perhaps most of all, SOGI Safe professionals will continue to bring their intense awareness and willingness to learn into their work with LGBTQ+ clients, and will actively pursue further professional competency as more knowledge becomes available.



<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Consumer Choice and Service Management</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.01.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 1, 2002</td><td>Date of Review/Revision:<br>2/11/02, 8/14/02, 7/19/06, 6/12/07, 6/22/09, 7/15/10, 6/7/12, 5/27/14, 4/7/16, 3/8/17, 11/1/17, 3/1/18, 3/7/19, 3/5/20, 3/11/21, 3/16/22, 3/2/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Services for Persons with Intellectual and Developmental Disabilities<br><br>Authored By:<br>Jennifer Rieck-Martin, Julie Bitterman<br><br>Additional Reviewers:<br>CAC, Amanda Elliott, Charlotte Fondren</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To define standards, policy and procedures for consumer choice and related service selection, service coordination and care management.

**Application:**
Entire SCCMHA Network and Direct Operated Program

**Policy:**
The consumers of mental health services provided by Saginaw County Community Mental Health Authority (SCCMHA) will be given choice in the type of mental health service they receive, and, to the maximum extent possible, choice of provider. SCCMHA will ensure consumers have complete information regarding the mental health services available to them, as well as resources available in their communities. Consumers will be supported in creating and maintaining their service plans through the availability of peer support specialists, support coordination and case management, and independent facilitation of person-centered planning activities. SCCMHA has a self-determination model that will support consumers who so desire to assume greater responsibility for managing their lives. SCCMHA will offer a reasonable choice of providers equitably and consistently across the service area. Throughout the course of offering choice of provider, increased consumer control over decision making and service management offered to consumers, emphasis will be placed on increasing consumer employment, independent living, use of natural supports, and maintenance of health and safety. Specific attention will be given to settings where

consumers live and work, in order to assure specific rights, freedoms and choices as required by this policy and state and federal requirements.

**Standards:**

- SCCMHA will establish provider panels for services wherever feasible and economically reasonable to offer more choice and flexibility to consumers.
- Efforts will be made to maximize variety in choice of provider throughout the geographic area served by SCCMHA.
- Consumers will be given a choice regarding how much assistance they receive and who will assist them with coordinating their care.
- Case management and support coordination staff employed by provider network agencies, including SCCMHA, will be given the freedom to freely advise consumers regarding the array of mental health services available and how to access them.
- Case management and support coordination staff will be equipped to advise consumers regarding other services and supports available to them from other community organizations and groups.
- Consumers will be offered the choice of an independent facilitator for planning activities.
- SCCMHA will connect consumers to advocacy organizations and/or other primary/secondary consumers to assist with accessing and understanding mental health services that are available.
- SCCMHA will make available a self-determination model that allows consumers to assume greater control of their mental health services.
- SCCMHA will ensure all staff and providers assisting consumers with understanding services available, selecting providers, and planning or managing their mental health services, will focus on maximizing the consumer's involvement and access to employment opportunities, increasing opportunities for independent living, optimizing health and safety, and increasing use of natural supports.
- Residential settings cannot have written or unwritten house rules or imposed visiting hours for residents.
- Restrictions on consumer choices and freedoms can only be imposed if clearly specified based upon evident health and safety concerns; modifications to HCBS requirements as noted below must be supported by specific assessed need and justified in the person-centered service plan.
- All settings must be fully accessible.
- Settings serving consumers should involve consumers in the hiring process
- Consumers will be provided information about how to express concerns or complaints.
- Consumers will be offered **choices** in the following specific areas at minimum by all applicable providers:
  - Choice of settings and roommates in residential settings, as well as the option to seek to obtain a private bedroom and/or information on how to obtain new housing.
  - Opportunity to provide input or express preferences for staff who assist them.
  - Choice of what personal clothing or attire to wear on a daily basis.
  - Choice to decorate or furnish their private spaces as desired.

- Consumers will be afforded **privacy** in the following areas at minimum by all applicable providers:
  - The ability to close and lock bedroom and bathroom doors for privacy in residential settings.
  - The assurance that staff will ask before entering private spaces such as bedrooms and bathrooms.
  - The ability to have privacy in shared bedroom settings as desired.
  - The ability to store and secure personal belongings as desired.
  - The assurance that staff will discuss consumer personal matters, when necessary, in private in all settings.
  - The assurance that personal care assistance as needed from others will be provided in a private place and when available per the consumers choice of staff.
- Consumers will be assured **freedoms** in the following areas at minimum by all applicable providers:
  - The ability to have freedom of movement access without barriers to all common areas and spaces in residential settings with or without support as needed at any time, including kitchen, dining, bathroom and laundry areas, with access to appliances.
  - The ability to have access to comfortable seating areas at any time.
  - The ability to have access to food at any time in residential settings.
  - The opportunity to choose what food they wish to eat.
  - The opportunity to choose to eat alone or with others.
  - The ability to control their own schedule including bed times, bath times, etc. in residential settings.
  - The ability to arrange and control their personal schedule of daily appointments and activities.
  - The ability to have access to personal funds at any time and to use personal funds based on their own choice.
  - The ability to come and go from and inside and outside of residential settings as desired including access to transportation.
  - The opportunity to interact with others in the community not receiving services at least once per week based on their own choice.
  - The ability to have family, friends or visitors without restrictions on hours or times, with space in the home to meet with visitors privately.
  - The ability to have work schedules, lunch or break times and benefits as available to others without disabilities.
  - The ability to access a communication device to communicate with people they wish to contact or who wish to contact them.

**Definitions:**
None

**References:**
- MDHHS Person Centered Planning Practice Guideline
- MDHHS Consumerism Practice Guideline

- SCCMHA Self-Determination Policy
- SCCMHA Suitable Services
- CMS/MDHHS Home and Community Based Waiver Rule requirements

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Guiding Principles for Consumer Choice and Service Management** | |
| 1. Any written materials provided to consumers to educate them about choices will be adapted to accommodate consumer special needs by offering versions on tape, in Spanish, and in large print. | 1. Director of the Customer Services/Recipient Rights Office; Directors of Clinical Services and Director of Auditing & Continuing Education |
| 2. All SCCMHA staff and contractors involved in assisting and supporting consumers in making choices, selecting providers and planning or managing their care, will emphasize through their communications with the consumer, the following values:<br>a. consumer employment and generation of income;<br>b. greater freedom and independence;<br>c. normalization of residential living situations;<br>d. development and use of natural supports;<br>e. community integration;<br>f. fostering of recovery and prevention of relapse;<br>g. keeping children at home with their families; and<br>h. maintenance of health and safety, including proactive planning for potential emergent needs. | 2. Director of the Customer Services/Recipient Rights Office; Directors of Clinical Services, Director of Auditing & Continuing Education, Director of Care Management and Quality Systems, Medical Director and all staff under their supervision |
| 3. Staff will ensure consumers are provided with information regarding the support services available from | 3. Director of the Customer Services/Recipient Rights Office; Directors of Clinical Services and |

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| SCCMHA and the larger community to help them achieve these goals. These values will be employed as guiding principles for staff and contract efforts in guiding consumer decision making and service planning. | Director of Auditing & Continuing Education, Director of Care Management and Quality Systems |
| **Choice of Provider** | |
| 1. In adherence with SCCMHA Procurement Procedures and contracting practices, provider panels will be created and maintained for case management services, skill building services, support coordination services, respite care, health services, and community living support staffing and residential services. As service demand changes or the availability of qualified providers increase or decreases, new panels will be created or deleted, expanded or reduced. Network Services staff will monitor the service delivery system for consistent availability of service choice for consumers across the service area, particularly in the areas of case management and support coordination. | 1. Contracts & Properties Manager, Director of Auditing & Continuing Education |
| 2. At the point of intake or at the commencement of any service new to the consumer, the consumer will be informed of the providers available for a chosen service. Informational materials from each provider will be provided to the consumer upon request. | 2. Director of Clinical Services, Director of Care Management and Quality Systems, Access Staff, All SCCMHA Board Operated and Contract Agency "intake" staff |
| 3. At the point of intake, consumers will be given a choice of case manager/support coordinator. At a minimum they will be offered a choice of the staff person who will work with them, and where a panel has been established, a choice of provider agency. | 3. Director of Clinical Services, Director of Auditing & Continuing Education, Access and Intake Staff |

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| 4. Consumers will be assisted with making changes in their chosen case manager/support coordinator, when their relationship with that staff person is no longer functional and/or the consumer requests a change. If a consumer is changing case managers/support coordinators at a frequency that appears to be detrimental to their mental health or their achievement of their desired outcomes, case management/support coordination supervisory staff will try to educate the consumer regarding the potential negative impact of frequent change. If necessary, the situation will be referred to the Clinical Risk Committee. | 4. Primary Record Holder Supervisory Staff |
| **Independence and Flexibility of Case Management/Supports Coordination Functions** | |
| 1. Case managers and support coordinators will ensure the consumer's desire for assistance with management of their care is discussed during the Person Centered Planning Process and documented in the meeting summary. The frequency of contact and the areas in which they desire assistance will be noted in each consumer's service plan. | 1. Primary Record Holder |
| 2. Case management and support coordination staff will focus their activities on those aspects of care coordination that serve to increase consumer independence in decision making and community integration, including but not limited to linking to community resources and public benefits, developing and maintaining networks of natural support, education regarding mental health diagnosis and prognosis, identifying and selecting needed services and supports, advance planning to address current and future | 2. Primary Record Holders & Primary Record Holder Supervisory Staff |

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| health and safety concerns, coordinating mental health services with primary health care, and monitoring the effectiveness of services in achieving the consumer's desired life outcomes. | |
| 3. Case management and support coordination staff employed by provider network agencies, including SCCMHA, will be trained regarding the full array of services available as defined in the Master Contract between SCCMHA and the MDHHS, as well as the choices of provider that are available. Case management and support coordination providers will establish and keep up-to-date a resource manual for staff use that includes information about community resources available and relevant to consumers of mental health services. | 3. Primary Record Holder Supervisory Staff |
| 4. All access intake, case management and support coordination staff, particularly intake staff, will be trained regarding their responsibility to advocate for independence in decision making by consumers, as well as their responsibility to not steer consumers toward certain providers, nor to pressure consumers into making provider choices when hesitant, in a crisis situation or ill-informed. | 4. Access, Primary Record Holder Supervisory Staff |
| 5. SCCMHA will create and maintain agreements with consumer advocacy organizations and/or will employ primary/secondary consumers to be available upon request to assist consumers with the service access and provider selection process. Advocates will also assist consumers with understanding what mental health services are available, how to access services, how to advocate for | 5. Family Services Unit, Primary Record Holder, Supervisory Staff; Director of Customer Services and Recipient Rights; Contract & Properties Manager |

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| themselves, and what to do if they disagree with service decisions made by SCCMHA. | |
| 6. Consumers will be informed that advocacy organizations or peer advocates are available to them during the access process and will be assisted with securing the support of an advocate or peer if desired. | 6. Supervisor of Customer Services, Access Staff, Primary Record Holders |
| **Independent Meeting Facilitator** | |
| 1. SCCMHA will make available a panel of qualified meeting facilitators. Facilitators will be trained in their role and responsibilities; person centered planning principles, meeting facilitation techniques, planning meeting documentation requirements, futures planning methods, recipient rights requirements and the Medicaid service array. Independent facilitators must be trained in facilitation in order to be paid for the service. | 1. Directors of Clinical Services and Director of Auditing & Continuing Education |
| 2. At the onset of planning activities consumers will be asked if they desire to have a facilitator who is independent of the SCCMHA provider network, and if so, they will be allowed to select a facilitator from the panel. The consumer will be asked to sign a release of information to permit SCCMHA to engage the services of the facilitator on the consumer's behalf. Assistance to the consumer in selecting an independent facilitator can be obtained by calling Customer Services, as well. Case management and support coordination staff will document in the meeting summary if the consumer declined to have an independent meeting facilitator. | 2. Primary Record Holder, Director of Customer Services/ Recipient Rights |

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| 3. SCCMHA provider network staff will be trained in the purpose and role of independent meeting facilitators. | 3. Director of Auditing & Continuing Education, Director of Clinical Services |
| **Self Determination** | |
| 1. SCCMHA has a separate but related policy defining the implementation of a self-determination model that defines how consumers may increase their control of their mental health services within a set budget, including taking responsibility for planning and paying for services, selecting and/or employing service staff, moving resources between service categories to address their changing service needs and monitoring the effectiveness of services received in helping them achieving their goals. | 1. SCCMHA Chief Executive Officer or Designee |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Jail and Detention Diversion</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.01.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>8/6/01</td><td>Date of Review/Revision:<br>6/12/07, 6/30/09, 8/31/09, 4/7/16, 3/28/17, 3/1/18, 3/12/19, 4/7/20, 4/6/21, 4/20/22, 4/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services, Kristie Wolbert LMSW<br><br>Authored By:<br>Steve Gonzalez<br><br>Additional Reviewers:<br>John Burages, Natividad Gonzalez</td></tr>
<tr><td>Supersedes:</td></tr>
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</table>

**Purpose:**
The purpose of this Jail and Detention Diversion Procedure is to ensure that adults and youth with mental illness, substance abuse, emotional disturbance, trauma, and developmental disabilities who are at risk of incarceration due to infractions of the law precipitated by behaviors and conditions related to their disability are diverted from incarceration into appropriate mental health services and supports.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that: The individual be provided the Person-Centered Planning Process during jail diversion services. The individual will be provided an assessment of the risk factors that consumer may increase the likelihood of re-incarceration. Jail Diversion services will provide.
evidence-based practices that will increase the consumer's opportunities to participate in their Recovery and Wellness plan.

SCCMHA will commit and ensure that all Case Record Holders, Therapists and Family Intervention Specialists will acquire competency interventions in knowledge of the steps of arrest and incarceration and the points of opportunity for diversion. All clinicians be familiar with collaboration between law enforcement agencies, local courts, and Saginaw County Community Mental Health Authority to implement best practices in order to reduce jail or prison recidivism through Jail Diversion Services and Saginaw Mental Health Court. That cross-training efforts with law enforcement and criminal justice shall also ensure that all law enforcement officers will be knowledgeable of how to access mental health crisis and assessment services for persons detained or in protective custody.

**Application:**
This policy creates a system of jail and detention diversion which is to be implemented by SCCMHA Program Directors, Supervisors, Case Record Holders, Therapists, Family Intervention Specialists, and free-standing contractual service providers.

**Standards:**

- Law enforcement personnel in Saginaw County will know how to access mental health crisis assessment services for eligible SCCMHA consumers and will be periodically surveyed on their satisfaction with services.
- The Saginaw County Jail administrators will be able to access mental health consultation on the classification of inmates and assistance with post booking diversion through the SCCMHA Community Support Services (CSS) Forensic Team and will be periodically surveyed regarding the jail satisfaction regarding SCCMHA consumers and potential applicants for mental health and co-occurring disordered person with substance use treatment needs.
- Registered consumers of services and their natural supports will be informed on the availability of assistance from SCCMHA to intervene with the prosecutor and criminal courts when they have been arrested and/or incarcerated. The Jail Diversion will interface with Saginaw County Judicial Courts and Saginaw County Jail medical department.
- SCCMHA Case Record Holders, Therapists and Family Intervention Specialists will show competency in the assessment and interventions required to anticipate risk and respond with pre-booking and post-booking diversion interventions through Jail Diversion Services. Jail Diversion Specialist shall be available for consultation of incarcerated consumers and assistance with transitional planning if appropriate for the consumer.
- SCCMHA will provide consultation through the Jail Diversion Specialist on active consumers of the agency to the Saginaw County Jail Medical Department with screening of inmates for mental health needs and substance abuse needs. That the Jail Diversion Specialist will be the lead clinician to provide this consultation if clinically appropriate.

**Definitions:**
Arrest: When a person has been detained by law enforcement to answer to a criminal or civil charge.
Arraignment: Means the stage in the court process where the person is formally charged and enters a plea of guilty or not guilty.
Booking: Means the stage in the law enforcement custody process following arrest and when the individual is clerically processed for formal admission to jail.
Classification of Inmates: The process of identification of inmates for assignment to jail levels of security with special review for persons at risk of self harm or medical need who should be assigned to special observation or placement other than the general population.
Protective Custody: When a person is held under force of law for his or her own protection and when because of mental illness there is concern that the person may harm themselves or others.

**References:**
Michigan Mental Health Code: Public Act 258 of the Public Acts of 1974 as amended, Section 207, 426, and 427 330.1207 Diversion from jail incarceration.
Jail Diversion Practice Guidelines (P.7.10.3.10)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Pursuant to the priorities established by the Board of Directors, the Management Team will review needs assessment and performance tracking related to jail diversion and will ensure available resources and supportive policy to address contractual requirements for jail and detention diversion. | 1. SCCMHA Executive Director of Clinical Services and Management Team |
| 2. The CSS Forensic Team Supervisor will serve as the jail diversion coordinator for adults and the Family Services Unit Supervisor will serve as detention diversion coordinator for children and adolescents. Each supervisor of SCCMHA (children, adolescents, and adult consumers) is responsible for needs assessment, training, service coordination and monitoring of diversion activities. | 2. Community Support Services Forensic Supervisor – CSS Team 2, Crisis Intervention Service Supervisor, and Family Services Supervisor |
| 3. The Jail Diversion Coordinators will not less than annually survey local law enforcement services regarding their understanding of the community benefit of diversion of persons with mental illness, emotional disturbance and developmental disabilities from jail and detention and will assesses their need for training in this regard. The Jail Diversion Therapist will document contact with various law enforcement agencies of Saginaw County. | 3. Executive Director of Clinical Services and Director of Network Services Public Policy and Continuing Education, and Director of Services for Persons with Mental Illness |
| 4. As a result of this survey the Diversion Coordinators will provide or coordinate training for law enforcement personnel. This training may be in a variety of formats including briefings or bulletins. Training shall | 4. Forensic Team Supervisor CSS Team 2 and Crisis Intervention Services Supervisor for adults and Family Services Supervisor |

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| include information on how to identify persons with mental illness, emotional disturbance, and developmental disabilities and how to access emergency assessment for persons in protective custody or under arrest. | for youths. |
| 5. The Executive Director of Clinical Services, Director of Care Management and Quality Systems, the Director of Network Service, Policy and Continuing Education and, the Clinical Director and the Jail Diversion Coordinators for adults and youth will coordinate training for all SCCMHA board operated and network contractual clinicians regarding:<br>• Assessment of persons at risk of incarceration including persons with a history of arrest, substance abuse, violence or threatening, homelessness or other problematic public behavior.<br>• Safety Planning to avert future contacts with law enforcement.<br>• Diversion Planning and Intervention | 5. Service Management Team, Training Supervisor, Forensic Team Supervisor CSS 2, Crisis Intervention Service Supervisor, Family Services Supervisor |
| 6. The Jail Diversion Therapist will provide pre-booking diversion through assessments of persons brought to CIS by law enforcement. Whether the person is in protective custody or accompanied voluntarily by police officers, the CIS staff will complete an assessment of the client's mental status, risk for harm to self or others, and immediate need for supports and services. | 6. Jail Diversion Therapist, Crisis Intervention Specialists and Primary Case Record Holder |
| 7. If the consumer is found appropriate for pre-booking diversion, the Jail Diversion Therapist and/or the Primary Care Staff shall prepare a diversion plan for the police officer's consideration. The plan may include hospitalization, crisis residential or crisis stabilization services or represent a modification of existing supports and services to address the crisis and concerns related to community safety. | 7. Forensic Team CSS 2, Case Record Holder, Therapist, Family Intervention Specialist, Crisis Intervention Therapist. |
| 8. All jail and detention diversion plans shall | 8. Case Record Holder, |

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| specify persons responsible for monitoring and reporting to the police department, prosecutor, probation officer, judge or other officer of the court if required. | Therapist, Family Intervention Specialist, Crisis Intervention Therapist Jail Diversion Specialist |
| 9. If an adult inmate not currently receiving services from SCCMHA is identified during classification as a person suspected of mental illness or developmental disability, the jail mental health therapist shall provide an assessment and if appropriate proceed with the initiation of services including post booking diversion interventions. | 9. Consumer, Case Record Holder, Therapist or Family Intervention Specialist. |
| 10. If a registered adult consumer is arrested and booked without pre-booking screening or diversion, the Case Manager shall inform the Jail Diversion Therapist as soon as possible of the need for post booking diversion assessment and inmate services. If the jail diversion therapist becomes aware of a mental health consumer through inmate classification the jail therapist shall initiate contact with the primary care staff and facilitate post booking diversion and/or inmate services. Consumer will provide the opportunity to utilize Motivational Interviewing and forensic evidence-based practice to increase the recovery and wellness in returning to the community. Jail Diversion Specialist and Case Record Holder will refer to the Health Care Integration Nurse when chronic or acute medical conditions exist for the consumer. | 10. Executive Director of Clinical Services, Director of Services for Persons with Mental Illness, Forensic Team Supervisor, Jail Diversion Therapist and SCCMHA Clinical Risk Committee. |
| 11. All arrests of active Medicaid Waiver consumers will be reviewed by the Clinical Risk Committee to examine the level of care and the sufficiency of the Person-Centered Plan. | 11. Clinical Risk Committee |
| 12. SCCMHA shall make available to Family Division of the Circuit Court mental health consultation and post booking diversion and intervention services and shall encourage collaboration and improvements in the system of care for children and adolescents with | 12. Directors of Children Services and Family Services Supervisors |

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| serious emotional disturbance. | |
| 13. If a registered child or adolescent consumer is arrested and booked, the Family Intervention Specialist or Therapist shall approach the relevant officer of Family Division of Circuit with a request for consideration of mental health consultation and possible diversion. Or if a child or adolescent who is booked and confined in the Detention Center is identified on the Massachusetts Assessment of Youth Symptom Inventory (MAYSI) or by staff observation as having mental health issues or needs, the SCCMHA Juvenile Justice program shall be contacted to assess the child for diversion or in detention service needs. | 13. Director of Children Services, and Family Services Supervisors, Transition Age Youth (TAY) Supervisor and Family Service Unit Specialist, Therapist |
| 14. Adult Pre-booking and Post-booking activity shall be documented in the Sentri Information System and reports and analysis of that activity shall be reviewed in the SCCMHA Quality Program. | 14. Executive Director of Clinical Services, Director of Services for Persons with Mental Illness, Director of Quality Management, Forensic team supervisor, Jail Diversion Therapist, and SCCMHA Clinical Risk Committee. |

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<tr><td>Subject: Academic and Vocational Continuity</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 12, 2004</td><td>Date of Review/Revision:<br>8/12/04, 6/12/07, 8/12/08, 5/21/10, 5/10/12, 5/23/14, 4/7/16, 3/30/17, 3/1/18, 3/7/19, 3/28/20, 3/31/21, 3/22/22, 3/2/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Tom Peck<br><br>Additional Reviewers:<br>Wardene B. Talley<br>Kelley Feltman</td></tr>
<tr><td>Supersedes:</td></tr>
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**Purpose:**
The purpose of this academic and vocational continuity policy is to ensure that adults and children with mental illness, emotional disturbance, and developmental disabilities who are at risk of disruption of their academic and/or vocational activities are provided with opportunities to maintain continuity of those activities as deemed clinically appropriate.

**Application:**
SCCMHA Direct Operated Program and Network Providers

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that consumers at risk of disruption of ongoing academic and vocational activities will have an opportunity to continue those activities as they move through a continuum of care supported by their person-centered plan or plan for emergent service. SCCMHA ensures that all Case holders, Therapists, Family Intervention Specialists, Wraparound Coordinators, Parent Support Partners and Infant Mental Health Specialists will facilitate the continuity of these activities whenever possible.

**Standards:**
When a consumer experiences an inpatient hospitalization, residential placement, or other more restrictive service, they will be provided with advocacy and other assistance to assure that there is as little disruption as possible in their educational or vocational activities.

**Definitions:**
Category III
Program requirements: Care Coordination

General Requirements of Care Coordination

**References:**
III A1.
Based upon a person and family-centered plan of care aligned with the requirements of Section 240(a) of the ACA and aligned with state regulations and consistent with best practices, the CCBHC must coordinate care across the spectrum of health services, including access to high quality physical health (both acute and chronic) and behavioral health care, as well as social services, housing , educational systems, and employment opportunities as necessary to facilitate wellness and recovery of the whole person. Note: See criteria 4.K relating to care and coordination requirements for veterans.

SCCMHA Consumer Choice and Service Management Policy (03.01.03.02)
Michigan Mental Health Code
SCCMHA and MDCH contract

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assures that all staff with primary record holder responsibility has access to policy, training, and resources to assist them in the facilitation of academic and vocational continuity. | CEO<br>Director of Clinical Services<br>Director of Network Services<br>CCBHC |
| Assures that when possible, contractual arrangements and memoranda of understanding with local agencies address academic and vocational continuity. | CEO<br>Director of Clinical Services<br>Director of Network Services<br>Contract Manager |
| Educates staff with primary record holder responsibility regarding the methods of advocating for educational and vocational continuity. | Director of Clinical Services<br>All Clinical Supervisors |
| Advocates for educational and vocational continuity. | Case Holders, Therapists, Family Intervention Specialists, Infant Mental Health Specialists, Parent Support Partners, Family Guides and Contractual Providers of services to SCCMHA consumers |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Monitoring and Reassessment | **Chapter**: 03 - Continuum of Care | **Subject No**: 03.02.03 |
| **Effective Date**:<br>June 22, 2007 | **Date of Review/Revision**:<br>5/6/09, 6/30/10, 6/15/12, 1/8/13, 2/10/14, 4/7/16, 3/30/17, 3/1/18, 8/6/18, 4/2/19, 4/8/20, 3/29/21, 3/17/22, 4/3/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>Director of Services for Persons with Intellectual and Developmental Disabilities<br><br>**Authored By:**<br>John Burages<br><br>**Additional Reviewers**:<br>Clinical Directors, Charlotte Fondren |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
To establish the service expectation that all consumers will receive ongoing monitoring and reassessment. This monitoring is essential to assure that all consumers receive the maximum benefit of clinical opportunities to gain access to best practices or Evidence Based Practices enhancing the potential for the consumer's recovery, empowerment, and resiliency.

**Application:**
Saginaw County Community Mental Health Authority network of service providers

**Policy:**
The development of a plan of services utilizing a person-centered process should not be viewed as an annual event but rather a starting point. The plan that is developed must be monitored throughout the year and modified as needs and/or desires change or if it is determined to be ineffective in supporting the person to meet their desired outcomes. In addition, at times the needs of the consumer substantially change such as in the situation of a serious physical health development or admission to an inpatient psychiatric unit. In these situations, the person's needs should be reassessed, and the plan modified to address the change in situation.

**Standards:**
- A core function of case holder/s and/or home-based services is monitoring. This monitoring function includes monitoring that the individual plan of service/s (IPOS) is effective, monitoring that the services that were promised in the plan of

service are in fact being provided and are provided at the scope, duration and amount that was described in the IPOS and monitoring that the consumer is satisfied with the services that they are receiving and that the services are meeting their needs. The assessment or monitoring should always consider the consumer's strengths, abilities, needs and preferences. The case holder should elicit the support of natural supports in the consumer's recovery and that assessments be clinically documented in an interpretative manner and identifying stages of change and readiness to change according to consumer's motivation.

- The entire plan of service should be reviewed with the consumer at intervals determined during the planning meeting and indicated in the individual plan of service. The case holder should seek the involvement of interested parties involved in the recovery process and when conflict is present that an independent facilitator is recommended to the consumer as one possibility of conflict resolution.
- Monitoring of the consumer must occur in a variety of settings including home, school, community, work, and/or Skill Nursing Facility (SNF) depending on the activities of the individual consumer.
- Persons residing in specialized residential settings must receive **monthly** monitoring of the home setting to assure that the services being purchased in the residential setting are being provided at the scope, duration and amount described in the IPOS and that they are effective to meet the consumer's needs. Part of this monitoring should also be to determine if the services continue to be needed or if the consumer could be served in a less restrictive environment.
- Consumers placed in a SNF will continue to be monitored by case holder and in most cases should have a goal to be discharged from SNF to resume living out in the community and not in a SNF unless long-term care has been deemed necessary.
- It is the goal of SCCMHA that all consumers receive their services in Saginaw County unless the reason they are in another county is their personal choice because of the other counties' proximity to other family members. Therefore, in situations when a consumer is placed in another county, their individual plan of service must address their ultimate return to Saginaw County with expected time frames. Except for the situations where the consumer moved to another county because of personal choice, monitoring by the case holder should continue to be provided by SCCMHA with **monthly** monitoring as described in this policy and a plan for their ultimate return to Saginaw County.
    - SCCMHA currently has several consumers that are placed outside of Saginaw County where case holder services are authorized to another agency. This includes consumers admitted to Caro Center, Kalamazoo Psychiatric Hospital, Center for Forensic Psychiatry, Walter Reuther and Hawthorn Center. These consumers must also have an individual plan of service written by SCCMHA case holder to address the consumer ultimate return to Saginaw County with expected time frames. This individual plan of service will be referred to as a Single Service Plan. Case Holder services should continue to be provided by SCCMHA with quarterly monitoring and a plan for their ultimate return to Saginaw County. The

SCCMHA case holder will develop a detailed IPOS with goals, objectives, and rationale for the consumer to reside out of county. This IPOS will be used by the residential provider to assist with providing appropriate care and by the record holder of the contracted agency to assist with goal attainment. It is the expectation that the SCCMHA case holder will be responsible for obtaining all required paperwork including but not limited to a release of information, any health care coordination, Psychosocial Assessment and detailed individual plan of service including scope, duration and amount of services pertaining to the consumer's goal attainment. The record holder of the contracted agency will be identified as the Primary Record Holder in the electronic health record, Sentri. In Sentri, a Single Service plan will be used to indicate that the SCCMHA Case Holder will monitor the placement if the contracted agency develops the IPOS.

    - A copy of the consumer's IPOS from that agency will be attached to the Single Service Plan

- SCCMHA currently has several COFR (County of Financial Responsibility) agreements where the case holder services are provided by the other county. These consumers' individual plan of service are monitored through the Care Management Unit and their services authorized according to their plan. Part of the monitoring function of Care Management will be to determine if it continues to be necessary/desired for the person to receive services out of county SCCMHA or the network provider will develop a Single Service Plan for the consumers return to Saginaw County. When it appears that the person may be ready for a return to Saginaw County the other county will be notified, and the case holder responsibility will be transferred back to a Saginaw provider. The Saginaw County provider will then be expected to work with the consumer to assist with their return to Saginaw County and initiate continued services. The Saginaw provider will monitor the out of county placement a minimum of monthly as they would any other specialized residential setting.
    - In Sentri, a Single Service Plan will be used as a placeholder and a copy of the out county IPOS will be attached
- At times consumers needs change substantially and their IPOS must be modified to address these changes. Examples would include a person whose health needs have drastically changed, a person who lived in a family home and their primary care giver dies, a person whose mental health condition declined to the point of requiring inpatient psychiatric hospitalization, a person who has been excluded from their day time activity (club house, Community Ties, , school, etc.) due to symptoms/behaviors or a person whose needs can no longer be met in their current residential setting and they must be moved to a more restrictive setting. When these situations occur, it is expected that the consumers needs be reassessed by members of the current team working with them and/or by other disciplines (psychiatry, nursing, dietary, behavioral, etc.) that may be necessary to address the situation. It is also expected that the IPOS will be modified at this point to address the change of needs and incorporate the recommendations of the new assessment.

**Definitions:**
None

**References:**
PIHP Review Protocols
SCCMHA Person Centered Planning Policy
CARF general program standards
Policy # 03.02.05 – Plans of Service and Supports

**Exhibits:**
Exhibit A - Monitoring Checklist for Primary Workers, Rev. 2-10-14
Exhibit B - Independent Living Checklist, Rev. 2-10-14
Exhibit C – SCCMHA Life Choices Documentation Form
(SCCMHA Funded Licensed Residential Setting)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Identifies consumer's needs through initial assessment with input from the consumer and makes recommendations about the steps to recovery and referral to appropriate clinical services. | Central Access Intake Clinical Staff |
| Orientation meeting with program supervisor or lead clinician regarding clinical services. | Supervisor or designated staff |
| Identifies their desired outcomes through the person-centered planning process. | Consumers |
| Assesses the consumers to determine the supports/services necessary to support the consumer to achieve their identified outcome. | Case Holder |
| Monitors the implementations of the individual plan of service (IPOS) to determine if the services promised are being provided at the promised duration and amount and that they are effective to help the consumer achieve their identified outcome. | Case Holder |
| Monitors the services provided to assure that the consumer is satisfied with the services. | Case Holder |
| Monitors the specialized residential setting monthly to assure that the purchased services are being provided at the duration and amount required and that the intensity of service continues to be needed. | Case Holder |
| Monitors COFR arrangements to assure that need to purchase services out of county continues to exist. | Care Management Staff |
| Reassess the consumers' needs when substantial | Case Holder |

| | |
|---|---|
| changes in need occur and modifies the plan of service accordingly. | |
| Monitors staff adherence to this policy | Supervisory level staff<br>SCCMHA auditing staff<br>Care Management staff |

**Exhibit A**

# Monitoring Checklist for Primary Workers
(Case Holders)

**Consumer Name:**_____ **Consumer ID #:**_____

## Monitor Monthly

### Medication Logs

Y ☐ N ☐ Have all new psychiatrist prescribed medications been started on the medication log?
Y ☐ N ☐ Are there any blanks on the medication log?
Y ☐ N ☐ Are there explanations on the back of the medication log with regard to any blanks found on the front of the log?
Y ☐ N ☐ Are there written incident reports on file in the home for medication related incidents (i.e. medication missing from the home)?
Y ☐ N ☐ Have you initialed the medication log as proof of your visit and review?

### Personal Care (PC) & Community Living Support (CLS) Services Logs

Y ☐ N ☐ Is the PC & CLS Log filled out appropriately- based on consumer needs that are outlined in the consumer's annual assessment?
Y ☐ N ☐ Have you initialed the PC & CLS Services Log as proof of your visit and review?

### Consumer Progress Notes

Y ☐ N ☐ Are there progress note items that are out of the ordinary?
Y ☐ N ☐ Are there progress note items that require the completion of an incident report?
Y ☐ N ☐ Are there written incident reports in the home for any items that must be reported to recipient rights?
Y ☐ N ☐ Are there any Enhanced Health Service (EHS) issues noted in the progress notes (i.e. physical therapy, occupational therapy, diet/nutrition, nursing)
Y ☐ N ☐ Are there any trends or recurrent behaviors found in the consumer's progress notes that require a change in the consumer's plan of service?
Y ☐ N ☐ Are the causes for these trends/recurrent behaviors able to be determined?
Y ☐ N ☐ Should referral to the Behavior Specialist be made?

Y ☐ N ☐ Are there any trends that could be related to a need for additional equipment or other physical plant modifications?
Y ☐ N ☐ Are there any concerns or changes in the consumers medical condition that might require a change to their plan of service?
Y ☐ N ☐ Have you initialed consumer progress notes as proof of your visit and review?

### Other

Y ☐ N ☐ Has the consumer had any medical appointments since the last visit by the primary worker?
Y ☐ N ☐ Are consumers paying for meals that should be provided as part of Room and Board (i.e. breakfast, lunch, dinner)?
Y ☐ N ☐ Are there written incident reports for any reportable incidents that were mentioned in staff communication logs?
Y ☐ N ☐ Have you initialed and dated ALL reports that you reviewed during this visit?

## Monitor Quarterly

### Home Name:

### Physical Plant

Y ☐ N ☐ Is the consumer's living area free of health and safety hazards?
Y ☐ N ☐ Is the consumer's bedroom furnished with a mattress cover, sheets & bed spread and furniture that is in good repair?
Y ☐ N ☐ Are bathrooms furnished with soap and towels?
Y ☐ N ☐ Is the kitchen area free of health and safety hazards?

### Dietary

Y ☐ N ☐ When asked, does the consumer's report regarding their last two meals match the posted menu for the home?
Y ☐ N ☐ Does the home have adequate groceries to prepare the menu items for the next two days?
Y ☐ N ☐ Are there fresh vegetables available in the home?
Y ☐ N ☐ Do consumers have access to fresh fruits and vegetables if they want?
Y ☐ N ☐ Do consumers have access to snacks purchased with their own money?

### Medication

Y ☐ N ☐ Is the medication cupboard locked?
Y ☐ N ☐ Are allergies listed on the consumer's medication log?
Y ☐ N ☐ Were you at the home during a medication passing time?

If you were in the home during a medication passing time, please complete the following questions:

Y ☐ N ☐ Did you observe staff passing medications?
Y ☐ N ☐ Are medications pre setup in cups to be given at a later time?
Y ☐ N ☐ Did staff sign for medications prior to actually giving the consumer the medication?

## Resident Fund Sheets

Y ☐ N ☐ Are consumers paying for basic personal care items, toothpaste, toilet tissue, deodorant, etc. with their own money?
Y ☐ N ☐ Does the consumer's money match the resident's fund sheet?
Y ☐ N ☐ Are there receipts to accompany any items purchased by the consumer?
Y ☐ N ☐ Are consumers signing for funds given directly to him/her?
Y ☐ N ☐ Is the consumer reporting he or she does not get funds?

## Other Comments:

_____

_____

_____

_____

_____

_____

_____ _____

**Name of primary worker who is completing the monitoring of monitoring** **Date**

**Exhibit B**

# INDEPENDENT LIVING CHECKLIST

***A Guide to Evaluating Independent Living Skills – A Life Like Everyone Else***

**Name:**_____ **ID:**_____

**I**-does Independently, **R**-does with Reminders, **S**-does with Supports

## I. Home Environment

| Item | I | R | S |
|---|---|---|---|
| Displays safety in using electrical, heating, plumbing | | | |
| Use of thermostat to control home temperature | | | |
| Use & safety of small kitchen appliances | | | |
| Use & safety of garbage disposal | | | |
| Safely handle hot pots, pans, oven ware | | | |
| Safely handle hot foods & water | | | |
| Stove burner - turn on | | | |
| Stove burner – knows difference between temps | | | |
| Stove burner – knows safety concerns | | | |
| Oven - turn on | | | |
| Oven – use of temperature control | | | |
| Microwave – can use | | | |
| Dishwasher – determine item dishwasher safe | | | |
| Dishwasher – proper/safe loading: knives | | | |
| Dishwasher – proper/safe loading: upper rack | | | |
| Dishwasher – proper/safe loading: light plastic items | | | |
| Dishwasher – proper/safe loading: bottom rack | | | |
| Dishwasher – operation: proper detergent | | | |
| Dishwasher – operation: control panel | | | |
| Food Storage – what needs to be refrigerated | | | |
| Food Storage – what needs to go in freezer | | | |
| Food Storage – what goes in cupboards | | | |
| Food Storage – what to do with leftovers | | | |
| What to do if an appliance is not working | | | |
| Ability to reach & operate appliances, outlets, switches, faucets, etc. | | | |
| Washer – sort clothing | | | |
| Washer – load clothing | | | |
| Washer – use detergent/fabric softener | | | |
| Washer – operate the control panel | | | |
| Washer – knows not to reach in while operating | | | |
| Dryer – load dryer (include cleaning lint filter) | | | |
| Dryer – operate the control panel | | | |
| How & when to clean: sinks & tub | | | |
| How & when to clean: toilet | | | |
| How & when to clean: refrigerator | | | |
| How & when to clean: microwave | | | |
| How & when to clean: oven | | | |
| How & when to clean: stove top | | | |
| How & when to clean: rugs | | | |
| How & when to clean: vinyl floor | | | |
| How & when to clean: tables & chairs | | | |
| How & when to clean: windows & mirrors | | | |
| How & when to clean: dishes | | | |
| Proper use & storage of cleaning products | | | |
| Has system for telling time or scheduling days | | | |
| Correctly adjusts water temperature for bath/shower | | | |
| Use door key | | | |

| Item | I | R | S |
|---|---|---|---|
| Lock/Unlock door | | | |
| Knows how to identify & respond to people at door | | | |
| Carries ID, health insurance information, house key | | | |
| Knows not to leave with strangers | | | |
| Knows how to be safe with sharp objects | | | |
| Can safely use stairs | | | |
| Demonstrates safe smoking practices (if applicable) | | | |
| Can use a flashlight when needed | | | |
| Can identify & maneuver on slippery surfaces | | | |
| Can safely dispose of broken glass | | | |

## II. Responding to Emergencies

| Item | I | R | S |
|---|---|---|---|
| Can identify an emergency situation | | | |
| Can identify emergency phone numbers | | | |
| Can dial emergency phone numbers | | | |
| Can discuss an emergency on the phone | | | |
| Can identify & properly store poisons | | | |
| Understands the purpose of a smoke detector | | | |
| Knows how to inspect & maintain smoke detector | | | |
| Knows how to operate a fire extinguisher | | | |
| Knows when to use a fire extinguisher | | | |
| Knows what to do in case of a fire | | | |
| Knows what to do in case of a tornado | | | |
| Knows who to call in case of medical emergency | | | |
| Knows what to report medications & allergies in case of medical emergency | | | |
| Knows what to do if security of home is threatened | | | |
| Knows what to do in case of mental health emergency | | | |
| Knows who to call if utilities/phone are not working | | | |
| Knows when to leave home if utilities not working | | | |

## III. Community

| Item | I | R | S |
|---|---|---|---|
| Use of Public Telephone | | | |
| Use of Public Transportation | | | |
| Knows own address & phone number | | | |
| Knows address/phone for person to call for help | | | |
| Ask for help if lost | | | |
| Follows basic traffic rules, safety when in car, | | | |

| | | | |
|---|---|---|---|
| walking, bike riding | | | |
| Knows what to do if approached by a stranger | | | |
| Knows how & who to ask for help if accosted | | | |
| Knows how to respond to a physical assault | | | |
| Knows basic knowledge of money, value, purchasing | | | |
| Knows effects of, & laws about, alcohol on driving | | | |

### IV. Personal Hygiene & Health

| Item | I | R | S |
|---|---|---|---|
| Knows how & when to brush teeth | | | |
| Knows how & when to: take bath/shower | | | |
| Knows how & when to: wash hair | | | |
| **Item** | **I** | **R** | **S** |
| Knows how & when to: change clothes | | | |
| Knows how & when to: wash clothes | | | |
| Knows how & when to: wash linens | | | |
| Knows how & when to: comb/brush hair | | | |
| Knows how & when to: clip nails | | | |
| Knows how & when to: use deodorant | | | |
| Knows how & when to: use lotions/sun screen | | | |
| Knows how & when to: schedule doctor appointments | | | |
| Knows how & when to: schedule dental appointments | | | |
| Knows how & when to: schedule mental health appointments | | | |
| Taking medications and perform treatments as prescribed | | | |
| Ordering medications and treatments | | | |
| Responds to minor health concerns with first aid | | | |
| Differentiates between minor health concerns and those requiring medical attention | | | |
| Knows the need for rest and how much rest is needed | | | |
| Knows how to use tissues (i.e. Kleenex) | | | |
| Knows how to protect from disease | | | |
| Knows how to protect from unwanted pregnancy | | | |
| Understands balanced diet | | | |
| Can create a healthy meal | | | |
| Can use a cookbook | | | |
| Can make a shopping list | | | |
| Knows health effects of alcohol and tobacco | | | |

### V. Friends and Support Staff

| Item | I | R | S |
|---|---|---|---|
| Knows & understands need to do background checks & seek references for potential staff | | | |
| Knows right to be treated with dignity & respect, and without physical or emotional harm | | | |
| Knows what is private and about privacy | | | |
| Knows how and who to contact in case of abuse or exploitation (financial, physical, emotional) | | | |

### VI. Equipment and Furnishings

| Item | I | R | S |
|---|---|---|---|
| Has basic furniture: bed, table, chairs, couch, lamp(s), curtains/blinds | | | |
| Has appliances: stove, refrigerator, washer and dryer | | | |
| Appliances and heating system are in working order | | | |
| Toilet, sinks, tub/shower in working order with comfortable temperature & proper drainage | | | |
| Electrical outlets have wall plates | | | |
| Kitchen and bathroom outlets are GFI | | | |
| Neighborhood is safe | | | |
| Home exterior and interior clean and/or repaired | | | |
| Home has adequate lighting – inside and outside | | | |
| Adequate ventilation – windows open with screens | | | |
| Home is barrier free and accessible | | | |

### VII. Social Connections

| Item | I | R | S |
|---|---|---|---|
| Family supports decision of independent living | | | |
| Family concerned about person living independently | | | |
| Network of natural supports in the community | | | |
| Person participates in leisure & recreational activities | | | |

### VII. Recommendations

Any items that are marked other than independent should be assessed for training or additional/different supports to increase independence. List these below and how training will be provided or why it will not.

**Exhibit C**

**Saginaw County Community Mental Health Authority Life Choices Documentation Form**

## SCCMHA Funded Licensed Residential Setting

Name: _____ Date: _____

Birth Date: _____ Case: _____ Name of home: _____

The Home and Community Final Rule (HCBS) of Medicaid tells SCCMHA to help you to live your life as you would like to live it. This includes assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

| | | |
|---|---|---|
| You have the right to choose the home you live in from various options. **Given the choices available to you at this time, is your current home where you choose to live?** | Yes ☐ | No ☐ |
| You also have the right to choose your roommate from available options. **Given the choices available to you at this time, are you happy with your current roommate?** | Yes ☐ | No ☐ |

**If at any time you are not happy with the home you live in or your roommate,** you can notify your worker: _____ , phone: _____ to help you to find out about the choices available.

| If you live in a place that you do not own or rent, and have staff present, then please answer these questions: | | | |
|---|---|---|---|
| **The Resident Care Agreement (BCAL-3266) that I (or my guardian) signed, also included a document known as "Summary of Resident Rights: Discharges and Complaints".** | Yes ☐ | No ☐ | Don't know ☐ |
| **My bedroom door is lockable from the inside.** | Yes ☐ | No ☐ | |
| **I am able to furnish and decorate my room the way that I want to.** | Yes ☐ | No ☐ | |
| **I set my own schedule (For example: I go to bed when I want to, bathe when I want to, etc.).** | Yes ☐ | No ☐ | |
| **I have access to food at any time.** | Yes ☐ | No ☐ | |
| **I can have visitors whenever I want to.** | Yes ☐ | No ☐ | |
| **I have a place to securely lock up my possessions.** | Yes ☐ | No ☐ | |
| **I receive privacy while doing or receiving personal care.** | Yes ☐ | No ☐ | |
| **I am aware that there is the following home restriction(s) that may limit my access to items or activities:** (mark all that apply) ☐ **No Restrictions** ☐Restricted visitor timeframe ☐Laundry Not Accessible ☐Alarms on doors ☐Sharp knives locked up ☐Quiet Time Hours ☐Limited access to extra food/snacks ☐Other restrictions:_____ | | | |

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.**

_____ _____

Signature of Person Receiving Services or Legal Representative Date

HCBW Choice Document Rev: 12/26/2019 Scan as an attachment to Sentri Pre-planning Form

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Medications Services Only | **Chapter**: 03 - Continuum of Care | **Subject No**: 03.02.04 |
| **Effective Date**:<br>May 1, 2002 | **Date of Review/Revision**:<br>11/13/02, 6/11/07, 5/6/09, 7/7/09, 6/29/10, 6/4/13, 4/7/16, 3/15/17, 10/25/17, 3/1/18, 2/26/19, 6/12/19, 3/26/21<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>Director of Enhanced Health & Integration<br><br>**Authored By:**<br>Natividad Gonzalez, LMSW<br><br>**Reviewed By**:<br>Clinical Leadership Team, Management Team, Ali Ibrahim MD, Thomas Peck, Linda Santino |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to provide assurances of the most appropriate medication services to consumers to promote recovery and wellness through evidence-based practices.

**Application:**
This policy shall apply to all consumers of the SCCMHA network.

**Policy:**
Saginaw County Community Mental Health Authority will provide the most appropriate medication services to consumers with serious emotional disturbances, severe mental illness, and/or developmental disabilities. These services will be provided to eligible consumers adjunctive to other services outlined in the person-centered plan. In most instances, when a consumer has stabilized to a point in which they can be maintained on medications only, they will be referred to their primary care physician for follow along services. Exceptions to this policy would be as follows:

1. The consumer has received SCCMHA services and is no longer in need of board operated or contracted services. However, medication services provided by a psychiatrist are necessary to assist the consumer to maintain stability. This determination is made by the psychiatrist or Medical Director.

2. The consumer is at imminent risk of hospitalization (not on a court order) and is initially not willing to accept other services. This situation is expected to be short term with ongoing attempts to encourage the appropriate array of services. If this continues for more than 90 days; a referral is required to clinical risk.

**Standards:**

1. Consumers eligible for enhanced mental health services provided by the prepaid health plan are generally in need of a comprehensive package of services to assist them in their recovery.
2. Consumers are able to complete an episode of care with the agency even as they step down to a less intensive service.
3. Most consumers who can be maintained on "medications only" can be referred to their primary care physician for follow along services.
4. Some consumers do not immediately understand their need for more intensive services but will benefit from medications only as an initial intervention to avoid hospitalization and assist in their stabilization. This is a short-term intervention only.
5. When a consumer is ready to step down to medications only and it is recommended that the consumer be monitored by a psychiatrist in order to maintain stability:
    a. The Case Holder will indicate in a progress note and using the "Copy To" function to notify the Medical Director and Supervisor to review the feasibility of moving to Medications Only.
    b. If, after reviewing the case and upon agreement to allow Medication Only status, the Medical Director and the Supervisor will each author a progress note either approving or denying the change to Medication only and notify the Case Holder of the change in status.
6. For consumers who do are not closed and receiving mediation only services, the assigned Case Holder will provide minimal monitoring of the consumer's case. This includes:
    a. Creation of an annual Assessment
    b. Use of the Single Service Plan in the electronic health record.
    c. Requesting authorization for the medication service
    d. Coordination with Health Services.

**Definitions:**

**"Medications Only"** Seeing a psychiatrist, physician assistant or nurse practitioner for the prescription and monitoring of medications while not receiving any other clinical service.

**Case Holder:** A Case Manager, Support Coordinator, Therapist, etc. who is the primary staff monitoring services for a consumer.

**References:**

Michigan Mental Health Code
American Psychiatric Association, Best Practice Standards
MDCH contract, including attachment and reference documents.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Provides leadership through procedures and practices for consumers receiving medications only services. | 1. Medical Director, Director of Clinical Services, Program Supervisors |
| 2. Determines when a person is at risk for hospitalization and there in a need to allow for medication only until the person is able to accept a more appropriate array of services. | 2. Director of Care Management & Quality Systems, Supervisor of Crisis Intervention Services, Case Holder, Director of Clinical Services or Medical Director |
| 3. Oversees consumer step-downs to medication only services. | 3. Director of Clinical Services or Medical Director |
| 4. Responds to consumer requests for medication only services in accordance with this policy. | 4. All SCCMHA staff and network |
| 5. Makes recommendations in collaboration with the consumer regarding the consumer's ability to be maintained on medications only. | 5. Psychiatrist, Physician Assistant, Nurse Practitioner, Case Management/Supports Coordinators/Therapist |
| 6. Indicates in a Progress Note the consumer's change and request and notifies the Medical Director and Supervisor using the Discussion function on the Progress Note. | 6. Case Holder |
| 7. Reviews and approves or denies the consumer's transfer to medication only and each enters a Progress Note indicating the outcome of the request. | 7. Program Supervisor, Medical Director |
| 8. If approved, Case Holder creates a new Single Service Plan in the electronic health record and obtains authorization as needed. | 8. Case Holder |
| 9. Annually, the Case Holder will update the Assessment and review the Single Service Plan with the consumer. | 9. Case Holder |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Plans of Service and Supports | **Chapter**: 03 - Continuum of Care | **Subject No**: 03.02.05 |
| **Effective Date**: 11/11/02 | **Date of Review/Revision**: 11/11/02, 6/11/07, 5/6/09, 3/8/10, 6/12/12, 5/23/14, 5/14/15, 4/7/16, 4/16/16, 6/22/16, 7/12/16, 1/9/17, 4/19/17, 6/16/17, 3/1/18, 3/5/19, 3/4/20, 3/29/21, 3/22/22, 3/2/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Director of Services for Persons with Intellectual and Developmental Disabilities<br><br>**Authored By:** Thomas Peck<br><br>**Additional Reviewers**: Aisleen Morr<br>Kelley Feltman |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
To establish a procedure for Service and Support Planning utilizing a person-centered planning approach.

**Application:**
The entire SCCMHA network of providers

**Policy:**
A person-centered planning process will be used to develop an Individual Plan of Service (IPOS) in partnership with the consumer. The IPOS directs the provision of supports and services to be provided by Saginaw County Community Mental Health Authority (SCCMHA) to the consumer during the course of treatment and recovery.

**Standards:**
A preliminary plan will be developed within 7 days of the commencement of services.

Within 45 days from the designated primary program orientation meeting, or, if no orientation, from the first meeting with the assigned primary case holder, an Individual Plan of Service (IPOS) will be completed and implemented using a Person-Centered Planning process (PCP).

Planning must include needs, strengths, abilities, preferences, choices, and goals, expressed in a manner capturing the consumer's words or ideas and, when appropriate, those of the family/caregiver.

The IPOS is a living document, intended to be changed as the consumer's desires and needs change, and may be modified as needed with the consent of the consumer through the periodic review of the plan. If there is a life-changing event, such as moving from one level of care to another (examples: moving into a more restrictive/protective residence, enrollment into a program, on-set of a medical impairment) then a new IPOS meeting will need to be convened for re-creation of the IPOS in relation to this life-changing event.

At least annually, the entire plan will be reviewed with the consumer's team. The annual review process will start sixty (60) days prior to 365 days from the last IPOS team meeting. This review will include completion of a Pre-Planning Meeting, use of PCP Planning Tool(s), Life Choice document (if needed), updating the Psycho-Social Assessment, referral or updating of Enhanced Health or other referred services and other actions needed to develop a meaningful Individual Plan of Service.

The IPOS must be prepared in person-first singular language and be understandable by the consumer with a minimum of clinical jargon or language and without the use of acronyms.

The consumer must be involved in the development of the IPOS to the best of their ability. The IPOS should be revised when a consumer requests a change, when a consumer goal changes, when significant progress or regression occurs, or within 364 days from the previous IPOS, whichever is soonest.

The IPOS includes a treatment plan and a support plan. The plan must be comprehensive, addressing all service areas that are identified at the IPOS Meeting or during pre-planning.

The Support Plan will be those services or activities to be provided to the consumer based on the consumer's level of care, safety, needs or desires.

The IPOS will document the services and supports, community resources, and provider options that are available to the consumer.

The IPOS will have meaningful and measurable goals based on the desires and choices of the consumer with the purpose of aiding in recovery or promoting resilience. These goals will be written using the consumer's own words.

Goals related to enhanced health services, nursing, therapy etc., do not need to be specifically stated in an objective rather those services specific assessments should be referenced in the specific objective related to that goal.

Clinical goals do not have to be included in the IPOS if they are related to a consumer goal, but the service plan containing these goals must be attached to the IPOS. Clinical goals must be written in a manner so are to be understood by the consumer, consumer's guardian (if applicable) and to those implementing any parts of the plan.

The IPOS must include all the components described below:(from the Michigan Department of Health and Human Services Person-Centered Planning Policy, June 5, 2017)

1. A description of the individual's strengths, abilities, plans, hopes, interests, preferences, and natural supports.

2. The goals and outcomes identified by the person and how progress toward achieving those outcomes will be measured.

3. The services and supports needed by the person to work toward or achieve his or her outcomes including those available through the CMHSP, other publicly funded programs (such as Home Help, Michigan Rehabilitation Services (MRS)), community resources, and natural supports.

4. The setting in which the person lives was chosen by the person and what alternative living settings were considered by the person. The chosen setting must be integrated in and support full access to the greater community, including opportunities to seek employment and work in competitive integrated settings, engage in community life, control personal resources, and receive services in the community to the same degree of access as individuals not receiving services and supports from the mental health system. The PIHP/CMHSP is responsible for ensuring it meets these requirements of the HCBS Final Rule.

5. The amount, scope, and duration of medically necessary services and supports authorized by and obtained through the community mental health system.

6. Documentation that the IPOS prevents the provision of unnecessary supports or inappropriate services and supports.

7. Documentation of any restriction or modification of additional conditions must meet the standards set forth in section IV below.

8. The services which the person chooses to obtain through arrangements that support self-determination.

9. The estimated/prospective cost of services and supports authorized by the community mental health system pursuant to Contract Attachment P.6.3.2.1B. ii.

10. The roles and responsibilities of the person, the supports coordinator or case manager, the allies, and providers in implementing the IPOS.

11. The person or entity responsible for monitoring the plan.

12. The signatures of the person and/or representative, his or her case manager or support coordinator,

13. The plan for sharing the IPOS with family/friends/caregivers with the permission of the person.

14. A timeline for review.

15. Any other documentation required by Section R 330.7199 Written plan of services of the Michigan Administrative Code.

The development of the IPOS, including the identification of possible services and professionals, is based upon the expressed needs and desires of the individual. Where appropriate, consultation is sought about special emphasis problems, including for treatment planning purposes (e.g., trauma, eating disorders). The plan must integrate the results of such consultation into treatment planning. (See Exhibit A for guidelines to adding services during the PCP Process)

Health and safety needs are addressed in the IPOS with supports indicated to accommodate wants and needs as expressed by the consumer. When a health and safety concern is present that puts a consumer at risk for harm, the consumer must be made aware of the risk to assure that an informed decision has been made by the consumer regarding how to address that risk.

- Health and Safety needs can be indicated in one of two areas – the Support Plan section of the IPOS or within a consumer goal when that need is related to that goal. Any restrictions or limitations indicated in the plan must adhere to SCCMHA policies and any related rules and regulations.

The IPOS shall address, as either desired or required by the consumer, the consumer's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation.

The IPOS should be kept current and should be reviewed for modification as indicated in the plan.

- The implementation date of the plan will occur as designated by the team.
- The consumer will receive a copy of the plan within 15 days from the IPOS meeting. This will require that the IPOS be entered into the electronic record within five (5) working days from the Planning Meeting.
- The plan will be submitted simultaneously for approval to Care Management for medical necessity and the assigned Primary Program Supervisor for clinical efficacy. Both will work directly with the Case Holder to revise the plan as needed to meet both medical necessity and clinical efficacy expeditiously within that 15-day window
- The consumer/guardian may designate when a review or reviews of the plan occur during the next calendar year. This review will be with the consumer and entail the entire plan and status of services.
- A clinical review of the plan by the case holder will occur at a minimum, three months after of the implementation date of the plan. This review will entail

determining the status of the consumer goals and services. Additional clinical reviews may occur as needed or warranted.

If a consumer is not satisfied with his/her individual plan of services, the consumer or the person authorized by the consumer to make decisions regarding the individual plan of services, the guardian of the consumer, or the parent of a minor may make a request for review to the designated individual in charge of implementing the plan. The review should be completed within 30 days.

An individual chosen or required by the recipient may be excluded from participation in the planning process only if inclusion of that individual would constitute a substantial risk of physical or emotional harm to the consumer or substantial disruption of the planning process. Justification for an individual's exclusion shall be documented in the case record.

Consumers should be provided with ongoing opportunity to provide feedback on how they feel about service, support and/or treatment they are receiving and their progress toward attaining valued outcomes. Information is collected and changes are made in response to the individual's feedback.

Any staff or individual who will be implementing the plan will be in-serviced by the Case Holder or other team member prior to the implementation of the plan. Documentation of training will be in the IPOS In-Service Records section of the IPOS Header and have attached any supporting documentation from the training.

**Standards for Use of the Single Service Plan**

The Single Service Plan (SSP) is to be used when the following circumstances occur:

1. At the onset of intake. The SSP will be used as the preliminary plan.
2. When a consumer is receiving only a single service from SCCMHA such as Psychiatric Medication Review, Therapy, or Respite, and when case management or support coordination services are not being provided by SCCMHA or a contracted agency.
3. When SCCMHA is only monitoring the services of a contracted entity that is providing services, including case management or support coordination, for a consumer who is not living in Saginaw County.
4. Other circumstances as approved or indicated by the Executive Director of Clinical Services.

The Single Service Plan cannot be used in place of the Plan of Service when SCCMHA is providing a full array of services to consumers who live in Saginaw County.

When used, the Single Service Plan requires a clinical review of the plan and need for services at least three (3) months from implementation.

The Single Service Plan cannot exceed one year in duration. If the circumstances continue, a new Single Service Plan is required.

When the Single Service Plan is used in #3 above, a copy of the Individual Plan of Service and any reviews of that IPOS must be attached to the SSP in the electronic record.

**Definitions:**

**Consumer** - An individual directly receiving service from Saginaw County Community Mental Health Authority or its network of providers.

**Person-centered planning** - Means a process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends and professionals as the individual desires or requires.

**Support Plan** - Means a written plan that specifies the personal support services or any other supports that are developed with and provided for a consumer.

**Treatment Plan** - Means a written plan that specifies the goal-oriented treatment or training services that are to be developed with and provided for a consumer.

**References:**

Michigan's Mental Health Code (Act 258 of the Public Acts of 1974 as amended)
SCCMHA Person Centered Planning policy
MDHHS PERSON-CENTERED PLANNING POLICY (June 5, 2017)
PIHP Site Review Protocols
Treatment Team, Treatment Planning and Care Coordination 11 D1. (Page 64)
Commission on Accreditation of Rehabilitation Facilities section 2.C

**Exhibits:**

Exhibit A – Protective Restrictions and Devices

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establishes procedure for services and support planning utilizing a person-centered planning approach. | CEO<br>Director of Clinical Services, |
| Within 45 days from the designated primary program orientation meeting, or, if no orientation, from the first meeting with the assigned primary case holder, an Individual Plan of Service (IPOS) will be completed and implemented using a Person-Centered Planning Process | Case Holder |
| At least sixty (60) days prior to one year from the previous IPOS meeting, the planning process will begin by scheduling at least one pre-planning meeting with the consumer. At the pre-planning meeting(s) the | Case Holder |

| | |
|---|---|
| consumer identifies:<br>• Dreams, goals, desires, and any topic which he or she would like to talk about.<br>• Topics he/she does not want talked about at the planning meeting.<br>• Who to invite to the planning meeting and who will send out the invitations.<br>• Where and when the planning meeting will be held.<br>• Who will facilitate.<br>• Who will record.<br>• If the consumer would like to participate in self-determination.<br>• What assessments for service(s) might be necessary in preparation for the planning meeting as based on the needs and expressed desires/outcomes of the consumer. | |
| The SCCMHA Customer Service Staff will complete a survey of a sampling of consumers who have recently had their Person-Centered Planning Pre-Planning Meeting. The sampling will include at least 50 consumers per month and will include every member of the SCCMHA Provider Network.<br>• The results of the surveys will be collected and shared with the Quality Governance Committee on a quarterly basis. | SCCMHA Customer Service Staff |
| As part of the planning process, prior to the planning meeting, the following will occur:<br>• If desired by the consumer, coordinates with the Independent Facilitator<br>• Reviews the entire consumer's record including the previous IPOS and Reviews, progress notes, Medication Reviews, assessments and screenings, Incident Reports, etc.<br>• Verifies the reported medical and health conditions of the consumer through coordination with the Integrated Health Nurse (using ICOP-Zenith, Care Connect 360, or other health data base) or through direct contact with the Primary Care Physician<br>• Requests an evaluation or assessment or status from any services the consumer is receiving or may need (as determined in the pre-planning process).<br>• Completes an updated Psycho-social Assessment<br>• Prepares the IPOS by entering the dreams, desires, | Case Holder and/or Facilitator |

| | |
|---|---|
| and goals. | |
| Meets for the person-centered planning meeting at the date and place requested by the consumer, documenting who attended the meeting.<br>• Assures that the consumer is the focal point of the planning process and that all participants look at and communicate with the consumer during the planning process.<br>• Identifies and discusses the consumer's desired outcomes, including any health and safety needs.<br>• Determines what natural supports are available to assist the consumer in achieving their desired outcomes.<br>• If no natural supports exist, develops a plan for developing natural supports if the consumer desires<br>• Identifies what services and supports will be provided to assist the consumer in achieving their desired outcomes.<br>• Determines the scope, amount, and duration of each service that is to be provided.<br>• Determines how often the plan should be reviewed. | Case Holder or Facilitator |
| A service and support plan is written based on what was agreed to at the person-centered planning meeting.<br>• The service and support plan should include measurable goals and objectives.<br>• Clearly identifies in the plan the person in charge of implementing the plan. | Case Holder or Facilitator |
| Once all parties have agreed to all elements of the Individual Plan of Service, the following time frame will occur for implementation:<br>• Within five (5) business days from the Planning Meeting, the Case Holder will write the plan in Sentri and submit the plan to their Supervisor for clinical review and request authorization from Care Management at the same time | Case Holder |
| • Within three (3) business days from the request for authorization, the Care Management Specialist (CMS) will review for necessity and approve authorization. In the event there is a concern over Medical Necessity being shown in the IPOS, the | Care Management Specialist<br>Case Holder |

| | |
|---|---|
| Case Holder will work with the Care Management Specialist to resolve that concern within five (5) business days. | Supervisor |
| • Within three (3) business days from plan submission, the Supervisor will review and approve the plan. In the event there is a clinical concern, the Supervisor and Case Holder will resolve the concern within five (5) business days. | Case Holder |
| • Within 15 business days from the planning meeting, the Case Holder will sign the plan and provide a copy to the consumer and the guardian as well as schedule any needed in-services regarding the plan. | Case Holder |
| • The Case Holder will also obtain, either at the planning meeting or afterwards, a consent signature from the consumer or guardian either electronically in Sentri or on the designated form. | Case Holder |
| Any staff or individual who will be implementing the plan will be in-serviced by the Case Holder or other team member prior to the implementation of the plan, and this must be documented in the Sentri IPOS In-Service document section. | Case Holder |
| Reviews the plan within 30 days of the consumer expressing dissatisfaction with the plan. | Case Holder |
| Reviews the service and support plan at intervals agreed to at the planning meeting and discusses the consumer's progress toward attaining identified outcomes. | Case Holder |
| Completes a Clinical Review at a minimum of three (3) months from the implementation date of the Individual Plan of Service. | Case Holder |
| Provides ongoing opportunities for the consumer to provide feedback on how they feel about services, support and or treatment they are receiving and makes changes based upon the feedback received. | |

Exhibit A

**Protective Restrictions and Devices Protocol**

Protective Restrictions or Devices are those interventions used to help protect a consumer from the consequences of a chronic harmful behavior. These may be specific equipment such as Mitts or Helmets or restrictions on activities such as a fluid or eating restriction. There are two types of circumstances that may warrant use of Protective Restrictions or Devices:

Volitional Harmful Behavior

The first, volitional harmful behavior, is a harmful behavior that the consumer does based on a set of environmental conditions or events. The behavior is typically voluntary and the consumer may exhibit some control or the harmful behavior only occurs when a specific set of precursors happen such as being denied a desired object, another person is in their space, experiencing anger toward another person, etc. Health reasons have been ruled out as the cause of volitional harmful behaviors.

In the case of volitional harmful behaviors, the uses of protective restrictions or devices must be pre-approved by the Saginaw County Community Mental Health Authority Behavior Treatment Committee (SCCMHA BTC). When in response to volitional harmful behavior, use of protective restrictions or devices should be short-term or until the behavior is ameliorated by a behavior intervention plan (use of the restriction or device is not sufficient enough intervention for the behavior). Approval for use of protective restrictions or devices in response to volitional harmful behaviors will require a Behavior Treatment Plan be presented for review, approved, and monitored by the SCCMHA BTC.

Harmful Health Conditions

The second type of harmful behaviors are a result of a health condition such as polydipsia, epilepsy, Alzheimer's disease, diabetes, urinary tract infection, brain damage, etc. and the behavior is typically involuntary or uncontrollable. The use of Protective Restrictions and Devices as a safety accommodation for a harmful health condition do not require BTC review or approval but **do require an order from a physician**. The use of the approach must be documented in the consumer's Individual Plan of Service (IPOS) with the following requirements:

1. The medical or health reason for the limitation must be clearly indicated in both the Physician Order for the restriction or device and the Individual Plan of Service. This usually will typically be indicated in the Health and Safety section of the plan.
2. Fluid or food limitation requires a second opinion unless the consumer has a documented history of a condition or incidents that indicate the restriction such a peg tube or occurrences of aspiration, occasions of falling, etc. A restriction cannot be solely based on just a diagnosis unless the restriction is part of the usual treatment modality for that condition. The documentation must include a rationale that warrants the restriction.
3. The Physician Order must:

a. Clearly give the parameters of the restriction such as 64oz per day, pureed items, every 8 hours, etc.

b. Detail actions to be taken as a medical and safety response if the consumer does not adhere to the order.

c. Make clear which medical provider is responsible for monitoring the health status of the consumer as it relates to the order.

d. Identify frequency of monitoring, including specified tests or screenings to be administered at a set interval to assess the benefit/effect of this intervention.

e. Be dated, time limited, and expire within a maximum of one-year.

4. If the restriction order is written by a psychiatric provider, the provider must first consult with the consumer's primary care provider to determine risks and benefits of maintaining the order and document this consultation in the consumer record.

5. The IPOS must detail:
    a. How to deal with any anticipated safety or medical protocols of the behavior. This includes any signs/symptoms that would indicate the need for an evaluation by a medical professional or any other medical protocols indicated by the physician.

    b. How to respond to any harmful behaviors that occur as a result of implementing the use of the device or the restriction.

    c. How positive behavior support steps will assist the consumer with adherence to prescribed limitations and promote increased health behaviors.

    d. Identify frequency of monitoring, including specified tests or screenings to be administered at a set interval to assess the benefit/effect of this intervention.

    e. Be dated, time limited, and expire within a maximum of one-year.

6. If the restriction order is written by a psychiatric provider, there must be documentation of consultation with the consumer's primary care provider to determine risks and benefits of maintaining the order.

7. The IPOS must detail:
    a. How to deal with any anticipated safety or medical protocols of the behavior. This includes any signs/symptoms that would indicate the need for an evaluation by a medical professional or any other medical protocols indicated by the physician.

    b. How to respond to any harmful behaviors that occur as a result of implementing the use of the device or the restriction.

    c. How positive behavior support steps will assist the consumer with adherence to prescribed limitations and promote increased health behaviors.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Consumer Health & Safety</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.06</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/1/07</td><td>Date of Review/Revision:<br>6/22/09, 7/15/10, 6/11/12, 1/4/13, 5/6/16, 6/13/17, 6/1/18, 6/17/19, 6/8/20, 4/27/21, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to define a proactive process for identifying and addressing potential health and safety concerns and risk for and with consumers, through the person-centered planning process, and to define a responsive intervention process for all providers to follow in the event that an individual consumer's health or safety is compromised.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to actively engage consumers in defining and identifying health and safety concerns and developing solutions based upon a reasonable community standard. Further, it is the policy of SCCMHA that health and safety concerns, while they may be a consideration, will not be an unnecessary barrier to the achievement of a consumer's desired outcomes as expressed through the person-centered planning process. In all situations, health and safety concerns will not negate the ability of an individual to pursue a self-determined life and/or seek personal recovery. SCCMHA will promote a wellness focus in the provision of services and supports for individuals served throughout the network. It is the policy of SCCMHA to promote healthy and safe living situations for all persons served.

**Application:**
This policy applies to all service providers throughout the SCCMHA service network.

**Standards:**
1. SCCMHA policies and procedures will consistently seek to promote the health and wellness, as well as assure the safety of persons served.

2. All SCCMHA Providers and staff members have a responsibility to observe, monitor, support, document, report and/or address health and safety conditions and risk with consumers who are receiving services.
3. Primary health care coordination will be promoted and documented by SCCMHA network providers.
4. Adverse and allergic reactions to medications or other medical treatments will be reported to the prescribing physician by the appropriate provider and highlighted in the consumer record.
5. Suspected allergies should be addressed and confirmed by a treating physician prior to notation in the consumer record as a standing allergy.
6. All SCCMHA programs and sites are required to be latex-free, in order to protect both consumers and providers who may have existing or be susceptible to the development of latex allergies and reactions.
7. Any situation that occurs that compromises a consumer's health and/or safety, or any newly diagnosed condition, will prompt a re-assessment of the consumer's plan and increased monitoring as appropriate by the treatment team.
8. Treatments for acute or chronic health conditions will be directed by the primary treating physician, including current patient education materials and treatment instructions. Treatment team members will properly note details in the record, and update physician treatment instructions for any condition on a regular basis as appropriate, noting any changes to the physician. Secondary providers will be briefed by treatment team members on client specific conditions and related instructions prior to service provision.
9. Treatment team providers will ensure that residential or other community living services staff, when applicable, receive assessment and treatment information relative to general and specific health, safety and wellness of individual consumers; secondary providers will be given specific instructions by enhanced health team members for individual client treatments as needed. Secondary providers will report health and safety concerns promptly to appropriate treatment team members.
10. Treatment team providers are expected to develop a plan of action or solution to address any health or safety concern, which includes the identification and mobilization of resources, including but not limited to physical changes in the environment, changes in current health practices or behaviors, etc.
11. In all situations of life threatening or potentially life-threatening emergencies, emergency responders should be immediately contacted first, regardless of what immediate simultaneous measures those on the scene must initiate, or what site-specific procedures must be followed.
12. All treatment team members will understand basic first aid; assistance measures as appropriate will be taken by those on the scene of an incident whenever appropriate.
13. Primary prevention, including wellness physicals, and patient education should always be promoted.
14. Good hygiene practices should always be promoted and demonstrated by treatment team members.

15. Documentation on health conditions will be specific to each individual consumer as needed.
16. All treatment team members are expected to be observant regarding any health change for all individual consumers, including discomfort and unusual or abnormal signs or symptoms, and to document and seek assistance or treatment as appropriate to the urgency or seriousness of the symptoms.
17. Secondary providers, such as residential, skill build or community living supports, have a direct responsibility to assist consumers with daily health care needs and take steps to decrease health and safety risk factors, as well as communicate to primary case holders about consumer health related issues and to coordinate care.
18. Attention to health and safety includes monitoring of physical living settings and spaces, and appropriate alerts, referrals, or interventions, according to healthy home standards including but not limited to mold, fire and pest prevention.

**Definitions:**

Adverse Reactions - Any harmful effect on the body of therapeutic drugs, drugs of abuse or the interaction of two or more pharmacologically active agents within a short time span; drugs most likely to create adverse reactions include hypnotics, central nervous system stimulants, antidepressants, tranquilizers, and muscle relaxants. Any adverse reaction is any harmful, unintended effect of the medication, diagnostic test or therapeutic intervention.

Allergy or Allergic Reaction – Allergy is defined as a hypersensitive state acquired through exposure to a particular allergen, re-exposure bringing to light an altered capacity to react; allergies may be classified as immediate and delayed. Allergic reaction is defined as an unfavorable physiologic response to an allergen to which a person has previously been exposed; the response may be characterized by a variety of symptoms and may be immediate or delayed.

Body Mass Index or BMI – A calculation using a person's weight and height, resulting in an easily determined number that is a fairly reliable indicator of body fat for most persons; while BMI does not measure body fat directly, it has been shown through research to correlate directly with body fat measurement. For children and teens, BMI is age and sex specific and may be referred to as BMI-for-age. For adults BMI may be used as a screening tool for possible weight related health problems risk in identifying overweight and obese conditions.

Health or Safety Concern – any situation or circumstance that causes a consumer or other involved persons to express a need to change a current pattern of behavior or health practice, based upon their observation that the consumer has evidenced specific risk.

Health Risk Condition – conditions that potentially compromise the consumer's personal safety or health, if not addressed.

Hygiene – the principles and science of the preservation of health and prevention of disease.

Primary Prevention – a program of activities directed to improving general well-being while also involving specific protection for selected diseases, such as immunizations.

Case Holders - Case Managers, Supports Coordinators, Therapists, Wraparound Coordinators and other staff who are noted in the consumer electronic health record (E.H.R) as the case holder and are responsible for case coordination and implementation and authorship of the consumer individual plan of service (IPOS).

Secondary Providers – Those staff or contract staff that provide services to the consumer but are not noted as the case holder in the consumer electronic health record (E.H.R.), these persons are typically, skill building, residential, physical therapist, occupational therapist, nurse, dietitian, psychiatrist, peer support, parent support, community living supports staff, etc.

Wellness – proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education. *According to SAMHSA, wellness includes at least eight (8) dimensions: emotional, environmental, intellectual, financial, spiritual, social, occupational, and physical.*

**References:**
Internal: SCCMHA Policies – *Environment of Care Program; Person-Centered Planning; Health Care Integration; Infection Control; Pest Prevention, Identification & Management*

External:
Substance Abuse & Mental Health Services Administration – wellness information

**Exhibits:**
Exhibit A – BMI Chart for Adults
Exhibit B - BMI Chart for Children
Exhibit C – Healthy Homes 8 Tips
Exhibit D - Maintenance Checklist

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Provide medical interventions and relevant treatment directives for consumers. | Treating Physicians |
| Document health and safety issues and responses and develop plans to address; routinely monitor and educate consumers and secondary providers regarding consumer specific needs or changes. | Case Holders |
| Document health and safety concerns; assist consumers with needs; observe and | Secondary Providers |

| | |
|---|---|
| report risk concerns to appropriate treatment team members; notify primary team contact(s) about health concerns/issues/questions. | |
| Monitor consumer living arrangement for any health and safety concerns | Case Holders |
| Documents Allergy or Allergic Reactions in consumer record under Alerts | Case Holders |
| Documents consumer health care conditions in the consumer diagnosis area of the chart | Nurses, Physicians Assistants, and Psychiatrists, |
| Monitors consumer follow up with primary care physician at least annually. This is especially true for consumers with Intellectual and Developmental Disabilities | Care Holders |

Exhibit A

Saginaw County Community Mental Health Authority

# Adult Body Mass Index (B M I)

Wellness

| | Healthy Weight | | | | | | Overweight | | | | | Obese | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BMI | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| Height | Weight (in pounds) | | | | | | | | | | | | | | | | | | | |
| 4'10" | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 148 | 153 | 158 | 162 | 167 | 172 | 177 | 181 |
| 4'11" | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 173 | 178 | 183 | 188 |
| 5'0" | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 174 | 179 | 184 | 189 | 194 |
| 5'1" | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 164 | 169 | 174 | 180 | 185 | 190 | 195 | 201 |
| 5'2" | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 | 196 | 202 | 207 |
| 5'3" | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 175 | 180 | 186 | 191 | 197 | 203 | 208 | 214 |
| 5'4" | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 180 | 186 | 192 | 197 | 204 | 209 | 215 | 221 |
| 5'5" | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 186 | 192 | 198 | 204 | 210 | 216 | 222 | 228 |
| 5'6" | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 | 192 | 198 | 204 | 210 | 216 | 223 | 229 | 235 |
| 5'7" | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 | 204 | 211 | 217 | 223 | 230 | 236 | 242 |
| 5'8" | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 203 | 210 | 216 | 223 | 230 | 236 | 243 | 249 |
| 5'9" | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 209 | 216 | 223 | 230 | 236 | 243 | 250 | 257 |
| 5'10" | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 216 | 222 | 229 | 236 | 243 | 250 | 257 | 264 |
| 5'11" | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 222 | 229 | 236 | 243 | 250 | 257 | 265 | 272 |
| 6'0" | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 228 | 235 | 242 | 250 | 256 | 265 | 272 | 279 |
| 6'1" | 144 | 151 | 159 | 166 | 174 | 182 | 189 | 197 | 294 | 212 | 219 | 227 | 235 | 242 | 250 | 257 | 265 | 272 | 280 | 288 |
| 6'2" | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 241 | 249 | 256 | 264 | 272 | 280 | 287 | 295 |
| 6'3" | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 279 | 287 | 295 | 303 |
| 6'4" | 156 | 164 | 172 | 180 | 189 | 197 | 205 | 213 | 221 | 230 | 238 | 246 | 254 | 263 | 271 | 279 | 287 | 295 | 304 | 312 |

http://www.nhlbi.nih.gov/health/public/heart/other/amer-indian_risk/sec5/lose_weight.htm

**Use this table to help you complete the consumer demographic section of SENTRI.**

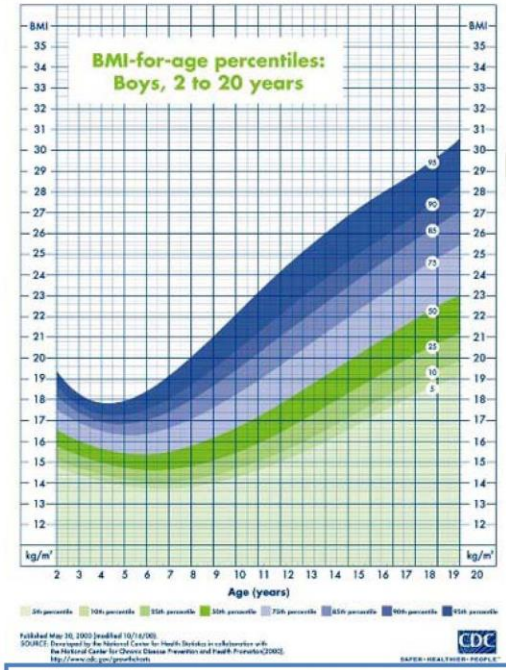
- First find consumer height, then weight.
- Then find the BMI above.
- Those whose score falls into the first two sections should be marked as "not present" under the section regarding obesity.
- Those who have a score of "30" or above should be marked as "medical diagnosis of obesity or Body Mass Index (BMI) >30."

Exhibit B

Saginaw County Community Mental Health Authority

# Body Mass Index (BMI) for Children

Wellness







To determine whether or not a child is obese for SENTRI purposes, one must first determine the child's BMI number using the **Children's BMI Table** (center) and then find the associated percentile using the gender specific charts. The percentile is based on the child's gender, age and BMI Score. Find their age on the bottom axis followed by the BMI on the side axis. Find where the two points meet and then look to the right-hand circles for the percentile score.

**Children's BMI Table** pediatrics.About.com

| BMI | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Height (inches) | | | | | | | | | | | | | | | | | | |
| 31 | 17 | 19 | 20 | 21 | 23 | 24 | 25 | 27 | 28 | 30 | 31 | 32 | 34 | 35 | 36 | 38 | 39 | 41 |
| 32 | 18 | 20 | 21 | 23 | 24 | 26 | 27 | 29 | 30 | 32 | 33 | 34 | 36 | 37 | 39 | 40 | 42 | 43 |
| 33 | 20 | 21 | 23 | 24 | 26 | 27 | 29 | 30 | 32 | 34 | 35 | 37 | 38 | 40 | 41 | 43 | 44 | 46 |
| 34 | 21 | 23 | 24 | 26 | 27 | 29 | 31 | 32 | 34 | 36 | 37 | 39 | 41 | 42 | 44 | 46 | 47 | 49 |
| 35 | 22 | 24 | 26 | 27 | 29 | 31 | 33 | 34 | 36 | 38 | 40 | 41 | 43 | 45 | 47 | 48 | 50 | 52 |
| 36 | 23 | 25 | 27 | 29 | 31 | 33 | 35 | 36 | 38 | 40 | 42 | 44 | 46 | 47 | 49 | 51 | 53 | 55 |
| 37 | 25 | 27 | 29 | 31 | 33 | 35 | 37 | 38 | 40 | 42 | 44 | 46 | 48 | 50 | 52 | 54 | 56 | 58 |
| 38 | 26 | 28 | 30 | 32 | 34 | 36 | 39 | 41 | 43 | 45 | 47 | 49 | 51 | 53 | 55 | 57 | 59 | 61 |
| 39 | 28 | 30 | 32 | 34 | 36 | 38 | 41 | 43 | 45 | 47 | 49 | 51 | 54 | 56 | 58 | 60 | 62 | 64 |
| 40 | 29 | 31 | 34 | 36 | 38 | 40 | 43 | 45 | 47 | 50 | 52 | 54 | 56 | 59 | 61 | 63 | 66 | 68 |
| 41 | 31 | 33 | 35 | 38 | 40 | 43 | 45 | 47 | 50 | 52 | 54 | 57 | 59 | 62 | 64 | 66 | 69 | 71 |
| 42 | 32 | 35 | 37 | 40 | 42 | 45 | 47 | 50 | 52 | 55 | 57 | 60 | 62 | 65 | 67 | 70 | 72 | 75 |
| 43 | 34 | 36 | 39 | 42 | 44 | 47 | 49 | 52 | 55 | 57 | 60 | 63 | 65 | 68 | 71 | 73 | 76 | 78 |
| 44 | 35 | 38 | 41 | 44 | 46 | 49 | 52 | 55 | 57 | 60 | 63 | 66 | 68 | 71 | 74 | 77 | 79 | 82 |
| 45 | 37 | 40 | 43 | 46 | 48 | 51 | 54 | 57 | 60 | 63 | 66 | 69 | 72 | 74 | 77 | 80 | 83 | 86 |
| 46 | 39 | 42 | 45 | 48 | 51 | 54 | 57 | 60 | 63 | 66 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 90 |
| 47 | 40 | 43 | 47 | 50 | 53 | 56 | 59 | 62 | 65 | 69 | 72 | 75 | 78 | 81 | 84 | 87 | 91 | 94 |
| 48 | 42 | 45 | 49 | 52 | 55 | 58 | 62 | 65 | 68 | 72 | 75 | 78 | 81 | 85 | 88 | 91 | 95 | 98 |
| 49 | 44 | 47 | 51 | 54 | 58 | 61 | 64 | 68 | 71 | 75 | 78 | 81 | 85 | 88 | 92 | 95 | 99 | 102 |
| 50 | 46 | 49 | 53 | 56 | 60 | 64 | 67 | 71 | 74 | 78 | 81 | 85 | 88 | 92 | 96 | 99 | 103 | 106 |
| 51 | 48 | 51 | 55 | 59 | 62 | 66 | 70 | 73 | 77 | 81 | 85 | 88 | 92 | 96 | 99 | 103 | 107 | 110 |
| 52 | 50 | 53 | 57 | 61 | 65 | 69 | 73 | 76 | 80 | 84 | 88 | 92 | 96 | 100 | 103 | 107 | 111 | 115 |
| 53 | 51 | 55 | 59 | 63 | 67 | 71 | 75 | 79 | 83 | 87 | 91 | 95 | 99 | 103 | 107 | 111 | 115 | 119 |
| 54 | 53 | 58 | 62 | 66 | 70 | 74 | 78 | 82 | 87 | 91 | 95 | 99 | 103 | 107 | 111 | 116 | 120 | 124 |

Weight (pounds)

*To use the table, find the appropriate height in the left-hand column labeled **Height**. Move across to a given **Weight**. The number at the top of the column is the **BMI** at that height and weight. Pounds have been rounded off.

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| Weight Status Category | Percentile Range |
|---|---|
| Under-weight | Less than 5th percentile |
| Healthy Weight | 5th-85th percentile |
| At risk of over-weight | 85th-95th percentile |
| Over-weight | 95th percentile and greater |

Mark obesity as **not present** for those children whose scores fall below the 95th percentile. Mark **"medical diagnosis of obesity or Body Mass Index (BMI) >30"** for those children whose scores fall at the 95th percentile or above regardless of the BMI score. Unhealthy BMI scores are different for children and will likely not be "30" .

Exhibit C

U.S. Department of Housing and Urban Development
Office of Lead Hazard Control and Healthy Homes

# HEALTHY HOMES



## *Eight Tips for Keeping a Healthy Home*

1. Keep it Dry: Prevent water from entering your home through leaks in roofing systems, rain water from entering the home due to poor drainage, and check your interior plumbing for any leaking.
2. Keep it Clean: Control the source of dust and contaminants, creating smooth and cleanable surfaces, reducing clutter, and using effective wet-cleaning methods.
3. Keep it Safe: Store poisons out of the reach of children and properly label. Secure loose rugs and keep children's play areas free from hard or sharp surfaces. Install smoke and carbon monoxide detectors and keep fire extinguishers on hand.
4. Keep it Well-Ventilated: Ventilate bathrooms and kitchens and use whole house ventilation for supplying fresh air to reduce the concentration of contaminants in the home.
5. Keep it Pest-free: All pests look for food, water and shelter. Seal cracks and openings throughout the home; store food in pest-resistant containers. If needed, use sticky-traps and baits in closed containers, along with least toxic pesticides such as boric acid powder.
6. Keep it Contaminant-free: Reduce lead-related hazards in pre-1978 homes by fixing deteriorated paint, and keeping floors and window areas clean using a wet-cleaning approach. Test your home for radon, a naturally occurring dangerous gas that enters homes through soil, crawlspaces, and foundation cracks. Install a radon removal system if levels above the EPA action-level are detected.
7. Keep it Well-Maintained: Inspect, clean and repair your home routinely. Take care of minor repairs and problems before they become large repairs and problems.
8. Thermally Controlled: Houses that do not maintain adequate temperatures may place the safety of residents at increased risk from exposure to extreme cold or heat.

www.hud.gov/healthyhomes

Exhibit D




National Healthy Homes Training Center and Network

# Healthy Homes Maintenance Checklist

The following checklist was developed for the Healthy Homes Training Center and Network as a tool for healthy home maintenance. A healthy home is one that is constructed, maintained, and rehabilitated in a manner that is conducive to good occupant health.

To maintain a healthy home, occupants should keep it dry, clean, well-ventilated, free from contaminants, pest-free, safe and well-maintained. Good home maintenance can act to reduce allergens, prevent illness, and reduce injury from accidents. This checklist provides basic guidelines; items may need to be checked more often depending on local conditions and manufacturer suggestions.

*Developed for the National Healthy Homes Training Center by Terry Brennan and Ellen Tohn, technical advisors to the National Center for Healthy Housing.*

| Yard & Exterior | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Water drains away from house | ● | | | | |
| No trip, fall, choking, sharp edge hazards | ● | ● | | | |
| Fence around pool intact | ● | ● | | | |
| Check for signs of rodents, bats, roaches, termites | ● | ● | | | |
| Drain outdoor faucets and hoses | | ● | | | |
| Clean window wells and check drainage | ● | ● | | | |
| Clean gutters and downspouts | ● | ● | | | |

| Exterior Roof, Walls, Windows | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Shingles in good condition | ● | | | | |
| Check chimney, valley, **plumbing** vent, skylight flashing | ● | | | | |
| Make sure gutters discharge water away from building | ● | | | | |
| Check attic vents | | ● | | | |
| Check attic for signs of roof leaks | ● | | | | |
| Check for icicles and ice dams | | | winter | | |
| Look for peeling paint | ● | | | | |
| Look for signs of leaks where deck attaches to house | ● | | | | |
| Check below window & door that flashing intact | ● | | | | |
| Repair broken, cracked glass | | ● | | | |
| Look for signs of leaks at window and door sills | ● | | | | |
| Clean dryer vent | ● | ● | | | |
| Check exhaust ducts are clear | ● | ● | | | |

| Basement & Crawlspace | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| No wet surfaces, puddles | ● | ● | | | |
| Sump pump and check valve working | ● | ● | | | |
| Floor drain working | ● | | | | |
| Vacuum basement surfaces | ● | | | | |
| Check for signs of rodents, bats, roaches, termites | | ● | | | |

Maintenance Checklist continued on next page



## Maintenance Checklist (continued)

### Interior Walls, Ceilings, Windows, Doors

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Check for signs of water damage | | | ● | | |
| Check operation of windows and doors | ● | | | | |
| Lubricate and repair windows and doors | | | | ● | |

### Plumbing, Fixtures and Appliances

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Check washer hoses-connections | | | ● | | |
| Check dishwasher hoses for leaks | | | ● | | |
| Check toilet supply/shut-off valve | | | ● | | |
| Clean & check refrigerator drip pan-icemaker connections | | | ● | | |
| Check shower-tub surrounds for signs of damage | | | ● | | |
| Check traps and drains under sinks, tubs, showers for leaks | | | ● | | |
| Check hot water heater for leaks | | ● | | | |
| Check boiler for leaks | | ● | | | |
| Check water main/meter or well pump for leaks or sweating | | ● | | | |
| Check water main/meter or well pump for leaks or sweating | | ● | | | |
| Clean septic tank | | | 2 yrs | | |
| Check drain and supply time for leaks | ● | ● | | | |
| Check bath and kitchen fans operation | ● | ● | | | |

### HVAC Equipment - Replace filters

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Warm air furnace (merv 8) | | ● | | | |
| Air conditioner (central air merv 8) | ● | | | | |
| Dehumidifier | ● | | | | |
| Outdoor air to return to heat recovery ventilation | | ● | | | |

### Appliances

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Clean kitchen range hood screens | | | | ● | |
| Clean dryer vents and screens | ● | | | | |
| Clean exhaust fan outlets and screens | ● | | | | |
| Clean outdoor air intakes and screens | | ● | | | |
| Clean air conditioning coils, drain pans | ● | | | | ● |
| Clean dehumidifier coils, check operation | ● | | | | |
| Clean and tune furnaces, boilers, hot water heaters | | ● | | | ● |
| Clean and tune ovens and ranges | | ● | | | ● |

### Electrical Equipment

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Check for damaged cords | ● | ● | | | |
| Test ground fault interrupters | ● | | | | |
| Test outlets for proper hot, neutral and ground | | | once | | |
| Check smoke and CO alarms | ● | ● | | | |

### Garage

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Ensure storage of fuel cans | ● | ● | | | |
| Proper operation of garage door safety shut-off | ● | ● | | | |
| Check for signs of water damage | ● | | | | |
| Check for signs of rodents, bats, roaches, termites | ● | ● | | | |

### Attic

| | Spring | Fall | Annual | As Needed | Pro Needed? |
|---|---|---|---|---|---|
| Check for signs of rodents, bats, roaches, termites | | ● | | | |
| Check for water damage | | ● | | | |
| Ensure insulation in place | | ● | | | |
| Check that fans still exhaust to outdoors (check ductwork connections) | | | ● | | |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Residential Services</td><td>Chapter: 03 -<br>Continuum of Care</td><td>Subject No: 03.02.07</td></tr>
<tr><td>Effective Date:<br>6/16/05</td><td>Date of Review/Revision:<br>6/14/05, 8/30/06, 1/5/07, 6/28/07, 6/30/09, 3/2/10, 7/30/10,1/5/11, 8/15/11, 6/11/12, 7/2/14, 8/11/14, 8/14/14, 12/23/14, 2/4/16, 5/2/16, 4/5/18, 2/26/19, 3/21/22, 10/5/22, 4/11/23<br>Supersedes:</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy, and Continuing Education<br><br>Authored By:<br>Kristie Wolbert<br><br>Reviewed By:<br>Residential Watch Committee, Quality of Life Committee, Provider Network Auditors, Mary Baukus</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To identify and clarify residential options available for Saginaw County Community Mental Health Authority (SCCMHA) Consumers

**Policy:**
SCCMHA providers of service are in a position, on a regular basis, to assist consumers/guardians with decisions about the most appropriate residential option for the consumer. Though there are many options available, those decisions should be based on some guiding principles.

The guiding principles for helping a consumer/guardian make decisions about the most appropriate residential option should include:

The residential option chosen should be based upon the consumer's choice.

It should be the least restrictive setting to meet the consumer's needs.

The consumer's health and safety needs must be able to be met within the residential option chosen.

It should allow the consumer to be integrated into his/her home community when at all possible.

The setting must be safe and habitable.

The setting chosen must afford the consumer a rich quality of life.

The opportunity to use a fiscal intermediary in order to guide over a directed budget, using the principles of self-determination. (See SCCMHA policy 02.03.04 Self Determination)

SCCMHA believes that all consumers, regardless of their living situation, have the right to live in a quality environment. SCCMHA monitors quality of residential settings in a variety of ways including through SCCMHA's auditing and contracts and properties management units and through Quality-of-Life visits. (SCCMHA has a Residential Watch Committee that discusses residential situations that may have some potential risk. See SCCMHA procedure 09.04.03.07, Residential Provider Watch Program.)

**Application:**
The Network of SCCMHA Providers.

**Standards:**

- A three-day supply of fresh, perishable foods is available in contracted homes. Examples may include but are not limited to: Eggs, milk, cheese, fruit, vegetables, bread.
- The provider will post menus that follow the Choose My Plate guidelines, including fruits and vegetables offered each meal and proper portions of fruits, vegetables, grains, protein, and dairy. Please refer to www.choosemyplate.gov for more information regarding healthy meal choices. (See SCCMHA policy 03.02.07.08)
- Provider will promote health and wellness in the form of exercise at least weekly, though preferably daily, such as walking, exercise videos, interactive video games, etc.
- The provider will ensure proper maintenance is occurring at the residential facility as documented by the completion of preventative maintenance logs at least quarterly.
- The provider should be completing documentation of monthly water, refrigerator, and freezer temperatures. This can be done directly on the preventative maintenance log or on a separate log created by the Provider.
- Provider will ensure all consumers are being treated with dignity and respect, to which they are entitled (See SCCMHA Policy 02.02.28 Recipient Rights – Dignity and Respect)

**Definitions:**
*Adult Foster Care (AFC):*

Adult Foster Care homes are homes operated by provider corporations or by individuals and licensed by Michigan Department of Health and Human Services under the Division of Adult Foster Care Licensing to provide room, board, and supervision to persons in need of such services. An AFC home is independent and does not operate under the auspices of a mental health agency, although they may contract with a mental health agency to receive funds to provide specialized personal care, medical monitoring, and behavioral services. Foster care homes may provide placements for consumers not associated with an agency, although many users of adult foster care services are consumers of the Michigan Department of Health & Human Services (MDHHS) or Community Mental Health (CMH). Foster care homes are located throughout the community and may or may not be part of the family home of the provider. The home may be staffed by the provider family, or the provider may hire staff to assist. The level of staffing varies but often consists of non-awake overnight coverage and one staff member to assist with high consumer demand hours such as mornings, late afternoons, and evenings. The number of beds in each home varies and is regulated by the local CIS Licensing. Personal care and assistance with activities of daily living are provided as part of routine care. Each person pays the provider directly for room and board, generally through SSI/SSA benefits. The rate of SSI payment can be domiciliary only or include personal care. Each consumer is allowed to keep a standard amount of his/her SSI/SSA per month for personal items; the AFC provider must keep a current Resident Funds form on consumer's personal money where the consumer plan indicates the need for assistance with money management by AFC staff.

Considerations: Potential participants/consumers must need supervision. Generally, they should have low to medium behavioral, medical, personal care, domiciliary or other needs, although the level of need a home can address differs. Some home operators are more experienced and/or have specialized training, which lends to serving individuals with significant behavioral and medical concerns.

SCCMHA publishes a Residential Directory that lists the providers located in Saginaw County and some basic information about the home and the license for the home. This Directory is located on the SCCMHA intranet under *Network Services, Provider Manual & Directories.* This resource is meant to be used by the consumer and those assisting the consumer in choosing an AFC that will meet the consumer's wants and needs. (www.sccmha.org)

*Adult Foster Care (AFC) with Model Payments now known as (ASAP) Adult Services Authorized Payments*

Under this type of care all of the same requirements pertain as with Adult Foster Care (AFC), but the consumer may need some additional assistance with bathing, dressing, or other area that requires more assistance than just reminders to the consumer. Under this level of care the provider may ask for Model Payments or ASAP for a consumer. This type of funding is a set amount per month. The amount is set by the State of Michigan and paid by the State of Michigan. The case holder has to make a monthly visit to the facility to assure staff are providing the additional care needed. The case holder has to initial the paperwork as proof of review and that the provider is giving the care that was prescribed by the case holder. Usually, the case holder will initial above the date they visit. The case

holder must initial minimally the consumer Personal Care and Community Living Support Log form. They may also need to initial the medication sheets and the consumer resident funds if the consumer needs assistance in both of these areas. The provider has to submit monthly paperwork to the State of Michigan to receive payment for services rendered. The provider can bill electronically or by telephone. Questions about this process can be directed to SCCMHA's Care Management Department.

*Specialized Residential Settings:*
Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services.

There are two types of Specialized Residential Settings:
One type is adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from community mental health and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. Staff working in the home are required to have completed specialized group home training. The contract rate paid for each consumer is designated in the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The home is expected to follow the treatment plan developed through the person-centered planning process. These homes are usually owned by the provider. These homes may or may not have awake staff 24 hours a day. However, for homes with contracts inside Saginaw County, the contract requires 24-hour awake staff.

The second type are homes in which CMH contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted amount of full-time equivalent staff or FTE's being utilized to meet the needs of consumers. SCCMHA owns these homes and contracts with a company to provide staffing and general maintenance of the homes. These homes generally provide 24-hour awake supervision. Staff working in the home are required to have completed specialized group home training. The home is expected to follow the treatment plan developed through the person-centered planning process.

Considerations for specialized residential settings: The needs of the consumer must go beyond the typical needs of the person served in a general adult foster care home. The home must have an adequate number of trained staff to safely meet the needs of the consumer as outlined in their plan of service. Persons placed into specialized residential settings typically have increased personal care needs or exhibit behavioral symptoms that require regular intervention.

*Enhanced Housing Needs*
These are for services outside the realm of Specialized Residential funds which are used for the following purposes:

Temporary Lodging is payment for room and board amount - paid from the General Fund or other non-Medicaid funds. Community resources must first be exhausted and documented in the clinical record prior to authorization for payment.

Housing Assistance is payment for shelter costs such as room and board. Community resources must first be exhausted and documented in the clinical record prior to authorization for payment.

Enhanced Staffing is additional staffing hours exceeding a contracted amount, and is subject to the following conditions:

- Is provided to avoid hospitalization
- Is provided to address medical or behavioral conditions that threaten placement or safety of the consumer, staff, or community. The plan must be as specific as feasible in order to identify the need for Enhanced Staffing; including times, locations, and conditions for the service to be provided.
- Unless noted in the plan as "On-going", enhanced staffing will only be authorized for brief periods. Long-term enhanced staffing may be figured into the overall contract rate for the home.
- Must be for the minimum needed number of hours per day. Sleeping hours, day program hours, home leave of absence (LOA) hours must be factored in determining the hours requested.

A request for Adaptive Equipment is to provide supplies, equipment, or assistive devices, which will assist the consumer to remain living within a community setting as defined and described in the Michigan Medicaid Provider Manual. (See SCCMHA Procedure 09.09.05.08 Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications.)

A request for Environmental Modification is to be used for payment to modify, repair, or enhance the residential environment as defined and described in the Michigan Medicaid Provider Manual. (See SCCMHA Procedure 09.09.05.08 Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications.)

*Leave of Absence (LOA): (Exhibit J)*

LOA occurs when the resident leaves a specialized residential setting for an overnight absence that absolves the provider from the responsibility of providing services for the duration of the consumer's absence. This would be circumstances such as: a planned vacation, family visit, hospitalization, incarceration, etc.

The provider remains responsible for the provision of service in circumstances such as elopement, working, day program, in the neighborhood, going to the store or movie, etc. even though the consumer is not in the facility or under the direct supervision of the provider

For reimbursement and payment purposes, SCCMHA and Medicaid considers the following as guidance for billing days of service:

The Medicaid rule regarding not reporting/billing day of discharge is assumed to be a primary rule governing which provider can report/bill that day. The CMHSP/PIHP cannot report the day of exit when the consumer is going to another per diem setting.

The same day may **NOT** be reported by two homes (transfers**); NOR** if the person is moving from a certified/licensed setting to a non-licensed setting **NOR** if persons have a hospitalization or nursing home stay; **NOR** as persons terminate the licensed/certified CLS/PC services, including leaving the CMH system. The discharge day or the day the person "moves" to the other setting is not reportable as a CLS/PC per diem by the home for the person who is "leaving".

The "day" of attendance/service is based on the beneficiary receiving at least one activity in Personal Care and/or CLS, and as noted above is not moving that day to another setting (permanently or in the case of hospitalization on a temporary basis).

However, the beneficiary may be absent from the home for other leave, e.g., visits with family/friends. For both the day they leave and the day they return, IF they receive at least one activity in Personal Care and/or CLS, then that day may be reported. If the person is out of the home on leave for an entire 24-hour day, that day is not reportable.

**References:**

Final HCBS Residential Readiness Tool
MDHHS Medicaid Provider Manual: Mental Health/ Substance Abuse Section
SCCMHA Procedure 09.04.04.03- Personal Care and Community Living Supports Service Log Documentation
SCCMHA Procedure 09.04.01.04 Quality of Life Visits
SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program
SCCMHA Procedure 09.09.05.08 Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications
SCCMHA Policy 02.03.04 Self Determination
SCCMHA Policy 02.02.28 Recipient Rights – Dignity and Respect
SCCMHA Policy 03.02.07.01 Specialized-Contracted Residential Provider Admissions and Discharge
SCCMHA Policy 03.02.07.02 AFC Community Inclusion
SCCMHA Policy 03.02.07.03 Community Living Supports (CLS)
SCCMHA Policy 03.02.07.05 ASAP Payments
SCCMHA Policy 03.02.07.06 Moving Consumer into Independent Housing
SCCMHA Policy 03.02.07.07 Adult Foster Care Maintenance of Physical Plant
SCCMHA Policy 03.02.07.08 Nutrition Standards for Specialized Residential
SCCMHA Policy 03.02.07.09 Emergency Preparedness for Specialized Residential
SCCMHA Policy 03.02.07.10 Medication Management in Licensed Residential Settings
SCCMHA Policy 03.02.07.11 Management of Consumer Funds
SCCMHA Policy 04.01.02- Incident Reporting and Review

**Exhibits:**

Exhibit A: Summary of Resident Rights for AFC Group Homes (https://www.michigan.gov/lara/bureau-list/bchs/adult/legal/resident-rights-for-afc-group-home)

Exhibit B: Guidelines for Specialized Residential Services
Attachment 1: Staff Schedule
Attachment 2: Consumer Inventory List
Exhibit C: Samples of Assessment Plan for AFC Residents
Exhibit D: Leave of Absence Form
Exhibit E: 911 Guidelines

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Makes a variety of residential options available to consumers of mental health services. | Saginaw County Community Mental Health Authority |
| Participates in a person-centered planning process to discuss the consumer's needs and desires particularly as it relates to residential options. | Consumer, guardian, case holder, others as identified by the consumer/guardian. |
| Reviews the residential option desired to determine if it can meet the needs of the consumer with special attention to the health and safety needs of the consumer. | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |
| Develops a plan of service which addresses the specific needs of the consumer, including amount, scope, and duration. The plan should also address each need identified in the licensed residential authorization, or DCH 3803. Keeping in mind the least restrictive setting. | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |
| Follows the Specialized Residential Process and Workflow (See SCCMHA Policy 03.02.07.01 Specialized Residential – Contracted Provider Admission and Discharge) for placement into Specialized Residential settings. Also see Checklist for Moving consumers into Licensed Residential Settings (See Exhibit C in SCCMHA Policy 03.02.07.01 ). | Case Holder<br>Clinical Supervisor<br>Care Management Specialist<br>Residential Provider |
| Referral to the Residential Placement Committee for any possible out of county placements or moves from a less | Case Holder/Chair of the Residential Placement Committee |

| | |
|---|---|
| restrictive setting into a more restrictive setting. A review of the person's file will occur, and a decision will be made in 7-10 business days. | Case Holder |
| Assist with the procurement of needed Equipment or Environmental Modification<br>Utilizing the "Request for Additional Funds Form" only after all outside resources have been exhausted. (See SCCMHA Procedure 09.09.05.08 Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications.) | Case Holder and guardian when one is appointed. |
| Monitors the consumer in the residential option at intervals agreed to in the resident's plan of service. Monthly home visits are recommended by SCCMHA to assure that the needs of the consumer are being met in the residential setting and that the consumer is satisfied with the services provided. If the individual is in specialized residential, a monthly visit is required at minimum. | Residential Provider |
| Follows the Guidelines for Specialized Residential Service Providers as written in Exhibit B. | Case Holder |
| Attends residential facility staff meetings as needed to provide in-services on consumer plans, help resolve issues, clarify concerns, etc. | Case Holder |
| Initial and any additional in services on consumer plans are scanned into the record. | |

Exhibit A

# SUMMARY OF RESIDENT RIGHTS FOR AFC GROUP HOMES (R400.14104/R400.15104) RESIDENTS HAVE THE FOLLOWING RIGHTS:

The administrative rule cited below provides the rights of licensees and applicants of adult foster care group homes. This information may also be found in:

- Licensing Rules for Adult Foster Care Small Group Homes
- Licensing Rules for Adult Foster Care Large Group Homes

**R 400.14104/R 400.15104 Licensee and applicant rights**

(1) A licensee or an applicant shall have the right to be treated with courtesy, dignity, and fairness by the adult foster care licensing division staff of the department and shall not be discriminated against on the basis of race, religion, color, national origin, sex, age, handicap, height, weight, or marital status.

(2) The department shall provide a licensee or an applicant with written notice regarding appeal rights as provided by Act No. 306 of the Public Acts of 1969, as amended, being S24.201 et seq. of the Michigan Compiled Laws, and the act when there is official notification of the intent to take an adverse action against an applicant or a licensee.

(3) A licensee or an applicant shall be informed of, and shall have the right to bring to the attention of the supervisor of the licensing representative, any alleged misapplication of enforcement of regulations by a licensing representative or any substantial differences of opinion as may occur between the licensee or the applicant and any licensing representative concerning the proper application of the act or these rules. A meeting with the supervisor shall be afforded upon request. This subrule notwithstanding, the licensee or the applicant may contact any other official of the department regarding issues relating to the licensing activities of the department. Any contact with the supervisor or any other departmental official shall not result in any retaliation by the licensing representative.

(4) All written communications, scheduled and unscheduled visits, routine licensing investigations, and complaint investigations shall be conducted according to the provisions of the act and these rules.

(5) A licensee or an applicant may request, pursuant to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being S15.231 et seq. of the Michigan Compiled Laws, copies of department policies or other documents that govern the licensing activities of the department.

(6) A licensee or an applicant shall be afforded the opportunity to have a

conference with the licensing representative before the conclusion of a routine licensing investigation or complaint investigation and, as soon as practicable thereafter, shall receive a written response that indicates the findings of the licensing representative or any other licensing official.
(7) A licensee or an applicant shall have the right to review a licensing study report in which refusal to renew, revocation, or denial of license issuance is being recommended before that report is finalized, except in situations where the department finds cause to invoke a summary suspension action. The licensee or the applicant shall have the right to submit a written response. The written response shall be considered a part of the official record and shall be subject to disclosure pursuant to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being S15.231 et seq. of the Michigan Compiled Laws.
(8) A licensee or an applicant shall have the right to provide a written response to the findings of the licensing representative or other department official if a licensing investigation report or a complaint investigation report is issued. The written response shall become a part of the department's official licensing record and shall be public information according to the provisions of Act No. 442 of the Public Acts of 1976, as amended, being S15.231 et seq. of the Michigan Compiled Laws, and the act.
(9) A licensee or an applicant may request, in writing, a declaratory ruling as to the applicability of a rule as provided in section 63 of Act No. 306 of the Public Acts of 1969, as amended, being S24.263 of the Michigan Compiled Laws.
(10) The department shall provide advice and technical assistance to the licensee or the applicant to assist the licensee in meeting the requirements of the act and these rules. The department shall offer consultation upon request in developing methods for the improvement of service.
(11) The department shall provide a licensee or an applicant with a written copy of the rights outlined in subrules (1) to (10) of this rule at the time of license application or license renewal.

y 24, 1994.

Exhibit B

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

# Guidelines for Specialized Residential Service Providers

Revised: 1/5/07; 12/2014; 04/2023

All providers offering Specialized Residential Services under the auspices of Saginaw County Community Mental Health Authority (SCCMHA) must comply with the following regulations:

- Michigan Department of Licensing and Regulatory Affairs (LARA) ( Licensing information can be found at https://www.michigan.gov/lara/bureau-list/bchs/adult )
- The Michigan Department of Health and Human Services Certification Requirements for a Specialized Program; and
- The Michigan Mental Health Code, including Chapter 7, Recipient Rights.

Copies of these rules may be secured from the relevant regulatory body or from SCCMHA, upon request. In addition, provider compliance with the guidelines outlined in this document is required by Saginaw County Community Mental Health Authority.

**Licensure**:
The provider shall maintain any licenses, certification, accreditation, and authorizations for its services, personnel, and facilities, as mandated by law and funding sources. If any such license, certification, accreditation, or authorization is ever suspended, revoked, or expires and is not renewed, the provider shall immediately notify, in writing, SCCMHA's Contract and Properties Manager.

**Benefits/Entitlements**:
The residential provider is expected to assist all eligible consumers who reside in the home with applying for any food assistance/Bridge Card, reimbursements/entitlements, i.e., SSI, Veterans Benefits, Insurance(s), Medicare, and Medicaid, etc., for which they may be eligible. In addition, the provider agrees to facilitate proper billing of the Qualified Health Plan for medical care received by each consumer by:

- **assuring that** medical providers are aware of consumer insurance, Medicare and Medicaid coverage and any other relevant coverage or benefits which the consumer holds;
- securing medical care for the consumer only through medical providers who are enrolled in the consumer's Health Plan or to whom the consumer's primary physician provides a referral; and by
- securing proper approval from the Health Plan prior to initiating medical care in those instances where it is the responsibility of the consumer to secure prior authorization as opposed to the medical provider.

If the provider fails to adhere to these requirements for medical services covered by the consumer's Qualified Health Plan and the Health Plan denies payment, and/or if the provider fails to secure

prior written authorization from SCCMHA for coverage of the cost of services which are needed but are not covered by the Qualified Health Plan, the SCCMHA reserves the right to hold the provider financially responsible for costs incurred to the SCCMHA and/or the consumer for the unauthorized medical care.

Residential providers are required to assist SCCMHA with assuring that all benefits are exhausted before SCCMHA funds being utilized for care and services to the consumer. In addition, residential providers will assist SCCMHA in maximizing consumer use of natural community resources, such as church, human service agency and/or family assistance, in order to avoid unnecessary depletion of consumer resources.

(ASAP) Adult Services Authorized Payments (*formerly known as Model Payments*) may not be requested or paid to the provider for services rendered to any consumer for the same time period the residential provider is receiving reimbursement from SCCMHA under a contractual agreement for specialized residential services. SSI or other funds received by the provider for provision of room and board to a consumer will be reimbursed to the consumer if the consumer is discharged or leaves the home for any reason before the end of the month for which the room and board was paid. The amount reimbursed to the consumer by the provider will be pro-rated by day.

**Authorization of Services:**
All providers must have authorization through the consumers case manager/support coordinator in order to be paid for services under SCCMHA specialized residential funding. All authorizations for services must be supported by the consumer plan and based on the consumer need for this level of residential services. Every request for authorization will be reviewed by SCCMHA Care Management staff for medical necessity. If the necessity for the service is not noted SCCMHA Care Management will request additional information from the case manager / support coordinator. If it appears given the information that the consumer could be served under a different level of service care management will request that the case manager/ support coordinator pursue an alternative to meet the consumer needs. Once a provider is authorized, a letter will be sent to the provider with an authorization number which the provider will use to bill services to SCCMHA.

Authorizations for specialized residential services are usually time limited and case managers/ support coordinators will be asked to justify the continued need for the service in this care setting.

As part of the authorization process the case manager /support coordinator will be required to fill out the appropriate Sentri form titled “Licensed Residential Authorization Form, DCH 3803, which has a five-column rating system.

**Home Administration**:
Residential providers must have a designated home manager or lead staff who is responsible for the administration of the home and is available to SCCMHA and home staff twenty-four hours a day, seven days a week. Residential providers must supply SCCMHA and home staff with a 24-hour contact number where emergencies can be reported.

**Reporting Emergency Situations:**
SCCMHA case holders and/or the SCCMHA Contract and Properties Manager should be contacted in the event that there is an emergency situation at the home (i.e. fire, need for evacuation). The SCCMHA Crisis line (989) 792-9732 or 1-800-233-0022 can be used to communicate emergency situations after regular business hours.

SCCMHA case holders should also be contacted as soon as possible whenever a consumer requires emergency medical treatment. This should include any important medical or health changes that have occurred. If consumer attends a day program, Provider should also be in contact with day program staff to relay any information regarding special care, including written instructions as needed. If consumer is receiving nursing services, Provider should also inform consumer's team members (i.e. nurse, OT, PT, Speech Therapist, etc.) regarding the emergency treatment and any medical or health changes that may have occurred.

**Staffing**:
The provider must maintain staffing at the levels required to provide the residential service for which the provider was contracted and as defined in each consumer's plan of service. (For example, if a home provides care for an individual who has an elopement risk, then that home should never have less than two staff on each shift.) Consumers are to be group supervised, (i.e., staff are typically in visual contact with consumers, but at a minimum within hearing range) at all times, unless otherwise specified in the consumer's plan of service. The provider is required to provide overnight staffing at a level which meets consumer needs and assures consumer safety, and complies with requirements related to foster care licensure and provider contract. *(Please see sample "Staff Schedule" Attachment 1)* In some cases, consumers may require specialized 1:1 staffing to best ensure their safety. This requires approval by the case holder, residential placement committee. This will then need to go to contracts department with a date the home can have staff on board to provide the additional staffing. Case Holders will need to assure the consumer plan specifies the need for 1:1 staffing and how the staff providing 1:1 will interact with the consumer. This interaction includes activities to engage in, how close the staff person will be in proximity to the consumer, and any other information for the staff to follow in order to understand the purpose of the 1:1 staffing. Provider should note that individualized 1:1 staffing in licensed settings is considered restrictive and must have plans and ways to reduce this restriction written in the consumer plan.

Providers are not authorized to provide staffing beyond normal visitation and support to the consumer while they are in the hospital. In extenuating circumstances, limited staffing during hospital hours may be granted, however such requests **must be pre-approved**. Hospitals will provide staff for consumers in their rooms to assist if the consumer is a fall risk or is exhibiting challenging behaviors. However there are circumstances when consumers are not able to communicate their wants and needs, unable to eat by themselves, or exhibit extreme behavior challenges related to being in an unfamiliar setting and may need a staff that is familiar with the consumer to assist in the hospital. The need for these services should be spelled out in the plan if it is known from prior hospitalizations that this is a concern. If this is not known prior, an authorization can be obtained through the case holder. A request for authorization to provide 1:1 staffing should indicate specific times services will be provided (i.e. meal times, medication administration times, etc.) based on the consumer's needs for this service. When requesting these services, the role of staff providing the 1:1 services should be detailed as to what assistance will be provided to the consumer while in the hospital. Provider should be aware that 1:1 staffing outside the home is not transferrable between facilities without Care Management approval. This means that if a consumer has 1:1 staffing in the home, consumer's Case Holder will need to seek approval from Care Management for the specialized staffing to continue when they are moved to a hospital setting. The same rule applies if a consumer is transferred from one hospital setting to another; if 1:1 staffing is provided in the first hospital and still needed in the second setting, Care Management will need to approve the transfer, prior to 1:1 staffing occurring at the new facility.

Provider should also note that 1:1 staffing outside of the home will not be authorized for consumers if they are admitted to a nursing home setting.

**Training**:
Provider direct care and home management staff are required to successfully complete the Michigan Department of Health and Human Services approved direct care staff training curriculum. Staff are required to complete the following trainings before being able to work alone in the home:

1) Introduction to Residential Services
2) Person Centered Planning (annual renewal)
3) Recipient Rights (annual renewal)
4) Culture of Gentleness and Crisis Response (3-year renewal)
5) Nutrition and Food Safety
6) Environmental Emergencies/ Fire Safety
7) CPR (every two-year renewal)
8) First Aid (every two-year renewal
9) Basic Health
10) Basic Medications (medication renewal every three years)
11) Blood borne Pathogens/ Infection Control (annual renewal)
12) Non-Violent Psychological Verbal De-Escalation (2- or 3-year renewal based on DC provider type)

Providers must also require all home staff to participate in training as required by MSHN, SCCMHA and clinician contractors in order to safely and correctly implement each consumer's plan of service, to the extent funded by the provider's contract with SCCMHA. Other SCCMHA required trainings, not mentioned above, include the following:

13) Limited English Proficiency (LEP)
14) Ethics of Touch
15) Cultural Diversity
16) Compliance Program and False Claims/HIPAA Privacy, HIPAA Security (annual renewal)
17) Advance Directives (home managers only)
18) Home Manager Training
19) Trauma Training
20) Orientation to Training
21) Basic Military Cultural Competency

The provider will ensure staff are thoroughly and regularly educated on recipient rights related regulations, emergency preparedness and emergency evacuation procedures and any other training required annually such as person-centered planning, CPR and blood-borne pathogens and infection control.

The provider will not permit untrained staff to provide care to consumers without appropriate on-site supervision by trained personnel. Physical intervention should not be performed by untrained staff unless an emergency situation calls for such action. The administration of medications as specified in a physician order may not be performed by untrained staff. Only staff certified in medication management are allowed to pass medications in the home. Home staff must first complete the approved group home training curriculum and then be certified by the home manager/

lead staff of the home. Home managers/ lead staff must be certified in medication management by SCCMHA nurses. See SCCMHA policy 03.02.07.10 Medication Management in Licensed Residential Settings for more details.

SCCMHA staff and contracted staff (case mangers, support coordinators, OT's, Psychologists, nurses, etc.) will provide training, at a minimum, to the home manager/lead staff on the implementation of a consumer's plan of service whenever a new or revised plan of service is developed. The provider will notify SCCMHA to request re-in-service of a consumer's plan of service when substantial changes in staffing have occurred. The provider's home management staff are required to review all consumer plans of service with new staff before they are allowed to work directly with consumers.

Direct in-service by qualified individuals is required before any provider staff implement high risk procedures, including but not limited to: physical intervention; transfers, range of motion or other physical manipulation of individuals with chronic contractures or dislocations; injections; management of feeding tubes; therapeutic positioning; and suctioning. The consumer plan of service will specify those procedures which require in-service by qualified personnel and who will perform the in-service.

Providers are to fully comply with SCCMHA Policy 05.06.03- Competency Requirements for the SCCMHA Provider Network, located in the SCCMHA Network Services Provider Manual.

**Access and Reporting**:
The provider shall provide consumer data and statistical information as required by SCCMHA or its funding sources at such times and in such manner as requested. Authorized representatives of SCCMHA shall have access to the physical plant, consumers, staff, consumers records and records related to maintenance of the physical plant upon request, for monitoring and treatment purposes.

**Quality Improvement/Program Evaluation**:
The provider agrees to participate in quality improvement activities and to assist SCCMHA in reviewing and evaluating services at intervals to be determined by SCCMHA**.**

**Incident Reporting**:
The provider agrees to immediately report via Incident Report any of the following situations (per SCCMHA Policy 04.01.02- Incident Reporting and Review, also see this policy for additional information):

1) Unusual or unexpected events that occur in the life of a consumer while under the services of SCCMHA and the Provider Network will be reported to the SCCMHA Quality Department within one (1) business day of the incident.

2) Any death of a consumer expected or unexpected, who at the time of their death was actively receiving services or received an emergent service within the last 30 calendar days will be reported to the SCCMHA Quality Department within 24 hours of notification of the death.

3) Incidents involving a death, or significant physical or psychological injury or suspected recipient rights violation should be immediately reported by phone to the SCCMHA Office of Recipient Rights (ORR).

4) Incidents for Licensed Residential Settings will be completed using the

MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607) form (exhibit 1).

5) Incidents for other programs, such as Skill Building and outpatient settings, should be completed on the MDCH Incident Report (DCH-0044) form (exhibit 2). The death of a consumer should be reported on the SCCMHA Report of Consumer Death form (exhibit 3).

6) Use of any Physical Intervention will be documented on the Incident Report form. In addition, the SCCMHA Physical Intervention Report form (exhibit 4) will be completed and submitted with the Incident Report.

7) Suspected Abuse or Neglect will be reported on the SCCMHA Staff Action –Regarding Alleged Abuse/Neglect/Exploitation form (exhibit 5). Reference SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect.

8) All forms must be filled out completely and neatly with black ink by the involved or observing staff person. The incident should be described thoroughly and include actions taken by staff/treatment given and corrective measures taken to remedy and/or prevent recurrence of the incident. If an Incident Report form is not completed in its entirety, it will be returned to the submitter for completion.

9) An Incident Report form must include the full first and last name of the involved consumer(s) and their SCCMHA consumer I.D. If the incident involves a consumer from another county, only their initials should be included.

10) Incidents involving emergency medical treatment and/or hospitalization must include the name of the treatment facility.

11) Incidents involving medication errors or refused medications must include the name of the medication, the dosage, and the name of involved staff.

12) Home Managers and Program Supervisors are responsible to ensure that their staff report and accurately document incidents as outlined in this policy and that the appropriate follow up care is provided.

13) All Incident Reports will be reviewed by the Quality Department, the Office of Recipient Rights, the Clinical Services Department, and the Director of Network Services, Public Policy & Continuing Ed.

In addition to reporting these issues on an Incident Report form, the provider is required to contact the Office of Recipient Rights, Case Holder, and the assigned Nurse if applicable for serious incidents. In the event SCCMHA is closed, the provider shall utilize SCCMHA's 24-hour crisis service for such reports. Written reports must be received by the SCCMHA Quality Department within one business day of the incident. There is a drop box available 24 hours per day for providers to drop off Incident Reports outside the main doors of the 500 Hancock building.

The provider agrees to review all incidents on a periodic basis to look for and act upon trends.

**Emergency Preparedness**:
SCCMHA suggests that providers maintain a minimum of two days of backup food onsite for emergency purposes. The stored food will be consistent with consumer diet orders including the special needs for persons with diabetes, hypertension etc. Provider is also required to maintain a

current agreement for Interim and Overnight Emergency Shelter with an established hotel or motel in the community. There should be documentation on official hotel or motel letterhead of this agreement available in the home at all times. The Emergency Shelter agreement does not require regular renewal; however, Provider should be able to show documented proof, updated annually, that the hotel or motel is currently in business and accepting patrons.

When applicable, Provider will be expected to have a contingency plan made available for each of the following: volunteers and/or pets. The plan(s) should provide details which discuss the steps Provider will take to ensure consumer safety in the home when volunteer persons and/or pets will be in the home.

Provider to have a vehicle breakdown and accident procedure for staff to follow in case of an emergency. Because staff are sometimes distracted when either of these circumstances occur, the provider should have a step-by-step procedure to follow along with pertinent telephone numbers to contact in case either of these circumstances should arise.

Providers will also maintain an infection control kit, first aid kit and emergency kit. The kit contents listed below meet both SCCMHA and Michigan Department of Health and Human Services (MDHHS) requirements.

Infection Control Kit

The following will also meet OSHA recommendations:

- Disposable shoe covers
- Disposable gown
- Disposable apron
- Disposable mouth/nose cover
- Antiseptic cleansing wipes
- Germicidal wipes
- Spill Kit (including the following)
    - Scooper
    - Sealable scoop bag
    - Gloves
    - Eye shields
    - Body fluid pick up guard
    - Absorbent packs
    - Bio-hazard bags
    - Disposable clean-up towels
    - Germicidal floor wipes
    - Biohazard identification sticker

First Aid Kit

Staff who work in a licensed facility are required to take CPR and First Aid training. It is mandatory that a First Aid/CPR booklet be given to each participant. Included in that booklet is a list of what should be included in a first aid kit. Items include:

- Disposable gloves
- Antiseptic towelettes
- Safety Goggles
- Red biohazard bags
- Breathing barrier
- Assorted sized adhesive bandages
- Triangular bandages
- Elastic bandages
- Non stick wound dressing
- Roller gauze
- Sterile gauze pads
- Adhesive tape
- Scissors
- Cold pack
- Sterile eye pads
- Eye wash
- Antibacterial ointment
- First aid booklet

Emergency Kits

Should be stored in a waterproof case, in a convenient area, so it is readily available for use. Someone should be assigned to check and restock the supplies regularly. An emergency kit is a bag of supplies – usually a duffle style bag preferably with wheels for easy transport– that is located near the main exit used for fire escape/drills. An emergency kit should also be kept in each vehicle used for transportation. Items that should be included in an emergency bag include:

- List of emergency phone numbers (Home Manager, Case Mgr./ Supports Coordinator, guardians, contracts coordinator, recipient rights, licensing, power company etc.)
- Consumer profiles
- List of medications for each person
- Slippers or disposable foot covers for each recipient
- Emergency type blankets for each person (the small camp style emergency blankets that appear like shiny foil)
- Raincoats
- Disposable briefs
- Gloves
- Small first aid kit
- Wet wipes
- Flashlight and extra batteries
- Weather Radio and extra batteries
- Batteries
- Extra keys for the house and vehicles
- Pen/pencil and small note pad
- Bottled water (with date on it)
- Snack food or small reinforcements (individually wrapped crackers or cookies)
- Other Critical Medical Supplies (such as insulin or battery-operated feeding pumps)

**Physical Plant**:
Consumers will be encouraged to maintain their own personal living quarters. SCCMHA encourages consumers to participate in day-to-day housekeeping chores per their plan of service. Providers are encouraged to document their home's cleaning schedule and inspect their home's physical plant structure and appearance on a quarterly basis using the "SCCMHA Sample Preventive Maintenance Checklist" (*See SCCMHA Policy 03.02.07.07 Adult Foster Care Maintenance of Physical Plant*). Such physical plant inspections including checks for health & safety hazards should be routinely documented and signed off by appropriate home staff or landlord. Any client specific needs such environmental modifications or physical plant repair to ensure the safety of the resident(s) should be requested on the "Durable Medical Equipment/ Environmental Modification Request for Additional Funds" form *(Please see SCCMHA Procedure 09.09.05.08 Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications)*. The Durable Medical Equipment/ Environmental Modification Request for Additional Funds should be signed off by the provider and submitted to the consumer case holder. Providers are responsible for all routine maintenance repairs as well as any cost/repair/damage to the physical structure and contents of their home and surroundings caused by negligence on the part of its employees. The SCCMHA auditing and contract departments may request copies of such routine physical plant inspections at any time to ensure quality standards as it relates to the health and safety of SCCMHA residential referrals.
All caustic chemicals and cleaning supplies shall be stored in a locked location to prevent any potential mishaps.

**Admissions/Discharges**:
The provider shall have the right to reject a request from the SCCMHA for placement of consumer(s) or to terminate an existing placement, providing such action occurs in consultation

with the consumer(s), SCCMHA, and with the consumer's legal representative where applicable. Provider must give SCCMHA & the consumer/ guardian 60-day written notice of any consumer placement terminations.

In situations where SCCMHA is contracting all beds in the home, SCCMHA reserves the right to select consumers for placement in the home. Providers will be given opportunity to visit candidates for placement in the home and may request, in writing, SCCMHA reconsider a proposed candidate if the provider believes the home does not have the capacity to meet the needs of the consumer. However, SCCMHA reserves the right to re-evaluate providers who reject consumers without good reason or lack the capability or flexibility to meet the residential service needs of those consumers SCCMHA is obligated to serve under the Michigan Mental Health Code and the terms of SCCMHA's master contract with the Michigan Department of Health and Human Services.

**Leave of Absence (LOA)**:
The provider will ensure consumer(s) have all needed medications, treatments and personal items necessary for proper care during any periods of absence from the home. The provider will inform the individual taking a consumer on a leave of absence of any health and safety precautions in the consumer's plan of service. For consumers with guardians, the provider will obtain prior authorization from the guardian before allowing any individual, other than the guardian, to remove the consumer from the residence for day or overnight visits. An Application for Leave of Absence should be kept on file in the home. Restrictions on leaves of absence can only be made if an acute risk of physical or mental harm to the consumer and/or community has been identified, the restriction is included in the consumer's plan of service and the restriction has been approved by the SCCMHA Behavior Management Committee. (*Please see attached "Leave of Absence Form" Exhibit D)*

The provider remains responsible for the provision of service in circumstances such as elopement, working, at day program, in the neighborhood, going to the store or movie, etc. even though the consumer is not in the facility or under the direct supervision of the provider

The Medicaid rule regarding not reporting/billing day of discharge is assumed to be a primary rule governing which provider can report/bill that day. The CMHSP/PIHP **cannot** report the day of exit when the consumer is going to another per diem setting.

The same day may **NOT** be reported by two homes (transfers); **NOR** if the person is moving from a certified/licensed setting to a non-licensed setting **NOR** if persons have a hospitalization or nursing home stay; **NOR** as persons terminate the licensed/certified CLS/PC services, including leaving the CMH system. The discharge day or the day the person "moves" to the other setting is not reportable as a CLS/PC per diem by the home for the person is who "leaving".

The "day" of attendance/service is based on the beneficiary receiving at least one activity in Personal Care and/or CLS, and as noted above is not moving that day to another setting (permanently or in the case of hospitalization on a temporary basis).

However, the beneficiary may be absent from the home for other leaves, e.g., visits with family/friends. For both the day they leave and the day they return, **IF** they receive at least one activity in Personal Care and/or CLS, then that day may be reported. If the person is out of the home on leave for an entire 24-hour day, that day is not reportable.

**Plan of Service/Records**:
The provider agrees to deliver services to each consumer accepted for care in accordance with the consumer's approved plan of service and to make a good faith effort to achieve the goals and objectives contained within the plan. The plan of service will outline the clinical services to be provided to each consumer. The provider will ensure that all caregivers are updated routinely of any changes in a consumer's plan. If the plan is unclear, the provider will request clarification immediately from the consumer's Case Holder. Consumer plans of service are to be implemented within 24 hours of receipt by the provider. If the provider is unable to implement a plan of service for any reason, they will notify the SCCMHA Case Holder immediately. Please note that all providers have access to consumer plans, for which they are authorized, on SCCMHA electronic medical record called Sentri.

The provider agrees to complete daily documentation on each shift reflecting consumer participation in his/her plan of service. The "SCCMHA Licensed Residential Personal Care & Community Living Supports Service Log" will be completed for all SCCMHA consumers served under this contract. *(Please see SCCMHA Procedure 09.04.04.03- Personal Care and Community Living Supports Service Log Documentation.)*

A daily medication administration/treatment record will be maintained for those SCCMHA consumers requiring medications and treatment. This record is included by the pharmacy when the pharmacy dispenses prescriptions.

Food Acceptance Logs will be maintained when recommended by the dietician, nurse or Case Holder.

Other documentation will be maintained as requested by the SCCMHA Case Holder or Clinicians.

Copies of each consumer's plan of service, assessments (including OT, PT, ST), monitoring reports, and relevant medical records shall be retained in the provider's facility. The original or main case record for the consumer will be maintained at the office of the consumer's primary provider.

**Medical Appointments:**
Providers will monitor the health status of consumers and will ensure that scheduled medical and clinical appointments are made in a timely manner, that the consumer attends the appointments and that resulting reports, prescriptions, evaluations and other documentation are secured by attending staff and implemented promptly and appropriately. The provider will notify the case holder and assigned SCCMHA nurse (if applicable), of reports, medications, treatments, and any additional medical services ordered by the consumer's primary physician or other medical provider. Providers will implement and maintain a log documenting physician appointments, results and recommendations.

The provider will insure that SCCMHA consumers have healthcare appraisals completed as required by Adult Foster Care Licensing Rules and as funded by Medicaid. The appraisal is to include a review of current symptoms, an evaluation of bodily systems, vision and hearing screenings as appropriate and routine lab work, as well as TB screening and an update of immunizations as recommended by the primary care physician. Psychiatric, Speech, Physical

Therapy, Occupational Therapy, Psychological, Nursing and Dietary evaluations will be secured for the consumer by SCCMHA as needed and desired by consumer. If a consumer is on medications prescribed by a psychiatrist, regular Medication Reviews by the prescribing psychiatrist will be scheduled by the provider, unless otherwise specified in the consumer's plan of service.

**Do Not Resuscitate Orders**:
Providers must comply with current opinions as issued by the Michigan Attorney General's Office regarding the implementation or non-implementation of valid Do-Not-Resuscitate Orders pursuant to the Michigan Do-Not-Resuscitate Procedure Act for SCCMHA consumers. Please reference SCCMHA Policy 03.02.14-Advanced Directives for more information on this topic.

**Personal Care**:
Providers shall provide consumers with a basic supply of personal care items such as shampoo, toothpaste and deodorant as required by licensing as part of the room and board payment. Consumer items will want to be individually labeled in case they are left in the bathroom, staff will know to whom items belong. Providers will also monitor and maintain any personal care equipment required by consumers. If equipment is in disrepair, the provider will immediately assist the consumer with securing repair or purchasing a replacement. Providers will make every effort to ensure consumers maintain a neat appearance and receive the assistance needed to complete personal care on a daily basis.

**Nutrition & Dietary**:
Providers will follow and utilize SCCMHA's Guidelines for Dietary Services (located in the SCCMHA Network Services Provider Manual). MyPlate should be used when preparing menus and meals. Provider is encouraged to learn more about MyPlate and meal planning at www.choosemyplate.gov. Providers must pay close attention to any written diet orders. Therapeutic and mechanically altered diets must be ordered by a physician and followed at all times. Most SCCMHA consumers may benefit from avoiding food textures that increase the risk for choking such as sticky, tough, hard, or crunchy foods.

**Adaptive Equipment**:
The provider will ensure all durable medical equipment or assistive devices purchased or rented for the consumer as ordered by the consumer's physician and identified in the consumer's plan of service are readily available and used as prescribed. Providers will also ensure proper maintenance of any adaptive equipment, including immediate repair and making arrangements for loaner equipment for critical items such as wheelchairs. Providers will ensure that consumers with special needs such as incontinence, or other healthcare or behavioral concerns are provided with a regular supply of clean linen and bedding in accord with their needs. Client specific needs for adaptive equipment should be requested on the "Durable Medical Equipment/ Environmental Modification Request for Additional Funds" form. *(Please see SCCMHA Policy 03.02.07 Residential Services for this form)* This form should be signed off by the provider and submitted to the consumer's case holder. Any adaptive equipment should be noted as an 1915 (i) SPA (State Plan Amendment).

**Personal Possessions and Funds**:
Providers will maintain an inventory list of all consumer's personal items (i.e. TVs, radios) to ensure safekeeping. Provider to update personal possessions inventory at least annually and preferably as items are bought or brought for consumer into the facility. Providers will ensure

consumer clothing is kept in good repair and replaced, as needed. Providers will ensure SCCMHA consumers choose their own clothing and have proper clothing for a variety of activities, occasions, and seasons and appropriate for their size, age, and gender. Consumers must be able to secure and store their belongings away from others. *(Please see attached sample "Consumer Inventory List", Attachment 2).* Providers will maintain consumer funds according to SCCMHA policy 03.02.07.11 Management of Consumer Funds.

**Individuality/Lifestyle**:
Consumers will be able to maintain their own personal lifestyles while respecting other consumers in the home. Consumers will be allowed to personalize their living quarters within reason. Providers will encourage and support consumers to participate in independent decision making as able regarding activities of daily living and in any other life decisions, and to pursue as vital and valued roles in the community as they are able to maintain. Providers are to promote the growth, individuality, development and independence of consumers.

**Activities/Recreation**:
The provider will offer consumers frequent opportunities for home and community activities and recreation. Providers will allow consumers to choose their own activities, within any limitations defined in the consumer's plan of service, and where the consumer has not expressed a preference, the provider will plan activities that are age appropriate so as to maintain the dignity of each consumer and should be as meaningful to the consumer as possible. Activities will be community integrated and offer the consumer the opportunity to interact with other individuals in the community who are not part of the mental health service system. Providers should document such activities to demonstrate compliance to the standard. The Home and Community Based Services Rules (HCBS) require all consumers to be offered more than one community based outing per week.

**Transportation**:
Providers will provide consumers with appropriate transportation to SCCMHA services, medical appointments, and community activities. The provider will have continuous and adequate access to a vehicle(s) for use to evacuate consumers from the residence in case of an emergency. The provider will provide barrier free transportation as required for consumers who utilize a wheelchair or have other significant ambulation deficits.

SCCMHA will provide transportation to and from SCCMHA skill building services as appropriate given consumer needs and the availability of public transportation or natural supports.

Providers will ensure transportation is given to consumers if the need for emergency medical treatment arises. If consumer is attending a day program and a medical emergency occurs, staff currently responsible for the consumer will be required to ensure consumer is given transportation to the medical facility. This may or may not involve the responsible staff transporting the individual. If a consumer requires transportation to a medical facility while at program, consumer's home staff should be notified immediately. If at all possible, home staff should meet the consumer to provide transportation to the medical facility as necessary. If time does not allow for home staff to transport consumer, it is expected that a staff from the home will meet the consumer at the medical facility as soon as possible to ensure the treating health professional receives any necessary health information. It is the expectation of SCCMHA that daytime program sites and residential home staff will work together when an injury or illness occurs that requires transportation to and supervision of a consumer while at a medical facility.

**Services**:
SCCMHA agrees to provide additional mental health services as defined in the plan of service as appropriate for the consumer, given their needs and available community resources. SCCMHA will assign a Case Holder for each consumer in the home to help coordinate their care.

**Attachments to this Guideline:**

1. Staff Schedule
2. Consumer Inventory List

# Staff Schedule

Attachment 1

Home Name: _____

Home Address: _____

Month: _____ Year: _____

| Staff Name | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total Hours | Sun | Mon | Tues | Wed | Thurs | Fri | Sat | Total Hours |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Date: | | | | | | | | | | | | | | | | |
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Total Hours_____ Two Week Total Hours_____

Number of Home Manager Administrative Hours: _____

Attachment 2

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Consumer Inventory List

| **Consumer Name:** | | **Case #:** | | |
|---|---|---|---|---|
| **Provider Name:** | | | | |
| **Inventory Item** | **Quantity** | **Staff/ Supervisor Initials** | **Date Added to Inventory** | **Date Disposed Of** |
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**Staff Signature:**_____ **Date:**_____

**Consumer/Guardian Signature:**_____ **Date:**_____

# ASSESSMENT PLAN FOR AFC RESIDENTS

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

Exhibit C

**INSTRUCTIONS:**

1. A written assessment plan is required. The licensee is responsible for assuring that a written assessment plan is completed.
2. This form has been approved by the Department of Licensing and Regulatory Affairs and contains the information required by administrative rule and Section 3 (9) of.1979 P.A. 218.
3. This form is to be completed by the licensee and resident, or the resident's designated representative. The responsible agency, if any, may assist in this process.
4. Use additional sheets if necessary and **PRINT CLEARLY.**

| Name of Resident | Name of Designated Representative (if applicable) | Date of Birth | Sex |
|---|---|---|---|
| | | | ☐ M ☐ F |

**I. SOCIAL/BEHAVIORAL ASSESSMENT PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)**

| | Yes | No | IF NO, Describe Needs and How They Will Be Met |
|---|---|---|---|
| A. Moves Independently in Community | ☐ | ☐ | |
| B. Communicates Needs | ☐ | ☐ | |
| C. Understands Verbal Communication | ☐ | ☐ | |
| D. Alert to Surroundings | ☐ | ☐ | |
| E. Reads and Writes | ☐ | ☐ | |
| F. Tells Time | ☐ | ☐ | |
| G. Manages Money | ☐ | ☐ | |
| H. Follows Instructions | ☐ | ☐ | |
| I. Controls Aggressive Behavior | ☐ | ☐ | |
| J. Controls Sexual Behavior | ☐ | ☐ | |
| K. Gets Along With Others | ☐ | ☐ | |
| L. Exhibits Self Injurious Behavior | ☐ | ☐ | |
| M. Participants in Social Activities | ☐ | ☐ | |
| N. Smokes | ☐ | ☐ | |
| O. Appropriately Uses Alcohol/Drugs | ☐ | ☐ | |

See Page 4 for Non-discrimination and ADA statement

Continued on Next Page

**II. SELF CARE SKILL ASSESSMENT** **PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)**

| | Needs Help | | |
|---|---|---|---|
| | Yes | No | IF YES, Describe Needs and How The Will Be Met |
| A. Eating/Feeding | ☐ | ☐ | |
| B. Toileting | ☐ | ☐ | |
| C. Bathing | ☐ | ☐ | |
| D. Grooming (hair care, teeth, nails, etc.) | ☐ | ☐ | |
| E. Dressing | ☐ | ☐ | |
| F. Personal Hygiene | ☐ | ☐ | |
| G. Walking/Mobility | ☐ | ☐ | |
| H. Stair climbing | ☐ | ☐ | |
| I. Use of Prosthesis (Dentures, Artificial limbs, etc.) | ☐ | ☐ | |
| J. Use of Assistive Devices (explain) | ☐ | ☐ | |
| K. Other (explain) | ☐ | ☐ | |

**III. HEALTH CARE ASSESSMENT** **PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)**

| | Yes | No | IF YES, Describe Needs and How They Will Be Met |
|---|---|---|---|
| A. Taking medication | ☐ | ☐ | |
| B. Special Diets | ☐ | ☐ | |
| C. Physical Limitations | ☐ | ☐ | |
| D. Special Equipment Used (Wheel chair, Walker, Cane, etc.) | ☐ | ☐ | |
| E. Other Difficulties (Vision, Weight, Allergies, etc.) | ☐ | ☐ | |
| F. Susceptible to Hypothermia or Hyperthermia | ☐ | ☐ | |

Continued on Next Page

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Exhibit D

**Leave of Absence Form**

The purpose of this form is document absences from the residential facilities as a way for the homes to plan staffing, to be able to locate a consumer if the need arises during an absence and to assure medications are available for a consumer while on leave.

Name of Consumer:_____ Case #:_____
Facility: _____ Date of Departure: _____
Type of leave: Partial Day ☐ Expected time of return: _____
Overnight or longer ☐ Expected Date of return: _____
Expected Time of return: _____
Person accompanying consumer while on leave:
Name: _____ Relationship: _____
Address: _____ Telephone: _____
Cell phone: _____

If consumer has a guardian, has guardian given consent for this consumer to go on leave with the person identified above:

Yes ☐ No ☐

It is important that medications are given as prescribed.

I understand (recognize) that the accompanying medication(s) are not packaged in child resistant containers and I will take appropriate precautions to keep them out of reach of small children.

**Release of Consumer**

Are medications being sent with consumer?
Yes ☐ No ☐
(If yes list below)

| Name of medication/strength | Amount Sent |
|---|---|
| | |
| | |
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| | |

Employee releasing medication(s):
Signature:_____
Title:_____
Date:_____ Time:_____

**Return of Consumer**

Amount of Medications Returned (if any)

_____
_____
_____
_____
_____

Inspection/Comment on return:

Employee receiving any medication(s):
Signature:_____
Title:_____
Date:_____ Time:_____

I have had the opportunity to ask questions about administering the medications: Yes ☐ No ☐

Signature of person accompanying _____ on leave. _____
(Signature) (Date)

CMW 10/1/98; revised KSL 7/30/05; revised JJK 6/2010

Exhibit E

**SCCMHA 911 Guidelines**

SCCMHA understands that there may be situations when 911 must be called in a home setting. Even with the best efforts of SCCMHA and home staff, not all situations can be anticipated. A good example of this is if a weapon is identified, or if there is an eminent and reasonable belief that someone will be seriously harmed. If staff or visitors are exhibiting suspected criminal behavior – regardless of whether there is an immediate threat to consumer safety – would also be an example to call 911. Another obvious situation is if the is an intruder in the home or there is an eminent threat outside the home. An additional example is always when the home needs immediate medical response. (police vs. ambulance or fire) SCCMHA will not second guess or penalize home for contacting 911, if in their best judgement, such intervention is needed to prevent serous harm.

However, SCCMHA as well as MDHHS do emphasize prevention and planning as an effective tool in managing consumer behavior and ensuring the safety and welfare of all in the home, consumers, and staff. It is expected that staff will have a basic knowledge of protocols to follow when an escalating incident occurs. SCCMHA recommends that home staff discuss possible or even probable scenarios or situations and make plans for how such would be managed in advance of any situation. Such planning also serves to help staff stay calm in situations as they understand what the plan is to be and can execute such as discussed prior to the actual situation. Staff are less likely to act in any inappropriate manner if they have a plan readily available. Staff should be familiar with specific consumer behavior plans and be ready to respond proactively, with emphasis on prevention of behavior escalation whenever possible. In some circumstances it might be advisable to practice the preferred response or several possible responses, including distracting techniques when appropriate. Calling 911 to simply prevent or even halt minor property destruction is not recommended by SCCMHA. Again, if there is a history of such potential behavior, preventative steps should be taken to protect consumers and staff whenever possible, which will also result in property protection.

It is also the expectation of SCCMHA that if 911 must be contacted for a situation, a debriefing will occur to plan for a second similar occurrence, with an emphasis on prevention or a similar occurrence wherever possible. For consumers where it might be anticipated that a behavior might occur, either a crisis plan developed with a consumer and or a behavioral treatment plan should be pursued. Giving consumers ownership of how staff can assist them to prevent situations where feasible is highly recommended, although it is recognized that this may not always be feasible with all people, but this should always be the preferred goal. Emphasis on the development of positive relationships and interactions with consumers, at times when a negative behavior is not present, is also recommended. Prevention assists consumers to avoid being in a situation or getting to the point where they feel their only resort is to act out or face negative consequences, including 911 calls and/or police at the setting. Under no circumstances should calling 911 be used as a routine or periodic threat or consequence of any kind of consumer behavior.

Along with physical management techniques, to be used as a last resort, redirection, de-escalation, and other calming techniques should be used, even if 911 is being contacted simultaneously. One plan could involve the ability to dispatch staff if the distance is reasonable. If a consumer is known to tend to react to a trigger, then all appropriate methods should be used to prevent or avoid that trigger likely to induce a reaction. If certain times or situations are a trigger, scheduling, an extra staff member to help start a pattern of behavior prevention might be appropriate.

All behavior is a result of some intent or reaction, and getting to the source of the cause when feasible can assist in developing avoidance, prevention, and management methods, helping consumers as well as staff to avoid potential 911 and/or other higher risk situations.

Original document March 2012. Revised April 2023.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Residential Services – CLS</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.07B</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/16/05</td><td>Date of Review/Revision:<br>6/14/05, 8/30/06, 1/5/07, 6/28/07, 6/30/09, 3/2/10, 7/30/10,1/5/11, 8/15/11, 6/11/12, 7/2/14, 8/11/14, 8/14/14, 12/23/14, 2/4/16, 5/2/16, 4/5/18, 2/26/19</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Allison Kalmes and Jennifer Keilitz<br><br>Additional Reviewers:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To identify and clarify the residential options available for Saginaw County Community Mental Health Authority (SCCMHA) Consumers beyond Adult Foster Care and Specialized Residential Settings.

**Policy:**
SCCMHA providers of service are in a position, on a regular basis, to assist consumers/guardians with decisions about the most appropriate residential option for the consumer. Though there are many options available, those decisions should be based on some guiding principles.

The guiding principles for helping a consumer/guardian make decisions about the most appropriate residential option should include:

The residential option chosen should be based upon the consumer's choice.

It should be the least restrictive setting to meet the consumer's needs.

The consumer's health and safety needs must be able to be met within the residential option chosen.

It should allow the consumer to be integrated into his/her home community when at all possible.

The setting must be safe and habitable.

The setting chosen must afford the consumer a rich quality of life.

The opportunity to use a fiscal intermediary in order to guide over a directed budget, using the principals of self determination. (See SCCMHA policy 02.03.04 Self Determination)

SCCMHA believes that all consumers, regardless of their living situation, have the right to live in a quality environment. SCCMHA monitors quality of residential settings in a variety of ways including through SCCMHA's auditing and contracts units. The properties management unit is also available for monitoring; however, a specific request must be made by consumer's case holder and then approved by the consumer him/herself. Case holders will be expected to monitor the consumer in the chosen residential option at intervals agreed to in the resident's plan of service. Monthly home visits are recommended by SCCMHA to assure that the needs of the consumer are being met and that the consumer is satisfied with the services provided. During these visits, the case holder should be monitoring the residence for potential concerns such as, inadequate food supply, no running water/electricity, broken items (i.e. faucets, windows, appliances, furniture, etc.), lack of hygiene/cleanliness, etc. SCCMHA has a Residential Watch Committee that discusses residential situations that may have some potential risk. See SCCMHA procedure 09.04.03.07, Residential Provider Watch Program.

**Application:**
The Network of SCCMHA Providers

**Standards:**

- Consumers will be offered the option of utilizing self-determination for receiving CLS services at every planning meeting that occurs (See SCCMHA Policy 02.03.04 Self Determination)
- Consumers will always have the option to choose their CLS worker. They will not be required to stay with a worker if they decide they would rather work with someone else.
- Consumers will be assisted with the process of applying for MDHHS Chore Provider Services upon transition to an independent living setting (CLS).
- Provider will ensure all consumers are being treated with dignity and respect, to which they are entitled (See SCCMHA Policy 02.02.28 Recipient Rights – Dignity and Respect)

**Definitions:**
*Independent Living with Community Living Supports (CLS):*
Independent living with community living supports is the least restrictive setting with of course the exception of complete independence. The Community Living Supports services are intended to last only until the consumer can gain the skills in order to live independently. In this residential option, the consumer receives minimal community living supports while residing in their own home/apartment. These supports typically

involve assistance with medication administration and/or assistance with advanced daily living skills such as meal planning, grocery shopping, or cooking. This assistance can be provided by a person or organization contracted to stop by the apartment/home to provide these supports and/or with equipment designed to provide the necessary prompts such as daily pill reminders etc.

Considerations: The person must have the personal resources to manage the expenses incurred (rent, utilities, transportation, phone, television, etc. which is not an all-inclusive list) when living in your own home/apartment. The person must have the ability to be alone or with a room mate for the majority of the time and must possess the necessary personal care skills to live independently. They must have the ability to take the necessary action needed in an emergency situation. A CLS Net Service Analysis Map and an adult application for DHHS chore services must be completed by consumer's case holder.

Attached is a checklist that can assist with determining whether a consumer would be applicable for independent living with CLS, as well as checklists for consumers with helpful tips when living independently.

See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS for applicable documents.

*Community Living Supports (CLS):*
Community living arrangements are set up in the environment of the consumer's choice, typically an apartment, house, or duplex. Enhanced support staff or other community living supports focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports are assisting, prompting, reminding, cueing, observing, guiding and/or training in the following activities:
According to section 17.3.B. Community Living Supports of the April 2016 Medicaid Provider Manual:

Staff may assist, prompt, remind, cue, observe, guide and/or train in the following activities:

1) Meal preparation
2) Laundry
3) Routine, seasonal and heavy household care and maintenance
4) Activities of daily living such as bathing, eating, dressing, and personal hygiene
5) Shopping for food and other necessities of daily living

Staff may assist, support and/or train in the following activities:

6) Money management (If Provider is holding consumer funds, there should be documentation of this in consumer's plan and case holder should be monitoring the fund logs)
7) Non-medical care (not requiring nurse or physician intervention)
8) Socialization and relationship building

9) Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
10) Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
11) Attendance at medical appointments
12) Acquiring or procuring goods, other than those listed under shopping, and non-medical services
13) Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Staff may remind, observe, and or monitor the following activity:
medication administration

Monitoring, security and call devices as well as buddy systems are often used to supplement staff hours available. Also available through *Genoa Pharmacy* is the medication drop service program.

Considerations for Community Living Arrangements: An individual must be willing and able to live semi-independently, including utilizing their personal resources to manage the expenses incurred (rent, utilities, transportation, phone, television, etc. which is not an all-inclusive list). An individual must be willing to maximize their abilities to live as independently as possible from the assistance of support staff. The supports available to them through formal and informal sources must be adequate to meet their needs. Consumers must apply for Michigan Department of Health & Human Services (MDHHS) Home Help or Expanded Home Help services also referred to as CHORE services, with assistance from their case holder, as needed. A CLS Net Service Analysis Map must be completed. Although from a perspective of promoting and empowering dignified lifestyles, it would be ideal to have all consumers in supported living arrangements, it is preferred that individuals have the ability to be unsupervised for a period of time, with or without the use of monitoring devices. If consumers are able to spend portions of the day alone without any health or safety risks, a supported living arrangement should be considered. For assistance with determining whether a consumer should be considered for supported living arrangements, refer to the Independent Living Checklist (Exhibit A). If consumers are applicable for supported living arrangements, but have concerns related to a history of medication non-compliance, the Medication Drop Service Program provided by *Genoa Pharmacy* should be considered (Exhibit B). If supported living services are an applicable option, the arrangement must be cost effective.

See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS for applicable documents.

**References:**
MDHHS Medicaid Provider Manual: Behavioral Health and Intellectual and

Developmental Disability Supports and Services
SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program
SCCMHA Policy 02.02.10- Recipient Rights - Reporting Unusual or Unexpected Incident
SCCMHA Policy 03.02.07 Residential Services.
SCCMHA Policy 05.06.08 Management of Consumer Funds.
SCCMHA Policy 02.03.04 Self Determination
MDHHS website: https://dhhs.michigan.gov/OLMWeb/ex/AS/Public/ASM/000.pdf
MDHHS policies: ASM 101, ASM 105, ASM 120, ASM 121
SCCMHA Policy 03.02.07C Exhibits to AFC, Licensed Residential and CLS

**Exhibits:**

Exhibit A: Independent Living Checklist
Exhibit B: Home Help Services MDHHS Publication 815
Exhibit C: Home Help application DHS-54A and DHS-390
Exhibit D: Guidelines for Community Living Supports (CLS) Service Providers
Attachment 1: Guidelines for Choosing a Community Living Supports Service Provider
Attachment 2: FY12 Community Living Supports- Weekly Documentation Log
Exhibit E: CLS Net Service Analysis Map
Exhibit F: Cleaning Schedule
Exhibit G: Staying Safe in Your Home

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Makes a variety of residential options available to consumers of mental health services. | Community Mental Health Services Program |
| Participates in a person-centered planning process to discuss the consumer's needs and desires particularly as it relates to residential options. | Consumer, guardian, case holder, others as identified by the consumer/guardian. |
| Reviews the residential option desired to determine if it can meet the needs of the consumer with special attention to the health and safety needs of the consumer. | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |
| Develops a plan of service which addresses the specific needs of the consumer, including amount, scope and duration. The plan should also address each need identified in the CLS/Chore Authorization. (See SCCMHA Policy 03.02.07C | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |

| | |
|---|---|
| Residential Service - Exhibits to AFC, Licensed Residential, and CLS for assistance with this process) Keeping in mind the least restrictive setting. | |
| Completes a CLS Net Service Analysis Map for all consumers who need CLS services. | Case Holder |
| Completes (for all Adult consumers who require hands on assistance or are dependent for personal needs) MDHHS Chore Services application and submits it to the Coding and Compliance Specialist at SCCMHA. | Case Holder,<br>Clinical Supervisor<br>Coding & Compliance Specialist |
| Reviews MDHHS Chore Services application for appropriate submission to MDHHS for Chore Services. | Coding & Compliance Specialist |
| Staff fills in appropriate information on the authorization form of date of application, amount of chore services or date of denial of chore services & Care Management will approve 30 days of authorizations until a determination is made by MDHHS. | Care Management Specialist |
| Once a determination has been made; if denied a copy must be scanned into the record and care management notified. If approved a copy of the time/task log must be obtained and scanned into the record. | Case Holder |
| MDHHS re-evaluates the consumer's need for chore services every 6 months, a new copy of the time/task log must be obtained for Care Management to approve additional 6 months of authorizations. A copy of any time/task log can be obtained thru Coding & Compliance Specialist. A copy of denial letter to be placed in consumer electronic health record. | Coding & Compliance Specialist<br>Care Management |
| Consumer plan reflects the number of Chore Service hours and the number of CLS hours. | Case Holder |

| | |
|---|---|
| Assist with the procurement of needed Equipment or Environmental Modification Utilizing the "Request for Additional Funds Form" only after all outside resources have been exhausted. | Case Holder, Provider |
| Monitors the consumer in the residential option at intervals agreed to in the resident's plan of service. Monthly home visits are recommended by SCCMHA to assure that the needs of the consumer are being met in the residential setting and that the consumer is satisfied with the services provided. Should also be monitoring the residence for potential concerns such as, inadequate food supply, no running water/electricity, broken items (i.e. faucets, windows, appliances, furniture, etc.), lack of hygiene/cleanliness, etc. and assisting the consumer in notifying the landlord. | Case Holder and guardian when one is appointed. |
| Holds and/or monitors consumer funds when stated in consumer's plan. This includes keeping a log documenting when money is deposited and withdrawn. Logs should include signatures from consumers whenever funds exchange hands. | Provider, Consumer |
| Monitors consumer funds at least monthly (if money being held by Provider, per consumer plan) to ensure there is no mishandling of consumer money occurring. | Case Holder |
| Follows the Guidelines for Community Living Supports as written in Exhibit D. | Provider, Case Holder |

Exhibit A

# INDEPENDENT LIVING CHECKLIST

*A Guide to Evaluating Independent Living Skills – A Life Like Everyone Else*

**Name:**_____ **ID:**_____

**I**-does Independently, **R**-does with Reminders, **S**-does with Supports

## I. Home Environment

| Item | I | R | S |
|---|---|---|---|
| Displays safety in using electrical, heating, plumbing | | | |
| Use of thermostat to control home temperature | | | |
| Use & safety of small kitchen appliances | | | |
| Use & safety of garbage disposal | | | |
| Safely handle hot pots, pans, oven ware | | | |
| Safely handle hot foods & water | | | |
| Stove burner - turn on | | | |
| Stove burner – knows difference between temps | | | |
| Stove burner – knows safety concerns | | | |
| Oven - turn on | | | |
| Oven – use of temperature control | | | |
| Microwave – can use | | | |
| Dishwasher – determine item dishwasher safe | | | |
| Dishwasher – proper/safe loading: knives | | | |
| Dishwasher – proper/safe loading: upper rack | | | |
| Dishwasher – proper/safe loading: light plastic items | | | |
| Dishwasher – proper/safe loading: bottom rack | | | |
| Dishwasher – operation: proper detergent | | | |
| Dishwasher – operation: control panel | | | |
| Food Storage – what needs to be refrigerated | | | |
| Food Storage – what needs to go in freezer | | | |
| Food Storage – what goes in cupboards | | | |
| Food Storage – what to do with leftovers | | | |
| What to do if an appliance is not working | | | |
| Ability to reach & operate appliances, outlets, switches, faucets, etc. | | | |
| Washer – sort clothing | | | |
| Washer – load clothing | | | |
| Washer – use detergent/fabric softener | | | |
| Washer – operate the control panel | | | |
| Washer – knows not to reach in while operating | | | |
| Dryer – load dryer (include cleaning lint filter) | | | |
| Dryer – operate the control panel | | | |
| How & when to clean: sinks & tub | | | |
| How & when to clean: toilet | | | |
| How & when to clean: refrigerator | | | |
| How & when to clean: microwave | | | |
| How & when to clean: oven | | | |
| How & when to clean: stove top | | | |
| How & when to clean: rugs | | | |
| How & when to clean: vinyl floor | | | |
| How & when to clean: tables & chairs | | | |
| How & when to clean: windows & mirrors | | | |
| How & when to clean: dishes | | | |
| Proper use & storage of cleaning products | | | |
| Has system for telling time or scheduling days | | | |
| Correctly adjusts water temperature for bath/shower | | | |
| Use door key | | | |
| Lock/Unlock door | | | |
| Knows how to identify & respond to people at door | | | |
| Carries ID, health insurance information, house key | | | |
| Knows not to leave with strangers | | | |
| Knows how to be safe with sharp objects | | | |
| Can safely use stairs | | | |
| Demonstrates safe smoking practices (if applicable) | | | |
| Can use a flashlight when needed | | | |
| Can identify & maneuver on slippery surfaces | | | |
| Can safely dispose of broken glass | | | |

## II. Responding to Emergencies

| Item | I | R | S |
|---|---|---|---|
| Can identify an emergency situation | | | |
| Can identify emergency phone numbers | | | |
| Can dial emergency phone numbers | | | |
| Can discuss an emergency on the phone | | | |
| Can identify & properly store poisons | | | |
| Understands the purpose of a smoke detector | | | |
| Knows how to inspect & maintain smoke detector | | | |
| Knows how to operate a fire extinguisher | | | |
| Knows when to use a fire extinguisher | | | |
| Knows what to do in case of a fire | | | |
| Knows what to do in case of a tornado | | | |
| Knows who to call in case of medical emergency | | | |
| Knows what to report medications & allergies in case of medical emergency | | | |
| Knows what to do if security of home is threatened | | | |
| Knows what to do in case of mental health emergency | | | |
| Knows who to call if utilities/phone are not working | | | |
| Knows when to leave home if utilities not working | | | |

## III. Community

| Item | I | R | S |
|---|---|---|---|
| Use of Public Telephone | | | |
| Use of Public Transportation | | | |
| Knows own address & phone number | | | |
| Knows address/phone for person to call for help | | | |
| Ask for help if lost | | | |
| Follows basic traffic rules, safety when in car, walking, bike riding | | | |
| Knows what to do if approached by a stranger | | | |
| Knows how & who to ask for help if accosted | | | |
| Knows how to respond to a physical assault | | | |
| Knows basic knowledge of money, value, purchasing | | | |
| Knows effects of, & laws about, alcohol on driving | | | |

## IV. Personal Hygiene & Health

| Item | I | R | S |
|---|---|---|---|
| Knows how & when to brush teeth | | | |
| Knows how & when to: take bath/shower | | | |
| Knows how & when to: wash hair | | | |

| Item | I | R | S |
|---|---|---|---|
| Knows how & when to: change clothes | | | |
| Knows how & when to: wash clothes | | | |
| Knows how & when to: wash linens | | | |
| Knows how & when to: comb/brush hair | | | |
| Knows how & when to: clip nails | | | |
| Knows how & when to: use deodorant | | | |
| Knows how & when to: use lotions/sun screen | | | |
| Knows how & when to: schedule doctor appointments | | | |
| Knows how & when to: schedule dental appointments | | | |
| Knows how & when to: schedule mental health appointments | | | |
| Taking medications and perform treatments as prescribed | | | |
| Ordering medications and treatments | | | |
| Responds to minor health concerns with first aid | | | |
| Differentiates between minor health concerns and those requiring medical attention | | | |
| Knows the need for rest and how much rest is needed | | | |
| Knows how to use tissues (i.e. Kleenex) | | | |
| Knows how to protect from disease | | | |
| Knows how to protect from unwanted pregnancy | | | |
| Understands balanced diet | | | |
| Can create a healthy meal | | | |
| Can use a cookbook | | | |
| Can make a shopping list | | | |
| Knows health effects of alcohol and tobacco | | | |

**V. Friends and Support Staff**

| Item | I | R | S |
|---|---|---|---|
| Knows & understands need to do background checks & seek references for potential staff | | | |
| Knows right to be treated with dignity & respect, and without physical or emotional harm | | | |
| Knows what is private and about privacy | | | |
| Knows how and who to contact in case of abuse or exploitation (financial, physical, emotional) | | | |

**VI. Equipment and Furnishings**

| Item | I | R | S |
|---|---|---|---|
| Has basic furniture: bed, table, chairs, couch, lamp(s), curtains/blinds | | | |
| Has appliances: stove, refrigerator, washer and dryer | | | |
| Appliances and heating system are in working order | | | |
| Toilet, sinks, tub/shower in working order with comfortable temperature & proper drainage | | | |
| Electrical outlets have wall plates | | | |
| Kitchen and bathroom outlets are GFI | | | |
| Neighborhood is safe | | | |
| Home exterior and interior clean and/or repaired | | | |
| Home has adequate lighting – inside and outside | | | |
| Adequate ventilation – windows open with screens | | | |
| Home is barrier free and accessible | | | |

**VII. Social Connections**

| Item | I | R | S |
|---|---|---|---|
| Family supports decision of independent living | | | |
| Family concerned about person living independently | | | |
| Network of natural supports in the community | | | |
| Person participates in leisure & recreational activities | | | |

**VII. Recommendations**

Any items that are marked other than independent should be assessed for training or additional/different supports to increase independence. List these below and how training will be provided or why it will not.

Exhibit B

The hourly rate of pay is based on the county where the client resides.

### What Services Are Not Covered?

Services **not** covered by Home Help:

- Supervised personal care (the guidance and direction a client may need to perform activities of daily living.)
- Yard work, heavy housework, and repairs.
- Services for other people (non-Medicaid recipients) who live in the home.
- Transportation (DHS can direct you to other resources to assist with this.)

### How Do I Apply for Home Help?

The person in need of services or someone they choose to represent them can call or visit the Adult Services Unit of their local county Department of Human Services.

**County:** Saginaw



QUANTITY: 10,000
COST: $756.29 ($.08 ea.)
AUTHORITY: DHS Director

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

DHS-Pub-815 (Rev. 6-09) Previous edition obsolete.



# HOME HELP SERVICES

Are you concerned about taking care of yourself and continuing to live in your own home?

Are you eligible for Medicaid?

This program may let you hire someone to help you with your essential daily activities.

STATE OF MICHIGAN
DEPARTMENT OF HUMAN SERVICES
www.michigan.gov/dhs

## What Is the Home Help Services Program?

Home Help Services is a program administered by the Department of Human Services (DHS). It is designed to give support to individuals who are unable to care for themselves adequately at home. This program provides funding for individuals to hire helpers to assist with daily activities. This allows people to live in their own homes rather than live in nursing homes, adult foster care homes, or homes for the aged.

## What Services Are Included?

If you are unable to perform some of your activities of daily living, we may be able to help you with:

- Eating or feeding.
- Using the toilet.
- Bathing.
- Grooming.
- Dressing.
- Transferring from one position to another.
- Moving around the home.
- Taking medicine.
- Preparing meals and cleaning up.
- Shopping for essential items.
- Doing laundry.
- Light housework.



## Who Is Eligible?

To receive Home Help Services, a person must be (1) eligible for Medicaid and (2) need physical help to perform these activities. A Medical Needs form (DHS-54A) signed by an approved Medicaid enrolled provider indicating personal care is needed must be obtained before payment for services can begin.

People with (1) high medical bills or extensive personal care needs and (2) income that exceeds Medicaid standards can still become eligible for Medicaid and this service. Ask a DHS Adult Services worker about the "deductible" and "personal care option."

## Who Provides the Services?

Home Help clients employ their own providers. Providers are not employed by DHS or the state of Michigan. Providers may be friends, relatives, neighbors, or employees of home help agencies. A client's spouse or a parent caring for a child under 18 **cannot** be paid by DHS. If a client has difficulty finding a provider they may contact the Michigan Quality Community Care Council (MQC3) at 800-979-4662. They maintain a registry of qualified providers.

## How Much Are Providers Paid?

The Adult Services worker, with the client and provider, will agree on how much help the client needs every month. This is based on the client's physical and mental condition and home situation. The Adult Services worker will conduct a comprehensive assessment to determine the amount of time needed to complete each



Exhibit C

# ADULT SERVICES APPLICATION

Michigan Department of Human Services

**NOTE:** If you need help to complete this application please indicate what kind of help you need

☐ Bi-Lingual Interpreter ☐ Sign-language interpreter for the deaf
☐ Other (Specify):

**FOR DEPARTMENTAL USE ONLY**

| 1. Case Name | | | | | |
|---|---|---|---|---|---|
| 2. Case Number | | | | 3. Recipient I.D. Number | |
| 4. County | District | Section | Unit | Specialist | Date |
| | | | | | |

| 5. Your Full Name (of person needing or requesting services) | 6. Date of Birth (mm/dd/yyyy) | 7. Social Security Number |
|---|---|---|
| 8. Your address (No., Street, City, State, Zip Code) | 9. Telephone Number | 10. TTD No. (Teletype for the deaf) |

**SECTION A. DEPARTMENT PROGRAMS. Below is a brief description of the services provided by the Department.**
**Instructions:** Check the box or boxes which describe the services you need or problems where you desire help.

1. ☐ Services to help adults stay in their own homes. Include such things as help in finding or using health and housing resources, referral to other services in the community (such as a senior citizen center) and counseling for a personal or health problem.
2. ☐ Services to help in paying for someone to assist with personal care and housekeeping services.
3. ☐ Services for adults who can no longer remain in their own homes. Includes help in finding an adult foster home, home for the aged, or nursing home and services for people living there.
4. ☐ Services for adults who are in danger and who need protection.
5. ☐ Other services. If none of the above descriptions seem to fit your situation, please state here what you need.

_____
_____
_____

**SECTION B. CURRENT SITUATION: Instructions:** X the boxes which apply to you.

1. Your Status as a Recipient
   a. ☐ Medicaid (MA) recipient
   b. ☐ Supplemental Security Income (SSI) recipient
   c. ☐ Financial Independence Program (FIP recipient)
   d. ☐ Applied for SSI but did not meet income requirements
   e. ☐ Food Assistance recipient
   f. ☐ State Disability Assistance (SDA) recipient
   g. ☐ State Family Assistance (SFA) recipient
   h. ☐ Member of migrant family
   i. ☐ Other _____

**FOR DEPARTMENTAL USE ONLY – How recipient status is verified**

2. Living Arrangement (Mark X in the proper boxes, and answer related questions)
   a. ☐ Alone
   b. ☐ With spouse — Is spouse disabled? ☐ Yes ☐ No
   c. ☐ With children under age 18. How many? _____
   d. ☐ With others (relatives and non-relatives) How many? _____
   e. ☐ Live in adult foster care facility, home for the aged, or nursing home.

**SECTION C. SERVICES APPLICATION RIGHTS, RESPONSIBILITIES AND INFORMATION:**

**Instructions:**

- Be sure to read this information. It describes your rights and responsibilities.
- You are entitled to a copy of this information.
- Ask for an explanation if you have questions.

1. **You have the following rights:**

**APPLICATION** – You have the right to apply for social services, to have your application reviewed with reasonable promptness, to be notified in writing of its approval or denial, and to be treated fairly and with dignity in all dealings with the department.

**NONDISCRIMINATION** – The Department of Human Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, or handicap. If you believe you have been discriminated against you have a right to file a complaint with:

- Michigan Department of Human Services
- Michigan Department of Civil Rights
- U.S. Department of Health and Human Services

**HEARINGS –** If you believe that you have not been treated fairly or that a mistake has been made concerning your case, you have the right to appeal. This means that you will be given a right to request an appeal hearing by the Michigan Department of Community Health, at which time you will be able to explain your side to an impartial administrative law judge. Your right of appeal applies for any of the following reasons:

- The Department's failure to act with reasonable promptness on your request for services.
- Any action by the Department which wrongly applies laws, rules or regulations to your particular situation.
- Any decision by the Department to refuse you services or to reduce or stop your services.

You may request a hearing in any other written form. You must sign and date a request for a hearing. You can send a request for a hearing to:

- Michigan Administrative Hearing System
  Department of Licensing and Regulatory Affairs
  P.O. 30763
  Lansing, MI 48909
  FAX: 517-373-4147

**EXPLANATION ABOUT THE FOOD ASSISTANCE PROGRAM** – If you do not currently receive food benefits, you have the right to be given the following information on the food assistance program:

- You may be eligible to receive food benefits.
- You may apply for the Food Assistance Program at your local Department of Human Services office.

**VOTER REGISTRATION** – If you are not registered to vote, you have the right to register.

2. **You have the following responsibilities:**
   - To give full and correct information about your situation. Information you give may need to be verified.
   - To report within 10 days to the Department of Human Services if your situation changes.

3. Read the following statement, sign and date the application.
   - I WISH TO APPLY FOR SOCIAL SERVICES. I CERTIFY THAT THE INFORMATION I HAVE GIVEN IS CORRECT. I AGREE TO FULFILL THE RESPONSIBILITIES DESCRIBED IN THE RIGHTS, RESPONSIBILITIES AND INFORMATION SECTION ABOVE. IF YOU WISH FINANCIAL OR MEDICAL ASSISTANCE, ANOTHER APPLICATION IS NEEDED.

| Signature of Client or Authorized Representative | Date |
|---|---|
| | |

STATE OF MICHIGAN

RICK SNYDER
GOVERNOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES
SAGINAW COUNTY

NICK LYON
DIRECTOR

Dear Medical Provider,

We would appreciate your cooperation in completing the attached MDHHS Medical needs form (DHS-54A). This form is to be completed by a physician, nurse practitioner, physical or occupational therapist. Providers must be Medicaid enrolled.

This form needs to be filled out for your patient as they are requesting chore services through the Adult Services home help program. The purpose of this form is to assist the assigned Independent Living Specialist in making assessment decisions in regards to determining the client's level of care needs. **Please fill out the form in its entirety. Also, clearly document the following information:**

Box B: Diagnoses/Treatment Plan for this patient- **Please list all diagnoses**

Box E: Give estimated number of months for the diagnosis in B that medical treatment will be required.

Box F: Is patient non-ambulatory?

Box I: Do you certify the patient has a medical need for assistance with any of the personal care activities listed below? (In box I, please check YES if the client has a **medical need for assistance** with any activities of daily living, instrumental activities of daily living, and/or complex care services. Also, please mark each activity they need assistance with.)

Box K: Indicate in this box whether or not a client is prescribed an adaptive equipment device (i.e. cane, walker, wheelchair, shower chair, etc.)

Please mail the original copy to DHHS. An addressed, prepaid envelop is enclosed for your convenience.

Thank you for your cooperation,

Saginaw County Adult Services

Saginaw County Board: Kathleen Packard, Chairman • Donald Hare, Vice-Chair • James Graham, Member
P.O. Box 5070 • SAGINAW, MICHIGAN 48605-9931
www.michigan.gov/mdhhs • 989-758-1100

## MEDICAL NEEDS

Michigan Department of Health and Human Services

**INSTRUCTIONS: To be completed annually by a physician, nurse practitioner, physical or occupation therapist. Please print or type.**

| | | | | |
|---|---|---|---|---|
| Case Name | | | | |
| Case Number | | | Recipient ID Number | |
| Patient's Name | | | | Patient's Birth Date |
| County | District | Section | Unit | Specialist |
| Specialist | | | Specialist Phone Number ( ) | |

Medical Provider:
We would appreciate your cooperation in completing the spaces checked below. In addition to a physician, Box A may be completed by a physician's assistant, certified nurse-midwife, ob-gyn nurse practitioner or ob-gyn clinical nurse specialist. Providers must be Medicaid enrolled. An addressed, prepaid envelope is enclosed for your convenience.

You are hereby authorized to release the information requested below to the Michigan Department of Health and Human Services.

| | | | |
|---|---|---|---|
| Patient's or Representative's Signature | | Patient's Name | Signature Date |
| Authorized Specialist's Signature | | Signature Date | Local MDHHS Office |
| ☐ A | Pregnancy Delivery (Expected) Date | Number of medically verified unborn children | |
| ☐ B | Diagnosis(es) / Treatment plan for this patient | | |
| ☐ C | Chronic ongoing illness ▶ ☐ YES ☐ NO | | |
| ☐ D | Estimated number of office or clinic visits _____ times per ☐ week ☐ month ☐ quarter ☐ Other (Please Specify) | Will this change? ☐ YES, When _____ (Date) ☐ NO | |
| ☐ E | Give estimated number of months for the diagnosis in B that medical treatment will be required ☐ Lifetime | | |
| ☐ F | Is the patient non-ambulatory? ☐ YES ☐ NO | If Yes, explain: | |
| ☐ G | Does patient need special transportation? If Yes, indicate mode of transportation needed (e.g., van with wheelchair lift, ambulance, etc.) ☐ YES ☐ NO ▶ | | |
| ☐ H | Does someone need to accompany the patient to the medical appointment? ☐ YES ☐ NO ▶ | If yes, who / why? | |
| ☐ I | Do you certify the patient has a medical need for assistance with any of the personal care activities listed below? ▶ ☐ YES ☐ NO<br>Eating, Toileting, Bathing, Grooming, Dressing, Transferring, Mobility, Taking Medications, Meal Preparation, Shopping, Laundry, Housework | Check any complex care services needed.<br>☐ Specialized Feeding ☐ Suctioning<br>☐ Catheters or Leg Bags ☐ Bedsore Prevention<br>☐ Colostomy Care ☐ Range of Motion<br>☐ Bowel Program ☐ Other _____ | |
| ☐ J | Can patient work at usual occupation? ☐ YES ☐ YES, but with limitations (Specify below) ☐ NO (How long): | | |
| | Can Patient work at any job? ☐ YES ☐ YES, but with limitations (Specify below) ☐ NO (How long): | | |
| ☐ K | Other (Explain) | | |
| ☐ L | Is the spouse or parent of the above disabled individual needed in the home to provide care? ☐ YES ☐ NO<br>Spouse or parent cannot engage in work due to the extent of care required. ☐ YES ☐ NO<br>How long: | | |
| Date patient was last seen | | Are you a Medicaid enrolled provider? ☐ YES ☐ NO | |
| Name and title (Print or type) | | MA enrolled Provider Signature | |
| National Provider Identifier (NPI) Number | | Signature Date | Telephone Number |
| AUTHORITY: Federal 45 CFR of 233.20, CFR 440.10 and CFR 440.20<br>COMPLETION: Voluntary<br>PENALTY: Benefits may be affected. | | The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | |

DHS-54A (Rev. 6-15) Previous edition may be used. MS Word

Exhibit D

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Guidelines for Community Living Supports (CLS) Service Providers and Case Holders

Revised 8/9/06 by ls

**Service Description**

Community Living Support (CLS) services are offered as a support for adults and children of services with Saginaw County Community Mental Health Authority (SCCMHA). Funding is provided by the Michigan Department of Health and Human Services (MDHHS) with Medicaid and other Mental Health funds. Services are provided by SCCMHA through contracts with local home health agencies as well as contracts with individuals. Service configurations are unique for each consumer and do not follow a traditional program model. Self Determination is also a way in which services can be delivered to individuals in a non-traditional service model. See SCCMHA policy 02.03.04 Self Determination.

For adults, the intent of the service is to offer some support staffing to individuals who need a relatively low to moderate level of assistance to be able to live in their own homes. In contrast, children's CLS is intended to help children with significant levels of need to remain in their family home as an alternative to residential placement.

CLS services are intended to supplement only after it is determined what the consumer can do for themselves, what their families and friends can provide, and what financial or other assistance the person would normally receive from public benefits and the human service agencies in their communities, such as the Department of Health and Human Services (MDHHS). In other words, this is a support to families trying to keep their child at home and to adults who want to live on their own but need some assistance. This support is not intended to be a comprehensive service that can meet all of the needs that a person may have. CLS services are meant to be a short-term service to assist the person in reaching independence.

Providing the appropriate level of CLS services offers challenges to the consumers, families, agencies and staff involved. The Medicaid Manual Section 17.1 page 103 states "Care should be taken to insure that these goals are those of the individual first, and not those of a parent, guardian, provider, therapist, or case manager, no matter how well intentioned. The configuration of supports and services should assist the individual to attain outcomes that are typical in his community; and without such services and supports, would be impossible to attain." Since this type of service and support is customized to an individual's needs and relies heavily on other community resources for support, all parties involved must carefully coordinate their activities and roles, and carry

their share of the responsibilities involved. Also, as this support is provided in a natural setting, a person's home, there are some limitations on the types of consumer needs which can be met by this kind of service. This service in not intended to provide long-term, twenty-four hour staff coverage, nor is it to take the place of the family or parent roles in the consumer's life. CLS services are designed to provide targeted and flexible support, only as needed by the consumer. The intent is to offer assistance to reach a goal of independent living. For some adults, a more structured living situation, such as a group home or a provider based per diem, i.e. Supported Independent Placement (SIP), may better meet their needs for assistance and supervision.

When requesting CLS services, persons involved must consider all resources that are being used in the household prior to making a decision about the amount of CLS services. Case Managers and Support Coordinators will be asked to fill out a "Net Service Analysis Map" (Exhibit E) showing a consumers' typical day, showing the days/times of the week that an individual is receiving MDHHS Home Help or Expanded Home Help services, respite services, is attending School, Skill Build Program, Clubhouse, or Employment Services if applicable along with what times the consumer would need CLS services or if the consumer is currently receiving services where those hours are being used. If the consumer is a child, the map should also include the days/times the parent is out of the home. If others in the home are in need of CLS services, then the combined total number of hours should be considered. If others in the home are receiving Home help or Expanded Home Help services through MDHHS then that must be taken into consideration along with any direct nursing services, direct physical therapy, direct occupational therapy that might be provided etc.

**Adult Community Living Supports (CLS)**
For adults, Community Living Supports focus on the consumer's self-sufficiency, facilitating an individual's independence, and promoting his/her community integration. Staff offer assistance only as necessary for the consumer to perform the following types of daily living activities:

According to section 17.3.B. Community Living Supports as of the April 2016 Medicaid Provider Manual:
Staff may assist, prompt, remind, cue, observe, guide and/or train in the following activities:

14) Meal preparation
15) Laundry
16) Routine, seasonal and heavy household care and maintenance
17) Activities of daily living such as bathing, eating, dressing, and personal hygiene
18) Shopping for food and other necessities of daily living

Staff may assist, support and/or train in the following activities:

19) Money management
20) Non-medical care (not requiring nurse or physician intervention)
21) Socialization and relationship building
22) Transportation from the beneficiary's residence to community activities, among

community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)

23) Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
24) Attendance at medical appointments
25) Acquiring or procuring goods, other than those listed under shopping, and non-medical services
26) Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Staff may remind, observe and or monitor the following activity:

27) medication administration

The intent of this support is to help the consumer do things for him/herself, teach new skills, help the person make adaptations as needed if the consumer is not physically able to do something, and as a last resort, perform the task for the person if the consumer is unable. However, it is not the staff's role to perform tasks that the individual can do for him/herself, or which could be met by another resource available to the consumer in the community such as MDHHS Home Help or Expanded Home Help services.

Adult CLS is not designed to provide intensive, structured services. This service is not considered appropriate for consumers who require twenty-four hour supervision, total personal care and/or physical intervention for assistance with impulse control. Similarly, adults with significant medical conditions that require highly structured intervention, such as unstable diabetes, tube feedings or positioning, would most likely require a more intensive living situation such as an AFC home. (See SCCMHA Policy 03.02.07 Residential Services)

On occasion, a consumer whose needs are largely met by CLS may still need a more intensive level of assistance in one particular area, such as greater assistance with medications or money management. In such circumstances, SCCMHA and the provider will try to work with the consumer to provide the additional structure needed. Case Holders should discuss during the person-centered planning process what the contingency plan is for circumstances where primary care giver/family/guardian is not available for extended periods of time (Example: hospitalization, emergency trip, etc.). Where twenty-four-hour supervision is required, the support team should consider the contingency plan of AFC placement. However, it is neither feasible nor cost effective to attempt to provide a level of structure in a CLS staffing arrangement which parallels the intensity of service offered in a structured group home environment. (See SCCMHA Policy 03.02.07 Residential Services)

These support services for adults are provided by paraprofessional staff. Each person receiving this support also has a support coordinator or case manager to help him/her coordinate services and to monitor consumer health and safety. The consumer and

his/her family or friends, with the assistance of the provider, manage the day to day operations of the consumer's home.

**Children's Community Living Supports (CLS)**
For children, the intent of CLS is to supplement the care already provided to the child. This service is not intended to take the place of normal parenting with the child. Children's CLS is a much more intensive service, which is intended to offer specialized skill development and/or support in activities of daily living, adaptive skills development and socialization skills.

In addition, psychological and behavioral treatment services are offered, which are intended to improve the child's social interaction and self control by instilling positive behaviors in the place of behaviors which are socially disruptive, are injurious to the child or others, or which cause property damage. Paraprofessional nursing care is offered to implement a physical care and treatment regimen, including such services as positioning, oral feedings, skin care, transfers, limited respiratory treatment, and medication administration. Respite hours are also offered to provide relief to the primary caregivers in the child's family.

Services are provided directly by CLS staff under the supervision of qualified professionals in the fields of occupational therapy, speech pathology, social work, psychology, nursing or support coordination, as appropriate to the need. The children served also receive Case Management (i.e., Support Coordination) services.

**Service Authorization and Utilization Management**
An individual consumer's need for CLS is determined through the person centered planning process. Subsequent to the meeting, the Case Holder prepares a request for authorization of services, including the number of support staffing hours needed and the services to be provided. For the Children's Waiver Program, this takes the form of a service budget. For adult CLS, this information is outlined in the consumer Plan of Service and through service authorization requests. All assessments and plans must have specific information about what the CLS provider will do for the consumer to help the consumer gain independence. All adult consumers that need CLS services will be required to apply, and provide proof of application, for DHHS Home Help or Expanded Home Help services prior to authorization of CLS services.

All authorizations will be reviewed using the "Net Service Analysis Map"(Exhibit E) along with supporting documents such as Individual Educational Plans (IEP's) and DHHS Home Help or Expanded Home Help current services, applications or denials. All of these items are required to be in the consumer chart or may delay approval of an authorization.

Requests are submitted as required for authorization, and notification given to the consumer and/or provider authorizing or denying the request. If the request is denied, an explanation is included and the consumer has the right to file an appeal of the decision. The authorization information to the provider includes the appropriate service categories,

service codes, reporting unit number and consumer identification numbers to be used to file a claim for services rendered.

In the case of the Children's Waiver, requests for support hours that exceed eight hours per day require the approval of the Michigan Department of Health and Human Services (MDHHS).

Authorizations will generally be issued on a regular schedule, based upon the person's Plan of Service, fiscal year, or another format. Providers and consumers are not allowed to schedule CLS hours that exceed the stated authorization. Hours that exceed the authorization will not be reimbursed by SCCMHA. Provider claims will be verified against authorizations prior to processing.

Case Holder should complete monthly monitoring and document in a progress note that addresses the CLS services provided in the home/community as developed within the person-centered plan. Monitoring should include face to face contact with CLS staff and a review of CLS progress notes. (This may require contact with the provider agency to obtain copies)

Utilization Management will be done through continuing stay reviews, and ongoing case reviews completed during the authorization process.

**Conservation of Community Living Supports Resources**

Participants are expected to request and utilize supported community living resources only as needed and to be practical regarding expectations for service coverage. Likewise, the provider is expected to manage staff resources carefully to insure the support needed by a consumer can be provided within the hours authorized by SCCMHA. This approach insures the greatest number of people can be served within existing resources and protects the consumer by minimizing the emphasis on any one source of support.

Participants are expected to understand that CLS is not intended to provide long-term twenty-four-hour staff coverage. It is designed to provide targeted and flexible support, only as needed by the consumer. The consumer and/or others in his/her network of support maintain primary responsibility for the consumer's care.

The application of the planning process results in a "net" need being defined. Net needs are those needs that cannot be covered by the consumer, members of their network of support or other community agencies. All potential resources to the consumer must be actively pursued and fully utilized before SCCMHA resources will be applied. The consumer's SCCMHA Case Holder will assist the consumer with coordination of supports to insure resources are used efficiently.

If resource use is cost prohibitive for an adult receiving CLS, SCCMHA may require implementation of resource conservation methods to insure the supported living situation is sustainable. These methods may include reductions in staff hours, requesting that a consumer secure a roommate, requesting that consumers cluster their homes to share

support staff, and use of electronic monitoring/security devices to permit immediate access to assistance without direct supervision. Although the sole variable considered when making decisions regarding staffing is not cost, unfortunately, in some cases, it may be necessary for a consumer to move into a more intensive living situation if his/her needs cannot be met in the consumer's own home in an affordable manner.

For an adult living in his/her own home, it is expected room and board expenses will be met by the consumer through use of public benefits, income from employment or other assets. It is the responsibility of the consumer to secure a place to live, locate needed furnishings and household goods and plan for covering of living expenses other than support staffing. The consumer's Case Holder is available to assist with this process. Limited monetary assistance is available through SCCMHA for environmental adaptations, equipment, supplies and other housing related costs, with prior authorization. Planning should also include consideration of work or day program arrangements and transportation needs.

***CLS services may not supplant Home Help or Expanded Home Help from the Michigan Department of Health and Human Services (MDHHS). Each consumer is required to apply for any Home Help services available through MDHHS as these resources must be exhausted before SCCMHA funding is used for CLS staff. MDHHS funds received must be utilized toward the cost of CLS***.

**Provider Panel**

SCCMHA has established a panel of pre-qualified providers to give consumers a choice of provider for the provision of CLS. The panel includes only those providers who meet specific requirements for participation, are willing to enter into a fee-for-service contractual arrangement with SCCMHA, and whose service rates are at an acceptable amount as determined by SCCMHA. Fee for service providers who exceed Medicaid screens or who may otherwise present issues regarding cost effectiveness will only be added to the panel at the discretion of SCCMHA.

**Provider Panel Qualifications**

The minimum qualifications for participation in the SCCMHA CLS Provider Agency Panel are as follows:

1) Provider will have demonstrated experience delivering CLS or comparable services.

2) Provider staff for organizations desiring to provide CLS for consumers with developmental disabilities, who have primarily medical concerns, will have demonstrated experience serving people with developmental disabilities and/or physical disabilities, and severe chronic medical conditions.

3) Provider staff for organizations desiring to provide CLS for consumers with developmental disabilities, who have primarily behavioral challenges, will have

demonstrated experience serving people with developmental disabilities and/or mental illness, and behavioral challenges.

4) Provider staff for organizations desiring to provide CLS for consumers with mental illness will have demonstrated experience serving people with mental illness.

5) In addition to items 1-3 above, clinical supervisory staff for organizations desiring to provide CLS for consumers under age eighteen with developmental disabilities will have demonstrated experience serving children.

6) The provider will have internal quality assurance mechanisms to insure an adequate quality of care for consumers, including the following at a minimum:

   a) Regularly scheduled supervision of in-home aides on the job site by qualified supervisory personnel;
   b) Adequate procedures for screening of potential staff;
   c) Provisions for orientation of new staff and ongoing training for existing staff;
   d) Procedures for regular verification of licensure and credentials of professional staff;
   e) Formally defined roles for support and supervisory staff to insure well organized communication with the provider, the consumer and SCCMHA;
   f) Mechanism to offer consumers the opportunity to provide regular feedback regarding service delivery;
   g) Designated staff to receive after hours calls regarding consumer staffing issues and a protocol for staff to follow in case of emergencies.

   Preference will be given to providers who include the following elements in their employee screening procedures: reference checks; criminal background checks; TB testing; pre-employment physicals; and driver's record checks, recipient rights checks, as well as insurance coverage and adequate transportation if staff will be transporting consumers.

6) The provider will have a demonstrated capacity to maintain an adequate pool of staff to allow consumer choice of staff; to minimize disruption of service delivery due to gaps in staff coverage, and to hire new staff in a timely manner.

7) The provider will have adequate accounting procedures and internal financial controls to be able to provide services at the agreed upon rate, monitor service authorization balances, generate any requested reports and complete timely billing to SCCMHA.

8) The provider will operate in compliance with all applicable statutes, ordinances, rules and regulations pertaining to the provision of in-home staffing services, including but not limited to Federal, State and Local laws prohibiting

discrimination and the Michigan Mental Health Code, particularly those sections protecting recipient rights.

9) The provider will have adequate professional liability insurance coverage.

10) The provider will be legally incorporated.

11) Certification and accreditation are not required; however, providers who hold certification as a Home Health Agency by Medicaid and/or accreditation by JCAHO, CHAP, CARF and/or COA are preferred.

12) Contractors will be evaluated on the basis of historical compliance with applicable regulations, including review of records of substantiated Recipient Rights claims under the Michigan Mental Health Code and Medicaid audit history. (See SCCMHA Policy 03.02.07C Residential Service - Exhibits to AFC, Licensed Residential, and CLS for the applicable form)

13) The provider will have references that can describe the organization's experience with the target population and CLS in general, as well as the overall quality of their business operations.

14) The provider agrees to participate in quality improvement activities and to assist SCCMHA in reviewing and evaluating services at intervals to be determined by SCCMHA.

**Benefits/Entitlements**:
For consumers residing in a Supported Independent Living situation, the SIP provider is expected to assist all eligible consumers who reside in the home with applying for any food stamps/Bridge Card, reimbursements/entitlements, i.e., SSI, Veterans Benefits, Insurance(s), Medicare, and Medicaid, etc., for which they may be eligible. In addition, the provider agrees to facilitate proper billing of the Qualified Health Plan for medical care received by each consumer by:

- **assuring that** medical providers are aware of consumer insurance, Medicare and Medicaid coverage and any other relevant coverage or benefits which the consumer holds;
- securing medical care for the consumer only through medical providers who are enrolled in the consumer's Health Plan or to whom the consumer's primary physician provides a referral; and by
- securing proper approval from the Health Plan prior to initiating medical care in those instances where it is the responsibility of the consumer to secure prior authorization as opposed to the medical provider.

Supported Independent Living Providers will assist SCCMHA in maximizing consumer use of natural community resources, such as church, human service agency and/or family assistance, in order to avoid unnecessary depletion of consumer resources.

**Reporting Emergency Situations for SIP Providers:**
SCCMHA case holders and/or the SCCMHA Contract and Properties Manager should be contacted in the event that there is an emergency situation at the home (i.e. fire, need for

evacuation). The SCCMHA Crisis line can be used to communicate emergency situations after regular business hours.

**Consumer Selection of Provider**

When CLS services have been authorized for a consumer, SCCMHA consults with the consumer to determine which provider from the SCCMHA panel he/she would like to use. The consumer is given an opportunity to interview the provider to obtain additional information if desired.

Consumers are asked to utilize only one provider agency at a time to help maintain consistency in services provided to the consumer. When multiple consumers live together and receive like services, the consumers and their support team should agree upon one provider for that service.

Once services are initiated, if the consumer identifies a problem with service delivery, he/she is directed to address the problem with the provider as soon as possible. SCCMHA staff assistance with this process is given to the consumer upon request. If the consumer's concerns are significant enough to necessitate an immediate change in provider, the concerns must be brought to the attention of SCCMHA staff immediately. Unless the concerns present an immediate risk to the consumer, SCCMHA staff will attempt to resolve the issues by working with the provider and consumer.

Due to the vulnerability of the consumers receiving this service, emphasis is placed on sustaining existing consumer/provider working relationships to preserve continuity, unless there is an identifiable risk to the consumer. SCCMHA reserves the right to deny requests for change in provider which do not appear to be related to the primary consumer's needs, occur at an unreasonable frequency, or appear frivolous in nature. Consumers may not change providers due to the provider refusing to comply with consumer requests for services which are not defined in the consumer's Plan of Service and/or authorization documents. SCCMHA will approve or reject requests for provider change in writing to the consumer. The consumer has the right to appeal such decisions.

If a consumer would like to change providers, consumers are advised to provide adequate advance notice to SCCMHA whenever possible, to help minimize lapses in service delivery. If the replacement provider does not have staff immediately available who can meet the consumers needs, a gap in service delivery of up to several weeks may occur. Every effort will be made by SCCMHA to initiate services as rapidly as possible, substitute other services temporarily where possible, and to minimize the impact of the service lapse on the consumer.

SCCMHA will make every effort to include an adequate number of providers on the Community Living Supports panel to offer an array of choices that can be reasonably expected to meet the majority of consumer's needs. Consumers who have utilized and rejected all of the providers are considered to have exhausted their service options, unless the consumer is understood to have a unique or highly specialized need which SCCMHA agrees the panel providers are unable to meet. In those cases, alternative providers may be identified and considered for inclusion in the panel by SCCMHA.

Consumers are requested to utilize one provider at a time to prevent complications with clinical and administrative management of service delivery. Requests for exceptions are considered on a case by case basis by SCCMHA in situations of special need. Where individuals share support staff with roommates, both people must agree upon a choice of provider from the panel. Separate staff for each individual in a shared living situation is not practical and reflects a poor use of consumer resources. Exceptions to this rule cannot be made unless it is in the best interest of the consumer, is cost effective and is approved in advance by SCCMHA.

Providers may request that their services to an individual consumer be terminated if they can no longer meet the consumer's needs. The provider will give adequate advance notice of the termination to the consumer and to SCCMHA to help minimize lapses in service delivery. A provider may also refuse to accept a consumer for service, if they do not have staff available that are qualified to meet the consumer's needs. However, providers who refuse or terminate consumers without acceptable rationales are not meeting the needs of consumers served by SCCMHA and may be removed from the CLS panel by SCCMHA.

**Individual Staff Selection and Scheduling**

The provider is the employer, and essentially maintains a pool of qualified staff from whom a consumer can choose. Once a consumer selects a provider, the provider meets with the consumer to learn more about his/her needs and interests, and to explain the process to be used to select staff. Decisions regarding assignment of staff to work with a particular consumer are made based upon consumer preferences, staff capability and consumer needs.

As a rule, the provider must give the consumer the opportunity to meet staff from the pool in advance, and to select those staff that she/he would like to have provide care. However, the provider may need to substitute staff periodically in order to minimize gaps in service delivery. Realistically, in these situations, the consumer may not have the opportunity to pre-screen the fill-in staff. To avoid this occurrence, wherever possible, consumers and providers should plan ahead and make arrangements for coverage of staff shortages in case of staff illness, emergencies or when consumer selected staff have met the limit of the number of hours s/he can work in a given period.

Once again, in situations where roommates are sharing support staff, both individuals will need to jointly screen and select mutual staff.

The provider recruits, hires, discharges, schedules, supervises, and compensates the CLS staff. Since the provider must comply with Federal and State Labor Laws and maintain worker's compensation, liability insurance and other coverage, the provider controls support staff working conditions, work assignments and employment status. Although the consumer can choose who will work in his/her home, since he/she is not the employer, the consumer cannot dictate which staff will be hired and discharged from the pool.

The provider works with the consumer to schedule support staff to meet the consumer's needs. It is the obligation of the provider to inform the consumer of any guidelines or restrictions regarding staff scheduling, limitations on staff activities in the home and their role in relationship to the consumer. Neither the consumer nor the provider can schedule support staff hours in excess of those authorized by SCCMHA.

Since the provider supervises support staff, the provider is responsible for making assignments to staff and giving them instruction, based upon the needs which the consumer has expressed to the provider. The consumer cannot request a support staff to perform a task that is not authorized in the Plan of Service, that is prohibited under these guidelines, or which violates the employer's directives. The provider has the obligation to be flexible and responsive to changing consumer needs and must use common sense in deciding the boundaries of service delivery. The provider is required to have an identified and readily accessible individual whom the consumer can contact with any questions regarding support staffing, and in case of emergencies.

Providers are expected to have their own performance requirements for staff to insure good quality of care, with particular emphasis on consistency and thoroughness. Providers are required to provide staff supervision in the consumer's home on a regularly scheduled basis and to offer consumers the opportunity to provide regular feedback regarding staff performance. Providers must follow commonly accepted practices for paid in-home staffing, such as not permitting staff to baby-sit their own family members or have visitors while on duty, limiting personal phone calls to emergencies only, and not taking consumers with them while staff perform personal business. Personal property of the consumer should be respected by staff.

There are also some additional restrictions on CLS staffing, particularly in regard to scheduling, as follows:

1) The provider must provide adequate CLS coverage to meet the level of service defined in the consumer's Plan of Service;

2) Staff schedules cannot be cancelled or changed at the last minute unless an emergency arises, such as illness, unplanned closing of school or other daytime activity, or an unexpected opportunity for the consumer to participate in a special activity; and

3) CLS staff can only be used to assist the consumer to do things for themselves and to fulfill needs which cannot be accommodated through less intrusive means. Staff are not to be used to perform activities that the consumer is capable of performing or family members would normally do.

Providers are required to train staff regarding actions to be taken in case of emergencies, including calling police or an ambulance in response to consumer emergencies not otherwise addressed in the consumer's Plan of Service. Providers are required to have

on-call staff available to relieve scheduled support staff in case of an emergency. Providers must also make provisions for consumers to be able to contact the provider after hours with staff emergencies related to staff scheduling. Emergency situations are to be reported to consumer's families and Support Coordinator or Case Manager as soon as possible. Psychiatric emergencies after normal business hours are directed to the SCCMHA Crisis Intervention Service, unless otherwise directed in the consumer's Plan of Service.

**Service Location**

Community Living Supports (CLS) services are intended to be provided in the consumer's home and his/her community. When activities in the community are involved, the health and safety of the consumer must be respected. Likewise, consumers cannot expose staff to situations, which would be considered to present unsafe working conditions.

SCCMHA will not provide financial support for services, which occur in locations, which clearly place the consumer or their CLS staff at risk. To that end, CLS staffing will only be provided in environments that are:

1) Clean, and safe from obvious environmental hazards, such as unsanitary conditions, fire hazards, rodents, dangerous machinery, vehicles, equipment and/or chemicals (equipment and supplies which are used for normal household activities are acceptable assuming normal safety precautions are taken and consumers are closely supervised if they lack community safety skills);

2) Safe from exposure to potentially dangerous environments or situations, such as high crime areas, contact with dangerous animals in uncontrolled situations, and adverse weather conditions;

3) Not in violation of any health and safety precautions defined in the consumer's Plan of Service , such as exposing a consumer with allergies to identified allergens, not providing barrier free access for a consumer who uses a wheelchair and so on;

4) Socially and morally acceptable in accordance with community standards;

5) Not placing staff in a position to provide guidance to the consumer for activities for which s/he is not qualified, such as swimming, horseback riding or high-risk sports. Trained individuals at the location must be on duty, such as certified lifeguards.

If a consumer is living in a situation that is unsafe, SCCMHA will encourage and assist the consumer to secure a safer living environment. In addition, while on duty, CLS staff are not to take consumers to their (the staff person's) home unless it is for a special event to which the consumer is invited and chooses to attend.

**Staff Qualifications**

Community Living Support staff hired by the provider are required to meet minimum qualifications. CLS staff are required to meet, at minimum, the following SCCMHA trainings.

1) Basic Medications
2) Blood Borne Pathogens (annually)
3) CPR (every two years)
4) Cultural Diversity
5) Environmental Emergencies/emergency procedures, i.e., readiness for natural disasters, fire, flood, power outages, etc.
6) Ethics of Touch
7) Basic First Aid (every two years)
8) HIPAA Privacy (annually)
9) HIPAA Security (annually)
10) Medication Renewal (every three years)
11) Limited English Proficiency
12) Nutrition and Food Safety
13) Person Centered Planning (annually)
14) Recipient Rights (annually)
15) Working with People I
16) Working with People II
17) Trauma Training
18) Physical Intervention
19) Advanced Physical Intervention (if emergency physical intervention has been used in the last year)

Staff must be able to communicate verbally, to read and implement written instructions, and to complete documentation. In addition, in-home support staff are expected to have knowledge of basic safe food handling practices, methods to use to avoid confrontations with consumers, and awareness of the need to maintain professional boundaries with consumers.

In addition, CLS staff must be in serviced by the consumer regarding the consumer's unique needs. This in-service should include the following types of information:

1) what activities of daily living the consumer is capable of performing him/herself and those with which she/he require assistance;
2) the consumer's personal preferences regarding food, leisure activities, management of personal care, organization of household environment, household rules and clothing choices.

The Case Holder will in-service CLS staff regarding implementation of the consumer's Plan of Service, including: health and safety needs; training needs; medical concerns; any

precautions to be taken; the assigned duties and roles of all the members of the network of support, including family members; and the consumer's desired outcomes and skills.

As noted earlier in this document, on occasion, a consumer whose needs are largely met by in-home staffing may still need a more intensive level of assistance in one particular area, such as greater assistance with medications or money management. In such circumstances, some minimal documentation tools and agreed upon methods of handling medications and money must be agreed upon by the consumer and the provider in advance. In addition, the provider must have proper medication administration procedures for staff and must insure staff adhere to them. Similarly, if consumer funds are to be handled by staff, the provider must have guidelines for staff regarding accountable handling of consumer funds.

Specific expectations which the consumer has for support staff must be put in writing to all parties involved to avoid miscommunications regarding care. Such issues generally are not included in the consumer Plan of Service, but may be posted or otherwise kept in the consumer's home for reference. Issues which may need to be addressed in this way include household rules, expectations regarding handling of consumer medications, money, house keys, or other personal property, leisure activity choices, food choices, restrictions on visitors, staff use of consumer property, staff meals, household chores to be completed, and so on.

Providers are required to have adequate procedures for screening of potential staff and minimum quality standards for employees. Comprehensive pre-employment screening is preferred, including the following: checking references, criminal background checks, recipient rights checks, pre-employment physicals, TB testing, and driver's record checks. Any staff who will be transporting consumers are expected to have a valid Michigan driver's license, appropriate insurance coverage and a reliable and safe means of transportation.

**Provider documentation**

Community Living Supports (CLS) service providers will be required to complete some minimal documentation. CLS providers must record which CLS services they are providing along with the date and time that the services were provided. (Please see the attached "Community Living Supports Progress Note"). CLS staff should only provide services that are outlined in the consumer's Plan of Service. For children's CLS, mileage logs are required if mileage is to be billed. For both populations, incident reports are required to document any injury, possible abuse, neglect or any other significant incident involving staff and the consumer (forms are available through the SCCMHA Recipient Rights Office). Copies of incident reports must be forwarded to the SCCMHA Recipients Rights Office within forty-eight (48) hours of an occurrence and the Support Coordinator or Case Manager are informed as soon as possible.

As noted earlier, if CLS staff will be expected to assist the consumer with handling personal funds and medications, then documentation must be used by the provider and consumer for tracking purposes. Medications and treatments, including prescriptions and

over-the-counter products, cannot be administered by support staff funded by SCCMHA unless they are in the original, pharmacy labeled containers, with written instructions by the consumer's physician.

Some documentation may be requested by the support coordinator, case manager, or the service provider to document the completion of activities outlined in the Plan of Service or ordered by a consumer's physician, such as records of weights or seizures. Such documentation will be limited to those documents that are essential, as CLS is intended to be natural style of service with structure only introduced as needed.

**Incident Reporting:**
The provider agrees to immediately report via Incident Report any of the following situations (per SCCMHA policy 02.02.10- Recipient Rights - Reporting Unusual or Unexpected Incidents):

1) Unusual or unexpected incidents that occur in the lives of a consumer of mental health services that occur while under the services of SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours. This includes Community Living Services being provided in an independent living setting.
2) The use of approved physical intervention will be documented on an Incident Report.
3) In addition to the Incident Report for a physical intervention, the form called "BMC Incident Report Attachment" (shown as an exhibit to this policy) will be completed and submitted with the Incident Report. The first page is to be completed by the staff filling out the Incident Report and the second page is to be completed by the supervisor or designee.
4) Incident Reports are Peer Review documents and are not subject to FOIA requests. Copies of Incident Reports are not given out to anyone including the guardian without a court order signed by a judge.
5) Incidents involving a death or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.
6) Incident Report forms will be filled out completely. This includes full first names and last names of all staff and consumers, including any witnesses to the incident. No initials should be used unless it involves a consumer from a different county where confidentiality will be an issue.
7) Incident Report forms not filled out completely will be returned to the program supervisor with the requirement of that supervisor documenting the appropriate missing information and returning it to ORR within 24 hours of the form being sent back to the supervisor.
8) The indication of the Potential Sentinel Event in sentri (Procedure # 2 below) is used only as a process to notify the Chair of the Sentinel Event Review Committee. The final documentation related to the Sentinel Event will be kept in the minutes of the Sentinel Event Review Committee.

**Definitions:**

**Physical Intervention:** An approved technique (as trained by the SCCMHA Continuing Education Unit) used to physically assist someone in preventing danger to themselves or someone else.

**Restrictive or Intrusive Intervention:** A technique described in a Behavior Management Treatment Plan to help to teach someone to reduce negative behaviors. These techniques may only be used when included in a Behavior Management Treatment Plan, written by a Behavioral Psychologist.

**Examples:**

- **Response Cost:** Someone being asked to apologize to another person after they have done something to them, such as steal an item from them.

**Over Correction/Positive Practice:** An action intended to exaggerate a point, such as cleaning up a spill and being asked to clean the same area again even though the spill is already taken care of.

**Unusual or unexpected incident:** An occurrence that disrupts or adversely affects the course of treatment or care of a consumer that is not expected. Such occurrences shall include but are not limited to:

1) Death (any death of a consumer of SCCMHA services, including a death occurring in a private residence);
2) Any injury of a consumer, explained or unexplained;
3) Unusual medical problem;
4) Trip to the emergency room, express medical services, medical or psychiatric admission to a hospital or treatment facility (this should generate a call to the SCCMHA ORR);
5) Environmental emergencies or incidents;
6) Problem behaviors, if not addressed in a Plan of Service;
7) Suspected abuse or neglect of a consumer;
8) Inappropriate sexual acts;
9) Suspected sexual abuse;
10) Medication errors;
11) Medication refusals;
12) Suspected criminal offenses involving consumers;
13) Every use of physical intervention (see # 5 in the Standards Section above);
14) Any significant event in the community involving a consumer;
15) Arrests;
16) Convictions;
17) A traffic accident involving consumers.

In addition to reporting these issues on an Incident Report form, the provider is required to contact the Office of Recipient Rights, Case Holder, and the assigned Nurse if applicable for serious incidents. In the event SCCMHA is closed, the provider shall utilize SCCMHA's 24-hour crisis service for such reports. Written reports must be received by the SCCMHA Office of Recipient Rights within 48 hours. There is a drop box available 24

hours per day for providers to drop off Incident Reports outside the main doors of the 500 Hancock building.

The provider agrees to review all incidents on a periodic basis to look for and act upon trends.

**Quality Improvement/Program Evaluation**:
The provider agrees to participate in quality improvement activities and to assist SCCMHA in reviewing and evaluating services at intervals to be determined by SCCMHA. *(Please see sample "Provider Quality Improvement Plan" in SCCMHA Policy 03.02.07 Residential Services)*

**Consumer Choice**
A person centered/ family centered approach is used for the planning and implementation of Community Living Supports (see SCCMHA Policy on Person Centered Planning located in the SCCMHA Provider Policy Manual). The consumer's Plan of Service is developed using person-centered techniques, and day to day decisions regarding service delivery must adhere to the same principles.

Following person-centered planning principles means that the consumer is primary in day to day decision making, within the boundaries of health and safety, reasonableness and cost effectiveness. Day to day decision making would include choice of meals, leisure activities, daily schedule, home decorating, personal care, staff selection, access to personal property, choice of friends, and so on.

Despite concerns regarding the consumer taking risks or potentially making mistakes, it is critical that family members and staff encourage consumer independence. Staff and family must be careful to avoid projecting their preferences onto the consumer or leading the consumer to make the decisions that staff or family members would make. The only circumstances, in which a consumer choice should be overridden, would be in situations where a guardian or parent has the decision-making authority under the law, and/or where there is an immediate risk to health and safety. Instead, family members and community living support staff must educate the consumer so they can make independent and informed decisions to the maximum extent possible.

Particularly for adults receiving CLS, family members should not try to monitor CLS staff performance directly or oversee daily activities in the consumer's home. Family input is critical in planning, and through appropriate channels, family members should insure that the consumer's needs are met and their health and safety protected. However, they should not be over involved in the consumer's daily operation of their own home. If family are able to maintain this intensity of supervision, and the consumer has such a high level of need that she/he requires this level of intervention, then CLS service arrangements are probably not appropriate.

CLS staff for adults should not control the operation of a consumer's home or organize the consumer's daily lifestyle to meet staff needs. Staff should not perform tasks for consumers because it is expedient. A support as opposed to a service approach is appropriate and mandatory for this service. Otherwise, the basic principles of adult supported living/CLS will be violated and the consumer will be prevented from achieving greater independence.

Consumer choice does not mean the consumer may excuse him/herself from performing activities which he/she is capable of performing or doing, because he/she chooses to do so. By accepting this service, the consumer and his/her family agrees to remain active and dedicated to being as self-sustaining as possible. The consumer and family must be willing to work in partnership with the community and local agencies to sustain the network of supports and services needed. Friends, family, roommates, neighbors and others must be willing, able and committed to providing assistance and support to the consumer on an ongoing basis, as CLS staff will not be able to meet all of their needs.

**Termination of Services**

Changes in consumer eligibility status, gross violation of the guidelines specified in this document, changes in the level of need for assistance and/or discontinuation of SCCMHA funding authorizations may result in discontinuation of consumer services and supports for supported living. Consumers who are being terminated will be notified in advance in writing and given an opportunity to appeal the decision. Similarly, providers may be removed from the provider panel for failure to provide services as outlined in this document.

**Attachments to this Guideline:**

1. Guidelines for Choosing a Community Living Supports Service Provider
   To be completed by consumers preparing to select a CLS provider for service delivery.

2. FY17 Community Living Supports- Weekly Documentation Log
   To be completed by SCCMHA CLS Panel providers as documentation of the services they provide.

Attachment 1

## Guidelines for Choosing a Community Living Supports Service Provider

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

The SCCMHA Supports Coordinator/Case Manager assigned to you will inform you of the providers currently available to you from the SCCMHA panel of providers. If you would like, you can meet with the providers to obtain additional information about them. Please be aware that you may only choose from the panel, and that you may only choose one provider at a time. Once you select a provider from the panel, your Supports Coordinator/Case Manager will inform the provider. The provider will give you information about how staff will be selected to provide your services. The Support Coordinator/Case Manager will also work with you regarding the scheduling of staff and orienting the staff to your particular needs.

If you identify problems with the services you are receiving from your provider, please address them right away with the provider. The provider should give you the name of a contact person to use in these circumstances. If you need assistance with raising issues with the provider or if your concerns are significant enough to require an immediate change in provider, contact your Supports Coordinator/Case Manager as soon as possible.

SCCMHA thinks it is important for you to keep the same provider to minimize disruptions to your care and will encourage you to do so. Unless there is an immediate risk to you, your Supports Coordinator/Case Manager will attempt to help you resolve any problems that you are having with your provider. You will not be allowed to change providers if the reason for the change is not significant or if the provider is offering appropriate services and you refuse them. You may not change providers due to the provider refusing to provide services for which they were not authorized by SCCMHA.

If you do have a significant need for a change of provider, be sure to notify your Supports Coordinator/Case Manager and provider right away. Please be aware that without adequate advance notice, a gap in service delivery of up to several weeks may occur. Often a provider will have to hire staff specifically to work with you, which takes time. In emergency situations, you will need to work closely and cooperatively with SCCMHA and your new provider to get services started as soon as possible.

SCCMHA will have enough providers on their panel to offer a reasonable amount of choice. However, you need to be aware that the total number of providers is limited. If you make too many provider changes, you may run out of providers and have to discontinue services. However, if SCCMHA agrees that you have a unique need that the existing providers can not meet, then SCCMHA will attempt to secure an alternative provider who can meet your needs.

Please sign below to indicate that these guidelines for selecting a service provider for support staffing have been explained to you; that you understand the process to be used to select a provider; and that you understand the limitations on when you can select a different provider. You may also request the assistance of an advocate from SCCMHA Customer Services Staff to help you understand this information if needed.

Signed:

| _____ | _____ | _____ |
|---|---|---|
| Consumer Signature | Relationship if other than consumer | Date |
| _____ | _____ | _____ |
| Witness | Title/Relationship | Date |

Attachment 2

# FY18 Attachment B

## CLS Weekly Documentation Log

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **Consumer Name:** | | | **Case Number:** | | | | | |
| **Staff Name:** | | | **Month & Year:** | | | | | |
| | **Date:** | | | | | | | |
| | **Service Code:** | H2015 | H2015 | H2015 | H2015 | H2015 | H2015 | H2015 |
| | **Time in :** | | | | | | | |
| | **Time out :** | | | | | | | |
| | **Total Hours** | | | | | | | |
| **Indicate one of the following letters for personal care services as defined within the PCP Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistance (M), Dependent (D)** | | | | | | | | |
| | **In PCP (Yes/No)** | | | | | | | |
| **Transferring** | | | | | | | | |
| **Ambulation/Mobility** | | | | | | | | |
| **Eating** | | | | | | | | |
| **Toileting** | | | | | | | | |
| **Bathing** | | | | | | | | |
| **Dressing** | | | | | | | | |
| **Grooming** | | | | | | | | |
| **Taking Medication** | | | | | | | | |
| **Special Food Prep, Laundry, or Housekeeping** | | | | | | | | |
| **Indicate one of the following letters as needed for CLS services as defined within the PCP Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistance (M), Dependent (D)** | | | | | | | | |
| | **In PCP (Yes/No)** | | | | | | | |
| **Meal Preparation** | | | | | | | | |
| **Shopping for Food and other necessities of daily living** | | | | | | | | |
| **Money Management** | | | | | | | | |
| **Non-medical care (not requiring nurse or physical intervention)** | | | | | | | | |
| **Socialization and relationship building** | | | | | | | | |
| **Transportation (to/from community activities excluding medical appointments)** | | | | | | | | |
| **Participation in regular community activities and recreation opportunities (e.g. attending classes, movies, concerts and events in a park; volunteering; voting)** | | | | | | | | |
| **Attendance at medical appointments** | | | | | | | | |
| **Acquiring or procuring goods, other than those listed under shopping, and non medical services** | | | | | | | | |
| | | | | | | | | |
| **Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?* | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

Exhibit E

# CLS Net Service Analysis Map

**Consumer:** _____ **Case #:** _____ **Initial**☐ **Update**☐

**Staff Name:** _____ **Date:** _____

This form is used for tracking and determining the amount of various services a consumer receives. In each of the boxes below enter the code indicating the service/activity occurring at that day and time. Total in boxes at bottom of page. **Note: Map for all consumers in same residence who receive CLS.**

**C** – CLS Services; **H** – HOME HELP/Chore Services; **R** – Respite; **S** – School; **F** – Family only; (if child); **X** – Parent out of home

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---|---|---|---|---|---|---|---|
| **12:00 a.m.** | | | | | | | |
| **1:00 a.m.** | | | | | | | |
| **2:00 a.m.** | | | | | | | |
| **3:00 a.m.** | | | | | | | |
| **4:00 a.m.** | | | | | | | |
| **5:00 a.m.** | | | | | | | |
| **6:00 a.m.** | | | | | | | |
| **7:00 a.m.** | | | | | | | |
| **8:00 a.m.** | | | | | | | |
| **9:00 a.m.** | | | | | | | |
| **10:00 a.m.** | | | | | | | |
| **11:00 a.m.** | | | | | | | |
| **12:00 p.m.** | | | | | | | |
| **1:00 p.m.** | | | | | | | |
| **2:00 p.m.** | | | | | | | |
| **3:00 p.m.** | | | | | | | |
| **4:00 p.m.** | | | | | | | |
| **5:00 p.m.** | | | | | | | |
| **6:00 p.m.** | | | | | | | |
| **7:00 p.m.** | | | | | | | |
| **8:00 p.m.** | | | | | | | |
| **9:00 p.m.** | | | | | | | |
| **10:00 p.m.** | | | | | | | |
| **11:00 p.m.** | | | | | | | |

| **Hours for each service** | **C** – CLS Services | | **H** – Home Help Services | |
|---|---|---|---|---|
| | **R** – Respite | | **S** – School | |
| | **F** – Family only | | **X** – Parent out of home | |

| # of consumers residing in home | | # of consumers with Home Help/Chore Services | | # of consumers receiving CLS Services | |
|---|---|---|---|---|---|

Exhibit F

# Cleaning Schedule

## Daily:

____Do dishes
____Clean and disinfect sinks/faucet
____Empty trash
____Wipe down stove and countertops
____Wipe down stove hood
____Pick up clutter
____Wipe bathroom sink and mirror
____Make bed
____Vacuum/sweep as needed
____Laundry as needed
____Dryer lint trap cleaned after each load

## Monday:

KITCHEN/DINING ROOM
____Sweep/mop
____Wipe baseboards
____Spot clean walls/cabinets/doors
____Wipe light switches
____Clean out refrigerator
____Tidy cabinets
____Clean microwave
____Dust blinds
____Check for and remove cobwebs
____Wash window and window sills

## Tuesday:

LIVING ROOM/HALLWAY
____Sweep/mop /vacuum
____Spot clean walls and doors
____Dust
____Vacuum furniture
____Wipe baseboards
____Tidy TV area and knickknacks
____Wash windows and window sills
____Wipe light switches

## Wednesday:

BEDROOM
____Sweep/mop/vacuum
____Wipe baseboards
____Spot clean walls and doors
____Wipe baseboards
____Tidy drawers
____Tidy closet
____Wash bedding
____Dust furniture
____Wipe light switches

Destrada 11-2014

## Thursday:

BATHROOM
____Clean and sanitize tub, toilet, sink
____Clean window
____Spot clean walls/doors
____Wipe down baseboards
____Sweep/mop
____Empty trash
____Tidy cabinets
____Wipe mirror
____Wipe light switches

## Friday:

LAUNDRY ROOM
____Wipe down washer and dryer
____Sweep/mop
____Dust behind washer and dryer
____Wipe out laundry basket/hamper

## Every Month:

____Wipe and disinfect wastebaskets
____Wipe and disinfect doorknobs
____Wipe and dust ceiling fans
____Clean stove burners
____Test smoke detectors

## Every 6 to 12 months:

____Launder curtains or vacuum draperies
____Clean oven
____Wipe down lamp shades
____Spot clean upholstery
____Launder pillows
____Empty cabinets, clean shelves and throw away expired items
____Wash and dry stove hood filter
____Clean out trash cans/recycle bins

## Every Year

____Clean out vents (laundry, air, stove, furnace, air conditioner)
____Wash all windows
____Clean carpets
____Clean out closet and throw away/give away items not being used
____Change furnace filter
____Change batteries in smoke detector
____Professionally clean drapes if possible

Exhibit G

## Staying Safe in Your Home

Use this checklist as a guide to increase your personal safety in your home, apartment or condo. Talk with your case manager or supports coordinator about areas in which you want to increase your safety.

| | |
|---|---|
| | I am familiar with my neighborhood during day and night. I recognize what is normal for my neighborhood during day time and at night. |
| | I am familiar with what businesses are accessible in my neighborhood. |
| | I know how late businesses in my neighborhood are open. |
| | I have talked with the police about the crime rate and type of crime in my neighborhood. |
| | When walking outside at night, I stay in well-lit areas and high traffic areas. |
| | I have introduced myself to at least three neighbors. I understand that they do not have to become my best friends. |
| | I have familiarized at least three neighbors with my daily habits and I have become familiar with theirs. |
| | I have an agreement with at least three neighbors to alert each other to potential threats. |
| | I have identified one or two neighbors who can help me in an emergency and I will be available to help them in an emergency. |
| | (If renting) I have asked my landlord if the locks were changed when I moved in. If they were not changed, I will ask that the locks be changed. |
| | I know how many copies of my door keys have been made and I know who is in possession of the keys. |
| | I never hide my door keys outside my house, apartment or condo. |
| | I always keep doors and windows locked when not actively in use. |
| | I always lock my door behind me and take my key whenever I go outside. I understand that someone could enter my home while I am in the backyard enjoying nice weather or visiting with a neighbor for a few minutes. I understand that many break-ins are actually walk-ins due to doors being unlocked. |
| | I keep my screen door locked when I am allowing fresh air in my home. |
| | I have asked someone to help me inspect areas of my home vulnerable to criminal activity. |
| | The key locks on my doors cannot be easily forced open. |
| | Door and window frames are in good condition and not rotting. |
| | Door hinges are located in the inside of the door. |
| | Doors have either a 1 inch throw bolt or a heavy duty drop bolt lock. |
| | Sliding/Patio doors are kept locked and I have considered using a wood plank in the door track. |
| | Shrubs and hedges close to my home are not overgrown and do not provide hiding places. |
| | My house number is easily visible from the street. |
| | There is a working light outside at my front door/on my porch. |
| | There is a peep hole on my front door and I use it. |
| | I cut up boxes from new appliances and electronics before taking them to the curb or placing in the recycle bin to remove signs of new and expensive items in the home. |
| | I have considered creating a safe room in my home where I can hide until help arrives. I have identified a room with a secondary exit, and I will keep a flashlight, and a telephone programed with 911 and one of my neighbor contacts. |
| | If my home has a basement, I will ask that grilles or bars be secured over the windows. If grilles or bars cannot be secured over the windows I will check them periodically to make sure they are locked and in good condition. |

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<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Residential Services – Exhibits to AFC, Licensed Residential, and CLS</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.07C</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/16/05</td><td>Date of Review/Revision:<br>6/14/05, 8/30/06, 1/5/07, 6/28/07, 6/30/09, 3/2/10, 7/30/10,1/5/11, 8/15/11, 6/11/12, 7/2/14, 8/11/14, 8/14/14, 12/23/14, 2/4/16, 5/2/16, 4/5/18, 2/26/19</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Jennifer Keilitz, Director of Auditing & Continuing Education<br><br>Authored By:<br>Allison Kalmes<br><br>Reviewed By:<br>Monique Taylor-Whitson, Charlotte Fondren, Sarah Denman</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To identify and clarify the variety of residential options available for Saginaw County Community Mental Health Authority (SCCMHA) Consumers

**Policy:**
SCCMHA providers of service are in a position, on a regular basis, to assist consumers/guardians with decisions about the most appropriate residential option for the consumer. Though there are many options available, those decisions should be based on some guiding principles.

The guiding principles for helping a consumer/guardian make decisions about the most appropriate residential option should include:

The residential option chosen should be based upon the consumer's choice.

It should be the least restrictive setting to meet the consumer's needs.

The consumer's health and safety needs must be able to be met within the residential option chosen.

It should allow the consumer to be integrated into his/her home community when at all possible.

The setting must be safe and habitable.

The setting chosen must afford the consumer a rich quality of life.

The opportunity to use a fiscal intermediary in order to guide over a directed budget, using the principals of self determination. (See SCCMHA policy 02.03.04 Self Determination)

SCCMHA believes that all consumers, regardless of their living situation, have the right to live in a quality environment. SCCMHA monitors quality of residential settings in a variety of ways including through SCCMHA's auditing and contracts and properties management units and through Quality of Life visits. (The monitoring form used for these visits "Quality of Life Home Visit Report" is included as an exhibit to SCCMHA Policy 03.02.07 Residential Services). SCCMHA has a Residential Watch Committee that discusses residential situations that may have some potential risk. See SCCMHA procedure 09.04.03.07, Residential Provider Watch Program.

**Application:**
The Network of SCCMHA Providers

**Definitions:**
*Independent Living with Community Living Supports (CLS):*
Independent living with community living supports is the least restrictive setting with of course the exception of complete independence. The Community Living Supports services are intended to last only until the consumer can gain the skills in order to live independently. In this residential option, the consumer receives minimal community living supports while residing in their own home/apartment. These supports typically involve assistance with medication administration and/or assistance with advanced daily living skills such as meal planning, grocery shopping, or cooking. This assistance can be provided by a person or organization contracted to stop by the apartment/home to provide these supports and/or with equipment designed to provide the necessary prompts such as daily pill reminders etc.

Considerations: The person must have the personal resources to manage the expenses incurred (rent, utilities, transportation, phone, television, etc. which is not an all-inclusive list) when living in your own home/apartment. The person must have the ability to be alone or with a roommate for the majority of the time and must possess the necessary personal care skills to live independently. They must have the ability to take the necessary action needed in an emergency situation. A CLS Net Service Analysis Map must be completed and an adult application for DHHS chore services must be completed.

See SCCMHA Policy 03.02.07B Residential Service - CLS and SIP for more information and relevant documents.

Enhanced support staff or other community living supports focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community. The supports are assisting, reminding, observing guiding and/or training in the following activities:
According to section 17.3.B. Community Living Supports of the January 2019 Medicaid Provider Manual:
Staff may assist, remind, observe, guide and/or train in the following activities:

1) Meal preparation
2) Laundry
3) Routine, seasonal and heavy household care and maintenance
4) Activities of daily living such as bathing, eating, dressing, and personal hygiene
5) Shopping for food and other necessities of daily living

Staff may assist, support and/or train in the following activities:

6) Money management
7) Non-medical care (not requiring nurse or physician intervention)
8) Socialization and relationship building
9) Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
10) Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
11) Attendance at medical appointments
12) Acquiring or procuring goods, other than those listed under shopping, and non-medical services
13) Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Staff may remind, observe and or monitor the following activity:
medication administration

Monitoring, security and call devices as well as buddy systems are often used to supplement staff hours available. Also available through *Genoa Pharmacy Services* is the medication drop service program.

Considerations for Supported Living Arrangements: An individual must be willing and able to live semi-independently, including utilizing their personal resources to manage the expenses incurred (rent, utilities, transportation, phone, television, etc. which is not an all-inclusive list). An individual must be willing to maximize their abilities to live as independently as possible from the assistance of support staff. The supports available to them through formal and informal sources must be adequate to meet their needs. Consumers must apply for Michigan Department of Health & Human Services (MDHHS) Home Help or Expanded Home Help services also referred to as CHORE services. A CLS Net Service Analysis Map must be completed and an adult application for MDHHS chore services must be completed. Although from a perspective of

promoting and empowering dignified lifestyles, it would be ideal to have all consumers in supported living arrangements, it is preferred that individuals have the ability to be unsupervised for a period of time, with or without the use of monitoring devices. If consumers are able to spend portions of the day alone without any health or safety risks, a supported living arrangement should be considered. The arrangement must be cost effective.

See SCCMHA Policy 03.02.07B Residential Services- CLS for more information and relevant documents.

*Adult Foster Care (AFC):*

Adult Foster Care homes are homes operated by provider corporations or by individuals and licensed by Michigan Department of Consumer and Industry Services Division of Adult Foster Care Licensing (CIS) to provide room, board and supervision to persons in need of such services. An AFC home is independent and does not operate under the auspices of a mental health agency, although they may contract with a mental health agency to receive funds to provide specialized personal care, medical monitoring, and behavioral services. Foster care homes may provide placements for consumers not associated with an agency, although many users of adult foster care services are consumers of the Department of Health & Human Services (DHHS) or Community Mental Health (CMH). Foster care homes are located throughout the community and may or may not be part of the family home of the provider. The home may be staffed by the provider family or the provider may hire staff to assist. The level of staffing varies but often consists of non-awake overnight coverage and one staff to assist with high consumer demand hours such as mornings, late afternoons, and evenings. The number of beds in each home varies and is regulated by the local CIS Licensing. Personal care and assistance with activities of daily living are provided as part of routine care. Each person pays the provider directly for room and board, generally through SSI/SSA benefits. The rate of SSI payment can be domiciliary only or include personal care. Each consumer is allowed to keep a standard amount of his/her SSI/SSA per month for personal items; the AFC provider must keep a current Resident Funds form on consumer's personal money where the consumer plan indicates the need for assistance with money management by AFC staff.

Considerations: Potential participants/consumers must be in need of supervision. Generally they should have low to medium behavioral, medical, personal care, domiciliary or other needs, although the level of need a home can address differs. Some home operators are more experienced and/or have specialized training, which lends to serving individuals with significant behavioral and medical concerns.

SCCMHA publishes a Residential Directory that lists the providers located in Saginaw County and some basic information about the home and the license for the home. This Directory is located on the SCCMHA website under *Community Resources.* This resource is meant to be used by the consumer and those assisting the consumer in choosing an AFC that will meet the consumer wants and needs. (www.sccmha.org)

See SCCMHA Policy 03.02.07 Residential Services for more information and relevant documents.

*Adult Foster Care (AFC) with Model Payments now known as (ASAP) Adult Services Authorized Payments*

Under this type of care all of the same requirements pertain as with Adult Foster Care (AFC) but the consumer may need some additional assistance with bathing, dressing, or other area that requires more assistance than just reminders to the consumer. Under this level of care the provider may ask for Model Payments or ASAP for a consumer. This type of funding is a set amount per month. The amount is set by the State of Michigan and paid by the State of Michigan. The or case holder has to do a monthly visit to the facility to assure staff are providing the additional care needed. The case holder has to initial the paperwork as proof of review and that the provider is giving the care that was prescribed by the case holder. Usually the case holder will initial above the date they visit. The case holder must initial minimally the consumer Personal Care and Community Living Support Log form. They may also need to initial the medication sheets and the consumer resident funds if the consumer needs assistance in both of these areas. The provider has to submit monthly paperwork to the State of Michigan to receive payment for services rendered. The provider can bill electronically or by telephone. Questions about this process can be directed to SCCMHA's Care Management Department.

See SCCMHA Policy 03.02.07 Residential Services for more information and relevant documents.

*Specialized Residential Settings:*

Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services.

There are two types of Specialized Residential Settings:

One type are adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from community mental health and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. Staff working in the home are required to have completed specialized group home training. The contract rate paid for each consumer is designated in the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The home is expected to follow the individual plan of service developed through the person centered planning process. These homes are usually owned by the provider. These homes may or may not have awake staff 24 hours a day. However, for homes with contracts inside Saginaw County, the contract requires 24 hour awake staff.

The second type are homes in which CMH contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted amount of full time equivalent

staff or FTE's being utilized to meet the needs of consumers. SCCMHA owns these homes and contracts with a company to provide staffing and general maintenance of the homes. These homes generally provide 24 hour awake supervision. Staff working in the home are required to have completed specialized group home training. The home is expected to follow the individual plan of service developed through the person centered planning process.

Considerations for specialized residential settings: The needs of the consumer must go beyond the typical needs of the person served in a general adult foster care home. The home must have an adequate amount of trained staff to safely meet the needs of the consumer as outlined in their individual plan of service. Persons placed into specialized residential settings typically have increased personal care needs or exhibit behavioral symptoms that require regular intervention.

See SCCMHA Policy 03.02.07 Residential Services for more information and relevant documents.

**References:**
MDHHS Medicaid Provider Manual: Mental Health/ Substance Abuse Section
SCCMHA Procedure 09.04.04.03- Personal Care and Community Living Supports Service Log Documentation- Rev. 7-15-06
SCCMHA Procedure 09.04.01.04 Quality of Life Visits
SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program
SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
SCCMHA Policy 05.06.08 Management of Consumer Funds.
SCCMHA Policy 02.03.04 Self Determination
SCCMHA Policy 03.02.07 Residential Services
SCCMHA Policy 03.02.07B Residential Services – CLS

**Exhibits:**
Exhibit A: Adult Services Application for Home Help, DHS Publication 390 and Medical Needs form DHS Publication 54-A
Exhibit B: Authorization to Disclose Employee Information and Release of Liability Form
Exhibit C: Specialized Residential Process and Workflow
Exhibit D: Quality Improvement Goals Worksheet
Exhibit E: Durable Medical Equipment/Environmental Modification form
Exhibit F: Meal Planning, Meals, and Availability of Food Handout
Exhibit G: Maintaining a Clutter Free and Safe Home
Exhibit H: Suggestions for Preventing Falls
Exhibit I: Consumer Funds (DHS Documentation for Resident Funds) Review Tip Sheet for Primary Workers

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Makes a variety of residential options available to consumers of mental health services. | Saginaw County Community Mental Health Authority |
| Participates in a person centered planning process to discuss the consumer's needs and desires particularly as it relates to residential options. | Consumer, guardian, case holder, others as identified by the consumer/guardian. |
| Reviews the residential option desired to determine if it can meet the needs of the consumer with special attention to the health and safety needs of the consumer. | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |
| Develops an individual plan of service which addresses the specific needs of the consumer, including amount, scope and duration. The plan should also address each need identified in the license residential authorization, or DCH 3803, or CLS/Chore Authorization. Keeping in mind the least restrictive setting. | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |
| Completes a CLS Net Service Analysis Map for all consumers who need CLS services. | Case Holder |
| Completes in addition to the CLS Net Services Analysis Map; for all Adult consumers MDHHS Chore Services application and fills in appropriate information on the authorization form of date of application, amount of chore services or date of denial of chore services. Copy of denial to be placed in consumer electronic medical record. | Case Holder<br>Clinical Supervisor |
| Follows the Specialized Residential Process and Workflow (Exhibit B) for placement into Specialized Residential settings. Also see Checklist for Moving consumers into Licensed Residential | Case Holder<br>Clinical Supervisor<br>Care Management Specialist<br>Residential Provider |

| | |
|---|---|
| Settings (See SCCMHA Policy 03.02.07 Residential Services). | |
| Referral to the Residential Placement Committee for any possible out of county placements or moves from a less restrictive setting into a more restrictive setting. A review of the persons file will occur, and a decision will be made in 7-10 business days. | Case Holder/Chair of the Residential Placement Committee |
| Assist with the procurement of needed Equipment or Environmental Modification Utilizing the "Request for Additional Funds Form" only after all outside resources have been exhausted. | Case Holder |
| Monitors the consumer in the residential option at intervals agreed to in the resident's individual plan of service. Monthly home visits are recommended by SCCMHA to assure that the needs of the consumer are being met in the residential setting and that the consumer is satisfied with the services provided. If the individual is in specialized residential, a monthly visit is required at minimum. | Case Holder and guardian when one is appointed. |
| Notifies consumers of the terms of their lease agreement including what is included and not included in the rental payment, what rules and regulations are noted as part of the rental etc., provides services and communicates to SCCMHA as needed. Meets adult foster care and SCCMHA requirements. | Residential Provider |

Exhibit A

# ADULT SERVICES APPLICATION

Michigan Department of Human Services

**NOTE:** If you need help to complete this application please indicate what kind of help you need

☐ Bi-Lingual Interpreter ☐ Sign-language interpreter for the deaf
☐ Other (Specify):

**FOR DEPARTMENTAL USE ONLY**

| 1. Case Name | | | | | |
|---|---|---|---|---|---|
| 2. Case Number | | | | 3. Recipient I.D. Number | |
| 4. County | District | Section | Unit | Specialist | Date |
| | | | | | |

| 5. Your Full Name (of person needing or requesting services) | 6. Telephone Number | 7. TTD No. (Teletype for the deaf) |
|---|---|---|
| 8. Your address (No., Street, City, Sate, Zip Code) | | 9. Social Security Number |

**SECTION A. DEPARTMENT PROGRAMS. Below is a brief description of the services provided by the Department.**
**Instructions:** X the box or boxes which describe services you need or problems with which you want help.

1. ☐ Services to help adults stay in their own homes. Include such things as help in finding or using health and housing resources, referral to other services in the community (such as a senior citizen center) and counseling for a personal or health problem.
2. ☐ Services to help in paying for someone to assist with personal care and housekeeping services.
3. ☐ Services for adults who can no longer remain in their own homes. Includes help in finding an adult foster home, home for the aged, or nursing home and services for people living there.
4. ☐ Services for adults who are in danger and who need protection.
5. ☐ Services for adults who are physically disabled and in need of special adaptive equipment, home modifications or other services to enable them to live more independently.
6. ☐ Other services. If none of the above descriptions seem to fit your situation, please state here what you need.

_____
_____
_____

**SECTION B. CURRENT SITUATION: Instructions:** X the boxes which apply to you.

1. Your Status as a Recipient
   a. ☐ Financial Independence Program (FIP recipient)
   b. ☐ Medicaid (MA) recipient
   c. ☐ Supplemental Security Income (SSI) recipient
   d. ☐ Applied for SSI but did not meet income requirements
   e. ☐ Food Assistance recipient
   f. ☐ State Disability Assistance (SDA) recipient
   g. ☐ State Family Assistance (SFA) recipient
   h. ☐ Member of migrant family
   i. ☐ Other

**FOR DEPARTMENTAL USE ONLY – How recipient status is verified**

2. Living Arrangement (Mark X in the proper boxes, and answer related questions)
   a. ☐ Alone
   b. ☐ With spouse — Is spouse disabled? ☐ Yes ☐ No
   c. ☐ With children under age 18. How many? _____
   d. ☐ With others (relatives and non-relatives) How many? _____
   e. ☐ Live in adult foster care facility, home for the aged, or nursing home.

# MEDICAL NEEDS

Michigan Department of Health and Human Services

**INSTRUCTIONS: To be completed annually by a physician, nurse practitioner, physical or occupation therapist. Please print or type.**

| | | | | |
|---|---|---|---|---|
| Case Name | | | | |
| Case Number | | Recipient ID Number | | |
| Patient's Name | | | Patient's Birth Date | |
| County | District | Section | Unit | Specialist |
| Specialist | | Specialist Phone Number ( ) | | |

Medical Provider:
We would appreciate your cooperation in completing the spaces checked below. In addition to a physician, Box A may be completed by a physician's assistant, certified nurse-midwife, ob-gyn nurse practitioner or ob-gyn clinical nurse specialist. Providers must be Medicaid enrolled. An addressed, prepaid envelope is enclosed for your convenience.

You are hereby authorized to release the information requested below to the Michigan Department of Health and Human Services.

| | | | |
|---|---|---|---|
| Patient's or Representative's Signature | | Patient's Name | Signature Date |
| Authorized Specialist's Signature | | Signature Date | Local MDHHS Office |
| ☐ **A** | Pregnancy Delivery (Expected) Date | Number of medically verified unborn children | |
| ☐ **B** | Diagnosis(es) / Treatment plan for this patient | | |
| ☐ **C** | Chronic ongoing illness ▶ ☐ YES ☐ NO | | |
| ☐ **D** | Estimated number of office or clinic visits<br>_____ times per ☐ week ☐ month ☐ quarter ☐ Other (Please Specify) | Will this change? ☐ YES, When _____ (Date) ☐ NO | |
| ☐ **E** | Give estimated number of months for the diagnosis in B that medical treatment will be required<br>☐ Lifetime | | |
| ☐ **F** | Is the patient non-ambulatory?<br>☐ YES ☐ NO | If Yes, explain: | |
| ☐ **G** | Does patient need special transportation? If Yes, indicate mode of transportation needed (e.g., van with wheelchair lift, ambulance, etc.)<br>☐ YES ☐ NO ▶ | | |
| ☐ **H** | Does someone need to accompany the patient to the medical appointment?<br>☐ YES ☐ NO ▶ | If yes, who / why? | |
| ☐ **I** | Do you certify the patient has a medical need for assistance with any of the personal care activities listed below?<br>▶ ☐ YES ☐ NO<br>Eating, Toileting, Bathing, Grooming, Dressing, Transferring, Mobility, Taking Medications, Meal Preparation, Shopping, Laundry, Housework | Check any complex care services needed.<br>☐ Specialized Feeding ☐ Suctioning<br>☐ Catheters or Leg Bags ☐ Bedsore Prevention<br>☐ Colostomy Care ☐ Range of Motion<br>☐ Bowel Program ☐ Other _____ | |
| ☐ **J** | Can patient work at usual occupation? ☐ YES ☐ YES, but with limitations (Specify below) ☐ NO (How long):<br>Can Patient work at any job? ☐ YES ☐ YES, but with limitations (Specify below) ☐ NO (How long): | | |
| ☐ **K** | Other (Explain) | | |
| ☐ **L** | Is the spouse or parent of the above disabled individual needed in the home to provide care? ☐ YES ☐ NO<br>Spouse or parent cannot engage in work due to the extent of care required. ☐ YES ☐ NO<br>How long: | | |
| Date patient was last seen | | Are you a Medicaid enrolled provider? ☐ YES ☐ NO | |
| Name and title (Print or type) | | MA enrolled Provider Signature | |
| National Provider Identifier (NPI) Number | | Signature Date | Telephone Number |
| AUTHORITY: Federal 45 CFR of 233.20, CFR 440.10 and CFR 440.20<br>COMPLETION: Voluntary<br>PENALTY: Benefits may be affected. | | The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | |

DHS-54A (Rev. 6-15) Previous edition may be used. MS Word

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY

Recipient Rights Complaints Appeals

***PROVIDER INFORMATION:***

| | | |
|---|---|---|
| ***Provider Name:*** | ***Phone:*** | ***Fax:*** |
| ***Address:*** | | |
| ***City:*** | ***State:*** | ***Zip Code:*** |

I, _____, authorize the Saginaw County Community Mental Health Authority
**(PRINT FULL NAME)**
to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

**Please check the appropriate box below**

☐ I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties and give my permission for you to check with their county's Office of Recipient Rights: _____.

☐ I have not worked in the Mental Health field prior to my application for employment.

I, _____, release the Saginaw County Community Mental Health Authority
**(PRINT FULL NAME)**
and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

_____ _____ _____
*Applicant's Signature* *Date* *Applicant's Maiden Name (If Applicable)*

_____ _____ _____
*Witness Signature* *Date* *Applicant's Social Security Number*

_____
*Applicant's Home Address:* *Street and Number* *City* *State* *Zip Code*

## RIGHTS OFFICE USE ONLY

A) The above applicant has the following Recipient Rights history:
Violation(s) of Abuse or Neglect according to:
**SCCMHA** ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO

B) The above applicant has the following Recipient Rights history:
Violation(s) of other Recipient Rights violations according to:
**SCCMHA** ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO

**By:** _____ **Date:** _____
**SCCMHA Recipient Rights Advisor or Officer**

Information from other counties was received from: **County & ORR Staff**: _____;
**County & ORR Staff**: _____; **County & ORR Staff**: _____;
Additional Forms may be used if there is a need to list more counties

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 1-14

Exhibit C

# Provider Quality Improvement Plan

*This Plan is being implemented as a result of:*

☐ *Corrective Action Plan* ☐ *Licensing Requirement* ☐ *Other:*_____

Improvement Goal #1:_____

Improvement Plan for #1:_____ Expected Completion Date:_

Improvement Goal #2:_____

Improvement Plan for #2:_____ Expected Completion Date:_

Improvement Goal #3:_____

Improvement Plan for #3:_____ Expected Completion Date:_____

Provider's Signature:_____ Date:_____

Exhibit D

**Residential Authorizations in Sentri Instructions**

Consumers may require additional supports in order to remain in the community and not be institutionalized or hospitalized. The intent of Residential Supports is to provide those services.

The following process and factors should be used in order to assure appropriate and adequate residential supports for a consumer requiring such supports.

**Staff responsibilities**

1) Case worker
   a) Explores placement and support options for the consumer, consulting with the consumer's support system and staff supervisor.
   b) Gives indications in the Psychosocial Assessment regarding a need for support serviced
   c) Includes the reasoning and services to be provided by the supports in the Individual Plan of Service (IPOS)
   d) Creates the appropriate Residential Authorization Request in Sentri.
   e) Monitors for approval of the authorization
   f) Coordinates with the service provider
   g) Assures that all needed information is provided to the service provider
   h) Monitors on-going need for services
   i) When applicable, enters the required onto the Adult Services Authorized Payments (ASAP, formerly Model Payments) site.
2) Supervisor
   a) Reviews and approves the Psychosocial Assessment
   b) Reviews and approves the Residential Authorization Request for final approval by Care Management
3) Care Management Specialist
   a) Reviews the authorization to assure medical necessity (if applicable)
   b) Approves the authorization
   c) Coordinates with the Case Worker, Supervisor and/or Clinical Director regarding any concerns about the service
4) Service Provider
   a) Assures the authorization is correct
   b) Provides services as prescribed in the IPOS
   c) Communicates regularly with the Case Worker regarding status and needs of the consumer

Services providing residential support have a separate Sentri module for requesting authorization. This type of authorization requires indicating certain aspects of the consumer's current functioning and skill levels.

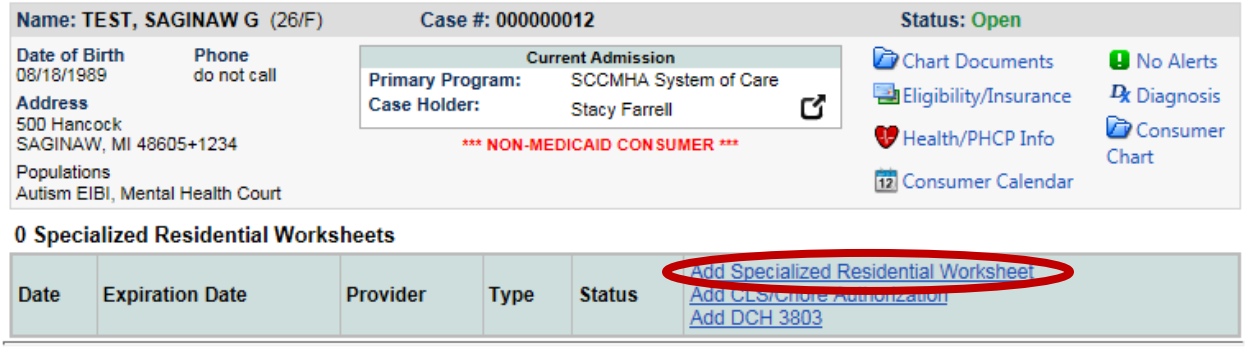
There are three types of Residential support authorization requests:

- Specialized Residential
- Community Living Services (CLS)/ DHS Chore settings
- DCH 3803-DATA SHEET AND PRESCRIPTION FOR PERSONAL CARE for Adult Services Authorized Payments (ASAP, formerly Model Payments):

Entering any of these types of authorizations is done through the **Residential Authorizations** link located in the **Authorizations** section (second column near the bottom of the page) of the **Consumer Chart** in Sentri



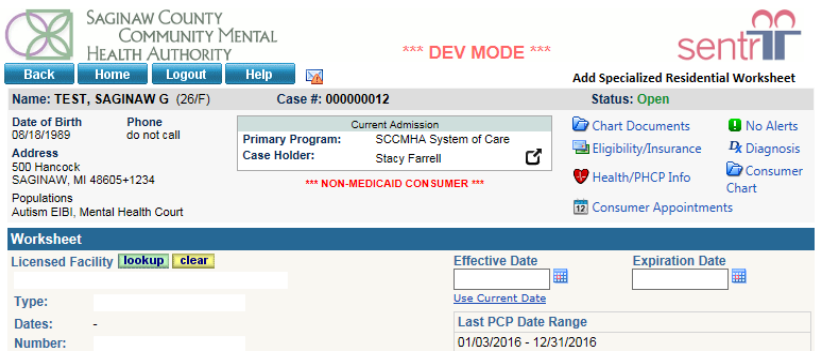

Clicking on this link opens to the **Residential Authorizations List** page.



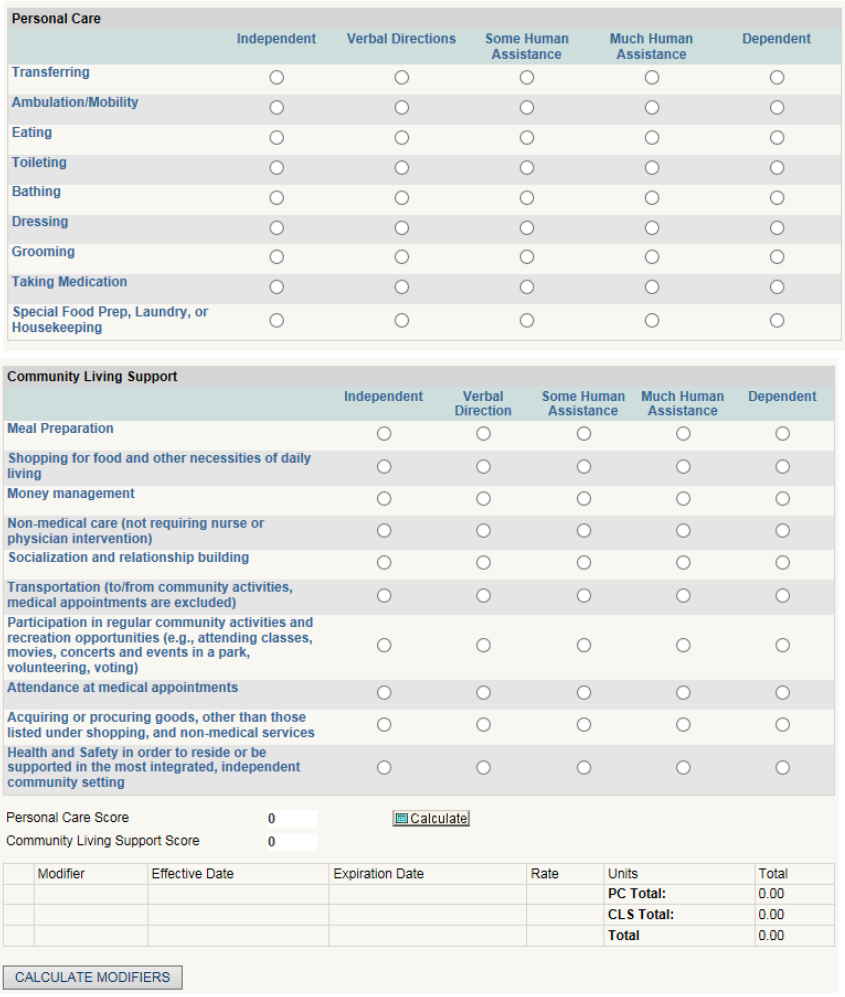

In the **Records** section header (shaded area) in the far right column there are three links: Add Specialized Residential Authorization, Add CLS/Chore Authorization, and Add DCH 3803. Clicking on a link will open the indicated document.

Add Specialized Residential Authorization is used for Specialized Residential licensed Adult Foster Care homes. SCCMHA has contracts with these homes to provide specified services and/or staffing levels based on the conditions/needs of the individuals residing in that setting. (see illustration below)

**Enter the Licensed Facility using the Look-up box**
Also enter the Effective Dates. Remember that it cannot be for more than 6 months and should be based on either the start or due date of the last PCP.




**Enter the Clinical Determination section.** This is an assessment of the consumer's current level of Personal Care (PC) skills and Community Living Skills (CLS). These determine Medical Necessity for the requested service (these services must also be shown in the Outcomes of the Person-Centered Plan). It also provides the cost rate for each of these service codes. This Clinical Determination is a "point-in-time" assessment providing a "picture" of the current skill level for the consumer. This does not have to match what is on an active Assessment or PCP.

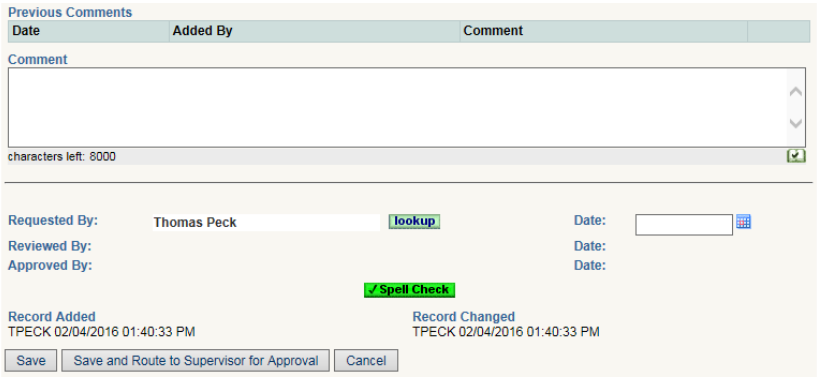



After entering a determination level for each item, pressing the "**Calculate Modifier**" button at the bottom of the form will pull in the contracted rate for that provider, and adjust each code rate for those scores.

Depressing the "**Calculate**" button only totals the PC and CLS scores.

There is a Comment box to provide any additional notes or comments. Typically this will be left blank.

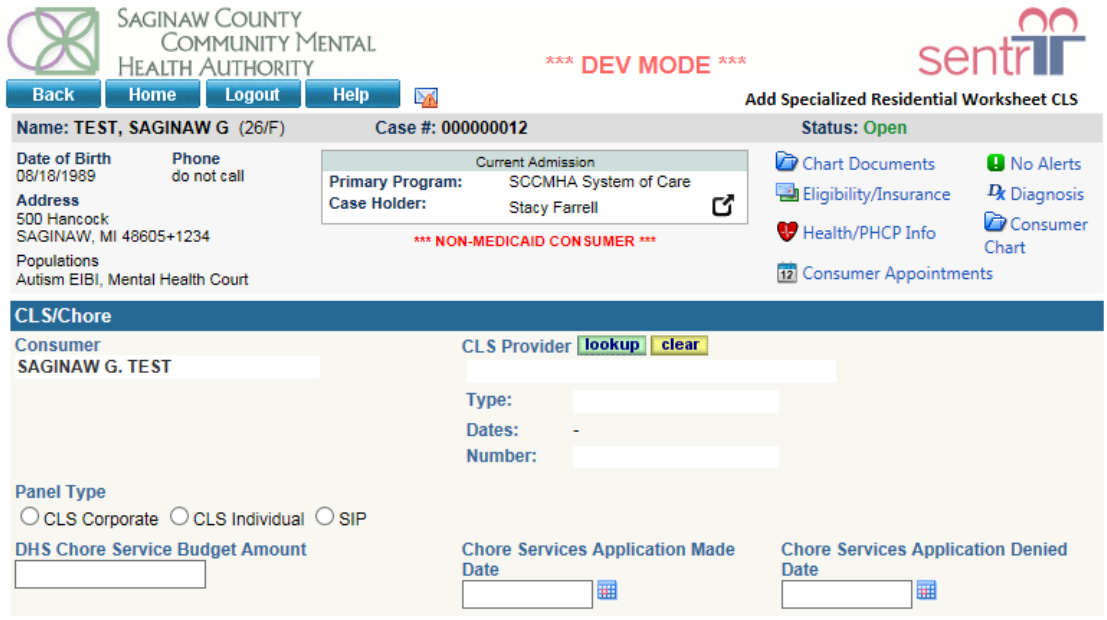
When ready, press the **SAVE AND ROUTE TO SUPERVISOR FOR APPROVAL** bar. This will take you back to the **Residential Authorizations List** page.




Add CLS/Chore Authorization is used for consumers who will be residing in their own residences and having staff support in that setting (Community Living Services)

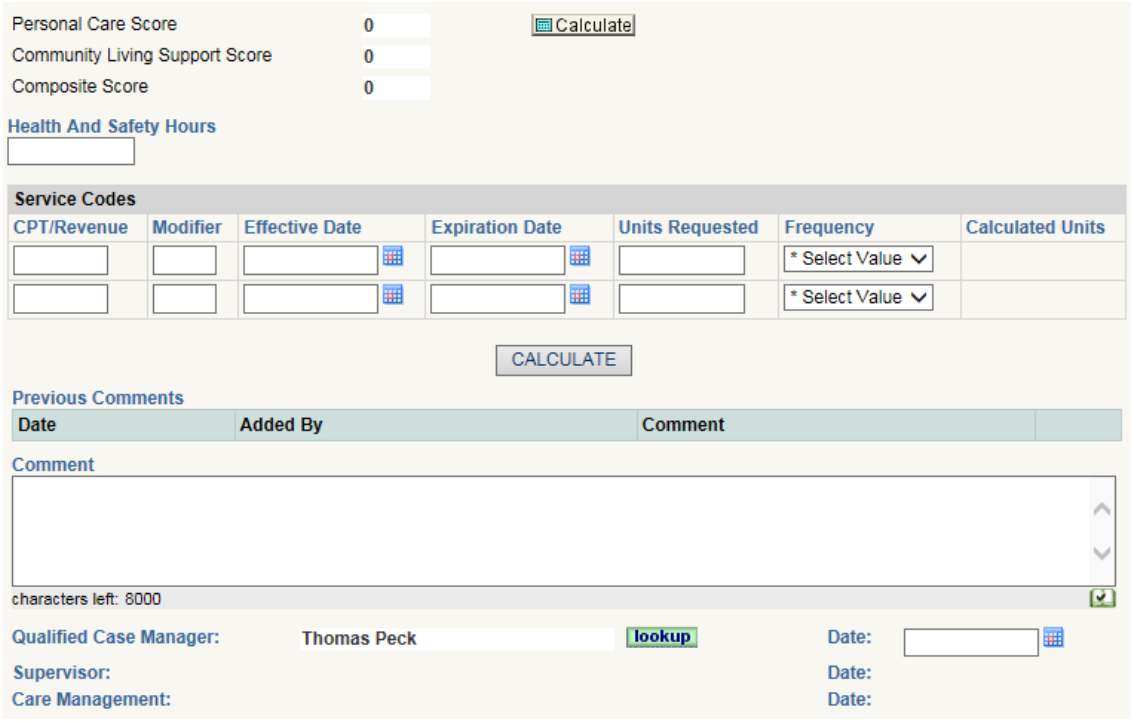
Enter the **CLS Provider** using the Look-up box

Enter the **Panel Type** for this provider. CLS Corporate is a contracted agency that provides CLS services, CLS Individual are persons who are contracted to provide CLS Services,
Enter in the funding received for current **DHS Chore Service Budget Amount**. If the consumer does not currently receive this funding, then enter in either the **Chore Services Application Made Date** or **Chore Services Application Denied Date**. Note: in order to assure proper use of CLS funds, a consumer receiving CLS must also apply for or obtain Chore Services. This is to assure that CLS is not being provided in lieu of Chore (i.e. Home Help) Services, which is prohibited by federal and state regulation as well as agency policy.



Enter the Clinical Determination section (see the Specialized Residential instructions above). This is an assessment of the consumer's current level of Personal Care (PC) skills and Community Living Skills (CLS). These determine Medical Necessity for the requested service (these services must also be shown in the Outcomes of the Person-Centered Plan). This Clinical Determination is a "point-in-time" assessment providing a "picture" of the current skill level for the consumer. This does not have to match what is on an active Assessment or PCP.

After entering a determination levels for each item, press the "**Calculate**" button at the bottom of the form. The total and composite scores will be indicated.




Enter the **Health And Safety Hours**. These are the approximate number of hours (1-24) per day that a consumer would need services beyond those reflected in the determination. For example, consumer requires supervision while sleeping. These should be indicated in the PCP.

Enter the **Service Code** information. Remember that it cannot be for more than 6 months and should be based on either the start or due date of the last PCP. Click on the **Calculate** bar to determine the calculated units
There is a Comment box to provide any additional notes or comments. Typically this will be left blank.

When completed, press the **SAVE AND ROUTE TO SUPERVISOR FOR APPROVAL** bar. This will take you back to the **Residential Authorizations List** page.

Add DCH 3803 is a Sentri version of the DCH form DCH 3803-DATA SHEET AND PRESCRIPTION FOR PERSONAL CARE which is to provide additional funds to an AFC Provider for certain Personal Care services (this is currently called Adult Services Authorized Payments – ASAP – and was formerly called "Model Payments"). These funds are paid to the home provider directly from the state, but SCCMHA provides monitoring of need (through the 3803) and implementation.

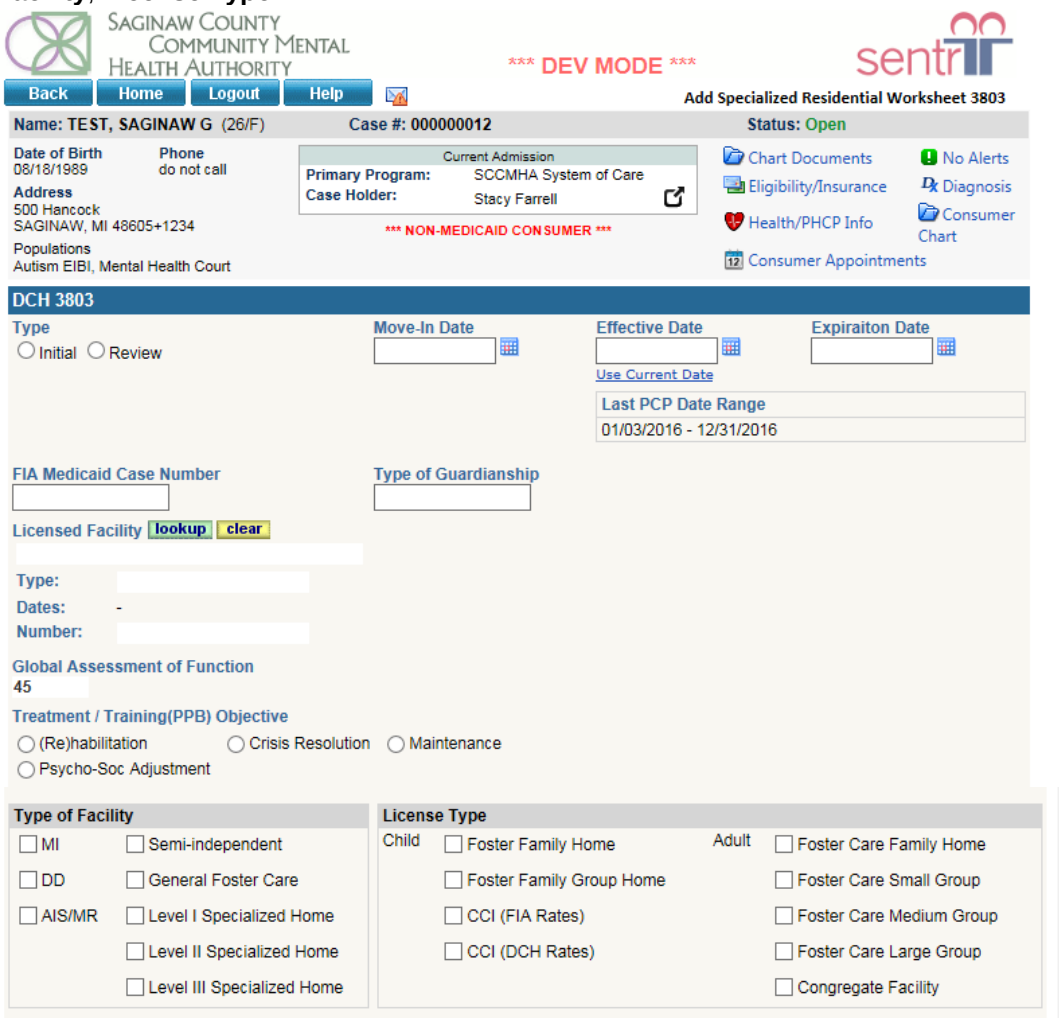
**Type** indicates if this is an Initial or a Review.

Enter the consumer's **Move In Date** to that home, the **Effective Date** and **Expiration Date**. This cannot exceed 12 months duration.

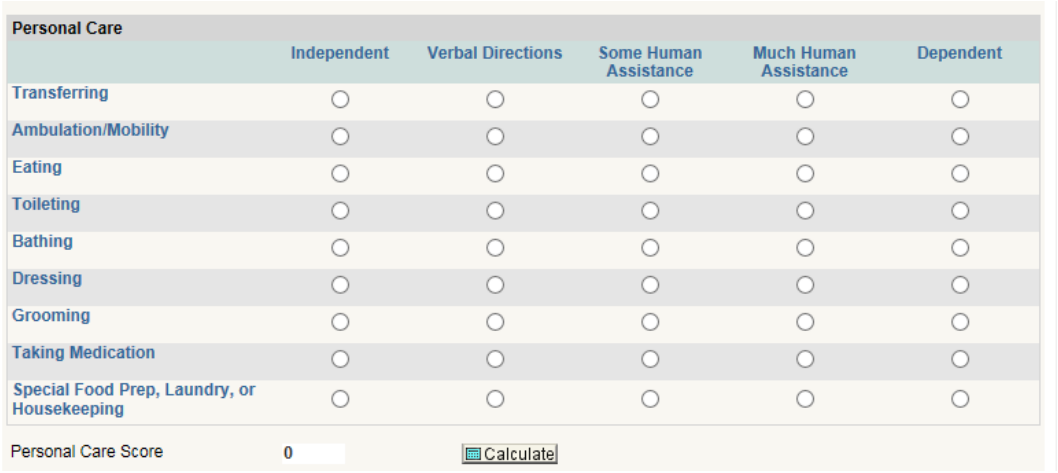
Enter the **FIA Medicaid Case Number** and the **Type of Guardianship** text boxes

Use the look-up function to indicate the **Licensed Facility** where the consumer will reside.

The next few boxes require manual input – **Treatment/Training(PBB) Objective**, **Type of Facility**, **License Type**




Enter the **Clinical Determination** fields indicating the **Personal Care** needs of the consumer. This Clinical Determination is a "point-in-time" assessment providing a "picture" of the current skill level for the consumer. This does not have to match what is on an active Assessment or PCP. After entering a determination levels for each item, press the "**Calculate Scores**" button at the bottom of the form.




Enter any comments.
When completed, press the **SAVE AND ROUTE TO SUPERVISOR FOR APPROVAL** bar. This will take you back to the **Residential Authorizations List** page.

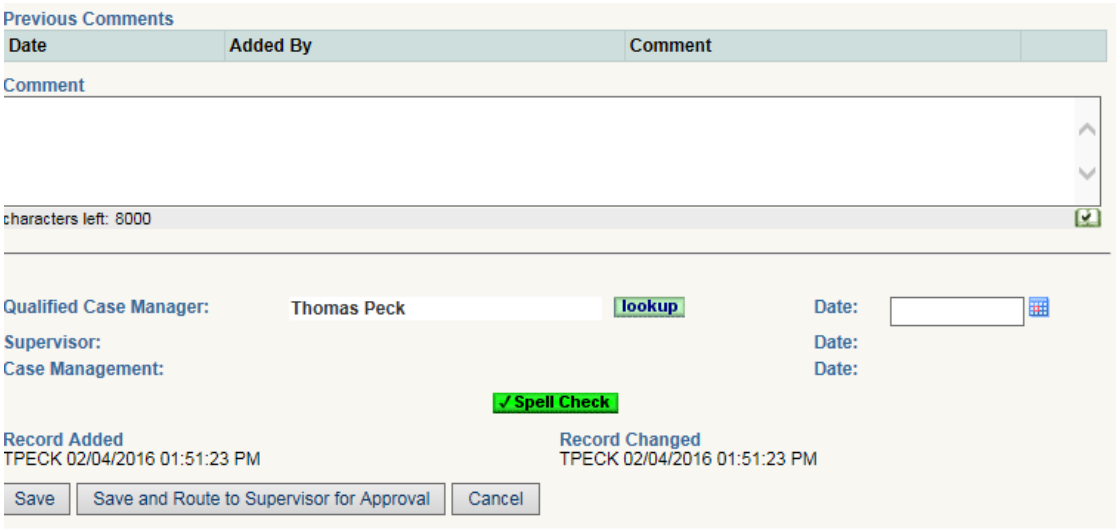


Exhibit E

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Durable Medical Equipment/ Environmental Modification Request for SCCMHA Funding

***Revised 1/13/11 CCCC Workgroup***

**Request Date** _____ **Client Name:** _____ **Client #** _____

1. ☐ Adaptive Equipment (Attach original Physician Prescription)
   (Must attempt to bill consumer's insurance first and attach denial)
   - ☐ T1999 – Miscellaneous therapeutic items
   - ☐ T2028 – Specialized supply, not otherwise specified, waiver (allergy control supplies)
   - ☐ T2029 – Specialized medical equipment, not otherwise specified, waiver (environmental safety and control devices)
   - ☐ S5199 – Personal care items NOS (assistive technology)
   - ☐ E1399 – Durable Medical Equipment-miscellaneous (Single room air conditioner)
   - ☐ T2039 – Van lifts and wheelchair tie down systems

2. ☐ Environmental Modification (* See note below)(Attach original Physician Prescription)
   - ☐ S5160 – Emergency response system, installation & testing
   - ☐ S5161 – PERS service fee, per month
   - ☐ S5165 – Home modifications, per service

* Note – Home Modifications for properties not owned by SCCMHA or the consumer require property owner's approval. Please contact the SCCMHA contracts dept. (989-797-3599) to facilitate such a written agreement.

3. OT / PT – Eval/Consult/Note attached ☐ Yes ☐ No

**Description and Justification for use of SCCMHA Funds**

_____

_____

_____

_____

_____ _____ ☐ Approved ☐ Declined ☐

Support Coordinator (SC) / Case holderCase holder(CSM) Date Reason:_____

_____

_____ _____ ☐ Approved ☐ Declined ☐

Case Worker Supervisor Date Reason:_____

_____

_____ _____ ☐ Approved ☐ Declined ☐

Care Mgmt Medical Necessity Approval & Setup Date Reason:_____

_____

For all funding requests specified, SCCMHA purchasing (Finance) department to obtain competitive pricing and identify any primary payer coordination of benefits. COB found ☐ Yes ☐ No

Price quote #1 _____ Comment(s) _____
Price quote #2 _____ Comment(s) _____
Price quote #3 _____ Comment(s) _____

Selected Quote / Vendor Name: _____ Purchase amt $ _____

Purchaser sign-off _____ Date: _____

Contracts Dept. vendor setup/sign-off _____ Date: _____

Care Mgmt. auth setup/sign-off _____ Date: _____ Attach copy of auth

Purchaser sign-off on price quote, attach authorization & physician script, submits to vendor, and notify requester by email: Final Sign-off of purchase date completion: _____ Date: _____
SCCMHA purchasing (Finance) department to forward copy of completed DME form to medical records for chart scanning

## Meal Planning, Meals, and Availability of Food
### Meal Planning

Staff working in people's homes should always include the residents when planning meals. Don't we all want to live in a home where:

- Our food preferences are honored
- We get choices
- We get fresh fruits and vegetables every day
- We don't have to eat the same thing day after day
- We have the opportunity to celebrate special occasions with special foods
- We get the opportunity to try new foods
- Our meals are balanced and nutritious
- Meals are appropriate for the time of day and cultural norms
- Our meals aren't limited to canned soups and prepackaged foods

Ways to incorporate personal choice could include:

- Allow each person to plan a meal or two using My Plate as a guide
- Have a weekly meeting where everyone provides input into the meals for the upcoming week
- Closely watch nonverbal people for food likes, loves and dislikes and honor preferences
- Honor special occasions by cooking special meals

Contact MSU Home Extension or the SCCMHA Dietitian for help with planning balanced meals and to discuss examples of "healthy food".

**Meals**

**Use My Plate as a guide for every meal.** Half the plate should be fruits and vegetables, include one serving of grains, one serving of protein and a dairy. Go to http://www.choosemyplate.gov/ to explore the foods and serving sizes in each group.

- Serve balanced, healthy meals that provide fruits and vegetables in a variety of colors
- Be aware of the nutritional value of foods. Hot dogs, processed meats, canned soups and ramen noodles are easy to prepare but don't offer much in the area of nutrition and are very high in sodium and fat. Easy alternatives to these convenience foods could include:
    - Taco salad with fresh vegetables, 1 serving of cheese and 1 serving of meat, baked tortilla wedges, fresh fruit and milk
    - Homemade pizza with peppers, mushrooms, onions; spinach and lettuce salad; frozen yogurt with fresh berries
    - Shredded chicken breast on whole grain tortillas, rice, vegetables and salsa, fat free pudding

- Use the posted menu when preparing meals. If for some reason you must substitute, substitute within the same food group.

**Availability of Food**

By using a simple starter list, staff can go to the cupboard, refrigerator or freezer and have all of the ingredients needed to make a meal. Have these ingredients from your starter list on hand every week. Use copies of the list as a shopping list and add items that are not on the list but enjoyed by the people living in the home. If staff are unfamiliar with preparing foods that are not prepackaged, buy a beginners cookbook or print off some easy recipes. There are thousands of websites that offer free recipes and menu plans for beginning cooks.

There should always be enough food on hand that staff can prepare three nutritious meals and provide snacks as requested. Shop on a regular basis and don't wait until the refrigerator, cupboard and freezer is down to almost nothing. There should be adequate food on hand to support the posted menu and provide unlimited healthy snacks that include fresh fruits, vegetables, yogurt, etc.

Here is a basic food list that will provide adequate foods to prepare a wide variety of healthy meals. Add preferred foods to the list as they are identified during menu planning.

**Basic Foods for Refrigerator, Freezer and Cupboard**

| **Fresh Fruit** | **Dairy** |
|---|---|
| ___Apples<br>___Bananas<br>___Grapes<br>___Oranges<br>___Melon<br>___Berries | ___Cheese , mozzarella, American and Swiss slices, parmesan<br>___Milk<br>___Yogurt<br>___Low fat ice cream or frozen yogurt<br>___Cottage cheese |
| **Canned Fruits**<br>___Pineapple canned in juice<br>___Peaches canned in juice<br>___Pears canned in juice<br>___Fruit cocktail canned in Juice<br>___Apple sauce | **Proteins**<br>___Dry beans: Great Northern, navy, red, black, pinto beans<br>___Beef, ground, 90 – 95% lean, roast<br>___Chicken<br>___Eggs<br>___Fish, frozen filtes<br>___Peanut butter<br>___Pork loin chops<br>___Tuna, canned<br>___Turkey breast |
| **Frozen Fruits**<br>___Peaches<br>___Raspberries<br>___Blueberries<br>___Mixed fruit | **Grains**<br>___100% whole grain bread<br>___Cereal<br>___Crackers<br>___Oatmeal (Old Fashioned oats)<br>___Pasta (whole grain)<br>___Rice (brown)<br>___Tortillas<br>___Rolls |
| **Fresh Vegetables**<br>___Red, yellow, orange and green bell peppers<br>___Carrots<br>___Cabbage<br>___Lettuce, spinach, field greens<br>___Onions<br>___Potatoes<br>___Tomatoes<br>___Celery<br>___Cucumbers | **Fats**<br>___Extra virgin olive oil<br>___Mayonnaise – low fat or fat free<br>___Canola oil<br>___Margarine with no trans fats<br><br>**Sugars**<br>___White granulated<br>___Brown<br>___Pancake syrup |
| **Canned Vegetables**<br>___Corn<br>___Tomatoes, diced, sauce and paste<br>___Peas<br>___Green beans<br>___Baked beans<br>___Mushrooms | **Seasonings**<br>___Black pepper<br>___Chicken broth, low sodium<br>___Chili powder<br>___Cinnamon<br>___Garlic powder<br>___Italian seasoning<br>___Rosemary, thyme or Herbs De Provence<br>___Vanilla<br>___Vinegar, balsamic, red wine, cider and white<br>___Seasoning salt |
| **Frozen Vegetables**<br>___Mixed vegetables for soup<br>___Broccoli<br>___Spinach<br>___Corn<br>___Peas<br>___Cauliflower | **Other**<br>___Pancake mix<br>___Ketchup/mustard<br>___Salad dressing<br>___Barbecue sauce<br>___Cake mix<br>___Fruit juice (100%)<br>___Dream whip<br>___Jell-O<br>___Pudding mix<br>___Coffee<br>___Herbal tea<br>___Bouillon cubes<br>___Jam, jelly, preserves<br>___Pasta sauce<br>___Pie crust<br>___Pie filling<br>___Pizza crust, pizza sauce |
| **Baking**<br>___Flour, white and self-rising<br>___Baking powder<br>___Baking soda<br>___Salt<br>___Cake mix/brownie mix<br>___Cocoa powder<br>___Powdered sugar<br>___Chocolate chips | |

Exhibit G

## Maintaining a Clutter-Free and Safe Home Checklist

| | |
|---|---|
| | **Possible signs of hoarding or dangerous clutter** |
| | **Cleanliness** |
| | **Home maintenance and safety** |

**Place an X in the box next to areas of concern.**

| | **Kitchen** |
|---|---|
| | **Floor** |
| | Floor is free of trash and clutter |
| | Floor is clean and in good repair |
| | Food items are never stored on the floor or closer than 6" from floor if in lower cabinets |
| | **Countertops** |
| | Counters are clutter free: no items on counters that are not used for cooking or eating |
| | Counters are clean and in good repair |
| | **Cupboards and Cabinets** |
| | Cupboards and cabinets have doors that open and close easily |
| | Cupboard and cabinet hardware is in place and in good repair |
| | Cupboards are organized, items are easy to access, no unusable items in cupboards and cabinets |
| | Cupboard and cabinet shelves are clean and in good repair |
| | Drawers open and close easily and drawer pulls are securely in place |
| | No signs of mouse droppings, insects or vermin in cupboards, cabinets or behind appliances |
| | **Wastebaskets and Trash** |
| | Wastebaskets have liners and self closing lids |
| | Wastebaskets are not overflowing |
| | Trash is taken out daily or more often if needed |
| | Wastebasket is clean and no evidence of food spills or other debris |
| | **Stove/ Oven/Microwave** |
| | Stove is clean and all burners are in working condition |
| | Stove is free from papers, dishcloths, towels, cleaning supplies and another other objects |
| | Oven is clean and in working condition |
| | Oven is free of any objects except cooking racks and is not used for storage |
| | Microwave is clean inside and outside and in good working condition |
| | Microwave is not used for storage |
| | **Table and Chairs** |
| | Table is free of clutter and is in good repair |
| | Everyone living in the home can sit at the table to eat |
| | Chairs are in good repair and nothing is stored on chairs |
| | People in the home can sit on the chairs without moving or removing items |
| | **Sink/Dishes** |
| | Dishes are washed or stacked in the dishwasher and clean dishes are put away |
| | Sink is not used for storage |
| | Sink is clean and free from chips and cracks |
| | Faucet works for both hot and cold water |
| | Garbage disposal works |
| | Garbage disposal rubber seal is in place |
| | No evidence of mold or mildew around or under sink |

SCCMHA destrada 11-2014

| | |
|---|---|
| | Pipes below sink are free from leaks |
| | Opening for pipes are caulked to prevent mice and insects from entering |
| | **Refrigerator/Freezer** |
| | Refrigerator is clean inside and outside and free of odors |
| | Rubber seal is in place and not torn or cracked |
| | Food items in refrigerator are not expired and are stored properly |
| | Only food items are stored in the refrigerator |
| | Freezer is free from ice build up |
| | Only food items are stored in the freezer |
| | **Everyone living in the home can easily access the kitchen and use the kitchen for its intended purpose** |
| | **Other** |
| | **Other** |
| **Living Room** | |
| | **Floor** |
| | Floor is free of clutter including newspapers, magazines, trash, cans, dishes, books, collections |
| | Floor is clean and in good repair |
| | **Furniture** |
| | Furniture is free of clutter and people living in the home can sit on the furniture without moving or removing items |
| | Tables are free of clutter and people living in the home can use them for their intended purpose |
| | Shelves and bookcases are free of clutter and items are stored on shelves neatly and not over loaded |
| | **Clutter** |
| | Collections in the living room do not interfere with everyday living and moving about the room |
| | Trash is placed in trash cans/wastebaskets |
| | **People living in the home are able to use the living room for its intended purpose** |
| | **Other** |
| | **Other** |
| **Bathroom** | |
| | **Sink** |
| | Sink is not used for storage |
| | Sink is free from chips and cracks and drain works properly |
| | Both hot and cold water faucets are working properly |
| | Pipes below sink are free from leaks |
| | Opening for pipes are caulked to prevent mice and insects from entering |
| | **Bathtub/Shower** |
| | Bathtub/shower is not used for storage |
| | Bathtub/shower hot and cold water faucets are working properly |
| | Bathtub/shower drains properly |
| | Shower curtain or shower door is in place and fee from mold/mildew |
| | Shower/tub enclosure walls are free from mold/mildew |
| | **Floor** |
| | Bathroom floor is free of trash and clutter |
| | Bathroom floor is clean and in good repair |
| | **Wastebaskets and Trash** |
| | Wastebaskets with liners are used |
| | Trash is emptied daily or more often if needed |
| | Wastebasket surface is clean |
| | **Countertops, Cabinets and Drawers** |
| | Counter is free from clutter and items not in use are put way in drawers and cabinets |

SCCMHA destrada 11-2014

| | |
|---|---|
| | Cabinet and drawer hardware is in place and in good repair |
| | Items are stored neatly in cabinets and drawers and unusable items are thrown away |
| | **Toilet and Other** |
| | Toilet flushes, is in good working order and secured to the floor |
| | Toilet does not run, leak or refill slowly |
| | There is no sign of moisture around the base of the toilet |
| | Soap, towels, toilet paper, hygiene items are readily available for use |
| | **People living in the home can use the bathroom for its intended purpose** |
| | **Other** |
| | **Other** |
| **Bedroom** | |
| | **Floor** |
| | Floor is free of trash, clothes, newspapers, books, collections and other items |
| | Floor is clean and in good repair |
| | People living in the home do not have to walk around, step on or step over items when walking around the bedroom |
| | **Bed and Bedding** |
| | Bed is free of any items except bedding |
| | People living in the home can get into the bed without moving or removing any items except bedding |
| | Mattress and box springs are in good repair |
| | Mattress pad, sheets, blankets, pillows and pillow cases are used, clean and in good repair |
| | Mattress checked for signs of bedbugs and other vermin |
| | Bed frame is in good repair |
| | **Furniture** |
| | Bedroom furniture including dresser, chest, nightstands are free from clutter and cab be used for their intended purpose |
| | Collections in the bedroom do not interfere with everyday living or using the room for its intended purpose |
| | **Closets and Storage** |
| | Bedroom and closet is free of trash and unusable items |
| | Closet is fitted with door(s) that close easily |
| | Clothes hanger poles are in closet and attached firmly |
| | Shelves in closet are in good repair |
| | Closet is free from mold or mildew odors |
| | Clothes are stored in closet, chest, dresser only |
| | Unused clothes and other items are thrown away or donated |
| | **People can use the bedroom for its intended purpose** |
| | **Other** |
| | **Other** |
| **General/Interior** | |
| | People in the home are able to eat, sleep, bathe and move freely in the home without interference of clutter, trash or collections |
| | Soda and other returnable cans and bottles are returned to the store on a regular basis and home/garage is free from excessive returnable cans and bottles |
| | Stairs are free of all items and there are no trip hazards |
| | Handrails are in place and railing is secured |
| | Collections of items would not seem useless to everyone else (e.g. empty cereal boxes, junk mail) |
| | Access to the home is not blocked by trash, clutter and collectables |
| | People in the home are living in sanitary conditions |
| | Home is free from vermin, insects, mouse droppings |

SCCMHA destrada 11-2014

| | |
|---|---|
| | No items are stored by the furnace or hot water heater |
| | Power strips are used instead of extension cords |
| | Basement items are stored neatly and off the floor and drain is in working order |
| | Working smoke detectors are located near sleeping areas |
| | A working carbon monoxide alarm is located near sleeping areas |
| | A fire extinguisher is in the home and is charged |
| | Windows open and close easily and are fitted with screens |
| | Windows are free from obvious leaks that cause heat to go out or cold air to come in |
| | Light switches and electrical outlets work and are in good repair |
| | Electrical outlets have plate covers and do not have scorch marks or signs of problems |
| | No exposed electrical wiring is observed |
| | Hallway, kitchen, bathroom and any other lights work |
| | Carpets are clean with no noticeable odors or stains |
| | Draperies, blinds and curtains are clean and in good condition |
| | Drapery, blinds and curtain hardware is secure |
| | Ceilings and walls are free from cracks in drywall/plaster |
| | Ceiling fans are clean and in working condition |
| | Ceilings have no evidence of water damage |
| | Furnace, air conditioning and hot water heater are in working order |
| | Doors leading to outside are sturdy and there is no evidence of attempted break-in |
| | Deadbolts and locks are installed and work properly |
| | There is a peephole on the door |
| | Patio and sliding doors have secure locks and/or track bars |
| | **Other** |
| | **Other** |
| **Outside** | |
| | Walkway and steps leading to home are free from clutter |
| | Walkway and steps leading into home are in good repair |
| | Railing is in place and secured |
| | Door and window frames are in good repair and not rotting |
| | Siding, trim, corner pieces and soffit are in place and no pieces are missing |
| | Roof does not appear to have shingles missing, is not sagging, no obvious signs of deterioration |
| | Gutters and downspouts are in place and downspouts do not drain toward entrance to house |
| | House number is visible from the street |
| | Exterior lights work |
| | Shrubs and landscaping does not offer hiding places for potential break-ins |
| | Yard is free from rubbish, discarded items, trash |
| | Lawn is not overgrown and meets or exceeds the ordinance for that city/village/community |
| | Trash cans are clean, have lids and not overflowing |
| | Premises has a home-like atmosphere |
| | **Other** |
| | **Other** |

SCCMHA destrada 11-2014

**Number of ☐ boxes checked: _____(Signs of danger – address immediately)**
**Number of ☐ boxes checked: _____ (Cleanliness)**
**Number of ☐ boxes checked: _____ (Home maintenance and safety – address as soon as possible)**

**Areas of Concern**

**Recommendations**

**Action taken for emergency/critical concerns:**

**Name of person monitoring:_____Title:_____**

**Date of monitoring visit:_____**

SCCMHA destrada 11-2014

Exhibit H

# Preventing Slips, Trips, and Falls

## Special Consideration for Older Adults

Because of the aging process, our reflexes become slower, our eyesight and hearing diminish and physical problems such as muscle weakness, arthritis, impaired balance, impaired movement and medication side effects, make falls a common source of injury.

- When an older person falls, always suspect back, hip, neck or head injuries.
- It is critical to remember that the signals and seriousness of an injury may not show up until days later. Watch for signals of unusual behavior for several days after a fall.
- Consider it standard practice to take older adults to be evaluated medically after a fall, even if it does not seem important.
- An elderly person is at greater risk of a serious head injury as a result of a fall or blow to the head. Always suspect a head injury as a possible cause of unusual behavior. Seek medical help immediately.

## All People in Your Care

- Any time a person changes position, the risk of falls increases. Going from a wheelchair into the bed, getting on and off the toilet and just moving from a chair to a standing position all pose a fall risk. Allow the person as much independence as possible but be close enough to the person that you can provide physical assistance if needed.
- Review on a regular basis the person's person-centered plan and always follow the plan's instructions on the level of care required for ambulation and positioning.
- Thirty to 60 minutes after medications are given, people are apt to be more unsteady on their feet. Staff should review all medications and discuss their potential of contributing to falls, especially mediations that affect the central nervous system.
- Make changes in the environment to minimize the risk of falls.
    - Make sure people wear slip-resistant shoes
    - Make sure shoes fit properly
    - Make sure walking aids such as canes and walkers fit the person properly and that the person knows how to use them properly
    - Make sure lighting is bright enough especially in often poorly lit areas such as hallways and stairways
    - Clean up spills immediately
    - Remove area rugs or secure area rugs with tape designed specifically for rugs
    - Add bright color contrast to mark changes in surface areas such as wooden floor to carpet
    - Keep the floor free of clutter or anything that could pose a trip hazard

Exhibit I

## Consumer Funds (DHS Documentation for Resident Funds) Review Tip Sheet for Primary Workers

When reviewing consumer funds in Licensed Residential facilities, there are specific steps that primary workers should follow to ensure the funds and documentation are accurate for the consumer's file that is being reviewed. These are the steps primary workers should complete when reviewing consumer fund logs during your monitoring.

1. Funds should be held in a safe and secure location such as a locked box, locked file cabinet, or safe.
2. When asking to see the consumer funds in the home, the home manager or assistant home manager should be the only individuals who have access to the full amount of funds. However, the consumer should have access to $20.00 at any time per licensing rules.
3. Each consumer should have his or her funds separated in their own sealable envelope or pouch and labeled with his/her name.
4. Primary worker will ask the home manager or assistant home manager to count the funds in front of the primary worker and compare the documentation that is listed on the consumer fund log to ensure the amounts are same. If the provider does not keep these on the premises, these should be requested to be available at least quarterly for the primary worker to review.
5. The home manager should always document the funds on a consumer fund sheet that is labeled with the consumer's first and last name. The primary worker should be able to review the consumer fund log, and see every time funds were withdrawn or deposited. The consumer fund log should not be confused with the room and board payments. These are not the same document and they should not be combined together.
6. Primary worker should see staff and consumer signatures on the fund log to show when funds were dispersed and/or deposited. Documentation of the funds withdrawn or deposited should also be noted on the consumer fund log and a brief description.
7. Primary worker should be able to review receipts that must be stored with the consumer fund logs and money. Receipts provide proof documentation for transactions and it is mandatory that these be available to review. Any large purchases should be recorded on the consumer belongings/inventory list. Large purchases include, but are not limited to: clothing, electronics, leisure equipment and supplies, etc.
8. Gift cards received by staff on behalf of the consumer are to be documented on the consumer fund log. Receipts for transactions made with gift cards must be available for review. A separate log may be used for gift cards. The primary worker should ask what procedure is used. Gift cards received directly by the consumer do not have to be included on the consumer fund log unless requested by the consumer.
9. Once the documentation has been reviewed and funds have been counted the funds should be returned to their sealable envelope or pouch along with the consumer funds log and placed back in the locked box, file cabinet, or safe.
10. Primary worker should also initial the fund logs that were reviewed and date the document. Documentation within the progress notes completed for the visit should also state that fund logs were reviewed. If there are any problems these should be addressed with the home manager/provider. Further action should be taken if needed according to the situation.
11. Some providers do not have the fund sheets located at the same location as the consumer. If this is the case the primary worker should ask to have the fund sheets faxed to the worker to review. Worker should make a note in the consumer chart about the review of the fund sheets as part of their progress note.

MTW 2014

## Primary Worker Checklist for Reviewing Residential Funds

Please check **Yes (Y)**, **No (N)**, or **Non-Applicable (N/A)** in the designated space.

| | | | |
|---|---|---|---|
| ′( ) | N( ) | N/A( ) | Did the consumer pay for meals or items that the home should provide as part of room and board such as shampoo, soap, laundry detergent, etc? |
| ′( ) | N( ) | N/A( ) | Are the receipts for purchases available for review? |
| ′( ) | N( ) | N/A( ) | Are larger purchases added to the consumer's inventory list? |
| ′( ) | N( ) | N/A( ) | Are signatures and/or initials on fund logs? |
| ′( ) | N( ) | N/A( ) | Are the consumer funds separated from the other funds in the home? |
| ′( ) | N( ) | N/A( ) | Are the gift cards received by staff documented on a fund log? |
| ′( ) | N( ) | N/A( ) | Are the funds in a sealable envelope or pouch and are they being held in a safe and secure location such as a locked box, file cabinet, or safe? |
| ′( ) | N( ) | N/A( ) | Did you initial your review of the consumer fund logs? |

Consumer Name and ID#:_____

Date: _____

Support Coordinator/Case Manager: _____
Date: _____

MTW 2014

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Specialized/ Contracted Residential Provider Admissions and Discharge</td><td>Chapter: 03.02 - Integrated Service System</td><td>Subject No: 03.02.07.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/20</td><td>Date of Review/Revision:<br>2/27/22, 3/28/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Aisleen Morr & Jennifer Keilitz<br><br>Additional Reviewers:<br>Residential Watch Committee, Mary Baukus</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To provide guidance to Specialized Residential Providers/contracted Adult Foster Care (AFC) providers on admission and discharge procedures.

**Application:**
All Saginaw County Community Mental Health Authority (SCCMHA) Specialized/ Contracted Residential AFC providers.

**Policy:**
It is the policy of SCCMHA for all homes to maintain fair and appropriate admissions and discharge procedures for all individuals living within a specialized residential/contracted AFC home.

It is the expectation that all providers have admission and discharge policies that are consistent with Michigan Department of Health and Human Services (MDHHS) Licensing Bureau Rules and Regulations and SCCMHA policy guidelines.

All Specialized/Contracted Residential settings must be certified by Michigan Department of Health and Human Services (MDHHS) licensing bureau in order to have a contract with SCCMHA.

SCCMHA will publish a residential directory of homes in Saginaw County that have agreed to take consumers with the needs that SCCMHA serves. This directory will be updated every 2-3 years to remain current. This directory is to assist case holders, consumers and families to find appropriate adult foster care homes to fit the needs of individual consumers.

SCCMHA will publish a vacancy list of providers that have been accepted as providers. It is expected that these providers will provide good care to consumers and have notified SCCMHA of available vacancies.

**Standards:**
Before any consumer moves into a specialized residential home that does not currently contract with SCCMHA, the home must be evaluated for compliance with Home and Community Based Services (HCBS) Rules.

Please refer to SCCMHA policy 03.02.07 Residential Services for more details about residential options.

Consumers will be offered choice options of where they live based on availability.

SCCMHA has established a Residential Placement Committee (refer to SCCMHA procedure 09.04.01.06- Residential Placement Committee) to assist staff with possible placement options. The role of this committee is to gather information and assure the consumer is placed in the least restrictive setting possible. It is also the role of this committee to help manage placement options for consumers so that two consumers are not trying to be placed in the same vacancy. Any case holder looking for a specialized residential placement option must submit a request through Sentri II messaging to the Residential Placement Committee. Support or denial for placement must go through the Residential Placement Committee prior to placement in a specialized residential. Final approval will occur during the review and authorization process through SCCMHA Care Management.

Case Holders should also review the vacancy list that is published on the SCCMHA website prior to requesting placement. This ensures staff knows what vacancies are available that may be appropriate for the consumer.

Upon admission of a consumer to an adult foster care (AFC) placement this can be either general AFC or Specialize/Contracted Residential/adult foster care placement, the **case holder** will be present to complete the following:

- Will assure the consumer and family had the opportunity to see the living arrangement and agrees with the move prior to move in day.
- Has already made arrangements to assure the consumer has completed a physical with a physician no more than 30 days prior to move to the AFC home.
- Will assure plan and assessment is completed or updated if the move is a level of care change for the consumer.

- Will assure any services as well as a positive behavior support plan are in place if necessary and in-services to staff are complete.
- Review paperwork such as the residential agreement/rental agreement.
- Assure all consumer belongings are present and accounted for on personal inventory sheet.
- Review, assist with input, and sign the Residential Assessment required by AFC Licensing.
- Assure all medication prescriptions are present and medications are present for administration. If they are not present, coordinate with previous placement, primary care physician, and pharmacy.
- Assure staff understand the consumer plan and needs of the consumer.
- Assure all necessary equipment is present.
- Assure all necessary paperwork is completed with Department of Health and Human Services as well as the Social Security Administration. Please see Exhibit C for additional details of what to complete prior to move, on move in day, and post move in day.

Upon admission of a consumer to an AFC placement the **provider/home manager/designee** will assure the following is completed on the date of admission:

- Will have arranged for the consumer and any additional parties to have seen the AFC placement and are in agreement with move to the facility prior to move in day.
- Will assure the consumer has completed a physical within 30 days of move into the home unless an emergency placement per Department of Human Services Licensing requirements.
- Will assure the consumer has medication prescriptions and medications on day of move.
- Will assure all equipment necessary to care for consumer is present.
- Will complete Exhibit A- Assessment Plan for AFC Residents.
- Will complete Exhibit B- AFC Resident Care Agreement.
- If responsible for Consumer funds, will complete licensing forms titled Resident Funds Record Part 1 and Resident Funds Record Part 2. See SCCMHA Policy 03.02.07.11-Management of Consumer Funds

If a specialized AFC chooses to discharge a resident, they must give SCCMHA at least a 60-day notice of discharge per SCCMHA contract requirements. This will allow for case holder, consumer, and consumer family/guardian to assist with finding another desired and appropriate placement for the consumer. If a discharge notice is given, the specialized/contracted AFC understands that if a placement is not found, the AFC will be responsible for providing care until a new home is located. A 24-hour notice should only be given if the resident poses a safety risk to other residents or staff by continuing to reside in the home. If a consumer wishes to leave the home, they shall give a minimum of a 30-day notice to the home. When a consumer is moved to a new home, the specialized home shall provide the case holder with a copy of the most recent health care appraisal, all medications, as well as the medication administration record, and all the consumers belongings.

**Definitions:**

**Case Holder:** The primary worker assigned to the consumer in the Sentri II system. This person can be a therapist, case manager, supports coordinator, wraparound facilitator, or home-based therapist.

**General AFC Home**: An adult foster care home, licensed by the state of Michigan. This setting provides 24-hour per day supervision in which staff supervise and protect vulnerable adults and is typically owned and operated by the staff that provide the supervision. General AFC rates include room and board, medication administration, transportation and hands on assistance with Activities of Daily Living as needed. Staff do not need to be awake in this setting during third shift.

**Home and Community Based Services (HCBS) Rules:** The set of rules established by the Center for Medicare and Medicaid Services (CMS) detailing the rights an individual has in their home. The goal is for individuals living in group settings to have the same rights they would have in their own homes.

**Specialized Residential/Contracted AFC Home:** Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services. These contract funds are to assist with additional staffing that is required to care for the consumer(s) needs. Additional staffing is delineated in the provider contract.

**References:**

SCCMHA Procedure 09.04.01.06 - Residential Placement Committee
SCCMHA Procedure 09.04.03.10 Movement of Consumers to Residential Settings
SCCMHA Policy 03.02.07.11 -Management of Consumer Funds
Michigan Medicaid Manual MedicaidProviderManual.pdf (state.mi.us)
LARA Licensing Rules and Statutes LARA - Licensing Rules and Statutes (michigan.gov)
LARA Resident Forms -LARA - Resident Forms (michigan.gov)
Updated Vacancy List published on the SCCMHA Website https://www.sccmha.org/Providers/Vacancies%20Available.pdf
Home and Community Based Services Program (HCBS) MDHHS - Home and Community-Based Services Program Transition (michigan.gov)

**Exhibits:**

Exhibit A: Assessment Plan for AFC Residents
Exhibit B: AFC Resident Care Agreement
Exhibit C: Checklist for Moving Consumers Into Licensed Residential Facilities

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assesses the needs of the consumer and determines the level of residential care required by the consumer. See policy 03.02.07-Residential Services for more details on residential options. | Case Holder |
| Discusses the various residential options available with the consumer/guardian. | Case Holder, Consumer, Guardian |
| Ensure consumer's Individual Plan of Service (IPOS) reflects the need for specialized residential housing. | Case Holder |
| Requests review and support from Residential Placement Committee to place an individual within a specialized AFC through SCCMHA Sentri II messaging distribution list. | Case Holder |
| Submits residential authorization to Care Management for review and approval. | Case Holder |
| Reviews consumer chart and justification for specialized residential placement and approval or denial of specialized/contracted residential placement | SCCMHA Care Management Specialists |
| Provides consumer and guardian a tour of the home and opportunity to meet house mates prior to move in. | Case Holder and Home Manager/Licensee/Licensee Designee |
| Assures the plan includes details about what staff should do to assist the consumer with these needs including types of prompts, hand over hand assistance, etc. | Case Holder and Home Manager/Licensee/Licensee Designee |
| Assures staff have been in-serviced on consumer plan and have the opportunity to ask questions about consumer needs prior to placement. | Case Holder |

| | |
|---|---|
| Ensures consumer has a physical and that the Resident Health Care Appraisal form is complete no more than 30 days prior to move in. | Case Holder and Home Manager/Licensee/Licensee Designee |
| Ensures the Assessment Plan of AFC Residents BCAL 3265, AFC Resident Care Agreement and Resident funds Part I and II is completed on day of move in. | Case Holder and Home Manager/Licensee/Licensee Designee |
| Reviews summary of resident rights upon move in. | Home Manager/Licensee or Licensee Designee |
| Ensures there is a Positive Behavior Supports Plan or Behavior Treatment Plan in place prior to move in if there are any restrictions in place or instructions staff might need to help consumer cope with any difficulties. | Case Holder |
| Ensure staff have been in-serviced on consumer plan including positive behavior supports plan, and any other plans such as dietary, nursing care plans, occupational therapist, physical therapist, etc. | Case Holder and Treatment Team |
| Works towards moving consumer into a less restrictive setting, as consumer learns skills and becomes more independent. | Case Holder and Treatment Team |
| Offers resident more than once per week outings. | Home Manager and Home staff |
| Gives a resident a minimum of 60 days' notice when being asked to find another residence. Also informs case holder. Does not discharge consumer until another appropriate placement is found by the case holder. | Licensee |
| If a 24-hour discharge is given, the home must document what else was tried prior to discharge, and whether or not others' safety was in jeopardy. | Licensee |

| | |
|---|---|
| Provides SCCMHA with a 60-day notice if planning to discharge a resident. Based on contract requirements. | Licensee |
| Is responsible for providing a consumer's belongings, medications, and healthcare appraisal upon discharge. | Home Manager/Licensee/Licensee Designee |
| Is responsible to find a new placement if a discharge notice is received. | Case Holder |

Exhibit A

## ASSESSMENT PLAN FOR AFC RESIDENTS
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

INSTRUCTIONS:

1. A written assessment plan is required. The licensee is responsible for assuring that a written assessment plan is completed.
2. This form has been approved by the Department of Licensing and Regulatory Affairs and contains the information required by administrative rule and Section 3 (9) of.1979 P.A. 218.
3. This form is to be completed by the licensee and resident, or the resident's designated representative. The responsible agency, if any, may assist in this process.
4. Use additional sheets if necessary and PRINT CLEARLY.

| Name of Resident | Name of Designated Representative (if applicable) | Date of Birth | Sex ☐ M ☐ F |
|---|---|---|---|
| | | | |

I. SOCIAL/BEHAVIORAL ASSESSMENT PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

| | Yes | No | IF NO, Describe Needs and How They Will Be Met |
|---|---|---|---|
| A. Moves Independently in Community | ☐ | ☐ | |
| B. Communicates Needs | ☐ | ☐ | |
| C. Understands Verbal Communication | ☐ | ☐ | |
| D. Alert to Surroundings | ☐ | ☐ | |
| E. Reads and Writes | ☐ | ☐ | |
| F. Tells Time | ☐ | ☐ | |
| G. Manages Money | ☐ | ☐ | |
| H. Follows Instructions | ☐ | ☐ | |
| I. Controls Aggressive Behavior | ☐ | ☐ | |
| J. Controls Sexual Behavior | ☐ | ☐ | |
| K. Gets Along With Others | ☐ | ☐ | |
| L. Exhibits Self Injurious Behavior | ☐ | ☐ | |
| M. Participants in Social Activities | ☐ | ☐ | |
| N. Smokes | ☐ | ☐ | |
| O. Appropriately Uses Alcohol/Drugs | ☐ | ☐ | |

See Page 4 for Non-discrimination and ADA statement Continued on Next Page

II. SELF CARE SKILL ASSESSMENT — PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

| | Needs Help | | |
|---|---|---|---|
| | Yes | No | IF YES, Describe Needs and How The Will Be Met |
| A. Eating/Feeding | ☑ | ☐ | |
| B. Toileting | ☐ | ☐ | |
| C. Bathing | ☐ | ☐ | |
| D. Grooming (hair care, teeth, nails, etc.) | ☐ | ☐ | |
| E. Dressing | ☐ | ☐ | |
| F. Personal Hygiene | ☐ | ☐ | |
| G. Walking/Mobility | ☐ | ☐ | |
| H. Stair climbing | ☐ | ☐ | |
| I. Use of Prosthesis (Dentures, Artificial limbs, etc.) | ☐ | ☐ | |
| J. Use of Assistive Devices (explain) | ☐ | ☐ | |
| K. Other (explain) | ☐ | ☐ | |

III. HEALTH CARE ASSESSMENT — PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

| | Yes | No | IF YES, Describe Needs and How They Will Be Met |
|---|---|---|---|
| A. Taking medication | ☐ | ☐ | |
| B. Special Diets | ☐ | ☐ | |
| C. Physical Limitations | ☐ | ☐ | |
| D. Special Equipment Used (Wheel chair, Walker, Cane, etc.) | ☐ | ☐ | |
| E. Other Difficulties (Vision, Weight, Allergies, etc.) | ☐ | ☐ | |
| F. Susceptible to Hypothermia or Hyperthermia | ☐ | ☐ | |

Continued on Next Page

IV. SOCIAL AND PROGRAM ACTIVITIES PLAN OF ACTION (Check Yes or No and Complete Where Appropriate)

| | Yes | No | Explain How These Activities Will Be Provided or Encouraged |
|---|---|---|---|
| A. Participates in Religious Practice | ☐ | ☐ | |
| B. Participates in Household Chores | ☐ | ☐ | |
| C. Adult Activity Program | ☐ | ☐ | |
| D. Senior Center | ☐ | ☐ | |
| E. Workshop or job | ☐ | ☐ | |
| F. School | ☐ | ☐ | |
| G. Hobbies/Special Interest | ☐ | ☐ | |
| H. Recreation | ☐ | ☐ | |
| I. Physical Exercise | ☐ | ☐ | |
| J. Family/Friends (Please Address Any Applicable Visitation Prohibitions and/or Other Considerations) | ☐ | ☐ | |
| K. Other (explain) | ☐ | ☐ | |

V. MEDICAL INFORMATION

| Name of Primary Physician/Clinic | | | Telephone Number ( ) |
|---|---|---|---|
| Primary Physician's Complete Address (Street Number and Name) | City | State | Zip Code |
| | | | |

V. MEDICATIONS TAKEN AT TIME OF ASSESSMENT

| Name of Medication | Who Prescribed | Dosage |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Continued on Next Page

MEDICAL OR DENTAL FOLLOW-UPS NEEDED (i.e., check-ups, regular appointments, etc.)

VI. RELEASE OF INFORMATION – RESIDENT OR LEGAL GUARDIAN SIGNATURE ONLY

"By signing this form, I understand that I am authorizing the release of medical information concerning me, including information regarding Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or Human Immunodeficiency Virus (HIV), if applicable, to the licensee and licensee's staff, the responsible agency and the Michigan Department of Licensing and Regulatory Affairs, Bureau of Community and Health Systems, for the purpose of providing appropriate care to me and determining compliance with licensing rules."

| Signature of Resident or Legal Guardian | Date |
|---|---|
| | |

VII. OTHER INFORMATION

| Comments/Special Instructions |
|---|
| |

VIII. ASSESSMENT PLAN COMPLETION

| Date Assessment Plan Was Completed | Name(s) and Position(s) of Person(s) Who Completed Assessment |
|---|---|
| | |

IX. PLACEMENT OBJECTIVE

A. ☐ Delay/prevent deterioration and movement to a more restrictive setting.
B. ☐ Encourage movement to a less restrictive setting.

X. SIGNATURES

| Signature of Resident or Designated Representative | Date | Signature of Licensee | Date |
|---|---|---|---|
| | | | |
| Signature of Responsible Agency (if applicable) | Date | | |
| | | | |

| | |
|---|---|
| AUTHORITY: 1979 P.A. 218<br>COMPLETION: Voluntary<br>PENALTY: Violation of Administrative Rule and 1979 P.A. 218 | ☐ LARA is an equal opportunity employer/program. |

BCAL-3265 (Rev. 1-16) Previous editions may be used. MS Word

Page 4 of 4

Exhibit B

# AFC – RESIDENT CARE AGREEMENT

Michigan Department of Licensing and Regulatory Affairs
Adult Foster Care Licensing and Home for the Aged Licensing

| Resident Name: | Name of Home: | License Number |
|---|---|---|
| | | |

**This agreement to provide adult foster care for (resident's name)** _____ **is made between (licensee name)** _____ **and (resident/resident's designated representative)** _____.

- This agreement is required to be completed at the time of a resident's admission, reviewed annually, and updated as needed to reflect changes.
- This agreement is to be completed by the licensee in cooperation with the resident or his/her designated representative and the responsible agency, if applicable, **Designated representative means** that person or agency which has been granted written authority, by a resident, to act on behalf of the resident or which is the legal guardian of a resident. **Acceptable written authority includes** orders of guardianship or conservatorship, powers of attorney, durable powers of attorney, or other documents executed by the resident that specify the relevant scope of authority. If a resident's designated representative signs this agreement, a copy of the signer's written authority is to be maintained in the resident's file at the AFC home.
- A resident shall be provided care and services as stated in this resident care agreement and the resident's assessment plan.

This agreement constitutes the fee policy statement required by Family Home Rule 400.1407(11), if applicable.

**RESIDENT OR DESIGNATED REPRESENTATIVE CHECK ALL BOXES BELOW THAT APPLY:**

☐ I have received a copy of the house rules (if applicable) and agree to follow them.

☐ I agree to provide all required resident information to the licensee, including a current health care appraisal, at the time of admission, annually and as the resident's condition changes.

☐ I agree to participate in all required fire and emergency drills, as determined by BCHS and the licensee.

☐ I have signed and received a copy of the home's refund agreement. (GROUP HOMES ONLY)

☐ I have received a copy of the home's discharge policy and agree to follow those procedures. (GROUP HOMES ONLY)

☐ I agree ☐ I do not agree to receive assistance in bathing, dressing, or personal hygiene by a staff member of the opposite sex, if a member of the same sex is not available.

☐ I agree ☐ I do not agree to entrust the following to the license for safekeeping, if this option is available:
☐ Funds ☐ Valuables (specify) _____

☐ I agree to have the licensee manage funds and account for financial transactions on my behalf. Expenditures of my personal funds over the amount of $ _____ require my prior written approval.

☐ I agree to pay the licensee the agreed upon fees for the services designated.

☐ I agree to pay the basic fee of $ _____ on a _____ basis.
daily, week or monthly

The basic fee includes the following basic services:

_____

_____

_____

and are further described in the resident's assessment plan, and attachment _____, if applicable.

☐ The basic fees do not include any transportation services.

☐ The basic fees include the following transportation services.

_____

_____

☐ Transportation fees are charged as follows:

_____

and are further explained in attachment _____, if applicable.

BCAL-3266 (Rev. 1-16) Previous editions obsolete. MS Word 1

☐ I agree to additional services according to the fee schedule contained in attachment _____. Such additional services may include but are not limited to: _____

☐ If applicable. I have read the attachments relating to fees and agree with the terms and conditions established therein, I further acknowledge that additional services are available for additional fees as described in attachment _____.

**BY MY SIGNATURE BELOW, I AFFIRM THAT:**

This home is licensed by the Department of Licensing and Regulatory Affairs to provide foster care to adults.

I have provided the resident with a copy of the AFC Resident Rights and agree to respect and safeguard these rights.

I have provided the resident with a copy of the home's discharge policy and procedures and agree to follow them. (AFC Group Homes only.)

I have provided the resident with a signed copy of the home's refund agreement. (AFC Group Homes only.)

I agree to provide personal care, supervision, and protection, in addition to room and board, and to assure the availability of transportation services as indicated in this agreement, the resident's written assessment plan, and the resident's health care appraisal, as defined in the act.

**A copy of this resident care agreement is required to be provided to the resident's guardian or resident's designated representative and also be maintained in the resident's file at the AFC home.**

**Attachments to this Resident Care Agreement and any other agreements or contracts with this licensee may not have been reviewed and/or approved by the department. If any contractual provision contained in an attachment conflicts with the Adult Foster Care Facility Licensing Act and/or administrative rules, the act and rules would prevail and the specific provision is not binding.**

**SIGNATURES**

| | |
|---|---|
| Resident | Date |
| Resident's Designated Representative (if applicable) | Date |
| Licensee/Licensee Designee | Date |
| Responsible Agency (if applicable) | Date |

Compliments, comments and/or complaints about this licensed facility can be made by calling the licensing consultant, or at www.michigan.gov/afchfa. Additional information regarding adult foster care is also available at this website.

Complaints (only) can also be made by calling toll-free: 1-866-856-0126.

| | |
|---|---|
| AUTHORITY: | 1979 PA 218 |
| COMPLETION: | Mandatory |
| PENALTY: | Violation of Adult Foster Care Administrative Rule |

LARA is an equal opportunity employer/program.

Exhibit C

# Checklist for moving consumers into Licensed Residential Facilities

**It is the philosophy of SCCMHA to encourage consumers to reside in the least restrictive and most supportive setting** AFC placement is the most restrictive type of setting offered and should be a last resort after considering or attempting other options such as CLS support for independent living and SIP.

The following checklist is to assist in assuring that the necessary steps are completed for placement into an AFC Home, Specialized or General. **Prior to any move, the Case Worker should consult with their Supervisor.**

**PRIOR TO MOVE-IN, the Case Worker should:**

- ☐ Obtain approval for the move from individual with authority to approve the move (consumer, guardian, court order, Supervisor, etc.) NOTE: Any out-of-county moves require the approval of the Executive Director of Clinical Services.
- ☐ Please note that any home that will require Specialized staffing funded by SCCMHA will require a provisional approval by the PIHP=Mid-State Health Network.
- ☐ Any new specialized residential homes have a separate process for approval. Please contact SCCMHA Residential Placement Committee inside Sentri in the distribution drop down list.
- ☐ Determine level of staffing needed by the consumer and review potential placements based on that staffing level.
- ☐ Review list(s) of potential homes, contacting home and discussing needs regarding placement. You cannot provide specific or identifiable information to the home at this point.
- ☐ Determine appropriateness of placement including, if needed, touring home with consumer and/or family/guardian, other potential concerns with home
- ☐ If specialized residential, please reach out to Residential Placement Committee to assure there is not another consumer has not been working with the provider for potential placement.
- ☐ Obtain signed *Release of Information* to provide information, and discuss consumer needs with the potential home. These documents should be pertinent to the placement and must include:
  - ☐ Person-Centered Plan (PCP)
  - ☐ Annual Assessments such as BioPsychosocial and any ancillary assessments if applicable.
  - ☐ Other documents that would be a factor in determining placement.
- ☐ Discuss the following placement factors with the home, the consumer (and/or guardian if applicable)
  - ☐ Accommodations the consumer may require, including work, family, day activities .
  - ☐ Staffing and equipment needs for personal care and health and safety issues
  - ☐
  - ☐ Additional charges the home assesses the consumer for services (such as transportation, shopping for items, etc.)
  - ☐ If this is a Specialized Residential placement, determine if temporary intensive staffing will be required to assist with transition and request prior to consumer move-in.
  - ☐ Any restrictions for other consumers that might impact consumer. If so these items need to be discussed with the consumer and consumer/guardian acceptance of the restrictions via Life Choices Form.
- ☐ Have consumer and/or guardian tour the new home and meet new provider and staff.
- ☐ Determine approval of move by home and consumer or guardian.
- ☐ Discuss with the home any special transitioning accommodations for the move such as: visits to the home to get comfortable with the environment, overnight stays prior to move, visits by staff to the previous setting.
- ☐ Set move-in date
- ☐ Notify current residence if required (may need 30-day notice if under contract with SCCMHA)
- ☐ If attending a work or day program or clubhouse, directly contact to notify of change of address and ridership. (Community Ties will also require a *Change of Ridership* form completed).
- ☐ Update Annual Assessment if significant changes such as needing more care, more restrictive environment, etc
- ☐ **If this is a new Specialized Residential Placement or consumer has been hospitalized**:
  - ☐ Enter a Residential Budget in Sentri
  - ☐ Complete a new Assessment and Person-Centered Planning process within seven (7) days of move-in
  - ☐ Inservice staff on the plan and assure other supports for the consumer have inserviced their plans prior to move in.
  - ☐ Assure a copy of the inservice documents are scanned into Sentri under IPOS.
- ☐ **If moving from one Specialized Residential setting to another**
  - ☐ Update the person centered plan using a Periodic Review. Include
  - ☐ Changes in needs
  - ☐ Requirements for the home to provide to the consumer
  - ☐ Terminate the Residential Budget for the previous home
  - ☐ Enter a Residential Budget for the new placement
  - ☐ Inservice staff on the plan and assure other supports for the consumer have inserviced their plans prior to move in.
  - ☐ Assure a copy of the in-service documents are scanned into Sentri under IPOS.

Chart: Do not file JJK 11/5/04 revised 02/07/06, 8/25/06,11/27/06, 03/02/10, 3/4/14, 4/2023

## Checklist for moving consumers into Licensed Residential Facilities

- ☐ **If moving from more restrictive setting to a lesser restrictive setting,** start the Person-Centered Planning process within seven (7) days of move-in.
- ☐ Inform home of appointments, current pharmacy, current medications, physician and any additional supports/services.
- ☐ Case holder to be on site the date of the move to home. Review and sign below paperwork.
- ☐ A form BCAL 3947 Physical/Health Care Appraisal-available from Michigan Department of Human Services (DHS)-is required within 90 days **prior** to move. If this is an emergency placement then the provider has 30 days after placement to get a Physical/Health Care Appraisal completed by the Primary Care Physician or Nurse. (Emergency placement is defined in the *DHS Licensing Rule Books*)
- ☐ Obtain documentation of a current TB test
- ☐ Please note that any new placement will need frequent visits during the first month of placement. Once to twice a week to assure any questions by the staff of the home can be answered, any needed equipment etc. can be assessed, and any additional needs can be addressed. It is important to observe consumer and staff interactions to help problem solve.

## Checklist for moving consumers into Licensed Residential Facilities

**ON DATE OF MOVE: Case Worker:**

- ☐ Provide home with additional documents, including
  - ☐ Guardianship Papers (if applicable)
  - ☐ Medications dosages and times (copies of physician's orders are needed)
  - ☐ Medical information to new provider
  - ☐ PCP indicating home's responsibilities and services to provide
  - ☐ Crisis Plan
  - ☐ Personal Care/Community Living Supports information
- ☐ Provide home with the list of scheduled medical appointments. These appointments should include: eye, hearing, dental, neurology, psychiatrist, therapy and primary care physician etc. as they pertain.
- ☐ For ASAP (old MPS/Model Payments), end date the old placement and start the new placement.
- ☐ Assure consumer mail will be forwarded to new placement.
- ☐ Provide information for the home to complete the AFC assessment plan (BCAL 3265), and sign as the agency designee.
- ☐ Provide information for the home to complete the Resident Care Agreement (BCAL 3266) with guardian or consumer.
- ☐ Send DHS 3471 to:
  1. Social Security Administration
     611 East Genesee
     Saginaw, MI 48607
  2. Guardianship Services (if consumer Guardian) fax to 755-3104
  3. Michigan Department of Human Services
     P.O. Box 5070
     411 E. Genesee, Saginaw, MI 48605

Review with home the items and frequency that the Case Worker will be monitoring the home using the **Licensed Residential Setting Checklist & Worksheet** and other areas including:

- ☐ Checking for health and safety concerns
- ☐ Reviewing the physical condition of the home
- ☐ Asking consumer about meals
- ☐ Checking menu items to see if it matches posted menu
  - ☐ Checking availability, expiration, status, freshness, of groceries (two days menu)
  - ☐ Checking consumers access to fresh fruits/vegetables and snacks
  - ☐ Checking Medication Logs for accuracy: new medications started, prescription medications match from last doctor appointment, allergy information present, signatures current,
  - ☐ Observing the security of medication storage, dispensing of medications (including preparation, safety and documentation).
  - ☐ Reviewing Resident Fund Sheets to match current money consumer has with items on fund sheet and reviewing receipts, how funds are dispersed to consumer, and if consumer verifies getting funds. What is consumer buying?
  - ☐ Checking additional costs or charges to consumer. Home is not allowed to charge for meals that are part of Room and Board (i.e. breakfast, lunch, dinner), certain transportation or shopping, basic personal care items, toothpaste, toilet tissue, deodorant, laundry detergent, etc.
- ☐ Reviewing communication logs including assuring incident reports written as necessary
- ☐ Reviewing progress notes
  - ☐ Checking incident reports that were written.
- ☐ Reviewing with home trends that indicate a need to change in the consumer person centered plan.
- ☐ Reviewing recurrent behavioral concerns including: possible causes for behaviors and need for a positive support plan or referral for Behavior services.
- ☐ Reviewing other trends or new needs for equipment or other physical environment modifications
- ☐ Reviewing results of any recent medical appointments for concerns or changes in consumer medical condition that might require change in PCP.
- ☐ Reviewing for any Enhanced Health concerns such as OT, PT, Speech, dietary, nursing, psychiatry or primary care
- ☐ Initialing & dating reviewed reports

**ON DATE OF MOVE: Home**

- ☐ Must have Physical/Health Care Appraisal (BCAL 3947) completed no more than 90 days prior to move.
- ☐ Make sure copies of Person Centered Plan, Adequate Action Notice, Consent forms, Crisis Plan, Guardianship Papers, Personal Care/Community Living Supports information
- ☐ Complete the Resident Care Agreement and AFC Assessment Plan is complete.
- ☐ Complete the Resident ID Record (BCAL 3483) which is required by FIA/licensing regulations.
- ☐ Review Recipient Rights and House Rules with consumer.
- ☐ Start and sign Resident Funds Part I and Part II (BCAL 2318 & BCAL 2319)
- ☐ Create Weight Record form (BCAL 3485)
- ☐ If applicable, create Seizure Log

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: AFC Community Inclusion</td><td>Chapter: 03.02 - Integrated Service System</td><td>Subject No: 03.02.07.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/20</td><td>Date of Review/Revision:<br>6/18/21, 3/28/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Aisleen Morr<br><br>Additional Reviewers:<br>Residential Watch Committee, Mary Baukus</td></tr>
</table>

**Purpose:**
To provide guidance to contracted /specialized residential Adult Foster Care (AFC) homes on community inclusion expectations.

**Application:**
All Saginaw County Community Mental Health Authority (SCCMHA) contracted specialized residential AFC homes.

**Policy:**
It is the policy of SCCMHA for all homes to make every effort to ensure each consumer accesses the community regularly for the purpose of community inclusion. According to the Home and Community Based Services (HCBS) Final Rule consumers should "Be integrated in, and support full access to, the greater community, including opportunities to seek competitive integrated employment, control of personal resources and access to community services." Services must "Be selected by the individual from among a variety of setting options and, for residential settings, [be] consistent with the individual's available resources to pay for room and board." It is recognized that some consumers may decline community outings for a variety of reasons. This should be addressed on an individual basis. Options for addressing declines include privately discussing with the consumer what activities they may prefer, and the challenges as noted from the consumer perspective or their allies for declines. It is also imperative that the contracted specialized residential staff involve the case holder to ensure coordination of care and assistance with determining consumer preferred activities.

**Standards:**
Consumers will be offered community outings more than once per week.
Consumers will be given choice on where they go for outings.
Consumers choices will always be respected in regard to outings they go on.

**Definitions:**
**Contracted Specialized Residential Adult Foster Care homes:** Homes that are licensed by the state of Michigan and have also received specialized certification through the Michigan Department of Health and Human Services Adult Foster Care Licensing. This certification allows the provider to receive contract funds from SCCMHA to provide specialized mental health services. All of the homes require staff to have training in the group home curriculum and follow a treatment plan developed through the person-centered planning process. All staff must be awake 24/7 due to the Medicaid funds paid in these settings.
There are three types of Specialized Residential Settings:

One type are adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from SCCMHA and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. The contract rate paid for each consumer is designated in the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The provider usually owns these homes.

The second type are homes in which SCCMHA contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted amount of full-time equivalent staff or FTE's being utilized to meet the needs of consumers.

The third type of home, SCCMHA owns the homes and contracts with a company to provide staffing and general maintenance of the homes.

Considerations for specialized residential settings: The needs of the consumer must go beyond the typical needs of the person served in a general adult foster care home. The home must have an adequate number of trained staff to safely meet the needs of the consumer as outlined in their treatment plan aka Individual Plan of Service (IPOS). Persons placed into specialized residential settings typically have increased personal care needs or exhibit behavioral symptoms that require regular intervention.

**References:**
Adult Foster Care Licensing Requirements.
SCCMHA Policy 03.02.07 Residential Services
SCCMHA Policy 03.02.07.01 Specialized/Contracted Residential Provider Admissions and Discharge
Home and Community Based Settings included in the Medicaid Provider Manual MedicaidProviderManual.pdf (state.mi.us)

**Exhibits:**
Exhibit A – Provider activity calendar example

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Ensure residents Individual Plan of Service (IPOS) reflects community inclusion activities the resident enjoys. | Case Holder, Consumer and/or Guardian |
| Documents outings as well as any resident declines. | Home Manager and/or home staff |
| Ensures residents are being offered outings in accordance with the HCBS Final Rule | Case Holder & Home Manager |
| Communicates with case holder in regard to residents declining outings | Home Manager and/or home staff |
| Communicate with resident in order to plan outings that are enjoyable for him/her. | Home Manager and/ or home staff. |
| Meets with resident at least once per month, and monitors community inclusion | Case Holder |

Exhibit A

# January 2023

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|---|---|---|---|---|---|
| 1 New Years Day Celebration Special Dinner! | 2 | 3 | 4 Swimming at the YMCA | 5 | 6 | 7 Group walk at Saginaw Township Recreation Center |
| 8 Baking Night | 9 | 10 Current Events Night | 11 | 12 Health Food Choices Discussion | 13 Movie & Popcorn night | 14 |
| 15 | 16 | 17 Dance Night | 18 Swimming at the YMCA | 19 | 20 Dollar Store Shopping | 21 Shrine Circus |
| 22 Baking Night | 23 | 24 Current Events Night | 25 | 26 Library | 27 | 28 Frankenmuth Snow Festival |
| 29 | 30 | 31 Dance Night | | | | |
| | | | | | | |

**PROVIDER ACTIVITY CALENDAR EXAMPLE**

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Community Living Supports (CLS)</td><td>Chapter: 03.02 - Integrated Service System</td><td>Subject No: 03.02.07.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/20</td><td>Date of Review/Revision:<br>5/21/21, 3/28/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Aisleen Morr<br><br>Additional Reviewers:<br>Residential Watch Committee, Mary Baukus</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**
To provide guidance and assistance to case holders who are considering Community Living Supports (CLS) as an option to support consumers of Saginaw County Community Mental Health Authority (SCCMHA) services, in the least restrictive setting.

**Application:**
The Network of SCCMHA Providers including Board Operated and Contracted Network Providers.

**Policy:**
SCCMHA providers of service are in a position, on a regular basis, to assist consumers/guardians with decisions about the most appropriate, and least restrictive residential option for the consumer. Though there are many options available, there are guiding principles to assist a consumer/guardian to make decisions about the most appropriate and least restrictive residential option. These include:

1. Respecting the choice of the consumer/guardian. It should be the least restrictive setting to meet the consumer's needs.
2. The consumer's health and safety needs must be able to be met within the residential option chosen.
3. It should allow the consumer to be integrated into his/her home community when at all possible.
4. The setting must be safe and habitable.

5. The setting chosen must afford the consumer a rich quality of life (i.e. living within the least restrictive environment, and enjoying various activities that the consumer wishes to participate in.).

The opportunity to use a fiscal intermediary to assist in the management of a directed budget, using the principals of self-determination (See SCCMHA policy 02.03.04 Self-Determination).

Case holders will be expected to monitor the consumer in the chosen residential option at intervals agreed to in the consumers plan of service. Monthly home visits are recommended by case holders and others as noted in the consumer Individual Plan of Service (IPOS) to assure that the needs of the consumer are being met and that the consumer is satisfied with the services provided. During these visits, the case holder should be monitoring the residence for potential concerns such as, inadequate food supply, lack of safe running water/electricity, broken items (i.e. faucets, windows, appliances, furniture, etc.), lack of hygiene/cleanliness, assure consumer is taking any medications as prescribed, etc.

**Standards:**

**Service Description**

Community Living Support (CLS) services are offered as a support for adults and children of services with Saginaw County Community Mental Health Authority (SCCMHA). Funding is provided by the Michigan Department of Health and Human Services (MDHHS) with Medicaid and other Mental Health funds. Services are provided by SCCMHA through contracts with local agencies as well as contracts with individuals. Service configurations are unique for each consumer and do not follow a traditional program model. Self Determination is also a way in which services can be delivered to individuals in a non-traditional service model. See SCCMHA policy 02.03.04 Self Determination.

For adults, the intent of the service is to offer some support staffing to individuals who need a relatively low to moderate level of assistance to be able to live in their own homes. In contrast, children's CLS is intended to help children with significant levels of need to remain in their family home as an alternative to residential placement.

CLS services are intended to supplement only after it is determined what the consumer can do for themselves, what their families and friends can provide, and what financial or other assistance the person would normally receive from public benefits and the human service agencies in their communities, such as the Department of Health and Human Services (MDHHS). In other words, this is a support to families trying to keep their child at home and to adults who want to live on their own but need some assistance. This support is not intended to be a comprehensive service that can meet all the needs that a person may have. CLS services are meant to be a short-term service to assist the person in reaching independence.

Providing the appropriate level of CLS services offers challenges to the consumers, families, agencies, and staff involved. The Medicaid Manual Section 17.1 "Care should be

taken to ensure that these goals are those of the individual first, and not those of a parent, guardian, provider, therapist, or case manager, no matter how well intentioned. …The configuration of supports and services should assist the individual to attain outcomes that are typical in his community; and without such services and supports, would be impossible to attain." Since this type of service and support is customized to an individual's needs and relies heavily on other community resources for support, all parties involved must carefully coordinate their activities and roles and carry their share of the responsibilities involved. Also, as this support is provided in a natural setting, a person's home, there are some limitations on the types of consumer needs which can be met by this kind of service. This service in not intended to provide long-term, twenty-four-hour staff coverage, nor is it to take the place of the family or parent roles in the consumer's life. CLS services are designed to provide targeted and flexible support, only as needed by the consumer. The intent is to offer assistance to reach a goal of independent living. For some adults, a more structured living situation, such as a group home, may better meet their needs for assistance and supervision.

When requesting CLS services, persons involved must consider all resources that are being used in the household prior to deciding about the amount of CLS services. Case holders will be asked to fill out a "Net Service Analysis Map" (Exhibit E) showing a consumers' typical day, showing the days/times of the week that an individual is receiving MDHHS Home Help or Expanded Home Help services, respite services, is attending School, Skill Build Program, Clubhouse, or Employment Services if applicable along with what times the consumer would need CLS services or if the consumer is currently receiving services where those hours are being used. If the consumer is a child, the map should also include the days/times the parent is out of the home. If others in the home need CLS services, then the combined total number of hours should be considered. If others in the home are receiving Home Help or Expanded Home Help services through MDHHS then that must be taken into consideration along with any direct nursing services, direct physical therapy, direct occupational therapy, etc. that might be provided.

**Adult Community Living Supports (CLS)**

For adults, Community Living Supports focus on the consumer's self-sufficiency, facilitating an individual's independence or productivity, and promoting his/her community inclusion and participation. Supports may be provided in the consumer's home, or in community settings (including, but not limited to, libraries, city pools, camps, etc.). CLS staff offer assistance only as necessary for the consumer to perform the following types of daily living activities:

According to section 17.3.B. Community Living Supports as of the January 2023 Medicaid Provider Manual:

Staff may assist (that exceeds state plan for adults), prompt, remind, cue, observe, guide and/or train in the following activities:

1) Meal preparation
2) Laundry
3) Routine, seasonal and heavy household care and maintenance
4) Activities of daily living such as bathing, eating, dressing, and personal hygiene

5) Shopping for food and other necessities of daily living

Staff may assist, support and/or train in the following activities:

6) Money management
7) Non-medical care (not requiring nurse or physician intervention)
8) Socialization and relationship building
9) Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
10) Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts and events in a park; volunteering; voting)
11) Attendance at medical appointments
12) Acquiring or procuring goods, other than those listed under shopping, and non-medical services.
13) Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Staff may remind, observe and or monitor the following activity:

14) medication administration
    a. Medication administration is available through Genoa Pharmacy for medication drop service program. The intent with this program is to teach the consumer when to take their medications and is not intended to be a lifelong support for the consumer.

    b. Security and call devices as well as buddy systems are often used to supplement staff hours available.

The intent of this support is to help the consumer do things for him/herself, teach new skills, help the person make adaptations as needed if the consumer is not physically able to do something, and as a last resort, perform the task for the person if the consumer is unable. However, it is not the staff's role to perform tasks that the individual can do for him/herself, or which could be met by another resource available to the consumer in the community such as MDHHS Home Help or Expanded Home Help services.

Adult CLS is not designed to provide intensive, structured services. This service is not considered appropriate for consumers who require twenty-four-hour supervision, total personal care and/or physical intervention for assistance with impulse control. Similarly, adults with significant medical conditions that require highly structured intervention, such as unstable diabetes, tube feedings or positioning, would most likely require a more intensive living situation such as an AFC home. (See SCCMHA Policy 03.02.07 Residential Services)

On occasion, a consumer whose needs are largely met by CLS may still need a more intensive level of assistance in one particular area, such as greater assistance with medications or money management. In such circumstances, SCCMHA and the provider

will try to work with the consumer to provide the additional structure needed. Case Holders should discuss during the person-centered planning process what the contingency plan is for circumstances where primary care giver/family/guardian is not available for extended periods of time (Example: hospitalization, emergency trip, etc.). Where twenty-four-hour supervision is required, the support team should consider the contingency plan of AFC placement. However, it is neither feasible nor cost effective to attempt to provide a level of structure in a CLS staffing arrangement which parallels the intensity of service offered in a structured AFC environment. (See SCCMHA Policy 03.02.07 Residential Services)

These support services for adults are provided by paraprofessional staff. Each person receiving this support also has a case holder to help him/her coordinate services and to monitor consumer health and safety. The consumer and his/her family or friends, with the assistance of the CLS provider, manage the day-to-day operations of the consumer's home.

**Children's Community Living Supports (CLS)**

For children, the intent of CLS is to supplement the care already provided to the child. This service is not intended to take the place of normal parenting with the child. Children's CLS is a much more intensive service, which is intended to offer specialized skill development and/or support in activities of daily living, such as bathing, eating, dressing, personal hygiene, household chore and safety skills; and skill development to achieve or maintain mobility, sensory motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports may serve to reinforce skills, or lessons taught in school, therapy, or other settings. CLS services are not intended to supplant services provided in school or other settings or to be provided during the times when the child or adult would typically be in school but for the parent's choice to home-school.

In addition, psychological and behavioral treatment services are offered, which are intended to improve the child's social interaction and self-control by instilling positive behaviors in the place of behaviors which are socially disruptive, are injurious to the child or others, or which cause property damage. Paraprofessional nursing care is offered to implement a physical care and treatment regimen, including such services as positioning, oral feedings, skin care, transfers, limited respiratory treatment, and medication administration. Respite hours are also offered to provide relief to the primary caregivers in the child's family.

Services are provided directly by CLS staff under the supervision of qualified professionals in the fields of occupational therapy, speech pathology, social work, psychology, nursing, or supports coordination, as appropriate to the need. The children served also receive Case Management or Supports Coordination services.

**Service Authorization and Utilization Management**

An individual consumer's need for CLS is determined through the person-centered planning process. Subsequent to the meeting, the Case Holder prepares a request for authorization of services, including the number of support staffing hours needed and the services to be provided. For the Children's Waiver Program, this takes the form of a service

budget. For adults, this information is outlined in the consumer individual plan of service (IPOS) and through service authorization requests. All assessments and plans must have specific information about what the CLS provider will do for the consumer to help the consumer gain independence. All adult consumers that need CLS services will be required to apply, and provide proof of application, for DHHS Home Help or Expanded Home Help services prior to authorization of CLS services.

All authorizations will be reviewed using the "Net Service Analysis Map" (Exhibit E) along with supporting documents such as Individual Educational Plans (IEP's) and DHHS Home Help or Expanded Home Help current services, applications, or denials. All of these items are required to be in the consumer chart or may delay approval of an authorization.

Requests are submitted as required for authorization, and notification given to the consumer and/or provider authorizing or denying the request. If the request is denied, an explanation is included, and the consumer has the right to file an appeal of the decision. The authorization information to the provider includes the appropriate service categories, service codes, reporting unit number and consumer identification numbers to be used to file a claim for services rendered.

In the case of the Children's Waiver Program, requests for support hours that exceed eight hours per day require the approval of the Michigan Department of Health and Human Services (MDHHS).

Authorizations will generally be issued on a regular schedule, based upon the person's IPOS, fiscal year, or another format. Providers and consumers are not allowed to schedule CLS hours that exceed the stated authorization. Hours that exceed the authorization will not be reimbursed by SCCMHA. Provider claims will be verified against authorizations prior to processing.

The case holder should complete monthly monitoring and document in a progress note that addresses the CLS services provided in the home/community as developed within the person-centered plan. Monitoring should include face to face contact with CLS staff and a review of CLS progress notes. (This may require contact with the provider agency to obtain copies)

Utilization Management will be done through continuing stay reviews, and ongoing case reviews completed during the authorization process.

**Conservation of Community Living Supports Resources**

Participants are expected to request and utilize supported community living resources only as needed and to be practical regarding expectations for service coverage. Likewise, the provider is expected to manage staff resources carefully to ensure the support needed by a consumer can be provided within the hours authorized by SCCMHA. This approach ensures the greatest number of people can be served within existing resources and protects the consumer by minimizing the emphasis on any one source of support.

Participants are expected to understand that CLS is not intended to provide long-term twenty-four-hour staff coverage. It is designed to provide targeted and flexible support, only as needed by the consumer. The consumer and/or others in his/her network of support maintain primary responsibility for the consumer's care.

The application of the planning process results in a "net" need being defined. Net needs are those needs that cannot be covered by the consumer, members of their network of support or other community agencies. All potential resources to the consumer must be actively pursued and fully utilized before SCCMHA resources will be applied. The consumer's SCCMHA Case Holder will assist the consumer with coordination of supports to ensure resources are used efficiently.

If resource use is cost prohibitive for an adult receiving CLS, SCCMHA may require implementation of resource conservation methods to ensure the supported living situation is sustainable. These methods may include reductions in staff hours, requesting that a consumer secure a roommate, requesting that consumers cluster their homes to share support staff, and use of electronic monitoring/security devices to permit immediate access to assistance without direct supervision. Although the sole variable considered when making decisions regarding staffing is not cost, unfortunately, in some cases, it may be necessary for a consumer to move into a more intensive living situation if his/her needs cannot be met in the consumer's own home in an affordable manner.

For an adult living in his/her own home, it is expected room and board expenses will be met by the consumer through use of public benefits, income from employment or other assets. It is the responsibility of the consumer to secure a place to live, locate needed furnishings and household goods and plan for covering of living expenses other than support staffing. The consumer's Case Holder is available to assist with this process. Limited monetary assistance is available through SCCMHA for environmental adaptations, equipment, supplies and other housing related costs, with prior authorization. Planning should also include consideration of work or day program arrangements and transportation needs.

***From the Medicaid provider manual 17.3.B: CLS services may not supplant services otherwise available to the beneficiary through a local educational agency under the Individuals with Disabilities Education Act (IDEA) or the Rehabilitation Act of 1973 or state plan services, e.g., Personal Care (assistance with ADL in a certified specialized residential setting) and Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help from MDHHS. CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist him/her in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.***

Each consumer is required to apply for any Home Help services available through MDHHS as these resources must be exhausted before SCCMHA funding is used for CLS staff. MDHHS funds received must be utilized toward the cost of CLS.

**Provider Panel**
SCCMHA has established a panel of pre-qualified providers to give consumers a choice of provider for the provision of CLS. The panel includes only those providers who meet specific requirements for participation, are willing to enter into a fee-for-service contractual arrangement with SCCMHA, and whose service rates are at an acceptable amount as determined by SCCMHA. Fee for service providers who exceed Medicaid screens or who may otherwise present issues regarding cost effectiveness will only be added to the panel at the discretion of SCCMHA.

**Provider Panel Qualifications**
The minimum qualifications for participation in the SCCMHA CLS Provider Agency Panel are as follows:

1) Provider will have demonstrated experience delivering CLS or comparable services.

2) Provider staff for organizations desiring to provide CLS for consumers with developmental disabilities, who have primarily medical concerns, will have demonstrated experience serving people with developmental disabilities and/or physical disabilities, and severe chronic medical conditions.

3) Provider staff for organizations desiring to provide CLS for adult consumers with developmental disabilities, who have primarily behavioral challenges, will have demonstrated experience serving people with developmental disabilities, and behavioral challenges.

4) Provider staff for organizations desiring to provide CLS for adult consumers with mental illness will have demonstrated experience serving people with mental illness.

5) In addition to items 1-3 above, clinical supervisory staff for organizations desiring to provide CLS for consumers under age eighteen with developmental disabilities, serious emotional disturbances (SED), or autism spectrum disorders (ASD) will have demonstrated experience serving children.

6) The provider will have internal quality assurance mechanisms to ensure an adequate quality of care for consumers, including the following at a minimum:

    a) Regularly scheduled supervision of in-home aides on the job site by qualified supervisory personnel;
    b) Adequate procedures for screening of potential staff;

c) Provisions for orientation of new staff and ongoing training for existing staff;
d) Procedures for regular verification of licensure and credentials of professional staff;
e) Formally defined roles for support and supervisory staff to insure well organized communication with the provider, the consumer and SCCMHA;
f) Mechanism to offer consumers the opportunity to provide regular feedback regarding service delivery;
g) Designated staff to receive after hours calls regarding consumer staffing issues and a protocol for staff to follow in case of emergencies.

Providers are required to have adequate procedures for screening of potential staff and minimum quality standards for employees. Comprehensive pre-employment screening is preferred, including the following: checking references, criminal background checks, recipient rights checks, pre-employment physicals, and driver's record checks. Any staff who will be transporting consumers are expected to have a valid Michigan driver's license, appropriate insurance coverage and a reliable and safe means of transportation.

7) The provider will have a demonstrated capacity to maintain an adequate pool of staff to allow consumer choice of staff; to minimize disruption of service delivery due to gaps in staff coverage, and to hire new staff in a timely manner.

8) The provider will have adequate accounting procedures and internal financial controls to be able to provide services at the agreed upon rate, monitor service authorization balances, generate any requested reports and complete timely billing to SCCMHA.

9) Provider will assure proper documentation to support billing of services and will safely secure documents for no less than 10 years.

10) The provider will operate in compliance with all applicable statutes, ordinances, rules and regulations pertaining to the provision of in-home staffing services, including but not limited to Federal, State and Local laws prohibiting discrimination and the Michigan Mental Health Code, particularly those sections protecting recipient rights.

11) The provider will have adequate professional liability insurance coverage.

12) The provider will be legally incorporated.

13) Contractors will be evaluated on the basis of historical compliance with applicable regulations, including review of records of substantiated Recipient Rights claims under the Michigan Mental Health Code and Medicaid audit history. (See SCCMHA Policy 03.02.07 Residential Service

14) The provider will have references that can describe the organization's experience

with the target population and CLS in general, as well as the overall quality of their business operations.

15) The provider agrees to participate in quality improvement activities and to assist SCCMHA in reviewing and evaluating services at intervals to be determined by SCCMHA.

**Benefits/Entitlements**:
Case holders are expected to assist all eligible consumers with applying for any food stamps/Bridge Card, reimbursements/entitlements, i.e., SSI, Veterans Benefits, Insurance(s), Medicare, and Medicaid, etc., for which they may be eligible. In addition, the case holder agrees to facilitate proper billing of the Qualified Health Plan for medical care received by each consumer by:

- **assuring that** medical providers are aware of consumer insurance, Medicare and Medicaid coverage and any other relevant coverage or benefits which the consumer holds;
- securing medical care for the consumer only through medical providers who are enrolled in the consumer's Health Plan or to whom the consumer's primary physician provides a referral; and by
- securing proper approval from the Health Plan prior to initiating medical care in those instances where it is the responsibility of the consumer to secure prior authorization as opposed to the medical provider.

**Reporting Emergency Situations:**
SCCMHA case holders should be contacted in the event that there is an emergency situation at a consumer residence receiving CLS services (i.e. fire, need for evacuation). If the case holder cannot be reached directly, their supervisor should be contacted. If the supervisor also cannot be reached, contact the SCCMHA Crisis line. The SCCMHA Crisis line should also be used to communicate emergency situations after regular business hours.

**Consumer Selection of Agency Provider:**
When CLS services have been authorized for a consumer, the case holder consults with the consumer to determine which provider from the SCCMHA panel he/she would like to use. The consumer is given an opportunity to interview the provider to obtain additional information if desired.

Consumers are asked to utilize only one provider agency at a time to help maintain consistency in services provided to the consumer. Requests for exceptions are considered on a case-by-case basis by SCCMHA in situations of special need. When multiple consumers live together and receive like services, the consumers and their support team should agree upon one provider for that service. Separate staff for each individual in a shared living situation is not practical and reflects a poor use of consumer resources.

Exceptions to this rule cannot be made unless it is in the best interest of the consumer, is cost effective and is approved in advance by SCCMHA.

Once services are initiated, if the consumer identifies a problem with service delivery, he/she is directed to address the problem with the provider as soon as possible. SCCMHA staff assistance with this process is given to the consumer upon request. If the consumer's concerns are significant enough to necessitate an immediate change in provider, the concerns must be brought to the attention of SCCMHA staff immediately. Unless the concerns present an immediate risk to the consumer, SCCMHA staff will attempt to resolve the issues by working with the provider and consumer.

Due to the vulnerability of the consumers receiving this service, emphasis is placed on sustaining existing consumer/provider working relationships to preserve continuity, unless there is an identifiable risk to the consumer. Consumers may not change providers due to the provider refusing to comply with consumer requests for services which are not defined in the consumer's Individual Plan of Service (IPOS) and/or authorization documents.

If a consumer would like to change providers, consumers are advised to provide adequate advance notice to SCCMHA whenever possible, to help minimize lapses in service delivery. If the replacement provider does not have staff immediately available who can meet the consumer's needs, a gap in service delivery of up to several weeks may occur. Every effort will be made by SCCMHA to initiate services as rapidly as possible, substitute other services temporarily where possible, and to minimize the impact of the service lapse on the consumer.

SCCMHA will make every effort to include an adequate number of providers on the Community Living Supports (CLS) panel to offer an array of choices that can be reasonably expected to meet the majority of consumer's needs. Consumers who have utilized and rejected all of the providers are considered to have exhausted their service options, unless the consumer is understood to have a unique or highly specialized need which SCCMHA agrees the panel providers are unable to meet. In those cases, alternative providers may be identified and considered for inclusion in the panel by SCCMHA.

Providers may request that their services to an individual consumer be terminated if they can no longer meet the consumer's needs. The provider will give adequate advance notice of the termination to the consumer and to SCCMHA to help minimize lapses in service delivery. A provider may also refuse to accept a consumer for service, if they do not have staff available that are qualified to meet the consumer's needs. However, providers who refuse or terminate consumers without acceptable rationales are not meeting the needs of consumers served by SCCMHA and may be removed from the CLS panel by SCCMHA.

**Agency Provider Expectations and Individual Staff Selection and Scheduling:**
The provider is the employer, and essentially maintains a pool of qualified staff from whom a consumer can choose. Once a consumer selects a provider, the provider meets with the consumer to learn more about his/her needs and interests, and to explain the process to be

used to select staff. Decisions regarding assignment of staff to work with a particular consumer are made based upon consumer preferences, staff capability and consumer needs.

As a rule, the provider must give the consumer the opportunity to meet staff from the pool in advance, and to select those staff that she/he would like to have provide care. However, the provider may need to substitute staff periodically in order to minimize gaps in service delivery. Realistically, in these situations, the consumer may not have the opportunity to pre-screen the fill-in staff. To avoid this occurrence, wherever possible, consumers and providers should plan ahead and make arrangements for coverage of staff shortages in case of staff illness, emergencies or when consumer selected staff have met the limit of the number of hours s/he can work in a given period.

Once again, in situations where roommates are sharing support staff, both individuals will need to jointly screen and select mutual staff.

The provider recruits, completes necessary prescreening, hires, discharges, schedules, supervises, and compensates the CLS staff. Since the provider must comply with Federal and State Labor Laws and maintain worker's compensation, liability insurance and other coverage, the provider controls support staff working conditions, work assignments and employment status. Although the consumer can choose who will work in his/her home, since he/she is not the employer, the consumer cannot dictate which staff will be hired and discharged from the pool.

The provider works with the consumer to schedule support staff to meet the consumer's needs. It is the obligation of the provider to inform the consumer of any guidelines or restrictions regarding staff scheduling, limitations on staff activities in the home and their role in relationship to the consumer. Neither the consumer nor the provider can schedule support staff hours in excess of those authorized by SCCMHA.

Since the provider supervises support staff, the provider is responsible for making assignments to staff and giving them instruction, based upon the needs which the consumer has expressed to the provider. The consumer cannot request a support staff to perform a task that is not authorized in the consumer's Individual Plan of Service (IPOS), that is prohibited under these guidelines, or which violates the employer's directives. The provider has the obligation to be flexible and responsive to changing consumer needs and must use common sense in deciding the boundaries of service delivery. The provider is required to have an identified and readily accessible individual whom the consumer can contact about any questions regarding support staffing, and in case of emergencies.

Providers are expected to have their own performance requirements for staff to ensure good quality of care, with particular emphasis on consistency and thoroughness. Providers are required to provide staff supervision in the consumer's home on a regularly scheduled basis and to offer consumers the opportunity to provide regular feedback regarding staff performance. Providers must follow commonly accepted practices for paid in-home staffing, such as not permitting staff to baby-sit their own family members or have visitors while on duty, limiting personal phone calls to emergencies only, and not taking consumers

with them while staff perform personal business. Personal property of the consumer should be respected by staff.

There are also some additional restrictions on CLS staffing, particularly in regard to scheduling, as follows:

1) The provider must provide adequate CLS coverage to meet the level of service defined in the consumer's IPOS;

2) CLS staff schedules cannot be cancelled or changed at the last minute unless an emergency arises, such as illness, unplanned closing of school or other daytime activity, or an unexpected opportunity for the consumer to participate in a special activity; and

3) CLS staff can only be used to assist the consumer to do things for themselves and to fulfill needs which cannot be accommodated through less intrusive means. CLS staff are not to be used to perform activities that the consumer is capable of performing or family members would normally do.

Providers are required to train staff regarding actions to be taken in case of emergencies, including calling police or an ambulance in response to consumer emergencies not otherwise addressed in the consumer's Individual Plan of Service (IPOS). Providers are required to have on-call staff available to relieve scheduled support staff in case of an emergency. Providers must also make provisions for consumers to be able to contact the provider after hours with staff emergencies related to staff scheduling. Emergency situations are to be reported to consumer's families and Case Holder as soon as possible. Psychiatric emergencies after normal business hours are directed to the SCCMHA Crisis Intervention Service, unless otherwise directed in the consumer's Individual Plan of Service.

**Service Location**

Community Living Supports (CLS) services are intended to be provided in the consumer's home and his/her community. When activities in the community are involved, the health and safety of the consumer must be respected. Likewise, consumers cannot expose staff to situations, which would be considered to present unsafe working conditions.

SCCMHA will not provide financial support for services, which occur in locations, which clearly place the consumer or their CLS staff at risk. To that end, CLS staffing will only be provided in environments that are:

1) Clean, and safe from obvious environmental hazards, such as unsanitary conditions, fire hazards, rodents, dangerous machinery, vehicles, equipment and/or chemicals (equipment and supplies which are used for normal household activities are acceptable assuming normal safety precautions are taken and consumers are closely supervised if they lack community safety skills);

2) Safe from exposure to potentially dangerous environments or situations, such as high crime areas, contact with dangerous animals in uncontrolled situations, and adverse weather conditions;

3) Not in violation of any health and safety precautions defined in the consumer's Individual Plan of Service , such as exposing a consumer with allergies to identified allergens, not providing barrier free access for a consumer who uses a wheelchair and so on;

4) Socially and morally acceptable in accordance with community standards;

5) Not placing staff in a position to provide guidance to the consumer for activities for which s/he is not qualified, such as swimming, horseback riding or high-risk sports. Trained individuals at the location must be on duty, such as certified lifeguards.

If a consumer is living in a situation that is unsafe, SCCMHA will encourage and assist the consumer to secure a safer living environment. In addition, while on duty, CLS staff are not to take consumers to their (the staff person's) home unless it is for a special event to which the consumer is invited and chooses to attend.

**Staff Qualifications**

Community Living Support staff hired by the provider are required to meet minimum qualifications. CLS staff are required to meet, at minimum, the following SCCMHA trainings.

1) Basic Medications when working with Adults and if required as part of the consumer IPOS
2) Basic Military Cultural Competency
3) Blood Borne Pathogens/Infection Control (annually)
4) Compliance Program and False Claims Information/HIPAA Training
5) CPR/First Aid (every two years)
6) Cultural Diversity
7) Environmental Emergencies/emergency procedures, i.e., readiness for natural disasters, fire, flood, power outages, etc.
8) Ethics of Touch
9) Intro to Cultural Awareness – Embracing Diversity
10) Mental Health Ambassador Training
11) Non-Violent Psychological Verbal De-Escalation
12) Limited English Proficiency
13) Nutrition and Food Safety
14) Orientation to Training
15) Person Centered Planning (annually)
16) Recipient Rights (annually)
17) Working with People I & II
18) Trauma Informed Care Training

Staff must be able to communicate verbally, to read and implement written instructions, and to complete documentation. In addition, CLS staff providing services in the consumer home are expected to have knowledge of basic safe food handling practices, methods to use to avoid confrontations with consumers, and awareness of the need to maintain professional boundaries with consumers.

CLS staff must be in serviced regarding the consumer's unique needs. This in-service should include the following types of information:

1) what activities of daily living the consumer is capable of performing him/herself and those with which she/he require assistance;
2) the consumer's personal preferences regarding food, leisure activities, management of personal care, organization of household environment, household rules and clothing choices.

The Case Holder will in-service CLS staff regarding implementation of the consumer's Individual Plan of Service, including: health and safety needs; training needs; medical concerns; any precautions to be taken; the assigned duties and roles of all the members of the network of support, including family members; and the consumer's desired outcomes and skills.

As noted earlier in this document, on occasion, a consumer whose needs are largely met by in-home staffing may still need a more intensive level of assistance in one particular area, such as greater assistance with medications or money management. In such circumstances, some minimal documentation tools and agreed upon methods of handling medications and money must be agreed upon by the consumer and the provider in advance. In addition, the provider must have proper medication administration procedures for staff and must ensure staff adhere to them. Similarly, if consumer funds are to be handled by staff, the provider must have guidelines for staff regarding accountable handling of consumer funds.

Specific expectations which the consumer has for CLS staff must be put in writing to all parties involved to avoid miscommunications regarding care. Such issues generally are not included in the consumer Individual Plan of Service but may be posted or otherwise kept in the consumer's home for reference. Issues which may need to be addressed in this way include, expectations regarding handling of consumer medications, money, house keys, or other personal property, leisure activity choices, food choices, restrictions on visitors, staff use of consumer property, staff meals, household chores to be completed, and so on.

**Provider Documentation**

Community Living Supports (CLS) service providers will be required to complete some minimal documentation. CLS providers must record which CLS services they are providing along with the date and time that the services were provided. (Please see the attached "Community Living Supports Progress Note"). CLS staff should only provide services that are outlined in the consumer's Plan of Service. For children's CLS, mileage

logs are required if mileage is to be billed. For both populations, incident reports are required to document any injury, possible abuse, neglect, or any other significant incident involving staff and the consumer (forms are available through the SCCMHA Recipient Rights Office). Copies of incident reports must be forwarded to the SCCMHA Recipients Rights Office within forty-eight (48) hours of an occurrence and the Support Coordinator or Case Manager are informed as soon as possible.
As noted earlier, if CLS staff will be expected to assist the consumer with handling personal funds and medications, then documentation must be used by the provider and consumer for tracking purposes. Medications and treatments, including prescriptions and over-the-counter products, cannot be administered by support staff funded by SCCMHA unless they are in the original, pharmacy labeled containers, with written instructions by the consumer's physician.

Some documentation may be requested by the support coordinator, case manager, or the service provider to document the completion of activities outlined in the Plan of Service or ordered by a consumer's physician, such as records of weights or seizures. Such documentation will be limited to those documents that are essential, as CLS is intended to be natural style of service with structure only introduced as needed.

**Incident Reporting**
The provider agrees to immediately report via Incident Report any qualifying situations of unusual or unexpected events that occurs in the life of a consumer while under services. (per SCCMHA policy 04.01.02- Incident Reporting and Review, see policy for examples).

**Quality Improvement/Program Evaluation**
The provider agrees to participate in quality improvement activities and to assist SCCMHA in reviewing and evaluating services at intervals to be determined by SCCMHA. *(Please see sample "Provider Quality Improvement Plan" in SCCMHA Policy 03.02.07 Residential Services)*

**Consumer Choice**
A person centered/ family centered approach is used for the planning and implementation of Community Living Supports (see SCCMHA Policy on Person Centered Planning located in the SCCMHA Provider Policy Manual). The consumer's Plan of Service is developed using person-centered techniques, and day to day decisions regarding service delivery must adhere to the same principles.

Following person-centered planning principles means that the consumer is primary in day-to-day decision making, within the boundaries of health and safety, reasonableness, and cost effectiveness. Day to day decision making would include choice of meals, leisure activities, daily schedule, home decorating, personal care, staff selection, access to personal property, choice of friends, and so on.

Despite concerns regarding the consumer taking risks or potentially making mistakes, it is critical that family members and staff encourage consumer independence. Staff and family must be careful to avoid projecting their preferences onto the consumer or leading the consumer to make the decisions that staff or family members would make. The only circumstances, in which a consumer choice should be overridden, would be in situations where a guardian or parent has the decision making authority under the law, and/or where there is an immediate risk to health and safety. Instead, family members and community living support staff must educate the consumer so they can make independent and informed decisions to the maximum extent possible.

Particularly for adults receiving CLS, family members should not try to monitor CLS staff performance directly or oversee daily activities in the consumer's home. Family input is critical in planning, and through appropriate channels, family members should ensure that the consumer's needs are met and their health and safety protected. However, they should not be over involved in the consumer's daily operation of their own home. If family are able to maintain this intensity of supervision, and the consumer has such a high level of need that she/he requires this level of intervention, then CLS service arrangements are probably not appropriate.

CLS staff for adults should not control the operation of a consumer's home or organize the consumer's daily lifestyle to meet staff needs. Staff should not perform tasks for consumers because it is expedient. A support as opposed to a service approach is appropriate and mandatory for this service. Otherwise, the basic principles of adult supported living/CLS will be violated and the consumer will be prevented from achieving greater independence.

Consumer choice does not mean the consumer may excuse him/herself from performing activities which he/she is capable of performing or doing, because he/she chooses to do so. By accepting this service, the consumer and his/her family agrees to remain active and dedicated to being as self-sustaining as possible. The consumer and family must be willing to work in partnership with the community and local agencies to sustain the network of supports and services needed. Friends, family, roommates, neighbors and others must be willing, able and committed to providing assistance and support to the consumer on an ongoing basis, as CLS staff will not be able to meet all of their needs.

**Termination of Services**

Changes in consumer eligibility status, gross violation of the guidelines specified in this document, changes in the level of need for assistance and/or discontinuation of SCCMHA funding authorizations may result in discontinuation of consumer services and supports for supported living. Consumers who are being terminated will be notified in advance in writing and given an opportunity to appeal the decision. Similarly, providers may be removed from the provider panel for failure to provide services as outlined in this document.

Consumers will be offered the option of utilizing self-determination for receiving CLS services at every planning meeting that occurs (See SCCMHA Policy 02.03.04 Self-Determination)

Consumers will always have the option to choose their community living supports (CLS) worker. They will not be required to stay with a worker if the consumer feels the worker is not a good match for them.

Consumers will be assisted with the process of applying for Michigan Department of Health and Human Services (MDHHS) Chore Provider Services upon transition to an independent living setting.

Provider will ensure all consumers are being treated with dignity and respect, to which they are entitled (See SCCMHA Policy 02.02.28 Recipient Rights – Dignity and Respect)

Considerations for Community Living Arrangements: An individual must be willing and able to live semi-independently, including utilizing their personal resources to manage the expenses incurred (rent, utilities, transportation, phone, television, etc. which is not an all-inclusive list). An individual must be willing to maximize their abilities to live as independently as possible from the assistance of support staff. The supports available to them through formal and informal sources must be adequate to meet their needs.

Consumers must apply for Michigan Department of Health & Human Services (MDHHS) Home Help or Expanded Home Help services also referred to as CHORE services, with assistance from their case holder, as needed. A CLS Net Service Analysis Map (see Exhibit E) must be completed. Although from a perspective of promoting and empowering dignified lifestyles, it would be ideal to have all consumers in supported living arrangements, it is preferred that individuals have the ability to be unsupervised for a period of time, with or without the use of monitoring devices. If consumers are able to spend portions of the day alone without any health or safety risks, a supported living arrangement should be considered. For assistance with determining whether a consumer should be considered for supported living arrangements, refer to the Independent Living Checklist (Exhibit A).

**Definitions:**

**Community Living Supports (CLS):** Community living arrangements are set up in the environment of the consumer's choice, typically, an apartment, house, or duplex. Enhanced support staff or other community living supports focus on personal self-sufficiency, facilitating an individual's independence and promoting his/her integration into the community.

**References:**

MDHHS Medicaid Provider Manual: Behavioral Health and Intellectual and Developmental Disability Supports and Services
SCCMHA Policy 03.02.07 Residential Services
SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program

SCCMHA Policy 04.01.02 Incident Reporting and Review
SCCMHA Policy 02.03.04 Self Determination
MDHHS website: https://dhhs.michigan.gov/OLMWeb/ex/AS/Public/ASM/000.pdf
MDHHS policies: ASM 101, ASM 105, ASM 120, ASM 121

**Exhibits:**
Exhibit A: Independent Living Checklist
Exhibit B: Home Help Services MDHHS Publication 815
Exhibit C: Excerpt from Home Help application DHS-390, full application available online.
Exhibit D: DHS-54A
Exhibit E: Community Living Supports- Weekly Documentation Log
Exhibit F: CLS Net Service Analysis Map
Exhibit G: Cleaning Schedule
Exhibit H: Staying Safe in Your Home

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Makes a variety of residential options available to consumers of mental health services, including the option for self-determination arrangements. | SCCMHA Network Services Unit |
| Participates in a person-centered planning process to discuss the consumer's needs and desires particularly as it relates to residential options. | Case Holder, Consumer, Guardian |
| Reviews the residential option desired to determine if it can meet the needs of the consumer with special attention to the health and safety needs of the consumer. | Case Holder, Consumer, Guardian |
| Develops a plan of service which addresses the specific needs of the consumer, including amount, scope and duration. The plan should also address each need identified in the CLS/Chore Authorization. | Case Holder |
| Completes a CLS Net Service Analysis Map for all consumers who need CLS services. | Case Holder |
| Completes (for all Adult consumers who | Case Holder, Consumer, Guardian |

| | |
|---|---|
| require hands on assistance or are dependent for personal needs) MDHHS Chore Services application and submits it to the Coding and Compliance Specialist at SCCMHA. | |
| Reviews MDHHS Chore Services application for appropriate submission to MDHHS for Chore Services. | SCCMHA Coding and Compliance Specialist |
| Staff fills in appropriate information on the authorization form of date of application, amount of chore services or date of denial of chore services & Care Management will approve 30 days of authorizations until a determination is made by MDHHS. | Case Holder |
| Once a determination has been made; if Consumer is denied chore services, a copy must be scanned into the record and care management notified. If approved a copy of the time/task log must be obtained and scanned into the record. | Case Holder |
| MDHHS re-evaluates the consumer's need for chore services every 12 months, a new copy of the time/task log must be obtained for Care Management to approve an additional 6 months of authorizations. A copy of time/task log can be obtained through the Administrative Assistant / Clinical Record Coordinator. A copy of denial letter to be placed in consumer electronic health record. | Case Holder |
| Assures consumer IPOS reflects the number of Chore Service hours and the number of CLS hours. | Case Holder |
| Monitors the consumer in the residential option at intervals agreed to in the consumer's plan of service. Monthly home visits are recommended by SCCMHA to assure that the needs of the consumer are being met in the residential | Case Holder |

| | |
|---|---|
| setting and that the consumer is satisfied with the services provided. Should also be monitoring the residence for potential concerns such as, taking medications as prescribed, adequate food supply, running water/electricity, broken items (i.e. faucets, windows, appliances, furniture, etc.), lack of hygiene/cleanliness, etc. and assisting the consumer in notifying the landlord. | |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# INDEPENDENT LIVING CHECKLIST

*A Guide to Evaluating Independent Living Skills – A Life Like Everyone Else*

| | INDEPENDENT | WITH REMINDERS | WITH SUPPORTS |
|---|---|---|---|
| **I. Home Environment** | | | |
| Displays safety in using electrical, heating, plumbing | | | |
| Knows how to control temperature of home | | | |
| Displays use and safety of small kitchen appliances | | | |
| Displays safety in using a garbage disposal | | | |
| Can safely handle hot pots, pans, oven ware | | | |
| Can safely handle hot foods and water | | | |
| Knows how to use stove burners | | | |
| 1. how to turn on | | | |
| 2. difference between high, medium, low | | | |
| 3. knows safety concerns | | | |
| Knows how to operate oven | | | |
| 1. how to turn on | | | |
| 2. how to use temperature control | | | |
| Knows how to use microwave | | | |
| Knows how to operate dishwasher | | | |
| 1. loads sharp knives with handle up | | | |
| 2. only loads items that are dishwasher safe | | | |
| 3. loads light plastic items securely | | | |
| 4. loads glasses, cups, saucers on upper rack | | | |
| 5. loads plates, large items, cookware on lower rack | | | |
| 6. uses only detergents designed for dishwashers | | | |
| 7. how to operate dishwasher control panel | | | |
| Knows how to store food | | | |
| 1. what needs to be refrigerated | | | |
| 2. what goes in the freezer | | | |
| 3. what goes in the cupboards | | | |
| 4. what to do with leftovers | | | |
| Knows indicators that appliances are not working | | | |
| 1. knows what to do if appliances are not working | | | |
| Is able to reach to operate all appliances, outlets, switches, faucets, etc. | | | |
| Know how to operate washer and dryer | | | |
| 1. how to sort clothing | | | |
| 2. how to load clothes in the washer | | | |
| 3. how to operate washer and dryer control panel | | | |
| 4. how to use detergents and fabric softeners | | | |
| 5. understands to clean lint filter after each load of laundry | | | |
| 6. knows not to reach into washer while it is operating | | | |
| Knows how and when to clean: | | | |
| 1. sinks and tub | | | |

| | | | |
|---|---|---|---|
| 2. toilets | | | |
| 3. refrigerator | | | |
| 4. microwave | | | |
| 5. oven | | | |
| 6. stove top | | | |
| 7. rugs | | | |
| 8. vinyl floors | | | |
| 9. tables and chairs | | | |
| 10. windows and mirrors | | | |
| 11. dishes | | | |
| Can properly use and store cleaning products | | | |
| Has system for telling time or scheduling days | | | |
| Can draw bath water/adjust shower at correct temperature | | | |
| Knows how to secure doors and windows | | | |
| 1. Can manipulate a key to open door | | | |
| Knows how to identify and respond to people at door | | | |
| Will carry ID, health insurance information, house key | | | |
| Knows not to leave with strangers | | | |
| Knows how to be safe with sharp objects | | | |
| Can safely use stairs | | | |
| Demonstrates safe smoking practices | | | |
| Can use a flashlight when needed | | | |
| Can identify and maneuver on slippery surfaces | | | |
| Can safely dispose of broken glass | | | |

| | INDEPENDENT | WITH REMINDERS | WITH SUPPORTS |
|---|---|---|---|
| **II. Responding to Emergencies** | | | |
| Can identify an emergency situation | | | |
| Can identify emergency phone numbers | | | |
| Can dial emergency phone numbers | | | |
| Can discuss an emergency on the phone | | | |
| Can identify and properly store poisons | | | |
| Understands the purpose of a smoke detector | | | |
| 1. knows how to inspect and maintain | | | |
| Knows how to operate a fire extinguisher | | | |
| Knows when to use a fire extinguisher | | | |
| Knows what to do in case of a fire | | | |
| Knows what to do in case of a tornado | | | |
| Knows what to do in case of medical emergency | | | |
| 1. who to call | | | |
| 2. medications | | | |
| 3. allergies | | | |
| Knows what to do if security of home is threatened | | | |
| Knows what to do in case of mental health emergency | | | |
| Knows what to do if utilities/phone are not working | | | |
| 1. who to call | | | |

| | | | |
|---|---|---|---|
| 2. whether they need to leave the home | | | |

| | INDEPENDENT | WITH REMINDERS | WITH SUPPORTS |
|---|---|---|---|
| **III. Community** | | | |
| Knows how to use public telephone | | | |
| Knows how to use public transportation/bus system | | | |
| Knows own address and phone number | | | |
| Knows address/phone number of person to call for help | | | |
| Knows how to ask for help if lost | | | |
| Knows basic traffic rules and basic safety techniques for car, bike, walking | | | |
| Knows what to do if approached by a stranger | | | |
| Knows who and how to ask for help if accosted | | | |
| Knows how to respond to physical assault | | | |
| Has basic knowledge of money, it's value, and how to purchase items | | | |
| Knows behavioral effects of alcohol and laws about driving after drinking | | | |

| | INDEPENDENT | WITH REMINDERS | WITH SUPPORTS |
|---|---|---|---|
| **IV. Personal Hygiene and Health** | | | |
| Knows how and when to: | | | |
| 1. brush teeth | | | |
| 2. take a bath | | | |
| 3. wash hair | | | |
| 4. change clothes | | | |
| 5. wash clothes | | | |
| 6. wash linens | | | |
| 7. comb/brush hair | | | |
| 8. clip nails | | | |
| 9. use deodorant | | | |
| 10. use lotions/sun screen | | | |
| Knows need for and how to schedule regular doctor and dental appointments | | | |
| Knows how to use a calendar for scheduling appointments | | | |
| Can take medications and perform treatments as prescribed | | | |
| Can order medications and treatments | | | |
| Knows how to respond to minor health concerns with first aid | | | |
| Knows how to differentiate between minor health concerns and those requiring medical attention | | | |
| Knows need for rest and how much | | | |
| Knows when to use Kleenex | | | |
| Knows how to protect self from disease | | | |
| Knows how to protect self from unwanted pregnancy | | | |

| | | | |
|---|---|---|---|
| Understands balanced diet | | | |
| Can create a healthy meal | | | |
| Can use a cook book | | | |
| Can make a shopping list | | | |
| Knows health effects of alcohol and tobacco | | | |
| | **INDEPENDENT** | **WITH REMINDERS** | **WITH SUPPORTS** |
| **V. Friends and Support Staff** | | | |
| Knows and understands need to do background checks and seek references for potential staff | | | |
| Knows rights to being treated with dignity and respect and without physical or emotional harm | | | |
| Knows about privacy (what is private) | | | |
| Knows how and who to contact in case of abuse or exploitation (financial, physical, emotional) | | | |

| | **INDEPENDENT** | **WITH REMINDERS** | **WITH SUPPORTS** |
|---|---|---|---|
| **VI. Equipment and Furnishings** | | | |
| Person has or home is furnished with basic furniture: bed, table, chairs, couches, lamps, curtains or blinds | | | |
| Person has or home is furnished with appliances: stove, refrigerator, washer and dryer | | | |
| Appliances and heating system are in working order | | | |
| There is a working toilet, sinks, tub or shower with comfortable water temperature and drainage | | | |
| Electrical outlets have wall plates | | | |
| Kitchen and bathroom outlets are GFI | | | |
| Home is in a safe neighborhood | | | |
| Overall condition of home interior and exterior is clean and in repair | | | |
| Home has adequate lighting, inside and outside | | | |
| There is adequate ventilation – windows open and have screens | | | |
| Home is barrier free and accessible | | | |

| | **YES** | **NO** | |
|---|---|---|---|
| **Social Connections** | | | |
| Family supports the person in decision of independent living | | | |
| Family has concerns about the person living independently | | | |
| The individual has a network of family, friends, natural supports in the community | | | |
| The person participates in leisure and recreational activities | | | |

**VII. Recommendations**

Any items that are marked other than independent should be assessed for training or additional/different supports to increase independence. List these below and how training will be provided or why it will not.

Exhibit B



**If you or your loved one need assistance performing daily activities, call or visit the adult services unit at your local MDHHS office.**

The Home Help program is designed to support individuals who wish to live independently in their home rather than live in an adult foster care home, home for the aged, or nursing facility.

The program is administered by the Michigan Department of Health and Human Services (MDHHS) and provides funding for qualified individuals to hire someone to assist them with their daily activities.

To find your local MDHHS office, visit: **Michigan.gov/ContactMDHHS.**

**County MDHHS Office**

MDHHS

The Michigan Department of Health and Human Services will not exclude from participation in, deny benefits of, or discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, partisan considerations, or a disability or genetic information that is unrelated to the person's eligibility.

DHS-Pub-815 (Rev. 11-21)
Previous edition obsolete.

MDHHS

# Home Help Services

**For Medicaid recipients who need hands-on care and want to live independently.**



## Available Services

The Home Help program **may pay** for the following activities of daily living:

- Eating or feeding
- Bathing
- Dressing
- Grooming
- Moving throughout the home
- Transferring from one position to another
- Using the toilet

If you qualify, you **may also receive** assistance with the following:

- ✓ Administering or setting up medicine
- ✓ Laundry
- ✓ Light housework
- ✓ Meal preparation/clean up
- ✓ Shopping for essential items
- ✓ Travel for shopping/laundry

## Services Not Covered

The following services **are not covered** by Home Help:

- Heavy housework
- Home repairs
- Prompting or reminding someone to complete a task
- Supervision
- Transportation
- Yard work



## Eligibility

To receive Home Help services, an individual must:

- Have active Medicaid.
- Require physical assistance to perform at least one activity of daily living.

Individuals with personal care needs and income that exceeds the Medicaid eligibility standards may still be eligible for Home Help. Contact your local MDHHS office, adult services unit, and ask about the Home Help program for individuals with deductibles.

To find your local MDHHS office, visit: **Michigan.gov/ContactMDHHS.**

## Assessment of Need

The adult services worker will meet with the client to conduct a comprehensive assessment to determine what services are needed and the amount of time it takes to complete each task.

## Home Help Providers

Recipients of the Home Help program hire and employ their providers. These providers are not employed by MDHHS or the State of Michigan.

Providers must be at least 18 years old and may be a relative, friend, neighbor, or health care agency. A client's spouse or a parent caring for a minor child cannot be paid by MDHHS to provide care.

Providers must be enrolled in the Community Health Automated Medicaid Processing System (CHAMPS) and undergo a criminal history screen before they can be paid. The provider's hourly rate is based on the county where the client resides.

## Provider Resources

If you have questions regarding provider enrollment in CHAMPS, contact Provider Support Services at **800-979-4662** or visit the MDHHS Home Help provider website at **Michigan.gov/HomeHelp.**



Exhibit C

## DHS-390, ADULT SERVICES APPLICATION

Michigan Department of Health and Human Services
(Revised 10-21)

**Note:** If you need help to complete this application, please indicate what kind of help you need.
☐ Bilingual Interpreter ☐ Sign-language interpreter for the deaf
☐ Other (specify)

**FOR DEPARTMENTAL USE ONLY**

| 1. Case Name | 2. Log Number | 3. Recipient ID Number |
|---|---|---|
| 4. County | 5. Date | |
| 6. Worker | 7. Worker Phone Number | |

**CLIENT INFORMATION**

8. Full Name of Person Needing or Requesting Services

| 9. Date of Birth (MM/DD/YYYY) | 10. Social Security Number |
|---|---|

11. Address (Number, Street, City, State, Zip Code)

| 12. Phone or Cell Number | 13. TTY Number (Teletype for the deaf) |
|---|---|

**SECTION A – DEPARTMENT PROGRAMS: Below is a brief description of the services provided by the Department.** Check the box or boxes which describe the services you need or problems where you desire help.

1. ☐ **Home Help**
   Services to help pay for someone to assist with personal care and housekeeping.
2. ☐ **Adult Community Placement**
   Services for adults who can no longer remain in their own homes. Includes help finding an adult foster home or home for the aged and services for people living in these settings.
3. ☐ **Other Services**
   Nonpayment services to help adults stay safe in their own homes. Services may include information and referral to other community resources.

**IF YOU OR SOMEONE YOU KNOW IS IN NEED OF PROTECTIVE SERVICES, CONTACT CENTRALIZED INTAKE FOR ABUSE OR NEGLECT AT 855-444-3911.**

**SECTION B – CURRENT SITUATION:** Check all boxes that apply to you.

1. Your Status as a Recipient
   a. ☐ Medicaid (MA) recipient
   b. ☐ Medicaid application pending
   c. ☐ Supplemental Security Income (SSI) recipient
   d. ☐ MI Choice Waiver recipient
   e. ☐ PACE recipient
   f. ☐ MI Health Link recipient

DHS-390 (Rev. 10-21) Previous edition obsolete. 1

g. ☐ Community Mental Health (CMH) recipient
h ☐ Food Assistance recipient
i. ☐ Family Independence Program (FIP) recipient
j. ☐ State Disability Assistance (SDA) recipient
k. ☐ Veteran Affairs recipient
l. ☐ Other

2. Living Arrangement (Check all boxes that apply to you and answer related questions)
a. ☐ Alone
b. ☐ With spouse (If married answer questions below.)
Is spouse disabled? ☐ Yes ☐ No
Is spouse working? ☐ Yes ☐ No
Full name of spouse Date of Birth
c. ☐ With children under age 18. How many?
d. ☐ With others (relatives and non-relatives) How many?
e. ☐ Live in adult foster care facility, home for the aged.
f. Is client in a hospital or nursing home? ☐ Yes ☐ No
g. Does the recipient have a guardian? ☐ Yes ☐ No
Name of guardian
h. Is a caregiver/provider already identified? ☐ Yes ☐ No

Read the following statement, sign, and date the application.

I wish to apply for one of the adult services programs. I certify that the information I have given is correct. By signing, I acknowledge that I have read and agree to the rights, responsibilities, and important things to know described in Section C of this application.

Signature of Client or Authorized Representative Date

Exhibit D

## MEDICAL NEEDS

Michigan Department of Health and Human Services

**INSTRUCTIONS: To be completed annually by a physician, nurse practitioner, physical or occupation therapist. Please print or type.**

| | | | | |
|---|---|---|---|---|
| Case Name | | | | |
| Case Number | | Recipient ID Number | | |
| Patient's Name | | | Patient's Birth Date | |
| County | District | Section | Unit | Specialist |
| Specialist | | Specialist Phone Number ( ) | | |

Medical Provider:
We would appreciate your cooperation in completing the spaces checked below. In addition to a physician, Box A may be completed by a physician's assistant, certified nurse-midwife, ob-gyn nurse practitioner or ob-gyn clinical nurse specialist. Providers must be Medicaid enrolled. An addressed, prepaid envelope is enclosed for your convenience.

You are hereby authorized to release the information requested below to the Michigan Department of Health and Human Services.

| | | | |
|---|---|---|---|
| Patient's or Representative's Signature | | Patient's Name | Signature Date |
| Authorized Specialist's Signature | | Signature Date | Local MDHHS Office |
| ☐ A | Pregnancy Delivery (Expected) Date | Number of medically verified unborn children | |
| ☐ B | Diagnosis(es) / Treatment plan for this patient | | |
| ☐ C | Chronic ongoing illness ▶ ☐ YES ☐ NO | | |
| ☐ D | Estimated number of office or clinic visits _____ times per ☐ week ☐ month ☐ quarter ☐ Other (Please Specify) | Will this change? ☐ YES, When (Date) ☐ NO | |
| ☐ E | Give estimated number of months for the diagnosis in B that medical treatment will be required ☐ Lifetime | | |
| ☐ F | Is the patient non-ambulatory? ☐ YES ☐ NO | If Yes, explain: | |
| ☐ G | Does patient need special transportation? If Yes, indicate mode of transportation needed (e.g., van with wheelchair lift, ambulance, etc.) ☐ YES ☐ NO ▶ | | |
| ☐ H | Does someone need to accompany the patient to the medical appointment? ☐ YES ☐ NO ▶ | If yes, who / why? | |
| ☐ I | Do you certify the patient has a medical need for assistance with any of the personal care activities listed below? ▶ ☐ YES ☐ NO<br>Eating, Toileting, Bathing, Grooming, Dressing, Transferring, Mobility, Taking Medications, Meal Preparation, Shopping, Laundry, Housework | Check any complex care services needed.<br>☐ Specialized Feeding ☐ Suctioning<br>☐ Catheters or Leg Bags ☐ Bedsore Prevention<br>☐ Colostomy Care ☐ Range of Motion<br>☐ Bowel Program ☐ Other | |
| ☐ J | Can patient work at usual occupation? ☐ YES ☐ YES, but with limitations (Specify below) ☐ NO (How long):<br>Can Patient work at any job? ☐ YES ☐ YES, but with limitations (Specify below) ☐ NO (How long): | | |
| ☐ K | Other (Explain) | | |
| ☐ L | Is the spouse or parent of the above disabled individual needed in the home to provide care? ☐ YES ☐ NO<br>Spouse or parent cannot engage in work due to the extent of care required. ☐ YES ☐ NO<br>How long: | | |
| Date patient was last seen | | Are you a Medicaid enrolled provider? ☐ YES ☐ NO | |
| Name and title (Print or type) | | MA enrolled Provider Signature | |
| National Provider Identifier (NPI) Number | | Signature Date | Telephone Number |
| AUTHORITY: Federal 45 CFR of 233.20, CFR 440.10 and CFR 440.20<br>COMPLETION: Voluntary<br>PENALTY: Benefits may be affected. | | The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | |

DHS-54A (Rev. 6-15) Previous edition may be used. MS Word

Exhibit E

## CLS Weekly Documentation Log

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| **Consumer Name:** | **Case Number:** | | | | **Month and Year:** | | | | | |
| **Staff Name, Initial, Title:** | **Staff Name, Initial, Title:** | | | | **Staff Name, Initial, Title:** | | | | | |
| **Staff Name, Initial, Title:** | **Staff Name, Initial, Title:** | | | | **Staff Name, Initial, Title:** | | | | | |
| **Staff Name, Initial, Title:** | **Staff Name, Initial, Title:** | | | | **Staff Name, Initial, Title:** | | | | | |
| **Staff Name, Initial, Title:** | **Staff Name, Initial, Title:** | | | | **Staff Name, Initial, Title:** | | | | | |
| **Staff Name, Initial, Title:** | **Date:** | | | | | | | | | |
| **Staff Name, Initial, Title:** | **Service Code** | H2015 | H2015 | H2015 | H2015 | H2015 | H2015 | H2015 | | |
| | **Time in :** | | | | | | | | | |
| | **Time out :** | | | | | | | | | |
| | **Total Hours:** | | | | | | | | | |

**Indicate one of the following letters as needed for CLS services as defined within the PCP / Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistan**

| | **In PCP (Yes/No)** | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Transferring** | | | | | | | | | | | | | | | |
| **Ambulation/Mobility** | | | | | | | | | | | | | | | |
| **Eating** | | | | | | | | | | | | | | | |
| **Toileting** | | | | | | | | | | | | | | | |
| **Bathing** | | | | | | | | | | | | | | | |
| **Dressing** | | | | | | | | | | | | | | | |
| **Grooming** | | | | | | | | | | | | | | | |
| **Taking Medication** | | | | | | | | | | | | | | | |
| **Special Food Prep, Laundry, or Housekeeping** | | | | | | | | | | | | | | | |

**Indicate one of the following letters as needed for CLS services as defined within the PCP / Independent (I), Verbal Direction (V), Some Human Assistance (S), Much Human Assistan**

| | **In PCP (Yes/No)** | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) | Staff Initial | Provided (I,V,S,M,D) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Meal Preparation** | | | | | | | | | | | | | | | |
| **Shopping for Food and other necessities of daily living** | | | | | | | | | | | | | | | |
| **Money Management** | | | | | | | | | | | | | | | |
| **intervention)** | | | | | | | | | | | | | | | |
| **Socialization and relationship building** | | | | | | | | | | | | | | | |
| **Transportation (to/from community activities excluding medical appointments)** | | | | | | | | | | | | | | | |
| **Participation in regular community activities and recreation opportunities (e.g. attending classes, movies, concerts and events in a park; volunteering; voting)** | | | | | | | | | | | | | | | |
| **Attendance at medical appointments** | | | | | | | | | | | | | | | |
| **Acquiring or procuring goods, other than those listed under shopping, and non medical services** | | | | | | | | | | | | | | | |

**Date of Service:** _____ **Narrative Section:** *Include a narrative of services provided. Also, note if you had any problems implementing the plan or if there were any concern*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

**Narrative Section:** *Did you have any problems implementing the plan? Was there any concerns or problems noted?*

***Staff Signature:*** _____ ***Date:*** _____

Exhibit F

# CLS Net Service Analysis Map

**Consumer:** _____ **Case #:** _____ **Initial** ☐ **Update** ☐

**Staff Name:** _____ **Date:** _____

This form is used for tracking and determining the amount of various services a consumer receives. In each of the boxes below enter the code indicating the service/activity occurring at that day and time. Total in boxes at bottom of page. **Note: Map for all consumers in same residence who receive CLS.**

**C** – CLS Services; **H** – HOME HELP/Chore Services; **R** – Respite; **S** – School; **F** – Family only; (if child); **X** – Parent out of home

| | Sun | Mon | Tues | Wed | Thurs | Fri | Sat |
|---|---|---|---|---|---|---|---|
| **12:00 a.m.** | | | | | | | |
| **1:00 a.m.** | | | | | | | |
| **2:00 a.m.** | | | | | | | |
| **3:00 a.m.** | | | | | | | |
| **4:00 a.m.** | | | | | | | |
| **5:00 a.m.** | | | | | | | |
| **6:00 a.m.** | | | | | | | |
| **7:00 a.m.** | | | | | | | |
| **8:00 a.m.** | | | | | | | |
| **9:00 a.m.** | | | | | | | |
| **10:00 a.m.** | | | | | | | |
| **11:00 a.m.** | | | | | | | |
| **12:00 p.m.** | | | | | | | |
| **1:00 p.m.** | | | | | | | |
| **2:00 p.m.** | | | | | | | |
| **3:00 p.m.** | | | | | | | |
| **4:00 p.m.** | | | | | | | |
| **5:00 p.m.** | | | | | | | |
| **6:00 p.m.** | | | | | | | |
| **7:00 p.m.** | | | | | | | |
| **8:00 p.m.** | | | | | | | |
| **9:00 p.m.** | | | | | | | |
| **10:00 p.m.** | | | | | | | |
| **11:00 p.m.** | | | | | | | |

| **Hours for each service** | **C** – CLS Services | | **H** – Home Help Services | |
|---|---|---|---|---|
| | **R** – Respite | | **S** – School | |
| | **F** – Family only | | **X** – Parent out of home | |

| # of occupants residing in home | # of consumers with Home Help/Chore Services | # of consumers receiving CLS Services |
|---|---|---|
| | | |

Revised date: 08/09/2011

Exhibit G

# Cleaning Schedule

**Daily:**

____Do dishes
____Clean and disinfect sinks/faucet
____Empty trash
____Wipe down stove and countertops
____Wipe down stove hood
____Pick up clutter
____Wipe bathroom sink and mirror
____Make bed
____Vacuum/sweep as needed
____Laundry as needed
____Dryer lint trap cleaned after each load

**Monday:**

KITCHEN/DINING ROOM
____Sweep/mop
____Wipe baseboards
____Spot clean walls/cabinets/doors
____Wipe light switches
____Clean out refrigerator
____Tidy cabinets
____Clean microwave
____Dust blinds
____Check for and remove cobwebs
____Wash window and window sills

**Tuesday:**

LIVING ROOM/HALLWAY
____Sweep/mop /vacuum
____Spot clean walls and doors
____Dust
____Vacuum furniture
____Wipe baseboards
____Tidy TV area and knickknacks
____Wash windows and window sills
____Wipe light switches

**Wednesday:**

BEDROOM
____Sweep/mop/vacuum
____Wipe baseboards
____Spot clean walls and doors
____Wipe baseboards
____Tidy drawers
____Tidy closet
____Wash bedding
____Dust furniture
____Wipe light switches

**Thursday:**

BATHROOM
____Clean and sanitize tub, toilet, sink
____Clean window
____Spot clean walls/doors
____Wipe down baseboards
____Sweep/mop
____Empty trash
____Tidy cabinets
____Wipe mirror
____Wipe light switches

**Friday:**

LAUNDRY ROOM
____Wipe down washer and dryer
____Sweep/mop
____Dust behind washer and dryer
____Wipe out laundry basket/hamper

**Every Month:**

____Wipe and disinfect wastebaskets
____Wipe and disinfect doorknobs
____Wipe and dust ceiling fans
____Clean stove burners
____Test smoke detectors

**Every 6 to 12 months:**

____Launder curtains or vacuum draperies
____Clean oven
____Wipe down lamp shades
____Spot clean upholstery
____Launder pillows
____Empty cabinets, clean shelves and throw away expired items
____Wash and dry stove hood filter
____Clean out trash cans/recycle bins

**Every Year**

____Clean out vents (laundry, air, stove, furnace, air conditioner)
____Wash all windows
____Clean carpets
____Clean out closet and throw away/give away items not being used
____Change furnace filter
____Change batteries in smoke detector
____Professionally clean drapes if possible

11/2014

Exhibit H

## Staying Safe in Your Home

Use this checklist as a guide to increase your personal safety in your home, apartment or condo. Talk with your case manager or supports coordinator about areas in which you want to increase your safety.

| | |
|---|---|
| | I am familiar with my neighborhood during day and night. I recognize what is normal for my neighborhood during day time and at night. |
| | I am familiar with what businesses are accessible in my neighborhood. |
| | I know how late businesses in my neighborhood are open. |
| | I have talked with the police about the crime rate and type of crime in my neighborhood. |
| | When walking outside at night, I stay in well-lit areas and high traffic areas. |
| | I have introduced myself to at least three neighbors. I understand that they do not have to become my best friends. |
| | I have familiarized at least three neighbors with my daily habits and I have become familiar with theirs. |
| | I have an agreement with at least three neighbors to alert each other to potential threats. |
| | I have identified one or two neighbors who can help me in an emergency and I will be available to help them in an emergency. |
| | (If renting) I have asked my landlord if the locks were changed when I moved in. If they were not changed, I will ask that the locks be changed. |
| | I know how many copies of my door keys have been made and I know who is in possession of the keys. |
| | I never hide my door keys outside my house, apartment or condo. |
| | I always keep doors and windows locked when not actively in use. |
| | I always lock my door behind me and take my key whenever I go outside. I understand that someone could enter my home while I am in the backyard enjoying nice weather or visiting with a neighbor for a few minutes. I understand that many break-ins are actually walk-ins due to doors being unlocked. |
| | I keep my screen door locked when I am allowing fresh air in my home. |
| | I have asked someone to help me inspect areas of my home vulnerable to criminal activity. |
| | The key locks on my doors cannot be easily forced open. |
| | Door and window frames are in good condition and not rotting. |
| | Door hinges are located in the inside of the door. |
| | Doors have either a 1 inch throw bolt or a heavy duty drop bolt lock. |
| | Sliding/Patio doors are kept locked and I have considered using a wood plank in the door track. |
| | Shrubs and hedges close to my home are not overgrown and do not provide hiding places. |
| | My house number is easily visible from the street. |
| | There is a working light outside at my front door/on my porch. |
| | There is a peep hole on my front door and I use it. |
| | I cut up boxes from new appliances and electronics before taking them to the curb or placing in the recycle bin to remove signs of new and expensive items in the home. |
| | I have considered creating a safe room in my home where I can hide until help arrives. I have identified a room with a secondary exit, and I will keep a flashlight, and a telephone programed with 911 and one of my neighbor contacts. |
| | If my home has a basement, I will ask that grilles or bars be secured over the windows. If grilles or bars cannot be secured over the windows I will check them periodically to make sure they are locked and in good condition. |

02/2015

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Adult Services Authorized Payments (ASAP)</td><td>Chapter: 03.02 - Integrated Service System</td><td>Subject No: 03.02.07.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/20</td><td>Date of Review/Revision:<br>6/18/21, 5/9/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Aisleen Morr<br><br>Additional Reviewers:<br>Residential Watch Committee, Mary Baukus, Linda Gnatkowski</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To provide guidance to case holders regarding the qualifications for Adult Services Authorized Payments (ASAP).

**Application:**
All Case holders with individuals residing in a general Adult Foster Care (AFC) home and receiving ASAP payments. This includes board operated and contracted network provider case holders.

**Policy:**
It is the policy of SCCMHA for all case holders to complete ASAP authorizations for any qualifying individuals living in a general AFC home.

**Standards:**
It is SCCMHA's responsibility to assure all consumers are given options for residential placement and that consideration should be given to the least restrictive setting. The goal is to keep persons in their own living arrangement (i.e., apartment or home) as the least restrictive setting, however, some consumers may need additional care and supervision and require a general (AFC) living arrangement.

Funding for ASAP payments is provided through the State of Michigan Medicaid funds. Therefore, an individual cannot receive a specialized contract residential and ASAP at the same time. Billable services for ASAP payments include eating/feeding, toileting, bathing, grooming, dressing, transferring, ambulation, and assistance with administering medication. In order for a recipient to receive these funds, they must have active Medicaid. A recipient must have an eligible Payment Assistance and Medical Assistance code (e.g., A, B, D, E, M, J, O, I, Q, R, or P.). Codes C, L, N, or G are not eligible for the program. These codes can be found by utilizing the Medicaid lookup in Sentri II.

Providers of non-specialized/contract residential services must be licensed and meet minimum requirements of the Family Independence Agency, Licensing and Regulatory Affairs (LARA), and Department of Health and Human Services. Personal Care Services are only covered when ordered by a physician or Medicaid designated case manager/case holder based upon face-to-face contact with the consumer, and in accordance with the individual plan of service (IPOS) and written on an order for Personal Care (3803). This form is called the DCH-3803, otherwise known as the Data Sheet and Prescription for Personal Care.

ASAP may not be requested or paid to the provider for services rendered to any consumer during the same time period the residential provider is receiving reimbursement from SCCMHA under a contractual agreement for specialized residential services. Social Security Income (SSI) or other funds received by the provider for provision of room and board to a consumer will be reimbursed to the consumer if the consumer is discharged or leaves the AFC home for any reason before the end of the month for which the room and board was paid. The amount reimbursed to the consumer by the provider will be pro-rated by day.

Case Holders will assess the consumers' needs prior to placement in a general AFC home.

Consumers qualify for ASAP support in a general AFC. However, they must be Medicaid eligible, have a valid DCH-3803, and be monitored by a SCCMHA case holder or a case holder from a SCCMHA network provider.

Under this funding, all of the same requirements pertain as with Adult Foster Care (AFC), but the consumer may need some additional assistance with bathing, dressing, or other areas that requires more assistance than just reminders to the consumer.

Under the AFC level of care the provider may ask for Model Payments or ASAP for a consumer.

This type of funding is a set amount per month. The amount is set by the State of Michigan and paid by the State of Michigan.

The case holder must complete a monthly visit to the facility to assure staff/general AFC home provider are providing the additional care needed and outlined on the Michigan Department of Health and Human Services (MDHHS) form DCH-3803. In order to qualify

for ASAP payments a consumer's needs should include hands on assistance, guiding, directing, or prompting in at least one of the following: Eating/feeding, toileting, bathing, grooming, dressing, transferring, ambulation, and assistance with administered medication.

The case manager MUST initial the paperwork as proof of review and that the provider is giving the care that was prescribed by the case holder. Usually, the Case holder will initial above the date they visit. The Case holder must initial minimally the consumer Personal Care Log form.

ASAP payments are subject to audit by Michigan Department of Health and Human Services. If providers are not following the care noted by the case holder, the provider may be subject to returning payments. The case holder's initials are confirmation that the services were actually provided as ordered by the case holder.

The case holder may also need to initial the medication sheets and the consumer resident funds if the consumer needs assistance in either or both of these areas. The case holder may need to arrange to have the resident fund sheets at the home at least quarterly to review if the resident fund sheets are not kept on site.

The provider has to submit monthly billing to the State of Michigan to receive payment for services rendered. The provider can bill electronically or by telephone.

Questions about this process can be directed to SCCMHA's Care Management Department.

**Definitions:**

**ASAP Payments:** Adult Services Authorization Payments are payments paid to AFC provider for qualifying personal care services by providing hands-on assistance, guiding, directing, or prompting in at least one of the following activities: Eating/feeding, toileting, bathing, grooming, dressing, transferring, ambulation, and assistance with self-administered medications.

**Case Holder:** The primary worker assigned to the consumer in the Sentri II system. This person can be a therapist, case manager, supports coordinator, wraparound facilitator, or home-based therapist.

**General AFC:** An adult foster care home, licensed by the state of Michigan. This setting provides 24-hour per day supervision in which staff supervise and protect vulnerable adults and is typically owned and operated by the staff that provide the supervision. General AFC rates include room and board, medication administration, and hands on assistance with Activities of Daily Living as needed. Staff do not need to be awake in this setting.

**References:**

MDHHS - Adult Services Authorized Payments (ASAP) (michigan.gov)

**Exhibits:**

Exhibit A - Adult Foster Care Home Requirements Summary Form State of Michigan Licensing Rules (for full rules, see Resident Rights for AFC Group Homes (michigan.gov).
Exhibit B - Consumer Checklist- Individual AFC Placement Checklist
Exhibit C – Summary of Resident Rights
Exhibit D – Personal Care in Non-Specialized Residential Settings Technical Requirements

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assesses residential needs of the consumer. | Case holder |
| Develops a plan of service which addresses the specific needs of the consumer, including amount, scope, and duration. The plan should also address each need identified in the licensed residential authorization, or DCH 3803. Keeping in mind the least restrictive setting. | Consumer, guardian, case holder, and others as identified by the consumer/guardian. |
| Completed the DCH-3803. | Case holder |
| Issues an authorization for ASAP that begins on the date of placement. | Case holder |
| Enters authorization into the state ASAP website once Care Management has approved the DCH-3803. | Case Holder |
| Visits consumer in the home once per month, at minimum, to ensure the home is providing the additional services authorized with the ASAP payment and initials the medication logs, provider log, consumer funds sheets, weight log, and reviews any incident reports. | Case Holder |
| Initials logs that they have been reviewed and the home is providing these services. | Case Holder |
| Will ensure AFC homes are performing the additional care in accordance with the consumer's needs. | Case Holder |

Exhibit A

# ADULT FOSTER CARE HOME REQUIREMENTS SUMMARY FROM STATE OF MICHIGAN LICENSING RULES

**This is a summary of the State of Michigan requirements that licensed AFC home providers are expected to meet.**

- Provide personal care, protection and housing and food for residents.
- Treat residents with respect, courtesy, dignity and fairness.
- Maintain all licensing requirements of the State of Michigan.
- Provide nutritious meals and post menus.
- Staff is trained and competent, including knowledge of persons to be served.
- Meet physical, emotional and intellectual needs of each resident.
- Able to handle emergency situations appropriately.
- Assure welfare of the residents, including safety, privacy and protection from moral, social and financial exploitation.
- Sufficient staffing to meet the needs of residents.
- Maintain appropriate and current home and resident records.
- Maintain records of resident funds and valuables.
- Maintain home policies, including admission and discharge.
- Provide house rules to residents.
- Promote resident interactions that encourage cooperation, self-esteem, self-direction, independence and normalization.
- Provide opportunities for positive social skill development, contact with relatives and friends, community-based recreational activities, privacy and leisure time and religious education/attendance of choice.
- Provide personal care and community living skill development as specified in each person's written plan.
- Explain rights to each resident.
- Provide behavioral interventions that are positive and relevant with unacceptable behavior addressed in written plans.
- Protect residents from mistreatment, restraint, punishment, confinement, mental or emotional cruelty or withholding of food, water, clothing, rest or toilet.
- Pay attention to resident health care needs, including medication and special diets.
- Report to resident representatives/responsible agencies of serious situations or events.
- Reasonable provision for varied leisure/recreational equipment/activities.
- Safe and healthy facility environment, including temperature, space and egress.

Exhibit B

# Consumer CHECKLIST

## INDIVIDUAL AFC PLACEMENT CHECKLIST

Home Name:_____

Visit Date: _____

SCCMHA suggests that you obtain a copy of the house rules for any general AFC home and a copy of the rental agreement from the provider and consider the list of state requirements included in this directory when you consider your choices in selecting an adult foster care provider. Below is a list of questions for potential residents/consumers and/or their family members to ask or find out about when visiting potential living situations. You may want to rate how important each item is to you. Not all items on the list are a top priority to everyone. In order to make the right decision, you or your family member may wish to identify the five most important items to you in considering a home setting. This may help to narrow your choices. Extra forms are available at the SCCMHA customer services office.

### FOOD

- ❑ I like to have fresh fruits and vegetables available to me.
- ❑ I like to be able to help prepare meals and have access to the kitchen when I want.
- ❑ I like to be able to cook meals.
- ❑ I like to be able to have choices in the meals I eat each day.
- ❑ I like to be able to have certain foods to eat: ethnic, religious or just favorite foods.

### COMMUNITY ACTIVITIES

- ❑ I like to go shopping for personal things and would like to continue this activity. (How often?)
- ❑ If the provider is not able to take me to activities; I would like to have access to bus transportation.
- ❑ How close is the bus stop?
- ❑ What locations does the bus route take from the bus stop closest to the home?
- ❑ I prefer to go on low-cost activities.
- ❑ I prefer to go to the movies.
- ❑ I like to go to the library.
- ❑ The cost of transportation may be extra.
- ❑ I like to attend church services each week.
- ❑ I like to go out to get my hair done.
- ❑ I like to have a say in the types of activities I participate in.
- ❑ I like to participate in activities in the community each week.

### GENERAL ITEMS

- ❑ I prefer to live with other males only.
- ❑ I prefer to live with only other females.
- ❑ I like to live in the same house with both males and females.
- ❑ I use a wheelchair to get around and need a ramp.

- ❑ I have ambulation problems that cause me not to be able to use stairs.
- ❑ I have a breathing machine that will require extra care and electricity to use.
- ❑ I have special medical needs that will require extra care by the provider/caregivers.
- ❑ I like to have the owner or provider of the home live in the same home I will be moving into.
- ❑ I prefer to smoke indoors.
- ❑ I like to be able to smoke when I want. I do not like to be limited in the number of cigarettes or the times I may be able to have a cigarette.
- ❑ I prefer to have access to staff in the middle of the night if needed.
- ❑ I need to have awake staff at night due to my medical condition.
- ❑ I like to be able to go to bed when I want.
- ❑ I want to have a say in the time I wake up.
- ❑ I want to have a say in the time I come in at night from visiting my friends/family.
- ❑ I like to be able to participate in household chores, laundry, dishes, etc.
- ❑ I prefer to have my own room (there may be an extra cost for a private room).
- ❑ I like to know there are staff available during the day if I need help.
- ❑ I would like to be able to bring my pet with me to my new living arrangement.
- ❑ I like to be able to plug in several electronic pieces of equipment (more than five).
- ❑ I like to have family and friends come to see me at my house.
- ❑ I like to visit with family and friends privately where there are not interruptions and others cannot hear the conversations.
- ❑ I prefer to do my own laundry.
- ❑ I like to have my clothes laundered at least weekly.
- ❑ I like to be able to come and go from the home as I please.

Comments: _____

Exhibit C

## SUMMARY OF RESIDENT RIGHTS: DISCHARGE AND COMPLAINTS

If you live in an Adult Foster Care home or Home for the Aged, you have certain rights as a resident of the home. These rights are protected under state licensing laws. Some of these rights help protect you against being wrongfully discharged from your home. This document provides an overview of some of your rights as a resident of an Adult Foster Care home or Home for the Aged. For this document, a
licensee is another name for the property owner.

**Disclaimer:** You may have additional rights as a resident of a licensed setting. Your full rights are outlined in the state licensing rules, which can be reviewed at http://www.michigan.gov/lara >> Community and Health Systems >> Covered Providers >> Adult Foster Care >> Licensing Rules and Statutes.

### WRITTEN AGREEMENT

The licensee must sign a written agreement with you, which must include:

- A list of services that you will receive in the home
- A description of your rights and responsibilities as a resident
- A description of the process for being admitted and discharged from the home
- A description of the fees that you must pay as a resident of the home

The licensee must provide you with copies of the written agreement, and the "Admission and Discharge Policy" for the home.

### DISCHARGE AND COMPLAINT PROCESS

The licensee can only discharge you from the home for certain reasons. The licensee must follow a specific process to discharge you. If you believe that the licensee wrongfully discharged you from the home, you may contact the Department of Licensing and Regulatory Affairs to file a complaint. The Department may be able to help you return to your home. The discharge and complaint process is outlined on Page 2.

### SIGNATURE

If the licensee provided you with a copy of this document, please sign below:

Name: _____ Signature: _____ Date: _____
Parent/Guardian: _____ _____ Signature: _____ Date: _____

Exhibit D

Last revision date: November 10, 2021

# PERSONAL CARE IN NON-SPECIALIZED RESIDENTIAL SETTINGS TECHNICAL REQUIREMENT

## I. SUMMARY

This guideline establishes operational policy and program and clinical documentation requirements for issuing payments through the Adult Services Automated Payment (ASAP) program (formerly Model Payment Program) for Medicaid beneficiaries under the following circumstances:

- are 18 years of age or older;
- currently receiving services through a Responsible Mental Health Agency (RMHA); and
- need personal care services when placed in a non-specialized residential foster care setting.

## II. APPLICATION

A. Prepaid Inpatient Health Plans (PIHPs) as specified in their contracts with the Michigan Department of Health and Human Services (MDHHS).

## III. POLICY

Upon placement of an individual into a non-specialized residential foster care setting, the RMHA delegated by the PIHPs or through one of its contracted providers shall ensure that any need for personal care services is identified in their Individual Plan of Service (IPOS) in keeping with Medicaid (MA) standards. In addition, the RMHA shall take the required action(s) to further ensure that payment(s) for personal care services are issued, and all payment problems are resolved.

## IV. DEFINITIONS

**Client Services Management:** a related set of activities which link the recipient to the public mental health system and which staff coordinate to achieve a successful outcome.

**Family Member:** means a parent, stepparent, spouse, sibling, child, or grandparent of a primary consumer, or an individual upon whom a primary consumer is dependent for at least 50% of his/her financial support.

**Individual Plan of Service (IPOS):** a written plan which identifies mental health services as defined in MHC 330.1712 amended in 1996.

**Medicaid (MA) Designated Case Manager/Supports Coordinator:** case manager or supports coordinator must be either a qualified intellectual disability professional (QIDP) as defined in 42 CFR 483.430, or a qualified mental health professional (QMHP) as defined in Michigan's Medicaid Provider Manual.

**Non-Specialized Residential Foster Care Setting:** a licensed dependent living arrangement which provides room, board, and supervision but does not provide in-home specialized mental health services.

**Personal Care Services:** services provided in accordance with an IPOS that assist a recipient by hands-on assistance, guiding, directing, or prompting of Activities of Daily Living (ADL) in at least one of the following activities:

A. EATING/FEEDING: Helping with the use of utensils, cup/glass, getting food/drink to mouth, cutting up/manipulating food on plate, swallowing foods and liquids, cleaning face and hands after a meal.
B. TOILETING: helping on/off the toilet, commode, or bedpan; emptying commode, bed pan, or urinal; managing clothing; wiping and cleaning body after toileting; cleaning ostomy and/or catheter tubes/receptacles; and applying diapers and disposable pads. May also include catheter, ostomy, or bowel programs.
C. BATHING: helping with cleaning the body or parts of the body using a tub, shower, or sponge bath; including getting a basin of water, managing faucets, soaping, rinsing, and drying; helping shampoo hair.
D. GROOMING: Maintaining personal hygiene and a neat appearance, including the combing/brushing of hair; brushing/cleaning teeth; shaving; fingernail; and toenail care.
E. DRESSING: Putting on and taking off garments; fastening and unfastening garments/undergarments; assisting with special devices such as back or leg braces, elastic stockings/garments, and artificial limbs or splints.
F. TRANSFERRING: Moving from one sitting or lying position to another; assistance from the bed or wheelchair to the sofa; coming to a standing position; and/or repositioning to prevent skin breakdown.
G. MOBILITY/AMBULATION: Walking or moving around inside the living area; changing locations in a room; assistance with stairs; maneuvering around pets or obstacles including uneven floors.
H. TAKING MEDICATIONS: Taking prescribed and/or over the counter medications.

## V. STANDARDS

A. Recipient must be Medicaid active during effective dates of service.

B. Providers of non-specialized residential services must be licensed and meet minimum requirements of the MDHHS as defined and contained therein, Act 218, Public Acts of 1979, as amended, for non-specialized residential settings such as: homes for the aged, adult foster care family home, adult foster care small group home, adult foster care large group home, adult foster care congregate facility, foster family home, foster family group home, and child caring institutions.

C. Personal care services are covered when authorized by the MA designated case manager/supports coordinator based upon face-to-face contact with recipient, and in accordance an IPOS and rendered by a qualified person who is not a member of the individual's family.

D. Supervision of personal care services is required and is provided by the MA designated case manager/supports coordinator who authorized the services. Supervision of personal care services occurs during monthly or quarterly face-to-face visits completed by the MA designated case manager/supports coordinator:

1. Authorization of covered personal care services occurs when the MA designated case manager/supports coordinator has amended the IPOS to indicate the date these services started and what the individual's need for personal care is. The MA designated case manager/supports coordinator will complete the authorization in the ASAP and enter the service start date in the Case Mgr./RN Cert Date section of the ASAP authorization which will trigger the payments to providers.

2. A review of personal care services must occur within a calendar year of the authorization for personal care services based upon a face-to-face contact with recipient to review if the need for personal care is still required. The MA designated case manager/supports coordinator will complete the review and update the IPOS accordingly, in addition to completing a new authorization in the ASAP.

3. It is important that the ASAP authorizations are kept current. If an individual moves out of the AFC, changes providers, ends services with the RMHA, or there is a break in services such as a hospitalization, the MA designated case manager/supports coordinator needs to end the authorization in the ASAP on the effective date.

4. If the individual ends RMHA services, the MA designated case manager/supports coordinator will notify the MDHHS Adult Services Worker (ASW) and coordinate with the AFC provider to transfer the case over to the MDHHS ASW.

5. Retroactive payment requests/authorizations cannot span beyond 365 days of the current date.

6. Temporary Absence Other Than Hospital or nursing home are permissible up to 104 days a year and are permissible without impacting authorizations or payments in situations where the individual is visiting family, away on weekends, or on vacations. Providers will need to record the dates of absences in the facility resident record. The MA designated case manager/supports coordinator will monitor this during face-to-face visits. The MA designated case manager/supports must be made aware

of any absence greater than 8 days a month and the reason for the absences.

7. Recoupment for overpayments needs to occur when a provider is paid for days when an individual is no longer residing in their home or for absences related to hospitalization or nursing home placement. When this occurs, the MA designated case manager/supports coordinator will need to write a Recoupment Letter for Title XIX Payments and include the following:

    - The letter should always be completed on RMHA letterhead.
    - Fax a copy of the completed and signed letter to MDHHS-Overpayments and Collections Unit-ASAP at 517-346-9890.
    - Mail two copies of the letter to the AFC provider.
    - Overpayments that have not been cashed are not considered overpayments, not recoupments. These warrants can be returned to the Department of Treasury:

      Department of Treasury
      Office of Financial Services
      P.O. Box 30788
      Lansing, MI 48909
    - Keep a copy of the letter for the individual's record.
    - One letter is needed for each individual.

E. Provider of service must maintain a service log that documents specific days on which personal care services were delivered consistent with the recipient's IPOS.

F. Compliance with the Personal Care/Adult Services Automated Payment standards of MDHHS, which includes the following:

1. All RMHAs have at least one employee in the role of the lead CMH Liaison in the ASAP. A back-up CMH Liaison is encouraged for each RMHA.
2. CMH Worker roles are assigned to the MA designated case manager/supports coordinator who will be responsible to complete authorizations in the ASAP. CMH Liaisons can also complete the ASAP payment authorizations.
3. CMH Liaisons will approve/deny access of CMH Workers requests in the ASAP and oversee CMH Worker roles in the ASAP.
4. CMH Liaison approval/denial is completed at the State level so open communication with MDHHS and CMH Liaisons is important and critical to the approval/denial of CMH Liaisons.

G. Provider Process:
1. AFC or HFA providers who wish to receive the MA personal care supplement payment must first be licensed with the Michigan

Department of Licensing and Regulatory Affairs (MDLARA), enrolled in the Statewide Integrated Governmental Management Applications system (SIGMA), and enrolled in Bridges.

2. The DHS-2351-X is an internal form and must be completed by an MDHHS worker or approved RMHA. Please make sure to use the most current DHS-2351-X version.
3. For issues related to provider enrollment, please email ProviderSupport@michigan.gov for assistance.

## VI. REFERENCES AND LEGAL AUTHORITY

A. Social Security Act, Section 1905(a) (17).
B. 42 CFR 440.170 and 42 CFR 483.430.
C. MHC 330.1712 Individualized Written Plan of Services (amended 1996), MHC 330.1100a Definitions; a to e (amended 2019), MHC 330.1100b Definitions; f to n (to be amended on 03/24/21) and MHC 330.1100c Definitions; p to r (to be amended on 03/24/21)
D. Michigan's Medicaid state provisions for Title XIX of the Social Security Act
E. Michigan Department of Health & Human Services, Adult Services Manual (ASM) Policies; ASM 004, ASM 010, ASM 030, ASM 045, ASM 065, ASM 075 and ASM 121.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Moving Consumer into Independent Housing | **Chapter**: 03.02 - Integrated Services System | **Subject No**: 03.02.07.06 |
| **Effective Date**:<br>5/1/20 | **Date of Review/Revision**:<br>4/5/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Aisleen Morr<br><br>**Additional Reviewers**:<br>Residential Watch Committee, Mary Baukus |

**Purpose:**
To provide guidance to case holders when moving individuals from supervised living such as family home, Adult Foster Care, Community Living Supports Per Diem to independent living.

**Application:**
The Network of SCCMHA Providers including Board Operated and Contracted Network Providers.

**Policy:**
SCCMHA providers of service are in a position, on a regular basis, to assist consumers/guardians with decisions about the most appropriate residential option for the consumer. Though there are many options available, those decisions should be based on some guiding principles.

The guiding principles for helping a consumer/guardian make decisions about the most appropriate residential option should include:

The residential option chosen should be based upon the consumer's choice.

It should be the least restrictive setting to meet the consumer's needs.

The consumer's health and safety needs must be able to be met within the residential option chosen.

It should allow the consumer to be integrated into his/her home community when at all possible.

The setting must be safe and habitable.

The setting chosen must afford the consumer a rich quality of life.

The opportunity to use a fiscal intermediary in order to guide over a directed budget, using the principals of self-determination. (See SCCMHA policy 02.03.04 Self Determination)

**Standards:**
It is SCCMHA policy that consumers are placed in the least restrictive environment possible. A case holder should complete an independent living checklist with a consumer moving into a less restrictive setting to assess consumer needs and to assure consumer success in independent living. A case holder should also put appropriate supports in place as needed.

Once staff have assessed consumer needs, staff will need to collaborate with the consumer and consumer allies to assist consumer with areas where they may need assistance in order to make the independent living situation a success.

One option for independent living with some additional assistance, is Chore Provider services (also known as Adult Home Help Services). Chore provider services can be applied for through the State of Michigan. Once approved, an individual can receive help with light household tasks, as well as assistance with Activities of Daily Living.

To be eligible for Chore Provider services, an individual must have active Medicaid, require physical assistance to perform at least one activity of daily living (eating or feeding, bathing, dressing, grooming, moving throughout the home, transferring from one position to another, and using the toilet). Transportation is not covered under chore provider assistance.

SCCMHA has several residential options for consumers. The least restrictive setting for any consumer is living independently without any supports. Other settings include Independent living with Community Living Supports (CLS) see policy 03.02.07.03 for more details about this setting. Consumers can also live in adult foster care settings where providers are required to provide 24-hour supervision. Policy 03.02.07 discusses the various options and requirements of each setting.

**Definitions:**
*Case Holder:* The primary worker assigned to the consumer in the Sentri 2 system. This person can be a therapist, case manager, supports coordinator, wraparound facilitator, or home-based therapist.

General Adult Foster Care (AFC): A home that provides 24/7 supervision to individuals needing assistance with care and supervision. Staff are able to sleep on third shift. These homes are not contracted with SCCMHA and are typically staffed by the AFC owners.

Community Living Supports Per Diem: An independent living situation, in which all the consumers in the setting may share CLS staff that assists with the things each individual need. In most cases the CLS Per Diem provider is also the landlord. The CLS Per Diem provider works closely with the case holder and consumers to ensure all community living needs are being met.

**References:**
SCCMHA Policy 03.02.07 Residential Services
SCCMHA Policy 03.02.07.03 Community Living Supports (CLS) Policy
SCCMHA Policy 03.02.32 Genoa Healthcare Company Medication Drop Program for Adults

**Exhibits:**
Exhibit A – Checklist for Moving Into Independent Housing

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Will assess and discuss consumer readiness and desire to live independently. | Case Holder and Consumer/Consumer Guardian |
| Will ensure each consumer is placed in the least restrictive environment that can meet the consumer individual needs. | Case Holder |
| Completes independent living checklist with consumer. | Case Holder |
| Discusses areas of need or gap areas and how these needs might be fulfilled by natural supports. | Case Holder and Consumer/Consumer Guardian |
| Completes home visits for monitoring monthly or as indicated to ensure safety of consumer and assess any new needs that might not have been considered during plan developing. | Case Holder |
| Assists with implementing appropriate supports such as Med Drop, or other services. | Case Holder |

| | |
|---|---|
| Encourages consumer to clean regularly so there are no health and safety concerns. | Case Holder |
| Completes assessment annually and evaluates consumers housing to assure current housing continues to meet consumer needs | Case Holder |
| If consumer allows, check refrigerator and pantry to assure adequate sustenance | Case Holder |

Exhibit A

Checklist for Moving into Independent Housing

- ☐ Complete Independent Living Checklist.
- ☐ Update IPOS to include the new living arrangement.
- ☐ Make sure to early terminate any authorizations for AFC housing.
- ☐ Complete DHHS Change form, to update living arrangement and address.
- ☐ Create a budget with the consumer to ensure the individual is able to pay rent.
- ☐ Assist consumer with transferring utilities into their name.
- ☐ Take consumer on a tour of the various available apartments and/or houses.
- ☐ Review Lease with consumer prior to signing to ensure the lease does not infringe on their rights as tenants.
- ☐ Assist consumer with determining if housing is on a bus route. If so, assist them with applying for half off bus fare so they can attend their appointments.
- ☐ If consumer is not able to manage medications, assist consumer in applying for the med drop program.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Adult Foster Care Maintenance of Physical Plant | **Chapter**: 03.02 - Integrated Service System | **Subject No**: 03.02.07.07 |
| **Effective Date**:<br>5/1/20 | **Date of Review/Revision**:<br>5/27/21, 4/5/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Aisleen Morr & Jennifer Keilitz<br><br>**Additional Reviewers**:<br>Residential Watch Committee, Matt Briggs, Mary Baukus |

**Purpose:**
To provide guidance to specialized/contracted Adult Foster Care (AFC) homes regarding the safety and maintenance of the inside and outside of the home.

**Application:**
All SCCMHA contracted specialized AFC homes.

**Policy:**
It is the policy of SCCMHA for all homes to maintain the dwelling where consumers reside safely and sanitarily. All homes should be free from hazards, clean, neat and safe for all persons who reside in the homes. The outside of the home should fit in with the neighborhoods.

**Standards:**
Specialized/contracted AFC homes will maintain the physical plant in accordance with SCCMHA guidelines. Homes are expected to perform maintenance on a quarterly, monthly, and weekly basis. Please see exhibits for expectations on maintenance.

At no time should the physical plant be a danger to persons living within due to lack of upkeep. Home staff should encourage consumers to keep their personal areas clean and uncluttered.

The homes will be cleaned regularly, to maintain a high standard of cleanliness and sanitation.
All home managers and providers will ensure the upkeep of the residential facility both inside and including the outside appearance of the facility.

Providers, staff, and home managers should complete a walk-through of the facility daily to assure there are no safety hazards. Staff in the home should notify the supervisor of any maintenance that could be a potential safety hazard.

Case holders should complete a walk-through of the main living areas of the home and also observe the outside of the facility for any potential safety concerns and watch for cleanliness and sanitation of the facility. Any concerns should be reported to the persons in charge and if necessary provider. Any safety hazards should be addressed immediately.

Case holders should check for proper storage of equipment and food.

Case holders should also check consumer bedrooms for safety concerns or trip hazards. Please ask permission from consumers prior to entry especially those that share a bedroom.

**Definitions:**
**Case Holder:** An individual providing coordinating, advocacy, and linking services to consumers enrolled in SCCMHA programs. Case holders ensure that consumers receive appropriate services and have a safe and appropriate living environment.

**Specialized Residential Settings:**
Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the State to provide specialized residential services serving persons with a Mental Illness and/or developmental disabilities. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services.

There are two types of Specialized/Contracted Residential Settings:
One type is adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from community mental health and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. Staff working in the home are required to have completed specialized group home training. The contract rate paid for each consumer is designated within the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The home is expected to follow the treatment plan developed through the person-centered planning process. The provider usually owns these homes. If the home is receiving Medicaid funds/ is paid for specialized residential for any of the consumers in the home by SCCMHA, they must have 24/7 staff that are awake at all times.

The second type are homes in which SCCMHA contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted amount of full-time equivalent staff or full time employee's (FTE's) being utilized to meet the needs of consumers. These homes must provide 24-hour awake supervision in order for SCCMHA to pay utilizing Medicaid dollars to the home. Staff working in the home are required to have completed specialized group home training. The home is expected to follow the consumer specific treatment plan developed through the person-centered planning process.

Beyond the above distinctions, SCCMHA may hold contracts with providers to provide services in a home owned by the provider or in a home where SCCMHA owns the home and the provider is responsible for the care of consumers including hiring staff and general maintenance of the home.

**References:**
SCCMHA Policy 03.02.07 Residential Services
SCCMHA Procedure 09.04.01.04 Quality of Life Visits

**Exhibits:**
Exhibit A – Sample Physical Plant Inspection Checklist
Exhibit B - Winterizing Your Home
Exhibit C - Spring Maintenance Tips
Exhibit D - Quarterly Preventative Maintenance Checklist
Exhibit E - Inspection Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Encourage Consumers to maintain their own living quarters. | Home Manager and Case Holder |
| During routine monitoring, observes the AFC home for any safety hazards both inside and out. Assures consumer bedroom is maintained and free of hazards. | Case Holder and other team members |
| Encourage consumers to participate in household tasks. | Home Manager and/or home staff |
| Ensure cleaning schedule is documented daily. | Home Manager and/or home staff |
| Inspects the home's physical plant structure and appearance on a quarterly basis. | Home Provider |

| | |
|---|---|
| Requests any client specific needs such as environmental modifications or physical plant repair. This should be signed off on by the provider and given to the case holder for the client | Home Manager, Case Holder, other Team Members |
| Responsible for all routine maintenance repairs as well as any cost/repair/damage to the physical structure and contents of their home and surroundings caused by negligence on the part of its employees. | Home Provider |

Exhibit A

**PHYSICAL PLANT INSPECTION**
**RESIDENTIAL FACILITY**

**Address:** _____

_____

_____

**Phone Number:** _____

**Provider Name:** _____

**Home Manager:** _____

**Population Profile:** _____

**# Persons requiring ambulatory assistance:** _____

**Inspector Signature:** _____

**Inspection Date:** _____

**Inspection Time:** _____

**S= Satisfactory**
**NS= Not Satisfactory**
**Shaded= Not Applicable**

**Form Updated-11/9/2004**

| Area/Item | Exterior S | Exterior NS | Est. Cost | Comments |
|---|---|---|---|---|
| Lawn | | | | |
| Shrubs/Trees | | | | |
| Driveway/Parking Pads | | | | |
| Sidewalk/Exit Pads | | | | |
| Doors/Frames | | | | |
| Garage Door/Frame | | | | |
| Screens | | | | |
| Windows/Frames | | | | |
| N.O. Posts | | | | |
| Lighting | | | | |
| Downspout, etc. | | | | |
| A/C & pad | | | | |
| Siding/Brick | | | | |
| Roof | | | | |
| Dryer Vent | | | | |
| Window Wells | | | | |
| Septic/Date Pumped | | | | |
| Well (Submersible?) | | | | |
| | | | | |

**S= Satisfactory** **NS= Not Satisfactory** **Shaded= Usually Not Applicable**

| Area/Item | Garage | | Laundry Room | | Office | | Kitchen | | Dining Rm/Area | | | | Est. Cost | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S | NS | S | NS | S | NS | S | NS | S | NS | S | NS | | |
| Walls/Ceiling | | | | | | | | | | | | | | |
| Flooring | | | | | | | | | | | | | | |
| Doors/Frames | | | | | | | | | | | | | | |
| Ceiling Hatch | | | | | | | | | | | | | | |
| Closet Doors/Frames | | | | | | | | | | | | | | |
| Garage Door Opener | | | | | | | | | | | | | | |
| Windows/Frames | | | | | | | | | | | | | | |
| Cabinets | | | | | | | | | | | | | | |
| Heat Register | | | | | | | | | | | | | | |
| Lighting | | | | | | | | | | | | | | |
| Countertops | | | | | | | | | | | | | | |
| Sink/Fixtures | | | | | | | | | | | | | | |
| Woodwork/Trim | | | | | | | | | | | | | | |
| Sprinkler Heads | | | | | | | | | | | | | | |
| Fan | | | | | | | | | | | | | | |
| Vanity | | | | | | | | | | | | | | |
| Dryer Vent | | | | | | | | | | | | | | |
| Stove/Range Hood | | | | | | | | | | | | | | |
| Dishwasher | | | | | | | | | | | | | | |
| Garbage Disposal | | | | | | | | | | | | | | |

S= Satisfactory NS= Not Satisfactory Shaded= Usually Not Applicable

| Area/Item | Foyer | | Living Room | | Family Room | | Hallway | | Shower/ Bathroom | | Tub/ Bathroom | | Est. Cost | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S | NS | S | NS | S | NS | S | NS | S | NS | S | NS | | |
| Walls/Ceiling | | | | | | | | | | | | | | |
| Flooring | | | | | | | | | | | | | | |
| Doors/Frames | | | | | | | | | | | | | | |
| Windows/Frames | | | | | | | | | | | | | | |
| Heat Registers | | | | | | | | | | | | | | |
| Lighting | | | | | | | | | | | | | | |
| Sink/Fixtures | | | | | | | | | | | | | | |
| Woodwork/Trim | | | | | | | | | | | | | | |
| Sprinkler Heads | | | | | | | | | | | | | | |
| Fan | | | | | | | | | | | | | | |
| Vanity | | | | | | | | | | | | | | |
| Shower Walls | | | | | | | | | | | | | | |
| Ceramic Tiles | | | | | | | | | | | | | | |
| Shower/Tub Fixtures | | | | | | | | | | | | | | |
| Mirrors | | | | | | | | | | | | | | |
| Grab Bars | | | | | | | | | | | | | | |
| Towel Bars | | | | | | | | | | | | | | |
| Stool | | | | | | | | | | | | | | |
| Toilet Paper Holder | | | | | | | | | | | | | | |
| Floor Drain | | | | | | | | | | | | | | |
| Tub/Whirlpool | | | | | | | | | | | | | | |
| Closet Door/Frame | | | | | | | | | | | | | | |

S= Satisfactory NS= Not Satisfactory Shaded= Usually Not Applicable

| Area/Item | Program/ Bedroom | | Bedroom | | Bedroom | | Bedroom | | Mechanical Rm/Basement | | | | Est. Cost | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S | NS | S | NS | S | NS | S | NS | S | NS | S | NS | | |
| Basement Stairwell | | | | | | | | | | | | | | |
| Walls/Ceiling | | | | | | | | | | | | | | |
| Flooring | | | | | | | | | | | | | | |
| Doors/Frames | | | | | | | | | | | | | | |
| Windows/Frames | | | | | | | | | | | | | | |
| Closet Doors/Frames | | | | | | | | | | | | | | |
| Heat Registers | | | | | | | | | | | | | | |
| Lighting | | | | | | | | | | | | | | |
| Woodwork/Trim | | | | | | | | | | | | | | |
| Sprinkler Heads | | | | | | | | | | | | | | |
| Heating System/Filter | | | | | | | | | | | | | | |
| Water Treatment System | | | | | | | | | | | | | | |
| Water Heater | | | | | | | | | | | | | | |
| Water Pump | | | | | | | | | | | | | | |
| Pressure Tank | | | | | | | | | | | | | | |
| Tempering Valve | | | | | | | | | | | | | | |
| Storage Tanks | | | | | | | | | | | | | | |
| Pressure Gauge | | | | | | | | | | | | | | |
| Floor Drain | | | | | | | | | | | | | | |
| Head/Wrench Box | | | | | | | | | | | | | | |
| Window Wells | | | | | | | | | | | | | | |
| Moisture/Humidity | | | | | | | | | | | | | | |

S= Satisfactory NS= Not Satisfactory Shaded= Usually Not Applicable

| Area/Item | | | | | | | | | | | | | Est. Cost | Comments |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | S | NS | S | NS | S | NS | S | NS | S | NS | S | NS | | |
| Other | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | |

S= Satisfactory NS= Not Satisfactory Shaded= Usually Not Applicable

Exhibit B

## Winterizing Your Home

**Inside Your Home**

- Have your furnace system serviced to ensure it is working efficiently and not emitting carbon monoxide.
- Clean permanent furnace filters and replace paper or disposable filters.
- Replace the batteries in smoke and carbon monoxide detectors.
- If you have a wood stove or fireplace, have your chimney swept thoroughly. It should be cleaned before the soot build up reaches one-fourth inch thickness inside the chimney flue.
- Check your hot water heater for leaks and maintain proper temperature setting (120 degrees recommended by Department of Energy). On older water heaters with less insulation, for every 10 degrees Fahrenheit you lower the temperature, you save 6 percent of your water heating energy.
- Check the attic to see if insulation needs to be added or replaced. This is the most significant area of heat loss in many homes, so it is also important to see that it has proper ventilation. Inadequate ventilation could lead to premature deterioration of the insulation materials. You may also need to check insulation in exterior walls, crawl spaces and along foundation walls.
- Check all windows and doors for air leaks. Install storm windows and putty, caulk or add weather stripping as needed.
- Check basement and cellars for seal cracks or leaks in walls and floor.
- Make sure all vents are clean and operating properly.
- Clean and vacuum baseboard heaters, heating ducts and vents.
- Remove or winterize air conditioning units.

**Outside Your Home**

- Store or cover outdoor furniture, toys and grill.
- Purchase rock salt for melting snow and a shovel or snow blower if you don't already have one. Make sure you have the right kind of gas and oil on hand for your snow blower in the case of an unexpected snowstorm.
- Caulk joints and minor cracks on exterior walls and siding.
- Look for deteriorating finishes. Minor problems can be patched to preserve the wood. Put bigger jobs, such as scraping and refinishing painted or stained areas, on the calendar for next spring or early summer.
- Drain and shut off sprinkler systems and other exterior water lines to avoid frozen and broken pipes. Leave all taps slightly open.
- Insulate exterior spigots and other pipes that are subject to freezing but can't be drained or shut off.
- Rake and compost leaves and garden debris, or put out for yard-waste pickup.
- Clean storm drains, gutters and other drain pipes.

- Check the foundation for proper drainage. To do this, spray yard with a hose to see if water runs away from the house. A little shoveling to reshape the earth next to the house may make the water run away from the foundation.
- Make sure dirt or piles of wood don't come into contact with or touch siding, inviting termites and carpenter ants into the house.
- Seal driveway and walkway cracks, if needed, before ground freezes regularly.
- Inspect the roof for loose, damaged or missing pieces.
- Check attic vent openings for nests or other blockages.

Information collected from: www.arcoinspectors.com

Exhibit C

## Spring Maintenance Tips

• Inspect your smoke detectors. Make sure that there is one on each floor of your home. Test them and change the batteries at least every six months, when you change your clocks.

• Check the light bulbs in all your fixtures to be sure that they are the correct wattage as recommended by the manufacturer.

• Replace lamps that use high-producing bulbs (such as halogen) with those that use fluorescent bulbs and operate at much cooler temperatures.

• Check your electrical outlets for potential fire hazards such as frayed wires or loose-fitting plugs. Be sure not to overload electrical outlets, fuse boxes, extension cords or any other power service.

• Keep a multi-purpose fire extinguisher accessible that is filled and ready for operation.

• Have your air conditioning system inspected by a professional as recommended by the manufacturer.

• Check for damage to your roof, and clean gutters and downspouts to keep debris from accumulating.

• Check your water heater for leaks and corrosion, and keep surrounding area clear.

• Clean and/or replace your furnace's filter.

• Clean the clothes dryer exhaust duct and space under the dryer. Remove all lint, dust, and pieces of material or cloth.

• Inspect washing machine hoses and replace hoses that show signs of wear or leakage with stronger reinforced hoses. Turn off the water when not in use to prevent water damage if a hose breaks.

• In your yard, remove all dead trees and keep healthy trees and bushes trimmed and away from utility wires. Do not attempt to remove tree limbs from power lines yourself. Instead, call your power company to request assistance.

• Safely store oil and gas for lawn equipment and tools in a vented, secured area.

• Repair driveway and walkways that are cracked, broken or uneven to provide a level walking surface.

**Information collected from: www.nc-insurance.net**

Exhibit D

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**

**QUARTERLY PREVENTATIVE MAINTENANCE CHECKLIST**

| DESCRIPTION OF MAINTENANCE | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clean Clothes Dryer Lint Filter Each Usage: Service washer & dryer (if necessary) | | | | | | | | | | | | |
| Check Refrigerator & Freezer Temperature: door seals & vacuum condenser, cooling units on both | | | | | | | | | | | | |
| Check function of all appliance operations | | | | | | | | | | | | |
| Check furniture for repair needs | | | | | | | | | | | | |
| Clean drapes as needed | | | | | | | | | | | | |
| Clean oven, stove hood, and exhaust filter/inspect range elements and burners, clean drip pans | | | | | | | | | | | | |
| Clean refrigerator & freezer drip pan | | | | | | | | | | | | |
| Check Garbage Disposal guards to assure they are in place | | | | | | | | | | | | |
| Check dishwasher function, filter & seals | | | | | | | | | | | | |
| Check toilet water supply & functions | | | | | | | | | | | | |
| Check grouting and ceramic tiles | | | | | | | | | | | | |
| Check caulking around showers, tubs & sinks | | | | | | | | | | | | |
| Check water systems for leaks | | | | | | | | | | | | |
| Check air pressure in holding tank | | | | | | | | | | | | |
| Replace furnace air filters during months of use | | | | | | | | | | | | |
| Check gutters and downspouts blockage | | | | | | | | | | | | |
| Seasonally mow, prune, shovel snow as needed | | | | | | | | | | | | |
| Check interior walls integrity, paint, etc. | | | | | | | | | | | | |
| Inspect all floor coverings | | | | | | | | | | | | |
| Check integrity of doors & cupboards, hardware and jams, etc. | | | | | | | | | | | | |
| Inspect fire extinguishers & detectors (service as needed) | | | | | | | | | | | | |
| Check, repair or install storms/screens | | | | | | | | | | | | |
| Inspect residence for pest infestations | | | | | | | | | | | | |
| Inspect basement or crawl space for damage | | | | | | | | | | | | |
| Check all floor drains and clean as needed | | | | | | | | | | | | |
| Check septic system and pump out if needed | | | | | | | | | | | | |
| Inspect all exterior & interior lighting & electrical outlets | | | | | | | | | | | | |
| Check attic for hazards or water leaks | | | | | | | | | | | | |
| Service water heater, elements, burner, etc. | | | | | | | | | | | | |
| Inspect well controls and motor | | | | | | | | | | | | |
| Inspect chimney & vents | | | | | | | | | | | | |
| Lubricate & adjust garage doors | | | | | | | | | | | | |
| Check garage area for cleanliness | | | | | | | | | | | | |
| Check outside of home & grounds for wear & tear such as cracks in cement, etc. | | | | | | | | | | | | |
| Have furnace & air conditioner checked by qualified professional | | | | | | | | | | | | |

Exhibit E

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**
**INSPECTION FORM**

**Program:** _____ **Date:** _____

| **Section 1** (To be completed monthly) | **Yes** | **No** | **NA** |
|---|---|---|---|
| 1. All smoke alarms work properly. | ___ | ___ | ___ |
| 2. Exit signs work properly and are unobstructed. | ___ | ___ | ___ |
| 3. The emergency exit sign illumination system is operational. | ___ | ___ | ___ |
| 4. The emergency lighting system is operational. | ___ | ___ | __ |
| 5. Restroom mirrors are clean, unbroken and securely attached. | ___ | ___ | ___ |
| 6. All toilets operate safely, reliably and properly. | ___ | ___ | ___ |
| 7. All sinks operate safely, reliably, and properly. | ___ | ___ | ___ |
| 8. All faucets operate safely, reliably, and properly. | ___ | ___ | ___ |
| 9. All liquid soap containers are clean and refilled with fresh Solution on a monthly basis. | ___ | ___ | ___ |
| 10. Paper towels are available in designated locations. | ___ | ___ | ___ |
| 11. All internal light bulbs work properly and are appropriately covered. | ___ | ___ | ___ |
| 12. All external light bulbs work properly and are appropriately covered. | ___ | ___ | ___ |
| 13. No exposed Electrical wiring connections are accessible | ___ | ___ | ___ |
| 14. Areas and surfaces are free of undesirable odors. | ___ | ___ | ___ |
| 15. The stairwells are clean, uncluttered and unobstructed. | ___ | ___ | ___ |
| 16. All telephone surfaces are clean. | ___ | ___ | ___ |
| 17. All furnishings are clean. | ___ | ___ | ___ |
| 18. The premises are free of any insects, rodents, pets or animals. | ___ | ___ | ___ |
| 19. Insect spraying has occurred according to schedule/as needed. | ___ | ___ | ___ |
| 20. The waiting/reception areas are free of noticeable hazards. | ___ | ___ | ___ |
| 21. Drinking fountains are clean. | ___ | ___ | ___ |
| 22. Equipment/appliances are in good working order. | ___ | ___ | ___ |
| 23. All garbage (food) containers have plastic liners and lids. | ___ | ___ | ___ |
| 24. All trash (non-food) containers have plastic liners. | ___ | ___ | ___ |
| 25. All garbage is disposed of in a sanitary manner. | ___ | ___ | ___ |
| 26. The employee refrigerator is clean and free of odors, insects, and free of ice build up. | ___ | ___ | ___ |
| 27. The employee refrigerator contains only food/beverage item and does not contain medical items. | ___ | ___ | ___ |
| 28. Food in the employee refrigerator is discarded in a timely manner (weekly). | ___ | ___ | ___ |
| 29. Employee microwaves are clean. | ___ | ___ | ___ |
| 30. Eating areas are free of dirty dishes and utensils and are clean and uncluttered. | ___ | ___ | ___ |

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH CENTER**
**SAFETY INSPECTION FORM**

| | Yes | No | NA |
|---|---|---|---|
| 31. All food and beverages are stored properly and, covered when appropriate. | ___ | ___ | ___ |
| 32. Food items are stored separately from other products. | ___ | ___ | ___ |
| 33. Cleaning supplies are stored separately from food. | ___ | ___ | ___ |
| 34. All areas are free of empty food and beverage storage containers. | ___ | ___ | ___ |
| 35. "No Smoking" signs are posted in conspicuous locations. | ___ | ___ | ___ |
| 36. Parking areas are clean and free of debris and other potentially hazardous materials. | ___ | ___ | ___ |
| 37. Sidewalks and steps are clean and free of debris and other potentially hazardous materials. | ___ | ___ | ___ |
| 38. The premises are free of any other conditions that presents potential safety and health risks. | ___ | ___ | ___ |
| 39. Clean disposable tongue depressors are available and properly stored. | ___ | ___ | ___ |
| 40. Cotton balls and swabs are available and stored in the proper manner. | ___ | ___ | ___ |
| 41. All surfaces in the examination areas are clean and free of dust. | ___ | ___ | ___ |
| 42. All medication storage areas (shelves, cabinets, drawers, compartments) are clean and uncluttered. | ___ | ___ | ___ |
| 43. All non-medical items are stored separately from medical items. | ___ | ___ | ___ |
| 44. All medical supplies not otherwise specified are properly labeled and the contents are accurately represented. | ___ | ___ | ___ |
| 45. All medication labels have current expiration dates and accurately represent the containers' contents. | ___ | ___ | ___ |
| 46. Contaminated needle containers are readily available for needle disposal. | ___ | ___ | ___ |
| 47. Contaminated needles are placed in the Contaminated Needle Container and transported off-site for disposal. | ___ | ___ | __ |
| 48. All contaminated disposable equipment is disposed of properly. | ___ | ___ | ___ |
| 49. Storage closets are neat and free of clutter. | ___ | ___ | ___ |
| 50. No items are stored on the floor. | ___ | ___ | ___ |
| 51. All Basement Storage items are off the floor. | ___ | ___ | ___ |
| 52. Stored items are at least eighteen (18) inches below the ceiling. | ___ | ___ | ___ |
| 53. Personal protective equipment is readily accessible. (Masks, Gloves, Faceshields.) | ___ | ___ | ___ |
| 54. Staff knows where personal protective equipment is located. | ___ | ___ | ___ |

**SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**
**INSPECTION FORM**

**Plan of correction** (attach additional pages as needed):

**Reported By:** _____
**Signature** **Date**

**Program:** _____ **Date:**___/___/___

This form will be superseded as required by appropriate laws, regulations, or more comprehensive inspection forms.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Nutrition Standards for Specialized Residential | **Chapter**: 03.02 - Integrated Services System | **Subject No**: 03.02.07.08 |
| **Effective Date**:<br>5/1/20 | **Date of Review/Revision**:<br>6/17/21<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Director of Network Services, Public Policy, and Continuing Education<br><br>**Authored By**:<br>Aisleen Morr & Jennifer Keilitz<br><br>**Additional Reviewers**:<br>Residential Watch Committee, & SCCMHA Dietitians |

**Purpose:**
To provide guidance to specialized/contracted residential AFC facilities on the nutrition standards to be provided to consumers.

**Application:**
All SCCMHA Specialized Residential Providers and specialized/contracted AFC providers.

**Policy:**
It is the policy of SCCMHA that specialized/contracted residential homes provide balanced meals and healthy snacks to consumers in their care. It is further expected that physician ordered special diets will be followed. When a home prepares their emergency food supply, the home should consider any special diets consumers have and ensure this can be provided even on an emergency basis. The guiding documents for what constitute a well-balanced meal/snack include the MyPlate standard which can be accessed at www.myplate.gov, as well as any physician orders detailing any specialized diet.

**Standards:**
All Adult Foster Care (AFC) Homes are required by licensing standards to provide three meals a day.

If the home takes the consumers out for a meal that is replacing the meal that would be given in the home the AFC home is required to pay for the meal.

Each specialized/contracted residential facility will follow the MyPlate example when preparing menus or meals (Exhibit A). This ensures each consumer is receiving adequate nutrition.

Case holders should monitor menus and food that is available in residential homes including consumers access to food, during monthly home visits.

Consumers should be able to eat or drink whenever they request and should not be limited in the amount of food they consume. However, consumers should be encouraged to make healthy choices.

A physician must order modified or restricted diets. There must be a written diet order before making a change or alteration in food intake. A modified or restricted diet should be part of a consumer's Individual Plan of Service (IPOS).

If the physician who orders the modified or restricted diet does not supply staff with the written diet plan, home staff should contact the physician for a plan. If the home staff is unable to obtain, please document attempts and then ask the case holder to assist with a registered dietitian to write a menu plan.

Along with meals, foods that are included in activities, training programs and all snacks must be coordinated with the restricted or modified diet.

**Modified Texture Diets:**
Doctors or speech therapists may prescribe a modified texture diet for individuals who have difficulty swallowing ("dysphagia") or problems preparing their food for swallowing. Dietary modifications are critical to ensure that individuals with eating difficulties get adequate nutrition, calories, and fluids and to prevent foods or liquids from leaking into airways leading to choking, respiratory infections, and pneumonia. Please refer to exhibit B for further guidance on dysphagia diet textures and liquid modifications.

The home will take proper care to ensure that items are measured appropriately so that nutritional standards are not compromised. Measure liquids using a liquid measuring cup. These are usually glass and have a spout for pouring easily. Measure liquids at eye level with the cup resting on a flat surface.

Homes will use the nestling type cups for dry measuring. Spoon the product into the measuring cup and level with a knife or spatula unless otherwise indicated in the recipe.

Homes will use measuring spoons to measure Tablespoons and teaspoons. DO NOT use kitchen flatware as measuring tools.

**Emergency Food:**
Homes will assure a 2-3-day emergency food supply for all consumers in the home that includes 3 meals and two snacks. The home can use the attached sample menu or develop their own using the My Plate method for assuring proper nutrition (Exhibit F). In choosing items for the emergency supply, staff should be mindful of items that do not require heating or refrigeration in case of power outage. Also, if using cans that require an opener staff will want to consider a hand can opener if the home does not already have one on hand.

Emergency food supply should be monitored for expiration dates. The home will also want to keep at least 6 gallons of water available for possible emergency use. In case of water contamination or other lack of water resources during an emergency. The Centers for Disease Control (CDC) recommends storing at least 1 gallons of water per person per day for 3 days for drinking and sanitation. Try to store at least a 2-week supply if possible. Observe the expiration date for store-bought water. Replace non-store-bought water every 6 months.

**Food Safety Considerations:**
When preparing the emergency supply of food, it is expected that the food chosen will follow any physician ordered special diets.

When buying groceries staff should rotate items in the cupboards so that older items are toward the front to be used first.

All foods should be monitored for expiration dates. Some foods can be used within a few days beyond the expiration date.

All staff will wash their hands prior to preparing food, after handling raw meat or eggs, and prior to dishing up resident food. Please see Exhibit C for more information on food employee personal hygiene. When raw meat or egg get on the counter or stove this should be cleaned with an antibacterial cleaner as soon as possible. Antibacterial is important for this as raw meats and eggs contain germs that can cause severe sickness should they be ingested prior to cooking. Please see exhibit D for more details on food borne illnesses and minimum internal food temperatures. See the Home Manager Manual for details in regard to kitchen cleanliness.

Homes will refrigerate leftovers within 2 hours of cooking and will not use a slow cooker to heat up leftovers. All leftovers should be eaten within 3 days. If leftovers are not eaten within 3 days, they should be disposed. Homes are expected to date leftovers to ensure proper disposal.

**Definitions:**
**Restricted Diet:** A physician ordered diet change due to a health condition (diabetes, high blood pressure, etc.). This refers to items such as low salt or low sugar diet.

**Dietitian:** A professional that has specific training in diet and nutrition. This individual can help ensure consumers are getting a well-balanced diet while any dietary restrictions are in place.

**Case Holder:** The primary worker assigned to the consumer in the Sentri II system. This person can be a therapist, case manager, supports coordinator, wraparound facilitator, or home-based therapist.

**References:**
Home Manager Manual
Choose My Plate – www.choosemyplate.gov
How Long Can You Safely Keep Leftovers In the Refrigerator? – Mayo Clinic https://www.mayoclinic.org/healthy-lifestyle/nutrition-and-healthy-eating/expert-answers/food-safety/faq-20058500
https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/safe-food-handling/safe-minimum-internal-temperature-chart/ct_index

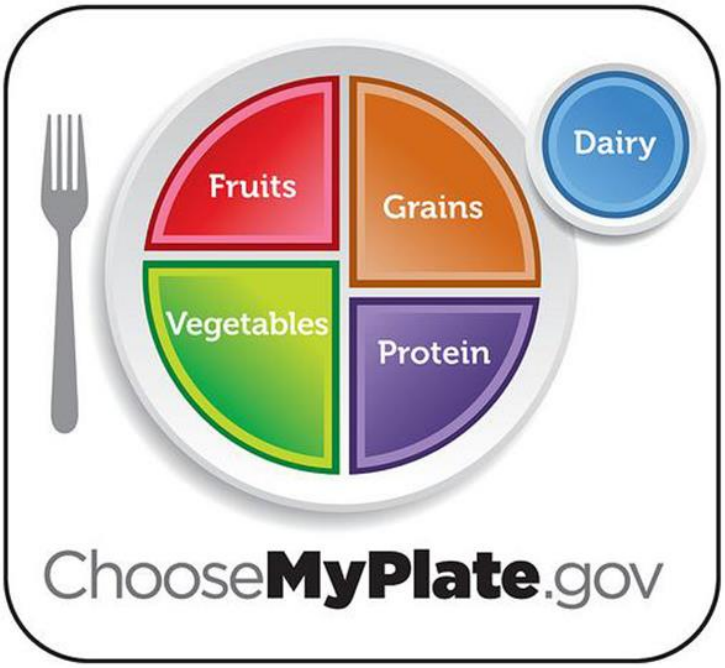
**Exhibits:**
Exhibit A: MyPlate and MyPlate Plan
Exhibit B: Types Of Diets
Exhibit C: Food Employee Personal Hygiene
Exhibit D: What is A Food Borne Disease
Exhibit E: MyPlate Portion Sizes
Exhibit F: Sample Menu
Exhibit G: Safe Meat Temperatures

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Will in-service the home on any special diets and what it means for the consumer. | Case Holder and/or Dietitian or Home Manager |
| Will provide training on items that meet this specialized diet. | Primary Care Physician, Home Manager or Dietitian |
| Will ensure that all special diets are followed. | Case Holder / Home Manager |
| Will contact consumer primary care physician to obtain any special dietary instructions including specialized dietary plan. | Home Manager |
| Will contact the dietitian to write a plan, if the physician does not give a dietary instructions in writing. | Case Holder / Home Staff |

| | |
|---|---|
| Will ensure the MyPlate example is followed when preparing meals. | Home Manager and Home Staff |
| Will allow consumers to exercise choice over what he/she eats. Will encourage consumers to make healthy choices for meals and snacks. | Home Staff |
| Completes home visits for monitoring monthly to ensure safety for consumers and assess any new needs that might not have been considered during plan developing. | Case Holder |
| Will follow food safety at all times. | Home Staff |
| Will wash hands appropriately using proper handwashing techniques. | Home Staff |

Exhibit A




USDA United States Department of Agriculture

# MyPlate Plan

## Find your Healthy Eating Style

Everything you eat and drink matters. Find your healthy eating style that reflects your preferences, culture, traditions, and budget—and maintain it for a lifetime! The right mix can help you be healthier now and into the future. The key is choosing a variety of foods and beverages from each food group—*and making sure that each choice is limited in saturated fat, sodium, and added sugars*. Start with small changes—**"MyWins"**—to make healthier choices you can enjoy.

**Food Group Amounts for 2,000 Calories a Day**

| Fruits | Vegetables | Grains | Protein | Dairy |
|---|---|---|---|---|
| **2 cups** | **2 1/2 cups** | **6 ounces** | **5 1/2 ounces** | **3 cups** |
| Focus on whole fruits<br><br>Focus on whole fruits that are fresh, frozen, canned, or dried. | Vary your veggies<br><br>Choose a variety of colorful fresh, frozen, and canned vegetables—make sure to include dark green, red, and orange choices. | Make half your grains whole grains<br><br>Find whole-grain foods by reading the Nutrition Facts label and ingredients list. | Vary your protein routine<br><br>Mix up your protein foods to include seafood, beans and peas, unsalted nuts and seeds, soy products, eggs, and lean meats and poultry. | Move to low-fat or fat-free milk or yogurt<br><br>Choose fat-free milk, yogurt, and soy beverages (soy milk) to cut back on your saturated fat. |

**Limit**

Drink and eat less sodium, saturated fat, and added sugars. Limit:

- Sodium to **2,300 milligrams** a day.
- Saturated fat to **22 grams** a day.
- Added sugars to **50 grams** a day.

**Be active your way**: Children 6 to 17 years old should move **60 minutes** every day. Adults should be physically active at least **2 1/2 hours** per week.

Exhibit B



# 4 PUREED

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

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## Level 4 Pureed Food for Adults



### What is this food texture level?

Level 4 – Pureed Foods:

- ✓ Are usually eaten with a spoon
- ✓ Do ***not*** require chewing
- ✓ Have a smooth texture with no lumps
- ✓ Hold shape on a spoon
- ✓ Fall off a spoon in a single spoonful when tilted
- ✓ Are ***not*** sticky
- ✓ Liquid (like sauces) must not separate from solids

### Why is this food texture level used for adults?

Level 4 – Pureed Food may be used if you are not able to bite or chew food or if your tongue control is reduced. Pureed foods only need the tongue to be able to move forward and back to bring the food to the back of the mouth for swallowing.

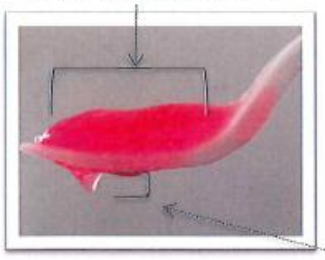
It's important that puree foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. Pureed foods are best eaten using a spoon.

### How do I test my food to make sure it is Level 4 Pureed?

It is safest to test Pureed Food using the IDDSI Fork Drip Test *and* the IDDSI Spoon Tilt Test.

**See videos of the IDDSI Fork Drip Test and IDDSI Spoon Tilt Test at www.IDDSI.org/framework/food-testing-methods/**

Extremely thick liquids sit in a mound or pile above the fork



A small amount may flow through and form a tail below the fork

**IDDSI Fork Drip Test**
Liquid does ***not*** dollop, or drip continuously through the fork prongs



**IDDSI Spoon Tilt Test**

Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should ***not*** be firm or sticky

***Pureed food must pass both tests!***

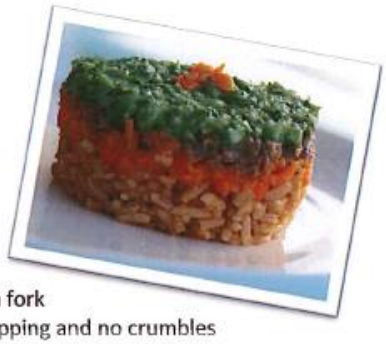
**Intended for general information only**
**Please consult with your health care professional for specific advice for your needs**



# 5 MINCED & MOIST

IDDSI
International Dysphagia Diet Standardisation Initiative
www.iddsi.org

## Level 5 Minced & Moist Food for Adults



### What is this food texture level?

Level 5 – Minced & Moist Foods:

- ✓ Soft and moist, but with no liquid leaking/dripping from the food
- ✓ Biting is ***not*** required
- ✓ Minimal chewing required
- ✓ Lumps of 4mm in size
- ✓ Lumps can be mashed with the tongue
- ✓ Food can be easily mashed with just a little pressure from a **fork**
- ✓ Should be able to scoop food onto a fork, with no liquid dripping and no crumbles falling off the fork

### Why is this food texture level used for adults?

Level 5 – Minced & Moist food may be used if you are not able to bite off pieces of food safely but have some basic chewing ability. Some people may be able to bite off a large piece of food, but are not able to chew it down into little pieces that are safe to swallow. Minced & Moist foods only need a small amount of chewing and for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. It's important that Minced & Moist foods are not too sticky because this can cause the food to stick to the cheeks, teeth, roof of the mouth or in the throat. These foods are eaten using a spoon or fork.

### How do I test my food to make sure it is Level 5 Minced & Moist?

It is safest to test Minced & Moist food using the IDDSI Fork Drip Test *and* the IDDSI Spoon Tilt Test.

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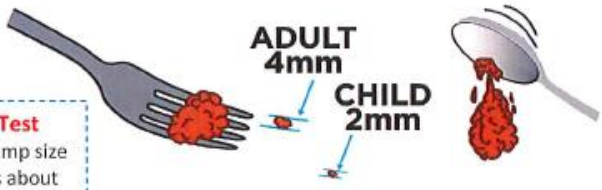
**See videos of the IDDSI Fork Test and IDDSI Spoon Tilt Test at**
**www.IDDSI.org/framework/food-testing-methods/**




**IDDSI Fork Test**
For *adults* the lump size is *4mm*, which is about the gap between the prongs of a standard dinner fork

**IDDSI Spoon Tilt Test**
Sample holds its shape on the spoon and falls off fairly easily if the spoon is tilted or lightly flicked

Sample should ***not*** be firm or sticky

***Minced & Moist food must pass both tests!***

**Intended for general information only**
**Please consult with your health care professional for specific advice for your needs**



# 6 SOFT & BITE-SIZED

IDDSI
International Dysphagia Diet Standardisation Initiative

## Level 6 Soft & Bite-Sized for Adults

### What is this food texture level?



Level 6 – Soft & Bite-Sized Foods:

- ✓ Soft, tender and moist, but with no thin liquid leaking/dripping from the food
- ✓ Ability to 'bite off' a piece of food is *not* required
- ✓ Ability to chew 'bite-sized' pieces so that they are safe to swallow *is required*
- ✓ 'Bite-sized' pieces no bigger than 1.5cm x 1.5cm in size
- ✓ Food can be mashed/broken down with pressure from fork
- ✓ A knife is *not* required to cut this food

### Why is this food texture level used for adults?

Level 6 – Soft & Bite-Sized food may be used if you are not able to bite off pieces of food safely but are able to chew bite-sized pieces down into little pieces that are safe to swallow. Soft & Bite-Sized foods need a moderate amount of chewing, for the tongue to 'collect' the food into a ball and bring it to the back of the mouth for swallowing. The pieces are 'bite-sized' to reduce choking risk. If you notice the food pieces are not being chewed well though, please contact your clinician to make sure you are on the correct food texture to reduce choking risk. Soft & Bite-Sized foods are eaten using a fork, spoon or chopsticks.

### How do I test my food to make sure it is Level 6 Soft & Bite-Sized?

It is safest to test Soft & Bite-Sized food using the IDDSI Fork Pressure test.

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**See videos of the IDDSI Fork Pressure Test at**
**www.IDDSI.org/framework/food-testing-methods/**

**IDDSI Fork Pressure Test**

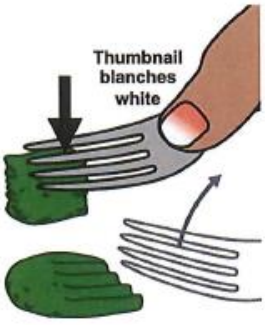
For ***adults*** the lump size is *no bigger than* ***1.5cm x 1.5cm***, which is about **the width** of a standard dinner fork.

***To make sure the food is soft enough***, press down on the fork until the thumbnail blanches to white, then lift the fork to see that the food is completely squashed and does not regain its shape

*No bigger than*
1.5cmm x 1.5cm bite size
for adults



***Soft & Bite-Sized food must pass both size and softness tests!***




**Intended for general information only. Please consult with your health care professional for specific advice for your needs**

## LIQUID CONSISTENCIES

When modified **liquid food texture** is prescribed the food texture should not be thinner than the prescribed liquid consistency.

| Consistency | Description | Example |
|---|---|---|
| **Thin** | Includes all liquids, Italian ice, and ice cream without nuts, chocolate chips or solid pieces. This consistency is considered non-restrictive. | ***Liquids and beverages are served without change.*** |
| **Nectar** | Apricot or tomato juice consistency; some liquids will require a thickening agent to reach this consistency.<br><br>***Food runs freely off the spoon but leaves a thin coating on the spoon.*** |  |
| **Honey** | Liquids can be poured but are very slow. Liquids will require a thickening agent to reach this consistency.<br><br>***Food slowly drips in dollops (or blobs) off of the end of the spoon.*** |  |
| **Pudding** | Liquids are spoonable but when a spoon is placed upright, it will not stay upright. Liquids will require a thickening agent to reach this consistency.<br><br>***Food sits on the spoon and does not flow off of it.*** |  |

**Note about thickening agents**:

Commercial thickening agents are usually available in canisters or individual packets and require a physician's order. There are two types:

- Starch-based thickeners such as Thick-It, Thick and Easy, and Thicken Up; and
- Gum-based thickeners such as Thicken Up Clear, Simplythick, AquaCareH2O, and Thik & Clear.

Commercial thickeners specify the amount of the thickening product to use to reach the desired consistency. ***Follow the directions carefully to ensure the correct consistency.*** Both starch-based and gum-based thickening agents whether they are commercial or non- commercial food items (such as instant potatoes, baby fruits, baby cereal etc.) add extra calories to the foods or liquids they are added to. If the individual is on a calorie-controlled diet, these calories must be considered.

http://www.dbhds.virginia.gov/library/quality%20risk%20management/qrm-standard%20guidance%20for%20food.pdf

Exhibit C



# Food Employee Personal Hygiene

www.michigan.gov/mda

## Importance of Proper Hygiene

Good personal cleanliness, including proper and frequent hand washing, is vital to prevent foodborne illness.

## Sick or Infected Food Employees

Food employees with the following symptoms must immediately notify their supervisor:

- Fever
- Persistent sneezing or coughing
- Diarrhea or vomiting
- Jaundice
- Sore throat with fever

Sick food employees must be assigned to duties that minimize the potential for contaminating food and equipment (including utensils, linens, single-service or single use items).

## Hand Washing

Hands must be washed and thoroughly dried before starting to work with food. Wash hands between tasks, and if work is interrupted.

Effective hand washing includes the backs of hands, palms, and exposed portions of the arms, between fingers and under the fingernails.

Vigorously rub together the surfaces of lathered hands and arms for at least 20 seconds, thoroughly rinse with clean water. Pay particular attention to the areas under fingernails and between fingers.

## Cuts, Wounds, and Sores

Any cuts, wounds, or open sores on the hands and arms must be completely covered by a waterproof bandage. Wear single-use gloves over any bandages or finger cots on the hands and fingers.

## Hair Restraints

Food employees are required to wear hair restraints such as hairnets, hats, scarves, or beard nets that effectively control hair. Employees such as counter staff, hostesses, wait staff, and bartenders are not required to wear hair restraints if they present a minimal risk of contaminating food and equipment.

## Proper Work Clothing

Food employees must wear clean outer garments when preparing or serving food products or washing and sanitizing equipment and utensils.

Store spare personal clothing and other personal items separate from food handling and storage areas. Employers must provide adequate storage areas for employees' personal belongings.

If employees routinely change clothing at the establishment, a room or area must be designated and used for that purpose. Such changing areas must be separate from food and equipment.

## Fingernails and Jewelry

- Food employees must keep their fingernails trimmed so that they are easily cleanable.
- Food employees wearing fingernail polish or artificial nails must wear intact gloves when working with exposed foods.
- While preparing food, employees may not wear jewelry on the arms and hands. This does not apply to a plain ring such as a wedding band.

## Other Practices

Eating and tobacco use of any kind are activities that must take place in designated areas only. The designated area must be located where no contamination of food and equipment can result.

Note: This document is for educational purposes only and should not be considered a substitute for studying the Food Code of 1999 and Michigan Food Law of 2000. Food safety information and additional copies of this and other fact sheets are available from the Michigan Department of Agriculture's web page www.michigan.gov/mda

No. MFL-4 (Revised November 1, 2000)

Exhibit D

## FOODBORNE INFECTIONS

**What is a Foodborne Disease?**

Foodborne disease is caused by consuming contaminated foods or beverages. Many different disease-causing pathogens can contaminate foods, so there are many different foodborne infections.

More than 250 different foodborne diseases have been described. Most of these diseases are infections, caused by a variety of bacteria, viruses and parasites that can be foodborne. The diseases have many different symptoms so there is no "one syndrome" that is foodborne illness. However, since the toxin enters the body through the gastrointestinal tract and often causes the first symptoms there, nausea, vomiting, abdominal cramps and diarrhea are common symptoms in many foodborne diseases.

**Common foodborne diseases:**

- **Campylobacter**
- **Salmonella**
- **E.coli 0157:H7**
- **Calicirvirus or Norwalk and Norwalk-like Viruses**
- **Clostridium Perfringens**
- **Staphylococcus**
- **Botulinum**
- **Other Foodborne Organisms**

**What happens in the body after the microbes that produce illness are swallowed?**

After the microbes are swallowed, there is a delay called the incubation period, before symptoms of the illness begin. The incubation period can range from hours to days depending on the microbes and how many of them were swallowed. During the incubation period, the microbes pass through the stomach into the intestine, attach to the cells lining the intestinal wall and begin to multiply. The symptoms depend on the type of microbe; however, many microbes cause similar symptoms. It is rarely possible to say which microbe is causing the illness unless laboratory tests are done or unless the illness is part of an outbreak.

**When should a doctor be consulted about a diarrhea illness?**

A doctor or health care provider should be contacted for a diarrhea illness accompanied by:

- High fever (temperature over 101.5 F)
- Blood in the stools
- Prolonged vomiting that prevents keeping liquids down
- Signs of dehydration, including a decrease in urination, a dry mouth and throat and feeling dizzy when standing up
- Diarrhea illness that lasts more than 3 days

**How does food become contaminated?**

Many foodborne microbes are present in healthy animals, usually in their intestines.

- Meat and poultry can become contaminated during slaughter by contact with small amounts of intestinal contents.
- Fresh fruits and vegetables can be contaminated if they are washed or irrigated with water that is contaminated with animal manure or human sewage.
- Salmonella can infect a hen's ovary resulting in the internal contents of an egg being contaminated.
- Oysters and shellfish can have a concentration of bacteria that are naturally present in seawater or microbes that are present in human sewage dumped into the sea.
- In food processing, microbes can be introduced from infected humans who handle the food. An example is Hepatitis A virus and Norwalk virus that is introduced by the unwashed hands of food handlers.
- Microbes can be transferred from one food to another by using the same knife, cutting board or other utensil without washing the surface or utensil in between.
- A properly cooked food can become contaminated if it touches raw foods or drippings from raw foods that contain pathogens.
- One bacterium that reproduces by dividing itself every half hour can produce 16 billion offspring in 12 hours. As a result, a lightly contaminated food left out overnight can be highly infectious by the next day. If the food were refrigerated properly, the bacteria would not multiply at all.
- Most microbes are killed by heat. Contamination can be caused by not heating a food to the proper internal temperature sufficient to kill the pathogen.

**SEPARATE:** Do not cross-contaminate one food with another. Avoid cross-contamination by washing hands, utensils and cutting boards after they have been in contact with raw meat or poultry and before they touch another food.

**CHILL:** Refrigerate leftovers promptly. Large volumes of food will cool more quickly and bacteria will not have a chance to grow if they are divided into several shallow containers for refrigeration.

**CLEAN:** Wash fruits and vegetables in running tap water to remove visible dirt and grime. Remove outermost leaves from lettuce or cabbage. Take care not to contaminate the cut surface of fruit or vegetables where bacteria grow well. Don't leave cut produce at room temperature for many hours. Wash your hands before preparing food. Avoid preparing any foods if you have a diarrhea illness.

**REPORT:** Report suspected foodborne illnesses to the local health department.

**Other suggestions to avoid foodborne illness.**

- Keep work surface in the kitchen sanitized with bleach or an approved sanitizing solution.
- Do not put backpacks, purses, etc. on counters or kitchen tables.
- Throw away any leftover lunch – don't send it home from program and if any leftover food does come home, toss it out.
- Use clean and sanitized spoons, forks and plates.
- Keep insulated lunch bags clean by washing daily with hot water and soap. Wipe with a sanitizing solution.

Exhibit E




**2 cups**

1 cup of fruits counts as
- 1 cup raw or cooked fruit; or
- 1/2 cup dried fruit; or
- 1 cup 100% fruit juice.




**2 1/2 cups**

1 cup vegetables counts as
- 1 cup raw or cooked vegetables; or
- 2 cups leafy salad greens; or
- 1 cup 100% vegetable juice.




**6 ounce equivalents**

1 ounce of grains counts as
- 1 slice bread; or
- 1 ounce ready-to-eat cereal; or
- 1/2 cup cooked rice, pasta, or cereal.




**5 1/2 ounce equivalents**

1 ounce of protein counts as
- 1 ounce lean meat, poultry, or seafood; or
- 1 egg; or
- 1 Tbsp peanut butter; or
- 1/4 cup cooked beans or peas; or
- 1/2 ounce nuts or seeds.




**3 cups**

1 cup of dairy counts as
- 1 cup milk; or
- 1 cup yogurt; or
- 1 cup fortified soy beverage; or
- 1 1/2 ounces natural cheese or 2 ounces processed cheese.

Exhibit F

## SAMPLE EMERGENCY FOOD LIST
## (2 Day Supply)

| | |
|---|---|
| 1 Lg. Jar | APPLESAUCE |
| 2 Cans | APRICOTS |
| 2 Cans | FRUIT (any variety) |
| 1 Box | DRIED FRUIT (raisins, prunes) |
| 2 Cans | FRUIT COCKTAIL |
| 2 Cans | MANDRIAN ORANGES |
| 3 Cans | PEACHES |
| 3 Cans | PEARS |
| 3 Cans | PINEAPPLE TIDBITS |
| 1 Can | APPLE JUICE |
| 2 Cans | GRAPE JUICE |
| 2 Cans | GRAPEFRUIT JUICE |
| 1 Can | FRUIT JUICE |
| 3 Cans | ORANGE JUICE |
| 3 Cans | PRUNE JUICE |
| 1 Can | TOMATO JUICE |
| 2 Cans | BEETS |
| 2 Cans | CARROTS |
| 4 Cans | CORN |
| 4 Cans | GREEN BEANS |
| 4 Cans | PEAS |
| 3 Cans | BEEF STEW |
| 4 Cans | CANNED MEAT |
| 3 Cans | CHICKEN NOODLE SOUP |
| 4 Cans | TUNA FISH |
| 1 Jar | PEANUT BUTTER |
| 1 Jar | JELLY OR JAM |
| 6 Cans | EVAPORATED MILK |
| 1 Box | CEREAL |
| 1 Box | COOKIES |
| 2 Boxes | CRACKERS |
| 1 Box | GRAHAM CRACKERS |
| 1 Box | VANILLA WAFERS |
| 2 Jars | CHEESE SPREAD |
| 2 Cans | PUDDING |
| 4 Cans | SOUP (beef, tomato) |
| 1 Jar | DECAF COFFEE |
| 1 Box | CARNATION INSTANT BREAKFAST |
| 4 Gallons | WATER |

## SAMPLE EMERGENCY FOOD MENUS

**Day 1**

**Breakfast:**

| | |
|---|---|
| 1 ½ cups | Cold cereal with ½ cup chopped canned fruit |
| 1 cup | Milk-diluted (dilute 1 can of milk with 1 can of bottled water) |
| 1 cup | Orange Juice (canned) |
| 6 | Crackers |
| as desired | Jelly/Jam |
| optional | Instant decaf coffee |

**Lunch:**

| | |
|---|---|
| 12 | Crackers |
| 1 cup | Soup |
| ½ cup | Carrots (canned) |
| ½ cup | Pears (canned) |
| ¾ cup | Prune Juice |

**Supper:**

| | |
|---|---|
| 1 ½ cups | Beef Stew (canned) |
| ½ cup | Apricots (canned) |
| 1 cup | Milk (diluted-see note in recipe above) |
| 1 cup | Green beans |

**H.S. Snack:**

| | |
|---|---|
| 2 | Cookies |
| 1 cup | Milk (diluted) |

**Day 2**

**Breakfast:**

| | |
|---|---|
| 1 ½ cups | Cold cereal with 1 Tbsp. dried fruit, chopped |
| 1 cup | Milk (diluted) |
| 1 cup | Grapefruit Juice (canned) |
| 6 | Crackers |
| 2 Tbsp. | Peanut Butter |

**Lunch:**

| | |
|---|---|
| 12 | Crackers |
| ½ cup | Tuna fish |
| ½ cup | Tomato Juice |
| ½ cup | Pudding with 3 vanilla wafers |
| 1 cup | Peaches (canned) |

**Supper:**

| | |
|---|---|
| 1 ½ cups | Chicken noodle Soup (canned) |
| ½ cup | Fruit cocktail (canned) |
| 1 cup | Milk (diluted) |
| 1 cup | Corn (canned) |

**H.S. Snack:**

| | |
|---|---|
| 4 | Graham crackers with 2 Tbsp. peanut butter |
| ¾ cup | Apple juice (canned) |

For homes with consumers on a pureed diet it is necessary to stock shelve stable pureed foods such as applesauce, powdered potatoes, pudding, tomato juice, and an assortment of pureed meats and vegetable which may be located in the infant feeding aisle.

Exhibit G

432

## Safe Minimum Internal Temperature Chart

Safe steps in food handling, cooking, and storage are essential in preventing foodborne illness. You can't see, smell, or taste harmful bacteria that may cause illness. In every step of food preparation, follow the four guidelines to keep food safe:

- **Clean**—Wash hands and surfaces often.
- **Separate**—Separate raw meat from other foods.
- **Cook**—Cook to the right temperature.
- **Chill**—Refrigerate food promptly.

Cook all food to these minimum internal temperatures as measured with a food thermometer before removing food from the heat source. For reasons of personal preference, consumers may choose to cook food to higher temperatures.

| Product | Minimum Internal Temperature & Rest Time |
|---|---|
| **Beef, Pork, Veal & Lamb**<br>Steaks, chops, roasts | 145 °F (62.8 °C) and allow to rest for at least 3 minutes |
| **Ground Meats** | 160 °F (71.1 °C) |
| **Ground Poultry** | 165 °F |
| **Ham**, fresh or smoked (uncooked) | 145 °F (62.8 °C) and allow to rest for at least 3 minutes |
| **Fully Cooked Ham**<br>(to reheat) | Reheat cooked hams packaged in USDA-inspected plants to 140 °F (60 °C) and all others to 165 °F (73.9 °C). |

| Product | Minimum Internal Temperature |
|---|---|
| **All Poultry** (breasts, whole bird, legs, thighs, wings, ground poultry, giblets, and stuffing) | 165 °F (73.9 °C) |
| **Eggs** | 160 °F (71.1 °C) |
| **Fish & Shellfish** | 145 °F (62.8 °C) |
| **Leftovers** | 165 °F (73.9 °C) |
| **Casseroles** | 165 °F (73.9 °C) |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Emergency Preparedness for Specialized Residential | **Chapter**: 03.02 - Integrated Services System | **Subject No**: 03.02.07.09 |
| **Effective Date**:<br>6/1/20 | **Date of Review/Revision**:<br><br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Director of Network Services, Public Policy, and Continuing Education<br><br>**Authored By**:<br>Aisleen Morr<br><br>**Additional Reviewers**:<br>(list any current reviewers other than Ops Committee) |

**Purpose:**
To provide guidance to contracted specialized residential Adult Foster Care (AFC) homes on how to prepare for emergencies. This lists the items contracted homes must keep on hand at all times, as well as steps to follow in case of an emergency.

**Application:**
All SCCMHA contracted specialized residential AFC homes.

**Policy:**
It is the policy of SCCMHA for all homes to be prepared in the event an emergency situation occurs. This ensures continued quality care for residents within the homes. SCCMHA requires all contracted homes to keep a minimum of two days supply of emergency food on hand at all times. These should be items that do not need refrigerated or heated up. Provider is also required to maintain a current agreement for Interim and Overnight Emergency Shelter with an established hotel or motel in the community. There should be documentation on official hotel or motel letterhead of this agreement available in the home at all times. Providers will also maintain an infection control kit, first aid kit and emergency kit.

**Standards:**
SCCMHA requires contracted homes to keep emergency supplies on hand at all times. This protects staff and residents in the event of an emergency, where the home may need evacuated. When case holders, as well as auditing staff visit the homes, it should be verified that the home has these emergency supplies on hand. The home should have items such as

manual can openers, on hand to ensure that emergency food supplies are able to be utilized. The home should also have a back up Medication Administration Log on paper, rather than tied into a computer system. In the event the computer is not accessible, staff are still able to dispense medications. Exhibit A, below, lists the items that should be in these kits. In the event of an emergency the home manager should contact the case holder and contracts department, as well as the day program if the emergency results in a level of care change for the individual. If a consumer in the home is diagnosed with a communicable disease, the infection control nurse must be contacted.

**Definitions:**
Specialized Residential Settings: Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized services.

Case Holder: The primary worker assigned to the consumer in the Sentri II system. This person can be a therapist, case manager, supports coordinator, wraparound facilitator, or home-based therapist.

**References:**
SCCMHA Policy 03.02.07 Residential Services

**Exhibits:**
Exhibit A: Emergency Kits

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Contacts Case Holders and Contracts department in the event of an emergency. | Home Manager |
| Contacts case holder and completes an incident report in the event a consumer receives emergency medical intervention. | Home Manager and/or home staff |
| Contacts day program staff if level of care changes as the result of an emergency situation. | Home Manager and/or home staff |
| Contacts SCCMHA Infection Control Nurse if an emergency is the result of a communicable disease. | Home Manager |
| Ensures a fresh two-day supply of perishable foods is available in the home. | Home Manager |

| | |
|---|---|
| Maintains an emergency food supply and list. | Home Manager |
| Ensures the first aid kid, the emergency preparedness kit, and the infection control kit are filled and accessible at all times. | Home Manager |
| Monitors emergency supplies during home visits. | Case Holder / Auditing Staff |

Exhibit A

# Emergency Kits

Infection Control Kit

The following will also meet OSHA recommendations:

- Disposable shoe covers
- Disposable gown
- Disposable apron
- Disposable mouth/nose cover
- Antiseptic cleansing wipes
- Germicidal wipes
- Spill Kit (including the following)
  - Scooper
  - Sealable scoop bag
  - Gloves
  - Eye shields
  - Body fluid pick up guard
  - Absorbent packs
  - Bio-hazard bags
  - Disposable clean-up towels
  - Germicidal floor wipes
  - Biohazard identification sticker

First Aid Kit

Staff who work in a licensed facility are required to take CPR and First Aid training. It is mandatory that a First Aid/CPR booklet be given to each participant. Included in that booklet is a list of what should be included in a first aid kit. Items include:

- Disposable gloves
- Antiseptic towelettes
- Safety Goggles
- Red biohazard bags
- Breathing barrier
- Assorted sized adhesive bandages
- Triangular bandages
- Elastic bandages
- Non stick wound dressing
- Roller gauze
- Sterile gauze pads
- Adhesive tape
- Scissors
- Cold pack
- Sterile eye pads
- Eye wash
- Antibacterial ointment
- First aid booklet

Emergency Kits

Should be stored in a water proof case, in a convenient area, so it is readily available for use. Someone should be assigned to check and restock the supplies regularly. An emergency kit is a bag of supplies – usually a duffle style bag preferably with wheels for easy transport– that is located near the main exit used for fire escape/drills. An emergency kit should also be kept in each vehicle used for transportation. Items that should be included in an emergency bag include:

- List of emergency phone numbers (Home Manager, Case Mgr./ Supports Coordinator, guardians, contracts coordinator, recipient rights, licensing, power company etc.)
- Consumer profiles
- List of medications for each person
- Slippers or disposable foot covers for each recipient
- Emergency type blankets for each person (the small camp style emergency blankets that appear like shiny foil)
- Rain coats
- Disposable briefs
- Gloves
- Small first aid kit
- Wet wipes
- Flashlight and extra batteries
- Weather Radio and extra batteries
- Batteries
- Extra keys for the house and vehicles
- Pen/pencil and small note pad
- Bottled water (with date on it)
- Snack food or small reinforcements (individually wrapped crackers or cookies)
- Other Critical Medical Supplies (such as insulin or battery operated feeding pumps)

**Winter Car Kit**

- Flashlights with extra batteries
- First aid kit
- Several blankets
- Plastic Bags (for sanitation)
- Flares and emergency road sign.
- Extra set of mittens, socks, and a wool cap
- Small tools (pliers, wrench, screwdriver)
- Booster cables
- Cards, games and puzzles
- Snacks such as granola bars or other easily opened snacks
- Bottled water

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Medication Management in Licensed Residential Settings</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.07.10</td></tr>
<tr><td rowspan="2">Effective Date:<br>8/12/05</td><td>Date of Review/Revision:<br>8/12/05, 8/21/06, 3/19/07, 6/18/07, 1/5/09, 6/30/09, 1/25/10, 5/22/12, 6/4/13, 6/5/14, 4/5/16, 9/13/17, 6/1/18, 8/18/19, 5/1/20, 1/10/22, 3/24/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>CE Committee, Residential Watch Committee, Trainers, Mary Baukus</td></tr>
<tr><td>Supersedes: 03.02.17</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The medication related service component for residential settings as defined by the Michigan Department of Health and Human Services (MDHHS) and Michigan Medicaid Program requirements, includes "assisting the beneficiary to perform the following: assistance with self-administered medications" and "assistance, support and/or training the beneficiary with reminding, observing, and/or monitoring of medications."

The purposes of this policy include the following:

A. To ensure residential compliance with state and other requirements.
B. To provide clear and comprehensive expectations for residential providers on SCCMHA procedures in medication related service in the home setting.
C. To ensure best practice and uniform medication related procedures in the SCCMHA network.
D. To prevent and minimize medication errors.
E. To minimize clinical and system risk related to medication use.
F. To define the role of the residential service provider regarding medication assistance and compliance of consumers served.
G. To promote accountability and responsibility of all staff in the chain of medication management and oversight.
H. To promote the five rights of medication compliance: right person, right medication, right dose, right time and right route.
I. To ensure trained, competent staff are involved in medication assistance and oversight.

J. To ensure that all reasonable precautions are taken by staff with the use of medications by residents.
K. To ensure that consumers in licensed residential settings receive correct ordered medication and appropriate oversight and monitoring related to medication use, and reactions.

**Policy:**
Many persons who receive SCCMHA funded specialized residential services, also are receiving assistance with medication adherence. Furthermore, varied medication management for multiple persons in a home setting with multiple staff, including changing medications and changing staff, requires that homes follow uniform procedures and maintain proper controls and oversight. It is the policy of SCCMHA that uniform medication procedures are necessary and will be followed in licensed residential settings that provide specialized services to adults with serious mental illness and intellectual and developmental disabilities on behalf of SCCMHA.

**Application:**
This policy applies to Licensed Residential Providers under contract with SCCMHA for specialized residential services.

**Standards:**
A. Residential staff including the Home Manager will submit consumer prescriptions and discontinued medication orders to the pharmacy in a timely manner.
    1. Staff must obtain appropriate authorization and written documentation for any new or discontinued medication orders.
    2. Depending on the date that the medication was discontinued, staff must be aware that the Medication Administration Record (MAR) provided by the pharmacy may include the discontinued medication.
    3. Staff must carefully compare the prescriptions to the medication orders and compare the medications to the prescriptions and the medication record at the start of each medication cycle or each time a medication is added, changed or discontinued.
    4. Staff must carefully transcribe orders to the consumer medication administration record.
    5. Staff must take routine proper precautions to ensure correct medication and dosage is given to and taken by consumers.
B. No prescribed medications may be given in a licensed residential setting without a signed physician's order or prescription.
    1. Only a prescribing physician, physician assistant. or nurse practitioner may adjust or change a medication order.
    2. Over-the-counter medications that do not require a physician's order (such as ibuprofen) must be identified on a non-emergent medication form signed by a physician and reviewed annually or whenever a prescribed medication is added to avoid any contraindication. Over the counter medications must be secured, as with other medications, and documented when given as needed according to the manufacturer's instructions and cautions, including interactions with other medications.

C. Residential providers will maintain official complete, accurate and current medication records for all consumers, including over the counter and prescriptions for other health needs, as well as consumer allergies and any special instructions; complete orders/prescriptions will also be maintained on file.

D. Residential staff will keep current, accurate, clear and complete records of all medications given to each individual consumer, including date, time, involved staff, consumer, dosage and any special instructions
   1. If a correction must be made in the record, staff should draw a line through the incorrect information, note the correct information, and initial and date the correction.
   2. Records must be kept in ink.
   3. Staff should routinely ensure that medication labels, physician's orders and medication records match.

E. Any SCCMHA medication related procedures and policies regarding medication management will be reviewed and approved by the SCCMHA Medical Director, in consultation with the Director of Enhanced Health and Integration and the assigned lead Pharmacist.
   1. Provider procedures regarding medication practices in the home must be available for SCCMHA review upon request.
   2. SCCMHA or the pharmacy can assist with any concerns regarding medication procedures

F. Any and all medication errors, refusals and disposals (including expelled or suspected expelled medicines) will be documented and reported in writing, including to SCCMHA in incident reports in a timely manner.
   1. The only exception for incident report filing would be anticipated medication refusals that have been specifically and proactively addressed in the individual's written person-centered plan (IPOS).
   2. Whenever a trend of medication refusal or expelling develops with a specific individual, the home provider should seek SCCMHA consultation for management by contacting the primary case holder.
      a. Chronic refusals of medications should be addressed in a written positive support plan or behavior treatment plan.
   3. Lack of consistent compliance with proper documentation of medication errors in the form of written incident reports or serious violation of medication policies and procedures will result in appropriate level of discipline for any involved staff by the provider and will be subject to any necessary sanctions determined by SCCMHA.

G. Residential home managers will oversee medication practices, management, compliance and controls in the home and review and promptly address any staff or home patterns of medication errors for corrective and/or preventative action.

H. Any medication changes that should occur need to be communicated to staff in a coordinated manner. For example, at shift change.

I. Any medication related questions are expected to be directed in a timely manner to the physician or nurse practitioner, pharmacy or primary case holder personnel by the home staff.

1. Lack of clarity by home staff is not an acceptable reason to either simply withhold medications or make assumptions about how to proceed with any specific medication assistance to consumers.
2. Physician, physician assistant, or nurse practitioner and pharmacy clarifications should be immediately sought and documented by the home staff so that the proper, intended medication/dosage may be given in a timely manner.
3. Actual or possible conflicts in physician orders should also be immediately resolved by home staff by contact with the physician, physician assistant, or nurse practitioner and documented in consumer home record.

J. Primary Case Holder staff will monitor assigned consumer medication adherence and response during routine monitoring visits.

1. The psychiatrist, physician, physician assistant, and nurse practitioner will monitor medication adherence and response as well as side effects during medication reviews.

2. A nursing assessment authorization will be requested by a case holder when a consumer transitions from one setting of care and returns to their home, i.e., hospitalization, nursing home etc. The assessment will include a medication reconciliation. This information will be used to validate the current medication regime post transition of care for the home manager. Medication reconciliation may include training or education for new prescriptions or changes in medications post discharge.

3. Nursing assessments authorized by SCCMHA, will require a plan of care, which will be included in the Individual Plan of Service (IPOS).

- The plan will identify the impact of new or existing health related issues upon the psychiatric diagnosis.
- The assessment will include a medication reconciliation.
- The plan of care will specify goals to be achieved for a period not to exceed 3 months, including the duration and frequency of monitoring of those goals by the entire treatment team.

K. Used needles must be disposed of in a proper, tamperproof container in the home, and then through a proper, permanent disposal method.

L. Medications must be properly stored in a locked, cool, dry, organized location.
1. Medications that require refrigeration must be stored in a secure container in a refrigerator location that is not readily accessible to non-authorized persons.
2. Internally delivered medications (such as oral pills, liquids and injectables) and externally delivered medications (applied topically to the skin or body, such as creams and eye drops) should have storage separation to prevent contamination of internally delivered medications.

M. Routine, daily medications will be prescribed and filled in 31 or 30 calendar day increments by the SCCMHA pharmacy provider, depending upon the consumer's insurance coverage and the number of days in a particular month.

N. Providers will adhere to an appropriate, documented procedure for home staff disposal of any and all discontinued or unused out of date medications. The

preference is to follow CDC guidelines for discarding discontinued or unused medications.

1. This should include a documented witness who signs along with the person who is disposing of the medications.

O. Providers will maintain specific documented records regarding narcotics and other controlled substances; the pharmacy provides a log for this purpose.

1. Missing medications that are also controlled substances must be reported to the appropriate local law enforcement agency as required by law.

P. Whenever physician orders are phoned into the pharmacy, the home must obtain an order from the pharmacy, physician, physician assistant, or nurse practitioner.

1. Home personnel may not accept verbal orders for medication changes.

Q. All management of medications, including assistance to individuals in taking their medications, will follow proper, consistent home procedures and be documented by all staff involved in medication practices.

R. The re-labeling of original medication containers by home staff is not permitted.

1. Residential staff managing medications for consumers will verify current medication regimens through medication records that are kept current and accurate.
2. Home staff may contact the pharmacy for possible relabeling. If pharmacy is unable to relabel the medication, home staff may need to obtain a new physician order to obtain the proper dosage of medication.

S. For consumers who participate in routine, daily vocational activities outside of the home or in the community, whenever possible, medication will be taken in the home setting and managed by the home staff.

1. If needed, the home may request, and the pharmacy will provide, special out-of-home medication packaging with advance notice.
2. SCCMHA Transportation Services WILL NOT transport medications to day programs.

T. PRN (i.e., per requested need/as needed) medications will be documented and frequency of such use will be reported to the physician, physician assistant, or nurse practitioner; trends should be noted and addressed.

U. Some prescribed medications require specific and legal informed consents by the consumer or guardian.

1. Such consent documents, when applicable, will be noted in the consumer record.

V. Persons receiving Clozaril/clozapine or FazaClo must use the SCCMHA pharmacy to ensure proper monitoring of this medication regimen unless distinct exceptions are agreed to by SCCMHA.

W. Laboratory services as requested by the physician or nurse practitioner must be promptly facilitated by the residential provider for the consumer and any results delivered directly to the home or consumer must be provided to the physician or nurse practitioner in a timely manner.

X. Training, written competency testing and one observable medication administration will be provided by SCCMHA CEU trainers relative to medication use and side

effects for direct care staff and home managers. This is a mock medication pass observation.

1. Staff must have specific, minimum medication training that meets SCCMHA requirements and observed by the home manager as competent to provide medication assistance to consumers.
2. Home managers will receive competency evaluation by a SCCMHA Nurse(s).
    a. Competency Evaluations of direct care staff should include at least ten (10), or more if deemed necessary, documented medication demonstration occurrences observed by the Home Manager and documented on a Medication & Vital Sign Administration Evaluation Form.
3. Staff who demonstrate patterns of medication errors should be directed to receive additional training and/or re- evaluation.
4. Staff may not participate in medication assistance in the home unless they are properly evaluated on competency in medication administration.
5. It is the home manager's responsibility to ensure that staff are properly trained in medication management and are following home and SCCMHA requirements.
6. SCCMHA strongly recommends that new home managers directly re-evaluate their staff to ensure competency and that all home managers evaluate new staff, even if they have been certified or evaluated elsewhere in the past.
7. It is recommended that a minimum of five (5) documented medication demonstrations occur when a staff person is coming from another home.
8. Staff must be evaluated in medication administration within ninety (90) days from employment. Unless home manager feels the person needs additional training time.
    a. The home manager may use discretion about the length of time to certify/ evaluate staff if there is concern the staff person is not ready to administer medications independently.
9. Every three (3) years staff must attend medication renewal classes and be evaluated by the home manager which includes five (5) documented medication demonstration occurrences.
10. If there is a break in direct care employment longer than twelve (12) months, Basic Medications training and re- evaluation must also occur.
11. Home managers from residential facilities outside of Saginaw County must attend Home Manager Vital Sign and Medication Competency Evaluation and will be evaluated by the SCCMHA Nurse(s)
12. SCCMHA Nurse(s) has a training suppository mannequin that will be used for rectal suppository and enema evaluation. -At the New Home Manager Vital Sign and Medication Competency Evaluation and Home Manager 3-year renewal, a Registered Nurse will demonstrate and evaluate the home managers in the class room setting. The home managers will then evaluate their staff in the home. Home Manager will request a suppository mannequin through a check-out system either at A.) the conclusion of Home

Manager Vital Sign and Medication Competency Evaluation or B.) at the time of their choosing by contacting a SCCMHA nurse. The home manger will evaluate their staff at least one time with the use of the mannequin.

***PLEASE NOTE: prior to the rectal suppository training staff must have the 10 oral certifications completed.

Y. Each residential staff member will provide to individual consumers only the medications they have directly prepared and documented for that person in order to prevent and minimize medication errors and maintain the integrity of the medication assistance procedure.

Z. Co-pays will not be a barrier in meeting immediate medication needs of consumers.
   1. SCCMHA will review and approve requests for financial hardship co-pay coverage for appropriate consumers as needed for psychotropic medications.
   2. Financial hardship declarations made by consumers may be provided to the pharmacy at the time the prescription is being filled.
      a. Co-pay coverage by SCCMHA is then subject to further SCCMHA confirmation based on the person's individual financial circumstance.
   3. SCCMHA will treat consumers fairly with regard to co-pay coverage assistance when needed.

AA. Although SCCMHA is not responsible for covering the cost of medications relative to medical needs, SCCMHA requests that difficulties in obtaining health medications be brought to the attention of SCCMHA for assistance.
   1. Home managers and primary case holders are expected to collaborate in these circumstances to ensure that all medications prescribed, including medications related to physical health, are received by the consumers.

BB. Consumers have the right to decline medications.
   1. Home staff should immediately seek assistance on both medication errors as well as declinations since implications with many medications could have serious health risks for individuals.

CC. Additional and enhanced medication training is recommended, especially for home managers, relative to the specific medication needs of the consumers served.
   1. Residential provider programs or sites are encouraged to establish specific levels of advanced training in the area of medications beyond the minimum training provided by SCCMHA to promote the medication competence of residential services.

DD. <u>Home managers and residential staff must coordinate medication changes upon hospital admissions and discharges for consumers.</u>
   1. <u>Home staff should ensure the hospital has complete and accurate medication information upon admission.</u>
   2. <u>Home staff must also ensure they are clear about which medications will be continued, which medications will be discontinued and which medications will be newly prescribed upon hospital discharge, as part of obtaining any and all written discharge instructions.</u>

3. Whenever indicated, pharmacy, nurse practitioner or physician(s) clarification should be sought regarding medications upon discharge.

EE. Medication reactions of a serious nature indicate the need for emergency medical attention.
   1. Home staff are obligated to ensure the proper medical attention is received as soon as possible in a crisis situation.

EE. Injectable medication procedures for individual consumers must be taught by the prescribing source.

**Definitions:**

**Licensed Residential Settings** include SCCMHA contractors that have an Adult Foster Care (AFC) license with the State of Michigan. Licensed Residential setting services are composed of both personal care and community living supports according to MDHHS and Medicaid requirements.

**Specialized Residential Programs** refer to those that have a specific certification along with the AFC license which is required for SCCMHA funding; all licensed residential providers under contract with SCCMHA are considered Specialized Residential Programs.

**Contraindications:** Any symptom or circumstance indicating the (possible) inappropriateness of a form of treatment otherwise advisable.

**Controlled Substance:** Any medication/narcotic that has been deemed addictive by class by the federal government and requires specific documentation tracking and a police report when missing.

**Medication Error:** Any incident regarding medication including any of the following: 1) the proper medication is present in the home but it has an expired date; 2) medication was refused or expelled (or is suspected by staff to have been expelled) by the consumer; 3) a dosage of medication was missed/not given; 4) the wrong dosage of medication was given – any dosage that is either too high or too low; 5) medication was given at the wrong time – either too late or too early; 6) medication became contaminated, such as dropped on the floor or packaging was tampered with or compromised; 6) inappropriate medication was taken by consumer, such as consumer being in the community and reports taking something or is found to have taken or is suspected of taking inappropriate medication; and 7) any missing supply of consumer medication.

**References:**

A. Michigan Medical Assistance Manual – Substance Abuse & Mental Health Chapter
B. Michigan Licensing Rules, R 400.14312 Resident Medications
C. SCCMHA Policy 04.01.02 – Incident Reporting and Review
D. SCCMHA Procedure 09.04.03.07 – Residential Provider Watch Program
E. SCCMHA Policy 05.06.06 – SCCMHA Continuing Education Program
F. SCCMHA Policy 03.02.49.01 – Care Transitions
G. SCCMHA Policy 03.02.49 – Hospital Discharge Planning
H. SCCMHA Training Protocols Manual, *Basic Medications*
I. SCCMHA Home Manager Resource Manual (Medications & Pharmacy sections)
J. Residential Direct Care Staff Preliminary Training materials
K. SCCMHA (or provider) medical record medication related forms
L. SCCMHA Minimum Training Requirements Summary
M. SCCMHA Incident Report Form

N. Pharmacy Event Report
O. Narcotic Record Sheet

**Exhibits:**

Exhibit A: Summary of who home staff should contact regarding medication issues
Exhibit B: Medication Administration Return Demonstration Medication & Vital Sign Administration Evaluation Form
Exhibit C: Pharmacy Overview of Medication Packaging/Cycles
Exhibit D: SCCMHA General Procedure for Preparing Medication/Medication Tip Sheet (laminated version to be posted in the home for staff use)
Exhibit E: Medication Administration Record Documentation/Profiling Medication Dosage Tip Sheet (laminated version to be posted in the home for staff use) updated – replace with attachment
Exhibit F: Medication Certification Decision Guide
Exhibit G: Simulation Skill Sheet
Exhibit H: Missed Medication Tip Sheet
Exhibit I: Return Demonstration Tip Sheet *Medication & Vital Sign Administration Evaluation Form*
Exhibit J: Rectal Suppository and Enema Procedure

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Directs all medication dispensing and cycles as scheduled with homes and fills ordered prescriptions; alerts providers and SCCMHA to any medication related concerns. Provides consultation to specific consumers, staff and providers when requested or indicated. Provides quality management and improvement data to SCCMHA regarding medications and system issues. Manages indigent and patient assistance programs for psychotropic medications. Receives requests from consumers with financial hardships for co-pay coverage consideration by SCCMHA. Provides daily dose punch card packaging for the home medications and related home orientation; will provide special packaging for medications as requested. Works with providers to ensure medication dispensing schedule meets consumer needs. Adheres to pharmacy legal requirements. | Pharmacy |
| Approves SCCMHA policies relative to medication management and oversees | Medical Director |

| | |
|---|---|
| system compliance. Alerts physicians or nurse practitioner, staff, and providers to any medication related issues of potential system concern. | |
| Conduct individual medication related assessments and reviews; prescribe needed medication through written orders. Order and review results of needed laboratory procedures according to SCCMHA Policy. | Network Psychiatrists, Physicians Assistants, or Nurse Practitioners |
| Monitor individual medication response and reactions. Receive feedback from consumers/families/staff and providers on medication outcomes. Consult with home providers and staff as appropriate and respond to staff, home, or pharmacy requests relative to medication issues. | Residential Providers/Direct Care Staff, Primary Record Holders |
| Reviews medication policy and procedure and medication error information from SCCMHA system incident reports and related data; recommends preventative actions and quality improvements. | Health Care Integration Committee, & Residential Watch Committee |
| Participate in required medication training and maintain proper medication skills certification according to SCCMHA policy. | Residential Providers/Direct Care Staff (including Home Managers) |
| Adhere to home and SCCMHA procedures regarding medication management. | Residential Providers/Direct Care Staff (including Home Managers) |
| Ensure individuals keep physician appointments. | Residential Providers/Direct Care Staff (including Home Managers) |
| Submit consumer prescriptions and discontinued medication orders to pharmacy for medications in a timely manner. | Residential Providers/Direct Care Staff (including Home Managers) |
| Obtain appropriate authorization and written documentation for any new or discontinued medication orders. | Residential Providers/Direct Care Staff (including Home Managers) |

| | |
|---|---|
| Carefully transcribe orders to consumer medication record documents. | Residential Providers/Direct Care Staff (including Home Managers) |
| Take routine proper precautions to ensure correct medication and dosage is given to and taken by consumers. | Residential Providers/Direct Care Staff (including Home Managers) |
| Use proper hygiene when giving medications and accurate measuring tools when giving liquid medicines. | Residential Providers/Direct Care Staff (including Home Managers) |
| Document medication given to individuals, including any related observed changes, side effects, declinations, and errors. | Residential Providers/Direct Care Staff (including Home Managers) |
| Complete a written incident report each and every time a medication error occurs as soon as noted, regardless of which staff are involved. | Residential Providers/Direct Care Staff (including Home Managers) |
| Report or seek consultation on specific medication concerns for individuals promptly, including any consumer questions, whenever indicated. | Residential Providers/Direct Care Staff (including Home Managers) |
| Notify case manager/supports coordinator of medication changes, errors, or problems, including medication coverage or physician appointment needs. | Residential Providers/Direct Care Staff (including Home Managers) |
| Respond immediately to any medication related emergencies. | Residential Providers/Direct Care Staff (including Home Managers) |
| Adhere to medication disposal procedures. | Residential Providers/Direct Care Staff (including Home Managers) |
| Maintain proper control of all medications, including controlled substances. | Residential Providers/Direct Care Staff (including Home Managers) |
| Notify the pharmacy of any consumer address changes, including both new and moving residents. | Residential Providers/Direct Care Staff (including Home Managers) |

| | |
|---|---|
| Attend medication review appointments with individuals and facilitate mutual two-way communication between the home and physician staff regarding medication related issues of concern during and/or between medication review sessions. | Residential Providers/Direct Care Staff (including Home Managers), & Primary Case Holders |
| Ensure comprehension of orders at end of medication reviews and or inpatient discharges and ask any questions of the physician if indicated. | Residential Providers/Direct Care Staff (including Home Managers) |
| Provide critical required oversight of all aspects of home management of medication, including control and thorough and accurate documentation and reporting. | Home Managers |
| Supervises direct care staff in all aspects of medication skill competence and policy compliance in the home. | Home Managers |
| Initiates and implements any home or staff needed corrective action plans relative to medication procedures or performance in a timely manner. | Home Managers |
| Reviews home trends and practices and seeks to continually implement quality improvements to prevent medication errors and associated risks. | Home Managers |
| Ensures that staff members have accurate information regarding possible side effects for medications taken by consumers. | Home Managers |
| Reinforces to all staff that all medication errors are to be promptly and accurately reported in a written incident report to SCCMHA with **no** exceptions. | Home Managers |
| Maintains proper medication training and skill evaluations for staff and self; directly supervises and accurately evaluates home staff through demonstration of medication competency. | Home Managers |

| | |
|---|---|
| Serves as lead communication resource to SCCMHA and seeks medication related clarifications whenever indicated. | Home Managers |
| Ensures that the home has sufficient procedures and staffing coverage to attend to medication issues, including proactive filling of prescriptions. | Home Managers |
| Receives orientation from pharmacist and consultation as requested. | Home Managers |
| Ensures missing narcotics are properly reported; seeks SCCMHA assistance as needed. | Home Managers |
| Conduct nursing assessments for identified persons. Visit consumers in their home and provide individual home or consumer consultation as needed and relates to the consumer plan. | Nursing Staff |
| Provide administrative consultation to SCCMHA on medication related training and procedures. Report any observations of training needs to Residential Watch Committee and/or Continuing Education Unit | Nursing Staff |
| Participates in the SCCMHA monitoring process of homes and identifies any medication adherence concerns. | Primary Case Holders |
| Ensures home has current PCP, including any medication related and health content. | Primary Case Holders |
| Coordinates services and responds to home needs and requests to meet consumer needs. Participates in SCCMHA monitoring of medication procedure compliance in homes and identifies any areas of concern to SCCMHA supervisors or administration. Communicates with consumer treatment team on medication and health concerns | Primary Case Holders |

| | |
|---|---|
| and coordinates same with the prescribing physician. Assists the home staff or manager in problem solving on medication issues or concerns. | |
| Provides Basic medication training, related written competency testing and one observable medication administration. which is a mock oral medication pass done during class and CEU Trainers keep records indicating students; appears competent at this time; needs more training and supervision in the home; or needs to repeat medication class and return demonstration. Provide training records and reports. Provides consultation to home managers on staff medication competencies on an individual basis as requested or indicated. | Continuing Education Unit |
| Evaluates home managers on medication and vital competency. | SCCMHA Nurse(s) |
| Arranges enhanced medication specific learning opportunities sponsored by SCCMHA which are open to staff and providers. | Continuing Education Supervisor |
| Determine and address serious at-risk situations for consumers in homes relative to medication compliance. Recommend and direct appropriate system actions as indicated to ensure consumer safety. | Executive Director of Clinical Services & Programs<br>Director of Network Services, Public Policy & Continuing Education and Director of Recipient Rights |
| Reviews medication administration records as part of the annual on-site audit process and follow-up. Participates in the SCCMHA medication related compliance performance monitoring of home providers. Issues provider site sanctions whenever appropriate. | Auditing Unit/Network Services & Public Policy Department |
| Investigates, issues reports and recommends actions pertaining to any consumer rights violations, which include any appropriate medication issues. | Recipient Rights Unit |

| | |
|---|---|
| Routinely reviews incident reports, including medication related matters. | |

Exhibit A

The following is a summary of who the home staff should contact regarding medication issues:

| **WHO TO CONTACT FOR ↓** | **Physician, Physician Assistant, or Nurse Practitioner** | **Pharmacist** | **Case Manager/Supports Coordinator** | Examples: |
|---|---|---|---|---|
| Prescription Order | | X | X | Cannot read; want to confirm accuracy; obtain copy of order. |
| Insufficient Medications | | X | X | Out (or will soon be out) of needed medication supply. |
| Medication Side Effect | X or | X | X | Observation of consumer symptoms and behavior of potential concern. |
| Medication Error | X and | | X | Too many, too little, wrong dosage or no medications given as ordered, including when. |
| Consumer Medication Refusal | | | X | Resident refuses or expels (or may have expelled) medications. |
| Medication Contraindications | X and | X | | Conflicting physician orders, duplicate medication orders. |
| Laboratory | X | | | Results of lab tests to report. |
| Unfunded Medications | | | X | Client has medication needs (including general health) but no funds to cover cost or co-pay. |

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: _____

HOME NAME: _____

## ORAL MEDICATIONS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Check med book to see *right time* meds need to be *given*. | | | | | | | | | | |
| 2. Clean & disinfect work area. | | | | | | | | | | |
| 3. Wash hands before set up of med. | | | | | | | | | | |
| 4. Gather all necessary equipment (water & med cup, spoon, etc.) | | | | | | | | | | |
| 5. Locate the *right meds* and perform *first of the triple check* for the 5 Rights of a Med-Pass. | | | | | | | | | | |
| 6. Perform Check #2 of the 5 Rights & place the *right dose* in cup. | | | | | | | | | | |
| 7. Perform a *safety check* (breaks, cracks, chips, discoloration). | | | | | | | | | | |
| 8. Perform Check #3 of the 5 Rights & put meds away for storage. | | | | | | | | | | |
| 9. Lock med storage area or keep supervised while meds are given. | | | | | | | | | | |
| 10. Identify that you have the *right person.* | | | | | | | | | | |
| 11. Explain reason for the meds or any procedure you are doing. | | | | | | | | | | |
| 12. Position the person correctly to prevent choking. | | | | | | | | | | |
| 13. Administer meds by the *right route.* | | | | | | | | | | |
| 14. Remain with the person until meds are swallowed (oral check). | | | | | | | | | | |
| 15. Dispose of cups, spoons, tissues, etc. | | | | | | | | | | |
| 16. Wash hands after giving meds. | | | | | | | | | | |
| 17. Document immediately after giving meds. | | | | | | | | | | |
| 18. Recheck the med book, ensure all meds were given & signed for. | | | | | | | | | | |
| 19. Observe, report and record response to meds. | | | | | | | | | | |

## TOPICAL MEDICATIONS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands before procedure. | | | | | | | | | | |
| 2. Remove cream from jar/tube using an applicator/tongue blade or other suitable substitute. (Insert into jar x 1 only) | | | | | | | | | | |
| 3. Provide privacy. | | | | | | | | | | |
| 4. Put on disposable gloves & apply to affected area as ordered. | | | | | | | | | | |
| 5. Wash hands after procedure. | | | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: _____

HOME NAME: _____

## NOSE DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands and provide privacy before procedure. | | | | | | | | | | |
| 2. Instruct consumer to gently blow their nose to clear nasal passage. | | | | | | | | | | |
| 3. Position consumer w/head tilted back, provide tissue for drainage | | | | | | | | | | |
| 4. Draw medicine into dropper, checking dropper for chips/cracks. | | | | | | | | | | |
| 5. Avoid touching dropper against nostrils or any other surface. | | | | | | | | | | |
| 6. Administer correct amount of drop(s) in correct nostril(s). | | | | | | | | | | |
| 7. Replace dropper and secure it. | | | | | | | | | | |
| 8. Encourage consumer to remain in this position for a few minutes. | | | | | | | | | | |
| 9. Wash hands after procedure. | | | | | | | | | | |

## EAR DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands and provide privacy before procedure. | | | | | | | | | | |
| 2. Shake medication if indicated on directions. | | | | | | | | | | |
| 3. Position consumer w/affected ear up. | | | | | | | | | | |
| 4. Draw medicine into dropper. | | | | | | | | | | |
| 5. Avoid touching the dropper against ear or any other surface. | | | | | | | | | | |
| 6. Pull affected ear up & back to allow drops to run into ear canal. | | | | | | | | | | |
| 7. Administer correct amount of drop(s) into correct ear(s). | | | | | | | | | | |
| 8. Replace dropper & secure it. | | | | | | | | | | |
| 9. May place cotton to ensure medicine does not drain out, remove it within 15 minutes. | | | | | | | | | | |
| 10. Keep head tilted for a few minutes. | | | | | | | | | | |
| 11. Wash hands after procedure. | | | | | | | | | | |

## EYE DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands, provide privacy & apply disposable gloves before procedure. | | | | | | | | | | |
| 2. Have consumer tilt head back, stabilize head for safety. | | | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: _____

HOME NAME: _____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 3. Provide 2 tissues, one for each eye to avoid contamination. | | | | | | | | | | |
| 4. Caution against rubbing eye, pat excess drainage w/tissue. | | | | | | | | | | |
| 5. Draw medicine into the dropper. | | | | | | | | | | |
| 6. With index finger, pull lower lid down to form a pocket. | | | | | | | | | | |
| 7. Place dropper as close to eye as possible without touching it or any other surface, prevent back flow or medicine into bulb. | | | | | | | | | | |
| 8. Administer one-drop at a time into the "pocket" of lid. (Never directly on the eyeball.) Allow the consumer to blink between drops to avoid overfilling the pocket". Overfilling causes the medication to run out and the consumer doesn't receive benefit of the full dosage. | | | | | | | | | | |
| 9. Replace dropper and secure it. | | | | | | | | | | |
| 10. Remove gloves and wash hands. | | | | | | | | | | |

**Same technique for eye ointments. Be certain to squeeze a small "ribbon" to the edge of the eye lid, starting at the inner corner and working to the outer corner.*

**ELIXERS (LIQUID MEDICATIONS)**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Place cap on counter upside down to avoid contamination. | | | | | | | | | | |
| 2. Pour medicine away from the label, place label in your palm. | | | | | | | | | | |
| 3. Pour medicine at eye level and double check on flat surface. (i.e.) Place cup on counter top to re-read measurement. | | | | | | | | | | |
| 4. If measuring less than 5 ccs, use a syringe. Never insert syringe into the bottle. | | | | | | | | | | |

**RECTAL SUPPOSITORIES**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Remove suppository from storage, gather equipment, gloves and water soluble lubricant. (i.e.) K-Y jelly. | | | | | | | | | | |
| 2. Wash hands. | | | | | | | | | | |
| 3. Provide privacy (close curtains/doors) and adequate lighting. | | | | | | | | | | |
| 4. Explain procedure. | | | | | | | | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: _____

HOME NAME: _____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 5. Instruct/assist person to remove undergarments, lie on left side with right leg bent toward stomach. Be certain to expose only the area required. Cover upper and lower body as needed. | | | | | | | | | | |
| 6. Apply disposable gloves. | | | | | | | | | | |
| 7. Remove suppository from wrapper, lubricate your finger & rectal opening. | | | | | | | | | | |
| 8. Lift upper buttock to expose rectal opening. | | | | | | | | | | |
| 9. Insert suppository w/finger past the anal sphincter 1-inch. | | | | | | | | | | |
| 10.Hold buttocks together for a few minutes to avoid expulsion. | | | | | | | | | | |

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 11. Instruct person to remain lying down for 10-15 minutes. | | | | | | | | | | |
| 12. Remove gloves and wash your hands. | | | | | | | | | | |

**For vaginal, use same procedure but position lying on back with knees bent, identify vaginal opening, insert 2 inches.*

**RETURN DEMONSTRATION**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Demonstrates minimal competency at this time. | | | | | | | | | | |
| 2. Need to observe procedure in the work setting-then may pass medications with supervision prior to independent med-pass. | | | | | | | | | | |
| 3. Need to repeat medication class & return demo. | | | | | | | | | | |

**RETURN DEMONSTRATION COMPLETE**

_____

Trainee Signature — Date Completed

_____

Home Manager — Date Completed

**Please attach comments on an additional sheet if necessary**

Rev. 3/9/09 kst, 11/3/06 ph

Exhibit C

**500 Hancock, Suite 100, Saginaw MI 48602**
**Phone 989.793.3130**
**Fax 989.793.3133**

TO: ##########

FROM: GENOA HEALTHCARE

DATE: ##########

RE: Overview of “cycle dates” and packaging of medications

Welcome to Genoa Healthcare, we thought it would be a good idea to send out a review of our processes involving cycle dates and how the medications are packaged. Please take time to read through this document as it is intended to clarify some of the most frequently asked questions. Please share with all appropriate staff members in the home and feel free to call us with any questions.

Each home is assigned a “cycle date” on which they are supposed to start administering their monthly medications. Each month 7-10 business days before the home’s cycle date, the home manager or med coordinator sends Genoa Healthcare their reorder request form. This form contains a list of each patient and the routine and as needed medications the home will need for the upcoming month. It is the home’s responsibility to make sure they ask for everything they need in the appropriate quantities to avoid excess deliveries and possibly extra charges. Genoa Healthcare will then fill and package the medications and deliver to the home two days in Advance of the cycle date to allow the home time to check in the order and make sure everything they asked for is there. This also allows the home time to ask any questions or get any clarification

they may need before the cycle starts. It is possible that the order may be accompanied by an incomplete order form. This form serves to alert the home of any medications that are not included in the order and a reason why. Most of the time this is due to a no refill situation or the medication requires a prior authorization to the insurance by the physician or nurse practitioner. In both cases Genoa Healthcare will notify the physician or nurse practitioner and wait for a resolution.

While checking in the order, the home may notice some of the labels are highlighted on the portion that says “no refills”. This is to alert the home staff that there are no refills left on that particular medication and the home has a month before the next cycle to schedule doctor appointments etc. to make sure new prescriptions are acquired. When processing your order, if the home requests a medication that has no refills left, Genoa Healthcare will contact the home to see if a new prescription is in the home. If there is not a new prescription, Genoa Healthcare will contact the physician or nurse practitioner and try and obtain the new prescription.

It is expected that once the cycle date arrives and the home starts using the new medications that they start by punching out the bubble that corresponds to the beginning of the cycle date. For example, if a homes cycle date is the 9th of the month, they will start their new cycle using bubble number 9 on the morning of August 9th. They will proceed to follow the calendar up to bubble 31 which corresponds to August 31st and then continue with bubble 1 corresponding to September 1st and end on bubble 8 which would correspond to September 8th. The new order for the next month will arrive at the home no later than September 7th and the home will start using the new supply of medications on September 9th.

Genoa Healthcare will always try to dispense enough days supply of medications with the cycle to match the number of days in that particular month (unless there is not enough tablets or capsules left on the prescription and the physician or nurse practitioner won’t refill it or if insurance constraints don’t allow us to bill for a 31 day supply).

Throughout the month a home might receive a new prescription from the physician or nurse practitioner. This should be forwarded to the pharmacy and we will dispense enough to get up to the next cycle date. For example, if the cycle date is the 9th and we receive a new prescription on the 2nd, we will dispense medications packaged in bubbles 2-8 so the new medication stays on track with

the rest of the cycle. The only time a new order will not be packaged according to the date will be new orders received throughout the month that do not have refills. These will be packaged in the whole amount written for and therefore the patient only pays one co pay.

There are a few exceptions where a medication will not be packaged according to the date. Clozaril is only dispensed every 1, 2, or 4 weeks and will be packaged in bubbles 1-7, 1-14 or 1-28 respectively. School doses are divided up into two cards. One is packaged 1-11 which the home uses on the weekends when the patient is home from school and the other card is packaged 12-31 for when the patient is at school. PRN or as needed doses are packaged in the amount the doctor or nurse practitioner wrote for and will be used by the home on an as needed basis. As mentioned above, new orders with no refills will just be filled as is and packaged accordingly without regards to dates. Every other day medications will be packaged in odd numbered bubbles. The last exception to packaging would be medications with defined stops like antibiotics or pain medications or any short term medication. If the doctor writes for Amoxicillin 500mg take one capsule three times a day for 7days (which is 21 doses), pharmacy will package in one card in bubbles 1-21. Some homes prefer that these short term medications be packaged in traditional vials so the numbering on the bubble packs does not confuse home staff.

The homes are provided with MAR (medication administration records) on a monthly basis. The home is responsible for writing in new orders that may arise throughout the month as pharmacy cannot print out a new MAR every time there is a change. New MARs are printed out around the 20th of each month and are sent out by the first of the month so any new orders that may come in after the 20th may not appear on the MAR until the next time around.

If you have any questions please call the pharmacy for clarification or if you'd like to set up an in-service. Our normal hours of operation are Monday thru Friday 8:30am to 5:30pm.

*Thanks, Genoa Healthcare Staff*

Exhibit D

## GENERAL PROCEDURE FOR PREPARING MEDICATION

1. Check each person's medication record to see if he/she is scheduled to receive medication on your shift. **Check the person's record to make sure there have been no medication changes**.

2. Prepare **one person's medication at a time.**

3. Select the medication administration record according to the time and day medications are to be given.

4. Clean off the work area.

5. Wash your hands using proper hand washing technique.

6. **Before the container is taken from the storage area** compare the label of the medication container with the medication record.
   Ensure accuracy by checking:
   - The right **person**
   - The right **medication**
   - The right **dose**
   - The right **time**
   - The right **route**

7. **Before the medication is removed** from the container compare the label of the medication container with the medication record
   Again check:
   - The right **person**
   - The right **medication**
   - The right **dose**
   - The right **time**
   - The right **route**

8. Remove the medication from the container according to **time** and **date** and into a medication cup.

9. **Before the medication is returned** to the storage area compare the label of the medication container with the medication record
   Do the third check of:
   - The right **person**
   - The right **medication**
   - The right **dose**
   - The right **time**
   - The right **route**

10. Write your **first name initial** in the appropriate box on the medication record to indicate the medication was taken from the container.

11. Follow special instructions written on the label or attached to the container (e.g. shake, warm, do not take with milk).

12. Offer the medication to the person. Offer water with oral medications. Observe the person to ensure he/she has swallowed the medication.
13. Sign your **last name initia**l in the appropriate box on the medication record to indicate the medication was given.
14. Wash your hands using proper hand washing technique before assisting the next person with his/her medications.

## Medication "Nevers"

1. **NEVER** give a person any medication that has not been prescribed by a person licensed to prescribe.
2. **NEVER** use a medication ordered for one person to treat another.
3. **NEVER** give a medication to one person from another person's prescription bottle.
4. **NEVER** pour medication from one bottle to another or relabel a bottle.
5. **NEVER** force a medication.
6. **NEVER** give a medication without an order.
7. **NEVER** give out a medication you did not "set up".
8. **NEVER** change a pharmacy label.
9. **NEVER** return an unused dose of medication to the bottle.
10. **NEVER** cut an unscored tablet.
11. **NEVER** leave medication cabinets unlocked or medications unattended.
12. **NEVER** call medications "candy".
13. **NEVER** take a telephone medication order from a physician or NP.
14. **NEVER** mix medications together unless directed to do so by the prescriber.

## When NOT to Give Medications

1. If the **medication record is missing**.
2. If there is **not a legible pharmacy label**.
3. Person exhibits a **dramatic change** in status: seizures, unconsciousness, difficulty breathing or any other change that appears to be life threatening.
4. If you have **any doubt** that you have the right person, medication, dose, time or right route, get assistance from your supervisor before giving the medication.
5. If the **person declines** to take the medication. Offer the medication in a positive way, explain the importance but never force the person to take the medication. He/she has the right to refuse. Notify your supervisor and immediately document the incident.

## Frequently Used Abbreviations

Q = every
d = day
h = hour
b.i.d. = twice a day
t.i.d. = three times a day
q.i.d. = four times a day
h.s. = bedtime
**p.r.n. = as needed**

mg. = milligrams
PO = by mouth
X = times
ml = milliliter
cc= cubic centimeter
X = times
PO = by mouth

Exhibit E

## Medication Administration Record Documentation

It is important that any person using or reviewing the Medication Administration Record understand exactly what has occurred. It is also important for staff to comply with rules that may vary between regulatory agencies. For this to happen, **documentation** must be consistent across the SCCMHA provider network.

**The most important thing that must happen is that the med passer must document on the back of the MAR anything out of the routine.**

This includes:

- Medication Refusal
- Hospitalization
- Leave of Absence
- Physician's Order to Hold the Medication

Using abbreviations such as H, R, LOA, P, hosp may differ between homes and between corporations. To avoid misunderstanding and miscommunication, the following should take place when anything but a routine med pass occurs.

**Medication Refusal**: Staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR, explains the refusal. Staff must also complete an incident report and per Licensing Rule 312 (4) (f), "Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given".
*It is important that the health care professional knows that the medication is not being received by the person. This has a major impact on the person's treatment and well-being.*

**Holding a Medication**: After receiving a physician's order to hold a medication, staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR, provides a complete explanation of the reason the medication was held. The home must maintain the physician's order in the person's record.
If the doctor orders the medication to be held for a number of days, staff should STOP the medication for those days then START the medication as described in profiling medications.

**Hospitalization and Leave of Absence:** Staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR provides a detailed explanation.

**Medication was late, missed, or not passed using the five rights:** Staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR provide a detailed explanation. Staff must also complete an incident report and per Licensing Rule 312 (4) (f), "Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given".

**Program:** Use the letter **P** to indicate the person was at Skill Building Program during the time the medication would have been given in the home.

Follow these simple rules:

1. For anything other than a routine med pass using the five rights, initial the appropriate box, circle the initials and provide a detailed explanation on the back of the MAR.
2. Follow the appropriate incident report procedure and notify the appropriate health care professional for medication refusals and medication errors.
3. Maintain copies of prescriptions, physician orders and all other health care related documents in the home.
4. Avoid using abbreviations including H, LOA, R and hosp on the MAR. Simply initial the MAR, circle the initials and provide an explanation on the back of the MAR.

Dawn Estrada January 2012

## Profiling Medication Dosage Tip Sheet

When a medication is ordered for a specific number of days, staff must calculate the date and time that the last dose of medicine will be administered. This is called profiling. Remember: you are **not counting** the number of **days**; you **are counting** the number of **doses**.

1. To find the number of **doses** of a medication, multiply the number of times the medication is given each day by the number of days for which it is prescribed. This number will give you the number of doses that the person will take. (Use a calculator if you have doubts).
   Example: The directions say take three times a day for 10 days. 3 x 10 = 30. The person will take 30 doses of the medication.

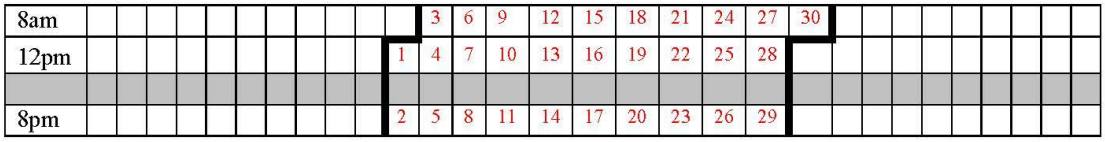
2. Once the medication is in the home, compare the medication container label with the physician's order. If they do not match, contact the pharmacy immediately. If they do match, continue.

3. First, transcribe the medication onto the person's Medication Administration Record. Information must include:
   1. Name of the medication
   2. Strength of the medication
   3. Dose of the medication
   4. Route of the medication
   5. Time the medication is to be given

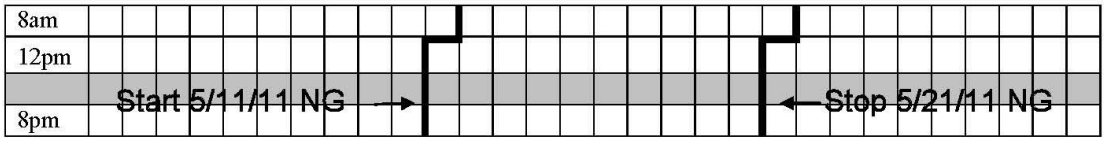
4. Compare what you transcribed on the Medication Administration Record to the medication container label. If they do not match, STOP and find the error. X out the transcription and start over if necessary.

5. Determine the time the first dose of medication will start.
   Example: The medication is picked up from the pharmacy and is in the home at 11:30am. The person is to take the medicine three times a day for ten days. You have documented on the Medication Administration Record that the person will take the medication at 8:00am, 12:00pm and 8:00pm. The first dose will start at 12:00pm.

6. Find the correct date and start time and draw a line on the top and outer **left** side of the box. Continue drawing the line on the outer left side of the 8:00 pm box. Start counting doses at 12:00 pm (1) , 8:00 pm (2) , then go to the next day and count 8:00am (3), 12:00 pm (4), 8:00pm (5) all the way to 30 doses. You will end on 8:00 am on the 11th day. Draw a line on the outer **right** side of the 8:00 am box, the bottom of the 8:00 am box and continue the line down the right side of the 12:00 pm and 8:00 pm boxes. You have outlined or profiled 30 doses of the medication.




7. Write **Start**, the start date and your initials just outside the line. Write **Stop**, the date and your initials on the outside of the ending line.




8. Whenever a medication is started or stopped, remember to alert other staff by documenting the changes in the communication log. Staff must also verbally inform incoming staff of medication changes.

Dawn Estrada January 2012

Exhibit F

## Medication Certification Guide

1. The ultimate goal is to ensure that the people who live in the home receive their medications accurately and safely every time by staff who demonstrate competence and knowledge about the medications, the person, and the route that the medication is given.

2. The purpose of ten supervised medication demonstrations is to build and strengthen the staff's knowledge and ability to assist the person with his or her medication with 100% accuracy every time medications are given. Only with supervised practice can a person develop the expertise required to safely and skillfully assist with medications.

3. Supervised medication demonstrations include only those routes that are used during the time period the return demonstration takes place. If no one is prescribed nasal spray, that route cannot be "checked off".

4. One supervised demonstration is defined as the staff person performing three checks of the five rights for the medications during one time period. For example, one staff giving consumers their 8:00 AM medications would be considered one return demonstration. Giving consumers their 12:00 PM medications would be considered return demonstration number two.

5. The goal is not to get all ten return demonstrations completed in the shortest time period possible so that there is a certified med passer in the home. The goal is to supervise medication passing enough times and over a long enough period of time that the home manager is sure that the staff has acquired and integrated medication skills that are unsurpassed.

6. The staff being supervised must practice putting his or her initials on the MAR as taught in the SCCMHA Basic Medications training; the med passer's first initial is put on the MAR after the second check of the five rights when the medication is placed into the medication cup. The second initial of the med passer's name is placed on the MAR after it has been ensured that the consumer has swallowed the medication. Licensing, Office of Recipient Rights and SCCMHA Auditors need to be able to look at the MAR and know at a glance who is a trained med passer and who is being observed. Therefore, the home manager must initial the med pass somewhere near the staff person's initials or otherwise indicate on the MAR that the person has completed a supervised med pass. To keep consistency across the network, the use of separate forms is discouraged.

7. We recognize that some routes are extremely difficult to conduct ten supervised med passes. The SCCMHA Continuing Education Unit has purchased a training mannequin that will be used for rectal suppository and enema certification. An SCCMHA Registered Nurse will certify the home manager during Home Manager training or Home Manager renewal training and the Home Manager will

then certify their staff by scheduling the use of the mannequin with the SCCMHA Registered Nurse and completing at least one certification using the mannequin.

**** PLEASE NOTE- Staff must have completed the 10 oral certifications prior to certification of rectal suppositories or enemas.

8. For return demonstrations for elixirs, the Home Manager could consider asking their pharmacy for an empty elixir bottle with a label that is intended for training purposes. Fill the elixir bottle with water and supervise staff in "passing" the liquid medication to another staff, ensuring the triple check of the five rights and the procedure as written. The pharmacy can also supply a blank MAR for transcribing and staff initialing. This way, staff can complete part of the return demonstrations in between actual prescribed elixir times.

9. For other routes including eye drops, ear drops, and nasal spray, there is a good chance that not every staff will be certified in these routes if the mediation is prescribed for a limited number of days. There is no rule requiring every staff be certified in every route within a certain time period. Make it a goal to get a core group of staff certified then work with other staff as time permits.

10. Home Managers are encouraged to use creativity in scheduling staff to complete the return demonstrations. Some ideas include:

    a. Temporarily adjust staff schedules to overlap medication times.
    b. Divide the return demonstrations between two staff during one time period. For example, supervise one staff passing medications for three consumers for 8:00 AM meds and another staff passing medications for three other consumers for 8:00 AM meds.
    c. Take advantage of times such as staff meetings and in-services and schedule the meeting time adjacent to a time when meds will need to be passed. Complete a return demonstration while the person is in the home for the meeting or in-service.

11. Staff successfully completing the Medication Three Year Renewal are expected to have five supervised medication return demonstrations. This is to make certain that staff continue to follow the procedure for medication administration as outlined in the Medication for Residential Settings policy. By signing the contract with SCCMHA, it is agreed that staff will follow the medication policy as written.

12. Staff moving to a different group home within the company should have one supervised medication return demonstration. Additionally, staff should be in-serviced on the medications in the home including the classification of each medication and what the medication is used for. If the Home Manager feels that the transferring staff is not performing to the standards as written, the Home Manager can require additional supervised return demonstrations and/or ask that

the person go back through Basic Medications class. Staff moving from another company should have five (5) supervised medication return demonstrations if there has been less than a 12 month break in employment. If more than a 12-month break, the employee must attend group home training as a new employee.

13. The Home Manager is the only individual who can conduct the return demonstrations. If the Home Manager has to be away from the home for an extended period such as for sick leave or maternity leave, SCCMHA Continuing Education Unit should be contacted to discuss alternatives.

14. Veteran staff who were checked off by a Registered Nurse as part of their Basic Medication class do not need to complete 10 additional supervised return demonstrations with the Home Manager. These individuals DO need to complete three-year renewal classes with 5 return demonstrations as written in the policy. SCCMHA Continuing Education Supervisor may be able to supply a copy of the original transcript if required by Auditing.

15. If the Home Manager fails the three-year renewal class, the home manager will not be authorized to conduct return demonstrations

Exhibit G

Medication (*routes other than oral*) Return Demonstration Guide

This guide contains suggestions to help the Home Manger conduct medication return demonstrations for routes other than oral. The minimum number of return demonstrations for each route is 10 demonstrations over a period of several days. The goal is for staff to safely practice the medication administration skills that will help ensure that medications will be administered to people with 100% accuracy every time. A staff person should not be certified to administer any medication until the Home Manager is confident that the staff person is competent to administer medications independently.

| Route | Suggestion |
|---|---|
| **Eye Drops** | Purchase ophthalmic saline preparations that are used for rinsing the eye. The ophthalmic preparation must be sterile and must be discarded by the expiration/use by date. *If the tip of the bottle touches the eye or any other surface, discard immediately and use a new, uncontaminated bottle.* ***NEVER use tap water or any liquid or solution that is not ophthalmic approved.*** Method: Simulate administering eye drops using sterile ophthalmic saline preparation with a staff person or home manager acting as the consumer. Follow the written procedure for administering eye drops using the three checks of the five rights. A minimum of 10 simulations over a period of several days should be conducted. |
| **Ear Drops/Nose Drops** | Ask pharmacy for an empty medication bottle with a dropper. Simulate administering ear drops and nose drops to another staff or Home Manager. *Do not use any liquid or any other substance in the dropper bottle.* Staff are simulating the procedure of drawing up medication into a dropper using the three checks of the five rights and then simulating the written procedure for ear drops and for nose drops. A minimum of 10 simulations over a period of several days should be conducted. |
| **Topical Medications** | Use a name brand hand /body lotion or cream. Check to see if the staff member or Home Manger is allergic or sensitive to any of the ingredients in the lotion or cream. Hypoallergenic does not mean that the product is allergy proof.<br>Simulate approaches that could likely be prescribed including over the counter body lotion prescribed for dry skin and lotion in a jar to simulate applying a topical medication using the written procedure for topical medications. Staff should be observed a minimum of 10 times over a period of several days to watch for adherence to the three checks of the five rights as well as adherence to the written procedure for topical medications. |
| **Rectal Suppositories** | The Home Managers will contact one of the SCCMHA Registered Nurses to schedule time to check out the suppository mannequin. The staff person will simulate rectal suppositories using the suppository mannequin. The Home Manager will certify the staff competent to administer rectal suppositories when she/he is confident that the staff can follow the three checks of the five rights and follow the written procedure for rectal suppositories. |
| **Elixirs/Liquid Medication** | Ask pharmacy for an empty elixir medication bottle. The home must have medication cups available for use for the simulation. Fill the medication bottle with water or other liquid safe for consumption. Simulate pouring liquid medication into a medication cup and administering to another staff or Home Manager using the three checks of the five rights. Staff should be observed a minimum of 10 times over a period of several days to watch for adherence to the three checks of the five rights as well as following the written procedure for liquid medication. |

If a medication route is not routinely administered, staff should participate in a refresher return demonstration with the Home Manager if/when that route is prescribed before administering the medication to a consumer. A route would be considered routine if it is part of the regular daily, weekly or monthly procedure.

A minimum of 5 return demonstrations for each route used in the home is required for the three-year renewal.

AMS 2/2020

Exhibit H

# Missed Medication Tip Sheet

FACT: Not administering medication as it is prescribed can result in serious and sometimes life-threatening consequences.
FACT: Licensing Rule 312 (4) (f) states "Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given".
FACT: An incident report must be completed whenever a medication error or refusal occurs. Licensing must be notified along with the Office of Recipient Rights.

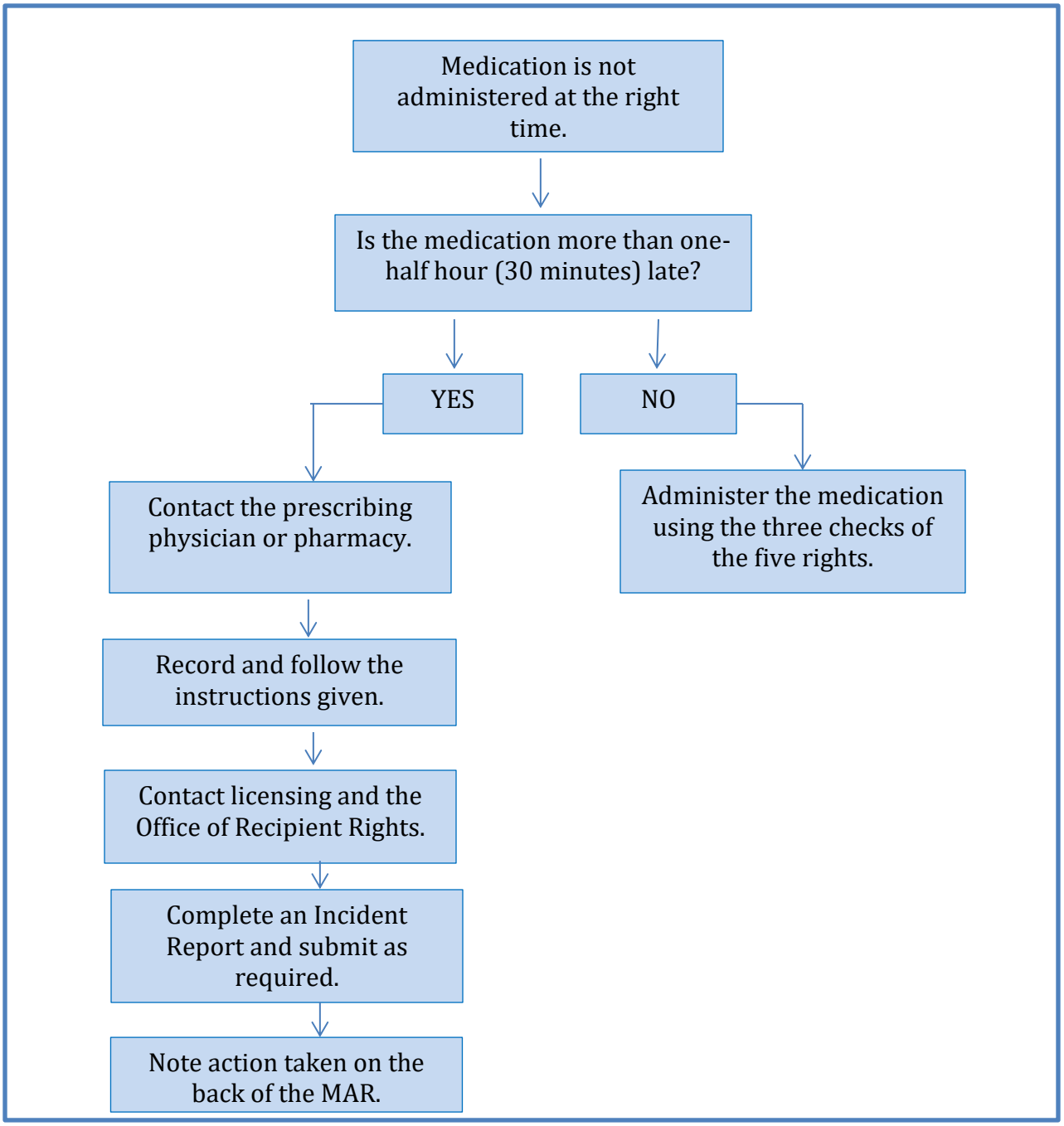


Exhibit I

# Return Demonstration Tip Sheet

| | |
|---|---|
| New Hire – never worked in Licensed Residential (LR) Facility | Minimum of 10 occurances of observed medication passes after successful completion of Recipient Rights, Basic Health, and Basic Meds.<br><br>Only routes currently used in the home must be observed. Other routes may be simulated over time. There is no time frame for simulations but keep in mind:<br>• At least one med passer per shift must be checked off for each route in use.<br>• Staff must have a minimum of 10 occurances of observed medication passes for that route.<br>• The R.N. assigned to the home must be contacted to check out a suppository mannequin. Home manager will train and evaluate staff's competency for supposity administration. |
| Active staff transfer within the company | Recommended at least one observed medication pass of each route used in the home. Home Manager must determine if more observation is needed before certifying the staff to administer meds. |
| Active staff hired from another company within the county – less than 12 months break in employment | Minimum of 5 occurances of observed medication pass of each route used in the home. Home Manager must determine if more observation is needed before certifying the staff to administer meds. |
| Staff hired from another company within the county with 12 months or more break in employment or staff hired from within the company with 12 months or more break in employment or staff hired from another county regardless of employment status. | Must be considered a new hire and follow the guidelines for New Hire – never worked in LR Facility. |

## Other

- Home Managers do not "work under" the R.N.'s (Registered Nurse) license. New Home Managers are required to Basic Health and Basic Medication training through SCCMHA Continuing Education Unit Trainers. New Home Managers are then required to participate in Home Manager Vital Sign and Medication Competency Evaluation with a SCCMHA Nurse. At the end of this competency evaluation, Home Managers are evaluated on the ability to follow the medication pass protocols and observe their direct care staff. Home Managers repeat this training no less than every three years.
- If a route is not used in the home, it is not required that all staff complete 10 observed administrations. There is a very good chance that staff will forget the important steps of administering the medication if the route is not administered on a regular basis. Instead, a core group of staff must be proficient in all routes over time with the understanding that at least one staff per shift has successfully completed the route observations. Infrequently used routes procedures should be reviewed at staff meetings.

Return Demonstration Tip Sheet AMS 2.2020

Exhibit J

Saginaw County Community Mental Health Authority

# Rectal Suppository and Enema Step by Step Procedure

**RECTAL SUPPOSITORIES**

1. Remove suppository from storage, gather equipment, gloves and water-soluble lubricant.
2. Wash hands.
3. Provide privacy in consumer's bedroom; (close curtains/doors) and ensure adequate lighting.
4. Explain what was ordered & why, explain procedure.
5. Place protective pad on bed.
6. Instruct/assist person to remove undergarments, position on left side with upper or right leg flexed over the lower / left leg toward the waist.
7. Cover the individual to provide privacy & only expose the buttocks & anal areas.
8. Apply Clean, non-sterile gloves.
9. Remove suppository from package, lubricate the rounded tip of the suppository, your index finger and you may lubricate the rectal opening. (Lubricant reduces friction and aids ease of insertion.)
10. Lift upper buttock to expose rectal opening. The individual should be encouraged to take a deep breath during insertion as this relaxes the anal sphincter.
11. Using gloved index finer insert the suppository, with rounded tip toward the person, into the rectum. (Move toward the umbilics.) Be certain to guide the suppository along the wall of the rectum, about 1-inch past the anal sphincter.
12. Remove finger & Wipe clean the area.
13. Hold Buttocks together for a few minutes to avoid expulsion.
14. Instruct the person to remain lying on the left side for 10-15 minutes.
15. Remove gloves being certain they are turned inside out & discard.
16. Wash Hands.
17. The Glycerin Suppository draws water into the intestine, resulting in bowel movement generally within 15–60 minutes.

**ENEMAS**

1. Follow preparation in steps 1-8 above.
2. Remove enema from package and remove the tip of the nozzle; you may add Lubricant.
3. Lift the upper buttock to expose the rectal opening & holding the nozzle gently, insert the tip into the anal canal.
4. Slowly squeeze the contents of the bottle until all have been deposited.
5. While continuing to squeeze the bottle (this helps to avoid any re-entry of contents), gently withdraw the nozzle.

*Assess the person for diarrhea or active rectal bleeding as rectal medications are contraindicated in these situations.
*For vaginal, use same procedure but position lying on back with knees bent, identifying vaginal opening, insert 2 inches.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Behavior Treatment Plan Review Committee (BTPRC) | **Chapter**: 03 - Continuum of Care | **Subject No**: 03.02.09 |
| **Effective Date**: 1/31/03 | **Date of Review/Revision**: 2/11/03, 9/9/03, 6/15/09, 5/24/10, 8/18/10, 3/21/12, 3/22/13, 6/18/13, 5/28/14, 12/1/15, 4/7/16, 3/16/17, 3/1/18,11/7/18, 2/28/19, 7/16/19, 3/3/20, 3/30/21, 9/27/21, 5/10/22, 4/11/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Director of Services for Individuals with I/DD<br><br>**Authored By**: Char Fondren, Barb Glassheim<br><br>**Additional Reviewers**: SCCMHA Behavior Treatment Plan Review Committee |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to establish standards and guidelines for the SCCMHA Behavior Treatment Plan Review Committee (BTPRC) which is charged with reviewing, approving or disapproving, and monitoring Behavior Treatment Plans (BTPs) that propose to incorporate intrusive or restrictive techniques or psychotropic medication for purposes of behavior control.

**Application:**
This policy applies to the entire SCCMHA Provider Network.

**Policy:**
The SCCMHA BTPRC shall be responsible for assuring that interventions for individuals who exhibit seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of harm, comply with all relevant state and federal rules and regulations as well as to the standards enumerated below in this policy.

**Standards:**
A. SCCMHA will establish and support the functioning of an effective Behavior Treatment Plan Review Committee.
   1. The BTRPC is a specially constituted committee appointed by the SCCMHA CEO whose purpose is to review and approve or disapprove any BTPs that propose to use restrictive or intrusive interventions with individuals served by SCCMHA who exhibit seriously aggressive, self-injurious or other challenging behaviors that place the individual or others at imminent risk for physical harm.

2. The SCCMHA BTPRC shall:
    a. Review plans and behavioral data to assure that an intervention is necessary, the least restrictive effective intervention, and that the rights of the individual are protected.
    b. Disapprove any BTP that proposes to use aversive techniques, physical management, or seclusion or restraint within a setting where these techniques are prohibited by law or regulation.
    c. Determine whether a causal analysis (i.e., a Functional Behavioral Assessment [FBA]) of the target behavior has been performed, positive reinforcers have been identified, behavioral supports and interventions have been adequately pursued, and, where these have not occurred, disapprove any proposed plan for utilizing intrusive or restrictive techniques.
    d. Expeditiously review and approve or disapprove, considering current peer-reviewed literature and/or practice guidelines, all BTPs proposing to utilize intrusive or restrictive techniques, and all requests to use a physical management technique not approved in accordance with this policy.
    e. Meet on a regular basis to review submitted plans that require committee action.
        1). For each approved plan, the committee shall set and document a date to re-examine the continuing need for the approved technique(s).
    f. Arrange for evaluation of the BTPRC's effectiveness by stakeholders, including individuals who experienced approved plans, as well as family members and advocates.
    g. Track and report BTP activity to the SCCMHA Quality Improvement Committee.
    h. Maintain minutes of all meetings held.
        1). Meeting minutes shall clearly delineate the actions of the committee.
3. The SCCMHA BTPRC shall be comprised of a minimum of three (3) members.
    a. At least one (1) member must be a board certified behavior analyst or licensed behavior analyst, and/or a full or limited licensed psychologist as defined in Section 2.4, Staff Provider Qualifications, of the Michigan Medicaid Provider Manual, Behavioral Health and Intellectual Disabilities Chapter, who has completed the required training as specified in the Manual.
    b. At least one (1) member must be a licensed physician/psychiatrist as defined in the Michigan Mental Health Code at MCL 33.1100c (10).
    c. At least one (1) member must be a clinical representative with expertise in working with individuals with mental illness and/or intellectual/developmental disabilities.
    d. In accordance with MDHHS requirements, a Recipient Rights Officer/Advisor shall serve on an ex-officio basis as a non-voting

member of the committee to provide consultation and technical assistance to the committee and Committee Chair.

e. At the discretion of the BTRPC, and with the consent of the of the individual whose treatment plan is being reviewed, ad hoc participation by other non-voting attendees, such as an advocate or Certified Peer Support Specialist shall be allowed.

4. The SCCMHA BTRPC shall meet as often as needed to conduct its business in a timely and efficient fashion.
5. The presence of two (2) of the required voting members shall constitute a quorum.
6. Any member who has prepared a BTP for review by the BTRPC will recuse himself/herself from the final decision-making.
7. Proposed plans, data and reports for BTPRC review must be received by the BTPRC Chairperson/designee at least five (5) working days prior to the next scheduled meeting.
    a. Behavior Treatment Plans submitted for review must include:
        1). Request to Use Intrusive/Restrictive Intervention(s) in a Behavior Treatment Plan from (i.e., SCCMHA form BTC 001 found in Exhibit B).
        2). Identified target behaviors (included as part of the proposed plan).
        3). Results of assessments performed to rule out relevant physical, medical, and environmental causes of the challenging behavior.
        4). A functional behavior assessment including strengths and deficits and a hypothesis of need(s) being met by performance of the behavior with evidence to support the hypothesis.
        5). Baseline data of the target behaviors and the method of data collection.
        6). Measurable behavioral goals and objectives with specified timeframes for the achievement of each.
        7). Evidence that the plan was developed as part of the person-centered planning process utilizing input from the individual, guardian, parent of a minor child or designated patient advocate.
        8). Evidence of the kinds of behavioral supports or interventions, including their amount, scope, duration and intensity, that have been attempted to ameliorate the behavior and that have proven to be unsuccessful prior to consideration of any intrusive or restrictive interventions.
        9). Proactive positive behavior adaptive/replacement strategies including skill building .
        10). Reactive/responsive positive behavior replacement strategies.

11). Intrusive/restrictive intervention(s) that stipulate specific and limited applications in the formal plan.
12). Known risks of the proposed intrusive/restrictive interventions.
13). Methods for monitoring and reducing intrusive/restrictive interventions.
14). Results of inquiries regarding any medical, psychological, or other factors that might put the individual subjected to intrusive or restrictive techniques at risk of death, injury, or trauma.
15). Peer reviewed literature or practice guidelines that support any proposed restrictive or intrusive interventions.
16). References to literature, and where the proposed intervention has limited or no support in the literature, why the plan is the best option available.
17). A plan for implementation, documentation, staff training and evaluation.

8. Once a BTP has been approved by the BTRPC, written special consent of the plan shall be obtained from the individual, their legal guardian, parent with legal custody of a minor child, or designated patient advocate prior to implementation of plan.
   a. Once written special consent has been obtained, it shall become part of the person's written Individual Plan of Service (IPOS).
   b. The individual, legal guardian, parent with legal custody of a minor child or designated patient advocate has the right to request a review of the written IPOS, including the right to request that person-centered planning be re-initiated, as well as the right to revisit the BTP. (MCL 330.172 [2]).
   c. Consumers and their parents and/or guardians shall have the right to decline a proposed behavior treatment plan, including positive supports and interventions.
      1). Those who choose to do so will be requested to sign a Decline of Behavior Treatment Plan form (Exhibit C).
      2). Consumers and their parents and/or guardians work with SCCMHA to work on alternative solutions i.e., interdisciplinary meeting.
   d. Consumers who are currently receiving services under an Alternative Order for Treatment (AOT) shall be required to adhere to their interdisciplinary treatment team's recommended BTP, including positive supports and interventions.
9. Psychotropic medications shall be prescribed for symptoms of mental illness and should not be used for control of behaviors without careful consideration.
   NOTE: If behaviors are severe and place the individual or others at significant risk, psychotropic medications may be helpful.

a. If medications are used for behavior modification, and medications are an integral part of a consumer's plan, the plan should be created by the person-centered interdisciplinary treatment team to assure the least restrictive treatment, and ultimately, the reduction and/or elimination of medications utilized for the purpose of behavior control.

b. Consumers and their parents and/or guardians shall have the right to decline a proposed plan that includes medication(s) used for behavior modification.

1). If this occurs, SCCMHA shall have the right to appeal the matter to a court of appropriate jurisdiction for adjudication.

c. Consumers who are currently receiving services under an Alternative Order for Treatment (AOT) shall be required to adhere to their interdisciplinary treatment team's recommended BTP that includes medication(s).

B. SCCMHA will adhere to the standards and guidelines of the MDHHS Technical Requirement for Behavior Treatment Plans as delineated in SCCMHA Policy 03.02.27 – Behavior Treatment Plans (BTPs).

C. Positive Behavior Supports (PBS) shall be deemed the first-line intervention to address consumer behaviors that impede community integration, are socially inappropriate, seriously aggressive, self-injurious, or put the individual or others at risk of harm.

D. SCCMHA shall bar the use of interventions in BTPs that are aversive, entail the use of physical management techniques, include police assistance, restraints, or seclusion, or as otherwise defined in and prohibited by the MDHHS Technical Requirement for Behavior Treatment Plans with the exception of circumstances enumerated below in Standard E.

1. Individuals receiving SCCMHA services have the right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience, or retaliation.
2. Physical management and police assistance may only be used as emergency interventions.

E. SCCMHA shall allow the use of intrusive or restrictive interventions for short-term urgent circumstances.

1. Such interventions must incorporate positive support elements to reduce or eliminate the behavior.
2. An intrusive or restrictive intervention cannot be used as a standalone or sole intervention for the harmful behavior.
3. Behavior treatment interventions for unprecedented and unpredicted crises or emergency occurrences of seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of harm will be the least restrictive and least intrusive needed to prevent imminent harm.
4. If an expedited review by the BTPRC of a proposed BTP is requested in an emergent situation, the committee will review and approve or deny the request within forty eight (48) hours.

a. Expedited plan reviews may be requested, when, based on data presented by professional (psychologist, psychotherapist, RN,

supports coordinator, case manager) staff members of the interdisciplinary treatment team, the plan requires immediate implementation.

b. The BTPRC Chair may receive, review, and approve such plans on behalf of the committee.

c. The SCCMHA Recipient Rights Office must be informed of the proposed plan to assure that any potential rights issues are addressed prior to implementation of the plan.

1). Upon approval, the plan may be implemented.

2). All plans approved in this manner must be subject to full review at the next regular meeting of the BTPRC.

NOTE: The most frequently occurring example of the need for expedited review of a proposed plan in emergent situations occurs as a result of Michigan AFC licensing rule R400.14309 – Crisis Intervention, which states: "Crisis intervention procedures may be utilized only when a person has not previously exhibited the behavior creating the crisis or there has been insufficient time to develop a specialized intervention plan to reduce the behavior causing the crisis. If the [individual] requires the repeated or prolonged use of crisis intervention procedures, the licensee must contact the [individual's] designated representative and the responsible agency…to initiate a review process to evaluate positive alternatives or the need for a specialized intervention plan."

5. Physical management will only be used on an emergency basis when the situation places the individual or others at imminent risk of physical harm and will be documented per agency requirements.

NOTE: Utilization of physical management or requests law enforcement intervention may be evidence of treatment/supports failure.

a. Should physical management use occur more than three (3) times within a thirty (30) day period, the individual's written individual plan of service must be revisited through the person-centered planning process and modified accordingly.

NOTE: The MDHHS Technical Requirements for Behavior Treatment Plan Review Committees prohibits emergency interventions as a component or step in any behavior plan. The plan may note, however, that should interventions outlined in the plan fail to reduce the imminent risk of serious or non-serious physical harm to the individuals or others, approved emergency interventions may be implemented.

6. Plans with intrusive or restrictive techniques require a quarterly review at a minimum.

a. The committee may require BTPs that utilize more frequent implementation of intrusive or restrictive interventions to be reviewed more often than the minimal quarterly review.
b. If the Case Holder is not able to attend the BTPRC meeting, it is requested that their supervisor attend on their behalf. Case Holder to brief supervisor prior to BTPRC meeting.
c. The BTPRC may make recommendations to address the concerns.
d. It is expected that the author of the plan will present the initial BTP and quarterly review reports of BTPs.
    1). If Author is unable to attend BTPRC meetings, the author of the plan may appoint a proxy to represent them at the meeting.

7. The BTPRC will track and report data on a quarterly basis to Mid-State Health Network on the use of all physical management, involvement of law enforcement, or PRN medication for behavior, and the use of intrusive and restrictive techniques by each individual receiving the intervention as well as:

a. Dates and numbers of interventions used.
b. The settings (e.g., group home, day program) where behaviors and interventions occur.
c. Observations about any events, settings, or factors that may have triggered the behavior.
d. Behaviors that initiated the techniques.
e. Documentation of the analysis performed to determine the cause of the behaviors that precipitated the intervention.
f. Description of behavioral supports used.
g. Behaviors that resulted in termination of the interventions.
h. Length of time of each intervention.
i. Review and modification or development, if needed, of the individual's BTP.
j. Staff development and training and supervisory guidance and coaching to reduce the use of these interventions.
    1). Retrospective reviews of cases in which such interventions have been used shall be conducted as part of continuous quality assurance in an effort to determine whether effective alternatives could be used.

8. In a non-emergent situation, the SCCMHA BTPRC will not approve BTPs that propose:

a. To use physical management and/or involvement of law enforcement
b. Aversive techniques
c. Seclusion or restraint in a setting where prohibited

9. Non-physical intervention is required to be used prior to implementing physical management.

F. SCCMHA may require the approval of its BTPRC for SCCMHA consumers with BTPs that include intrusive or restrictive interventions provided in inpatient settings that lack a behavior treatment plan review committee.

**Definitions:**

**Anatomical Support:** Body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a consumer's physical functioning.

**Applied Behavior Analysis (ABA):** The practice of applying the psychological principles of learning theory in a systematic way to modify behavior. The practice is used most extensively in special education and the treatment of autism spectrum disorder (ASD), but also in healthcare, animal training, and even business.

**Aversive Techniques:** Techniques that require the deliberate infliction of unpleasant stimulation (stimuli which would be unpleasant and may often generate physically painful responses into the average person or would have a specific unpleasant effect on a particular person) to achieve the management, or control of the target behavior. Examples of such techniques include electric shock, foul odors, loud noises, mouthwash, water mist, or other noxious substance to consequate target behavior or to accomplish a negative association with a target behavior and use of nausea-generating medication to establish a negative association with a target behavior or for directly consequating target behavior. Clinical techniques and practices established in the peer reviewed literature that are prescribed in the behavior treatment plan and that are voluntary and self-administered (e.g. exposure therapy for anxiety, taking a prescription medication to help quit smoking) are not considered aversive techniques. Otherwise, use of aversive techniques is prohibited.

**NOTE: SCCMHA prohibits the use of aversive interventions; no SCCMHA staff member (employee) or contracted provider staff member may use aversive interventions.**

**Behavior Assessment/Functional Analysis:** A precise description of a consumer's behavior, its context, and its consequences, with the intent of better understanding the behavior and those factors influencing it. A behavior assessment/functional analysis must occur prior to the establishment of a Behavior Treatment Plan. The behavior assessment/functional analysis addresses the following issues associated with identified target behaviors: environmental and contextual factors (antecedent, behavior, and consequence) and the consumer's skill and/or performance deficits. Additionally, the target behavior(s) is identified and the frequency, duration, and/or intensity of the target behavior(s) is assessed.

**Behavior Management:** The exercise of strategies for the control or treatment of problem behavior to achieve therapeutic objectives using a variety of recognized techniques. Techniques are based on general behavior theory, verbal directions, physical guidance, physical management, and medications.

NOTE: It is the policy of SCCMHA to employ behavior modification treatment techniques rather than behavior management techniques when the technique used is not needed to assure safety.

**Behavior Modification:** The systematic application of principles of general behavior theory to the development of adaptive and/or elimination of problem behavior consistent with therapeutic objectives. Interventions used for behavior modification include but are not limited to applied analysis of behavior, schedules of reinforcement, token systems, cognitive therapy, self-control therapy, social skills training, modeling, shaping, fading, generalization, relaxation training, systematic desensitization, stimulus control, positive practice and contingency management. refers to the systematic.

**Behavior Treatment Plan Review Committee (BTPRC):** A specially constituted committee whose primary function is to oversee the proposed use of any intrusive and restrictive techniques that might be considered for usage as a last resort with consumers.

**Behavior Treatment Plan (BTP):** Treatment methods encapsulated in a plan written for the purpose of changing targeted behavior through specific behavior modification methods. Behavior treatment is the intervention used with target behavior(s) to achieve therapeutic objectives using a variety of recognized techniques. The terms "Behavior Treatment Program" and "Behavior Treatment Plan" are used interchangeably. All BTPs are individualized and are based on the results of a behavior assessment. Prior to implementation, as appropriate, individuals and/or their family/guardian are educated about, and must agree to participate in, behavior treatment. Those participants will then take part in identifying antecedents to, and consequences of, the target behavior(s) and must agree to the target behavior(s) and treatment interventions before the BTP can be put into effect. Behavior treatment plans must be developed through the Person-Centered Planning process and be approved by the individual, or his/her guardian on his/her behalf if one has been appointed, or the parent with legal custody of a minor. Behavior treatment interventions identify, teach, and support the acquisition and reinforcement of identified adaptive/replacement behaviors. Behaviors being treated are assessed to determine that appropriate behavior is exhibited.

NOTE: In conjunction with affiliate data collection and reporting activities, SCCMHA reviews and monitors the use of behavior treatment interventions to monitor and improve treatment efficacy.

**Bodily Function:** The usual action of any region or organ of the body.

**Consent:** A written agreement signed by the individual, the parent of a minor, or an individual's legal representative with authority to execute consent, or a verbal agreement of an individual that is witnessed and documented by someone other than the service provider.

**Emergency Interventions:** There are only two (2) emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and a request for law enforcement intervention.

**Emotional Harm:** Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

**Functional Behavioral Assessment (FBA):** An approach that incorporates a variety of techniques and strategies to determine the pattern and purpose, or "function" of a particular behavior and guide the development of an effective and efficient behavior treatment plan. The focus of an FBA is to identify social, affective, environmental, and trauma based factors or events that initiate, sustain, or end a target behavior. A physical examination must be conducted by a licensed physician (MD or DO) to identify biological or medical factors related to the target behavior. The FBA should integrate medical conclusions and recommendations. This assessment provides insight into the function of a behavior, rather than just focusing on the target behavior itself so that a new behavior or skill will be developed to provide the same function or meet the identified need. Functional assessments should also identify situations and events that precede positive adaptive behavior to provide more information for a positive behavior support plan.

**Imminent Risk:** An event/action that is about to occur that will likely result in the serious physical harm to oneself or others.

**Intrusive Techniques:** Techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug when it is used to manage or control an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition.

NOTE: Use of intrusive techniques as defined here requires the review and approval of the SCCMHA BTPRC.

**Medical and Dental Procedures Restraints:** The use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the individual quiescent for medical or dental procedures. Medical restraint can only be used as specified in the individual written plan of service for medical or dental procedures.

**Non-physical Interventions:** Strategies that promote a culture of gentleness and teach staff to help an individual calm before a situation escalates. Use of these techniques is required prior to implementing physical intervention. Different techniques will be used depending on the situation, but staff should be consistent in their actions. These techniques include proactive options, communication skills, confrontation avoidance, and de-escalation. They should be used regularly and naturally during interactions with individuals who display challenging behaviors.

**Peer Reviewed Literature:** Scholarly works that typically represent the latest original research in the field, research that has been generally accepted by academic and professional peers for dissemination and discussion. Review panels are comprised of other researcher and scholars who use criteria such as "significance" and "methodology" to evaluate the research. Publication in peer-reviewed literature does not necessarily mean research findings are true, but the findings are considered authoritative evidence for a claim whose validation typically comes as the research is further analyzed and its findings are applied and re-examined in different contexts or using varying theoretical frameworks.

**Person-Centered Planning (PCP):** A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

**Physical Management:** A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact to prevent the individual from seriously harming himself, herself, or others.

Note: Physical management can *only* be used on an emergency basis when the situation places an individual or others at imminent risk of serious physical harm.

**Positive Behavior Support (PBS):** A set of research-based strategies used to increase opportunities for an enhanced quality of life and decrease seriously aggressive, self-injurious, or other targeted behaviors that place the individual or others at risk of physical harm by conducting a functional assessment, and teaching new skills, and making changes in a person's environment. PBS combines valued outcomes, behavioral, and biomedical science, validated procedures; and systems change to enhance quality of life and reduce

behaviors such as self-injury, aggression, and property destruction. Positive behavior supports are most effective when they are implemented across all environments, such as home, school, work, and in the community.

**Positive Support:** A person-centered process that considers the function of the recurring behavior of concern and develops supports to promote positive social interactions, support for communication, support for meaningful activity, provision of predictable and consistent environments, support to establish and maintain relationships with family and friends, provision of choice, encouragement of more independent functioning, support for personal healthcare, an acceptable physical environment, mindful and skilled carers, effective management and staff support, and effective organizational context. (Adapted from McGill, 2015)

**Practice or Treatment Guidelines:** Treatment or intervention recommendations published by professional organizations such as the American Psychiatric Association (APA), or the federal government.

**Proactive Strategies in a Culture of Gentleness:** Strategies within a positive behavior support plan used to prevent seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of physical harm from occurring or for reducing their frequency, intensity, or duration. Supporting individuals in a culture of gentleness is an ongoing process that requires patience and consistency. As such, no precise strategy can be applied to all situations. Some examples of proactive strategies include unconditional valuing, precursor behaviors, redirection, stimulus control, and validating feelings.

**Prone Immobilization:** Extended physical restraint of an individual in a face down (prone) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position for the purpose of control.

**Protective Device:** A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of a behavior. A protective device that is incorporated in a written individual plan of services is not considered a restraint (as defined below).

**Psychotropic Drug:** Any medication administered for the treatment or amelioration of disorders of thought, mood or behavior.

**Reactive Strategies in a Culture of Gentleness:** Strategies within a positive behavior support plan used to respond when individuals begin to feel unsafe, insecure, anxious, or frustrated. Some examples of reactive strategies include reducing demanding interactions, increasing warm interactions, redirection, giving space, and blocking.

**Recipient Rights:** A person who receives services from the PIHP (pre-paid inpatient health plan) region, or an agency or provider under contract with the PIHP region, has the same rights, benefits, and privileges as a person who is not receiving mental health services, including rights guaranteed by the Michigan Mental Health Code (MMHC), except when divested or limited by: a court, statute or rule, and/or voluntary agreement of the recipient or person legally empowered to consent on behalf of the recipient.

**Recurring Behavior of Concern:** When a consumer repeats a behavior, or a set of behaviors, that are culturally abnormal and of such an intensity, frequency, or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or the behavior is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities (Adapted from Emerson, 1995).

**Request for Law Enforcement Intervention:** Calling 9-1-1 and requesting law enforcement assistance because of an individual exhibiting a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Law enforcement should be called for assistance only when; caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection, safe implementation of physical management is impractical, and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

**Restraint:** The use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

**Restrictive Techniques:** Techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act. Examples of such techniques include limiting or prohibiting communication with others when that communication when that communication would be harmful to the individual; prohibiting unlimited access to food when that access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes); using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual.

NOTE: Use of restrictive techniques require the review and approval of the BTPRC.

**Seclusion:** The temporary placement of an individual in a room, alone, where egress is prevented by any means. Seclusion is prohibited except in a hospital or unit operated by the department, a hospital licensed by the department, or a licensed child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128.

**Serious Physical Harm:** Physical damage suffered by a consumer that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

**Special Consent:** Obtaining the written consent of the consumer, their legal guardian, the parent with legal custody of a minor child, or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights. The general consent to the individualized plan of services and/or supports is not sufficient to authorize implementation of such a behavior treatment intervention. Implementation of a behavior treatment intervention without the special consent of the recipient, guardian, or parent of a minor recipient may only occur when the recipient has been adjudicated pursuant to the provisions of section 469a, 472a, 473, 515, 518, or 519 of the Michigan Mental Health Code.

**Support Plan:** A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

**Target Behavior(s):** A behavior or behaviors that are the focus of treatment in a behavior treatment plan.

**Targeted Case Manager (CSM)/Supports Coordinator (SC):** The designated staff person whose primary function is to plan, coordinate, link, and monitor the delivery of services and supports which are identified in the individual's approved behavior treatment plan.

**Therapeutic De-escalation:** An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the consumer in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

**Time Out:** A voluntary response to the therapeutic suggestion to a consumer to remove himself or herself from a stressful situation to prevent a potentially hazardous outcome.

**Treatment Plan:** A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, which are to be developed with and provided for a consumer.

**Unreasonable Force:** Physical management or force that is applied by an employee, volunteer, or agent of a provider to a consumer in one or more of the following circumstances: (1) There is no imminent risk of serious or non-serious physical harm to the recipient, staff, or others. (2) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency. (3) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service. (4) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

**References:**

A. 1997 federal Balanced Budget Act at 42 CFR 438.100
B. Michigan Department of Health and Human Services (MDHHS) Service Standards and Requirements for Behavior Treatment Plan Review Committees: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900-552435--,00.html
C. Michigan Administrative Code Part 3 Section R 400.14309 – Crisis Intervention:
D. Michigan Medicaid Provider Manual
E. Michigan Mental Health Code, Public Act 258 of 1974
F. Mid-State Health Network Behavior Treatment Plans Policy revised 1/12/21: https://midstatehealthnetwork.org/application/files/6216/1063/4850/Quality_Behavior_Treatment_Plans.pdf
G. SCCMHA Policy 03.02.27 – Behavior Treatment Plans (BTPs)

**Exhibits:**

A. SCCMHA Behavior Treatment Plan Review Committee Membership Roster
B. Request to Use Intrusive/Restrictive Intervention(s) in a Behavior Treatment Plan (SCCMHA form BTC 001)
C. Decline of Decline of Behavior Treatment Plan Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Appoints members to the Behavior Treatment Plan Review Committee (BTPRC) including designating the Committee Chair. | 1. CEO or Designee |

| | |
|---|---|
| 2. Provides regular information to staff regarding the roles of the BTPRC and staff responsibilities. | 2. BTPRC Committee |
| 3. Requests the BTPRC review for approval Behavior Treatment behavior plans that propose to use restrictive or intrusive interventions. | 3. Case Holder and/or Author of Plan |
| 4. Assures plans are reviewed and action taken regarding approval in a timely manner. | 4. BTPRC Chair |
| 5. Assures Guardian approval for Plans approved by the BTPRC. | 5. Case Holder |
| 6. Assures minutes of the BTPRC are completed according to policy and relevant portions are entered into the consumer's electronic health record. | 6. BTPRC Chair or Designee |
| 7. Assures required data and information is properly processed as required by the MDHHS Technical Requirement or other authorities. | 7. BTPRC Chair or Designee |

Exhibit A




## SCCMHA Behavior Treatment Plan Review Committee Members

| Title | Name | Term Expires |
|---|---|---|
| *Chair | Charlotte Fondren, LMSW | December 31, 2022 |
| *Psychiatrist | Dr. Ali Ibrahim, Medical Director | December 31, 2022 |
| *Psychologist | Heidi Wale Knizacky, MS, LLP | December 31, 2022 |
| *Recipient Rights | Tim Ninemire (or designee), Recipient Rights Director | Ex officio |
| Member | Jenipher Swanson, Supervisor of Autism Services | December 31, 2022 |

* MDHHS *Standards for Behavior Treatment Plan Review Committees* requirement

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Request to use Intrusive/Restrictive Intervention(s) in a Behavior Treatment Plan (BTP)

**Saginaw County Community Mental Health Authority Behavior Treatment Committee (BTC)**

☐ ***Expedited Review*** *(check if needed within 24 – 48 hours)*

**Consumer Name:** Click or tap here to enter text.

**Consumer ID #:** Click or tap here to enter text.

**Plan Author:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

| | |
|---|---|
| **Residential Living Arrangement:** | ☐ Specialized Residential Home (AFC, children's therapeutic group home)<br>☐ General Residential Home (licensed foster care facility not certified to provide specialized program)<br>☐ Private residence with CLS and/or AHH staff support<br>☐ Private residence without CLS and/or AHH staff support<br>☐ Foster home/Foster care (minor child)<br>☐ Other (Please specify: Click or tap here to enter text.)<br><br>☐ **Check if currently in a crisis residential or psychiatric unit placement, jail or other correctional placement, or state hospital** |

**Reoccurring Behavior(s) of Concern (list all):** Click or tap here to enter text.

**Reason for BTC Review:**

☐ New Behavior Treatment Plan
☐ Amended Behavior Treatment Plan
☐ Positive Support Plan (no intrusive/restrictive interventions)

☐ Quarterly Review of approved Behavior Treatment Plan:
☐ Regression ☐ No Change ☐ Progress

Date existing plan was originally approved: Click or tap to enter a date.

☐ ABA plan that contains restrictive/intrusive interventions
☐ New HCBS health and safety modification request (Ensure the Assessment/IPOS/physician script or OT/PT eval support the request)
☐ Review of existing HCBS health and safety modification (includes medical devices)

Date modification was originally approved: Click or tap to enter a date.

☐ Review due to medications prescribed

Date of last prescriber report form (must be done at least annually): Click or tap to enter a date.

Is the individual currently receiving evidence-based treatment: ☐ Yes ☐ No
If yes, specify which evidence-based treatment below:

☐ PMTO ☐ DBT ☐ TF-CBT ☐ Family Therapy ☐ ABA Therapy ☐ BSFT

☐ Other (describe): Click or tap here to enter text.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Request to use Intrusive/Restrictive Intervention(s) in a Behavior Treatment Plan (BTP)

**Saginaw County Community Mental Health Authority Behavior Treatment Committee (BTC)**

**Briefly summarize current treatment the individual is receiving (services received, level of engagement, attendance, etc.):**
Click or tap here to enter text.

**Intrusive Intervention(s) in the BTP?** ☐ **Yes** ☐ **No**
**If yes, check all that apply from below:**

| | | | |
|---|---|---|---|
| ☐ 1:1 Supervision | ☐ Line of Sight | ☐ Arm's Reach | ☐ Physical Prompt |
| ☐ ABA 2:1 | ☐ Restore Environment | ☐ Overcorrection | ☐ Medications |
| ☐ Protective Device | ☐ Anatomical/Physical Support Rx MD/PT/OT | ☐ Special Clothing | |

☐ **Other (describe):** Click or tap here to enter text.

**Restrictive Intervention(s) in the BTP?** ☐ **Yes** ☐ **No**
**If yes, check all that apply from below:**

**Freedom of Movement**
☐ Limit Access to Activity, Environment ☐ Therapeutic De-Escalation (required relaxation)
☐ **Other (describe):** Click or tap here to enter text.

**Property Rights**
☐ Restrict Access to Property ☐ Restrict Access to Money ☐ Search & Seizure
☐ Restitution/Response Cost ☐ Planned Inquiry (i.e. request to see purchases made)

**Entertainment**
☐ Restrict Access to Viewing, Listening, etc.

**Communication Rights**
☐ Limit Access to Phone ☐ Limit Access to Visits ☐ Limit Access to Mail ☐ Limit Access to Other Persons
☐ **Other (describe):** Click or tap here to enter text.

**Notes/Comments:** Click or tap here to enter text.

Exhibit C

Saginaw County Community Mental Health Authority

## Decline of Behavior Treatment Plan

**Consumer Name:** Click or tap here to enter text.

**Case Number:** Click or tap here to enter text.

I, Click or tap here to enter text., on behalf of Click or tap here to enter text., have been contacted regarding the implementation of a behavior treatment plan due to reoccurring behavior(s) of concern. I have been advised of the potential benefits and risks of implementing a behavior treatment plan. A behavior treatment plan, including positive behavior supports and interventions, and possibly the administration of behavior modifying medications, has been discussed in detail and I have had all my questions and concerns answered. I understand the benefits and risks of a behavior treatment plan and do not agree to the implementation of a behavior treatment plan. Therefore, by my signature below, I elect to decline a behavior treatment plan.

_____ _____

Signature of consumer, legal guardian or parent of minor Date

_____ _____

Signature of legal guardian or parent of minor (if applicable) Date

_____ _____

Signature of Witness Date

3/15/2022

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Clinical Risk Committee</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.10</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/24/96</td><td>Date of Review/Revision:<br>1/24/05, 6/8/07, 5/6/09, 5/21/10, 6/15/12, 1/9/13, 4/7/16, 4/7/17, 3/1/18, 3/7/19, 4/7/20, 3/16/21, 3/3/22, 3/31/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>John Burages<br><br>Additional Reviewers:<br>Kristie Wolbert, John Burages</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
Through an inter-disciplinary committee, Saginaw County Community Mental Health Authority will monitor and consult on consumer and agency clinical issues related to the safe and appropriate treatment of consumers, specifically where risk of psychiatric hospitalization is involved.

**Policy:**
A Clinical Risk Committee has been established with the following mission:

1. To monitor clinical issues related to the safety and appropriate treatment of consumers served by this agency.
2. To address and recommend treatment approaches for consumer's whose conditions are at high risk, complicated, or unusual.
3. To review cases brought forth with concerns regarding diagnosis and treatment.
4. To review arrest of individuals on waivers or residing in specialized AFC.
5. To review state hospital census.
6. To review hospital recidivism.
7. To review security alerts.
8. The committee may also review and recommend modifications to agency policy and/or practices that negatively affect the treatment of consumers and/or the safety of consumers, staff and/or visitors.

**Application:**
The entire SCCMHA network of providers.

**Standards:**

1. The Clinical Risk Committee will meet at least monthly.

2. Membership on the committee will be as indicated by the Director of Services for Persons with Mental Illness and will be Supervisors or specialists from various providers or services. The list will be maintained by the Director of Services for Persons with Mental Illness.
3. Minutes will be taken for each meeting.
4. Recommendations will be documented in the electronic medical record.
5. The preferred process for Referral to Clinical Risk is:
    a. The Record Holder is notified or becomes aware of an assigned consumer's concern or attempts to address the concern have been unsuccessful.
    b. The Record Holder seeks assistance from his/her Supervisor and implement attempts to address the concern.
    c. If the concern continues, the Supervisor refers to Clinical Risk directly to the Director of Services for Persons with Mental Illness or Administrative Assistant to the Executive Director of Clinical Services and Clinical Records Coordinator (EDCSCRC)
    d. Referrals may be made by other entities (such as Professional Staff, Treating Prescriber, Supervisor of other departments/providers, Executive Director of Clinical Services) if the concern is imminent or has not been resolved through the Record Holder and Supervisor.
6. All requests should include the reason for the referral to the committee.
7. The Record Holder and Supervisor, or other representative, must attend the Clinical Risk Committee Meeting designated for that case. This includes when other entities make the referral. Depending on the urgency of the risk, Record Holder, Supervisor or other representative will be made aware at least one week prior.
    a. When a Clinical Risk Committee member requests updates, a plan of action or additional information, Record Holder, Supervisor or other representative will not be required to complete a Referral Form.

**Definitions:**

*High Risk Case:* A case can be considered "high risk" for a variety of reasons. The person may present a high risk to themselves as in the case of a person making repeated suicide attempts or threats or the person may exhibit behaviors that put them at high risk (substance abuse, homelessness). The person may be high risk to others as in persons making homicidal threats and/or gestures. The person may be high risk to the community as in persons with pedophile behaviors. Finally, the person may be considered high risk to the agency either for similar issues as those listed above or for financial reasons such as the repeated use of inpatient hospitalization.

*Complicated Case:* A case may be referred to as complicated for a variety of reasons as well. The case may prove to be difficult to diagnose, a history of instability, or barriers to the development of an appropriate and/or effective treatment plan.

*Unusual Case:* Again, a case can be considered unusual for any number of reasons. The person may present with a diagnosis that is seldom seen and the agency may have minimal experience with. Factors affecting the case may be unusual or typical treatments may be ineffective with the case.

**References:**
CARF Standards Manual

**Exhibits:**
Exhibit A: Clinical Risk Referral Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Chairs the Clinical Risk Committee | Director of Services for Persons with Mental Illness or assigns designated chairperson. |
| The Record Holder is notified or becomes aware of an assigned consumer's concern or attempts to address the concern have been unsuccessful. | Record Holder |
| The Record Holder seeks assistance from his/her Supervisor and implement attempts to address the concern. | Record Holder<br>Supervisor |
| If the concern continues, the Supervisor refers to Clinical Risk directly to the Director of Services for Persons with Mental Illness or Administrative Assistant to the EDCSCRC. | Record Holder<br>Supervisor |
| Referrals may be made by other entities if the concern is imminent or has not been resolved through the Primary Case Holder and Supervisor. | Professional Staff<br>Treating Prescriber<br>Supervisor of other departments / providers<br>Executive Director of Clinical Services |
| Establishes an agenda for the committee based on level of risk that a referral may pose. | Director of Services for Persons with Mental Illness or assigned chairperson or Administrative Assistant EDCSCRC. |
| Meets on a monthly basis to review cases that are considered to be high risk, complicated, and/or unusual. | Clinical Risk Committee |
| Attends the committee to present a referred case. | Referring person (and/)<br>Case Holder (and/or)<br>Supervisor (and/or)<br>Other Representative |

| | |
|---|---|
| Makes recommendations which are documented and forwarded to the primary record holder for follow through and inclusion in the clinical record. | Clinical Risk Committee |
| Reports back to the committee regarding effectiveness of recommendations, when requested. | Referring person (and/or)<br>Record Holder<br>Supervisor |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Clinical Risk Committee Referral

Date:_____

*This form serves as a referral to the Clinical Risk Committee which is an inter-disciplinary committee to monitor and consult on consumer and agency clinical issues related to the safe and appropriate treatment of consumers, specifically where risk of psychiatric hospitalization is involved.*
***All referrals must first be discussed and approved by your Supervisor.***
*Upon completion, send via Sentri Message to John Burages and Allison Kalmes-Hadd.*

**Consumer Name:** _____ **Case #:**_____

**Referred by**:_____ **Program:** _____

*Please print responses below*
**Reason for the referral:**

**Describe the "risk" behaviors and history (be specific):**

**Explain attempts to address the behavior and outcomes:**

**State what assistance is needed from Clinical Risk:**

**Staff Signature:** _____ **Date:** _____

**Supervisor Signature:** _____ **Date:** _____

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Child Diagnostic and Treatment Training Requirements</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.11</td></tr>
<tr><td rowspan="2">Effective Date:<br>June 30, 2003</td><td>Date of Review/Revision:<br>6/30/03, 7/21/16, 3/30/17, 3/1/18, 2/26/19, 3/9/20, 6/1/20, 3/5/21, 3/3/22, 3/7/23, 5/4/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Carey Moffett LMSW<br><br>Additional Reviewers:<br>Erin M. Nostrandt, Clinical Directors,</td></tr>
<tr><td>Supersedes:<br>09.06.00.03 – Child Diagnostic and Treatment Unit Training Requirements</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set standards for training for staff working with children who have a Severe Emotional Disturbance (SED)

**Application:**
This policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

**Policy:**
It is the policy of SCCMHA that all staff who are assigned as Case Holders or staff who have credentials and are providing mental health treatment services to children with SED will acquire at least twenty-four hours of age specific training per calendar year.

**Standards:**
Any staff who provide mental health care or are Case Holders of children with SED will maintain and improve the clinical skills for working with children and families by documenting at least twenty-four hours of age-specific training per calendar year.

Supervisor(s) will seek reasonable opportunities for staff to be able to obtain twenty-four hours of age-specific training per calendar year.

Master prepared staff who diagnose children shall receive training before performing initial screenings for child mental health services.

Each unit or agency that offers treatment to children with SED will provide opportunities for trainings, either in-house or outsourced, at least monthly for staff.

Staff who meet the credentialing criteria may lead discussion or provide training to staff.

All training provided will be documented with the Continuing Education Department of Saginaw County Community Mental Health Authority within the staff Training History in Sentri II. If the training is an external source, staff are required to submit their training documentation on the External Training Documentation form (Exhibit D).

The credentials of all trainers and discussants will be approved by the Supervisor of the Continuing Education Department of SCCMHA to ensure that the credentials of the trainer/discussant are current and consistent with the standards of this policy.

Staff can acquire Child Diagnostic credits in 4 methods:

- Internal SCCMHA Professional Continuing Education Trainings
- External Trainings
- Online Trainings
- Case Consultation
    - Up to 12 Child Diagnostic credits per year can be earned through case consultation. This must be documented on the appropriate form, see Exhibit B

Continuing Education Unit Staff will run Child Diagnostic reports via Sentri II training database and will send quarterly Child Diagnostic reports to the respective

**Definitions:**
External Training: any education, conference or training completed outside of SCCMHA CEU. This includes: any online training platform (ex. Relias), CMHAM, PESI, etc.

**References:**
Michigan Mental Health Code, specifically Chapter 4A
Michigan Department of Community Health, Mental Health and Substance Abuse Services, Administrative Code, specifically Subpart 6
MDHHS Indicators (2017): SEDW-CLS E.1.5, E.3.4-6
MDHHS Indicators (2017): HSW 14.5.A and 2.4
Form 2016 1 WIP-HSW SED CWP 1915 (c) Waivers Final Site Review Protocol 03.17.16 –Q.1.3

**Exhibits:**
Exhibit A: Documentation of Child Diagnostic Credits: General
Exhibit B: Documentation of Child Diagnostic Credits Received at Case Consultation
Exhibit C: Standard Email Template for distributing Child Diagnostic Reports
Exhibit D: External Training Documentation Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Responsible for assuring compliance with this policy. | Chief Executive Officer,<br>Executive Director of Clinical Services |
| Responsible for assuring appropriate credentials of trainers/discussants. | Supervisor of Continuing Education Unit or Agency Supervisor |
| Responsible for assuring that trainings are made available to staff | Supervisor of Continuing Education Unit or Agency Supervisor |
| Responsible for assuring that documentation is appropriate | Supervisor of Continuing Education Unit or Agency Supervisor |
| Responsible for assuring that they have twenty-four hours of age-specific training per calendar year<br>• Individual Training Completions: Staff are encouraged to send the SCCMHA Continuing education a completion notice (certificate) by printing & scanning via email to registrations@sccmha.org in order for the credits to be added to their training record<br>• Departmental Trainings: Department supervisor is encouraged to submit the completed form (Exhibit A: Documentation of Child Diagnostic Credits: General) to the Continuing Education Department<br>• Case Consultations: Department supervisor is to submit the completed form (Exhibit B: Documentation of Child Diagnostic Credits Received at Case Consultation) to the CE Department registrations@sccmha.org , while maintaining a copy for their records. | Case Holder or staff providing mental health treatment to children with SED |

| | |
|---|---|
| • Staff submit an External Training Documentation form along with any external training documentation to CEU | |
| How Child Diagnostic Credits are awarded.<br>• If the training title reflects education of family, child, adolescent, infant, toddler, teen, parent, etc., Staff will receive 100% Child diagnostic credit based on the course training hour.<br>• If any of the above is not identified in the title, staff will need to send additional information about the education/training which identifies education of family, child, adolescent, infant, toddler, teen, parent, etc. to determine # of Child Diagnostic credits awarded | Continuing Education Staff |
| The Report process steps:<br>1. Sentri II<br>2. Training Management Report<br>3. Print Transcript<br>4. Select green 'lookup' after provider<br>5. In the 'name' field type in as much as you know about the provider (Ex: SCCMHA Autism, SCCMHA Mobile Response and Stabilization Services, WGC Children, SPS Children)<br>6. Choose 'Search'<br>7. Choose 'select' in blue to the right of the provider you need<br>a. If department search is SCCMHA in-house, always be sure to choose 'Direct Program as identified in the | Continuing Education Assistant or Designated Continuing Education Unit Staff |

| | |
|---|---|
| ‘Org Type/Panel Type’ Column<br>b. If the department search is a contracted provider you will need to select ‘Contracted Service Provider.<br>8. Start Date = the start of the previous quarter (example Jan 1 “Year”) > End date = Reporting Date<br>9. Generate PDF File<br>10. Refer to your Sentri II Mail (white envelope next to HELP at top of Sentri page) to Open the report<br>11. Save As (go to this folder in G-Drive):<br>*G:\Network Services\Training\Reports\Child Diagnostic Reports*<br>12. Find (or create) the file for the correct quarter<br>13. Title should be saved as: “Department Supervisor last name (or contracted program name) Child Dx __ Quarter [Year]”.<br>Once all transcripts’ reports are run, they are emailed to the respective SCCMHA supervisor or contracted provider contact. | |

Exhibit A

## Documenting Child Diagnostic Credits

| |
|---|
| Title of Education/Training/In-Service: |
| Name of agency/professional providing education: |
| Date: |
| Length of Education (15 minutes, 30 minutes, 45 minutes, 1 hour, etc.): |

Saginaw County Community Mental Health Authority

Continuing Education

*Staff in attendance*

| Printed Staff Name | Staff Signature |
|---|---|
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*Child Diagnostic credits will be assigned when appropriately documented trainings are submitted to the Continuing Education department.*

| Printed Supervisor Name | Supervisor Signature |
|---|---|
| | |
| | |

***PLEASE ATTACH ANY EDUATION INFORMATION YOU HAVE, SUCH AS A FLYER***

Exhibit B

## Documenting Child Diagnostic Credits Received at Case Consultation

| |
|---|
| Title of Education/Training/In-Service: |
| Name of agency/professional providing education: |
| Date: |
| Length of Education (15 minutes, 30 minutes, 45 minutes, 1 hour, etc.): |

Saginaw County Community Mental Health Authority

Continuing Education

*Staff in attendance*

| Printed Staff Name | Staff Signature |
|---|---|
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*Up to a maximum of 12 Child Diagnostic credits will be assigned when appropriately documented Case Consultations are submitted to the Continuing Education department.*

| Printed Supervisor Name | Supervisor Signature |
|---|---|
| | |
| | |

Exhibit C

*Hello –*

*Please see attached Child Diagnostic Report for Jan – March "Year". All trainings with Child Diagnostic credits are identified with the # of credits within the title of the training. These credits will need to be manually counted as the database does not have a current method of auto calculating these credits.*

*This reporting method is still being developed. If you see any errors or have any questions please contact me.*

*Thank you,*

Exhibit D

# External Training Documentation Form

| | |
|---|---|
| Staff First and Last name | Click or tap here to enter text. |
| Job Title | Click or tap here to enter text. |
| Department/Provider Name | Click or tap here to enter text. |
| Sponsoring Organization *(SCCMHA, CMHAM, Relias, PESI, improvingmipractices.org, etc.)* | Click or tap here to enter text. |
| Are you seeking credit for Annual Renewal Training? | Choose an item. |
| Choose the Annual Renewal Training you are seeking credit for *(skip if above answer was no)* | Choose an item. |
| Are you seeking credits such as Social Work Continuing Education/ MCBAP/Child Diagnostics? | Choose an item. |
| If above answer is "yes": Please identify all credits you are seeking **be sure your certificate identifies a source for SW CEs and/or MCBAP credits* | Click or tap here to enter text. |

Please ensure all information above is completed. Once complete (1) please attach certificate or notice of training completion; (2) agenda and/or identifying training information; and (3) email to: registrations@sccmha.org

Continuing Education

Saginaw County Community Mental Health Authority

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Peer Delivered and Operated Service</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.12</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/15/05</td><td>Date of Review/Revision:<br>3/25/05, 6/8/07, 6/22/09, 7/1/10, 3/14/12, 5/23/14, 4/7/14, 4/7/16, 4/7/17, 3/1/18, 3/21/19, 4/8/20, 3/29/21, 3/14/22, 3/17/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>John Burages<br><br>Additional Reviewers:<br>Clinical Directors, Sara Anani, John Burages</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To establish policy and standards for the provision of peer delivered and operated services.

**Policy:**
Saginaw County Community Mental Health Authority supports and encourages the use and development of peer delivered and operated services.

**Application:**
Network of SCCMHA Providers

**Standards:**
A comprehensive diagnostic and treatment planning evaluation is required for all SCCMHA and Provider Network consumers the extent of the evaluation will depend on the individual consumer and on existing state, federal, or applicable accreditation schedule. As part of the certification, states will establish the requirements for these evaluations. Factors considered should include: assessment of need for other services required by the statue (i.e., peer and family/caregiver support services). Peer delivered and operated programs provide individuals with opportunities to learn and share coping skills and strategies.

They help consumers to move into more active assistance and leadership roles and away from passive patient roles and identities.

They help to build self-esteem and self-confidence.

The services must support the identified goals of community inclusion and participation, independence and/or productivity.

In order to be a billable service, the individual plan of service must identify goals and how the presence of a peer, supports these goals.

**Definitions:**
Peer delivered and operated services: Billable service activities intended to improve outcomes for individuals through the support of a peer.
Peers: Individuals who have a unique background and skill level from their experience in utilizing services and supports to achieve their personal goals of community membership, independence and productivity. Peers have a special ability to gain trust and respect of other individuals based on shared experience and perspectives with disabilities, and with planning and negotiating human service systems.

**References:**
Michigan Medicaid Provider Manual Section 17: Additional Mental Health Services (B3s)
SCCMHA Policy: 02.03.11 Peer Support Specialists

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establishes policy supporting and encouraging the development of peer delivered and operated services. | CEO, Executive Director of Clinical Services |
| Pursues grants and other additional assistance to aid in the support and development of peer delivered and operated services. | Executive Director of Clinical Services, other providers, consumers, or other interested parties. |
| Monitors program sites for compliance with standards. | Network Services |
| Considerations for Peer Delivered and Operated Services are initiated and can be explored at Intake. Additionally, some services specifically involve Peers to support service, community link and resource referrals. | Family Guide/Parent Support Partners<br>Family Advocates |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Transition/Discharge Services</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.13</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/1/07</td><td>Date of Review/Revision:<br>6/22/07, 5/7/09, 7/1/10<br>6/15/12, 5/23/14, 4/7/16,<br>1/25/17, 3/1/18, 3/16/20,<br>3/29/21, 3/3/22, 3/17/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Sara Anani<br><br>Additional Reviewers:<br>Clinical Directors, Sara Anani, John Burages</td></tr>
<tr><td>Supersedes:</td></tr>
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</table>

**Purpose:**
To establish the practice of transition, continuing care, and discharge planning for consumers. To assist in the movement from one level of care to another within SCCMHA, or to obtain other needed services in order to promote consumer recovery and no longer requiring SCCMHA services.

**Policy:**
It is the policy of SCCMHA that services be focused toward the attainment of a level of functioning, habilitation, and recovery so that SCCMHA services are no longer needed.

It is the policy of SCCMHA that upon transitioning to other programs within the SCCMHA network, or consumers being discharged from the organization, that they receive assistance to assure that all needed services are in place to promote ongoing recovery.

**Application:**
Saginaw County Community Mental Health Authority and its network of service providers

**Standards:**
Transition and discharge planning begins upon intake into services and is an on-going theme throughout the duration of a consumer's active status with SCCMHA. Transition and discharge planning are critical for the support of the individual's ongoing recovery, resiliency and well-being.

Transition may include planned discharge or movement to a different provider within the SCCMHA network, through either natural changes in level of care or through consumer/family request.

The Transition Plan indicates what the consumer's life would be upon recovery or attaining habilitation. This plan will be a key consideration in the development of goals, program participation and services while an active SCCMHA consumer. The Transition Plan will be documented on the consumer's Psychosocial Assessment and Individual Plan of Service.

Planning for transition from and to any services will include early and active involvement by the consumer and the family. Additional resources and other community agencies that will be serving the consumer will be included.

Considerations for transitioning from or to a service include:

- The consumer's perception of progress with recovery goals, their preferences and dreams and desires.
- Aspects of the consumer's personality and reaction to change, including reducing any trauma or re-traumatization that could occur from the change that would need to be addressed.
- Identification of skills, needs, and gains achieved.
- Progress toward meeting the consumer's personal goals and recovery.
- Supports that will be needed both during and after the transition.

The Discharge Plan is a clinical document that includes information about the person's goals, services and reason for discharge. This document must be prepared when the person leaves services for any reason. The Notice of Adverse Benefit Determination must be completed and sent to the consumer prior to completing the discharge summary. Medicaid beneficiaries may request continuation of services if requested within 10 calendar days or 30 days for Non-Medicaid beneficiaries of the effective date of the Notice of Benefit Determination. Post discharge efforts will be made to contact consumers and/or their respective family/caregivers to gather any updated information.

For persons leaving services, the written discharge summary must include:

- The date of admission and the date of cessation of services
- The presenting condition(s) that mitigated services
- The extent to which outcomes were achieved
- The services provided
- The reasons for discharge
- The person's need for support systems or other types of services that will assist in continuing their recovery or well being
- Recommendations for services or supports
- Information on medications when applicable
- Identification of the person's current functioning defined by an interpretative summary:
    - Progress toward their own recovery or move toward well being

- Gains achieved during treatment
- Strengths, needs, abilities and preferences

Consumer discharge information will be reviewed to evaluate the effectiveness of services. Consumers on Alternative Treatment Orders cannot be discharged from services prior to the expiration date.

**Definitions:**
Consumer –An individual, youth, or adult, who is enrolled to receive services from SCCMHA directly or through a contracted service provider. This term may also include the family of the consumer as applicable.

Transition- For purposes of this document, transition may include a planned discharge, a status of inactive participation, change in level of service in terms of scope, duration and intensity, or re-entry into a forensic/criminal justice entity.

Service delivery process: The procedures and requirements for the providing of services.

Discharge: The cessation of service provision by SCCMHA.

Community agencies: These are services offered or provided that are not contracted with or funded through SCCMHA.

Referral sources: An entity that requests or refers the individual for services.

External programs/services: Private sector providers determined to be a certified deliverer of outpatient psychiatric/behavioral services and substance use treatment.

**References:**
CARF general program standards
SCCMHA Recovery Policy #02.03.05

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Initiates transition/discharge planning at the earliest point in service.<br><br>Screening through Central Access Intake and Care Management Services to determine eligibility and referral to appropriate clinical service or evidence based practice. | *Centralized Access and Intake clinician assigned designated program or supervisor providing orientation.<br>*Case /Record Holder<br>*Treatment teams if consumer is assigned to an evidence based practice or best practice services to assist with recovery. |
| Orientation meeting with program supervisor for the purpose of welcoming and engaging consumers to begin the process of Person Centered Planning and eventual transition planning to the least restrictive setting. The orientation meeting will introduce the consumer to the treatment team. | Treatment Team/Supervisor<br>Consumer/Family |
| Completes the transition/discharge screens in the electronic health record for persons transitioning to another provider or being discharged from SCCMHA. | Case /Record Holder in collaboration with the consumer, family members when applicable and referral sources |
| Makes follow up contact after transition/discharge to assure that needed services are in place | Case /Record Holder |
| Makes follow up contact after transition plan to determine from post-discharge status the effectiveness of services received or if additional services are needed when possible. | Administrators – Quality Assurance staff<br>Supervisors<br>Case/Record Holder |
| Reviews and signs the discharge plan | Supervisors<br>Consumer/Family |
| Reviews discharge data such as the ANSA and LOCUS scores to assess the validation or indicate the challenges to the recovery process for the consumer and evaluate the effectiveness of clinical services provided to the consumer. | SCCMHA quality program |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Advance Directives</td><td>Chapter: 03 -<br>Continuum of Care</td><td>Subject No: 03.02.14</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/1/05</td><td>Date of Review/Revision:<br>9/20/22, 8/1/21, 6/11/19, 6/1/18, 3/15/17, 8/7/15, 8/7/10, 7/7/09, 8/7/06, 3/9/06, 8/15/05</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To ensure SCCMHA compliance with Federal and state regulations and contractual responsibilities to provide appropriate enrollees with information regarding advance directives and provide appropriate information to staff and the public.

**Policy:**
It is SCCMHA's policy to provide adult beneficiaries who receive services from SCCMHA, or its network, with a written summary of current Michigan law relative to Advance Directives. Furthermore, it is SCCMHA's policy to provide information to relevant staff regarding SCCMHA policies and procedures on advance directives. SCCMHA will also make informational materials available to the public regarding this subject.

It is the policy of SCCMHA to provide written information to all adult consumers who receive services from SCCMHA or its network prior to the reception of such services regarding their right to prepare advance directives and of SCCMHA's written policies respecting the implementation of such rights.

It is the policy of SCCMHA that each competent adult consumer receiving services from SCCMHA, or its network, will be provided information regarding advance directives. SCCMHA will document the consumer's decision to accept or decline the opportunity to prepare advance directives, as well as the existence of such advance directives. If the

consumer has executed an advance directive, SCCMHA will request a copy of the document for placement within the consumer's record. A copy of the advance directive will also be maintained in the relevant Community Ties setting, residential setting, and/or SCCMHA Crisis Center, as applicable.

It is the policy of SCCMHA that the consumer's decision to execute or not to execute an advance directive will have no impact on the provision of SCCMHA services to that consumer.

It is SCCMHA's policy to provide information to staff and the community regarding advance directives.

**Application:**
This policy applies to all Board operated programs as well as the SCCMHA network providers who provide services to SCCMHA consumers. While residential providers are not responsible for providing information about advance directives to consumers, the providers should have a working knowledge about advance directives and how the subject may affect the residents of their respective homes. In addition, residential providers should be aware of the individual decisions of their residents regarding advance directives to ensure appropriate response.

**Standards:**
1. SCCMHA provides all adult beneficiaries with written information on advance directives at the time of their intake with SCCMHA.
2. In the event an individual is temporarily unable to make an informed consent regarding the advance directive information, arrangements will be made to provide the information to the individual when the circumstances change through the primary worker assigned to the consumer.
3. The written information provided to adult beneficiaries will include a description of Michigan law and their applicable rights under Michigan law.
4. The written information will consist of a summary and explanation of current Michigan law. In the event Michigan law and/or the beneficiaries' rights change, the written information provided by SCCMHA will be updated within 90 days of the effective date of such change.
5. In addition, the written information provided by SCCMHA will include items such as the consumer's right to make decisions concerning their mental health care as well as their medical care, including the right to accept or refuse treatment and the right to formulate, at the consumer's option, advance directives.
6. The consumer's choice whether to execute an advance directive will be documented in the consumer's medical record, and distributed to the relevant Community Ties Program, Residential Setting, and SCCMHA Crisis Center, as applicable.
7. SCCMHA will not condition the provision of care or otherwise discriminate against a consumer based on whether the consumer has executed an advance directive.
8. SCCMHA will provide for the education of staff concerning the policies and procedures related to advance directives.
9. SCCMHA will provide for community information regarding advance directives.

10. Consumers will be informed that complaints concerning non-compliance with the advance directive may be filed with the SCCMHA Office of Recipient Rights or the SCCMHA Office of Regulatory Compliance.

**Definitions:**

Advance Directive:

A written document in which a competent individual gives instruction about his or her health care, (medical or mental) that will be implemented at some future time should that person lack the ability to make decisions for himself or herself, or in which the competent individual designates an individual authorized to make such decisions for them at some future time should that person lack the ability to make decisions for himself or herself

Crisis Plan: A document used by SCCMHA which allows the consumer to provide directions for their future care, including decisions affecting their personal life, when they are unable to provide for their own needs due to a hospitalization or incapacitating illness. This document is distinct from an 'Advance Directive' and is not intended to fulfill the requirements for an Advance Directive.

Do-not-resuscitate order (DNRO):

A Do-Not-Resuscitate Order, also known as a 'DNR" or "DNRO," is a special kind of Advance Directive, prepared by a competent adult. The DNRO may direct that if a patient "suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated." The document may provide for special instructions for treatment when the consumer's death is imminent or when the consumer is incurable terminally ill.

It is the current position of SCCMHA that staff of Adult Foster Care Homes should be thoroughly trained regarding the concepts of Advance Directives and Do-Not-Resuscitate Orders (DNROs). Staff of such facilities should be thoroughly familiar with the wishes of their individual residents regarding this matter. However, in the event a resident's heart and breathing have stopped, CPR should be initiated, and the home must still contact the local EMS and have a copy of the DNR order available when the EMS arrives. **Be aware that this does NOT constitute legal advice and Adult Foster Care Homes and other contracted providers should contact their own legal counsel regarding this matter.**

Durable Power of Attorney for Health Care (DPAHC):

Also known as a health care proxy, a document in which individual delegates to another person, the patient advocate, the power to make medical treatment and related personal care and custody decisions for them. This form of an advance directive is fully recognized by Michigan courts.

Living will:

A type of advance directive not legally binding in Michigan. A living will allow an individual to specify what type of treatment they do or do not want at a future date in the event they are unable to participate in their health care decisions. A living will does not designate a patient advocate.

Patient Advocate:

A surrogate designated by a competent adult to make health care decisions on his or her behalf in the event of losing decision-making capacity. The term applies to a person appointed in a Durable Power of Attorney for Healthcare by a presumed competent adult. The Patient Advocate may also be known as the 'agent' or 'proxy.'

Psychiatric Advance Directive (PAD): This document may also be known as an Advance Psychiatric Directive. These documents are like Living Wills. These documents are not legally recognized in Michigan – unless they also appoint a patient advocate.

**References:**

**Michigan Patient Self-Determination Act, Michigan Law PA of 312 of 1990:**
This allows Michigan citizens to establish a Durable Power of Attorney for Health Care in the event a citizen becomes unable to make those decisions.

**Michigan Do-Not-Resuscitate Procedure Act (Public Act 193 of 1996):**
This authorizes Michigan residents to execute orders instructing primarily Emergency Medical Technicians (EMTs) not to resuscitate them if their heart or respiratory functions stop working. This Act responds to concerns of persons in the latter stages of a serious or terminal illness who have chosen to live out their final days at home or in a hospice.

**Patient Self-Determination Act (PSDA**):
Effective December 1, 1991, as an amendment to the Omnibus Budget Reconciliation Act of 1990. The PDSA requires many Medicare and Medicaid providers to give adult individuals, at the time of inpatient admission or enrollment, certain information about their rights under state laws governing advance directives, including: (1) the right to participate in and direct their own health care decisions; (2) the right to accept or refuse medical or surgical treatment; (3) the right to prepare an advance directive; (4) information on the provider's policies that govern the utilization of these rights. The act also prohibits institutions from discriminating against a patient who does not have an advance directive. The PSDA further requires institutions to document patient information and provide ongoing community education on advance directives.

**State of Michigan Attorney General Opinion No. 7056** opinion that a guardian of a developmentally disabled adult who is not of sound mind lacks authority under the patient Advocate Act to sign a designation of patient advocate on behalf of the ward. In addition, a guardian of a developmentally disabled adult who is not of sound mind lacks authority under the Michigan Do-Not-Resuscitate Procedure Act to sign a do-not-resuscitate order on behalf of the ward.

**State of Michigan Attorney General Opinion No.** 7009 opinion that the Michigan Do-Not-Resuscitate Act does not authorize a do-not-resuscitate order executed by a person under 18 years of age, or by a patient advocate for a person under 18 years of age.

**State of Michigan Attorney General Opinion No. 6986** opinion that the Adult Foster Care Facility Licensing Act does not require that an adult foster care facility resuscitate its resident whose heart and breathing have stopped and who has executed a valid do-not-resuscitate order pursuant to the Michigan Do-Not-Resuscitate Procedure Act.

**Advance Directive for Mental Health Care** Planning for Mental Health Care in the Event of Loss of Decision-Making Ability

**Exhibits:**
Exhibit A - SCCMHA Fact Sheet regarding Michigan's Do-Not-Resuscitate Procedure Act
Exhibit B - SCCMHA Advanced Directive Acknowledgement

**Procedure:**

| | ACTION | RESPONSIBILITY |
|---|---|---|
| 1. | SCCMHA will maintain current information regarding SCCMHA's legal obligations related to Advance Directives. | 1. Compliance Officer |
| 2. | SCCMHA (PIHP) will provide adult beneficiaries who receive services (by or through SCCMHA as the PIHP) with written information on advance directives at the time of their intake with SCCMHA, unless the individual is unconscious, temporarily unable to provide informed consent, or unable to receive the necessary information. | 2. Intake Staff |
| 3. | Regarding individuals, who are unconscious, are temporarily unable to provide informed consent, or unable to receive the above referenced information, arrangements will be made to provide the information to the individual when the circumstances change. | 3. Intake Staff, Primary Worker |
| 4. | The written information provided to adult beneficiaries will include a description of Michigan law and their rights under Michigan law. | 4. Compliance Officer, Supervisor of Customer Service |
| 5. | The enrollee's response whether to execute an advance directive will be documented | 5. Intake Staff |

| | | |
|---|---|---|
| | in the individual's medical record. | |
| 6. | SCCMHA will provide for the education of staff concerning the policies and procedures related to advance directives. | 6. Compliance Officer Customer Services, Clinical Supervisors |
| 7. | SCCMHA will provide information to the community regarding advance directives. | 7. Compliance Officer, Supervisor of Customer Service |
| 8. | Enrollees will be informed that complaints concerning non-compliance with the advance directive may be filed with the SCCMHA Office of Recipient Rights or the SCCMHA Office of Regulatory Compliance. | 8. Compliance Officer, Supervisor of Customer Service |
| 9. | Community Ties staff and Residential setting providers should make reasonable efforts to be aware of Advance Directives or Do Not Resuscitate Orders for consumers under their care, as well as the contents of the Advance Directive or Do-Not-Resuscitate Order. Individuals with valid DNR orders should be encouraged to wear a bracelet identifying their desires. | 9. Community Ties Staff, Residential setting staff |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# SCCMHA Fact Sheet
# Michigan's Do-Not-Resuscitate Procedure Act

**What is an "advance directive?"**

An advance directive is a written document in which a consumer specifies the type of medical care they want in the future, or who they want to make decisions for them should they lose the ability to make decisions for themselves.

**What is A *Do-Not-Resuscitate Order*?**

A Do-Not-Resuscitate Order, also known as a 'DNR," is a specific kind of Advance Directive. Some people do not want any special efforts made to prolong their life. The State of Michigan provides guidance in this area under the *Michigan Do-Not-Resuscitate Procedure Act* (MDNRPA). Under Michigan law people may choose to sign a DNR. The DNR Order may direct that if a patient "suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated." In other words, the order provides directions to health care professionals regarding the consumer's wishes for medical treatment when death is imminent or during a terminal illness.

**Who May Complete a Do-Not-Resuscitate Form?**

A competent adult who has discussed the issue with his or her physician may complete a DNR Order. "A competent adult" is someone over the age of 18, and who is of sound mind. The physician must also sign the order. People whose religion opposes medical treatment do not need a doctor's signature.

**Where are the DNR forms found?**

The forms are available from most hospices.

**What happens to the form after it is signed?**

The form should be placed in a visible place. The consumer should tell their family or friends that they have signed a do-not-resuscitate order, and where it can be found. The consumer may also choose to wear a do-not-resuscitate bracelet.

**Can a consumer be forced to sign a Do-Not-Resuscitate Order?**

Absolutely not. No one may require it as a condition for care or treatment.

**Can a consumer change their mind after the form is signed?**

Yes. The form may be canceled at any time by any means of communication possible.

**Will the consumer's insurance coverage be affected if they sign a DNR Order?**

No. The law says that an insurance provider cannot change, stop, refuse to renew, or invoke a suicide exemption or exclusion.

**Have Do-Not-Resuscitate Orders changed?**

Yes. Before, they applied only in health care facilities such as hospitals. They did not cover people outside of these facilities, such as terminally ill patients at home. Licensed health care professionals were required to try and revive anyone who had no heartbeat or sign of breathing.

Under current state law, a do-no-resuscitate order is valid outside of a health care facility. A specific bracelet may be worn to signal that an order has been signed. When a valid order is present or the bracelet is worn, an emergency responder cannot start resuscitation.

**Is an adult foster care facility required to resuscitate a resident whose heart and breathing have stopped and who has executed a valid do-not-resuscitate order?**

According to Michigan Attorney General Opinion No 6986, the "Adult Foster Care Facility Licensing Act does not require that an adult foster care facility resuscitate its resident whose heart and breathing have stopped and who has executed a valid do-not-resuscitate order pursuant to the Michigan Do-Not-Resuscitate Procedure Act."

In accordance with the Act, Michigan Attorney General Opinions, the Michigan Assisted Living Association, and SCCMHA, an adult foster care home, which has a resident that has signed a valid DNR Order, may honor the DNR Order. However, the home must still contact the local EMS and have a copy of the order available when EMS arrives.

**What effect does a DNR Order have in an AFC Hospice situation?**

An adult foster care home which has a resident that has signed a valid DNR order and is in a licensed hospice program, does not need to contact the local EMS. However, the home is required to contact the licensed hospice program when the resident suffers cessation of both spontaneous respiration and circulation.

**Is a Provider subject to criminal or civil liability for following a DNR Order?**
When there is a valid DNR Order, a person or organization is not subject to civil or criminal liability for withholding resuscitative procedures from the declarant in accordance with this law.

Information for this Fact Sheet is derived from, and additional information may be found at, the following sources:
Michigan Attorney General Opinions 6986, 7009, and 7056.
http://www.michigan.gov/mdch/0,1607,7-132-2940_3183_4895-19875--,00.html
http://www.med.umich.edu/1libr/aha/umlegal05.htm
http://www.michbar.org/elderlaw/adpamphlet.cfm

**A Product of the SCCMHA Compliance Office**
**August 2015 March 2017**

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Advance Directive Acknowledgement

Making choices is an important part of our lives. Health care choices are especially important. Some day you may not be able to communicate what your health care choices are. Someone may have to make health care choices for you. An **Advance Directive** is a way to describe the choices you want made in the future. There are three types of Advance Directives.

1. A **durable power of attorney for health care** lets you appoint a patient advocate. Your patient advocate will make health care choices for you if you are not able to make them for yourself. Your patient advocate can make treatment and placement decisions for you. You can describe your choices in writing.

2. A **do-not-resuscitate order (DNR)** is a special advance directive. A DNR describes the medical services you choose to receive when you are terminally ill and in the final stages of life.

3. A **living will** tell health care providers and the courts about your health care choices. Living wills usually deal with specific situations. Living wills may not be very helpful in all situations. Michigan courts may look at a living will. But the courts do not have to follow what a living will says.

    - SCCMHA Customer Services has more information about advance directives. You can contact Customer Services at 797-3467.
    - The choice to write an advance directive is completely up to you. The services SCCMHA provides will not be changed by your choice about an advance directive.
    - If you create an advance directive, you should give a copy to SCCMHA. We will put it in your medical record.

_____ _____

Signed Date

SCCMHA Staff Only:
In my opinion _____, is unable to understand this information about advance directives at this time. The primary worker will follow-up on this material when the consumer is able to understand the content.

_____ _____

SCCMHA Staff Date

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Safe Transportation of Children and Teens</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.15</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/5/07</td><td>Date of Review/Revision:<br>1/5/07, 6/8/07, 4/13/09, 9/14/09, 10/22/12, 4/7/16, 3/30/17, 3/1/18, 3/20/19, 3/27/20, 3/5/21, 3/3/22, 3/3/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Children’s Services<br><br>Authored By:<br>Carey Moffett<br><br>Additional Reviewers:<br>Clinical Directors</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To establish policy for the safe transportation of children and teens while being transported by employees or contractors of SCCMHA.

**Application:**
All employees, volunteers, or contractors of SCCMHA and/or persons driving vehicles owned by SCCMHA.

**Policy:**
It is the policy of SCCMHA that all children and teens being transported by an employee or contractor of SCCMHA and/or in a SCCMHA vehicle will be transported meeting at least the minimal standards of the Michigan Child Passenger Protection Law.

**Standards:**

- Per the State of Michigan Children younger than age 4 need to ride in a car seat in the rear seat if the vehicle has a rear seat. If all available rear seats are occupied by children under 4, then a child under 4 may ride in a car seat in the front seat. A child in a rear-facing car seat may only ride in the front seat if the airbag is turned off.

- Children must be properly buckled in a car seat or booster seat until they are 8 years old or 4-feet-9-inches tall. Children must ride in a seat until they reach the age requirement or the height requirement, whichever comes first.

- Children being transported under the auspices of SCCMHA by employees, volunteers or contractors or using an SCCMHA vehicle will be properly secured

in the vehicle during the operation of that vehicle following the rules and laws of the State of Michigan.

- It is the expectation of SCCMHA that children under the age of 12 be transported in the back seat of a vehicle when possible. It is required if the vehicle in use is equipped with a passenger side air bag.
- All passengers must wear a safety belt or use a safe transportation device.
- Children must be in an approved safe transportation device and must not be transported on another passenger's lap or buckled with another passenger into one safety belt.
- The vehicle operator will assure all teenage or adult passengers have properly secured their safety belt, snug and low across the hips prior to starting the vehicle.
- The vehicle operator must assure that safe transportation devices are properly installed according to the manufacturer's instruction as found in the owner's manual.
- The vehicle operator must assure that the safe transportation device used to transport children is an approved device.
- **Proper use of Safe Transportation Devices for Children:**
    - **Rear-facing Babies & Toddlers**
        - Keep infants in a rear-facing car seat in the back seat for as long as possible - up to the height or weight limit of the car seat. The "12 months and 20 lbs" rule often cited is the bare minimum to turn a child forward-facing. Rear-facing children are safest during transportation.
        - A child too large for an infant seat but under two (2) years of age or under 30-40 pounds (depending on the seat manufacturer's standard) should use a rear-facing convertible seat until reaching the weight/height limit allowed by the manufacturer or over age 2.
        - A rear-facing car seat should be semi-reclined so that the baby's head stays in contact with the seat and does not flop forward. This is important to keep the baby's airway open.
        - The shoulder straps should be through the slots at or below the child's shoulders.
        - Never put a rear-facing car seat in front of an active frontal airbag.
    - **Forward-facing Children**
        - When a child has outgrown the car seat's rear-facing weight or height limit, turn the child around to be forward-facing. The car seat should be in the upright position.
        - The shoulder straps should be through the slots at or above the child's shoulders.
        - Keep the child in a car seat with a full harness until they reach the weight or height limit of that seat (usually 40 lbs or 40 inches).
    - **Booster Age Children**
        - When a child outgrows the car seat, a booster seat must be used.
        - Always use the vehicle lap & shoulder belt with a booster seat, NEVER a lap belt only.
    - **For All Seats**

- If your car seat has a harness, be sure the chest clip is at armpit level on your child.
- Be sure the harness is snug on your child's shoulders, with NO slack.
- Use the seat belt or LATCH system to lock the car seat into the car, but NOT both.
- The car seat should not move more than one inch from side to side, or front to back. Grab the car seat at the seat belt or LATCH path to test for tightness.
- Every car seat has an expiration date. Do not use an expired seat.
- Never buy a used car seat if you do not know its full history.
- Never use a car seat that has been in a crash.
- Children should not wear bulky clothing under harness straps.
- Do not use products that did not come with your car seat (in or with the seat).
- Add-on toys can injure your child in a crash.

- SCCMHA staff will encourage families to follow the above standards.

**Definitions:**
None

**References:**
Safe Kids Michigan http://michigansafekids.org/car-seat-safety-info.htm
Michigan Secretary of State (www.Michigan.gov/sos)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| All units/agencies working with children will assure that the vehicles used to transport children are equipped with approved and properly installed safe transportation device(s), as required by law based on age of the child. | Supervisors |
| Any person using an Agency vehicle, or transporting a child under the auspices of SCCMHA, will assure that a safe transportation device is properly installed and functioning prior to transportation. | SCCMHA Staff and volunteers |
| All supervisors of staff working with children and teens will assure that any | Supervisors |

| | |
|---|---|
| person transporting a child under the auspices of SCCMHA know the requirements of this policy and responsibilities when transporting children and teens. | |
| When transporting a child in a vehicle as part of an SCCMHA activity or service, a child safe transportation device will be utilized as required by law and based on the age of the child. | SCCMHA Staff and volunteers |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Discharges for Assaultive, Aggressive, or Other Types of Disruptive Behavior | **Chapter**: 03 - Continuum of Care | **Subject No**: 03.02.16 |
| **Effective Date**:<br>6/1/08 | **Date of Review/Revision**:<br>5/7/09, 7/8/10, 6/8/12, 5/27/14, 4/8/16, 3/17/17, 3/1/18, 2/25/19, 3/31/20, 3/29/21, 4/27/22, 3/31/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Director of Services for Persons with Intellectual and Developmental Disabilities |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Jennifer-Rieck-Martin<br><br>**Additional Reviewers**:<br>Clinical Directors, John Burages |

**Purpose:**
To establish the expectation that consumers will not be permanently discharged from services as a result of assaultive, aggressive, or other types of disruptive behavior.

**Application:**
SCCMHA Network of Providers

**Policy:**
Saginaw County Community Mental Health Authority (SCCMHA) serves persons with developmental disabilities, serious emotional disturbance, and/or severe mental illnesses (hereinafter referred to as "consumers"). Upon occasion, and due to a variety of factors, consumers may engage in assaultive, aggressive, or other types of disruptive behavior, and it is the policy of SCCMHA that doing so is insufficient reason for the termination of eligibility or permanent discharge from services.

**Standards:**
Persons deemed eligible for services are entitled to receive services regardless of the symptoms that they present. This applies to all services or programs that are under contract with SCCMHA or that SCCMHA is providing funding for the consumer to reside, participate, or attend that program, so long as the consumer meets the eligibility criteria for that service or program. These programs include but aren't limited to:

residential settings, day activity, applied behavior analysis, skill building, employment skill and work skill training, psycho-social, and transportation.

Careful planning may be required for persons who have a history of engaging in assaultive, aggressive, or other types of disruptive behavior when services are being provided to assure the protection of the individual and others and to assure the efficacy of the service or program being provided. This planning may include security alerts, behavior planning, environmental modification or other actions, but may not include permanent denial of those services, so long as the consumer meets the eligibility criteria for those services.
When a consumer engages in assaultive, aggressive, or other types of disruptive behavior at a service or program, immediate emergency steps may need to be taken to protect all individuals – consumer, other consumers, individuals in proximity, and staff - from harm. These steps can include program suspension, emergency physical intervention, and/or police intervention. Incident Reports must be filed for a behavior that results in emergency interventions.

When a consumer is suspended from a program or service, the suspension cannot exceed thirty (30) days unless approved by the SCCMHA Director(s) of Clinical Services or designee.

The purpose of the suspension is not punitive. It is to allow time to develop a plan to address the actions or needs required for the consumer to return to the service or program.

This plan will include an indication of how best to respond to that behavior and to assure the safety and efficacy of the service or program. This plan may include: utilizing one-on-one staffing; evaluation for hospitalization; temporary movement to crisis residential, etc. In most situations, the expectation is that the person will return to that service or program once the revised plan is in effect. Permanent exclusion from a program will not be an acceptable aspect of that plan.

When a consumer is temporarily suspended for assaultive, aggressive, or other types of disruptive behavior, a team meeting must be held within 5 working days to develop this plan.

**Definitions:**
Assaultive: A threat or attempt to inflict offensive physical contact or bodily harm on a person (as by lifting a fist in a threatening manner) that puts the person in immediate danger of or in apprehension of such harm or contact.

Aggressive: A forceful action or procedure (as an unprovoked attack) especially when intended to dominate or master.

Disruptive: An action by a consumer that does not fit within the definition for "Assaultive" or "Aggressive" that interrupt the normal routine and involves either the potential for harm to self or others or could initiate such action by self or others. These

behaviors include: threat or actual acts of destruction to items or property of self or others; actions that disturb the peace and routine such as inciting others to cause harm, instigation of others to engage in harmful behavior such as teasing, gossiping, yelling, screaming, name-calling, stealing or taking items, etc.; elopement from assigned locations; frequent calling ambulance, fire, or police; and public nudity.

**References:**
CARF Standard 2.D.1
CARF Standard 2.F.1.b

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establishes the expectation that consumers will not be permanently discharged from any SCCMHA service for assaultive, aggressive, or other types of disruptive behavior. | CEO, Executive Director of Clinical Services |
| When a temporary suspension from an SCCMHA provided program occurs, case holder convenes a planning team meeting within 5 days to address the reason for the suspension and to assure that the consumer is not suspended for more than 30 days unless approved by the SCCMHA Director(s) of Clinical Services or designee. | Program Supervisor<br>Case Holder<br>or Director of SCCMHA provided program<br>Behavioral Specialist<br>Others as needed or required. |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Respite Services</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.18</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/1/06</td><td>Date of Review/Revision:<br>5/14/09, 6/8/12, 6/4/14, 3/30/17, 3/1/18, 3/20/19, 3/4/20, 4/22/20, 3/29/21, 3/3/22, 3/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Services for Persons with Intellectual and Developmental Disabilities<br><br>Authored By:<br>Erin Nostrandt<br><br>Additional Reviewers:<br>Matt Briggs, Carey Moffett, Amanda Elliott, Charlotte Fondren</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

1. To ensure that appropriate respite services are available and accessible to all families in need of temporary relief from the care giving duties of those consumers with severe emotional disturbance and/or developmental disabilities.
2. To promote the principle that families and consumers with special needs merit supportive services to help protect the integrity of the family, prevent unnecessary, long term out-of-home placements, and that the least restrictive level of care is provided.

**Application:**

This policy applies to all components of the SCCMHA organization, including all business operations and all members of the SCCMHA provider network, contracted or board operated. SCCMHA will work closely with community partners in an effort to improve the type and availability of respite services for persons served.

**Policy:**

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that systemic efforts are made to support the respite needs of unpaid caregivers and families of consumers with disabilities. SCCMHA will implement a respite program which focuses on the needs of the unpaid caregiver and family. It is the belief of SCCMHA that respite services will provide needed support and relief for full-time unpaid caregivers, preventing possible abuse, neglect, and family discord due to the extreme stressors associated with caring for persons with disabilities. SCCMHA realizes that respite is a

proven prevention method for high-risk families and can be a significant support to our caregivers. It is further the intention of SCCMHA to create alliances with other community organizations that have a stake in family stability, enriching the availability and usefulness of the respite program.

**Standards:**

A. SCCMHA will ensure that staff and contractors are informed and reminded of the importance of the systemic goals regarding the access and provision of respite services.
B. SCCMHA will continually seek to ensure that respite needs, wants and goals of consumers and families served are fully explored and re-evaluated over time throughout the Person-Centered Planning process, considering all variables regarding behavioral and physical needs of the consumer inside and outside the home environment and at the least on an annual basis.
C. SCCMHA respite services will include planned hourly respite (in-home and community), planned out-of-home respite, crisis respite and camps.
D. SCCMHA will focus on the creation of community alliances that help to sustain and expand the funding and service availability of respite services across all consumer populations.
E. SCCMHA will seek creative and unique partnerships with area businesses and organizations that can mutually benefit from consumer patronage via respite outings and events.
F. SCCMHA will appoint service level coordinators of both camps and standard respite in the two major service populations – severe emotional disturbances and developmental disabilities.
G. SCCMHA will continually monitor, redirect, and procure new funds as available to assist families with additional respite services.
H. SCCMHA funding and service priorities and philosophy will emphasize least restrictive respite options to ensure family unity.
I. SCCMHA will require provider and organizational reporting on the usage of respite throughout the system.
J. SCCMHA will promote recruitment of external contracted agency-based respite providers (i.e., hourly staffing agencies) and facility-based respite opportunities within the SCCMHA service area and throughout the county.
K. SCCMHA will reimburse primary consumers and families for their involvement on SCCMHA administrative committees and boards for the purpose of revision and redesign of the respite service structure. Consumer assistance with transportation to support their involvement in these policy venues will also be made available as needed or requested.
L. SCCMHA will ensure that staff and providers are fully informed of respite policies, procedures, access, assessment, and service availability.
M. SCCMHA will sponsor an ongoing respite work group as needed, whose members will consist primarily of staff and contracted agencies. The role of the respite work group will be continuous oversight of SCCMHA administrative and service level respite goals and activities, as well as respite development and barrier identification and problem-solving.

N. SCCMHA recognizes that for all families, the level of respite service need changes and may need to be re-evaluated more frequently than annually, with families' levels of need increasing or decreasing according to various external supports available at any given time.
O. SCCMHA will coordinate effective use of resources and cooperatively address consumer respite needs with various community partners.
P. SCCMHA will continue to maintain an organizational goal of implementing a need-based respite service structure that falls within the current availability while consistently expanding the network of available services.
Q. SCCMHA will require respite service to be provided only by a contracted respite provider.

**Definitions:**

Respite: A temporary relief for [unpaid] caregivers and families (parents, grandparents, guardians) who are caring for people with disabilities or other special needs such as chronic or terminal illnesses.

Planned Hourly Respite: This type of respite is traditionally known as In-Home respite. While respite often does occur within the consumer's home, we have expanded this service to also include group and community activities, where a respite worker can take a consumer out of their home, into the community for such events as seeing a movie, dining at McDonalds, or visiting the local zoo.

Planned Out-of-Home Respite: This type of respite service is defined as a temporary out-of-home placement for a period of 1 to 14 days. A planned placement is a voluntary placement devoid of any court ordered intervention, which is scheduled with a minimum of 2-weeks notice. Traditionally, this type of overnight respite has occurred within a facility (group home or other), licensed foster home, medical center, or other similar type of setting. In addition, there have been rare occasions where a respite worker has stayed in the home with the consumer while the rest of the family takes a vacation.

Crisis Out-Of-Home Respite: This type of respite service is considered an emergency out-of-home placement and determined a crisis by the attending clinician or therapist. This type of respite service does not require advance notice but should be utilized in only the most extreme family situations. A crisis out-of-home placement would be subject to availability within a less restrictive environment; otherwise, a facility-based setting would be used.

Camps: Licensed traditional and non-traditional camps, including day camps and overnight camps well trained in various disabilities.

Contract Respite Provider: An organization that holds an active contract for respite services with SCCMHA. All respite services must be provided by a SCCMHA contracted provider.

Respite Worker: Individual employed by contract agency.

**References:**

Internal:

SCCMHA Policy- 02.02.06 Person-Centered Planning
SCCMHA "Respite Program and Service Guide- Staff Reference Guide"
SCCMHA "Family/ Caregiver Respite Program Guide"
SCCMHA "What You Need to Know About Me- A Child/Adolescent Guide For Families and Caregivers"

External:

Michigan Department of Community Health (MDCH) Medicaid Manual
National ARCH Respite, 2005
Connecticut Lifespan Respite Coalition, Inc., 2004
Detroit-Wayne County Community Mental Health, 1997

**Exhibits:**

Exhibit A - SCCMHA "Guidelines for Respite Care Providers"

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approves respite related policies and funding plans, and reports to SCCMHA Board on system outcomes and initiatives regarding respite services. | CEO |
| Ensure that consumer leadership committees and groups are given the opportunity for policy direction and service usage review regarding the respite services for consumers in the SCCMHA system. | CEO, Director of Clinical Services & Programs and Supervisor of Recipient Rights/Customer Services |
| Serves as lead SCCMHA Administrator for respite related matters. Appoints service level coordinators in both major population groups: severe emotional disturbance and developmental disabilities. Oversees system Person-Centered Planning process to include respite as a service area. Oversees training throughout the system on respite service availability, including changes in respite resources and/or requirements. | Director of Clinical Services & Programs |
| Participates on Respite Work Group. Coordinates service delivery with staff, providers, and families. | Respite Service Level Coordinators – Respite Coordinators in the Camp Program. |
| Disseminates respite policy through the network; assures provider reporting on respite services. | Director of Network Services & Public Policy, Contract |

| | |
|---|---|
| Maintains panel of respite provider organizations to meet consumer services and supports needs. Serves as administrative liaison to community partners and others on respite related grants and contracts. | Coordinator, Director of Clinical Services & Programs |
| Advises and reports on budgets and expenditure tracking, including grants, relative to respite services. | Director of Finance |
| Directs outcome reporting processes that include respite success data for persons served. Ensures respite is addressed in access, care management & quality areas. Oversees encounter and performance indicator data collection for respite success. | Director of Care Management & Quality Systems |
| Include respite service needs in Person-Centered Planning processes; ensure consumer choice in providers of respite services and supports. | Case Managers & Supports Coordinators |
| Provide family-focused respite services per SCCMHA referral. Work with consumer, case managers/support coordinators, and family to coordinate respite service implementation. Provide feedback to families and SCCMHA staff on family needs and consumer behavior during respite service provision. Record specific services delivered as required by the family and SCCMHA. Participate in SCCMHA services planning if requested by consumer/family. | SCCMHA Providers of Respite Services |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**Exhibit A**

# Guidelines for Respite Care Providers

Revised August 2020 by kb

## Service Description

Respite is a support offered for families with dependents who have serious emotional disturbance and/or developmental disabilities by Saginaw County Community Mental Health Authority (SCCMHA). Respite Services are provided to families who are primary, unpaid caregivers for a son, daughter, or ward (adult or child) who has a serious emotional disturbance or significant developmental disability. Respite care services are offered as a Medicaid benefit through the MDHHS Service Guidelines. This includes children participating in the MDHHS Children's Waiver program. The term "children" refers to people age 18 or younger. The term "adult" refers to people over the age of 18. Most participants have a relatively high level of need and require specialized respite services. Hourly Respite (in-home and community-based) is provided either in the consumer's home or in the community with an individual respite provider administering services on an hourly basis. Out-of-Home Respite is provided on a very short-term basis, typically over a weekend. Crisis Out-Of-Home Respite is considered an emergency out-of-home placement and determined a crisis by the attending clinician or therapist. This type of respite service does not require advance notice but should be utilized in only the most extreme family situations. Camps are available through the respite program and are coordinated through the local YMCA and other like camping organizations, with a mix of both day camps (daytime only) and overnight camps. Group Respite is provided in a "group" setting (i.e. more than one child per respite worker). This can occur most frequently when there are multiple consumers receiving respite care in one home.

The Michigan Department of Michigan Department of Health and Human Services (MDHHS) and/or SCCMHA authorizes specific numbers of hours of respite that can be used by the consumer and family in a given month. Funding is provided by the Michigan Department of Community Health and/or SCCMHA.

Services are provided by SCCMHA through provider agency contracts and/or a respite staffing agency in unlicensed settings or licensed facilities. The respite provider receives specialized training regarding providing care to people with disabilities, and through direct contact with the consumer and their family, becomes educated regarding the consumer's unique needs. Respite services are not intended to provide active skill training; however, a respite provider must still be able to meet the special needs of the consumer, including being able to assist with:

1) Eating, bathing, dressing, grooming, personal hygiene, and bathroom needs;
2) Ambulation/mobility, positioning and transfers;
3) Assistance with medications and/or treatments, such as oral feedings, limited respiratory treatment and skin care (where under contract requirements);

4) Assistance with communication;
5) Assistance with behavioral challenges; and
6) Assistance with medications.

The respite care provider is expected to provide the care necessary for the consumer to maintain a safe and healthy daily routine. Behavioral and medical interventions that have been outlined in the consumer's Individual Plan of Service are continued by the respite provider, to protect the consumer as well as others in the home. In some cases, respite is provided by Licensed Practical Nurses (LPN) or Registered Nurses (RN) due to the level of medical intervention that is required.

The family ensures that the provider has adequate clothing, personal care items, medications and treatments, adaptive equipment and money as needed for the consumer. The provider must have the means to contact the consumer's parent or guardian in case of emergency. Parents and guardians will give the provider written permission to access emergency medical care as needed and administer medications according to contractual guidelines.

If the consumer will be assisted by the provider with handling money or taking medications, the consumer or their parent/guardian, and the provider must agree in advance how the money handling will be documented and determine how medications need to be administered. Medications and treatments, including prescriptions and over-the-counter products, cannot be administered by respite care providers and/or agencies funded by SCCMHA unless the medications are in the original, pharmacy labeled containers, with written instructions by the consumer's physician.

Prior to starting services, the respite provider must be in-serviced by the consumer and/or their parent/guardian regarding the consumer's unique needs, including those activities of daily living the consumer is capable of performing themselves and those with which s/he requires assistance, and any medications or treatments required. The SCCMHA Staff Member (Supports Coordinator/Case manager) will provide all necessary documentation to inform the respite care provider of the consumer's needs, such as the consumer's Plan of Service, including the consumer's health and safety needs, medical conditions, and any behavioral interventions to be provided. SCCMHA will ensure the provider has access to a copy of the consumer's Plan of Service for reference. In addition, the respite provider agrees to read each consumer's Plan of Service prior to providing such respite services.

**Consumer Choice**

A person-centered approach is used for the planning and implementation of Respite services. Following person-centered planning principles means that the consumer is primary in day-to-day decision making, within the boundaries of health and safety, reasonableness, and cost effectiveness. For those under age 18, the family is primary in determining daily activities. Daily activities would include choice of meals, leisure activities, daily schedule, personal care preferences, and so on.

It is critical that family members and providers encourage independence. Providers must be careful to avoid projecting their preferences onto the consumer. The only circumstances in which a consumer choice should be overridden are situations where a guardian or parent has the legal authority to decide, or where there is an immediate risk to health and safety. Also, consumer choice does not mean the consumer may excuse themselves from performing activities which they are capable of performing or doing.

**Service Authorization**

A consumer's need for Respite is determined at a consumer person- centered planning meeting. Subsequent to the meeting, the SCCMHA Staff Member prepares a request for services, including the number of hours/units of respite needed. If the request is denied, a written explanation is provided and the consumer's parent/guardian has the right to file an appeal of the decision following Medicaid Appeal Criteria. In the case of the Children's Waiver, some requests may require the approval of the Michigan Department of Health and Human Services
The respite care provider's will be notified via Sentri of authorization of services.
Providers and consumers are not allowed to schedule respite hours that exceed the stated authorization. Hours that exceed the authorization will not be reimbursed by SCCMHA. SCCMHA staff will verify respite care provider billings against authorizations prior to processing of provider claims. All authorizations and services rendered are subject to audit by SCCMHA and MDCH.

**Respite Care Provider Panel and Consumer Provider Selection**

SCCMHA has established a panel of Respite Care Providers, through provider agency contracts and/or a respite staffing agency that can give consumers a choice of respite care providers. Agencies employ individuals who have been screened for criminal history, have completed the core direct care staff training, and have been interviewed to be an employee for the agency. New providers will be considered for employment by the staffing agency at the request of a consumer or by self-referral. Other adults living in the provider's home are not eligible to provide paid respite care to consumers, including guardians.

When Respite Care Services have been authorized, SCCMHA staff will consult with the consumer, his/her family and SCCMHA Staff and provider agency/ respite staffing agency, to select a provider from the available respite workers. Provider selection should be based upon consumer needs and provider capability. Respite hours are scheduled directly by the family with the selected respite care agency. Neither the consumer nor the provider can schedule respite care hours in excess of those authorized by SCCMHA.

The family and the consumer may choose any provider from the available staffing agency respite workers. However, if a family is making frequent changes, SCCMHA and the

staffing agency reserves the right to counsel a family regarding the potential risk to the consumer, especially if the provider changes appear unrelated to the consumer's needs.

SCCMHA and the staffing agency will make every effort to include an adequate number of respite workers to offer an array of choices that can be reasonably expected to meet the majority of consumer's needs. Consumers who have utilized and rejected all of the providers are considered to have exhausted their service options, unless they are understood to have a unique or highly specialized need that SCCMHA agrees the current provider cannot meet. In those cases, SCCMHA will work with the family to try to identify alternate providers.

Providers may refuse to serve a consumer and/or request that their services to an individual consumer be terminated if they feel they cannot meet the consumer's needs. The provider will give adequate advance notice of the termination to the consumer and to SCCMHA. Provider's who refuse to serve or terminate consumers deemed appropriate for this service by SCCMHA, and/or if the reason given by the provider is not deemed acceptable by SCCMHA, the provider contract may be terminated by SCCMHA. A consumer may request to receive a provider's services, and once services have been initiated, the consumer may request termination of the provider's services. Providers are not guaranteed a minimum or maximum amount of utilization of the provider's services by consumers unless authorized (SCCMHA reserves the right to modify/term authorizations with 30-day notice).

**Provider Qualifications**

The contract provider staff must meet the following requirements:

- ☒ They must have the capacity to provide the personal care, medical interventions, and/or behavioral interventions required by the consumer. They must have references who can describe their experience with the target population, if requested by SCCMHA or the family.

- ☒ They must be willing to participate in customer satisfaction surveys, physical plant reviews (if services provided in provider home) and unannounced home visits (consumer or provider) by SCCMHA staff to monitor health and safety issues, as well as overall service quality.

- ☒ The contract agency will carry no less than one million dollars in professional liability insurance to cover the respite worker who is assisting with the provision of respite care services. The respite worker will meet all the requirements that the contract agency deems necessary for in-home respite care (i.e., maintain a valid homeowners or renters insurance policy if providing services in his/her own home).

☒ Each respite worker that will be transporting a consumer will carry adequate auto insurance. Proof of all insurance will be provided to contract agency per their written contract with SCCMHA.

☒ The provider/respite worker must complete incident reports to document injuries, possible abuse, neglect, or significant incident(s) involving the provider and the consumer (forms are available through the SCCMHA Recipient Rights Office). Copies of incident reports must be forwarded to the SCCMHA Recipients Rights Office within forty-eight (48) hours of an occurrence and the Support Coordinator/Case Manager informed as soon as possible.

☒ Providers/respite workers will maintain ready access to items needed to provide care to the consumer in the case of an emergency, including a first aid kit, flashlight, battery operated radio, and any medical or food supplies needed, such as diabetic supplies and diapers.

☒ Respite workers must have an up-to-date TB test with acceptable results.

☒ The contracted organization respite workers, whether employed by said organization or other arrangement, must submit to and pass a criminal and drivers license background check.

☒ Respite workers must not have any substantiated Abuse Class II or III Recipient Rights violations under the Michigan Mental Health Code within the past year. Individuals with an Abuse Class I substantiated rights violation at any point in time will not be accepted for participation on the provider panel. The provider will sign a release of information as necessary for review of SCCMHA recipient rights claims.

☒ Respite workers must be trained in the following, at a minimum:

- Advance Directives
- Basic Medications
- Blood Borne Pathogens & Infection Control
- CPR
- Cultural Diversity
- Environmental Emergencies/ Fire Safety
- Ethics of Touch
- First Aid
- HIPAA Privacy
- HIPAA Security
- Limited English Proficiency
- Nutrition and Food Safety
- Person-Centered Planning
- Physical Intervention (if outlined in Plan of Service)
- Recipient Rights

- Working With People I
- Working With People II

☒ Respite workers must have a basic understanding of safe food handling practices, methods to use to avoid confrontations with consumers, and awareness of the need to maintain professional boundaries with consumers.

☒ Respite workers must have a good understanding of the consumer plan and the services the provider will need to perform to help or assist the consumer when providing care.

Contract Respite Provider must agree to immediately report any serious injuries, hospitalizations, deaths, unauthorized leaves of absence and/or allegations of abuse/neglect of consumers to the SCCMHA Support Coordinator/case manager and to the SCCMHA Recipient Rights Office. They must agree to comply with regulations regarding recipient rights as outlined in the contract with SCCMHA, including rules regarding confidentiality.

The provider must complete incident reports to document any of the above or any significant incident(s) involving the provider and the consumer (forms are available through the SCCMHA Recipient Rights Office). Copies of incident reports must be forwarded to the SCCMHA Recipients Rights Office within forty-eight (48) hours of an occurrence and the Support Coordinator informed as soon as possible.

Certification and accreditation are not required for overnight respite; however, providers who hold a Children's Foster Care License and/or an Adult Foster Care License (for participants over age 18) are preferred.

The provider must be available, within reason, to provide respite care services on demand. Providers must be available on weekends, holidays, and summer vacation periods to meet consumer needs for respite care. Providers who repeatedly cancel scheduled respite care services or refuse to accept consumers may have their contract terminated.

When the respite worker provides care in their own home or alternative location (any alternative locations pre-approved by the family before service occurs), that person's home or alternative location must meet the following standards:

☒ Be clean, and safe from obvious hazards, such as: unsanitary conditions; fire hazards; rodents; high crime areas; exposure to adverse weather; and dangerous machinery, equipment and/or chemicals.

☒ Equipment and supplies which are used for normal household activities are acceptable assuming normal safety precautions are taken and consumers are closely supervised if they will be handling the material;

- ☒ Not be in violation of any health and safety precautions defined in the consumer's support and service plan, such as exposing a consumer with allergies to identified allergens, not providing barrier free access for a consumer who uses a wheelchair and/or exposing the consumer to situations which would be considered by the general community as morally or socially inappropriate;

- ☒ Have enough space to provide the consumer with a private area for sleeping and personal care, and their own bed;

- ☒ The home must have telephone service and a reliable mode of transportation;

- ☒ The home must have identified fire exits and a written fire evacuation plan;

- ☒ The home must have all toxic materials, sharps, firearms, and any other items commonly recognized as weapons under lock and key; and

- ☒ The home must have the capacity to provide three meals per day which are nutritious and well balanced and meet the dietary requirements of the consumer.

- ☒ The home must meet the standards set forth by the contract respite provider agency.

**Provider Documentation**

The provider will prepare a HCFA1500 Claim Form reflecting the number of units (in minute increments) of respite care service provided each day of the month to a given consumer. Claims will be submitted to the SCCMHA Claims Department for processing. HCFA1500 Claim Forms must be submitted to SCCMHA within the timeframes specified in the provider contract. The information on the Claims Form must adhere to the requirements listed in Section 9 "Claims Processing" of this SCCMHA Service Provider Manual.

The provider must be able to prove services were provided by keeping a log or documentation of what services, activities, etc., were done during respite care service. This information is needed as proof documentation for event verification of billing submitted to SCCMHA. We need to see progress notes, medication logs, behavior data sheets, or treatment data sheets as acceptable proof documents. The progress notes should match the services explained in the consumer plan and should be dated to indicate the date of services provided. If the services in the plan do not match the services you put in your notes, Medicaid states it is not a Medicaid covered service. Therefore, the money will need to be paid back. If the plan does not specify what duties you are to perform for the consumer you should contact the Case Manager or Support Coordinator for the consumer to discuss this issue and make sure your duties are clearly spelled out in the plan.

The provider will keep on file, in confidential storage, any documents s/he have received regarding the care to be provided to the consumer, including authorization received from the family or guardian for access to emergency medical care and copies of Plans of Service.

**Quality Assurance**

The process of accepting providers for the panel will include a site visit by SCCMHA staff, including a review of the physical plant and the provider's compliance with the requirements outlined in this guideline. After services are initiated, the consumer will be asked to complete satisfaction surveys on a bi-annual basis to ensure the respite care services provided are meeting his/her needs.

The following defines minimum expectations for provider performance:

1) Consumers are satisfied with the Provider's service delivery as measured in SCCMHA issued consumer satisfaction surveys.
2) Services are delivered in accord with SCCMHA Guidelines for Respite Care Providers and the consumer's Plan of Service, as generated by the SCCMHA, as well as within the limitations specified in the MDHHS Children's Waiver Implementation Instructions.
3) Provider claims for payment are submitted to SCCMHA within 90 days of service.
4) The Provider has not exceeded the authorized respite care units for individual consumers served as authorized by SCCMHA and has delivered services at the agreed upon hourly rates.

**Conservation of Respite Care Services**

Participants are expected to request and utilize respite care services only as needed. Respite is a short-term service, and the consumer and his/her parents or guardian maintain primary responsibility for the consumer's care. Additional care needs that extend beyond the purpose of respite should be evaluated and alternate services should be sought (i.e., CLS services). Each consumer is encouraged to apply for any Home Help services available to them through the Department of Health and Human Services. Amounts of Home Help benefits received by the consumer will be considered when requests for authorization of Respite Care Services are processed. Providers who provide the SCCMHA funded respite care and MDHHS funded chore services for the consumer, will be given the MDHHS funds directly by the consumer, and will not bill SCCMHA for services already reimbursed through MDHHS Home Help funds.

**Termination of Services**

Changes in consumer eligibility status, violation of the Respite Care Services guidelines specified in this document, changes in the level of need for assistance and/or discontinuation of SCCMHA funding or authorizations may result in discontinuation of Respite Care Services. Families whose services must be terminated will be notified in advance in writing and given an opportunity to appeal the decision. Similarly, providers may be removed from the provider panel for poor performance or non-compliance with these respite service guidelines.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Medication Review</td><td>Chapter: 03-Continuum of Care</td><td>Subject No: 03.02.20</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/1/08</td><td>Date of Review/Revision:<br>4/30/12, 5/8/13, 6/9/14, 4/7/15, 5/2/16, 2/10/17, 4/11/17, 6/12/17, 3/7/18, 6/20/18, 7/26/18, 2/26/19, 6/12/19, 11/13/20, 7/24/21, 9/14/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Integrated Care<br><br>Authored By: Barbara Glassheim<br><br>Additional Reviewers:<br>SCCMHA Medical Director, Service Management Team</td></tr>
<tr><td>Supersedes: Medication Reviews</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the expectations for medication reviews, during which consumers are evaluated, assessed, and monitored for therapeutic response, potential side effects, and the need to continue the current pharmacotherapy, or change the prescribed medication regimen, to encourage a resolution or prevention of targeted symptoms or behaviors. The purpose of this policy is also to define the expectations of the type and how often laboratory tests should be ordered, drawn, and reviewed for consumers of SCCMHA services.

**Policy:**
Prescribers within the SCCMHA Provider Network shall adhere to the standards set forth in this policy in order to provide consumers with optimum care while conducting medication reviews.

**Application:**
This policy applies to all prescribers in the SCCMHA Provider Network.

**Standards:**
A. The SCCMHA Network of licensed prescribers shall adhere to this policy by evaluating and monitoring consumers of SCCMHA services who are receiving medications prescribed by SCCMHA network licensed prescribers in order to ensure safety and efficacy of the medications.
   1. The frequency of said reviews shall depend upon the degree of severity of the consumer's disability/disorder, whether multiple medications are provided, or when other contraindications exist.
   2. Medication reviews shall be conducted every 3 months at a minimum.
   3. Upon request, a consumer who is stable may be seen every 3-6 months.

a. This shall be reflected in medication review notes.

4. If needed, a consumer may be seen on a more frequent basis.

B. SCCMHA policies and procedures will consistently seek to promote the health, well-being and safety of persons served.

C. All SCCMHA network providers and staff members have a responsibility to observe, monitor, support, document, report and/or address health conditions and risks to consumers.

1. Case Holders shall inquire about medication changes at every contact with the consumer (e.g., "Have there been any changes to your medications since we last met?" "Are you taking any new medications [over-the-counter or prescribed] or dietary supplements?").

a. Case Holders shall document medication and dietary supplement changes they learn of in a progress note and send a copy of the note to the nurse.

b. The nurse shall inform the prescriber (psychiatrist or PA) of the change(s).

D. An RN/LPN/PA/NP/MA or licensed pharmacist shall review with the consumer all medications they are taking, including over-the-counter medications, and document this information in the electronic medical record as a Medication Reconciliation prior to medication reviews conducted by a psychiatrist, RN, NP, or PA.

E. Primary health care coordination will be promoted and documented by SCCMHA network providers.

1. SCCMHA Network psychiatrists/prescribers shall review *all* medications prescribed by other physicians/prescribers as well as over-the-counter medications and any dietary supplements the consumer is taking.

F. Adverse and allergic reactions to medications or other medical treatments will be reported to the prescribing psychiatrist/practitioner by the appropriate provider and highlighted in the consumer's electronic health record.

G. All known and suspected allergies will be recorded in the medical record at intake and as they arise.

1. Follow-up shall be provided by a nurse or the psychiatrist.

2. If evidence develops to suggest otherwise, lists of allergies shall be revised.

a. Lists of allergies shall be reviewed or updated as indicated.

H. Psychiatrists/prescribers will check the Michigan Automated Prescription System (MAPS) for medications being prescribed elsewhere for the consumers.

1. A link to MAPS can be found in the Medication Review section of the SCCMHA electronic health record.

I. Treatments for acute or chronic health conditions (other than behavioral health conditions) will be directed by the consumer's primary care provider.

1. Case Holders shall obtain information regarding chronic health conditions from the consumer's PCP and forward them to the nurse to add to the diagnosis section of the EHR.

J. SCCMHA treatment team members document information in the electronic health record in a timely and accurate manner.

1. Documentation of mental health conditions will be specific to each individual consumer as needed.

K. The treating psychiatrist will be briefed by treatment team members regarding consumer specific health conditions and related instructions prior to service provision.

L. All treatment team members are expected to be observant regarding any health changes experienced by consumers, including discomfort and unusual or abnormal signs or symptoms.
   1. Team members shall document and seek assistance or treatment as appropriate to the urgency or seriousness of the symptoms.

M. While services and supports are provided by the entire treatment team, medication issues are addressed by the treating psychiatrist or on-call nurse, in case of emergency.
   1. In the absence of the psychiatrist, an RN/LPN, licensed physician assistant, nurse practitioner, under their scope of practice and under the supervision and delegation of a physician, may conduct a medication review and AIMS testing and consult with the psychiatrist by phone regarding medication issues as needed once an initial psychiatric evaluation has been performed by the designated treating psychiatrist.
      NOTE: The American Psychiatric Association (APA) discourages accepting the inpatient psychiatric evaluation as beginning of outpatient treatment, unless the doctor is the same for both the hospital and outpatient setting as the consumer may present differently at the time of inpatient psychiatric treatment from post discharge to community psychiatry.

**Definitions:**

**Adverse Reaction:** Any harmful effect on the body of therapeutic drugs, drugs of abuse or the interaction of two or more pharmacologically active agents within a short time span; drugs most likely to create adverse reactions include hypnotics, central nervous system stimulants, antidepressants, tranquilizers, and muscle relaxants. Any adverse reaction is any harmful, unintended effect of the medication, diagnostic test or therapeutic intervention.

**Allergic Reaction:** An unfavorable physiologic response to an allergen to which a person has previously been exposed; the response may be characterized by a variety of symptoms, and may be immediate or delayed.

**Allergy:** A hypersensitive state acquired through exposure to a particular allergen, re-exposure bringing to light an altered capacity to react; allergies may be classified as immediate and delayed.

**Extrapyramidal Side Effects (EPS):** Physical symptoms, including tremor, slurred speech, akathisia, dystonia, anxiety, distress, paranoia, and bradyphrenia, that are primarily associated with improper dosing of or unusual reactions to neuroleptic (antipsychotic) medications.

**Health Risk Condition:** A condition that potentially compromises the consumer's personal safety or health if not addressed.

**Health or Safety Concern**: Any situation or circumstance that causes a consumer or other involved persons to express a need to change a current pattern of behavior or health practice, based upon their observation that the consumer has evidenced specific risk.

**Licensed Pharmacist:** An individual licensed under the Michigan Public Health Code to engage in the practice of pharmacy, which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering, and use of drugs and related articles for the prevention of illness, and the maintenance and management of health. Practice of pharmacy includes the direct or indirect provision of professional functions and services associated with the practice of pharmacy. Professional functions associated with the practice of pharmacy include the following: (a) The interpretation and evaluation of the prescription. (b) Drug product selection. (c) The compounding, dispensing, safe storage, and distribution of drugs and devices. (d) The maintenance of legally required records. (e) Advising the prescriber and the patient as required as to contents, therapeutic action, utilization, and possible adverse reactions or interactions of drugs.

**Licensed Practical Nurse (LPN):** A person who has graduated from an accredited school of nursing and has become licensed to provide basic nursing care under the supervision of a physician or registered nurse.

**Medical Assistant (MA):** A person who verifies patient information by interviewing patient; recording medical history; confirming purpose of visit. Prepares patients for examination by performing preliminary physical tests; taking blood pressure, weight, and temperature; reporting patient history summary.

**Medication Check:** For purposes of this policy, a Medication Check is conducted during each consumer contact by a Case Holder and consists of asking the consumer whether they have had a changes to their medication regimen since their last contact with the Case Holder. This includes over-the-counter medications and dietary supplements.

**Medication Reconciliation:** The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

**Medication Review:** According to the Michigan Medicaid Provider Manual, a medication review consists of evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications.

**Nurse Practitioner (NP):** A registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.

**Physician Assistant (PA):** An individual who has graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or has passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and is licensed by the State to practice as a physician assistant. PAs perform services under the general supervision of a physician. (The supervising physician need not be physically present when the PA is performing the services unless required by State law; however, the supervising physician must be immediately available to the PA for consultation.).

**Psychiatrist:** A licensed medical doctor (MD) or doctor of osteopathy (DO) with appropriate residency training and a certificate of completion.
**Registered Nurse (RN):** A nurse who is currently licensed to practice in the State where he or she practices and is authorized to perform the services of a clinical nurse specialist in accordance with State law
**Wellness:** A proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education.

**References:**
A. Michigan Automated Prescription System (MAPS): https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_55478---,00.html
B. Michigan Medicaid Provider Manual: https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html
C. SCCMHA Policy 03.02.01 – Health Care Integration
D. SCCMHA Policy 03.02.38 – Prescription Monitoring Program Compliance
E. SCCMHA Policy 09.09.04.05 – AIMS Testing
F. SCCMHA Policy 09.06.04.06 Medication Reviews by Non-Physician Health Care Professionals
G. SCCMHA Policy 09.06.04.08 – Consent to Treat with Medications
H. SCCMHA Policy 03.02.49.01– Care Transitions

**Exhibits:**
A. Copy of medication review from the electronic health record for person with a developmental disability
B. Copy of medication review from the electronic health record for person with a mental illness
C. Laboratory Testing Protocol
D. Guide to E/M Codes for Billing
E. Body Mass Index (BMI) and Table
F. Protocol for Tracking Laboratory Orders

**Procedure**:

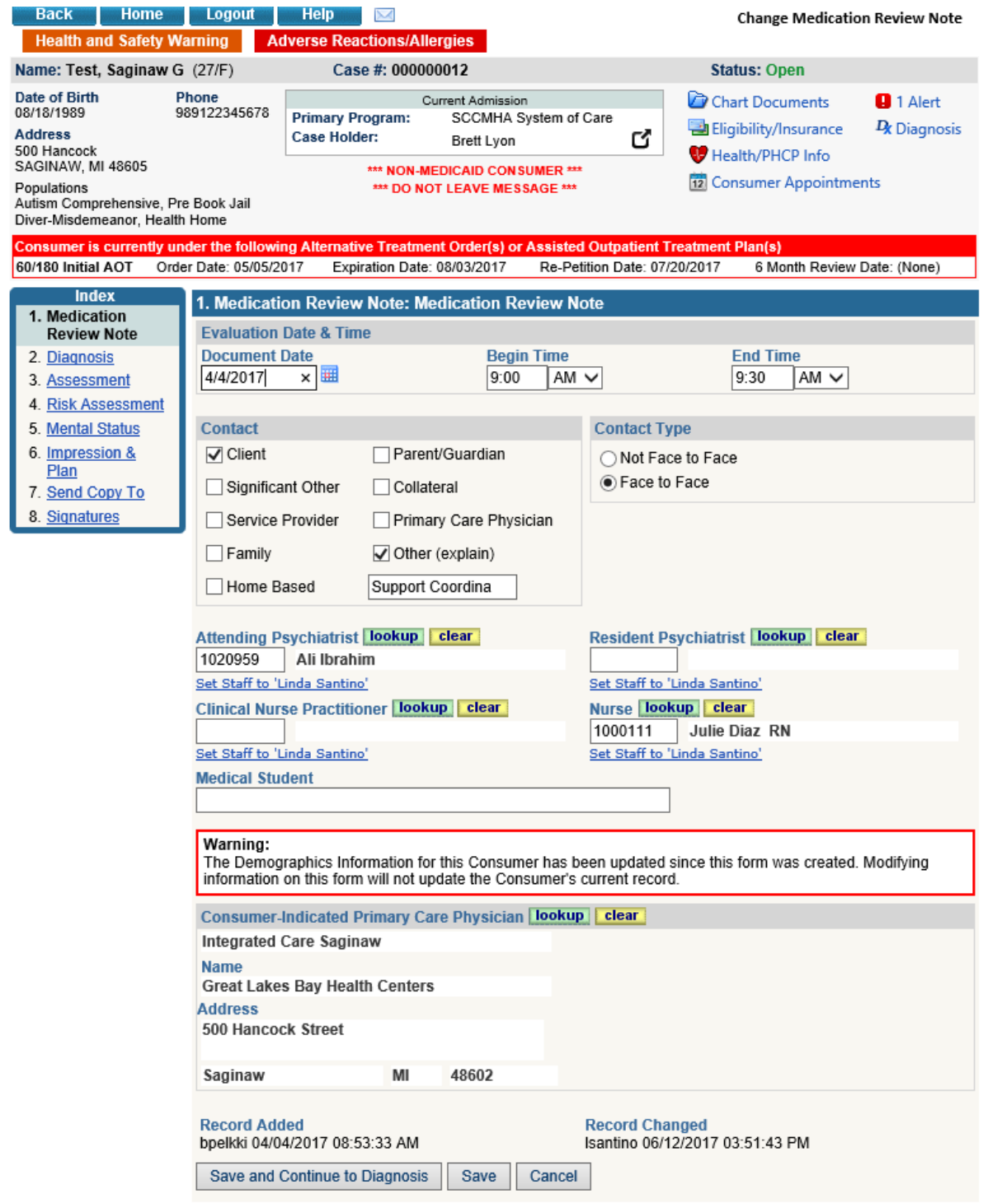
| ACTION | RESPONSIBILITY |
|---|---|
| Logs into the electronic health record for the specific consumer.<br>Meets with the consumer per appointment or per request for urgent medication review.<br>Reviews with the consumer past medications used, their effectiveness, side effects experienced and any past allergic or adverse reactions, if applicable.<br>Asks the consumer about current or past co-existing medical conditions (including potential for pregnancy), other prescription | Designated Medication Reviewer (RN/LPN/PA/NP/MA/licensed pharmacist) |

| | |
|---|---|
| or over the counter medications used, including herbal supplements.<br>Documents the name of the medication, dosage, frequency, instructions for use and the prescribing physician.<br><br>Enters the consumers' additional physical medical issues/medication information in the electronic medication record as a medication reconciliation at each visit. | |
| Ascertains whether client is using drugs or alcohol and further evaluates for potential misuse issues if needed during the medication review or at any time. | Interdisciplinary Team Member |
| Addresses family planning issues with consumers of child bearing age and prescribes medications in accordance with specific needs/concerns of the consumer.<br>If pregnancy is suspected or identified, coordinates care with the consumer's general health care provider to determine needs and safety of medication.<br>Reviews the current needs of the consumer, their current medications, and uses consumer feedback to determine the consumer's understanding of the need for medication. | Psychiatrist or Designated Licensed Practitioner |
| Conducts an assessment to ensure that medication is being taken as prescribed, if there is relief of the targeted symptoms, and if there are any adverse side effects being experienced. Medication changes will be made accordingly. | Psychiatrist or Designated Licensed Medication Reviewer |
| Reviews current laboratory tests, noting any specific drug levels for medications as noted on the Laboratory Testing Protocol (Exhibit D).<br>Orders specific lab work as needed to ensure safe practice and monitoring of the client. | Psychiatrist/NP/PA |

| | |
|---|---|
| May request the clinic RN/LPN or MA to complete the lab form and advise the RN/LPN or Medical assistant of the labs needed. | Psychiatrist |
| Enters the medication refills, changes or discontinuation of medications into the Sentry E-Prescribing system; may provide the consumer with a copy of the sent prescriptions. | Psychiatrist/NP/PA |
| May direct the RN/LPN/Nursing Staff or Medical A to provide the consumer with a copy of the prescription(s) sent by the psychiatrist or confirm that the prescription(s) were sent to the pharmacy through Surescripts. | Psychiatrist |
| Reviews any medication changes with the consumer/guardian/care provider to ensure understanding, adherence and safety. Documents the details and findings of the medication review in the electronic health record in the Medication Review Note section. | Psychiatrist/NP/PA |
| Completes as much information as s/he is able and adds narrative comments as needed to provide additional details, or consumer specific statements.<br>NOTE: Documentation in the electronic health record shall include: consumer name; case number; date; relevant consumer statements indicating response or lack of response to current treatment; medications currently taken by the consumer; medication adjustments or changes with reason for change indicated; adverse side effects observed or reported; impression of consumer's mental status; recommendations/instructions; labs or special testing needed; diagnostic impression and plan. | Psychiatrist |

| | |
|---|---|
| Follows up with additional medication education, medication consents, laboratory orders, vital signs, weight.<br>Document this follow-up in the electronic health record.<br>If an ordered laboratory report has not been received within 30 days, enters a Chart Note that the lab has not been received.<br>Notifies the Case Holder to read the progress note that the laboratory report has not been received using the "sent copy to" function in the electronic health record progress note. | RN/LPN/MA |
| After reviewing the record, contacts the consumer to offer means of assistance in obtaining necessary laboratory reports. | Case Holder |

Exhibit A


Back
Home
Logout
Help
Change Medication Review Note
Health and Safety Warning
Adverse Reactions/Allergies
Name: Test, Saginaw G (27/F)
Case #: 000000012
Status: Open
Date of Birth
08/18/1989
Phone
9891223456789
Address
500 Hancock
SAGINAW, MI 48605
Populations
Autism Comprehensive, Pre Book Jail
Diver-Misdemeanor, Health Home
Current Admission
Primary Program: SCCMHA System of Care
Case Holder: Brett Lyon
*** NON-MEDICAID CONSUMER ***
*** DO NOT LEAVE MESSAGE ***
Chart Documents
1 Alert
Eligibility/Insurance
Diagnosis
Health/PHCP Info
Consumer Appointments
Consumer is currently under the following Alternative Treatment Order(s) or Assisted Outpatient Treatment Plan(s)
60/180 Initial AOT Order Date: 05/05/2017 Expiration Date: 08/03/2017 Re-Petition Date: 07/20/2017 6 Month Review Date: (None)
Index
1. Medication Review Note
2. Diagnosis
3. Assessment
4. Risk Assessment
5. Mental Status
6. Impression & Plan
7. Send Copy To
8. Signatures
1. Medication Review Note: Medication Review Note
Evaluation Date & Time
Document Date
4/4/2017
Begin Time
9:00 AM
End Time
9:30 AM
Contact
Client
Parent/Guardian
Significant Other
Collateral
Service Provider
Primary Care Physician
Family
Other (explain)
Home Based
Support Coordina
Contact Type
Not Face to Face
Face to Face
Attending Psychiatrist lookup clear
1020959 Ali Ibrahim
Set Staff to 'Linda Santino'
Resident Psychiatrist lookup clear
Set Staff to 'Linda Santino'
Clinical Nurse Practitioner lookup clear
Set Staff to 'Linda Santino'
Nurse lookup clear
1000111 Julie Diaz RN
Set Staff to 'Linda Santino'
Medical Student
Warning:
The Demographics Information for this Consumer has been updated since this form was created. Modifying information on this form will not update the Consumer's current record.
Consumer-Indicated Primary Care Physician lookup clear
Integrated Care Saginaw
Name
Great Lakes Bay Health Centers
Address
500 Hancock Street
Saginaw MI 48602
Record Added
bpelkki 04/04/2017 08:53:33 AM
Record Changed
lsantino 06/12/2017 03:51:43 PM
Save and Continue to Diagnosis
Save
Cancel

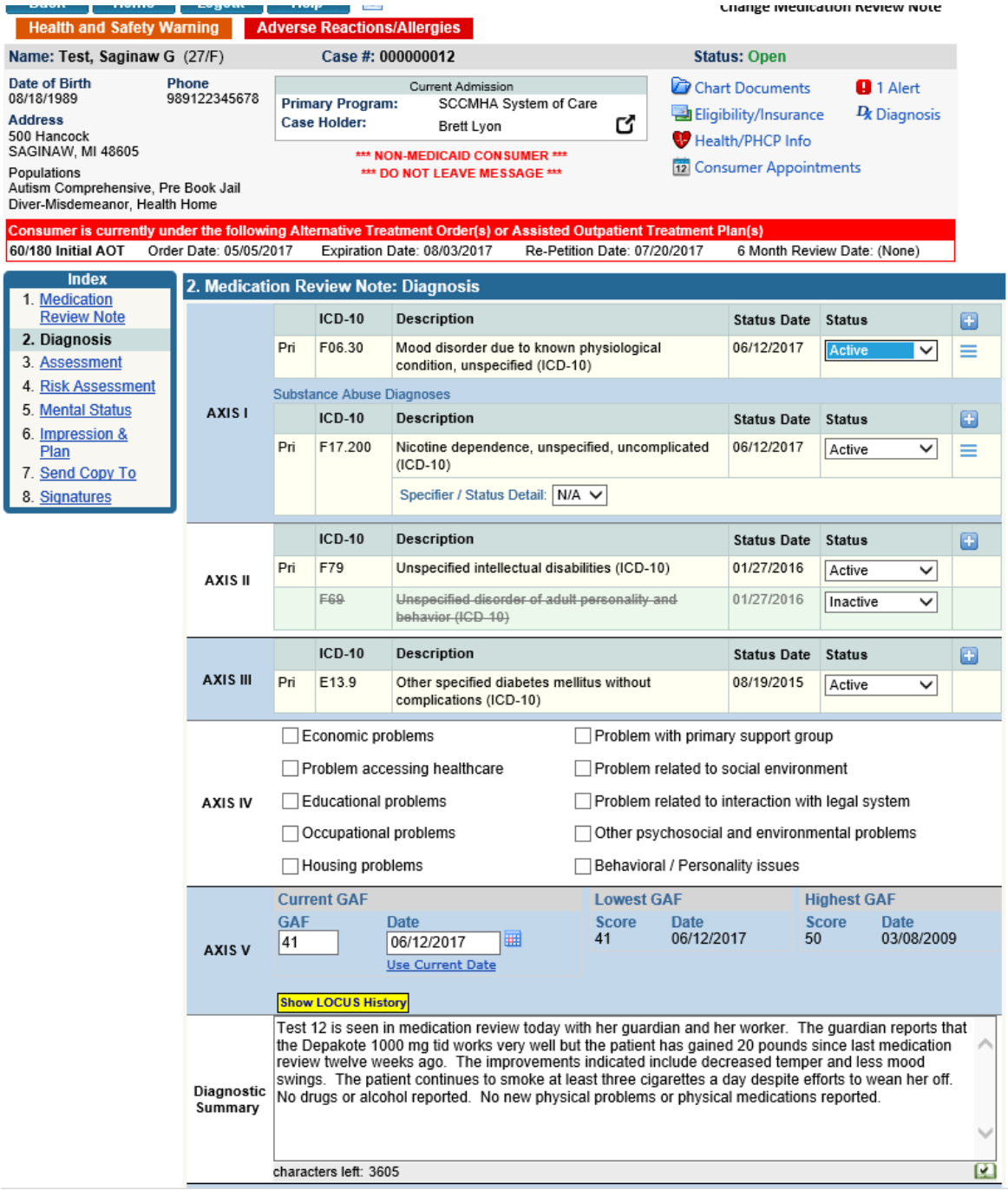
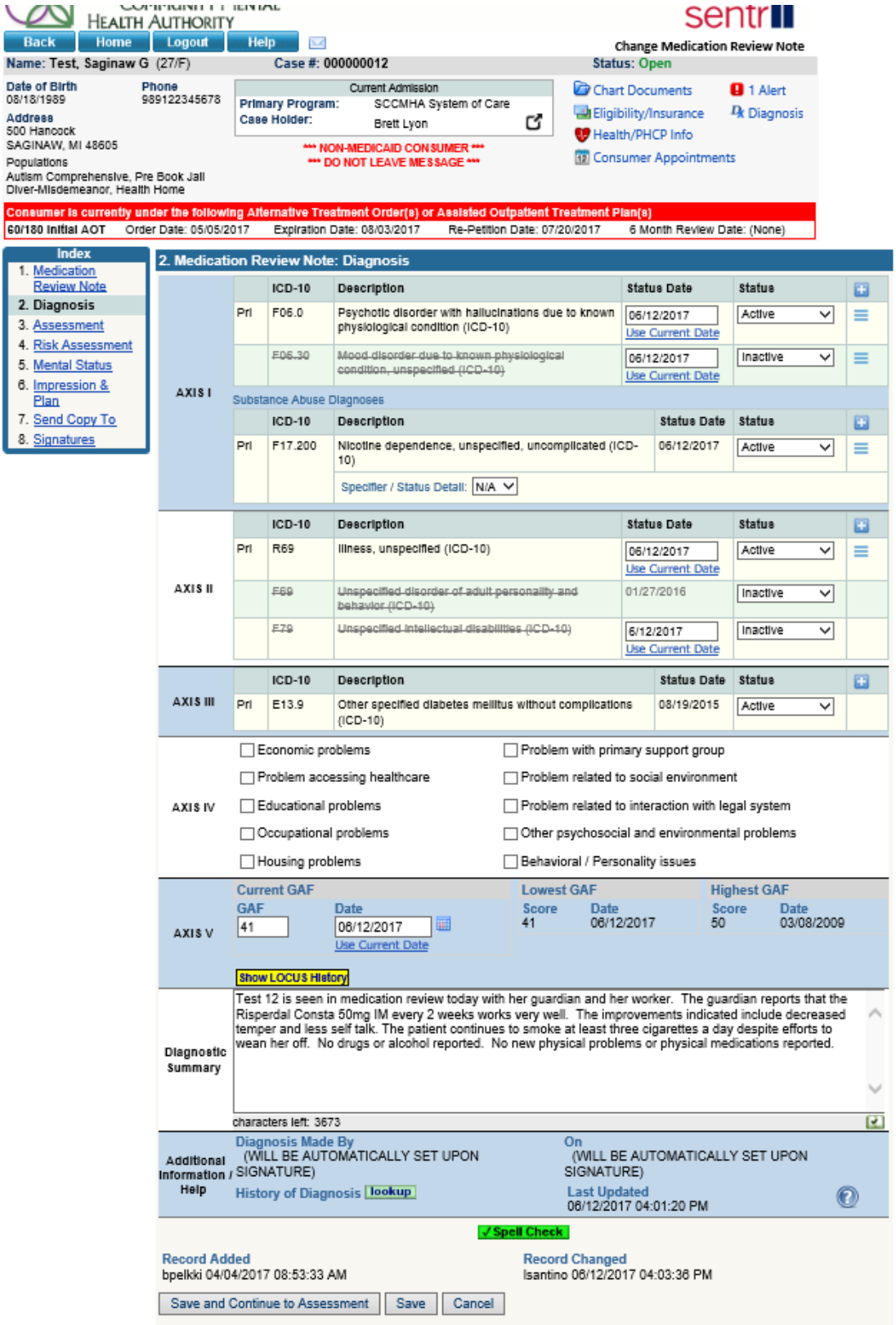

Change Medication Review Note
Health and Safety Warning
Adverse Reactions/Allergies
Name: Test, Saginaw G (27/F)
Case #: 000000012
Status: Open
Date of Birth
08/18/1989
Phone
9891223456789
Address
500 Hancock
SAGINAW, MI 48605
Populations
Autism Comprehensive, Pre Book Jail
Diver-Misdemeanor, Health Home
Current Admission
Primary Program: SCCMHA System of Care
Case Holder: Brett Lyon
*** NON-MEDICAID CONSUMER ***
*** DO NOT LEAVE MESSAGE ***
Chart Documents
1 Alert
Eligibility/Insurance
Diagnosis
Health/PHCP Info
Consumer Appointments
Consumer is currently under the following Alternative Treatment Order(s) or Assisted Outpatient Treatment Plan(s)
60/180 Initial AOT Order Date: 05/05/2017 Expiration Date: 08/03/2017 Re-Petition Date: 07/20/2017 6 Month Review Date: (None)
Index
1. Medication Review Note
2. Diagnosis
3. Assessment
4. Risk Assessment
5. Mental Status
6. Impression & Plan
7. Send Copy To
8. Signatures
2. Medication Review Note: Diagnosis
AXIS I
ICD-10 Description Status Date Status
Pri F06.30 Mood disorder due to known physiological condition, unspecified (ICD-10) 06/12/2017 Active
Substance Abuse Diagnoses
ICD-10 Description Status Date Status
Pri F17.200 Nicotine dependence, unspecified, uncomplicated (ICD-10) 06/12/2017 Active
Specifier / Status Detail: N/A
AXIS II
ICD-10 Description Status Date Status
Pri F79 Unspecified intellectual disabilities (ICD-10) 01/27/2016 Active
F69 Unspecified disorder of adult personality and behavior (ICD-10) 01/27/2016 Inactive
AXIS III
ICD-10 Description Status Date Status
Pri E13.9 Other specified diabetes mellitus without complications (ICD-10) 08/19/2015 Active
AXIS IV
Economic problems
Problem with primary support group
Problem accessing healthcare
Problem related to social environment
Educational problems
Problem related to interaction with legal system
Occupational problems
Other psychosocial and environmental problems
Housing problems
Behavioral / Personality issues
AXIS V
Current GAF
GAF 41
Date 06/12/2017
Use Current Date
Lowest GAF
Score 41 Date 06/12/2017
Highest GAF
Score 50 Date 03/08/2009
Show LOCUS History
Diagnostic Summary
Test 12 is seen in medication review today with her guardian and her worker. The guardian reports that the Depakote 1000 mg tid works very well but the patient has gained 20 pounds since last medication review twelve weeks ago. The improvements indicated include decreased temper and less mood swings. The patient continues to smoke at least three cigarettes a day despite efforts to wean her off. No drugs or alcohol reported. No new physical problems or physical medications reported.
characters left: 3605

Exhibit B


Health Authority
sentri
Back
Home
Logout
Help
Change Medication Review Note
Name: Test, Saginaw G (27/F)
Case #: 000000012
Status: Open
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08/18/1989
Phone
9891223456 78
Address
500 Hancock
SAGINAW, MI 48605
Populations
Autism Comprehensive, Pre Book Jail
Diver-Misdemeanor, Health Home
Current Admission
Primary Program: SCCMHA System of Care
Case Holder: Brett Lyon
*** NON-MEDICAID CONSUMER ***
*** DO NOT LEAVE MESSAGE ***
Chart Documents
1 Alert
Eligibility/Insurance
Diagnosis
Health/PHCP Info
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3. Assessment
4. Risk Assessment
5. Mental Status
6. Impression & Plan
7. Send Copy To
8. Signatures
2. Medication Review Note: Diagnosis
AXIS I
ICD-10 Description Status Date Status
Pri F06.0 Psychotic disorder with hallucinations due to known physiological condition (ICD-10) 06/12/2017 Use Current Date Active
F06.30 Mood disorder due to known physiological condition, unspecified (ICD-10) 06/12/2017 Use Current Date Inactive
Substance Abuse Diagnoses
ICD-10 Description Status Date Status
Pri F17.200 Nicotine dependence, unspecified, uncomplicated (ICD-10) 06/12/2017 Active
Specifier / Status Detail: N/A
AXIS II
ICD-10 Description Status Date Status
Pri R69 Illness, unspecified (ICD-10) 06/12/2017 Use Current Date Active
F69 Unspecified disorder of adult personality and behavior (ICD-10) 01/27/2016 Inactive
F79 Unspecified intellectual disabilities (ICD-10) 6/12/2017 Use Current Date Inactive
AXIS III
ICD-10 Description Status Date Status
Pri E13.9 Other specified diabetes mellitus without complications (ICD-10) 08/19/2015 Active
AXIS IV
Economic problems
Problem with primary support group
Problem accessing healthcare
Problem related to social environment
Educational problems
Problem related to interaction with legal system
Occupational problems
Other psychosocial and environmental problems
Housing problems
Behavioral / Personality issues
AXIS V
Current GAF
GAF 41
Date 06/12/2017
Use Current Date
Lowest GAF
Score 41
Date 06/12/2017
Highest GAF
Score 50
Date 03/08/2009
Show LOCUS History
Diagnostic Summary
Test 12 is seen in medication review today with her guardian and her worker. The guardian reports that the Risperdal Consta 50mg IM every 2 weeks works very well. The improvements indicated include decreased temper and less self talk. The patient continues to smoke at least three cigarettes a day despite efforts to wean her off. No drugs or alcohol reported. No new physical problems or physical medications reported.
characters left: 3673
Additional Information / Help
Diagnosis Made By (WILL BE AUTOMATICALLY SET UPON SIGNATURE)
On (WILL BE AUTOMATICALLY SET UPON SIGNATURE)
History of Diagnosis lookup
Last Updated 06/12/2017 04:01:20 PM
Spell Check
Record Added
bpelkki 04/04/2017 08:53:33 AM
Record Changed
lsantino 06/12/2017 04:03:36 PM
Save and Continue to Assessment
Save
Cancel

Exhibit C

# Laboratory Testing Protocol

This document is to serve as a guideline for all providers working with Consumers of SCCMHA services.

All consumers that are going to be placed on psychotropic medications should have the following baseline items:

1. Body Mass Index (BMI) as a standard of care =Height, weight, also (if possible every 3 months) include measure of waist circumference.

**Measure of waist circumference is the best indicator of metabolic syndrome.**

2. Comprehensive Metabolic Panel which includes: Glucose, Urea Nitrogen, Creatinine, Calcium, (electrolytes) Sodium, Potassium, Chloride, Carbon Dioxide, (hepatic function tests), Total Protein, Albumin, Total Bilirubin, Alkaline Phosphatase, AST, ALT, and GFR estimated
3. Lipid Panel which includes: Triglycerides, Total Cholesterol, HDL Cholesterol, LDL Cholesterol
4. HgbA1c (this is covered by Medicaid **every 6 months**)
5. TSH, T-3 total, T4 free
6. CBC with differential

** Items 2-6 should be completed unless available from Primary Care Physician, Hospital stay, or Emergency Room and was completed within the last 90 days.

For Children, in addition to the above it is also recommended:

1. Ceruloplasmin under age 18 to rule out potential for Wilson's Disease
2. Serum Lead under age 18 to rule out toxicity
3. Carnitine level and an AcylCarnitine: Carnitine ratio if under age 12, prior to starting Depakote

**EKG** should be completed at Baseline and as indicated for anyone:

1. With history of cardiac problems/abnormalities, or known heart disease unless a copy of an EKG was completed within the last 6 months and an okay from the primary care physician has been obtained for starting medications
2. On anyone starting Lithium, Clonidine, Tricyclic antidepressants, thioridazine/Mellaril or pimozide/Orap.
3. On anyone with history of syncope, particularly with exercise.
4. On anyone with history of exercise-induced chest pain.
5. On anyone with sudden death in family member at a young age or during exercise.
6. On anyone with family history of cardiac abnormalities (structural or electrical).
7. On Children/adolescents/adults who meet any of the guideline indicators as noted above when considering stimulants for ADHD.
8. Anyone with acute cardiac symptoms should be referred to Emergency room for immediate evaluation at any time during treatment.
9. Anyone who develops symptoms of cardiac instability during treatment – i.e., High Blood Pressure, Shortness of Breath on exertion, palpitations should be referred to Primary Care Physician.

**Drug screen and Serum Alcohol Screen*** should be completed at Baseline for everyone and as needed.

*Quest Laboratory requires two codes be ordered to get both of these.

**VDRL (RPR)/HIV/Hepatitis panel:** Should be completed at baseline for victims of sexual abuse, individuals with IV drug abuse, or as indicated during the course of treatment.

Any females of child bearing years, at minimum should be asked if there is a potential risk of pregnancy before starting any medications. **Pregnancy test** should be completed before starting Depakote, Carbamazepine, or Lithium on females of childbearing age regardless of report except if person has had a total hysterectomy.

With risperidone and typical Antipsychotics (haloperidol, thioridazine, fluphenazine, Clozapine, etc.) monitor **prolactin** when menstrual irregularity, cessation of menses, breast tenderness, breast enlargement, breast discharge, or lactating.

Medications that are considered safe and have no known complications and do not need laboratory testing unless the psychiatrist deems necessary are: Lexapro, or Celexa.

Consumers should have a **Comprehensive Metabolic Panel, HgbA1c, Lipid Profile, TSH, T-3 Total, T4 free, and CBC with differential annually** along with Follow up laboratory tests as follows (please have copy go to the family physician).

| Exhibit D | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Abilify/ Aripiprazole**<br><br>**(Maintena/ Aristada -IM Long Acting)** | | X | X | | | | q 6 months, After stable then Annual or PRN | | | | | Baseline and q 3 months | | |
| **Adderall** | Blood pressure and heart rate at baseline, after dose increase, then periodically | Height & weight in pediatric age group at baseline, then periodically | | | | | | | | | | | | |
| **Amitriptyline/Elavil** | Blood Pressure and Pulse in Pediatric patients if dose is greater than 3 mg/kg/ day for children | X | | q 3 months, after stable then Annual or PRN if concerns develop | Baseline then Annual | | | | | | | | | |
| **Ativan** | | | | | | | | | | | | | If prolonged treatment | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Buspar/ buspirone** | X | | | | | | | | | | | | | |
| **Catapress/ Clonidine** | | X | | Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN | Baseline | | | | | | Creatinine at baseline | | | |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Celexa** | | | | | If does is greater than 40 mg per day. Also, if patient is a risk of prolongation. | | | | | | | | | |
| **Clozaril/ Clozapine** | | X | X | | | Weekly for 6 months, then q 2 weeks for 6 months, then q 4 weeks thereafter if WNLs.<br><br>If 3000-3500 twice weekly until in acceptable range. Follow registry protocol for other abnormal test results | q 6 months, After stable then Annual or PRN | | | | Potassium and magnesium at baseline and periodically as needed | Baseline and q 3 months | | Prolactin Level if with menstrual irregularity, cessation of Menses, breast tenderness / enlargement, breast discharge or lactating |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Concerta** | Blood pressure and heart rate at baseline, after dose increase, then periodically | Height & weight in pediatric age group at baseline, then periodically | | | | CBC w/ diff,,Platelet annually if prolonged treatment | | | | | | | | |
| **Cymbalta** | At baseline and periodically | | | | | | | | | | Creatinine at baseline | | | |
| **Dalmane/ flurazepam** | | | | | | | | | | | | | Liver function test if prolonged treatment | |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Depakote/ Valproic Acid** | | X | | Within one month after start, monthly until level reached, q 3 months, After level reached, then q 6 months after stable or PRN | | Baseline, q 3 months<br><br>Platelet count or coagulation test at baseline and before planned surgery | | | | | | | Baseline AST and ALT q 3 months or PRN | **Ammonia** level when change in Mental status<br><br>**Pregnancy** test if of childbearing years or risk of |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | pregnancy |
| **Doxepin** | X | | | | | | | | | | | | | |
| **Effexor** | Blood pressure monitoring regularly | | | | | | | | | | Creatinine at baseline | | Lipid panel if long term treatment | |
| **Fanapt** | | | | | | | | | | | Potassium and Magnesium at baseline if at risk with electrolyte disturbance (on diuretic or other Blood Pressure Meds) then periodically | Baseline if with diabetes risk Factors then periodically | | |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **fluphenazine** | | | | | | CBC frequently during initial treatment if with preexisting leukopenia or neutropenia history | | | | | BUN and Creatinine | | Liver function tests as needed | Ophthalmology exams if prolonged |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | treatment |
| **Geodon/ Ziprasidone** | | X | X | | Baseline if with cardiac risk | | q 6 months, After stable then Annual or PRN | | | | Potassium and Magnesium at baseline if at risk and if on diuretic | Baseline and q 3 months | | |
| **Haldol Decanoate/ Haloperidol** | | X | X | | | | | | | | | | | Prolactin Level if with menstrual irregularity, cessation of Menses, breast tenderness / enlargement, breast discharge or lactating |
| **Intune/ Tenex/ Guanfacine** | Baseline and after dose increase | X | | | If there is a family history or consumer notes cardiac complaints | Annual | Annual | Annual | Annual | | | Annual | Annual | Annual | |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Invega / Paliperidone**<br><br>**(Sustenna/ Trinza – IM long acting)** | | X | X | | | | q 6 months, After stable then Annual or PRN | | | | Creatinine at baseline | Baseline and q 3 months | | |
| **KapVay** | Baseline and after each dose increase and periodically | X | | | | | | | | | Creatinine at baseline | | | |
| **Klonopin** | | | | | | | | | | | | | If long term treatment | |
| **Lamictal** | | | | | | | | | | | Creatinine at baseline | | | Ophthalmology exams if prolonged treatment |
| **Latuda** | | | | | | | | | | | Creatinine at baseline | Baseline if diabetic risk factors | | |
| **Lithium/ Eskalith/ Lithobid** | | X | X | Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN | Baseline and Annual | q 3 months, After stable q 6 months | | q 3 months, After stable then q 6 months | TSH Annual | | q 6 months, After stable then Annual or PRN | | | Pregnancy test if of childbearing years or risk of pregnancy |
| **Loxitane/ Loxapine** | | X | X | | | Baseline | | | | | | | Baseline | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Luvox/ fluvoxamine** | **X** | | | | | | | | | | | | | |
| **Mellaril/ Thioridazine** | | X | X | | Baseline and Annual | | | | | | Potassium at baseline and every dose change then periodically | | | |
| **Moban/ Molindone** | | X | X | | | | | | | | | | | |
| **Neurontin/ Gabapentin** | | X | | | | | | Baseline | | | Creatinine at baseline q 6 months | | | |
| **Orap/ Pimozide** | | X | X | | Baseline and periodically | | | | | | Potassium at baseline and periodically | | | |
| **Paxil** | | | | | | | | | | | Creatinine at baseline | | | |
| **Pristiq** | Blood Pressure | X | | | | | Baseline | | | | Creatinine at baseline | | | |
| **Prolixin Decanoate/ Fluphenazine** | | X | X | | | | | | | | BUN and Creatinine at baseline | | Baseline | Prolactin Level if with menstrual irregularity, cessation of Menses, breast tenderness / enlarge |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | ment, breast discharge or lactating |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Quillivant XR**<br><br>**Methylpheniodate** | Blood Pressure and heart rate at baseline and after dose increase then periodically. | Height and Weight in pediatric patients at baseline and periodically | | | | CBC with Diff and platelet count annually if prolonged treatment. | | | | | | | | |
| **Remeron/ mitazapine** | X | | | | | | | | | | | | | |
| **Rexulti/ Brexpiprazole** | Blood Pressure and heart rate at baseline and periodically | | X | | | CBC w/diff frequently during initial treatment if with or history of leukopenia or neutropenia | Fasting glucose lipid panel at baseline and periodically | | | | | | | |
| **Risperdal/ Risperidone** | | X | X | | | | q 6 months<br><br>After stable then Annual or PRN | | | | Creatinine at baseline | Baseline and q 3 months | | Prolactin Level if with menstrual irregula |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | rity, cessation of Menses, breast tenderness / enlargement, breast discharge or lactating |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Ritalin** | Blood Pressure and heart rate at baseline and after dose increase then periodically. | Height and Weight in pediatric patients at baseline and periodically | | | | CBC with Diff and platelet count annually if prolonged treatment. | | | | | | | | |
| **Saphris/ Asenapine** | | X | X | | | | | | | | | Baseline if presents with diabetes risk factor then periodically | Baseline | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Seroquel/ Quetiapine** | Baseline in children and adolescents then periodically (hypotension) | X | X | | | | Baseline,<br><br>q 6 months<br><br>After stable then Annual or PRN | | | | | Baseline and q 3 months | | |
| **Straterra** | In pediatric patients at baseline, after dose increase, and periodically | X | | | | | | | | | | q 6 months. and PRN if GI Distress or itching | | |
| **Symmetrel** | | | | | | | | | | | Creatinine at baseline | | | Dermatologic exams as needed |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Tegretol/ Carbamazepine** | | X | | Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN | | q 3 months, After stable then Annual or PRN | Baseline | Baseline | | | BUN at baseline | | Baseline | Pregnancy test if of childbearing years or risk of pregnancy |

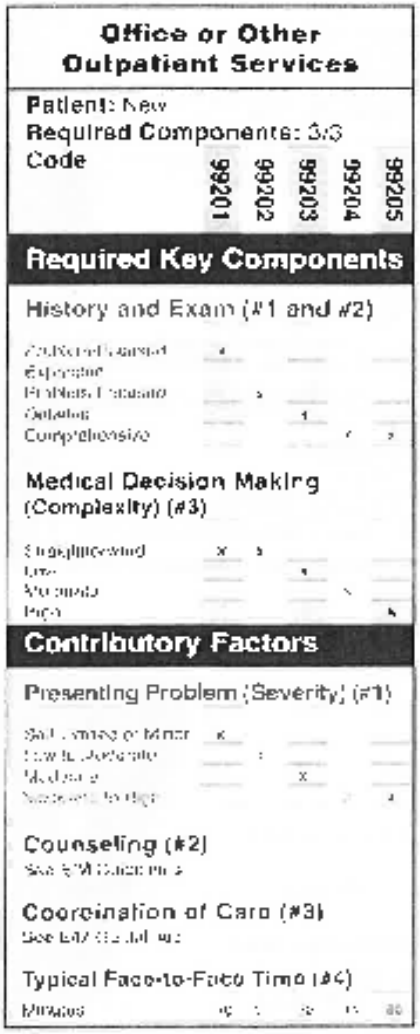
| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Thorazine** | | | | | | CBC frequently during initial treatment if pre-existing leukopenia or if drug induced leukopenia/ neutropenia history | | | | | | | | Ophthalmology exams if prolonged treatment |
| **Topamax/ Topiramate** | Baseline and periodically | X | | | | | | | | | Bicarbonate and creatinine at baseline and q 6 months | | | |
| **Tricyclic Anti-depressant** | | X | | Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN | Baseline and Annual | | | | | | | | | |
| **Trifluoperzaine** | | | | | | CBC frequently during initial treatment if pre-existing leukopenia or if drug induced leukopenia/ neutropenia history. | | | | | | | | Ophthalmology exams if prolonged treatment |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |
| **Trileptal/ Oxcarbazepine** | | X | | | | | | | | | Creatinine and Sodium at baseline and q 6 months | | | |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Trintellix/ Vortioxetine** | | | | | | | | | | | | | | **Monitor for worsening of depression/suicidality** |
| **Valium** | | | | | | | | | | | | | Liver Function tests if prolonged treatment | |
| **Viibryd/ Vilazodone** | | | | | | | | | | | | | | **Monitor for worsening of depression/suicidality** |
| **Vistaril** | | | | | | | | | | | Creatinine at baseline | | | |
| **Vraylar/ Cariprazine** | Blood Pressure and Heart Rate | | X | | | CBC frequently during initial treatment if pre-existing leukopenia or if drug induced leukopenia/ neutropenia history. | Fasting glucose lipid panel at baseline and periodically | | | | | | | |
| | Blood Pressure and Heart Rate | BMI and Waist Circumference every visit | AIMS Test Required every 3 months | Drug level | EKG | CBC /w diff | Lipid Profile overnight fasting | UA | TSH, T3, T4 | Vitamin D level | Electrolytes/ Creatinine | Hgb A1C | Hepatic Function Panel | Other Laboratory Tests |

| | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Vyvanse** | Blood Pressure and Heart Rate | | | | X | | | | | | | | | |
| **Wellbutrin** | | | | | | | | | | | Creatinine at baseline then in elderly patient continue periodically | | | |
| **Zyprexa/ Symbyax/ Olanzapine** | | X | X | | | | q 6 months, After stable then Annual or PRN | | | | | Baseline and q 3 months | If significant Hepatic disease | |

Medications that do not need any laboratory testing: **Ambien, Benadryl, Buspirone, Cogentin, Lexapro, Prozac, Trazadone, Zoloft, Cabergoline.**

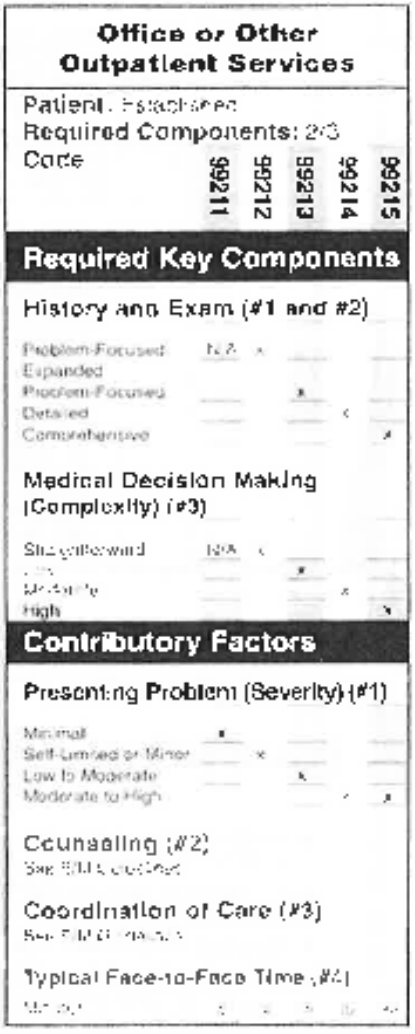
- An AIMS should be done on any person who, while on psychiatric medications of any type, develops movements. A referral to the primary care physician/provider should be made to, at a minimum, further evaluate and consult with the treating psychiatrist regarding any further recommendations.



**Office or Other Outpatient Services**

**Patient:** New
**Required Components:** 3/3

| Code | 99201 | 99202 | 99203 | 99204 | 99205 |
|---|---|---|---|---|---|
| **Required Key Components** | | | | | |
| History and Exam (#1 and #2) | | | | | |
| Medical Decision Making (Complexity) (#3) | | | | | |
| **Contributory Factors** | | | | | |
| Presenting Problem (Severity) (#1) | | | | | |
| Counseling (#2) | | | | | |
| Coordination of Care (#3) | | | | | |
| Typical Face-to-Face Time (#4) | | | | | |



**Office or Other Outpatient Services**

**Patient:** Established
**Required Components:** 2/3

| Code | 99211 | 99212 | 99213 | 99214 | 99215 |
|---|---|---|---|---|---|
| **Required Key Components** | | | | | |
| History and Exam (#1 and #2) | | | | | |
| Medical Decision Making (Complexity) (#3) | | | | | |
| **Contributory Factors** | | | | | |
| Presenting Problem (Severity) (#1) | | | | | |
| Counseling (#2) | | | | | |
| Coordination of Care (#3) | | | | | |
| Typical Face-to-Face Time (#4) | | | | | |

Exhibit E

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Adult Body Mass Index (B M I)

Wellness

| | Healthy Weight | | | | | | Overweight | | | | | Obese | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| BMI | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 |
| Height | Weight (in pounds) | | | | | | | | | | | | | | | | | | | |
| 4'10" | 91 | 96 | 100 | 105 | 110 | 115 | 119 | 124 | 129 | 134 | 138 | 143 | 148 | 153 | 158 | 162 | 167 | 172 | 177 | 181 |
| 4'11" | 94 | 99 | 104 | 109 | 114 | 119 | 124 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 173 | 178 | 183 | 188 |
| 5'0" | 97 | 102 | 107 | 112 | 118 | 123 | 128 | 133 | 138 | 143 | 148 | 153 | 158 | 163 | 168 | 174 | 179 | 184 | 189 | 194 |
| 5'1" | 100 | 106 | 111 | 116 | 122 | 127 | 132 | 137 | 143 | 148 | 153 | 158 | 164 | 169 | 174 | 180 | 185 | 190 | 195 | 201 |
| 5'2" | 104 | 109 | 115 | 120 | 126 | 131 | 136 | 142 | 147 | 153 | 158 | 164 | 169 | 175 | 180 | 186 | 191 | 196 | 202 | 207 |
| 5'3" | 107 | 113 | 118 | 124 | 130 | 135 | 141 | 146 | 152 | 158 | 163 | 169 | 175 | 180 | 186 | 191 | 197 | 203 | 208 | 214 |
| 5'4" | 110 | 116 | 122 | 128 | 134 | 140 | 145 | 151 | 157 | 163 | 169 | 174 | 180 | 186 | 192 | 197 | 204 | 209 | 215 | 221 |
| 5'5" | 114 | 120 | 126 | 132 | 138 | 144 | 150 | 156 | 162 | 168 | 174 | 180 | 186 | 192 | 198 | 204 | 210 | 216 | 222 | 228 |
| 5'6" | 118 | 124 | 130 | 136 | 142 | 148 | 155 | 161 | 167 | 173 | 179 | 186 | 192 | 198 | 204 | 210 | 216 | 223 | 229 | 235 |
| 5'7" | 121 | 127 | 134 | 140 | 146 | 153 | 159 | 166 | 172 | 178 | 185 | 191 | 198 | 204 | 211 | 217 | 223 | 230 | 236 | 242 |
| 5'8" | 125 | 131 | 138 | 144 | 151 | 158 | 164 | 171 | 177 | 184 | 190 | 197 | 203 | 210 | 216 | 223 | 230 | 236 | 243 | 249 |
| 5'9" | 128 | 135 | 142 | 149 | 155 | 162 | 169 | 176 | 182 | 189 | 196 | 203 | 209 | 216 | 223 | 230 | 236 | 243 | 250 | 257 |
| 5'10" | 132 | 139 | 146 | 153 | 160 | 167 | 174 | 181 | 188 | 195 | 202 | 209 | 216 | 222 | 229 | 236 | 243 | 250 | 257 | 264 |
| 5'11" | 136 | 143 | 150 | 157 | 165 | 172 | 179 | 186 | 193 | 200 | 208 | 215 | 222 | 229 | 236 | 243 | 250 | 257 | 265 | 272 |
| 6'0" | 140 | 147 | 154 | 162 | 169 | 177 | 184 | 191 | 199 | 206 | 213 | 221 | 228 | 235 | 242 | 250 | 256 | 265 | 272 | 279 |
| 6'1" | 144 | 151 | 159 | 166 | 174 | 182 | 189 | 197 | 294 | 212 | 219 | 227 | 235 | 242 | 250 | 257 | 265 | 272 | 280 | 288 |
| 6'2" | 148 | 155 | 163 | 171 | 179 | 186 | 194 | 202 | 210 | 218 | 225 | 233 | 241 | 249 | 256 | 264 | 272 | 280 | 287 | 295 |
| 6'3" | 152 | 160 | 168 | 176 | 184 | 192 | 200 | 208 | 216 | 224 | 232 | 240 | 248 | 256 | 264 | 272 | 279 | 287 | 295 | 303 |
| 6'4" | 156 | 164 | 172 | 180 | 189 | 197 | 205 | 213 | 221 | 230 | 238 | 246 | 254 | 263 | 271 | 279 | 287 | 295 | 304 | 312 |

http://www.nhlbi.nih.gov/health/public/heart/other/amer-indian_risk/sec5/lose_weight.htm

**Use this table to help you complete the consumer demographic section of SENTRI.**

- First find consumer height, then weight.
- Then find the BMI above.
- Those whose score falls into the first two sections should be marked as "not present" under the section regarding obesity.
- Those who have a score of "30" or above should be marked as "medical diagnosis of obesity or Body Mass Index (BMI) >30."

Exhibit F

## Protocol for Tracking Laboratory Orders

**SCCMHA Policy 03.20.20 – Medication Review** requires that persons receiving psychiatric medication services have at least an annual blood test as part of monitoring the prescribed medication. The following protocol will be used to assure that every attempt is made at obtaining this vital information.

1. The provider orders the needed test(s).
2. The medical assistant or nurse assures that the consumer/caregiver has the written order for the test.
    a. The medical assistant or nurse documents an order was given as part of the usual notation in a medication review in the consumer's electronic health record.
    b. A copy of the order is kept in the consumer's electronic health record.
3. Received laboratory results that are abnormal are reviewed by the medical assistant or nurse.
    a. The medical assistant or nurse shares the abnormal results with the provider.
    b. The abnormal results are signed or initialed by the reviewer(s), dated and scanned into the consumer's electronic health record.
    c. Normal laboratory results arrive electronically to the consumer's charts and the providers are sent a notification that they need to be reviewed and signed electronically.
4. Review of labs:
    a. If a laboratory report has not been received within 30 days:
        i. The medical assistant or nurse enters a progress note indicating that the lab has not been received.
        ii. Using the discussion function in SENTRI, the medical assistant or nurse notifies the case holder that lab results have not been received.
    b. The case holder reviews the progress note and contacts the consumer/family to offer assistance to the consumer in fulfilling the lab order.
    This assistance can include:
        i. Educating the consumer about the importance of obtaining the lab testing.
        ii. Resolving or removing barriers to attaining lab tests such as coordinating transportation, obtaining copies of lost lab orders, etc.
        iii. Obtaining copies of lab results through other providers if the test contains needed information.
        iv. The case holder documents in a progress note any actions or steps taken to assist the consumer/family.
5. If the consumer refuses to participate in the lab order process:
    a. The staff to whom the refusal has been expressed indicates on a copy of the order that the consumer has refused.
    b. The copy of the refused order will be scanned into the electronic health record.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Structured Daytime Activity Programming</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.21</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/20/17</td><td>Date of Review/Revision:<br>2/25/19, 2/26/20, 3/11/21, 3/16/22, 3/2/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Jennifer Rieck-Martin and Julie Bitterman<br><br>Additional Reviewers:<br>Clinical Directors</td></tr>
</table>

**Purpose:**
The purpose of this policy is to formalize the process for Structured Daytime Activity Programming (SDAP). Structured Daytime Activity Programming is a type of programming to allow consumers to interact more with their community versus a center-based activity program.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that all consumers should be involved in activities that are meaningful to the consumer. For some consumers this means an alternative to the formal center-based activity program. Consumers may choose instead to develop skills within the consumer's community with the home staff in a structured daytime activity program.

**Application:**
SCCMHA Residential Providers, Case Holders, and Occupational Therapists

**Standards:**
- Consumers are allowed an alternative to community-based activity programming services.
- Consumers can attend a community-based activity program as well as structured daytime activity programming.
- The Structured Daytime Activity Programming will be provided by the AFC Home under contract with SCCMHA.

- Structured Daytime Activity Programming will be incorporated into the contract and each consumer will have a special set up in Sentri in order for case holders to request an authorization for this service.
- Structured Daytime Activity programming will be approved by the SCCMHA Clinical Director prior to the contract set up.
- An Occupational Therapist will evaluate and make recommendations for activities for the Structured Daytime Activity Programming based on a Structured Daytime Activity interest survey *(Exhibit A*). This evaluation will include how many hours *(not a range)* of community activities per day and number of days per week the structured daytime programming activities will occur based on consumer interest and consumer tolerance due to medical and/or physical limitations.
- During this process the Occupational Therapist can recommend other activities that are of interest to the consumer that can be provided in the home. These activities will be a part of the home staffing hours included in the contracted AFC per diem paid to the home/provider corporation. These activities will not be included in Structured Daytime Activities.
- Structured Daytime Activity Programming will be included in the Individual Plan of Service (IPOS).
- The number of hours of Structured Daytime Activity Programming with consumer specific start date will be sent to the SCCMHA Contract Department. (*Exhibit B)*
- Structured Daytime Activity Programming will be included in the Specialized Residential AFC Provider's contract with SCCMHA.
- Contract set up will include up to $40.00 per consumer per week to assist in payment of activities for consumers and if staff are unable to get in free then these dollars will help pay for staff. Please note that some events will allow for a consumer and the caregiver, and providers should attempt to obtain free caregiver tickets whenever possible. If a provider goes over the $40.00 one week then provider should adjust the next week activities to accommodate.
- Contract will include $25.00 for transportation expense.
- The documentation must include a start time of the activity and end time of the activity
- The contract rate will include cost of staffing and activities Provider will keep a separate schedule for Structured Daytime Activities. This calendar should reflect the same changes the provider would make to their regular schedule to accommodate any changes. The staff documenting SDAP activities should be consistent with the schedule. Daily progress notes should refer to SDAP on the date the SDAP occurred as verification of services provided.
- Occupational Therapist will evaluate the consumer interests to build a program that is meaningful to the consumer. (*Exhibit C)*
- The Contracted AFC home will have a structured daytime activity calendar posted for the consumer(s) noting each activity the consumer will participate in and when. (*Exhibit D)* This activity calendar will be separate from the community outings that are required as part of the Licensed Residential AFC Contract with SCCMHA and any other programming required by contract with SCCMHA which is four activities per month outside the home.

- The Contracted AFC home will use the attached data sheets (*Exhibit E)* for tracking activities. This data sheet will include both those that were participated in and those that the consumer chose not to participate in and why.
- Case Holders and Occupational Therapists will assure that the number of Structured Daytime Activity hours is noted in the consumer plan with specific activities noted and the frequency and duration. *Note activities should be at least 45 minutes in duration unless team and Clinical Director approval has been obtained to complete less than 45 minutes of SDAP services.*
- Occupational Therapists and Case Holders will monitor that the programming is occurring happening and that consumers are not limited to only the community inclusion activities that are part of the structured day time activity programming as each provider contract does include the need for-4 community outings per month as part of the contract with SCCMHA.
- Occupational Therapists and Case holder will adjust the programming as needed to account for consumer changing needs.
- Residential provider will keep a calendar of activities separate from their activities that are part of their Residential contract with SCCMHA.
- Residential provider will pay for any meal that is part of the consumer room and board fee paid by consumer SSI/SSDI.
- Residential provider will assure appropriate documentation is kept as audit proof of services rendered.
- Residential Provider, Case Holder, and Occupational Therapist will notify contracts if consumer is hospitalized, or is in an extended care facility or the consumer is unable to attend SDAP for more than a week.
- Residential Provider shall ensure service delivery once the contract is in place without interruption. Occupational Therapists will submit Daytime Activity in Residential Setting: noted hours per consumer no later than August of each year so that consumer needs can be updated every year in the provider contract. (*Exhibit B)*

**Definitions:**

Structured Daytime Activity Programming- is programming that has been designed with an Occupational Therapist to fit the needs of the consumer that are community-based activities. These activities are different than the outings that should be offered as part of the Specialized Residential contract with SCCMHA.

** Please note in order to be considered an appropriate Structured Daytime Activity

a. Must be a reasonable duration. Longer than 45 minutes.
b. The consumer needs to be actively involved or engaged in 50% of the activity. So if going to the store the consumer must be involved in picking out the items, making choices, paying for items if appropriate, etc.
c. Shopping trip cannot be part of the homes regular shopping i.e. Grocery shopping, filling up vehicle, picking up prescriptions from the pharmacy.
d. Activities should be meaningful to the consumer. Staff and home business related activities are not acceptable.
e. Only one food focused outing per week.

**References:**
None

**Exhibits:**

A. Structured Daytime Activity Interest Checklist
B. Structured Daytime Activity Programming: Noted hours per consumer
C. Structured Daytime Activity Programming Post Activity Satisfaction Indicator
D. Structured Daytime Activity Calendar -Sample
E. Structured Daytime Activity Programming- Planner & Log
F. Structured Daytime Activity Programming Sample Planner
G. Structured Daytime Activity Programming Sample Log

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Discuss the option of alternative to center-based activity programming with the Consumer | Case Holder |
| Discuss consumer desire to have Structured Daytime Activity Programming as an alternative to center-based activity with Clinical Director. This discussion may also be taken to the Residential Watch Committee Meeting for discussion. | Case Holder/Case Holder Supervisor/Clinical Director |
| Discuss consumer's desire and approval by Clinical Director with Occupational Therapist. | Case Holder |
| Completes a structured daytime activity interest checklist. *(Exhibit A)* | Occupational Therapist |
| Devise a schedule and a budget for Structured Daytime Activity Programming and submits to Health Supervisor who will obtain Clinical Director Approval and then forward to Contracts Manager. (*Exhibit B*) | Occupational Therapist/Enhanced Health Supervisor |
| Add Structured Daytime Activity Programming to consumer plan with number of hours and number of days a week the consumer will be engaged in Structured Daytime Activity Programming. | Case Holder |
| Revise the Specialized Residential Home Contract to include Structured Daytime Activity Programming. | Contracts Department |
| Submit Authorization for consumer to Care Management by using the Contract Setup. | Case Holder |
| Approve Authorization for Structured Daytime Activity Programming. | Care Management |

| | |
|---|---|
| In-service Structured Daytime Activity Programming to the Residential staff. | Occupational Therapist |
| Create a schedule for Structured Daytime Activity Programming that is separate from the residential Hours schedule. Adjust SDAP schedule as you would home schedule. | Residential Provider |
| Create a Structured Daytime Activity Programming Calendar that is separate from the required four outings per month per new home and community-based waiver rules and SCCMHA Policy. | Residential Provider |
| Follow and document the Structured Daytime Activity Programming as outlined by the Occupational Therapist.<br><br>All documentation has to have a start and end time | Residential Provider |
| Review home and Structured Daytime Activity Programming schedules at least monthly. | Residential Provider |
| Review data weekly to assure staff document correctly moving to monthly as appropriate.<br>1. Will monitor consumer participation to the plan and will notify case holder and Contracts and Properties Manager of any changes needed to the plan and the contract.<br>2. If consumer needs one to one staffing for Structured Daytime Activities that it is clear who the assigned staff for the consumer is through schedule and documentation. | SCCMHA Contracts and Properties Manager<br>Occupational Therapist |
| Auditing department will audit any new program on a quarterly basis. To assure all involved are clear on the expectations of this program. | SCCMHA Auditing Unit |
| Review data monthly to assure staff document correctly.<br>Things to watch for are:<br>1. Monthly Calendar of Structured Daytime Activities is separate from the activities that should be offered under specialized residential contract. *Per policy and SCCMHA contract the clients must have 4 outings a month as a residential Provider through SCCMHA. The SDAP outings must be beyond these outings.*<br>2. Things not considered as Structured Daytime Activities as noted above**.<br>3. Outing appropriateness<br>4. Start and end times of activities are being recorded. | Case Holder |

| | |
|---|---|
| 5. If consumer needs one to one staffing for Structured Daytime Activities that it is clear who the assigned staff for the consumer is through schedule and documentation.<br>6. Will notify Occupational Therapist and Contracts and Properties Manager if the number of outings the consumer participates in or the frequency changes so that the contract can be adjusted.<br>7. Will assure that outings include receipts and will monitor for the $40.00 (or amount agreed upon in the provider contract) activity allowance that is noted in the contract. | |
| Submit data sheets weekly to the Occupational Therapist moving to monthly as appropriate and as noted by the Occupational Therapist. | Residential Provider |
| Review staff schedules to assure appropriate amount of staffing is noted on the schedules based on hours specified in the contract. | Contract and Properties Management Unit |
| Submit annually in August Exhibit B to Contracts Department. This is to assure that any updates in consumer Structured Daytime Activities are noted in the contract every year.<br>Things that might change are the amount of weekly activity budget. Number of hours per outing and number of days per week for outings. | Occupational Therapists |
| Review Structured Daytime Activity Programming as part of the annual audit process and more frequently when necessary. | SCCMHA Auditing Unit |

Exhibit A

**STRUCTURED DAYTIME ACTIVITY INTEREST CHECKLIST**

**Consumer Name:** _____

**Consumer ID number:** _____

**Date:** _____

**Signature of person completing inventory:** _____

| Activity | What has been your level of interest? In the past ten years | | | Do you currently participate in this activity? | | Would you like to pursue this in the future? | |
|---|---|---|---|---|---|---|---|
| | Strong | Some | No | Yes | No | Yes | No |
| **Social/Entertainment** | | | | | | | |
| Playing cards | | | | | | | |
| Church activities | | | | | | | |
| Holiday activities | | | | | | | |
| Movies | | | | | | | |
| Speeches/lectures | | | | | | | |
| Visiting | | | | | | | |
| Parties | | | | | | | |
| Television | | | | | | | |
| Concerts | | | | | | | |
| Musuem/parks | | | | | | | |
| Senior Center | | | | | | | |
| Eating out/go for coffee | | | | | | | |
| Politics | | | | | | | |
| Clubs/Lodge | | | | | | | |
| Scouting | | | | | | | |
| Attending plays | | | | | | | |
| Dating | | | | | | | |
| Barbecues | | | | | | | |
| **Home** | | | | | | | |
| Shopping | | | | | | | |
| Home decorating | | | | | | | |
| Home repairs | | | | | | | |
| Housecleaning | | | | | | | |
| Cooking/baking | | | | | | | |
| Laundry/ironing | | | | | | | |
| Child care | | | | | | | |
| Car repair | | | | | | | |
| **Sports/Exercise** | | | | | | | |
| Walking | | | | | | | |
| Dancing | | | | | | | |
| Golf | | | | | | | |
| Football | | | | | | | |
| Swimming | | | | | | | |

STRUCTURED DAYTIME ACTIVITY INTEREST CHECKLIST

| Activity | Continued<br>What has been your level of interest?<br>In the past ten years | | | Do you currently participate in this activity? | | Would you like to pursue this in the future? | |
|---|---|---|---|---|---|---|---|
| | Strong | Some | No | Yes | No | Yes | No |
| Bowling | | | | | | | |
| Wrestling | | | | | | | |
| Cycling | | | | | | | |
| Tennis | | | | | | | |
| Basketball | | | | | | | |
| Camping | | | | | | | |
| Fishing | | | | | | | |
| Auto racing | | | | | | | |
| Hunting | | | | | | | |
| Special Olympics | | | | | | | |
| Scouting | | | | | | | |
| **Hobbies** | | | | | | | |
| Gardening/yard work | | | | | | | |
| Sewing/needlepoint | | | | | | | |
| Puzzles | | | | | | | |
| Checkers/chess | | | | | | | |
| Reading | | | | | | | |
| Traveling | | | | | | | |
| Model Building | | | | | | | |
| Pottery | | | | | | | |
| Bingo | | | | | | | |
| Table games | | | | | | | |
| Handicrafts | | | | | | | |
| Hairstyling | | | | | | | |
| Woodworking | | | | | | | |
| Fashion | | | | | | | |
| Collecting | | | | | | | |
| Leather work | | | | | | | |
| Photography | | | | | | | |
| Painting/drawing | | | | | | | |
| Recycling | | | | | | | |
| Library | | | | | | | |
| Singing | | | | | | | |
| Diving | | | | | | | |
| History | | | | | | | |
| Science | | | | | | | |
| Foreign languages | | | | | | | |
| Listen to radio/music | | | | | | | |
| Writing | | | | | | | |
| Pets/livestock | | | | | | | |
| Dancing | | | | | | | |
| Bird watching | | | | | | | |

STRUCTURED DAYTIME ACTIVITY INTEREST CHECKLIST

**Please name 3 things the individual likes:** _____
_____
_____

**Name 3 things the individual doesn't like:** _____
_____
_____
_____

**Time of day when at his/her best (most awake with energy):** _____
_____
_____
_____

**Number of hours of activity tolerated per day:** _____

**Number of hours of activity tolerated per week:** _____

Exhibit B

## Structured Daytime Activity Programming: Noted hours per consumer.

This form is used to indicate the number of hours the consumer(s) will be participating in Structured Day Time Activity Programming in lieu of participation in a Center Based Activity Program. Once completed please submit to SCCMHA Contracts Department.

**Home Name:** _____

**Occupational Therapist Assigned:** _____

| Consumer Initials | Community Activities<br># of hours and number of days per week | Notes | Total Hours per week |
|---|---|---|---|
| Sample | 2 hours/day, 3 days/week Monday-Friday = 10 hours/ week | Requires 1:1 staffing out in the community | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Total hours per week needed in contract:** _____

**Weekly Activity Budget needed per consumer on Structured Daytime Activity Programming (include activity as well as gas allowance):** _____

Please note SCCMHA will pay $40.00 per consumer per week. Anything outside this parameter needs to be approved through SCCMHA Residential Watch Committee.

| Outlined Community Activities list per individual need to be monitored weekly by Occupational Therapist | | | | | | |
|---|---|---|---|---|---|---|
| **Consumer Initials** | **Sample** | | | | | |
| **Community Activity ideas** | Park, children's zoo, mall walk, dollar store, lunch outing, painterly pottery, Frankenmuth walk, loons game, bay city museum, fair, Concert, bike ride, Dow Gardens. | | | | | |
| | **Sample** | | | | | |
| **In home activity ideas** | Puzzles, Playing board games, Uno, Going for a walk around the block, | | | | | |

Exhibit C

STRUCTURED DAYTIME ACTIVITY PROGRAMMMING

Post-Activity Satisfaction Indicator

Consumer Name: _____ Consumer ID number: _____

Date of Activity: _____

Activity: _____

Start Time of Activity: _____ End Time of Activity : _____

Location of Activity: _____

Staff person assisting with Activity: _____

**RESPONSE INDICATOR**:

VERBAL: **Circle Appropriate Indicator**

Did the individual like the activity? **Yes** **No**

What did the individual like best about the activity? _____

_____

What did the individual like least about the activity? _____

_____

What type of activity is being refused, if any: _____

BEHAVIORAL:

The individual:

| | | |
|---|---|---|
| -was engaged in the activity | **Yes** | **No** |
| -smiled during the activity | **Yes** | **No** |
| -demonstrated resistance to any element of this activity | **Yes** | **No** |

Explain: _____

_____

STAFF OBSERVATION:

Rate the individual's level of enjoyment of this activity using the scale below. Please circle the appropriate response.

**Rating Scale:**
**1 – Dislike**
**2 – Neutral**
**3 - Like**

Exhibit D

# STRUCTURED DAYTIME PROGRAMMING ACTIVITY CALENDAR

Consumer Name: _____

## January 2016

| SUNDAY | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
|---|---|---|---|---|---|---|
| | | | | | | 1 GROUP WALK at SAGINAW TOWNSHIP REC CTR |
| 2 | 3 | 4 Baking cookies | 5 | 6 | 7 MOVIE & POPCORN NIGHT | 8 Swimming at the YMCA |
| 9 BAKING NIGHT | 10 | 11 Painting | 12 | 13 | 14 DOLLAR BILL STORE | 15 |
| 16 | 17 | 18 CURRENT EVENTS NIGHT | 19 | 20 LIBRARY | 21 | 22 SHRINE CIRCUS |
| 23 SNOW FESTIVAL-FRANKENMUTH | 24 | 25 | 26 DISCUSSION ABOUT HEALTHY FOOD CHOICES | 27 | 28 DOLLAR BILL STORE | 29 |
| 30 SUPER BOWL SUNDAY | 31 | | | | | |

ksl 1/18/05 JJK 7/2/14

Sample

Exhibit E

## Structured Daytime Activity Programming - Planner & Log

**Consumer:** **Case#:**

**Provider:** **Month & Year:**

Activity Expectations:

| Date | Planned Activity | Refused | Start Time | Stop Time | Staff Signature | Consumer Repsonse 1-Dislike 2-Neutral 3-Like |
|---|---|---|---|---|---|---|
| | | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| | | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| | | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| | | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| | | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |

HM Review: OT Review: CM Review:

The **Structured Daytime Activity Programming (SDAP) Planner & Log** is intended to be a stand alone document that satisfies the requirements of several allied parties, including: Providers, Home Managers, Case Holders, and Occupational Therapists. This form is intended to be used for scheduling and planning SDAP, along with recording actual SDAP activities as they occur. A breakdown of each section of the form is included below, and users of this form are reminded to reference the Structured Daytime Activity Programming policy for additional clarification.

**ACTIVITY EXPECTATIONS:** This language should be taken directly from the Consumer's plan of service, specifically stating the number of activities to be scheduled per day or week, and the maximum allowed length of time for each activity. Consumer plans of service should indicate which Consumers require one-to-one SDAP, and which Consumers are able to receive SDAP by one staff supervising two or more Consumers at the same time, and this information should also be included in this area.

**DATE:** Before each month begins, Home Managers should fill in the dates of anticipated activities, making sure to not include weekend dates. SDAP services cannot be performed on Saturdays and Sundays, as activities scheduled on these days should be covered under regular Residential Community Living Support services.

**PLANNED ACTIVITY:** Activities should be planned in advance based on recommendations from the Consumer's plan of service, along with feedback generated from the SDAP Interest Checklist completed by the OT. Home Managers need to consider that activities should be planned for at least 45 minute blocks of time, and should occur outside the Specialized Residential setting.

**REFUSED:** After offering the planned SDAP to the Consumer, staff need to record whether the activity was refused (Y), or occurred as planned and was not refused (N).

**NARRATIVE**: This should include a progress note on the SDAP activity, including specifics about where the activity took place, what the consumer did during the outing, how SDAP funds were used, etc. If the Consumer refused the activity (Y), notes should be made in the Narrative box as to why, and an alternate activity should occur and be recorded in the Narrative section.

**START TIME/STOP TIME**: The start and stop time of services must be recorded, using am or pm as appropriate, and reflect the SDAP lasted for at least 45 minutes.

**STAFF SIGNATURE:** The staff who carried out the SDAP must sign for service delivery. It is implied that staff providing SDAP are Direct Care Workers (DCW), and as such do not need to include a title with their signature. Any staff who is not a DCW, like a Home Manager or Assistant Home Managers, should include their title with their signature.

**CONSUMER RESPONSE**: This area is for rating Consumer satisfaction with the SDAP they participated in. Feedback given, like repeated 2 or 1 ratings for similar activities, should be used to direct future planning efforts and ensure planning focuses on Consumer preferences.

**HM/OT/CM/SC REVIEW:** To ensure SDAP services occur as outlined in Consumer plans, appropriate parties should be reviewing and signing the SDAP Planner & Logs. Information gathered on the logs, like continued refusals of one activity, activities cut short due to low Consumer stamina, not offering activities identified in the SDAP Interest Checklist, etc. should be used to generate discussion and improvement of each Consumers SDAP goal within their plan of service.

Exhibit F

## Structured Daytime Activity Programming - Planner & Log

**Consumer:** BOB BARKER **Case#:** 0101010101

**Provider:** ABC HOME **Month & Year:** OCT-2017

Activity Expectations: 2 days/wk, 2hrs/activity – must be 1:1

| Date | Planned Activity | Refused | Start Time | Stop Time | Staff Signature | Consumer Repsonse 1-Dislike 2-Neutral 3-Like |
|---|---|---|---|---|---|---|
| 10/10 | BOWLING | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/12 | PUTT PUTT GOLF | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/17 | SWIMMING | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/19 | LIBRARY | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/24 | MOVIE | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/26 | BOWLING | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/31 | TRUNK OR TREAT | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |

HM Review: OT Review: CM Review:

Exhibit G

**Structured Daytime Activity Programming - Planner & Log**

**Consumer:** BOB BARKER **Case#:** 0101010101

**Provider:** ABC HOME **Month & Year:** OCT-2017

**Activity Expectations:** 2 days/wk, 2hrs/activity – must be 1:1

| Date | Planned Activity | Refused | Start Time | Stop Time | Staff Signature | Consumer Repsonse 1-Dislike 2-Neutral 3-Like |
|---|---|---|---|---|---|---|
| 10/10 | BOWLING | ☐ Y ☒ N | 9:00 AM | 11:00 AM | [illegible] | 3 |
| Narrative: BOB LOVED GOING EARLY WHEN THERE WERE NO CROWDS. WENT TO STARDUST - PAID $11.50 FOR TWO GAMES, SHOE RENTAL, AND A POP. | | | | | | |
| 10/12 | PUTT PUTT GOLF | ☐ Y ☒ N | 10 AM | 11:30 am | Sue Smith | 2 |
| Narrative: Took Bob to Kokomos in Saginaw. He had fun at first, but got hot as the morning went on. We spent $13 on golf, and then $5 in the arcade so he could cool down inside. | | | | | | |
| 10/17 | SWIMMING | ☒ Y ☐ N | 8:30 am | 10:30 am | Sue Smith | 3 |
| Narrative: Refused swimming after two offers. Bob went to the arcade at the mall instead. It was empty because we went early, and he loved not having to wait for games. Spent $10 on tokens | | | | | | |
| 10/19 | LIBRARY | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/24 | MOVIE | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/26 | BOWLING | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |
| 10/31 | TRUNK OR TREAT | ☐ Y ☐ N | | | | |
| Narrative: | | | | | | |

HM Review: OT Review: CM Review:

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Service Array</td><td>Chapter: 03 –<br>Continuum of Care</td><td>Subject No: 03.02.24</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/1/10</td><td>Date of Review/Revision:<br>7/23/12, 5/9/16, 3/14/17, 5/8/18, 9/10/19, 6/28/21</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Linda Tilot<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To describe the scope of services provided with funds managed by SCCMHA.

**Policy:**
SCCMHA will provide a full array of services according to Mid-State Health Network PIHP and CMHSP contractual requirements. Providers for all services defined by contract will exist in the SCCMHA provider network or will be made available through off panel purchasing. SCCMHA will manage the Network as an MDHHS Certified Community Mental Health Center.

**Application:**
SCCMHA, Network Services, Care Management and Central Access & Intake,

**Standards:**
1. The Medicaid Provider Manual which is updated quarterly by MDHHS will serve as the primary reference for definition of scope of coverage's which will be authorized under the SCCMHA **Medicaid** managed benefit. Both State Plan and Alternative B3 Services will be provided as defined by MDHHS.

2. The Medicaid Provider Manual which is updated quarterly by MDHHS will serve as the primary reference for definition of scope of coverage's which will be authorized under the SCCMHA **Healthy Michigan Program** managed benefit.

3. The Michigan Mental Health Code shall serve as the primary reference for definition of the scope of service provided with **General Funds** under the SCCMHA CMHSP contract with MDHHS.

**Definitions:**

**1. Medicaid Service Array**: Services defined as included in the Medicaid Supports and Specialty Services are State Plan and Alternative (B3) Services. These services are available both under general Medicaid and Healthy Michigan Medicaid Expansion.

**State Plan Services**: Under the 1915 (b) Waiver component of the 1915 (b)(c) program SCCMHA is responsible for providing the following state plan services to beneficiaries in the Saginaw service area who meet the applicable coverage or service eligibility criteria.

**Alternative (B3) Services:** As specified in the CMS waiver approval, these services are aimed at providing a wider, more flexible and mutually negotiated set of supports and services, that will enable individuals to exercise and experience greater choice and control will be offered under Michigan's approved 1915 (b) waiver, using the authority of Section 1915(b)(3) of Title XIX of the Social Security Act. The SCCMHA use of Medicaid capitation payments to offer and provide more individualized, cost-effective supports and services, according to the beneficiary's needs and requests, in addition to provision of the state plan coverage(s) for which the beneficiary qualifies.

**Children's Waiver:** This waiver for children with intellectual and developmental disabilities allows families who would not otherwise be eligibility for Medicaid access to the specialty benefit. They are MDHHS approved based on application.

**Habilitation Supports Waiver:** These waivers for persons with Intellectual and Developmental Disabilities include all of the State Plan and B3 services but are developed to provide a higher level of payment and quality monitoring. They are PIHP approved based on application.

**Autism Waiver**: These services are approved based on certification from MDHHS based on assessments and plans.

**2. General Fund Service Array**: As defined in Section 206 of the Michigan Mental Health Code: The purpose of a community mental health services program shall be to provide a comprehensive array of mental health services appropriate to conditions of individuals who are located within its geographic service area, regardless of an individual's ability to pay. The array of mental health services shall include, at a minimum, all of the following:

- Crisis stabilization and response including a 24-hour, 7-day per week, crisis emergency service that is prepared to respond to persons experiencing acute emotional, behavioral, or social dysfunctions, and the provision of inpatient or other protective environment for treatment.
- (b) Identification, assessment, and diagnosis to determine the specific needs of the recipient and to develop an individual plan of service.

- (c) Planning, linking, coordinating, follow-up, and monitoring to assist the recipient in gaining access to services.
- (d) Specialized mental health recipient training, treatment, and support, including therapeutic clinical interactions, socialization and adaptive skill and coping skill training, health and rehabilitative services, and pre-vocational and vocational services.
- (e) Recipient rights services.
- (f) Mental health advocacy.
- (g) Prevention activities that serve to inform and educate with the intent of reducing the risk of severe recipient dysfunction.
- (h) Any other service approved by the department.

Services shall promote the best interests of the individual and shall be designed to increase independence, improve quality of life, and support community integration and inclusion. Services for children and families shall promote the best interests of the individual receiving services and shall be designed to strengthen and preserve the family unit if appropriate. The community mental health services program shall deliver services in a manner that demonstrates they are based upon recipient choice and involvement; and shall include wraparound services when appropriate.

SCCMHA agrees to meet the priority needs as reflected in Section 208 of the Mental Health Code to the full extent that available resources allow. The SCCMHA service obligations…are guided by recognition that these services do not represent an individual entitlement. The Mental Health Code does not establish an individual entitlement to the mental health services in the way the Federal Medicaid Program does for health insurance, but rather indicates that the person with certain qualifying conditions and impairments must have the first priority for available resources and services within the public mental health system.

**References:**
1. MDHHS Medicaid Provider Manual most recent versions July 1, 2019
2. Mid-State Health Network PIHP and CMHSP Contracts
3. Children's Waiver Contract Attachment C 6.5.1.1
3. Michigan Mental Health Code

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Network Services shall ensure that providers are engaged for all elements of the Service Array. | 1. Director of Network Services, Public Policy & Continuing Education |
| 2. Care Management Services will authorize | 2. Director of Enhanced Health and |

| | |
|---|---|
| benefits according to eligibility and medical necessity within the fund source for Medicaid and HMP. | Integration, Supervisor of Care Management |
| 3. Discussion of the array of services shall occur during the person-centered planning process which is used to develop the individual plan of services. The individual will receive comprehensive and unbiased information on the array of mental health services, community resources and available providers. | 3. Case Holder or Independent Facilitator |
| 4. Care Management Services will authorize benefits within eligibility and medical necessity according to Section 206 of the Michigan Mental Health Code. | 4. Director of Enhanced Health and Integration |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Use of Electroconvulsive Therapy | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.25 |
| **Effective Date**: 6/12/12 | **Date of Review/Revision**: 4/2/14, 5/19/14, 4/4/16, 3/27/17, 3/1/18, 6/19, 12/8/20, 4/13/21, 4/12/22 | **Approved By**: Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** SCCMHA Medical Director<br><br>**Authored By**: Barbara Glassheim<br><br>**Additional Reviewers**: SCCMHA Medical Director |

**Purpose:**
The purpose of this policy is to set forth standards for access to Electroconvulsive Therapy (ECT) and a procedure intended to produce convulsions or coma.

**Policy:**
SCCMHA shall make ECT available to consumers with treatment-resistant major depressive disorder, treatment-resistant catatonia, prolonged or severe mania, and for conditions where, in accordance with 21CFR882.5940, there is a need for rapid, definitive response due to the severity of a psychiatric or medical condition (e.g., when the condition is characterized by stupor, marked psychomotor retardation, depressive delusions or hallucinations, or life-threatening physical exhaustion associated with mania).

**Application:**
This policy applies to the SCCMHA Provider Network.

**Standards:**
A. SCCMHA network providers shall be barred from using ECT and procedures intended to produce convulsions or coma.
B. SCCMHA shall refer consumers for ECT to trained and qualified ECT providers who conform to current clinical guidelines when the consumer's condition warrants the treatment.
C. Informed consent shall be obtained prior to the initiation of ECT from:
    1. Consumers who are at least 18 years of age and do not have a guardian for medical purposes, or
    2. Consumers' guardians who have legal authority to consent to ECT, or
    3. The parent with legal and physical custody of consumers under age 18, or

4. Representatives who are authorized to consent to ECT under a durable power of attorney or another advance directive.

D. ECT shall not be initiated until an examination has been conducted by two (2) psychiatrists, neither of whom is the consumer's treating physician.
   1. One of the two psychiatrists must be employed by SCCMHA either as a staff member or by contract.
   2. One of the two psychiatrists must not have an employment or contractual relationship (other than to assess the consumer) with SCCMHA.
   3. Both psychiatrists must concur with the decision to administer ECT.

E. Written consent for ECT or convulsive/coma treatment that includes the number of treatments within a series during a specified time period shall be obtained.
   1. The consent shall indicate that the consumer or guardian has been clearly informed that the consent may be withdrawn at any time during the course of treatment.
   2. A copy of the consent shall be retained in the consumer's electronic record.

F. A minor and/or an advocate designated by the minor must be informed at least 72 hours, excluding Sundays and holidays, prior to the initiation of ECT of the right to object to the procedure.
   1. Documentation of the notification, including the date and time the individual was notified shall be placed in the consumer's electronic health record.
   2. The objection shall be made either orally or in writing to the Probate Court.
   3. ECT shall not be initiated before a court hearing on the minor's or advocate's objection.
   4. SCCMHA will assist a minor or their designated advocate in properly submitting an objection to a court of competent jurisdiction.

G. Consumers who need ECT shall be given optimal opportunities to access ECT treatment.
   1. Local ECT providers shall be sought in order to minimize transportation barriers and maximize opportunities to derive the benefits from this treatment in a cost effective manner.

H. Treatment providers shall be selected in accordance with the following prioritization:
   1. MidMichigan Medical Center – Midland
   2. Sparrow Hospital/Sparrow Behavioral Health Services – Lansing
   3. Michigan Medicine/Department of Psychiatry – Ann Arbor
   4. Henry Ford Health System – Detroit

**Definitions:**

**Electroconvulsive Therapy (ECT)[1]:** The induction of a generalized, bilateral tonic/clonic seizure by passing an electric current through the brain after the consumer has received a general anesthetic and muscle relaxant. ECT is most commonly used to treat severe major depression or bipolar disorder that has not responded to other interventions. ECT is

[1] Alternatives to ECT include low current Cranial Electrotherapy Stimulation (CES), Deep Brain Stimulation (DBS), and Transcranial Magnetic Stimulation (TMS).

typically administered by a team of trained medical professionals including a psychiatrist, anesthesiologist, and a nurse or physician assistant. ECT is typically administered two to three times a week for a total of six to twelve sessions.

**References:**

A. CFR - Code of Federal Regulations Title 21: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/CFRSearch.cfm?fr=882.5940

B. International Society for ECT and Neurostimulation (ISEN): https://www.isen-ect.org/

C. Michigan Mental Health Code, 330.1717: http://www.legislature.mi.gov/(S(wom4b1rgzjmgkskuwzjxqqte))/mileg.aspx?page=getObject&objectName=mcl-330-1717#:~:text=(1)%20A%20recipient%20shall%20not,a%20guardian%20for%20medical%20purposes

D. Michigan Department of Health and Human Services Administrative Rule 330.7017

E. Mid-State Health Network Policy – Electroconvulsive Therapy (ECT): https://midstatehealthnetwork.org/application/files/7916/0528/4172/Service_Delivery_System_ECT.pdf

**Exhibits:**

A. SCCMHA Electroconvulsive Therapy (ECT) Informed Consent form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Submits a written request to refer a consumer for ECT to the SCCMHA Medical Director and Executive Director of Clinical Services after all other treatment options have been exhausted. | Prescribing Psychiatrist |
| Reviews the request and provides approval to proceed with the referral. | Medical Director and Executive Director of Clinical Services |
| Obtains consent from the consumer or guardian in writing. | Prescribing Psychiatrist |
| Identifies and secures the services of 2 independent psychiatrists. | Medical Director, Executive Director of Clinical Services, or Care Management |
| Authorizes examinations by 2 independent psychiatrists. | Care Management |
| Obtains a written consent for ECT which includes the following and submits for | Prescribing Psychiatrist |

| | |
|---|---|
| approval to the Medical Director and Executive Director of Clinical Services:<br>Generates documentation for a medical necessity review.<br>NOTE: If the consumer is being treated by an SCCMHA physician, a medical necessity recommendation must accompany the request for referral to ensure that the consumer has support such as transportation.<br>Contacts Care Management to open a case for ECT services in addition to providing medical necessity documentation for review by the SCCMHA Medical Director if the consumer is not being treated by an SCCMHA physician.<br>Secures an approval from the SCCMHA Care Management Department prior to the referral for ECT.<br>Reviews the case prior to any approval or scheduling of appointments.<br>Notifies Care Management upon granting approval for ECT. | |
| Notifies the prescribing psychiatrist. | Care Management |
| Issues an authorization for ECT to the hospital that will be providing the ECT services. | Prescribing Psychiatrist |
| Assures that a minor and/or an advocate designated by the minor is informed at least 72 hours, excluding Sundays and holidays, prior to the initiation of this procedure, and of their right to object to the procedure.<br>Documents the notification, including date and time notified and places the notification in the consumer's electronic health record.<br>Makes the objection orally or in writing to the Probate Court. | |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Electroconvulsive Therapy (ECT) INFORMED CONSENT FORM

I, _____, confirm that (please check box as appropriate):

| | | |
|---|---|---|
| 1. | It has been explained to me or my legal guardian that I have a psychiatric condition or illness, and that the doctor recommends Electroconvulsive Therapy (ECT). | ☐ |
| 2. | I understand that ECT is typically used when other treatments, including medications and psychotherapy, haven't worked. | ☐ |
| 3. | I understand ECT treatment will be used for the treatment of my condition or illness; however, no guarantee can be made that this treatment will be effective in the treatment of my particular condition or illness. | ☐ |
| 4. | The recommending Psychiatrist listed below has explained/discussed all of the risks and benefits of this treatment with me or with my legal guardian. | ☐ |
| 5. | I understand that an authorization for this service is required before I can receive this service. Once an authorization is approved, SCCMHA/Care Management Department will only refer me to an authorized and licensed provider of ECT. | ☐ |
| 6. | I or my legal guardian agree to sign and date this informed consent form. | ☐ |

_____ _____ _____

**Participant's Signature** Print Name Date

OR

_____ _____ _____

**Legal Guardian's Signature** Print Name Date

*E.C.T. Informed Consent was obtained in-person or verbally on null and mailed for signature on null.*

_____

**Initials of Person who Obtained Consent**

_____

**Name of Psychiatrist Recommending ECT Therapy**

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Consumer Transition Planning</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.26</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/23/13</td><td>Date of Review/Revision:<br>4/2/14, 5/19/14, 4/7/16, 3/22/17, 3/1/18, 4/2/19, 3/5/20, 3/11/21, 4/27/22 3/2/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Steve Gonzalez<br><br>Additional Reviewers:<br>Residential Watch Committee, Program Coding/Compliance Specialist, Wardene B. Talley</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to assure that Transition Planning for consumers moving from one residential setting or situation occurs as part of the Person-Centered Planning process and to better prepare for changes in consumer living arrangements and support systems, whether this transition is voluntary or involuntary.

**Application:**
This policy applies to all SCCMHA-funded providers of mental health and substance abuse services.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that the primary goal of Transition Planning is to obtain a residential setting that best compliments the needs, desires, and goals of the consumer, rather than placement to fill an available opening.

It is the policy of Saginaw County Community Mental Health Authority that Transition Planning begins at the onset of services as part of the Person-Centered Planning process and continues as part of that process through the duration of consumer services with Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that, when at all possible, a detailed Transition Plan will be developed prior to any residential move. This plan should include, as is feasible, the following elements:

1. Use of the person-centered planning process to involve the consumer and his/her allies in determining the consumer's desires and preferences regarding where to live, work, and be involved in meaningful activities.
2. Consider the consumer's method of communication in order to ensure he/she has the opportunity to express choice and control so that caregivers providing service in that setting can communicate with the consumer.
3. Focus on building relationships based on trust, respect, and caring between the consumer and caregivers.
4. Establish a structured daily routine in the residence and include the consumer in this planning step. Minimizing change in daily routines adds a level of comfort to the consumer and can help prevent behavior escalation.
5. Prior to moving into the new residence, the consumer should be presented with two or three opportunities to visit the new home in order to become familiar with the home, housemates, and caregivers. Whenever possible, it is helpful to have at least one of the same experienced caregivers at every visit to help the consumer build a relationship. The caregivers should also visit the consumer in his/her current setting prior to placement.
    a. On the occasion where a visit to the home by the consumer is not feasible, then the consumer's family and assigned case holder should visit the home and the new care givers/staff, as is feasible, should visit the consumer in his/her current residence.
6. Develop strategies to orient the consumer to his/her new home in order to prepare him/her for the move. Examples include providing pictures of the home, caregivers, and housemates, having a scrapbook of activities that will take place in the home, involving the consumer in choosing decorations for his or her bedroom, etc.
7. Provide consistent experienced and well-trained caregiver, especially during the first few weeks after the move.
8. Assure the Community Mental Health Service Provider (CMHSP) and the provider is accessible and supportive of home caregiver, including on-site visits to the home.
9. Schedule regular meetings with the CMHSP, provider, and caregivers after the consumer moves into the home to troubleshoot, plan for the future, and further train caregivers. It is recommended to meet with the home staff biweekly for the first two months to provide support, catch problems early and reinforce training.

**Standards:**

Saginaw County Community Mental Health Authority will provide assistance, as needed, or requested, in consumer residential transitions.

Saginaw County Community Mental Health Authority recognizes that the residential transition process can be stressful for consumers and needs to respond to those events with adequate and appropriate services and recognition for the consumer's needs, desires, and preferences. This includes consideration of the following:

- Physical location: If he/she likes quiet areas, walking in the woods, and gardening, perhaps a rural or suburban location would be preferred. If he/she likes walking in the neighborhood, interacting with lots of people and community activities, perhaps a place in town and on the bus route would be best.

- Physical plant: Some people may need the home to be accessible, and some people may prefer their own room. While sometimes related to sensory issues, many individuals are sensitive to lighting, activity, and noise levels. They may also be sensitive to visual clutter.

- Group homes: If the person is excitable, he/she will likely need a calm, quiet atmosphere. Some people will need lots of varied activities, while others may prefer quiet activities and early bedtimes. An individual who is passive and vulnerable needs protection from someone who is more intrusive or emotionally fragile.

- Staffing: Some individuals more positively react to caregivers who are his/her own age and gender. It is also important to make sure the right caregivers are in place for the individual with the necessary training and expertise needed to support him/her well.

Transition Planning will include direct input from the consumer, guardian, family members, community members, providers, and others to assure transition planning meets the needs, desires, and preferences, as feasible, of the consumer.

**Definitions:**
**Transition Planning** is the process of obtaining a complimentary match for the consumer with the place he/she will live, the people who will live with him/her, and the people who will support him/her.

**References:**
Michigan Department of Health and Human Services Administration Person-Centered Planning Policy and Practice Guideline 3/15/2011

CARF Standards: 2.A.3.b; 2.A.24.h; 2.B.8.d.(1). d.(iv); 2.C.2.e.(3); 2.D

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assures that Transition Planning is part of the Person-Centered Planning process at the on-set of services. | Case Holder |

| | |
|---|---|
| In the event that a consumer requires a move from one residential setting to another, a detailed transition plan will be developed following the policy and standards indicated in the policy:<br>1. Use of the person-centered planning process to involve the consumer and his/her allies in determining the consumer's desires and preferences regarding where to live, work, and be involved in meaningful activities.<br>2. Consider the consumer's method of communication in order to ensure he/she has the opportunity to express choice and control so that caregiver providing service in that setting can communicate with the consumer.<br>3. Focus on building relationships based on trust, respect, and caring between the consumer and caregivers.<br>4. Establish a structured daily routine in the residence and include the consumer in this planning step. Minimizing change in daily routines adds a level of comfort to the consumer and can help prevent behavior escalation.<br>5. Prior to moving into the new residence, the consumer should be presented with two or three opportunities to visit the new home in order to become familiar with the home, housemates, and caregivers. It is helpful to have at least one of the same experienced caregivers at every visit to help the consumer build a relationship. The caregiver should also visit the consumer in his/her current setting prior to placement.<br>a. On the occasion where a visit to the home by the consumer is not feasible, | Case Holder |

| | |
|---|---|
| then the consumer's family and assigned case holder should visit the home and the new caregivers. In turn, caregivers, as is feasible, should visit the consumer in his/her current residential setting.<br>6. Develop strategies to orient the consumer to his/her new home in order to prepare him/her for the move. Examples include providing pictures of the home, caregivers, and housemates, sharing a scrapbook of activities that will take place in the home, involving the consumer in choosing decorations for his or her bedroom, etc.<br>7. Provide consistent, experienced and well-trained caregivers, especially during the first few weeks after the move.<br>8. Assure the CMHSP and the provider is accessible and supportive of home staff, including on-site visits to the home.<br>9. Schedule regular meetings with the CMHSP, provider, and home caregivers after the consumer moves into the home to troubleshoot, plan for the future, and further train caregivers. It is recommended to meet with the home caregivers biweekly for the first two months to provide support, catch problems early and reinforce training | |

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<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Behavior Treatment Plans (BTPs)</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.27</td></tr>
<tr><td rowspan="2">Effective Date: 5/16/14</td><td>Date of Review/Revision: 1/21/16, 4/7/16, 3/17/17, 3/1/18, 3/7/19, 3/2/20, 3/30/21, 5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Services for Persons with I/DD<br><br>Authored By: Barb Glassheim, Char Fondren<br><br>Additional Reviewers:<br>SCCMHA Behavior Treatment Plan Review Committee</td></tr>
<tr><td>Supersedes: Behavioral Plans</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set forth requirements for the development and implementation of behavior treatment plans (BTPs) in accordance with current standards of care as promulgated by Mid-State Health Network PIHP, MDHHS, as well as applicable state and federal statutes.

**Application:**
This policy applies to all supports and services delivered to consumers under the auspices of SCCMHA.

**Policy:**
All SCCMHA-funded providers shall adhere to a culture of gentleness and the provision of positive supports, the promotion of dignity and respect, and the provision of a safe and therapeutic environment for all consumers. Ensuring the availability of necessary supports, services and resources for consumers and their families fosters the development of safe environments for staff and consumers and minimizes the use of restrictive and/or intrusive behavior management interventions and thus the potential for traumatizing or re-traumatizing consumers. Positive supports and Culture of Gentleness approaches shall be first-line interventions for shaping behaviors.

**Standards:**
A. The person-centered planning (PCP) process, used to develop an individualized plan of service (IPOS), will, when warranted, identify the need for a behavior treatment plan (BTP).
   1. Assessments shall be conducted during this process to rule out potential physical, medical, or environmental causes of deleterious behavior as well

as the identification of previous unsuccessful attempts to alter the target behavior using positive behavioral supports and interventions.

2. The Case Holder and/or BTP author/provider, whenever possible, shall collect behavioral baseline data for a period of at least one (1) month.

   NOTE: If baseline data is not presented to the Behavior Treatment Plan Review Committee (BTPRC) with the request for a BTP, the BTPRC may require this to be gathered before moving forward.

3. BTPs shall be approved by the consumer, or his/her guardian on his/her behalf if a guardian has been appointed, or the parent with legal custody of a minor.
4. A functional behavior assessment (FBA) shall be conducted to rule out physical, medical, or environmental causes of the target behavior(s).
5. BTPs must be accompanied by evidence of the types of positive behavior supports or interventions that have been attempted but proven unsuccessful in reducing/eliminating the target behavior(s) *prior* to initiating restrictive or intrusive techniques, which are *always* considered a last resort.
   a. BTPs that include such interventions must be approved by the SCCMHA BTPRC.
6. BTPs shall not include physical management in non-emergent situations, aversive techniques, or the use of seclusion or restraint in a setting in which these are prohibited by law.

B. The primary goal of all behavior treatment interventions and/or treatment plans shall be to maximize opportunities for growth and development of the consumer, incorporating positive and proactive strategies.

   NOTE: Positive support tends to be most successful when programs are developed around an individual consumer's needs and demonstrated abilities.

   1. Procedures in Exhibit A (Behavior Modification Procedures that do not Require a Behavior Treatment Plan or Authorization by SCCMHA Administration or the SCCMHA BTPRC) are preferred; these can be used by staff without prior authorization by SCCMHA administrative staff or the BTPRC.

C. SCCMHA provider staffing ratios and training must be adequate to support the effective implementation of a BTP.

D. BTPs shall be formulated, implemented, and monitored in accordance with SCCMHA policies, as well as those of MSHN and MDHHS, and federal guidelines, regulations, and laws.
   1. BTPs shall be formulated in a manner that utilize the least restrictive/intrusive methodologies and behavior modification techniques as possible using a hierarchy of least to most restrictive.
      a. In all cases, the rights and privileges of consumers shall be safeguarded, including the right to safe and effective treatment.

E. BTPs shall be developed to address a consumer's Recurring Behavior(s) of Concern (RBCs), the primary aims of which shall be to increase and promote healthy (i.e., adaptive and prosocial) behaviors.

F. Emergency Interventions (see definition below) are prohibited from being part of any plan to address consumer behavior.

1. Emergency interventions may only be used as a last resort when there is imminent serious risk (i.e., an event/action that is about to occur is highly likely to result in potential harm to self or others).
    a. If all other less restrictive measures have failed, staff should implement the least restrictive techniques necessary in accordance with SCCMHA's approved physical intervention policy to maintain safety and avoid injury (per Reference C).
2. Emergency procedures may never be employed as punishment, for the convenience of staff, or as a substitute for therapeutic programming.
3. Any use of physical interventions must be documented on an "Incident Report Form" (DCH-0044 (W) 05/08) and provide evidence that there was no alternative available for preventing physical harm to the recipient, to others, or for preventing the imminent destruction of property. (See Reference K, SCCMHA Policy 04.01.02 – Incident Reporting and Review.)
    a. The completed Incident Report form shall be submitted to the SCCMHA Recipient Rights Office within one (1) business day.
4. If a consumer repeatedly requires the use of emergency physical intervention, the consumer's interdisciplinary treatment team must meet to address the use of emergency procedures, evaluate the BTP or the need for such a plan, and request a review by the Behavior Treatment Plan Review Committee (BTPRC). (See Exhibit H, Request For Use of Restrictive or Intrusive Interventions in a BTP.)
5. BTPs sent to the BTPRC shall be accompanied by:
    a. The results of assessments performed to rule out relevant physical, medical, and environmental causes of the target behavior on the Case Holder Recurring Behavior of Concern Checklist form (Exhibit I).
    b. A functional behavior assessment that includes strengths and challenges.
    c. Results of inquiries about any medical, psychological, or other factors that might subject the individual to intrusive or restrictive techniques that are known to have a high risk of death, injury, or trauma.
    d. Evidence of the kinds of positive behavioral supports or interventions, including their amount, scope and duration, that have been attempted to ameliorate the behavior and that have proven unsuccessful.
    e. Evidence of continued efforts to find other options.
    f. Peer reviewed literature or practice guidelines that support the proposed restrictive or intrusive intervention (i.e., evidence-based treatments or practices).
    g. References to relevant literature.

1). Interventions with limited or no support in the literature should include a rationale for why the plan is the best option available.

h. A plan for monitoring and staff training to assure consistent implementation and documentation of the intervention(s).

G. The following techniques (see Definitions section below) for the control or management of consumer behavior are expressly prohibited:

1. Mechanical or material devices designed to restrict the movement of a consumer (with the exception of inpatient hospital settings).
2. Seclusion/isolation (with exception of inpatient hospital settings).
3. Denial of a basic need such as a nutritional diet, drinking water, or essential, safe, and appropriate clothing
4. Aversive procedures or techniques.
5. Fear-eliciting procedures.
6. Mechanical restraints.
7. Prone immobilization.
8. Any behavior modification or treatment modification that is implemented by another consumer.
   a. While, consumers are not permitted to implement another consumer's behavior plan, positive interaction with peers that may inadvertently be construed as positive reinforcement is considered appropriate.
9. Experimental medications.
10. Corporal punishment.

H. Behavior treatment plans must never be:

1. Used as punishment tool
2. Developed for the convenience for staff
3. Used as a substitute for other more clinically appropriate and effective interventions

I. While the goal of behavior treatment interventions is to maximize opportunities for promoting the growth and development of the consumer, there are times when the consumer's behavior presents a serious risk to the consumer or other persons or otherwise interfere with the learning process and thereby impede that growth and development and thus warrant the use of more restrictive or intrusive techniques or interventions. Under such conditions, these procedures may not only be necessary, but represent the only viable way to make available the consumer's right to habilitation. If positive approaches have been attempted and have not been successful in sufficiently promoting desirable behaviors, restrictive techniques may be considered to be a reasonable therapeutic approach.

1. A formal treatment plan is necessary for restrictive and/or intrusive procedures.
   a. Each BTP shall identify the target behavior, treatment objectives, proposed interventions.
   b. Each BTP must include special written consent, particularly if it proposes the use of restrictive or intrusive interventions. (See Exhibit C)

1). Consent must be provided in writing by the individual, their legal guardian, the parent with legal custody of minor child, or designated patient advocate, and supervising clinician.

2. In all cases, a hierarchy of least to most restrictive techniques will be followed. (See Exhibit B)
3. BTPs that propose the use of restrictive or intrusive techniques must be reviewed and approved SCCMHA BTPRC *prior* to implementation.
4. Plans must include ongoing tracking of target behavior(s) for frequency of occurrence.

J. The author/provider of the plan shall be responsible for preparing data on the frequency on behavior(s) targeted into a summary format/report and presenting this to the BTPRC which reviews cases on quarterly basis at minimum..

K. BTPs shall be individualized and tailored to each consumer's needs and circumstances.

L. BTPs must be documented in the consumer's electronic health record:
1. A BTP shall be part of the IPOS, and shall require special consent of individual and/or guardian. (See Exhibit C)
2. All planned interventions shall be outlined in in the consumer's BTP.
3. Implementation of a BTP shall be documented in progress notes in the consumer's electronic health record in a timely manner.
4. The effectiveness of a BTP shall be reviewed on periodic basis of no less than every ninety (90) days, in accordance with SCCMHA policy, and documented in the consumer's electronic health record.

M. After BTPRC approval of the BTP, the author and/or provider of the BTP will facilitate staff training regarding assigned responsibilities for implementing the BTP. the behavior treatment plan.
1. The author/provider will submit a training log to SCCMHA after conducting staff training.

N. During scheduled home visits, the Case Holder and BTP author will routinely collect and review the data being tracked in the home and monitor the behaviors and interventions.
1. This data review will take place on at least a monthly basis.
2. Any data sheets remaining in the homes will be sent to the Case Holder and BTP author; a copy shall be retained in the home.

O. A formal written BTP is necessary when medications are used for behavior control and/or for the purpose of behavior management.
1. Whenever behavior-modifying medications are employed by an SCCMHA physician/psychiatrist to eliminate maladaptive or target behaviors, the consumer's electronic health record shall include documentation of the fact that less restrictive procedures of modifying or replacing the behaviors have been demonstrated to be ineffective.
2. Medications shall not be used as:
    a. Punishment.
    b. For the convenience of staff.
    c. As a substitute for therapeutic programming.

d. In quantities that interfere with an individual's developmental program.

3. The need for a referral for behavior-modifying medications shall be a decision made by the consumer's interdisciplinary treatment/care and support team.
4. A behavior-modifying medication which offers the most effective treatment for the maladaptive or problem behaviors exhibited by the consumer shall be selected.
5. When possible, only one (1) behavior-modifying medication should be prescribed for a consumer at any given time for behavior control.
    a. When two (2) or more behavior-modifying medications are prescribed for behavior control, the prescribing physician shall document the justification as well as the rationale for the concomitant use of two (2) or more medications in the consumer's electronic health record.
6. If medications are used for behavior modification and medications are an integral part of a consumer's plan, the plan should be created by the person-centered interdisciplinary treatment team to assure the least restrictive treatment, and ultimately the reduction and/or elimination of medications, being utilized.
    a. A plan for titrating and eliminating the medications shall be documented as part of the plan.
7. A psychiatric evaluation shall be conducted whenever a psychiatrist is prescribing psychotropic medications to control behavior.
8. Dosage levels shall not ordinarily exceed those specified in one of the following: manufacturer's recommendations (package insert), Physician's Desk Reference (PDR), American Society of Health-System Pharmacists (ASHP) Formulary Service, AMA Drug Evaluation, or GenRX.
    a. The medical rationale shall be documented in the consumer's electronic health record if dosage levels prescribed are higher than the maximum recommended dose.
9. The medication regimen must be individually determined by considering the consumer's need, age, sex, weight, physical condition, comorbid illnesses and/or general health conditions, other medications and any previous adverse reaction to medication.
10. The consumer, parent of a minor child, or empowered guardian shall be advised of the medication's known side effects orally and in writing and shall be instructed to report the occurrence of possible side effects to the prescribing physician or nurse.
11. The effects of the medication on the consumer's behavior and on the target symptoms shall be recorded in the consumer's electronic health record.
    a. When the consumer's behavior or target symptom has stabilized and there is a need for long-term maintenance medication, the physician shall document the clinical rationale for that need in a progress note.
12. A consumer's medication change shall be accompanied by a doctor's note by the prescribing physician documenting the rationale for the change.

13. The concurrent use of multiple psychotropic drugs within the same class is discouraged.
14. SCCMHA discourages the long-term use of anticholinergic agents when used concurrently with antipsychotic agents.
    a. The physician/psychiatrist shall document the justification/rationale for use of an anticholinergic agent in the consumer's electronic health record.
    b. Extrapyramidal symptoms (EPS) may be treated with an anticholinergic agent.
        1). The consumer shall be gradually titrated from the anticholinergic agent until it is discontinued.
        2). The anticholinergic agent shall not be reinstated unless the consumer again exhibits EPS.
15. The AIMS (Abnormal Involuntary Movement Scale) shall be administered to consumers who are prescribed medications that have the potential to produce or to contribute to Tardive Dyskinesia.
    a. The AIMS shall be administered by a physician or registered nurse (RN) at the time the psychotropic medication is initiated and at least quarterly thereafter, for the duration of the prescription of the medication.
        1). The results shall be documented in the consumer's electronic health record.
16. When a physician prescribes an antipsychotic agent for a consumer for longer than three (3) months, the physician shall weigh the benefits of continued use of the antipsychotic agent against the risks of its long-term use, and shall document the basis of the decision, either to continue or discontinue the anti-psychotic medication in the consumer's electronic health record.

P. Any use of psychotropic medications for behavior control purposes that may result in limitations of the consumer's rights must be reviewed and approved by the BTPRC.
1. Any limitation must be justified, time-limited, and clearly documented in the consumer's IPOS.
    a. Documentation must describe attempts that have been made to avoid limitations, as well as what actions will be taken to as part of the plan to ameliorate or eliminate the need for the limitations in the future (per Reference C).
2. PRN medications shall be used as a last resort to manage deleterious behaviors.
    a. BTPs shall be considered first-line interventions for harmful behaviors.
    b. PRN medications shall not be used to control or ameliorate potentially harmful behaviors in the absence of a valid psychiatric diagnosis and without a review by the SCCMHA BTPRC.

c. PRN medications administered in response to harmful behavior(s) that are unrelated to a psychiatric condition shall be considered emergency interventions.

d. PRN medications shall never be used as a means of punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

3. Intensity Scale for PRN Medication:

4. Before administering PRN medication for behavior, proactive strategies delineated in a BTP or Positive Support Plan should be implemented and documented on ABC data sheets. (See Exhibits D and E for examples.)

5. A Behavior Intensity Scale (Exhibit F) can be implemented to help staff use proactive strategies for target behavior(s) and to identify the function of the behavior(s).

6. The impact of PRN medications shall be tracked to ascertain their effectiveness. (See Exhibit G)

Q. Intrusive and/or Restrictive Techniques used for Behavioral Modification in Plans:

1. The BTPRC must review and approve or disapprove any plans that propose to use restrictions or intrusive interventions.

NOTE: According to MDHHS, intensive supervision may fall under the category of Intrusive/Restrictive techniques if it intrudes upon the consumer's personal space by being less than arm's length or results in restricting a consumer's access to physical or environmental areas that would be accessible if the supervision was not present

2. If one-one-one (1:1) or two-on-one (2:1) staffing is requested and approved by BTPRC, the role of the 1:1 and/or 2:1 must be clearly defined in the IPOS and the BTP.

a. The 1:1 staff should be aware of precursors or warning signs which may include, for example, pacing, making noises which sounds like heavy breathing which can lead to yelling or screaming (that becomes increasing louder).

R. Review of Proposed Behavioral Treatment Plans:

1. BTPs in emergency situations:

a. Behavior treatment interventions for unprecedented and unpredicted crises or emergency occurrences of seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of harm will be the least restrictive and least intrusive needed to prevent imminent harm.

NOTE: The most frequently-occurring example of the need for expedited review of a proposed plan in emergent situations occurs as a result of AFC licensing rule R400.14309 Crisis Intervention, which states: "Crisis intervention procedures may be utilized only when a person has not previously exhibited the behavior creating the crisis or there has been

insufficient time to develop a specialized intervention plan to reduce the behavior causing the crisis. If the individual requires the repeated or prolonged use of crisis intervention procedures, the licensee must contact the individual's designated representative and the responsible agency to initiate a review process to evaluate positive alternatives or the need for a specialized intervention plan."

b. If expedited review of a proposed BTP is requested in an emergent situation, the BTPRC will review and approve or deny the proposed plan within forty eight (48) hours.

c. Expedited plan reviews may be requested, when, based on data presented by the professional staff (psychologist, RN, supports coordinator, therapist, case manager), the plan requires immediate implementation.

1). The BTPRC Chair may receive, review, and approve such plans on behalf of the BTPRC.

a) The BTPRC Chair will consult with the BTPRC psychologist to arrange for immediate review.

b). The Recipient Rights Officer will be informed of the proposed plan to assure that any potential rights issues are addressed prior to implementation of the plan.

d. Upon approval, the plan may be implemented.

1). All plans approved in this manner must be reviewed in full at the next scheduled BTC meeting.

2. Initial review of a proposed BTP:

a. The author of the plan will submit a full assessment based on the consumer's entire electronic health recording including historical information.

1). The assessment will include, but not be limited to, the following:

a). Results of assessments performed to rule out physical, medical, and environmental causes of the problem behavior.

b). Any medical, psychological or other issues which might place the consumer at high risk of death, injury or trauma if subjected to intrusive or restrictive techniques.

c). Evidence of the kinds of less intrusive and positive behavioral supports or interventions, including their amount, scope, and duration that have been attempted and proved to be unsuccessful.

d). Evidence of continued efforts to find other options.

e). Peer-reviewed literature or practice guidelines that support the proposed intervention or, if there is a lack

of evidence in the literature to support the intervention, an explanation of why the intervention is the best option available.

f). A plan for monitoring and staff training to assure consistent implementation and documentation of the intervention.

3. Approval and Implementation of a proposed BTP (see Exhibit J):
   a. The Behavioral Evaluation (Functional Behavioral Assessment) and BTP must be approved by the BTPRC prior to implementation.
   b. Re-evaluation will be completed at minimum during quarterly (90-day) reviews to determine if there are changes needed to the annual BTP and prior to any addenda or changes to the existing plan.
   c. Additions to the BTP must be approved by the BTPRC *prior* to implementation *if* additional restrictive or intrusive techniques are proposed.
      1). BTP additions without additional restrictive or intrusive techniques must be forwarded to the BTPRC for review but can be implemented as soon as signed consent is received from the individual/guardian.
   d. The BTPRC shall not approve any plans that have not been developed with an analysis of the causes of the behavior or a determination regarding positive behavioral supports and interventions have been adequately pursued and proven unsuccessful.
4. Quarterly reviews of BTPs (see Exhibit K):
   a. All cases will be reviewed at least quarterly.
      1). The BTPRC may conduct reviews on a more frequent basis often as needed.
   b. The BTPRC discussion, rationale, recommendations, next scheduled review, and decisions will be documented in the committee's meeting minutes.
   c. The attendance of BTPRC members will be taken electronically upon review of each case.
      1). In the event that a committee member is unable to attend the review meeting, they (or their designee) will have up to forty eight (48) hours to review the notes and mark their decision of for, against or abstain in the minutes and sign the document.

**Definitions:**

**Anatomical Support:** Body positioning or a physical support ordered by a physical or occupational therapist for the purpose of maintaining or improving a consumer's physical functioning.

**Applied Behavior Analysis (ABA):** The practice of applying the psychological principles of learning theory in a systematic way to modify behavior. The practice is used most extensively in special education and the treatment of autism spectrum disorder (ASD), but also in healthcare, animal training, and even business. ABA is widely recognized as the

only scientifically valid therapy available for treating behavioral issues associated with ASD (autism spectrum disorder).

**Aversive Techniques:** Techniques that require the deliberate infliction of unpleasant/aversive stimuli (i.e., those that would be unpleasant and may often generate physically painful responses in to the average person or would have a specific unpleasant effect on a particular person) to achieve the management or control of a target behavior. Examples of such techniques include electric shock, foul odors, loud noises, mouthwash, water mist, or other noxious substance to consequate[1] target behavior or to accomplish a negative association with a target behavior, and use of nausea-generating medication to establish a negative association with a target behavior or for directly consequating target behavior. Aversive techniques that consist of clinical methods and practices established in peer reviewed literature and prescribed in a behavior treatment plan that are voluntary and self-administered (e.g. exposure therapy for anxiety, taking a prescription medication to help quit smoking) are not considered aversive techniques. Otherwise, use of aversive techniques is prohibited.

**NOTE: SCCMHA prohibits the use of aversive interventions by any staff member (employee) or contracted provider staff member.**

**Behavior Assessment/Functional Analysis:** A precise description of a consumer's behavior, its context and its consequences, with the intent of better understanding the behavior and those factors influencing it. A behavior assessment/functional analysis must occur prior to the establishment of a Behavior Treatment Plan. The behavior assessment/functional analysis addresses the following issues associated with identified target behaviors: environmental and contextual factors (antecedent, behavior, and consequence), and the consumer's skill and/or performance deficits. Additionally, the target behavior(s) is identified and the frequency, duration, and/or intensity of the target behavior(s) is assessed.

**Behavior Management:** The exercise of strategies for the control or treatment of problem behavior to achieve therapeutic objectives using a variety of recognized techniques which are based on general behavior theory, verbal directions, physical guidance, physical management, and medications.

NOTE: It is the policy of SCCMHA to employ behavior modification treatment techniques rather than behavior management techniques when the technique used is not needed to assure safety.

**Behavior Modification:** The systematic application of principles of general behavior theory to the development of adaptive and/or elimination of problem behavior consistent with therapeutic objectives. Interventions used for behavior modification include, but are not limited to, applied analysis of behavior, schedules of reinforcement, token systems, cognitive therapy, self-control therapy, social skills training, modeling, shaping, fading, generalization, relaxation training, systematic desensitization, stimulus control, positive practice, and contingency management.

**Behavior Treatment Plan (BTP):** Treatment methods encapsulated in a plan written for the purpose of changing targeted behavior through specific behavior modification methods. **Behavior treatment** is the intervention used with target behavior(s) to achieve therapeutic

[1] According to the American Psychological Association this is a verb that means to establish a consequence to a behavior. If the behavior becomes more probable, consequation is said to have resulted in reinforcement. If the behavior becomes less probable, consequation has resulted in punishment.

objectives using a variety of recognized techniques. The terms "Behavior Treatment Program" and "Behavior Treatment Plan" are used interchangeably. All BTPs are individualized and are based on the results of a behavior assessment. Prior to implementation, as appropriate, individuals and/or their families/guardians are educated about, and must agree to participate in, behavior treatment. Those participants will then take part in identifying antecedents to, and consequences of, the target behavior(s) and must agree to the target behavior(s) and treatment interventions before the BTP can be put into effect. BTPs must be developed through the person-centered planning process and be approved by the individual, or his/her guardian on his/her behalf if one has been appointed, or the parent with legal custody of a minor. Behavior treatment interventions identify, teach, and support the acquisition and reinforcement of identified adaptive/replacement behaviors. Behaviors being treated are assessed to determine that appropriate behavior is exhibited.

NOTE: In conjunction with affiliate data collection and reporting activities, SCCMHA reviews and monitors the use of behavior treatment interventions in order to assess and improve treatment efficacy.

**Behavior Treatment Plan Review Committee (BTPRC):** A specially constituted committee whose primary function is to oversee the proposed use of any intrusive and restrictive techniques that might be considered as a last resort to be used on consumers.

**Bodily Function:** The usual action of any region or organ of the body.

**Consent:** A written agreement signed by the individual, the parent of a minor, or an individual's legal representative with authority to execute consent, or a verbal agreement of an individual that is witnessed and documented by someone other than the service provider.

**Emergency Interventions:** There are only two (2) emergency interventions approved by MDHHS for implementation in crisis situations when all other supports and interventions fail to reduce the imminent risk of harm: physical management and a request for law enforcement intervention.

**Emotional Harm:** Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

**Expedited Review:** A review and approval or denial of a proposed BTP by the BTRPC within a short time, such as forty eight (48) hours.

**Functional Behavior Assessment (FBA):** An approach that incorporates a variety of techniques and strategies to determine the pattern and purpose, or "function" of a particular behavior and guide the development of an effective and efficient behavior treatment plan. The focus of an FBA is to identify social, affective, environmental, and trauma-informed factors or events that initiate, sustain, or end a target behavior. A physical examination must be conducted by a licensed physician (MD or DO) to identify biological or medical factors related to the target behavior. This assessment provides insight into the function of a behavior, rather than just focusing on the target behavior itself, so that a new behavior or skill will be developed to provide the same function or meet the identified need. The FBA should integrate medical conclusions and recommendations. Functional assessments should also identify situations and events that precede positive adaptive behavior to provide more information for a positive behavior support plan.

**Imminent Risk:** An event/action that is about to occur that will likely result in the serious physical harm to oneself or others.

**Intensive Supervision (One-On-One or Two-On-One Enhanced Staffing):** The use of additional staffing, either in number of staff or duration of their presence, that is contingent on a target behavior as identified in a BTP, where the additional supervision intrudes upon the consumer's personal space by being less than arm's length or results in restricting consumer access to physical or environmental areas that would be accessible if the supervision were not present.

**Intrusive Techniques:** Techniques that encroach upon the bodily integrity or the personal space of the individual for the purpose of achieving management or control, of a seriously aggressive, self-injurious or other behavior that places the individual or others at risk of physical harm. Examples of such techniques include the use of a medication or drug used to manage or control an individual's behavior or restrict the individual's freedom of movement and is not a standard treatment or dosage for the individual's condition.

NOTE: Use of intrusive techniques as defined here requires the review and approval of the SCCMHA BTPRC Committee.

**Medical and Dental Procedures Restraints:** The use of mechanical restraint or drug-induced restraint ordered by a physician or dentist to render the individual quiescent for medical or dental procedures. Medical restraint can only be used as specified in the individual written plan of service for medical or dental procedures.

**Non-physical Interventions:** Strategies that promote a culture of gentleness and teach staff to help an individual calm before a situation escalates. Use of these techniques is required prior to implementing physical intervention. Different techniques will be used depending on the situation, but staff should be consistent in their actions. These techniques include proactive options, communication skills, confrontation avoidance, and de-escalation. They should be used regularly and naturally during interactions with individuals who display challenging behaviors.

**Peer-Reviewed Literature:** Scholarly works that typically represent the latest original research in the field, research that has been generally accepted by academic and professional peers for dissemination and discussion. Review panels are comprised of other researchers and scholars who use criteria such as "significance" and "methodology" to evaluate the research. Publication in peer-reviewed literature does not necessarily mean research findings are true, but the findings are considered authoritative evidence for a claim whose validation typically comes as the research is further analyzed and its findings are applied and re-examined in different contexts or using varying theoretical frameworks.

**Person-Centered Planning (PCP):** A process for planning and supporting the individual receiving services that builds upon the individual's capacity to engage in activities that promote community life and that honors the individual's preferences, choices, and abilities. The person-centered planning process involves families, friends, and professionals as the individual desires or requires.

**Physical Management:** A technique used by staff as an emergency intervention to restrict the movement of an individual by continued direct physical contact to prevent the individual from seriously harming himself, herself, or others.

**Note: Physical management shall only be used on an emergency basis when the situation places an individual or others at imminent risk of serious physical harm.**

**Positive Behavior Support (PBS):** A set of research-based strategies used to increase opportunities for an enhanced quality of life and decrease seriously aggressive, self-injurious, or other targeted behaviors that place the individual or others at risk of physical harm by conducting a functional assessment, teaching new skills, and making changes in a person's environment. PBS combines valued outcomes, behavioral and biomedical science, and validated procedures as well as systems change to enhance quality of life and reduce behaviors such as self-injury, aggression, and property destruction. PBS is most effective when implemented across all environments, such as home, school, work, and in the community.

**Positive Support:** A person-centered process that considers the function of the recurring behavior of concern and develops supports to promote positive social interactions; support for communication; support for meaningful activity; provision of predictable and consistent environments; support to establish and maintain relationships with family and friends; provision of choice; encouragement of more independent functioning; support for personal healthcare; an acceptable physical environment; mindful and skilled carers; effective management and staff support; and effective organizational context. (Adapted from McGill, 2015)

**Practice or Treatment Guidelines:** Treatment or intervention recommendations published by professional organizations such as the American Psychiatric Association (APA), or the federal government.

**Proactive Strategies in a Culture of Gentleness:** Strategies within a PBS plan used to prevent seriously aggressive, self-injurious, or other behaviors that place the individual or others at risk of physical harm from occurring or for reducing their frequency, intensity, or duration. Supporting individuals in a culture of gentleness is an ongoing process that requires patience and consistency. As such, no precise strategy can be applied to all situations. Some examples of proactive strategies include unconditional valuing, precursor behaviors, redirection, stimulus control, and validating feelings.

**Prone Immobilization:** Extended physical restraint of an individual in a face down (prone) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position for the purpose of control.

**NOTE: SCCMHA PROHIBITS PRONE IMMOBILIZATION UNDER ANY CIRCUMSTANCES.**

**Protective Device:** A device or physical barrier to prevent the recipient from causing serious self-injury associated with documented and frequent incidents of a behavior. A protective device that is incorporated in written individual plan of service is not considered to be a restraint (as defined below).

**Psychotropic Drug:** Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior.

**Reactive Strategies in a Culture of Gentleness:** Strategies within a PBS plan used to respond when individuals begin to feel unsafe, insecure, anxious, or frustrated. Some examples of reactive strategies include reducing demanding interactions, increasing warm interactions, redirection, giving space, and blocking.

**Recipient Rights:** A person who receives services from the PIHP (pre-paid inpatient health plan) region, or an agency or provider under contract with the PIHP region, has the same rights, benefits, and privileges as a person who is not receiving mental health services, including rights guaranteed by the Michigan Mental Health Code (MMHC), except when

divested or limited by a court, statute or rule, and/or voluntary agreement of the recipient or person legally empowered to consent on behalf of the recipient.

**Recurring Behavior of Concern:** When a consumer repeats a behavior, or a set of behaviors, that are culturally abnormal and of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or the behavior is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities (Adapted from Emerson, 1995).

**Request for Law Enforcement Intervention:** Calling emergency services (9-1-1) and requesting law enforcement assistance with an individual exhibiting a seriously aggressive, self-injurious or other behavior that places that individual or others at risk of physical harm. Law enforcement should be called for assistance only when caregivers are unable to remove other individuals from the hazardous situation to assure their safety and protection; safe implementation of physical management is impractical; and/or approved physical management techniques have been attempted but have been unsuccessful in reducing or eliminating the imminent risk of harm to the individual or others.

**Restraint:** The use of a physical device to restrict an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

**Restrictive Techniques:** Techniques which, when implemented, will result in the limitation of the individual's rights as specified in the Michigan Mental Health Code and the federal Balanced Budget Act. Examples of such techniques include: limiting or prohibiting communication with others when that communication would be harmful to the individual; prohibiting unlimited access to food when that access would be harmful to the individual (excluding dietary restrictions for weight control or medical purposes); using the Craig (or veiled) bed, or any other limitation of the freedom of movement of an individual. Use of restrictive techniques requires the review and approval of the BTPRC.

**Seclusion:** The temporary placement of an individual in a room, alone, where egress is prevented by any means. Seclusion is prohibited except in a hospital or unit operated by the department, a hospital licensed by the department, or a licensed child caring institution licensed under 1973 PA 116, MCL 722.111 to 722.128.

**Serious Physical Harm:** Physical damage suffered by a consumer that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.

**Special Consent:** The written consent of the consumer, their legal guardian, the parent with legal custody of a minor child, or a designated patient advocate prior to the implementation of any behavior treatment intervention that includes the use of intrusive or restrictive interventions or those which would otherwise entail violating the individual's rights. The general consent to the individualized plan of services and/or supports is not sufficient to authorize implementation of such a behavior treatment intervention. Implementation of a behavior treatment intervention without the special consent of the recipient, guardian, or parent of a minor recipient may only occur when the recipient has been adjudicated pursuant to the provisions of section 469a, 472a, 473, 515, 518, or 519 of the Michigan Mental Health Code.

**Support Plan:** A written plan that specifies the personal support services or any other supports that are to be developed with and provided for a recipient.

**Target Behavior(s):** A behavior or behaviors that are the focus of treatment in a BTP.

**Targeted Case Manager (CSM)/Supports Coordinator (SC):** The designated staff person whose primary function is to plan, coordinate, link, and monitor the delivery of services and supports identified in the individual's approved BTP.

**Therapeutic De-escalation:** An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the consumer in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

**Timeout:** A voluntary response to the therapeutic suggestion to a consumer to remove himself or herself from a stressful situation to prevent a potentially hazardous outcome.

**Treatment Plan:** A written plan that specifies goal-oriented treatment or training services, including rehabilitation or habilitation services, which are developed in partnership with and provided for a consumer.

**Unreasonable Force:** Physical management or force that is applied by an employee, volunteer, or agent of a provider to a consumer under one or more of the following circumstances: (1) There is no imminent risk of serious or non-serious physical harm to the recipient, staff, or others. (2) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency. (3) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service. (4) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

**References:**

A. 1997 federal Balanced Budget Act at 42 CFR 438.100
B. Mid-State Health Network Behavior Treatment Plans Policy revised 1/12/21: https://midstatehealthnetwork.org/application/files/6216/1063/4850/Quality_Behavior_Treatment_Plans.pdf
C. MDHHS Behavior Treatment Plans Review Committee FAQs: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900-552435--,00.html
D. MDHHS Behavior Treatment Plans Technical Requirement: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4900-552435--,00.html
E. Michigan Medicaid Provider Manual
F. Michigan Mental Health Code, Public Act 258 of 1974
G. SCCMHA Policy 02.02.14 – Restraint and Seclusion
H. SCCMHA Policy 03.02.09 – Behavior Treatment Plan Review Committee (BTPRC)
I. SCCMHA Policy 03.02.20 – Medication Review
J. SCCMHA Policy 03.02.30 – Use of PRN Psychotropic Medications in Mental Health Settings
K. SCCMHA Policy 04.01.02 – Incident Reporting and Review

**Exhibits:**

A. Behavior Modification Procedures that do not Require a Behavior Treatment Plan or Authorization by SCCMHA Administration or the SCCMHA BTPRC

B. Behavior Modification – Intrusive and Restrictive Procedures
C. Behavior Treatment Plan Special Informed Consent
D. ABC Data Sheet Example
E. Intensity ABC Data Sheet Example
F. ABC Data Analysis Sheet Example
G. Example PRN Medication Tracking Tool
H. Request For Use of Restrictive or Intrusive Interventions in a BTP
I. Case Holder Recurring Behavior of Concern Checklist form
J. BTC Review form
K. Behavior Intervention Plan (BIP) Quarterly Review form

Exhibit A

| Behavior Modification Procedures<br>that do not Require a Behavior Treatment Plan or Authorization by<br>SCCMHA Administration or the SCCMHA BTPRC | |
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| **Behavior Chains** | A sequence of stimuli and responses that end with terminal behavior, such as forward chaining, backward chaining, and total task chaining.<br>• Forward Chaining is a procedure where the behavioral sequence is broken into small steps and a person is trained in a series of steps from the initial step in the sequence to the final step.<br>• Backward Chaining is a procedure where the behavioral sequence is broken into small steps and a person is trained in a series of steps from the final step in the sequence to the initial step.<br>• Total Task Chaining is a procedure where the behavioral sequence is broken into small steps and a person is trained in all steps simultaneously. |
| **Differential Reinforcement** | The delivery of reinforcement after an appropriate behavior, and/or incompatible behavior other than the target behavior, is displayed, resulting in the decrease of the target behavior.<br>**Differential Reinforcement of Other Behavior(s) (DRO)** - is a procedure where any behavior other than the target behavior is reinforced on a periodic schedule<br>**Differential Reinforcement of Alternative Behavior(s) (DRA)** - is a procedure where an alternative or competing behavior to the target behavior is reinforced on a periodic schedule<br>**Differential Reinforcement of Incompatible Behavior(s) (DRI)** - is a procedure where a behavior that cannot be emitted at the same time as the target behavior is reinforced on a periodic schedule<br>**Differential Reinforcement of Low Rates of Behavior(s) (DRL)** -is a procedure where the infrequent occurrence (rate) of a target behavior is reinforced<br>**Differential Reinforcement of High Rates of Behavior(s) (DRH)** - is a procedure where the frequent occurrence (rate) of a target behavior is reinforced |
| **Extinction** | Is the systematic elimination of potential reinforcement following a particular behavior. This is often accomplished by staff pretending that a behavior did not occur by ignoring it. |
| **Fading** | The gradual change of stimulus control. Fading is used to foster independence by eliminating control that prompts have had over a person's behavior. |
| **Instructional Control** | The delivery of information about the incorrectness/inappropriateness of a person's behavior. Such instructions may be affected through manual guidance of the person. Such instructions may be affected through manual guidance of the person through the correct response, a prompt, or verbal statement such as "yes" or "no", "correct" or "wrong". Instructional control is not considered restrictive. |
| **Interruption** | Is the use of a verbal cue to break in upon an action, e.g. "Please, Stop! You may not spit on the floor." |

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| **Low Stimulation** | Is a consumer's voluntary response to the therapeutic suggestion to remove himself/herself from a stressful situation to prevent a potentially hazardous or undesirable outcome. |
| **Non-contingent Reinforcement** | Is the delivery of a reinforcer that is not dependent upon the occurrence or non-occurrence of a target behavior. |
| **Positive Practice** | A procedure in which a person behaving inappropriately, is requested to and voluntarily complies with, repeated practice of desirable behavior following the occurrence of an inappropriate behavior. For example, the person is required to practice asking for help instead of throwing work materials. |
| **Positive Reinforcement** | The presentation of a stimulus or occurrence of an event, contingent upon a specific response, that results in an increase of the frequency of occurrence of the response. |
| **Prompting** | An additional discriminative stimulus that is presented in order to cue the person to perform a specified behavior. Prompts may be verbal, gestural, or involve physical guidance.<br>a. Verbal prompts are defined as oral sounds or sign language signs presented to a person to cue performance of a specific task<br>b. Gestural prompts are defined as pointing, hand movements, or other body movements presented to a person to cue performance of a specific task<br>c. Physical prompts are defined as non-restrictive physical contacts with a person, using no significant physical pressure, to cue performance of a specific task |
| **Redirection** | Is an initial verbal prompt, which may be paired with a physical prompt that guides the individual to the appropriate activity. |
| **Reinforced Practiced** | A procedure whereby a person is afforded many opportunities to practice and receive reinforcement for practicing a behavior in his/her repertoire to ensure the behavior is learned. |
| **Shaping** | The process of differentially reinforcing successive approximations (small steps) toward the desired level of behavior until the behavioral sequence is fully achieved. |
| **Stimulus Change** | Is the altering of stimuli to create a situation so different from that which previously existed that the ongoing behavior is temporarily suppressed. |
| **Other Voluntary Techniques** | The following commonly accepted practices, while not an exhaustive list, are also included to illustrate additional procedures which do not require administrator, consumer, guardian, or other approving authority to use:<br>• Anger Management Techniques/Calming Strategies/Self-Control Activities & Exercises<br>• Social Skills Training<br>• Social Stories<br>• Picture Activity Schedules<br>• Structured Social/Activity Involvement<br>• Daily Positive Interaction Time (with parent or staff member)<br>• Daily/Weekly Outings or Other Rewards (beyond what is specified in the consumer's PCP)<br>• Problem Solving Discussions<br>• Structured Relaxation Training |

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| | • Suggested Relaxation<br>• Teach/Train Positive Activity with Property (for individuals who exhibit property damage)<br>• Nighttime Bed Checks for Enuresis/Encopresis (Toileting Schedule)<br>• Behavioral Contracting/Contingency Contracting<br>• Visual Demonstration of Personal Space (arm's length away)<br>• Compliance Training<br>• Sensory Stimulation – utilizing an alternative stimulus for the purpose of redirection (e.g., a client who engages in finger-flicking is given object to hold/wear of certain texture, color, size)<br>• Structured Alone Time<br>• Daily Journaling<br>• Encourage Incompatible Behavior As Targeted Behavior Occurs |
| **Restoration/ Restitution/Simple Correction:** | Requiring a person to return an environment to its former or original state or to return an item that has been removed. |

Exhibit B

| Behavior Modification – Intrusive and Restrictive Procedures<br>**The BTPRC must review and authorize (in writing) these procedures *before* they may be used. These require written legal consent by the consumer or the consumer's guardian. There must be a BTP developed through the PCP process and it must be approved by the individual, or his/her guardian (if one has been appointed), or the parent with legal custody of a minor.** | |
|---|---|
| **Alarms** | Alarms installed for treatment of a particular individual. |
| **Intensive Supervision** | Arm's length, direct line of sight supervision and one-on-one supervision and two-on-one supervision. |
| **Medications Prescribed for Behavioral Control** | The use of psychotropic medication for the purpose of decreasing a specific inappropriate behavior or sequence of behaviors. This procedure does not include the use of psychotropic medication for the reduction of psychiatric symptoms such as, anxiety, hallucinations, or inappropriate affect. |
| **Negative Practice** | A procedure in which a person, behaving inappropriately, is required to repeatedly practice the inappropriate behavior in order to reduce that behavior. |
| **Positive Practice** | A procedure requiring a person to repeatedly practice a desirable behavior following the occurrence of an inappropriate behavior. For example, the person is required to practice asking for help instead of throwing work materials. |
| **Removal of Personal Property** | The removal of personal property where property could be deemed to be harmful to self or others. |
| **Response cost** | The response-contingent removal of a positive reinforcer. A previously earned reinforcer or access to personal property may be removed. |
| **Restitution/ Overcorrection** | The teaching of a person to assume responsibility for the disruption of an environment caused by his/her maladaptive behavior by requiring the person to restore the environment to a condition as good as or better than that which existed prior to the person's display of the maladaptive behavior. |
| **Restricting Access to or Use of Personal Property** | Limiting free access to an individual's personal property. Examples include: clothing, cigarettes, lighters, items that can be of harm to self or others. |
| **Satiation** | Refers to the reduction in effectiveness of a reinforcer after an excessive amount of it has been presented. This procedure may apply when unlimited amounts of a reinforcer, that has maintained an unacceptable response, is presented non-contingently in order to reduce targeted behavior(s). |
| **Search and Seizure** | A procedure that involves searching a person or a person's belongings for a particular item. This procedure is part of a Behavior Treatment Plan designed to: increase adaptive, appropriate behavior, to decrease maladaptive behavior, and/or to promote safety. All searches must comply with the Michigan Mental Health Code. |

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| **Therapeutic De-escalation** | An intervention, the implementation of which is incorporated in the individual written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior. |
| **Token Economy with a Response Cost** | The systematic arrangement within a person's environment whereby the person receives tokens contingent upon the occurrence of specified appropriate behaviors, with response cost contingencies. The tokens serve as a generalized conditioned reinforcer for appropriate behaviors and may be exchanged for a variety of privileges. A token economy without a response cost is not considered a restrictive intervention. |
| **Other Techniques** | These additional restrictive and/or intrusive procedures also require BTPRC review and approval when included as part of a formal Behavioral Treatment Plan:<br>• Removal of Inedible Item from Hand/Mouth Area (pica behaviors)<br>• Contingent Apology<br>• Planned Ignore Strategy/Selective Inattention<br>• Non-Exclusionary Required Relaxation<br>• Non-Exclusionary Time-Out Procedure<br>• Meal Interruption of sixty (60) Seconds or More<br>• Stimulus Change<br>• Loss of Privileges<br>• Request to Turn Over Stolen Items |

Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Behavior Treatment Plan Special Informed Consent

**Consumer Name:** Click or tap here to enter text. **Case Number:** Click or tap here to enter text.

I, Click or tap here to enter text., on behalf of Click or tap here to enter text., have been provided a copy of the behavior treatment plan dated Click or tap to enter a date. This plan was presented to the SCCMHA Behavior Treatment Review Committee (BTRC) for approval. I have reviewed the behavior treatment plan and have had all questions and concerns answered. I understand the program and agree with its implementation as approved by the BTRC. Furthermore, I understand the risks or potential risks that have been considered to be associated with this program.

**Brief Summary Description of the Program:** The behavior treatment plan is outlined with proactive strategies, reactive strategies, basic redirection and systemic reinforcement to address the identified behaviors of concern. The following are outlined as intrusions/restrictions within the behavior treatment plan:

*1:1 Staffing:* The role of 1:1 is to ensure safety of the consumer and those who may be present when an unsafe behavior occurs. The 1:1 staff should be aware of the precursors or warning signs which may be apparent prior to an unsafe behavior. The 1:1 staff should be prepared to have activities nearby for redirection and/or meeting needs being communicated by the behavior.

*PRN and/or Medication for Behavior:* At times the experience of anxiety or agitation requires PRN medication to prevent or cease unsafe behavior. PRN medication shall be administered per doctor's written order. Prescribing doctor will monitor medication(s) for optimum functioning, being prescribed to address specific diagnoses consistent with DSM 5 and will address titration of medication.

*Restricted Access:* Access to items and/or spaces may temporarily be restricted when recent behaviors indicate a high potential for safety risk with unlimited and unsupervised access.

**Risks or Potential Risks:** Risks related to the intrusive/restrictive plan include that as intrusions/restrictions are implemented and structure/expectations increase the frequency, intensity, and duration of the behaviors of concern may initially increase due to a typical behavior change phenomenon known as an "extinction burst" and/or agitation related to the above noted intrusions/restrictions in the behavior treatment plan.

I understand that this consent for behavior treatment plan implementation, as stated above, may be revoked by me at any time. If I choose to revoke this authorization, I may do so verbally or in writing. Without express revocation, this consent expires one year from the date of signature or sooner, as specified.

_____ _____
Signature of consumer, legal guardian or parent of minor Date

_____ _____
Signature of legal guardian or parent of minor (if applicable) Date

_____ _____
Signature of Witness Date

☐ Check if revocation of this consent has been made, verbally or in writing. Date: _____

2/1/2022

Exhibit D

**ABC (Antecedent, Behavior, Consequence) Chart Form Consumer Name: _____ Month: _____**

| Date/Time | Antecedent | Behavior | Consequence |
|---|---|---|---|
| Date/Time when occurred | What happened right before the behavior that may have triggered the behavior | What the behavior looked like | What happened after the behavior or because of the behavior |
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Example

Exhibit E

ABC (Antecedent, Behavior, Consequence) Chart Form

| Date/Time | Antecedent | Behavior | Consequence | Intensity |
|---|---|---|---|---|
| Date/Time when occurred | What happened right before the behavior that may have triggered the behavior | What the behavior looked like | What happened after the behavior or because of the behavior | Rate on a scale of 1-5<br><br>Circle the level of intensity |
| | | | | 1 2 3 4 5 |
| | | | | 1 2 3 4 5 |
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Intensity scale: 1 – exclusively vocal maladaptive behavior (one or two yells and done) 2 – vocal maladaptive behavior (tone of yelling has changed and continues) 3 – vocal maladaptive behavior (tone and length has changed, continuous) and attempt of physical aggression (kick the walls, hit the TV) 4 - vocal maladaptive behavior (tone and length has changed, continuous) and attempt of physical aggression (kick the walls, hit the TV), stomping through the house

5 - vocal maladaptive behavior (tone and length has changed, continuous) and attempt of physical aggression (kick the walls, hit the TV), stomping through the house and physical aggression towards staff (hit or pull-on staff)

Example

Exhibit F

# ABC Data Analysis Consumer Name: Month: _____

| Antecedent<br>*What was happening before the behavior occurred?* | Behavior<br>*What does the behavior of interest look like?* | Consequence<br>*What happened after the behavior was presented?* |
|---|---|---|
| **Date:** _____ **Time:** _____<br>**Describe:** | ☐hit others<br>☐pinch others<br>☐hit self in chest<br>☐spit at others<br>☐bite self<br>☐Other: _____<br>☐Other: _____ | **Describe:** |

| Antecedent<br>*What was happening before the behavior occurred?* | Behavior<br>*What does the behavior of interest look like?* | Consequence<br>*What happened after the behavior was presented?* |
|---|---|---|
| **Date:** _____ **Time:** _____<br>**Describe:** | ☐hit others<br>☐pinch hair<br>☐hit self in chest<br>☐spit at others<br>☐bite self<br>☐Other: _____<br>☐Other: _____ | **Describe:** |

Example

Exhibit G

**Tracking Behavior(s) Consumer Name: _____**

Month/Day After administrating of Ativan how long before behavior occurs, 20 minutes, half hour, hour, two hours, etc, before giving PRN

| Date | Ativan 8am | Ativan 12pm | Ativan 4 pm | Ativan 8 pm | PRN Ativan |
|---|---|---|---|---|---|
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Example

Exhibit H

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Request to use Intrusive/Restrictive Intervention(s) in a Behavior Treatment Plan (BTP)

**Saginaw County Community Mental Health Authority Behavior Treatment Committee (BTC)**

☐ ***Expedited Review*** ***(check if needed within 24 – 48 hours)***

**Consumer Name:** Click or tap here to enter text.

**Consumer ID #:** Click or tap here to enter text.

**Plan Author:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

| | |
|---|---|
| **Residential Living Arrangement:** | ☐ Specialized Residential Home (AFC, children's therapeutic group home)<br>☐ General Residential Home (licensed foster care facility not certified to provide specialized program)<br>☐ Private residence with CLS and/or AHH staff support<br>☐ Private residence without CLS and/or AHH staff support<br>☐ Foster home/Foster care (minor child)<br>☐ Other (Please specify: Click or tap here to enter text.)<br><br>☐ **Check if currently in a crisis residential or psychiatric unit placement, jail or other correctional placement, or state hospital** |

**Reoccurring Behavior(s) of Concern (list all):** Click or tap here to enter text.

**Reason for BTC Review:**

☐ New Behavior Treatment Plan
☐ Amended Behavior Treatment Plan
☐ Positive Support Plan (no intrusive/restrictive interventions)

☐ Quarterly Review of approved Behavior Treatment Plan:
☐ Regression ☐ No Change ☐ Progress

Date existing plan was originally approved: Click or tap to enter a date.

☐ ABA plan that contains restrictive/intrusive interventions
☐ New HCBS health and safety modification request (Ensure the Assessment/IPOS/physician script or OT/PT eval support the request)
☐ Review of existing HCBS health and safety modification (includes medical devices)

Date modification was originally approved: Click or tap to enter a date.

☐ Review due to medications prescribed

Date of last prescriber report form (must be done at least annually): Click or tap to enter a date.

Is the individual currently receiving evidence-based treatment: ☐ Yes ☐ No
If yes, specify which evidence-based treatment below:

☐ PMTO ☐ DBT ☐ TF-CBT ☐ Family Therapy ☐ ABA Therapy ☐ BSFT

☐ Other (describe): Click or tap here to enter text.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Request to use Intrusive/Restrictive Intervention(s) in a Behavior Treatment Plan (BTP)

**Saginaw County Community Mental Health Authority Behavior Treatment Committee (BTC)**

Briefly summarize current treatment the individual is receiving (services received, level of engagement, attendance, etc.):
Click or tap here to enter text.

**Intrusive Intervention(s) in the BTP?** ☐ **Yes** ☐ **No**

If yes, check all that apply from below:

| | | | |
|---|---|---|---|
| ☐ 1:1 Supervision | ☐ Line of Sight | ☐ Arm's Reach | ☐ Physical Prompt |
| ☐ ABA 2:1 | ☐ Restore Environment | ☐ Overcorrection | ☐ Medications |
| ☐ Protective Device | ☐ Anatomical/Physical Support Rx MD/PT/OT | ☐ Special Clothing | |

☐ Other (describe): Click or tap here to enter text.

**Restrictive Intervention(s) in the BTP?** ☐ **Yes** ☐ **No**

If yes, check all that apply from below:

**Freedom of Movement**

☐ Limit Access to Activity, Environment ☐ Therapeutic De-Escalation (required relaxation)

☐ Other (describe): Click or tap here to enter text.

**Property Rights**

☐ Restrict Access to Property ☐ Restrict Access to Money ☐ Search & Seizure

☐ Restitution/Response Cost ☐ Planned Inquiry (i.e. request to see purchases made)

**Entertainment**

☐ Restrict Access to Viewing, Listening, etc.

**Communication Rights**

☐ Limit Access to Phone ☐ Limit Access to Visits ☐ Limit Access to Mail ☐ Limit Access to Other Persons

☐ Other (describe): Click or tap here to enter text.

**Notes/Comments:** Click or tap here to enter text.

Exhibit I

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Reoccurring Behavior(s) of Concern Checklist

To be completed by: Case Holder

**Consumer Name:** Click or tap here to enter text. **Consumer ID #:** Click or tap here to enter text. **Case Holder:** Click or tap here to enter text.

| |
|---|
| ****Must complete this form before completing a Referral Form for Psychological Services due to behavior(s), medication(s), health & safety and/or change in mental status**** |
| What is the reoccurring behavior(s) of concern? (Brief explanation with examples) Click or tap here to enter text. |
| When did the behavior(s) of concern first occur? Click or tap to enter a date. |
| Have any of the following changes occurred with the consumer? *(Check all that apply & include a brief explanation.)*<br>☐ Change in environment – Click or tap here to enter text.<br>☐ Change in medication – Click or tap here to enter text.<br>☐ Change in health – Click or tap here to enter text.<br>☐ Other – Click or tap here to enter text. |
| List all prior intervention(s) that have been used to address the reoccurring behavior(s) of concern: Click or tap here to enter text. |
| Is there a possible trauma explanation(s) for the behavior? ☐ Yes ☐ No<br>If yes, briefly explain: Click or tap here to enter text.<br><br>Is there a Positive Trauma Screen? ☐ Yes ☐ No |
| ***Implement ABC chart(s) for the reoccurring behavior(s) of concern***<br>***Schedule an Interdisciplinary Team Meeting (Form: SCS 002) to assist with answering the rest of this checklist*** |
| Date of last appointment with Primary Care Physician: Click or tap to enter a date.<br><br>*Schedule an appointment for Primary Care Physician to rule out medical if last appointment preceded the onset of the behavior(s) of concern. |
| • Were any specific health issues identified that may contribute to the behavior(s)? ☐ Yes ☐ No |
| • Date labs were last completed: Click or tap to enter a date. |
| Is SCCMHA Nursing Services involved? ☐ Yes ☐ No |
| • Has medical been ruled out? ☐ Yes ☐ No |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Reoccurring Behavior(s) of Concern Checklist

To be completed by: Case Holder

| |
|---|
| Are OT services involved? ☐Yes ☐ No |
| • Has sensory has been ruled out? ☐ Yes ☐ No |
| • Have environmental causes been ruled out? ☐ Yes ☐ No |
| Are PT services involved? ☐ Yes ☐ No |
| • Have exercises and/or equipment helped with regaining or improving physical ability? ☐ Yes ☐ No |
| • Has PT improved and/or enhanced body mechanics? ☐ Yes ☐ No |
| Are dietary services involved? ☐ Yes ☐ No |
| • Has a modification of diet been ruled out? ☐ Yes ☐ No |
| Are speech services involved? ☐ Yes ☐ No |
| • Has speech therapy resulted in an improvement in expressive and receptive language skills? ☐ Yes ☐ No |
| • Has a swallowing disorder been ruled out? ☐ Yes ☐ No |
| • Has a communication barrier been ruled out? ☐ Yes ☐ No |
| ***If all the above has been ruled out, submit a Referral Form for Psychological Services (Form: SCS 001). Include the following with the referral:**<br>• **this Reoccurring Behavior(s) of Concern Checklist**<br>• **at least 1-month of ABC chart(s)**<br>• **Interdisciplinary Team Meeting notes** |

**Additional Notes/Comments:** Click or tap here to enter text.

Exhibit J

Saginaw County Community Mental Health Authority

# Behavior Treatment Committee (BTC)

## Review Form

Consumer Name: _____ BTC Meeting Date: _____

Consumer ID #: _____ Date of Plan: _____

## ☐ Intrusions/Restrictions Approved: _____

_____

**Review Frequency:** ☐ Quarterly ☐ Monthly ☐ Other: _____

- **Prior to implementation**, BTC must receive a copy of the signed Special Consent Form and Staff Training/In-Service Log(s). **Due Date:** _____

## ☐ Intrusions/Restrictions Denied: _____

_____

Revisions required & **Due Date**: _____

_____

_____

_____

- Note: The use of intrusive/restrictive techniques without a fully approved, formal plan is a Recipient Rights violation.

## ☐ Nothing intrusive/restrictive – No formal plan required

## ☐ Discharged from BTC Review

- Note: Requests for BTC review in the future based on the addition of intrusive/restrictive measures, health & safety modification, or due to medications prescribed are expected to be requested by the treatment team.



Form: BTC 005 Revised 3/23/2022

Exhibit K

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Behavior Intervention Plan (BIP)
# Quarterly Review

**Saginaw County Community Mental Health Authority Behavior Treatment Committee (BTC)**

| | |
|---|---|
| **Consumer Name** | |
| **Consumer ID #** | |
| **Date of Birth** | |
| **Evaluator/Author** *(name & credentials)* | |
| **Agency** | |
| **Date** | |

**Target/Problem Behavior(s):**

**Please include the operational definition, hypothesized function, and end goal for each behavior.**

*For example:*

- *Aggression: defined as any instance of throwing objects, hitting, kicking, biting, hair pulling, or scratching during the time of the observation.*
- *Function: Examiner reviewed ABC data, observed the learner in the clinic setting and spoke to relevant care providers. It is this examiner's hypothesis that this behavior serves an escape/avoid function.*
- *Goal: John will reduce his aggression from a baseline average of 7 times per day to zero times per day for 60 consecutive days.*

**Intrusive and/or Restrictive Measure(s) currently in place:**

**What is the plan to reduce (or titrate) the intrusive/restrictive measure(s)?**

*When will the intrusive/restrictive measure(s) be faded?*

**Proactive Strategies:**

**Reactive Strategies:**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Behavior Intervention Plan (BIP) Quarterly Review

**Saginaw County Community Mental Health Authority Behavior Treatment Committee (BTC)**

**Baseline & Current Data:**

*<Add graphs here – include baseline data & current/updated data>*

**Has there been progress, no change or regression?**

**Include a brief summary.**

*If there has been a change, what has changed?*

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Psychiatric Evaluation | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.28 |
| **Effective Date**: 4/7/14 | **Date of Review/Revision**: 10/14/16, 2/13/17, 6/12/17, 3/1/18, 7/31/18, 2/21/19, 6/12/19, 12/10/20, 4/12/22 | **Approved By**: Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:** Chief of Health Services & Integrated Care |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:** Barbara Glassheim<br>**Additional Reviewers**: SCCMHA Medical Director |

**Purpose:**
The purpose of this policy is to delineate the use and frequency of psychiatric evaluations for consumers receiving psychiatric services through Saginaw County Community Mental Health Authority (SCCMHA).

**Policy:**
It is the policy of SCCMHA that every individual receiving psychiatric services will have a current psychiatric evaluation.

**Application:**
This policy applies to all SCCMHA-funded programs and provider organizations that offer psychiatric services.

**Standards:**
A. For purposes of this policy, a current psychiatric evaluation shall be defined as one that has been administered once every three (3) years or less from the initial date of service.
   1. At the discretion of the provider, a determination shall be made to conduct a new/updated evaluation if indicated for changes to the diagnosis, changes to clinical or therapeutic purposes or changes to the plan of care and treatment.
   2. A psychiatric evaluation shall be considered when a consumer has been hospitalized or has experienced another such change in status.

B. A current psychiatric evaluation shall be completed as part of admission to services or as soon after the initiation of services as possible.
   1. This psychiatric evaluation may have been conducted prior to a request for services or as part of the admission process.

C. A psychiatric evaluation, initial or updated, shall be completed for each consumer receiving psychiatric medication by an SCCMHA psychiatrist or mid-level practitioner.

D. Psychiatric evaluations conducted by an SCCMHA psychiatrist or mid-level practitioner will be administered using the psychiatric evaluation module in the electronic health record (SENTRI).

**Definitions:**

**Psychiatric Evaluation:** An assessment of the mental health condition of an individual that includes the individual's social, medical, substance misuse, legal and family history, as well as the diagnosis of the individual's condition or conditions, recommendations for treatment and/or services, and prognosis.

**Psychiatrist:** A physician (MD or DO) who specializes in the prevention, diagnosis, and treatment of mental illness, including substance use disorders. A psychiatrist must receive additional training and serve a supervised residency in their specialty and may also have additional training in a psychiatric specialty, such as child psychiatry or neuropsychiatry. Psychiatrists can prescribe medication.

**Prescriber:** A licensed healthcare practitioner who may legally write prescriptions for medications.

**References:**

None

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assures that a psychiatric evaluation is current and has been conducted prior to initiating treatment. | Psychiatrist |
| Schedules the consumer for an updated psychiatric evaluation when there is an apparent change in status or at least once every 3 years. | Case Holder |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Closure/Discharge Criteria | **Chapter**: 03 -<br>Continuum of Care | **Subject No**: 03.02.29 |
| **Effective Date**:<br>January 05, 2015 | **Date of Review/Revision**:<br>5/5/16, 3/14/17, 5/14/18, 9/10/19, 12/8/20, 9/23/21, 10/11/22 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Chief of Network Business Operations |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Chief Of Network Business Operations, Manager of Utilization Care Authorizations, Director of Network Services, Public Policy and Continuing Education, , Executive Director of Clinical Services |
| | | **Additional Reviewers**:<br>Service Management Team |

**Purpose:**
The purpose of this policy is to set forth the criteria and process for the closure/discharge of a consumer from active SCCMHA Services.

**Policy:**
Case holders shall adhere to the standards set forth in this policy for discharges/case closures: according the person-centered plan; consumer withdrawal from services against professional advice; consumer death; relocation to another county, with the exception of consumers who are enrolled in the SCCMHA CCBHC (Certified Community Behavior Health Clinic); voluntary withdrawal from services; or other reasons enumerated in the standards below.

**Application:**
This policy applies to the entire SCCMHA Provider Network.

**Standards:**
A. An SCCMHA consumer's case will be closed from active status when the consumer is no longer eligible for services or withdraws from services.
   1. Eligibility criteria shall include the presence of a funding source for services.

B. All consumer case closures/discharges require supervisory approval.

C. There must be documentation in the consumer's electronic health record to support any of the case closure/discharge criteria enumerated in this policy.

D. A consumer's case may be closed or the consumer may be discharged from services in accordance with their person-centered plan (i.e., the consumer successfully achieved the goals outlined in their person-centered plan and the case holder has assisted the consumer to prepare for closure/discharge or transition from one level of care to another during the termination phase of an episode of care) and with the consumer's participation in discharge/transition planning.

1. The consumer and the case holder shall have worked together to ensure that mandated paperwork is completed, follow-up appointments are made, and the necessary natural supports and community resources are in place.
2. The consumer and the case holder shall have identified various types of natural support systems are in place with an awareness of the important role family, friends, and colleagues play in the recovery of mental illness and substance use disorders and continued independence or (re)habilitation.
3. The consumer and the case holder shall have consulted with mental health (including substance use disorder treatment)/medical providers to ensure continuity of effective treatment modalities and/or the establishment of new community supports through referrals at closure/discharge.
4. The consumer and the case holder shall have identified relevant sources of community resources/supports such as medication management, support groups, stable housing, natural supports, and entitlements.
    a. The case holder shall have facilitated involvement with community agencies whenever warranted and feasible.
5. The consumer and the case holder shall have ensured the availability of adequate alternative services to support the consumer's continued recovery or (re)habilitation.
    a. Resources to meet the consumer's needs, such health and safety, transportation, day care, food, clothing, housing, medication and support groups shall have been identified.
7. The consumer shall have shown improved role functioning as indicated by standardized functional assessment tools such as the LOCUS, PECFAS, CAFAS, DECA, ANSA, etc.
8. The consumer shall have met criteria by program or service as noted in SCCMHA program manuals.
9. The case holder shall have ensured timely and proper follow-up on closure/discharge referrals, support systems and services established and maintained.
10. In accordance with CCBHC criteria, the case holder shall follow up with the consumer post discharge to make sure the consumer was able to maintain appointments and connect to any needed community resources.

E. A consumer's case shall be closed when the consumer withdraws from services against professional advice (i.e., the consumer has been seen by a case holder following a referral from the SCCMHA Central Access and Intake Unit and an

intake packet has been completed by a treatment team clinician, but the consumer does not keep appointments or respond to follow-up efforts).

1. The case holder will place two telephone calls to the consumer in order to provide outreach and attempt to engage the consumer in services.
2. The case holder will then conduct a home visit as part of outreach and re-engagement into services.
3. The case holder shall then generate and send, via certified mail, a Notice of Adverse Benefit Determination (Exhibit A) to the consumer.

F. A consumer's case may be closed due to the consumer's failure to attend their initial meeting with the case holder without the consumer's disclosure of a change in residence and significant others'/family's lack of knowledge of the consumer's current residence or whereabouts.

G. A consumer's case shall be closed upon the death of the consumer (a sentinel event that will be handled in accordance with agency policy and protocol).

H. A consumer's case may be closed due to lack of benefit from treatment based on a clinical determination by the interdisciplinary treatment team assigned to the consumer.

I. A consumer shall be discharged and their case closed as a result of their voluntary choice not to participate in an SCCMHA-funded program.

J. A consumer's case may be closed following a demonstrable inability to adhere to program standards of care and agency policies.

1. Interdisciplinary treatment teams shall make every effort to help consumers adhere to their treatment regimens and agency/program policies.

K. A consumer shall be discharged once they no longer demonstrate a need for services and supports provided by SCCMHA.

L. A consumer shall be discharged when they no longer meet eligibility criteria for services.

M. A consumer may be discharged and their case closed when they relocate to another as a planned move initiated by the consumer or their legal guardian.

1. Consumers who are enrolled in the SCCMHA CCBHC shall have the option to continue to be served by the SCCMHA irrespective of a move out of the county.
2. Case holders shall help consumers who wish to move out of the county and be served in their new county of residence get connected with services and supports in new county of residence in order to ensure continuity of care.
3. Case holders who are unaware of consumer moves shall review the Medicaid look-up in the electronic health record to locate the consumer's current address and generate in a letter of Notice of Adverse Benefit Determination Sentri II (Exhibit A) and send it via certified mail to the consumer.

N. A consumer's case may be closed administratively because the program or service is no longer available through SCCMHA.

1. Administrative terminations shall be implemented in accordance with the consumer's Recipient Rights and Appeals and Grievances procedures including the right to appeal the decision (see Exhibit B).

**Definitions:**

**Case Holder:** The staff member assigned in the electronic health record to monitor services, including the therapist, wraparound worker, Central Access and Intake worker, or case manager, and supports coordinator.
**Program:** A group of treatment modalities provided by an interdisciplinary treatment team.
**Service:** A treatment modality that is provided by an interdisciplinary treatment team.

**References:**
A. Exit Criteria found in SCCMHA Program Manuals for SCCMHA Team under SCCMHA Procedures.
B. SCCMHA Policy 02.01.11 – Medicaid Appeals
C. SCCMHA Policy 02.01.11.02 – Local Appeals
D. SCCMHA Procedure 09.03.05.02 Critical Incident Processing & Review
E. SCCMHA Policy 05.04.02 – Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status

**Exhibits:**
A. Notice of Adverse Benefit Determination (Sentri II EHR)
B. Request for Hearing form (Medicaid enrollees) – DCH-0092

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assure all appropriate contacts have been made to attempt to engage the consumer in services.<br>Document all attempts to engage a consumer in services in the consumer's electronic health record. | Case Holder and Case Holder Supervisor |
| Prior to consideration of closure/ discharge from SCCMHA services, discusses the case with their supervisor to assure all appropriate steps have been taken prior to closure/discharge of a consumer from SCCMHA Services. | Case Holder |
| Assure all appropriate referrals and follow up appointments have been made to assist the consumer with continued recovery and (re)habilitation. | Case Holder and Case Holder Supervisor |
| Create in Sentri II a letter of Notice of Adverse Benefit Determination and mail the letter to the consumer. | Case Holder and Case Manager Supervisor |
| Assure the appropriate amount of time has elapsed prior to the closure/discharge of | Case Holder and Case Manager Supervisor |

| | |
|---|---|
| consumer in the electronic health record (Sentri). | |
| Enter into electronic medical record (Sentri) the reason for Closure/Discharge which include:<br>**Reason for Discharge**<br>**According to Plan**<br>The outcomes and dreams in the Person-Centered Plan have been substantially met and the consumer/family no longer desires or requires additional services<br>Referred to Primary Care Physician and/or other community agencies and natural supports for services<br>Consumer/Family relocated out of service area and appropriate referrals and linkages have been made<br>Transfer to Nursing Home<br>**Not according to Plan**<br>Consumer/family withdrew their consent for services and all appropriate attempts to offer ongoing services have been made<br>Consumer/family missed scheduled appointments, does not respond to follow up contact by staff, or can't be located<br>Consumer/Family relocated out of service area without appropriate referrals in place<br>**Other**<br>Consumer incarcerated in prison or a long-term jail sentence<br>Consumer no longer meets criteria<br>Transferred to State Institution<br>Consumer deceased Date of Death (if known): | Case Holder and Case Manager Supervisor |

Exhibit A

# NOTICE OF ADVERSE BENEFIT DETERMINATION

## *Saginaw County Community Mental Health Authority (SCCMHA)*

TESTING

**Important:** The notice explains your internal appeal rights. Please read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed in the "Get Help & More Information" section of this Notice.

| | |
|---|---|
| **Provided/Mailed Date:** 09/20/2021 | **Member ID:** 000000012 |
| **Name:** Consumer W. Twelve | **Beneficiary ID:** 000123456789 |

### This is to tell you that the following action has been taken:

Your current service(s) will be: Terminated.

0362T - Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administtered by physician or other qualified health care professional with the assistance of the one or more

**Effective:** 10/20/2021

### This action is based on the following:

The clinical documentation provided does not establish medical necessity.

TESTING

The legal basis for this decision is:

Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2)
MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, Section 2.5 A-D, Medical Necessity Criteria

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your Provider asked for coverage on your behalf, we have sent a copy of this decision to your provider.

**IF YOU DON'T AGREE WITH THIS ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL**

You have to ask Saginaw for an internal appeal within 60 calendar days of the date of this notice. You, your representative, or your doctor can send in your request that must include:

- Your Name
- Address
- Member Number
- Reason for appealing
- Whether you want a standard or fast appeal (for an expedited or fast appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. If you are asking for a fast appeal you will need a doctor's supporting statement. Call your doctor if you need this information

**Please keep a copy of everything you send us for your records.**

**There are 2 kinds of internal appeals:**

**Standard Appeal:** We'll give you a written decision on a standard appeal within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received we'll give you a written decision within 60 calendar days.

**If you want to ask for an Internal Appeal either call or send in a written request to:**

**Saginaw**

**500 Hancock St.**
**Saginaw, MI 48602**

**Phone Number: (989) 797-3452**

**Fax Number: (989) 797-3595**

**For hearing or speech assistance, please call 711.**

**Expedited or "Fast" Appeal:** Expedited or Fast Appeal - We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days.

**To ask for a Fast Appeal, you must call: (989) 797-3452**

**For hearing or speech assistance, please call 711.**

## CONTINUATION OF SERVICE DURING AN INTERNAL APPEAL

If you are receiving a Michigan Medicaid service and you file your appeal within 10 calendar days of this Notice of Benefit Determination (09/30/2021), you may continue to receive your same level of services while your internal appeal is pending. You have the right to request and receive benefits while the internal appeal is pending, and should submit your request to Saginaw.

> Your benefits for that service will continue if you request an internal appeal within **10 calendar days** from the date of this notice or from the beginning of the intended effective date of the proposed adverse action whichever is later.

## IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at (989) 797-3452 to learn how to name your representative. For hearing or speech assistance, call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

## ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

## WHAT HAPPENS NEXT?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will give you additional information about the State Fair Hearings process and how to file the request.
- If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules.

## Get Help & More Information

**If you need additional help or additional information about our decision and the internal appeal process, please call**

**Saginaw Customer Service Department**

**(989) 797-3452**

**For hearing or speech assistance, please call 711 for assistance.**

**Our hours of operation are Mon-Fri 8a-5p Except for holidays**

**You can also visit our website at www.sccmha.org**

Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 ( if calling from an internet based phone service).

**The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. These provide the basic legal authority for us to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.**

**Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.**

Exhibit B

## REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS

Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
PO Box 30763, Lansing, MI 48909
Telephone Number: 800-648-3397 Fax: 517-763-0146

**SECTION 1: To be completed by the PERSON REQUESTING A HEARING**

| | | | | |
|---|---|---|---|---|
| Client Name | | | Client Telephone No. | Client Social Security No. |
| Client Address (No. and Street, Apt. No.) | | | | Medicaid ID No. |
| City | State | Zip Code | Client or Legal Guardian Signature | Date |
| What agency took the action or made the decision that you are appealing? Make sure to attach a copy of the letter from the agency that told the client about their decision. | | | | Client MDHHS Case No. |

**I WANT TO REQUEST A HEARING:** The following are my reasons for requesting a hearing. **Use additional sheets if needed.**

_____

_____

_____

_____

Do you have a physical disability or other condition requiring special arrangements for you to attend or participate in a hearing?
☐ No ☐ Yes (If yes, please explain here.)

Will you need an interpreter?
☐ No ☐ Yes (If yes, language needed:)

**SECTION 2: HAVE YOU CHOSEN SOMEONE TO REPRESENT YOU AT THE HEARING?**

Has someone agreed to represent you at this hearing?
☐ No ☐ Yes (If Yes, have the representative complete and sign Section 3.)

**SECTION 3: AUTHORIZED HEARING REPRESENTATIVE INFORMATION**

| | | | |
|---|---|---|---|
| Name of Representative (please print) | Representative Telephone No. | Relationship to Enrollee | |
| Address (No. and Street, Apt. No.) | City | State | Zip Code |
| Representative Signature | | Date Signed | |

**SECTION 4: To be completed by the AGENCY involved in the action being disputed by the client**

| | | | |
|---|---|---|---|
| Name of Agency | | | Agency Contact Person Name |
| Agency Address (No. and Street, Apt. No.) | | | Agency Telephone Number |
| City | State | Zip Code | State Program or Service being provided to this client |

DCH-0092-MOAHR (Rev. 7-19) 1

## REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS INSTRUCTIONS

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services or one of its contract agencies that a client believes is wrong.

**This form is to ask for a hearing if you are a Medicaid enrollee, or a PACE enrollee, or a Medicaid waiver applicant when the action has been taken by MDHHS or one of its contract agencies.** You can also send in your signed hearing request in writing on any paper. This form is also available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Office of Administrative Hearings and Rules for the Department of Health and Human Services or www.michigan.gov/LARA >> Bureau List >> Michigan Office of Administrative Hearings and Rules >> Benefit Services Hearings.

**Do not use this form to appeal an action**

- Taken by a Medicaid, Healthy Michigan Plan or MI Health Link health plan, Community Mental Health Services Program / Prepaid Inpatient Hospital Plan (CMHSP/PIHP), Healthy Kids Dental health plan, or MI Choice Waiver Agency. You must go through their internal appeals process first before you ask for a MDHHS-5617-MOAHR, Request for State Fair Hearing form. This form is also available online at the links above.
- Related to program eligibility, cash assistance, food assistance, or other assistance programs. Use the DHS-18, Request for Hearing form available online at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Forms and Applications >> Other, or go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download the form.

**GENERAL INSTRUCTIONS**

- Read ALL instructions before completing the attached form.
- Complete Section 1 using the name of the client (even if the client has a guardian or is a minor).
- Complete Sections 2 & 3 only if the client wants someone to represent them at the hearing.
- Complete Section 4 if the agency who took the action you are appealing did not fill this out.
- Attach a copy of the notice or letter from the Agency that told the client about the change that is being appealed.
- Please make a copy for your records.
- Questions can be answered by calling toll free: **800-648-3397**.
- After the form is completed, mail or fax page 1 to:

**MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**
**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**PO BOX 30763**
**LANSING MI 48909**
**Fax 517-763-0146**

- The client may choose to have another person represent them at a hearing.
  - This person can be anyone the client chooses but must be at least 18 years of age.
  - The client must give this person written permission to represent them.
  - The client may give written permission by checking yes in Section 2 and having the person who is representing them complete Section 3. The client must still complete and sign Section 1.
  - The client's guardian or conservator may represent them. A copy of the court order naming the guardian or conservator must be included with this request.

| **Completion:** Is Voluntary. |
|---|

**Michigan Department of Health and Human Services (MDHHS)**
Please note if needed, free language assistance services are available.
Call 877-833-0870 (TTY users call TY: 711).

| | |
|---|---|
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-833-0870 (TTY 711). |
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 877-833-0870 (رقم هاتف الصم والبكم:-711 TTY). |
| Chinese | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-833-0870 (TTY 711) |
| Syriac (Assyrian) | ܐܬܘܪ: ܐܢ ܐܢܬ ܡܬܟܠܡ ܠܫܢ ܣܘܪܝܝܐ، ܐܝ ܒܐ ܐܬ ܡܫܬܡܫ ܒܫܝܪܘܬ ܕܥܙܪܐ ܠܫܢ ܕܝܠܟ ܒܚܠܦ ܕܠܐ ܡܬܚܠ. ܩܪܝ ܠ 877-833-0870 (TTY 711) ܕܝܠܟ ܡܚܝܢ ܠܟ. |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-833-0870 (TTY 711). |
| Albanian | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-833-0870 (TTY 711). |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-833-0870 (TTY 711)번으로 전화해 주십시오. |
| Bengali | লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-833-0870 (TTY 711) |
| Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-833-0870 (TTY 711). |
| German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 877-833-0870 (TTY 711). |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-833-0870 (TTY 711). |
| Japanese | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。877-833-0870（TTY 711）まで、お電話にてご連絡ください |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-833-0870 (телетайп 711). |
| Serbo-Croatian | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 877-833-0870 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711). |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-833-0870 (TTY 711). |

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), [TTY number—if covered entity has one], 517-335-6146 (Fax), [Email]

You can also file a civil rights complaint with the responsible federal agency.

| | |
|---|---|
| If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:<br><br>U.S. Department of Health and Human Services<br>200 Independence Avenue, SW<br>Room 509F, HHH Building<br>Washington, D.C. 20201<br>800-368-1019, 800-537-7697 (TDD)<br><br>Complaint forms are available at https://bit.ly/2IKsHMS. | If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:<br><br>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form.<br><br>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail:<br>U.S. Department of Agriculture<br>Office of the Assistant Secretary for Civil Rights<br>1400 Independence Avenue, SW<br>Washington, D.C. 20250-9410<br><br>Fax: 202-690-7442; or Email: program.intake@usda.gov |

MDHHS is an equal opportunity provider.

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Use of PRN Psychotropic Medications in Mental Health Settings</td><td>Chapter: 03 - Continuum of Care</td><td>Subject No: 03.02.30</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/21/16</td><td>Date of Review/Revision:<br>3/15/17, 7/28/17, 3/1/18, 6/12/19, 12/10/20, 4/26/2021, 9/3/21, 9/14/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Integrated Care<br><br>Authored By: Barbara Glassheim<br><br>Additional Reviewers:<br>SCCMHA Medical Director, SCCMHA BTC Chair</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the use of PRN (i.e., as needed) medications in mental health settings in accordance with MDHHS regulations, which stipulate the need for community mental health programs to ensure consumers are not exposed to the administration of unnecessary psychotropic drugs and that may result of the prescription of PRN medications.

**Policy:**
PRN medications shall only be permitted in the presence of a clear, well-articulated, medical/clinical rationale for the need to treat explicit, potentially harmful psychiatric symptoms that cannot be adequately addressed via alternative means such as psychosocial/behavioral intervention(s) – e.g., Positive Behavior Support (PBS).

**Application:**
This policy applies to all licensed prescribers and settings within the SCCMHA service delivery network.

**Standards:**
A. PRN medications shall be used as a last resort to manage deleterious behaviors.
   1. Behavior treatment plans shall be considered first-line interventions for harmful behaviors.
B. PRN medications shall not be used to control or ameliorate potentially harmful behaviors in the absence of a valid psychiatric diagnosis and without a review by the SCCMHA Behavior Treatment Plan Review Committee (BTC).

1. Case Holders shall be required to enumerate failures to respond to behavioral treatment(s) prior to initiating a request for consideration of PRN medications for behavior management.
2. Case Holders shall submit a completed Recurring Behavior of Concern Checklist to the Chair of the BTC (Exhibit A).
3. The SCCMHA BTC shall conduct a review of all PRN medications prescribed for managing and/or controlling behavior(s) (Exhibit B).

C. PRN medications administered in response to harmful behavior(s) that are unrelated to a psychiatric condition shall be considered emergency interventions.

D. Medications prescribed by SCCMHA network licensed psychiatrists to consumers in outpatient settings shall be used to promote consumers' health, safety and well-being.
1. Maintenance prescriptions for PRN medications for more than three (3) months shall require the psychiatric practitioner to weigh the benefits of continued treatment against the risks of long-term use.
    a. The psychiatric practitioner shall document the basis of their decision in accordance with the continued benefits of prescribing or discontinuing the medication.

E. Prescription medications shall only be administered with a valid, signed physician's order.
1. Only the prescribing physician may adjust or change a medication order.
2. Medication dosages shall be monitored by the prescribing practitioner.

F. PRN medications shall be permitted only if the prescriber documents a very clear rationale and description of the target symptoms of a diagnosed mental illness for which the medication is being prescribed.
1. The clinical/medical reason for the use of the specific PRN medication(s) shall be documented in the section of the SENTRI Electronic Health Record (EHR) titled *Medication Review* and shall include the following information:
    a. The condition(s) under which and when the PRN medication(s) will be administered.
    b. The minimum interval between doses.
    c. The maximum dose allowed within a twenty-four (24) hour period.

G. A review of medications previously prescribed and clinical response to those medications shall be conducted and documented in the EHR as part of the justification for current prescription(s).

H. PRN medications will be prescribed for not more than ninety (90) days to ensure that the prescriber reviews and only renews PRNs with significant justification, such as emotionally distressing, extreme behavior that interferes with important aspects of the consumer's life and that could result in significant self or other harm.

I. The use of PRN medications for the purpose of achieving management or control of seriously aggressive, self-injurious or other such potentially deleterious behavior that places an individual or others at risk of physical harm shall adhere to the Michigan Department of Health and Human Services (MDHHS) requirements set forth in the July 29, 2020 *Technical Requirement for Behavior Treatment Plans* (see Reference A).

J. All SCCMHA providers and staff members shall observe, monitor, support, document, report and/or address health conditions and risk with consumers who are receiving PRN medications in accordance with the scope of their practice.

K. All treatment team members are expected to be observant regarding any mental health changes for all consumers, including discomfort and unusual or abnormal signs or symptoms, and to document and seek assistance or treatment as appropriate to the urgency or seriousness of the symptoms.

L. Treatment of psychiatric conditions or mental health issues shall be the responsibility of the entire treatment team.
    1. Medication issues shall be under the purview of the treating psychiatrist.

M. Official, complete, accurate and current PRN medication records for all consumers will be maintained and made available for review by the treatment team.

N. When a PRN medication is administered for behavioral reasons in the consumer's home, staff/family shall have implemented a behavior support or treatment plan which details the steps that are to be taken before a PRN medication is dispensed.
    1. The plan shall have been reviewed by the SCCMHA BTC (Behavior Treatment Committee) for either approval, denial, or further recommendations prior to implementation unless administered due to exigent circumstances (i.e., crisis intervention) and the individual had not exhibited the behavior creating the crisis or there was insufficient time to develop a specialized intervention plan to reduce the behavior causing the crisis.
    2. Ongoing documentation (including ABC charting) must occur outlining what steps were taken before the PRN medication was given, the time the medication was given, the effects of PRN medication(s) on the consumer's behavior and on the target symptoms.
        a. Data derived from ABC charting shall be shared with the prescriber and be made available at each appointment.
        b. Data derived from ABC charting shall be used to complete incident reports.
            1). Incident reports shall include actions taken in sequential order both prior to the administration of a PRN medication as well as subsequent to its administration and include the outcomes of each action taken.

O. PRN medications shall never be used as a means of punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

**Definitions:**

**Antecedent-Behavior-Consequence (ABC) Chart:** A direct observation tool that can be used to collect information about the events that are occurring within a consumer's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a problem behavior. The "B" refers to observed behavior, and "C" refers to the consequence, or the event that immediately follows a response.

**Allergy:** A hypersensitive state acquired through exposure to a particular allergen, re-exposure bringing to light an altered capacity to react; allergies may be classified as immediate and delayed.

**Allergic Reaction:** An unfavorable physiologic response to an allergen (i.e., a substance that causes an allergic reaction) to which a person has previously been exposed; the response may be characterized by a variety of symptoms and may be immediate or delayed.
**Adverse Reaction:** Any harmful effect on the body of therapeutic drugs, drugs of abuse or the interaction of two or more pharmacologically active agents within a short time span. Drugs most likely to create adverse reactions include hypnotics, central nervous system stimulants, antidepressants, tranquilizers, and muscle relaxants. Any adverse reaction is any harmful, unintended effect of the medication, diagnostic test or therapeutic intervention.
**Case Holder:** The designated staff member responsible for assuring assessment, person-centered plan, monitoring, etc., occurs in accordance with SCCMHA policy.
**Health or Safety Concern**: Any situation or circumstance that causes a consumer or other involved person(s) to express a need to change a current pattern of behavior or health practice, based upon their observation that the consumer has evidenced specific risk.
**Health Risk Condition:** A condition that potentially compromises a consumer's personal safety or health if not addressed.
**Medication Administration:** The direct application of a medication by mouth (orally), inhalation, ingestion, transdermal patch, suppository or any other means to the body of a person.
**Psychotropic Medications:** Anti-anxiety/hypnotic, antipsychotic and antidepressant classes of drugs.
**Registered Nurse (RN):** A nurse who has graduated from a nursing program and met the requirements outlined by a state-authorized licensing body to obtain a nursing license.
**Nurse Practitioner (NP):** An advanced practice registered nurse and a type of mid-level practitioner. NPs are trained to assess patient needs, order and interpret diagnostic and laboratory tests, diagnose disease, formulate and prescribe treatment plans.
**Physician Assistant (PA):** A type of mid-level health care provider that may diagnose illnesses, develop and manage treatment plans, prescribe medications, and may serve as a principal healthcare provider.
**Pro Re Nata (PRN)**: As needed (Latin).
**Psychiatrist:** A licensed physician a MD or DO degree, appropriate residency training and certificate of completion.
**Wellness:** A proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education.

**References:**


A. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration. (July 29, 2020). *Technical Requirement for Behavior Treatment Plans*. MDHHS: **https://www.michigan.gov/documents/mdhhs/Technical_Requirement_for_Behavior_Treatment_Plans_P-1-4-1_638408_7.pdf**.
B. *Michigan Medicaid Provider Manual* (MDHHS): **https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf**.
C. SCCMHA Policy 03.02.08 – Behavioral Interventions
D. SCCMHA Policy 03.02.09 – Behavior Treatment Plan Review Committee (BTPRC)

E. SCCMHA Policy 03.02.10 – Clinical Risk Committee
F. SCCMHA Policy 03.02.20 – Medication Review
G. SCCMHA Policy 03.02.27 – Behavior Treatment Plans (BTPs)

**Exhibits:**
A. Recurring Behavior of Concern Checklist
B. SCCMHA PRN and/or Medication Review form
C. BTC Medication and Off-Label Use chart

**Procedure:**
None

Exhibit A

# Recurring Behavior of Concern Checklist

**Consumer Name:** Click or tap here to enter text. **ID#:** Click or tap here to enter text. **Case Holder:** Click or tap here to enter text.

| **Before implementing a Positive Support Plan, please review the following:** | **Check Box** | **Insert Date or N/A** |
|---|---|---|
| What has changed with consumer (recurring behavior)? | ☐ | |
| Time frame change has occurred with consumer: | ☐ | |
| Possible Trauma explanations for the behavior? | | |
| What is target behavior identified? | | |
| ○ Sensory: | ☐ | |
| ○ Escape: | ☐ | |
| ○ Attention: | ☐ | |
| ○ Tangible: | ☐ | |
| When was last appointment with Primary Care Physician? | ☐ | |
| ○ What was outcome of appointment? | ☐ | |
| ○ Labs – when completed last? | ☐ | |
| Schedule an appointment for Primary Care Physician to rule out Medical | ☐ | |
| Nurse Assessment: | ☐ | |
| ○ Rule out change in physical health | ☐ | |
| ***Once Medical has been ruled out – Implement ABC chart(s) for recurring behavior(s) of concern*** | | |
| OT Assessment: | ☐ | |
| ○ Rule out Sensory | ☐ | |
| ○ Rules out environment causes to behavior | ☐ | |

**Revised 5/13/2021**

| | | |
|---|---|---|
| PT Assessment: | ☐ | |
| ○ Exercises and equipment to help regain or improve physical ability | ☐ | |
| ○ Assist with improving/enhancing body mechanics | ☐ | |
| Dietary Assessment: | ☐ | |
| ○ Rule out need of modification of diet | ☐ | |
| Speech Assessment: | ☐ | |
| ○ Improve on speech and ability to understand & express language, including nonverbal language | ☐ | |
| ○ Rule out swallowing disorder | ☐ | |
| ○ Rule out communication barrier | ☐ | |
| Evidence of prior interventions for challenging behavior (list): | | |
| **Once all the above have been ruled out and ABC charts have been collected:** | | |
| Prepare a Positive Support Plan (if needed, request Psychological Consultation) | ☐ | |
| Request Functional Behavioral Assessment (if restrictive or intrusive interventions are needed) | ☐ | |

Click or tap to enter a date.

Click or tap to enter a date.

X _____

Case Holder Signature

X _____

Unit Supervisor Signature

Revised 5/13/2021

Exhibit B

☐ ***Expedited Review*** ***(needed within 24 – 48 hours)*** Click or tap to enter a date.

If not expedited, please return within 7 business days from date above.

# PRN and/or Medication Review

Saginaw County Community Mental Health Authority Behavior Treatment Committee

**Prescriber:** Click or tap here to enter text.

| | |
|---|---|
| **Consumer Name:** Click or tap here to enter text. | **ID#:** Click or tap here to enter text. |
| **DD Diagnosis:** Click or tap here to enter text. | |
| **MI Diagnosis:** Click or tap here to enter text. | |
| **Medical Diagnosis:** Click or tap here to enter text. | |
| **PRN Medication(s):** Click or tap here to enter text. | |
| **CMH Prescribed Medication(s):** Click or tap here to enter text. | |
| **Non CMH Medication(s):** Click or tap here to enter text. | |
| **Medications and how they can be used for off label:** Click or tap here to enter text. | |
| **Medications Appropriate for Diagnosis:** Click or tap here to enter text. | |

****MSHN/MDHHS seeking correlation between diagnosis and prescribing of PRN and psychotropic medications.***

**PRN Prescribed for Behavior(s):** Click or tap here to enter text.

**PRN Prescribed for Agitation:** Click or tap here to enter text.

**Medication Review Documentation:** Click or tap here to enter text.

**Seizure Medication for Controlling Behaviors:** Click or tap here to enter text.

**Functional Assessment Completed:** Click or tap here to enter text.

**Positive Support Plan Developed:** Click or tap here to enter text.

**Have all environmental and/or enhance supports been tried (Speech, OT, PT, RN, RD):** Click or tap here to enter text.

**Other options explored (therapy) before prescribing medications:** Click or tap here to enter text.

**How frequent are behaviors occurring (review incident reports):** Click or tap here to enter text.

**Incident Report Dates:** Click or tap here to enter text.

Revised 5/25/2021

**Additional Information:** Click or tap here to enter text.

**Prescriber Feedback on PRN and/or Medication(s):**

☐Current medications are at the fewest number of medications, are ≤ standard dosages for optimum functioning, are not considered intrusive, and are being prescribed to address specific diagnoses consistent with DSM 5

☐Attempts to lower the number and dosage have occurred in the past and I have determined they are currently at an acceptable maintenance level

☐Consumer is currently undergoing medication titration

☐Medications will be reduced in number to eliminate multiple classes (list medications to be phased out below)

☐PRN medications for behavior have been reviewed any changes have noted below

**Prescriber Comments:** Click or tap here to enter text.

***REQUIRED:** **Prescriber's justification for prescribing medications that are NOT diagnosis specific:**

Click or tap here to enter text.

Click or tap to enter a date.

X _____

Prescriber Signature

*Section below to be filled out by BTC Chairperson/Designee:*

**Sent to Recipient Rights:** ☐ Acknowledged & Reviewed

**BTC Reviewed PRN and/or Medication(s) on** Click or tap to enter a date.

☐ **Approved** ☐ **Denied** **Review at BTC Meeting:** Click or tap to enter a date.

**Rational indicating that this plan requires immediate/continued implementation due to a current emergent situation that would be present if the restriction were to be immediately removed:** Click or tap here to enter text.

**Committee Feedback/Next Steps:** Click or tap here to enter text.

Revised 5/25/2021

Exhibit C

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| **Anxiety Disorder** | | | |
| Ativan (Lorazepam) | Anxiety | Anxiety disorder, short term relief of symptoms of anxiety, anxiety associated with depressive symptoms. Insomnia due to anxiety or transient stress. | Treatment of alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation (IV administration only) antiemetic for chemotherapy; rapid tranquilization of agitated pt., status epilepticus in children |
| Atarax (Hydroxyzine, Vistaril) | Antihistamine/anxiety/agitation, | Antiemetic, treatment of anxiety/agitation, antipruritic, prevention of nausea, anxiety preoperatively, vomiting postoperatively | |
| Buspar (Buspirone) | Anxiety | Management of anxiety disorders. Short-term relief of symptoms. Smoking cessation, depression and seasonal affective disorder, substance abuse | Augmenting medication for antidepressants |
| Effexor (Venlafaxine) | Antidepressant | Treatment of depression. Treatment of generalized anxiety disorder (GAD), social anxiety disorder (SAD), treatment of panic disorder, with or without agoraphobia | Treatment of ADHD, obsessive-compulsive disorder(OCD), hot flashes, diabetic neuropathy, PTSD |
| Paxil (Paroxetine) | Antidepressant, antiobsessive-complusive, antianxiety | Treatment of Major Depressive (MDD), treatment of panic disorder, obsessive-compulsive (OCD), Treatment of social anxiety disorder (SAD), generalized anxiety disorder (GAD), premenstrual dysphoric disorder (PMDD), PTSD | Social anxiety in children, self-injurious behavior, treatment of depression and OCD in children |
| Serax (Oxazepam) | Sedative/hypnotic/antianxiety | Anxiety, alcohol withdrawal | Insomnia |
| Trazodone (Desyrel) | Antidepressant | Treatment of major depressive disorder (MDD) | |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Valium (Diazepam) | Antianxiety/skeletal muscle relaxant/anticonvulsant | Short-term anxiety symptoms, relief of acute alcohol withdrawal, adjunct relief of acute musculoskeletal conditions, treatment of seizures | Treatment of panic disorder, short-term relief of spasticity in children with cerebral palsy, sedation for mechanically vented patients in ICU |
| Xanax (Alprazolam) | Anxiety | Management of generalized anxiety disorder (GAD), short-term relief of symptoms, panic disorder with or without agoraphobia, anxiety associated with depression | Anxiety in children, preoperative anxiety |
| **Attention-Deficit Hyperactivity Disorder (ADHD)** | | | |
| Amphetamine (Adzenys XR-ODT, Dyanavel XR) | CNS Stimulate | ADHD, Narcolepsy and obesity | |
| Atomoxetine (Strattera) | Psychotherapeutic agent | ADHD | |
| Clonidine (Catapres, Kapvay) | Antihypertensive, antiadrenergic agents | Treatment of hypertension alone or in combination with other hyperactive agents. Kapvay treatment of ADHD | Opioid or nicotine withdrawal, prevention of migraine headaches, treatment of diarrhea in diabetes mellitus, treatment of dysmenorrhea, menopausal flushing, alcohol dependence, glaucoma, Clozapine-induced sialorrhea, Tourette's syndrome, insomnia in children |
| Desipramine (Norpramin) | Antidepressant | Depression | Chronic pain, insomnia, anxiety |
| Dexmethylphenidate (Focalin, Focalin XR) | CNS Stimulate, psychostimulant | ADHD | |
| Dextoamphetamine (Dexedrine, ProCentra, Zenzedi) | CNS Stimulate | Narcolepsy, ADHD | |
| Guanfacine (Intuniv) | Antihypertensive, antiadrenergic agents | ADHD and anxiety in children | |
| Lisdexamfetamine (Vyvanse) | CNS Stimulate | ADHD, moderate to severe binge eating disorder (BED) | |
| Methylphenidate (Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Focalin, Focalin XR, Jornay PM, Metadate CD, Methylin, Quillivant XR, Ritalin) | CNS Stimulate | ADD, ADHD, narcolepsy (except Concerta, Metadate CD Ritalin LA) | |
| Mixed amphetamine (dextroamphetamine and | CNS Stimulate | Treatment of narcolepsy (immediate release only), treatment of ADHD | |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| amphetamine salts) (Adderall, Adderall XR, Mydayis) | | | |
| **Bipolar Disorder** | | | |
| Abilify (Aripiprazole) | Atypical antipsychotic agent | Schizophrenia, bipolar, adjunct treatment of major depressive disorder. Treatment of irritability associated with autism in children 6-17 years. Tourette disorder | |
| Depakote (Depakene, Valproic Acid) | Anticonvulsant/ antimanic/antimigraine | Monotherapy/adjunct therapy complex seizures, simple and complex absence seizures. Adjunctive therapy of multiple seizures including absence seizures. Treatment of manic episodes with bipolar, prophylaxis of migraine headaches | Refractory status epilepticus, diabetic neuropathy. Mood stabilizer for behaviors in dementia |
| Geodon (Ziprasidone) | Atypical antipsychotic | Schizophrenia, acute agitation in patients with schizophrenia. Treatment of acute mania or mixed episodes associated with bipolar disorder with or without psychosis. Maintenance treatment of bipolar as adjunct to lithium or valproic acid | Major Depressive disorder (adjunct to antidepressants) |
| Invega (Paliperidone) | Atypical antipsychotic | Treatment of schizophrenia and schizoaffective disorder | Treatment of irritability associated with autism disorder |
| Lamictal (Lamotrigine) | Anticonvulsant | Adjunct therapy in adults and children age 2years of age and older with generalized tonic-clonic seizures, partial seizures and generalized seizures of Lennox-Gastaut syndrome. Conversion to monotherapy in adults treated with another enzyme-inducing antiepileptic drug (Depakote, Carbamazepine, | |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | Phenobarbital or primidone as the single antiepileptic drug) Long term treatment of bipolar disorder. Treatment of patients 2 years and older with primary generalized tonic-clonic seizures | |
| Latuda (Lurasidone) | Atypical antipsychotic | Treatment of schizophrenia in adults and adolescents (13-17 years) Treatment of depression associated with bipolar I disorder as monotherapy children 10 and older and as adjunct therapy with lithium or Depakote | |
| Lithium (Lithobid) | Antimanic | Management of bipolar disorder. Treatment of mania in patients with bipolar disorder. | Augmenting agent for depression |
| Risperidone (Risperdal) | Atypical antipsychotic | Treatment of schizophrenia, irritability/aggression associated with autistic disease in children. Treatment of acute mania associated with bipolar disorder (monotherapy in children and adults; in combination with lithium or Depakote) | Tourette syndrome, PTSD and major depression |
| Saphris (Asenapine) | Atypical antipsychotic | Bipolar I disorder and schizophrenia | |
| Seroquel (Quetiapine) | Atypical antipsychotic | Schizophrenia, acute manic episodes associated with bipolar. Maintenance treatment of bipolar disorder as an adjunct to lithium or Depakote. Treatment of acute depressive episodes associated with bipolar disorder. | Delirium in critically ill, psychosis/agitation related to Alzheimer dementia. Treatment of autism, treatment-resistant obsessive-compulsive disorder |
| Symbyax (Olanzapine/fluoxetine) | Antidepressant | Treatment of depressive episodes associated with bipolar I disorder and treatment of treatment- | |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | resistant bipolar depression. Maintenance treatment bipolar I disorder | |
| Tegretol (Carbamazepine) | Anticonvulsant | Treatment of partial seizures, generalized tonic-clonic seizures, mixed seizure patterns, pain relief of trigeminal, glossopharyngeal neuralgia. Acute and mixed episodes associated with bipolar disorder | Neuropathic pain in critically ill patients |
| Trileptal (Oxcarbazepine) | Anticonvulsant | Monotherapy, adjunct therapy in treatment of partial seizures in adult. Monotherapy in children 4 years and older, adjunctive therapy in children 2 years and older | Treatment of neuropathic pain and bipolar disorder |
| Zyprexa (Olanzapine) | Atypical antipsychotic | Schizophrenia, acute mania associated with bipolar I | Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder |
| **Depressive Disorder** | | | |
| *SSRIs* | | | |
| Celexa (Citalopram) | Antidepressant | Treatment of unipolar major depression | Treatment of alcohol abuse, diabetic neuropathy, obsessive-compulsive disorder, smoking cessation, GAD, panic disorder |
| Lexapro (Escitalopram) | Antidepressant | Treatment of major depressive disorder, general anxiety disorder | Seasonal affective disorder (SAD) in children and adults, pervasive developmental disorders, vasomotor symptoms associated with menopause |
| Paxil (Paroxetine) | Antidepressant | Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without | Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine) | |
| Prozac (Fluoxetine) | Antidepressant, antiobsessive-compulsive, antianxiety | Major depression disorder, panic disorder, obsessive-compulsive, social anxiety disorder, generalized anxiety disorder, premenstrual dysphoric, post traumatic disorder | Social anxiety in children, self-injurious behavior, treatment of depression and OCD in children |
| Zoloft (Sertraline) | Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct | Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder | Eating disorders, bulimia nervosa, generalized anxiety disorder |
| *SNRIs* | | | |
| Cymbalta (Duloxetine) | Antidepressant | Major depression, management of pain associated with diabetic neuropathy or chronic musculoskeletal, generalized anxiety, fibromyalgia | Treatment stress urinary incontinence in women |
| Effexor XR (Venlafaxine) | Antidepressant | Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia | Treatment ADHD, obsessive-compulsive, hot flashes, diabetic neuropathy, PTSD |
| Fetzima (Levomilnacipran) | Antidepressant | Major depression | Anxiety |
| Pristiq (Desvenlafaxine) | Antidepressant | Depression | Generalized anxiety, social anxiety, panic attacks |
| *TCAs* | | | |
| Elavil (Amitriptyline) | Antidepressant | Treatment of unipolar, major depression | Neuropathic pain, related to diabetic neuropathy or postherpetic neuralgia, migraine, depression in children, PTSD |
| Pamelor (Nortriptyline) | Antidepressant | Unipolar major depression | Adjunct therapy for smoking cessation, myofascial pain, postherpetic pain, orofacial pain, chronic pain, irritable bowel syndrome |
| *MAOIs* | | | |
| Emsam (Selegiline) | Antiparkinson, antidepressant | Adjunct to levodopa/carbidopa in | ADHD, early Parkinson disease |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | treatment of Parkinson, major depression | |
| Nardil (Phenelzine) | Antidepressant | Depression and anxiety disorder | used off-label as a second- or third-line agent for anxiety disorders such as panic disorder and social anxiety disorder |
| *Other* | | | |
| Remeron (Mirtazapine) | Antidepressant | Major depressive disorder | |
| Trazodone (Oleptro) | Antidepressant | Major depressive disorder | Insomnia |
| Trintellix (Vortioxetine) | Antidepressants | Major depressive disorder | |
| Wellbutrin (Bupropion) | Antidepressant, smoking cessation aid | Major depression disorder, seasonal affective disorder, | ADHD in children and adults, depression with bipolar disorder |
| Viibryd (Vilazodone) | Antidepressant | Major depressive disorder | |
| **Seizure Disorder** | | | |
| Brivaracetam (Briviact) | Anticonvulsant | Monotherapy or adjunct therapy in the treatment of partial-onset seizures in pts 4 years and older with epilepsy | |
| Carbamazepine (Tegretol) | Anticonvulsant | Tx of partial seizures with complex symptomatology, generalized tonic-seizures, mixed seizure patterns, pain relief of trigeminal, glossopharyngeal neuralgia, acute manic and mixed episodes associated with bipolar | Neuropathic pain in critically ill pts |
| Clobazam (Onfi) | Anticonvulsant | Adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in pts 2 years of age and older | Catamenial epilepsy, epilepsy |
| Clonazepam (Klonopin) | Anticonvulsant, antianxiety | Adjunct in TX of Lennox-Gastaut syndrome (petit mal variant epilepsy) akinetic, myoclonic seizures, absence seizures (petit mal) unresponsive to succinimides, tx panic disorder | Burning mouth syndrome, REM sleep behavior disorder, essential tremor |
| Clorazepate (Tranxene) | anxiolytic, anticonvulsant, sedative, hypnotic, and skeletal muscle relaxant properties | Anxiety, acute alcohol withdrawal, seizures | Insomnia |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Diazepam (Valium) | Antianxiety, anticonvulsant, skeletal muscle relaxant properties | Short term relief anxiety symptoms, relief acute alcohol withdrawal, adjunct for relief of acute musculoskeletal conditions, seizures | Tx panic disorder, short-term tx of spasticity in children with cerebral palsy, sedation for mechanically vented pts in ICU |
| Eslicarbazepine (Aptiom) | Anticonvulsant, dibenzazepine anticonvulsant | Tx partial-onset seizures in pts 4 years and older | |
| Ethosuximide (Zarontin) | Anticonvulsant, anti-epileptic agent | Absence seizure, epilepsy | |
| Ezogabine (Potiga) | Anticonvulsant, anti-epileptic agent | Tx of partial-onset seizures in adults 18 years and older | |
| Fosphenytoin (Cerebyx) | Anticonvulsant | Status epilepticus | |
| Gabapentin (Neurontin) | Anticonvulsant, antineuralgic | Adjunct tx of partial seizures in children 3 years or older, management of postherpetic neuralgia, tx moderate to severe primary restless legs syndrome | Tx of neuropathic pain, diabetic peripheral neuropathy, vasomotor symptoms, fibromyalgia, postoperative pain adjunct |
| Lacosamide (Vimpat) | Anticonvulsant | Monotherapy or adjunctive therapy for tx of partial-onset seizures in pts 4 years and older | |
| Lamotrigine (Lamictal) | Anticonvulsant | Adjunctive therapy in adults & children 2 years and older with generalized tonic-clonic seizures, partial seizures, generalized seizures of Lennox-Gastaut syndrome, long term tx bipolar, tx of pts 2 years and older with primary generalized tonic-clonic seizures | |
| Levetiracetam (Keppra) | Anticonvulsant | Adjunctive therapy partial onset, myoclonic, and/or primary generalized tonic-clonic seizures | |
| Lorazepam (Ativan) | Antianxiety, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, anti-tremor | Anxiety disorder, short-term relief of symptoms of anxiety, anxiety associated with depressive symptoms, insomnia due to anxiety or transient stress | Tx alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation, antiemetic for chemotherapy; rapid tranquilization of agitated pt, status epilepticus in children |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Midazolam (Versed) | Sedative, anxiolytic | Sedation, anxiolytic, amnesia before procedure or induction of anesthesia, conscious sedation before diagnostic/radiographic procedure, acute tx of seizure clusters | Anxiety, status epilepticus, conscious sedation |
| Oxcarbazepine (Trileptal) | Anticonvulsant | Partial seizures in adults, monotherapy in children 4 years and older | Tx of neuropathic pain, bipolar disorder |
| Perampanel (Fycompa) | Anticonvulsant | Tx seizures in adults and children, partial onset seizures that may or may not develop into general seizures who have epilepsy | Pain management |
| Phenobarbital | Anticonvulsant | Management of generalized tonic-clonic (grand mal) seizures, partial seizures, control of acute seizure episodes (status epilepticus) | Tx of alcohol withdrawal, sedative/hypnotic withdrawal |
| Phenytoin (Dilantin) | Anticonvulsant | Management of generalized tonic-clonic (grand mal) seizures, partial seizures, status epilepticus, prevention of seizures following head trauma/neurosurgery | Prevention of early post-traumatic seizures following traumatic brain injury |
| Pregabalin (Lyrica) | Anticonvulsant, antineuralgic, analgesic | Adjunctive therapy in tx of partial onset seizures, management of neuropathic pain associated with diabetic peripheral neuropathy or spinal cord injury, management of postherpetic neuralgia, fibromyalgia | |
| Primidone (Mysoline) | Anticonvulsant | Management of psychomotor, generalized tonic-clonic (grand mal) and focal seizures | Tx essential tremor |
| Rufinamide (Banzel) | Anticonvulsant | Adjunctive therapy to prevent or control seizures associated with Lennox-Gastaut syndrome | |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Tiagabine (Gabitril) | Anticonvulsant | Adjunctive therapy tx of partial seizures in adults and children 12 years or older | |
| Topiramate (Topamax) | Anticonvulsant | Monotherapy tx of partial onset or primary generalized tonic-clonic seizures in pts 2 years and older, adjunctive therapy partial onset, primary generalized tonic-clonic seizures or seizures associated with Lennox-Gastaut syndrome in pts 2 years and older, prevention of migraine headache in pts 12 years and older | Neuropathic pain, diabetic neuropathy, prophylaxis of cluster headaches, infantile spasms |
| Valproic acid (Depakote) | Anticonvulsant, antimanic, antimigraine | Monotherapy/adjunctive therapy of complex partial seizures, simple and complex absence seizures, adjunctive therapy of multiple seizures including absence seizures, tx manic episodes with bipolar disorder, prophylaxis of migraine headaches | Refractory status epilepticus, diabetic neuropathy, mood stabilizer for behaviors in dementia |
| Vigabatrin (Sabril) | Anti-epileptic | Monotherapy infantile spasms, adjunctive therapy to treat complex partial seizures in adult and children | |
| Zonisamide (Zonegran) | Anticonvulsant | Adjunctive therapy in tx of partial seizures in adults, children older than 16 years with epilepsy | Bipolar disorder |
| **Insomnia** | | | |
| *Benzodiazepine receptor agonists* | | | |
| Eszopiclone (Lunesta) | Hypnotic | Insomnia | |
| Zaleplon (Sonata) | Sedative-Hypnotic | Insomnia | |
| Zolpidem (Ambien) | Sedative-Hypnotic | Insomnia | |
| *Benzodiazepines* | | | |
| Estazolam | Sedative-Hypnotic | Insomnia | |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Flurazepam (Dalmante) | Anxiolytic, anticonvulsant, sedative, hypnotic, and skeletal muscle relaxant properties | Sleep initiation and maintenance disorders | |
| Lorazepam (Ativan) | Anxiolytic, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, anti-tremor | Anxiety disorders, short term relief of symptoms of anxiety, anxiety associated with depressive symptoms, insomnia due to anxiety or transient stress, status epilepticus, sedation | Tx of alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation, antiemetic for chemotherapy, rapid tranquilization of agitated pt, status epilepticus |
| Temazepam (Restoril) | Benzodiazepine | Insomnia | |
| *Melatonin receptor agonist* | | | |
| Ramelteon (Rozerem) | Sedative-hypnotic | Insomnia | |
| *Orexin receptor antagonist* | | | |
| Suvorexant (Belsomra) | Nonbarbiturate hypnotic | Insomnia | |
| **Multiple Sclerosis (MS)** | | | |
| Alemtuzumab (Lemtrada) | Monoclonal antibodies | Chronic lymphocytic leukemia and multiple sclerosis | |
| Daclizumab (Zinbryta) | Monoclonal antibodies | Multiple sclerosis | |
| Dalfampridine (Ampyra) | Potassium channel blocker | Multiple sclerosis | |
| Dimethyl fumarate (Tecfidera) | Nrf2 activators | Multiple sclerosis | |
| Fingolimod (Gilenva) | Sphingosine I-phosphate receptor | Multiple sclerosis | |
| Glatiramer (Copaxone) | Immunomodulators | Multiple sclerosis | |
| Interferon beta-1a (Avonex, Rebif) | Interferon | Multiple sclerosis | |
| Interferon beta-1b (Betaseron, Extavia) | Interferon | Multiple sclerosis | |
| Mitoxantrone (Novantrone) | Antitumor antibiotic | Multiple sclerosis, prostate cancer, certain types of leukemia | |
| Natalizumab (Tysabri) | Monoclonal antibodies | Crohn's disease & multiple sclerosis | |
| Ocrelizumab (Ocrevus) | Monoclonal antibodies | Multiple sclerosis | |
| Peginterferon beta-1a (Plegridy) | Immunomodulators | Multiple sclerosis | |
| Siponimod (Mayzent) | Sphingosine I-phosphate receptor | Multiple sclerosis | |
| Teriflunomide (Aubagio) | Pyrimidine synthesis inhibitor | Multiple sclerosis | |
| **Obsessive Compulsive Disorder (OCD)** | | | |
| Anafranil (Clomipramine) | Antidepressant | Tx of obsessive-compulsive disorder | Depression, panic attacks |
| Celexa (Citalopram) | Antidepressant | Treatment of unipolar major depression | Treatment of alcohol abuse, diabetic neuropathy, obsessive-compulsive disorder, smoking cessation, GAD, panic disorder |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Lexapro (Escitalopram) | Antidepressant | Treatment of major depressive disorder, general anxiety disorder | Seasonal affective disorder (SAD) in children and adults, pervasive developmental disorders, vasomotor symptoms associated with menopause |
| Luvox (Fluvoxamine) | Antidepressant | Major depression, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric, panic disorder with or without agoraphobia, treatment of resistant or bipolar I (with Olanzapine) | Fibromyalgia, PTSD, Raynaud's phenomena, social anxiety, selective mutism |
| Paxil (Paroxetine) | Antidepressant | Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine) | Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism |
| Zoloft (Sertraline) | Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct | Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder | Eating disorders, bulimia nervosa, generalized anxiety disorder |
| **Panic Disorder** | | | |
| Alprazolam (Ativan) | Anxiolytic, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, anti-tremor | Anxiety disorder, short-term relief of symptoms of anxiety, anxiety associated with depressive symptoms, insomnia due to anxiety or transient stress | Tx alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation, antiemetic for chemotherapy; rapid tranquilization of agitated pt, status epilepticus in children |
| Clonazepam (Klonopin) | Anticonvulsant, antianxiety | Adjunct in tx of Lennox-Gastaut syndrome (petit mal variant epilepsy) akinetic, myoclonic seizures, absence | Burning mouth syndrome, REM sleep behavior disorder, essential tremor |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | seizures (petit mal) unresponsive to succinimides, tx panic disorder | |
| Effexor (Venlafaxine) | Antidepressant | Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia | Treatment ADHD, obsessive-compulsive, hot flashes, diabetic neuropathy, PTSD |
| Paxil (Paroxetine) | Antidepressant | Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine) | Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism |
| Zoloft (Sertraline) | Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct | Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder | Eating disorders, bulimia nervosa, generalized anxiety disorder |
| **Posttraumatic Stress Disorder PTSD)** | | | |
| Abilify (Aripiprazole) | Atypical antipsychotic | Tx schizophrenia, bipolar, adjunct treatment in major depressive disorder, tx of irritability associated with autism in children 6-17 years old, Tourette's disorder | Schizoaffective, depression with psychotic features, aggression, bipolar disorder (children), conduct disorder (children) psychosis/agitation related to Alzheimer's dementia |
| Elavil (Amitriptyline) | Antidepressant | Treatment of unipolar, major depression | Neuropathic pain, related to diabetic neuropathy or postherpetic neuralgia, migraine, depression in children, PTSD |
| Celexa (Citalopram) | Antidepressant | Treatment of unipolar major depression | Treatment of alcohol abuse, diabetic neuropathy, obsessive-compulsive disorder, smoking cessation, GAD, panic disorder |
| Depakote (Valproic Acid) | Anticonvulsant, antimanic, antimigraine | Monotherapy/adjunctive therapy of complex partial | Refractory status epilepticus, diabetic neuropathy, mood |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | seizures, simple and complex absence seizures, adjunctive therapy of multiple seizures including absence seizures, tx manic episodes with bipolar disorder, prophylaxis of migraine headaches | stabilizer for behaviors in dementia |
| Effexor (Venlafaxine) | Antidepressant | Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia | Treatment ADHD, obsessive-compulsive, hot flashes, diabetic neuropathy, PTSD |
| Geodon (Ziprasidone) | Atypical Antipsychotic | Tx schizophrenia, acute agitation in pts with schizophrenia, tx of acute mania or mixed episodes associated with bipolar with or without psychosis | Major depressive (adjunct to antidepressant) |
| Inderal (Propranolol) | Antihypertension, antianginal, antiarrhythmic, antimigraine | Tx of angina pectoris, supraventricular arrhythmias, ventricular tachycardia, symptomatic tx of obstructive hypertrophic, cardiomyopathy, tx of proliferating infantile hemangioma requiring systemic therapy, migraine headache prophylaxis, pheochromocytoma, prevention of MI | Adjunct tx for anxiety, tremor due to Parkinson's disease, alcohol withdrawal, aggressive behavior, schizophrenia, antipsychotic induced akathisia, variceal hemorrhage, acute panic |
| Lamictal (Lamotrigine) | Anticonvulsant | Adjunctive therapy in adults & children 2 years and older with generalized tonic-clonic seizures, partial seizures, generalized seizures of Lennox-Gastaut syndrome, long term tx bipolar, tx of pts 2 years and older with primary generalized tonic-clonic seizures | |
| Lexapro (Escitalopram) | Antidepressant | Treatment of major depressive disorder, general anxiety disorder | Seasonal affective disorder (SAD) in children and adults, pervasive developmental |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | | disorders, vasomotor symptoms associated with menopause |
| Minipress (Prazosin) | Alpha-1 blocker | Treats high blood pressure | Treat nightmares of PTSD, anxiety, stress |
| Nardil (Phenelzine) | Antidepressant | Depression and anxiety disorder | Used off-labeled as a second or third line agency for anxiety |
| Paxil (Paroxetine) | Antidepressant | Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine) | Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism |
| Prozac (Fluoxetine) | Antidepressant, antiobsessive-compulsive, antianxiety | Major depression disorder, panic disorder, obsessive-compulsive, social anxiety disorder, generalized anxiety disorder, premenstrual dysphoric, post traumatic disorder | Social anxiety in children, self-injurious behavior, treatment of depression and OCD in children |
| Risperdal (Risperidone) | Antimanic, Atypical antipsychotic | Tx of schizophrenia, irritability/aggression associated with Autistic children, tx of acute mania associated with bipolar | Tourette's' syndrome, PTSD, major depressive disorder |
| Seroquel (Quetiapine) | Atypical antipsychotic | Tx of schizophrenia, acute manic episodes associated with bipolar, maintenance tx bipolar disorder as an adjunct to lithium or Depakote, tx of acute depressive episodes associated with bipolar disorder | Delirium in critically ill, psychosis/agitation related Alzheimer's, treatment of Autism, treatment resistant obsessive-compulsive |
| Tofranil (Imipramine) | Antidepressant | Tx of depression and nerve pain | Tx of bedwetting of children 6 years and older, tx of PTSD, general anxiety, depression that occurs with anxiety |
| Topamax (Topiramate) | Anticonvulsant | Monotherapy tx of partial onset or primary | Neuropathic pain, diabetic neuropathy, prophylaxis of |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | generalized tonic-clonic seizures in pts 2 years and older, adjunctive therapy partial onset, primary generalized tonic-clonic seizures or seizures associated with Lennox-Gastaut syndrome in pts 2 years and older, prevention of migraine headache in pts 12 years and older | cluster headaches, infantile spasms |
| Zoloft (Sertraline) | Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct | Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder | Eating disorders, bulimia nervosa, generalized anxiety disorder |
| Zyprexa (Olanzapine) | Atypical antipsychotic | Schizophrenia, acute mania associated with bipolar I | Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder |
| **Psychotic Disorders** | | | |
| Abilify (Aripiprazole) | Atypical antipsychotic | Tx schizophrenia, bipolar, adjunct treatment in major depressive disorder, tx of irritability associated with autism in children 6-17 years old, Tourette's disorder | Schizoaffective, depression with psychotic features, aggression, bipolar disorder (children), conduct disorder (children) psychosis/agitation related to Alzheimer's dementia |
| Clozaril (Clozapine) | Atypical antipsychotic | Management of severely ill schizophrenic pts who have failed to respond to other antipsychotic therapy, tx of recurrent suicidal behavior in schizophrenia or schizoaffective | Schizoaffective, bipolar, childhood psychosis, obsessive-compulsive, agitation related to Alzheimer's disease |
| Fanapt (Iloperidone) | Atypical antipsychotic | Acute treatment of schizophrenia | |
| Geodon (Ziprasidone) | Atypical Antipsychotic | Tx schizophrenia, acute agitation in pts with schizophrenia, tx of acute mania or mixed episodes associated with bipolar with or without psychosis | Major depressive (adjunct to antidepressant) |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Haldol (Haloperidol) | Antipsychotic, antiemetic, antidyskinetic | Schizophrenia, Tourette's disorder, severe behavioral problems in children with combative explosive hyperexcitability without immediate provocation, management of psychotic disorder, short-term of hyperactive children | Treatment of nonschizophrenia psychosis, psychosis, alcohol dependence, psychosis/agitation related to Alzheimer's dementia, emergency sedation of severely agitation/psychotic pts |
| Invega (Paliperidone) | Atypical antipsychotic | Treatment of schizophrenia and schizoaffective disorder | Treatment of irritability associated with autism disorder |
| Latuda (Lurasidone) | Atypical antipsychotic | Treatment of schizophrenia in adults and adolescents (13-17 years) Treatment of depression associated with bipolar I disorder as monotherapy children 10 and older and as adjunct therapy with lithium or Depakote | |
| Loxapine (Adasuve) | Antipsychotic (1st generation) | Tx of acute treatment of agitation associated with schizophrenia or bipolar I | Tx of irritability with adolescents with Autism as add on therapy |
| Mellaril (Thioridazine) | Phenothiazine | Schizophrenia, can help to prevent suicide in people who are likely to harm themselves, reduce aggression and desire to hurt others | |
| Navane (Thiothixene) | Antipsychotic of the thioxanthene series | Schizophrenia and psychosis with bipolar | |
| Nuplazid (Pimavanserin) | Atypical antipsychotic | Tx of Parkinson's disease psychosis | Being researched for treatment of Alzheimer's disease psychosis, schizophrenia, agitation, and major depressive disorder |
| Prolixin (Fluphenazine) | Antipsychotic (1st generation) | Schizophrenia, management of manifestations of psychotic disorders | Manage chronic tic disorders and Huntington disease for control of abnormal movements and chorea |
| Rexulti (Brexpiprazole) | Atypical antipsychotic | Schizophrenia depression, adjunct treatment for depression | Borderline personality disorder, bipolar disorder |
| Risperdal (Risperidone) | Antimanic, Atypical antipsychotic | Tx of schizophrenia, irritability/aggression associated with Autistic | Tourette's' syndrome, PTSD, major depressive disorder |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | children, tx of acute mania associated with bipolar | |
| Saphris (Asenapine) | Atypical antipsychotic | Bipolar I disorder and schizophrenia | |
| Seroquel (Quetiapine) | Atypical antipsychotic | Tx of schizophrenia, acute manic episodes associated with bipolar, maintenance tx bipolar disorder as an adjunct to lithium or Depakote, tx of acute depressive episodes associated with bipolar disorder | Delirium in critically ill, psychosis/agitation related to Alzheimer dementia. Treatment of autism, treatment-resistant obsessive-compulsive disorder |
| Thorazine (Chlorpromazine) | Antipsychotic (1st generation) | Schizophrenia, psychotic disorders, manic phase of bipolar, severe behavioral problems in children, nausea and vomiting, anxiety before surgery, intractable hiccups, acute intermittent Porphyria | Migraine headache, treatment of dementia |
| Vraylar (Cariprazine) | Atypical antipsychotic | Schizophrenia, bipolar mania, bipolar depression | Psychosis/agitation associated with dementia |
| Zyprexa (Olanzapine) | Atypical antipsychotic | Schizophrenia, acute mania associated with bipolar I | Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder |
| **Schizophrenia** | | | |
| Abilify (Aripiprazole) | Atypical antipsychotic | Tx schizophrenia, bipolar, adjunct treatment in major depressive disorder, tx of irritability associated with autism in children 6-17 years old, Tourette's disorder | Schizoaffective, depression with psychotic features, aggression, bipolar disorder (children), conduct disorder (children) psychosis/agitation related to Alzheimer's dementia |
| Clozaril (Clozapine) | Atypical antipsychotic | Management of severely ill schizophrenic pts who have failed to respond to other antipsychotic therapy, tx of recurrent suicidal | Schizoaffective, bipolar, childhood psychosis, obsessive-compulsive, agitation related to Alzheimer's disease |
| Fanapt (Iloperidone) | Atypical antipsychotic | Acute treatment of schizophrenia | |
| Geodon (Ziprasidone) | Atypical Antipsychotic | Tx schizophrenia, acute agitation in pts with schizophrenia, tx of acute | Major depressive (adjunct to antidepressant) |

| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| | | mania or mixed episodes associated with bipolar with or without psychosis | |
| Haldol (Haloperidol) | Antipsychotic, antiemetic, antidyskinetic | Schizophrenia, Tourette's disorder, severe behavioral problems in children with combative explosive hyperexcitability without immediate provocation, management of psychotic disorder, short-term of hyperactive children | Treatment of nonschizophrenia psychosis, psychosis, alcohol dependence, psychosis/agitation related to Alzheimer's dementia, emergency sedation of severely agitation/psychotic pts |
| Invega (Paliperidone) | Atypical antipsychotic | Treatment of schizophrenia and schizoaffective disorder | Treatment of irritability associated with autism disorder |
| Latuda (Lurasidone) | Atypical antipsychotic | Treatment of schizophrenia in adults and adolescents (13-17 years) Treatment of depression associated with bipolar I disorder as monotherapy children 10 and older and as adjunct therapy with lithium or Depakote | |
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| Medication | Classification | Medication Usage | Off-label Usage |
|---|---|---|---|
| Risperdal (Risperidone) | Antimanic, Atypical antipsychotic | Tx of schizophrenia, irritability/aggression associated with Autistic children, tx of acute mania associated with bipolar | Tourette's' syndrome, PTSD, major depressive disorder |
| Saphris (Asenapine) | Atypical antipsychotic | Bipolar I disorder and schizophrenia | |
| Seroquel (Quetiapine) | Atypical antipsychotic | Tx of schizophrenia, acute manic episodes associated with bipolar, maintenance tx bipolar disorder as an adjunct to lithium or Depakote, tx of acute depressive episodes associated with bipolar disorder | Delirium in critically ill, psychosis/agitation related to Alzheimer dementia. Treatment of autism, treatment-resistant obsessive-compulsive disorder |
| Thorazine (Chlorpromazine) | Antipsychotic (1st generation) | Schizophrenia, psychotic disorders, manic phase of bipolar, severe behavioral problems in children, nausea and vomiting, anxiety before surgery, intractable hiccups, acute intermittent Porphyria | Migraine headache, treatment of dementia |
| Vraylar (Cariprazine) | Atypical antipsychotic | Schizophrenia, bipolar mania, bipolar depression | Psychosis/agitation associated with dementia |
| Zyprexa (Olanzapine) | Atypical antipsychotic | Schizophrenia, acute mania associated with bipolar I | Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Services for Members of the Armed Forces, Veterans and their Families</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.31</td></tr>
<tr><td rowspan="2">Effective Date: 5/5/16</td><td>Date of Review/Revision: 9/7/16, 6/13/17, 4/10/18, 4/9/19, 7/29/20, 4/13/21, 5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>SCCMHA Veteran and Military Family Navigator</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to specify services and supports that may be provided to members of the armed forces, veterans and their families who meet SCCMHA's eligibility criteria.

**Policy:**

Mental health problems are common among veterans, particularly those who have been exposed to combat. Exposure to combat has been found to be a risk factor for posttraumatic stress disorder (PTSD) and depression. Service members have been identified as an "at risk" population. As such, they face increased risk for substance use disorders; suicide; diminished physical health and increased mortality; diminished employment and productivity; homelessness; and family problems including marital distress, parenting issues and adverse child outcomes.

Adjustment to civilian life following military service includes coping with the loss of the support and regimentation of military life, challenges with reestablishing relationships with family and friends, accessing needed services and benefits and finding, and maintaining gainful employment. Historically, the United States military has not provided adequate transition training and supports for military members and veterans who are returning home. While the military and Department of Veterans Affairs have begun to address the challenges of transitioning military members, the need to provide supports and resources for returning service members continues at the federal, state, and local levels.

In recognition of these challenges and the unmet mental health needs of many veterans, SCCMHA shall provide mental health and substance use disorder treatment services to eligible members of the armed forces, veterans, and their families in accordance

with standards set forth by SAMHSA for Certified Community Behavioral Health Clinics **(**CCBHCs). Such services shall include: crisis services; screening, assessment and diagnosis; person-centered treatment planning; outpatient behavioral health services; outpatient primary care screening and monitoring; targeted case management; psychiatric rehabilitation; peer and family supports; and intensive community-based outpatient behavioral health care.

**Application:**
This policy applies to all SCCMHA-funded services for veterans with mental illnesses, substance use disorders and co-occurring disorders.

**Standards:**
A. SCCMHA-funded providers shall, as resources permit, receive cultural competency training that includes understanding military culture.
B. All persons seeking services shall be screened for military service (or family member's service in case of children).
C. Consumers' military status shall be documented in the clinical record.
D. SCCMHA shall, resources permitting, provide an on-site Veteran and Military Family Program Navigator as a component of the continuum of care for veteran and military member consumers.
E. SCCMHA providers shall coordinate care for members of the armed forces and veterans with Department of Veterans Affairs' facilities and providers as appropriate.
F. Consumers currently serving in the military (i.e., active military personnel) shall be offered assistance in accordance with the following standards:
    1. Active-Duty Service Members (ADSMs) must use their servicing Military Treatment Facility (MTF).
        a. SCCMHA providers shall contact the consumer's MTF Primary Care Manager (PCM) regarding referrals outside the MTF[1].
G. SCCMHA shall serve veterans who decline or are ineligible for Veterans Health Administration (VHA) services in accordance with the minimum clinical mental health guidelines promulgated by the VHA and who meet SCCMHA eligibility criteria.
H. Services for consumers/veterans with co-occurring disorders (e.g., substance use and psychiatric disorders or more than one psychiatric disorder) and/or comorbid medical conditions shall be provided in an integrated manner in accordance with SCCMHA policy.

[1] ADSMs and activated Reserve Component (Guard/Reserve) members who reside more than 50 miles (or one hour's drive time) from a military hospital or military clinic enroll in TRICARE PRIME Remote and use the network PCM, or select any other authorized TRICARE provider as the PCM. In addition, PCMs make referrals to specialists for care they cannot provide and work with the VHA's regional managed care support contractor for referrals/authorizations. Members of the Selected Reserves, not on Active Duty (AD) orders, are eligible for TRICARE Reserve Select and can schedule an appointment with any TRICARE-authorized provider, network or non-network. Veterans: Persons affirming former military service (veterans) are offered assistance to enroll in VHA for the delivery of health and behavioral health services.

I. Every consumer who is a veteran shall be assigned a principal behavioral health provider, typically a case manager or therapist who shall be identified in the veteran's/consumer's record and to the consumer.
    1. The principal behavioral health provider shall ensure that services are coordinated and contact with maintained with consumers/veterans receiving services from more than one behavioral health provider and who are involved in more than one program.
        a. The principal (or primary) provider shall ensure that a psychiatrist or other qualified independent prescriber reviews and reconciles the consumer/veteran's psychiatric medications on a regular basis.

J. The consumer's/veteran's treatment plan shall incorporate input from the consumer/veteran and, when appropriate, the family with the consumer's/veteran's consent when the consumer/veteran has adequate decision-making capacity or with the consumer's/veteran's surrogate decision-maker's (e.g., legal guardian's) consent when the consumer/veteran lacks such capacity.
    1. Implementation of the treatment plan, including progress and care delivered, outcomes achieved, and goals attained shall be monitored and documented in the clinical record.
    2. The treatment plan shall be periodically reviewed with the consumer/veteran and revised when indicated.

K. The primary therapist or behavioral health provider shall communicate with the consumer/veteran (and their natural support system when appropriate and with the consumer's/veteran's consent) about the treatment plan and any problems or concerns expressed by the consumer/veteran regarding their care.

L. All veterans/consumers shall be offered crisis planning services and the opportunity to designate a surrogate decision-maker in the event of incapacity.
    1. Consumer/veterans are offered the opportunity to prepare Advance Directives in accordance with SCCMHA policy and VHA Handbook 1004.1.

M. The treatment plan shall be person-centered and reflect the consumer/veteran's goals and preferences for care.

N. The consumer/veteran shall verbally consent to their treatment plan and sign it in accordance with SCCMHA policy and VHA Handbook 1004.1.
    1. Consumers/veterans whose capacity for decision-making is of concern shall be referred for a formal assessment and the results of that evaluation shall be documented in the record.
        a. An authorized surrogate decision-maker shall be identified for a veteran/consumer who is deemed to lack such capacity and the authorized surrogate's consent to treatment on behalf of the consumer/veteran is documented per VHA Handbook 1004.1.

O. Veterans shall be offered evidence-based practices that are available to consumers of SCCMHA with psychiatric and substance use disorders (e.g., Seeking Safety, Motivational Interviewing, Family Psychoeducation, Supported Employment, smoking cessation, CBT for relapse prevention, CBT for depression and anxiety

disorders, and pharmacotherapies[2] including Medication Assisted Treatment [MAT], etc.).

1. SCCMHA shall make every effort refer veterans in need of specialized approaches (e.g., gender-specific treatment for MST/Military Sexual Trauma) to providers with relevant training and expertise.

P. Services and supports for veterans shall be recovery-oriented, person-centered, trauma-informed evidence-based and provided in a manner consistent with relevant SCCMHA policies and the VHA Handbook 1160.01.

Q. SCCMHA shall establish and maintain a Memorandum of Understanding (MOU) with the Aleda A. Lutz VA Medical Center.

R. SCCMHA shall work with assigned liaison(s) from the local VA to coordinate services for veterans including participating in community events designated for veterans and their families (e.g., Stand Downs for veterans who are homeless and Community Homeless Assessment Local Education and Networking Groups [CHALENG] meetings).

**Definitions:**

**Mental Health Treatment Coordinator (MHTC):** A veteran's primary contact for all specialty mental health services. MHTCs coordinate mental health treatment plans for veterans.

**TRICARE:** The Department of Defense's (DoD) health care benefits program which serves all of members of the uniformed services and their families.

**Veteran:** Any person who served for any length of time in any **military service branch**.

**References:**


A. Substance Abuse and Mental Health Services Administration. (Undated). Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics: http://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf

B. Substance Abuse and Mental Health Services Administration. (2012). Behavioral Health Issues Among Afghanistan and Iraq U.S. War Veterans. *In Brief*, Volume 7, Issue 1: https://store.samhsa.gov/sites/default/files/d7/priv/sma12-4670.pdf

C. SCCMHA Policy 03.02.14 – Advance Directives

D. SCCMHA Policy 02.01.01.02 – Cultural Competence

E. SCCMHA Policy 10.01.02 – Health Home Services

F. SCCMHA Policy 02.03.03 – Person-Centered Planning

G. SCCMHA Policy 02.03.05 – Recovery

H. SCCMHA Policy 02.03.09.01 – Dual Diagnosis Treatment Capacity

I. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

J. SCCMHA Policy 02.03.08 – Welcoming

K. Department of Veterans Affairs. (August 14, 2009, Amended September 17, 2021). *1nformed Consent for Clinical Treatments and Procedures. VHA Handbook 1004*


[2] Veterans diagnosed with schizophrenia or schizoaffective disorders with severe residual suffering, symptoms, or impairments must be offered clozapine after two trials of other antipsychotic medications.

L. Department of Veterans Affairs. (September 11, 2008, revised November 16, 2015). *Uniform Mental Health Services in VA Medical Centers And Clinics. VHA Handbook 1160.01*

**Exhibits:**
None

**Procedure:**
None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Genoa Healthcare Company Medication Drop Program for Adults</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.32</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/26/16</td><td>Date of Review/Revision:<br>8/1/18, 5/31/19, 6/1/20, 9/23/22, 6/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Allison Kalmes, Monique Taylor-Whitson, Diane Cranston - (Genoa Healthcare)<br><br>Reviewed By:<br>None</td></tr>
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**Purpose:**
The purpose of this policy is to discuss the uses, benefits, and requirements for the Medication Drop Program (MDP) offered by Genoa Healthcare Company located in Saginaw, Michigan.

The goal of the Medication Drop program offered by Genoa Healthcare is to improve medication adherence through the observation related to a client's self-administration of his/her medication leading to the consumer being able to take their medications independently, as prescribed. This goal is achieved by the MDP staff educating the consumer about their medications; and assisting the consumer to identify and implement organizational strategies to remember to take their medications as prescribed. Thus, resulting in a decrease in the consumer's symptoms and an improved quality of life.

**Application:**
This policy shall apply to all consumers of the SCCMHA network.

**Policy:**
The Medication Drop Program (MDP) offered by Genoa Healthcare Company, located in Saginaw, Michigan is meant to provide consumers with a history of medication non-adherence the practice and skills to be able to take their medication independently, as prescribed. Thus, resulting in decreased symptoms, improved quality of life, and the ability to live independently in the community. These skills include learning how and

when to take the medications, the names and purposes of the medications, and side effects of the medications including a reaction to environmental factors such as foods or sunlight.

This policy applies to consumers who have been diagnosed with a serious mental illness or a developmental disability.

The goal is achieved by the MDP Treatment Team (consumer, MDP staff, MDP Coordinator, Genoa Pharmacist, Primary Case Holder, Treating Prescriber and Guardian) helping the consumer to identify and implement organizational strategies to take their medications as prescribed on a consistent basis.

The program consists of four (4) components: Program Orientation Session (Intake) conducted by the MDP Coordinator employed by Genoa. Medication drop (medication delivery) provided by the MDP Staff. Medication and organizational strategy education provided by the MDP staff and Genoa Pharmacist Care coordination provided by the MDP Coordinator employed by Genoa.

The medication drop component consists of the MDP staff dropping medications to a consumer at an agreed upon time and location. MDP staff will drop medications at the frequency determined by the MDP Treatment Team and approved by the Treating Prescriber, but no more than two times per day. With the approval of the Treating Prescriber, dosages which are to be taken midday and bedtime will be left with the consumer. Medication drop times are typically from 8:00am to 11:30 AM and 5:00 PM to 8:30 PM 365 days per year. MDP staff are to observe the consumer self-administering their medications; ask how the consumer is feeling, if the consumer is experiencing any side effects, and if the consumer has any medication concerns. The MDP staff will also observe and note if there are any changes in the consumer's speech, physical appearance, or mood. During the drop, the MDP staff will provide medication education and discuss organizational strategies that the consumer can use to remember to take medications that are left with them. Daily medication drops will be documented by MDP staff in the Sentri 2 electronic system detailing the above information.

**Standards:**

- The MDP shall be used to assist consumers with the transition from daily medication deliveries to taking their medication independently.
- The option to participate in the MDP will be based upon the consumer's acceptance to do so.
- The use of the MDP should be considered the least restrictive means of ensuring medication adherence for consumers participating in the program.
- Only consumers meeting the requirements determined by Genoa Healthcare will be eligible to receive services through the MDP Individuals who may be eligible for the MDP include consumers who:
    - are exiting an inpatient hospital or crisis home setting,
    - have an Alternative Outpatient Treatment (AOT) Order mandating medication compliance,

    - have been recommended for long-acting injectable medications, but have declined and prefer oral medications instead.
    - are transitioning from a supervised setting (such as a general Adult Foster Care (AFC) Home or Licensed Specialized Residential Home) to an independent living setting,
    - are living independently with a history of medication non-adherence, and/or
    - are participating in Saginaw County's Mental Health Court.
- In order to receive services through the Medication Drop Program, a referral form must be completed, an authorization must be in place, and the referral source and MDP Coordinator complete the Assessment of Client's Medication Assistance Needs (Exhibit F).
- Within one business day of receiving a completed referral and current authorization for services, the MDP Coordinator will contact the referral source to complete the *Assessment of Client's Medication Assistance Needs (Exhibit F).* After the completion of the *Assessment of the Client's Medication Assistance Needs,* the Primary Case holder, typically the case manager, will contact the consumer to schedule the Program Orientation Session with the MDP Coordinator. Within one business day of completion of the Assessment of Client's Medication Assistance Needs, the MDS Coordinator will contact the consumer regarding the completion of the Program Orientation Session, which will include the following:
    - explanation of the program,
    - completion of program consents, medication reconciliation activities, and *Genoa Healthcare Medication Adherence Questionnaire* (Exhibit D), which is the consumer's self-report of his/her medication adherence strengthening and risk factors
    - development of treatment goal, objectives, and interventions for the Med Drop Program, which are then forwarded to the primary case holder within 14 calendar days of the Program Orientation Session
    - provide the initial medication education to the consumer including classification of clients by their medication assistance/medication assistance needs (see exhibits F and G)
    - determine the start date of the medication drops.

- Once an authorization has been put into place, the consumer's primary case holder will update the individual plan of service to reflect the consumer's participation in the MDP, including the benefits and desired outcome from utilizing the program services.
- In order to participate in the program, a consumer must agree to utilize the Genoa Pharmacy embedded in SCCMHA 500 Hancock Facility for all their behavioral health medication and physical healthcare medication, if applicable.
- For consumers participating in the Med Drop Program, the MDP Coordinator, with input from the MDP staff, will complete the Genoa Healthcare *MDP Monthly Treatment Review Form (Exhibit C)* which is located under the "MDS Monthly Review Forms" section in Sentri 2. This completed document is

forwarded to the treating prescriber and primary case holder. This document represents a monthly progress report on the consumer's progress in the Med Drop Program. The document contains the following information:

- number of months the consumer has been in the program
- number of days the consumer was in the psychiatric hospital, medical hospital, jail, or crisis home during the month
- consumer's adherence rate for the month and how this compares to the prior month
- consumer's medication adherence strengthening and risk factors; consumer's medication knowledge; and the organizational strategies that the consumer is implementing to remember to take his/her medications
- consumer's progress on his/her MDP Treatment Goal
- consumer's readiness to decrease the frequency of his/her medication drops and move toward taking his medications independently

- A consumer may remain in the program for an extended period of time, depending on their progress. This will be determined by adherence in the program which is defined as:
  - Full adherence – consumer taking his/her medications 80% or more of the available days while in the program.
  - Partial Adherence – consumer taking his/her medications 60% to 79% of the available days while in the program.
  - Non-Adherence – consumer taking his/her medications 59% or less of the available days while in the program.

- A consumer may remain in the program for an extended period of time, depending on their medication assistance need factors that include:
  - Co-occurring Disorder /Substance Use
  - Risk for Adult Foster Care Placement
  - Active Clinical Symptoms
  - Large Volume of Medications
  - Reading or Writing Deficits
  - Intellectual/ Developmental Disorder
  - Physical Challenges such as vision loss and hearing loss
  - Memory Problems

- A consumer will be discharged from the program based upon their progress and readiness to take medications independently, as prescribed.

**Definitions:**

Independent Living with Community Living Supports (CLS): the least restrictive residential setting for consumers of SCCMHA, other than living alone without any supports, intended to assist consumers with gaining skills needed in order to live independently.

**References:**

None.

**Exhibits:**

Exhibit A: Genoa Healthcare Company - MD Program Overview
Exhibit B: Genoa Healthcare Company - MD Program Goal and Objectives
Exhibit C: Genoa Healthcare Company - MDP Monthly Review/MDP Treatment Team Review Form
Exhibit D: Genoa Healthcare Company - Medication Adherence Questionnaire
Exhibit E: Genoa Healthcare Company – MD Program Referral Form
Exhibit F: Genoa Assessment of Client's Medication Assistance Needs
Exhibit G: Genoa Healthcare Company – Classification of Clients by their Medication Assistance Needs

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Determine the least restrictive means of ensuring medication adherence for consumers living independently, in a Supported Independent Living Placement, or at home alone or with family. | Primary Case Holder |
| Complete authorization for Med Drop Program and attaches to completed Med Drop Program referral form (Exhibit E) for consumers who meet eligibility requirements and submit to MDP Coordinator. | Primary Case Holder<br>Care Management |
| Update consumer's individual plan of service to reflect consumer's participation in the MDP including the benefits and desired outcome from utilizing the program services. | Primary Case Holder |
| Complete Assessment of Client's Medication Assistance Needs (Exhibit F) with referral source and Program Orientation Session with consumers who are starting the Med Drop Program. Contact to the referral source should occur within one business day of the initial referral and authorization being submitted. Contact with consumer should occur within one business day of completion of Classification of Clients by their Medication Assistance Needs (Exhibit G). The orientation will include the following: explanation of the program; completion of program consents, a Medication Adherence Questionnaire (Exhibit D), and medication reconciliation activities; development of treatment goal, objectives, and interventions for the MDP; providing initial medication education to the consumer and determining the start date of the | MDP Coordinator |

| | |
|---|---|
| medication drops. A Copy of the completed MDP Treatment Plan shall be forwarded to the primary case holder within 14 calendar days of the Program Orientation Session. | |
| Complete monthly treatment review form (Exhibit C) available under the "MDS Monthly Review Forms" area in Sentri 2 for all consumers participating in the Med Drop Program. The MDP Coordinator completes the review form with input from the MDP Staff. The completed review is forwarded to the consumer's primary case holder (via Sentri II's "send copy to" functionality) and treating prescriber. This form contains the consumer's medication adherence rate and readiness to decrease his/her drop frequency. | MDP Coordinator |
| Complete daily documentation in Sentri 2 system for all medication drop services that occur. This requires completing the MDS Progress Note in Sentri 2 which includes the success of the medication drop, consumer's orientation, mood, SI/HI/Psychosis Risk Factors, any health and safety concerns, and the provision of education; as well as, any concerns that the consumer shares with the MDP staff. | MDP Staff |
| Monitor adherence to the MDP at least monthly and document by creating a Progress Note in the Sentri 2 system. | Primary Case Holder |
| Attend medication reviews for consumers of the Med Drop Program whenever possible. Attendance should be documented on the MDP Monthly Review/MDS Treatment Review Form (Exhibit C) and forwarded to consumer's primary case holder. | MDP Coordinator |

Exhibit A

**MED DROP™ PROGRAM**
**PROGRAM OVERVIEW**

**Program Philosophy:**

The Med Drop ™Program is a Community Living Supports (CLS) based intervention that focuses on improving medication adherence through the observation related to a client's self-administration of his/her medication[1]. The Med Drop Program was designed to fill "a gap" in the service array for all clients. This program assists clients in identifying and implementing strategies and skills to take their behavioral health medications as prescribed. If the client chooses, his/her physical health care medications can also be included in the program. This service is expected to improve the clients' overall mental health and daily functioning by improving the symptoms treated by their medications.

**Target Population:**

This program is designed for individuals who have chronic problems taking their medications in the prescribed manner. This non-adherence often results in more clinical symptoms, a more restrictive level of care, and a lesser quality of life.

The program can also be used for individuals who have never had the opportunity to demonstrate medication compliance due to their living situation (i.e. adult foster care) and there has been an assessed need for assistance in this domain. Participation and skill acquisition in this program can allow these individuals to move to a less restrictive setting if medications can be closely monitored until adherence and improved clinical response can be demonstrated.

**Eligibility:**

The following individuals are eligible for this service:

Adults diagnosed with a serious mental illness who reside in the designated service area; who currently receive psychiatric services from the designated Community Mental Health Provider and its Network of Providers; are chronically medication non-adherent, and one of the following are applicable:

- Are exiting an inpatient hospital setting
- Are exiting a crisis home setting
- Have an Alternative Outpatient Treatment (AOT) Order mandating medication compliance
- Are currently in an Assertive Community Treatment (ACT) or Integrated Dual Disorder Treatment (IDDT) Program but could benefit from a less restrictive service model
- Have been recommended for a long acting injectable, but has declined
- Are eligible or participate in a Supported Independent Living Program

- Are transitioning from a supervised setting to an independent living arrangement never having the opportunity to demonstrate medication compliance
- Are participating in the designated service area's Mental Health Court Program

In order to participate in this program, the individual must agree to utilize Genoa Healthcare Pharmacy for all of their behavioral health medications. If physical health care medications are included in the program, the individual must agree to use Genoa Healthcare Pharmacy for their physical health medications. Once the medications are dispensed by Genoa Healthcare Pharmacy, the Med Drop Pharm Tech is responsible for contacting the client's prescribers to obtain needed refills. Discussion of the program, its requirements, and the client's agreement with participation, should occur in the context of a person centered planning meeting process that involves other members of the client's treatment team, minimally the client's primary case manager or supports coordinator.

**Program Description:**

The goal of the Med Drop Program is to increase a client's skills so that he/she can become independent in taking his/her medications and have an improved quality of life. To assist a client clients in becoming independent in taking his/her medications, the program includes educating the client on the names of his/her medications, how and when to take the medications, the purpose of the medications, the side effects of the medications and possible interactions with other medications, or foods to avoid when taking the medications. The program also assists the client by helping him/her identify and implement organizational strategies to take his/her medications consistently. These strategies might include specialized packaging-DISPILL or Auto Med, using a medication box, setting alarms, etc.

It is the program's intent to move a client receiving daily medication drops to taking his/her medication independently on his/her own within 18 months. However, it is recognized that some clients may need to be in the program longer than 18 months. The recommendation for the length of time a client participates in the program will be made during the course of a person centered planning process, taking into account recommendations by the Medication Drop Program (MDP) Treatment Team which includes the treating prescriber, case manager/supports coordinator, MDP Staff, and MDP Coordinator. In order for this to be accomplished, the MDP Coordinator works in a coordinated manner with the case manager/supports coordinator and/or treating prescriber. This care coordination includes the Pharmacist, MDS Staff, MDP Coordinator, and case manager /supports coordinator working together to identify reasons for the client's medication non-adherence and communicating this information to the treating prescriber, especially if it has to do with side effects from the prescribed medications.

How quickly the client moves from Point A (daily med drop services) to Point B (independent, self-administration of their medication) is determined based upon the client's engagement in the med drop service and his/her other psychiatric/behavioral services as well as his/her clinical stability and day to day functioning.

The Med Drop Program consists of 4 components: Program Orientation Session, Medication Drop (Delivery) Service Component, Medication Education, and Care Coordination (Treatment Planning) Services Component.

**Program Orientation Component**

If the client is determined to be eligible for the program, within one (1) business day after the discussion with the client's case manager/support coordinator will contact the client to schedule the Med Drop Program Orientation Session. This session is scheduled at a date and time that is convenient for the client, client's case manager/supports coordinator (who is required to attend the session) and the MDP Coordinator. Based upon the client's preference/convenience, the program orientation session can occur at a location in the community or at the Genoa Healthcare Pharmacy.

At the program orientation session, the MDP Coordinator will explain the program, complete the program consents, complete the Medication Adherence Questionnaire (MAQ), review the Assessment of the Client's Medication Assistance Needs, review current demographic information, discuss the client's drop frequency, days and times of the drop, and drop start date. The MDP Coordinator will also perform medication reconciliation activities, and if necessary, contact the Med Drop Pharm Tech/Pharmacist from the field for medication reconciliation assistance. The MDP Coordinator will collaborate with the client on the development of a treatment goal, objectives, and interventions for the Med Drop Program. The MDP Coordinator will bill this session as a Program Orientation Session or the Initial Treatment Planning Session.

During the program orientation session, the MDP Coordinator will also offer the initial education regarding the client's medications that includes medication information sheets; information sheets for questions for the client to ask his/her treating prescriber, and a booklet on mental health medications in general.

**Medication Drop (Delivery) Service Component**

"Dropped" medications are prescribed by the client's Network Provider's Treating Prescriber. If the client chooses, his/her physical health medications can be included in the Med Drop. These medications are prescribed by the client's Primary Care Provider or Specialty Care Provider.

The MDP Staff provides the medication drop (delivery) service component. This component consists of dropping behavioral health medications, and physical medications if included in the program, to the client's residence/location in the designated service area at a regularly scheduled time. This time is based upon the client's address and where the address is placed on the route. There is an AM route which typically runs from 8:00 AM to 11:30 AM and a PM route which typically runs from 5:00 PM to 8:30 PM. The routes run 365 days per year. These home/community based drops can occur up to twice a day. If a client is prescribed medications that are to be taken three (3) of more times a day, the MDP Staff will leave dosages with the client to self-administer and the Treating Prescriber is notified.

The client's drop frequency is determined by the client's progress, client choice (unless a court order specifies a frequency and duration), treating prescriber, case manager and MDP Coordinator's input. Ultimately, the client's Treating Prescriber approves the drop frequency and any permanent changes in the client's drop frequency. Most clients will begin the Med Drop Program at one drop a day; however, a client can begin the program at a lower frequency such as 1 drop per week. It is expected that the client "step down" to lower drop frequencies as he/she moves through the program. How quickly the client "steps down" depends upon the client's engagement in the med drop program and his/her other psychiatric/behavioral services, his/her clinical stability, and day to day

functioning. The Treating Prescribe must approve “step downs.” In turn, the MDP Coordinator coordinates “step down” dates with the MDP Staff.

If the client is not going to be available for a scheduled drop, the client is expected to contact the MDP Staff to arrange for an Leave of Absence (LOA). A LOA is a situation where the client requests that his/her medications be dropped at a prior drop because he/she is not going to be available at the schedule drop time. Examples of LOA situations are the client has a doctor appointment, is going on vacation, or is going to be visiting family/friends outside of the designated drop area. Many clients ask for LOAs during the Holiday Seasons. Case Managers/Supports Coordinators can approve LOAs without the Treating Prescriber’s approval.

The MDP Staff will do their best to arrive at the scheduled drop time; however, based upon clients’ needs, this is not always possible. If the MDP Staff is going to be more than 30 minutes late for the scheduled drop, the MDP Staff will contact the client.

If the client is not present for the scheduled drop, depending upon the route schedule, the MDP Staff may make a second attempt on that day, but it is not required. If the client is not present for a scheduled drop, the client is considered “unavailable” for that day and the MDP Staff will indicate this on the MDP Progress Note. If the client is “unavailable” or “refuses” all dosages on a given day, the client is considered “non-adherent” for that day.

If a client is “non-adherent” two (2) consecutive days, the MDP Coordinator will notify the treating prescriber and case manager/supports coordinator. This notification is important because missing two (2) consecutive days may impact the client’s clinical response to his or her medication. The treating prescriber and case manager/treating prescriber will decide the action to take to address the client’s non adherence.

During the drop, the MDP Staff will observe the client self-administering the medication, ask how the client is feeling, ask about any side effects, and observe the client’s physical appearance, behavior and speech. The MDP Staff will also regularly provide education to the client on his/her medications, and review organizational strategies to help the client take his/her medications as prescribed.

If the client’s physical appearance, behavior or speech is unusual for the client, or the client expresses concerns/issues, the MDP Staff shall do the following:

- Contact the MDP Coordinator or MDP Pharm Tech/Pharmacist, who in turn will attempt to reach the client’s case manager/supports coordinator
- If after business hours, the MDP Staff will contact the CMH’s Crisis Center
- Depending upon the nature and urgency of the situation, the MDP Staff will contact 9-1-1

If the situation is severe/urgent, the MDP Staff MUST speak to a “live person” regarding the situation.

If the client reports experiencing any side effects to the medications, the MDP Staff will call the pharmacist/on-call pharmacist during the drop to advise. The MDP Staff will share the pharmacist’s comments with the client or have the client speak directly with the pharmacist. This conversation will be noted on the MDP Progress Note and forwarded the note to the MDP Coordinator, who will follow up on discussion of the side effect concern with the Genoa Pharmacist and/or forward the note to the treating prescriber. If there are concerns about the side effects, the Genoa Pharmacist will decide

on the next steps which may include contacting the client's Primary Care Provider or Treating Prescriber.

The MDS Staff complete the following documentation:

- Medication Administration Record (MAR) on a daily basis
  The MAR is completed by the MDP Staff and submitted to the Med Drop Program Manager on a monthly basis for billing verification.

- MDP Progress Note on a daily basis
  The MDP Progress Notes are completed by the MDP Staff within one (1) business day of the drop. These are completed in the CMH's Electronic Health Record (EHR). Non-routine progress notes are immediately forwarded to the MDP Coordinator for follow up.

- Chart/Contact Note, as needed
  The Chart/Contact Note is completed by MDP Coordinator for any contact with the client/guardian outside of the medication drop; contact with members of the MDP Treatment Team; and to record significant information such as admission/discharge to an out of home setting and discharge from the program. This Note is completed in the CMH's EHR.

- Medication Adherence Questionnaire every 6 months
  The MDP Coordinator completes this document initially at the Program Orientation Session. The Med Drop Program Staff complete this document with the client every 6 months.

- MDP Monthly Review Form every month
  The MDP Coordinator completes this document, with input from the MDP Staff. The completed document is forwarded to the client's case manager/supports coordinator and treating prescriber.

**Education Component**

During the drop, the MDP Staff will regularly review with the client the name of the medications, the medication's physical appearance and how and when to take the medications. The MDP Staff will also ask about any side effects concerns. If these are reported, the MDP staff will connect the client with Genoa's Pharmacist or on-call Pharmacist. Medication Information Guides will be provided to the client at least on a monthly basis. Also available to the client/guardian are medication information sheets developed by the National Alliance on Mental Illness (NAMI); information sheets with questions to ask his/her treating prescriber, and booklet on mental health medications in general. The MDP Staff will also assist the client in identifying and implementing an organizational strategy that includes where the client is storing medication that is left with him/her and what strategy he/she is using to remember to take the medication.

**Care Coordination/Treatment Planning Service Component**

Genoa's MDP Coordinator will work collaboratively with the client's case manager/supports coordinator in addressing client concerns that arise during the drop visits. In general, if the client's

concerns focus on medication issues, the MDP Coordinator will follow up. If the client's concerns focus on non-medication issues, the case manager/supports coordinator will follow up.

The MDP Coordinator will complete and forward the Monthly Review Form to the client's case manager/supports coordinator and treating prescriber. The Monthly Review Form is completed with input from the MDP Coordinator and MDP Staff that are interacting with the client; as well as, information that is provided by the case manager/other treatment team members over the course of the reporting month. The Monthly Review Form identifies the client's medication adherence rate, identifies the client's medication adherence strength and risk factors, summarizes the client's progress including using his/her chosen organizational strategy effectively, and contains recommendations regarding the frequency of the medication drops.

Also as part of care coordination, the MDP Coordinator will participate in the client's treatment planning. Treatment Planning consists of the MDP Coordinator, client, guardian (if applicable), and any other members of the treatment team the client wishes to have present, including the case manager/supports coordinator, when developing the goal, objectives and interventions for the MDP Program during the program orientation session. Within 14 calendar days of the program orientation session, the Med Drop Program goal, objectives and interventions are forwarded to the case manager/supports coordinator for inclusion in the client's person centered plan. This goal will be reviewed at the ongoing MDP Treatment Team planning sessions, which will typically occur at the time of the client's medication review appointment. If the MDP Coordinator participates in the Treatment Team planning session, the MDP Coordinator will complete the MDP Treatment Team Review Form (the same form as the MDP Monthly Review Form) which summarizes the client's progress, medication adherence strength and risk factors for the client, and recommendations regarding the frequency of the medication drops. The MDP Coordinator forwards this form to the case manager/supports coordinator, if he/she did not attend the MDP Treatment Team planning session (Med Review). When applicable, the MDP Coordinator will also share the recommendations from the MDP Treatment Team planning session (Med Review) with the MDP Staff.

**Outcome Measurements:**

**Individual Outcomes:**

1. Medication Adherence

Adherence is defined as the client ingests ALL prescribed dosages of his/her medications on an "available day". An "available day" is defined as the client is in the community and in the MDP designated service area.

Monthly Adherence is defined as the following:

- Full Adherence is defined as the client taking his/her medications 80% or more of the available days in a month.
- Partial Adherence is defined as the client taking his/her medications 60-79% of the available days in a month

Non-Adherence is defined as the client taking his/her medications 59% or less of the available days in a month,

Program Adherence is defined as the following:

- Full Adherence is defined as the client taking his/her medications 80% or more of the available days while in the program.

- Partial Adherence is defined as the client taking his/her medications 60% to 79% of the available days while in the program.

- Non-Adherence is defined as the client taking his/her medications 59% or less of the available days while in the program.

80% of the clients who participate in the program shall attain Full Adherence while in the program.

2. Reduction in Psychiatric Inpatient Admissions

70% reduction in psychiatric inpatient hospital admissions by clients who have a history of psychiatric inpatient hospital usage as measured by a comparison of psychiatric inpatient hospital admissions in the 12 months prior to program admission to psychiatric inpatient hospital admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

70% reduction in psychiatric inpatient hospital days used by clients who have a history of psychiatric inpatient hospital usage as measured by a comparison of inpatient hospital days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

3. Reduction in Crisis Home Admissions

75% reduction in crisis home admissions by clients who have a history of crisis home usage as measured by a comparison of crisis home admissions in the 12 months prior to program admission to crisis home admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

75% reduction in crisis home days used by clients who have a history of crisis home usage as measured by a comparison of crisis home days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

**Other Individual Data Measures:**

1. Indicators related to Medication Adherence Strengthening and Risk Factors

An increase in medication adherence strengthening factors self- reported by the clients as measured by their first completion of the Medication Adherence Questionnaire (MAQ) compared to their second/last completion of the Medication Adherence Questionnaire. The client MUST have at least 2 completed MAQs to be included in "second/last" data set.

A decrease in medication adherence risk factors self-reported by the clients as measured by their first completion of the Medication Adherence Questionnaire compared to their second/last completion of the Medication Adherence Questionnaire. The client MUST have at least 2 completed MAQs to be included in the "second/last" data set.

The number of clients who discharge from the program that are able to independently adhere to his or her medication regimen without assistance or with assistance.

2. Indicators related to Medical Admissions

The number of clients who self-report a history of medical hospital usage shall reduce their medical hospital usage while in the program.

A decrease in the number of medical hospital admissions by clients who self- report a history of medical hospital admissions as measured by a comparison of medical hospital admissions in the 12 months prior to program admission to medical hospital admissions while in the program. The 12 months prior data represents client's self –report at the time of the Program Orientation Session.

A decrease in the number of medical hospital days used by clients who have a history of medical hospital days as measured by a comparison of the medical hospital days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data represents client's self-report at the time of the Program Orientation Session.

3. Indicators related to client incarceration

The number of clients who self-report a history of jail usage shall reduce their jail usage while in the program.

A decrease in the number of jail admissions by clients who have a history of jail admissions as measured by a comparison of jail admissions in the 12 months prior to program admission to jail admissions while in the program. The 12 months prior data represents client's self-report at the time of the Program Orientation Session.

A decrease in the number of jail days used by clients who have a history of jail days as measured by a comparison of days in jail in the 12 months prior to program admission to days in jail while in the program. The 12 months prior data represents client's self-report at the time of the Program Orientation Session.

**System Outcomes:**

A reduction in psychiatric hospital admissions as measured by a comparison of the number of psychiatric hospital admissions for the MDS clients in the 12 months prior to program admission to admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in psychiatric hospital days as measured by a comparison of the number of psychiatric hospital days used for the MDS clients in the 12 months prior to program admission compared to

psychiatric hospital days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in crisis home admissions as measured by a comparison of the number of crisis home admissions for the MDP clients in the 12 months prior to program admission to admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in crisis home days as measured by a comparison of the number of crisis home days used for the MDP clients in the 12 months prior to program admission compared to crisis home days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

The Med Drop Program Manager will complete a quarterly program evaluation report. The reporting dates are January 30th, April 30th, July 30th and October 30th. The Med Drop Program Manager will complete an annual program outcome report. This reporting date is October 30th. In order for the Med Drop Program Manager to complete these reports in a timely manner, the 12 month prior data for psychiatric inpatient hospital admissions, psychiatric inpatient days usage, crisis home admissions, and crisis home days usage needs to be obtainable from the CMH's EHR.

**Referral Process:**

Individuals will be identified for this program by the CMH/CMH's Provider Network staff. The referring staff member, in most cases this person is the case manager/supports coordinator, will complete the Program Referral Form and concurrently submit the initial authorization for 90 days of medication drop services. This authorization will consist of submission for one (1) assessment session-H0031, three (3) Treatment Planning Sessions-H0032, and 90 days of medication drop services (H2015).

**Eligibility Determination and Program Acceptance**

The MDP Coordinator receives the referral and checks the CMH's EHR to see that the initial authorization has been approved. When these two (2) items are in place, within two (2) business days, the MDP Coordinator contacts the individual's case manager/supports coordinator to complete the Assessment of Client's Medication Assistance Need. The Assessment of Client's Medication Assistance Need assists in determining the client's appropriateness for the Med Drop Program as well as the client's initial drop frequency. At the end of this conversation, the MDP Coordinator and case manager/supports coordinator identify a date and time for the Program Orientation Session. It is the case manager/supports coordinator's responsibility to contact the referred individual and schedule the Program Orientation Session.

**Authorization:**

The CMH will generate an initial authorization for 90 days or medication drop services-H2015, one (1) assessment- H0031 and three (3) treatment planning sessions-H0032.

At the end of each authorization period, one (1) of the following is expected to have occurred:

1. The client is able to independently adhere to his or her medication regimen. The client no longer needs the MDP Staff to coach him/her on how to organize his/her medications or prompt him/her to ingest medications and is ready for the program to

end. As the client is preparing for discharge, he/she can choose to have Genoa Pharmacy continue to dispense his/her medications in Auto Med/Dispill. If the client chooses this option, Genoa Pharmacy will continue to contact the client's providers for medication refills and prepare the client's medication on a monthly basis for pick up or to be mailed.

2. The client has made progress and can continue to benefit from the Med Drop Program. In some cases, the client may be ready to have his/her drop frequency reduced. For this reason, the Med Drop Program is expected to continue per the recommendation of the MDP Treatment Team and a continued authorization request will be submitted by the client's case manager/supports coordinator.

3. The client has made no progress and the MDP Treatment Team makes a recommendation regarding a different level of care outside of the Med Drop Program. Within the context of the person centered planning process, this recommendation is discussed with the client. If the client agrees, the case manager/supports coordinator will facilitate a referral to the recommended level of care.

The MDP Coordinator will collaborate with the case manager/supports coordinator to submit ongoing authorization requests in 90 day increments.

When the client exits the program, the MDP Coordinator will complete a discharge note in the CMH's EHR. This note will be forwarded to the case manager/supports coordinator and treating prescriber.

**Reimbursement:**

| **Service Description** | **Code** | **Unit** | **Rate** |
|---|---|---|---|
| Community Living Supports (CLS) | H2015 | Per 15 minute face to face | TBD |
| Assessment by Non-Professional | H0031 | Encounter | TBD |
| Treatment Planning | H0032 | Encounter | TBD |

The MDP program will use the following codes: H0031- 1 Assessment per year; H0032- 1 per quarter; and H2015 per drop based upon client's clinical needs. The codes are only reimbursable if the client is present. In addition, to bill the H0032, another member of the client's Treatment Team (treating prescriber, case manager/supports coordinator, nursing staff, etc) must be present.

**Staff Qualifications:**

The Med Drop Program administration consists of the Genoa Healthcare Pharmacist, who supervises the Med Drop Pharm Tech; Med Drop Program Manager- LMSW who ensures the Med Drop Program Services are implemented as described and supervises the MDP Coordinator; and a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who works with the Med Drop Program (MDP) Staff and ensures the medications are properly stored, accounted for and dropped as prescribed.

The MDP Staff will possess the following minimum qualifications:

- At least 18 years old
- High School Diploma or GED equivalent
- At least 1 year of experience working with adults with a serious mental illness or co-occurring mental illness and substance use disorder; individuals with a developmental disability; or medically fragile older adults, preferred
- Must have reliable transportation
- Able to practice prevention techniques to reduce transmission of any communicable disease
- Able to follow/implement the client's Medication Drop Program (MDP) Treatment Goal, Objectives and Interventions.
- Able to perform basic first aid and emergency procedures
- Eligible to work in the United States
- Be of good moral character
- Be trained in Recipient Rights
- Be able to use good judgment/follow procedures in addressing client concerns/issues
- Demonstrate the ability to work independently and as a part of a coordinated team.
- Excellent interpersonal, verbal and written communication, time management and organizational skills

**Quality Assurance:**

Genoa's Med Drop Program Manager will conduct an annual internal and external review of the Med Drop Program utilizing the MDP Program Review forms.

**MDS Program Contact Information:**

| CMH/Funding Source | Genoa Healthcare |
|---|---|
| TBD | Diane Cranston<br>Med Drop Program Manager<br>517-945-3863<br>dcranston@genoahealthcare.com |

References:

[1]MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual & Developmental Disability Supports and Services p.133, Jan 1. 2020

Exhibit B

**Medication Drop Program**
**MED DROP™ Program Goal and Objectives**

**Program Philosophy:**

The Med Drop Program (MDP) is a Community Living Supports (CLS) based intervention that focuses on improving medication adherence through the observation related to a client's self-administration of his/her medication. The Med Drop Program was designed to fill "a gap" in the service array for all clients. This program assists clients in identifying and implementing strategies and skills to take their behavioral health medications as prescribed. If the client chooses, his/her physical health care medications can also be included in the program. This service is expected to improve the clients' overall mental health and daily functioning by improving the symptoms treated by their medications.

**Program Goal:**

The client will be able to take his/her medications independently, as prescribed

**Program Objectives:**

Objective 1: The MDP Staff will educate the client about his/her specific medications.

This education will include teaching the client the answers to the following questions:

- What is the name of the medication
- How and when the medication is to be taken

The MDP Staff will ask the client about any side effects or medication concerns

- The MDP Staff will call the Genoa Pharmacist/Genoa On-Call Pharmacist from the drop to address questions about side effects or medication concerns.

Objective 2: The MDP Staff will help the client to identify and implement organizational strategies to take his/her medications consistently.

This will include assisting the client in identifying a place to store the medication and a strategy to remember to go and take the medication. These strategies might include: Medication Trays, Color coded Medication Trays for those clients that can't read, Special Packaging- DISPILL or Auto Med, setting alarms, text messages, or phone calls. There are also medication calendars and possibly dispensing machines.

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Exhibit C



**Medication Drop Program**
**Monthly Review / MDP Treatment Team Review**

Client Name: _____DOB: _____Review Date: _____

Period Covered by Review: _____ # of Months in Program: _____

Current Med Drop Frequency: _____ Start Time: _____ End Time: _____

Individuals participating in Review: _____

**Reporting Month:**

# of Days in Psych Hospital: __ # of Days in Medical Hospital: __ # of Days in Crisis Home: ___ # of Days in Jail: ___

**Adherence Rate:**

In the past month, the client has attained the following adherence rate: (__increase __decrease ___same as before)

- ☐ Full Adherence- taking medications as prescribed 80% or more days in the month. Rate:_____
- ☐ Partial Adherence -taking medications as prescribed 60-79% days in the month. Rate:_____
- ☐ Non-Adherence - taking medications as prescribed 59% or less days in the month. Rate:_____

**Medication Adherence Factors:**

The client has the following Medication Adherence Strengthening Factors: (check all that apply):

- ☐ Accepts psychiatric diagnosis
- ☐ Understands he/she has a mental illness
- ☐ Believes mental illness symptoms will/are improving with the medications
- ☐ Likes prescriber, primary clinician or case manager
- ☐ Believes the benefits outweigh the risks for taking medications
- ☐ Feels better when taking medications
- ☐ Believes the medications improve his/her functioning and quality of life
- ☐ Is able to tolerate the side effects
- ☐ Has a significant other, family or friends that support and encourage the use of medications
- ☐ Does not use alcohol or drugs regularly
- ☐ Sleeps well

The client has the following Medication Non-Adherence Risk Factors: (check all that apply):

- ☐ Does not believe he/she has a mental illness
- ☐ Active co-occurring substance use disorder/Using alcohol or drugs regularly
- ☐ Participates in a 12 Step Recovery program that criticizes use of any medications
- ☐ Does not like prescriber, primary clinician or case manager
- ☐ Reports medications are not working, symptoms are not improving
- ☐ Not able to tolerate the side effects
- ☐ Significant other, family or friends do not support or encourage client to take medications
- ☐ Stigma- client is ashamed to take medications, feels judged by others for taking medications
- ☐ Has a history of feeling better and then stops taking the medications
- ☐ Has a diagnosis of schizophrenia, psychosis, or bi-polar disorder
- ☐ Has an active Alternative Treatment Order (ATO)
- ☐ Does not sleep well
- ☐ Has tried medications in past and reports they have not worked
- ☐ Does not have transportation to pick up medications
- ☐ Does not have money to pay for medications
- ☐ Forgets to take medications

**Medication Knowledge Areas:** (check all that apply) The client can state the following:

☐ Names of his/her medications
☐ How and when to take the medications

**Organizational Strategies:**

The client is: ☐ Working on this ☐ Not working on this ☐ Completed

**MDP Treatment Goal:**

The client is: ☐ Working on this ☐ Not working on this ☐ Completed

**Readiness for Taking Medications Independently:**

The client is ready to decrease the frequency of the medication drops

☐ Yes ☐ No Provide Rationale: _____

_____

_____

_____

Exhibit D

**MED DROP™ Program**

**Medication Adherence Questionnaire (MAQ)**

Client Name: _____ Client DOB: _____

Questionnaire Completion Date: _____ Person Completing Questionnaire: _____

Your MDP Staff Member and MDP Coordinator would like to work with you in a way that best addresses your thoughts, attitudes and actions regarding taking your mental health medications. For this reason, I want to ask you some questions to get a sense of how you think, feel and act when it comes to your mental health medications.

1. What is your mental health diagnosis? Do you think this is true for you[1]?

2. What are your current mental health medications? What symptoms are they prescribed for?

3. Have you taken mental health medications in the past? Do you remember their names? Did they work for you[1]?

4. Do you like your Psychiatrist/Nurse Practitioner[1]?

5. Are you having side effects to your medications? If so, do the side effects bother you as you go about your daily activities[2]?

6. Do your family members, friends and/or significant other support you in taking your taking your mental health medications[1] ?

7. Is this a true statement for you "I do not want anyone to know that I take mental health medications because they would judge me, think less of me, make fun of me, or criticize me"[2]?

6. On a Scale of 1 to 5, with 1 being “none” and 5 being “many”, How many side effects are you having with your mental health medications? (circle the number that client reports)

| 1* | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| (None) | | | | (Many) |

7. *Skip this question if client reported “1” on last question.* On a Scale of 1 to 5, with 1 being “not at all” and 5 being “a lot”, How much do your side effects bother you as you go about your daily activities (circle the number client reports)

| 1* | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| (Not at All) | | | | (A Lot) |

8. On a Scale of 1 to 5, with 1 being “not at all” and 5 being “a lot” How supportive are your family members, friends, and/or significant others in you taking mental health medications? (circle the number client reports)

| 1 | 2 | 3 | 4 | 5* |
|---|---|---|---|---|
| (Not at All) | | | | (A Lot) |

9. On a Scale of 1 to 5, with 1 being “not true at all ” and 5 being “very true ”, how true is the following statement for you “I do not want anyone to know that I take mental health medications because they would judge me, think less of me, make fun of me, or criticize me”?

| 1* | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| (Not True at All) | | | | (Very True) |

10. On a Scale of 1 to 5 with 1 being “worse” and 5 being “much better” How do your mental health medications make you feel? (circle the number client reports)

| 1 | 2 | 3 | 4 | 5* |
|---|---|---|---|---|
| (Worse) | | | | (Much Better) |

11. On a Scale of 1 to 5 with 1 being “poor” and 5 being “very good” How well do you sleep when you take your mental health medications? (circle the number client reports)

| 1 | 2 | 3 | 4 | 5* |
|---|---|---|---|---|
| (Poor) | | | | (Very Good) |

12. On a Scale of 1 to 5 with 1 being “not true at all” and 5 being “very true”, how true is the following statement for you “I am only taking my medications to avoid serious negative consequences such as going back to the hospital, going to jail, or being taken out of a treatment program or the place that I stay at”? (circle the number client reports)

| 1* | 2 | 3 | 4 | 5 |
|---|---|---|---|---|
| (Not True at All) | | | | (Very True) |

13. What are your top 3 concerns regarding taking your medications?

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Exhibit E



**MED DROP™ Program**
**Program Referral Form**

Date: _____

**Client Information:**

Name: _____ DOB: _____ SS #: _____

Address (Street, City, State, and Zip): _____

Phone Number(s): H: _____ C: _____

Insurance Type (Ex: Medicaid, Medicare, Commercial, and Uninsured): _____

Guardian's Name***: _____

Guardian's Phone Number(s) ***: H: _____ C: _____
*** Client's Guardian will be required to sign the consent forms prior to the Med Drop Program beginning, ideally this will occur at the Program Orientation/Intake Session***

List the client's current behavioral health medications and current name and address of pharmacy:

_____

_____

_____

Does the Client want his/her physical health medications included in the MED DROP™ Program? ☐ Yes* ☐ No If Yes, list the medications and current name and address of pharmacy:

_____

_____

_____

Can the Med Drop Staff safely deliver daily medications to the Client's Address between the hours of 8 AM and 8 PM? ☐ Yes ☐ No* If No, is the client willing to meet the Med Drop Staff at a different location (indicate address)? _____

Additional Comments regarding Client's Address: _____

Has the MED DROP™ Program been explained to the Client? ☐ Yes ☐ No

Is the Client willing to participate in the MED DROP™ Program? ☐ Yes ☐ No

Is the Case Manager/Supports Coordinator willing to participate in the Med Drop Program Orientation Session? ☐ Yes ☐ No

**SCCMHA Services Information:**

Case Manager Name: _____

Case Manager's Phone Number: W: _____ C: _____

Case Manager's Email Address: _____

Treating Prescriber Name: _____

Client is receiving the following SCCMHA Services: _____

_____

**Eligibility Criteria that the client meets: (Check all that apply):**

☐ Client is exiting an inpatient behavioral health hospital setting

☐ Client is exiting a crisis home setting

☐ Client is currently on an ATO mandating medication adherence

☐ Client is currently receiving ACT/IDDT services, but could benefit from a lesser restrictive setting

☐ Client has declined recommendation for Long Acting Injectable medication

☐ Client could participate/continue participating in a Supported Independent Living Program (SIP) through participation in the Med Drop Program

☐ Client could transition from a supervised/dependent setting in a supported or independent setting, never having the opportunity to demonstrate medication adherence, through participation in the Med Drop Program

☐ Client is participating in Saginaw County's Mental Health Court Program

☐ Other: (Explain): _____

_____ _____

Referring SCCMHA Staff Member's Signature Date

Referring Provider Staff Member's Phone Number and Email Address if not included above:

_____

******The Initial Authorization for the Med Drop Program MUST be entered into the SENTRI System******

AFTER entering the Initial Authorization into SENTRI, Forward completed Referral Form, to Genoa Healthcare Pharmacy located in the SCCMHA Building. If you have questions, feel free to contact the Med Drop Coordinator at 989-793-3130.

Exhibit F

## MED DROP™ Program
## Assessment of Client's Medication Assistance Need

**Client's Name: _____**

**Date Completed: _____** **Name of Person Completing: _____**

This is to be completed with Referral Source/Case Manager prior to Program Orientation Session. This is to be referenced during the Program Orientation Session.

1. What is the Referral Source's goal for the client who he/she is referring to the Med Drop Program?

   Does the person expect the client to come into the program for a short period of time 3-6 months and then be able to successfully complete the program? If so, why?

   Does the person think the client will be in the program for a long period of time? If so, why?

2. Review the following "Need Factors" with the Referral Source & Client/Guardian:

   a. Does the client have a co-occurring disorder?

      Does the client have a history of abusing/misusing prescription medications?

      Can medications be left in the client's possession?

   b. Is the client coming out of an AFC placement?

      Is the client at risk for going into an AFC Placement?

Does the client already have In Home CLS services?

a. Is the client experiencing active clinical symptoms?

Are the symptoms due to the treating prescribing adjusting medications to find a medication regimen that works? Or, is this the client's clinical baseline?

b. Does the client have chronic medical conditions that are of concern?

c. How many medications is the client taking including psychiatric and physical health?

d. Can the client read and write?

e. Does the client have cognitive/learning challenges including an Intellectual Developmental Disorder?

f. Does the client have physical challenges to managing medications? Inability to open DISPILL or bottles? Vision/Blindness Problems? Hearing/Deafness Problems? Physical Health Concerns? Extreme Shaking Hands, etc?

i. Does the client have memory issues that are Not related to a cognitive/learning challenge or Intellectual Developmental Disorder?

3. Is someone helping the client with his/her medications now?

   What is the level of help? Is it specific phone calls at a certain time? Is it having possession of the meds? Is it taking the medicine out of the bottle and giving to client? Or is it intermittently asking the client if he/she is taking her medications with no further oversight?

   Does the client have regular “scheduled” help with medications. If so, how many days of the week?

4. Based upon all of the above, what drop frequency is the Referral Source recommending for the client? Does the Treating Prescriber support his/her recommended frequency.

Exhibit G

**Classification of Clients by their Medication Assistance/Medication Supervision Needs**

**Low Need**

These clients can be transitioned to closure without any significant clinical concerns.

**Low to Medium Need**

These clients can be transitioned to closure without any significant clinical concerns.

**Medium Need**

Some of these clients can be transitioned to closure without any significant clinical concerns. For the remaining, there are some concerns and it would be safer to move the client to 1 drop a week.

**Medium to High Need**

These clients need continued medication assistance/medication supervision at or slightly below their current frequency level. There are significant clinical/safety concerns for these clients.

Medium to High Need Clients have at least 1 of the following factors:

- COD/SA
- At risk for placement in an AFC
- Active Symptoms
- Large Volumes of Medications
- Reading or Writing Deficits
- Intellectual Developmental Disorder
- Physical Challenges
- Memory Problems

**High Need**

These clients need continued medication assistance/medication supervision at their current frequency level. There are significant clinical/safety concerns for these clients.

High Need Clients have at least 3 of the following factors:

- COD/SA
- At risk for placement in an AFC
- Active Symptoms
- Large Volumes of Medications
- Reading or Writing Deficits
- Intellectual Developmental Disorder
- Physical Challenges
- Memory Problems

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Genoa HealthCare- MED DROP™ Program for Children</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.33</td></tr>
<tr><td>Effective Date:<br>5/26/16</td><td>Date of Review/Revision:<br>2/16/21, 3/16/22, 5/24/23<br>Supersedes:</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Allison Kalmes, Monique Taylor-Whitson, Diane Cranston (Genoa)<br><br>Reviewed By:<br>Erin Nostrandt, Jennifer Keilitz</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to discuss the uses, benefits, and requirements for the MED DROP™ Program for Children offered by Genoa Healthcare located Saginaw County.

The aim of the Med Drop Program for Children offered by Genoa Healthcare is to provide consumers between the ages of seven (7) and seventeen (17), who have a history of medication non-adherence, a service to assist in the transition from receiving daily assistance from the medication drop program, to taking their medication independently.

**Application:**
This policy shall apply to all consumers of the SCCMHA network between the ages of seven (7) and seventeen (17).

**Policy:**
The MED DROP™ Program for Children offered by Genoa Healthcare Saginaw County is meant to provide consumers from the ages of seven (7) through age seventeen (17), who have been diagnosed with a serious emotional disturbance, with a history of medication non-adherence and currently receiving psychiatric services from a SCCMHA prescriber, a service to assist with increasing medication adherence. The main goal of this program is for consumers and/or parents/guardians to ensure medications are being taken properly without the regular assistance of staff.

Prior to any consumer receiving MED DROP ™ services the consumer must have an assessment by clinical staff to assure this service meets medical necessity and must be included in the consumer person centered planning process and agree to the service as part of the consumer plan. The primary case holder will need to request an authorization as part of this process for care management review for medical necessity. Once the services have been approved the case holder and the MED DROP™ Coordinator will begin the coordination of services.

For consumers to achieve the goal of taking medications as prescribed; the MED DROP™ program will partner with consumer and parents/guardians and provide education about the medications being prescribed. This education includes teaching the names of the medications, appearance of the medication, and how and when to take the medications.

The goal is also achieved by the MED DROP ™ Treatment Team (consumer, MED DROP™ Staff, MED DROP™ Coordinator, Case Holder, Treating Prescriber and Guardian) through helping the consumer and/or parents/guardians to identify and implement organizational strategies to take medications as prescribed on a consistent basis.

The MED DROP™ program consists of four (4) components:

1) Program Orientation Session conducted by the MED DROP™ Coordinator.
2) Medication delivery (medication drop) provided by the MED DROP™ staff.
3) Medication and organizational strategy education provided by the MED DROP™ staff.
4) Care coordination provided by the MED DROP™ staff.

The medication delivery (MED DROP™) component consists of the MED DROP ™ staff dropping medications to a consumer at an agreed upon time and location. MED DROP™ staff will drop medications at the frequency determined by the MED DROP™ Treatment Team and approved by the Treating Prescriber, but no more than two times per day, unless a court order specifies a frequency and duration. If the consumer is prescribed medications that are to be taken three (3) or more times a day, the MED DROP™ Staff will leave dosages with the parents/guardians. The Treating Prescriber/Primary Case Holder is notified that medications are being left at the home. If the consumer is in school and medications are to be taken during school hours, medication will be delivered weekly to the school and be administered per the school's policy. Medication drops occur in the AM typically between the hours of 8:00 AM and 11:00 AM and in the PM typically between the hours of 5:00 PM to 8:00 PM. Drops occur 365 days a year. MED DROP™ staff are to deliver the medication to the parent/guardian/authorized adult and observe this individual give the medications to the consumer for self-administration. MED DROP™ staff will then ask how the consumer is feeling, if the consumer is experiencing any side effects, and if the consumer/parent/guardian/authorized adult has any medication concerns. The MED DROP staff will also observe and note if there are any changes in the consumer's speech, physical appearance, or mood. At this time, the MED DROP™ staff will provide medication education and discuss organizational strategies with the

consumer/parent/guardian/authorized adult. MED DROP™ staff will also remove medications from the home that are outdated or no longer being used by the consumer. Daily medication deliveries will be documented by MED DROP™ staff in the Sentri II electronic system detailing this information.

**Standards:**

- The MED DROP ™ Program shall be used to assist consumers with the transition from daily medication deliveries to taking their medication independently.
- The option to participate in the MED DROP™ Program for Children will be based upon the consumer/parents/guardian's acceptance to do so, unless otherwise ordered by the court.
- The use of the MED DROP™ Program for Children should be considered the least restrictive means of ensuring medication adherence for consumers participating in the program.
- Only consumers meeting the requirements as noted below will be eligible to receive services through the MED DROP™ Program for Children. Individuals who may be applicable for this program include consumers who are between the ages of seven (7) and seventeen (17), with a diagnosis of serious emotional disturbance, who have a history of medication non-adherence, currently receiving psychiatric services from an SCCMHA prescriber, have eligible CAFAS item numbers, and at least one (1) of the following is applicable:
    - child is not taking his/her medications (ex: refusing, hoarding, hiding, cheeking meds, etc.),
    - child is exiting a residential setting,
    - child is exiting a psychiatric or physical health care setting,
    - parent(s)/guardian(s) are forgetting to give the medications as prescribed to the child,
    - parent(s)/guardian(s) are having challenges that make it difficult to ensure their child receives his/her medications as prescribed,
    - DHHS has stipulated that the child must receive his/her medication as prescribed, and/or
    - Family Court has stipulated that the child must receive his/her medication as prescribed.
- To receive services through the MED DROP™ Program for Children, the Primary Case Holder would:
    - initiate a discussion regarding the service with the consumer/parent/guardian, and if all terms are agreed upon by the consumer/parent/guardian then,
    - the MED DROP Referral form (Exhibit B) would be completed by the Primary Case Holder, and
    - the Case Holder would address the service in the Individual Plan of Service by developing a MED DROP™ goal with the consumer/parent/guardian,
    - and an authorization would be submitted for approval accompanied by the MED DROP™ Referral form (Exhibit B) as support for medical necessity.

- a current CAFAS must also be completed if the last one completed was over 90 days old.

- Once the requested service authorization is approved by Care Management, then coordination to link services to the consumer/family/guardian will be initiated by the MED DROP™ Program Coordinator who will contact the Primary Case Holder within one business day of receiving a current authorization for services.
  - The MED DROP™ Program Coordinator will connect with the Primary Case Holder.
  - Case Holder gather dates/times of when the Program Orientation can be completed with the family.
  - Case holder contacts the family and determines what works best with them.
  - Case holder seeks to ensure they can attend this Orientation Meeting.
  - The Case holder then informs the MED DROP™ Program Coordinator of the selected date/time identified by the family.
  - The Case Holder ensures/remind the consumer/family of the coordinated Orientation Session.
- MED DROP™ Program Orientation Session, which will include the following:
  - Explanation of the program,
  - Completion of program consents, medication reconciliation activities, and Medication Adherence Questionnaire (Exhibit C), which is the consumer's and parent/guardian's self-report of the consumer's/parent's/guardian's medication adherence strengthening and risk factors.
  - Coordinate with Case Holder any changes necessary to consumer Individual Plan of Service (IPOS) goal, objectives, and interventions for the MED DROP™ Program.
  - Initial education of consumer's medications, and
  - A decision on when medication drops will begin.
- To participate in the program, consumer's parent/guardian must agree to utilize Genoa Healthcare for all prescribed behavioral health medication and physical healthcare medication, if applicable. This is to assure good coordination and monitor for any medication interactions.
- For consumers participating in the MED DROP™ Program, the MED DROP™ Program Coordinator, with input from the MED DROP™ staff, will complete the MED DROP™ Monthly Treatment Review document (Exhibit D) and upload into consumers Sentri record. This completed document is forwarded to the Treating Prescriber and Primary Case Holder. This document represents a monthly progress report on the consumer's progress in the MED DROP™ Program. The document contains the following information:
  - number of months the consumer has been in the program.
  - number of days the consumer was in a psychiatric hospital, medical hospital, or crisis home during the month.
  - consumer's adherence rate for the month and how this compares to the prior month.

    - consumer/parent/guardian's medication adherence strengthening and risk factors.
    - consumer/parent/guardian's medication knowledge and the organizational strategies that the consumer/parent/guardian is implementing to remember to take his/her medications.
    - consumer's progress on his/her MED DROP™ Treatment Goal.
    - consumer's readiness to take his/her medications independently or readiness to decrease the frequency of his/her MED DROP™ contacts.
- A consumer may remain in the program for an extended period, depending on his/her progress. This will be determined by adherence in the program which is defined as:
    - Full adherence – consumer taking his/her medications 80% or more of the available days while in the program.
    - Partial Adherence – consumer taking his/her medications 60% to 79% of the available days while in the program.
    - Non-Adherence – consumer taking his/her medications 59% or less of the available days while in the program.
- A consumer will be discharged from the program based upon progress and readiness to take medications independently, and/or as prescribed.

**Definitions:**
Child Adolescent Functioning Assessment Scales (CAFAS): Assessment tool completed by clinician to determine functional impairments of school-aged children across eight domains. Rating generates specific subscale score profiles and Total Score. Caregiving environments specific to youth are also assessed.

**References:**
SCCMHA Policy 03.02.32 Genoa Medication Drop Service Program for Adults
SCCMHA Policy 02.03.18 Preschool and Early Childhood Assessment Scale (PECFAS) & Child and Adolescent Functional Assessment Scale (CAFAS)

**Exhibits:**
Exhibit A: Genoa – MED DROP™ Program for Children Overview
Exhibit B: Genoa – MED DROP™ Program for Children Referral Form
Exhibit C: Genoa – MED DROP™ Program for Children Medication Adherence Questionnaire
Exhibit D: Genoa – MED DROP™ Program for Children Monthly Treatment Team Review Form
Exhibit E: Genoa- MED DROP™ Assessment of Clients Medication Assistance Need- CHILD
Exhibit F: Genoa CAFAS Score Eligibility for the MDS Program for Children

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Determine the least restrictive means of ensuring medication compliance for | Primary Case Holder |

| | |
|---|---|
| children having trouble taking their medications as prescribed. Additionally, the consumer's parent/guardian agrees to utilize MED DROP™ Services for Children for all prescribed behavioral and physical healthcare medications if applicable, and the consumer is believed to be eligible based on the standards (see above). | |
| Complete the MED DROP™ Program referral form (Exhibit B) for consumers who meet the outlined eligibility requirements. | Primary Case Holder |
| Update consumer's individual plan of service to reflect consumer's participation in the MED DROP™ Program for Children, including the benefits and desired outcome from utilizing the program services (see Exhibit A for details). | Primary Case Holder |
| Request authorization from Care Management for MED DROP™ Program for Children and attach the completed MED DROP™ Program referral form as support for medical necessity. | Primary Case Holder |
| Review request for Authorization for MED DROP™ Program for Children, including the MD DROP™ Referral form and the IPOS to determine if authorization is approved or denied within the standard timeframe. | Care Management |
| Care Management will ensure the completed MED DROP™ Referral form accompanies the authorization to the MED DROP™ Program Coordinator when the service is approved to initiate services. | Care Management<br>MED DROP™ Program Coordinator |
| Coordination is initiated by the MED DROP™ Program Coordinator with the Primary Case Holder within one business day of the initial referral and authorization being approved and submitted to MED | MED DROP™ Program Coordinator<br>Primary Case Holder |

| | |
|---|---|
| DROP™ Program Coordinator. Communication between the MED DROP Program Coordinator and the Case Holder is centered on coordinating a Program Orientation Session appointment with the consumer, parent/guardian, case holder and MED DROP™ Program Coordinator. | |
| Attend the Program Orientation Session (Exhibit A) with consumer/parent/guardian The Program Orientation Session is facilitated by the MED DROP™ Program Coordinator. | Primary Case Holder<br>MED DROP™ Program Coordinator |
| The Program Orientation Session will include the following: explanation of the program; completion of program consents, a Medication Adherence Questionnaire, and medication reconciliation activities; development of family centered goal, objectives, and interventions for the MED DROP™ Program; initial education of consumer's medications, and a decision on what day medication deliveries will begin. | MED DROP™ Program Coordinator |
| A Copy of the completed MED DROP™ Treatment Plan should be forwarded to the case holder within 14 calendar days of the Program Orientation Session. | MED DROP™ Program Coordinator |
| Complete daily documentation in Sentri II system for all medication drops that occur. This requires completing the MED DROP™ Progress Note in Sentri II and includes the success of the medication drop, consumer's orientation, mood, Suicidal Ideations/Homicidal Ideations/Psychosis Risk Factors, any health and safety concerns, and the provision of education; as well as any concerns that the consumer/parent/guardian shares with the MED DROP™ staff. | MED DROP™ Program Staff |
| Complete Monthly Treatment Review form (Exhibit D) available under chart documents in the Sentri II system for all | MED DROP™ Program Coordinator |

| | |
|---|---|
| consumers participating in the MED DROP™ Program for Children. Form should be completed with input from MED DROP™ Program staff and then forwarded to the consumer's case holder and treating prescriber. This form contains the consumer's medication adherence rate and readiness to take his/her medications independently or readiness to decrease the frequency of his/her medication drops. | |
| Monitor adherence to the MED DROP™ Program at least monthly, and document monitoring activities by creating a Progress Note in the Sentri II system and reporting on the consumers progress or barriers and any necessary actions to support the consumers success. | Primary Case Holder |
| Attend Medication Reviews for consumers of the MED DROP™ Program for Children whenever possible. Attendance should be documented on the MED DROP™ Treatment Team Review Form and forwarded to consumer's primary case holder. | Primary Case Holder<br>MED DROP™ Program Coordinator |

Exhibit A

**FY2023 Attachment A**
**MED DROP™ PROGRAM**
**PROGRAM OVERVIEW for Children**

**Program Philosophy:**

The Med Drop Program for Children is a Community Living Services (CLS) based intervention that focuses on improving medication adherence through the observation related to a child's self-administration of his/her medication[1]. The Med Drop Program for Children is designed to assist parents/guardians (and child when appropriate) in identifying and implementing strategies and skills to ensure their child take his/her behavioral health medications as prescribed. If the parents/guardians choose, the child's physical health care medications can also be included in the program. This service is expected to improve the child's overall mental health and daily functioning by improving the symptoms treated by his/her medications.

**Target Population:**

This program is designed for children who are not taking their medications in the prescribed manner. The medication non-adherence may be attributed to child factors such as refusal, hoarding or hiding the medications; or parent/guardian factors such as forgetting to give the medications to the child, or having his/her own difficulties that are impeding his/her ability to provide the child with the medication as prescribed.

This non-adherence often results in more clinical symptoms for the child and the possibility of a more restrictive level of care, and a lesser quality of life.

**Eligibility:**

The following children are eligible for this service:

Children diagnosed with a serious emotional disturbance between the ages of 7 and 17 who reside in Saginaw County, currently receive psychiatric services from a Saginaw County Community Mental Health Authority (SCCMHA) network prescriber; are not taking their medications as prescribed, have eligible Child Adolescent Functional Assessment Scales (CAFAS) item numbers, and one (1) of the following are applicable:

●Child is not taking his/her medications (ex: refusing, hoarding, hiding, cheeking meds, etc.)
●Child is exiting a residential setting
●Child is exiting a psychiatric or physical health care setting
●Parent(s)/Guardian(s) are forgetting to give the medications as prescribed to the child
●Parent(s)/Guardian(s) are having challenges that make it difficult to ensure their child receives his/her medication as prescribed
●DHS has stipulated that the child must receive his/her medication as prescribed
●Family Court has stipulated that the child must receive his/her medication as prescribed

In order to participate in this program, the parent/guardian must agree to utilize Genoa Healthcare for all of his/her child's behavioral health medications. If physical health care medications are included in the program, the parent/guardian must agree to use Genoa Healthcare for his/her child's physical health medications. Discussion of the program, its requirements, and the parent/guardian and child's agreement with participation, should occur in the context of a family centered planning meeting process that involves minimally the child/family's primary clinician.

**Program Description:**

The goal of the Med Drop Program for Children is to increase the parents/guardians' skills so that they can become independent in assisting/ensuring that the child takes his/her medications as prescribed and improves the quality of life for the child and his/her family. To assist the parents/guardians in becoming independent in managing the child's medications, the program includes educating the parents/guardians (and child when appropriate) on the names of the medications, how and when to take the medications, and the physical appearance of the medications. The program also assists the parents/guardians (and child when appropriate) by helping them to identify and implement organizational strategies to ensure the child takes his/her medications as prescribed. These strategies might include specialized packaging- Dispill, using a medication box, setting alarms, etc.

It is the program's intent to move a child from receiving daily medication drops to taking his/her medications independently (with the consistent support/assistance of the parents/guardians) within 18 months. However, it is recognized that some children/parents/guardians may need to be in the program longer than 18 months. The recommendation for the length of time a child participates in the program will be made during the course of a family centered planning process, taking into account recommendations by the Medication Drop Services (MDS) Treatment Team which includes the treating prescriber, case manager/supports coordinator, MDS Staff, and MDS Coordinator. In order for this to be accomplished, the MDS Coordinator works in a coordinated manner with the case manager/supports coordinator and/or treating prescriber. This care coordination includes the MDS Staff, MDS Coordinator, and case manager/supports coordinator working together to identify reasons for the child's medication non-adherence and communicating this information to the treating prescriber, especially if it has to do with side effects from the prescribed medications.

How quickly the parents/guardians/child move from Point A (daily med drop services) to Point B (independence- parents/guardians ensuring child is taking medications as prescribed) is based upon the parents/guardians/child's engagement in the med drop service and other psychiatric/behavioral services, the child's clinical stability and day to day functioning, AND the parents/guardians ability to ensure the child takes his/her medications as prescribed.

The Med Drop Program consists of 4 components: Program Orientation Session, Medication Drop (Delivery) Service, Medication Education, and Care Coordination (Treatment Planning) Services.

**Program Orientation Component:**

If the child is determined to be eligible for the program, after the MDS Coordinator has the discussion with child's case manager/supports coordinator, the case manager/supports coordinator will contact the parents/guardians to schedule the Program Orientation Session. The case manager/supports coordinator is required to present when the MDS Coordinator conducts the Program Orientation Session. In most instances, the Program Orientation Session will occur in the

parents/guardians/child's home, but it can occur at the CMH building, at the Genoa Healthcare Pharmacy or at an identified location in the community.

At the program orientation session, the MDS Coordinator will explain the program, complete the program consents including the "Authorized Adult" form, complete the Medication Adherence Questionnaire (MAQ), review the Assessment of the Child's Medication Assistance Needs, review current demographic information, discuss the child's drop frequency, days and times of the drop and drop start date. The MDS Coordinator will also perform medication reconciliation activities, and if necessary, contact the Med Drop Pharm Tech from the field for medication reconciliation assistance. The MDS Coordinator will collaborate with the parents/guardians/child on the development of a treatment goal, objectives, and interventions for the Med Drop Program which will be forwarded to the case manager/supports coordinator for inclusion in the family centered plan. The MDS Coordinator will bill this session as an H0031- Assessment.

During the program orientation session, the MDS Coordinator will offer the parent/guardian education materials. When appropriate, the child will also be offered these materials. These materials include medication information sheets; information materials for the parent/guardian that are specifically designed for parents/guardians whose children are taking psychiatric medications; information sheets for questions to ask the child's psychiatrist, and a booklet on mental health medications.

**Medication Drop (Delivery) Service Component**

"Dropped" medications are prescribed by the child's Network Provider's Treating Prescriber. If the parents/guardians chose, the child's physical health medications can also be included in the Med Drop. These medications are prescribed by the child's Primary Care Provider or Specialty Care Provider.

The MDS Staff provides the medication drop (delivery) service component. This component consists of dropping behavioral health medications, and physical health medications if included in the program, to the child's residence/location in the designated service area at the regularly scheduled time. This time is based upon the child's address and where the address is placed on the route. There is an AM route that typically runs between 8:00 AM to 11:00 AM and a PM route that typically runs between 5:00 PM to 8:00 PM. The routes run 365 days a year. These home/community-based drops can occur up to twice a day. If the child is prescribed medications that are to be taken three (3) or more times a day, the MDS Staff will leave dosages with the parents/guardians and the Treating Prescriber/Case Manager/Supports Coordinator is notified.

If the child is in school and medications are to be taken during school hours, medications will be delivered weekly to the school and administered per the school's policy.

The child's drop frequency is determined by the child's progress, parents/guardians' choice, treating prescriber, case manager/supports coordinator and MDS Coordinator's input. Ultimately, the child's Treating Prescriber approves the drop frequency. Most children will begin the Med Drop Program at one drop a day; however, a child can begin the program at a lower frequency such as 1 drop per week. It is expected that the child "steps down" to lower drop frequencies depends upon the parents/guardians/child's engagement in the med drop service and other psychiatric/behavioral services, the child's clinical stability and day to day functioning, AND the parents/guardians ability to ensure the child takes his/her medications as prescribed. The Treating Prescriber Must approve "step downs." In turn, the MDS Coordinator coordinates "step down" dates with the MDS Staff.

At the time of the scheduled drop, the child and parent/guardian or “authorized adult” in lieu of the parent/guardian must be present. An “authorized adult” is defined as an adult identified and authorized by the parent/guardian, with the approval of the case manager/supports coordinator, to hand the medication to the child if the parent/guardian has an extenuating circumstance whereby he/she cannot be present at the scheduled delivery time.

If the child/”Authorized Adult” is not present for the scheduled drop, depending upon the route schedule, the MDS Staff may make a second attempt on that day, but it is not required. If the child/ “Authorized Adult” is not present for a scheduled drop, the child is considered “unavailable” for that day and the MDS Staff will indicate this on the MDS Progress Note. If the child is “unavailable” or “refuses” all dosages on a given day, the child is considered “non-adherent” for that day.

If a child is “non-adherent” two (2) consecutive days, the MDS Coordinator will notify the treating prescriber and case manager/supports coordinator. This notification is important because missing two (2) consecutive days may impact the child’s clinical response to his or her medication. The treating prescriber and case manager/treating prescriber will decide the action to take to address the child’s nonadherence.

If the child is not going to be available for a scheduled drop, the parents/guardians are expected to contact the MDS Staff to arrange for a Leave of Absence (LOA). A LOA is a situation where the parents/guardians request that the child’s medications be dropped at a prior drop because the child is not going to be available at the scheduled drop time. Examples of LOA situations are the child has a doctor appointment, is going on vacation, or is going to be visiting family/friends outside of the designated drop area. It is expected that many parents/guardians will ask for LOAs during the Holiday Seasons. Case Managers/Supports Coordinators can approve LOAs without the Treating Prescriber’s approval.

The MDS Staff will do their best to arrive at the scheduled drop time; however, based upon other clients’ needs, this is not always possible. If the MDS Staff is going to be more than 30 minutes late for the scheduled drop, the MDS Staff will contact the parents/guardians.

During the drop, The MDS Staff will observe the parent/guardian/”authorized adult” giving the medication to the child and the child self-administering the medication, ask how the child is feeling, ask about any side effects, and observe the child’s physical appearance, behavior and speech. The MDS Staff will also observe the parent/guardian/”authorized adult’s” physical appearance, behavior and speech.

If the child’s and/or parent/guardian’s physical appearance, behavior or speech is unusual for him/her, or the child/parent/guardian expresses concerns/issues, the MDS Staff shall do the following:

- Contact the MDS Coordinator or MDS Pharm Tech, who is turn will attempt to reach the child’s case manager/supports coordinator

- If after business hours, the MDS Staff will contact the CMH’s Crisis Center
- Depending upon the nature and urgency of the situation, the MDS Staff will contact 911

If the situation is severe/urgent, the MDS Staff MUST speak to a “live person” regarding the situation.

If the child reports experiencing any side effects to the medications, the MDS Staff will note this on the MDS Progress Note, forward the note to the MDS Coordinator, who will discuss the concern with the Genoa Pharmacist and/or forward the note to the Treating Prescriber. The Genoa Pharmacist will decide on the next steps which may include contacting the client's Primary Care Provider or Treating Prescriber.

The MDS Staff complete the following documentation:

- Medication Administration Record (MAR) on a daily basis
  The MAR is completed by the MDS Staff and submitted to the MDS Coordinator on a monthly basis for billing verification.

- MDS Progress Note on a daily basis
  The MDS Progress Notes are completed by the MDS Staff within one (1) business day of the drop. These are completed in the CMH's Electronic Health Record (EHR). Non-routine progress notes are immediately forwarded to the MDS Coordinator for follow up.

- Chart/Contact Note, as needed
  The Chart/Contact Note is completed by the MDS Coordinator for any contact with the parents/guardians outside of the medication drop; contact with members of the MDS Treatment Team; and to record significant information such as admission/discharge to an out of home setting and discharge from the program. This Note is completed in the CMH's EHR.

- Medication Adherence Questionnaire every 6 months
  The MDS Coordinator completes this document initially at the Program Orientation Session. The MDS Program Staff complete this with the child/parent every 6 months.

- MDS Monthly Review Form every 4 to 6 weeks
  The MDS Coordinator completes this document with input from the MDS Staff. The completed document is forwarded to the client's case manager/supports coordinator and treating prescriber.

**Education Component**

During the drop, the MDS Staff will regularly review with the parent/guardian (and if appropriate, the child) the name of the medications, the medications' physical appearance and how and when to take the medications. If requested by parents/guardians/child, medication information sheets are available. Also available to the parents/guardians/child are information sheets with questions to ask the Treating Prescriber, a booklet on mental health medications in general, and materials that are specifically designed for parents/guardians whose child is taking psychiatric medications. The MDS Staff will also assist the parents/guardians (and child when appropriate) by helping them to identify and implement organizational strategies to ensure the child takes his/her medications as prescribed. These strategies might include specialized packaging- DISPILL, using a medication box, setting alarms, etc.

**Care Coordination/Treating Planning Services Component**

Genoa's MDS Coordinator will work collaboratively with the child's case manager/supports coordinator to address parents/guardians/child's concerns that arise during the drop visits. In general,

if the expressed concern focuses on medication issues, the MDS Coordinator will follow up. If the expressed concern focuses on non-medication issues, the case manager/supports coordinator will follow up.

The MDS Coordinator will complete and forward the Monthly Review Form to the child's case manager/supports coordinator and treating prescriber. The Monthly Review Form is completed with input from the MDS Coordinator and MDS Staff that are interacting with the child and parents/guardians; as well as, information that is provided by the case manager/other treatment team members over the course of the reporting month. The Monthly Review Form identifies the child's medication adherence rate, identifies the child's medication adherence strength and risk factors, summarizes the parents/guardians and child's progress including using the chosen organizational strategy effectively, and contains recommendations regarding the frequency of the medication drops.

Also as part of care coordination, the MDS Coordinator will participate in the child's treatment planning. Treatment Planning consists of the MDS Coordinator, parents/guardians, child, and any other members of the treatment team (such as Treating Prescriber) that the parents/guardians/child wishes to have present, including the case manager/supports coordinator, when developing the goal, objectives and interventions for the MDS Program during the program orientation session. Within 14 calendar days of the program orientation session, the MDS Program goal, objectives and interventions are forwarded to the case manager/supports coordinator for inclusion in the child's family centered plan.

The MDS Program Goal will be reviewed at the ongoing MDS Treatment Team planning sessions, which will typically occur at the time of the child's medication review appointment. If the MDS Coordinator participates in the Treatment Team planning session, the MDS Coordinator will complete the MDS Treatment Team Review Form (the same form as the MDS Monthly Review Form) which summarizes the child's progress, medication adherence strength and risk factors for the child, and recommendations regarding the frequency of the medication drops. If the case manager/supports coordinator does not attend the MDS Treatment Team planning session (Med Review). When applicable, the MDS Coordinator will also share the recommendations from the MDS Treatment Team planning session (Med Review) with the MDS Staff.

**Outcome Measurements:**

**Individual Outcomes:**

1. Medication Adherence

Adherence is defined as the child ingests ALL prescribed dosages of his/her medications on an "available day". An "available day" is defined as the child is in the community and in the MDS designated service area.

Monthly Adherence is defined as the following:

- Full Adherence is defined as the child taking his/her medications 80% or more of the available days in a month.

- Partial Adherence is defined as the child taking his/her medications 60-79% of the available days in a month

- Non-Adherence is defined as the child taking his/her medications 59% or less of the available days in a month,

Program Adherence is defined as the following:

- Full Adherence is defined as the child taking his/her medications 80% or more of the available days while in the program.

- Partial Adherence is defined as the child taking his/her medications 60% to 79% of the available days while in the program.

- Non-Adherence is defined as the child taking his/her medications 59% or less of the available days while in the program.

80% of the children who participate in the program shall attain Full Adherence while in the program.

2. Reduction in Psychiatric Inpatient Admissions

70% reduction in psychiatric inpatient hospital admissions by children who have a history of psychiatric inpatient hospital usage as measured by a comparison of psychiatric inpatient hospital admissions in the 12 months prior to program admission to psychiatric inpatient hospital admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

70% reduction in psychiatric inpatient hospital days used by children who have a history of psychiatric inpatient hospital usage as measured by a comparison of inpatient hospital days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

3. Reduction in Out of Home Respite Admissions

75% reduction in out of home respite admissions by children who have a history of out of home respite usage as measured by a comparison of out of home respite admissions in the 12 months prior to program admission to out of home respite admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

75% reduction in out of home respite days used by children who have a history of out of home respite usage as measured by a comparison of out of home respite days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

**Other Individual Data Measures:**

1. Indicators related to Medication Adherence Strengthening and Risk Factors

An increase in medication adherence strengthening factors self- reported by the parents/guardians/child as measured by their first completion of the Medication Adherence Questionnaire (MAQ) compared to their second/last completion of the Medication Adherence

Questionnaire. The child MUST have at least 2 completed MAQs to be included in "second/last" data set.

A decrease in medication adherence risk factors self-reported by the parents/guardians/child as measured by their first completion of the Medication Adherence Questionnaire compared to their second/last completion of the Medication Adherence Questionnaire. The child MUST have at least 2 completed MAQs to be included in the "second/last" data set.

The number of children who discharge from the program that are able to independently adhere to their medication regimen without assistance or with assistance.

2. Indicators related to Medical Admissions

The number of children who self-report a history of medical hospital usage shall reduce their medical hospital usage while in the program. This also includes the parents/guardians report relative to the children's medical hospitalizations.

A decrease in the number of medical hospital admissions by children who self- report a history of medical hospital admissions as measured by a comparison of medical hospital admissions in the 12 months prior to program admission to medical hospital admissions while in the program. The 12 months prior data represents children's self –report at the time of the Program Orientation Session.

A decrease in the number of medical hospital days used by children who have a history of medical hospital days as measured by a comparison of the medical hospital days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data represents children's self-report at the time of the Program Orientation Session.

3. Indicators related to Juvenile Detention/Youth Home Admissions

The number of children who self-report a history of juvenile detention/youth home usage shall reduce their juvenile detention/youth home usage while in the program. This also includes the parents/guardians report relative to the children's medical hospitalizations.

A decrease in the number of juvenile detention/youth home admissions by children who have a history of juvenile detention/youth home admissions as measured by a comparison of juvenile detention/youth home admissions in the 12 months prior to program admission to juvenile detention/youth home admissions while in the program. The 12 months prior data represents child's self-report at the time of the Program Orientation Session.

A decrease in the number of juvenile detention/youth home used by children who have a history of juvenile detention/youth home days as measured by a comparison of days in juvenile detention/youth home in the 12 months prior to program admission to days in juvenile detention/youth home while in the program. The 12 months prior data represents child's self-report at the time of the Program Orientation Session.

**System Outcomes:**

A reduction in psychiatric hospital admissions as measured by a comparison of the number of psychiatric hospital admissions for the Med Drop children in the 12 months prior to program

admission to admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in psychiatric hospital days as measured by a comparison of the number of psychiatric hospital days used for the Med Drop children in the 12 months prior to program admission compared to psychiatric hospital days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in out of home respite admissions as measured by a comparison of the number of out of home respite admissions for the Med Drop children in the 12 months prior to program admission to admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in out of home respite days as measured by a comparison of the number of out of home respite days used for the Med Drop children in the 12 months prior to program admission compared to out of home respite days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

The Med Drop Program Manager will complete a quarterly program evaluation report. The reporting dates are January 30th, April 30th, July 30th and October 30th. The Med Drop Program Manager will complete an annual program outcome report. This reporting date is October 30th. In order for the MDS Coordinator to complete these reports in a timely manner, the 12-month prior data for psychiatric inpatient hospital admissions, psychiatric inpatient days usage, out of home respite admissions, and out of home respite days usage needs to be obtainable from the CMH's EHR.

**Referral Process:**

Children will be identified for this program by the CMH/CMH's Provider Network staff. The referring staff member, in most cases this person is the case manager/supports coordinator, will complete the Program Referral Form and concurrently submit the initial authorization for 90 days of medication drop services. This authorization will consist of submission for one (1) assessment session-H0031, three (3) Treatment Planning Sessions-H0032, and 90 days of medication drop services (H2015)

**Eligibility Determination and Program Acceptance:**

The MDS Coordinator receives the referral and checks the CMH's EHR to see that the initial authorization has been approved. When these two (2) items are in place, within one (1) business day, the MDS Coordinator contacts the individual's case manager/supports coordinator to complete the Assessment of Client's Medication Assistance Need. The Assessment of Client's Medication Assistance Need assists in determining the child's appropriateness for the Med Drop Program as well as the child's initial drop frequency. At the end of this conversation, the MDS Coordinator and case manager/supports coordinator identify a date and time for the Program Orientation Session. It is the case manager/supports coordinator's responsibility to contact the referred child's parents/guardians and schedule the Program Orientation Session.

**Authorizations**

The CMH will generate an initial authorization for 90 days of medication drop services-H2015, one (1) assessment- H0031 and three (3) treatment planning sessions-H0032.

At the end of each authorization period, one (1) of the following is expected to have occurred:

1. The parents/guardians are able to independently ensure that the child takes his or her medications as prescribed. The parent/guardian no longer needs the MDS Staff to coach him/her on how to organize the medications and the child is ingesting his/her medications when prompted/observed by parent/guardian. The parent/guardian and child are ready for the program to end. As the child is preparing for discharge, the parents/guardians can choose to have Genoa Pharmacy continue to dispense the medications in Dispill. If the parent/guardian chooses this option, Genoa Pharmacy will continue to contact the child's providers for medication refills and prepare the child's medication on a monthly basis for pick up or to be mailed.

2. The parent/guardian/child has made progress and can continue to benefit from the Med Drop Program. In some cases, the child may be ready to have his/her drop frequency reduced. For this reason, the Med Drop Program is expected to continue per the recommendation of the MDS Treatment Team and a continued authorization request will be submitted by the child's case manager/supports coordinator.

3. The parent/guardian/child has made no progress and the MDS Treatment Team makes a recommendation regarding a different level of care outside of the Med Drop Program. Within the context of the family centered planning process, this recommendation is discussed with the parent/guardian and child. If the parent/guardian/child agrees, the case manager/supports coordinator will facilitate a referral to the recommended level of care.

The MDS Coordinator will collaborate with the case manager/supports coordinator to submit ongoing authorization requests in 90-day increments.

When the child exits the program, the MDS Coordinator will complete a discharge note in the CMH's EHR. This note will be forwarded to the case manager/supports coordinator and treating prescriber.

**Reimbursement:**

| Service Description | Code | Unit |
|---|---|---|
| Community Living Supports (CLS) | H2015 | Per 15-minute face to face |
| Treatment Planning | H0032 | Per Encounter |
| Assessment by Non-Professional | H0031 | Per Encounter |

The MDS program will use the following codes: H0031- 1 Assessment per year; H0032- 1 per quarter; and H2015- drop days/units based upon child's clinical needs. The codes are only reimbursable if the child is present. In addition, to bill the H0032, another member of the child's Treatment Team (treating prescriber, case manager/supports coordinator, nursing staff, etc) must be present.

**Staff Qualifications:**

The Med Drop Program administration consists of the Genoa Healthcare Pharmacist, who supervises the Med Drop Pharm Tech; Med Drop Program Manager- LMSW who ensures the Med Drop Program Services are implemented as described; and a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who works with the Med Drop Services (MDS) Staff and ensures the medications are properly stored, accounted for and dropped as prescribed.

The MDS Staff will possess the following minimum qualifications:

- At least 18 years old
- High School Diploma or GED equivalent
- At least 1 year of experience working with the population serving -adults with a serious mental illness or co-occurring mental illness and substance use disorder; children with serious emotional disturbance; individuals with a developmental disability; or medically fragile older adults, preferred
- Must have reliable transportation
- Able to practice prevention techniques to reduce transmission of any communicable disease
- Able to follow/implement the client's MDS Treatment Goal, Objectives and Interventions.
- Able to perform basic first aid and emergency procedures
- Be eligible to work in the United States
- Be of good moral character
- Be trained in Recipient Rights
- Be able to use good judgment/follow procedures in addressing client concerns/issues
- Demonstrate the ability to work independently and as a part of a coordinated team.
- Excellent interpersonal, verbal and written communication, time management and organizational skills

**Quality Assurance:**

Genoa's Med Drop Program Manager will conduct an annual internal and external review of the Med Drop Program utilizing the MDS Program Review forms.

**MDS Program Contact Information:**

| CMH/Funding Source | Genoa Healthcare |
|---|---|
| TBD | Diane Cranston<br>MDS Program Manager<br>517-945-3863<br>dcranston@genoahealthcare.com |

References:
[1]MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual & Developmental Disability Supports and Services.

Exhibit B

**MED DROP™ Program- Children**
**Program Referral Form**

Date: _____

**Child's Information:**

Name: _____ DOB: _____

Address (Street, City, State, and Zip): _____

Insurance Type (Ex: Medicaid, Medicare, Commercial, and Uninsured): _____

_____

Parent/Guardian's Name: _____ Relationship to Child: _____

Phone Number(s): H: _____ C: _____

**School Information:**

Name and Address of Child's School: _____

Child's Grade: _____ What time does the Child leave for school in AM? _____

_____

Does the Child receive Special Education Services? ☐No ☐Yes* *Explain _____

_____

**Parent Information:**

Is CPS Involved with the family? ☐No ☐Yes* * Explain _____

_____

Is the Child a Temporary Court Ward (TCW)? ☐No ☐Yes * * Explain _____

_____

Is the Child a Permanent Court Ward (PCW)? ☐No ☐Yes* * Explain _____

_____

Does parent/guardian have Full Legal Custody or Joint Legal Custody of Child? _____

_____

If the parents have Joint Legal Custody, are both parents in agreement, and willing to participate in the MDS Program? ☐Yes ☐No* *Explain _____

_____

Has the MDS Program been explained to the Child and Parent/Guardian? ☐Yes ☐No

Does the Parent/Guardian know that the MDS Coordinator will be contacting him/her to schedule a Program Orientation/Intake? ☐No ☐ Yes* *Is the Parent/Guardian expecting a call within a certain time frame from the MDS Coordinator? ☐No ☐ Yes* * Identify the time frame that was given to the Parent/Guardian: _____ Are the Child and Parent/Guardian willing to actively participate in the MDS Program? ☐Yes ☐No

**Medication Information:**

List the child's current behavioral health medications and current name and address of pharmacy:

If applicable, does the Parent/Guardian want to include the child's physical health medications in the MDS Program? ☐ No ☐ Yes* *List the medications and current name and address of pharmacy:

Can the MDS Staff safely deliver daily medications to the Child's Address? ☐Yes ☐No* If No, is the Child
and Parent/Guardian willing to meet the MDS at a different location (indicate address)? _____

Additional Comments regarding Child's Address: _____

**SCCMHA Information:**
Primary Clinician's Name: _____
Phone Number: W: _____ C: _____
Treating Prescriber Name: _____

Phone Number: W: _____ C: _____
The Child and Parent/Guardian are receiving the following SCCMHA Services: _____

**Eligibility Criteria:**

**Age:** Child is between the ages of 7 and 17. ☐Yes ☐No* *Child is not eligible for program
**CAFAS Score:** Date of Most Recent CAFAS Administration _____ The date MUST be within 90 days of the date of the referral. If the date is not within 90 days of the referral date, the CAFAS MUST be administered prior to making the referral to the MDS Program.
Enter CAFAS Subscale Data:

| | School/ Work | Home | Community | Behavior Toward Others | Moods/ Emotions | Self-Harmful Behavior | Substance Use | Thinking |
|---|---|---|---|---|---|---|---|---|
| Impairment Score | | | | | | | | |
| Item Numbers (list all applicable items) | | | | | | | | |

**Child and/or Parent(s)/Guardian(s) meets: (Check all that apply):**

☐ Child is not taking medications (ex: refusing, hoarding, hiding, cheeking meds etc.)

☐ Child is exiting a residential setting, including out of home respite, juvenile detention or youth home

☐ Child is exiting a psychiatric or physical health care setting

☐ Parent(s)/Guardian(s) are forgetting to give the medications to the child

☐ Parent(s)/Guardian(s) are having challenges organizing the child's medications

☐ Parent(s)/Guardian(s) are having their own challenges that make it difficult to ensure their child receives
his/her medication as prescribed

☐ DHS has stipulated that the child must receive his/her medication as prescribed

☐ Family Court has stipulated that the child must receive his/her medication as prescribed

☐ Other: (Explain): _____

_____ _____
Referring SCCMHA Staff Member Signature Date

Referring SCCMHA Staff Member's Phone Number and Email Address if not included above:

_____

******The Initial Authorization for the MDS Program MUST be attached to this Referral Form*****

Forward completed Referral Form and Initial Authorization to: Sarah Charbonneau-Whyte Med Drop Coordinator through the Sentri E-Mail System, or fax to 989-793-3133. If you have questions, feel free to contact Sarah at 989- 574-7727.

Exhibit C

**MED DROP™ Program- Children**
**Medication Adherence Questionnaire**

Child's Name: _____ DOB: _____

Parent/Guardian's Name: _____

Questionnaire Completion Date: _____Person Completing Questionnaire: _____

Your MDS Staff Member and MDS Coordinator would like to work with you and your parent/guardian in a way that best addresses your thoughts, attitudes and actions regarding taking your mental health medications. For this reason, I want to ask you and your parent/guardian some questions to get a sense of what you and your parent/guardian think about you taking psychiatric medications.

**Questions to Child:**

1. Why do you have to take medications? If the child says "I don't know", ask him/her "What has your Doctor or Parent told you are the reasons why you have take the medication"?

2. Do you think the reasons that you just said about having to take your medications are True for you[1]?

3. Do you know the names of your medications and what they are for?

4. Do you like your doctor[1]?

5. Do you like your therapist? If the child looks puzzled, ask "Do you like the person that comes to your house to work with you and your family?

6. Are the medications making you feel different in a bad way?

7. Are your medications helping you to feel or act better[1]?

8. Do you forget to take your medications?

9. Do you sleep well[1]?

10. Does your Best Friend know that you are taking meds? Does anyone else know that you are taking meds? How do you feel about people knowing that you are taking meds[2]?

11. Is this a true statement for you " I am only taking medications because my parents are making me[2]."

12. Do you drink alcohol? Do you use marijuana? Do you use other drugs[2]?

13. What concerns/worries do you have about taking medications?

## Questions to Parents:

1. What is your child's psychiatric diagnosis? Do you believe this is true for your child[1]?

2. What are your child's current mental health medications and what symptoms are they prescribed for?

3. Has your child taken mental health medications in the past? Do you remember their names? How did the mental health medications work*/not work for him/her[1]?

4. Do you like your child's Psychiatrist/NP/PA[1]?

5. Is your child reporting or complaining of side effects to the medications?

6. Do your child's side effects bother him/her as he/she goes about his/her daily activities[2]?

7. Are your parents/family members/friends supportive in you giving psychiatric medications to your child[1]?

8. Is this a true statement for you “I do not want anyone to know that I am giving psychiatric medications to my child because they would judge me, criticize me, think less of me as a parent” [2]?

9. Do you think your child’s symptoms/behaviors are improving with the use of the medications[1]?

10. Do you forget to give your child his/her medications? If so, how many days per week do you forget?

11. Does your child sleep well[1]?

12. Is this a True Statement: “My child is only taking his/her medications because I am making him/her do it. He/She really does not want to take psychiatric medications.”[2]?

13. Does your child drink alcohol? Does your child use marijuana? Does your child use other drugs[2]?

14. What are your top 3 concerns regarding your child’s medications?

Yes[1]=Strength No[1]= Risk No[2]= Strength Yes[2]= Risk Total = 15

Exhibit D

**MED DROP™ Program- Children**
**Monthly Review / MDS Treatment Team Review (circle applicable review)**

Child's Name: _____DOB: _____Review Date: _____

Start Time: _____End Time: _____ Current Service Level:_____

Individuals participating in Review: _____

**Reporting Month** (indicate the number of months in the program)**:** _____
# of Days in Psych Hospital: __ # of Days in Medic Hospital: __ # of Days in Respite: ___ # of Days in Yth Home: ___

**Adherence Rate:**
In the past month, the child has attained the following adherence rate: (__increase __decrease ___same as before)

- ☐ Full Adherence - taking medications as prescribed 80% or more days in the month. Rate:_____
- ☐ Partial Adherence - taking medications as prescribed 60-79% days in the month. Rate:_____
- ☐ Non-Adherence - taking medications as prescribed 59% or less days in the month. Rate:_____

**Medication Adherence Factors:**
**The following <u>Medication Adherence Strengthening Factors are present</u>: (circle/check all that apply):**

- ☐ Child believes that he/she has a serious emotional disturbance/mental illness
- ☐ Parent/Guardian believes that the child has a serious emotional disturbance/mental illness
- ☐ Child accepts that he/she has a serious emotional disturbance/mental illness
- ☐ Parent/Guardian accepts that the child has a serious emotional disturbance/mental illness
- ☐ Child believes his/her symptoms/behaviors will/are improving with the medications
- ☐ Parent/Guardian believes the child's symptoms/behaviors will/are improving with the medications
- ☐ Child likes his/her doctor, Wraparound Facilitator or Primary Clinician
- ☐ Parent/Guardian likes the child's Prescriber, Wraparound Facilitator or Primary Clinician
- ☐ Parent/Guardian believes the benefits outweigh the risks for his/her child taking medications
- ☐ Child feels better when taking medications
- ☐ Parent/Guardian believes the child's overall functioning is improving
- ☐ Child is bothered by/concerned about the medication's side effects
- ☐ Parent/Guardian is bothered by/concerned about the medication's side effects
- ☐ Child's friends are supportive in him/her taking mental health medications
- ☐ Parent/Guardian's family members/friends are supportive in him/her giving medication to the child.

**The following <u>Medication Non-Adherence Risk Factors are present</u>: (circle/check all that apply):**

- ☐ Parent/Guardian does not believe or accept that the child has a serious emotional disturbance or mental illness
- ☐ Parent/Guardian does not like the child's Prescriber, Wraparound Facilitator or Primary Clinician

- ☐ Child reports the medications are not working/symptoms are not improving
- ☐ Parent/Guardian reports the medications are not working/symptoms are not improving
- ☐ Child is not able to tolerate the side effects
- ☐ Parent/Guardian is concerned about side effects
- ☐ Child's friends do not support him/her taking mental health medications
- ☐ Parent/Guardian's family members or friends do not support him/her giving psychiatric meds to child
- ☐ Stigma- child is ashamed to take medications, feels judged by others for taking medications
- ☐ Stigma- parent/guardian is ashamed, feels judged by others that his/her child is taking meds
- ☐ Family Court or DHS has stipulated that the parent/guardian must participate in the MDS Program
- ☐ Child is only taking medications because the parent/guardian/Family Court/DHS is making him/her
- ☐ Child has tried medications in past and reported they have not worked
- ☐ Parent/Guardian does not have transportation to pick up medications
- ☐ Parent/Guardian does not have money to pay for medications
- ☐ Parent/Guardian forgets to give the medications to the child

**Medication Knowledge Areas:** (check all that apply)

The Parent/Guardian can state the following:

- ☐ The names of the child's medications
- ☐ The purpose of the child's medications
- ☐ How and when the child is to take the medications
- ☐ Side Effects of the medications
- ☐ Environmental Factors (food, etc.) to avoid when taking the medications

**Organizational Strategies:**

The Parent/Guardian (child if appropriate) is:
☐ Working on this ☐ Not working on this ☐ Completed

**MDS Treatment Goals:**

The Parent/Guardian (child if appropriate) is:
☐ Working on this ☐ Not working on this ☐ Completed

**Readiness for Taking Medications Independently:**
The Parent/Guardian is ready to decrease the frequency of the medication drops

☐ Yes ☐ No Provide Rationale: _____

_____

_____

_____

Exhibit E

# MED DROP™ Program
# Assessment of Client's Medication Assistance Need

**Client's Name: _____**

**Date Completed: _____** **Name of Person Completing: _____**

This is to be completed with Referral Source/Case Manager prior to Program Orientation Session. This is to be referenced during the Program Orientation Session.

1. What is the Referral Source's goal for the child who he/she is referring to the Med Drop Program?

   a. Does the person expect the child to come into the program for a short period of time 3-6 months and then be able to successfully complete the program? If so, why?

   b. Does the person think the child will be in the program for a long period of time? If so, why?

2. Review the following "Need Factors" with the Referral Source & Child/Guardians/Parents:

   a. Does the child have a co-occurring disorder?

   Does the child have a history of abusing/misusing prescription medications?

   Can medications be left in the child's possession?

   b. Is the child at risk for going into an out of home placement?

Does the child already have In Home CLS services?

c. Is the child experiencing active clinical symptoms?

Are the symptoms due to the treating prescribing adjusting medications to find a medication regimen that works? Or, is this the child's clinical baseline?

d. Does the child have chronic medical conditions that are of concern?

e. How many medications is the child taking including psychiatric and physical health?

f. Can the child/parents/guardians read and write?

g. Does the child/parents/guardians have cognitive/learning challenges including an Intellectual Developmental Disorder?

h. Does the parents/guardians have physical challenges to managing medications? Inability to open DISPILL or bottles? Vision/Blindness Problems? Hearing/Deafness Problems? Physical Health Concerns? Extreme Shaking Hands, etc.?

i. Does the client/parents/guardians have memory issues that are Not related to a cognitive/learning challenge or Intellectual Developmental Disorder?

3. Is someone helping the parents/guardians/child with the child's medications now?

   What is the level of help? Is it specific phone calls at a certain time? Is it having possession of the meds? Is it taking the medicine out of the bottle and giving to the child? Or is it intermittently asking the child if he/she is taking her medications with no further oversight?

   Does the parent/guardian have regular "scheduled" help with medications. If so, how many days of the week?

4. Based upon all of the above, what drop frequency is the Referral Source recommending for the child? Does the Treating Prescriber support his/her recommended frequency?

Exhibit F



**CAFAS Score Eligibility for the MDS Program for Children**

**Age:** The child is between the ages of 7 and 17. Children 6 and under are excluded. If a child is 18 or turns 18, he or she is to be referred to the Adult MDS Program. **AND**

**CAFAS:** The child is to have a CAFAS administered within 90 days of the referral. If the current CAFAS is more than 90 days old, the primary clinician will administer a CAFAS prior to submitting the referral.

If the child has any of the following CAFAS items, he/she is **NOT** eligible for the MDS Program:

| Subscale Title | Item Number | Reason for Exclusion |
|---|---|---|
| **School/Work** | 003 | Aggressive toward others-could be teachers (authority figures) or peers |
| | 004 | Aggressive toward teachers (authority figures) or peers |
| | 006 | Chronic truancy- if a medication dosage is prescribed during the day, most likely child will not be at school to take the meds- not cost effective for the MDS Provider. |
| | 007 | Chronic absences- if a medication dosage is prescribed during the day, most likely child will not be at school to take the meds-not cost effective for the MDS Provider. |
| | 014 | Frequently truant- if a medication dosage is prescribed during the day, most likely child will not be at school to take the meds-not cost effective for MDS Provider. |
| | 015 | Frequent absences from school- - if a medication dosage is prescribed during the day, most likely child will not be at school to take the meds-not cost effective for MDS Provider. |
| **Home** | 043 | Aggressive toward household members |
| | 044 | Aggressive toward household members |
| | 045 | Parent has no control over the child |
| | 048 | Running away from home-not cost effective for MDS Provider |
| | 054 | Running away from home-not cost effective for |

| | | |
|---|---|---|
| | | MDS Provider |
| **Subscale Title** | **Item Number** | **Reason for Exclusion** |
| **Community** | No Exclusions | --------- |
| **Behavior Toward Others** | 089 | Aggressive toward others |
| **Moods/Emotions** | 119 | Suicidal Intent- beyond scope of MDS Program |
| **Self-Harmful Behavior** | 142, 143, 144 | Risk for Self-Harm- beyond scope of MDS Program |
| | 146,147 | Risk for Self-Harm-beyond scope of MDS Program |
| **Substance Use** | 160, 161 | Teenage Pregnancy -beyond scope of MDS Program |
| **Thinking** | No Exclusions | ------- |

**Home- 041** is acceptable under the following conditions: 1) The child is living in Saginaw County and 2) The child's parent authorizes the adult in the household where child is staying to observe the child self-administering his/her medications and 3) The authorized adult is willing to participate in the program and engage in the educational component of the program. The educational component consists of medication education and identifying and implementing medication organizational strategies.

**Home-046** is acceptable under the following condition: The child needs constant monitoring due to impulsive behavior versus aggression toward others. If the child is aggressive toward adults (including parents/guardians) in the household, he/she is excluded from the program.

**Home-047** is acceptable under the following condition: The child needs supervision due to impulsive behavior versus aggression toward others. If the child is aggressive toward adults (including parents/guardians) in the household, he/she is excluded from the program

**Home-051** is acceptable on a "trial basis" for 30 days. After the initial 30 days, the "trial basis" can be extended for another 90 days if the child's adherence rate is 59% or less (non-adherent rate). It may not be cost effective for MDS Provider due to the child not being available for scheduled med drops.

**Behavior Toward Others- 097** is acceptable; however, if the child displays an angry outburst in the presence of the MDS Staff, depending upon the intensity of the outburst, the child may be discharged from the program on the basis of the potential for the outburst escalating to physical aggression or threats of physical aggression toward an authority figure, including the MDS Staff.

**Self-Harmful Behavior-149** is acceptable; however, if there is any escalation of the self-harmful behavior, even one incident, the child will be discharged from MDS Program. Self-Harmful behaviors are beyond the scope of the MDS Program.

**AND Child and/or Parent(s)/Guardian(s) meets one (1) of the following referral reason(s): (Check all that apply):**

☐ Child is not taking medications (ex: refusing, hoarding, hiding, cheeking meds etc.)

☐ Child is exiting a residential setting, including out of home respite, juvenile detention or youth home

☐ Child is exiting a psychiatric or physical health care setting

☐ Parent(s)/Guardian(s) are forgetting to give the medications to the child

☐ Parent(s)/Guardian(s) are having challenges organizing the child's medications

☐ Parent(s)/Guardian(s) are having their own challenges that make it difficult to ensure their child receives his/her medication as prescribed

☐ DHS has stipulated that the child must receive his/her medication as prescribed

☐ Family Court has stipulated that the child must receive his/her medication as prescribed

☐ Other: (Explain): _____

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Services for American Indians | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.34 |
| **Effective Date**:<br>5/5/16 | **Date of Review/Revision**:<br>6/13/17, 4/10/18, 4/9/19, 7/29/20, 5/10/22, 4/11/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Executive Director of Clinical Services<br><br>**Authored By:**<br>Barbara Glassheim<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to ensure the provision of and/or coordination of services to American Indians is person/family-centered, trauma-informed, recovery-oriented, developmentally and phase-of-life appropriate, culturally and linguistically sensitive and promotes consumer engagement and shared decision-making using evidence-based practices and treatments to maximize the potential for beneficial outcomes.

**Policy:**
SCCMHA shall provide holistic, person/family-centered, trauma-informed, developmentally and phase of life appropriate care which recognizes the particular cultural and linguistic needs of the consumer and addresses health disparities..

Services for American Indian consumers may be provided either directly or via agreement with tribal providers. In some instances, services may be provided conjointly by SCCMHA and tribal providers.

**Application:**
This policy applies to the delivery of all services and supports funded by SCCMHA for persons with a mental illness, substance use disorder, intellectual/developmental disability as well as children and youth with a severe emotional disturbance.

**Standards:**
A. SCCMHA shall address the five nationally accepted core elements of cultural competence in serving members of any distinct cultural group, including American Indians:
   1. Awareness, acceptance and valuing of cultural differences
   2. Awareness of one's own culture and values
   3. Understanding the range of dynamics that result from the interaction between people of different cultures

4. Developing cultural knowledge of the particular community served or to access cultural brokers who may have that knowledge
5. Ability to adapt individual interventions, programs, and policies to fit the cultural context of the individual, family, or community

B. SCCMHA shall, resources permitting, offer cultural competency training to providers in order to help them understand and appreciate American Indian culture.

C. SCCMHA shall offer choice of providers to eligible members of the Saginaw Chippewa Indian Tribe residing in Saginaw County who request mental health services.
   1. SCCMHA shall serve American Indians who request and meet criteria for services.
      a. SCCMHA shall engage and coordinate care with the Saginaw Chippewa Indian Tribe Behavioral Health Program when serving members of the tribe.

D. SCCMHA shall work with the Saginaw Chippewa Indian Tribe Behavioral Health Program to assist in the provision of services to tribal members who are SCCMHA consumers and to help inform the provision of culturally appropriate services to those consumers including traditional approaches to care.
   a. Every effort shall be made to ensure services and supports are compatible with the Tribe's traditional healing practices and commitment to restoring the balance of the mind, body, and spirit and address mental health issues specific to Tribes including, but not limited to, historical trauma, relocation, grief and loss, foster placement, physical, sexual, emotional, spiritual abuse, reactive attachment disorder, and trauma.

E. SCCMHA shall develop and implement an agreement to coordinate care and/or fund services on an out-of-network basis for persons deemed eligible for SCCMHA services who are tribal members and seek services at the Saginaw Chippewa Indian Tribe Behavioral Health Program.
   1. SCCMHA shall authorize medically necessary services provided to eligible Medicaid and Healthy Michigan Plan beneficiaries who are eligible to receive services from the Saginaw Chippewa Indian Tribe Behavioral Health Program in accordance with established medical necessity criteria.
   2. SCCMHA shall provide crisis screening and intervention, including authorization for inpatient psychiatric hospitalization services, for tribal members when needed.
   3. SCCMHA case holders shall coordinate care for consumers who are serviced by both SCCMHA and the Saginaw Chippewa Indian Tribe Behavioral Health Program.
   4. Reimbursement rates to the Chippewa Indian Tribe Behavioral Health Program shall be in alignment with SCCMHA network rates for like services.

**Definitions:**

**Culture:** The beliefs, customs, social norms, and material traits of a racial, religious, or social group. It affects the group members' viewpoints: how they act; how they think; and how they see themselves in relation to the rest of the world. Culture is also defined as a

particular society that has its own beliefs, ways of life, art, etc. or a way of thinking, behaving, or working that exists in a place or organization (such as a business).

Culture is transmitted through language, symbols, and rituals. Cultural differences can be manifested in help-seeking behaviors, language and communication styles, symptom patterns and expressions, nontraditional healing practices, and the role and desirability of an intervention or treatment.

**Cultural Customs:** A particular group or individual's preferred way of meeting their basic human needs and conducting daily activities as passed on through generations. Customs are influenced by: ethnicity, origin, language, religious/spiritual beliefs, socioeconomic status, gender, sexual orientation, age, marital status, ancestry, history, gender identity, geography, etc. American Indian cultural customs are expressed via material culture such as food, dress, dance, ceremony, drumming, song, stories, symbols, and other visible manifestations.

**Cultural Competence:** Recognition of the importance of the cultures, skills, knowledge, and policies needed to deliver effective treatments. Cultural competence is demonstrated through respecting and valuing differences among consumers, assuming responsibility to address these differences, and an appraising the effectiveness of an organization's ability to address cultural differences.

**Cultural Identity:** The character or feeling of belonging to a group that is part of a person's self-conception and self-perception and is related to nationality, ethnicity, religion, social class, generation, locality or any kind of social group that has its own distinct culture. An individual's own personal and family history determines their cultural identity and practices, which may change throughout the lifespan as they are exposed to different experiences.

**Diversity:** Differences in geographic location (rural, urban), sexual orientation, age, religion or spiritual practice, socioeconomic status, and physical and mental capacity.

**Ethnicity**: A population or group having a common cultural heritage that is distinguished by customs, characteristics, language, and common history.

**References:**


A. Cross, T., Bazron, B., Dennis, K., and Isaacs, M. (1989). *Towards A Culturally Competent System of Care Volume I.* Georgetown University Child Development Center, CASSP Technical Assistance Center. Washington, D.C. [On-line]. Available: https://spu.edu/~/media/academics/school-of-education/Cultural%20Diversity/Towards%20a%20Culturally%20Competent%20System%20of%20Care%20Abridged.ashx

B. National Association of State Mental Health Program Directors (NASMHPD). (2004). *Cultural Diversity Series: Meeting the Mental Health Needs of American Indians and Alaska Natives.* National Association of State Mental Health Program Directors. Alexandra, VA. NTAC. [On-line]. Available: http://www.azdhs.gov/bhs/pdf/culturalComp/ccna.pdf.

C. Saginaw Chippewa Indian Tribe Behavioral Health Programs: http://www.sagchip.org/behavioralhealth/#.VzXvivkrKpA.

D. SCCMHA Policy 02.01.01.02 – Cultural Competence

E. SCCMHA Policy 02.03.05 – Recovery

F. SCCMHA Policy 02.03.08 – Welcoming

G. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
H. SCCMHA Policy 03.02.46 – Whole-Person Care
I. Substance Abuse and Mental Health Services Administration (SAMHSA). (September 2010). *American Indian and Alaska Native Culture Card: A Guide to Build Cultural Awareness.* SAMHSA. Rockville, MD. [On-line]. Available: https://store.samhsa.gov/sites/default/files/d7/priv/sma08-4354.pdf.

**Exhibits:**
None

**Procedure:**
None

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Serving LGBTQIA+ Consumers | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.35 |
| **Effective Date**:<br>5/5/16 | **Date of Review/Revision**:<br>6/13/17, 4/10/18, 4/9/19, 8/21/20, 4/8/21, 5/10/22, 4/11/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Executive Director of Clinical Services |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:**<br>Barbara Glassheim, Heidi Wale Knizacky<br><br>**Additional Reviewers**: |

**Purpose:**

The purpose of this policy is to provide basic information regarding LGBTQIA+ culture and terminology as well as to ensure that consumers with mental illnesses, substance use disorders, severe emotional disturbances and intellectual/development disabilities who are lesbian, gay, bisexual, transgender, questioning, intersex, pansexual, two-spirit, and other types of sexual orientation or gender identity minority (LGBTQIA+) are provided with high-quality, culturally competent services and supports.

**Policy:**

SCCMHA recognizes that health disparities among LGBTQIA+ individuals, including higher rates of sexually transmitted infections (STIs), HIV, depression, anxiety, suicidality, tobacco use, and substance use disorders, result from bias presented at individual, interpersonal, social, and structural levels. SCCMHA also recognizes that it is especially important to build rapport as a way to counteract the exclusion, discrimination, and stigma that many LGBTQIA+ people have historically experienced in health care settings. SCCMHA further recognizes that providers need to be aware of their own implicit biases that may affect the way they interact with LGBTQIA+ people they serve.

SCCMHA shall provide gender/identity affirming, person/family-centered, trauma-informed, developmentally and phase of life appropriate, recovery-oriented, and culturally and linguistically sensitive services to consumers who identify as LGBTQIA+ in a manner that promotes consumer engagement and shared decision-making.

**Application:**

This policy applies to all SCCMHA-funded services and supports provided to persons with mental illnesses, substance use disorders, intellectual/developmental disabilities and children with severe emotional disturbances.

**Standards:**

A. SCCMHA values diversity and inclusiveness including, but not limited, to race, ethnicity, age, religion, gender, sexual orientation, and disability, among others, and shall provide services and supports in a manner that is sensitive to the concerns of diverse consumers including those who are LGBTQIA+.
   1. SCCMHA shall create a safe and welcoming atmosphere safe for LGBTQIA+ people.
   2. SCCMHA-funded providers shall display the appropriate cultural awareness, knowledge and skill to create a welcoming environment for behavioral health consumers of every sexual orientation, gender identity and gender expression.

B. SCCMHA shall use inclusive language in policies and practice including:
   1. Using gender-neutral terms such as partner, spouse, loved one, child, and caregiver to avoid heteronormative and gender binary language, which can be discriminatory.
   2. Avoiding the use of words such as lifestyle, sex-change, and homosexual, as these may be offensive and inappropriate.
   3. Asking individuals to identify their own pronouns, preferred name, and preferred identity terms and adhering to these terms when talking to and about the individual and adding documentation to their medical record.

C. SCCMHA shall provide culturally competent, trauma-informed, integrated treatment and recovery support services that are grounded in a strengths-based, shared decision-making approach to LGBTQIA+ people.

D. SCCMHA shall deliver services and supports that are LGBTQIA+-welcoming and respectful by:
   1. Not assuming anyone is straight or cisgender.
   2. Not assuming an individual will disclose their sexual orientation or gender identity if not asked.
   3. Not viewing an individual's sexual orientation or gender identity as a behavioral target or symptom in need of treatment intervention.
   4. Avoiding influencing or implying a pre-determined outcome when working with individuals who are questioning their sexual orientation or gender identity.
   5. Recognizing that, while being LGBTQIA+ does not imply need for treatment, individuals who are LGBTQIA+ are at increased risk for experiences of trauma and minority stress and a thorough assessment should be completed to identify all needs.
   6. Recognizing and supporting the function of self-actualizing behaviors of LGBTQIA+ individuals and avoiding labels and diagnoses – such as Oppositional Defiant Disorder – that place the burden of change on the individual when the conflict is, in fact, due to inappropriate family or societal response.

E. LGBTQIA+-affirmative values shall be reflected in in employee training, supervision, and evaluation.

F. SCCMHA shall include topics regarding LGBTQIA+ cultures and communities during cultural awareness and competency trainings.

1. SCCMHA shall provide staff education regarding the LGBTQIA+ population.
2. Training will encourage culturally affirmative environments of care for LGBTQIA+ consumers and family members.

G. SCCMHA shall promote LGBTQIA+ tolerance in the community and speak out against discrimination and intolerance.
   1. SCCMHA shall forge relationships with LGBTQIA+ groups and resources by attending their events, meeting to discuss common interests, supporting their efforts, and sharing resources.
   2. SCCMHA shall endeavor to help address stigma and microaggressions, including those associated with LGBTQIA+ people, and to foster a deeper sense of heritage and community.

H. SCCMHA recognizes the dangers of conversion or "reparative" therapy for LGBTQIA+ people and does not provide or support it; SCCMHA supports only those therapies that affirm the identities of LGBTQIA+ people and respect their right to self-determination.

I. SCCMHA policies, regulations, training materials and contracts shall reflect protection from discrimination based on sexual orientation, gender identity and gender expression.

J. Consumers, families, providers and staff shall be encouraged to report violations of SCCMHA's policies of non-discrimination and anti-conversion therapy.

K. SCCMHA shall ensure that all practices consider LGBTQIA+ needs.
   1. SCCMHA shall ensure that all family services are available for domestic partners and significant others of LGBTQIA+ consumers.

L. SCCMHA providers shall avoid inadvertently outing LGBTQ+ consumers to others, including to the families of youth being served.

**Definitions:**

***Note:*** *Discussion of topics that have a history of oppression (such as LGBTQIA+ experiences) creates localized and covert communication. As conversations become increasingly open and inclusive, more accurate terms are identified and disseminated. Checking updated sources and – especially – asking preferences of individuals whose language will be used with and about is advised.*

**Agender:** A person who does not identify with a specific gender or who does not experience gender as a primary identity component.

**Ally:** A person who identifies as heterosexual and cisgender but is connected to or a part of the LGBTQIA+ community and is an advocate of rights for LGBTQIA+ people.

**Androgyne/Androgynous:** A person who presents themselves in a gender-neutral manner or who combines outward characteristics that are typically thought of as masculine or feminine. Androgynous people may identify as male, female, a third gender, or no gender.

**Aromantic:** A person who experiences little or no romantic attraction to others, and/or lacks interest in forming romantic relationships. Aromantic people may still have intimate relationships.

**Asexual:** An individual who does not identify with any sexual orientation because they do not experience sexual attraction; a person who experiences little or no sexual attraction to others. Asexual people may still engage in sexual activity.

**Assigned Female at Birth/Assigned Male at Birth:** The sex that is assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Commonly abbreviated as AFAB (assigned female at birth) or AMAB (assigned male at birth).

**Bigender:** A person who has two genders; exhibiting cultural and/or physical characteristics of male and female roles.

**Binding:** The process of tightly wrapping one's chest in order to minimize the appearance of having breasts. This is achieved through use of constrictive materials such as cloth strips, bandages, or specially designed undergarments, called binders.

**Biphobia:** Discrimination towards, fear, marginalization, and hatred of bisexual people, or those who are perceived as bisexual. Individuals, communities, policies, and institutions can be biphobic.

**Bisexual:** An individual who is attracted to people of both genders or either gender. This term may be used to describe self-identity, behavior, or both. It may be used to describe a person's past, present, or potential range of romantic and/or sexual attraction. Bisexual people may be monogamous, non-monogamous, or celibate, and may never have had sexual relations with men, with women, or with anyone at all.

Some bisexually identified people indicate that gender is irrelevant to their attraction or choice of romantic partners while others indicate that gender is quite salient, and they are attracted to men and to women for different reasons or at different times. (Bisexual does not mean that the person is necessarily involved with both men and women at the same time.)

**Bisexuality**: The capacity to be romantically and/or sexually attracted to individuals of more than one sex.

**Bottom:** A slang term for genitals and buttocks. Also used to refer to the receptive partner in anal sex.

**Bottom Surgery:** Slang term for gender-affirming genital surgery.

**Chosen Name/Name Used:** The name a person goes by and wants others to use in personal communication, even if it is different from the name on that person's insurance or identification documents (e.g., birth certificate, driver's license, and passport). Use of the term 'chosen name' is recommended over 'preferred name.' The terms Chosen Name or Name used can be put on patient health care forms alongside Name on your insurance (if different) and Name on your legal identification documents (if different). In conversation with patients, health care staff can ask, "What name do you want us to use when speaking with you?", or "What is your chosen name?"

**Cisgender:** An individual who identifies with the gender assigned to them at birth; someone who is not transgender. The term cisgender comes from the Latin prefix cis, meaning "on the same side of."

**Closeted (or "being in the closet"):** Lack of disclosure - or actively hiding or disguising - one's sexual orientation or gender identity. Like "coming out," it may be situational and/or change over time; a given person may be "closeted" at work, but quite "out" socially.

**Coming Out (or "coming out of the closet" or being "out"):** The individual process by which a person recognizes, accepts, and shares with others one's sexual and/or gender identity. This is a non-linear process; an individual may be "out" in some situations or to certain people but not to others. The process of coming out to oneself and to others is unique for every individual.

**Conversion Therapy or Reparative Therapy:** Clinical treatment with the purpose of changing a person's sexual orientation. This type of treatment assumes that any sexual or affectional preferences other than heterosexual are pathological.
**Cross Dresser:** A person of any gender and any sexual orientation who wears clothing that is not usually associated with his/her socially assigned gender roles.
**Culture:** The beliefs, customs, social norms, and material traits of a racial, religious, or social group. It affects the group members' viewpoints: how they act; how they think; and how they see themselves in relation to the rest of the world. Culture is also defined as a particular society that has its own beliefs, ways of life, art, etc. or a way of thinking, behaving, or working that exists in a place or organization (such as a business). Culture is transmitted through language, symbols, and rituals. Cultural differences can be manifested in help-seeking behaviors, language and communication styles, symptom patterns and expressions, nontraditional healing practices, and the role and desirability of an intervention or treatment.
**Drag:** The theatrical performance of a gender or multiple genders that are not your own. Performers are called Drag Kings and Drag Queens. Most drag performers are cisgender. The terms Drag King and Drag Queen can also be used as an insult.
**Ethnicity**: A population or group having a common cultural heritage that is distinguished by customs, characteristics, language, and common history.
**Diversity:** Differences in geographic location (rural, urban), sexual orientation, age, religion or spiritual practice, socioeconomic status, and physical and mental capacity.
**Enby/N.B.:** Non-binary. Refers to individuals and social systems that do not limit their experience and understanding of gender as being restricted to only male and/or female.
**F to M:** A female to male transgender or transsexual person (i.e., a person who transitioned or is transitioning from living as a girl/woman to living as a man).
**Family of Choice:** Supportive friendship networks that function as family, often due to rejection or lack of disclosure to the biological family. Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family of origin as well as include individuals such as significant others or partners, friends, coworkers, etc.
**Family of Origin:** Birth or biological family or any family system instrumental or significant in an individual's early development.
**Gay:** A person who is attracted to people of the same gender. It is primarily used in reference to men (gay men) but may also be used as an inclusive term to encompass both men and women. Gay may also be used as an adjective to denote same-sex sexual orientation. Someone who identifies as gay may have sexual relations with someone of the same sex, the opposite sex, or may not have sexual relations.
**Gender:** A person's biological, personal, social and /or legal status as male or female. However, the term "sex" may be defined as the biological, and "gender" as the personal, social, or legal. Thus, a person could have male (biological) sex but live full time as and think of herself as a woman.
**Gender Affirmation:** The process of making social, legal, and/or medical changes to recognize, accept, and express one's gender identity. Social changes can include changing one's pronouns, name, clothing, and hairstyle. Legal changes can include changing one's name, sex designation, and gender markers on legal documents. Medical changes can

include receiving gender-affirming hormones and/or surgeries. Although this process is sometimes referred to as transition, the term gender affirmation is recommended.

**Gender-Affirming Chest Surgery:** Surgeries to remove and/or construct a person's chest to be more aligned with that person's gender identity. Also referred to as top surgery. Types of chest surgeries include feminizing breast surgery (breast augmentation, chest construction, or breast mammoplasty) and masculinizing chest surgery (mastectomy and chest contouring).

**Gender-Affirming Genital Surgeries:** Surgeries that help align a person's genitals and/or internal reproductive organs with that person's gender identity, including: clitoroplasty (creation of a clitoris); hysterectomy (removal of the uterus; may also include removal of the cervix, ovaries, and fallopian tubes); labiaplasty (creation of inner and outer labia); metoidioplasty (creation of a masculine phallus using testosterone-enlarged clitoral tissue); oophorectomy (removal of ovaries); orchiectomy (removal of testicles); penectomy (removal of the penis); phalloplasty (creation of a masculine phallus); scrotoplasty (creation of a scrotum and often paired with testicular implants); urethral lengthening (to allow voiding while standing); vaginectomy (removal of the vagina); vaginoplasty (creation of a neo-vagina); and vulvoplasty (creation of a vulva).

**Gender-Affirming Hormone Therapy:** Feminizing and masculinizing hormone treatment to align secondary sex characteristics with gender identity.

**Gender-Affirming Surgery (GAS):** Surgeries to modify a person's body to be more aligned with that person's gender identity. Types of GAS include chest and genital surgeries, facial feminization, body sculpting, and hair removal.

**Gender Binary:** The assertion that there are only two genders, male and female and that a person can only be either exclusively male or female.

**Gender Diverse:** The community of people who fall outside of the gender binary structure (e.g., non-binary, genderqueer, gender fluid people).

**Gender Dysphoria:** Distress experienced by some people whose gender identity does not correspond with their sex assigned at birth.

**Gender Expression:** Characteristics in appearance, personality, and behavior, culturally defined as masculine or feminine – i.e., the manner in which an individual outwardly expresses their gender identity.

**Gender Fluid (or Genderfluid):** An individual who does not identify as having a fixed gender. A person who is gender fluid may always feel like a mix of more than one gender but may feel more aligned with a certain gender some of the time, another gender at other times, both genders sometimes, and sometimes no gender at all.

**Gender Identity:** An individual's inner sense of self as male, female, somewhere in between, or something else altogether. Most people develop a gender identity that corresponds to their biological sex, but some do not. Gender Identity may or may not be consistent with biological, social or legal gender. For example, a person may be born with a penis – and therefore assigned as male at birth - but have a female gender identity.

**Genderism:** The belief that there are, and should be, only two genders, and that one's gender, or most aspects of it, are inevitably tied to one's sex assigned at birth.

**Gender Neutral:** Facilities that any individual can use regardless of gender (e.g., gender-neutral bathrooms); can also be used as a synonym for androgynous, or someone who does not identify with a particular gender.

**Gender Non-Conforming (GNC):** A person who does not subscribe to gender expression or roles imposed by society.
**Genderqueer or Gender Queer :** A person who identifies as living outside the traditional gender construct of male body and gender, and female body and gender; someone who resists male or female labels.
**Gender Roles:** Female or male roles created by society and culture that often proscribe narrow sets of behavior for both men and women (and disregard transgender people).
**Gender Variant:** Individuals who self-identify as not conforming to the conventions of male and female behavior (e.g., those who are transgender).
**Heterocentric or Heterosexist:** The presumption that everyone is heterosexual, or that heterosexuality is better or more normal than other orientations.
**Heteronormative/ Heteronormativity:** The general practice in our culture of assuming that heterosexuality and traditional gender identities are the norm. Also refers to societal pressure for everyone to look and act in a stereotypically heterosexual way. Heteronormativity can manifest as heterosexism, the biased belief that heterosexuality is superior to all other sexualities.
**Heterosexism:** The value and belief attitude that heterosexuality is the only valid or acceptable or natural sexual orientation and that it is inherently healthier or superior to other types of sexuality. Heterosexism "can affect LGBTQIA+ people by causing internalized homophobia, shame, and a negative self-concept.
**Heterosexual ("Straight"):** A person who is attracted to people of the opposite gender – i.e., a woman who identifies as being attracted to men, or a man who identifies as being attracted to women. Some heterosexual people are attracted to people of the same sex but have sexual relations only with the opposite sex. Others who consider themselves heterosexual may have sexual relations with men and women, and still others may not have sexual relations.
**Heterosexual Privilege:** A term describing the benefits derived automatically from being heterosexual or perceived as heterosexual, which are denied to people of other sexual orientations.
**Homophobia:** The fear or hatred of LGBTQIA+ people or what they do and often used as a justification for discrimination. Homophobia in the hands of the dominant or more powerful in society results in heterosexism**.** Individuals, communities, policies, and institutions can be homophobic.
**Homosexual:** A historical term for a person who is attracted to people of the same gender. Some homosexual people are attracted to people of the opposite sex but have sexual relations only with the same sex. Others who consider themselves homosexual may have sex with men and women, and still others may not have sexual relations. (This term may be considered outdated and negative due to its historical use as a clinical term when being gay or lesbian was considered de facto a mental illness.)
**Internalized Homophobia:** The experience of shame, aversion or self-hatred internalized by LGBTQIA+ people in reaction to society's homophobia and discrimination due to their acceptance and belief of the negative messages of the dominant group regarding LGBTQIA+ people.
**Intersex:** refers to people born with sex chromosomes, external genitalia, and/or internal reproductive systems that are not typical for either male or female, but instead are mixed, blended, or indeterminate. Intersex people may be of any sexual orientation and any gender

identity. (The historical term "hermaphrodite" is now considered offensive by many because of the inaccurate implication that the person can self-reproduce.) Intersex conditions are caused by any number of prenatal genetic or hormonal anomalies, including those listed below. Individuals with these conditions are sometimes at higher risk for other medical conditions, for example, osteoporosis.

**Adrenal Hyperplasia** is the most prevalent cause of intersexuality among chromosomally XX people with a frequency of about 1 in 20,000 births and is caused by an anomaly of adrenal function causing the synthesis and excretion an androgen precursor, initiating virilization (development of male secondary sex characteristics) of a XX person in-utero. Because the virilization originates metabolically, masculinizing effects continue after birth.

**Androgen Insensitivity Syndrome (AIS)** is a genetic condition occurring in approximately 1 in 20,000 individuals. In an individual with complete AIS, the body's cells are unable to respond to androgen. Some individuals have partial androgen insensitivity. Partial androgen insensitivity typically results in ambiguous genitalia.

**Progestin-Induced Virilization** is caused by prenatal exposure to outside androgens, most commonly Progestin, a drug that was administered to prevent miscarriage in the 50's and 60's. It is converted to an androgen (a virilizing hormone which causes the development of male secondary sex characteristics) by the prenatal XX person's metabolism.

**Klinefelter Syndrome (KS)** is the set of symptoms that result from two or more X chromosomes in males rather than the typical inheritance of a single X chromosome from the mother and a single Y chromosome from the mother. Men with KS, which is also known as 47, XXY or XX, inherit an extra X chromosome from either father or mother; their karyotype is 47 XXY. KS is quite common, occurring in 1/500 to 1/1,000 male births.

**Intersectionality:** The idea that comprehensive identities are influenced and shaped by the interconnection of race, class, ethnicity, sexuality/sexual orientation, gender/gender identity, physical disability, national origin, religion, age, and other social or physical attributes.

**"In The Closet":** A lesbian, gay, bisexual, transgender or intersex person who chooses not to disclose his or her sex, sexual orientation or gender identity to friends, family, co-workers or society. There are varying degrees of being "in the closet." For example, a person can be "out" in his or her social life, but "in the closet" at work or with family. Also known as **on the "Down-Low"** or **"D/L."**

**Lesbian:** A woman who identifies primarily as being attracted relationally and sexually to other women.

**LGBT:** An abbreviation for Lesbian, Gay, Bisexual, and Transgender. Used as an inclusive shorthand to refer to all of the currently identified sexual minorities. It is common to also see GLBT, LesBiGay, LGBTQ, LGBTQ+, GLBTI, GLBTQI, or LGBTA. The "Q" is added to include individuals who are *questioning* their sexual orientation/identity, the "I" is added to include *intersex* people, and the "A" is used by some to include *allies* and in other uses refers to *asexual*. In recent years, usage of this acronym has evolved in widening circles to *LGBTQ+2-S*, where *Q* represents *queer* or *questioning*; *I* represents *intersex*; and *2-S* refers to the Native American term that means *two spirits*.

**LGBTQ+:** A widely-accepted identifier which explicitly and affirmatively includes people who identify as lesbian, gay, bisexual, transgender, questioning and intersex, and is intended to communicate inclusiveness as well as within-group differences.
**LGBTQIA+:** An acronym for lesbian, gay, bisexual, transgender, queer or questioning, intersex, asexual, and other sexual and gender minorities.
**M to F:** A "male to female" transgender or transsexual person. That is, someone who transitioned or is transitioning from living as a boy/man to living as a woman.
**Men Who Have Sex with Men/Women Who Have Sex with Women (MSM/WSW):** Categories used in public health research and programs to describe people who engage in same-sex sexual behavior, regardless of how they identify their sexual orientation. People rarely use the terms MSM or WSW to describe themselves.
**Minority Stress:** The chronic stress experienced by LGBTQIA+ individuals related to stigmatization, marginalization, and lack of institutional and social supports within a predominantly heterosexual society. The negative effects of homophobia, transphobia, discrimination and violence on LGBTQIA+ people results in negative mental health outcomes. Minority stress is caused by external, objective events and conditions, expectations of such events, the internalization of societal attitudes, and/or concealment of one's sexual orientation or gender identity. Minority stress is compounded when a person holds multiple marginalized identities.
**Misgender:** To refer to a person by a pronoun or other gendered term (e.g., Ms./Mr.) that incorrectly indicates that person's gender identity.
**Non-Binary:** A person whose gender identity falls outside of the traditional gender binary structure of girl/woman and boy/man. Sometimes abbreviated as NB or *enby*.
**Open Relationship:** A relationship between two partners who consensually agree to non-monogamy (i.e., intimacy outside the primary partnership).
**Outing:** Involuntary or unwanted disclosure of another person's sexual orientation or gender identity.
**Pangender:** A person whose gender identity is comprised of many genders or falls outside the traditional cultural parameters that define gender.
**Pansexual:** A person who does not consider the gender label of others as a criterion for determining sexual or romantic attraction; a person who is emotionally and physically attracted to people of all gender identities, or whose attractions are not related to other people's gender.
**Polyamorous:** A sexual and/or romantic relationship comprising three or more people; a person in a polyamorous relationship. Sometimes abbreviated as *poly*.
**Pronouns:** The words people should use when they are referring to a person, but not using their name. Examples of pronouns are she/her/hers, he/him/his, and they/them/theirs. The appropriate phrasing is "What are your pronouns?" when seeking this information.
**QPOC:** An acronym that stands for Queer Person of Color or Queer People of Color.
**Queer:** An umbrella term used by some LGBTQIA+ people to refer to themselves and to reflect an ongoing attitude of non-restriction toward sexual orientation, gender identity and/or one's gender expression. This is sometimes a preferred label for people who feel that other sexuality/gender labels are not appropriate. Although the term is used by some heterosexist individuals as a derogatory term for LGBTQIA+ individuals, some members of the LGBTQIA+ community use it positively to refer to themselves or their community.

**Questioning:** A person who is unsure about their sexual orientation and/or gender identity, or who chooses at a given time to hold off in defining their sexual orientation and/or gender identity.
**Recovery:** A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.
**Same-Gender Loving (SGL):** A term most often used in communities of color to describe people with same sex attractions in order to avoid the negative connotations of the terms gay, homosexual, bisexual or lesbian.
**Same-Sex Attraction/Attracted (SSA):** The experience of a person who is emotionally and/or physically attracted to people of the same sex or gender but does not necessarily engage in same-sex sexual behavior. This term is used most commonly by people who live in religious communities that are not accepting of LGBTQIA+ identities. People who use SSA as an identity term may not feel comfortable with the terms gay, lesbian, queer, or bisexual.
**Sex:** A biological construct that is based primarily on physical attributes such as chromosomes, external and internal genital and reproductive anatomy and hormones.
**Sex Assigned at Birth:** The sex (male or female) assigned to an infant, most often based on the infant's anatomical and other biological characteristics. Sometimes referred to as birth sex, natal sex, biological sex, or sex; however, sex assigned at birth is the recommended term.
**Sexual Behavior:** Physical sexual activities a person engages in (which can be different from their sexual orientation).
**Sexual Minorities:** An encompassing term which includes lesbian, gay, bisexual, and pansexual people, however they may identify themselves.
**Sexual Orientation:** The term used to describe the gender to whom a person is attracted. People who are attracted to members of the opposite gender are heterosexual, or straight. People who are attracted to people of the same gender are homosexual, or gay. Gay women are often called lesbians. People who are attracted to both genders are bisexuals. Sexual orientation is distinct from sexual behavior – i.e., an individual's sexual behavior may not match their orientation (e.g., celibacy, experimentation, or prostitution).
**Social Stigma:** Negative stereotypes and lower social status of a person or group based on perceived characteristics that separate that person or group from other members of a society.
**SOGIE:** An acronym for sexual orientation, gender identity and gender expression. Everyone has a sexual orientation, gender identity and gender expression.
**Straight:** A man who is attracted to women or a woman who is attracted to men.
**Structural Stigma:** Societal conditions, policies, and institutional practices that restrict the opportunities, resources, and well-being of certain groups of people.
**Top:** A slang term for the chest. Also refers to the insertive partner in anal sex.
**Top Surgery:** Slang term for gender-affirming chest surgery.
**Transfeminine:** A person who was assigned male sex at birth and identifies with femininity to a greater extent than with masculinity.
**Transgender:** When a person's biological or assigned gender does not coincide with their personal inner sense of gender identity, the person may identify as transgender. Transgender persons live at least some of their lives as members of the opposite gender; those who seek gender-affirming surgery form a subgroup. Some transgender people

undergo surgeries or take hormones to alter the sex characteristics of their bodies, and others do not. Transgender people may consider themselves to be gay, lesbian, bisexual, transsexual, heterosexual, or none of these. They may identify explicitly with being male or female, a man or a woman, or they may not identify with any of these.

**Transgender Man / Trans Man:** A person who was assigned female sex at birth but identifies as and is living as a man. Similar terms include: "trans man," "trans boy," "transgender boy" and "affirmed male." Some transgender people object to the use of "FTM" or "F2M," abbreviations for "female-to-male."

**Transgender Woman / Trans Woman:** A person who was assigned a male sex at birth but identifies as and is living as a woman. Similar terms include: "trans woman," "trans girl" and "affirmed female." Some transgender people object to the use of "MTF" or "M2F," abbreviations for "male-to-female."

**Trans Masculine:** A person who was assigned female sex at birth and identifies with masculinity to a greater extent than with femininity.

**Transition:** A process by which transgender people align their anatomy (medical transition) or gender expression (social transition) with their gender identity. Often individuals and medical services will instead use the terms gender affirmation or gender confirmation. Terms such as "sex change" or "sex change operation" should not be used.

**Transphobia:** The irrational fear and hatred or non-acceptance of people whose gender identity or gender expression differs from the gender they were assigned at birth. Individuals, communities, policies, and institutions can be transphobic.

**Transsexual:** Individual with biological characteristics of one sex who identifies himself or herself as the opposite gender. In other words, a person whose gender identity is not consistent with their biological gender. This term is most often used to describe the subgroup of transgender individuals who seek out or desire medical interventions to make their body more gender congruent with their internal gender identity through surgery and/or hormonal treatment. Transsexuals may be heterosexual, bisexual or homosexual in their orientation. Some people experience the term transsexual as pejorative, and the term *transgender* should be used unless an individual specifically asks to be described as transsexual.

**Trauma-Informed Care:** An organizational structure and treatment framework that centers on understanding, recognizing, and responding to the effects of all types of trauma.

**Tucking:** The process of hiding one's penis and testes with tape, tight shorts, or specially designed undergarments.

**Two Spirit (2-S):** Adopted in 1990 at the third annual spiritual gathering of GLBT Natives, the term derives from the northern Algonquin word *niizh manitoag*, meaning *two spirit*, and refers to the inclusion of both feminine and masculine components in one individual. This culture-specific term is used among some Native American, American Indian, and First Nations people.

**References:**


A. Intersex Society of North America: www.isna.org/faq

B. Lucksted, A., Elven, J., Pendegar, E. (Undated). *Enhancing Cultural Competence: Welcoming Lesbian, Gay, Bisexual and Transgender Clients in Mental Health Services.* [On-line]. Available: http://medschool.umaryland.edu/facultyresearchprofile/uploads/59eabd4ebe674d01ae00ebfad157c442.pdf.

C. Movement Advancement Project (2019). *Where We Call Home: LGBT People in Rural America.* Boulder, CO. [On-line]. Available: https://www.lgbtmap.org/file/lgbt-rural-report.pdf.
D. NAMI and the UPenn Collaborative on Community Integration and National Alliance on Mental Illness. (2009). *GLBTQI Mental Health: Recommendations for Policies and Services*. [On-line]. Available: https://www.naminys.org/images/uploads/pdfs/GLBTQI%20Mental%20Health%20Recommendations%20for%20Policies%20and%20Services.pdf.
E. National Association of Social Workers. (2015). *Sexual Orientation Change Efforts (SOCE) and Conversion Therapy with Lesbians, Gay Men, Bisexuals, and Transgender Persons.* Washington, DC. [On-line]. Available: https://www.socialworkers.org/LinkClick.aspx?fileticket=IQYALknHU6s%3D&portalid=0
F. SCCMHA Policy 02.03.05 – Recovery
G. SCCMHA Policy 02.03.08 – Welcoming
H. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
I. SCCMHA Policy 02.03.41 – SOGI Safe
J. Substance Abuse and Mental Health Services Administration. (2012). *A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender Individuals.* SAMHSA. Rockville, MD.: https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/sma12-4104.pdf.
K. Substance Abuse and Mental Health Services Administration. (2013). *Building Bridges: LGBT Populations: A Dialogue on Advancing Opportunities for Recovery from Addictions and Mental Health Problems.* Substance Abuse and Mental Health Services Administration. Rockville, MD.: https://store.samhsa.gov/shin/content/SMA13-4774/SMA13-4774.pdf.
L. Substance Abuse and Mental Health Services Administration. (2015). *Ending Conversion Therapy: Supporting and Affirming LGBTQ Youth.* SAMHSA. Rockville, MD.: https://store.samhsa.gov/sites/default/files/d7/priv/sma15-4928.pdf.
M. The Center for Counseling Practice, Policy, and Research. (2009). *ALGBTIC Competencies for Counseling LGBQIQA.* American Counseling Association. [On-line]. Available: https://www.counseling.org/docs/default-source/competencies/algbtic-competencies-for-counseling-lgbqiqa.pdf?sfvrsn=1c9c89e_14.

**Exhibits:**
None

**Procedure:**
None

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Prescribing Controlled Substances | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.37 |
| **Effective Date:**<br>2/14/19 | **Date of Review/Revision**:<br>6/12/19, 10/5/20, 10/18/21<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Chief of Health Services & Utilization Management<br><br>**Author:**<br>Barbara Glassheim<br><br>**Additional Reviewers**:<br>SCCMHA Service Management Team, Medical Director |

**Purpose:**

The purpose of this policy is to ensure SCCMHA's compliance with statutes enacted by the Michigan Legislature in response to concerns regarding the misuse of controlled substances. These statutes impose specific requirements on prescribers who prescribe controlled substances and on pharmacists who fill those prescriptions.

**Policy:**

Background:

According to the State of Michigan, prescription drug misuse is a serious problem and drug overdose deaths have been on the rise across the state. Two types of prescription drugs are the leading cause of misuse. These are painkillers (opioids) and tranquilizers (benzodiazepines). Opioids include both illegal drugs, such as heroin, and prescription pain medicines. Common opioids used to treat pain include oxycodone, hydrocodone, morphine, methadone, and codeine.

A development in the opioid crisis has been the increase of synthetic opioids. Synthetic opioids are chemically manufactured drugs. Synthetic opioids that are appearing across Michigan include fentanyl and carfentanil. These drugs are far more powerful and deadly than other opioids. Synthetic opioids are often mixed with heroin. Heroin users are often unaware that these powerful drugs are mixed into their heroin. Synthetic opioids have been contributing to the increase in overdose deaths (per Reference E.).

Policy:

In an effort to promote the health and well-being as well as assure the safety of persons served, licensed prescribers within the SCCMHA provider network shall refrain from

prescribing opioids to consumers and adhere to the standards for prescribing controlled substances delineated in this policy.

**Application:**
This policy applies to all licensed prescribers within the SCCMHA service delivery network.

**Standards:**

A. Before a controlled substance is prescribed to a consumer in an outpatient setting[1], the prescriber shall provide the following to the consumer and their family as indicated and with the consent of the adult consumer:
   1. Education regarding the controlled substance.
   2. Instructions regarding how to properly dispose of an expired, unused, or unwanted controlled substance.
   3. Information regarding the penalties for distribution of a controlled substance in Michigan.
      NOTE: In Michigan, a guilty conviction for manufacturing, creating, delivering, or possessing with intent to manufacture, create, or deliver a controlled substance may result in a felony.
   4. Require the consumer to enter into a controlled substance use contract that stipulates the frequency, circumstances, and parameters around the criteria for the prescriber to prescribe, and continue prescribing, the controlled substances as well as the reasons and rationale when the prescriber will no longer prescribe the controlled substance (see Exhibit A and Exhibit B).
   5. Review the SCCMHA Controlled Substance Agreement with the consumer and ensure the consumer understands the agreement using Teach-Back.

B. SCCMHA will uphold sanctions that the State of Michigan imposes on prescribers who fail to provide adult consumers as well as minors and their guardians with proper education regarding the risks of misuse.

C. A licensed prescriber shall not prescribe a controlled substance listed in Schedules II – V unless the prescriber has a bona-fide prescriber-patient relationship with the consumer as defined in relevant legislation (PA 101 of 2018) which includes the following conditions:
   1. The prescriber has reviewed the consumer's medical or clinical records and completed a full assessment of the consumer's medical history and current medical condition, including a relevant medical evaluation of the consumer conducted in person or via telehealth.
   2. The prescriber has created and maintained records of the consumer's condition in accordance with medically accepted standards.

D. If the prescriber provides a controlled substance, the prescriber shall provide follow-up care to the consumer to monitor the efficacy of the use of the controlled substance as a treatment of the consumer's medical condition.
   1. If the prescriber is unable to provide follow-up care, they shall refer the consumer to the consumer's primary care provider for follow-up care.

[1] This requirement does not apply if the controlled substance is prescribed for use in an inpatient setting.

a. If the consumer does not have a primary care provider, the prescriber shall refer the consumer to a licensed prescriber who is geographically accessible to the consumer.

**Definitions:**

**Bona-Fide Prescriber-Patient Relationship:** A relationship in which the provider has ongoing responsibility for the assessment, care, and treatment of a patient's medical condition and where the provider has reviewed the consumer's medical or clinical records and completed a full assessment of the consumer's medical history and current medical condition, including a relevant medical evaluation of the consumer conducted in person or via telehealth and maintains records of the consumer's condition in accordance with medically accepted standards.

**Drug Schedules:** According to the DEA (US Drug Enforcement Administration), drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for misuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes (i.e., Schedule II, Schedule III, etc.), so does the abuse potential. Schedule V drugs represent the least potential for abuse.

**Schedule I** drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Examples of Schedule I drugs include: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

**Schedule II** drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Examples of Schedule II drugs include: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.

**Schedule III** drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Examples of Schedule III drugs include: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone.

**Schedule IV** drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Examples of Schedule IV drugs include: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol.

**Schedule V** drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Examples of Schedule V drugs include: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, and Parepectolin.

**Michigan Automated Prescription System (MAPS):** Michigan's prescription drug monitoring program (PDMP) which is administered by the Department of Licensing and Regulatory Affairs (LARA). MAPS is a software tool that provides prescribers and dispensers with real-time prescription data and analytics regarding controlled substances and Schedules II – V drugs that have been dispensed. MAPS assists clinicians in making informed decisions and provides resources to better assess a patient's risk for a substance use disorder.

**Prescribers:** Physicians, dentists, physician assistants, and nurse practitioners who prescribe controlled substances. Prescribers of controlled medications must register with the DEA (Drug Enforcement Administration) as well as comply with applicable state licensure laws.

**References:**

A. Public Act 247 of 2017: http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2017-PA-0247.pdf
B. Public Act 249 of 2017: http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2017-PA-0249.pdf
C. Public Act 101 of 2018: http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2018-PA-0101.pdf
D. SCCMHA Policy 03.02.38 – Prescription Monitoring Program Compliance
E. SCCMHA Policy 02.03.09.39 – Teach-Back
F. State of Michigan OUD information and resources: https://www.michigan.gov/opioids/

**Exhibits:**

A. SCCMHA Controlled Substance Agreement – Adult
B. SCCMHA Controlled Substance Agreement – Child/Adolescent

**Procedure:**

None

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## CONTROLLED SUBSTANCE AGREEMENT

Patient Name:_____ DOB:_____ Date:_____

The purpose of this contract is to prevent misunderstandings about the medications you are prescribed by Saginaw County Community Mental Health Authority.
You are being prescribed a controlled substance for the treatment of your psychiatric illness(es). It is important that you understand the risks and responsibilities that accompany this treatment. ***You are ultimately responsible for your physical and emotional health.*** This agreement will help you and your prescriber comply with the law(s) regarding controlled pharmaceuticals.

MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of my medications is a violation of this agreement and will result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that continued prescription is based on evidence of benefit. I understand that if my symptoms are not improved or my ability to function is not improved with the medication prescribed, it may be stopped or changed. I will work with my therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do for my illness(es). I am agreeable to therapy as a treatment option and know I am responsible to make and keep scheduled appointments.
- I will not attempt to obtain any anti-anxiety medications, sleeping pills or stimulants from another prescriber.
- I will safeguard my medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my health and wellbeing.
- I will not use recreational drugs, street drugs or alcohol.
- I understand that if I become pregnant that my prescriber needs to be notified as soon as possible.
- I will report all medications that I am taking (including but not limited to Methadone, Medical Marijuana, Suboxone and pain medication) to my prescriber. I also agree to sign releases for my prescriber to communicate with all other healthcare providers that are prescribing medication(s) for me.
- I understand that running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for my prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Signature: _____ Date:_____

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CONTROLLED SUBSTANCE AGREEMENT- Children's Clinic

Patient Name:_____ DOB:_____ Date:_____

Parent/Guardian Name:_____

The purpose of this contract is to prevent misunderstandings about the medications your child/adolescent is prescribed by Saginaw County Community Mental Health Authority. Your child/adolescent is being prescribed a controlled substance for the treatment of their psychiatric illness(es). It is important that you and your child/adolescent understand the risks and responsibilities that accompany this treatment. ***You and your child/adolescent are ultimately responsible for their physical and emotional health***. This agreement will help you, your child/adolescent, and the prescriber to comply with the law(s) regarding controlled pharmaceuticals.

MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of the prescribed medications is a violation of this agreement and may result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that any continued prescription is based on evidence of benefit. I understand that if symptoms are not improved or the ability to function is not improved with the medication prescribed, it may be stopped or changed. My child/adolescent and I will work with a therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do. I am agreeable to therapy as a treatment option for my child/adolescent and know that there is a responsibility to make and keep any scheduled appointments.
- I will not attempt to obtain or administer any medications including but not limited to anti-anxiety medications, sleeping pills or stimulants from another prescriber for psychiatric treatment.
- I will safeguard medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my child's health and mental wellbeing.
- Child/adolescent will not use recreational drugs, street drugs or alcohol.
- I understand that if my child/adolescent becomes pregnant that their prescriber needs to be notified as soon as possible.
- I will report all medications that my child/adolescent is taking (including but not limited to pain medication) to my prescriber. I also agree to sign releases on behalf of my child/adolescent for the prescriber to communicate with all other healthcare providers that are prescribing medication(s) to him/her.
- I understand that my child/adolescent running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for their prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Parent/Guardian Signature:_____ Date:_____

Child/Adolescent Signature:_____

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Prescription Monitoring Program Compliance | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.38 |
| **Effective Date:**<br>2/14/19 | **Date of Review/Revision**:<br>6/12/19, 11/20/20, 9/14/22<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Chief of Health Services & Integrated Care<br><br>**Author:**<br>Barbara Glassheim<br><br>**Additional Reviewers**:<br>SCCMHA Medical Director |

**Purpose:**
The purpose of this policy is to ensure that SCCMHA adheres to the statutory requirements of the Michigan Automated Prescription System (MAPS).

**Policy:**
In order to comply with state law, all licensed prescribers and dispensers (pharmacists) of controlled substances within the SCCMHA provider network shall participate in the State of Michigan's prescription monitoring program, MAPS, which is used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule II – V controlled substances prescriptions dispensed by pharmacists and practitioners.

**Application:**
This policy applies to all licensed prescribers and dispensers of controlled substances within the SCCMHA service delivery network.

**Standards:**
A. Licensed prescribers/dispensers of controlled substances in the SCCMHA provider network must register with MAPS prior to prescribing or dispensing a controlled substance.
B. Licensed prescribers/dispensers shall be responsible for adhering to all relevant state and federal prescribing regulations.
    1. Licensed prescribers/dispensers must maintain up-to-date knowledge of state and federal rules and regulations including changes/updates to MAPS and DEA regulations.

C. Prior to prescribing or dispensing a controlled substance to a consumer in a quantity that exceeds a three (3)-day supply, licensed prescribers shall obtain and review a MAPS report concerning that consumer[1] unless the dispensing occurs in a hospital and the controlled substance is administered to the consumer in the hospital.
   1. This includes when prescribing/dispensing buprenorphine or methadone to a client in a substance use disorder treatment program.

D. Licensed prescribers/dispensers of controlled substances in the SCCMHA provider network shall report dispensing and administration of controlled substances to MAPS.
   1. This includes any drug containing buprenorphine or methadone prescribed/dispensed to a client in a substance use disorder treatment program.
   2. This excludes the dispensing and administration of a controlled substance to patient in a hospital setting.

E. Licensed prescribers within the SCCMHA provider network shall refrain from prescribing opioids to consumers.

F. SCCMHA will uphold sanctions that the State of Michigan imposes on prescribers of controlled substances who:
   1. Fail to obtain and review a MAPS report, when required, prior to prescribing or dispensing a controlled substance in a quantity that exceeds a three (3)-day supply to a consumer.
   2. Fail to register with MAPS prior to prescribing or dispensing a controlled substance to a consumer.

   NOTE: Failure to follow MAPS requirements may subject the prescriber to professional discipline, including probation, reprimand or fine, or the suspension, limitation, or revocation, including permanent revocation, of a license. For prescribers who fail to follow the MAPS registration and query requirements, the Department of Licensing and Regulatory Affairs (LARA) has the option to issue a notice letter describing the violation to the licensee. Such a notice letter would be issued in lieu of, and would not be considered professional discipline.

**Definitions:**

**Bona-Fide Prescriber-Patient Relationship:** A treatment or a counseling relationship between a prescriber and a patient in which: (1) the prescriber has reviewed the patient's medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient conducted in person or via telehealth.; and (2) the prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards. (PA 101 of 2018)

**Dispense:** To deliver or issue a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing,

[1] Pursuant to MCL 333.7333a MAPS reports can only be requested for individuals who are a bona-fide current patient of the licensed practitioner.

administering, or compounding necessary to prepare the substance for the delivery or issuance [Michigan Public Health Code, Section 7105(3)].

**Dispensers:** Individuals who are licensed, registered, or otherwise permitted by the jurisdiction in which they practice to provide drug products on prescription in the course of professional practice.

**Drug Schedules:** According to the DEA (US Drug Enforcement Administration), drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for abuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes (i.e., Schedule II, Schedule III, etc.), so does the abuse potential. Schedule V drugs represent the least potential for abuse.

**Schedule I** drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Examples of Schedule I drugs include: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

**Schedule II** drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Examples of Schedule II drugs include: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.

**Schedule III** drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Examples of Schedule III drugs include: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone.

**Schedule IV** drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Examples of Schedule IV drugs include: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol.

**Schedule V** drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Examples of Schedule V drugs include: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, and Parepectolin.

**Licensed Practitioner:** An individual who is licensed, registered, or otherwise permitted by the jurisdiction in which the individual practices to prescribe drug products in the course of professional practice.

**Michigan Automated Prescription System (MAPS):** Michigan's prescription drug monitoring program (PDMP) which is administered by the Department of Licensing and Regulatory Affairs (LARA). MAPS is an online software tool that provides prescribers and dispensers with real-time prescription data and analytics regarding controlled substances

and Schedule II – V drugs that have been dispensed. MAPS assists clinicians in making informed decisions and provides resources to better assess a patient's risk for substance use disorder. The system is also used to prevent drug abuse and diversion at the prescriber, pharmacy and patient levels.

**Prescribers:** Physicians, dentists, physician assistants, and nurse practitioners who prescribe controlled substances. Prescribers of controlled medications must register with the DEA (Drug Enforcement Administration) as well as comply with applicable state licensure laws.

**References:**

A. DEA (US Drug Enforcement Administration) information on controlled substances: https://www.dea.gov/drug-information/csa
B. MI Automated Prescription System (MAPS): https://www.michigan.gov/lara/bureau-list/bpl/health/maps
C. MCL 333.7333a: http://www.legislature.mi.gov/(S(sb0g25pcehrfvzn4zyripdo5))/documents/mcl/pdf/mcl-333-7333a.pdf
D. Michigan Department of Licensing and Regulatory Affairs (LARA) – Prescription Drug Monitoring Program (MAPS): https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_55478---,00.html
B. Public Act 248 of 2017 & Public Act 249 of 2017 – MAPS Mandated Registration and Use.
C. SCCMHA Policy 03.02.37 – Prescribing Controlled Substances

**Exhibits:**

None

**Procedure:**

None

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Psychiatric Hospitalization of Consumers with Intellectual and Developmental Disabilities and Children with Autism</td><td>Chapter: 03 – Continuum of Care-Integrated Service System</td><td>Subject No: 03.02.39</td></tr>
<tr><td>Effective Date:<br>10/1/2019</td><td>Date of Review/Revision:<br>6/1/20, 3/19/21, 4/27/22, 3/2/23<br>Supersedes:</td><td>Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Director of Network Services, Public Policy and Continuing Education & Director of Services for Persons with Intellectual and Developmental Disabilities<br><br>Additional Reviewers:<br>Residential Watch Committee, Supervisor of Crisis Services, Autism Program Supervisor</td></tr>
</table>

**Purpose:**
The purpose of this policy is to provide guidance to those staff that work with consumers who are diagnosed with Intellectual and Developmental Disabilities (I/DD). The ultimate goal is to reduce the need for consumers to be psychiatrically hospitalized.

**Application:**
This policy applies to all staff working with persons with Intellectual and Developmental Disabilities including Residential Providers.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide services to all individuals in the least restrictive setting. Since psychiatric hospitalization is considered the most restrictive setting, our goal is to keep consumers out of the hospital whenever possible by providing alternative interventions to address

concerns that might lead to the need for psychiatric hospitalization. SCCMHA would like to reduce the occurrences of caregivers/Residential Staff taking consumers to the emergency room in order to address consumer maladaptive behaviors.

**Standards:**

1. Consumers with functional behavior concerns will have an assessment and a plan to address these functional behavior concerns.
2. When changes in behavior occur, it will be important to bring it to the case holders' attention.
3. Case holders that note a change in behavior will need to complete a functional behavior assessment by:
    a. Identifying the Problem Behavior
    b. Observation and Interview of consumer, family, and/or caregivers/ Residential Staff
    c. Collect data regarding the behavior using the appropriate data tracking form
    d. Analyzing information and formulating a hypothesis
    e. Develop a Positive Support Pan or request a formal behavior plan through a psychologist.

    ****NOTE:** A Positive Support Plan cannot contain restriction of movement, choice or access. If it is believed, that restrictions are necessary they must be based upon health and safety needs and will require a behavioral treatment plan.

4. Case holders should evaluate if the change in behavior could be due to other factors, such as a change in environment, change in interpersonal/caregivers/ Residential Staff, change in health status, change in medications?
    a. Questions to ask caregivers/family/Residential Staff to determine potential causes for behavior can include but are not limited to the following:
        i. Interpersonal/caregivers/staff change:
            1. Has there been a change in the consumer environment?
            2. Has there been a change in caregiver or care giver routine?
        ii. Health Status change:
            1. When was the last time the consumer saw his/her primary care physician or nurse practitioner?
            2. What was s/he seen for when they went to the primary care physician or nurse practitioner?
            3. Has there been a change in medications, physical health care medications, over the counter medications, or prescriptions by the psychiatrist in the past 30 days?
            4. Have you noted consumer pulling on ears?
            5. When was the last time the consumer saw a dentist?
            6. Increase in symptoms for a known health concern?
            7. Has there been any indication the consumer could be experiencing a new health concern?

8. Could the consumer potentially have a Urinary Tract Infection? Is the person prone to these types of infections or other infections?
9. When was the last time the consumer had a bowel movement?

iii. Environmental change:
1. Has there been a change in consumer routine?
2. No longer attending day program
3. Insufficient staffing resources in the home or program
4. Loss of family member in the home

5. If the change in behavior is believed to be due to medications: The Case Holder should request an immediate appointment with a psychiatrist, nurse, or nurse practitioner to perform a medication review.
6. Consider other interventions that might help alleviate the need for psychiatric hospitalization such as:
    a. 1:1 staffing
    b. Discussion with behavior champions about possible intervention
    c. Referral to Children's Clinical Risk and/or Clinical Risk Committee
    d. Engage Mobile Response and Stabilization Services to assist with de-escalation of a situation or assist staff with an immediate intervention.
    e. Additional discussion with caregivers/residential staff to obtain more detailed input about functional behavior.
    f. Request an interdisciplinary meeting with all treatment team members involved to discuss possible interventions or implement possible positive proactive techniques. It is asked that you request the interdisciplinary meeting first before submitting to the Clinical Risk Committees.
7. If a consumer does present in the emergency room due to behavioral concerns/issues that staff are unable to address in the home, be aware that consumers that have a history of functional behavior challenges will not be accepted into a psychiatric unit especially if the behavior presented is typical of the consumer.
8. Situations that would warrant the need for a consumer with an I/DD diagnosis to be psychiatrically hospitalized can include the following:
    a. Consumer is not stable on current medication regime. This could be due to a medication change or the psychiatrist not finding the best medication regime for the consumer currently.
    b. Consumer is a threat to him/herself
    c. Consumer is a threat to others beyond the normal functional behaviors displayed; i.e. If consumer is known to have aggression toward other consumers and has a plan in place this would **not** warrant a need for hospitalization unless the usual behavior has escalated or changed.
    d. Psychiatric status of the consumer has changed (meaning new symptoms or behavior is being displayed that is not typical).

9. If a consumer requires psychiatric hospitalization or is taken to the emergency to be evaluated by Crisis Intervention Services for hospitalization the following will occur:
    a. Crisis Intervention Services staff will review the consumer file.
    b. Crisis Intervention Services staff will notify the supervisor of the team to discuss consumer.
    c. If the Supervisor is unable to answer questions the Supervisor or Crisis Intervention Services staff may contact the case holder to determine the following:
        i. Is the behavior noted typical of the consumer?
        ii. If not, what is the typical behavior?
        iii. What has been tried to alleviate the behavior prior to this visit to Crisis?
        iv. Are there medications that have been tried in the past that did not work for the consumer?
        v. Would additional staffing in the home help to alleviate the possibility of the need for psychiatric hospitalization?
        vi. Would the Residential home have the ability to increase staffing?
        vii. Would a change in medications by the psychiatrist or other professional with the ability to complete a medication review, help to alleviate the need for psychiatric hospitalization?
        viii. If Crisis Intervention Services staff are uncertain if psychiatric hospitalization is necessary the consumer's psychiatrist or the Medical Director can be consulted.

**Please note:** Residential Settings in the community are unable to accept consumers who require restraints. If a consumer requires physical restraints in the hospital or emergency room it would be best practice to have the case holder involved to provide information for how to engage the consumer, provide resources and avoid trauma triggers, also including the psychiatrist/nurse practitioner who has been working with the consumer to provide consultation in regards to possible medication changes or other recommended options for the consumer.

If the case holder is new or less familiar with the consumer, they can serve as the liaison to others in the consumer's life who know them well and can advise of strategies that have worked in the past and/or strategies to be avoided.

**Definitions:**
**Functional Behavior**- an action that is used to obtain a positive or negative attention/result. The attention can come from peers or adults. Negative behavior can sometimes be just as reinforcing as positive behavior for some individuals. Behavior can also be used to gain access to a tangible item.
**Consumer Treatment Team-** all the individuals involved in the consumer life, this can include natural supports, residential staff, care givers, nurse, psychiatrist, occupational therapist, speech therapist, physical therapist, dietitian, behavior specialist, case holder.

**Residential Staff-** those persons that are paid to care for a consumer in their home, AFC, or CLS staffed living situation.
**Case Holder-** the person noted in Sentri 2 as the case holder and also coordinates services for the consumer.
**Behavior Champions-** staff that have a particular interest in consumer behavior and how it influences how consumers interact with others and their environment. Each team has a behavior champion assigned and the behavior champions meet regularly to discuss difficult cases.
**Clinical Risk Management Committee (Adults and Children)-** a group of staff with varied backgrounds and knowledge that comes together for the purpose of problem solving and assisting consumers with continued placement in their community.

**References:**
Michigan Mental Health Code Chapter 5http://www.legislature.mi.gov/(S(52rtq3x5nvnms1out3fv1uaa))/mileg.aspx?page=GetObject&objectname=mcl-Act-258-of-1974
SCCMHA Policy 03.02.27 Behavioral Plans
SCCMHA Policy 03.02.09 Behavior Treatment Committee
SCCMHA Policy 02.03.14 Trauma-Informed Services and Supports
SCCMHA Policy 03.02.08 Behavioral Interventions

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Develops an Individual Plan of Service (IPOS) through the person- centered planning process that address the wants and needs of the consumer so that they can live their best life, which may include remaining in the community in the least restrictive setting. Continuously evaluates for changes in functional behavior through monitoring and periodic reviews. | 1. Consumer Treatment Team and Case Holder |
| 2. Consults with behavior champions as needed. | 2. Case Holder |
| 3. Interdisciplinary meeting is requested to discuss consumer needs | 3. Any member of treatment team |
| 4. Consults with Clinical Risk Committee (Children and Adult) as needed. | 4. Case Holder |
| 5. Notifies Case Holder about changes in consumer behavior. | 5. Residential Staff |

| | |
|---|---|
| 6. Addresses functional behavior challenges/concerns in consumer's IPOS. | 6. Case Holder |
| 7. In-services residential staff and other person's involved in consumers life that may experience functional behavior challenges of the consumer; on the consumer plan including any positive supports plan or behavior treatment plan. | 7. Case Holder |
| 8. Crisis Intervention Services staff to contact supervisor to discuss case and develop an appropriate plan of action. | 8. Crisis Intervention Services Staff, Unit Supervisor and Case Holder |
| 9. Works with Residential staff to understand requirements of psychiatric inpatient hospitalizations as it relates to each individual consumer. | 9. Case Holder |
| 10. Works with Crisis Intervention Services Staff as needed to assure that consumer receives appropriate monitoring and care when brought to Crisis Unit or Emergency Care Center. | 10. Unit Supervisor and Case Holder |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Serious Emotional Disturbance Waiver Program (SEDW) - Children | **Chapter**: 03-Continuum of Care | **Subject No**: 03.02.40 |
| **Effective Date**: 6/22/2020 | **Date of Review/Revision**: 4/9/21, 7/16/21, 4/29/22, 3/2/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Erin Nostrandt, Executive Director of Children's Services<br>**Authored By**: Stacy Farrell, MSW<br>**Additional Reviewers**: Hannah Rousseau, LMSW |

**Purpose:**
This policy sets forth the overview for SCCMHA's Serious Emotional Disturbance Waiver (SEDW) Program for Children.

The Michigan Department of Health and Human Services (MDHHS) received approval from the Centers for Medicare and Medicaid Services (CMS) for the Children's Home and Community-Based Services Waiver for Children with Serious Emotional Disturbance (SEDW), which began in October 2005.

**Application:**
Wraparound Services

**Policy:**
The SEDW program enables Medicaid to fund necessary home and community-based services for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and are at risk of hospitalization without waiver services. The CMHSP is responsible for assessment of potential waiver candidates by SEDW DHHS Access Specialist. CMHSP SEDW DHHS Access Specialist will participate in required SEDW Child Welfare technical assistance meetings and trainings. The Children's SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 21 with SED. The MDHHS operates the SEDW through contracts with the CMHSP and PIHP.

**Standards:**

None

**Definitions:**
None

**References:**
MSHN Waiver for Children with Severe Emotional Disturbance (SEDW)
Michigan Medicaid Provider Manual

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Child is assessed to ensure eligibility criteria is met and accepted into Wraparound Program. All SEDW cases MUST participate in Wraparound. | CAI Intake Specialist, Case holder, Care Management |
| Family is assessed for children with serious emotional disturbance who meet the criteria for admission to the state inpatient psychiatric hospital (Hawthorn Center) and are at risk of hospitalization without waiver services. | SED Waiver DHHS Access Specialist |
| Consumers who are placed out of the community (detention, hospital, run away, residential etc.) for 90 days or more will require the SEDW recipient's service status to be switched to inactive in the WSA.<br>• A child can remain enrolled in the SEDW up to 90 days maximum with an inactive service status.<br>• If the child returns to the community within 45 days of the inactive date the SED Waiver DHHS Access Specialist is to switch the consumer's services status back to active.<br>• If the child does not return within 45 days, the SED Waiver DHHS Access Specialist must contact MDHHS and provide a status update. | |

| | |
|---|---|
| • If the update does not include a solid plan to return to the community within the *next* 45 days, the SED Waiver DHHS Access Specialist must send notice of appeal and terminate. | |
| The Children's SEDW provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 21 with SED as written in Wraparound Plan of Service. | SED Waiver DHHS Access Specialist and Wraparound Care Coordinator |
| CMHSP SEDW DHHS Access Specialist will participate in required SEDW Child Welfare technical assistance meetings and trainings. | SED Waiver DHHS Access Specialist |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Serious Emotional Disturbance Waiver (SEDW) Program-Entry Criteria | **Chapter**: 03-Continuum of Care | **Subject No**: 03.02.41 |
| **Effective Date**: 6/22/2020 | **Date of Review/Revision**: 4/9/21, 7/16/21, 4/29/22, 3/2/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** Erin Nostrandt, Director of Children's Services<br><br>**Authored By**: Stacy Farrell, MSW<br><br>**Additional Reviewers**: Hannah Rousseau, LMSW |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
This policy sets forth the guidelines and expectations for SCCMHA administration of the Serious Emotional Disturbance Waiver (SEDW) program.

**Application:**
All Children who receive SEDW program benefits must participate in Wraparound Services. Children/youth and families served in Wraparound shall meet two or more of the following criteria:

- Children/youth who are involved in multiple child/youth serving systems.
- Children/youth who are at risk of out-of-home placements or are currently in out-of-home placement.
- Children/youth who have received other mental health services with minimal improvement in functioning.
- The risk factors exceed capacity for traditional community-based options.
- Numerous providers are working with multiple children/youth in a family and the identified outcomes are not being met.

**Policy:**
SCCMHA shall administer the SEDW program in accordance with the Prepaid Inpatient Health Plan (PIHP) contract and the Medicaid Provider Manual.

**Standards:**
**Eligibility Criteria for SEDW Program-**

SEDW beneficiaries must be enrolled through the Michigan Department of Health and Human Services (MDHHS) enrollment process by the Prepaid Inpatient Health Plan (PIHP) designee. The enrollment process must include verification that the beneficiary meets the following (all must apply):

A. Meet the current MDHHS contract criteria for the state psychiatric hospital (Hawthorn Center) and be at risk of hospitalization.
B. Demonstrate serious functional limitations that impair the ability to function in the community. Functional limitation will be identified using the CAFAS/PECFAS scales. CAFAS®/PECFAS score of 90 or greater for children age 7-12; or if age 3-7 PECFAS elevated sub scores in at least one of the following areas-self- harmful behaviors, moods/emotion, thinking/communication or behavior towards others, AND
C. CAFAS® score of 120 or greater for children age 13 to 18; CAFAS® score of 120 or greater for children aged 13 to 18; Be under the age of 18 when approved for the Waiver,
D.
E. Be under the age of 21;
F. Express willingness and capacity to actively engage in the Wraparound Program,
G. Reside with his/her birth or adoptive parents(s), or

-In the home of a relative who is the child's legal guardian, or
-In foster care or therapeutic foster care, with a permanency plan to return home.

H. Meet Medicaid eligibility criteria and become a Medicaid beneficiary
I. Need waiver services to remain in the community
J. SEDW beneficiaries must receive at least one SEDW service per month to maintain eligibility.
    - Special attention should be noted if the consumer is placed out of the community (detention, hospital, run away, residential etc.) 90 days or more to ensure the consumer's Waiver Application Status (WSA) is accurately reported as inactive, and the consumer/family are properly served.
        - The consumer must be made *inactive* on the date the child is placed out of the community in the WSA.
            - SEDW recipient's service status must switch to inactive whenever a child is placed out of the community (detention, hospital, run away, residential etc.)
            - A child can remain enrolled in the SEDW up to 90 days max with an *inactive* service status.
            - If the child returns to the community within 45 days of the inactive date the SED Waiver DHHS Access Specialist is to switch the consumer's services status back to active.
            - If the child does not return within 45 days the SED Waiver DHHS Access Specialist lead must contact MDHHS and provide a status update.
            - If the update does not include a solid plan to return to the community within the *next* 45 days the SED Waiver DHHS Access Specialist must send notice of appeal and terminate.

K. The beneficiary's services and supports must be specified in the individual's plan of services developed through the person-centered planning process that must be specific to:

1. Medical necessity: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, symptomatology and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.
2. Amount: The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.
3. Scope: The length of time (e.g., three weeks, six months) it is expected that a service identified in the individual plan of service or treatment plan will be provided.
4. Duration: The parameters within which the service will be provided, including Who (e.g., professional, paraprofessional, aide supervised by a professional); How (e.g., face-to-face, telephone, taxi or bus, group or individual); and Where (e.g., community setting, office, beneficiary's home).

**Definitions:**
**CAFAS**: Child and Adolescent Functional Assessment Scale
**IPOS**: Individual Plan of Service
**MDHHS**: Michigan Department of Health and Human Services
**PECFAS**: Preschool and Early Childhood Functional Assessment Scale
**PIHP**: Pre-Paid Inpatient Health Plan
**SEDW**: Waiver for Children with Serious Emotional Disturbances

**References:** Hawthorne State Hospital Intake Criteria Michigan Medicaid Manual
MDHHS Children with Serious Emotional Disturbance (SEDW) (https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_80988-427532--,00.html
MDHHS Criteria for Inpatient Admission to the State Hospital- https://www.michigan.gov/documents/mdhhs/Hawthorn_Center_General_Information_654205_7.pdf

**Exhibits:**
None

**Procedures:**

| ACTION | RESPONSIBILITY |
|---|---|
| Meet the current MDHHS contract criteria for the state psychiatric hospital (Hawthorn Center) and be at risk of hospitalization. | SED Waiver DHHS Access Specialist |

| | |
|---|---|
| CAFAS®/PECFAS score of 90 or greater for children aged 12 or younger; or if age 3-7 PECFAS elevated sub scores in at least one of the following areas-self- harmful behaviors, moods/emotion, thinking/communication or behavior towards others, AND<br>Be under the age of 18 when approved for the Waiver,<br><br>CAFAS® score of 120 or greater for children aged 13 to 18.<br><br>Be under the age of 21.<br><br>Express willingness and capacity to actively engage in the Wraparound Program,<br><br>Reside with his/her birth or adoptive parents(s), or<br>-In the home of a relative who is the child's legal guardian, or<br>-In foster care or therapeutic foster care, with a permanency plan to return home.<br><br>Be financially eligible for Medicaid when viewed as a family of one (i.e., when parental income and assets are waived).<br><br>Need waiver services to remain in the community. | |
| SEDW beneficiaries must receive at least one SEDW service per month to maintain eligibility. The beneficiary's services and supports must be specified in the individual's plan of services developed through the person-centered planning process that must be specific to:<br><br><u>Medical necessity</u>: Determination that a specific service is medically (clinically) appropriate, necessary to meet needs, consistent with the person's diagnosis, | SED Waiver DHHS Access Specialist and Wraparound Care Coordinator and Community Team |

| | |
|---|---|
| symptomatology, and functional impairments, is the most cost-effective option in the least restrictive environment and is consistent with clinical standards of care. Medical necessity of a service shall be documented in the individual plan of services.<br><br>Amount: The number of units (e.g., 25 15-minute units of community living supports) of service identified in the individual plan of service or treatment plan to be provided.<br><br>Scope: The length of time (e.g., three weeks, six months) it is expected that a service identified in the individual plan of service or treatment plan will be provided.<br><br>Duration: The parameters within which the service will be provided, including Who (e.g., professional, paraprofessional, aide supervised by a professional); How (e.g., face-to-face, telephone, taxi or bus, group or individual); and Where (e.g., community setting, office, beneficiary's home). | |
| For internal referrals:<br>Level of Care Change form is completed and sent to Care Management, who approves transfer to Wraparound Department. | Case holder<br>Care Management Specialist |
| For intake referrals:<br>CAI intake worker will assess for eligibility during intake appointment, and coordinate with Care Management for assignment to Wraparound Department. | CAI intake worker<br>Care Management |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Serious Emotional Disturbance Waiver (SEDW) Program -Exit Criteria | **Chapter**: 03-Continuum of Care | **Subject No**: 03.02.42 |
| **Effective Date**: 6/22/2020 | **Date of Review/Revision**: 4/8/21, 7/16/21, 4/29/22, 3/2/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Erin Nostrandt, Director of Children's Services<br><br>**Authored By**: Stacy Farrell, MSW<br><br>**Additional Reviewers**: Hannah Rousseau, LMSW |

**Purpose:**
This policy sets forth the guidelines and expectations for SCCMHA administration of the exit criteria of the Serious Emotional Disturbance Waiver (SEDW) Program.

**Application:**
SCCMHA SEDW program exit criteria may occur for clinical, developmental, and/or administrative circumstances.

**Policy:**
SCCMHA shall administer the exit criteria from the SEDW program in accordance to the Medicaid Provider Manual.

**Standards:**
**Clinical Exit Criteria:**
A consumer and family receiving services through the Serious Emotional Disturbance Waiver may exit the program for any one of the following:

1. The functional impairments identified within CAFAS and PECFAS have been significantly ameliorated.
2. The consumer is effectively engaged in appropriate and preferred educational programming and/or employment as expressed by the family, consumer and Wraparound team.
3. Family and consumer indicated that established treatment goals have been achieved. The family and consumer demonstrate the capacity to adjust and function within the home and community setting.

**Developmental Exit Criteria:**

1. The consumer has exceeded the age limits of the program. The consumer can remain within the SEDW program up until his/her 21st birthday.

**Administrative Exit Criteria:**

1. At time of annual recertification, CAFAS® score of 80 or less for children aged 7 to 12; or CAFAS® score of 110 or less for children age 13 to 18; or for children age 3 to 7: the following PECFAS® subscale scores are/will be scored as a 0, reflecting no impairment- self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards others.
2. The consumer and/or family have demonstrated or expressed an inability or an unwillingness to participate in SEDW program services including Wraparound.
3. The consumer and family no longer receive other services in the within the SCCMHA network.
4. The consumer and family no longer reside in Saginaw County. If the family and consumer relocate to a county within Michigan, assistance will be provided to transfer the SEDW responsibilities to the new county.
5. The consumer is placed out of the community (detention, hospital, run away, residential etc.) 90 days or more.
    - *__NOTE__: *Inactive Status* and the Waiver Status Application (WSA): The consumer must be made *inactive* on the date the child is placed out of the community in the WSA.
        - SEDW recipient's service status must switch to inactive whenever a child is placed out of the community (detention, hospital, run away, residential etc.)
        - A child can remain enrolled in the SEDW up to 90 days max with an inactive service status.
        - If the child returns to the community within 45 days of the inactive date the SED Waiver DHHS Access Specialist is to switch the consumer's services status back to active.
        - If the child does not return within 45 days the SED Waiver DHHS Access Specialist must contact MDHHS and provide a status update.
        - If the update does not include a solid plan to return to the community within the *next* 45 days the SED Waiver DHHS Access Specialist must send notice of appeal and terminate.
6. At the time of recertification, the consumer no longer meets current MDHHS criteria for the State psychiatric hospital (Hawthorn) for children, as defined in the Michigan Medicaid Provider Manual.

7. The consumer no longer meets the eligibility requirements for the program. Since these exit criteria are clinically appropriate, whenever possible the decision to exit services will be mutually decided upon by the family or consumer and the treatment team.

**Definitions:**
None

**References:**
MSHN Waiver for Children with Severe Emotional Disturbance (SEDW)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Wraparound Plan is reviewed for Transition and/or Graduation Summary and identified as a Developmental, Administrative, or Clinical Exit. | Wraparound Care Coordinator and Wraparound Supervisor |
| **Clinical Exit**: CAFAS/PECFAS is completed to reflect that the scores no longer meet Wraparound eligibility, and no further assessment is required.<br>Developmental Exit:<br>A consumer aging out of the program (21st birthday) is referred to an appropriate service provider for ongoing treatment. | Wraparound Care Coordinator |
| **Administrative Exit: CAFAS/PECFAS**<br>When a child's CAFAS® score is 80 or less for children aged 7 to 12;<br>or CAFAS® score of 110 or less for children aged 13 to 18;<br>or for children aged 3 to 7: the following PECFAS® subscale scores will be scored as a 0, reflecting no impairment- self-harmful behaviors, moods/emotions, thinking/communicating or behavior towards others.<br>The case will be referred to another service provider or the case will be closed per family request. | Wraparound Care Coordinator |

| | |
|---|---|
| **Administrative Exit: Other**<br>• The consumer and/or family have demonstrated or expressed an inability or an unwillingness to participate in SEDW program services including Wraparound. In this case, an Adverse Benefits Determination letter is sent to family.<br>• The consumer and family no longer receive other services in the within the SCCMHA network. In this case, an Adverse Benefits Determination letter is sent to the family.<br>• The consumer and family no longer reside in Saginaw County. If the family and consumer relocate to a county within Michigan, assistance will be provided to transfer the SEDW responsibilities to the new county.<br>• The consumer is placed out of the community (detention, hospital, run away, residential etc.) 90 days or more. In this instance, the case is suspended or terminated, and an Adverse Benefit Determination letter is sent to the family.<br>• At the time of recertification, the consumer no longer meets current MDHHS criteria for the State psychiatric hospital for children, as defined in the Michigan Medicaid Provider Manual. In this case appropriate referrals are made, and Adverse Benefit Determination letter is sent. | Wraparound Care Coordinator or<br>SED Waiver DHHS Access Specialist |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Provision of Psychiatric Services to Children | **Chapter**: 03 – Continuum of Care | **Subject No**: 03.02.44 |
| **Effective Date**: 12/8/2020 | **Date of Review/Revision**:<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Chief of Health Services & Integrated Care<br><br>**Authored By**: Program Coding and Compliance Specialist, Records Supervisor<br><br>**Additional Reviewers**:<br>SCCMHA Medical Director, Executive Director of Clinical Services and Programs, Director of Children Services, Supervisor of Clinical Coordination, Barbara Glassheim |

**Purpose:**
The purpose of this policy is to delineate standards for the provision of psychiatric services to children (ages 0-18 years).

**Application:**
This policy applies to all SCCMHA Network providers that serve children and their families.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that children aged 14 and older will have access to outpatient psychiatric services regardless of the legal status of any person bringing the child to appointments. And, in accordance with state law (i.e., the Michigan Mental Health Code) verification of legal status will be required prior to prescribing medications.

**Standards:**
A. Adults presenting themselves as having legal authority for a child will provide proof ~~that~~ of said legal authority.
   1. This will be documented in the Consumer Contact section of the electronic health record (SENTRI).
   2. A copy of any document indicating legal authority will be attached to that Consumer Contact and the contact will be indicated as an Emergency Contact, parent with legal authority, or guardian.

B. If a child presents for services with a Caregiver who does not have legal authority (as indicated in the standard above), services will still be provided by the rendering provider; but medication prescription(s) will not be given until the person with legal authority consents.

C. The legal status of an adult attendee will be verified prior to every appointment for services by the Health Home Specialist.
   1. The Health Home Specialist shall document this verification in the narrative section of the SENTRI appointment.

D. Whoever initiates the referral to psychiatry is responsible to verify and assure that proper documentation of legal authority is current in the electronic health record, SENTRI. prior to the appointment.

~~E.~~ A Release of Information (which is for sharing personal health information) does not confer legal authority or serve as a consent for prescribing of medications.

F. Any deviation from this policy will be reviewed by the Chief of Health Services and Utilization Management on a case-by-case basis

**Definitions:**

**Adult with legal authority:** Any of the following persons:

- A **birth parent** who has not had their rights removed through court order
- An **adoptive parent** who has been granted legal rights by a court
- A **guardian** who has been granted legal rights by a court – this can be either an individual or an agency representative i.e., DHHS, or a divorced parent who has legal custody as indicated in the divorce decree
- An individual who has been named as a **Power of Attorney for a Minor Child** as defined my Michigan Compiled Laws 700.5103
- An individual who has been **granted permission to attend and consent** to the treatment in writing from a person with legal authority

**Caregiver:** Anyone who provides care to a child consumer and who may or may not have legal authority over that child.

**Emancipated Minor:** A minor who has been granted by the court the rights of an adult to make decisions for ~~their self~~ themselves.

**MDHHS Passport:** A Michigan Department of Health and Human Services document authorizing a foster parent the ability to make and attend medical appointments.

**Psychiatric Services:** For the purpose of this policy, psychiatric services is defined as those services provided by a psychiatrist, psychiatric physician assistant, nurse practitioner, clinical nurse specialist, psychiatric nurse or related specialty. The services provided include psychiatric evaluations, medication reviews, non-physician medication reviews, medication administration, and other related services.

**Release of Information:** A Document allowing sharing of personal health information. A signed release of information does not grant legal authority or the ability to consent to psychiatric medications.

**References:**

A. Michigan Department of Health and Human Services Guardianship Forms: https://www.michigan.gov/mdhhs/0,5885,7-339-71551_7199_53619---,00.html

B. Michigan Mental Health Code Section 330.1707 – Rights of Minor: https://www.legislature.mi.gov/(S(2hyk4mjl0e4idifl1hi415eg))/mileg.aspx?page=GetObject&objectname=mcl-330-1707
C. SCCMHA Policy 02.03.12 – Alternatives to Guardianship
D. SCCMHA Policy 03.02.28 – Psychiatric Evaluation
E. SCCMHA 03.02.20 – Medication Reviews
F. SCCMHA Policy 08.04.01 – Consumer Records
G. SCCMHA Policy 09.09.04.03 – Consent to Treatment with Medications

**Exhibits:**

A. MDHHS Form 1643 – Psychotropic Medication Informed Consent for Children in Foster Care and/or Juvenile Justice
B. MDDHS Form 3762 – Consent to Routine Non-surgical Medical Care and Emergency Medical/Surgical Treatment
C. MDDHS Publication 268 - Guidelines for Foster Parents and Relative Caregivers for Healthcare and Behavioral/Mental Health Services
D. Michigan Power of Attorney for Minor Child

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Verifies who the adult/s with legal authority is/are and requests legal documents as proof (e.g., guardianship paperwork, divorce decree stipulating legal custody, adoption paperwork, emancipation paperwork, or Power of Attorney form for Minor Child, MDHHS Passport).<br><br>Sends copies of legal proof documents for scanning into the electronic health record. | CAI Staff |
| Enters information into the consumer contacts in demographics delineating each contacts name, address, phone number and relationship status to the minor.<br><br>Obtains signed releases of information for anyone other than the parent with legal authority, guardian, adoptive parent if legal paperwork has already been obtained (e.g., children in foster care).<br><br>If the consumer requires/qualifies for urgent or on-going psychiatric services through SCCMHA, makes a psychiatric appointment on behalf of the | CAI and Case Holder |

| | |
|---|---|
| consumer/family with attention to who should make reminder call(s) and the correct phone number(s).<br>Notes this information in the Demographic Section of the consumer's electronic health record. | Health Home Specialist, Medical Assistant, and/or RN staff |
| Reminds the consumer/family that an adult with legal authority needs to accompany a minor consumer to all appointments, especially the initial appointment as minor child may not be a good historian of health information related to birth to current age and family history. | |
| The day before the minor consumer's appointment calls the adult with legal authority to confirm the appointment for psychiatric services reminding them to attend the appointment or have the adult bringing the minor to bring completed/notarized Power of Attorney form for Minor Child or signed release of information in the chart. | Health Home Specialist |
| Documents who they spoke with and who will be attending the appointment with the minor for verification. | |
| At check-in or check-out confirms and updates demographic information and reviews the notes from reminder call to make sure any documents that may be needed are available, copied and scanned into the chart.<br><br>NOTE: Verification of adults accompanying minors should be done at every appointment. | |
| Psychiatric Evaluation: If the adult accompanying a minor is not the adult with legal authority, keeps the appointment. | Psychiatric Staff |

| | |
|---|---|
| May withhold dispensing a prescription(s) until adult with legal authority signs the consent(s), gives verbal consent for medication(s) and/or meets face-to-face with the psychiatric staff at a later date.<br><br>Medication Review: Prior to the medication review, if is known that the adult accompanying minor is not the adult with legal authority, keeps the appointment but reserves the right to require a Michigan Power of Attorney for Minor Child is in place for that adult accompanying them, or may use professional discretion to withhold dispensing a prescription(s) until the adult with legal authority signs the consent(s) or gives verbal consent for medication(s) changes. | |

Exhibit A

# PSYCHOTROPIC MEDICATION INFORMED CONSENT

Michigan Department of Health and Human Services

For Children in Foster Care and/or Juvenile Justice

**Section A – Identifying Information (completed by Child Welfare staff)**

| Child/Youth Name | Date of Birth | Medicaid ID # | MiSACWIS Person ID # |
|---|---|---|---|
| | | | |

| Legal Status | Current Placement Date | Placement Type |
|---|---|---|
| | | |
| Authorized Consenter(s) | Relationship to Child/Youth | Contact Phone |
| | | |
| | | |
| Caseworker | Caseworker Phone | Agency |
| | | |

**Consents on File**

| Medication | Maximum Dose | Annual Review Due | Discontinued |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Section B – Health Information (completed by medical provider or medical staff)**

| Physician Name | Phone | Appointment Date |
|---|---|---|
| | | |
| Location of Appointment | | |
| | | |
| Mental Health Diagnoses | | |
| | | |

**Section C – Medication Recommendations (completed by physician or medical staff)**

| Medication Name | Recommended Dosage Range (maximum) | Check applicable box: New | Dose exceeds prior consent | Annual Review | No change |
|---|---|---|---|---|---|
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |
| | | ☐ | ☐ | ☐ | ☐ |

I recommend the above listed medications for the treatment of this patient's symptoms. I have discussed the clinical diagnosis, reason for the medications, alternative treatments, possible side effects, and baseline/ongoing testing recommended with the party indicated as the authorized consenter for this patient.

| Physician Signature | Date |
|---|---|
| | |

DHS-1643 (Rev. 2-18) Previous edition obsolete. 1

**Section D – Youth Attestation** **Physician: If youth unable to attest, check here ☐ and initial:_____**

| The physician talked with me about the above medications, and I have had the chance to ask questions. | |
|---|---|
| Youth Signature | Date |

**Section E – Consent (completed by consenting party listed in Section A)**

My signature indicates I give consent for the use of medications listed in Section C identified as **NEW, DOSE EXCEEDS PRIOR CONSENT AND/OR ANNUAL REVIEW** and that the doctor discussed the:

- **DIAGNOSIS, TARGET SYMPTOMS, REASON FOR MEDICATIONS,**
- **OTHER ALTERNATIVE TREATMENTS,**
- **POSSIBLE SIDE EFFECTS,**
- **ANY TESTING NEEDED BEFORE OR WHILE ON THE MEDICATIONS.**

I hereby agree to the doctor's recommendations. This consent is voluntary, and I am aware that I can withdraw consent at any time, with written notification, during treatment. This consent expires after 1 year and a new consent is required if the treatment plan is continued.

| Signature | Print Name | Date |
|---|---|---|
| ☐ Discussed with physician in person | ☐ Discussed with physician via telephone | ☐ Physician provided written documentation |

For Foster Care Only:

Questions: Call 844-764-PMOU (7668)

Caseworkers: **DO NOT UPLOAD IN MISACWIS.** Email (encrypted) to psychotropicmedicationinformedconsent@michigan.gov or fax to: 517-763-0143.

Clinical personnel: Email (encrypted) to psychotropicmedicationinformedconsent@michigan.gov or fax to: 517-763-0143.

| For PMOU Office Use | | |
|---|---|---|

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

Exhibit B

**CONSENT TO ROUTINE, NON-SURGICAL MEDICAL CARE and EMERGENCY MEDICAL/SURGICAL TREATMENT**

State of Michigan Department of Health and Human Services

| Recipient ID No. | Date |
|---|---|
| Child Name | Birth Date |

☐ Foster Parent, Institution or Agency **or** ☐ Approved Caregiver

Name

is licensed or approved by the Michigan Department of Health and Human Services to provide foster care for children and is authorized to secure routine, nonsurgical medical care and emergency medical or surgical treatment for the above named minor child while placed in their care. Not included in this authorization are consents to: nonemergency elective surgery, psychotropic medications and/or clinical trials.

| Authorized Signature | |
|---|---|
| Title, Organization, or Relationship | |
| Address | Telephone Number |
| MDHHS County Designee (Print) | Telephone Number |

DHS-3762 (Rev. 9-15) Previous edition obsolete.

**Foster Parent/Caregiver:** Provide the DHS-3762 to all health care providers at the time of the appointment. Inform the doctor/dentist office that the child is in foster care when making appointments. If this is a new placement and you have not yet received the name and contact information of the assigned caseworker, please contact the MDHHS County Designee listed on the front of this form.

**Health Care Provider:** If you are in need of additional information regarding this foster care child/youth, please contact the MDHHS County Designee listed on the front of this form.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

DHS-3762 (Rev. 9-15) (Back) Previous edition obsolete.

Exhibit C

## GUIDELINES FOR FOSTER PARENTS AND RELATIVE CAREGIVERS FOR HEALTH CARE AND BEHAVIORAL/MENTAL HEALTH SERVICES

When a child first enters foster care, the caregivers (whether licensed foster parents or relatives) receive numerous pieces of information from various sources. At times, it may feel a bit overwhelming. The guidelines provided here will serve as quick reminder of:



- Required health care needs for foster children.
- Behavioral or mental health services.
- Caregiver tips for scheduling and facilitating appointments.



**Keep in Mind**

**It is important that birth parents be included in doctor appointments. Ask your caseworker to provide guidelines for the child in your care.**

| Health Requirements for Foster Children | Behavioral/Mental Health Services |
|---|---|
| **All Children**<br>• Entering foster care must have an initial comprehensive medical examination within 30 days from the date the child first came into foster care (**regardless** of the date of his/her last medical exam). This comprehensive medical exam is known as an **EPSDT or Well-Child Exam**.<br>• Ages 3 through 20 years require yearly medical exams **(EPSDT or Well-Child Exam)**.<br>• Under 3 years of age require more frequent medical exams.<br>• Ages 3 and older require a dental examination within 90 days of entering foster care unless the child had a dental exam within six months prior to the date.<br><br>**Foster parent or relative caregiver responsibility**:<br>• Arrange for the medical and dental appointments within the noted timeframes.<br>• Inform the doctor/dentist office that the child is in foster care when making the appointment.<br>• Provide your foster care worker with the appointment date for the child's records.<br>• Contact the foster care worker immediately if there is an issue in scheduling or keeping the appointment. | At times, children in foster care may benefit from professional counseling services/therapy. The starting point for behavioral or mental health services is the child's Medicaid Health Plan. When calling to schedule an appointment for mental health/behavioral health services, make note of the following:<br>• Identify yourself as the foster parent to the child (regardless if you are related to the child.)<br>• Be specific about your concerns with the child (issues with behavior, mood, sleep patterns, nightmares, bed wetting etc.)<br>• Provide information about the medications the child is currently taking, including dosage.<br>• Be specific about the reason for the appointment (assessment for services, counseling appointment.)<br>• Ensure that you have the child's insurance card and Medicaid identification number available during the call to provide any requested information.<br><br>**Additional Information:**<br>• Birth parents should be involved in all mental health appointments.<br>• Contact the foster care worker regarding any/all appointment dates and times or if you have any problems in scheduling the appointment.<br>• Foster parents and relative caregivers **cannot** provide consent for psychotropic medication. |

**When going to a medical or therapy appointment, make sure to bring:**

- **Child's medications.**
- **Child's insurance cards.**
- **DHS-3762 *Consent to Routine, Non-Surgical Medical Care and Emergency Medical/Surgical Treatment* card.**
- **Well Child/EPSDT form, needed for the initial, periodic or yearly medical exams.**



DHS-PUB-268 (Rev. 8-18)

Exhibit D

**Michigan Power of Attorney for Minor Child**
(Under Michigan Compiled Laws § 700.5103)

I, of, MI do hereby make, constitute and appoint of ( ) MI, as my true and lawful attorney in fact for me and in my name, place and stead. I ( )

give unto said attorney full power to do and perform all duties which I have as a custodial parent and legal guardian of ( ) whose date of birth is ( ), including, but not limited to, making necessary decisions concerning the health (including the authorization of medical and behavioral health treatment), education (including enrolling in school), property, custody and general care of said child. In accordance with Michigan Compiled Laws § 700.5103, this delegation does not include the power to consent to marriage and/or adoption.

This delegation of power will end six (6) months after the date that I affix my signature below, unless revoked by me in writing before that date.

_____ _____
(Signature of Parent) (Witness)

_____ _____
(Date Signed) (Witness)

*Acknowledged before me this _____ day of_____ , 200___.*

Notary Public_____
_____ County
My Commission Expires: _____

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Interdisciplinary Treatment Teams</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.45</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/16/2021</td><td>Date of Review/Revision:<br>5/10/22, 4/11/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate standards for the provision of interdisciplinary treatment team-based consumer care that supports the health and well-being of consumers in a collaborative, structured, and person-centered manner.

**Policy:**
SCCMHA recognizes that no single individual can provide all of the services and supports that may be of benefit to a consumer; effective service delivery most often entails a variety of professionals and other staff with a variety of roles, responsibilities, skills and competencies working collaboratively together and in partnership with the consumer/family/caregiver. SCCMHA also recognizes that effective collaboration among professionals and consumers/families: (1) reduces fragmentation and siloed care; (2) leads to improved consumer outcomes and satisfaction; (3) results in improved staff morale, job satisfaction and organizational productivity; (4) allows professionals to work at the top of their training, licenses and credentials; and (5) is cost effective. In addition, studies have demonstrated that team-based care results in improved health outcomes for consumers when compared to standard care. Accordingly, SCCMHA shall foster teamwork by encouraging the provision of interdisciplinary team-based, person-centered consumer care.

**Application:**
This policy applies to services and supports for consumers enrolled in the SCCMHA CCBHC (Certified Community Behavioral Health Clinic) and SCCMHA Health Home & Wellness Center. Other programs shall consider implementing team-based care as warranted.

**Standards:**

A. Department/unit teams shall develop and implement standardized workflows for significant and recurrent situations commonly experienced by the consumer population(s) they serve.

B. Teams shall have a designated leader and/or facilitator.
   1. Teams may elect to rotate the role of the facilitator to expedite team-building and participatory leadership.

C. The team facilitator/leader shall, in concert with the treatment team and consumer/family/caregiver, establish expectations, including the articulation of norms and shared values, for teamwork and collaboration.
   1. All team members shall be made to feel valued and empowered to speak up when necessary.
   2. Teams shall select technology that allows visibility to the entire team and the work at hand in order to accommodate members who are not in a shared workspace (i.e., accessing meetings remotely).
   3. Each team member's roles and responsibilities shall be clearly articulated and teams shall promote a shared understanding of each member's roles and responsibilities.
   4. Teams shall use shared decision-making (see definition below) to foster collaborative relationships with consumers and families/caregivers and among team members.
   5. Teams shall consider holding briefing meetings to ensure that all members understand goals, everyone's roles and responsibilities, and have a chance to voice concerns.
   6. Teams shall consider holding debriefing (i.e., self-audit) meetings in order to review their effectiveness, promote team building and trust, celebrate successes and learn from breakdowns.
   7. Teams shall promote ongoing communication among members using a variety of mechanisms including curbside consults (see definition below), secure messaging via the EHR, telephone contacts, etc.

D. Team meetings shall consist of regular structured formal meetings that include consumers and families/caregivers as well as smaller, two-to-three-person teams that gather for huddles as well as curbside consults.
   1. Consumers and/or families/caregivers may be included in a huddle to promote quick shared decision making when an issue that requires consumer/family input arises.

E. The frequency of team meetings shall be flexible and based upon consumer needs and functional status.
   1. Some teams may engage in daily or weekly huddles while others may huddle on a monthly basis.
   2. Some teams may hold formal meetings on a weekly or monthly basis depending on the needs and health status of the consumer.
      a. At a minimum, teams shall hold formal meetings every 90-days to conduct periodic reviews in accordance with CCBHC standards.
   3. Team meetings or huddles shall be triggered by sentinel events which include, but are not limited to, the following:

a. Change in level of care
b. Care transition
c. Change in living situations
d. 90-day periodic review
e. Significant life event (e.g., loss of a loved one or caregiver)
f. Medical or mental health crisis
g. Change in health or functional status
h. A new diagnosis or diagnoses
i. Addressing complex comorbidities

F. External providers shall be integrated into the person-centered planning process and development of shared plans of care in accordance with consumer/family/caregiver wishes and needs.
   1. External providers shall be included in team meetings as warranted.

G. The composition of interdisciplinary teams shall be flexible and consumer/family-driven with a focus on whole-person care that integrates mental health, substance use disorder treatment, social care, and general health care in a seamless, coordinated manner.
   1. The initial composition of the team shall start with those members the consumer/family wishes to have included in the initial person-centered planning process.
   2. Additional members shall be added in accordance with consumer/family wishes and treatment and support needs.
      a. Additional members may include the primary care provider, PA, RN, PT, OT, RD, MA, speech and language therapist as well as employment specialist, housing resource Center staff, pharmacist, peer(s), residential services provider, etc.

H. All formal team meetings shall be documented in the consumer's EHR in accordance with SCCMHA policy.
   1. Documentation of huddles shall be optional and based on any significant biopsychosocial updates discussed.
   2. All formal meetings shall be accounted for by an authorized billing code that aligns with the services provided.

I. A team meeting shall be held when the team is considering presenting a case to the SCCMHA Adult Clinical Risk Committee. (See Exhibit A for a suggested conceptual framework.)
   1. Should the case be sent to the Clinical Risk Committee, information gleaned from the team meeting shall be used to help inform the committee's work.

**Definitions:**

**Certified Community Behavioral Health Clinic (CCBHC):** A non-profit organization or unit of a local government behavioral health authority that must directly provide (or contract with partner organizations to provide) nine types of services, with an emphasis on the provision of 24-hour crisis care, evidence-based practices, care coordination with local primary care and hospital partners, and integration with physical health care. (Richardson & Ingoglia)

**Curbside Consult:** A meeting held between two practitioners for the purpose of seeking information or advice regarding a consumer's care from a colleague.

**Five Components of Effective Interdisciplinary Teams:** (1) Established, open, safe communication patterns. (2) Well-defined and appropriate team goals. (3) Clear role definitions and expectations for team members. (4) A real-time, structured yet flexible decision-making process. (5) The ability of the team to "treat itself" by celebrating accomplishments and addresses breakdowns. (Leipzig, et al.)

**Shared Decision-Making (SDM):** An approach to care through which providers and consumers of health care come together as collaborators in determining the course of care. Key characteristics include having the health care provider, consumer, and sometimes family members and friends acting together, including taking steps in sharing a treatment decision, sharing information about treatment options, and arriving at consensus regarding preferred treatment options (Schauer, et al.).

**Team Huddle:** A brief meeting (e.g., 10 to 30 minutes) that can occur at a variety of frequencies and is scheduled to meet the unique needs of each team. Huddles are designed to address immediate consumer care coordination needs in contrast to **team meetings** which occur on a regularly scheduled basis and include everyone involved in the consumer's care and may also include the consumer and their family/caregiver.

**References:**


A. Leipzig, R., Hyer, K., Ek, K., et al. (2002). Attitudes Toward Working on Interdisciplinary Healthcare Teams: A Comparison by Discipline. *Journal of the American Geriatrics Society 50:* 1141–1148.

B. Richardson, J., Ingoglia, C. (August 5, 2020). *What is a CCBHC?* National Council for Behavioral Health.

C. SAMHSA. Criteria for Certified Community Behavioral Health Clinic: https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf.

D. Schauer, C., Everett, A., del Vecchio, P., et al. (2007). Promoting the value and practice of shared decision-making in mental health care. *Psychiatric Rehabilitation Journal 31(1):* 54-61.

E. SCCMHA Departmental Procedures for Interdisciplinary Treatment Teams – Children's Services, Community Support Services (CSS), Supports Coordination Services (SCS), and Health Home Huddle.


**Exhibits:**

A. SCCMHA Case Presentation Format for Behavioral Health Consultation

**Procedure:**

Each department shall be responsible for developing procedures, protocols and work flows that are tailored to meet the needs of the consumer population(s) they serve as well as the unique needs of the department or unit itself.

Exhibit A

# SCCMHA Case Presentation Format for Behavioral Health Consultation

*Provide a brief answer to each question:*

1. **Purpose:** What are you hoping to gain from the consultation?

2. **Problem:** What are the consumer's current symptoms and diagnoses (both physical and emotional/behavioral)?

3. **Motivation:** What does the consumer want? What are their relevant goal(s), desires, or functions of a behavior (i.e. what is being gained from repeating a problem behavior: sensory [e.g. self-soothing], escape, attention, tangible) at this time? What are their values?

4. **Context:** What is going on in the consumer's life that is impacting their ability to achieve their goals and desires? Summarize relevant information such as precipitating events (e.g. changes in environment, staffing [therapist, case manager/supports coordinator, teacher/coach, AFC staff, etc.], living arrangements, or medication).

5. **Barriers:** What personal circumstances pose significant barriers to achieving goals (e.g. financial or time constraints, limitations in communication abilities, lack of necessary education or training, trauma history, comorbid issues, etc.)?

6. **Strengths:** What are the consumer's personal strengths? Who are their natural supports? What skills and resources do they possess? What are their interests or hobbies?

7. **Efforts:** What has already been tried to support the consumer (e.g. medication change)? What services are in place? Are services being provided as planned? (If no, why not?)

8. **Progress:** What progress has been made toward goal(s)? Does the consumer and providers agree on perceived progress? (If no progress or no agreement on progress, why?)

*{Consultation Input}*

9. **Plan:** What specific actions will be taken/steps implemented as a result of this consultation?

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Whole-Person Care</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.46</td></tr>
<tr><td rowspan="2">Effective Date: 11/02/21</td><td>Date of Review/Revision:</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Utilization Management<br><br>Authored By: Colleen Sproul, Barbara Glassheim<br><br>Additional Reviewers:<br>SCCMHA Service Management Team</td></tr>
<tr><td>Supersedes: 10.01.02 – Health Home Services</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the services and supports provided by SCCMHA which are designed to improve consumer outcomes by addressing whole-person health care needs through the provision of comprehensive, integrated behavioral health (mental health and substance use disorder) treatment, general health care, and care coordination and management services as well as improve the consumer's experience of care, improve population health, and reduce the per capita cost of health care spending.

**Application:**
This policy applies to all SCCMHA-funded providers and programs.

**Policy:**
Background:

More than one in four Americans have multiple (two or more) concurrent chronic health conditions or chronic illnesses. Chronic health conditions include physical health illnesses such as diabetes, heart disease and hypertension as well as mental health conditions such as severe mental illnesses, substance use disorders, dementia and other cognitive disorders, and intellectual/developmental disabilities. The prevalence of multiple chronic health conditions increases with age and is substantial among older adults, even though many Americans with multiple chronic health conditions are under the age of sixty-five. As the number of chronic conditions in an individual increase, the risk of mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice all increase as well.

In addition to the above statistics, it has been well-documented that adults with severe mental illness (SMI) have significantly higher mortality rates and die, on average, twenty-five years earlier than their counterparts in the general population. Those with substance use disorders experience even shorter life spans. Furthermore, their deaths are

frequently attributable to preventable or treatable health conditions such as diabetes, heart disease and hypertension. Mortality increases substantially when adults with SMI have a co-occurring substance use disorder. Additionally, behavioral health treatment approaches can contribute to high risk health conditions. An example is second generation antipsychotic medications (SGAs) which are highly associated with weight gain, diabetes, abnormal cholesterol levels and metabolic syndrome.

The State of Michigan made a commitment to implementing **Medicaid Health Homes** in 2014-2015 through a State Plan Amendment in response to Section 1945 within Title XIX of the Social Security Act of the Affordable Care Act of 2010, which allowed States to amend their state plan amendments to provide care coordination services through Health Homes for individuals with multiple chronic health conditions.

The focus of the Michigan health home model, initiated on July 1, 2014, was targeted toward Medicaid beneficiaries with SMI. The health home promoted a model of service delivery made up of six components – (1) comprehensive care management; (2) care coordination; (3) health promotion; (4) comprehensive transitional care from inpatient to other settings, including follow-up; (5) individual and family support services; and (6) referral to community and social support services (each of which are described in the standards below) to provide care management and coordination services centered on the integration of behavioral and physical health objectives, with the expressed intention to transform the way care teams organize and coordinate care. Additionally, it was intended that this change involved the coordination of population health data and information in care management, the use of health information technology and the use of evidence-based care management guidelines.

The Protecting Access to Medicare Act (PAMA) of 2014 requires the establishment of demonstration programs to improve community behavioral health services and funded as part of Medicaid. PAMA specifies criteria for **Certified Community Behavioral Health Clinics (CCBHCs)**. These criteria fall into six areas: (1) staffing, (2) availability and accessibility of services, (3) care coordination, (4) scope of services, (5) quality and other reporting, and (6) organizational authority.

In 2020 SCCMHA[1] began to participate in a two-year SAMHSA (Substance Abuse and Mental Health Services Administration) expansion grant-funded opportunity to transform into a CCBHC. And, in 2021, SCCMHA began to participate in a two-year CCBHC MDHHS (Michigan Department of Health and Human Services) SAMHSA demonstration grant-funded opportunity that includes a key element for sustainability of CCBHCs: enhanced reimbursement via a value-based prospective payment system with performance incentives. CCBHC builds on the foundation of the health home components and expands access to services for eligible populations.

In keeping with CCBHC criteria, SCCMHA serves all consumers with mental illness, substance use disorders, and severe emotional disturbance as well as those with an intellectual/developmental disability and co-occurring mental illness and/or substance use disorder with a focus on whole health and comprehensive access to a full range of medical,

[1] SCCMHA's efforts to integrate behavioral health and general health care began several years ago and these efforts were subsequently supported by federal and state funding from grants. SCCMHA applied to SAMHSA for a PBHCI (Primary and Behavioral Health Care Integration) grant in 2012 and was awarded funds in 2014. SCCMHA was part of a SAMHSA award to MDHHS by SAMHSA for a PIPBHC (Promoting Integration of Primary and Behavioral Health Care) grant along with CMHSPs in Barry and Shiawassee counties in 2018.

behavioral and supportive services. SCCMHA also provides the nine types of CCBHC core services: (1) crisis mental health services including a 24-hour mobile crisis team, emergency crisis intervention, and crisis stabilization; (2) screening, assessment, and diagnosis including risk assessment; (3) patient-Centered treatment planning, including risk assessment and crisis planning; (4) outpatient mental health and substance use disorder services; (5) outpatient clinic primary care screening and monitoring of key health indicators and health risk; (6) targeted case management; (7) psychiatric rehabilitation services; (8) peer support, counselor services, and family support services; and (9) intensive community-based mental health care for members of the armed forces and veterans.

In an effort to address the above-noted health disparities using the Health Home and CCBHC models, SCCMHA focuses on whole-person-centered care through comprehensive population management that addresses all stages of health and disease with the goal of maximizing the consumer's current functionality and preventing the development of additional chronic conditions and their complications.

Overall, SCCMHA seeks to provide self-management support to empower consumers to self-manage their care, collaborate with providers, and to maintain their health. SCCMHA helps consumers to become engaged in their own care by assessing their level of activation and addressing deficits through self-management support strategies that include both education, coaching and motivational interviewing.

In addition, SCCMHA has worked to redesign the care system that consumers interact with by forming interdisciplinary treatment teams that are characterized by established roles, effective communication, and mechanisms for coordinating care between members of the team in a seamless manner.

Care coordination, a central component of the SCCMHA delivery system, is a key strategy for ensuring that consumers do not "fall through the cracks". Consumers most likely to benefit from care coordination include those living with a mental health and/or substance use disorder with higher utilization of services and those living with multiple comorbid conditions. Complex care management within the SCCMHA service delivery structure focuses upon consumer activation and education along with disease management. The interdisciplinary treatment team assesses each consumer's level of ability to engage in their own self-care and provides ongoing monitoring of the consumer's participation in and response to treatment. Specific team members such as RNs (registered nurses), PTs (physical therapists), MAs (medical assistants), OTs (occupational therapists), Speech and Language Therapists, RDs (registered dieticians), CHWs (community health workers), and peers, along with the rest of the team (e.g., psychiatrists, case managers, therapists, employment specialists, housing specialists, etc.) utilize their unique skills and training to enhance comprehensive whole-health care service delivery.

Policy:

The SCCMHA service array shall include comprehensive care management for consumers with complex comorbidities, care coordination, health promotion, comprehensive transitional care, individual and family support services and referrals to community and social support services provided in a manner that is based upon the unique needs and conditions of each consumer served. Furthermore, services shall be provided in a person/family-centered, developmentally appropriate, trauma-informed, recovery-oriented, culturally/linguistically competent manner and in accordance with nationally

accepted standards as described below using shared decision-making approaches to empower consumers and their families.

**Standards:**

A. **Population served:** SCCMHA shall serve consumers with a mental health condition, substance use disorder, severe emotional disturbance, intellectual/developmental disability and one or more chronic health conditions as well as those who are at risk of developing a chronic health condition.
   1. Individuals seeking eligibility for SCCMHA services shall be screened at intake (per the Eligibility Assessment and Determination for Consumers Requesting SCCMHA Services policy – 09.06.07.01) and triaged based upon acuity of need.
   2. Consumers shall be identified for whole-person care services at the time of admission through the use of population health data stratification (derived from Care Connect 360 and ZENITH-ICDP[2]) as well as through quality improvement initiatives.
      a. Consumers' claims data shall be reviewed at admission using Care Connect 360 data, which generates individualized encounter data profiles, which group similar diagnoses for Emergency Department (ED) and inpatient utilization, in addition to pharmacy, primary and specialty care, and psychiatric services

B. **Other populations served:** SCCMHA shall serve children and youth with a serious emotional disorder as well as individuals with an intellectual/developmental disability who have a co-occurring mental health and/or substance use diagnosis.
   1. Incorporating the same identification methodology above, children and youth are identified for participation in whole-person care with the goal to improve primary care engagement and connectivity, increased adherence to EPSDT services including immunizations and to address the prevalence of obesity in this group.

C. A **health assessment** shall be completed for each consumer served which shall include appropriate **testing to monitor health status**.
   1. Consumers who elect to participate in whole-person care shall be assessed for self-identified chronic health conditions, level of activation and overall rating of their health status
   2. All enrollees shall be offered baseline, six month and annual health testing and screening.
   3. Consumers shall be assessed at initial enrollment for chronic health conditions identified through existing databases (Care Connect 360 or ZENITH-ICDP) in addition to the identified chronic health conditions within the initial assessment (in the EHR).
      a. Baseline **health metrics** shall be taken at this appointment, which include six-month and annual health testing.
         1). Testing at baseline for adults shall include CLIA waived administration of HbA1c, lipid panel, blood pressure, BMI, waist circumference, and carbon monoxide levels.

[2] ICDP = Integrated Care Delivery Platform

2). Testing at baseline for children shall include blood pressure, weight, height and waist circumference.

3). A nurse or MA shall administer biometrics at regular intervals or at least every six months as well as annual lipid panel and HbA1c tests for adults.

b. **Health literacy** score, self-assessment of overall health, current perception of level of pain, as well as the establishment of a consumer identified wellness goal, shall be part of the initial and annual assessments.

c. Information shall be shared with primary care providers and documented within the appropriate electronic health records (EHRs).

d. Based upon the overall health status of the consumer, a nurse or other general health care professional shall review the assessment and make recommendations to the consumer's interdisciplinary treatment team, including the consumer's case holder, for wellness education, nutritional support or initiate a referral to the Enhanced Health Services department for assessment.

e. Consumers shall be encouraged to make an appointment with their primary care provider.

1). SCCMHA shall schedule appointments with the on-site primary care provider via that provider's s HER scheduling module.

f. If the consumer identifies a primary care physician other than SCCMHA's on-site provider, the RN or Medical Assistant (MA) shall contact the provider with the information gathered in the assessment and, with the consumer's or guardian's consent, share the wellness goal(s) established by the consumer.

4. A **Personal Health Review** shall be conducted at the time of admission into specialty services and documented in the EHR.

a. Consumers presenting with multiple chronic health conditions shall be immediately referred to the SCCMHA Health Home and Wellness Center for outreach and engagement.

1). Case holders shall be apprised at the time of admission to recognize the need for management of identified chronic health conditions within the Person-Centered Plan.

b. Adult consumers shall be assessed for the following chronic health conditions: hypertension, obesity, diabetes, COPD/asthma, kidney function/disease. (See Exhibit H)

c. A personal health review shall be conducted and routine screening for obesity and elevated blood pressure shall be provided to children/adolescents. (See Exhibit I)

d. The **Patient Stress Questionnaire**[3] shall be administered to adult consumers along with screening for suicidality (PHQ-9) and the DAST-10 (Drug Abuse Screening Test) and AUDIT-C as indicated as well as the CTAC Trauma Screening Checklist, GAD-7 for anxiety, and the Columbia-Suicide Severity Rating Scale .

e. Adolescent consumers shall be administered a PHQ-A to screen for depression, the CRAFFT+N to screen for substance use issues, the CTAC Trauma Screening Checklist, and the ASQ for suicidality.

5. **Medication reconciliation** shall be performed at the time of intake, at each six-month biometric testing, and as part of comprehensive transitional care.

NOTE: Medication reconciliation is required as part of the **9-Touch** protocol after hospital inpatient discharge (Care Transition Policy).

D. SCCMHA shall ensure that each consumer has a **comprehensive care plan** that includes the provision of services that are quality-driven, cost effective, culturally appropriate, trauma-informed, person-/family centered, developmentally appropriate, and evidenced-based.

1. An interdisciplinary team shall develop a **care plan** that is guided by the consumer and includes person-centered health goals or a **"wellness goal"** that incorporates self-management objectives.
2. The assessment and consumer **wellness goal** shall determine recommendations to the consumer.
3. SCCMHA shall provide access to **community and social support services** as a focus within the person-centered plan, including access to the clubhouse and the wellness-focused SCCMHA-funded Drop-In Center to further support adult individuals in their overall **recovery** goals.
4. The **person-centered plan** shall address the general (i.e., physical health) needs as well as behavioral health needs, and shared with the consumer and the consumer's identified primary physical health care provider.
   a. Ongoing monitoring of the person-centered plan shall be conducted and updates shall be made as needed or on an annual basis at a minimum by the case holder (per SCCMHA policy 02.03.03).
5. The consumer's **cultural preferences** shall be taken into consideration with the overall goal of health care integration that is achieved by informing and coordinating all care with the consumer's identified physical health providers.

E. **Care coordination** services shall be provided to each consumer that include, but are not limited to: an individualized plan of care; prevention and health promotion; general healthcare; mental health and substance use disorder treatment; linkages to community support and social services; employment; housing; educational systems comprehensive care management for consumers with complex comorbidities; transitional care from the hospital to the community;.

[3] The Patient Stress Questionnaire is adapted from PHQ-9 (Patient Health Questionnaire), GAD7 Scale (Generalized Anxiety Disorder), PC-PTSD (Primary Care PTSD Screen) and AUDIT (Alcohol Use Disorders Identification Test).

1. **Communication** as part of **care coordination** will occur at the time of transition between inpatient and outpatient care, changes in level of care and with outpatient care providers in accordance with SCCMHA Policy 10.01.01.01 – Care Transitions which outlines the "9-Touch" approach and specifies a series of assessment, face-to-face meetings, medication reconciliation and other transition of care activities specific to hospital discharge back to home or community.
2. **Care coordination with consumer's primary care physician** shall be initiated to ensure that consumers have access to hospital and specialty medical care.
    a. As part of the person-centered planning process (in accordance with SCCMHA policies 0.3.02.01 and 02.03.03), the consumer's overall health and nutrition status will be reviewed and a determination made as to whether there are issues to bring to the attention of the primary health care provider.
    b. In close communication with identified physical health providers, interdisciplinary treatment team members shall monitor and assess consumer health for acuity and exacerbation of identified chronic health conditions or for life-threatening conditions that require immediate attention.
        NOTE: SCCMHA staff is trained to immediately contact emergency transportation to transport a consumer to the nearby emergency room for care for consumers who report or present with symptoms that indicate a medical crisis.
    d. Care coordination shall be provided in conjunction with case holders and physical health providers to ensure that consumers follow up with referrals to specialty medical providers and follow consumers for three weeks post hospital discharge with the 9-Touch protocol that utilizes face-to-face visits to assess recovery from treatment.
    e. The **physician assigned by the Medicaid Health Plan (MHP)** will be indicated in the electronic health record as the Primary Health Care Physician for the consumer.
        1). Each consumer will be routinely asked to update or identify the name of their primary care physician (in accordance SCCMHA policy).
        2). Each consumer will be requested to consent to allow for SCCMHA to coordinate care with the identified primary health care provider if consent is not present or current for that provider.
        3). Consumers who do not identify a primary care physician at the time of intake shall be recommended to select the physical health provider co-located at SCCMHA and contact their MHP to inform the MHP of their selection.

4). The absence of a primary care provider shall be indicated as a health and safety concern in the consumer's Individual Plan of Service.

5). If the consumer prefers to select from other available physicians, the consumer shall be provided education on how to contact their MHP to identify a primary care provider.

F. SCCMHA service delivery shall encompass **continuing care strategies**, including care coordination and transitional care from the hospital to the community as well as the full array of SCCMHA and community-based services and supports.

1. **Comprehensive transitional care** from inpatient to other settings, including follow-up, shall encompass a set of actions that are designed to ensure the coordination and continuity of health care, and consider the consumer's goals, preferences and clinical status.

a. Activities shall include (but not be limited to):

1). Receiving notification of discharges and admissions from hospitals and other care facilities.

2). Performing outreach to consumers to ensure appropriate follow-up after transition.

3). Reviewing discharge summaries.

4). Conducting medication reconciliation.

5). Assessing a consumer's risk status to reduce avoidable readmissions.

b. **Admissions, discharges and transfers (ADTs)** transmitted through the **HIE** (health information exchange) shall be reviewed twice daily for the purpose of tracking all admissions, discharges and transfers.

1). Consumers who transition from one setting to another shall be assessed for level of care based upon diagnoses.

2). Interdisciplinary treatment teams shall be notified of consumer activity.

3). Interdisciplinary treatment teams shall meet to determine the level of support needed by the consumer and their natural support system to ensure that the consumer is provided adequate and appropriate support and follow-up for smooth transitions of care that optimize the potential for positive outcomes.

G. The interdisciplinary treatment team shall ensure that a **full array of services** is available and coordinated.

1. Any **gaps** in treatment shall be identified and services outside of SCCMHA shall be arranged when necessary.

a. Any **gaps in behavioral health treatment** shall be identified and services outside of SCCMHA shall be arranged when necessary in conjunction with the case holder.

b. Any **gaps in physical health care** shall be identified through ongoing assessment and communicated to the consumer's primary care provider.

1). Activities shall include, but not be limited to:

a). Ensuring follow-up with specialist and ancillary provider referrals initiated by the primary care physician for routine or post hospitalization care.

b). Securing referrals from the consumer's primary care physician for PT, OT and Speech and Language Therapy assessment when indicated.

c). Assisting consumers in obtaining DME (durable medical equipment) or a script for DME from the prescribing provider.

d). Assisting the consumer in accessing or securing referrals for community provided health education classes.

e). Assisting the consumer in accessing dental care.

f). Providing navigation assistance to consumers who request assistance in managing their health care.

2. All referrals and follow-up conducted to ensure the efficacy of those referrals shall be documented in the consumer's HER.

H. SCCMHA shall offer services that include **prevention and health promotion**, general healthcare, mental health and substance use disorder treatment, and linkages to long-term care services and other community supports and resources.

1. **Health education**, especially education that focuses upon management of chronic health conditions, shall be targeted to consumers and their families when appropriate.

a. This education shall include teaching the consumer about how to manage their mental and physical health, pursue recovery and wellness including exercise, diet and nutrition.

b. Classes for diabetes, hypertension, asthma, smoking/tobacco/vaping cessation, safe sex, and managing high cholesterol shall be provided or made available to consumers in accordance with need and identified health goals.

c. Approaches for educating consumers shall be predicated on the administration of a health literacy evaluation (Exhibit E) and engagement of consumers as well as their family or support systems, consider reading and numeracy comprehension, learning styles and other factors that may impact the ability to understand and follow a plan of care.

2. **Health promotion** activities shall include the provision of health education to the consumer (and their identified family member[s] when appropriate) that is specific to the consumer's chronic illness or needs as identified in the assessment.

3. SCCMHA shall help consumers access the following health and wellness activities and programs:

a. Smoking cessation program
b. Journey for Control Diabetes classes
c. Drop-In Blood Pressure Clinics
d. DIMENSIONS: Tobacco Free Program
e. Peer walking appointments
f. Nutritional assessment and education
g. Weight Loss Class and Mindful Eating
h. Diabetes education classes
i. SCCMHA-sponsored Consumer Health Fairs
j. Education that focuses on self-management of hypertension
k. Yoga
l. SCCMHA's Learning Links programs for consumers
m. WHAM (Whole Health Action Management) provided by the Friends for Recovery Drop-In Center
n. myStrength™
o. Auricular Acupuncture (National Acupuncture Detoxification Association (NADA) Acupuncture)

4. One-to-one educational sessions shall also be made available to consumers who prefer individual support.
5. SCCMHA shall provide access to interventions for consumers, as clinically indicated, in order to improve and support personal health goals, including, but not limited to:
   a. Cognitive Behavior Therapy
   b. Integrated Dual Disorders Treatment groups (for co-occurring mental health and substance use disorders)
   c. TREM (Trauma Recovery and Empowerment Model) groups
   d. DBT (Dialectical Behavior Therapy)
   e. FPE (Family Psychoeducation)
   f. Motivational Enhancement Therapy
   g. Medication Assisted Treatment (MAT)
   h. Seeking Safety
   i. Ask Me 3
   j. 5 A's
   k. SBIRT/YSBIRT (Screening, Brief Intervention, Referral to Treatment)

I. **Individual and family support services** provided by SCCMHA shall include the coordination of access to and delivery of services that support effective management of chronic conditions.

J. **Referral to community and social support services**[4] by SCCMHA shall include, but not be limited to, the establishment of referral and follow-up procedures in order to ensure that consumers in need of community-based social support services are assisted to overcome access or service barriers in a manner that fosters the development of self-efficacy and builds self-management skills.

1. Referrals to community and social support shall entail facilitating access to support assistance for individuals to address medical, behavioral,

[4] It is well established that by addressing the social determinants of health, overall health is improved.

educational, social and community issues that may impact overall health and address **social determinants of health (SDOH)** as needed.

a. SCCMHA shall develop collaborative relationships with community and/or social support services.

b. The Saginaw Community Care HUB shall provide a central referral registry and contract with Community Care Agencies (CCAs) that employ Community Health Workers (CHWs).

1). CHWs shall be available to assist consumers in addressing relevant SDOH as well as the systems that are in place to deal with acute illnesses and chronic health conditions.

c. Consumers shall be offered and encouraged to join in peer support organizations, self-help groups, senior centers, exercise facilities and other community-based programs based upon their preferences.

d. **Transportation** shall be provided to overcome attendance barriers.

2. All referrals and follow-up conducted to ensure the efficacy of those referrals shall be documented in the consumer's HER.

K. **Disease management services** shall be individualized and target identified chronic illnesses provided through the use of consumer level claims data encounters.

L. SCCMHA shall endeavor to maintain a close collaboration in a partly **integrated system** or level 4[5] Health Home and Wellness Center whereby mental health and health care providers share the same site and have some shared systems, such as scheduling and charting, as well as regular face-to-face interactions among primary care and SCCMHA behavioral health providers, coordinated treatment plans for patients with complex needs, and a basic understanding of each other's roles and culture[6].

1. While job descriptions outline **roles and responsibilities** that align with professional scope of practice, **interdisciplinary treatment team** members shall present their services as a team without designation of role to the consumer in order to offer the consumer their own **"wellness" team** which is focused upon the consumer's overall health and wellness as well as on the provision of support for the consumer's health improvement efforts from anyone on the team.

2. **Primary health care** shall be provided **on-site** at SCCMHA's main location in the Health Home and Wellness Center.

a. The designated PCP (primary care provider) shall provide a primary care practitioner, nurse (RN) and medical assistant (MA) three days per week to the SCCMHA Health Home and Wellness Center through a Memorandum of Understanding (MOU).

b. SCCMHA consumers may opt to receive care at this co-located physical health clinic by identifying this PCP as their primary care provider to their Managed Care Organization.

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[5] The level of integration is most aptly described by Doherty, McDaniel and Baird (1995, 1996) who proposed the first classification for integrated health care by identifying five levels of collaboration and integration.

[6] "We are a team in the care of consumers" best describes the level of care integration at this time (Collins, et.al., 2010; Peek, 2007; Reynolds, 2006: Seaburn, Lorenz, Gunn, Gawinski & Mauksch, 1996; Strohsal, 1998).

3. The consumer's **primary care provider** shall be considered part of the team as is the case holder, peer support specialist (PSS), wellness specialist, behavioral health consultant, physical therapist (PT), occupational therapist (OT), registered dietician (RD), RN, and, in some cases, a Community Health Worker (CHW) along with the psychiatrist, case manager, and therapist.
4. Health Home and Wellness Center team members shall conduct a "huddle" each day before the clinic opens to review consumer information, including behavioral health diagnosis, risk level, recent ED admissions and overdue annual labs, including information related to a consumer's physical health care appointments within the co-located physical health care provider clinic.
5. Consumers shall receive **behavioral health care** based upon their specific needs in the initial assessment and/or when presenting for psychiatric inpatient care.
    a. **Behavioral health care** shall be provided to consumers through the SCCMHA specialty Medicaid benefit and their services shall be complimented by the presence of a Behavioral Health Consultant (BHC) who shall be present during on-site PCP clinic hours.
    b. Consumers enrolled with the on-site primary health care clinic shall have the assistance of a fully licensed master's social worker (LMSW) who provides behavioral health consultation during primary care visits.
        1). While it is the express purpose of the BHC to address needs of consumers in real time during an office visit with brief interventions and follow up as needed, the BHC shall maintain direct contact with the consumer's case holder and shall coordinate necessary support if the consumer presents with immediate needs.
    c. Psychiatrists and other SCCMHA practitioners, including complimentary providers such as OT, PT, RD, the SCCMHA Health Educator, peer support specialists, and wellness coaches shall be located within the same physical space as the physical health clinic and interact with consumers who are physically present within the SCCMHA Health Home and Wellness Center.
6. SCCMHA shall staff an **on-site laboratory** for lab draws for both psychiatric and primary care physician providers as well as house a full-service **pharmacy** which is located on the same floor within close proximity of Health Home and Wellness Center.

M. The Health Home and Wellness Center shall provide services during **core business hours**, 8:00 a.m. – 6:00 p.m. five days per week and shall coordinate these hours with the on-site physical health provider that provides services between 8:30 a.m. – 4:45 p.m. three days per week.
1. Health Home and Wellness center personnel and complimentary staff shall be available during core business hours and conduct care coordination and wellness services five days per week.

a. **Walk-ins** without a prior appointment shall be welcomed into the Health Home and Wellness Center.

2. Additional resources shall be made available through the designated primary care provider's other clinics with walk-in capacity that are located within the vicinity of SCCMHA.
3. SCCMHA shall provide twenty four-hour, seven-day per week response to consumers with emergency health care needs including mental health and substance use disorder treatment access.
    a. Case holders shall serve as the initial point of contact when a consumer is requesting access to Health Home and Wellness Center services outside of core business hours, 8:00 a.m. – 6:00 p.m. Monday through Friday.
4. SCCMHA-employed psychiatric providers, including mid-level practitioners, shall be located within a few steps of the physical health clinic and shall be available during core business hours for consultation with the on-site primary care provider or behavioral health services.
    a. Health Home and Wellness Center staff shall be available during core business hours and can be reached by case holders to arrange or secure access to health care services or primary care visits for the consumers they serve.
5. Consumers may contact Health Home and Wellness Center staff directly by telephone to arrange for **wellness consultation** and may schedule appointments in conjunction with their psychiatrist visit or medication reviews, therapy appointments, prescription pick-up, or for laboratory services (which are all located on the same floor in one location).
6. SCCMHA staff shall access the PCP's EHR for the purpose of advance scheduling, same day scheduling of physician office appointments at the PCP clinic, and viewing scheduled physical health appointments.
    a. Health Home and Wellness Center staff shall routinely review case management scheduled appointments and psychiatric appointments to connect with consumers who have either no-showed their appointments with the Health Home and Wellness Center or PCP practitioner or who are due for follow up appointments or services.
7. SCCMHA's front desk staff shall aid in scheduling consumers who are scheduled for a physician office visit and are able to schedule follow up visits upon conclusion of their visit.
8. **Outbound phone calls** to consumers for appointment reminders, no-show follow-up, and wellness checks shall be performed as part of comprehensive care management that includes reporting of blood sugar and blood pressure readings, monitoring exercise activity, food logs and assistance with transportation to provider appointments and community and social supports.
    a. Frequent outbound telephone calls shall be initiated to consumers to follow up with lab value results, emergency room encounters, coordination of **transportation** to and from physical health provider

appointments including specialist providers as well as dentists and optometrists.

1). The Health Home and Wellness Center Specialist shall place reminder calls to consumers who are either enrolled or would benefit from enrollment in self-management classes such as diabetes, smoking cessation and nutritional education.

a). The Health Home and Wellness Center Specialist shall reach out to consumers who are registered as well as contact potential consumers and their case holders to assess their interest in participating.

N. **Health information technology (HIT)** shall be used to inform and facilitate the work of the Health Home and Wellness Center and to guide quality improvement efforts.

1. Data shall be used at the population and individual levels to inform clinical decision-making, provide feedback to clinicians and consumers, as well as to deliver reminders to providers and consumers.
2. Information shall be gathered to identify consumers who are at greater risk of morbidity and mortality due to multiple chronic health conditions, hospitalizations, and re-admissions at the time of eligibility determination and throughout their enrollment in SCCMHA specialty benefit services.
3. Clinical decision-making, care plan development, and quality improvement activities shall be informed by ongoing surveillance and data mining of two Medicaid claims databases populated by the State of Michigan.
   a. SCCMHA shall utilize available clinical information systems, **ZENITH-ICDP** and **Care Connect 360**, which capture and report population-level data for the purpose of clinical decision-making and care coordination for SCCMHA adult consumers with chronic health conditions.
      NOTE: This data is organized at the aggregate and individual level with the intention of optimizing individual outcomes and influencing quality improvement.
      NOTE: Claims data is aggregated for the purpose of grouping chronic health conditions to inform clinical decision-making.
   b. SCCMHA shall collect and analyze data obtained through Care Connect 360 which includes medical and behavioral health claims data that provide summaries of consumer institutional encounters.
   c. SCCMHA shall utilize notification of admissions, discharges and transfers (ADTs) for SCCMHA consumers which are communicated twice daily through the ZENITH-ICDP site and transmitted via the Health Information Exchange (HIE).
      NOTE: Individual consumers are identified with their chronic health conditions, including behavioral health conditions.

NOTE: Risk status is calculated by ZENITH-ICDP using a predictive modeling tool, LACE, and it is noted within the consumer profile.

NOTE: The reason for admission is documented and LACE scoring is used to predict the level of risk a consumer has for readmission to the hospital.

1). This data shall be reviewed by the Supervisor of Clinical Practice and other team members for the purpose of identifying consumers who may be at risk of hospital readmission.

a). Consumers who are at high risk shall be identified and assigned to a nurse who coordinates with the consumer's case holder to ensure the transition of care using the 9-Touch protocol for that consumer.

b). Consumers who are identified as admitted to a hospital inpatient setting shall be assessed by a nurse for transition of care protocols and care coordination to ensure that the consumer successfully transitions from inpatient care back to their home or to the community.

c). Interventions and assessments shall be documented within the electronic health record.

d). Additional data (from Care Connect 360 and ZENITH-ICDP) shall also be reviewed at the time of admission into SCCMHA's services.

4. Interdisciplinary treatment teams shall utilize SCCMHA's **electronic health record** for the purpose of viewing and documenting physical and behavioral health information collected in the chart documents.

a. Information regarding health indicators, health education and health promotion activities, individual contacts and overall risk status shall be used to inform clinical decision making.

1. Health metrics are captured in SCCMHA's EHR in the "Vitals" section. Information collected includes blood pressure, lipid panel, A1c, BMI, waist circumference and CO levels.

O. SCCMHA shall provide **cross-system, bi-directional** primary care and behavioral health **staff training** on integrated care as well as foster greater awareness and understanding of both mental illness, substance use disorder and physical health issues that impact consumers as well as the cultures of both primary and behavioral health care. Trainings may include, but not be limited to the following:

1. Consumer Health (physical health conditions)
2. Taking Care of Yourself (physical and emotional health conditions)
3. Understanding Disabilities
4. Understanding Medications
5. Integrated Treatment of Co-occurring Mental Health & Substance Use Disorders

6. Modifying Approaches and Medications Used to Treat the Disease of Opiate Addiction
7. PTSD and Substance Abuse Disorder
8. The Medical Aspects of Behavioral Health and the Role of Behaviorism in Recovery
9. Trauma 101
10. Virtual Hallucinations
11. CBT for Hoarding Disorder
12. Mental Health Ambassador Training
13. Mental Health First Aid

P. SCCMHA shall engage in **quality improvement (QI) activities** with Performance Improvement Projects (PIPs) reported to the SCCMHA Board of Directors.
1. SCCMHA shall conduct surveys of **consumer satisfaction** in order to inform care processes and ascertain areas for improvement (see Exhibit H).
2. Performance Improvement Projects shall include diabetes screening for consumers taking second generation antipsychotics (SGAs) and blood pressure monitoring for consumers with uncontrolled hypertension.
3. SCCMHA will use population health methodologies to stratify consumers for prioritization of interventions, work flow improvements and aligning resources.
4. SCCMHA will actively initiate **PDSA** (Plan-Do-Study-Act) cycles to process information and data.

Q. SCCMHA will collaborate with its PCP partner to implement and **maintain shared plans of care**.

R. SCCMHA shall make the option of **telehealth** visits available to consumers who wish to meet virtually.

**Definitions:**

**9-Touch Protocol:** A model which assesses for successful care coordination and team planning of transition from hospital to home that specifies a series of assessment, face-to-face meetings, medication reconciliation and other transition of care activities specific to hospital discharge back to home or community. The protocol also includes assessment of supports, and adherence to medical discharge directions, understanding of medical conditions, and arranging follow-up care post discharge.

**Auricular Acupuncture:** A standardized 1- to 5-point auricular needling protocol that is delivered in a group setting as part of a treatment program for substance use disorders as well as other behavioral health conditions (e.g., PTSD, depression, stress).

**"Better Together"**: SCCMHA, with the support of SCCMHA Human Resources and the Health Home team, develop, staff and promote a wellness education and awareness program that includes lunch and learns, screening clinics and educational sessions that focus upon consumer and SCCMHA employee wellness. These opportunities are open to both consumers and employees of SCCMHA. "Better Together" identifies topical health issues or themes and develops learning opportunities to support self-management. Based upon population health data from Care Connect 360, "Better Together" 2016 focused upon uncontrolled hypertension due to its prevalence as the leading chronic health condition among SCCMHA consumers.

**Care Coordination:** Care management activities that include the implementation of the care plan through appropriate linkages, referrals, coordination and follow-up to needed services and support.
**Chronic Illnesses:** Conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living.
**Community Health Worker:** A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (American Public Health Association Community Health Worker Section, 2009)
**Comprehensive Care Management:** The identification, assessment and monitoring of populations likely to benefit from Health Home services
**Culture:** The beliefs, customs, social norms, and material traits of a racial, religious, or social group. It affects the group members' viewpoints: how they act; how they think; and how they see themselves in relation to the rest of the world Culture is also defined as a particular society that has its own beliefs, ways of life, art, etc. or a way of thinking, behaving, or working that exists in a place or organization (such as a business). Culture is transmitted through language, symbols, and rituals. Cultural differences can be manifested in help-seeking behaviors, language and communication styles, symptom patterns and expressions, nontraditional healing practices, and the role and desirability of an intervention or treatment.
**Ethnicity**: A population or group having a common cultural heritage that is distinguished by customs, characteristics, language, and common history.
**Diversity:** Differences in geographic location (rural, urban), sexual orientation, age, religion or spiritual practice, socioeconomic status, and physical and mental capacity.
**Family of Choice:** *S*upportive friendship networks that function as family, often due to rejection or lack of disclosure to the biological family. Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family of origin as well as include individuals such as significant others or partners, friends, coworkers, etc.
**Health Home:** A healthcare delivery approach to improve consumer outcomes by addressing whole-person health care needs through the provision of comprehensive, integrated behavioral health (mental health and substance use disorder), medical, care coordination and management services.
**Health Literacy:** The ability to read, understand and act upon health information. Health literacy has been shown to be critical to good patient care and positive health outcomes; when patients lack the ability to understand and act upon medical information, it can put their health at risk.
**LACE Index:** A tool that identifies individuals who are at risk for hospital readmission or death within thirty days of discharge. It incorporates four parameters: "**L**" stands for length of stay of the index admission; "**A**" stands for acuity of admission; "**C**" stands for comorbidities of patients; and "**E**" stands for the number of Emergency Department visits

within the last six months. LACE scores range from 1–19. A score of 0 – 4 = Low; 5 – 9 = Moderate; and a score of ≥ 10 = High risk of readmission.

**Metabolic Syndrome:** A cluster of conditions including increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels that occur together thereby increasing risk of heart disease, stroke and diabetes.

**myStrength™:** An evidence-based web-based application that is suitable for both adults and adolescents. myStrength™ assists individuals with decision support for a wide range of behavioral health and substance use disorders including comprehensive resources on parenting, nutrition and mindfulness. myStrength™ is a confidential and free service to consumers who have internet access.

**Patient Protection and Affordable Care Act (PPACA):** Passed by Congress and signed into law by the President in March 2010, this law provides a variety of approaches intended to improve health care system of the United States.

**PDSA Cycle:** Testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

**Social Determinants of Health (SDOH):** The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

**References:**


A. Doherty, W., McDaniel, S., Baird, M. (1996). Five Levels of Primary Care/Behavioral Healthcare Collaboration. *Behavioral Healthcare Tomorrow 5(5):* 25-7. (https://www.researchgate.net/publication/13135683_Five_Levels_of_Primary_CareBehavioral_Healthcare_Collaboration)

B. MSA Bulletin 14-23 (Michigan Department of Community Health) May 30, 2014: *Introduction of Health Homes in Selected Counties of Grand Traverse, Manistee and Washtenaw*.

C. SCCMHA Policy 02.03.03 – Person-Centered Planning

D. SCCMHA Policy 02.03.09.40 – SBIRT/YSBIRT

E. SCCMHA Policy 03.02.45 – Interdisciplinary Treatment Teams

F. SCCMHA Policy 10.01.01 – Hospital Discharge Planning

G. SCCMHA Policy 10.01.01.01 – Care Transitions

H. The Newest Vital Sign (NVS) – Pfizer: www.pfizerhealthliteracy.com

I. The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA, P.L. 111-152), and collectively referred to as the Affordable Care Act of 2010 (ACA).


**Exhibits:**

A. Health Home Flow Charts

B. Four Quadrant Model

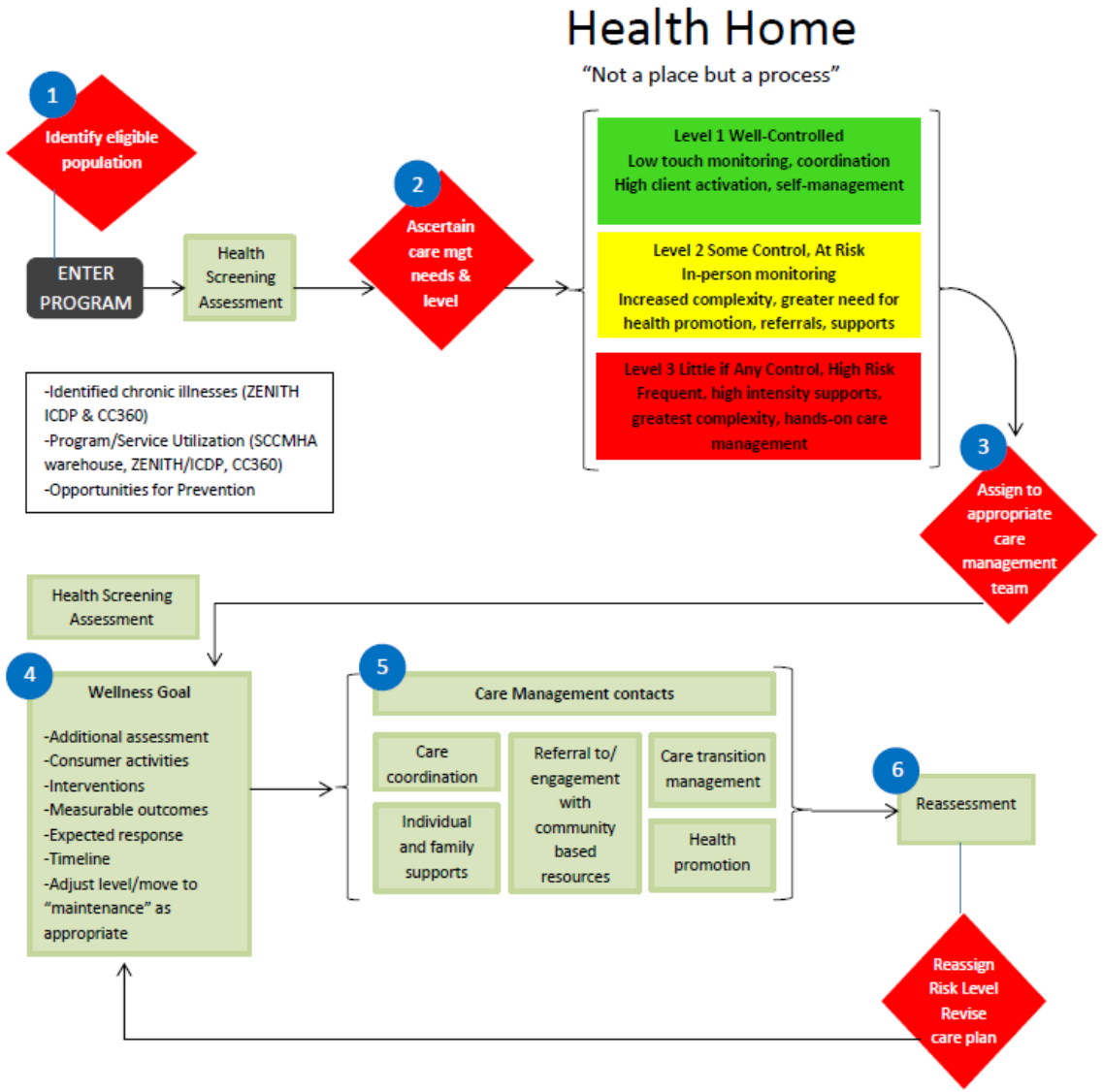
C. Example of ZENITH-ICDP information

D. Consumer Fact Sheet

E. Newest Vital Sign (NVS)

F. Stress Questionnaire
G. Consumer Satisfaction Survey
H. Personal Health Review – Adult
I. Personal Health Review - Children
J. Adult NOMs
K. Child NOMs
L. Ask Me 3
M. The 5 A’s

Exhibit A


Health Home
"Not a place but a process"
1
Identify eligible population
ENTER PROGRAM
Health Screening Assessment
2
Ascertain care mgt needs & level
-Identified chronic illnesses (ZENITH ICDP & CC360)
-Program/Service Utilization (SCCMHA warehouse, ZENITH/ICDP, CC360)
-Opportunities for Prevention
Level 1 Well-Controlled
Low touch monitoring, coordination
High client activation, self-management
Level 2 Some Control, At Risk
In-person monitoring
Increased complexity, greater need for health promotion, referrals, supports
Level 3 Little if Any Control, High Risk
Frequent, high intensity supports, greatest complexity, hands-on care management
3
Assign to appropriate care management team
Health Screening Assessment
4
Wellness Goal
-Additional assessment
-Consumer activities
-Interventions
-Measurable outcomes
-Expected response
-Timeline
-Adjust level/move to "maintenance" as appropriate
5
Care Management contacts
Care coordination
Individual and family supports
Referral to/ engagement with community based resources
Care transition management
Health promotion
6
Reassessment
Reassign Risk Level Revise care plan
Risk factors- not on all-inclusive list
-Age
-Gender
-Presence of specific chronic illnesses and levels of control
-Asthma
-Diabetes
-Respiratory disease
-Cardiac disease
-Seizure
-Neurological Disease
-Hepatitis C
-HIV
-Second Generation Antipsychotic
-Serious mental illness
-Substance abuse disorder
-Utilization
-#ER visits or hospitalization over specified period
-#ER visits or hospitalizations for a specific chronic /condition
-Payer
-Family income
-Homelessness
-Other social or environmental risks
Data Sources- not an all-inclusive list
-Assessment findings
-Claims data, ADTs, Care Alerts (ZENITH/ICDP)
--Medication data
-Screening results
-Patient/family interviews
The Assessment
-Standardized instruments
-Motivational interviewing and EBP
-History and physical

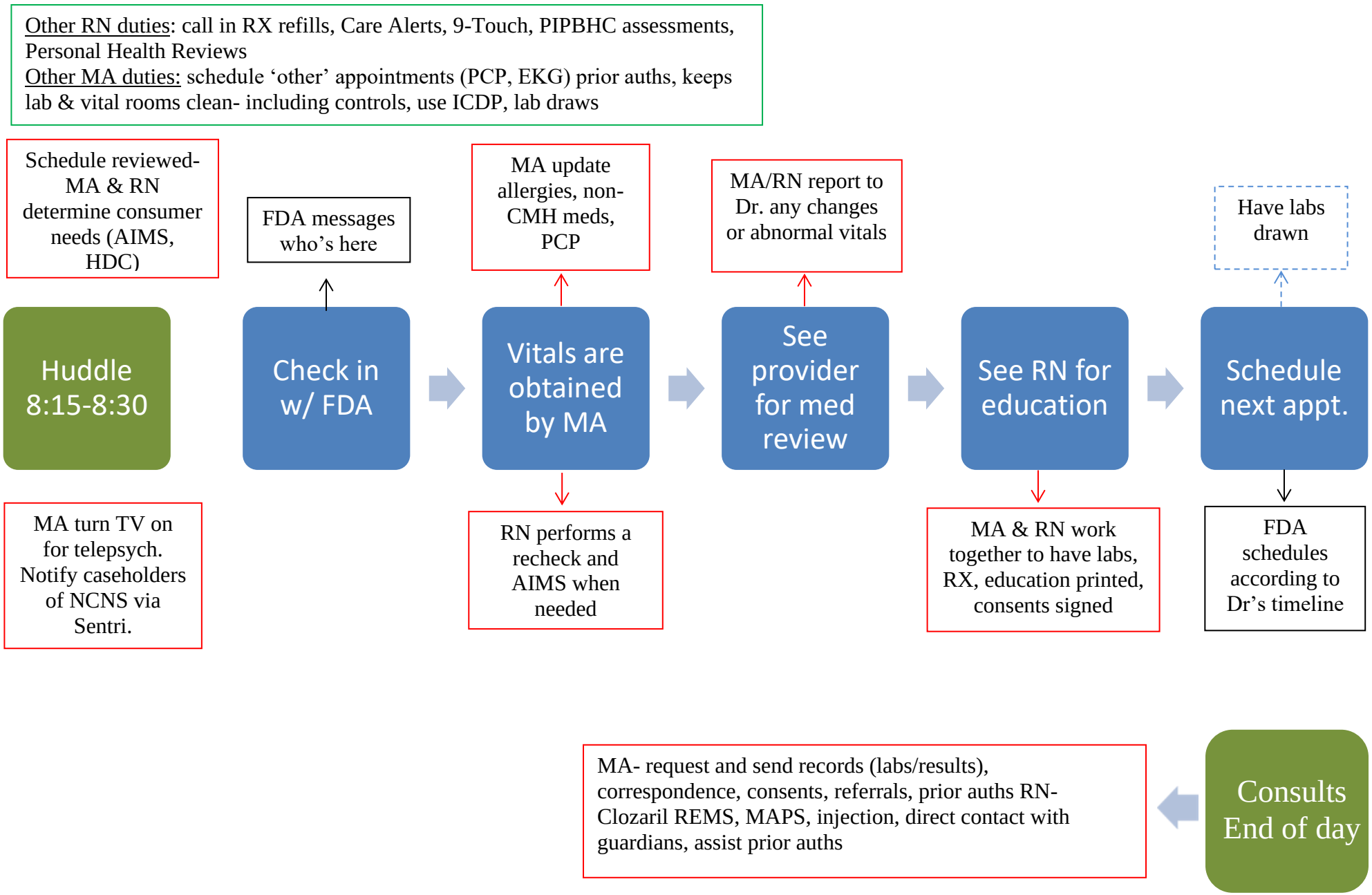

Other RN duties: call in RX refills, Care Alerts, 9-Touch, PIPBHC assessments, Personal Health Reviews
Other MA duties: schedule 'other' appointments (PCP, EKG) prior auths, keeps lab & vital rooms clean- including controls, use ICDP, lab draws
Schedule reviewed- MA & RN determine consumer needs (AIMS, HDC)
FDA messages who's here
MA update allergies, non-CMH meds, PCP
MA/RN report to Dr. any changes or abnormal vitals
Have labs drawn
Huddle 8:15-8:30
Check in w/ FDA
Vitals are obtained by MA
See provider for med review
See RN for education
Schedule next appt.
MA turn TV on for telepsych. Notify caseholders of NCNS via Sentri.
RN performs a recheck and AIMS when needed
MA & RN work together to have labs, RX, education printed, consents signed
FDA schedules according to Dr's timeline
MA- request and send records (labs/results), correspondence, consents, referrals, prior auths RN- Clozaril REMS, MAPS, injection, direct contact with guardians, assist prior auths
Consults End of day

Exhibit B

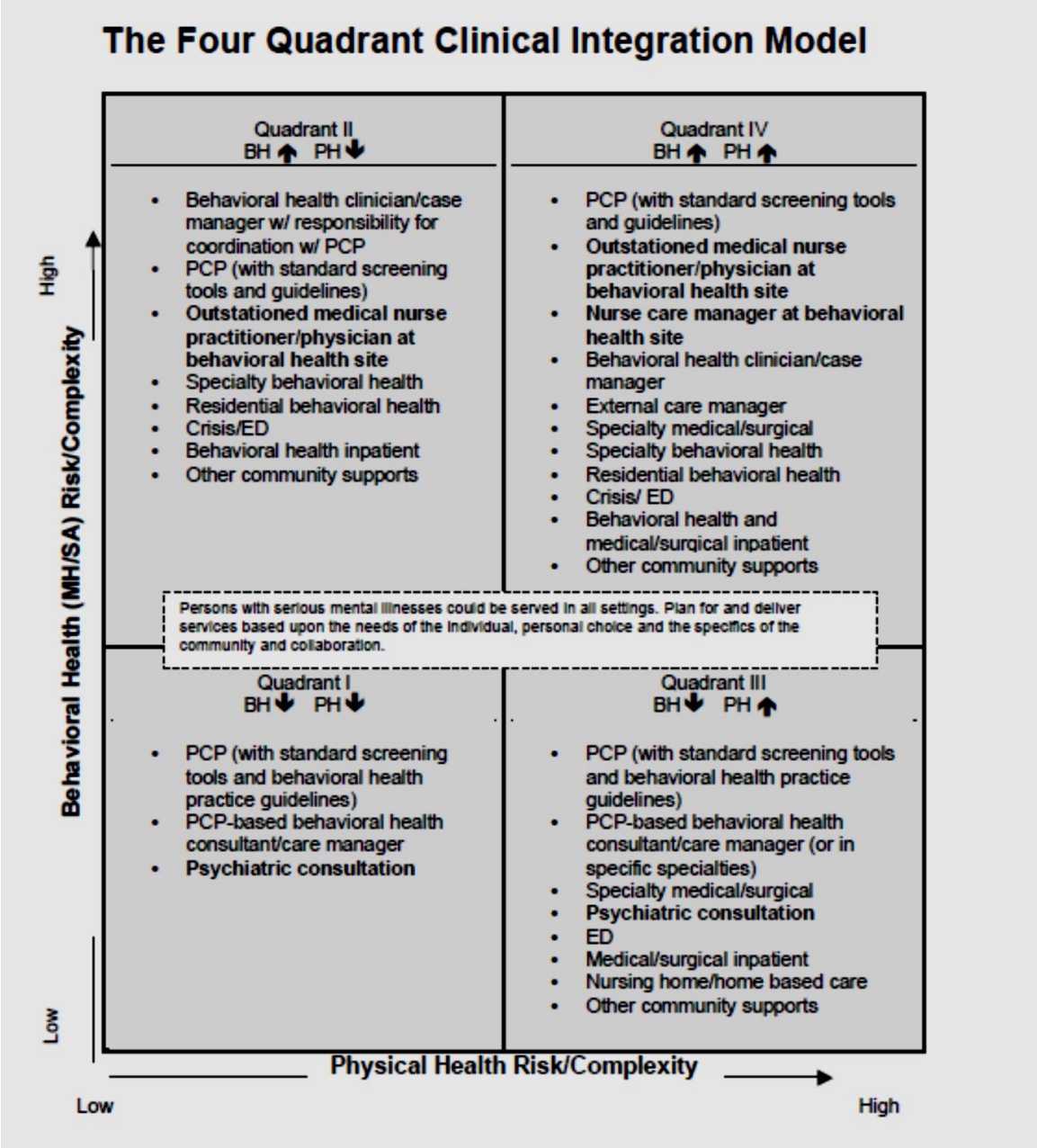

The Four Quadrant Clinical Integration Model
Quadrant II
BH ↑ PH ↓
Behavioral health clinician/case manager w/ responsibility for coordination w/ PCP
PCP (with standard screening tools and guidelines)
Outstationed medical nurse practitioner/physician at behavioral health site
Specialty behavioral health
Residential behavioral health
Crisis/ED
Behavioral health inpatient
Other community supports
Quadrant IV
BH ↑ PH ↑
PCP (with standard screening tools and guidelines)
Outstationed medical nurse practitioner/physician at behavioral health site
Nurse care manager at behavioral health site
Behavioral health clinician/case manager
External care manager
Specialty medical/surgical
Specialty behavioral health
Residential behavioral health
Crisis/ ED
Behavioral health and medical/surgical inpatient
Other community supports
Persons with serious mental illnesses could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.
Quadrant I
BH ↓ PH ↓
PCP (with standard screening tools and behavioral health practice guidelines)
PCP-based behavioral health consultant/care manager
Psychiatric consultation
Quadrant III
BH ↓ PH ↑
PCP (with standard screening tools and behavioral health practice guidelines)
PCP-based behavioral health consultant/care manager (or in specific specialties)
Specialty medical/surgical
Psychiatric consultation
ED
Medical/surgical inpatient
Nursing home/home based care
Other community supports
High
Behavioral Health (MH/SA) Risk/Complexity
Low
Physical Health Risk/Complexity
Low
High

Exhibit C

## ZENITH-ICDP Information Example

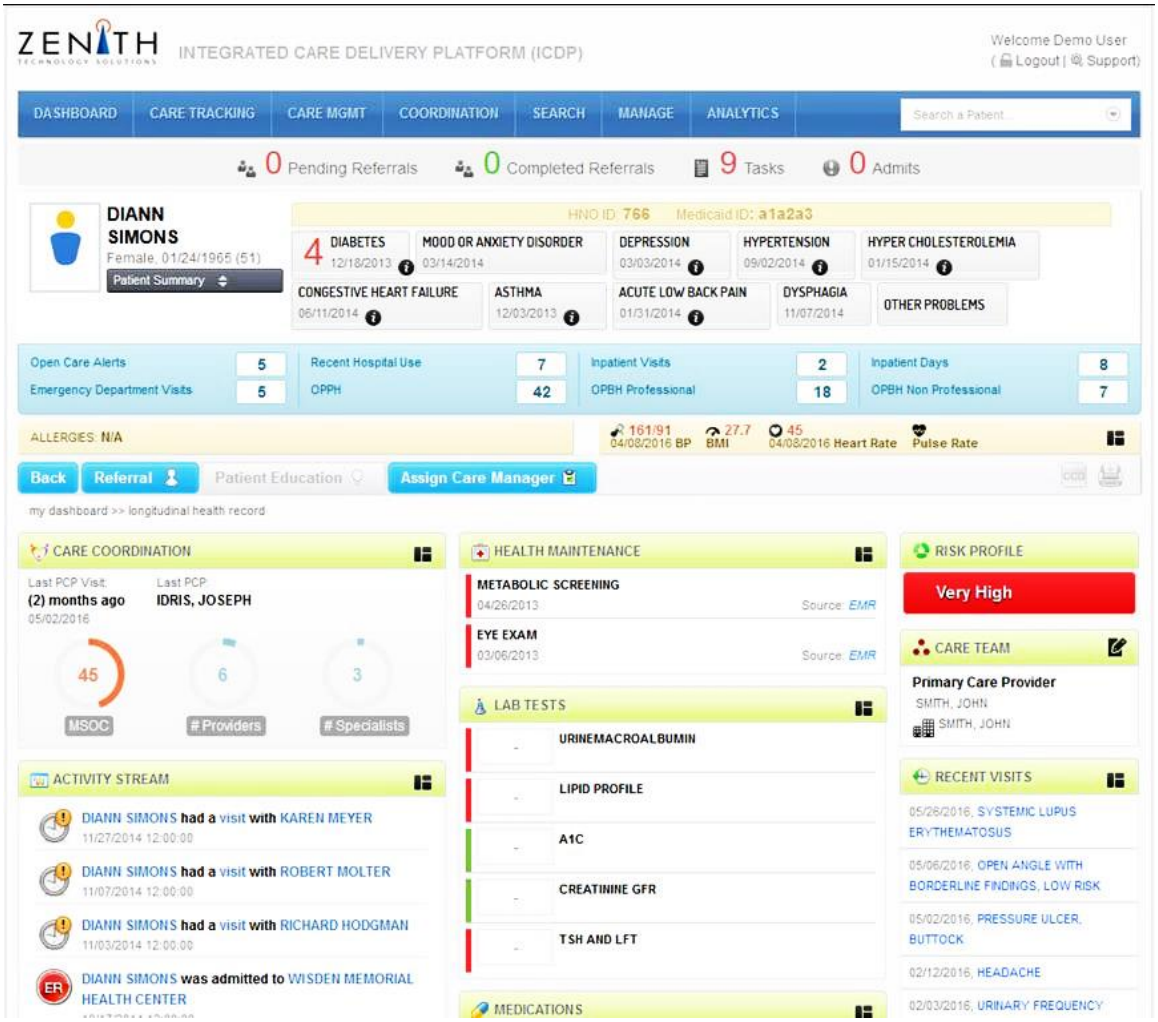


Exhibit D

# Consumer Information For In-Patient Admission

*please keep with consumer and include medication sheet*

**E Fax 583-1365 Attn: Gretchen**
**Upon discharge call report to**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Consumer Name: _____ DOB: _____

Medicaid/Medicare ID: _____ SSN: _____

Language: _____ Interpreter needed? YES NO

Resides at: _____ Specialized Residential AFC (circle one)

Home Manager Name: _____ Phone Number: _____

Case Manager/
Support Coordinator: _____ Phone Number: _____

Guardian/ Status/
DPOA/ Next of Kin: _____ Phone Number: _____

Advance Directives (Living will, Durable Power of Attorney): YES NO

If NO, would you like more information? YES NO

Primary Care Physician: _____ Phone Number: _____

Preferred Pharmacy: _____ Phone Number: _____

Diagnosis: _____

Allergies: _____

Previous Surgeries/ Hospitalizations: _____

Special Requests: _____

Behavior challenges that require accommodation: _____

Equipment Used _____
(glasses, hearing aids, dentures etc.):

Assistance required for verbal or written instructions: _____

Community Service in place: _____
(i.e., Directive on Aging, CHW etc.)

Home Care Service received: _____
(i.e., VNA, Heartland, etc.)

**Please circle the number that best describes the consumer's current situation:**

| **Ambulation Mobility** | **Mobility** | **Transferring** | **Food/Eating** | **Special Diet** |
|---|---|---|---|---|
| 1. Walker | 1. Ambulatory | 1. Two person | 1. Discomfort swallowing | 1. Soft |
| 2. Wheelchair | 2. Ambulatory w/ assist. | 2. Four person | 2. Difficulty swallowing | 2. Peg tube |
| 3. Cane | 3. Transfer w/ assist. | 3. Lift | 3. Difficulty chewing | 3. Liquids |
| 4. Rotator | 4. Bed rest | | | 4. DM |
| | | | | 5. NA |

| **Grooming** | **Bathing** | **Dressing** | **Taking Meds** | **Med Administration** |
|---|---|---|---|---|
| 1. Independent | 1. Independent | 1. Independent | 1. Independent | 1. Crushed |

Updated 9/14/15

## Consumer Information For In-Patient Admission

*please keep with consumer and include medication sheet*

| | | | | |
|---|---|---|---|---|
| 2. With assistance | 2. With assistance | 2. With assistance | 2. With assistance | 2. In soft foods |
| 3. Dependent | 3. Dependent | 3. Dependent | 3. Dependent | 3. With liquids |

Updated 9/14/15

Exhibit E

# Ice Cream Label



**Nutrition Facts**

| | |
|---|---|
| Serving Size | ½ cup |
| Servings per container | 4 |
| **Amount per serving** | |
| Calories 250 | Fat Cal 120 |
| | %DV |
| **Total Fat** 13g | 20% |
| Sat Fat 9g | 40% |
| **Cholesterol** 28mg | 12% |
| **Sodium** 55mg | 2% |
| **Total Carbohydrate** 30g | 12% |
| Dietary Fiber 2g | |
| Sugars 23g | |
| **Protein** 4g | 8% |

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

The Newest Vital Sign
A Health Literacy Assessment Tool

# Score Sheet for the Newest Vital Sign Questions and Answers

**READ TO SUBJECT:**
**This information is on the back of a container of a pint of ice cream.**

| | ANSWER CORRECT? yes | no |
|---|---|---|
| 1. If you eat the entire container, how many calories will you eat?<br>***Answer:*** *1,000 is the only correct answer* | | |
| 2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have?<br>***Answer:*** *Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"* | | |
| 3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?<br>***Answer:*** *33 is the only correct answer* | | |
| 4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?<br>***Answer:*** *10% is the only correct answer* | | |
| **READ TO SUBJECT:**<br>**Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.**<br>5. Is it safe for you to eat this ice cream?<br>***Answer:*** *No* | | |
| 6. (Ask only if the patient responds "no" to question 5): Why not?<br>***Answer:*** *Because it has peanut oil.* | | |
| Number of correct answers: | | |

## Interpretation

**Score of 0-1 suggests high likelihood (50% or more) of limited literacy.**
**Score of 2-3 indicates the possibility of limited literacy.**
**Score of 4-6 almost always indicates adequate literacy.**

Pfizer Working together for a healthier world™

February 2011

Exhibit F

# Patient Stress Questionnaire*

**Name:** _____

**Date:**_____ **Birthdate**_____

Over the ***last two weeks*** , how often have you been bothered by any of the following problems?
(please circle your answer & **check the boxes that apply to you**)

| | Not at all | Several days | More than half the days | Nearly Every day | |
|---|---|---|---|---|---|
| 1. Little interest or pleasure in doing things | 0 | 1 | **2** | **3** | |
| 2. Feeling down, depressed, or hopeless | 0 | 1 | **2** | **3** | |
| 3. ☐ Trouble falling or staying asleep, or ☐ sleeping too much | 0 | 1 | **2** | **3** | |
| 4. Feeling tired or having little energy | 0 | 1 | **2** | **3** | |
| 5. ☐ Poor appetite or ☐ overeating | 0 | 1 | **2** | **3** | |
| 6. Feeling bad about yourself or that you are a failure or have let yourself or your family down | 0 | 1 | **2** | **3** | |
| 7. Trouble concentrating on things, such as reading the newspaper or watching television | 0 | 1 | **2** | **3** | |
| 8. ☐ Moving or speaking so slowly that other people could have noticed, or ☐ the opposite - being so fidgety or restless that you've been moving around a lot more than usual | 0 | 1 | **2** | **3** | |
| 9. ☐ Thoughts that you would be better off dead, or ☐ hurting yourself in some way | 0 | **1** | **2** | **3** | **Total** |
| (10) | | add columns: | | | |

| | | | | | |
|---|---|---|---|---|---|
| 1. Feeling nervous, anxious or on edge | 0 | 1 | **2** | **3** | |
| 2. Not being able to stop or control worrying | 0 | 1 | **2** | **3** | |
| 3. Worrying too much about different things | 0 | 1 | **2** | **3** | |
| 4. Trouble relaxing | 0 | 1 | **2** | **3** | |
| 5. Being so restless that it is hard to sit still | 0 | 1 | **2** | **3** | |
| 6. Becoming easily annoyed or irritable | 0 | 1 | **2** | **3** | |
| 7. Feeling afraid as if something awful might happen | 0 | 1 | **2** | **3** | **Total** |
| (8) | | add columns: | | | |

*adapted from PhQ 9, GAD7, PC-PTSD and AUDIT 1/24/11

***Please also complete back side*** →

**Provider:**_____

| | | |
|---|---|---|
| Are you currently in any physical pain? | No | Yes |

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, ***in the past month***, you:

| | | |
|---|---|---|
| 1. Have had nightmares about it or thought about it when you did not want to? | No | Yes |
| 2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it? | No | Yes |
| 3. Were constantly on guard, watchful, or easily startled? | No | Yes |
| 4. Felt numb or detached from others, activities, or your surroundings? | No | Yes |

(3) [ ]

Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking.

These questions are about your drinking habits. We've listed the serving size of one drink below.

| ***Please circle your answer*** | 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|---|
| How often do you have one drink containing alcohol? | Never | Monthly or less | 2-4 times a month | 2-3 times a week | 4+ times per week |
| How many drinks containing alcohol do you have on a typical day when you are drinking? | 1 or 2 | 3 or 4 | 5 or 6 | 7 to 9 | 10 or more |
| How often do you have four or more drinks on one occasion? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| How often during the ***last year*** have you…… | | | | | |
| …found that you were not able to stop drinking once you had started? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| …failed to do what was normally expected from you because of drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| …needed a first drink in the morning to get yourself going after heavy drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| …had a feeling of guilt or remorse after drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| …been unable to remember what happened the night before because you had been drinking? | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
| | 0 | | 2 | | 4 |
| Have you or someone else been injured as a result of your drinking? | No | Yes, but not in the last year | | | Yes, during the last year |
| Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down? | No | Yes, but not in the last year | | | Yes, during the last year |

(8) [ ] [ ] [ ] [ ]

**Total:** [ ]

**Standard serving of one drink:**
12 ounces of beer or wine cooler
1.5 ounces of 80 proof liquor
5 ounces of wine
4 ounces of brandy, liqueur or aperitif



Exhibit G

# Consumer Satisfaction Survey

Health Home at Hancock

**To Our Consumers:**
We want to know how you feel about the care you get at our Health Home and Wellness Center. Please take a few minutes to complete this survey and then return it to us. Let us know your feelings about today's visit any visits during the last year or so. Safe and effective care is our goal. Your answers are important to us.

## About Consumer

What is your age?
O 0-12 O 20-29 O 40-49 O 65+
O 13-19 O 30-39 O 50-64

What is your gender?
O Male
O Female
O Transgender

Do you consider yourself Hispanic or Latino?
O Yes, Hispanic or Latino
O No, not Hispanic or Latino

What is your race? (mark one or more)
O Asian O Black/African American O White
O Native Hawaiian O Other Pacific Islander O American Indian/Alaskan Native

How would you rate your general health?
O Very Good O Good O Fair O Poor

## Ease of Getting Care

Able to get appointment for checkups (yearly exams, well-visits, regular follow-up visits)
O Very Good O Good O Fair O Poor

Able to make same day appointment when sick or hurt
O Very Good O Good O Fair O Poor

Health center hours work for me
O Very Good O Good O Fair O Poor

Phone calls get through easily
O Very Good O Good O Fair O Poor

I get called back quickly
O Very Good O Good O Fair O Poor

Able to get medical advice when the office is closed
O Very Good O Good O Fair O Poor

Length of time waiting at the clinic
O Very Good O Good O Fair O Poor

## Facility

Easy to find clinic
O Very Good O Good O Fair O Poor

Lobby and waiting room was comfortable and clean
O Very Good O Good O Fair O Poor

Handicap accessibility
O Very Good O Good O Fair O Poor

Health Home at Hancock

**Front Desk**

Friendly and helpful to you

O Very Good O Good O Fair O Poor

**The person who took care of you**

Listened to you

O Strongly Agree O Agree O Disagree O Strongly Disagree

Was friendly and helpful

O Strongly Agree O Agree O Disagree O Strongly Disagree

Answered your questions

O Strongly Agree O Agree O Disagree O Strongly Disagree

Spent enough time with you

O Strongly Agree O Agree O Disagree O Strongly Disagree

Gave you information you can understand

O Strongly Agree O Agree O Disagree O Strongly Disagree

Considered your personal or family beliefs

O Strongly Agree O Agree O Disagree O Strongly Disagree

Gave you good advice and treatment

O Strongly Agree O Agree O Disagree O Strongly Disagree

**Experience with Today's Visit**

Did anyone ask if you have problems with the medications you take?

O Yes O No O Not Applicable

Do you have problems getting your medication?
(transportation, pharmacy hours or cost)

O Yes O No O Not Applicable

Did someone talk with you about your goals for your health?

O Yes O No O Not Applicable

Were you helped with making appointments to see other providers or for specialty care?

O Yes O No O Not Applicable

**General**

Have you ever been given information on what it means to have a "health home" or a "medical home"?

O Yes O No

If yes, do you feel that we are your health/medical home?

O Yes O No O Not Applicable

Have we helped you find other services you need?

O Yes O No O Not Applicable

Do you feel that we help you to make healthy lifestyle choices?

O Yes O No O Not Applicable

**Comments**

What one thing could we do to make your visits with us better?

Exhibit H

# Health Assessment

sentrr

## IDENTIFYING INFORMATION

| NAME | DOB | AGE | CASE # | GENDER |
|---|---|---|---|---|
| Consumer W. Twelve | 02/01/2018 | 3 | 000000012 | Male |

ADDRESS: 513 Bay Rd., SAGINAW, MI 48605

| SERVICE | DATE | TIME |
|---|---|---|
| 90791 Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies. | 07/13/2021 | 1:00AM - 2:00AM |

REVIEW DATE: 07/13/2021

| | YES | NO | REFUSED |
|---|---|---|---|
| DO YOU HAVE A MEDICAL DOCTOR? | ☒ | ☐ | ☐ |

IF YES,

## CONSUMER-INDICATED PRIMARY CARE PHYSICIAN

Bayside Health Center
Great Lakes Bay Health Center
3884 Monitor Road
Bay City, MI 48706

IF NO, ASSISTED WITH FINDING A PCP AND APPOINTMENT MADE FOR:

| | | | |
|---|---|---|---|
| HAVE YOU SEEN YOUR MEDICAL DOCTOR IN THE LAST YEAR? | ☐ | ☐ | ☒ |
| HAVE YOU GONE TO THE EMERGENCY ROOM FOR MEDICAL CARE IN THE LAST YEAR? | ☐ | ☐ | ☒ |
| DO YOU HAVE A DENTIST? | ☐ | ☐ | ☒ |
| DO YOU USE OVER THE COUNTER MEDICATIONS / VITAMINS / HERBAL REMEDIES? | ☐ | ☐ | ☒ |
| DO YOU HAVE ANY ALLERGIES TO THE ENVIRONMENT OR FOOD? | ☐ | ☐ | ☒ |
| DO YOU USE SPECIAL EQUIPMENT OR DEVICES? (EX. WHEELCHAIR, LIFT, WALKER) | ☐ | ☐ | ☒ |
| DO YOU HAVE A SPECIAL DIET? (EX. LOW SALT, DIABETIC) | ☐ | ☐ | ☒ |
| DO YOU DRINK CAFFEINATED BEVERAGES? (EX. SODA, CHOCOLATE DRINKS, COFFEE) | ☐ | ☐ | ☒ |
| DO YOU EXERCISE REGULARLY? | ☐ | ☐ | ☒ |
| ARE YOU SEXUALLY ACTIVE? | ☐ | ☐ | ☒ |
| ADDITIONAL INFORMATION ABOUT ABOVE RESPONSES: | | | |
| DO YOU REGULARLY EXPERIENCE BODILY PAIN THAT INTERFERES WITH YOUR DAILY ACTIVITIES? | ☐ | ☐ | ☒ |
| REFERRED TO PCP FOR TREATMENT OF PAIN? | ☐ | ☐ | ☒ |
| LOCATION OF PAIN | | | |

PLEASE INDICATE YOUR LEVEL OF PAIN: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

DESCRIBE CURRENT / PAST TREATMENT FOR PAIN, INCLUDING NAMES OF PROVIDERS:





| HAVE YOU OR ANYONE IN YOUR FAMILY EVER BEEN TOLD THAT YOU HAVE: | YES | NO | NO RESPONSE | IF YES, WHO? |
|---|---|---|---|---|
| HIGH BLOOD PRESSURE? | ☐ | ☐ | ☒ | |
| HEPATITIS? | ☐ | ☐ | ☒ | |
| HIGH CHOLESTEROL? | ☐ | ☐ | ☒ | |
| HEART ATTACK / HEART DISEASE? | ☐ | ☐ | ☒ | |
| DIABETES? | ☐ | ☐ | ☒ | |
| CHRONIC BRONCHITIS? | ☐ | ☐ | ☒ | |
| EMPHYSEMA? | ☐ | ☐ | ☒ | |
| ASTHMA? | ☐ | ☐ | ☒ | |
| CANCER? | ☐ | ☐ | ☒ | |

## CHECK ANY OF THE STATEMENTS THAT APPLY: ☐ Refused

| | | |
|---|---|---|
| ☐ Rashes or sores that don't heal | ☐ Swollen ankles or feet | ☐ Difficulty walking |
| ☐ Changes in moles or skin | ☐ Weak or tired all the time | ☐ Dizzy or frequent falling |
| ☐ Finger or toe nail problems | ☐ Bruise easily or anemic | ☐ Shaking or trembling |
| ☐ Poor hearing | ☐ Blood sugar problem | ☐ Numbness or tingling |
| ☐ Mouth or teeth problems | ☐ Stomach pain or upset stomach | ☐ Frequent headaches |
| ☐ Eye or vision problems | ☐ Nausea or vomiting | ☐ Seizures |
| ☐ Wheezing | ☐ Rectal bleeding | ☐ Confused or forgetful |
| ☐ Chest pain or chest tightness | ☐ Diarrhea or constipation | ☐ Head injury |
| ☐ Frequent cold or coughing | ☐ Thyroid problem | ☐ Excessive thirst |
| ☐ Positive TB test | ☐ Painful or difficulty urinating | ☐ Recent weight gain or loss |
| ☐ High blood pressure | ☐ Frequent urination | ☐ Sleep problems |
| ☐ Rapid or irregular heart beats | ☐ Muscle stiffness or pain | ☐ Mood changes |
| ☐ Shortness of Breath | ☐ Heart Problems | ☐ Breathing/Lung Problems |
| ☐ Kidney Failure | ☐ Dialysis | |

PLEASE DESCRIBE ANY OF THE ABOVE RESPONSES, INDICATING IF TREATMENT IS BEING PROVIDED FOR THE CONDITION AND BY WHOM:

## VITAL SIGNS

### VITAL SIGNS READING INFORMATION

| COLLECTION DATE | COLLECTION TIME | COLLECTED BY |
|---|---|---|
| | | Christine Greer |

### GENERAL INFORMATION

| | | |
|---|---|---|
| HEIGHT ft in | 0.00cm | ☐ Declined ☐ No Information Collected |
| WEIGHT lbs oz | 0.00kg | ☐ Declined ☐ No Information Collected |
| WAIST CIRCUMFERENCE in | 0.00cm | ☐ Declined ☐ No Information Collected |
| BMI: | ☐ Declined | BMI PERCENTILE: BMI Percentile Calculator/Chart |

COMMENTS

## WEIGHT ASSESSMENT / COUNSELING FOR CHILDREN AND ADOLESCENTS

Follow-up plan was developed and reviewed with individual on 05/26/2021. Next follow-up plan due by 11/25/2021.

Provide weight assessment and counseling for nutrition and physical activity for children and adolescents.
For patients aged 18 years and older, with BMI outside of normal parameters (<18.5 or >=30), document a follow-up plan.

☐ Follow-up plan was developed and reviewed with individual during this encounter

## BLOODWORK

| | | | |
|---|---|---|---|
| RANDOM BLOOD SUGAR | ☐ Out of Range | TOTAL CHOLESTEROL | ☐ Out of Range |
| HBA1C | ☐ Out of Range | LDL | ☐ Out of Range |
| | | HDL | ☐ Out of Range |
| | | TRIGLYCERIDES | ☐ Out of Range |

**Tobacco Use** ☐ Declined ☐ No Information Collected

SMOKING STATUS: EFFECTIVE:

OTHER TOBACCO USE:

PROVIDED CONSUMER WITH ADVICE TO QUIT SMOKING OR TOBACCO USE, OR RECOMMENDED OR DISCUSSED SMOKING OR TOBACCO USE CESSATION, MEDICATIONS, METHODS, OR STRATEGIES
☐ Yes ☐ No

CO Normal Range (0-6)

**Temperature** ☐ Declined ☐ No Information Collected

VALUE:

SITE:
☐ Axillary ☐ Rectal ☐ Non-invasive thermometer ☐ Oral ☐ Temporal ☐ Tympanic

COMMENTS

**Pulse** ☐ Declined ☐ No Information Collected

VALUE: O2 SATURATION LEVEL:

RHYTHM: FORCE:
☐ Irregular ☐ Regular ☐ Bounding ☐ Normal ☐ Thready ☐ Weak

METHOD USED:
☐ Machine ☐ Manual

SITE:
☐ Apical (over heart) ☐ Brachial (upper arm) ☐ Carotid (neck) ☐ Femoral (inner thigh)
☐ Fingertip Oximeter ☐ Popliteal (behind knee) ☐ Radial (wrist)

COMMENTS

**Respiration** ☐ Declined ☐ No Information Collected

VALUE: INHALED OXYGEN CONCENTRATION:

LUNG SOUNDS:
☐ Clear ☐ Rales ☐ Rhonchi ☐ Wheeze ☐ Other ☐ Declined ☐ No Information Collected

COMMENTS

**Blood Pressure** ☐ Declined ☐ No Information Collected

SITTING
**Systolic:** **Diastolic:**
STANDING
**Systolic:** **Diastolic:**

METHOD USED:
☐ Machine ☐ Manual

COMMENTS

**Results of Breathalyzer & Urine Drug Screen (UDS)** ☐ Declined ☐ No Information Collected

BAC (BLOOD ALCOHOL CONTENT):

URINE DRUG SCREEN RESULTS

**Blood Glucose Results** ☐ Declined ☐ No Information Collected

COMMENTS

**Comments**





REACTION:
☐ Cooperative ☐ Declined ☐ Resisted(Uncooperative)

COMMENTS

## HEALTH AND OTHER CONDITIONS

DATE REVIEWED
06/18/2015

### HEARING

ABILITY TO HEAR (WITH HEARING APPLIANCE NORMALLY USED)
☐ Adequate
No difficulty in normal conversation, social interaction, listening to TV
☒ Minimal difficulty
Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
☐ Moderate difficulty
Problem hearing normal conversation, requires quiet setting to hear well
☐ Severe difficulty
Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
☐ No hearing

HEARING AID USED
☒ Yes ☐ No

### VISION

ABILITY TO SEE IN ADEQUATE LIGHT (WITH GLASSES OR WITH OTHER VISUAL APPLIANCE NORMALLY USED)
☒ Adequate
Sees fine detail, including regular print in newspapers/books or small items in pictures
☐ Minimal difficulty
Sees large print, but not regular print in newspapers/books or cannot identify large objects in pictures
☐ Moderate difficulty
Limited vision; not able to see newspaper headlines or small items in pictures, but can identify objects in his/her environment
☐ Severe difficulty
Object identification in question, but the person's eyes appear to follow objects, or the person sees only light, colors, shapes
☐ No vision
Eyes do not appear to follow objects; absence of sight

VISUAL APPLIANCE
☒ Yes ☐ No

### HEALTH CONDITIONS

**Indicate whether or not the individual had the presence of each of the following health conditions, as reported by the individual, a health care professional or family member, in the past 12 months.**

PNEUMONIA (2 OR MORE TIMES) - INCLUDING ASPIRATION PNEUMONIA
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

ASTHMA
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

UPPER RESPIRATORY INFECTIONS (3 OR MORE TIMES WITHIN PAST 12 MONTHS)
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

GASTROESOPHAGEAL REFLUX, OR GERD
☐ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☒ Treated for the condition within the past 12 months
☐ Information unavailable

CHRONIC BOWEL IMPACTIONS
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

SEIZURE DISORDER OR EPILEPSY
- ☒ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months and seizure free
- ☐ Treated for the condition within the past 12 months, but still experience occasional seizures (less than one per month)
- ☐ Treated for the condition within the past 12 months, but still experience frequent seizures
- ☐ Information unavailable

PROGRESSIVE NEUROLOGICAL DISEASE, INCLUDE, ALZHEIMER'S AND PARKINSON'S DISEASE
- ☒ Not present
- ☐ Treated for the condition within the past 12 months
- ☐ Information unavailable

DIABETES
- ☒ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for the condition within the past 12 months
- ☐ Information unavailable

HYPERTENSION
- ☒ Never present
- ☐ History of condition, but not treated for the condition within the past 12 months
- ☐ Treated for condition within the past 12 months and blood pressure is stable
- ☐ Treated for condition within the past 12 months, but blood pressure remains high or unstable
- ☐ Information is unavailable

OBESITY
- ☐ Not present
- ☒ Medical diagnosis of obesity present or Body Mass Index (BMI) > 30

| | NA | 6 MO | 1 YR | 1-2 YR | >3 YR | NEVER |
|---|---|---|---|---|---|---|
| WHEN WAS YOUR LAST PROSTATE EXAM? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| WHEN WAS YOUR LAST MAMMOGRAM? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| WHEN WAS YOUR LAST PAP SMEAR? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| WHEN WAS THE LAST TIME YOU HAD YOUR STOOL CHECKED FOR BLOOD? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| WHEN WAS THE LAST TIME YOU HAD YOUR BLOOD CHECKED BY A PROFESSIONAL? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| WHEN WAS THE LAST TIME YOU HAD YOUR CHOLESTEROL CHECKED? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |
| WHEN WAS THE LAST TIME YOU WERE TESTED FOR HIV? | ☐ | ☐ | ☐ | ☐ | ☐ | ☒ |

HOW OFTEN DO YOU HAVE A DRINK CONTAINING ALCOHOL?
☒ Never ☐ 1 time/month or less ☐ 2-4 times/month ☐ 2-3 times/week
☐ 4 or more times/week ☐ No Response

HOW MANY DRINKS CONTAINING ALCOHOL DO YOU HAVE ON A TYPICAL DAY WHEN YOU ARE DRINKING?
☐ 0 ☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more ☒ No Response

HOW OFTEN DO YOU HAVE A 6 OR MORE DRINKS ON ONE OCCASION?
☒ Never ☐ less than monthly ☐ monthly ☐ weekly ☐ daily or almost daily ☐ No Response

HOW OFTEN DURING THE LAST YEAR HAVE YOU FOUND THAT YOU WERE NOT ABLE TO STOP DRINKING ONCE YOU HAD STARTED?
☒ Never ☐ less than monthly ☐ monthly ☐ weekly ☐ daily or almost daily ☐ No Response

I WOULD RATE MY OVERALL HEALTH AS:
☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☒ No Response

TO IMPROVE MY HEALTH, I FEEL I NEED TO:

| | YES | NO | NO RESPONSE |
|---|---|---|---|
| DO YOU HAVE A DURABLE POWER OF ATTORNEY? | ☐ | ☐ | ☒ |
| DO YOU HAVE A LIVING WILL? | ☐ | ☐ | ☒ |
| WOULD YOU LIKE INFORMATION ABOUT ADVANCE DIRECTIVES? | ☐ | ☐ | ☒ |

## PRESCRIBED MEDICATIONS

| MEDICATION | ORDER DATE | PRESCRIBED BY | QTY PRESCRIBED | # REFILLS |
|---|---|---|---|---|
| Abilify 10MG Tablet | 04/21/2021 | Moitreyee Reddy | 11 Tablet | 0 |

INSTRUCTIONS: Take 1 by mouth Once a day for 11 days





| MEDICATION | ORDER DATE | PRESCRIBED BY | QTY PRESCRIBED | # REFILLS |
|---|---|---|---|---|
| Aciphex 20MG Tablet, Enteric Coated | 05/13/2021 | Ali Ibrahim | 30 Tablet | 2 |
| INSTRUCTIONS: Take 1 by mouth Once a day | | | | |
| Focalin XR 10MG Capsule, Extended Release | 04/08/2021 | Moitreyee Reddy | 30 Capsule | 0 |
| INSTRUCTIONS: Take 1 by mouth Daily every morning | | | | |
| Haldol Decanoate 100MG/1ML Oil | 08/20/2020 | Brett Lyon | 1 Milliliter | 2 |
| INSTRUCTIONS: Take 1mg intramuscular Once a day for 1 day | | | | |
| Naltrexone 50MG Tablet | 04/08/2021 | Moitreyee Reddy | 30 Tablet | 0 |
| INSTRUCTIONS: Take 1 by mouth Daily every morning | | | | |
| Vistaril 25MG Capsule | 03/16/2021 | Gary Vize | 7 Capsule | 2 |
| INSTRUCTIONS: Take 1 by mouth Once a day for 7 days | | | | |
| Zoloft 100MG Tablet | 10/15/2019 | Tracey Looby | 30 Tablet | 1 |
| INSTRUCTIONS: Take 1 by mouth Once a day | | | | |

## CURRENT MEDICATIONS

☐ Consumer reports that s/he is not on any non-CMHSP medications

## RECOMMENDATIONS

☐ Set up initial visit with Primary Care Physician

Primary Care visit for:

- ☐ preventive health screening (list specific screening needed)
- ☐ Evaluation of (list history of symptoms of concern)
- ☐ nutrition assessment
- ☐ substance abuse evaluation
- ☐ smoking cessation
- ☐ CHW
- ☐ Diabetic Education
- ☐ Peer health Consultant
- ☐ Other:

☐ Labs Ordered ☐ Labs Reviewed

## MEDICAL STAFF REVIEW

☐ Information Reviewed with Client

☐ Release Of Information for PCP is present

NOTES

## SIGNATURES

Electronically Signed By:

| Christine Greer RN | 07/13/2021 |
|---|---|
| STAFF SIGNATURE / CREDENTIALS | DATE |
| | |
| COUNTER SIGNATURE / CREDENTIALS | DATE |

Exhibit I

# Personal Health Review (Child)

sentri

## IDENTIFYING INFORMATION

| NAME | DOB | AGE | CASE # | GENDER |
|---|---|---|---|---|
| Consumer W. Twelve | 02/01/2018 | 31 | 000000012 | Female |

ADDRESS: 513 Bay Rd., SAGINAW, MI 48605

| SERVICE | DATE | TIME |
|---|---|---|
| T1001 Nursing assessment/evaluation | 02/09/2021 | 7:00AM - 8:00AM |

DATE: 02/09/2021

DOES YOUR CHILD HAVE A MEDICAL DOCTOR?
☒ Yes ☐ No ☐ No Response

IF YES,

## CONSUMER-INDICATED PRIMARY CARE PHYSICIAN

Bridgeport Community Health Center
Great Lakes Bay Health
6297 Dixie Hwy
Bridgeport, MI 48722

WHEN DID YOUR CHILD HAVE HIS / HER LAST PHYSICAL?

CHILD'S ESTIMATED HEIGHT: ft in

CHILD'S ESTIMATED WEIGHT (POUNDS)

WHAT ARE YOUR CHILD'S HEALTH PROBLEMS? IDENTIFY THE TREATMENT AND PROVIDER.

## HAS YOUR CHILD EVER:

| | YES | NO | NO RESPONSE |
|---|---|---|---|
| BEEN IN THE HOSPITAL? | ☐ | ☐ | ☒ |
| HAD AN OPERATION? | ☐ | ☐ | ☒ |
| BEEN TREATED IN THE EMERGENCY ROOM? | ☐ | ☐ | ☒ |
| HAD A SERIOUS ACCIDENT OR INJURY? | ☐ | ☐ | ☒ |
| BEEN EXPOSED TO LEAD OR OTHER TOXINS? | ☐ | ☐ | ☒ |
| HAD A SERIOUS ILLNESS OR DISEASE? | ☐ | ☐ | ☒ |
| BEEN EXPOSED TO PEOPLE IN THE HOME SMOKING CIGARETTES? | ☐ | ☐ | ☒ |

IF YES, EXPLAIN WHAT IT WAS AND THE REASON:

## CHILD'S HEALTH HABITS -- CHECK IF YES

☑ No Response

☐ Smokes: packs per day
☐ Drinks Alcohol: drinks per day
☐ Sleep Problems
☐ Sexually Active
☐ Drinks coffee, tea, soft drinks with caffeine: cups per day
☐ Eating Problems
☐ Uses illegal drugs (List):
☐ Uses prescription or over the counter medications not as prescribed or directed

## PRESCRIBED MEDICATIONS

| MEDICATION | ORDER DATE | PRESCRIBED BY | QTY PRESCRIBED | # REFILLS |
|---|---|---|---|---|
| Abilify 10MG Tablet | 09/22/2020 | Ali Ibrahim | 11 Tablet | 0 |

INSTRUCTIONS: Take 1 by mouth Once a day for 11 days





| MEDICATION | ORDER DATE | PRESCRIBED BY | QTY PRESCRIBED | # REFILLS |
|---|---|---|---|---|
| Aciphex 20MG Tablet, Enteric Coated | 08/19/2020 | Hue Diem Lu | 30 Tablet | 2 |

INSTRUCTIONS: Take 1 by mouth Once a day

| MEDICATION | ORDER DATE | PRESCRIBED BY | QTY PRESCRIBED | # REFILLS |
|---|---|---|---|---|
| Haldol Decanoate 100MG/1ML Oil | 08/20/2020 | Brett Lyon | 1 Milliliter | 2 |

INSTRUCTIONS: Take 1mg intramuscular Once a day for 1 day

| MEDICATION | ORDER DATE | PRESCRIBED BY | QTY PRESCRIBED | # REFILLS |
|---|---|---|---|---|
| Zoloft 100MG Tablet | 10/15/2019 | Tracey Looby | 30 Tablet | 1 |

INSTRUCTIONS: Take 1 by mouth Once a day

## CURRENT MEDICATIONS

| MEDICATION | DOSAGE | QTY |
|---|---|---|
| Lisinopril | 10mg | |
| MEDICATION TYPE | START DATE | END DATE |
| | | |
| INSTRUCTIONS: 1 tab daily | REASON | |
| PHYSICIAN NAME | PRESCRIBING PHYSICIAN TYPE: Qualified health professional | |

| MEDICATION | DOSAGE | QTY |
|---|---|---|
| Vitamin D | 2000 | 1 |
| MEDICATION TYPE: Non-Psychotropic | START DATE: 1/1/17 | END DATE: 10/20/17 |
| INSTRUCTIONS: sadfasd | REASON: asdasdf | |
| PHYSICIAN NAME: PCP | PRESCRIBING PHYSICIAN TYPE: Primary care physician | |

☐ Consumer reports that s/he is not on any non-CMHSP medications

## ADVERSE REACTIONS

| DRUG / ALLERGEN | REPORTED BY | SEVERITY |
|---|---|---|
| PENICILLIN | Hospital | ☐ Not Assessed<br>☐ Mild<br>☒ Severe<br>☐ Life-Threatening<br>☑ This is an Allergy |
| REACTIONS | | |
| NOTES | | START |

| DRUG / ALLERGEN | REPORTED BY | SEVERITY |
|---|---|---|
| ABACAVIR SULFATE-LAMIVUDINE | Consumer | ☐ Not Assessed<br>☐ Mild<br>☒ Severe<br>☐ Life-Threatening<br>☑ This is an Allergy |
| REACTIONS: I blow up like a balloon. | | |
| NOTES | | START |

LIST ALL MEDICATIONS TO WHICH YOUR CHILD IS ALLERGIC TO

## DEVELOPMENTAL HISTORY

ANY PROBLEMS DURING PREGNANCY?

ANY PROBLEMS DURING DELIVERY?

WHAT WAS THE CHILD'S BIRTH WEIGHT?

LENGTH OF STAY OF CHILD IN HOSPITAL:

ANY HEALTH PROBLEMS AS A NEWBORN OR IN FIRST YEAR OF LIFE?

LIST OF CHILDHOOD DISEASES YOUR CHILD HAS HAD AND AT WHAT AGE:

ARE YOUR CHILD'S IMMUNIZATIONS OR VACCINATIONS UP TO DATE?
☐ Yes ☐ No ☐ Not Sure ☒ No Response

IF NO, WHAT WAS MISSED?

**HAVE YOU EVER BEEN TOLD YOUR CHILD HAS ANY OF THE FOLLOWING? (CHECK IF YES)** ☐ No Response

| | | | |
|---|---|---|---|
| ☐ Asthma | ☐ Diabetes | ☐ Kidney Disease | ☐ Sickle Cell Anemia |
| ☐ Anemia | ☐ Arthritis | ☐ Liver Disease | ☐ Thyroid Disease |
| ☐ Allergies | ☐ Epilepsy/Seizures | ☐ Meningitis | ☐ Ulcers |
| ☐ Alcoholism | ☐ Heart Disease | ☐ Migraine Headache | ☐ Sexually Transmitted Disease |
| ☐ Bladder Infection | ☐ Hepatitis | ☐ Pneumonia | ☐ Other (List) |
| ☐ Bleeding Tendencies | ☐ High/Low Blood Pressure | ☐ Polio | |
| ☐ Cancer | ☐ Hypoglycemia or Low Blood Sugar | ☐ Rheumatic Fever | |

IF YES, DESCRIBE TYPES OF TREATMENT AND IDENTIFY PROVIDERS:

**CURRENT HEALTH STATUS</BR>DOES YOUR CHILD CURRENTLY HAVE OR IS RECEIVING TREATMENT FOR ANY OF THE FOLLOWING (CHECK IF YES):** ☐ No Response

| CURRENTLY HAVE | RECEIVE TREATMENT | | CURRENTLY HAVE | RECEIVE TREATMENT | |
|---|---|---|---|---|---|
| ☐ | ☐ | 1. Shortness of breath | ☐ | ☐ | 18. Bed Wetting |
| ☐ | ☐ | 2. Frequent coughing | ☐ | ☐ | 19. Day Wetting |
| ☐ | ☐ | 3. Wheezing, gasping | ☐ | ☐ | 20. Soiling |
| ☐ | ☐ | 4. Coughing up blood | ☐ | ☐ | 21. Blood in urine |
| ☐ | ☐ | 5. Many chest colds | ☐ | ☐ | 22. Dark colored urine |
| ☐ | ☐ | 6. Sinus trouble | ☐ | ☐ | 23. Vomiting blood |
| ☐ | ☐ | 7. Poor hearing | ☐ | ☐ | 24. Stomach pains |
| ☐ | ☐ | 8. Frequent sore throats | ☐ | ☐ | 25. Nervous stomach |
| ☐ | ☐ | 9. Ear Aches | ☐ | ☐ | 26. Rectal bleeding |
| ☐ | ☐ | 10. Frequent colds | ☐ | ☐ | 27. Diarrhea/constipation |
| ☐ | ☐ | 11. Many nose bleeds | ☐ | ☐ | 28. Unusual weight loss |
| ☐ | ☐ | 12. Rapid/Irregular heartbeats | ☐ | ☐ | 29. Excessive weight gain |
| ☐ | ☐ | 13. Dizzy spells | ☐ | ☐ | 30. Shaking/trembling |
| ☐ | ☐ | 14. Excessive tiredness/weakness | ☐ | ☐ | 31. Fainting spells |
| ☐ | ☐ | 15. Blood disorder | ☐ | ☐ | 32. Frequent headaches |
| ☐ | ☐ | 16. Pain urinating | ☐ | ☐ | 33. Convulsions/fits |
| ☐ | ☐ | 17. Frequent urination | ☐ | ☐ | 34. Other pain |

**LEVELS OF PAIN -- SELECT NUMBER THAT BEST DESCRIBES PHYSICAL PAIN**

☐ 0 - None ☐ 1 - Rarely ☐ 2 - Mild ☐ 3 - Moderate ☐ 4 - Severe ☐ 5 - Chronic/ Severe

LOCATION AND FREQUENCY OF PAIN: (INCLUDE INFORMATION ABOUT TREATMENT BEING PROVIDED FOR PAIN):

**FEMALES**

HAS YOUR CHILD EVER BEEN PREGNANT? IF YES, WHEN? ☐ Yes ☐ No ☒ N/A

IS YOUR CHILD NOW PREGNANT? ☒ Yes ☐ No ☐ N/A

DOES YOUR CHILD USE BIRTH CONTROL? ☒ Yes ☐ No ☐ N/A





AGE WHEN MENSTRUAL PERIODS STARTED
Years Old

ANY PROBLEMS?

HOW WOULD YOU RATE YOUR CHILD'S OVERALL PHYSICAL HEALTH?
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☒ No Response

ANY HEALTH ISSUES YOU WOULD LIKE TO ADDRESS IN THE FAMILY CENTERED PLAN?

FAMILY PHYSICAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS
Include information on biological family and family child currently lives with

FOLLOW UP RECOMMENDATIONS
☐ None ☐ Other, specify

**SIGNATURES**

Electronically Signed By:
Christine Greer RN — 03/23/2021
STAFF SIGNATURE / CREDENTIALS — DATE

COUNTER SIGNATURE / CREDENTIALS — DATE

Exhibit J

Form Approved
OMB No. 0930-0285
Expiration Date 02/28/2022

# Substance Abuse and Mental Health Services Administration (SAMHSA)

## Center for Mental Health Services (CMHS)

## National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services

## SERVICES TOOL

## For Adult Programs

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 40 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.

**Table of Contents**

RECORD MANAGEMENT ..... 1
BEHAVIORAL HEALTH DIAGNOSES ..... 2
A. DEMOGRAPHIC DATA ..... 6
B. FUNCTIONING ..... 7
B. MILITARY FAMILY AND DEPLOYMENT ..... 11
B. VIOLENCE AND TRAUMA ..... 12
C. STABILITY IN HOUSING ..... 13
D. EDUCATION AND EMPLOYMENT ..... 14
E. CRIME AND CRIMINAL JUSTICE STATUS ..... 16
F. PERCEPTION OF CARE ..... 16
G. SOCIAL CONNECTEDNESS ..... 18
H. PROGRAM-SPECIFIC QUESTIONS ..... 19
H1. PROGRAM-SPECIFIC QUESTIONS ..... 20
H2. PROGRAM-SPECIFIC QUESTIONS ..... 21
H3. PROGRAM-SPECIFIC QUESTIONS ..... 22
H4. PROGRAM-SPECIFIC QUESTIONS ..... 23
H5. PROGRAM-SPECIFIC QUESTIONS ..... 25
H6. PROGRAM-SPECIFIC QUESTIONS ..... 26
H7. PROGRAM-SPECIFIC QUESTIONS ..... 27
H8. PROGRAM-SPECIFIC QUESTIONS ..... 28
I. REASSESSMENT STATUS ..... 29
J. CLINICAL DISCHARGE STATUS ..... 29
K. SERVICES RECEIVED ..... 30

## RECORD MANAGEMENT

*[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]*

**Consumer ID** |___|___|___|___|___|___|___|___|___|___|___|___|

**Grant ID (Grant/Contract/Cooperative Agreement)** |___|___|___|___|___|___|___|___|___|___|___|___|

**Site ID** |___|___|___|___|___|___|___|___|___|___|

1. **Indicate Assessment Type:**

| ○ Baseline | ○ Reassessment | ○ Clinical Discharge |
|---|---|---|
| *[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR <u>THIS</u> EPISODE OF CARE.]*<br>\|___\|___\| / \|___\|___\|___\|___\|<br>MONTH YEAR | **Which 6-month reassessment?**<br>\|___\|___\|<br>*[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]* | |

2. **Was the interview conducted?**

| ○ Yes | ○ No |
|---|---|
| **When?**<br>\|___\|___\| / \|___\|___\| / \|___\|___\|___\|___\|<br>MONTH DAY YEAR | **Why not? Choose only one.**<br>○ Not able to obtain consent from proxy<br>○ Consumer was impaired or unable to provide consent<br>○ Consumer refused this interview only<br>○ Consumer was not reached for interview<br>○ Consumer refused all interviews |



## BEHAVIORAL HEALTH DIAGNOSES

3. **Behavioral Health Diagnoses** ***[REPORTED BY PROGRAM STAFF.]***

**Please indicate the consumer's current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.**

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| **SUBSTANCE USE DISORDER DIAGNOSES** | | | | |
| **Alcohol-related disorders** | | | | |
| F10.10 – Alcohol use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F10.11 – Alcohol use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F10.20 – Alcohol use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F10.21 – Alcohol use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F10.9 – Alcohol use, unspecified | ○ | ○ | ○ | ○ |
| **Opioid-related disorders** | | | | |
| F11.10 – Opioid use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F11.11 – Opioid use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F11.20 – Opioid use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F11.21 – Opioid use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F11.9 – Opioid use, unspecified | ○ | ○ | ○ | ○ |
| **Cannabis-related disorders** | | | | |
| F12.10 – Cannabis use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F12.11 – Cannabis use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F12.20 – Cannabis use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F12.21 – Cannabis use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F12.9 – Cannabis use, unspecified | ○ | ○ | ○ | ○ |
| **Sedative-, hypnotic-, or anxiolytic-related disorders** | | | | |
| F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission | ○ | ○ | ○ | ○ |

## BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified | ○ | ○ | ○ | ○ |
| **Cocaine-related disorders** | | | | |
| F14.10 – Cocaine use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F14.11 – Cocaine use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F14.20 – Cocaine use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F14.21 – Cocaine use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F14.9 – Cocaine use, unspecified | ○ | ○ | ○ | ○ |
| **Other stimulant-related disorders** | | | | |
| F15.10 – Other stimulant use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F15.11 – Other stimulant use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F15.21 – Other stimulant use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F15.9 – Other stimulant use, unspecified | ○ | ○ | ○ | ○ |
| **Hallucinogen-related disorders** | | | | |
| F16.10 – Hallucinogen use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F16.11 – Hallucinogen use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F16.21 – Hallucinogen use disorder moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F16.9 – Hallucinogen use, unspecified | ○ | ○ | ○ | ○ |
| **Inhalant-related disorders** | | | | |
| F18.10 – Inhalant use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F18.11 – Inhalant use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F18.20 – Inhalant use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F18.21 – Inhalant use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F18.9 – Inhalant use, unspecified | ○ | ○ | ○ | ○ |



## BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| **Other psychoactive substance–related disorders** | | | | |
| F19.10 – Other psychoactive substance use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F19.11 – Other psychoactive substance use disorder, in remission | ○ | ○ | ○ | ○ |
| F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F19.9 – Other psychoactive substance use, unspecified | ○ | ○ | ○ | ○ |
| **Nicotine dependence** | | | | |
| F17.20 – Tobacco use disorder, mild/moderate/severe | ○ | ○ | ○ | ○ |
| F17.21 – Tobacco use disorder, mild/moderate/severe, in remission | ○ | ○ | ○ | ○ |
| **MENTAL HEALTH DIAGNOSES** | | | | |
| F20 – Schizophrenia | ○ | ○ | ○ | ○ |
| F21 – Schizotypal disorder | ○ | ○ | ○ | ○ |
| F22 – Delusional disorder | ○ | ○ | ○ | ○ |
| F23 – Brief psychotic disorder | ○ | ○ | ○ | ○ |
| F24 – Shared psychotic disorder | ○ | ○ | ○ | ○ |
| F25 – Schizoaffective disorders | ○ | ○ | ○ | ○ |
| F28 – Other psychotic disorder not due to a substance or known physiological condition | ○ | ○ | ○ | ○ |
| F29 – Unspecified psychosis not due to a substance or known physiological condition | ○ | ○ | ○ | ○ |
| F30 – Manic episode | ○ | ○ | ○ | ○ |
| F31 – Bipolar disorder | ○ | ○ | ○ | ○ |
| F32 – Major depressive disorder, single episode | ○ | ○ | ○ | ○ |
| F33 – Major depressive disorder, recurrent | ○ | ○ | ○ | ○ |
| F34 – Persistent mood [affective] disorders | ○ | ○ | ○ | ○ |
| F39 – Unspecified mood [affective] disorder | ○ | ○ | ○ | ○ |
| F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders | ○ | ○ | ○ | ○ |
| F50 – Eating disorders | ○ | ○ | ○ | ○ |
| F51 – Sleep disorders not due to a substance or known physiological condition | ○ | ○ | ○ | ○ |
| F60.2 – Antisocial personality disorder | ○ | ○ | ○ | ○ |
| F60.3 – Borderline personality disorder | ○ | ○ | ○ | ○ |

## BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| F60.0, F60.1, F60.4–F69 – Other personality disorders | ○ | ○ | ○ | ○ |
| F70–F79 – Intellectual disabilities | ○ | ○ | ○ | ○ |
| F80–F89 – Pervasive and specific developmental disorders | ○ | ○ | ○ | ○ |
| F90 – Attention-deficit hyperactivity disorders | ○ | ○ | ○ | ○ |
| F91 – Conduct disorders | ○ | ○ | ○ | ○ |
| F93 – Emotional disorders with onset specific to childhood | ○ | ○ | ○ | ○ |
| F94 – Disorders of social functioning with onset specific to childhood or adolescence | ○ | ○ | ○ | ○ |
| F95 – Tic disorder | ○ | ○ | ○ | ○ |
| F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence | ○ | ○ | ○ | ○ |
| F99 – Unspecified mental disorder | ○ | ○ | ○ | ○ |

○ Don't know
○ None of the above

*[IF THIS IS A BASELINE, GO TO SECTION A.]*

*[FOR ALL REASSESSMENTS:*

*IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]*

*IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]*

*[FOR A CLINICAL DISCHARGE:*

*IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]*

*IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION J.]*



## A. DEMOGRAPHIC DATA

*[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]*

1. **What is your gender?**

○ MALE
○ FEMALE
○ TRANSGENDER
○ OTHER (SPECIFY) _____
○ REFUSED

2. **Are you Hispanic or Latino?**

○ YES
○ NO *[GO TO 3.]*
○ REFUSED *[GO TO 3.]*

***[IF YES]* What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

| | YES | NO | REFUSED | |
|---|---|---|---|---|
| Central American | ○ | ○ | ○ | |
| Cuban | ○ | ○ | ○ | |
| Dominican | ○ | ○ | ○ | |
| Mexican | ○ | ○ | ○ | |
| Puerto Rican | ○ | ○ | ○ | |
| South American | ○ | ○ | ○ | |
| OTHER (SPECIFY) _____ | ○ | ○ | ○ | *[IF YES, SPECIFY BELOW.]* |

3. **What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

| | YES | NO | REFUSED |
|---|---|---|---|
| Alaska Native | ○ | ○ | ○ |
| American Indian | ○ | ○ | ○ |
| Asian | ○ | ○ | ○ |
| Black or African American | ○ | ○ | ○ |
| Native Hawaiian or other Pacific Islander | ○ | ○ | ○ |
| White | ○ | ○ | ○ |

4. **What is your month and year of birth?**

|__|__|/|__|__|__|__|
MONTH YEAR

○ REFUSED

## A. DEMOGRAPHIC DATA (CONTINUED)

5. **Which one of the following do you consider yourself to be?**

- ○ Heterosexual; that is, straight
- ○ [IF FEMALE, THEN "Lesbian"] or Gay
- ○ Bisexual
- ○ OTHER (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

*[IF AN INTERVIEW WAS CONDUCTED, CONTINUE TO SECTION B.]*

*[IF AN INTERVIEW WAS NOT CONDUCTED, STOP HERE.]*

## B. FUNCTIONING

1. **How would you rate your overall health right now?**

- ○ Excellent
- ○ Very Good
- ○ Good
- ○ Fair
- ○ Poor
- ○ REFUSED
- ○ DON'T KNOW

2. **Please select the one answer that most closely matches your situation.** ***I feel capable of managing my health care needs:***

- ○ On my own most of the time
- ○ On my own some of the time and with support from others some of the time
- ○ With support from others most of the time
- ○ Rarely or never
- ○ REFUSED
- ○ DON'T KNOW



## B. FUNCTIONING (CONTINUED)

3. **In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.**

***[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***

| STATEMENT | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED | NOT APPLICABLE |
| a. I deal effectively with daily problems. | ○ | ○ | ○ | ○ | ○ | ○ | |
| b. I am able to control my life. | ○ | ○ | ○ | ○ | ○ | ○ | |
| c. I am able to deal with crisis. | ○ | ○ | ○ | ○ | ○ | ○ | |
| d. I am getting along with my family. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| e. I do well in social situations. | ○ | ○ | ○ | ○ | ○ | ○ | |
| f. I do well in school and/or work. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| g. My housing situation is satisfactory. | ○ | ○ | ○ | ○ | ○ | ○ | |
| h. My symptoms are not bothering me. | ○ | ○ | ○ | ○ | ○ | ○ | |

4. **The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.**

***[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| **During the past 30 days, about how often did you feel ...** | All of the Time | Most of the Time | Some of the Time | A Little of the Time | None of the Time | REFUSED | DON'T KNOW |
| a. nervous? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b. hopeless? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| c. restless or fidgety? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| d. so depressed that nothing could cheer you up? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| e. that everything was an effort? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| f. worthless? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| **During the past 30 days...** | Not at All | Slightly | Moderately | Considerably | Extremely | REFUSED | DON'T KNOW |
| g. how much have you been bothered by these psychological or emotional problems? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## B. FUNCTIONING (CONTINUED)

5. The following questions ask about how you have been feeling during the last 4 weeks.

*[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]*

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| In the last 4 weeks ... | Very Poor | Poor | Neither Good nor Poor | Good | Very Good | REFUSED | DON'T KNOW |
| a. how would you rate your quality of life? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| In the last 4 weeks ... | Not at All | A Little | Moderately | Mostly | Completely | REFUSED | DON'T KNOW |
| b. do you have enough energy for everyday life? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

| BEHAVIORAL HEALTH DIAGNOSES | BEHAVIORAL HEALTH DIAGNOSES | | | | | | |
|---|---|---|---|---|---|---|---|
| In the last 4 weeks ... | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied | REFUSED | DON'T KNOW |
| c. how satisfied are you with your ability to perform your daily living activities? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| d. how satisfied are you with your health? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| e. how satisfied are you with yourself? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| f. how satisfied are you with your personal relationships? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |



## B. FUNCTIONING (CONTINUED)

6. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

*[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]*

| QUESTION | RESPONSE OPTIONS | | | | | |
|---|---|---|---|---|---|---|
| In the past 30 days, how often have you used ... | Never | Once or Twice | Weekly | Daily or Almost Daily | REFUSED | DON'T KNOW |
| a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| b. alcoholic beverages (beer, wine, liquor, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| b1. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE]* How many times in the past 30 days have you had five or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]* | ○ | ○ | ○ | ○ | ○ | ○ |
| b2. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE]* How many times in the past 30 days have you had four or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]* | ○ | ○ | ○ | ○ | ○ | ○ |
| c. cannabis (marijuana, pot, grass, hash, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| d. cocaine (coke, crack, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| f. methamphetamine (speed, crystal meth, ice, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| j. street opioids (heroin, opium, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| l. other – specify (e-cigarettes, etc.): _____ | ○ | ○ | ○ | ○ | ○ | ○ |

## B. FUNCTIONING (CONTINUED)

*[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]*

DATE GAF WAS ADMINISTERED: |___|___|/|___|___|/|___|___|___|___|
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? GAF = |___|___|___|

## B. MILITARY FAMILY AND DEPLOYMENT

*[QUESTIONS 7 THROUGH 10 ARE ONLY ASKED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO 11.]*

**7. Have you ever served in the Armed Forces, the Reserves, or the National Guard?**

- ○ YES
- ○ NO *[GO TO 8.]*
- ○ REFUSED *[GO TO 8.]*
- ○ DON'T KNOW *[GO TO 8.]*

***[IF YES]* In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.**

| Branch of Service | YES | NO | REFUSED | DON'T KNOW |
|---|---|---|---|---|
| • Armed Forces | ○ | ○ | ○ | ○ |
| • Reserves | ○ | ○ | ○ | ○ |
| • National Guard | ○ | ○ | ○ | ○ |

**7a. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?**

- ○ YES
- ○ NO *[GO TO 7b.]*
- ○ REFUSED *[GO TO 7b.]*
- ○ DON'T KNOW *[GO TO 7b.]*

***[IF YES]* In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.**

| Branch of Service | YES | NO | REFUSED | DON'T KNOW |
|---|---|---|---|---|
| • Armed Forces | ○ | ○ | ○ | ○ |
| • Reserves | ○ | ○ | ○ | ○ |
| • National Guard | ○ | ○ | ○ | ○ |



## B. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

**7b. Have you ever been deployed to a combat zone?**

- ○ YES
- ○ NO *[GO TO 8.]*
- ○ REFUSED *[GO TO 8.]*
- ○ DON'T KNOW *[GO TO 8.]*

***[IF YES]* To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.**

| Combat Zones | YES | NO | REFUSED | DON'T KNOW |
|---|---|---|---|---|
| Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn) | ○ | ○ | ○ | ○ |
| Persian Gulf (Operation Desert Shield or Desert Storm) | ○ | ○ | ○ | ○ |
| Vietnam/Southeast Asia | ○ | ○ | ○ | ○ |
| Korea | ○ | ○ | ○ | ○ |
| WWII | ○ | ○ | ○ | ○ |
| Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo) | ○ | ○ | ○ | ○ |

**8. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?**

- ○ Yes, only one person
- ○ Yes, more than one person
- ○ No
- ○ REFUSED
- ○ DON'T KNOW

## B. VIOLENCE AND TRAUMA

**9. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?**

- ○ YES
- ○ NO *[GO TO 11.]*
- ○ REFUSED *[GO TO 11.]*
- ○ DON'T KNOW *[GO TO 11.]*

## B. VIOLENCE AND TRAUMA (CONTINUED)

**10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:**

| In the past and/or present you … | YES | NO | REFUSED | DON'T KNOW |
|---|---|---|---|---|
| a. Have had nightmares about it or thought about it when you did not want to? | ○ | ○ | ○ | ○ |
| b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it? | ○ | ○ | ○ | ○ |
| c. Were constantly on guard, watchful, or easily startled? | ○ | ○ | ○ | ○ |
| d. Felt numb and detached from others, activities, or your surroundings? | ○ | ○ | ○ | ○ |

**11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?**

- ○ Never
- ○ Once
- ○ A few times
- ○ More than a few times
- ○ REFUSED
- ○ DON'T KNOW

## C. STABILITY IN HOUSING

| 1. In the past 30 days, how many … | Number of Nights/ Times | REFUSED | DON'T KNOW |
|---|---|---|---|
| a. nights have you been homeless? | ___ ___ | ○ | ○ |
| b. nights have you spent in a hospital for mental health care? | ___ ___ | ○ | ○ |
| c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment? | ___ ___ | ○ | ○ |
| d. nights have you spent in correctional facility including jail or prison? | ___ ___ | ○ | ○ |
| *[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS 1A–1D, CANNOT EXCEED 30 NIGHTS.)]* | ___ ___ | | |
| e. times have you gone to an emergency room for a psychiatric or emotional problem? | ___ ___ | ○ | ○ |

*[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]*



## C. STABILITY IN HOUSING (CONTINUED)

**2. In the past 30 days, where have you been living most of the time?**

***[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]***

- ○ OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
- ○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
- ○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ○ GROUP HOME
- ○ ADULT FOSTER CARE
- ○ TRANSITIONAL LIVING FACILITY
- ○ HOSPITAL (MEDICAL)
- ○ HOSPITAL (PSYCHIATRIC)
- ○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ○ CORRECTIONAL FACILITY (JAIL/PRISON)
- ○ NURSING HOME
- ○ VA HOSPITAL
- ○ VETERAN'S HOME
- ○ MILITARY BASE
- ○ OTHER HOUSED (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

**3. In the last 4 weeks …**

***[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| In the last 4 weeks … | Very Dissatisfied | Dissatisfied | Neither Satisfied nor Dissatisfied | Satisfied | Very Satisfied | REFUSED | DON'T KNOW |
| a. how satisfied are you with the conditions of your living place? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## D. EDUCATION AND EMPLOYMENT

**1. Are you currently enrolled in school or a job training program?**

***[IF ENROLLED]* Is that full time or part time?**

- ○ NOT ENROLLED
- ○ ENROLLED, FULL TIME
- ○ ENROLLED, PART TIME
- ○ OTHER (SPECIFY)_____
- ○ REFUSED
- ○ DON'T KNOW

## D. EDUCATION AND EMPLOYMENT (CONTINUED)

**2. What is the highest level of education you have finished, whether or not you received a degree?**

- ○ LESS THAN 12TH GRADE
- ○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- ○ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- ○ SOME COLLEGE OR UNIVERSITY
- ○ BACHELOR'S DEGREE (BA, BS)
- ○ GRADUATE WORK/GRADUATE DEGREE
- ○ REFUSED
- ○ DON'T KNOW

**3. Are you currently employed?**

***[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]***

- ○ EMPLOYED FULL TIME (35+ HOURS PER WEEK OR WOULD HAVE BEEN)
- ○ EMPLOYED PART TIME
- ○ UNEMPLOYED, LOOKING FOR WORK
- ○ UNEMPLOYED, DISABLED
- ○ UNEMPLOYED, VOLUNTEER WORK
- ○ UNEMPLOYED, RETIRED
- ○ UNEMPLOYED, NOT LOOKING FOR WORK
- ○ OTHER (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW

**3a. *[IF EMPLOYED.]***

| | Yes | No | REFUSED | DON'T KNOW |
|---|---|---|---|---|
| • Are you paid at or above the minimum wage?[1] | ○ | ○ | ○ | ○ |
| • Are your wages paid directly to you by your employer? | ○ | ○ | ○ | ○ |
| • Could anyone have applied for this job? | ○ | ○ | ○ | ○ |

**4. In the last 4 weeks …**

***[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| In the last 4 weeks … | Not at All | A Little | Moderately | Mostly | Completely | REFUSED | DON'T KNOW |
| a. have you enough money to meet your needs? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

[1] For information on federal minimum wage, go to https://www.dol.gov/general/topic/wages.



## E. CRIME AND CRIMINAL JUSTICE STATUS

**1. In the past 30 days, how many times have you been arrested?**

|___|___| TIMES ○ REFUSED ○ DON'T KNOW

***[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]***

## F. PERCEPTION OF CARE

***[SECTION F IS NOT COLLECTED AT BASELINE. FOR BASELINE INTERVIEWS, GO TO SECTION G.]***

**1. In order to provide the best possible mental health and related services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.**

***[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***

| STATEMENT | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED | NOT APPLICABLE |
| a. Staff here believe that I can grow, change, and recover. | ○ | ○ | ○ | ○ | ○ | ○ | |
| b. I felt free to complain. | ○ | ○ | ○ | ○ | ○ | ○ | |
| c. I was given information about my rights. | ○ | ○ | ○ | ○ | ○ | ○ | |
| d. Staff encouraged me to take responsibility for how I live my life. | ○ | ○ | ○ | ○ | ○ | ○ | |
| e. Staff told me what side effects to watch out for. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| f. Staff respected my wishes about who is and who is not to be given information about my | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| g. Staff were sensitive to my cultural background (race, religion, language, etc.). | ○ | ○ | ○ | ○ | ○ | ○ | |
| h. Staff helped me obtain the information I needed so that I could take charge of managing my illness. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| i. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.). | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| j. I felt comfortable asking questions about my treatment and medication. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## F. PERCEPTION OF CARE (CONTINUED)

| STATEMENT | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED | NOT APPLICABLE |
| k. I, not staff, decided my treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ | |
| l. I like the services I received here. | ○ | ○ | ○ | ○ | ○ | ○ | |
| m. If I had other choices, I would still get services from this agency. | ○ | ○ | ○ | ○ | ○ | ○ | |
| n. I would recommend this agency to a friend or family member. | ○ | ○ | ○ | ○ | ○ | ○ | |

2. *[INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE RESPONDENT FOR THIS INTERVIEW.]*

- ○ ADMINISTRATIVE STAFF
- ○ CARE COORDINATOR
- ○ CASE MANAGER
- ○ CLINICIAN PROVIDING DIRECT SERVICES
- ○ CLINICIAN NOT PROVIDING SERVICES
- ○ CONSUMER PEER
- ○ DATA COLLECTOR
- ○ EVALUATOR
- ○ FAMILY ADVOCATE
- ○ RESEARCH ASSISTANT STAFF
- ○ SELF-ADMINISTERED
- ○ OTHER (SPECIFY) _____



## G. SOCIAL CONNECTEDNESS

1. **Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.**

***[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]***

| STATEMENT | RESPONSE OPTIONS | | | | | |
|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED |
| a. I am happy with the friendships I have. | ○ | ○ | ○ | ○ | ○ | ○ |
| b. I have people with whom I can do enjoyable things. | ○ | ○ | ○ | ○ | ○ | ○ |
| c. I feel I belong in my community. | ○ | ○ | ○ | ○ | ○ | ○ |
| d. In a crisis, I would have the support I need from family or friends. | ○ | ○ | ○ | ○ | ○ | ○ |
| e. I have family or friends that are supportive of my recovery. | ○ | ○ | ○ | ○ | ○ | ○ |
| f. I generally accomplish what I set out to do. | ○ | ○ | ○ | ○ | ○ | ○ |

*[IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:*

*IF THIS IS A BASELINE INTERVIEW, STOP NOW. THE INTERVIEW IS COMPLETE.]*

*IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION I, THEN TO SECTION K.]*

*IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION J, THEN TO SECTION K.]*

*[IF YOUR PROGRAM DOES REQUIRE SECTION H:*

*IF THIS IS A BASELINE INTERVIEW, PLEASE GO TO SECTION H, THEN STOP. THE INTERVIEW WILL BE COMPLETE.]*

*IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION H, THEN SECTIONS I AND K.]*

*IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION H, THEN SECTIONS J AND K.]*

H. PBHCI
PHYSICAL HEALTH ITEMS

Questions H1-H3
OMB No. 0990-0371
Expiration Date 03/31/2019

1. Health measurements:

| | | | |
|---|---|---|---|
| a. | Systolic blood pressure | | mmHg |
| b. | Diastolic blood pressure | | mmHg |
| c. | Weight | | kg |
| d. | Height | | cm |
| e. | Waist circumference | | cm |
| f. | Breath CO - for smoking status | | ppm |

2. Did patient successfully fast for 8 hours prior to providing the blood sample?

3. Blood test results (required only once a year):

a. Date of blood draw: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

*[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]*

| | | | |
|---|---|---|---|
| b. | Fasting plasma glucose | | mg/dL |
| c. | HgBA1c | | % |
| d. | Total Cholesterol | | mg/dL |
| e. | HDL Cholesterol | | mg/dL |
| f. | LDL Cholesterol | | mg/dL |
| g. | Triglycerides | | mg/dL |

*[IF THIS IS A BASELINE, STOP HERE.]*

*[IF THIS IS A REASSESSMENT, GO TO SECTION I.]*

*[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]*

Public reporting burden for this collection of information is estimated to be approximately 5 additional minutes for the individual entering data into SPARS for an average of 200 clients per site at all 60 PBHCI sites. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0990-0371.

## I. REASSESSMENT STATUS

*[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]*

1. **Have you or other grant staff had contact with the consumer within 90 days of the last encounter?**

   ○ Yes
   ○ No

2. **Is the consumer still receiving services from your project?**

   ○ Yes
   ○ No

*[GO TO SECTION K.]*

## J. CLINICAL DISCHARGE STATUS

*[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]*

1. **On what date was the consumer discharged?**

   |__|__| / |__|__|__|__|
   MONTH YEAR

2. **What is the consumer's discharge status?**

   ○ Mutually agreed cessation of treatment
   ○ Withdrew from/refused treatment
   ○ No contact within 90 days of last encounter
   ○ Clinically referred out
   ○ Death
   ○ Other (Specify) _____

*[GO TO SECTION K.]*

## K. SERVICES RECEIVED

*[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL.]*

1. **On what date did the consumer last receive services?**

|__|__| / |__|__|__|__|
MONTH YEAR

*[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER SINCE HIS/HER LAST NOMS INTERVIEW: THIS INCLUDES CMHS-FUNDED AND NON-CMHS-FUNDED SERVICES.]*

| Core Services | Provided: Yes | Provided: No | UNKNOWN | SERVICE NOT AVAILABLE |
|---|---|---|---|---|
| 1. Screening | ○ | ○ | ○ | ○ |
| 2. Assessment | ○ | ○ | ○ | ○ |
| 3. Treatment Planning or Review | ○ | ○ | ○ | ○ |
| 4. Psychopharmacological Services | ○ | ○ | ○ | ○ |
| 5. Mental Health Services | ○ | ○ | ○ | ○ |

*[IF THE ANSWER TO QUESTION 5, "MENTAL HEALTH SERVICES," IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]*

**Number of times ____ per**

| | UNKNOWN |
|---|---|
| ○ Day | |
| ○ Week | ○ |
| ○ Month | |
| ○ Year | |

| Core Services (Continued) | Provided: Yes | Provided: No | UNKNOWN | SERVICE NOT AVAILABLE |
|---|---|---|---|---|
| 6. Co-occurring Services | ○ | ○ | ○ | ○ |
| 7. Case Management | ○ | ○ | ○ | ○ |
| 8. Trauma-specific Services | ○ | ○ | ○ | ○ |
| 9. Was the consumer referred to another provider for any of the above core services? | ○ | ○ | ○ | ○ |

| Support Services | Provided: Yes | Provided: No | UNKNOWN | SERVICE NOT AVAILABLE |
|---|---|---|---|---|
| 1. Medical Care | ○ | ○ | ○ | ○ |
| 2. Employment Services | ○ | ○ | ○ | ○ |
| 3. Family Services | ○ | ○ | ○ | ○ |
| 4. Child Care | ○ | ○ | ○ | ○ |
| 5. Transportation | ○ | ○ | ○ | ○ |
| 6. Education Services | ○ | ○ | ○ | ○ |
| 7. Housing Support | ○ | ○ | ○ | ○ |
| 8. Social Recreational Activities | ○ | ○ | ○ | ○ |
| 9. Consumer-Operated Services | ○ | ○ | ○ | ○ |
| 10. HIV Testing | ○ | ○ | ○ | ○ |
| 11. Was the consumer referred to another provider for any of the above support services? | ○ | ○ | ○ | ○ |

Exhibit K

Form Approved
OMB No. 0930-0285
Expiration Date: 02/28/2022

# Substance Abuse and Mental Health Services Administration (SAMHSA)

## Center for Mental Health Services (CMHS)

## National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services

## SERVICES TOOL

## Child/Adolescent or Caregiver Combined Respondent Version

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 40 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.

**Table of Contents**

RECORD MANAGEMENT ..... 1
BEHAVIORAL HEALTH DIAGNOSES ..... 2
A. DEMOGRAPHIC DATA ..... 6
B. FUNCTIONING ..... 7
B. MILITARY FAMILY AND DEPLOYMENT ..... 10
C. STABILITY IN HOUSING ..... 11
D. EDUCATION ..... 12
E. CRIME AND CRIMINAL JUSTICE STATUS ..... 13
F. PERCEPTION OF CARE ..... 13
G. SOCIAL CONNECTEDNESS ..... 15
H. PROGRAM-SPECIFIC QUESTIONS ..... 16
H1. PROGRAM-SPECIFIC QUESTIONS ..... 17
H2. PROGRAM-SPECIFIC QUESTIONS ..... 18
H3. PROGRAM-SPECIFIC QUESTIONS ..... 19
H4. PROGRAM-SPECIFIC QUESTIONS ..... 20
I. REASSESSMENT STATUS ..... 21
J. CLINICAL DISCHARGE STATUS ..... 21
K. SERVICES RECEIVED ..... 22

## RECORD MANAGEMENT

*[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]*

**Consumer ID** |___|___|___|___|___|___|___|___|___|___|___|___|

**Grant ID (Grant/Contract/Cooperative Agreement)** |___|___|___|___|___|___|___|___|___|___|___|___|

**Site ID** |___|___|___|___|___|___|___|___|___|___|

1. **Indicate Assessment Type:**

| ○ Baseline | ○ Reassessment | ○ Clinical Discharge |
|---|---|---|
| *[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.]*<br>\|___\|___\| / \|___\|___\|___\|___\|<br>MONTH YEAR | **Which 6-month reassessment?**<br>\|___\|___\|<br>*[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]* | |

2. **Was the interview conducted?**

| ○ Yes | ○ No |
|---|---|
| **When?**<br>\|___\|___\| / \|___\|___\| / \|___\|___\|___\|___\|<br>MONTH DAY YEAR | **Why not? Choose only one.**<br>○ Not able to obtain consent from proxy<br>○ Consumer was impaired or unable to provide consent<br>○ Consumer refused this interview only<br>○ Consumer was not reached for interview<br>○ Consumer refused all interviews<br>*[GO TO QUESTION 4.]* |

3. **Was the respondent the child or the caregiver?**

○ Child *[PREFER CHILD AGE 11 AND OLDER.]*
○ Caregiver



## BEHAVIORAL HEALTH DIAGNOSES

4. **Behavioral Health Diagnoses** *[REPORTED BY PROGRAM STAFF.]*

**Please indicate the consumer's current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.**

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| **SUBSTANCE USE DISORDER DIAGNOSES** | | | | |
| **Alcohol-related disorders** | | | | |
| F10.10 – Alcohol use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F10.11 – Alcohol use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F10.20 – Alcohol use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F10.21 – Alcohol use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F10.9 – Alcohol use, unspecified | ○ | ○ | ○ | ○ |
| **Opioid-related disorders** | | | | |
| F11.10 – Opioid use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F11.11 – Opioid use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F11.20 – Opioid use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F11.21 – Opioid use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F11.9 – Opioid use, unspecified | ○ | ○ | ○ | ○ |
| **Cannabis-related disorders** | | | | |
| F12.10 – Cannabis use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F12.11 – Cannabis use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F12.20 – Cannabis use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F12.21 – Cannabis use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F12.9 – Cannabis use, unspecified | ○ | ○ | ○ | ○ |
| **Sedative-, hypnotic-, or anxiolytic-related disorders** | | | | |
| F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission | ○ | ○ | ○ | ○ |

## BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F13.9 – Sedative-, hypnotic-, or anxiolytic-related use, unspecified | ○ | ○ | ○ | ○ |
| **Cocaine-related disorders** | | | | |
| F14.10 – Cocaine use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F14.11 – Cocaine use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F14.20 – Cocaine use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F14.21 – Cocaine use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F14.9 – Cocaine use, unspecified | ○ | ○ | ○ | ○ |
| **Other stimulant-related disorders** | | | | |
| F15.10 – Other stimulant use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F15.11 – Other stimulant use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F15.21 – Other stimulant use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F15.9 – Other stimulant use, unspecified | ○ | ○ | ○ | ○ |
| **Hallucinogen-related disorders** | | | | |
| F16.10 – Hallucinogen use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F16.11 – Hallucinogen use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F16.21 – Hallucinogen use disorder moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F16.9 – Hallucinogen use, unspecified | ○ | ○ | ○ | ○ |
| **Inhalant-related disorders** | | | | |
| F18.10 – Inhalant use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F18.11 – Inhalant use disorder, mild, in remission | ○ | ○ | ○ | ○ |
| F18.20 – Inhalant use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F18.21 – Inhalant use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F18.9 – Inhalant use, unspecified | ○ | ○ | ○ | ○ |



## BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| **Other psychoactive substance-related disorders** | | | | |
| F19.10 – Other psychoactive substance use disorder, uncomplicated, mild | ○ | ○ | ○ | ○ |
| F19.11 – Other psychoactive substance use disorder, in remission | ○ | ○ | ○ | ○ |
| F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe | ○ | ○ | ○ | ○ |
| F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission | ○ | ○ | ○ | ○ |
| F19.9 – Other psychoactive substance use, unspecified | ○ | ○ | ○ | ○ |
| **Nicotine dependence** | | | | |
| F17.20 – Tobacco use disorder, mild/moderate/severe | ○ | ○ | ○ | ○ |
| F17.21 – Tobacco use disorder, mild/moderate/severe, in remission | ○ | ○ | ○ | ○ |
| **MENTAL HEALTH DIAGNOSES** | | | | |
| F20 – Schizophrenia | ○ | ○ | ○ | ○ |
| F21 – Schizotypal disorder | ○ | ○ | ○ | ○ |
| F22 – Delusional disorder | ○ | ○ | ○ | ○ |
| F23 – Brief psychotic disorder | ○ | ○ | ○ | ○ |
| F24 – Shared psychotic disorder | ○ | ○ | ○ | ○ |
| F25 – Schizoaffective disorders | ○ | ○ | ○ | ○ |
| F28 – Other psychotic disorder not due to a substance or known physiological condition | ○ | ○ | ○ | ○ |
| F29 – Unspecified psychosis not due to a substance or known physiological condition | ○ | ○ | ○ | ○ |
| F30 – Manic episode | ○ | ○ | ○ | ○ |
| F31 – Bipolar disorder | ○ | ○ | ○ | ○ |
| F32 – Major depressive disorder, single episode | ○ | ○ | ○ | ○ |
| F33 – Major depressive disorder, recurrent | ○ | ○ | ○ | ○ |
| F34 – Persistent mood [affective] disorders | ○ | ○ | ○ | ○ |
| F39 – Unspecified mood [affective] disorder | ○ | ○ | ○ | ○ |
| F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders | ○ | ○ | ○ | ○ |
| F50 – Eating disorders | ○ | ○ | ○ | ○ |
| F51 – Sleep disorders not due to a substance or known physiological condition | ○ | ○ | ○ | ○ |
| F60.2 – Antisocial personality disorder | ○ | ○ | ○ | ○ |
| F60.3 – Borderline personality disorder | ○ | ○ | ○ | ○ |

## BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

| Behavioral Health Diagnoses | Diagnosed? | For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known | | |
|---|---|---|---|---|
| | Select up to 3 | Primary | Secondary | Tertiary |
| F60.0, F60.1, F60.4–F69 – Other personality disorders | ○ | ○ | ○ | ○ |
| F70–F79 – Intellectual disabilities | ○ | ○ | ○ | ○ |
| F80–F89 – Pervasive and specific developmental disorders | ○ | ○ | ○ | ○ |
| F90 – Attention-deficit hyperactivity disorders | ○ | ○ | ○ | ○ |
| F91 – Conduct disorders | ○ | ○ | ○ | ○ |
| F93 – Emotional disorders with onset specific to childhood | ○ | ○ | ○ | ○ |
| F94 – Disorders of social functioning with onset specific to childhood or adolescence | ○ | ○ | ○ | ○ |
| F95 – Tic disorder | ○ | ○ | ○ | ○ |
| F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence | ○ | ○ | ○ | ○ |
| F99 – Unspecified mental disorder | ○ | ○ | ○ | ○ |

○ Don't know
○ None of the above

*[IF THIS IS A BASELINE, GO TO SECTION A.]*

*[FOR ALL REASSESSMENTS:*

*IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.*

*IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]*

*[FOR A CLINICAL DISCHARGE:*

*IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.*

*IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION J.]*



## A. DEMOGRAPHIC DATA

*[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]*

1. What is your [child's] gender?

○ MALE
○ FEMALE
○ TRANSGENDER
○ OTHER (SPECIFY) _____
○ REFUSED

2. Are you [Is your child] Hispanic or Latino?

○ YES
○ NO *[GO TO 3.]*
○ REFUSED *[GO TO 3.]*

*[IF YES]* What ethnic group do you consider yourself [your child]? Please answer yes or no for each of the following. You may say yes to more than one.

| | YES | NO | REFUSED |
|---|---|---|---|
| Central American | ○ | ○ | ○ |
| Cuban | ○ | ○ | ○ |
| Dominican | ○ | ○ | ○ |
| Mexican | ○ | ○ | ○ |
| Puerto Rican | ○ | ○ | ○ |
| South American | ○ | ○ | ○ |
| OTHER (SPECIFY) _____ | ○ | ○ | ○ *[IF YES, SPECIFY BELOW.]* |

3. What race do you consider yourself [your child]? Please answer yes or no for each of the following. You may say yes to more than one.

| | YES | NO | REFUSED |
|---|---|---|---|
| Alaska Native | ○ | ○ | ○ |
| American Indian | ○ | ○ | ○ |
| Asian | ○ | ○ | ○ |
| Black or African American | ○ | ○ | ○ |
| Native Hawaiian or other Pacific Islander | ○ | ○ | ○ |
| White | ○ | ○ | ○ |

4. What is your [your child's] month and year of birth?

|___|___| / |___|___|___|___|
MONTH YEAR

○ REFUSED

*[IF AN INTERVIEW WAS CONDUCTED, CONTINUE TO SECTION B.]*

*[IF AN INTERVIEW WAS NOT CONDUCTED, STOP HERE.]*

## B. FUNCTIONING

1. How would you rate your [your child's] overall health right now?

   ○ Excellent
   ○ Very Good
   ○ Good
   ○ Fair
   ○ Poor
   ○ REFUSED
   ○ DON'T KNOW

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were [your child was] able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

*[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]*

| STATEMENT | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED | NOT APPLICABLE |
| a. I am [My child is] handling daily life. | ○ | ○ | ○ | ○ | ○ | ○ | |
| b. I get [My child gets] along with family members. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| c. I get [My child gets] along with friends and other people. | ○ | ○ | ○ | ○ | ○ | ○ | |
| d. I am [My child is] doing well in school and/or work. | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| e. I am [My child is] able to cope when things go wrong. | ○ | ○ | ○ | ○ | ○ | ○ | |
| f. I am satisfied with our family life right now. | ○ | ○ | ○ | ○ | ○ | ○ | |



## B. FUNCTIONING (CONTINUED)

*[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]*

3. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

*[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]*

| QUESTION | RESPONSE OPTIONS | | | | | | |
|---|---|---|---|---|---|---|---|
| During the past 30 days, about how often did you feel … | All of the Time | Most of the Time | Some of the Time | A Little of the Time | None of the Time | REFUSED | DON'T KNOW |
| a. nervous? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| b. hopeless? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| c. restless or fidgety? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| d. so depressed that nothing could cheer you up? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| e. that everything was an effort? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |
| f. worthless? | ○ | ○ | ○ | ○ | ○ | ○ | ○ |

## B. FUNCTIONING (CONTINUED)

*[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]*

4. **The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.**

*[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]*

| QUESTION | RESPONSE OPTIONS | | | | | |
|---|---|---|---|---|---|---|
| **In the past 30 days, how often have you used …** | **Never** | **Once or Twice** | **Weekly** | **Daily or Almost Daily** | **REFUSED** | **DON'T KNOW** |
| a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| b. alcoholic beverages (beer, wine, liquor, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| b1. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE]* How many times in the past 30 days have you had five or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]* | ○ | ○ | ○ | ○ | ○ | ○ |
| b2. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE]* How many times in the past 30 days have you had four or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]* | ○ | ○ | ○ | ○ | ○ | ○ |
| c. cannabis (marijuana, pot, grass, hash, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| d. cocaine (coke, crack, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| f. methamphetamine (speed, crystal meth, ice, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| j. street opioids (heroin, opium, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)? | ○ | ○ | ○ | ○ | ○ | ○ |
| l. other – specify (e-cigarettes, etc.): _____ | ○ | ○ | ○ | ○ | ○ | ○ |



## B. FUNCTIONING (CONTINUED)

*[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]*

DATE GAF WAS ADMINISTERED: |__|__|/|__|__|/|__|__|__|__| (MONTH DAY YEAR)

WHAT WAS THE CONSUMER'S SCORE? GAF = |__|__|__|

*[OPTIONAL: CHILD BEHAVIOR CHECKLIST (CBCL) TOTAL PROBLEMS T SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]*

DATE CBCL WAS ADMINISTERED: |__|__|/|__|__|/|__|__|__|__| (MONTH DAY YEAR)

WHAT WAS THE CONSUMER'S SCORE? TOTAL PROBLEMS T SCORE = |__|__|__|

## B. MILITARY FAMILY AND DEPLOYMENT

*[QUESTIONS 5 AND 6 ARE ONLY ASKED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION C.]*

*[IF THE CAREGIVER IS THE RESPONDENT, GO TO QUESTION 6.]*

*[IF THE CONSUMER IS YOUNGER THAN 18 YEARS OLD, GO TO QUESTION 6.]*

5. **Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?**

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

6. **Is anyone in your [your child's] family or someone close to you [your child] currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?**

○ Yes, only one person
○ Yes, more than one person
○ No
○ REFUSED
○ DON'T KNOW

## C. STABILITY IN HOUSING

| 1. In the past 30 days, how many … | Number of Nights/ Times | REFUSED | DON'T KNOW |
|---|---|---|---|
| a. nights have you [has your child] been homeless? | ___ | ○ | ○ |
| b. nights have you [has your child] spent in a hospital for mental health care? | ___ | ○ | ○ |
| c. nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment? | ___ | ○ | ○ |
| d. nights have you [has your child] spent in correctional facility including juvenile detention, jail, or prison? | ___ | ○ | ○ |
| *[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS 1A–1D, CANNOT EXCEED 30 NIGHTS).]* | ___ | | |
| e. times have you [has your child] gone to an emergency room for a psychiatric or emotional problem? | ___ | ○ | ○ |

*[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]*

2. **In the past 30 days, where have you [has your child] been living most of the time?**

*[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]*

- ○ CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- ○ INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
- ○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM
- ○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
- ○ GROUP HOME
- ○ FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)
- ○ TRANSITIONAL LIVING FACILITY
- ○ HOSPITAL (MEDICAL)
- ○ HOSPITAL (PSYCHIATRIC)
- ○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
- ○ CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON)
- ○ OTHER HOUSED (SPECIFY) _____
- ○ REFUSED
- ○ DON'T KNOW



## D. EDUCATION

1. **During the past 30 days of school, how many days were you [was your child] absent for any reason?**

- ○ 0 DAYS
- ○ 1 DAY
- ○ 2 DAYS
- ○ 3 TO 5 DAYS
- ○ 6 TO 10 DAYS
- ○ MORE THAN 10 DAYS
- ○ REFUSED
- ○ DON'T KNOW
- ○ NOT APPLICABLE

a. ***[IF ABSENT]*, how many days were unexcused absences?**

- ○ 0 DAYS
- ○ 1 DAY
- ○ 2 DAYS
- ○ 3 TO 5 DAYS
- ○ 6 TO 10 DAYS
- ○ MORE THAN 10 DAYS
- ○ REFUSED
- ○ DON'T KNOW
- ○ NOT APPLICABLE

2. **What is the highest level of education you have (your child has) finished, whether or not you (he/she has) received a degree?**

- ○ NEVER ATTENDED
- ○ PRESCHOOL
- ○ KINDERGARTEN
- ○ 1ST GRADE
- ○ 2ND GRADE
- ○ 3RD GRADE
- ○ 4TH GRADE
- ○ 5TH GRADE
- ○ 6TH GRADE
- ○ 7TH GRADE
- ○ 8TH GRADE
- ○ 9TH GRADE
- ○ 10TH GRADE
- ○ 11TH GRADE
- ○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
- ○ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
- ○ SOME COLLEGE OR UNIVERSITY
- ○ REFUSED
- ○ DON'T KNOW

## E. CRIME AND CRIMINAL JUSTICE STATUS

1. **In the past 30 days, how many times have you [has your child] been arrested?**

|___|___| TIMES  ○ REFUSED  ○ DON'T KNOW

***[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]***

## F. PERCEPTION OF CARE

***[SECTION F IS NOT COLLECTED AT BASELINE. FOR BASELINE INTERVIEWS, GO TO SECTION G.]***

1. **In order to provide the best possible mental health and related services, we need to know what you think about the services you [your child] received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.**

***[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]***

| STATEMENT | RESPONSE OPTIONS | | | | | |
|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED |
| a. Staff here treated me with respect. | ○ | ○ | ○ | ○ | ○ | ○ |
| b. Staff respected my family's religious/spiritual beliefs. | ○ | ○ | ○ | ○ | ○ | ○ |
| c. Staff spoke with me in a way that I understood. | ○ | ○ | ○ | ○ | ○ | ○ |
| d. Staff was sensitive to my cultural/ethnic background. | ○ | ○ | ○ | ○ | ○ | ○ |
| e. I helped choose my [my child's] services. | ○ | ○ | ○ | ○ | ○ | ○ |
| f. I helped to choose my [my child's] treatment goals. | ○ | ○ | ○ | ○ | ○ | ○ |
| g. I participated in my [my child's] treatment. | ○ | ○ | ○ | ○ | ○ | ○ |
| h. Overall, I am satisfied with the services I [my child] received. | ○ | ○ | ○ | ○ | ○ | ○ |



## F. PERCEPTION OF CARE (CONTINUED)

| STATEMENT | RESPONSE OPTIONS | | | | | |
|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED |
| i. The people helping me [my child] stuck with me [us] no matter what. | ○ | ○ | ○ | ○ | ○ | ○ |
| j. I felt I had [my child had] someone to talk to when I [he/she] was troubled. | ○ | ○ | ○ | ○ | ○ | ○ |
| k. The services I [my child and/or family] received were right for me [us]. | ○ | ○ | ○ | ○ | ○ | ○ |
| l. I [My family] got the help I [we] wanted [for my child]. | ○ | ○ | ○ | ○ | ○ | ○ |
| m. I [My family] got as much help as I [we] needed [for my child]. | ○ | ○ | ○ | ○ | ○ | ○ |

2. ***[INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE CONSUMER (CAREGIVER) FOR THIS INTERVIEW.]***

○ ADMINISTRATIVE STAFF
○ CARE COORDINATOR
○ CASE MANAGER
○ CLINICIAN PROVIDING DIRECT SERVICES
○ CLINICIAN NOT PROVIDING SERVICES
○ CONSUMER PEER
○ DATA COLLECTOR
○ EVALUATOR
○ FAMILY ADVOCATE
○ RESEARCH ASSISTANT STAFF
○ SELF-ADMINISTERED
○ OTHER (SPECIFY) _____

## G. SOCIAL CONNECTEDNESS

1. **Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your [your child's] mental health provider(s) over the past 30 days.**

***[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]***

| STATEMENT | RESPONSE OPTIONS | | | | | |
|---|---|---|---|---|---|---|
| | Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree | REFUSED |
| a. I know people who will listen and understand me when I need to talk. | ○ | ○ | ○ | ○ | ○ | ○ |
| b. I have people that I am comfortable talking with about my [my child's] problems. | ○ | ○ | ○ | ○ | ○ | ○ |
| c. In a crisis, I would have the support I need from family or friends. | ○ | ○ | ○ | ○ | ○ | ○ |
| d. I have people with whom I can do enjoyable things. | ○ | ○ | ○ | ○ | ○ | ○ |

***[IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:***

***IF THIS IS A BASELINE INTERVIEW, STOP NOW. THE INTERVIEW IS COMPLETE.]***

***IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION I, THEN TO SECTION K.]***

***IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION J, THEN TO SECTION K.]***

***[IF YOUR PROGRAM DOES REQUIRE SECTION H:***

***IF THIS IS A BASELINE INTERVIEW, PLEASE GO TO SECTION H, THEN STOP. THE INTERVIEW WILL BE COMPLETE.]***

***IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION H, THEN TO SECTIONS I AND K.]***

***IF THIS IS A CLINICAL DISCHARGE INTERVIEW, GO TO SECTION H, THEN TO SECTIONS J AND K.]***



H. PBHCI
PHYSICAL HEALTH ITEMS

Questions H1-H3
OMB No. 0990-0371
Expiration Date 03/31/2019

1. Health measurements:

| | |
|---|---|
| a. Systolic blood pressure | mmHG |
| b. Diastolic blood pressure | mmHG |
| c. Weight | kg |
| d. Height | cm |
| e. Waist circumference | cm |

***[IF THIS IS A BASELINE, STOP HERE.]***

***[IF THIS IS A REASSESSMENT, GO TO SECTION I.]***

***[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]***

Public reporting burden for this collection of information is estimated to be approximately 5 additional minutes for the individual entering data into SPARS for an average of 200 clients per site at all 60 PBHCI sites. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0990-0371.

## I. REASSESSMENT STATUS

*[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]*

**2. Have you or other grant staff had contact with the consumer within 90 days of last encounter?**

- ○ Yes
- ○ No

**3. Is the consumer still receiving services from your project?**

- ○ Yes
- ○ No

*[GO TO SECTION K.]*

## J. CLINICAL DISCHARGE STATUS

*[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]*

**4. On what date was the consumer discharged?**

|__|__| / |__|__|__|__|
MONTH YEAR

**5. What is the consumer's discharge status?**

- ○ Mutually agreed cessation of treatment
- ○ Withdrew from/refused treatment
- ○ No contact within 90 days of last encounter
- ○ Clinically referred out
- ○ Death
- ○ Other (Specify) _____

*[GO TO SECTION K.]*



## K. SERVICES RECEIVED

*[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL.]*

**1. On what date did the consumer last receive services?**

|__|__| / |__|__|__|__|
MONTH YEAR

*[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER SINCE HIS/HER LAST NOMS INTERVIEW; THIS INCLUDES CMHS-FUNDED AND NON-CMHS-FUNDED SERVICES.]*

| Core Services | Provided: Yes | Provided: No | UNKNOWN | SERVICE NOT AVAILABLE |
|---|---|---|---|---|
| 1. Screening | ○ | ○ | ○ | ○ |
| 2. Assessment | ○ | ○ | ○ | ○ |
| 3. Treatment Planning or Review | ○ | ○ | ○ | ○ |
| 4. Psychopharmacological Services | ○ | ○ | ○ | ○ |
| 5. Mental Health Services | ○ | ○ | ○ | ○ |

*[IF THE ANSWER TO QUESTION 5, "MENTAL HEALTH SERVICES," IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]*

**Number of times ____ per**

- ○ Day
- ○ Week
- ○ Month
- ○ Year

UNKNOWN ○

| Core Services (Continued) | Provided: Yes | Provided: No | UNKNOWN | SERVICE NOT AVAILABLE |
|---|---|---|---|---|
| 6. Co-occurring Services | ○ | ○ | ○ | ○ |
| 7. Case Management | ○ | ○ | ○ | ○ |
| 8. Trauma-specific Services | ○ | ○ | ○ | ○ |
| 9. Was the consumer referred to another provider for any of the above core services? | ○ | ○ | ○ | ○ |

| Support Services | Provided: Yes | Provided: No | UNKNOWN | SERVICE NOT AVAILABLE |
|---|---|---|---|---|
| 1. Medical Care | ○ | ○ | ○ | ○ |
| 2. Employment Services | ○ | ○ | ○ | ○ |
| 3. Family Services | ○ | ○ | ○ | ○ |
| 4. Child Care | ○ | ○ | ○ | ○ |
| 5. Transportation | ○ | ○ | ○ | ○ |
| 6. Education Services | ○ | ○ | ○ | ○ |
| 7. Housing Support | ○ | ○ | ○ | ○ |
| 8. Social Recreational Activities | ○ | ○ | ○ | ○ |
| 9. Consumer-Operated Services | ○ | ○ | ○ | ○ |
| 10. HIV Testing | ○ | ○ | ○ | ○ |
| 11. Was the consumer referred to another provider for any of the above support services? | ○ | ○ | ○ | ○ |

Exhibit L


Every time you talk with a health care provider
ASK THESE 3 QUESTIONS
1
What is my main problem?
2
What do I need to do?
3
Why is it important for me to do this?
When to ask questions
You can ask questions when:
• You see a doctor, nurse, pharmacist, or other health care provider.
• You prepare for a medical test or procedure.
• You get your medicine.
What if I ask and still don't understand?
• Let your health care provider know if you still don't understand what you need.
• You might say, "This is new to me. Will you please explain that to me one more time?"
Who needs to ask 3?
Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.
Ask Me 3
Good Questions for Your Good Health
Institute for Healthcare Improvement
NPSF
TOGETHER FOR SAFER CARE
To learn more, visit ihi.org/AskMe3
Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement. IHI makes Ask Me 3 materials available for distribution. Use of Ask Me 3 materials does not mean that the distributing organization is affiliated with or endorsed by IHI.

## Write your health care provider's answers to the 3 questions here:

### 1. What is my main problem?

### 2. What do I need to do?

### 3. Why is it important for me to do this?

**Asking these questions can help me:**

- ☑ Take care of my health
- ☑ Prepare for medical tests
- ☑ Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

## Your provider *wants* to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

**Bring your medicines with you** the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

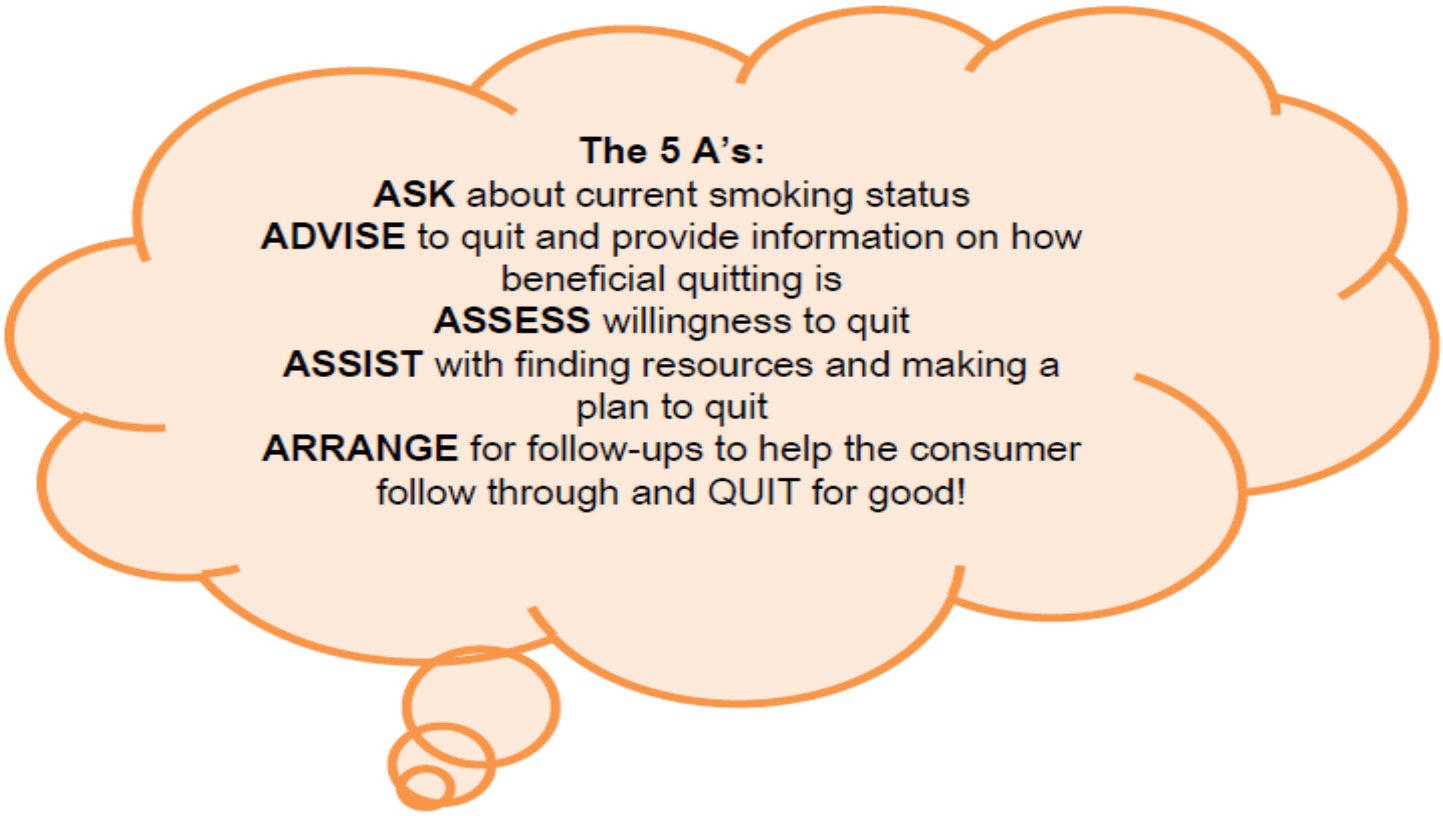
Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3® is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.

Institute for Healthcare Improvement NPSF
TOGETHER FOR SAFER CARE

Ask Me 3®
Good Questions for Your Good Health

Exhibit M


The 5 A's:
ASK about current smoking status
ADVISE to quit and provide information on how beneficial quitting is
ASSESS willingness to quit
ASSIST with finding resources and making a plan to quit
ARRANGE for follow-ups to help the consumer follow through and QUIT for good!

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Children's Home and Community – Based Waiver Program (CWP) Overview | **Chapter**: 03-Continuum of Care | **Subject No**: 03.02.47 |
| **Effective Date**: 5/10/2022 | **Date of Review/Revision**: 3/2/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Charlotte Fondren, Director of Director of Services for Persons with IDD<br>**Authored By**: Kristie Wolbert, LMSW<br>**Additional Reviewers**: Aisleen Morr<br>Kelley Feltman |

**Purpose:**
This policy sets forth the overview for SCCMHA's Children's Home and Community – Based Waiver Program (CWP).

The Children's Home and Community – Based Waiver Program (CWP) is administered and monitored by the Michigan Department of Health and Human Services (MDHHS) and funded with State and Federal Medicaid dollars.

**Application:**
Support Coordination Services and the Autism Program

**Policy:**
The Children's Home and Community – Based Waiver Program (CWP) enables Medicaid to fund necessary home and community-based services for children with developmental disabilities who reside with their birth or legally adoptive parents or with a relative who has been named legal guardian, regardless of their parent's income.

Saginaw County Community Mental Health Authority (SCCMHA) is responsible for assessment of potential waiver candidates. SCCMHA is also responsible for referring potential waiver candidates by completing the CWP "pre-screen" form and sending it to MDHHS to determine priority rating.

SCCMHA is responsible for completing the CWP application and is responsible for the coordination of the child's waiver services. All services and supports must be included in the Individual Plan of Services (IPOS).

**Standards:**
None

**Definitions:**
**CWP:** Children's Home and Community-Based Services Waiver Program
**MDHHS:** Michigan Department of Health and Human Services
**PIHP:** Prepaid Inpatient Health Plan
**ICF/IID:** Intermediate Care Facility for Individuals with Intellectual Disabilities – 42 CFR 435.1009 – an institution (or distinct part of an institution) that (a) is primarily for the diagnosis, treatment, or rehabilitation of people with developmental disabilities or persons with related conditions; and (b) provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.
**Developmental Disability:** means either of the following:
1. If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
    a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments
    b. Is manifested before the individual is 22 years old
    c. Is likely to continue indefinitely
    d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
        i. Self-care
        ii. Receptive and expressive language
        iii. Learning
        iv. Mobility
        v. Self-direction
        vi. Capacity for independent living
        vii. Economic self-sufficiency
    e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
2. If applied to a minor, birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (1) if services are not provided.

**References:**
MSHN Children's Home and Community – Based Waiver Program (CWP) Policy
Michigan Medicaid Provider Manual

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Child is assessed to ensure eligibility criteria is met. | CAI Intake Specialist, Children's Waiver Specialist and Care Management |
| Family is assessed for children with developmental disabilities, who would otherwise be at risk of out-of-home placement into and an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID).<br><br>Individuals are enrolled based upon eligibility criteria:<br>1. The child must meet criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and be at risk of an ICF/IID out-of-home placement.<br>2. Has a developmental disability as defined in federal law.<br>3. Resides with birth or adoptive parents, a relative with legal guardianship, or in specialized foster care (with a permanency plan to return home within 30 days).<br>4. Under the age of 18.<br>5. Medicaid eligible when viewed as a family of one. | Children's Waiver Specialist |
| The Children's CWP provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 18 with developmental disabilities as written in the Individual Plan of Services. | Support Coordinator |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Children's Home and Community – Based Waiver Program (CWP) Eligibility and Enrollment | **Chapter**: 03-Continuum of Care | **Subject No**: 03.02.47.01 |
| **Effective Date**<br>5/10/2022 | **Date of Review/Revision**:<br>3/2/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Charlotte Fondren, Director of Director of Services for Persons with IDD<br><br>**Authored By**: Kristie Wolbert, LMSW<br><br>**Additional Reviewers**:<br>Aisleen Morr<br>Kelley Feltman |

**Purpose:**
This policy sets forth the eligibility and enrollment for Saginaw County Community Mental Health Authority's (SCCMHA) Children's Home and Community Based Waiver Program (CWP). The Children's Home and Community Based Waiver Services Program (CWP) allows for enhancements or additions to regular Medicaid coverage to children up to age 18 who are eligible for the CWP. Enrollment and provision of the CWP services will comply with the Michigan Department of Health & Human Services and Michigan Medicaid Provider Manual standards

The Children's Home and Community Based Waiver Program (CWP) is administered and monitored by the Michigan Department of Health and Human Services (MDHHS) and funded with State and Federal Medicaid dollars.

**Application:**
Support Coordination Services and the Autism Program

**Policy:**
The Children's Home and Community – Based Waiver Program (CWP) enables Medicaid to fund necessary home and community-based services for children with developmental disabilities who reside with their birth or legally adoptive parents or with a relative who has been named legal guardian, regardless of their parent's income.

Saginaw County Community Mental Health Authority (SCCMHA) is responsible for assessment of potential waiver candidates. SCCMHA is also responsible for referring potential waiver candidates by completing the CWP "pre-screen" form and sending it to MDHHS to determine priority rating.

SCCMHA is responsible for completing the CWP application and is responsible for the coordination of the child's waiver services. All services and supports must be included in the Individual Plan of Services (IPOS).

**Standards:**

**Eligibility Requirements**

The child must qualify for specialty mental health services. This is determined through the intake process which includes an Eligibility Screen and Initial Assessment; the SCCMHA Central Access and Intake (CAI) Department will refer to Support Coordination Services for an intake with the Children's Waiver Specialist. The Children's Waiver Specialist will determine that the child meets criteria for Children's Home and Community Based Waiver Services Program (CWP) after completing a full biopsychosocial assessment.

1. The child must have an intellectual/developmental disability (as defined in Michigan state law), is less than 18 years of age, and in need of habilitation services.
2. The child resides with their birth or legally adoptive parent(s) or with a relative who has been named legal guardian under the laws of the State of Michigan, provided that the relative is not paid to provide foster care for that child, regardless of their parent's income.
3. The child must meet, or be below, Medicaid income and asset limits when viewed as a family of one (the parent's income is waived).
4. The child is at risk of being placed in an ICF/IID facility due to the intensity of the child's care and the lack of needed support, or the child currently resides at the ICF/IID facility, but with appropriate community support, could return home.
5. The child's intellectual or functional limitations indicate that he would be eligible for health, habilitative, and active treatment services provided at the ICF/IID level of care. Habilitative services are designed to assist individuals with acquiring, retaining and improving self-help, socialization and adaptive skills necessary to reside successfully in a home and community-based settings. Active treatment includes aggressive, consistent implementation of a program of specialized and generic training, treatment, health services and related services. Active treatment is directed toward the acquisition of the behaviors necessary for the child to function with as much self-determination and independence as possible, and the prevention or deceleration of regression or loss of current optimal functional status.

The CWP Specialist determines if the child is eligible for the CWP and will complete the enrollment process for the CWP, following the WSA – CWP Training Manual.

**Enrollment Process**

1. Potential waiver candidate has a completed CWP "pre-screen" form with information entered in the WSA. MDHHS determines priority rating.
2. Information in the CWP "pre-screen" is updated as changes occur or every 6 months along with information on private insurance.
3. When the child is invited to apply for enrollment, the following must be completed within 30 days of the invitation to apply:
   a. Certification form completed and uploaded to the Document tab in the WSA.
   b. Add/Update Parent/Guardian demographics in the WSA.
   c. Medical Examination Form (DHS-49) details entered in the WSA.
   d. Submit to Mid-State Health Network (MSHN) and then MDHHS for approval. Final approval and effective date will be issued by MDHHS.
4. MDHHS Central Office will mail a Medicaid application with specific instructions for the family to follow. The Medicaid application must be completed and returned.
5. Case Holder completes assessment and Category of Care Narrative.
6. The child and his/her family, friends are willing to work cooperatively to identify the child's needs and will identify all services and supports in the Individual Plan of Services (IPOS).
7. The IPOS is reviewed and approved. CWP Specialist enters service plan details in the WSA.
8. CWP Specialist enters the child's Medicaid ID in the WSA.
9. To meet ICF/IID level of care – services should be provided on an almost daily level.
10. Individual must meet or be below Medicaid income and asset limits when viewed as a family of one (parent(s) income is waived).

Acceptance for Children's Waiver Services is dependent on approval by Michigan Department Health and Human Services, which has limited slots available.

**Annual Recertification**

There is an annual recertification that is required for the CWP.

- Annually, at the time of the Person-Centered Plan, complete the Psychosocial Assessment and Behavioral Category of Care Assessment and update the Choice Voucher Budget (if applicable).
- IPOS information is entered in the "Service" tab in the WSA.
- Annual CWP Certification form and Performance on Areas of Major Life Activity form must be completed within 365 days. These documents along with the IPOS is uploaded to the WSA by CMHCM CWP Specialist and submitted to MSHN and MDHHS for review and approval.
- The Medical Form (DHS-49) must be done annually. The date is based on the date of the child's last physical.

**Disenrollment**

The child will be disenrolled from the CWP when:

- The child turns 18
- The child no longer resides in the community with biological/adoptive parents or with relatives who have been named legal guardian.
- The child in specialized foster care does not return home within six months of inception of waiver services.
- The child no longer meets criteria for ICF/IID facility.
- Parent(s) or guardian(s) withdraw consent for participation in Children's Waiver Services Program.
- Income no longer meets Medicaid income and asset limits when viewed as a family of one (parent(s) income is waived).

**Definitions:**

**CWP:** Children's Home and Community-Based Services Waiver Program
**MDHHS:** Michigan Department of Health and Human Services
**PIHP:** Prepaid Inpatient Health Plan
**ICF/IID:** Intermediate Care Facility for Individuals with Intellectual Disabilities – 42 CFR 435.1009 – an institution (or distinct part of an institution) that (a) is primarily for the diagnosis, treatment, or rehabilitation of people with developmental disabilities or persons with related conditions; and (b) provides, in a protected residential setting, ongoing evaluation, planning, 24-hour supervision, coordination, and integration of health or rehabilitative services to help each individual function at his greatest ability.
**Developmental Disability:** means either of the following:
1. If applied to an individual older than 5 years, a severe, chronic condition that meets all of the following requirements:
    a. Is attributable to a mental or physical impairment or a combination of mental and physical impairments
    b. Is manifested before the individual is 22 years old
    c. Is likely to continue indefinitely
    d. Results in substantial functional limitations in 3 or more of the following areas of major life activity:
        i. Self-care
        ii. Receptive and expressive language
        iii. Learning
        iv. Mobility
        v. Self-direction
        vi. Capacity for independent living
        vii. Economic self-sufficiency
    e. Reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated.
2. If applied to a minor, birth to age 5, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subdivision (1) if services are not provided.

**References:**

MSHN Children's Home and Community – Based Waiver Program (CWP) Policy
Michigan Medicaid Provider Manual

SCCMHA Children's Waiver Overview Policy

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Child is assessed to ensure eligibility criteria is met. | CAI Intake Specialist, Children's Waiver Specialist and Care Management |
| Family is assessed for children with developmental disabilities, who would otherwise be at risk of out-of-home placement into and an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID). | Children's Waiver Specialist |
| Individuals are enrolled based upon eligibility criteria:<br>1. The child must meet criteria for admission to an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) and be at risk of an ICF/IID out-of-home placement.<br>2. Has a developmental disability as defined in federal law.<br>3. Resides with birth or adoptive parents, a relative with legal guardianship, or in specialized foster care (with a permanency plan to return home within 30 days).<br>4. Under the age of 18.<br>5. Medicaid eligible when viewed as a family of one. | Children's Waiver Specialist |
| **Enrollment:**<br>Potential waiver candidate has a completed CWP "pre-screen" form with information entered in the WSA. MDHHS determines priority rating. | Children's Waiver Specialist |
| While waiting for approval information in the CWP "pre-screen" is updated as changes | Children's Waiver Specialist |

| | |
|---|---|
| occur or every 6 months along with information on private insurance. | |
| When the child is invited to apply for enrollment, the following must be completed within 30 days of the invitation to apply:<br>• Certification form completed and uploaded to the Document tab in the WSA.<br>• Add/Update Parent/Guardian demographics in the WSA.<br>• Medical Examination Form (DHS-49) details entered in the WSA.<br>• Submit to Mid-State Health Network (MSHN) and then MDHHS for approval. Final approval and effective date will be issued by MDHHS. | Children's Waiver Specialist |
| Medicaid application mailed to the family with specific instructions to follow. | MDHHS Central Office |
| The Medicaid application must be completed and returned. | Children's Waiver Specialist, Case Holder and Parent/Guardian |
| Complete assessment and Category of Care Narrative. | Case Holder |
| Individual Plan of Services (IPOS) to identify the child's needs and will identify all services and supports is completed with the child, family, friends and any supports as requested by family. | Case Holder |
| Service plan details and Medicaid ID are entered in the WSA. | Care Management |
| The Children's CWP provides services that are enhancements or additions to Medicaid State Plan coverage for children through age 18 with developmental disabilities as written in the Individual Plan of Services. | Case Holder |
| **Annual Recertification**: | Case Holder |

| | |
|---|---|
| Annual recertification that is required for the CWP. | |
| At the time of the Person-Centered Plan, complete the Psychosocial Assessment and Behavioral Category of Care Assessment and update the Choice Voucher Budget (if applicable). | Case Holder |
| IPOS information is entered in the "Service" tab in the WSA. | Care Management |
| **Disenrollment:**<br>The child will be disenrolled from the CWP when:<br>• The child turns 18<br>• The child no longer resides in the community with biological/adoptive parents or with relatives who have been named legal guardian.<br>• The child in specialized foster care does not return home within six months of inception of waiver services.<br>• The child no longer meets criteria for ICF/IID facility.<br>• Parent(s) or guardian(s) withdraw consent for participation in Children's Waiver Services Program.<br>• Income no longer meets Medicaid income and asset limits when viewed as a family of one (parent(s) income is waived). | Case Holder/Care Management |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Hospital Discharge Planning</td><td>Chapter: 03.02 – Integrated Service System</td><td>Subject No: 03.02.49</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/10/16</td><td>Date of Review/Revision:<br>8/25/16, 9/20/16, 4/23/18, 8/2/18, 6/12/19, 11/18/20, 4/12/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Utilization Management<br><br>Authored By: Barbara Glassheim, Colleen Sproul<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>03.02.21 - The Role of the Case Manager during Inpatient Hospitalization</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to delineate the roles and responsibilities of Case Holders and other staff during a consumer's inpatient hospital stay in order to ensure a smooth transition from hospital to community, adequate services and supports are in place following discharge, and focus on avoiding hospitalizations that involve patients/consumers returning to the hospital within thirty (30) days of an inpatient stay. Such readmissions are not only costly and potentially harmful, but are often avoidable and can be traumatic for the consumer and their support system.

Background:

In the majority of cases, hospitalizations are necessary and appropriate. However, readmissions are often the result of fragmentation that exists within the health care system. Patients/consumers are often readmitted because of:

- Inadequate communication with SCCMHA, information, and preparation for post-discharge care and self-care
- Poor transmission of hospital records and discharge instructions to primary care clinicians who manage post-discharge recovery or to organizations that authorize or provide post-discharge care
- Untimely and uncoordinated post-hospital care in the community
- Preventable medical errors/complications during the first hospital stay

The highest rates of readmissions are for patients/consumers who:

- Have heart failure, chronic obstructive pulmonary disease (COPD), psychoses, intestinal problems and/or have had various types of surgery (cardiac, joint replacement, or bariatric procedures)
- Take six (6) or more medications, have depression and/or poor cognitive function and/or have been hospitalized in the previous six (6) months

Five (5) key areas are known to reduce avoidable readmissions:

- Comprehensive discharge planning
- Medication Management

- Patient and family engagement
- Transition care support
- Transition communication

**Policy:**
Case Holders shall be involved in the early identification and assessment of the consumer's needs and implement timely discharge plans that result in continuity of care and efficient use of hospital and community resources. Discharge planning shall commence upon a consumer's admission to a psychiatric hospital or upon notification of a hospitalization for medical-surgical care. Case Holders will help coordinate discharges for consumers by collaborating with the consumer, family/significant others, inpatient health care team, and community resources; and facilitating transitions (e.g., from inpatient to community services) including arrangements for follow-up services is a core case management service.

Case Holders will proactively assume responsibility for engaging the inpatient hospital team, attending team meetings, and initiating discharge planning for consumers who are hospitalized. Case holders will interact with the treatment team on a daily basis throughout the consumer's stay from the point of admission and these contacts will be documented in the consumer's electronic health record. Case Holders will also monitor the inpatient discharge planning/utilization review notes in the electronic medical record from the point of admission through discharge for consumers receiving inpatient psychiatric care.

**Application:**
This policy applies to all SCCMHA-funded providers of case management and integrated care nursing services.

**Standards:**
A. Discharge planning for inpatient medical admissions shall adhere to the following standards:
    1. SCCMHA case Holders and Health Care Services and Coordination Nurses will use a person-centered, evidence-based care delivery approach to ensure the coordination and continuity of health care as patients/consumers transfer between different locations or different levels care.
    2. Transitional care shall be based upon a comprehensive plan of care, including the availability of health care practitioners who are well trained in chronic care and have current information about the patient/consumer's goals, preferences and clinical status.
    3. Case Holders will provide care coordination with the goal of supporting consumers across providers, settings and time. Additional goals shall include:
        a. Advocating for consumers and their caregivers to ensure their needs are met as they transition across providers, settings and time.
        b. Coordinating and facilitating continuity of care, with a focus on avoiding complications and reducing avoidable re-hospitalizations.
        c. Identifying consumers who are at-risk and employing key evidence-based transition of care interventions across care settings.

d. Developing provider competencies to support all care transitions by functioning as a prepared, proactive health literate care team.
e. Achieving outcomes that ensure better health, better care and lower cost.

4. SCCMHA, through registry access to same day notification of admissions, discharges and transfers (ADTs), will identify inpatient admissions to Case Holders for the purpose of providing timely, comprehensive transitional care from medical inpatient to other settings, including appropriate follow-up.
5. At a minimum, key functions of transitional care shall include:
   a. Receiving notifications of admissions and discharges from hospital and other care facilities.
   b. Providing assertive outreach to patients/consumers to ensure appropriate follow-up after transition.
      1) Outbound phone calls shall be placed to the consumer by the Case Holder or other team member within forty eight (48) hours of discharge.
6. Face-to-face contact with consumers shall occur within in one (1) week post discharge.
7. Ensuring a scheduled visit for consumers with the primary care provider and/or specialist within one week of discharge.
8. Consumer contacts (Touches) during transitions of care shall include:
   a. A review of discharge summary and instructions.
   b. Performance of a medication reconciliation by the Health Care Services and Coordination Nurse.
   c. Ensuring follow-up appointments and tests are scheduled and coordinated.
   d. An assessment of the consumer's risk status and arranging for follow-up care with Case Holders or a Health Care Services and Coordination Nurse if indicated.
9. Case Holders will actively follow consumers during all inpatient episodes of care and function as active members of the inpatient care team.
10. Case Holders will coordinate with hospital discharge planning to ensure a smooth transition to community care so that there are no gaps in service and/or for the provision of community-based services and supports following discharge.
    a. Coordination for such services will commence upon a consumer's admission or upon notification of their admission, and include identification, assessment, goal-setting, planning, implementation, coordination, and evaluation.
       1). In order to coordinate timely discharge plans, Case Holders will conduct an early identification and assessment of post hospital needs.
       2). Case Holders will collaborate with consumers, families/significant others, and inpatient health care teams to facilitate planning for discharge.

3). Case Holders will make recommendations for community services and supports for meeting the continuing care needs of consumers and make referrals to programs or services that meet consumers' assessed needs and preferences.

4). Case Holders will liaise with community agencies to promote consumers' access and to address gaps in service.

5). Case Holders will provide support and encouragement to consumers and their significant others during hospitalizations and throughout the discharge planning process.

11. Case Holders will attend inpatient hospital team meetings and coordinate information sharing. If the Case Holder is unable to attend, the case holder shall communicate and coordinate representation with the SCCMHA Health Care Services and Coordination Nurse and follow-up with the SCCMHA Health Care Services and Coordination Nurse to secure information shared during the meeting.
12. Case Holders will maintain daily contact with the inpatient treatment team from admission through discharge of the consumer.
    a. This may include daily phone calls, daily rounds, and consumer visits on the inpatient unit.
    b. Such contacts will be documented in the consumer's electronic health record (SENTRI).
13. Case Holders will facilitate environmental supports for consumers during inpatient stays (e.g., asking them if there is business at home that needs to be attended to such as pets, securing of their dwelling, family members to speak with, etc.).
14. Case Holders will utilize every inpatient admission as a prompt to offer to develop, modify, or update consumers' crisis plans.
15. Case Holders will initiate follow-up contacts within 7 days following a consumer's discharge from an inpatient setting.
16. The Health Care Services and Coordination Nurse shall confirm medication reconciliation with the pharmacy in order to ensure that the consumer is receiving the correct medications post discharge by verifying that the following information regarding the consumer is transmitted to the pharmacy:
    a. Notification of the consumer's pending hospital discharge
    b. Prescriptions for new medications and changes to existing medications
    c. Discontinuation orders
    d. Nurse's name and contact information
    e. Physician's name and contact information
17. Case Holders shall review the adequacy of plans of care for all consumers who readmitted within thirty (30) days of discharge.
18. Case Holders shall coordinate with Peer Support Specialists to secure Medicaid applications for consumers who are discharged prior to completion of the application process.

19. Case Holders and the Health Care Services and Coordination Nurse shall use Stop Light, Teach Back and Risk Stratification Scoring in addition to the 9-Touch protocol to ensure optimal transitional care.

B. Discharge planning for inpatient psychiatric admissions shall adhere to the following standards:

1. Case Holders will assume responsibility for actively following consumers during inpatient episodes of care and function as active members of the inpatient care team.
2. SCCMHA's Crisis Intervention (CIS) unit will notify Case Holders of an inpatient psychiatric admission within twenty four (24) hours of that admission.
3. Case Holders will provide discharge planning services to consumers who are hospitalized to ensure a smooth transition to community care, there are no gaps in service, and the provision of community-based services and supports following discharge. Such services will commence upon a consumer's admission or upon notification of an admission and include identification, assessment, goal-setting, planning, implementation, coordination, and evaluation.
    a. In order to coordinate timely discharge plans, case Holders will promote early identification and assessment of post hospital needs.
    b. Case Holders will collaborate with consumers, families/significant others, and inpatient health care teams to facilitate planning for discharge.
    c. Case Holders will make recommendations for community services and supports for meeting the continuing care needs of consumers and make referrals to programs or services that meet consumers' assessed needs and preferences.
    d. Case Holders will liaise with community agencies to promote consumers' access and to address gaps in service.
    e. Case Holders will provide support and encouragement to consumers and their significant others during hospitalizations and throughout the discharge planning process.
4. Case Holders will attend psychiatric inpatient hospital team meetings and coordinate information sharing.
    a. If unable to attend a team meeting, the Case Holder will contact the SCCMHA hospital liaison and request their attendance.
    b. The Case Holder shall follow-up with the SCCMHA hospital liaison to secure information shared during the meeting.
5. Case Holders will maintain daily contact with the inpatient treatment from admission through discharge of the consumer.
    a. This may include daily phone calls, daily rounds, and consumer visits on the inpatient unit.
    b. All such contacts will be documented in the consumer's record.
6. Case Holders will monitor the inpatient utilization review/discharge planning notes in the electronic medical record in order to maintain

awareness of a consumer's status in meeting medical necessity criteria for continued stay.

7. Case Holders will facilitate environmental supports for consumers during inpatient stays (e.g., asking them if there is business at home that needs to be tended to such as pets, securing of their apartment, family members to speak to, etc.).
8. Case Holders will utilize every inpatient admission as a trigger to offer to develop, modify, or update consumers' crisis plans.
9. Case Holders will initiate follow-up contacts within seven (7) days following a consumer's discharge from an inpatient setting.
10. Case Holders shall confirm medication reconciliation with the pharmacy in order to ensure that the consumer is receiving the correct medications post discharge by verifying that the following information regarding the consumer is transmitted to the pharmacy:
    a. Notification of the consumer's pending hospital discharge
    b. Prescriptions for new medications and changes to existing medications
    c. Discontinue orders
    d. Nurse's name and contact info
    e. Physician's name and contact info
11. Case Holders shall review the adequacy of plans of care for all consumers who readmitted within thirty (30) days of discharge.
12. Case Holders shall coordinate with Peer Support Specialists to secure Medicaid applications for consumers who are discharged prior to completion of the application process.
13. Case Holders will follow the same procedures as above as applicable when consumers are placed and exiting emergency room, detoxification programs or other residential settings to help ensure return to safe community settings.

**Definitions:**

**9-Touch Protocol:** A model which assesses for successful care coordination and team planning of transition from hospital to home that specifies a series of assessment, face-to-face meetings, medication reconciliation and other transition of care activities specific to hospital discharge back to home or community. The protocol also includes assessment of supports, and adherence to medical discharge directions, understanding of medical conditions, and arranging follow-up care post discharge.

**Discharge Planning**: The activities that facilitate a consumer's movement from an inpatient health care setting to the community. Discharge planning is a multidisciplinary process that is designed to enhance continuity of care and begins upon admission.

**Medication Reconciliation: (Health Care Services and Coordination Nurse)** The process of comparing a consumer's medication orders to all of the medications that the consumer has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.

**Medication Review: (Case Holder):** The process of gathering as much information as possible regarding all medications that the consumer is taking, noting the name of the medication, strength, name of prescriber and the pharmacy that filled the medication. This should include any over the counter medications as well as vitamin supplements.

**Primary Health Care Provider**: The physician identified by the consumer as being responsible to treat primary health care needs or the physician that a consumer whose medical coverage is provided through a Medicaid Managed Care Organization (MCO) is assigned and recognized as the primary health care provider by the MCO.

**Stop Light:** "Stop light" tools assist individuals with monitoring and managing their chronic condition by dividing various signs and symptoms into "green", "yellow" and "red" management zones.

**Green** = stability and good control over the condition
**Yellow** = caution and suggests steps for regaining control
**Red** = a medical crisis that requires a provider's attention

**Risk Stratification Scoring:** Risk stratification is a tool for identifying and predicting which patients are at high risk, or likely to be at high risk, and prioritizing the management of their care in order to prevent worse outcomes.

**Teach-Back:** The Teach-Back Method also called the "show-me" method, is a communication confirmation method used by healthcare providers to confirm whether a patient (or care taker[s]) understand what is being explained to them.

**References:**

A. SCCMHA Policy – Care Transitions
B. Michigan Medicaid Provider Manual (http://www.michigan.gov/mdch/0,1607,7-132--87572--,00.html)
C. Sutter Center for Integrated Care: http://www.suttercenterforintegratedcare.org/
D. Reducing Avoidable Readmissions Effectively (RARE): http://rarereadmissions.org/

**Exhibits:**

A. Teach-Back
B. Risk Stratification Scoring

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **PROCEDURE FOR INPATIENT MEDICAL HOSPITALIZATIONS** | |
| **Pre-discharge (during inpatient stay)** | |
| 1. Conducts inpatient hospital visit (warm hand off)<br>a. Assesses for risk for readmission<br>b. Conducts risk stratification scoring (Attachment #1)<br>c. Discusses consumer concerns and goals<br>1). Assesses: literacy level, problem solving, decision-making ability | 1. Health Care Services and Coordination Nurse at hospital |
| 2. Provides "Stop light" teaching | 2. Case Holder or Health Care Services and Coordination Nurse |

| | |
|---|---|
| a. Assess early symptom recognition ability (Exhibit B)<br>b. Assess for success | |
| 3. Confirms medical practitioner follow-up appointment, secure lab slips, discharge paperwork, prescriptions and restrictions | 3. Case Holder or Health Care Services and Coordination Nurse |
| 4. Documents all Touches in SENTRI | 4. Case Holder or Health Care Services and Coordination Nurse |
| **Post-discharge (week one) – *Three "Touches" or contacts are required:*** | |
| 1. Makes at least one visit be in person home visit | 1. Case Holder or Health Care Services and Coordination Nurse |
| 2. Addresses consumer's concerns and assess for barriers to self-management support | 2. Case Holder or Health Care Services and Coordination Nurse |
| 3. Conducts medication reconciliation: | |
| a. Does the consumer have their medications?<br>1) Secures medications if they do not yet have them | 3. a. Health Care Services and Coordination Nurse |
| b. Assesses for barriers<br>1). Financial<br>2). Literacy<br>3). Distrust<br>4). Does not understand | b. Case Holder or Health Care Services and Coordination Nurse |
| c. Does the consumer understand their medications?<br>1). 5 rights, side effects, method of administration | c. Health Care Services and Coordination Nurse |
| d. Is the new medication a high risk medication? Does the consumer/caregiver know what to look for? | d. Health Care Services and Coordination Nurse |
| 4. Engage natural support persons in the care of the consumer | 4. Health Care Services and Coordination Nurse |
| 5. Provide "Stop Light" education<br>a. Can the consumer demonstrate with TEACH BACK for medications and stop light education? Repeat until education is understood. | 5. Health Care Services and Coordination Nurse |
| 6. Make further follow up medical appointments, if needed. | 6. Case Holder or Health Care Services and Coordination Nurse |
| 7. Arrange transportation, if needed. | 7. Health Care Services, Coordination Nurse, Community Health Worker |

| | |
|---|---|
| 8. Assign Med-Drop if services needed or agreed upon, or court ordered. | 8. Case Holder |
| 9. Review discharge papers with consumer. | 9. Case Holder or Health Care Services and Coordination Nurse |
| 10. Evaluate if all DME in place and in proper working condition.<br>a. Does the consumer understand how to use the equipment? Can the consumer demonstrate the use of the equipment?<br>b. Is remote monitoring such as telehealth system required? | 10. Health Care Services and Coordination Nurse |
| 11. Are members of the multidisciplinary team aware the consumer is home and needed services need to put into place?<br>a. Schedule a case conference with the team on high or at risk consumers. | 11. Case Holder or Health Care Services and Coordination Nurse |
| 12. Is the consumer ambulating? What does that look like? (Assess safety.) | 12. Health Care Services and Coordination Nurse |
| 13. Initiate a call to inform health care provider i.e., primary care, PA or NP, of the consumer's transition to home. (If this is an initial contact with medical provider, be sure to introduce yourself, the purpose of your call and the reason why you are contacting the medical provider.) | 13. Health Care Services and Coordination Nurse |
| **Post-discharge (week 2) – *Three "Touches" or contacts are required:*** | |
| 1. Conducts at least one (1) face-to-face visit in the consumer's place of residence. | 1. Case Holder or Health Care Services and Coordination Nurse |
| 2. Assesses medication adherence and/or barriers to adherence | 2. Case Holder or Health Care Services and Coordination Nurse |
| 3. Conducts a Stop light assessment<br>a. Assess consumer's confidence in symptoms assessment, warning signs and what to do.<br>b. Check Teach Back learning. Can the consumer repeat information they learned in Teach Back? | 3. Case Holder or Health Care Services and Coordination Nurse<br>a. Case Holder or Health Care Services and Coordination Nurse<br>b. Case Holder or Nurse - Health Care Services and Coordination |

| | |
|---|---|
| c. Assesses if consumer is self-confident in their health management. | c. Case holder or Health Care Services and Coordination Nurse |
| 4. Calls the health care provider (i.e., primary care, PA or NP) to inform them of the consumer's transition to home. | 4. Case Holder or Health Care Services and Coordination Nurse |
| **Post discharge (week 3) – phone contact:** | |
| 1. Assesses patient/consumer engagement in self-management and stress follow through even when feeling well/recovered. | 1. Case Holder or Health Care Services and Coordination Nurse |
| 2. Assesses natural supports. | 2. Case Holder or Health Care Services and Coordination Nurse |
| 3. Assesses willingness to engage in ongoing support for wellness. | 3. Case Holder or Health Care Services and Coordination Nurse |
| **At the end of Week 3:** | |
| 1. Case Conferences with the Integrated Health Care Team to share progress to date on medication adherence and self-management | 1. Case Holder or Health Care Services and Coordination Nurse |
| **PROCEDURE FOR INPATIENT PSYCHIATRIC HOSPITALIZATIONS** | |
| 1. Notifies the Case Holder of a psychiatric hospital admission. | 1. CIS staff |
| 2. Initiates daily contact with the inpatient unit and documents those contacts in the consumer's electronic medical record (EMR). | 2. Case Holder |
| 3. Monitors the discharge planning/utilization review notes in the EMR on a daily basis throughout a consumer's stay. | 3. Case Holder |
| 4. Contacts a member of the inpatient treatment to team to coordinate information sharing and discharge planning and maintains daily contact with the inpatient team throughout the consumer's stay. | 4. Case Holder |

| | |
|---|---|
| 5. Attends the inpatient team meeting. If unable to attend due to scheduling conflicts, contacts the SCCMHA hospital liaison to attend the meeting. | 5. Case Holder |
| 6. Contacts the consumer and their significant others to offer support and guidance throughout the hospital stay and during the transition to the community. | 6. Case Holder |
| 7. Initiates discharge planning services upon notification of the admission of a consumer. | 7. Case Holder |
| 8. Documents all hospital related contacts and discharge planning activities in the EMR. | 8. Case Holder |
| 9. Ensures information regarding medication, including stop orders, changes, and nurse and physician contact information is communicated to the pharmacy. | 9. Case Holder |
| 10. Coordinates completion of the application for Medicaid with the Peer Support Specialist for consumers who are discharged prior to completion of the application. | 10. Case Holder |
| 11. Contacts the consumer within 7 days of discharge. | 11. Case Holder |
| 12. Reviews of the adequacy of the plan of care for any consumer readmitted within 30 days of discharge. | 12. Case Holder |

Exhibit A

## The teach-back method

**The Teach-Back Method**, also called the "show-me" method, is a communication confirmation method used by healthcare providers to confirm whether a patient (or care takers) understands what is being explained to them. If a patient understands, they are able to "teach-back" the information accurately. This is a communication method intended to improve health literacy.

There can be a significant gap in the perception of how much a patient needs information, or how effective a provider's communication is.[1] This can be due to various reasons such as a patient not understanding medical terminology, not feeling comfortable asking questions or even cognitive impairment.[1] Not only does the teach-back method help providers understand the patient's needs in understanding their care, it also allows providers to evaluate their communication skills.[1] Case studies led by the National Quality Forum on the informed consent processes of various hospitals found that those that effectively used the teach-back method benefited in areas of quality, patient safety, risk management and cost/efficiency.[2]

### The Method

The National Quality Forum describes the practice as follows:[2]
**Who** should use the method→ Any healthcare providers. E.g. physicians, nurses, healthcare professionals
**What** should patients teach-back→Information about their diagnosis, treatment plan, medications, risks and benefit of treatment, etc. **When** to ask for teach-back→ Early in the care process
**Why** is it important→Many patients have difficulty understanding medical information.
**How**→When asked to teach-back, patients should be able to clearly describe or explain the information provided to them.

Depending on the patient's successful or unsuccessful teach-back, the provider will clarify or modify the information and reassess the teach-back to confirm the patient's comprehension and understanding.[3]

### Knowledge Retention

The cycle of reassessing and teaching back to confirm comprehension has been found to improve knowledge retention and lower readmission rates in heart failure patients.[4]

Beyond healthcare literacy, the teach-back method can be utilized in academic and professional settings as well. Teachers often create feedback loops in which the instructor asks the student to share what they heard, and promote peer to peer coaching where students explain what they just learned to other students. Retention is also most positively impacted in participatory learning environments, when students participate in group discussions, practice by doing, and teaching others.[5]

### References[edit]


1. ^ Jump up to:[a] [b] [c] Teach Back: A tool for improving provider-patient communication. The Ethics Center. 2006. Retrieved from http://www.ethics.va.gov/docs/infocus/InFocus_20060401_Teach_Back.pdf
2. ^ Jump up to:[a] [b] Implementing a National Voluntary Consensus Standard for Informed Consent: A User's Guide for Healthcare Professionals. National Quality Forum. 2005. Retrieved fromhttp://www.qualityforum.org/Publications/2005/09/Implementing_a_National_Voluntary_Consensus_Standard_for_Informed_Consent__A_User's_Guide_for_Healthcare_Professionals.aspx
3. **Jump up^** The Teach Back Method. Surround Health. 2012. Retrieved from www.surroundhealth.net

4. **Jump up^** Is "teach back" associated with knowledge retention and hospital readmission in hospitalized heart failure patients? The Journal of Cardiovascular Nursing. 2013 Mar-Apr;28(2):137-46. doi: 10.1097/JCN.0b013e31824987bd
5. **Jump up^** Teaching Methods and Retention. 2002. Retrieved from http://www.simulations.co.uk/pyramid.htm

## The Teach-Back Method

### *Agency for Healthcare Research and Quality*

*(The Agency for Healthcare Research and Quality, located in Rockville, MD, a suburb of Washington, D.C., is one of 12 Agencies within the United States Department of Health and Human Services.)*

The Teach-Back Method Overview Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect.

One of the easiest ways to close the gap of communication between clinician and patient is to employ the “teach-back” method, also known as the “show-me” method or “closing the loop.”

Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. Patient understanding is confirmed when they explain it back to you. It can also help the clinic staff members identify explanations and communication strategies that are most commonly understood by patients.

References:

1. Kessels RP. Patients' memory for medical information. J R Soc Med. May 2003;96(5):219-22.

2. Anderson JL, Dodman S, Kopelman M, Fleming A. Patient information recall in a rheumatology clinic. Rheumatology. 1979;18(1):18-22.

3. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication

Exhibit B

| Risk Stratification Scoring | |
|---|---|
| **Age** | **Score** |
| 18-35 | 0 |
| 36-49 | 1 |
| 50-64 | 2 |
| 65-74 | 3 |
| 75-84 | 4 |
| 85+ | 5 |
| **Chronic Illnesses** | **Score** |
| 1 chronic condition | 1 |
| 2 chronic condition | 2 |
| 3 chronic condition | 3 |
| Women > 60 y/o with heart disease | 1 |
| Mental Illness and SUD | 3 |
| ER visit complaint reason for chronic condition | 1 |
| Hospitalization for chronic condition | 2 |
| multiple in 3 month time frame | +1 for each episode |
| **Living arrangement** | **Score** |
| On the street | 2 |
| In shelter or mission | 1 |
| No natural supports | 1 |
| **Consumer rank of wellness/health** | **Score** |
| Good | 0 |
| Fair | 1 |
| Poor | 3 |

| Category | Score |
|---|---|
| Age | |
| Chronic Illness | |
| Women >60 y/o with heart disease | |
| Mental Illness and SUD | |
| ER visit complaint reason for chronic condition | |
| Hospitalization for chronic condition | |
| Multiple in 3 month time frame | |
| Living on the street | |
| Living in shelter or mission | |
| No natural supports | |
| Consumer rank of wellness/health | |
| **Total** | **0** |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Quality Improvement Program</td><td>Chapter: 04 - Improving Organizational Performance</td><td>Subject No: 04.01.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 5, 2002</td><td>Date of Review/Revision:<br>8/29/03, 6/8/07, 2/3/09, 6/8/12, 3/21/17, 5/8/18, 9/10/19, 3/8/21, 2/25/22, 2/24/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief Information Officer & Chief Quality and Compliance Officer<br><br>Authored By:<br>Linda Tilot, Julie McCulloch<br><br>Additional Reviewers:<br>Holli McGeshick</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

A. To provide an organized, thoughtful, comprehensive, and integrated approach to system-wide quality assurance and quality improvement for SCCMHA.
B. To clarify the components of a comprehensive quality plan for SCCMHA.
C. To ensure a responsive and data-driven organizational culture of performance management.
D. To fulfill SCCMHA contractual obligations with the Michigan Department of Health and Human Services (MDHHS) and with Mid State Health Network (MSHN) PIHP for quality improvement.
E. To continuously reinforce and promote best value and quality in SCCMHA service delivery, customer service and business operations.
F. To outline the roles and obligations of various SCCMHA segments - board, management, staff, providers, consumers, and other community stakeholders – in a quality improvement program and plan.
G. To ensure compliance measurements are determined, implemented, and addressed where appropriate throughout SCCMHA.
H. To ensure SCCMHA quality planning and implementation for both MSHN delegated managed care functions and board-operated programs/service delivery.
I. To ensure that SCCMHA responds to changing outcomes, information, technology, risk factors, quality obstacles and customer preference and satisfaction through a comprehensive effort.
J. To promote quality service, supports and care, as well as satisfaction, dignity and respect for individuals served by SCCMHA.

**Policy:**
SCCMHA is dedicated to the concepts of quality assessment/assurance and process improvement as an organization. As a Community Mental Health Services Program under contract with MDHHS and as a member of Mid-State Health Network PIHP, SCCMHA is required to have a "quality improvement program" (QIP) that meets certain standards. It is the policy of SCCMHA to design a comprehensive quality program to both meet requirements and to ensure the highest level of effectiveness of service delivery and system operations. Measurement of individual providers as well as SCCMHA system performance will occur at regular intervals and will be made available based on an annual system quality improvement plan. All components of the SCCMHA behavioral health system are expected to address quality measurement and performance improvement as a part of the quality program.

**Application:**
This policy applies to all divisions, departments, and units of the SCCMHA system, including board-operated programs, provider network members, and all SCCMHA personnel.

**Standards:**

A. Quality improvement program will be a priority of the SCCMHA leadership and system.
B. The SCCMHA CEO will designate an administrative staff member and identified resources and functions dedicated to the system oversight of the quality program.
C. An annual Quality Improvement Plan (QIP) will be developed by SCCMHA for the SCCMHA system.
D. The SCCMHA Quality Improvement Plan will fully meet the organization's contractual obligations from funding sources or regulatory bodies.
E. The quality program will be based upon standardized indicators and the systematic, ongoing collection, analysis, and interpretation of valid and reliable data.
F. SCCMHA will utilize established performance measures as a part of the plan, including but not limited to MDHHS required reporting areas of access, efficiency, and outcome, to measure minimum standards of performance and will initiate any performance improvement goals as indicated or desired.
G. Performance and/or process improvement projects will be part of the SCCMHA plan and incorporate both clinical and non-clinical areas.
H. The SCCMHA QIP will include both periodic quantitative and qualitative assessments, representative of persons served and the SCCMHA service array, and addressing service quality, sufficiency, and accessibility.
I. The QIP will include a description of practice guidelines – including adoption, development, implementation and continuous monitoring and evaluation – that are based on nationally accepted clinical standards relevant to persons served.
J. Licensed and non-licensed staff and contractors will be qualified based on criteria and credentialing procedures included in the QIP program.
K. Staff and provider network training programs will demonstrate relevance to the QIP.

L. The SCCMHA QIP will include a provider auditing system to ensure fraud prevention and protection for proper use of funds.
M. The SCCMHA QIP will include a care management program for utilization management purposes.
N. SCCMHA QIP plan and oversight will occur through a Quality Governance Council, as appointed by the CEO.
O. The Quality Governance Council facilitates staff, provider, and consumer input for the QIP and provides leadership for SCCMHA implementation of quality plan and initiatives.
P. Quality program inputs include both Quality Assurance and Quality Improvement metric reports addressing a comprehensive array of functions including state reporting, PIHP indicators, consumer services indicators, network service indicators, report card and annual report content, regulatory requirements, and regulatory reports as appropriate.
Q. The Citizens Advisory Council (CAC) of SCCMHA will receive routine quality progress and outcome reports and have regular input on quality planning.
R. Semiannual meetings of provider and consumer stakeholders shall be convened to collect input response to performance reports.

**Definitions:**
Risk Management Plan: A strategy for monitoring risk eight domains of risk, with elements establish under the OIG Sentencing Guidelines

Key Performance Indicators: This is a select set of metrics which are monitored at a dashboard level. The KPI set can be selected by state, regional PIHP or locally. KPI's may include both outcome and process measures.

Quality Assessment and Performance Improvement Program (QAPIP): CMS Medicaid Managed Care rules for Quality Management.

Quality Assurance: The process of meeting quality standards and assuring that care reaches an acceptable level.

Quality (Performance) Improvement; continuously analyzing your performance and developing systematic efforts to improve it.

Quality Improvement Program (QIP): Michigan Department of Health and Human Services term for CMHSP contractual program requirements.

Physician Quality Reporting System (PQRS): A set of quality measures reported by Medicare enrolled participating agencies.

**References:**

**External –** MDHHS CMHSP Contract – "Quality Improvement Programs for CMHSP's;" CMS Medicaid Managed Care Final Rule 2016; CARF 2022 Standards for Behavioral

Health, Performance Measurement and Management/Performance Improvement; CMS; Agency for Healthcare Research and Quality (AHRQ) National Quality Strategy; Institute for Health Improvement (IHI); MDHHS Quality Training Plan-Public Health Administration; National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care.

**Internal –** SCCMHA policies – "Event Verification," "Regulatory Management," "Care Management," "Sentinel Events," "Behavioral/Risk Management," "Network Management," "Person-Centered Planning," "Health Care Integration"

**Exhibits:**
Exhibit A: SCCMHA Quality Program Schematic

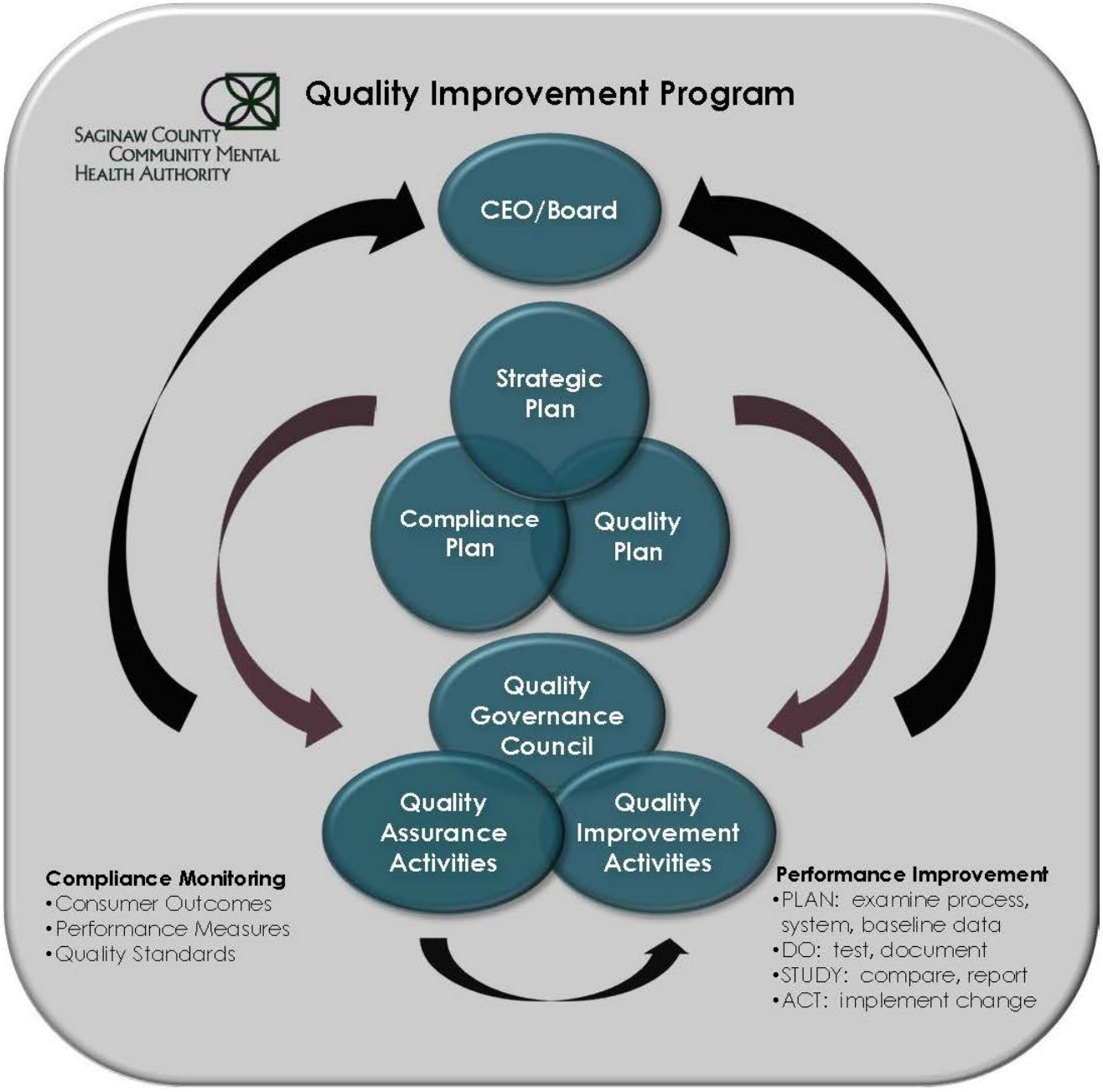
**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Assigns Administrator responsible for oversight of QIP plan development and implementation, as well as leadership for Quality Team; approves QAPIP policy and annual plan. Facilitates any SCCMHA Board of Directors involvement with QIP as required for oversight including program or plan review and reporting. Submits to Board of Directors and/or Board Ends Committee summary data as required or indicated. Publishes quality reports for the community. Ensures stakeholder involvement in QIP policy, plan, and program; reports quality information to the CAC on behalf of SCCMHA. | CEO |
| 2. Serves as assigned Administrator for QIP for SCCMHA. Provides primary leadership for the development of the system QIP plan and recommends policy revisions. Designs the system quality plan to fully address components of SCCMHA compliance, risk and need. Chairs SCCMHA Quality Governance Council and oversees system implementation of QIP. Ensures integrity of quality reporting and related data collections. Publishes quality reports internal to the SCCMHA network and system. Directs or recommends quality related training as indicated. Ensures MDHHS reporting on process improvement and quality reporting as required. | Chief Information Officer & Chief Quality and Compliance Officer |

| | |
|---|---|
| 3. Serve as members of the SCCMHA Quality Governance Council appointed by the CEO. Develop and monitor the annual quality plan for SCCMHA. Meet quarterly at minimum to provide quality leadership. Review and approve the Charters for Quality Assurance and Quality Improvement workgroups, review, and monitor Quality Metric Reports. | CEO, Chief Information Officer & Chief Quality and Compliance Officer, Director of Finance, Director of Network Services, Public Policy & Continuing Education, Executive Director of Clinical Services and Programs, Chief of Health Services & Integrated Care, Director of Human Resources, Director of Recipient Rights, Customer Service, and Security, Quality & Medical Records Supervisor, and Business Intelligence Reporting Coordinator |
| 4. Contribute to QIP leadership and implementation for respective areas of scope of responsibility. Ensure respective areas of supervision implement quality plan components. Ensure program staff and provider network member involvement in QIP development. Direct board-operated program staff, administrative staff and provider activities for contribution and compliance. Ensure qualifications and competency of persons providing service to individuals; recommend and ensure needed training and corrective action or performance improvement plans. Facilitate consumer and community individuals' involvement in QIP. May direct or delegate and oversee staff leadership in process improvement work groups or projects. Ensure proper documentation of quality activities and accomplishments. | All Management Team Members |
| 5. Provides leadership to the overall quality program, represents SCCMHA at the MSHN Quality Council. Provides leadership to a team of staff who perform technical support and | Quality & Medical Records Supervisor and Business Intelligence Reporting Coordinator |

| | |
|---|---|
| direct data analytics including publication of metric reports for quality workgroups. Provides quality curriculum training for workforce and skill development in quality leadership. | |
| 6. Provides coordination of Risk Management plan and regulatory compliance information and analysis for quality planning and implementation. | Officer of Recipient Rights & Compliance |
| 7. Provide program oversight for quality of services. Meets with program supervisors to implement continuous program level quality improvement activities, review goal progress, and recommend new initiatives. Systematically gather data to evaluate and improve effectiveness, quality, and cost of provided services. Review and address suggestions from staff and consumers. Provide input on staff development needs of the network. | Executive Director of Clinical Services Programs and Director of Network Services, Public Policy & Continuing Education |
| 8. Provide subcommittee, process improvement, or quality initiatives related task leadership and participation as assigned. Perform job roles, deliver service, and supports and conduct business operations in keeping with QIP requirements and principles. | SCCMHA Supervisors and other Staff |
| 9. Serve as members of the Stakeholder focus groups; provide input through varied mechanisms throughout SCCMHA system, including provider network members and CAC. | SCCMHA Consumers & Stakeholders |
| 10. Provide system quality improvement input, and comply with quality requirements including training, reporting and documentation. Establish measurable quality improvement initiatives appropriate for provider service type and organizational scope. Provide service in keeping with QIP requirements and principles. | SCCMHA Provider Network Members and Employees |

Exhibit A: SCCMHA Quality Program Schematic



<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Incident Reporting and Review</td><td>Chapter: 04 – Improving Organizational Performance</td><td>Subject No: 04.01.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/23/15</td><td>Date of Review/Revision:<br>9/23/15, 5/12/16, 3/14/17, 4/30/18, 1/17/19, 9/10/19, 7/14/20, 3/08/21, 2/25/22, 2/24/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief Information Officer & Chief Quality and Compliance Officer<br>Administration<br><br>Authored By:<br>Holli McGeshick<br><br>Additional Reviewers:<br>Ashley Wilcox<br>LaDonna Presley</td></tr>
<tr><td>Supersedes:<br>Replaces 02.02.10, 02.02.27, and 04.01.03</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To provide clear guidance and standards for the reporting and review of all deaths and unusual or unexpected events ("Incidents") of persons served.

**Application:**
It is the policy of SCCMHA that all deaths and unusual or unexpected events ("Incidents") involving a person served be recorded on the forms outlined in this policy.

It is also the policy of SCCMHA to identify, track, report and, when necessary, take further action on *Critical Incidents* and *Sentinel Events*.

This policy is intended to assure the quality and appropriateness of care and the treatment, comfort and protection of persons served. It is also intended to comply with various reporting requirements connected to SCCMHA's contractual arrangements with the Mid-State Health Network (MSHN) as the regional PIHP and with CARF accreditation standards.

**Policy:**
This policy applies to SCCMHA and its provider network.

**Standards:**

1) Unusual or unexpected events that occur in the life of a consumer while under the

services of SCCMHA and the Provider Network will be reported to the SCCMHA Quality Department within one (1) business day of the incident.

2) Any death of a consumer expected or unexpected, who at the time of their death was actively receiving services or received an emergent service within the last 30 calendar days will be reported to the SCCMHA Quality Department within 24 hours of notification of the death.

3) Incidents involving a death, or significant physical or psychological injury or suspected recipient rights violation should be immediately reported by phone to the SCCMHA Office of Recipient Rights (ORR).

4) Incidents for Licensed Residential Settings will be completed using the MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607) form (exhibit 1).

5) Incidents for other programs, such as Skill Building and outpatient settings, should be completed on the MDCH Incident Report (DCH-0044) form (exhibit 2). The death of a consumer should be reported on the SCCMHA Report of Consumer Death form (exhibit 3).

6) Use of any Physical Intervention will be documented on the Incident Report form. In addition, the SCCMHA Physical Intervention Report form (exhibit 4) will be completed and submitted with the Incident Report.

7) Suspected Abuse or Neglect will be reported on the SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation form (exhibit 5). Reference SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect.

8) All forms must be filled out completely and neatly with black ink by the involved or observing staff person. The incident should be described thoroughly and include actions taken by staff/treatment given and corrective measures taken to remedy and/or prevent recurrence of the incident. If an Incident Report form is not completed in its entirety, it will be returned to the submitter for completion.

9) An Incident Report form must include full first and last name of the involved consumer(s) and their SCCMHA consumer I.D. If the incident involves a consumer from another county, only their initials should be included.

10) Incidents involving emergency medical treatment and/or hospitalization must include the name of the treatment facility.

11) Incidents involving medication errors or refused medications must include the name of the medication, the dosage, and the name of involved staff.

12) Home Managers and Program Supervisors are responsible to ensure that their staff report and accurately document incidents as outlined in this policy and that the appropriate follow up care is provided.

13) All Incident Reports will be reviewed by the Quality Department, the Office of Recipient Rights, the Clinical Services Department, and the Director of Network

Services, Public Policy & Continuing Ed.

14) Critical Incidents and Sentinel Events will be reviewed by the Critical Incident Review Committee.

15) Critical Incidents that put individuals at risk of harm to themselves or to others will be analyzed to determine what action needs to be taken to solve the problem and reduce the risk of re-occurrence.

16) A Root Cause Analysis or investigation will take place for all Critical Incidents determined to be a Sentinel Event as defined in this policy. Based on the outcome of analysis or investigation, a plan of correction will be developed and implemented to reduce the risk of re-occurrence.

17) Critical Incidents that involve a consumer's death will be reviewed by the SCCMHA Medical Director.

18) Sentinel Events must be identified, and a Root Cause Analysis requested within three (3) business days of the incident occur date. The Root Cause Analysis must commence within two (2) subsequent business days.

19) The Incident Reporting and Critical Incident review process is a retrospective peer review process to improve services or enhance treatment for consumers. Any records, data and knowledge collected in this process are confidential; therefore, this information is not available under the Freedom of Information Act (FOIA) or by court subpoena.

20) Incident Report forms and supporting documentation, handwritten or otherwise are peer review documents and should not be placed or referenced in the consumer's Electronic Health Record (EHR). The Quality Department will create an electronic Incident Report that will be kept separate from the consumer's EHR.

21) Critical Incidents, Risk Events, and Sentinel Events will be reported according to contractual requirements with Mid-State Health Network (MSHN) as the regional PIHP.

22) MSHN as the regional PIHP will be notified immediately of any high risk or high-profile critical events (i.e. Immediately Reportable Events).

23) The regional PIHP (MSHN) will submit to MDHHS, within **60 days** after the month in which the death occurred, a written report of its review/analysis of the death of every Medicaid beneficiary whose death occurred within **one year** of the individual's discharge from a State-operated service.

24) In the event of a COFR case, a Critical Incident involving a consumer served by SCCMHA will be reported to the CMH representing the County of Financial Responsibility.

25) Aggregated Incident Report data will be reviewed quarterly by the SCCMHA Services Management Team.

## Critical Incident Reporting Standards:

PIHPs will report the following events, except Suicide, within 60 days after the end of the month in which the event occurred for individuals actively receiving services, with individual level data on consumer ID, event date, and event type:

- **Suicide** for any individual actively receiving services at the time of death, and any who have received emergency services within 30 days prior to death. Once it has been determined whether or not a death was suicide, the suicide must be reported within 30 days after the end of the month in which the death was determined. If ninety calendar days have elapsed without a determination of cause of death, the PIHP must submit a "best judgment" determination of whether the death was a suicide. In this event the time frame described in "a" above shall be followed, with the submission due within 30 days after the end of the month in which this "best judgment" determination occurred.

- **Non-suicide death** for individuals who were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving community living supports, supports coordination, targeted case management, ACT, Home-based, Wraparound, Habilitation Supports Waiver, SED waiver or Children's Waiver services. If reporting is delayed because the PIHP is determining whether the death was due to suicide, the submission is due within 30 days after the end of the month in which the PIHP determined the death was not due to suicide.

- **Emergency Medical Treatment due to Injury or Medication Error** for people who at the time of the event were actively receiving services and were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or were receiving either Habilitation Supports Waiver services, SED Waiver services or Children's Waiver services.

- **Hospitalization due to Injury or Medication Error** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services.

- **Arrest of Consumer** for individuals who were living in a Specialized Residential facility (per Administrative Rule R330.1801-09) or in a Child-Caring institution; or receiving Habilitation Supports Waiver services, SED Waiver services, or Children's Waiver services.

*Reference: Medicaid Managed Specialty Supports and Services Program: Attachment P7.7.1.1*

**Submission Guidelines**

| TYPE OF INCIDENT | FORM | WHEN AND WHERE TO REPORT |
|---|---|---|
| **Incident** | *Licensed Residential Settings:*<br>MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607) (exhibit 1)<br><br>*Other Programs and Outpatient Settings:*<br>MDCH Incident Report (DCH-0044) (exhibit 2) | Written report to the Quality Department within one (1) business day of the incident |
| **Physical Intervention** | SCCMHA Physical Intervention Report (exhibit 4)<br><br>*(Include with Incident Report Form)* | |
| **Death** | *Licensed Residential Settings:*<br>MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607) (exhibit 1)<br><br>*Other Programs and Outpatient Settings:*<br>SCCMHA Report of Consumer Death (exhibit 3) | Immediate verbal report to the Office of Recipient Rights<br><br>AND<br><br>Written report to the Quality Department within (1) business day of the incident |
| **Suspected Abuse or Neglect** | SCCMHA Staff Action on Regarding Alleged Abuse/Neglect/Exploitation (exhibit 5)<br><br>*Reference SCCMHA Policy 02.02.11 - Abuse and Neglect* | |

**Definitions:**

**Critical Incident:** an event or situation that creates a significant risk of substantial or serious harm to the physical or mental health, safety, or well-being of person served including but not limited to:

1) Suicide Death
2) Non-Suicide Death
3) Emergency Medical Treatment due to Injury or Medication Error
4) Hospitalization due to Injury or Medication Error
5) Arrest

**Incident:** an unusual or unexpected event or situation which adversely affects the course of treatment or represents actual or potential serious harm or risk to persons served. Such incidents shall include but are not limited to:

1) **Challenging Behavior** – verbal or physical aggression, property damage, self-injurious behavior, sexual behavior, suicide attempt, elopement, medication, or medical treatment refusal, use or possession of weapon or legal or illegal substances, theft
2) **Death** – any expected or unexpected death
3) **Hospitalization** – admission to a medical or treatment facility due to injury, medication error, illness, or psychiatric issue
4) **Emergency Medical Treatment** – face-to-face emergency treatment being

provided by medical staff at any treatment facility, including personal physicians, medi-centers, urgent care clinics/centers and emergency rooms due to an injury, medication error, illness, or psychiatric issue

5) **Law Enforcement** – police call by residential or provider agency staff for assistance with an individual during a behavioral crisis, suspected abuse or neglect, arrest, or conviction
6) **Health & Safety** – injury such as bruise (except those due to illness), contusion, muscle sprain, and broken bone; ingestion; seizure; adverse reaction to medication; choking; fall; communicable disease; infection; physical, emotional, or sexual assault; use of physical intervention; fire; biohazard; pest infestation (e.g., bed bugs); issue with medical supplies or equipment, or vehicular accident
7) **Medication Error** – consumer did not take/receive medication as prescribed (e.g., missed med, wrong med, wrong dose)

**Risk Event:** additional critical events defined by MDHHS that put individuals at risk of harm. These events require analysis, and reporting to MDHHS occurs upon MDHHS request. They include:

1) **Harm to Self** – actions taken by an individual that cause harm to themselves (e.g., pica, head banging, biting, suicide attempt) that resulted in an injury requiring Emergency Medical Treatment or hospitalization
2) **Harm to Others** – actions taken by an individual that causes harm to others (family, friend, staff, peer, public, etc.) that resulted in an injury requiring Emergency Medical Treatment or hospitalization of the other individual
3) **Police Calls** – police call by residential or provider agency staff for assistance with an individual during a behavioral crisis situation
4) **Emergency Use of Physical Management** – physical intervention by staff in response to a behavioral crisis
5) **Hospitalizations** – two or more unscheduled admissions to a medical hospital (not due to planned surgery or the natural course of a chronic illness) within a 12-month period

**Root Cause Analysis:** As defined by MDHHS, is a process for identifying the basic or causal factors that underlies variation in performance, including the occurrence or possible occurrence of a sentinel event. A root cause analysis focuses primarily on systems and processes, not individual performance.

**Critical Incident Review Committee:** An executive level venue including the Executive Director of Clinical Services, Director of Network Services, Public Policy & Continuing Ed, Chief of Health Services & Integrated Care, the Medical Director and their Physician Assistant, Director of Services for Persons with Intellectual & Development, Director of Services for Persons with Mental Illness, the Quality & Medical Records Supervisor, and the Mental Health Supervisor of Health Services (EHS) organized for the purpose of

reviewing critical incidents and determining sentinel event status. This is a retrospective peer review process using a case specific analysis to improve services or enhance treatment for consumers through the quality improvement process.

**Sentinel Event:** An unexpected occurrence involving death, serious psychological or physical injury (specifically loss of limb or function) or the risk thereof. This includes any process variation for which a recurrence would carry a significant chance of a serious adverse outcome. Such events are called sentinel because they signal the need for immediate investigation and response (CARF). Sentinel Events require root cause analysis and reporting to MDHHS.

**References:**
SCCMHA Policy 03.02.08 Behavioral Interventions
SCCMHA Policy 02.02.11 Recipient Rights – Abuse and Neglect
Medicaid Managed Specialty Supports and Services Program: Attachment P7.7.1.1

**Exhibits:**
Exhibit 1 – MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)
Exhibit 2 – MDCH Incident Report (DCH-0044)
Exhibit 3 – SCCMHA Report of Consumer Death
Exhibit 4 – SCCMHA Physical Intervention Report
Exhibit 5 – SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation
Exhibit 6 – SCCMHA CIRC Nursing Evaluation Report
Exhibit 7 – SCCMHA Root Cause Analysis
Exhibit 8 – A Framework for Conducting a Root Cause Analysis
Exhibit 9 – Incident Report Processing & Review Flowchart

**Procedures:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) When an unusual or unexpected incident occurs involving a person served, complete the appropriate Incident Report form(s) according to the standards and guidelines described in this policy. | 1) Involved or observing staff person |
| 2) Sign, date and forward the form to the designated Supervisor as soon as possible, but no later than the end of the shift/day during which the incident occurred. | 2) Involved or observing staff person |
| 3) Review the Incident Report to ensure the incident is thoroughly described and the form is completed in its | 3) Home Manager/Program Supervisor of the involved or observing staff person |

| | |
|---|---|
| entirety and includes actions taken by staff/treatment given. Add corrective measures taken to remedy and/or prevent recurrence of the incident. Sign and date the form.<br><br>*NOTE: A copy of the form(s) should be kept in the home/program records, not in the consumer's home record.* | |
| 4) Within one (1) business day of the incident submit Incident Report form(s) and supporting documentation to the SCCMHA Quality Department by one of the following methods:<br><br>a. <u>Quality Department Fax</u><br>(989) 272-0290<br><br>b. <u>Drop Box</u><br>500 Hancock (outside bldg.) in an envelope addressed to the Quality Department<br><br>c. <u>Customer Service Office</u><br>500 Hancock during regular business hours, Monday - Friday from 8:00 a.m. to 5:00 p.m. in an envelope addressed to the Quality Department | 4) Home Manager/Program Supervisor of the involved or observing staff person |
| 5) All hard copy Incident Reports will be reviewed to ensure the incident is thoroughly described and the form(s) is completed in its entirety. Incidents will be coded, processed, and entered in the Sentri Incident Report module. | 5) Quality/Medical Records Dept. |
| 6) All hard copy Incident Reports will be reviewed by the Office of Recipient Rights, the Clinical Services Department, and the Network Services Department. | 6) Office of Recipient Rights<br>Clinical Services Department<br>Network Services Department |
| 7) Incident Reports will systematically be | 7) Case Holder |

| | |
|---|---|
| delivered to the consumer's assigned Case Holder, their supervisor, and the Office of Recipient Rights for review, action if necessary, and signoff. | Program Supervisor<br>Office of Recipient Rights |
| 8) If the incident involves a recipient rights issue, the Office of Recipient Rights will investigate it further. | 8) Office of Recipient Rights |
| 9) If the incident it determined to be a *Critical Incident*, it will be brought before the Critical Incident Review Committee. | 9) Critical Incident Review Committee |
| 10) If the incident it determined to be a *Critical Incident due to an injury or medication error*, SCCMHA Nursing Staff will be electronically notified. SCCMHA Nursing Staff will complete the SCCMHA CIRC Nursing Evaluation Report and return to the Quality Department within 10 business days of the notification of the critical incident. | 10) SCCMHA Nursing Staff |
| 11) If the incident is determined to be a *Sentinel Event*, a Root Cause Analysis (RCA) will be requested within 3 business days of the incident occur date. The RCA must commence within 2 subsequent business days. A summary of the RCA will be returned to the Quality Department within 12 business days. The incident will then be brought before the Critical Incident Review Committee. | 11) Home Manager/Program Supervisor |
| 12) If the incident is a death, the Report of Consumer Death will be routed for review and signatures then will be taken to the Critical Incident Review Committee. | 12) Critical Incident Review Committee |
| 13) Risk Events, Critical Incidents, and Sentinel Events will be reported according to contractual requirements | 13) Quality & Medical Records Supervisor |

| | |
|---|---|
| with MSHN as the regional PIHP. | |
| 14) Aggregate Incident Report Data will be reviewed by the SCCMHA Services Management Team and/or the Quality Governance Council. | 14) Services Management Team Quality Governance Council |

## Exhibit 1 – MDLARA AFC Licensing Division – Incident/Accident Report (BCAL-4607)

Date Received:_____
Date Reviewed:_____Initials: ____
Action: __No Follow-Up Needed
__Phone Call Follow-Up
__SI Opened

**AFC LICENSING DIVISION - INCIDENT / ACCIDENT REPORT**
Michigan Department of Licensing and Regulatory Affairs

| Name of Facility/Home | License Number | Name of Person Directly Involved ☐Resident ☐Employee ☐Visitor |
|---|---|---|
| Facility Address | | Address |
| Facility Phone | | City/State/Zip Code |
| Licensee Name | | Phone / Case Number (if applicable) |

**OTHER PERSON(S) INVOLVED / WITNESSES:**

| Name ☐Resident ☐Employee ☐Visitor | Name ☐Resident ☐Employee ☐Visitor |
|---|---|
| Name ☐Resident ☐Employee ☐Visitor | Name ☐Resident ☐Employee ☐Visitor |

**FACTS OF THE INCIDENT (*ATTACH ADDITIONAL PAGES AS NEEDED*):**

| Date of Incident | Time: : ☐AM ☐PM | Name of Employee Assigned to Resident (if Applicable) | Location of Incident (Kitchen, Yard, etc.) |
|---|---|---|---|

Explain What Happened / Describe Injury (if any) (Attach separate sheet if necessary):

Action taken by Staff / Treatment Given (Attach separate sheet if necessary):

Corrective Measures Taken to Remedy and/or Prevent Recurrence (Attach separate sheet if necessary):

| Name of Treating Physician / Health Care / Medical Facility / Hospital | Phone Number | Date Care Given | Time: : ☐AM ☐PM |
|---|---|---|---|

Physician's Diagnosis of Injury, Illness or Cause of Death, if known

**PERSON(S) NOTIFIED:**

| | | | |
|---|---|---|---|
| AFC Licensing | Notification Date / Time<br>Written Notice / Date | Adult Protective Services (if applicable) | Notification Date / Time |
| Physician or RN (if applicable) | Notification Date / Time | Office of Recipient Rights (if applicable) | Notification Date / Time |
| Responsible Agency | Notification Date / Time<br>Written Notice / Date | Law Enforcement Agency (if applicable) | Notification Date / Time |
| Designated Representative / Legal Guardian | Notification Date / Time<br>Written Notice / Date | Other (please specify) | Notification Date / Time |

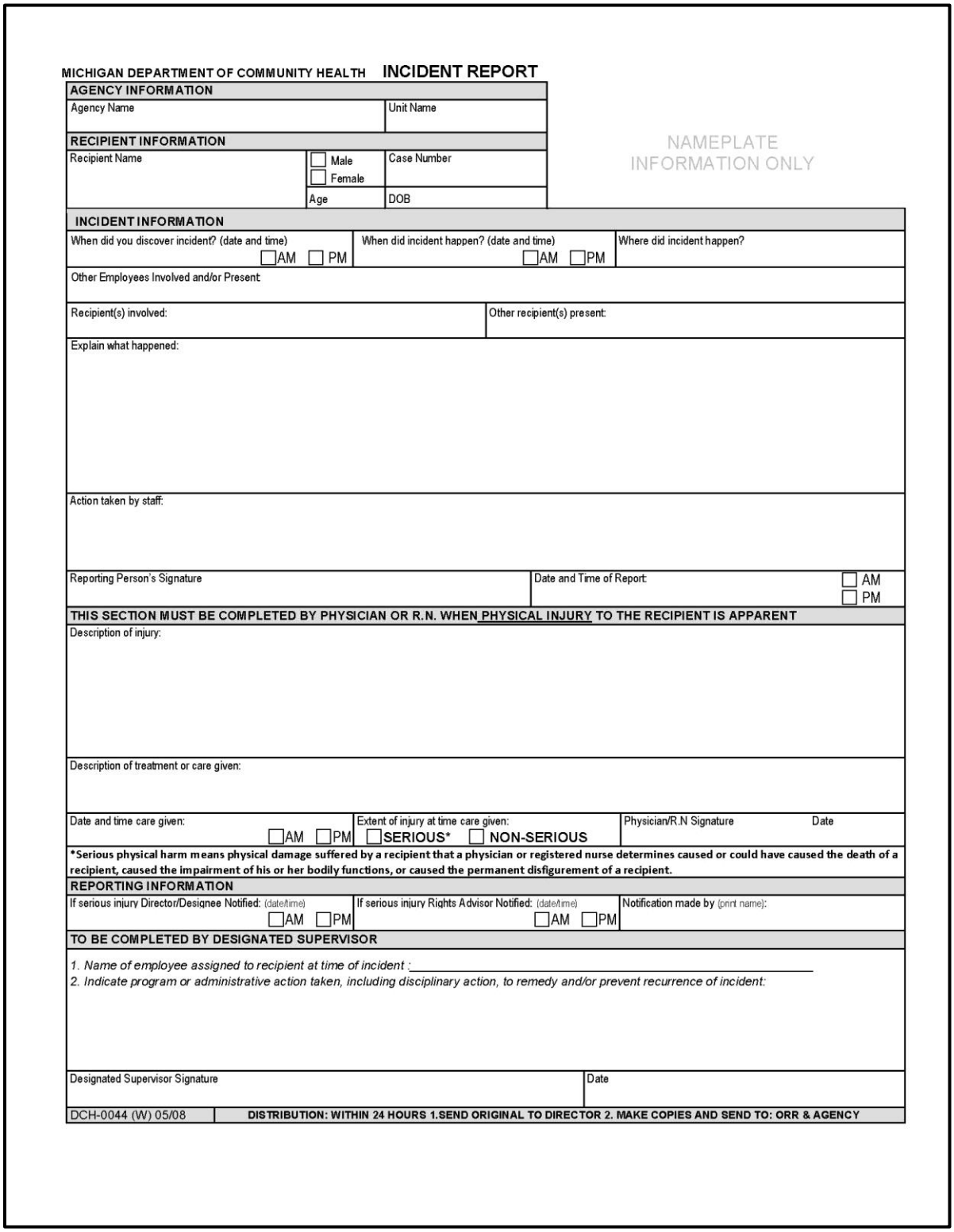
**SIGNATURE(S):**

| Signature of Person Completing Report | Print Name and Title | Date |
|---|---|---|
| Signature of Licensee / Licensee Designee / Administrator | Print Name and Title | Date |

BCAL-4607 (Rev. 1-16) Previous editions 7-15 & 4-15 may be used.

**COPY DISTRIBUTION:** Resident Record, Licensing Consultant, Responsible agency (if required by rule) and Designated representative

## Exhibit 2 - MDCH Incident Report (DCH-0044)



MICHIGAN DEPARTMENT OF COMMUNITY HEALTH **INCIDENT REPORT**

**AGENCY INFORMATION**

| Agency Name | Unit Name |
|---|---|

**RECIPIENT INFORMATION**

| Recipient Name | ☐ Male ☐ Female | Case Number |
|---|---|---|
| | Age | DOB |

NAMEPLATE INFORMATION ONLY

**INCIDENT INFORMATION**

| When did you discover incident? (date and time) ☐AM ☐PM | When did incident happen? (date and time) ☐AM ☐PM | Where did incident happen? |
|---|---|---|

Other Employees Involved and/or Present:

| Recipient(s) involved: | Other recipient(s) present: |
|---|---|

Explain what happened:

Action taken by staff:

| Reporting Person's Signature | Date and Time of Report: ☐ AM ☐ PM |
|---|---|

**THIS SECTION MUST BE COMPLETED BY PHYSICIAN OR R.N. WHEN PHYSICAL INJURY TO THE RECIPIENT IS APPARENT**

Description of injury:

Description of treatment or care given:

| Date and time care given: ☐AM ☐PM | Extent of injury at time care given: ☐SERIOUS* ☐ NON-SERIOUS | Physician/R.N Signature Date |
|---|---|---|

***Serious physical harm means physical damage suffered by a recipient that a physician or registered nurse determines caused or could have caused the death of a recipient, caused the impairment of his or her bodily functions, or caused the permanent disfigurement of a recipient.**

**REPORTING INFORMATION**

| If serious injury Director/Designee Notified: (date/time) ☐AM ☐PM | If serious injury Rights Advisor Notified: (date/time) ☐AM ☐PM | Notification made by (print name): |
|---|---|---|

**TO BE COMPLETED BY DESIGNATED SUPERVISOR**

*1. Name of employee assigned to recipient at time of incident :_____*

*2. Indicate program or administrative action taken, including disciplinary action, to remedy and/or prevent recurrence of incident:*

| Designated Supervisor Signature | Date |
|---|---|

DCH-0044 (W) 05/08 **DISTRIBUTION: WITHIN 24 HOURS 1.SEND ORIGINAL TO DIRECTOR 2. MAKE COPIES AND SEND TO: ORR & AGENCY**

## Exhibit 3 - SCCMHA Report of Consumer Death

Saginaw County Community Mental Health Authority

# SCCMHA
# REPORT OF CONSUMER DEATH

INSTRUCTIONS: This form must be completed by the Primary Worker within 24 hours of notification of the consumer's death.

**PRIMARY WORKER'S SECTION** - *complete this section, sign, date and forward to your Supervisor*

| CONSUMER'S LAST NAME | | CONSUMER'S FIRST NAME | CONSUMER I.D. |
|---|---|---|---|
| | | | |

| DATE OF BIRTH | AGE | LIVING ARRANGEMENT PRIOR TO DEATH (i.e., name of home, apartment) |
|---|---|---|
| | | |

| DATE OF DEATH | TIME OF DEATH | LOCATION OF DEATH (i.e., name of home, facility, hospital) |
|---|---|---|
| | ☐ am ☐ pm | |

CIRCUMSTANCES SURROUNDING DEATH (e.g., accident, illness)

| THE CAUSE OF DEATH IS BELIEVED TO BE | NOTIFICATION OF DEATH WAS RECEIVED FROM (name and relationship) |
|---|---|
| | |

NOTIFICATION OF DEATH HAS BEEN GIVEN TO THE FOLLOWING INDIVIDUALS/DISCIPLINES

☐ FAMILY/GUARDIAN ☐ ORR ☐ PT ☐ OT ☐ SPEECH ☐ PSYCHIATRIST ☐ RN ☐ DIETICIAN ☐ OTHER

| AUTOPSY REQUESTED? | POLICE INVOLVEMENT? | DATE OF CONSUMER'S LAST CONTACT WITH PRIMARY WORKER |
|---|---|---|
| ☐ YES ☐ NO ☐ UNKNOWN | ☐ YES ☐ NO | |

PRIMARY WORKER'S COMMENTS (optional)

| PRIMARY WORKER'S SIGNATURE | DATE OF SIGNATURE |
|---|---|
| | |

**SUPERVISOR'S SECTION** - *review, sign, date and forward to the SCCMHA Quality Projects & Reporting Specialist*

I HAVE REVIEWED AND VERIFIED THAT THE ITEMS ABOVE HAVE BEEN COMPLETED ACCURATELY. ☐ YES ☐ NO

I HAVE VERIFIED THAT THE CONSUMER'S CASE HAS BEEN CLOSED IN THE ELECTRONIC MEDICAL RECORD. ☐ YES ☐ NO

SUPERVISOR'S COMMENTS (optional)

| SUPERVISOR'S SIGNATURE | DATE OF SIGNATURE |
|---|---|
| | |

**DIRECTOR'S SECTION** - *review, sign, date and forward to the SCCMHA Quality Projects & Reporting Specialist*

| EXECUTIVE DIRECTOR OF CLINICAL SERVICES AND PROGRAMS SIGNATURE | DATE OF SIGNATURE |
|---|---|
| DIRECTOR OF NETWORK SERVICES, PUBLIC POLICY, AND CONTINUING ED SIGNATURE | DATE OF SIGNATURE |
| CHIEF OF HEALTH SERVICES AND INTEGRATED CARE SIGNATURE | DATE OF SIGNATURE |
| DIRECTOR OF RECIPEINT RIGHTS, CUSTOMER SERVICE, AND SECURITY SIGNATURE | DATE OF SIGNATURE |
| MEDICAL DIRECTOR SIGNATURE | DATE OF SIGNATURE |

## Exhibit 4 – SCCMHA Physical Intervention Report

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

### Physical Intervention Report

*Attach this form to an Incident Report when an Emergency Physical Intervention is used during a behavioral crisis.*

**Consumer Name:** _____ **Consumer ID:** _____

**Date of Incident:** _____

**Setting where physical intervention occurred:** ❑ Group Home ❑ Program ❑ Residence ❑ Community

| **Type of physical intervention used:** | **Length of time physical intervention lasted:** | | |
|---|---|---|---|
| ❑ Hands Down with Resistance | ❑ 0 – 5 minutes | ❑ 6 – 10 minutes | ❑ 11 – 15 minutes |
| ❑ Transport/Escort (come along, 2 person escort) | ❑ 0 – 5 minutes | ❑ 6 – 10 minutes | ❑ 11 – 15 minutes |
| ❑ Wrap Hold (standing wrap, seated wrap) | ❑ 0 – 5 minutes | ❑ 6 – 10 minutes | ❑ 11 – 15 minutes |
| ❑ Supine Hold | ❑ 0 – 5 minutes | ❑ 6 – 10 minutes | ❑ 11 – 15 minutes |
| ❑ Other (describe): | ❑ 0 – 5 minutes | ❑ 6 – 10 minutes | ❑ 11 – 15 minutes |

| **Behaviors that initiated the physical intervention:** | | |
|---|---|---|
| ❑ Imminent Harm to Self | ❑ Imminent Harm to Others | ❑ Imminent Harm to Self and Others |

| **Positive behavioral supports used immediately prior to and/or during the physical intervention:** | |
|---|---|
| ❑ Coached Use of Skills | ❑ Decreased/Removed Demand |
| ❑ Offered Choices | ❑ Clarified Expectations |
| ❑ Verbal Redirection/Discussion | ❑ Problem Solved with Consumer |
| ❑ Active Listening and Support | ❑ Changed Environment |
| ❑ Other (describe): | |

**Event that resulted in termination of the physical intervention:**

❑ Consumer regained control of own behavior
❑ Maximum time of intervention was reached (not to exceed 15 minutes)
❑ Other (describe):

**Describe the consumer's behavior prior to the physical intervention, including observations about any events, settings, or factors that may have triggered the behavior:**

**Additional Comments (optional):**

**Completed by:** _____ **Date:** _____
signature

**Supervisor:** _____ **Date:** _____
signature

02/2015

## Exhibit 5 - SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation (page 1)

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

### Staff Action Regarding Alleged Abuse/Neglect/Exploitation

Based on the "Summary of Abuse and Neglect Reporting Requirements" a report has been made or filed with the following:

| Agency | Officer or Person Contacted | Date Contacted | How Contacted | | |
|---|---|---|---|---|---|
| ☐ Law Enforcement | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Child Protective Services ☐ form 3200 sent (required) | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Adult Protective Services | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ AFC Licensing | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Office of Recipient Rights | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Other: | | | ☐ phone | ☐ faxed | ☐ mailed |

**Alleged victim(s):**

**Alleged victim(s) identifiers:** (indicate the following if known: BD – Birth date, ID -CMH ID#, SS - Social Security Number)

***IF Alleged Victim is a minor***

Mother: _____ ☐ married ☐ single ☐ divorced ☐ separated

Father: _____ ☐ married ☐ single ☐ divorced ☐ separated

**Alleged victim address/residence and phone number:**

**Alleged perpetrator(s) name:**

**Alleged perpetrator address or location:**

**Alleged incident occurred at:**

**Approximate date(s) or time frames of alleged incident (be as specific as possible):**

**Details of Allegation:** (use second sheet if necessary; attach copy of Form 3200 and/or other related documents)

_____

Signature and Title of Person Making this report Date

Submit this form to Quality by faxing to 989-272-0290, Executive Director of Clinical Services, & Direct Supervisor

**DO NOT copy to Consumer Records:** If this report becomes a part of the consumer's clinical record, the name of the alleged perpetrator must not be removed from this report as required by Section 723 (3) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.

G:/Agency Forms/ Clinical Forms/ Report on Alleged Recipient Abuse DO NOT SCAN INTO CONSUMER RECORD tm 4/11/22

**Exhibit 5 - SCCMHA Staff Action Regarding Alleged Abuse/Neglect/Exploitation (page 2)**

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

# REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

| | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse) | Public Act 238 of 1975 (Child Protection Law) | Public Act 519 of 1982 (Adult Protective Services Law) | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse) |
|---|---|---|---|---|
| **WHERE is the report made?** | To the OFFICE of RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Serivces Program (CMHSP)<br>A list of local rights offices can be found at: http://tinyurl.com/orroffices | To the MDHHS Office of Childrens Protective Services (CPS)<br>ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911 | To the MDHHS Office of Adult Protective Services (APS) | To the Michigan State Police (MSP) or Local Sheriff or Local Police Department<br>MSP 517-332-2521 |
| **WHAT must be reported?** | Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment | Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation | Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation | Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse |
| **WHO is required to report?** | All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals | Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers. | Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers. | All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals. |
| **WHAT is the CRITERIA for reporting?** | **You must report if you:** Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient. | **You must report if you:** Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited. | **You must report if you:** Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated. | **You must report if you:** Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it. |
| **WHEN must the report be made and in what format?** | A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift. | A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours. | A verbal report must be made immediately. A written report at the discretion of the reporting person. | A verbal report must be made immediately. A written report must be made within 72 hours of the oral report |
| **TO WHOM are reports made?** | To your immediate supervisor **and** to the Recipient Rights Office at your agency or hospital | Report to Protective Services Reporting Hotline 855-444-3911 | Report to Protective Services Reporting Hotline 855-444-3911 | The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient. |
| **If there is more than one person with knowledge must all of them make a report?** | Not necessarily. Reporting should comply with the policies and procedures set up by each agency. | **Someone** who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate. | **Everyone** who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies. | **Someone** who has knowledge must report or cause a report to be made. |
| **Is there a penalty for failure to report?** YES | Disciplinary action may be taken and you may be held liable. | You may be held liable. Failure to report is also a criminal misdemeanor. | You may be held liable and have to pay a $500 fine. | The law states that failure to report or false reporting is a criminal misdemeanor. |
| **Is it necessary to report to more than one agency?** YES | Each of these laws requires that the designated agency be contacted, if an allegation is suspected to have occurred, which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required. | | | |
| **Are there other agencies to which a report can be made?** YES | **The Bureau of Community and Health Systems (LARA)** is responsible for investigating abuse and neglect in **Nursing Homes, Hospitals and Home Health Care.** Call the **NURSING HOME ABUSE HOTLINE 1-800-882-6006**<br>**The Michigan Attorney General's Office** has an **Abuse Investigation Unit** which may also investigate abuse in **Nursing Homes.** Call the **ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/ 1-800-242-2873**<br>**The LARA Adult Foster Care (AFC) Division** is responsible for investigating abuse or neglect in a licensed foster care home. Call **The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0126** | | |

DCH-0727 4/2018

MDHHS Michigan Department of Health & Human Services

## Exhibit 6 – SCCMHA CIRC Nursing Evaluation Report

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Nursing Evaluation and Recommendation Report

For Critical Incidents involving Emergency Medical Treatment or Hospitalizations Due to Injury or Medication Error

INSTRUCTIONS:
1) Please complete the form.
2) Nursing Staff will return the form to the SCCMHA Business Intelligence – Quality Department within 10 business days of the notification of the critical incident.

| CONSUMER'S LAST NAME | CONSUMER'S FIRST NAME | CONSUMER I.D. |
|---|---|---|
| DATE OF INCIDENT | NURSE COMPLETING FORM | |

**NURSING EVALUATION**

| IS THE INCIDENT RELATED TO PSYCHIATRIC MEDS? | HAS A MEDICATION CONSULT OCCURRED? |
|---|---|

RESULTS OF MEDICATION CONSULT:

| IS THE INCIDENT RELATED TO A PHYSICAL HEALTH DIAGNOSIS? | WAS THE PRIMARY CARE PHYSICIAN NOTIFIED? |
|---|---|

HAS THERE BEEN COORDINATION OF CARE WITH PRIMARY CARE PHYSICIAN IF RELATED TO PHYSICAL HEALTH?

RESULTS OF PRIMARY CARE PHYSICIAN FOLLOW-UP:

IS THERE DOCUMENTATION WITHIN THE ELECTRONIC HEALTH RECORD OF NECESSARY FOLLOW-UP?

NURSING RECOMMENDATION(S):

HAS AN INTERVENTION OCCURRED TO ADDRESS THE RECURRENCE OF THE INCIDENT? IF YES, PLEASE DESCRIBE.

| SIGNATURE OF NURSE COMPLETING THE EVALUATION AND REPORT | DATE COMPLETED |
|---|---|

**FOR SCCMHA CIRC USE ONLY**

| SIGNATURE OF BUSINESS INTELLIGENCE – QUALITY DEPARTMENT STAFF PERSON | DATE OF RECEIPT |
|---|---|

SCCMHA Nursing Evaluation and Report 01-2022

## Exhibit 7 – Root Cause Analysis Summary

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Root Cause Analysis Summary

for Critical Incidents & Sentinel Events

INSTRUCTIONS:

1) A Root Cause Analysis (RCA) will be requested within 3 business days of the incident occur date.
2) An RCA must commence within 2 business days of the request and be completed within 10 subsequent business days.
3) The provider will file all related documentation and assure it is kept **confidential**.
4) The provider will return ONLY this Root Cause Analysis Summary to the SCCMHA Quality Department within 12 business days of the request.

| CONSUMER'S LAST NAME | CONSUMER'S FIRST NAME | CONSUMER I.D. |
|---|---|---|
| | | |

| DATE OF EVENT | PROVIDER'S NAME | DATE OF REQUEST FOR RCA | DATE OF RCA START |
|---|---|---|---|
| | | | |

BRIEF DESCRIPTION OF EVENT (attach separate sheet if necessary)

INDIVIDUALS THAT PARTICIPATED IN THE RCA

| NAME: | TITLE: |
|---|---|
| NAME: | TITLE: |
| NAME: | TITLE: |
| NAME: | TITLE: |
| NAME: | TITLE: |

DESCRIBE THE FACTORS (e.g. PROCEDURE, STAFF, ENVIRONMENT, EQUIPMENT) THAT CONTRIBUTED TO THE EVENT (attach separate sheet if necessary)

THE FOLLOWING PLAN OF CORRECTION WILL BE IMPLEMENTED TO PREVENT FURTHER OCCURRENCE OF THE EVENT (attach separate sheet if necessary)

| TARGET DATE OF IMPLEMENTATION | INDIVIDUAL(S) THAT THE INTERVENTION WILL BE IMPLEMENTED BY |
|---|---|
| | |

| SIGNATURE OF INDIVIDUAL COMPLETING THE RCA SUMMARY | DATE COMPLETED |
|---|---|
| | |

**FOR SCCMHA CIRC USE ONLY**

| SIGNATURE OF QUALITY PROJECTS & REPORTING COORDINATOR/CIRC CHAIRPERSON | DATE OF CIRC REVIEW |
|---|---|
| | |

CONFIDENTIAL

SCCMHA ROOT CAUSE ANALYSIS SUMMARY 3-2022

## Exhibit 8 – A Framework for Conducting a Root Cause Analysis (page 1)

Sentinel Events

### A Framework for Conducting a Root Cause In Response to a Sentinel Event

| Level of Analysis | Possibilities | Questions | Findings | Risk Reduction Strategies | Measurement Strategies |
|---|---|---|---|---|---|
| What Happened? → | Sentinel Event | What are the details of the event? | | | |
| | | What area/service was impacted? | | | |
| Why did it happen? What factors were closest to the event? | Human Factors | What human factors were relevant to the outcome? | | | |
| | Process Factors | What step(s) in the process were involved? | | | |
| (Typically "special cause" variations) | Equipment Factors | How did the equipment performance affect the outcome? | | | |
| | Controllable environmental factors | What environmental factors directly affected the outcome? | | | |
| | Uncontrollable external factors | Are they truly beyond the organization's control?<br>To prevent?<br>To protect against? | | | |
| → | Other | Are there any other factors that have directly influenced this outcome? | | | |
| Why did that happen? What were the processes involved? | Patient care process(es) | What are the steps in the Process? (intended and actual) | Flow chart | | |
| (May involve "special cause" variation, "common cause" variation, or both) | (Specify) | What steps were most directly involved in the event? | Cause-effect; change analysis; Failure Mode & effect analysis | | |
| | | What can be done to prevent failure at this step? | Fault tree analysis | Eg, amplification, redundancy | |
| | | What can be done to protect against a bad outcome if there is a failure at this step? | Barrier analysis | Eg, "fail safe" design, redundancy | |
| → | | What other areas or services are impacted? Where else should improvements be made to reduce risk of this type of event? | Failure mode & effect analysis | (generalize improvements to all applicable areas) | |

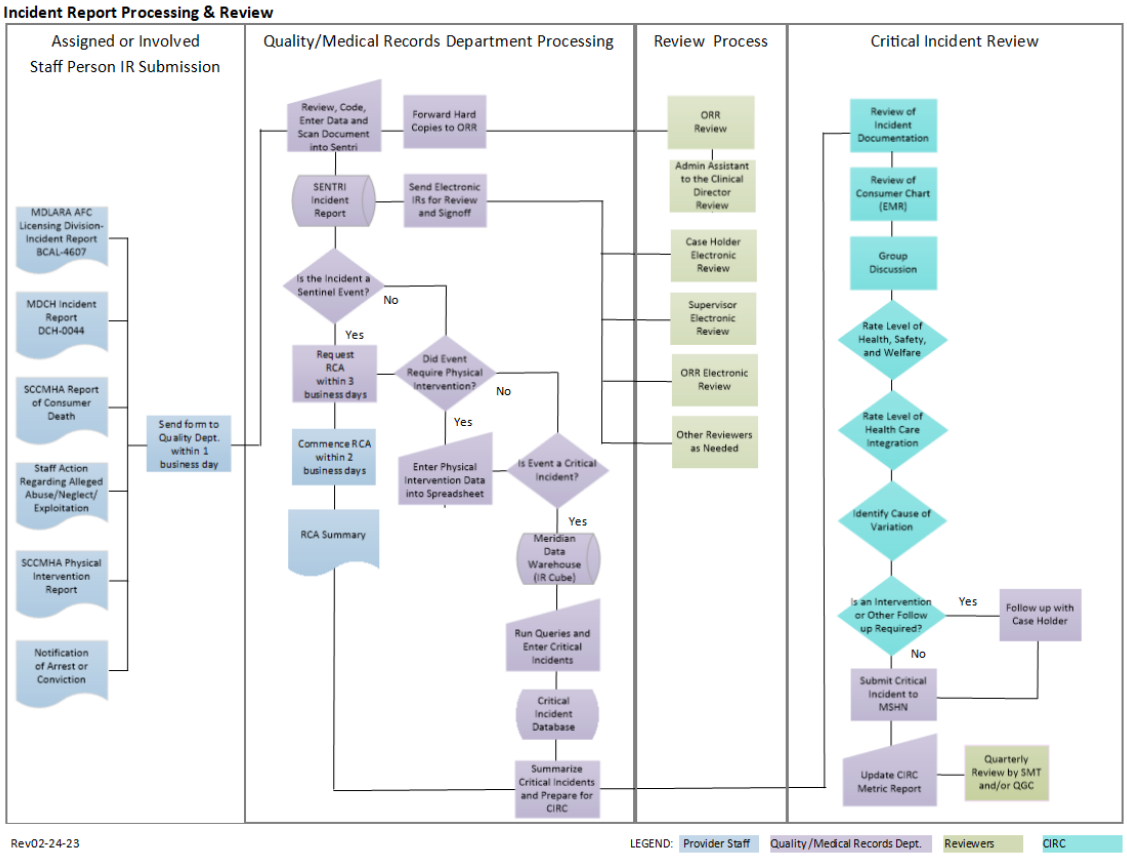
Page 1 of 2

## Exhibit 8 – A Framework for Conducting a Root Cause Analysis (page 2)

| Level of Analysis | Possibilities | Questions | Findings | Risk Reduction Strategies | Measurement Strategies |
|---|---|---|---|---|---|
| Why did that happen? What systems underlie those processes? | Human resource issues | How well do staff qualifications and current competence match their responsibilities in the relevant process(es)? | | | |
| | | How did actual staffing compare with ideal levels? | | | |
| Common cause variation here may lead to special cause variation in dependent processes | | What are the plans for dealing with contingencies that would tend to reduce effective staffing levels? | | | |
| | | To what degree is staff performance in the relevant process(es) addressed? | | | |
| | | How can orientation & in-service training be improved? | | | |
| | Information management issues | To what degree is all necessary information available when needed? Accurate? Complete? Unambiguous? | | | |
| | | How can communication among participants be improved? | | | |
| | Environmental management issues | To what degree is the physical environment appropriate for the processes being carried out? | | | |
| | | What systems are in place to identify environmental risks? | | | |
| | | What emergency and failure-mode responses have been planned and tested? | | | |
| Why did that happen? What systems underlie those processes? | Leadership issues: Corporate culture | How might the culture better support risk identification & reduction? | | | |
| Common cause variation here may lead to special cause variation in dependent processes | Encouragement of communication | What are the barriers to communication of potential risk factors? | | | |
| | Clear communication of priorities | To what degree is the prevention of adverse outcomes communicated as a high priority? | | | |
| | Uncontrollable Factors | How can we protect against these? | Barrier analysis | | |

Page **2** of **2**

## Exhibit 9 – Incident Report Processing & Review Flowchart



| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Trauma Screening, Assessment, and Treatment Services | **Chapter**: 04 – Improving Organizational Performance | **Subject No**: 04.01.04 |
| **Effective Date**:<br>06/01/2020 | **Date of Review/Revision**:<br>3/31/21, 2/28/22, 3/7/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Kristie Wolbert,<br>Executive Director of Clinical Services<br><br>**Authored By**:<br>Erin M. Nostrandt<br><br>**Additional Reviewers**:<br>Trauma-Informed Workgroup<br>Jennifer Stanuszek, LMFT |

**Purpose:**
The purpose of this policy is to ensure that SCCMHA screens for trauma (and related symptomology) within each population during the initial intake, as well as during other points in time as clinically appropriate. Based on results of the preliminary screening further trauma assessments will be administered as part of the treatment plan if consumer/parent/guardian is in agreement. It is further the intent of SCCMHA that all consumers (parents/guardians) identified as presenting with trauma symptomatology upon screening, will be provided a summary of screener results, as well as recommended treatment service options. This discussion will allow and support the consumer (parent/guardian) to engage in thoughtful decisions regarding their treatment.

**Policy:**
It is the policy that SCCMHA will screen all consumers during the initial intake, as well as during other points in time as clinically appropriate, using a culturally competent, standardized, and validated screening tool that is appropriate for each population. Additionally, it is the policy that SCCMHA will administer trauma specific assessments that are culturally competent, standardized, and validated for each population when clinically indicated and agreed upon by consumer/parent/guardian.

**Application:**

This policy applies to SCCMHA-funded providers of services and supports to children, adolescents and their families/caregivers and adults.

**Standards:**

A. SCCMHA and its network providers will conduct routine trauma screenings during the intake process and other points of treatment/services as clinically indicated.
B. SCCMHA and its network providers will administer trauma assessments when initial screening results indicate further assessment is needed and consumer/families agree to further assessment.
C. SCCMHA and its network providers will discuss the results of trauma screenings and assessments with consumers in an effort to illicit thoughtful discussions and decisions that support the treatment of trauma.
D. SCCMHA and its network providers will use evidence-based trauma specific services for each population in sufficient capacity to meet the need and will ensure that all services are delivered in a trauma informed environment.
E. SCCMHA and its network providers support SAMHSA's Trauma Informed Approach: Key Assumptions and Principles (02.03.14- Trauma-Informed Services and Supports)
F. SCCMHA and its network providers shall create and maintain a trauma-informed system of care for children and their families (02.03.14 - Trauma Informed Services and Supports).

**Definitions:**

None

**References:**

SAMHSA's Trauma Informed Approach: Key Assumptions and Principles (02.03.14- Trauma-Informed Services and Supports)

**Exhibits:**

A. CTAC (Children's Trauma Assessment Center) Trauma Screening Checklist: Identifying Children at Risk; Ages 0-5
B. CTAC (Children's Trauma Assessment Center) Trauma Screening Checklist: Identifying Children at Risk; Ages 6-18
C. CTAC (Children's Trauma Assessment Center) Trauma Screening Checklist; Adult Trauma Screen- Self Report
D. Clinicians- Administered PTSD Scale for DSM-5 (CAPS-5) Past Month Version
E. Life Events Checklist for DSM-5 (LEC-5) Interview Version
F. UCLA PTSD Assessment DSM-5
G. Young Child PTSD Checklist (YCPC) 1-6 years

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Intake Specialist will conduct a trauma screen specific to the consumers age (0-5 years, 6-18 years, adult) during the initial intake assessment, and document the results of the screening within the consumers Sentri record (Section 7; under-*Observation and Reported Information*). | Intake Specialist |
| Following approval for service eligibility by Care Management the Trauma Screen will be reviewed by the receiving team's Supervisor (or designee) to determine and identify potential areas of concern that would suggest further assessment. The receiving team's Supervisor (or designee) is responsible to ensure the following:<br>• A review and discussion of the completed trauma screen during the Orientation Team Meeting (OTM). *The results of the trauma screening are expected to be reviewed with the consumer to assist with making an informed decision regarding treatment. By providing information on how trauma exposure may be related to presenting symptoms (behavioral presentation), and how further assessment is recommended (if clinically indicated) as it can improve appropriate treatment matching, decrease symptom severity, and potentially increase the consumers overall functioning. | Supervisor/designee |
| • The Supervisor (or designee) completing the OTM will specify in the consumer's OTM progress note if a recommendation for *further trauma assessment* is to be completed based on the results of the screening and the discussion with the consumer/parent/guardian. If an assessment is clinically appropriate and declined by the | Supervisor/designee |

| | |
|---|---|
| consumer/parent/guardian this is to be documented in the OTM progress note clearly explaining the reason for declining further assessment. | |
| • If further trauma assessment is indicated in the OTM progress note the receiving case holder is responsible to initiate coordination of a Trauma Assessment to be completed by a masters level clinician. This will be done through IPOS process by including trauma assessment within an IPOS goal. If the consumer is to receive therapy services, or the case holder is a therapist, the trauma assessment should be completed by the assigned therapist. | Case Holder/Masters Level Clinician |
| • Upon completion of the Trauma Assessment, results will be reviewed with consumer/parent/guardian, including discussion of appropriate treatment options (i.e. psychotherapy or group) to improve functioning. Trauma Assessment results and subsequent discussion will be documented in therapist assessment and/or IPOS. | Case Holder |
| • Score sheet of Trauma Assessment will be submitted for scanning into consumer electronic health record. (See Exhibits for the corresponding Trauma Assessment Tool specific to age of the consumer). | Case Holder |
| • If consumer/parent/guardian agrees to treatment options (i.e. psychotherapy or group) to address trauma, this service intervention will be included in an IPOS goal.<br>o If a trauma screening is conducted during the course of a treatment episode and results indicate that further assessment is | Case Holder |

| | | |
|---|---|---|
| | needed, the case holder is expected to follow the above steps. | |

Exhibit A

SOUTHWEST MICHIGAN Children's Trauma Assessment Center

NCTSN The National Child Traumatic Stress Network

*Trauma Informed System Initiative*

## Ages 0–5

### CTAC Trauma Screening Checklist: Identifying Children at Risk

**Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the child's functioning and needs.**
***Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.***

1. **Are you aware of or do you suspect the child has experienced any of the following:**
   - _____ Physical abuse
   - _____ Neglectful home environment
   - _____ Emotional abuse
   - _____ Exposure to domestic violence
   - _____ Exposure to other chronic violence
   - _____ Sexual abuse or exposure
   - _____ Parental substance abuse
   - _____ Impaired parenting (mental illness)
   - _____ Exposure to drug activity *aside from parental use*
   - _____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
   - _____ Lengthy or multiple separations from parent
   - _____ Placement outside of the home (foster care, kinship care, residential)
   - _____ Loss of significant people, places etc.
   - _____ Frequent/multiple moves; homelessness
   - _____ Other _____

**Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.**

2. **Does the child show any of these behaviors:**
   - _____ Aggression towards self; self-harm
   - _____ Excessive aggression or violence towards others
   - _____ Explosive behavior (Going from 0-100 instantly)
   - _____ Hyperactivity, distractibility, inattention
   - _____ Excessively shy
   - _____ Oppositional and/or defiant behavior
   - _____ Sexual behaviors not typical for age
   - _____ Difficulty with sleeping, eating, or toileting
   - _____ Social/developmental delays in comparison to peers
   - _____ Repetitive violent and/or sexual play (or maltreatment themes)
   - _____ Unpredictable/sudden changes in behavior (i.e., attention, play)
   - _____ Other _____

3. **Does the child exhibit any of the following emotions or moods:**
   - _____ Excessive mood swings
   - _____ Frequent, intense anger
   - _____ Chronic sadness, doesn't seem to enjoy any activities, depressed mood
   - _____ Flat affect, very withdrawn, seems emotionally numb or "zoned out"
   - _____ Other _____

4. **Does the child have any of the following relational/attachment difficulties:**
   - _____ Lack of eye contact, or avoids eye contact
   - _____ Sad or empty eyed appearance
   - _____ Overly friend with strangers (lack of appropriate stranger anxiety)
   - _____ Vacillation between clinginess and disengagement and/or aggression
   - _____ Doesn't reciprocate when hugged, smiled at, spoken to
   - _____ Doesn't seek comfort when hurt or frightened; shakes it off, or doesn't seem to feel it
   - _____ Has difficulty in preschool or daycare
   - _____ Other _____

**Child's Name or Identifier:** _____ **Age:** _____ **Sex:** _____

**County/Site:** _____ **Race:** _____ **Date:** _____

Henry, Black-Pond, & Richardson (2010), rev: 3/16 Western Michigan University
Southwest Michigan Children's Trauma Assessment Center (CTAC)

Exhibit B

SOUTHWEST MICHIGAN Children's Trauma Assessment Center

NCTSN The National Child Traumatic Stress Network

*Trauma Informed System Initiative*

## Ages 6–18

### CTAC Trauma Screening Checklist: Identifying Children at Risk

**Please check each area where the item is known *or suspected*. The screen can help determine whether a comprehensive assessment may be helpful in understanding the child's functioning and needs.**
*Note: Endorsing exposure items does not necessarily mean substantiation of the child's experience; it is for screening purposes only.*

1. **Are you aware of or do you suspect the child has experienced any of the following:**
   - _____ Physical abuse
   - _____ Neglectful home environment
   - _____ Emotional abuse
   - _____ Exposure to domestic violence
   - _____ Exposure to other chronic violence
   - _____ Sexual abuse or exposure
   - _____ Parental substance abuse
   - _____ Impaired parenting (mental illness)
   - _____ Exposure to drug activity *aside from parental use*
   - _____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
   - _____ Lengthy or multiple separations from parent
   - _____ Placement outside of the home (foster care, kinship care, residential)
   - _____ Loss of significant people, places etc.
   - _____ Frequent/multiple moves; homelessness
   - _____ Other _____

**Even if no areas are checked above, but multiple concerns are present below, further assessment may still be indicated, as there is a strong relationship between the following areas and trauma exposure.**

2. **Does the child show any of these behaviors:**
   - _____ Aggression towards self; self-harm
   - _____ Excessive aggression or violence towards others
   - _____ Explosive behavior (Going from 0-100 instantly)
   - _____ Hyperactivity, distractibility, inattention
   - _____ Excessively shy
   - _____ Oppositional and/or defiant behavior
   - _____ Sexual behaviors not typical for age
   - _____ Difficulty with sleeping, eating, or toileting
   - _____ Social/developmental delays in comparison to peers
   - _____ Other _____

3. **Does the child exhibit any of the following emotions or moods:**
   - _____ Excessive mood swings
   - _____ Frequent, intense anger
   - _____ Chronic sadness, doesn't seem to enjoy any activities, depressed mood
   - _____ Flat affect, very withdrawn, seems emotionally numb or "zoned out"
   - _____ Other _____

4. **Does the child have any of the following problems in school:**
   - _____ Low or failing grades
   - _____ Attention and/or memory problems
   - _____ Sudden change in performance
   - _____ Difficulty with authority/frequent behavior referrals
   - _____ Other _____

5. **Does the child have any relational/attachment difficulties?**
   - _____ Lack of eye contact, or avoids eye contact
   - _____ Lack of appropriate boundaries in relationships
   - _____ Does not seek adult help when hurt or frightened

**Child's Name or Identifier:** _____ **Age:** _____ **Sex:** _____

**County/Site:** _____ **Race:** _____ **Date:** _____

Henry, Black-Pond, & Richardson (2010), rev: 3/16 Western Michigan University
Southwest Michigan Children's Trauma Assessment Center (CTAC)

Exhibit C

SOUTHWEST MICHIGAN Children's Trauma Assessment Center

# Adult Trauma Screen-Self Report

**Please check each area where the item is known *or suspected*. The screen can help determine whether a more comprehensive assessment may be helpful in understanding your functioning and needs.**
***Note: Endorsing exposure items does not necessarily mean others agree, or that these events were proven to have happened; it is for screening purposes only.***

1. **Have you, or have you been told (by someone you trust) that you experienced the following *as a child (under the age of 18):***

_____ Physical abuse
_____ Neglectful home environment
_____ Emotional abuse
_____ Exposure to domestic violence
_____ Exposure to other chronic violence
_____ Sexual abuse or exposure to adult sexuality.
_____ Parent substance abuse
_____ Impaired parenting (i.e. mental illness)
_____ Exposure to drug activity *aside from parent's own use*
_____ Refugee camps, war zones, trafficking *(including forced prostitution)*
_____ Pre-natal exposure to alcohol/drugs or maternal stress during pregnancy
_____ Lengthy or multiple separations from primary attachments – parent, other caregivers, siblings or close friends
_____ Placement outside of the home (foster care, kinship care, residential)
_____ Loss of significant people, places etc.
_____ Frequent/multiple moves; homelessness
_____ International adoption, immigration,
_____ Other _____

2. **Have you experienced any of the following *as an adult (over the age of 18):***

_____ Domestic violence/assault (DV)
_____ Physical abuse/assault *other than DV*
_____ Emotional abuse by partner
_____ Trafficking and/or prostitution
_____ Sexual assault (not included above)
_____ Refugee camps, war zones
_____ Incarceration/institutionalization
_____ Military trauma
_____ Loss of significant people, places etc.
_____ Frequent/multiple moves; homelessness
_____ Other _____

3. **Do you or have others told you that you show any of these behaviors:**

_____ Empty, Flat, dismissive – as if you 'don't care'; minimize seriousness of problems/actions
_____ Persistent distrust of others; suspicious
_____ Inappropriate/extreme sexual behavior: overly sexual or avoidant of sexual relationships
_____ Cocky, seem to "know it all"
_____ Current substance abuse, or history of chronic substance abuse
_____ Live with or/spend significant time with others who abuse substances
_____ Unpredictable, explosive responses to events
_____ Excessively controlling
_____ Repeatedly victimized or taken advantage of
_____ Frequent lying, denying things known to be true
_____ Misreads and/or don't seem to understand social cues and/or anticipate negative responses or outcomes
_____ Mixes up appointments, needs information repeated or explained, frequently forgetful
_____ Shares too much private information; gives unnecessary details
_____ Difficulty coping with change
_____ Sleep problems
_____ Impulsive, rash behaviors and decisions
_____ Other _____

Black-Pond, C., Richardson, M., Adult Trauma Screen. Western Michigan University Children's Trauma Assessment Center (CTAC) – Draft 6/29/15

Exhibit D

Clinicians- Administered PTSD Scale for DSM-5 (CAPS-5) Past Month Version can be found at
https://www.ptsd.va.gov/professional/assessment/documents/CAPS_5_Past_Month.pdf

Exhibit E

Life Events Checklist for DSM-5 (LEC-5) Interview Version can be found at
https://www.ptsd.va.gov/professional/assessment/documents/LEC-5_Interview.pdf

## UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©



| TRAUMA/LOSS HISTORY SCREENING QUESTIONS | |
|---|---|
| ☐ | **13) Sexual Assault**: Did someone outside your family ever force you to do something sexual? Did you ever see someone else being forced to do something sexual? |
| ☐ | **14) Kidnapping/Abduction**: Have you ever been stolen or kidnapped (taken somewhere against your will) by someone without the permission of your parent or legal guardian? |
| ☐ | **15) Terrorism**: Were you ever there when a terrorist attack happened, like a bombing, chemical attack or where people were taken hostage? |
| ☐ | **16) Bereavement**: Has someone really close to you ever died? |
| ☐ | **17) Separation**: Were you ever separated for a long time from someone you depend on, like a parent went to jail or was hospitalized, or you were placed in foster care? |
| ☐ | **18) War/Political Violence**: Have you lived in a country where a war or armed conflict was happening (like soldiers or armed groups were fighting)? Did you see people who had been badly hurt or killed in a war or armed conflict? |
| ☐ | **19) Forced Displacement**: Have you ever been forced to move out of your house due to war, armed conflict or disaster, like having to move to a trailer or refugee camp? |
| ☐ | **20) Trafficking/Sexual Exploitation**: Have you ever done sexual things for money, food, clothes or protection? Were you ever sold to someone to work for them? Have you been forced into prostitution or pornography? |
| ☐ | **21) Bullying**: Has someone your age or a student at your school ever bullied you, like kept calling you dirty names, making sexual comments, threatening to beat you up or spreading mean rumors around school or online? |
| ☐ | **22) Attempted Suicide**: Have you ever tried to kill yourself? |
| ☐ | **23) Witnessed Suicide**: Have you ever seen someone after he/she attempted or committed suicide? |

**TRAUMA/LOSS DETAILS**: For each experience endorsed on the Trauma/Loss History Screening Questions form, place a check mark to indicate whether the specified trauma details were present, whether the child/adolescent was a *victim*, *witness* or *learned about** the trauma, and the age(s) over which the trauma occurred. (Both of these forms may be updated over the course of treatment as additional information about trauma history is revealed or as additional traumas occur.) **Learned about* **only** refers to indirect exposure in learning aversive details of violent personal assault, homicide, suicide, serious accident, or serious injury to a close relative or friend. It does **not** include learning about death due to natural causes.

| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Serious Accidental Injury** | ☐ Motor Vehicle Accident<br>☐ Fall with Serious Injury<br>☐ Severe Burn ☐ Dog Bite Requiring Stitches ☐ Near Drowning ☐ Hospitalized<br>☐ Other_____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Illness/Medical Trauma** | ☐ Child ☐ Family ☐ Friend<br>☐ Type of Illness<br>_____<br>☐ Extended Hospitalization<br>☐ Major Medical Procedures<br>☐ Catastrophic Medical Event | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Community Violence** | ☐ Someone Injured or Killed<br>☐ Mugging ☐ Drug Dealing<br>☐ Gang-Related<br>☐ Home Robbery<br>☐ High Crime Community<br>☐ Witness Arrest of a Family Member<br>☐ Other _____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Domestic Violence** | ☐ Witnessed Physical Attack or Fight<br>☐ Heard Threatened Harm<br>☐ Heard Screams of Distress<br>☐ Witnessed Sexual Assault<br>☐ Weapon Used<br>☐ Serious Injury<br>☐ Police Response<br>☐ Restraining Order | ☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **School Violence/Emergency** | ☐ Shooting ☐ Stabbing ☐ Fire<br>☐ Bomb threat<br>☐ Hostage Situation<br>☐ Suicide ☐ Homicide<br>☐ Acute Medical Death<br>☐ Witnessed Resuscitation Efforts<br>☐ Other _____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Physical Assault** | ☐ Punched ☐ Kicked<br>☐ Stabbed ☐ Shaken<br>☐ Weapon Used<br>☐ Reported to police<br>☐ Other _____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Disaster** | ☐ Earthquake ☐ Fire ☐ Flood<br>☐ Hurricane ☐ Tornado<br>☐ Chemical spill ☐ Explosion<br>☐ Evacuated ☐ Lost Home<br>☐ Injury<br>☐ Death of family member<br>☐ Other _____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Sexual Abuse** | ☐ Forced sexual behavior<br>☐ Watch something sexual<br>☐ Penetration occurred<br>☐ Perpetrator _____<br>☐ Child Protective Services Report<br>☐ Investigation conducted<br>☐ Charges filed<br>☐ Conviction<br>☐ Perpetrator removed from home<br>☐ Child Removed from Home | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Physical Abuse** | ☐ Badly Physically Hurt<br>☐ Punched ☐ Kicked<br>☐ Stabbed<br>☐ Shaken ☐ Weapon Used<br>☐ Perpetrator _____<br>☐ Child Protective Services Report<br>☐ Investigation Conducted<br>☐ Charges Filed<br>☐ Conviction<br>☐ Perpetrator Removed From Home<br>☐ Child Removed From Home | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Neglect** | ☐ Medical Neglect<br>☐ School Neglect<br>☐ Left Alone/Unsupervised<br>☐ Failure to promote health<br>☐ Failure to promote safety<br>☐ Other _____<br>☐ Perpetrator<br>☐ Child Protective Services Report<br>☐ Investigation Conducted<br>☐ Charges Filed<br>☐ Conviction<br>☐ Perpetrator Removed from Home<br>☐ Child Removed from Home | ☐ Victim<br>☐ Witness | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Psychological Maltreatment/ Emotional Abuse** | ☐ Berating<br>☐ Threatened Abandonment<br>☐ Excessive Punishment<br>☐ Other _____<br>☐ Perpetrator<br>☐ Child Protective Services Report<br>☐ Investigation Conducted<br>☐ Charges Filed<br>☐ Conviction<br>☐ Perpetrator Removed From Home<br>☐ Child Removed From Home | ☐ Victim<br>☐ Witness | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Interference with Caregiving** | **Impairment Due to:**<br>☐ Medical illness<br>☐ Mental health problem<br>☐ Alcohol use/abuse/addiction<br>☐ Drug use/abuse/addiction<br>☐ Extended hospitalization or rehabilitation<br>**Affected Caregiver:**<br>☐ Mother<br>☐ Father<br>☐ Other relative<br>☐ Other (non-related) adult<br>☐ Other _____ | ☐ Victim<br>☐ Witness | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Sexual Assault** | **Perpetrator**:<br>☐ Relative<br>☐ Position of trust (teacher, coach, step-parent, minister, clergy, relative not in the home)<br>☐ Acquaintance (neighbor, etc.)<br>☐ Stranger<br>**Trauma Details:**<br>☐ Weapon used<br>☐ Object used<br>☐ Penetration occurred<br>☐ Date/Acquaintance rape<br>☐ Reported to police<br>☐ Investigation conducted<br>☐ Charges filed<br>☐ Conviction<br>☐ Other _____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Kidnapping/ Abduction** | **Perpetrator**:<br>☐ Parent ☐ Relative<br>☐ Step-parent<br>☐ Position of trust (teacher, coach, clergy)<br>☐ Acquaintance (neighbor, etc.)<br>☐ Stranger<br>☐ Length of time<br>☐ Reported to police<br>☐ Investigation conducted<br>☐ Charges filed<br>☐ Conviction | ☐ Victim<br>☐ Witnessed<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Terrorism** | ☐ Shooting<br>☐ Bombing<br>☐ Suicide bombing<br>☐ Chemical agent<br>☐ Biological agent<br>☐ Radiological agent<br>☐ Hostages taken<br>☐ Parent or caregiver injured<br>☐ Parent or caregiver killed<br>☐ Other _____ | ☐ Victim<br>☐ Witnessed<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Bereavement** | **Deceased/Cause**<br>☐ Primary Caregiver #_____<br>☐ Parent #_____<br>☐ Sibling #_____<br>☐ Grandparent #_____<br>☐ Other Relative #_____<br>☐ Friend #_____<br>☐ Other _____ #_____<br>**Cause of Death**<br>1.Natural Causes (illness, age)<br>2.Accident (car, drowning, fall)<br>3.Drug overdose<br>4.Natural disaster<br>5.Homicide<br>6.Suicide<br>7.Other _____ | ☐ Witnessed<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Separation** | **Cause of Separation**<br>☐ Parental death<br>☐ Parents separated<br>☐ Parents divorced<br>☐ Parent hospitalized<br>☐ Parent/sibling incarcerated<br>☐ Immigration proceeding<br>☐ Military deployment<br>☐ Combat<br>☐ Child placed in foster care<br>☐ Parent removed from the home<br>☐ In refugee situation<br>☐ Due to immigration situation<br>☐ Other _____ | ☐ Victim | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **War/Political Violence** | ☐ Lived in war-torn region<br>☐ Experienced armed conflict<br>☐ Saw wounded people<br>☐ Saw dead bodies<br>☐ Family members taken as prisoners<br>☐ Home damaged/destroyed<br>☐ Internally displaced<br>☐ War refugee<br>☐ Other _____ | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Forced Displacement** | **Cause of Displacement:**<br>☐ War/political violence<br>☐ Disaster<br>☐ Other _____<br>**Site of Displacement:**<br>☐ Trailer<br>☐ Refugee camp<br>☐ Relocation center<br>☐ Other _____ | ☐ Victim<br>☐ Witness | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Trafficking/Sexual Exploitation** | ☐ Sex for money, food, clothes<br>☐ Pornography<br>☐ Sold into prostitution<br>☐ Sold into slave labor (unpaid servant or worker)<br>☐ Other | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Bullying** | ☐ Verbal insults<br>☐ Threats of physical harm<br>☐ Injury<br>☐ Sexual comments<br>☐ Rumors at school/internet<br>☐ Exclusion from social activities<br>☐ Other _____ | ☐ Victim<br>☐ Witness | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

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| Trauma Type | Trauma Details | Role in Event | Age(s) Experienced<br>1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 |
|---|---|---|---|
| **Attempted Suicide** | **Method:**<br>☐ Drug<br>☐ Hanging<br>☐ Drowning<br>☐ Firearm<br>☐ Other | ☐ Victim<br>☐ Witness<br>☐ Learned about | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |
| **Witnessed Suicide** | ☐ Completed suicide<br>☐ Attempted suicide<br>**Method**<br>☐ Overdose<br>☐ Knife/Razor<br>☐ Firearm<br>☐ Hanging<br>☐ Jumping from a height<br>☐ Other<br>**Person**<br>☐ Mother ☐ Father ☐ Brother<br>☐ Sister ☐ Other relative<br>☐ Close friend<br>☐ Acquaintance/schoolmate<br>☐ Stranger | ☐ Witness | ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ |

If only one trauma/loss type is endorsed above, write in the trauma/loss type in this blank: _____.
If more than one trauma/loss type is endorsed, have the child/adolescent choose the trauma/loss experience that BOTHERS THEM THE MOST NOW and identify that trauma/loss type in this blank: _____.

**Clinician**: Provide a brief description of the trauma/loss type that is most bothersome now:

_____
_____
_____
_____
_____
_____

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## POSTTRAUMATIC STRESS SYMPTOMS

Here is a list of problems people can have after bad things happen. Please think about the bad thing that happened to you that bothers you the most now. For each problem **CIRCLE ONE** of the numbers (0, 1, 2, 3 or 4) that tells how many days the problem happened to you **in the past month,** even if the bad thing happened a long time ago. Use the **Frequency Rating Sheet** to help you decide how many days the problem happened **in the past month**.

| ***HOW MUCH OF THE TIME DURING THE PAST MONTH…*** | | **None** | **Little** | **Some** | **Much** | **Most** |
|---|---|---|---|---|---|---|
| 1$_{E3}$ | I am on the lookout for danger or things that I am afraid of (like looking over my shoulder even when nothing is there). | 0 | 1 | 2 | 3 | 4 |
| 2$_{D2}$ | I have thoughts like "I am bad." | 0 | 1 | 2 | 3 | 4 |
| 3$_{C2}$ | I try to stay away from people, places, or things that remind me about what happened. | 0 | 1 | 2 | 3 | 4 |
| 4$_{E1}$ | I get upset easily or get into arguments or physical fights. | 0 | 1 | 2 | 3 | 4 |
| 5$_{B3}$ | I feel like I am back at the time when the bad thing happened, like it's happening all over again. | 0 | 1 | 2 | 3 | 4 |
| 6$_{D4}$ | I feel like what happened was sickening or gross. | 0 | 1 | 2 | 3 | 4 |
| 7$_{D5}$ | I don't feel like doing things with my family or friends or other things that I liked to do. | 0 | 1 | 2 | 3 | 4 |
| 8$_{E5}$ | I have trouble concentrating or paying attention. | 0 | 1 | 2 | 3 | 4 |
| 9$_{D2}$ | I have thoughts like, "The world is really dangerous." | 0 | 1 | 2 | 3 | 4 |
| 10$_{B2}$ | I have bad dreams about what happened, or other bad dreams. | 0 | 1 | 2 | 3 | 4 |
| 11$_{B4}$ | When something reminds me of what happened I get very upset, afraid, or sad. | 0 | 1 | 2 | 3 | 4 |
| 12$_{D7}$ | I have trouble feeling happiness or love. | 0 | 1 | 2 | 3 | 4 |
| 13$_{C1}$ | I try not to think about or have feelings about what happened. | 0 | 1 | 2 | 3 | 4 |
| 14$_{B5}$ | When something reminds me of what happened, I have strong feelings in my body like my heart beats fast, my head aches or my stomach aches. | 0 | 1 | 2 | 3 | 4 |
| 15$_{D3}$ | I am mad with someone for making the bad thing happen, not doing more to stop it, or to help after. | 0 | 1 | 2 | 3 | 4 |
| 16$_{D2}$ | I have thoughts like "I will never be able to trust other people." | 0 | 1 | 2 | 3 | 4 |
| 17$_{D6}$ | I feel alone even when I am around other people. | 0 | 1 | 2 | 3 | 4 |
| 18$_{B1}$ | I have upsetting thoughts, pictures or sounds of what happened come into my mind when I don't want them to. | 0 | 1 | 2 | 3 | 4 |

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| *HOW MUCH OF THE TIME DURING THE PAST MONTH…* | | None | Little | Some | Much | Most |
|---|---|---|---|---|---|---|
| 19$_{D3}$ | I think that part of what happened was my fault. | 0 | 1 | 2 | 3 | 4 |
| 20$_{E2}$ | I hurt myself on purpose. | 0 | 1 | 2 | 3 | 4 |
| 21$_{E6}$ | I have trouble going to sleep, wake up often, or have trouble getting back to sleep. | 0 | 1 | 2 | 3 | 4 |
| 22$_{D4}$ | I feel ashamed or guilty about some part of what happened. | 0 | 1 | 2 | 3 | 4 |
| 23$_{D1}$ | I have trouble remembering important parts of what happened. | 0 | 1 | 2 | 3 | 4 |
| 24$_{E4}$ | I feel jumpy or startle easily, like when I hear a loud noise or when something surprises me. | 0 | 1 | 2 | 3 | 4 |
| 25$_{D4}$ | I feel afraid or scared. | 0 | 1 | 2 | 3 | 4 |
| 26$_{E2}$ | I do risky or unsafe things that could really hurt me or someone else. | 0 | 1 | 2 | 3 | 4 |
| 27$_{D4}$ | I want to get back at someone for what happened. | 0 | 1 | 2 | 3 | 4 |
| **With Dissociative Symptoms (Dissociative Subtype)** | | | | | | |
| 28$_{A1}$ | I feel like I am seeing myself or what I am doing from outside my body (like watching myself in a movie). | 0 | 1 | 2 | 3 | 4 |
| 29$_{A1}$ | I feel not connected to my body, like I'm not really there inside. | 0 | 1 | 2 | 3 | 4 |
| 30$_{A2}$ | I feel like things around me look strange, different, or like I am in a fog. | 0 | 1 | 2 | 3 | 4 |
| 31$_{A2}$ | I feel like things around me are not real, like I am in a dream. | 0 | 1 | 2 | 3 | 4 |

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**Clinician**: Check whether the reactions (thoughts and feelings) above appear to cause clinically significant ***distress or functional impairment***.

☐ **Clinically Significant Distress:** (check if youth endorses #1 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) bother or upset you a lot?

☐ **Clinically Significant Functional Impairment**: (check if functional impairment at home, at school, in peer relationships, in developmental progression)

☐ **Home**: (check if youth endorses #1, #2 or #3 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with people at home?
☐ Yes ☐ No 2. Do these reactions (thoughts and feelings) get you into trouble at home?
☐ Yes ☐ No 3. Do these reactions (thoughts and feelings) cause some other problem at home?
Describe: _____

☐ **School**: (check if youth endorses #1 *or* #2 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to do well in school?
☐ Yes ☐ No 2. Do these reactions (thoughts and feelings) cause other problems at school?
Describe: _____

☐ **Peer Relationships**: (check if youth endorses #1 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to get along with your friends or make new friends?
Describe: _____

☐ **Developmental Progression**: (check if youth endorses #1 below)
☐ Yes ☐ No 1. Do these reactions (thoughts and feelings) make it harder for you to do important things that other kids your age are doing?
☐ Yes ☐ N0 2. Other (describe) _____
_____

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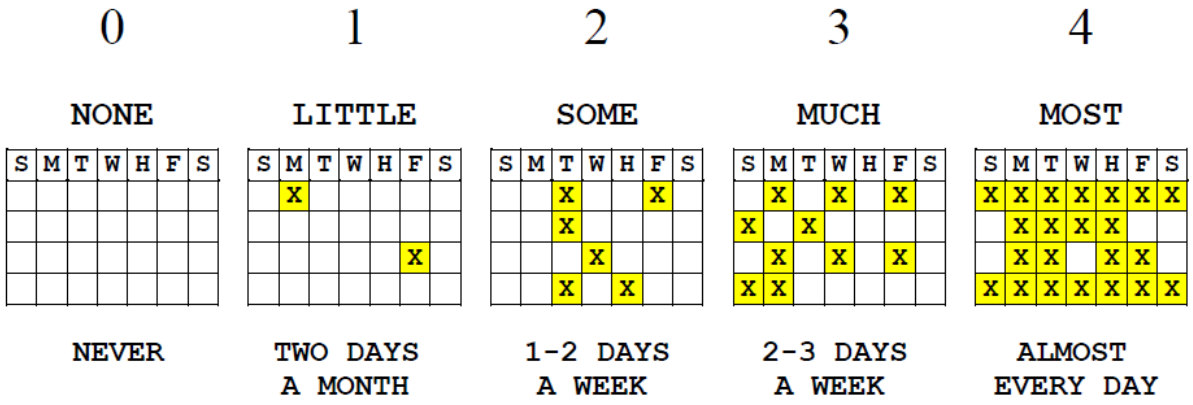
# FREQUENCY RATING SHEET

HOW MANY DAYS DURING THE PAST MONTH
DID THE PROBLEM HAPPEN?

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# UCLA PTSD REACTION INDEX FOR CHILDREN/ADOLESCENTS - DSM-5©

## SCORE SHEET

**Subject ID#**_____ **Age**____ **Sex (circle): M F Date:** _____ **Subject Name:** _____

*For Items 2, 9, and 16: indicate highest score only for DSM-5 Symptom D2; for Items 15 and19: indicate highest score only for DSM-5 Symptom D3; for Items 6, 22, 25, and 27: indicate highest score only for DSM-5 Symptom D4; for Items 20 and 26: indicate highest score only for DSM-5 Symptom E2. Category B Total: Sum scores for symptoms B1-B5; Category C Total: Sum scores for symptoms C1* and *C2; Category D Total: Sum scores for symptoms D1-D7; Category E Total: Sum scores for symptoms E1-E6; PTSD-RI Total Scale Score: Sum Category B, C, D, and E.*

| Item # | DSM-5 Symptom | Score *(0-4)* |
|---|---|---|
| 18 | B1 | |
| 10 | B2 | |
| 5 | B3 | |
| 11 | B4 | |
| 14 | B5 | |
| ***SYMPTOM CATEGORY B SUMMATIVE SCORE:*** | | _____ |
| 13 | C1 | |
| 3 | C2 | |
| ***SYMPTOM CATEGORY C SUMMATIVE SCORE:*** | | _____ |

| Item # | DSM-5 Symptom | Score *(0-4)* |
|---|---|---|
| 23 | D1 | |
| 2* | D2 | |
| 9* | D2 | _____ |
| 16* | D2 | |
| 15* | D3 | |
| 19* | D3 | _____ |
| 6* | D4 | |
| 22* | D4 | |
| 25* | D4 | _____ |
| 27* | D4 | |
| 7 | D5 | |
| 17 | D6 | |
| 12 | D7 | |
| ***SYMPTOM CATEGORY D SUMMATIVE SCORE:*** | | _____ |

| Item # | DSM-5 Symptom | Score *(0-4)* |
|---|---|---|
| 4 | E1 | |
| 20* | E2 | |
| 26* | E2 | _____ |
| 1 | E3 | |
| 24 | E4 | |
| 8 | E5 | |
| 21 | E6 | |
| ***SYMPTOM CATEGORY E SUMMATIVE SCORE:*** | | _____ |

***Dissociative Symptoms***

28. A1 ____
29. A1 ____
(*Indicate highest score for A1*) ___

30. A2 ____
31. A2 ____
(*Indicate highest score for A2*) ___

***PTSD-RI TOTAL SCALE SCORE***

_____

**DSM-5 PTSD DIAGNOSIS**

| | | |
|---|---|---|
| B: | One or more Category B symptoms present: | ☐ |
| C: | One or more Category C symptoms present: | ☐ |
| D: | Two or more Category D symptoms present: | ☐ |
| E: | Two or more Category E symptoms present: | ☐ |
| F: | Symptom duration greater than one month: | ☐ |
| G: | Symptoms cause clinically significant *distress* or *impairment*: | ☐ |
| Specify Dissociative Subtype: | | |
| | One or more dissociative symptoms present: | ☐ |

***Estimating Whether DSM-5 PTSD Category B, C, D, and E Symptom Criteria are Met***

*If symptom score is 3 or 4, then score symptom as "present." For question #4, #10, and #26; use a rating of 2 or more for symptom presence. Then determine whether one or more B symptoms are present; whether one or more C symptoms are present; whether two or more D symptoms are present; and whether two or more E symptoms are present. If one or more Dissociative Symptoms are present, then assign Dissociative Subtype.*

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Exhibit G

**YOUNG CHILD PTSD CHECKLIST (YCPC)**

1-6 years. Updated 5/23/14.

Name _____ ID _____ Date _____

TRAUMATIC EVENTS

TO COUNT AN EVENT, YOUR CHILD MUST HAVE FELT ONE OF THESE:
(1) FELT LIKE HE/SHE MIGHT DIE, OR
(2) HE/SHE HAD A SERIOUS INJURY OR FELT LIKE HE/SHE MIGHT GET A SERIOUS INJURY, OR
(3) HE/SHE SAW (1) OR (2) HAPPEN TO ANOTHER PERSON, OR SAW SOMEONE DIE.

| | Circle 0 if this did not happen to your child. | Circle 1 if this did happen to your child. | Write your child's age when this happened to him/her the first time. | Write your child's age when this happened to him/her the last time. | Write how many times this happened to your child. If it happened lots of times, please make your best guess. |
|---|---|---|---|---|---|
| 1. Accident or crash with automobile, plane or boat. | 0 | 1 | | | |
| 2. Attacked by an animal. | 0 | 1 | | | |
| 3. Man-made disasters (fires, war, etc.). | 0 | 1 | | | |
| 4. Natural disasters (hurricane, tornado, flood). | 0 | 1 | | | |
| 5. Hospitalization or invasive medical procedures. | 0 | 1 | | | |
| 6. Physical abuse. | 0 | 1 | | | |
| 7. Sexual abuse, sexual assault, or rape. | 0 | 1 | | | |
| 8. Accidental burning. | 0 | 1 | | | |
| 9. Near drowning. | 0 | 1 | | | |
| 10. Witnessed another person being beaten, raped, threatened with serious harm, shot at seriously wounded, or killed. | 0 | 1 | | | |
| 11. Kidnapped. | 0 | 1 | | | |
| 12. Other: | 0 | 1 | | | |

| | |
|---|---|
| 13. If more than one event happened to your child: write the number of the event that you think caused the most distress to him/her: | |

**IF THERE WERE NO TRAUMATIC EVENTS ENDORSED ABOVE, STOP HERE.**
**OTHERWISE, PLEASE CONTINUE ON NEXT PAGE.....**

1

**YCPC**

Below is a list of symptoms that children can have after life-threatening events.
When you think of ALL the life-threatening traumatic events from the first page, circle the number below (0-4) that best describes how often the symptom has bothered you in the LAST 2 WEEKS.

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Not at all | Once a week or less/ once in a while | 2 to 4 times a week/ half the time | 5 or more times a week/ almost always | Everyday |

| | | | | | |
|---|---|---|---|---|---|
| 14. Does your child have intrusive memories of the trauma? Does s/he bring it up on his/her own? | 0 | 1 | 2 | 3 | 4 |
| 15. Does your child re-enact the trauma in play with dolls or toys? This would be scenes that look just like the trauma. Or does s/he act it out by him/herself or with other kids? | 0 | 1 | 2 | 3 | 4 |
| 16. Is your child having more nightmares since the trauma(s) occurred? | 0 | 1 | 2 | 3 | 4 |
| 17. Did night terrors start or get worse after the trauma(s)? Night terrors are different from nightmares: in night terrors a child usually screams in their sleep, they don't wake up, and they don't remember it the next day. | 0 | 1 | 2 | 3 | 4 |
| 18. Does your child act like the traumatic event is happening to him/her again, even when it isn't? This is where a child is acting like they are back in the traumatic event and aren't in touch with reality. This is a pretty obvious thing when it happens. | 0 | 1 | 2 | 3 | 4 |
| 19. Since the trauma(s) has s/he had episodes when s/he seems to freeze? You may have tried to snap him/her out of it but s/he was unresponsive. | 0 | 1 | 2 | 3 | 4 |
| 20. Does s/he get upset when exposed to reminders of the event(s)? | 0 | 1 | 2 | 3 | 4 |

For example, a child who was in a car wreck might be nervous while riding in a car now.
Or, a child who was in a hurricane might be nervous when it is raining.
Or, a child who saw domestic violence might be nervous when other people argue.
Or, a girl who was sexually abused might be nervous when someone touches her.

| | | | | | |
|---|---|---|---|---|---|
| 21. Does your child get physically distressed when exposed to reminders? Like heart racing, shaking hands, sweaty, short of breath, or sick to his/her stomach?" | 0 | 1 | 2 | 3 | 4 |

Think of the same type of examples as in #20.

| | | | | | |
|---|---|---|---|---|---|
| 22. Does your child show persistent negative emotions (fear, guilt, sadness, shame, confusion) that are <u>not</u> triggered by exposure to reminders of the event as in #20? | 0 | 1 | 2 | 3 | 4 |

**PLEASE CONTINUE ON NEXT PAGE…..**

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Not at all | Once a week or less/ once in a while | 2 to 4 times a week/ half the time | 5 or more times a week/ almost always | Everyday |

| | | | | | |
|---|---|---|---|---|---|
| 23. Does your child try to avoid people or conversations that might remind him/her of the trauma(s)? For example, if other people talk about what happened, does s/he walk away or change the topic? | 0 | 1 | 2 | 3 | 4 |
| 24. Does your child try to avoid things or places that remind him/her of the trauma(s)? For example, a child who was in a car wreck might try to avoid getting into a car. Or, a child who was in a flood might tell you not to drive over a bridge. Or, a child who saw domestic violence might be nervous to go in the house where it occurred. Or, a girl who was sexually abused might be nervous about going to bed because that's where she was abused before. | 0 | 1 | 2 | 3 | 4 |
| 25. Has s/he lost interest in doing things that s/he used to like to do since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 26. Since the trauma(s) has your child become more distant and withdrawn from family members, relatives, or friends? | 0 | 1 | 2 | 3 | 4 |
| 27. Since the trauma(s), does your child show a restricted range of positive emotions on his/her face compared to before? | 0 | 1 | 2 | 3 | 4 |
| 28. Has your child become more irritable, or had outbursts of anger, or developed extreme temper tantrums since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 29. Has s/he been more "on the alert" for bad things to happen? For example, does s/he look around for danger? | 0 | 1 | 2 | 3 | 4 |
| 30. Does your child startle more easily than before the trauma(s)? For example, if there's a loud noise or someone sneaks up behind him/her, does s/he jump or seem startled? | 0 | 1 | 2 | 3 | 4 |
| 31. Has your child had more trouble concentrating since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 32. Has s/he had a hard time falling asleep or staying asleep since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |
| 33. Has your child become more physically aggressive since the trauma(s)? Like hitting, kicking, biting, or breaking things. | 0 | 1 | 2 | 3 | 4 |
| 34. Has s/he become more clingy to you since the trauma(s)? | 0 | 1 | 2 | 3 | 4 |

**PLEASE CONTINUE ON NEXT PAGE…..**

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Not at all | Once a week or less/ once in a while | 2 to 4 times a week/ half the time | 5 or more times a week/ almost always | Everyday |

| | | | | | |
|---|---|---|---|---|---|
| 35. Since the trauma(s), has your child lost previously acquired skills?<br>For example, lost toilet training?<br>Or, lost language skills?<br>Or, lost motor skills working snaps, buttons, or zippers? | 0 | 1 | 2 | 3 | 4 |
| 36. Since the trauma(s), has your child developed any new fears about things that don't seem related to the trauma(s)?<br>What about going to the bathroom alone?<br>Or, being afraid of the dark? | 0 | 1 | 2 | 3 | 4 |

FUNCTIONAL IMPAIRMENT

Do the symptoms that you endorsed above get in the way of your child's ability to function in the following areas?

| 0 | 1 | 2 | 3 | 4 |
|---|---|---|---|---|
| Hardly ever/ none | Some of the time | About half the days | More than half the days | Everyday |

| | | | | | |
|---|---|---|---|---|---|
| 37. Do (symptoms) substantially "get in the way" of how s/he gets along with you, interfere in your relationship, or make you feel upset or annoyed? | 0 | 1 | 2 | 3 | 4 |
| 38. Do these (symptoms) "get in the way" of how s/he gets along with brothers or sisters, and make them feel upset or annoyed? | 0 | 1 | 2 | 3 | 4 |
| 39. Do these (symptoms) "get in the way" with the teacher or the class more than average? | 0 | 1 | 2 | 3 | 4 |
| 40. Do (symptoms) "get in the way" of how s/he gets along with friends at all – at daycare, school, or in your neighborhood? | 0 | 1 | 2 | 3 | 4 |
| 41. Do (symptoms) make it harder for you to take him/her out in public than it would be with an average child?"<br>Is it harder to go out with your child to places like the grocery store?<br>Or to a restaurant? | 0 | 1 | 2 | 3 | 4 |
| 42. Do you think that these behaviors cause your child to feel upset? | 0 | 1 | 2 | 3 | 4 |

version 12/9/13

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**SCORING**

The Traumatic Events page (items 1-13) is important to include before administering the symptom portion because it is important to know all of the traumatic events one has experienced that may be linked to symptoms. This page provides a systematic menu to facilitate recall of all events.

Symptoms are scored for totality of events in contrast to many other checklists that rate for only one event.

Items 14-36 are PTSD symptom items. Sum the scores from items 14-36. The suggested cutoff is based on a "probable diagnosis" of PTSD, which is a score of 26 or more for items 14-36. When youth have scores lower than 26 they can still have symptoms and functional impairment that would benefit from treatment.

(Items 37-42 are functional impairment items. These can summed for an impairment score but are not used for the PTSD symptoms score.)

| | Items | Probable Diagnosis Cutoff |
|---|---|---|
| PTSD Symptoms | 14-36 | ≥ 26 |
| Functional impairment | 37-42 | ≥ 4 |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Management and Dispensing of Sample Medications | **Chapter**: 05 - Organizational Management | **Subject No**: 05.01.01 |
| **Effective Date**:<br>December 1, 2007 | **Date of Review/Revision**:<br>6/8/12, 1/15/13, 6/24/14, 4/7/16, 3/15/17, 9/11/17, 6/11/18, 2/26/19, 6/12/19, 11/30/20, 4/12/22 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Chief of Health Services & Utilization Management |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:** Barbara Glassheim<br><br>**Additional Reviewers**:<br>Health Care Integration Committee |

**Purpose:**
The purpose of this policy is to establish procedures for the inventory and receipt of sample medications received from drug companies.

**Policy:**
It is the policy of SCCMHA that all sample medications distributed to SCCMHA prescribers serving direct operated programs will be managed by Genoa Pharmacy in accordance with the standards set below Sample medications are the property of the SCCMHA; Genoa Pharmacy has agreed to manage these samples under the oversight of the Health Care Integration Committee.

**Application:**
This policy applies to all prescribers working in SCCMHA direct operated programs as well as Genoa Pharmacy, drug company representatives, and SCCMHA external Network prescribers who choose to participate.

**Standards:**
A. The SCCMHA Medical Director/designee will receive and sign for all samples from drug company representatives.
    1. The supply shall be transferred directly to the sample inventory room at SCCMHA.
B. Whenever possible, medications should be delivered directly to Genoa Pharmacy.
C. SCCMHA will maintain records necessary to comply with Federal, State and all applicable requirements.

D. SCCMHA will provide Genoa Pharmacy with a list of facilities that are eligible for sample use (the jail, panel providers)
E. Drug representatives will be asked to communicate directly with Genoa Pharmacy in order to maintain adequate inventory levels.
F. Samples will be stored in a location designated by SCCMHA and will be inventoried by Genoa Pharmacy.
G. The inventory will be perpetual and available to SCCMHA upon request.
H. Genoa Pharmacy will communicate with SCCMHA when samples are needed from drug companies.
I. Genoa Pharmacy will only dispense samples to current SCCMHA consumers with an open case.
    1. Each consumer's current status will be verified by a review of the consumer's electronic health record.
J. Samples will not be dispensed without a valid prescription.
K. Genoa Pharmacy will review each situation for possible insurance coverage, drug interactions, duplicate therapies or allergies prior to dispensing samples.
L. The SCCMHA Medical Director must approve any special circumstance or specific case that would constitute a deviation from the standards set forth in this policy.
M. SCCMHA Network Providers shall be encouraged to take advantage of sample medications.
    1. Network providers that elect to utilize sample medications must have a policy addressing the supply and dispensing sample medications.
        a. The policy must be reviewed and approved by the Genoa Pharmacist and the SCCMHA Medical Director.

**Definitions:**
None

**References:**
A. CFR Code of Federal Regulations Title 21: https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfcfr/cfrsearch.cfm

**Exhibits:**
A. Sample Medication Inventory List

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Receives and signs for samples from drug representatives and makes arrangements for them to be delivered to the sample inventory room at SCCMHA. | SCCMHA Medical Director or Designee<br>Drug Company Representatives<br>Genoa Pharmacy |
| Maintains records necessary to comply with Federal, State and all applicable requirements. | SCCMHA Clinical and Finance staff |

| | |
|---|---|
| Provides Genoa Pharmacy with a list of facilities that are eligible for sample use. Asks drug representatives to communicate with Genoa Pharmacy in order to maintain adequate inventory levels. | SCCMHA Network Services Department Genoa Pharmacy, SCCMHA Medical Director |
| Stores samples in a location designated by SCCMHA and inventories samples on a regular basis. | Genoa Pharmacy |
| Communicates with the SCCMHA Medical Director's office when samples are needed from drug companies. | Genoa Pharmacy |
| Dispenses samples to individuals identified as active SCCMHA consumers through the SENTRI system with a valid prescription. | Genoa Pharmacy |
| Reviews each situation for possible insurance coverage, drug interactions, duplicate therapies or allergies prior to dispensing samples. | Genoa Pharmacy |
| Approves special circumstances. | SCCMHA Medical Director |

Exhibit A

genoa healthcare (http://www.genoahealthcare.com/)

**GENOA HEALTHCARE-20092**
500 HANCOCK ST, STE 100
SAGINAW, MI 48602
Ph:989.793.3130 Fx:989.793.3133

Data current as of: Friday, February 01, 2019 9:38AM (PST)

| Drug Name | Pkg Size | NDC # | Quantity On Hand | Packages On Hand |
|---|---|---|---|---|
| SAM-ABILIFY 10MG TAB/400MG INJ | 1 | 59148-0008-55 | 0 | 0 |
| SAM-ABILIFY MAINTENA 400MG INJ | 1 | 59148-0019-55 | 2 | 2 |
| SAM-ARISTADA 441MG/1.6ML INJ | 1 | 65757-0401-55 | 1 | 1 |
| SAM-INGREZZA 40MG CAP | 7 | 70370-1040-01 | 28 | 4 |
| SAM-INGREZZA 80MG CAP | 7 | 70370-1080-01 | 28 | 4 |
| SAM-INVEGA 3MG TAB | 7 | 50458-0550-55 | 77 | 11 |
| SAM-INVEGA 6MG TAB | 7 | 50458-0551-55 | 112 | 16 |
| SAM-INVEGA 9MG TAB | 7 | 50458-0552-55 | 84 | 12 |
| SAM-INVEGA SUST 156MG/ML INJ | 1 | 50458-0563-55 | 3 | 3 |
| SAM-INVEGA SUST 234MG/1.5 INJ | 1.5 | 50458-0564-55 | 9 | 6 |
| SAM-LATUDA 20MG TAB | 7 | 63402-0302-55 | 14 | 2 |
| SAM-LATUDA 40MG TAB | 7 | 63402-0304-55 | 112 | 16 |
| SAM-LATUDA 60MG TAB | 7 | 63402-0306-55 | 28 | 4 |
| SAM-LATUDA 80MG TAB | 7 | 63402-0308-55 | 28 | 4 |
| SAM-NAMZARIC 28-10MG CAP | 7 | 00456-1228-07 | 14 | 2 |
| SAM-PRISTIQ 50MG TAB | 7 | 00008-1211-55 | 0 | 0 |
| SAM-REXULTI 0.5MG TAB | 7 | 59148-0036-55 | 42 | 6 |
| SAM-REXULTI 1MG TAB | 7 | 59148-0037-55 | 42 | 6 |
| SAM-REXULTI 2MG TAB | 7 | 59148-0038-55 | 56 | 8 |
| SAM-REXULTI 3MG TAB | 7 | 59148-0039-55 | 42 | 6 |
| SAM-TRINTELLIX 10MG TAB | 7 | 64764-0730-55 | 56 | 8 |
| SAM-TRINTELLIX 5MG TAB | 7 | 64764-0720-55 | 56 | 8 |
| SAM-VIIBRYD 40MG TAB | 7 | 00456-1140-07 | 56 | 8 |
| SAM-VIIBRYD STARTER PACK | 1 | 00456-1101-14 | 3 | 3 |
| SAM-VRAYLAR 1.5MG CAPSULE | 7 | 61874-0115-07 | 0 | 0 |
| SAM-VRAYLAR 3MG CAPSULE | 7 | 61874-0130-07 | 56 | 8 |
| SAM-VRAYLAR STARTE PACK | 7 | 61874-0170-07 | 0 | 0 |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Process for Consumers without Insurance Benefits or Patient Assistance to Receive Medications</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.01.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/2017</td><td>Date of Review/Revision:<br>6/1/18, 6/1/20</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Allison Kalmes<br><br>Additional Reviewers:<br>Linda Santino, Karen Becker, Jennifer Keilitz</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To establish guidelines for processing of billing statements sent from pharmacies contracted with SCCMHA.

**Application:**
The entire SCCMHA network of providers

**Policy:**
If a consumer is shown to present a hardship when acquiring prescribed psychiatric medications, a process is in place which allows consumers to receive their required psychiatric medications, when this would otherwise not be possible.

**Standards:**
A payment for applicable prescribed psychiatric medications is required at the time of dispensing for psychiatric medications provided by pharmacies contracted with SCCMHA, such as Genoa Advanced Care Pharmacy of Saginaw. It is expected that consumers will submit payment at the time of a psychiatric medication being dispensed for all medications, as required. However, SCCMHA recognizes that there are instances where this may not be possible. The following circumstances may occur where a consumer shall receive their psychiatric medications without submitting the required payment at the time of receiving prescribed medications from the Contracted Pharmacy:

- Consumer presents to SCCMHA Central Access Intake (CAI) Unit requesting assistance with procuring psychiatric medications.
- Consumer receives SCCMHA Crisis Intervention Services (CIS) and is prescribed psychiatric medications by the emergency room physician.
- Consumer is admitted to a Crisis Residential Unit (CRU) and prescribed psychiatric medications by the attending physician.
- Consumer is discharged from a hospital setting with a new prescription for psychiatric medications and does not have insurance.
- Consumer presents at the Contracted Pharmacy to pick up their prescribed psychiatric medications and states they are financially unable to make the required payment.

In all of the above instances, the consumer must be without insurance, or make some indication that they are financially unable to pay for their psychiatric medications at the time of the medications being dispensed.

In any of the above instances, a consumer requires psychiatric medications and does not have insurance, prior authorization is required before the medications can be dispensed. If the consumer is referred from Central Access Intake (CAI), or discharged from a hospital (Monday through Friday), authorization is required by the CAI Supervisor. If the consumer is referred from Crisis Intervention Services (CIS), admitted to the CRU, or discharged from a hospital setting (Saturday and Sunday), authorization is required from the CIS Supervisor.

In any of the above instances, the required payment amounts for psychiatric medications prescribed will be included on a billing statement from the Contracted Pharmacy to the SCCMHA Accounting Unit. SCCMHA will be expected to cover the cost of the required payments, with the understanding that if a consumer has insurance that was not properly billed at the time of the medication being dispensed, or becomes eligible for insurance that can be retroactively billed, it is the responsibility of the Contracted Pharmacy to rebill the insurance for monetary compensation.

It will be the responsibility of the SCCMHA Admin Coordinator to the Medical Director to review each billing statement sent from the Contracted Pharmacy to determine which, if any, consumers have insurance that can be billed for monetary compensation of psychiatric medications dispensed. (See Exhibit E) The Admin Coordinator to the Medical Director will create a report, approximately once every month, to be sent to the Contracted Pharmacy indicating which consumers have insurance so that re-billing can occur. (See Exhibit F)

Consumers may receive assistance with payment for their prescribed medications for a total of thirty (30) days. However, typically the Contracted Pharmacy will only provide consumers with medications for fifteen (15) days during which time consumers are expected to apply for assistance to purchase future medications. The Contracted Pharmacy may provide the consumer with psychiatric medications at no-cost for

additional days while the consumer waits for approval of monetary assistance, but only a total of thirty (30) days worth of psychiatric medications may be dispensed.

If a consumer finds they are unable to pay for their medications and does not have insurance to assist with the payment of medications, it is the responsibility of the consumer to apply for Medicaid and/or Patient Assistance. Consumers will be informed by SCCMHA of this necessity and will be assisted by SCCMHA staff, such as the Program Coding and Compliance Specialist, CAI staff, CIS staff, or case holders, to ensure the correct steps and proper paperwork is completed. Paperwork to be completed includes:

- Application for Medicaid services (Exhibit A);
- Application for Patient Assistance for each psychiatric medication that is prescribed (Exhibit C and D);
- Submission of a current tax return and/or pay stubs;
- Some consumers may be required to submit a current bank statement.

If it is determined the consumer is ineligible for Medicaid services and is unable to receive patient assistance with purchasing their psychiatric medications, consumers will be required to complete an Ability to Pay (ATP) assessment with the assistance of SCCMHA staff, such as CAI staff, CIS staff, case holders, or the Program Coding and Compliance Specialist.

SCCMHA recognizes that not all psychiatric medications prescribed to consumers of the agency will be funded by Medicaid or other common insurances. Examples of such medications include: melatonin, various vitamin supplements, Benadryl, Benzotropine, etc. At this time, SCCMHA will fund the purchase of these medications for up to thirty (30) days if a hardship and inability to pay is determined. After this time, it is the responsibility of the consumer to fund the purchases of the listed medications. If financial assistance is needed, consumer and staff should follow the guidelines detailed above.

SCCMHA expects that medications will be dispensed to the consumer. It is SCCMHA policy that medications are **NOT** to be dispensed to Case Holders for the purpose of delivery to consumers.

It is expected that SCCMHA will fund the purchase of some consumer medications, such as injectable medications and purchases (excluding Aristrada and Trinza), sample medications provided to consumers, and medications prescribed to consumers admitted to a Crisis Residential Unit (only if consumer does not have insurance that can be billed instead and consumer is unable to receive assistance for payment). The Contracted Pharmacy will receive payment for these medications upon proper submission of a billing statement to SCCMHA.

**Definitions:**

**Ability to Pay (ATP):** an assessment which determines the ability of a responsible party to pay for the cost of services by taking into consideration the adult responsible party's total financial circumstances, including, but not limited to, income, expenses, number and condition of dependents, assets, and liabilities.

**Patient Assistance:** a program run by pharmaceutical companies which provides free or low cost medications to individuals who cannot afford to pay for their prescribed medications.

**References:**

MI Mental Health Code – Act 258 of 1974

**Exhibits:**

Exhibit A – Application for Health Coverage and Help Paying Costs
Exhibit B – Retroactive Medicaid Application
Exhibit C – Instructions for Consumer Financial Information Sheet (CFIS)
Exhibit D – Consumer Financial Information Sheet (CFIS)
Exhibit E – Billing Statement from Genoa ACP (Contracted Pharmacy)
Exhibit F – Report of Consumers with Insurance for Contracted Pharmacy

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA Consumer is prescribed psychiatric medications by a psychiatrist. | Psychiatrist |
| 2. A copy of the consumer's prescription is provided to Contracted Pharmacy with indication the consumer is unable to make a payment at this time. There are several means of providing a prescription to the pharmacy:<br>• Sent to the pharmacy by SCCMHA Central Access Intake (CAI).<br>• Sent to the pharmacy by SCCMHA Crisis Residential Unit (CRU) staff.<br>• Sent to the pharmacy by hospital staff upon consumer discharge from a hospital setting.<br>• Prescribed by psychiatrist and brought to the pharmacy by consumer. | CAI Staff/Crisis Residential Unit Staff/Hospital Staff/ Consumer |
| 3. Contracted Pharmacy should ensure | Contracted Pharmacy/CAI Supervisor/CIS |

| | |
|---|---|
| approval to waive payments for consumers without insurance is sought from appropriate parties. Approval by Central Access Intake (CAI) Supervisor is received for consumers referred through SCCMHA CAI, discharged from a hospital (Monday through Friday); and approval from the Crisis Intervention Services (CIS) Supervisor for consumers referred by CIS, admitted to the CRU, or discharged from the hospital (Saturday and Sunday). | Supervisor |
| 4. Upon receiving appropriate approval (as needed), Contracted Pharmacy should dispense consumer psychiatric medications without accepting the required payment. | Contracted Pharmacy |
| 5. Contracted pharmacy should maintain a list of all psychiatric medications dispensed to consumers without receiving the required payment. A list of these medications, organized by consumer, should be submitted to appropriate SCCMHA staff, including the Chief Financial Officer, Administrative Accounting Supervisor, Finance Cost Accountant, Admin Coordinator to the Medical Director, and Program Coding and Compliance Specialist. This list can be included in the regular bill sent by the pharmacy each month. (See Exhibit E) | Contracted Pharmacy |
| 6. Admin Coordinator to the Medical Director will review the billing statement provided by Contacted Pharmacy to determine which consumers who received waived payments have insurance that was not applied at the time of the medication being dispensed. A report should be created documenting consumers, medications, and medication payment | SCCMHA Admin Coordinator to the Medical Director |

| | |
|---|---|
| totals. | |
| 7. If the Admin Coordinator to the Medical Director determines consumers with current and active insurance were dispensed medications without insurance being billed, notification should be given to the Contracted Pharmacy so that retroactive billing of consumer insurance can be completed. If current insurance is determined available, SCCMHA will not be responsible for reimbursing the pharmacy for payments made for this consumer. (See Exhibit F) | SCCMHA Admin Coordinator to the Medical Director/Contracted Pharmacy |
| 8. An updated billing statement should be created which does not include consumers with current and active insurance. A copy of this statement is provided to the SCCMHA Medical Director who signs to indicate approval for payment to the pharmacy. Once signed, a copy of this statement is sent to the Accounting Unit for remittance to the pharmacy. | SCCMHA Admin Coordinator to the Medical Director/Medical Director |
| 9. The updated billing statement should also be sent to the Program Coding and Compliance Specialist to indicate which consumers who received psychiatric medications are without insurance or patient assistance. | Admin Coordinator to the Medical Director |
| 10. SCCMHA staff to assist eligible consumers with the necessary paperwork to apply for patient assistance and/or Medicaid insurance. See exhibits A, C, and D for required application paperwork. | Program Coding and Compliance Specialist/CAI Staff/CIS Staff/Case Holder |

EXHIBIT A – Application for Health Coverage and Help Paying Costs (14 pages)




# Application for Health Coverage & Help Paying Costs

For questions and/or problems, or help to translate, call the Beneficiary Help Line at 1-800-642-3195 or TTY 1-866-501-5656.

Spanish: Si necesita ayuda para traducir o entender este texto, por favor llame al teléfono, 1-800-642-3195 or TTY 1-866-501-5656

Arabic: TTY 1-866-501-5656

إذا كان لديكم أي سؤال، يرجى الإتصال بخط المساعدة على الرقم الهاتفي ١٩٥-٦٤٢-٨٠٠-١

## Use this application to see what coverage choices you qualify for

- Affordable private health insurance plans that offer comprehensive **coverage to** help you stay well
- A new tax credit that can immediately help pay your premiums for health coverage
- Free or low-cost insurance from Medicaid, Healthy Michigan Plan, or MIChild (Children's Health Insurance Program)

## Who can use this application?

- Use this application to apply for anyone in your family.
- Apply even if you or your child already has health coverage. You could be eligible for lower-cost or free coverage.
- Families that include immigrants can apply. You can apply for your child even if you aren't eligible for coverage. Applying won't affect your immigration status or chances of becoming a permanent resident or citizen.
- If someone is helping you fill out this application, you may need to complete Appendix C.

## Apply faster online

Apply faster online at:

- For coverage through Healthy Michigan Plan and Other programs visit **www.michigan.gov/mibridges**
- To purchase insurance through the marketplace visit **www.healthcare.gov**

## What you may need to apply

- Social Security Numbers (or document numbers for any legal need to apply immigrants who need insurance)
- Employer and income information for everyone in your family (for example, from paystubs, W-2 forms, or wage and tax statements)
- Policy numbers for any current health insurance
- Information about any job-related health insurance available to your family

## Why do we ask for this information?

We ask about income and other information to let you know what coverage you qualify for and if you can get any help paying for it. **We'll keep all the information you provide private and secure, as required by law.**

## What happens next?

Send your complete, signed application to the address on page 9. **If you don't have all the information we ask for, sign and submit your application anyway.** We'll follow-up with you within 1–2 weeks. You'll get instructions on the next steps to complete your health coverage. If you don't hear from us call our application help line at 1-855-276-4627 or 1-800-642-3195. Filling out this application doesn't mean you have to buy health coverage.

## Get help with this application?

- Visit our website **www.michigan.gov/mibridges**
- Phone: Call our **application help line at 1-855-276-4627** or our Beneficiary Helpline at 1-800-642-3195.
- In person: there may be counselors in your area who can help.
- En Español: Llame a nuestro centro de ayuda gratis al **1-855-276-4627.**

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## STEP 1 Tell us about yourself.

(We need one adult in the family to be the contact person for your application.)

| | | | |
|---|---|---|---|
| 1. First name, Middle name, Last name, & Suffix | | | |
| 2. Home address (Leave blank if you don't have one.) | | | 3. Apartment or suite number |
| 4. City | 5. State | 6. ZIP code | 7. County |
| 8. Mailing address (if different from home address) | | | 9. Apartment or suite number |
| 10. City | 11. State | 12. ZIP code | 13. County |
| 14. Phone number ( ) – | | 15. Other phone number ( ) – | |
| 16. Do you want to get information about this application by email? ☐ Yes ☐ No<br>Email address: | | | |
| 17. Preferred spoken or written language (if not English) | | | |

## STEP 2 Tell us about your family.

**Who do you need to include on this application?**

Complete the Step 2 pages for every person in your family and household, even if the person has health coverage already. The information in this application helps us make sure everyone gets the best coverage they can. The amount of help or type of program you qualify for is based on the number of people in your family and their incomes. If you don't include someone, even if they already have health coverage, your eligibility could be affected.

For adults who need coverage:

Include these people **even if they aren't applying for health coverage themselves:**

- Any spouse
- Any son or daughter under age 21 they live with, including stepchildren
- Any other person on the same federal income tax return (Including any children over age 21 that are claimed on a parent's tax return). You don't need to file taxes to get health coverage.

For children under age 21 who need coverage:

Include these people **even if they aren't applying for health coverage themselves:**

- Any parent (or stepparent) they live with
- Any sibling they live with
- Any son or daughter they live with, including stepchildren
- Any other person on the same federal income tax return. You don't need to file taxes to get health coverage.

The amount of assistance or type of program you qualify for depends on the number of people in your family and their incomes. This information helps us make sure everyone gets the best coverage they can.

**Complete Step 2 for each person in your family.** Start with yourself, then add other adults and children. If you have more than 2 people in your family, you'll need to make a copy of the pages and attach them. You don't need to provide immigration status or a Social Security Number (SSN) for family members who don't need health coverage. We'll keep all the information you provide private and secure as required by law. We'll use personal information only to check if you're eligible for health coverage.

To be eligible for coverage, parents requesting health care coverage for themselves must provide proof that the children have creditable coverage, even if not applying for the children. Credible coverage is health insurance coverage under any of the following: a group health plan; individual health insurance; student health insurance; Medicare; Medicaid; CHAMPUS and TRICARE; The Federal Employees Health Benefits Program; Indian Health Service; The Peace Corps; Public Health Plan (any plan established or maintained by a State, the U.S. government, or a foreign country); Children's Health Insurance Program (CHIP); or, a state health insurance high risk pool.

## STEP 2: PERSON 1 (Start with yourself)

Complete Step 2 for yourself, your spouse/partner and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name, Middle name, Last name, & Suffix | 2. Relationship to you? **SELF**

3. Date of birth (mm/dd/yyyy) | 4. Gender: ☐ Male ☐ Female | 5. Are you married? ☐ Yes ☐ No If YES, Spouse name:

6. Do you live with at least one or more child(ren) under the age of 19, and are you the main person taking care of this child? ☐ Yes ☐ No
If Yes, provide child(ren) names and relationship to you:

7. Are you a full-time student? ☐ Yes ☐ No

9. Are you under 21? ☐ Yes ☐ No If YES, provide parent names
Mother's name: | Father's name:

10. Social Security Number (SSN) _____ - _____ - _____
**We need this if you want health coverage and have an SSN.** Providing your SSN can be helpful if you don't want health coverage too since it can speed up the application process. We use SSNs to check income and other information to see who's eligible for help with health coverage costs. If someone wants help getting an SSN, call 1-800-772-1213 or visit socialsecurity.gov. TTY users should call 1-800-325-0778.

11. **Do you plan to file a federal income tax return NEXT YEAR?**
(You can still apply for health insurance even if you don't file a federal income tax return.)
☐ YES. **If yes,** please answer questions a–c. ☐ NO. **If no,** skip to question c.

a. **Will** you file jointly with a spouse? ☐ Yes ☐ No
**If yes,** name of spouse: _____

b. **Will** you claim any dependents on your tax return? ☐ Yes ☐ No
**If yes,** list name(s) of dependents: _____

c. **Will** you be claimed as a dependent on someone's tax return? ☐ Yes ☐ No
**If yes,** please list the name of the tax filer: _____
How are you related to the tax filer? _____

12. Are you pregnant now/last three months? ☐ Yes ☐ No **If yes,** how many babies are expected this pregnancy? _____
Due Date/end date? _____

13. **Do you need health coverage?**
(Even if you have insurance, there might be a program with better coverage or lower costs.)
☐ YES. **If yes**, answer all the questions below. ☐ NO. **If no,** skip to the income questions on page 4. Leave the rest of this page blank.

13a. Were you in foster care at age 18 or older? ☐ Yes ☐ No 14. Do you have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc) or live in a medical facility or nursing home? ☐ Yes ☐ No If yes, complete Appendix D

15. Are you a U.S. citizen or U.S. national? ☐ Yes ☐ No

16. **If you aren't a U.S. citizen or U.S. national,** do you have eligible immigration status?
☐ Yes. Fill in your document type and ID number below.
a. Immigration document type _____ b. Document ID number _____
c. Have you lived in the U.S. since 1996? ☐ Yes ☐ No d. Are you, or your spouse or parent a veteran or an active-duty member of the U.S. military? ☐ Yes ☐ No
e. U.S. entry date _____

17. Do you want help paying for medical bills from the last 3 months? ☐ Yes ☐ No Which month(s) _____

18. If Hispanic/Latino, ethnicity (OPTIONAL - check all that apply.)
☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

19. **Race (OPTIONAL - check all that apply.)**

| | | | | |
|---|---|---|---|---|
| ☐ White | ☐ American Indian or Alaska Native | ☐ Filipino | ☐ Vietnamese | ☐ Guamanian or Chamorro |
| ☐ Black or African American | ☐ Asian Indian | ☐ Japanese | ☐ Other Asian | ☐ Samoan |
| | ☐ Chinese | ☐ Korean | ☐ Native Hawaiian | ☐ Other Pacific Islander |
| | | | | ☐ Other |

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Page **3** of **14**

## STEP 2: PERSON 1 (Continue with yourself)

### Current Job & Income Information

☐ **Employed**
If you're currently employed, tell us about your income. Start with question 20.

☐ **Not employed**
Skip to question 30

☐ **Self-employed**
Skip to question 29.

**CURRENT JOB 1:**

20. Employer name and address

21. Employer phone number
( ) -

22. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

$ _____

23. Average hours worked each WEEK

**CURRENT JOB 2:** (If you have more jobs and need more space, attach another sheet of paper.)

24. Employer name and address

25. Employer phone number
( ) -

26. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

$ _____

27. Average hours worked each WEEK

28. **In the past year, did you:** ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

28a. Is your income in the previous three month consistent with the current months income? ☐ Yes ☐ No

29. **If self-employed, answer the following questions:**

a. Type of work

_____

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month?

$ _____

30. **OTHER INCOME THIS MONTH:** Check all that apply, give the amount and how often you get it.

**NOTE:** You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

☐ None

☐ Unemployment $ _____ How often? _____

☐ Pensions $ _____ How often? _____

☐ Social Security $ _____ How often? _____

☐ Retirement accounts $ _____ How often? _____

☐ Alimony received $ _____ How often? _____

☐ Net farming/fishing $ _____ How often? _____

☐ Net rental/royalty $ _____ How often? _____

☐ Other income $ _____ How often? _____

Type: _____

31. **DEDUCTIONS:** Check all that apply, give the amount and how often you get it.

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

**NOTE:** You shouldn't include a cost that you already considered in your answer to net self-employment (question 29b).

☐ Alimony paid $ _____ How often? _____

☐ Student loan interest $ _____ How often? _____

☐ Other deductions $ _____ How often? _____

Type: _____

32. **YEARLY INCOME:** **Complete only if your income changes from month to month. If you don't expect changes to your monthly income, skip to the next person.**

| Your total income **this year** | Your total income **next** year (if you think it will be different) |
|---|---|
| $ | $ |

**THANKS! This is all we need to know about you.**

## STEP 2: PERSON 2

Complete Step 2 for yourself, your spouse/partner, and children who live with you and/or anyone on your same federal income tax return if you file one. See page 1 for more information about who to include. If you don't file a tax return, remember to still add family members who live with you.

1. First name, Middle name, Last name, & Suffix

2. Relationship to you?

3. Date of birth (mm/dd/yyyy)

4. Gender: ☐ Male ☐ Female

5. Are you married? ☐ Yes ☐ No
If YES, Spouse name:

6. Does PERSON 2 live with at least one chld under the age of 19, and are they the main person taking care of this child? ☐ Yes ☐ No
If Yes, provide child(ren) names and relationship to you:

8. Is PERSON 2 a full-time student? ☐ Yes ☐ No

9. Is PERSON 2 under 21? ☐ Yes ☐ No If YES, provide parent names
Mother's name:

Father's name:

**Please answer the following questions if PERSON 2 is 22 or younger:**

10. Did PERSON 2 have insurance through a job and lose it within the past 3 months? ☐ Yes ☐ No
a. **If yes**, end date: _____ b. Reason the insurance ended: _____

11. Social Security Number (SSN) _____ - _____ - _____ **We need this if you want health care coverage and have an SSN.**

12. **Does PERSON 2 live at the same address as you?** ☐ Yes ☐ No
**If no**, list address: _____

13. **Does PERSON 2 plan to file a federal income tax return NEXT YEAR?**
(You can still apply for health insurance even if you don't file a federal income tax return.)
☐ YES. **If yes,** please answer questions a-c. ☐ NO. **If no,** skip to questions c.
a. Will PERSON 2 file jointly with a spouse? ☐ Yes ☐ No
**If yes,** name of spouse: _____
b. Will PERSON 2 claim any dependents on his or her tax return? ☐ Yes ☐ No
**If yes,** list name(s) of dependents: _____
c. Will PERSON 2 be claimed as a dependent on someone's tax return? ☐ Yes ☐ No
**If yes,** please list the name of the tax filer: _____
How is PERSON 2 related to the tax filer: _____

14. Is PERSON 2 pregnant now/last three months? ☐ Yes ☐ No **If yes,** how many babies are expected this pregnancy? _____
Due Date/end date? _____

15. Does **PERSON 2** need health coverage?
(Even if they have insurance, there might be a program with better coverage or lower costs.)
☐ YES. **If yes,** please answer questions below. ☐ NO. **If no,** skip to the income questions on page 6. Leave the rest of this page blank.

15a. Was PERSON 2 in foster care at age 18 or older? ☐ Yes ☐ No

16. Does PERSON 2 have a physical, mental, or emotional health condition that causes limitations in activities (like bathing, dressing, daily chores, etc.) or live in a medical facility or nursing home? ☐ Yes ☐ No If yes, complete Appendix D

17. Is PERSON 2 a U.S. citizen or U.S. national ☐ Yes ☐ No

18. **If PERSON 2 isn't a U.S. citizen or U.S. national,** do they have eligible immigration status?
☐ Yes. Fill in their document type and ID Number below.
a. Document type _____ b. Document ID number _____
c. Has PERSON 2 lived in the U.S. since 1996? ☐ Yes ☐ No
d. Is PERSON 2, or their spouse or parent a veteran or an active-duty member in the U.S. military? ☐ Yes ☐ No
e. U.S. entry date _____

19. Does PERSON 2 want help paying for medical bills from the last 3 months? ☐ Yes ☐ No Which month(s) _____

20. **If Hispanic/Latino, ethnicity (OPTIONAL - check all that apply.)**
☐ Mexican ☐ Mexican American ☐ Chicano/a ☐ Puerto Rican ☐ Cuban ☐ Other _____

21. **Race (OPTIONAL - check all that apply.)**

| | | | | |
|---|---|---|---|---|
| ☐ White | ☐ American Indian or Alaska Native | ☐ Filipino | ☐ Vietnamese | ☐ Guamanian or Chamorro |
| ☐ Black or African American | ☐ Asian Indian | ☐ Japanese | ☐ Other Asian | ☐ Samoan |
| | ☐ Chinese | ☐ Korean | ☐ Native Hawaiian | ☐ Other Pacific Islander |
| | | | | ☐ Other |

**Now, tell us about any income from PERSON 2 on the back.**

DCH-1426 (10/15) Previous versions are obsolete

Page **5** of **14**

## STEP 2: PERSON 2

### Current Job & Income Information

☐ **Employed**
If you're currently employed, tell us about your income. Start with question 22.

☐ **Not employed**
Skip to question 32.

☐ **Self-employed**
Skip to question 31.

**CURRENT JOB 1:**

22. Employer name and address

23. Employer phone number
( ) -

24. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

$ _____

25. Average hours worked each WEEK

**CURRENT JOB 2:** (If you have more jobs and need more space, attach another sheet of paper.)

26. Employer name and address

27. Employer phone number
( ) -

28. Wages/tips (before taxes) ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

$ _____

29. Average hours worked each WEEK

30. **In the past year, did you:** ☐ Change jobs ☐ Stop working ☐ Start working fewer hours ☐ None of these

30a. Is your income in the previous three month consistent with the current months income? ☐ Yes ☐ No

31. **If self-employed, answer the following questions:**

a. Type of work

_____

b. How much net income (profits once business expenses are paid) will you get from this self-employment this month?

$ _____

32. **OTHER INCOME THIS MONTH:** Check all that apply, give the amount and how often you get it.
**NOTE:** You don't need to tell us about child support, veteran's payment, or Supplemental Security Income (SSI).

☐ None

☐ Unemployment $ _____ How often? _____

☐ Pensions $ _____ How often? _____

☐ Social Security $ _____ How often? _____

☐ Retirement accounts $ _____ How often? _____

☐ Alimony received $ _____ How often? _____

☐ Net farming/fishing $ _____ How often? _____

☐ Net rental/royalty $ _____ How often? _____

☐ Other income $ _____ How often? _____
Type: _____

33. **DEDUCTIONS:** Check all that apply, and give the amount and how often you get it.

If you pay for certain things that can be deducted on a federal income tax return, telling us about them could make the cost of health coverage a little lower.

**NOTE:** You shouldn't include a cost that you already considered in your answer to net self-employment (question 31b).

☐ Alimony paid $ _____ How often? _____

☐ Student loan interest $ _____ How often? _____

☐ Other deductions $ _____ How often? _____
Type: _____

34. **YEARLY INCOME:** **Complete only if PERSON 2's income changes from month to month.**

**NOTE:** If you do not expect changes to PERSON 2 move on to STEP 3.

| PERSON 2's total income **this year** | PERSON 2's total income **next** year (if you think it will be different) |
|---|---|
| $ | $ |

**THANKS! This is all we need to know about PERSON 2.**

**If you have more than two people to include, make a copy of Step 2: Person 2 (pages 5 and 6) and complete.**

## STEP 3 American Indian or Alaska Native (AI/AN) family member(s)

1. **Are you or is anyone in your family American Indian or Alaska Native?**

☐ If No, skip to Step 4.

☐ Yes. If yes, go to Appendix B.

## STEP 4 Your Family's Health Coverage

Answer these questions for anyone who needs health coverage. Answer the questions for child(ren) even if not applying for the child(ren),

1. **Is anyone enrolled in health coverage now from the following?**

☐ **YES.** If yes, check the type of coverage and write the person(s) name(s) next to the coverage they have. ☐ **No.**

☐ Medicaid _____

☐ CHIP/MIChild _____

☐ (a) Medicare _____

(b) Do you want help paying Medicare premiums? ☐ Yes ☐ No

☐ TRICARE (Don't check if you have direct care or Line of Duty) _____

☐ VA health care programs _____

☐ Peace Corps _____

☐ Employer insurance _____

Name of health insurance: _____

Policy Number: _____

Is this COBRA coverage? ☐ Yes ☐ No

Is this a retiree health plan? ☐ Yes ☐ No

☐ Other

Name of health insurance _____

Policy Number: _____

Is this a limited-benefit plan (like a school accident policy)?

☐ Yes ☐ No

2. Is anyone listed on this application offered health coverage from a job? Check yes even if the coverage is from someone else's job, such as a parent or spouse.

☐ **YES.** If yes, you'll need to complete and include Appendix A. Is this a state employee benefit plan? ☐ Yes ☐ No

☐ **NO.** If no, continue to Step 5.

## STEP 5 Read & sign this application.

- I'm signing this application under penalty of perjury which means I've provided true answers to all the questions on this form to the best of my knowledge. I know that I may be subject to penalties under federal law if I provide false and or untrue information.
- I know that I must tell the Michigan Department of Health and Human Services if anything changes (and is different than) what I wrote on this application. I can visit www.michigan.gov/mibridges or call my case worker to report any changes. I understand that a change in my information could affect the eligibility for member(s) of my household.
- I know that under federal law, discrimination isn't permitted on the basis of race, color, national origin, sex, age, sexual orientation, gender identity, or disability. I can file a complaint of discrimination by visiting www.hhs.gov/ocr/office/file.
- I confirm that no one applying for health insurance on this application is incarcerated (detained or jailed). if not,

_____ is incarcerated.
(name of person)

We need this information to check your eligibility for help paying for health coverage if you choose to apply. We'll check your answers using information in our electronic databases and databases from the Internal Revenue Service (IRS), Social Security Administration, the Department of Homeland Security, and/or a consumer reporting agency. If the information doesn't match, we may ask you to send us proof.

**Renewal of coverage in future years**

To make it easier to determine my eligibility for help paying for health coverage in future years, I agree to allow the Marketplace and the State of Michigan to use income data, including information from tax returns. The Marketplace and the State of Michigan will send me a notice, let me make any changes, and I can opt out at any time.

Yes, renew my eligibility automatically for the next

☐ 5 years (the maximum number of years allowed), or for a shorter number of years:

☐ 4 years ☐ 3 years ☐ 2 years ☐ 1 year ☐ Don't use information from tax returns to renew my coverage.

**If anyone on this application is eligible for Medicaid, Healthy Michigan Plan, or MIChild**

- I am giving to the Michigan Department of Health and Human Services (MDHHS) our rights to pursue and get any money from other health insurance, legal settlements, or other third parties. I am also giving to the Michigan Department of Health and Human Services rights to pursue and get medical support from a spouse or parent.
- Does any child on this application have a parent living outside of the home? ☐ Yes ☐ No
- If yes, I know I will be asked to cooperate with the agency that collects medical and child support from an absent parent. If I think that cooperating to collect medical and child support will harm me or my children, I can tell Medicaid and I may not have to cooperate.

**Medicaid Estate Recovery (MA - Long Term Care (LTC)**

I understand that upon my death MDHHS has the legal right to seek recovery from my estate for services paid by Medicaid. This means that some or all of my estate may be recovered. MDHHS will not make a claim seek to recover against the estate while there is a legal surviving spouse or a legal surviving child who is under the age of 21, blind, or disabled. An estate consists of real and personal property. Estate Recovery only applies to certain Medicaid and Healthy Michigan Plan recipients who received Medicaid or Healthy Michigan Plan services after the implementation date of the program. MDHHS may agree not to pursue recovery if an undue hardship exists. Undue hardship waivers are temporary. For further information regarding Estate Recovery or to request an undue hardship application, call 1-800-642-3195.

**My right to appeal**

If I think the Health Insurance Marketplace or Medicaid, Healthy Michigan Plan, or MIChild has made a mistake, I can appeal its decision. To appeal means to tell someone at the Health Insurance Marketplace, Medicaid, Healthy Michigan Plan, or MIChild that I think the action is wrong, and ask for a fair review of the action. I know that I can find out how to appeal by contacting the Marketplace at **1-800-318-2596**. I know that I can be represented in the process by someone other than myself. My eligibility and other important information will be explained to me.

Bring or mail a signed, written hearing request to your MDHHS office. Faxes or photocopies are not acceptable. The DHS-18, Request for a hearing is available online at www.michigan.gov/dhs-forms.

The hearing request must be signed by you or by your parent, spouse, attorney, court-appointed guardian or conservator, or by someone else you name in a signed statement.

Michigan Administrative Hearings Service (MAHS) will deny your hearing request if we receive your request more than 90 days after we mailed the notice to deny, terminate or reduce your benefits. The person who signed the hearing request cannot show a court order or signed statement from you and is not your lawyer, spouse or parent.

**Voter Registration**

If you are not already registered to vote at your current address, would you like to register to vote? ☐ Yes ☐ No
Applying or declining to register to vote will not affect the amount of help that you will be provided. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the voter registration application form in private.

| If you believe that someone has interfered with your right to: | You may file a complaint with: |
|---|---|
| • Register to vote.<br>• Decline to register to vote.<br>• Privacy in deciding whether to register or in applying to register to vote.<br>• Choose your own political party or other political preference. | Secretary of State<br>PO Box 20126<br>Lansing, MI 48901-0726 |

***NOTE:*** *If you do not check either box, we will assume you have decided not to register to vote at this time. Checking 'yes' does not register you to vote. If you check 'yes' a voter registration application will be forwarded to you. You may also register online at www.michigan.gov/sos*

**Coordination of health care programs and providers (MA)**

The State's medical assistance program relies on a large number of managed care health programs, mental health and substance abuse programs, and private providers to deliver quality care to individuals like you. To make sure you receive a high level of care and that your benefits are coordinated, providers in the program may share information about your care (or your child or ward) with other providers in the program when such information and consultation is clinically needed.

**Information about you, your child or ward (MA)**

Necessary information may be shared between health plans and programs in which you participate. Health plans, programs and providers that deliver health care to you may share necessary information in order to manage and coordinate health care and benefits. This information may include, when applicable, information relative to HIV, AIDS, AIDS-related complex (ARC) or other communicable diseases, information about behavioral or mental health services, and referral or treatment for alcohol and drug abuse as permitted by 42 CFR Part 2.

**Sign this application.** The person who filled out Step 1 should sign this application. If you're an authorized representative you may sign here, as long as you have provided the information required in Appendix C.

| Signature | Date (mm/dd/yyy) |
|---|---|
| | |

## STEP 6 Mail completed application.

Mail your signed application to:

**Health Insurance Affordability Program**
**Michigan Department of Health and Human Services**
**P.O. Box 8123**
**Royal Oak, MI 48068-9985**

| | |
|---|---|
| Authority: The Patient Protection and Affordable Care Act (Publication L111-148) and the Health Care and Education Reconciliation Act (Publication L111-152)<br>Completion: Of this form is required to enroll in health coverage. | The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. |

# APPENDIX A

## Health Coverage from Jobs

You **DON'T** need to answer these questions unless someone in the household is eligible for health coverage from a job. Attach a copy of this page for each job that offers coverage.

**Tell us about the job that offers coverage.**

**Take the Employer Coverage Tool on the next page to the employer who offers coverage to help you answer these questions. You only need to include this page when you send in your application, not the Employer Coverage Tool.**

**EMPLOYEE Information**

| 1. Employee name (First, Middle, Last) | 2. Employee Social Security Number |
|---|---|
| | ____ - ____ - ____ |

**EMPLOYER Information**

| 3. Employer name | | 4. Employer Identification Number (EIN) |
|---|---|---|
| | | ____ - ____ |
| 5. Employer address | | 6. Employer phone number ( ) – |
| 7. City | 8. State | 9. ZIP code |

10. Who can we contact about employee health coverage at this job?

11. Phone number (if different from above) ( ) –

12. Email address

13. **Are you currently eligible for coverage offered by this employer, or will you become eligible in the next 3 months?**

☐ **Yes** (Continue)

13a. If you're in a waiting or probationary period, when can you enroll in coverage? _____ (mm/dd/yyyy)

List the names of anyone else who is eligible for coverage from this job.

Name: _____ Name: _____ Name: _____

☐ **No** (Stop here and go to Step 5 in the application)

Tell us about the **health plan** offered by this employer.

14. Does the employer offer a health plan that meets the minimum value standard*? ☐ Yes ☐ No

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and did not receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $ _____

b. How often? ☐ Hourly ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Monthly ☐ Yearly

16. What change will the employer make for the new plan year (if known)?

☐ Employer won't offer health coverage

☐ Employer will start offering health care coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much will the employee have to pay in premiums for that plan? $ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy) _____

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

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# EMPLOYER COVERAGE TOOL

Use this tool to help answer questions in Appendix A about any employer health coverage that you're eligible for (even if it's from another person's job, like a parent or spouse). The information in the numbered boxes below match the boxes on Appendix A. For example, the answer to question 14 on this page should match question 14 on Appendix A.

Write your name and Social Security number in boxes 1 and 2 and ask the employer to fill out the rest of the form. Complete one tool for each employer that offers health coverage.

## EMPLOYEE Information

The **employee** needs to fill out this section.

| 1. Employee name (First, Middle, Last) | 2. Social Security Number |
|---|---|
| | ___ - ___ - ___ |

## EMPLOYER Information

Ask the **employer** for this information.

| 3. Employer name | 4. Employer Identification Number (EIN) |
|---|---|
| | ___ - ___ |
| 5. Employer address (the Marketplace will send notices to this address) | 6. Employer phone number ( ) – |
| 7. City | 8. State / 9. ZIP code |
| 10. Who can we contact about employee health coverage at this job? | |
| 11. Phone number (if different from above) ( ) – | 12. Email address |

**13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**

☐ **Yes** (Continue)

If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage?

_____ (mm/dd/yyyy)

If you're in a waiting or probationary period, when can you enroll in coverage? _____

☐ **No** (STOP and return this form to employee)

### Tell us about the **health plan** offered by this **employer**.

Does the employer offer a health plan that covers an employee's spouse or dependent?

☐ Yes. Which people? ☐ Spouse ☐ Dependent(s)

☐ No (Go to question 14)

14. Does the employer offer a health plan that meets the minimum value standard*?

☐ Yes (Go to question 15) ☐ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered **only to the employee** (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? $ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year (if known)?

☐ Employer won't offer health coverage

☐ Employer will start offering health care coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a . How much will the employee have to pay in premiums for that plan? $ _____

b. How often? ☐ Weekly ☐ Every 2 weeks ☐ Twice a month ☐ Quarterly ☐ Yearly

Date of change (mm/dd/yyyy) _____

*An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

DCH-1426-A (10/15) Previous versions are obsolete

# APPENDIX B

## American Indian or Alaska Native Family Member (AI/AN)

Complete this appendix if you or family members are American Indian or Alaska Native. Submit this with your Application for Health Coverage & Help Paying Costs.

### Tell us about your American Indian or Alaska Native family member(s).

American Indians and Alaska Natives can get services from the Indian Health Services, tribal health programs, or urban Indian health programs. They also may not have to pay cost sharing and may get special monthly enrollment periods. Answer the following questions to make sure your family gets the most help possible.

**NOTE:** If you have more people to include, make a copy of this page and attach.

| | **AI/AN PERSON 1** | **AI/AN PERSON 2** |
|---|---|---|
| 1. Name (First name, Middle name, Last name) | First Middle<br>Last | First Middle<br>Last |
| 2. Member of a federally recognized tribe? | ☐ Yes<br>**If yes**, tribe name _____<br>☐ No | ☐ Yes<br>**If yes**, tribe name _____<br>☐ No |
| 3. Has this person ever gotten a service from the Indian Health Service, a tribal health program, or urban Indian health program, or through a referral from one of these programs? | ☐ Yes<br>☐ No<br>**If no**, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?<br>☐ Yes ☐ No | ☐ Yes<br>☐ No<br>**If no**, is this person eligible to get services from the Indian Health Service, tribal health programs, or urban Indian health programs, or through a referral from one of these programs?<br>☐ Yes ☐ No |
| 4. Certain money received may not be counted for Medicaid or the Children's Health Insurance Program (CHIP). List any income (amount and how often) reported on your application that includes money from these sources:<br>• Per capita payments from a tribe that come from natural resources, usage rights, leases, or royalties<br>• Payments from natural resources, farming, ranching, fishing, leases, or royalties from land designated as Indian trust land by the Department of Interior (including reservations and former reservations)<br>• Money from selling things that have cultural significance | $ _____<br>**How often?** _____ | $ _____<br>**How often?** _____ |

**NEED HELP WITH YOUR APPLICATION?** Visit www.michigan.gov/mibridges or call us at **1-855-276-4627**. Para obtener una copia de este formulario en Español, llame **1-855-276-4627**. If you need help in a language other than English, call **1-855-276-4627** and tell the customer service representative the language you need. We'll get you help at no cost to you. TTY users should call **1-866-501-5656**.

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# APPENDIX C

## Assistance with Completing this Application

### You can choose an authorized representative.

You can give a trusted person permission to talk about this application with us, see your information, and act for you on matters related to this application, including getting information about your application and signing your application on your behalf. This person is called an "authorized representative." If you ever need to change your authorized representative, contact the Michigan Department of Health and Human Services or CHIP. If you're a legally appointed representative for someone on this application, submit proof with the application.

| 1. Name of authorized representative (First name, Middle name, Last name) | | |
|---|---|---|
| 2. Address | | 3. Apartment or suite number |
| 4. City | 5. State | 6. ZIP code |
| 7. Phone number<br>( ) – | | |
| 8. Organization name | | 9. ID number (if applicable) |
| By signing, you allow this person to sign your application, get official information about this application, and act for you on all future matters with this agency. | | |
| 10. Your signature | | 11. Date (mm/dd/yyyy) |

### For certified application counselors, navigators, agents, and brokers only.

Complete this section if you're a certified application counselor, navigator, agent, or broker filling out this application for somebody else.

| 1. Application start date (mm/dd/yyyy) | |
|---|---|
| 2. First name, Middle name, Last name, & Suffix | |
| 3. Organization name | 11. Date (mm/dd/yyyy) |

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DCH-1426-C (10/15) Previous versions are obsolete

# APPENDIX D

## Disability

If anyone applying for healthcare coverage indicated a disability and wishes to be evaluated for other benefits such as Medicare Savings Program or Freedom to Work complete this page.

**DISABILITY** – List any person in your home who is blind or has a disability.

| Name | Medical Condition | Is this person able to work? | |
|---|---|---|---|
| | | ☐ Yes | ☐ No |
| | | ☐ Yes | ☐ No |
| | | ☐ Yes | ☐ No |

**ASSETS** – Report all assets. This may include: bank accounts, land, cards, other vehicles, boats, life insurance, investments, law suit settlements, long term care partnership policy, trusts, annuities, or any other property (including in trust). Report if anyone bought, sold, transferred, gave away or received any asset in the last 60 months. Provide proof with your name on it. If more space is needed, use the Client Comment Section below.

Has anyone in your household received a federal tax refund in the last 12 months? ☐ Yes ☐ No

If yes, Who? _____ Date? _____ How much? _____

| | Name of Owner | Financial Institution | Account Number | Balance | New/Change Date |
|---|---|---|---|---|---|
| Savings | | | | | |
| | | | | | |
| Checking | | | | | |
| | | | | | |
| Other | | | | | |
| | | | | | |

**FACILITY** – List any person in your household who lives in a facility

| Patient's Name | Name of Facility | Date of Facility Admission | Address Where You Lived Before You Entered the Facility |
|---|---|---|---|
| | | | |
| | | | |

| | Yes | No | Amount | How Often Paid |
|---|---|---|---|---|
| Do you and/or your spouse have a rent, mortgage or shelter expense? | ☐ | ☐ | | |

**EXPENSES YOU OR YOUR SPOUSE ARE RESPONSIBLE TO PAY – Send proof** of all expenses with your name on it.

| Type of expense to report | Name of Person Who Incurred the Expense | Type of Expense | Amount of Expense | Amount You are Responsible to Pay |
|---|---|---|---|---|
| • Guardian<br>• Conservator<br>• Child Supper – court-ordered<br>• Care for Adult with Disabilities<br>• Employment-related<br>• Dependent Care Expenses<br>• Medical | | | | |
| | | | | |
| | | | | |
| | | | | |

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EXHIBIT B – Retroactive Medicaid Application (3 pages)

## RETROACTIVE MEDICAID APPLICATION

1. My family has unpaid medical bills for the month(s) of:

| **First Month** Month Year | **Second Month** Month Year | **Third Month** Month Year |
|---|---|---|
| ANSWER QUESTIONS 2-9 FOR EACH MONTH APPLIED FOR IN QUESTION 1. | | |
| 2. List yourself and the name of each family member who lived with you at any time during the **first month** or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month. | 2. List yourself and the name of each family member who lived with you at any time during the **second month** or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month. | 2. List yourself and the name of each family member who lived with you at any time during the **third month** or who you claim as a dependent on your tax return. Check yes if the person has unpaid medical expenses this month. |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| ☐ YES | ☐ YES | ☐ YES |
| 3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the **first month**? ☐ YES ☐ NO If YES, enter name of family member(s): | 3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the **second month**? ☐ YES ☐ NO If YES, enter name of family member(s): | 3. Was a family member(s) in a hospital, nursing home, or away from home on the last day of the **third month**? ☐ YES ☐ NO If YES, enter name of family member(s): |
| | | |
| 4. Explain any changes during the **first month** (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. | 4. Explain any changes during the **second month** (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. | 4. Explain any changes during the **third month** (child born, family member left or returned home, married, divorced, died, began or ended pregnancy, began or quit work) and indicate date of change. |
| | | |

**over**

DHS-3243 (Rev. 10-14) Bridges

**INCOME:** For each month applied for, attach proof of all income received.

| 5. **Was any family member employed or self-employed in any of the months listed in question 1? ☐ YES ☐ NO If YES, complete the following:** | **FIRST MONTH** | | **SECOND MONTH** | | **THIRD MONTH** | |
|---|---|---|---|---|---|---|
| | Total monthly earned income before deductions. | Names of children receiving child care due to employment. | Total monthly earned income before deductions. | Names of children receiving child care due to employment. | Total monthly earned income before deductions. | Names of children receiving child care due to employment. |
| Person employed: | $ | | $ | | $ | |
| | $ | | $ | | $ | |
| Name of Self-Employed Person | Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) | | Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) | | Gross Monthly income, minus allowable federal tax deductions (DEPRECIATION not allowed) | |
| | | | | | | |

**EXPENSES:** Attach copy of court order(s) for child support paid.

| 6. **Did any family member pay child support in any of the months listed in question 1? ☐ YES ☐ NO If YES, complete the following:** | Total monthly child support paid per person | Total monthly child support paid per person | Total monthly child support paid per person |
|---|---|---|---|
| Person(s) paying child support: | $ | $ | $ |
| 7. **Did any family member pay guardianship/conservator expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays?** | Total monthly guardianship/ conservator expenses paid per person | Total monthly guardianship/ conservator expenses paid per person | Total monthly guardianship/ conservator expenses paid per person |
| Person(s) paying guardianship/ conservator expenses: | $ | $ | $ |
| 8. **Does any family member pay alimony expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays?** | Total monthly alimony expenses paid per person | Total monthly alimony expenses paid per person | Total monthly alimony expenses paid per person |
| Person(s) paying alimony expenses: | $ | $ | $ |
| 9. **Did any family member pay student loan expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays?** | Total monthly student loan expenses paid per person | Total monthly student loan expenses paid per person | Total monthly student loan expenses paid per person |
| Person(s) paying student loan expenses: | $ | $ | $ |
| 10. **Did any family member pay other expenses in any of the months listed in question 1? ☐ YES ☐ NO If YES, who pays?** | Total monthly other expenses paid per person | Total monthly other expenses paid per person | Total monthly other expenses paid per person |
| Person(s) paying other expenses: | $ | $ | $ |

11. **OTHER INCOME**: Include income of all family members. Each item must be answered YES or NO.

| | **FIRST MONTH** Month Year | | | | **SECOND MONTH** Month Year | | | | **THIRD MONTH** Month Year | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **INCOME TYPE** | **YES/NO** | | **MONTHLY AMOUNT** | **WHOSE INCOME** | **YES/NO** | | **MONTHLY AMOUNT** | **WHOSE INCOME** | **YES/NO** | | **MONTHLY AMOUNT** | **WHOSE INCOME** |
| Social Security Benefits (RSDI) | | | $ | | | | $ | | | | $ | |
| Supplemental Security Income (SSI) | | | $ | | | | $ | | | | $ | |
| Retirement or Pension Benefits | | | $ | | | | $ | | | | $ | |

DHS-3243 (Rev. 10-14) Bridges

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Disability Benefits | | | $ | | | | $ | | | | $ | |
| Rental Income | | | $ | | | | $ | | | | $ | |
| Workers Compensation | | | $ | | | | $ | | | | $ | |
| Child Support | | | $ | | | | $ | | | | $ | |
| Alimony | | | $ | | | | $ | | | | $ | |
| Unemployment compensation | | | $ | | | | $ | | | | $ | |
| Military Allotments | | | $ | | | | $ | | | | $ | |
| Gambling Distributions (Casino profit sharing) | | | $ | | | | $ | | | | $ | |
| Other | | | $ | | | | $ | | | | $ | |

12. **ASSETS**: Include assets of all family members. Each item must be answered YES or NO. Attach proof of asset value for each retro month applied for.

| | **FIRST MONTH** Month Year | | | | **SECOND MONTH** Month Year | | | | **THIRD MONTH** Month Year | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **ASSET TYPE** | **YES/NO** | | **AMOUNT/VALUE** | **OWNER(S)** | **YES/NO** | | **AMOUNT/VALUE** | **OWNER(S)** | **YES/NO** | | **AMOUNT/VALUE** | **OWNER(S)** |
| Cash on hand, in a safety deposit box or patient trust fund | | | $ | | | | $ | | | | $ | |
| Savings, Checking or Credit Union Accounts | | | $ | | | | $ | | | | $ | |
| Home, life estate, life lease | | | $ | | | | $ | | | | $ | |
| Real Estate (not your home) | | | $ | | | | $ | | | | $ | |
| Mortgage, land contract or other notes payable to household member | | | $ | | | | $ | | | | $ | |
| Savings bonds or money market funds | | | $ | | | | $ | | | | $ | |
| Stocks or mutual funds | | | $ | | | | $ | | | | $ | |
| IRA, KEOGH, 401K or deferred compensation accounts | | | $ | | | | $ | | | | $ | |
| Trust Fund(s) | | | $ | | | | $ | | | | $ | |
| Life insurance | | | $ | | | | $ | | | | $ | |
| Annuity | | | $ | | | | $ | | | | $ | |
| Cars, trucks, boats, motorcycles, other vehicles | | | $ | | | | $ | | | | $ | |
| Tools & Equipment, Livestock or Crops | | | $ | | | | $ | | | | $ | |
| Funeral contracts | | | $ | | | | $ | | | | $ | |
| Burial plot(s), casket, etc. | | | $ | | | | $ | | | | $ | |
| Certificates of Deposit (C.D.) or savings certificates | | | $ | | | | $ | | | | $ | |
| Other | | | $ | | | | $ | | | | $ | |

**I CERTIFY THAT ALL INFORMATION I HAVE WRITTEN ON THIS FORM IS TRUE TO THE BEST OF MY KNOWLEDGE.**

| Signature | Date |
|---|---|
| | |

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

**AUTHORITY:** Federal 42 CFR 435 **COMPLETION:** Voluntary **PENALTY:** No medical coverage will be authorized.

DHS-3243 (Rev. 10-14) Bridges

# Instructions for Consumer Financial Information Sheet

*When the PCP is printed, it will include the new Consumer Financial Information Sheet which needs to be completed.* ***This will print with only the Consumer Name and Consumer ID # pre-populated in the form.*** *The rest of the information will need to be gathered from consumer/parent/guardian, as the case may be.*

## Consumer Information:

**Street Address**
**City**
**State**
**Zip Code**
**Date of Birth:** consumer's date of birth (month/day/year)
**Age:** consumer's age as of date of completion of Consumer Financial Information
**Gender**: check Male or Female
**Soc Sec #**: consumer's Social Security Number
**Marital Status**: check box that applies
**Primary Care Physician:** name of consumer's Primary Care Physician
Indicate telephone numbers where consumer/parent/guardian can be contacted and specify whether:

- **Home Phone**
- **Cell Phone**
- **Other Phone**

**Parents/Spouse/Guardian**:

**Spouse's Name**: name of spouse, if consumer is married
**Guardian's Name**: name of guardian, if applicable
**Mother's Name (if minor)**

- **Responsible for consumer's medical and hospital expenses** – check box if the mother is responsible for medical and hospital expenses

**Father's Name (if minor)**

- **Responsible for consumer's medical and hospital expenses** – check box if the father is responsible for medical and hospital expenses

**Name of Person Responsible to Pay Bill**: who is responsible for paying this consumer's bills?
**Consumer's Relationship to Person Responsible to Pay Bill**: check box that applies; if consumer is responsible to pay his/her own bill, check "self"
**Street Address of Person Responsible to Pay Bill**:
**City**
**State**
**Zip Code**

## **Employment Income**:

***If consumer is eligible to MI Child, ABW or is in Foster Care, DO NOT complete this section. Skip to* Income Tax *section.***

**Consumer's Employment/Income**:

**Consumer's Type of Employment:** check the statement that correctly describes consumer's type of employment

**Does consumer earn minimum wage or higher?** check Yes or No

**Name of Employer:** name of consumer's employer

**Employment Income:** specify $ income amount and indicate whether per: week, month, or year

**Consumer's Other Income:**

If consumer is receiving any of the types of income listed, indicate the $ amount that he/she receives per month in the spaces provided for each of the types of income. Examples of **Other** income are Adoption Subsidy, Family Support Subsidy, etc.

**Spouse's Employment/Income:**

**Name of Employer:** name of spouse's employer

**Employment Income:** specify $ income amount and indicate whether per: week, month, or year

**Spouse's Other Income:**

If spouse is receiving any of the types of income listed, indicate the $ amount that he/she receives per month in the spaces provided for each of the types of income. Examples of **Other** income are Adoption Subsidy, Family Support Subsidy, etc.

**Mother's Employment/Income:**

**Name of Employer:** name of mother's employer

**Employment Income:** specify $ income amount and indicate whether per: week, month, or year

**Mother's Other Income:**

If mother is receiving any of the types of income listed, indicate the $ amount that she receives monthly in the spaces provided for each of the types of income. Examples of **Other** income are Adoption Subsidy, Family Support Subsidy, etc.

**Father's Employment/Income:**

**Name of Employer:** name of father's employer

**Employment Income:** specify $ income amount and indicate whether per: week, month, or year

**Father's Other Income:**

If father is receiving any of the types of income listed, indicate the $ amount that he receives monthly in the spaces provided for each of the types of income. Examples of **Other** income are Adoption Subsidy, Family Support Subsidy, etc.

## Income Tax:

Indicate in the spaces provided the number of exemptions claimed for tax purposes:

**# of Exemptions claimed on your Federal Taxes**
**# of Individuals 65 or older**
**# of Individuals qualifying for special exemptions**
**(blind, deaf, or totally and permanently disabled)**
**# of Children ages 18 & under claimed in MI exemptions**

## Insurance:

Indicate **ID numbers** if consumer is covered by the following insurance:

**Medicaid ID #:**
**ABW ID #:**
**Medicare ID#:**
**MI Child ID #:**

**Other Insurance:** if consumer is covered by other insurance, please provide the following information **for each of the insurance companies**:

**Name of Insurance**: example: Blue Cross Blue Shield of Michigan
**Effective Date**: date insurance policy is effective as of
**Contract #**: (found on the insurance card)
**Policy#:** (found on the insurance card)
**Group #:** (found on the insurance card)
**Policy Holder Name:** name of holder of insurance policy
**Relationship to Consumer:** policy holder's relationship to consumer
**Date of Birth**: date of birth of policy holder
**Soc Sec#**: Social Security Number of Policy holder

## Ability to Pay Calculation (for SCCMHA/Provider Use Only):

**The State of Michigan requires that we use the latest State of Michigan Income Tax Return to calculate Ability to Pay.**

Please obtain a copy of the most recently filed State of Michigan Income Tax Return and enter the amount on **line 16 of MI 1040** in the space provided. This is the amount that will be used to calculate the **Monthly Maximum Charge** (Calculated Ability to Pay).

Refer to Public Mental Health System Ability-To-Pay Schedule to determine monthly ATP (see page 5 of Instructions).

ATP will be automatically $0.00 if the consumer has any of the following:

- Medicaid
- ABW
- MI Child
- Children's Waiver

If a State of Michigan income tax return was not filed, ATP will be determined based on the information provided in the Consumer Financial Information Sheet.

*After completion of the Consumer Financial Information, Front Desk Associates will enter and scan the information in Sentri.*

*Providers who do not have access to enter Consumer Financial Information directly in Sentri should send completed forms to the SCCMHA Administrative Accounting Supervisor.*

EXHIBIT D – Consumer Financial Information Sheet (4 pages)

sentri

# *Consumer Financial Information Sheet*

## CONSUMER INFORMATION

### Consumer Information

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| Test | Admin | G | 000000024 |

| STREET ADDRESS | CITY | STATE | ZIP |
|---|---|---|---|
| 500 Hancock | Saginaw | MI | 48601 |

| DATE OF BIRTH | AGE | GENDER | SOC SEC # | HOME PHONE |
|---|---|---|---|---|
| 10/10/2003 | 13 | ☒ Male ☐ Female | XXX-XX-9997 | |

MARITAL STATUS

☐ Never Married ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

CELL PHONE

PRIMARY CARE PHYSICIAN AND / OR NAME OF CLINIC

Visiting Physicians - Bay City

OTHER PHONE

### Parents / Spouse / Guardian

| SPOUSE'S NAME | GUARDIAN'S NAME |
|---|---|
| | |

| MOTHER'S NAME (if minor) | FATHER'S NAME (if minor) |
|---|---|
| ☐ responsible for consumer's medical and hospital expenses | ☐ responsible for consumer's medical and hospital expenses |

| NAME OF PERSON RESPONSIBLE TO PAY BILL | CONSUMER'S RELATIONSHIP TO PERSON RESPONSIBLE TO PAY BILL |
|---|---|
| | ☐ Self ☐ Spouse ☐ Child ☐ Other _____ |

| STREET ADDRESS OF PERSON RESPONSIBLE TO PAY BILL | CITY | STATE | ZIP |
|---|---|---|---|
| | | | |

## EMPLOYMENT / INCOME

***If consumer is eligible for MIChild, ABW or is in Child Foster Care, Do NOT complete this section***

### Consumer's Employment / Income

CONSUMER'S TYPE OF EMPLOYMENT

☐ Employed full-time (30+ hrs/wk)
☐ Employed part-time (<30 hrs/wk)
☐ Unemployed (looking for work / laid off)
☐ In unpaid work (volunteer, internship)
☐ Self-employed (micro-enterprise)
☐ Sheltered workshop or facility-based work
☐ Enclaves / mobile crews (hotel crews)
☐ Facility-based activity program (day program, respite)
☐ Not in the competitive work force (homemaker, child, retired)

**Does consumer earn minimum wage or higher?** ☐ Yes ☐ No

| NAME OF EMPLOYER | EMPLOYMENT INCOME |
|---|---|
| | $_____ per ☐ Week ☐ Month ☐ Year |

CONSUMERS OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

### Spouse's Employment / Income

| NAME OF EMPLOYER | EMPLOYMENT INCOME |
|---|---|
| | $_____ per ☐ Week ☐ Month ☐ Year |

SPOUSE'S OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| Test | Admin | G | 000000024 |

**Mother's Employment / Income**

NAME OF EMPLOYER

EMPLOYMENT INCOME

$_____ per ☐ Week ☐ Month ☐ Year

MOTHER'S OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

**Father's Employment / Income**

NAME OF EMPLOYER

EMPLOYMENT INCOME

$_____ per ☐ Week ☐ Month ☐ Year

FATHER'S OTHER INCOME

DHS Food Stamps $_____ DHS Cash Assistance $_____ Soc Sec $_____ SSI $_____

SSDI $_____ Child Supp $_____ Pension $_____ Unemployment $_____ Other $_____

**INCOME TAX**

| # OF EXEMPTIONS CLAIMED ON YOUR FEDERAL TAXES | # OF INDIVIDUALS 65 OR OLDER |
|---|---|
| # OF INDIVIDUALS QUALIFYING FOR SPECIAL EXEMPTIONS *(blind, deaf, or totally and permanently disabled)* | # OF CHILDREN AGES 18 AND UNDER CLAIMED IN MI EXEMPTIONS |

**INSURANCE**

| MEDICAID ID # | ABW ID # |
|---|---|
| ☐ *Verified by staff* ☐ *Not verified* | ☐ *Verified by staff* ☐ *Not verified* |
| MEDICARE ID # | MI CHILD ID # |
| ☐ *Verified by staff* ☐ *Not verified* | ☐ *Verified by staff* ☐ *Not verified* |

**Other Insurance** ☐ Verified by Staff ☐ Not verified

| NAME OF INSURANCE | | EFFECTIVE DATE |
|---|---|---|
| CONTRACT # | POLICY # | GROUP # |
| POLICY HOLDER NAME | | RELATIONSHIP TO CONSUMER |
| DATE OF BIRTH | | SOC SEC # |

| NAME OF INSURANCE | | EFFECTIVE DATE |
|---|---|---|
| CONTRACT # | POLICY # | GROUP # |
| POLICY HOLDER NAME | | RELATIONSHIP TO CONSUMER |
| DATE OF BIRTH | | SOC SEC # |

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| Test | Admin | G | 000000024 |

| NAME OF INSURANCE | EFFECTIVE DATE |
|---|---|
| | |

| CONTRACT # | POLICY # | GROUP # |
|---|---|---|
| | | |

| POLICY HOLDER NAME | RELATIONSHIP TO CONSUMER |
|---|---|
| | |

| DATE OF BIRTH | SOC SEC # |
|---|---|
| | |

| ABILITY TO PAY CALCULATION (SCCMHA / PROVIDER USE ONLY) | |
|---|---|
| State taxable income derived from the Michigan Income Tax Return on the responsible parties (line 16 of MI-1040)<br><br>*Based on the above amount, refer to ATP schedule to determine ATP.* | |
| Monthly Maximum Charge (Calculated Ability to Pay) | Date of Ability to Pay Determination |
| | |

| LAST NAME | FIRST NAME | M.I. | CONSUMER I.D. # |
|---|---|---|---|
| Test | Admin | G | 000000024 |

## SIGNATURES

- I agree that the information used in the determination of my (or my dependent's) ability to pay is accurate.
- I agree to notify the **SCCMHA Reimbursement Department** if any of this information changes while I am being treated by SCCMHA.
- I understand that the Client Financial Record describes my ability to pay for any mental health services that I (or my dependent) receive from SCCMHA.
- I understand that SCCMHA may need to release my health information to insurance companies and/or third party payers to receive payment for services or benefits that I receive. I give permission to SCCMHA to release my health information for that purpose.
- I give permission for SCCMHA to receive payments directly, (that otherwise may be payable to me) for services or benefits given in the examination and/or treatment of my (or my dependent's) condition.
- I understand that if I receive any payment from an insurance company for services which were provided, I must immediately give that payment to SCCMHA.
- I understand that my financial liability is the amount decided to be my monthly ability to pay **plus** any amount the insurance company may pay. The total of my monthly ability to pay plus insurance benefits will not exceed the total charge of the service.
- I understand that if I (or my dependent) have a zero ability to pay due to active Medicaid, ABW or MI Child coverage, I am responsible to notify the **SCCMHA Reimbursement Department** immediately of any change to my Medicaid, ABW or MI Child coverage.
- I understand that I will be required to gather data about my financial situation if I no longer have Medicaid, ABW or MI Child coverage.
- I understand that if SCCMHA is responsible for residential services for me (or my dependent), I will be required to provide full financial information, including all income, expenses, assets and liabilities.

SIGNATURE OF PERSON RESPONSIBLE TO PAY BILL _____ DATE _____

SIGNATURE OF INTERVIEWER _____ DATE _____

EXHIBIT E – Billing Statement from Genoa ACP (Contracted Pharmacy)

## ABC MANAGED CARE

PHAR_001.009
$42,811.46
Process Date: 2/1/2017 thru 2/28/2017

## Claims Detail by Specific Pharmacy

System: 0075 ABC MANAGED CARE Sponsor: 0543 ADVANCED CARE PHARMACY SER LLC MasterGroup: 94062-000 SAGINAW Group: SGCAID - (94062-007) SAGINAW CENTRAL ACCESS INTAKE NABP: All

| NCPDP / NDC | Chain/Pharmacy/Drug Name | DOB / Rx Number | Rx Date | City / Met Qty | State/ D/S | Claims | | Ing Paid | Disp Fee | Tax | Claim Total | Copay | Amt Paid |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | System Total: | | | | | 3 | | -$95.57 | -$11.31 | $0.00 | -$106.88 | $0.00 | -$106.88 |
| | Sponsor Totals: | | | | | 3 | | -$95.57 | -$11.31 | $0.00 | -$106.88 | $0.00 | -$106.88 |
| | ********** Retail ********** | | | | | 3 | 100.0% | -$95.57 | -$11.31 | $0.00 | -$106.88 | $0.00 | -$106.88 |
| 236542 | ADVANCED CARE PHARMACY SERVICES- | | | SAGINAW | MI | 3 | 100.0% | -$95.57 | -$11.31 | $0.00 | -$106.88 | $0.00 | -$106.88 |
| 0502461000-00 | CONSUMER A* | 12/15/1975 | | | | 1 | 33.3% | -$22.80 | -$3.77 | $0.00 | -$26.57 | $0.00 | -$26.57 |
| 68382-0036-10 | VENLAFAXINE CAP 150MG ER | 6596510 | 11/17/2016 | 30.00 | 30 | 1 | | -$22.80 | -$3.77 | $0.00 | -$26.57 | $0.00 | -$26.57 |
| 0020029000-00 | CONSUMER B* | 1/15/1955 | | | | 1 | 33.3 | -$71.37 | -$3.77 | $0.00 | -$75.14 | $0.00 | -$75.14 |
| 65628-0201-05 | VANCOMYCN 50 SOL 50MG/ML | 6597382 | 11/28/2016 | 150.00 | 28 | 1 | | -$71.37 | -$3.77 | $0.00 | -$75.14 | $0.00 | -$75.14 |
| 0018716000-00 | CONSUMER C* | 6/13/1948 | | | | 1 | 33.3% | -$1.40 | -$3.77 | $0.00 | -$5.17 | $0.00 | -$5.17 |
| 68001-0151-00 | CARVEDILOL TAB 12.5MG | 6596495 | 11/18/2016 | 14.00 | 7 | 1 | | -$1.40 | -$3.77 | $0.00 | -$5.17 | $0.00 | -$5.17 |

*Consumer names removed for HIPPA Privacy purposes

SAMPLE

EXHIBIT F – Report of Consumers with Insurance for Contracted Pharmacy

| | Expected Credits from October 2016 | | | | |
|---|---|---|---|---|---|
| Name | RX NUMBER | Amount | Date | Reason | Billing |
| [redacted] | 6592884, 6592883, 6592882 | $48.68 | 10/21/2016 | Has Medicaid | Central Access |
| [redacted] | 6589737, 6589736, 6589735 6589734 | $156.53 | 10/5/2016 | Has Medicaid | Central Access |
| [redacted] | 6591225, 6591223 | $18.27 | 10/8/2016 | Has Medicaid | New Passages |
| | | | | | |
| | | | | | |
| | | | | | |
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| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | $223.48 | | | |

SAMPLE

| | | Amount |
|---|---|---|
| Billing | | |
| Central Access for October 2016 | | $205.21 |
| Injectables for October 2016 | | $147,474.00 |
| Purchases for October 2016 | | $501.67 |
| Samples for October 2016 | | $28.85 |
| Copays for October 2016 | | $482.80 |
| Saginaw New Passage /CRU for October 2016 | | $98.70 |
| Crisis for October 2016 | | $70.53 |
| | | |
| Payment to ACP for October 2016 | | $148,861.76 |
| with anticipated credits of: | | $223.48 |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Psychiatric Supervision & SCCMHA Medical Director Role</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.01.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>8/6/01</td><td>Date of Review/Revision:<br>6/30/09, 4/11/11, 6/18/12, 6/6/13, 4/7/16, 6/11/18, 2/26/19, 6/12/19, 11/25/20, 10/11/21, 9/14/22</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Chief of Health Services & Integrated Care<br><br>Authored By: Barbara Glassheim<br><br>Reviewed By: SCCMHA Medical Director, Service Management Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this Policy is to define the intent and organizational infrastructure necessary to support psychiatric supervision in the design, delivery and quality of client care provided by Saginaw County Community Mental Health Authority (SCCMHA) in its direct and contractual service network. This policy is also intended to clarify the role of the Medical Director in the SCCMHA network.

**Policy:**
It is the policy of SCCMHA to provide supports and services to persons with intellectual and developmental disabilities, mental illness, severe emotional disturbance, substance use disorders, and persons dually diagnosed with coexisting conditions including substance use disorders and general health/medical conditions in a psychiatrically supervised service delivery system. Further, it is the policy of SCCMHA that the role and context of psychiatric supervision be clearly delineated in policy, providing for quality assurance and improvement, staff development, and the most efficient use of psychiatric resources in all settings. It is also the policy of SCCMHA that the SCCMHA Medical Director shall provide network direction and oversight in the provision of psychiatry as well as primary care collaboration throughout the SCCMHA network of service programs.

**Application:**
This policy applies to the entire SCCMHA Provider Network.

**Standards:**

A. The position and job duties of the SCCMHA Medical Director will be determined by the Chief Executive Officer (CEO) who shall ensure that the position of Medical Director is filled in compliance with the Michigan Mental Health Code.

B. The role of the Medical Director will be included in the SCCMHA table of organization, supported in policy and resource allocation.

C. All contractual network providers that offer interdisciplinary team services shall provide psychiatric supervision of covered services as required by Medicaid and contractually by SCCMHA.

D. The SCCMHA CEO shall include the Medical Director in the management and quality improvement systems allowing for adequate review and participation in service delivery and quality management decisions.

E. The SCCMHA CEO shall ensure adequate resources are available to support the role of the Medical Director in activities described in this policy.

F. The SCCMHA Medical Director shall participate in regional and state forums for community mental health medical leadership and shall advise the CEO and management team, as well as network psychiatrists, of emerging issues and new health care policy from the Michigan Department of Health and Human Services.

G. The participation of the Medical Director shall be documented in minutes of management and quality improvement meetings.

H. The Medical Director will participate in the credentialing of employed/contracted psychiatrists, physician assistants and nurse practitioners as well as for the network providers for all SCCMHA-funded programs, as part of the SCCMHA credentialing program.

I. The Medical Director shall establish, maintain and document regular communication with psychiatric staff of the agency to ensure their full knowledge of emerging issues in management and quality as well as facilitate inclusion of their involvement in the development of policy and procedure related to service delivery.

J. SCCMHA Service Provider Agreements for network providers shall include the requirements of psychiatric supervision of all primary team providers.

K. The Medical Director shall establish and document communication with the psychiatric staff of the contracted provider network to disseminate information related to best practices, SCCMHA provider network requirements, and public mental health policy.

L. The CEO, Medical Director, service directors and program supervisors shall ensure that service delivery systems are in compliance with the Michigan Medicaid Provider Manual, CARF (or any other applicable accreditation or certification) and Michigan Department of Health and Human Services requirements for community mental health service programs.

    1. Services provided in this system will not require the routine signature of the treating psychiatrist, physician assistant or nurse practitioner on clinical documents unless otherwise required by policy or payor (e.g., commercial payors, Medicaid waiver).

M. The service directors shall consult with the Medical Director in the development of new program directives, quality assurance measures and process improvements which are related to client care and service delivery.

N. The Medical Director shall ensure that legal, accreditation and regulatory required policies and procedures are in place which address health and safety and environmental health matters and shall assist service directors, program supervisors and the SCCMHA Human Resources Director in the interpretation of related issues.

O. The Medical Director, service directors and program supervisors shall routinely review needs and plan training for staff.
   1. Topics shall include, but not be limited to, diagnosis and assessment of intellectual/developmental disabilities, substance use disorders, mental illness, and severe emotional disturbance and psychopharmacological interventions for these conditions, including medication side effects, interactions and evidence-based practices, as well as person-centered and trauma informed treatment, recovery, co-occurring disorders, healthcare integration and wellness.
   2. Staff input, including network supervisors, physicians, physician assistants or nurse practitioners, regarding training needs will be taken into consideration.
   3. Participation in these trainings will be documented.

P. Service directors, program supervisors and the Medical Director shall schedule regularly available time as needed for therapists, case managers and supports coordinators to seek individual client consultation.
   1. The Medical Director shall participate in the development of procedures related to appropriate use of psychiatric consultation.

Q. Psychiatric supervision of Crisis Intervention Services shall be by consultation request of the Crisis Intervention Services therapist or supervisor.
   1. Supervision may occur by phone or via HIPAA compliant teleconference consultation in host settings (jail, hospital, emergency room or nursing home) or in the context of scheduled case review meetings.

R. Crisis intervention staff are required to present for review any pre-admission screening decision resulting in a denial of admission that the consumer did not agree with (regardless of whether the consumer requests a formal second opinion).

S. When Crisis Intervention Services staff are working in host medical settings they shall be considered to be working under the supervision of the attending physicians.
   1. SCCMHA will provide phone consultation at the request of the attending physician or crisis intervention therapist.

T. The Medical Director shall provide informal consultations and/or second opinions for network psychiatrists and promote effective physician collaboration and consultation practices including with primary or specialty care physicians to promote optimal consumer health care delivery and outcomes in varied community settings.
   1. This includes communicating with network psychiatrists, physician assistants, nurse practitioners and other community physicians as indicated in relevant SCCMHA policies or other public healthcare initiatives.
   2. This may include proactive consumer queries regarding functional status and satisfaction, as well as courtesy notices to partner physicians on changes in medications and/or treatment plans and discharge detail from service programs to help ensure continuity of care.

U. The Medical Director shall provide oversight of prescribing patterns of the staff and network psychiatrists and other prescribers making recommendations as warranted.
    1. The Medical Director shall require staff/contracted psychiatrists and network psychiatrists to use the Michigan Automated Prescription System (MAPS) when prescribing and require the use of appropriate laboratory testing available to assist in prescribing decisions and prescribe the full array of substance use disorder medications.

V. The Medical Director shall provide consultation to primary care physicians as needed.

W. The Medical Director will participate in relevant committees and meetings as needed.

**Definitions:**

**Attending Physician:** In a medical host setting (e.g., hospital), the attending physician is the physician immediately responsible for the care of the patient for whom the community mental health staff are providing consultation. This physician carries the legal role of Respondent Superior.

**Covered Services:** Services defined and required by the Michigan Department of Health and Human Services or contractually provided by Saginaw County Community Mental Health Authority

**Host Settings:** Service delivery settings operated by other agencies or institutions in which SCCMHA staff are providing consultation services or direct services. These may include schools, pediatric offices, shelters, and the jail or detention center. When the host setting is a medical facility, special psychiatric supervision procedures apply.

**Prescribing Health Care Professionals:** Psychiatrists, Nurse Practitioners, Physician Assistants.

**Primary Team Providers:** Contractual service providers who function as primary care providers for SCCMHA consumers and who serve as facilitators of the person-centered planning process.

**References:**

A. Michigan Mental Health Code, Public Act 258 of 1974 as amended, Section: http://www.legislature.mi.gov/(S(k0s2thfrnstxwrw3qtc3bs5n))/mileg.aspx?page=getObject&objectName=mcl-330-1231&highlight=Mental%20Health%20Code330.1231

B. MDHHS/SCCMHA Master Contract: Article 3.10

C. Michigan Medicaid Provider Manual: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

D. SCCMHA Policy 04.01.01 – Quality Improvement Program

**Exhibits:**

None

**Procedure:**

None

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Health Literacy | **Chapter**: 06 – Management of Health & Safety | **Subject No**: 06.01.01 |
| **Effective Date**:<br>4/10/18 | **Date of Review/Revision**:<br>6/12/19, 11/18/20, 10/12/21<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Chief of Health Services & Utilization Management<br><br>**Authored By**:<br>Barbara Glassheim<br><br>**Additional Reviewers**:<br>SCCMHA Service Management Team |

**Purpose:**
The purpose of this policy is to provide a framework to support effective communication strategies that can be of help in the delivery of services to consumers.

**Application:**
This policy applies to all SCCMHA-funded providers of services and supports to consumers and their families/natural support systems.

**Policy:**

SCCMHA recognizes that, although communication is essential for the effective delivery of healthcare services, there is often a mismatch between a provider's level of communication and a consumer's level of comprehension. Studies show that health care consumers often misinterpret or do not understand much of the information given to them by clinicians and this lack of understanding can lead to medication errors; missed appointments; inadequate knowledge and care for chronic health conditions; poor adherence to treatment regimens and self-care behaviors; poor comprehension of health information; adverse health outcomes; and increased health care costs.

A significant reason for this is inadequate health literacy – i.e., a limited ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. In addition, research shows that consumers remember and understand less than half of what clinicians explain to them.

Health literacy is comprised of two components: (1) the ability of consumers to read, understand, and act upon health related information, and (2) the capacity of professionals and organizations to communicate effectively so that consumers can make informed decisions and take appropriate actions to protect and promote their health.

Consumers need information they can understand and use to make informed decisions and take actions that protect and promote their health.

SCCMHA recognizes that providers can improve consumers' knowledge about their health care by confirming that consumers understand what they need to know and by adopting a consumer-friendly communication style that encourages questions.

SCCMHA supports the delivery of person-centered health information and services as well as lifelong learning and skills development to promote good health.

SCCMHA believes that: (1) consumers have the right to health information that helps them make informed decisions, and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life.

SCCMHA assumes that everyone may have difficulty understanding information and strives to create an environment in which consumers of all literacy levels can thrive.

**Standards:**

A. Providers shall endeavor to adhere to the following methods for improving communication with consumers:
    1. Greet consumers with a smile and a welcoming attitude.
    2. Maintain appropriate eye contact throughout the encounter.
    3. Take time to foster a consumer/family-centered approach to the provider-consumer/family interaction.
    4. Speak clearly and at a slow to moderate pace.
    5. Communicate in clear, plain, simple, nonmedical (jargon-free), conversational language and convey information with short words and short sentences and that contain only essential information, and check to make sure consumers have understood the information prior to ending the conversation.
        a. Prioritize what needs to be discussed and limit information to three to five key points.
        b. Focus on the two or three most important concepts.
    6. Use graphics.
        a. Show or draw pictures or illustrations to help improve recall.
        b. Enhance understanding by combining pictures with written or verbal explanations
        c. Keep pictures simple to promote comprehension.
    7. Limit the amount of information provided, and repeat it in order to enhance recall because information is best remembered when it is delivered in small pieces that are pertinent to the tasks at hand.
        a. Use the "**chunk and check**" method to break down the information into smaller more manageable chunks rather than providing it all at once and, in between each chunk, use methods such as teach-back to check for understanding before moving on.
    8. Use the **Teach-Back** (Exhibit B) technique to confirm understanding by asking consumers to repeat instructions.
        a. In Teach-Back providers take responsibility for adequate teaching.
            1) If consumers cannot explain or demonstrate what they should do, practitioners must assume that they did not

provide consumers with an adequate explanation or understandable instructions.

9. Encourage consumers and their supporters (family, friends, etc.) to ask questions.
    a. Make consumers feel comfortable asking questions.
    b. Enlist the aid of others (family or friends), with the consent of the consumer, to promote understanding.
    c. Consider using the **Ask-Me-3** (Exhibit A) program which encourages consumers to ask, and providers to answer, three basic questions during every encounter:
        1). What is my main problem?
        2). What do I need to do (about the problem)?
        3). Why is it important for me to do this?

B. Practitioners shall provide consumers with access to accurate and actionable health information.

C. Providers shall convey a general attitude of helpfulness.

D. Providers shall routinely offer all consumers assistance in completing forms.

E. Providers shall strive to only collect consumer health information that is essential to service delivery.

F. Providers shall converse with, collect information from, and provide assistance to consumers in their preferred language.

G. Providers shall actively listen, encourage questions, and address concerns.

H. Providers shall share practical information and provide specific instructions, using relevant examples and analogies.

I. Providers shall, whenever feasible, seek consumer input on health-related messaging that is geared to consumers.

J. Providers shall use written materials that are easy to understand in accordance with the following formatting and language standards:
    1. Written at or below the 6th-grade level or lower (at the 3rd to 5th grade levels if possible)
    2. Use short words which are one or two syllables
        a. Avoid technical words or jargon and define any medical terms that need to be used
    3. Contain short sentences
        a. Avoid complex or multipart sentences
    4. Contain short paragraphs that contain no more than two or three sentences
    5. Written in the active voice
    6. Avoid all but the most simple tables and graphs
    7. Use large font (minimum 12 point) with serifs (to make the individual letters more distinctive and easier to recognize quickly)
    8. Contain a good amount of empty space on the page
    9. Contain headings and subheadings to separate blocks of text
    10. Contain bulleted lists rather than blocks of text in paragraphs

K. Providers shall consider making follow-up phone calls to consumers after a face-to-face encounter when there is a need to reinforce particularly important information.

L. Providers shall offer developmentally and culturally sensitive education materials that focus on instructions for key behaviors that the consumer must put into action.

M. Nurses or other trained providers shall use the **Newest Vital Sign (NVS)** to assess consumers' health literacy using the materials and standards set forth by Pfizer Inc., the developer of NVS, found in Exhibit C.

1. The results of the NVS shall be documented in the consumer's electronic health record in the consumer demographics section (see Exhibit D).

**Definitions:**

**Health Literacy:** The ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. (Institute of Medicine, 2004)

Several factors can contribute to an individual's health literacy, including the person's general literacy (i.e., the ability to read, write, and understand written text and numbers), the individual's amount of experience with the health care system, the complexity of the information being presented, cultural factors that may influence decision-making, and the manner in which the material is communicated.

Health literacy requires knowledge from many topic areas, including the body, healthy behaviors, and the workings of the health care system. It is influenced by the language spoken; the ability to communicate clearly and listen carefully; and age, socioeconomic status, cultural background, past experiences, cognitive abilities, and mental health. Each of these factors affects how individuals communicate, understand, and respond to health information. For example, it can be difficult for anyone, irrespective of their literacy skills, to remember instructions or read a medication label when feeling ill.

At the proficient level, individuals have fully developed health literacy skills and can read and understand virtually all text and numerical information they might encounter in health care settings. Individuals with intermediate health literacy skills can deal with most of the text and numerical information they encounter in health care settings, although they would have difficulty dealing with dense or complicated text and documents. People with basic health literacy skills can perform the basic tasks of reading and understanding a short pamphlet that explains the importance of a screening test. People with health literacy skills below the basic level are typically unable to perform the basic tasks needed to achieve full function in today's society, including interactions with the health care system. (Weiss, 2007)

Current data indicate that more than a third of American adults (89 million people) lack sufficient health literacy to effectively undertake and execute needed medical treatments and preventive health care. Inadequate health literacy affects all segments of the population, but it is more common in certain demographic groups, including persons who are elderly, socioeconomically challenged, members of minority groups, and those with limited English language proficiency.

It should be noted that limited understanding of health concepts and health information is not solely a problem of persons with low literacy skills. Highly literate, well-educated individuals also report difficulty understanding information provided to them by clinicians, typically usually because clinicians use vocabulary and discuss physiological concepts unfamiliar to those who do not have a medical education.

**References:**


A. Committee on Health Literacy, Institute of Medicine, Nielsen-Bohlman, L., Panzer, A., Kindig, D., eds. (2004). *Health Literacy: A Prescription to End Confusion.* The National Academies Press. Washington, DC. [On-line]. Available: https://www.nap.edu/read/10883/chapter/1.

B. National Assessment of Adult Literacy (NAAL): https://nces.ed.gov/naal/

C. Office of the Surgeon General. (2007). *Proceedings from the Surgeon General's Workshop on Improving Health Literacy*. [On-line]. Available: https://www.ncbi.nlm.nih.gov/books/NBK44257/pdf/Bookshelf_NBK44257.pdf.

D. Partnership for Clear Health Communication: Ask-Me-3 www.askme3.org

E. Pfizer Inc. – Health Literacy/NVS: https://www.pfizer.com/health/literacy

F. SCCMHA Policy 02.01.01.02 – Cultural Competence

G. SCCMHA Policy 02.03.01 – Consumerism

H. SCCMHA Policy 02.03.03 – Person-centered Planning

I. SCCMHA Policy 02.03.08 – Welcoming

J. SCCMHA Policy 02.03.36 – Teach-Back

K. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. U.S. Department of Health and Human Services. Washington, DC. [On-line]. Available: https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf.

L. Weiss, B. (2007). *Health literacy and patient safety: Help patients understand, Second Edition*. American Medical Association Foundation and American Medical Association. [On-line]. Available: https://med.fsu.edu/userFiles/file/ahec_health_clinicians_manual.pdf.


**Exhibits:**

A. Ask-Me-3 Poster (Institute for Healthcare Improvement [IHI])

B. Teach-Back Poster (Children's Hospital of Wisconsin)

C. Newest Vital Sign (NVS)

D. Consumer Demographics Section of SENTRI

**Procedure:**

None

Exhibit A


Every time you talk with a health care provider
ASK THESE 3 QUESTIONS
1
What is my main problem?
2
What do I need to do?
3
Why is it important for me to do this?
When to ask questions
You can ask questions when:
• You see a doctor, nurse, pharmacist, or other health care provider.
• You prepare for a medical test or procedure.
• You get your medicine.
What if I ask and still don't understand?
• Let your health care provider know if you still don't understand what you need.
• You might say, "This is new to me. Will you please explain that to me one more time?"
Who needs to ask 3?
Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.
Ask Me 3
Good Questions for Your Good Health
Institute for Healthcare Improvement
NPSF
TOGETHER FOR SAFER CARE
To learn more, visit ihi.org/AskMe3
Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement. IHI makes Ask Me 3 materials available for distribution. Use of Ask Me 3 materials does not mean that the distributing organization is affiliated with or endorsed by IHI.

## Write your health care provider's answers to the 3 questions here:

### 1. What is my main problem?

### 2. What do I need to do?

### 3. Why is it important for me to do this?

**Asking these questions can help me:**

- ☑ Take care of my health
- ☑ Prepare for medical tests
- ☑ Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

Institute for Healthcare Improvement NPSF

TOGETHER FOR SAFER CARE

## Your provider *wants* to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

**Bring your medicines with you** the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3® is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.

Ask Me 3®
Good Questions for Your Good Health

Exhibit B

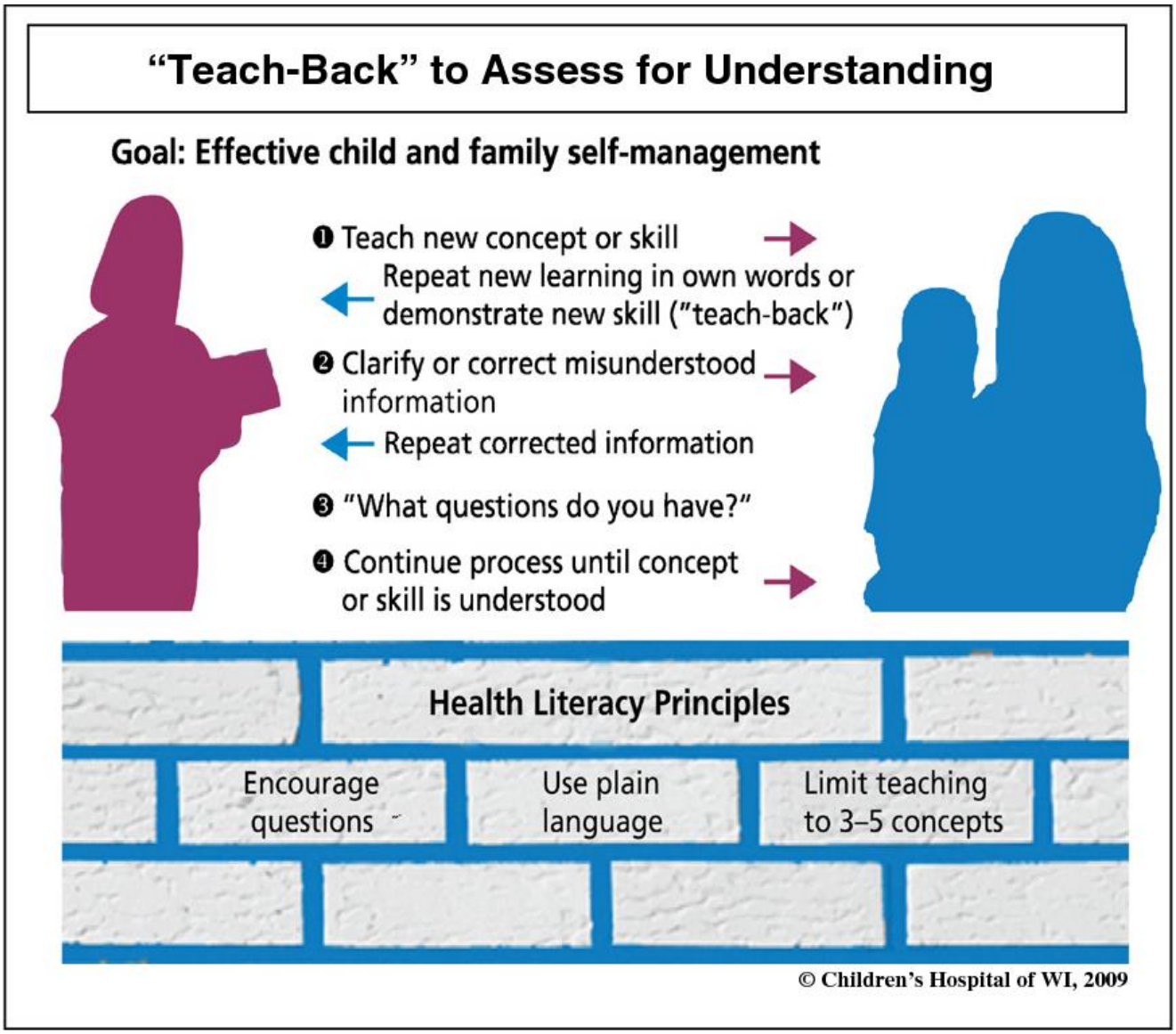
"Teach-Back" to Assess for Understanding
Goal: Effective child and family self-management
❶ Teach new concept or skill
Repeat new learning in own words or demonstrate new skill ("teach-back")
❷ Clarify or correct misunderstood information
Repeat corrected information
❸ "What questions do you have?"
❹ Continue process until concept or skill is understood
Health Literacy Principles
Encourage questions
Use plain language
Limit teaching to 3–5 concepts
© Children's Hospital of WI, 2009

Exhibit C

## How to Use the Newest Vital Sign

1. **Who and when to administer the Newest Vital Sign.**

    - **A nurse (or other trained clinic staff)** is the preferred administrator of the Newest Vital Sign.
    - Administer at the same time that other vital signs are being taken.

2. **Ask the patient to participate.**
   A useful way to ask the patient is an explanation similar to this:
   *"We are asking our patients to help us learn how well they can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help our doctors learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes."*

3. **Hand the nutrition label to the patient.**
   The patient can and should retain the nutrition label throughout administration of the Newest Vital Sign. The patient can refer to the label as often as desired.

4. **Start asking the 6 questions, one by one, giving the patient as much time as needed to refer to the nutrition label to answer the questions.**

    - There is no maximum time allowed to answer the questions. The average time needed to complete all 6 questions is about 3 minutes. However, if a patient is still struggling with the first or second question after 2 or 3 minutes, the likelihood is that the patient has limited literacy and you can stop the assessment.

    - **Ask the questions in sequence.** Continue even if the patient gets the first few questions wrong. However, **if question 5 is answered incorrectly, do not ask question 6.**
    - **You can stop asking questions if a patient gets the first four correct.** With four correct responses, the patient almost certainly has adequate literacy.

    - **Do not prompt patients who are unable to answer a question.** Prompting may jeopardize the accuracy of the test. Just say, "Well, then let's go on to the next question."

    - **Do not show the score sheet to patients.** If they ask to see it, tell them that "I can't show it to you because it contains the answers, and showing you the answers spoils the whole point of asking you the questions."

    - **Do not tell patients if they have answered correctly or incorrectly.** If patients ask, say something like: "I can't show you the answers till you are finished, but for now you are doing fine. Now let's go on to the next question."

5. **Score by giving 1 point for each correct answer (maximum 6 points).**
    - **Score of 0-1** suggests high likelihood (50% or more) of limited literacy.
    - **Score of 2-3** indicates the possibility of limited literacy.
    - **Score of 4-6** almost always indicates adequate literacy.
    - **Record the NVS score** in the patient's medical record, preferably near other vital sign measures.

## Best Practices for Implementation: Summary

- A nurse (or other trained clinic staff) is the preferred administrator of the NVS.
- Administer the NVS at the same time that the patient's other vital signs are being taken.
- Record the NVS score in the patient's chart, preferably near other vital sign measures.
- Tailor communication to ensure patient understanding.

## Why Does an Ice Cream Label Work as a Predictor of the Ability To Understand Medical Instructions?

A patient's ability to read and analyze any kind of nutrition label requires the same analytical and conceptual skills that are needed to understand and follow a provider's medical instructions. The skills, which are known as *health literacy,* are defined as the understanding and application of words (prose), numbers (numeracy), and forms (documents).

The use of an ice cream label is especially relevant as recent research in the *American Journal of Preventive Medicine* (November 2006) has shown that poor comprehension of food labels correlated highly with low-level literacy and numeracy skills. However, the study found that even patients with better reading skills could have difficulties interpreting the labels.

Whether reading a food label or following medical instructions, patients need to:

- Remember numbers and make mathematical calculations.
- Identify and be mindful of different ingredients that could be potentially harmful to them.
- Make decisions about their actions based on the given information.

**PROSE LITERACY:**

Clinical example: The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests. The skill needed to follow this instruction is **Prose Literacy.**

Ice cream label example: The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts.

**NUMERACY:**

Clinical example: A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day. The skill needed to take the medication properly is **Numeracy.**

Ice cream label example: The patient needs this same skill to calculate how many calories are in a serving of ice cream.

**DOCUMENT LITERACY:**

Clinical example: The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office. The skill needed to follow this instruction is **Document Literacy.**

Ice cream label example: The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn't eat it.

# Ice Cream Label



**Nutrition Facts**

| | |
|---|---|
| Serving Size | ½ cup |
| Servings per container | 4 |

Amount per serving

| | | | |
|---|---|---|---|
| Calories | 250 | Fat Cal | 120 |
| | | | %DV |
| **Total Fat** | 13g | | 20% |
| Sat Fat | 9g | | 40% |
| **Cholesterol** | 28mg | | 12% |
| **Sodium** | 55mg | | 2% |
| **Total Carbohydrate** | 30g | | 12% |
| Dietary Fiber | 2g | | |
| Sugars | 23g | | |
| **Protein** | 4g | | 8% |

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

**Ingredients:** Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.

# Score Sheet for the Newest Vital Sign Questions and Answers

**READ TO SUBJECT:**
**This information is on the back of a container of a pint of ice cream.**

| | ANSWER CORRECT? Yes | No |
|---|---|---|
| 1. If you eat the entire container, how many calories will you eat?<br>*Answer: 1,000 is the only correct answer* | | |
| 2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much icecream could you have?<br>*Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"* | | |
| 3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving ofice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day?<br>*Answer: 33 is the only correct answer* | | |
| 4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving?<br>*Answer: 10% is the only correct answer* | | |
| **READ TO SUBJECT:**<br>**Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.** | | |
| 5. Is it safe for you to eat this ice cream?<br>*Answer: No* | | |
| 6. Ask only if the patient responds "no" to question 5): Why not?<br>*Answer: Because it has peanut oil.* | | |
| Number of correct answers: | | |

## Interpretation

**Score of 0-1 suggests high likelihood (50% or more) of limited literacy.**
**Score of 2-3 indicates the possibility of limited literacy.**
**Score of 4-6 almost always indicates adequate literacy.**

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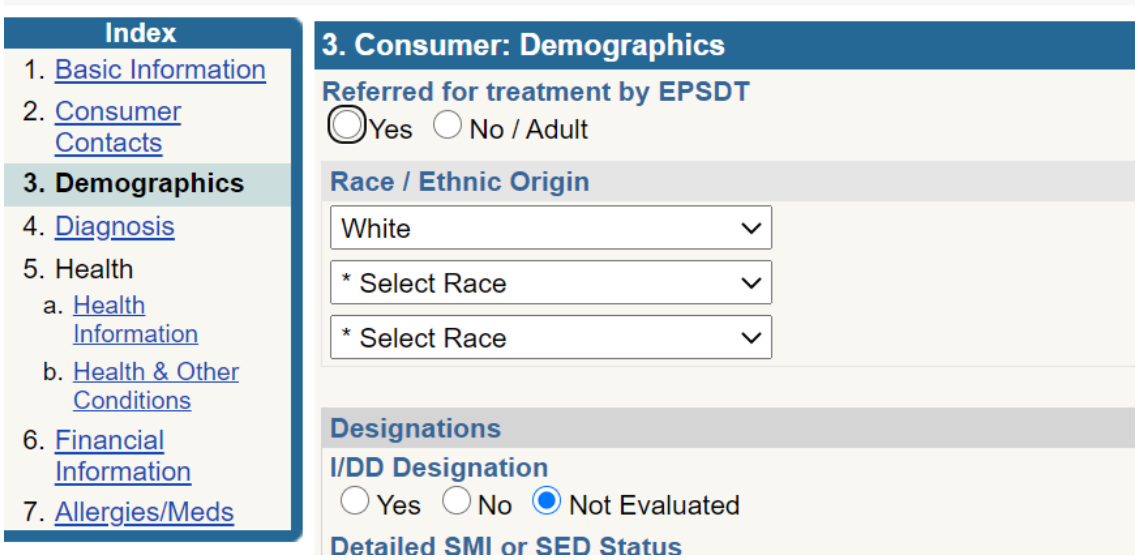
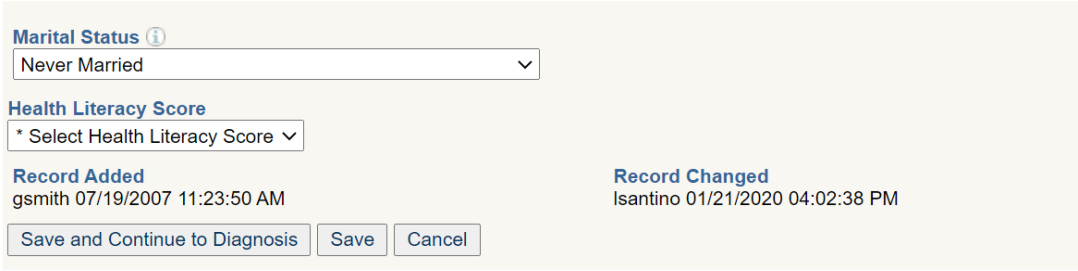
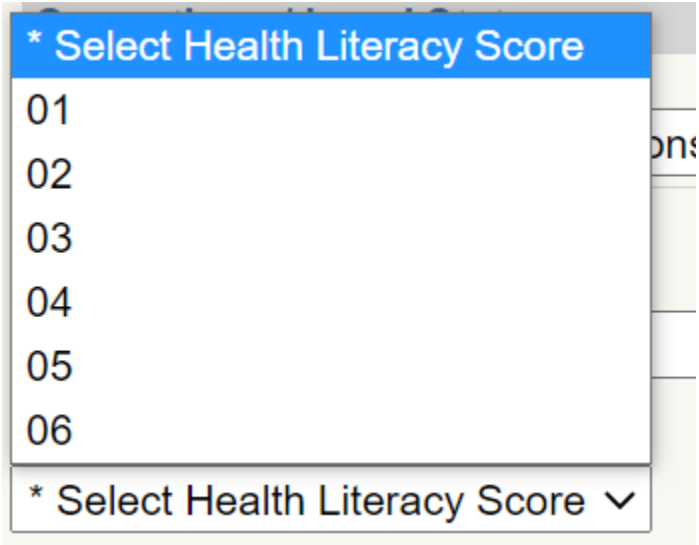
Exhibit D


Index
1. Basic Information
2. Consumer Contacts
3. Demographics
4. Diagnosis
5. Health
a. Health Information
b. Health & Other Conditions
6. Financial Information
7. Allergies/Meds
3. Consumer: Demographics
Referred for treatment by EPSDT
Yes
No / Adult
Race / Ethnic Origin
White
* Select Race
* Select Race
Designations
I/DD Designation
Yes
No
Not Evaluated
Detailed SMI or SED Status


Marital Status
Never Married
Health Literacy Score
* Select Health Literacy Score
Record Added
gsmith 07/19/2007 11:23:50 AM
Record Changed
lsantino 01/21/2020 04:02:38 PM
Save and Continue to Diagnosis
Save
Cancel


* Select Health Literacy Score
01
02
03
04
05
06
* Select Health Literacy Score

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>Infection Control | **Chapter:** 06 - Management of Health & Safety | **Subject No:** 06.01.02 |
| **Effective Date:**<br>October 1, 2003 | **Date of Review/Revision:**<br>11/19/01, 5/13/04, 7/6/05, 8/11/05, 6/18/07, 6/30/09, 6/12/12, 6/5/14, 5/6/16, 12/11/17, 7/30/18, 6/12/19, 6/10/22 | **Approved By:**<br>Sandra M. Lindsey, CEO |
| | **Supersedes:** | **Responsible Director:**<br>Chief of Health Services and Integrated Care |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By:**<br>Jen Kreiner<br><br>**Reviewed By:**<br>Coordinator of Nursing Practice, Executive Director of Clinical Services, Director of Network Services, Director of Public Policy & Continuing Education, Director of Human Resources |

**Purpose:**
The purpose of the SCCMHA infection (communicable condition) prevention and control policy is to mitigate communicable diseases using screenings, standard precautions, transmission-based precautions, universal precautions, monitoring of emerging communicable diseases, and the development and maintenance of outbreak action plans, when needed.

**Policy**:
It is the policy of SCCMHA to seek to prevent and control the spread of infectious disease and communicable conditions to protect the health of employees, staff, and consumers. All staff, providers and programs must 1) follow infectious disease procedures, 2) take appropriate precautions and 3) assist consumers to prevent and control the spread of infectious disease and communicable conditions.

**Standards:**
I. General

A. SCCMHA will provide training to staff and providers on communicable disease, standard precautions, and universal precautions.

B. SCCMHA will provide annual TB education including information about TB exposure risks for all healthcare providers.
C. Standard precautions will be followed according to CDC guidelines, at all times. This includes, but not limited to, hand hygiene, respiratory/cough etiquette, proper handling and disinfecting of equipment and the environment. Universal precautions will be followed when contact with blood/body fluids may occur.
D. Appropriate medical attention, should be obtained for treatment from a provider qualified to diagnose and treat infectious disease
E. Staff and consumers will follow SCCMHA emergency management plan and outbreak action plans from MDHHS and/or local health department in the event of a pandemic or other outbreak. Outbreak action plans will be broadcast by email and communicated to staff by supervisors.

II. Staff

A. SCCMHA employees who show signs of infectious diseases need to inform their supervisor who will, in conjunction with the Human Resource Department, arrange for an evaluation by their own physician/provider or occupational medicine to make the determination whether the employee is to remain in the workplace.

B. SCCMHA requires 2-step TB testing of all employees upon hire.
    a. After known exposure to a person with potentially infectious TB disease without use of adequate personal protection, the individual will be referred to their healthcare provider or occupational medicine clinic for diagnosis and treatment**.**

    b. In the absence of known exposure or evidence of ongoing TB transmission, employees without latent TB infection (LTBI) are not recommended to undergo routine serial TB screening or testing at any interval after baseline. Employees who may be at increased occupational risk for TB exposure should be re-tested according to the CDC and Saginaw County Health Department recommendations in the event of an outbreak. All individuals should follow the recommendations of their healthcare provider or occupational medicine clinic for treatment and/or follow up.

C. SCCMHA offers Hepatitis B vaccinations through the occupational medicine clinic to all newly hired.

III. Service Provider Programs

A. Consumers with infectious symptoms may be released from any daily programs according to site procedures.

B. When staff is made aware of infectious disease, all associated service providers will appropriately communicate, coordinate, and manage an identified infectious disease situation to prevent further spread of disease at all service locations,

including Great Lakes Bay Health Center (GLBHC) at Hancock and any necessary consumer schedule change accommodations and transportation related to the infectious condition.

C. All contractors and SCCMHA day service sites must have a written infection control policy or procedure that adheres to SCCMHA requirements and ensure staff use of evidence-based infection prevention and control procedures.

D. Staff at all service program sites will take appropriate routine precautions to prevent the spread of infectious disease and communicable conditions, including assisting consumers with precautions, prevention and management.

E. Site supervisors/home managers and other involved staff or treatment providers are encouraged to seek consultation with their local health department when patterns may be apparent.

**Application:**
This policy and procedure apply to all staff and service providers/programs of SCCMHA, both direct SCCMHA operated and contracted.

**Definitions:**
Communicable Condition - A condition capable of being transmitted from one person to another.

Waste Material – Includes but is not limited to contaminated sharps/needles, or other contaminated objects, blood and/or body fluids, bandages and/or clothing which contain waste material, or wounds that drain purulent/pus matter with or without a positive culture and other potentially infectious material.

Outbreak Action Plan- An action plan that will provide guidance to staff and consumers in the event of an outbreak.

**Reference:**
SCCMHA Employee Handbook
https://www.cdc.gov

**Exhibits:**
Exhibit A: List of Signs and Symptoms of Infection

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will provide annual educational in-services, trainings, updates and any additional necessary information concerning communicable diseases to all staff and providers. Including, but not limited to, blood-born pathogens and TB education. | 1. Network Services Training Unit |

| | |
|---|---|
| 2. Staff and providers are expected to be familiar with the signs and symptoms of infection and communicable conditions. Service sites will follow the instructions of the primary care provider or occupational medicine provider. | 2. Supervisors of SCCMHA service programs/Home Managers |
| 3. Employees who display signs and symptoms of infectious disease and communicable conditions are required to consult with their supervisors who in conjunction with the Human Resource Department will refer the employee to occupational medicine or their primary care provider for appropriate diagnosis and medical treatment. Steps to minimize exposure to co-workers and consumers will be initiated to prevent the spread of infectious diseases and communicable conditions. Steps taken may include cancellation of appointments with consumers, minimizing time spent in other employee's workspace and common areas, and increased attention to standard precautions. | 3. All Staff & Service programs |
| 4. Network providers must have policies and procedures to prevent and control infectious diseases and communicable conditions. | 4. Contracted Service Provider Programs |
| 5. The employee and supervisor share the responsibility to complete the exposure/injury report form and inform the Human Resource Department. (Refer to SCCMHA employee handbook.) | 5. SCCMHA staff, Supervisor, and Human Resource Department |
| 6. Consumers who display symptoms of an infectious disease of communicable condition may be referred to a healthcare provider such as primary care provider or walk-in clinic. Service provider programs should assist the consumer, as appropriate, in seeking medical attention including transportation and supervision as needed. | 6. Service providers |
| 7. No employee or consumer is to work or attend day program with an infectious disease or communicable condition. Refer to "List of Signs and Symptoms of Infection". | 7. Supervisors of daily/community service program settings |

| | |
|---|---|
| 8. Statistical aggregate data from state and local departments of health and the CDC. will be reviewed by the Infection Control Committee for concerning trends in infectious disease and communicable conditions to provide recommendations and requirements for the development of an outbreak action plan, if needed. | 8. Infection Control Committee, Environment of Care Committee |
| 9. Michigan Health Alert Network notifications will be monitored by the coordinator of nursing practice and communicated to the Chief of Health Services and Medical Director, as appropriate. | 9. Coordinator of nursing practice or designee. |
| 10. Hepatitis B Vaccination Series will be offered to all employees upon hire. Anyone who declines may request the series anytime in the future. | 10. Human Resources Department |

**Exhibit A**

## LIST OF SIGNS AND SYMPTOMS OF INFECTION

**NOTE:** If the client has a condition which is known to NOT BE AN INFECTION, do not categorize it even though the signs and symptoms may be listed below.

**UTI-(Urinary Tract Infection)**
Sudden onset of:
- Fever
- Increased frequency of urination
- Dysuria (painful or difficult urination)
- Suprapubic tenderness
- More than 10,000 WBC's per ml/urine
- Strong odor to urine
- Cloudy urine
- Blood, pus or mucus shreds in the urine
- Mid-back area is tender (kidney area)
- 100,000+ organisms/ml of urine but asymptomatic

**RTI-(Respiratory Tract Infection)**
Sudden onset of:
- Cough
- Purulent Sputum
- Fever *
- Chest Pain
- Rales
- Ear Pain
- Sore Throat
- Congestion
- Blood tinges phlegm
- Positive chest x-ray
- Positive culture

**WOUND AND SKIN**
Sudden onset of:
- Inflammation
- Purulent Drainage
- Site Pain
- Fever*
- Skin Eruptions
- Positive Culture

**GASTROINTESTINAL TRACT**
Sudden onset of:
- Fever
- Nausea
- Diarrhea (3 or more watery stools per day)
- Abdominal Pain
- Cramps
- Vomiting
- Positive Culture
- Blood or mucus in the stool

**OTHER INFECTIONS (EYE, EAR, SEPTICEMIA, ETC)**
May include the sudden onset of:
- Fever *
- Appetite loss
- Nausea
- Eye or Ear drainage
- Malaise (general unwell feeling)
- Positive culture of lab tests (blood, cerebral spinal fluid)
- Vaginal or cervical drainage

Saginaw County Community Mental Health Authority

Environment of Care

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Pest Prevention, Identification and Management | **Chapter**: 06 – Management of Health & Safety | **Subject No**: 06.03.01 |
| **Effective Date**:<br>4/3/17 | **Date of Review/Revision**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Fred Stahl, Director of Human Resources<br><br>**Authored By**:<br>EOC Sub-Committee<br><br>**Additional Reviewers**:<br>Environment of Care Committee |

**Purpose:**
The purpose of the Pest Prevention, Identification and Management Policy & Procedure is to provide and maintain, at all service site locations operated by SCCMHA, a safe, clean, pest-free environment.

**Policy:**
It is the policy of SCCMHA to seek to prevent and mitigate all identified insect/pest infestations to protect the health of customers, employees, contractors, vendors and other visitors to SCCMHA service site locations operated by SCCMHA. All employees and various program site locations must follow the reporting procedures contained in this policy. It will be the responsibility of the SCCMHA Maintenance Department in conjunction with the SCCMHA Facilities & Custodial Services Department to provide appropriate follow up to address any and all areas of concern at SCCMHA sites. Other SCCMHA network sites are responsible to promptly report, coordinate, and treat as noted in this policy. Upon suspicion of pest/insect reporting, appropriate referral for professional consultation is to take place.

**Application:**
This policy and procedure applies to all customers, employees, contractors, vendors and other visitors.

**Standards:**

I. To reduce any potential health hazard.

II. Prevent pests from spreading to the community or properties beyond the suspected/confirmed area of identification.
III. To provide a safe, clean, pest free environment in which individuals may render and/or receive health services.
IV. SCCMHA will provide training to staff on pest prevention and appropriate response.
V. Staff is required to report potential pest concern to the appropriate parties.

**References:**
MDCH Michigan Manual for Prevention and Control of Bed Bugs
SCCMHA Employee Handbook

**Definition:** Use of the term *pest* is intended to include the following: Bed Bugs and Fleas. Other insects, as defined per Professional Exterminator/Pest Control Vendor, are addressed elsewhere in policy, procedure and/or protocol.

**Exhibits:**
Exhibit A: SCCMHA Pest Response Flow Chart per work locations
Exhibit B: MDCH Don't let Bed Bugs Bite
Exhibit C: University of Minnesota Extension *Let's Beat the Bed Bug* Campaign-Resource

- Have I Found a Bed Bug?
- What Not to do When You have Bed Bugs
- Understanding Bed Bug Treatments
- Bed Bug Control in Residences
- Prevention Tips for Employee's

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will provide educational in-services, trainings, updates, and any additional necessary information concerning pest prevention and response to all staff. | 1. Continuing Education Unit, Infection Control Nurse, Facilities Supervisors, Professional Exterminator vendor |
| 2. These educational sessions are to be offered periodically and required annually. | 2. Continuing Education Unit, Infection Control Committee & Environment of Care Committee |
| 3. A standard for staff response and reporting is located on the Pest Response Flow Chart for the designated work location (Refer to the SCCMHA Employee Handbook #622). All staff is expected to | 3. All Staff |

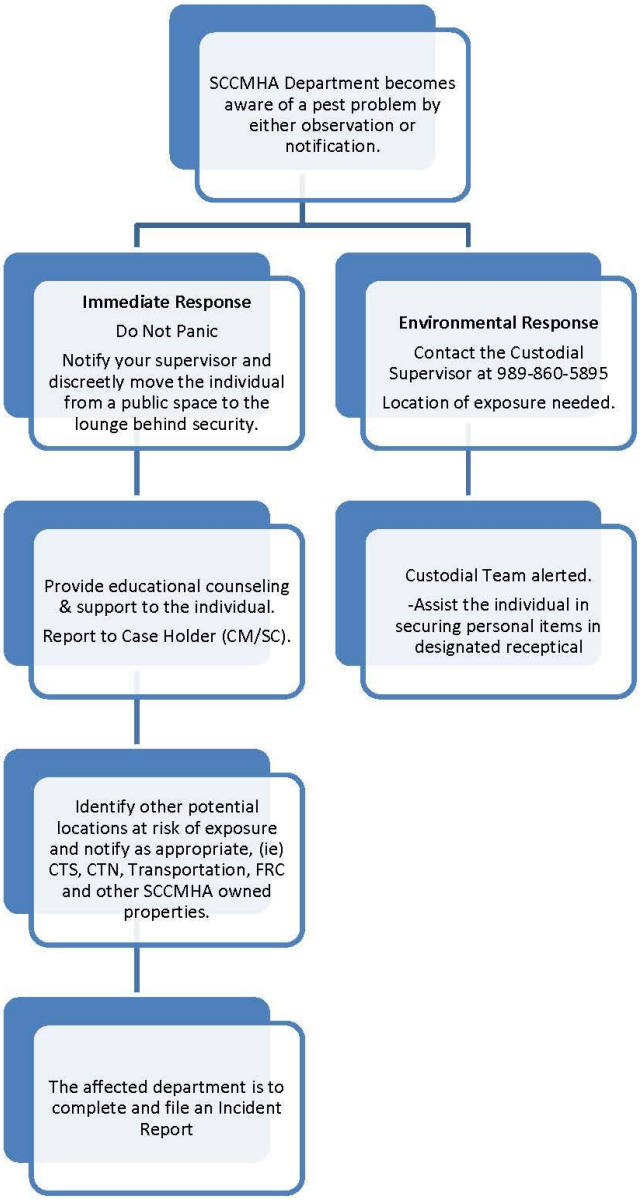
| | |
|---|---|
| implement the procedures outlined in this policy. | |
| 4. Standards for Supervisors will include education and adherence to policy standards. | 4. All Supervisors |
| 5. Standards for facilities and custodial response will be initiated per the Facilities policy and procedure. | 5. Facilities Supervisor and Custodial staff |
| 6. Quarterly updates will be provided to the Environment of Care Committee regarding Facilities response actions, outcomes, trends and/or patterns. | 6. Facilities Supervisor, Environment of Care Committee, Contract Management Supervisor |
| 7. Random, routine preventative inspections are done by the Custodial Services Department. Locations include: Hancock, A&W, Family Resource Center, CTN, CTS, FSU, TWL, Housing Resource Center, and Supported Employment. | 7. Professional Extermination vendor, Contract Management Supervisor |
| 8. Discontinuation of individual services may be determined on a case by case analysis and only under the direction of the Clinical Services Director and Office of Recipient Rights. | 8. Clinical Services Director and/or Office of Recipient Rights |
| 9. Because an infestation can be transmitted via clothing, bags, or other personal items between SCCMHA operated or contracted program/office sites, all providers are expected to be alert for potential infestation. Supervisors of sites where infestation has been transferred or suspected of being transferred must communicate risk between programs where found. Although contractors are responsible for the cost of addressing infestation at their own sites, SCCMHA will make bed bug information and initial | 9. All network Supervisors will coordinate containment and treatment efforts within and between program sites. Contracted programs are expected to identify a lead person who is responsible to ensure the infestation is promptly and thoroughly addressed, as well as ensure ongoing prevention and monitoring for such at their program sites. This includes communication with SCCMHA and other community resource sites if an infestation is identified at their program and before there is any |

treatment kits available to all contracted programs (or partners) immediately upon request as issued by the SCCMHA Contracts & Properties Unit. In certain situations when landlords may not be responsible, housing assistance benefits can be used for fumigation.

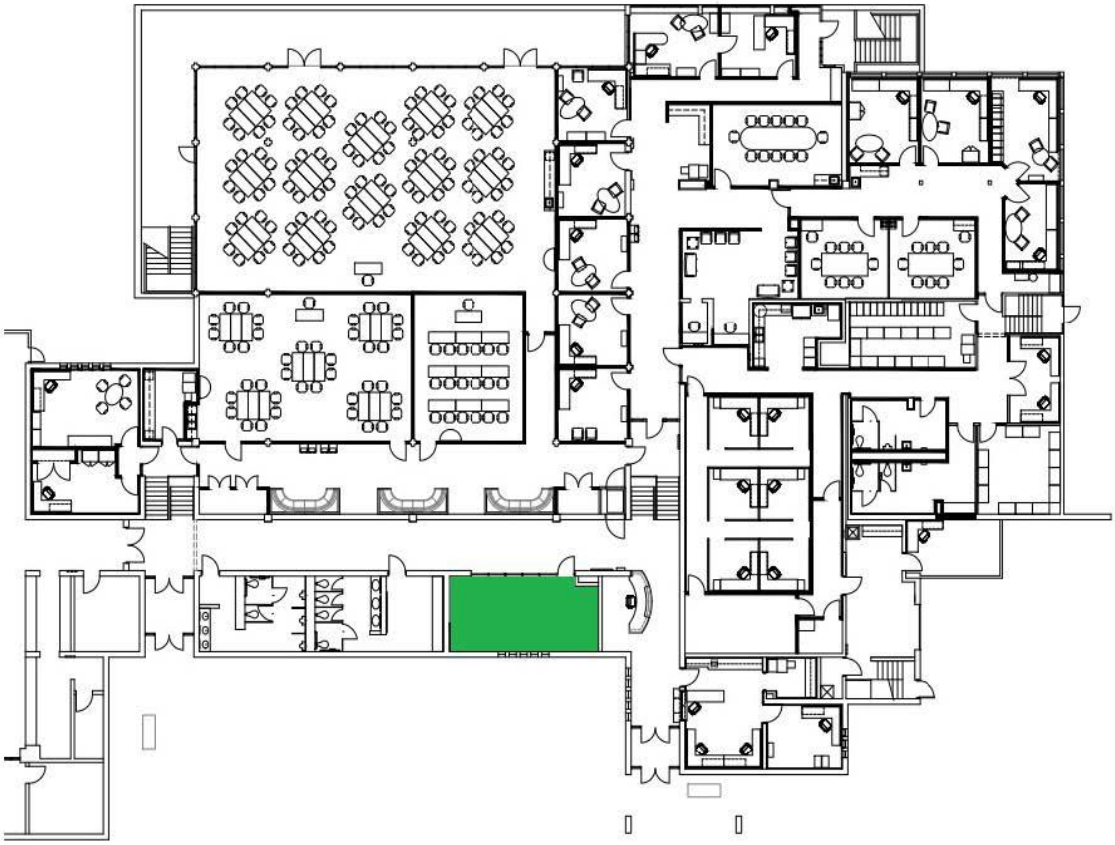
interfacing with these resource sites.

Exhibit A

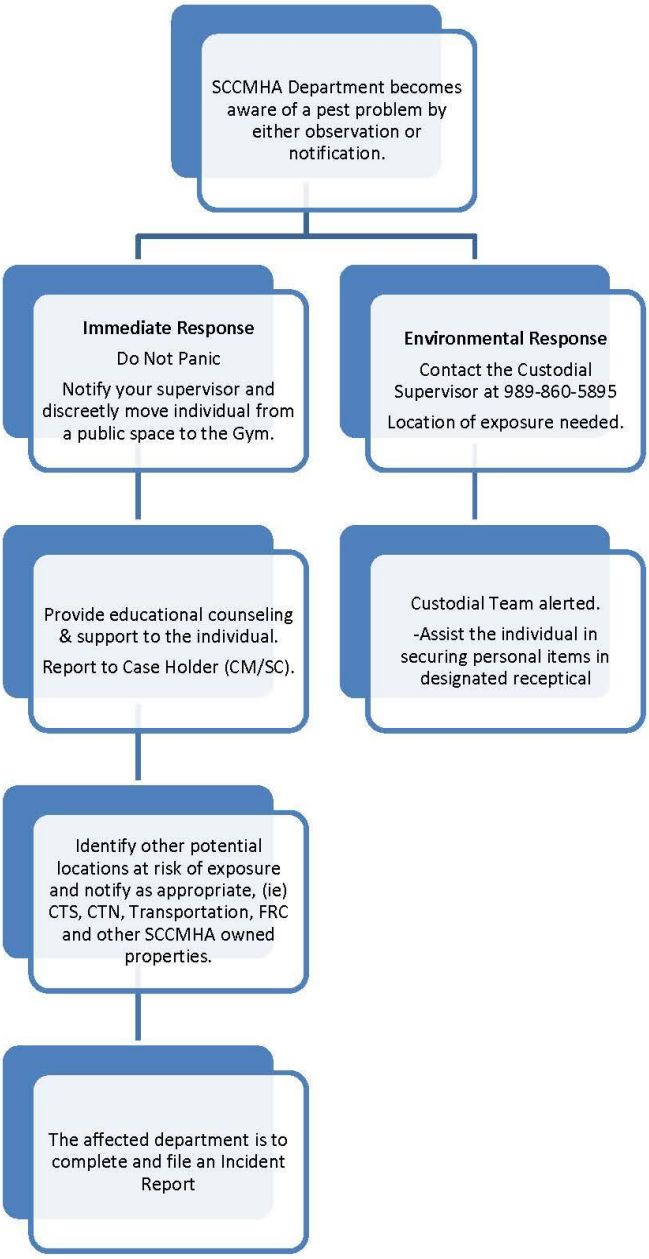
# A & W
# Pest Management Response



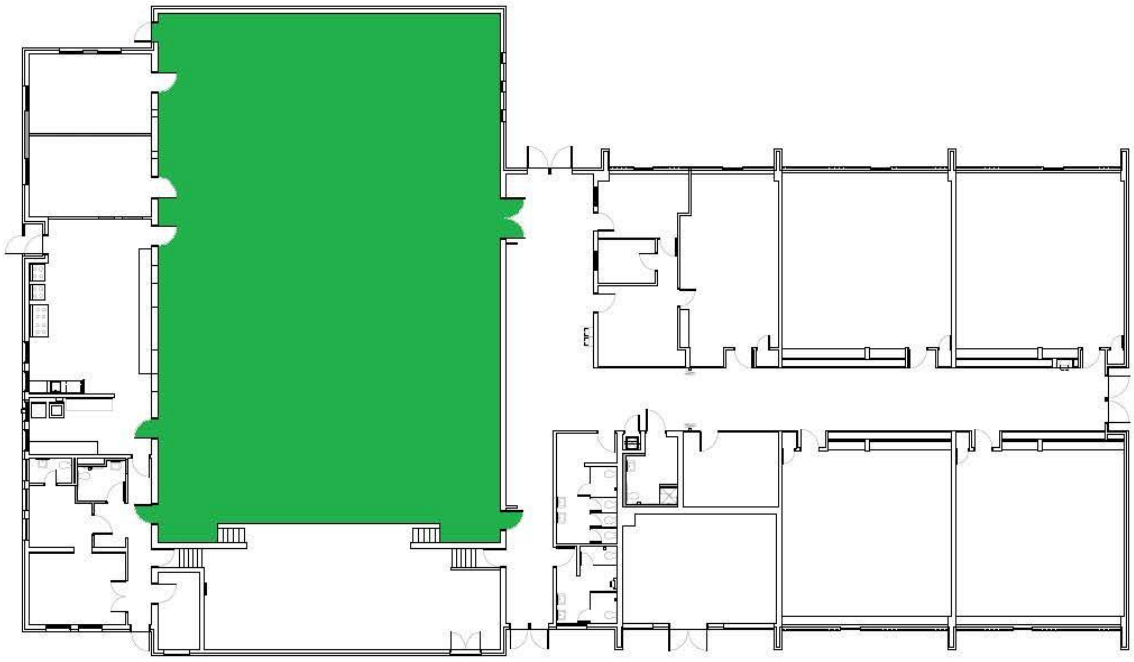
# A & W
# Pest Management Response



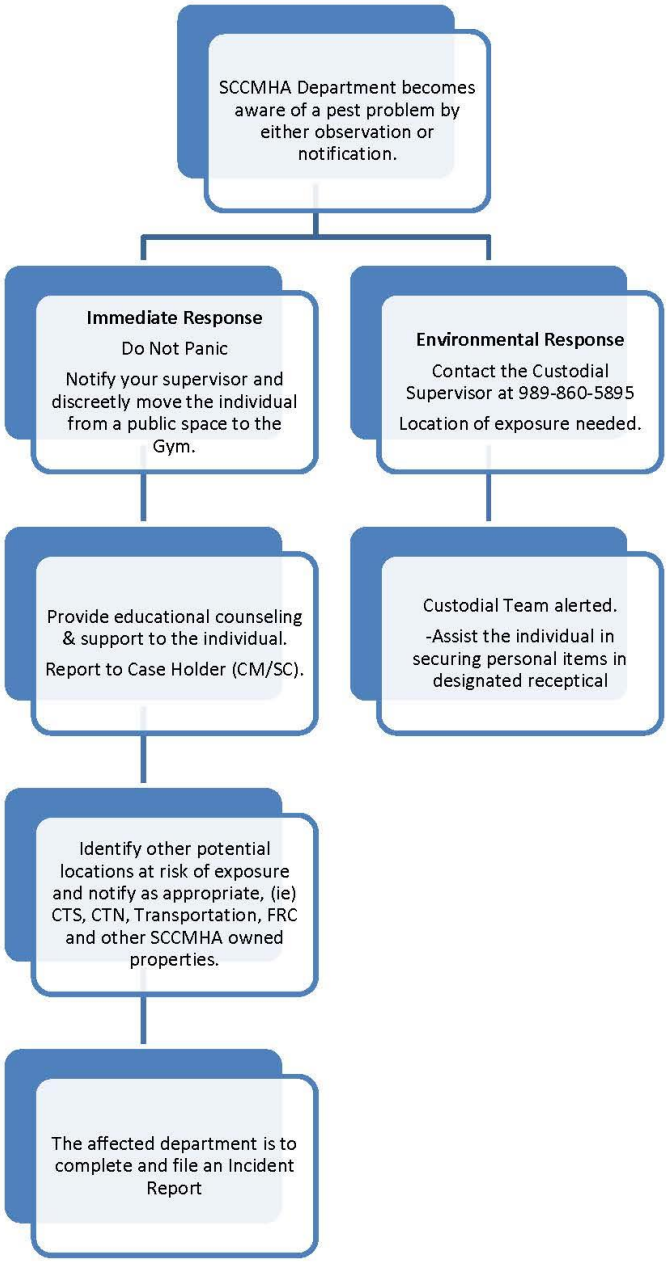
# Community Ties North
## Pest Management Response



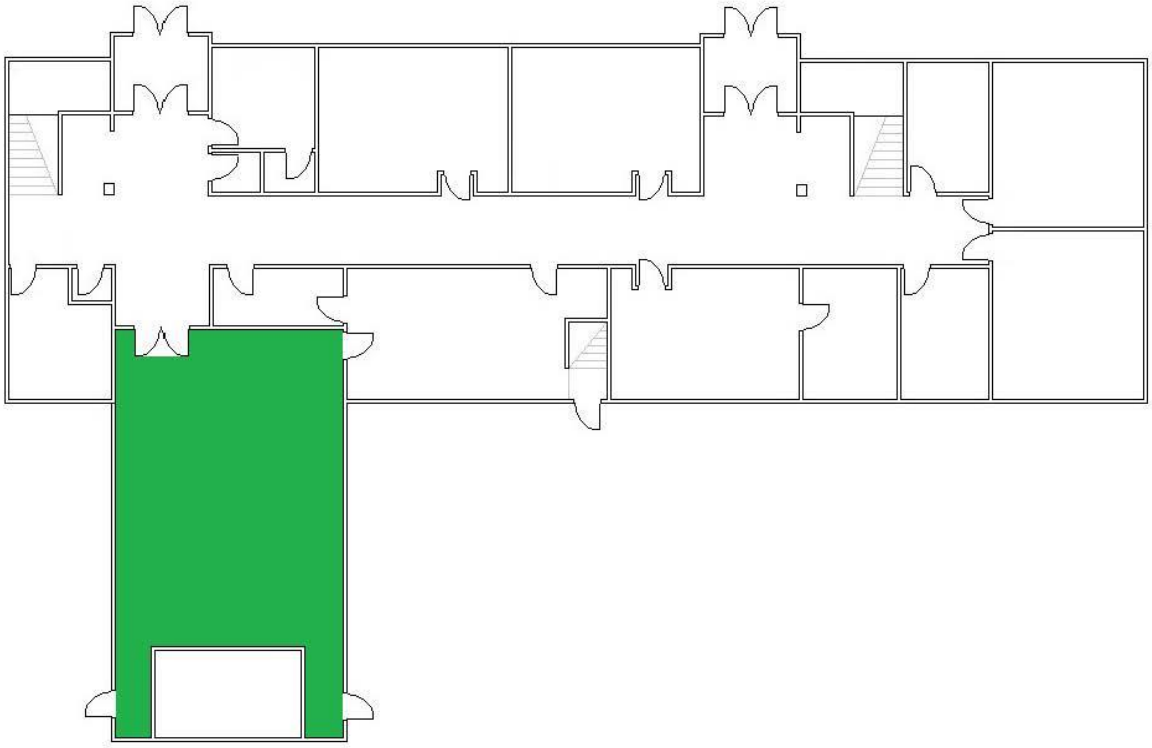
# Community Ties North
## Pest Management Response



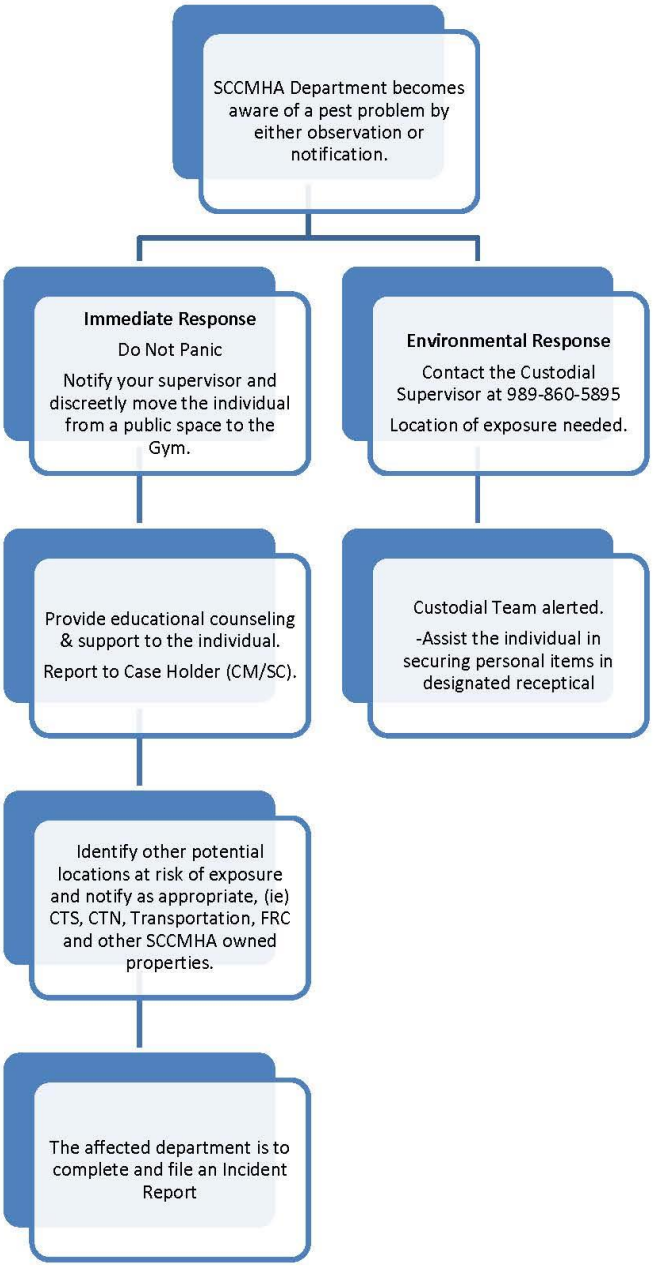
# Community Ties South
## Pest Management Response



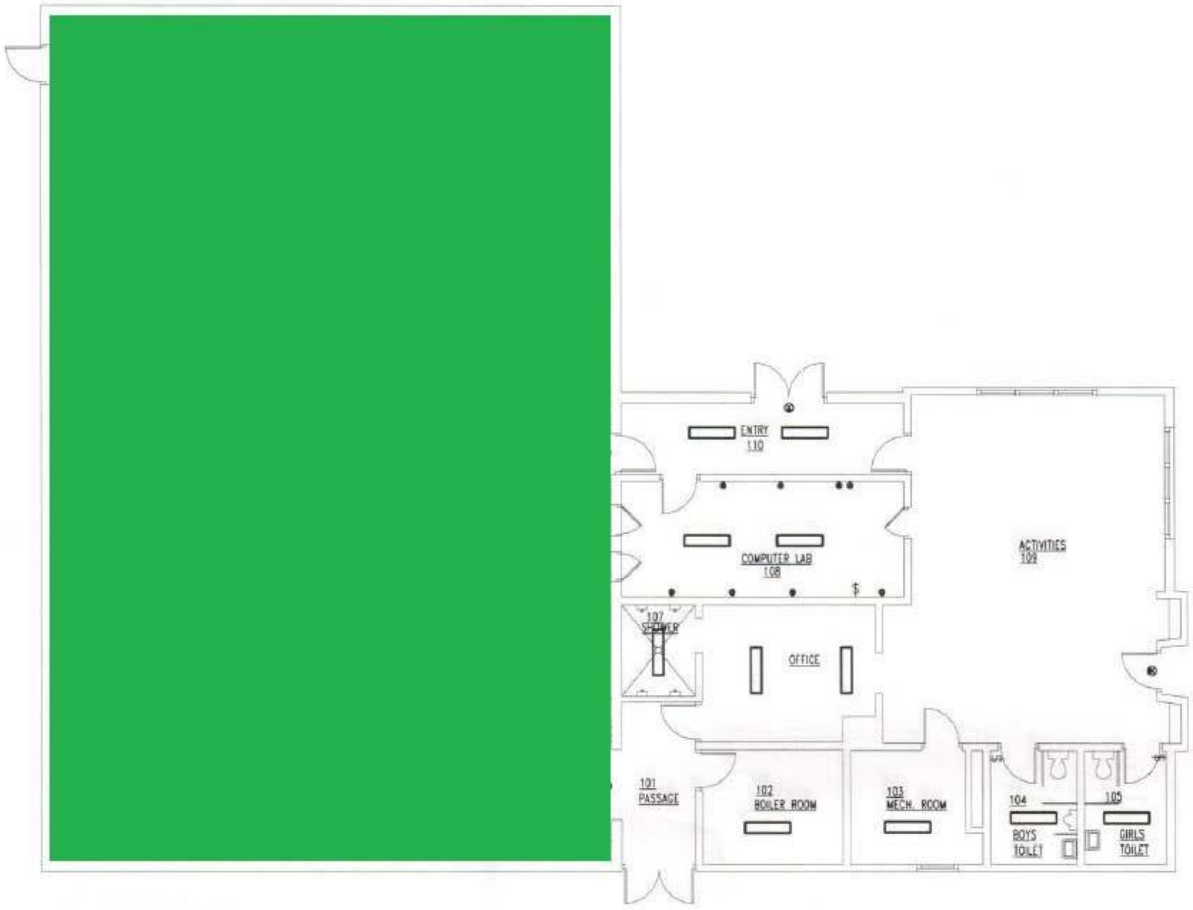
# Community Ties South
## Pest Management Response



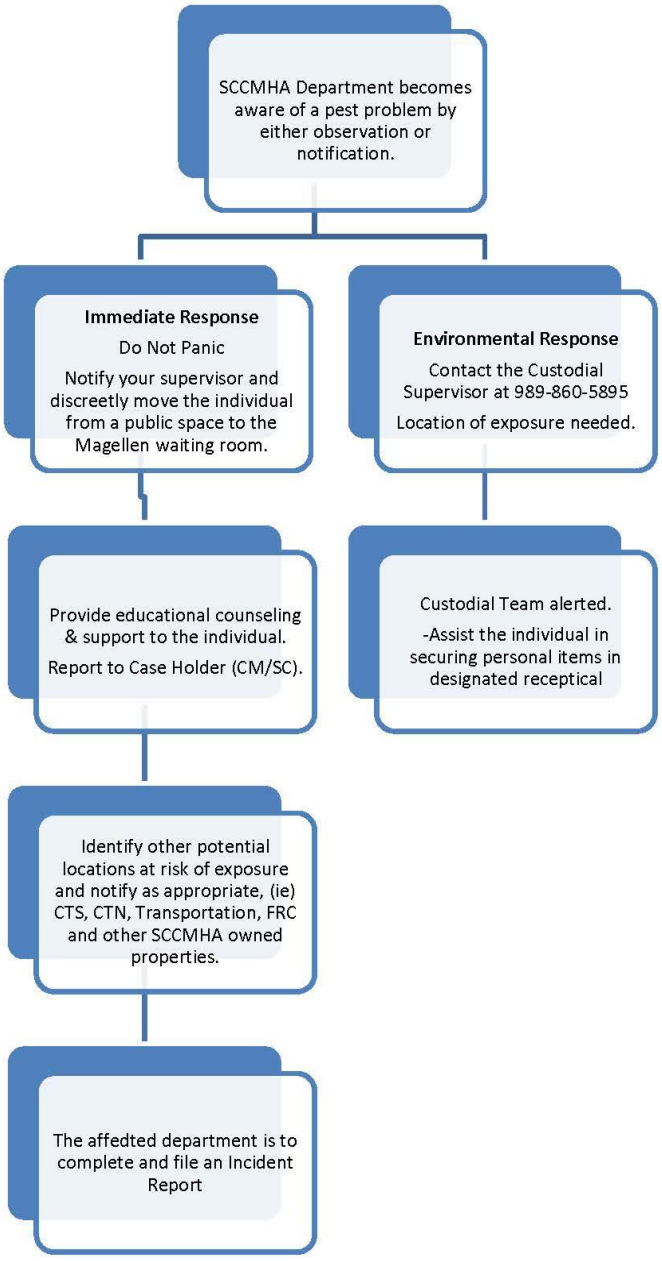
# Family Resource Center
# Pest Management Response



# Family Resource Center
# Pest Management Response



# Child, Family & Youth
# Pest Management Response



# Child, Family & Youth
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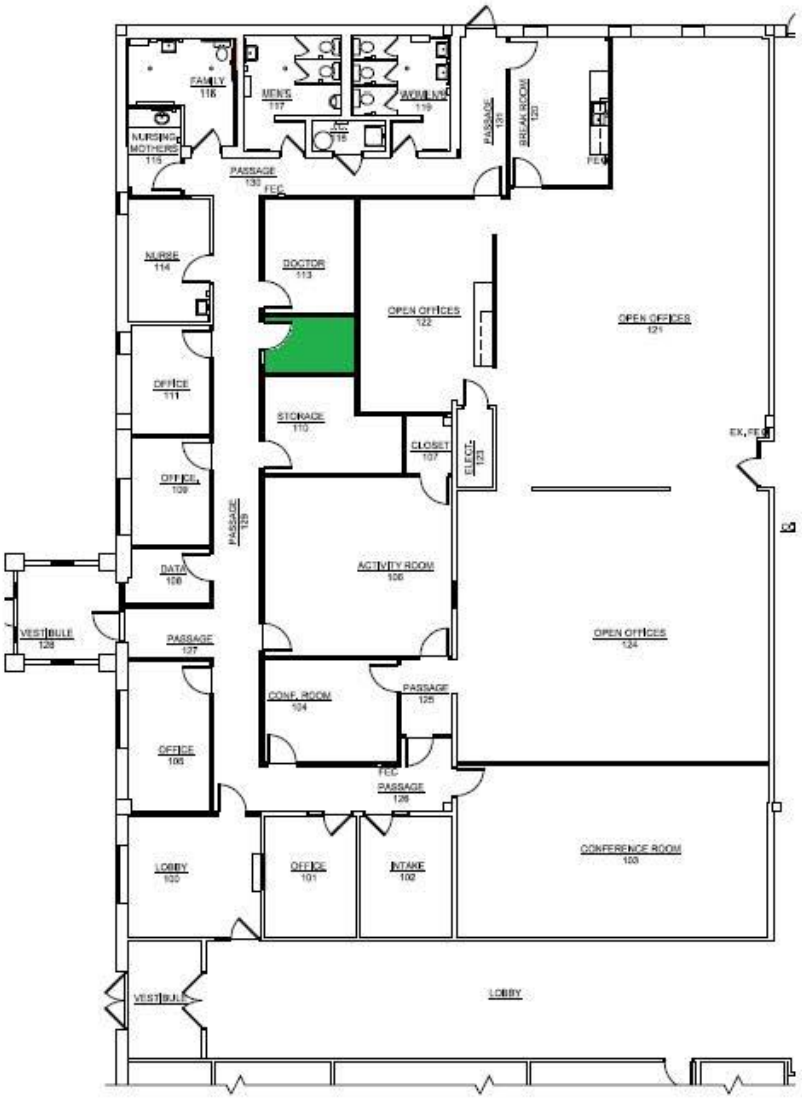
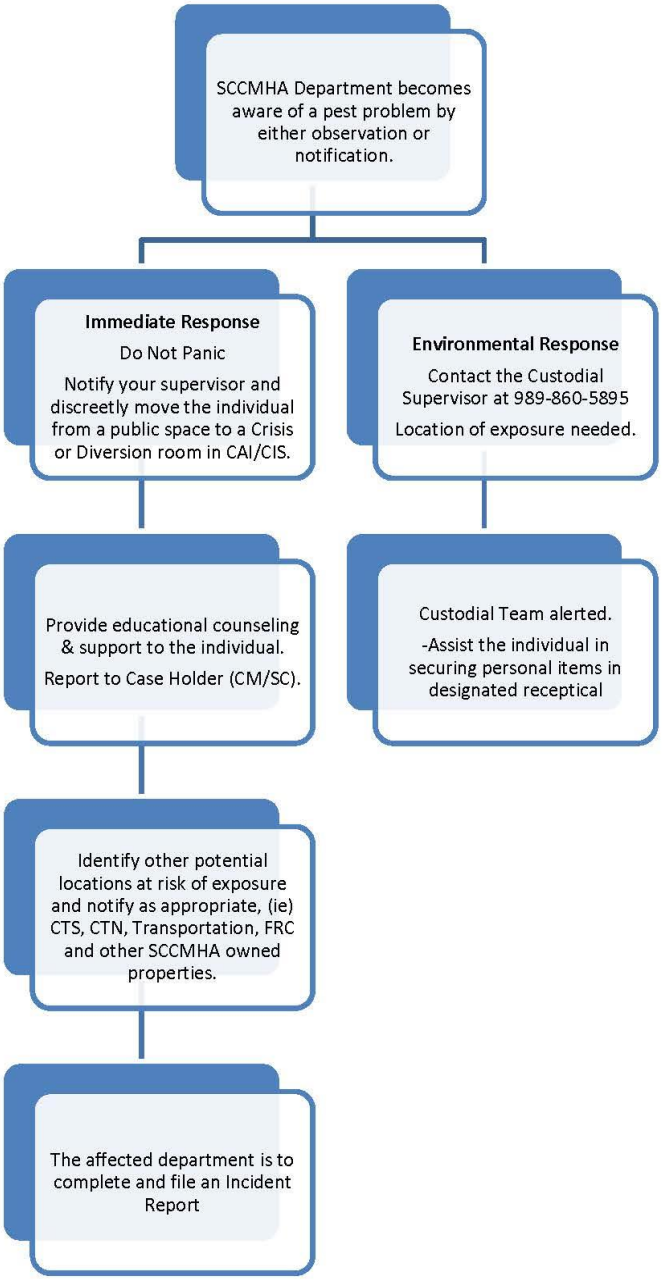


# Hancock
# Pest Management Response

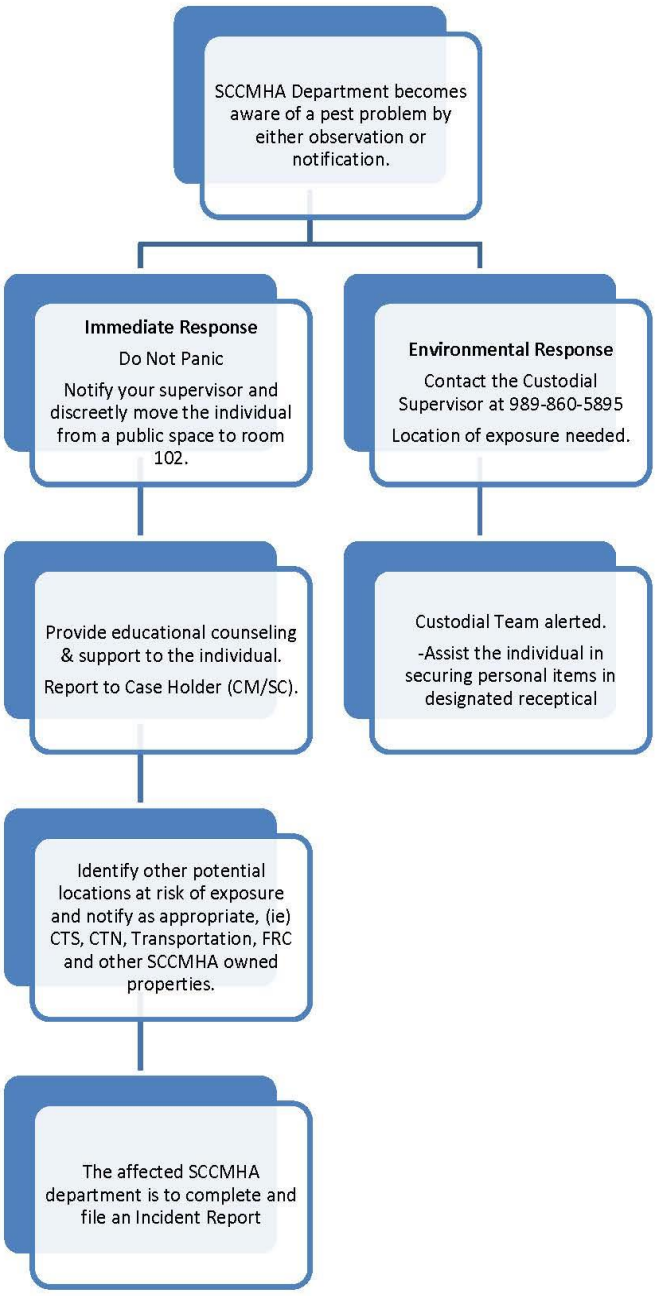


# Hancock
# Pest Management Response

First Floor



# Housing Resource Center
## Pest Management Response

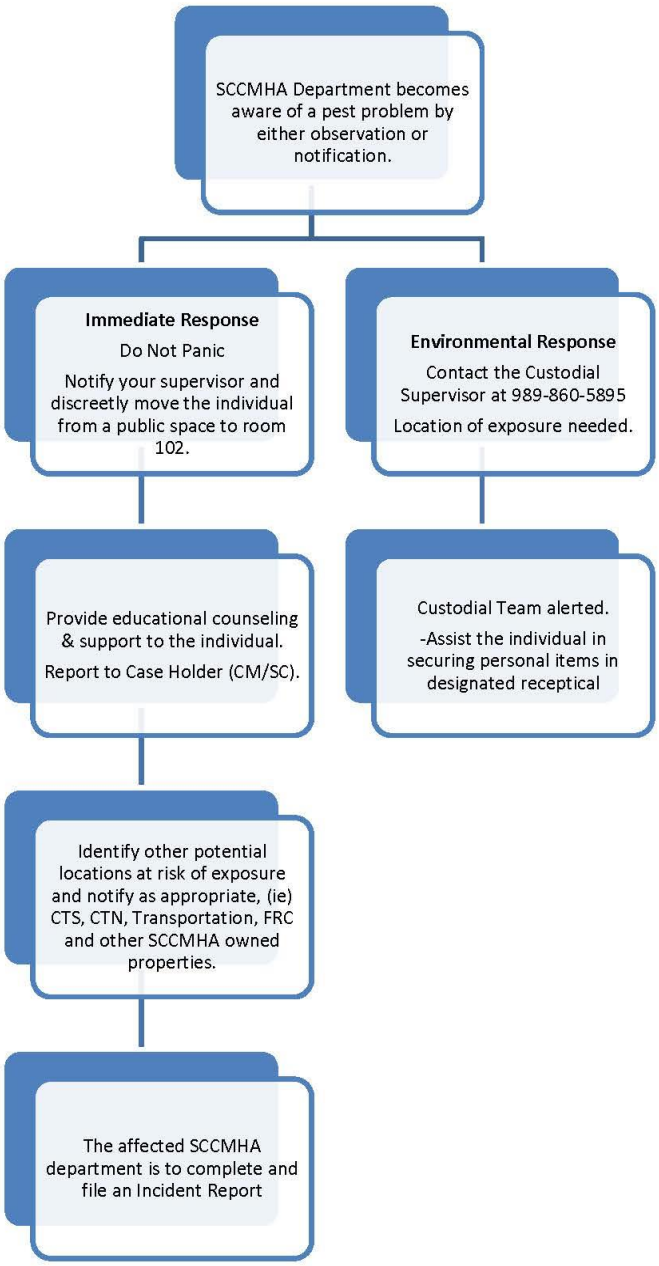


# Hancock
# Pest Management Response

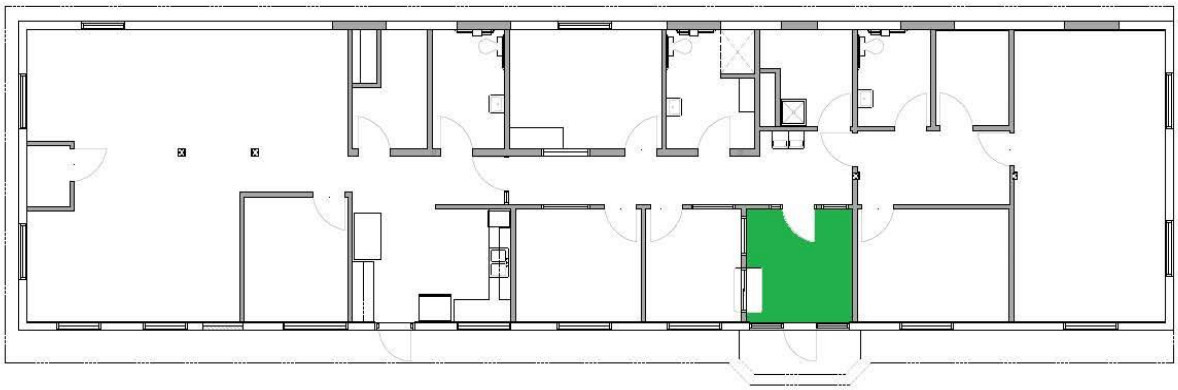
First Floor



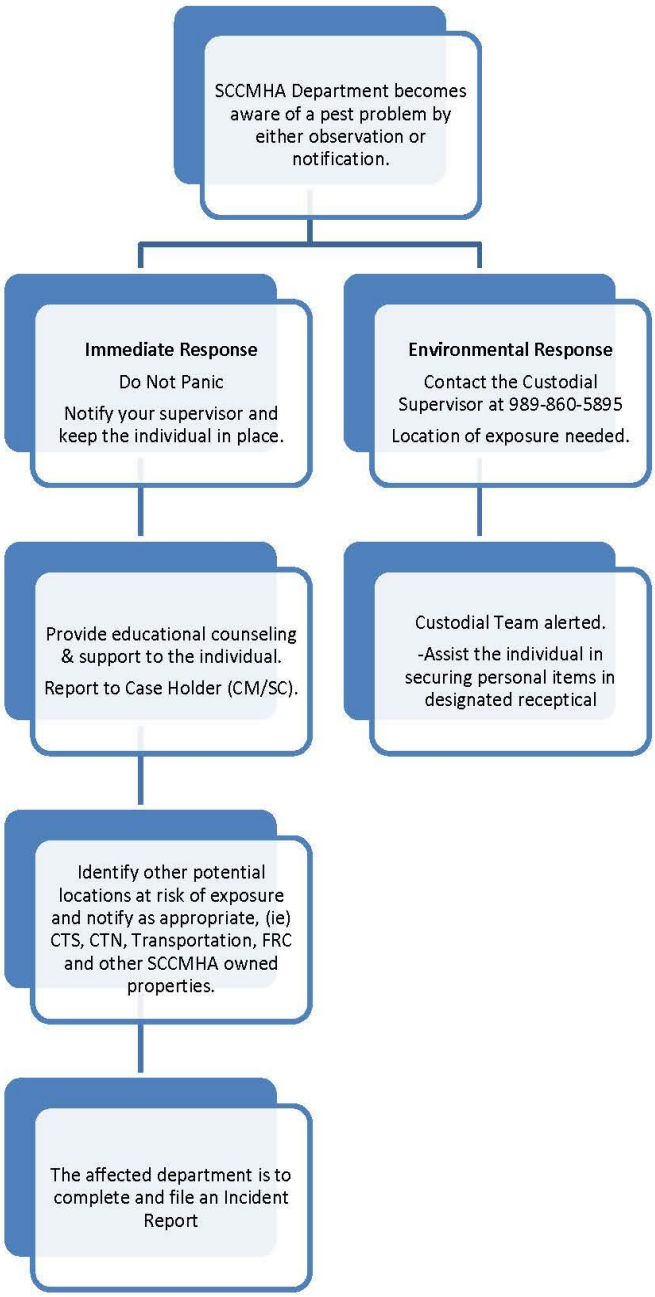
# Housing Resource Center
## Pest Management Response



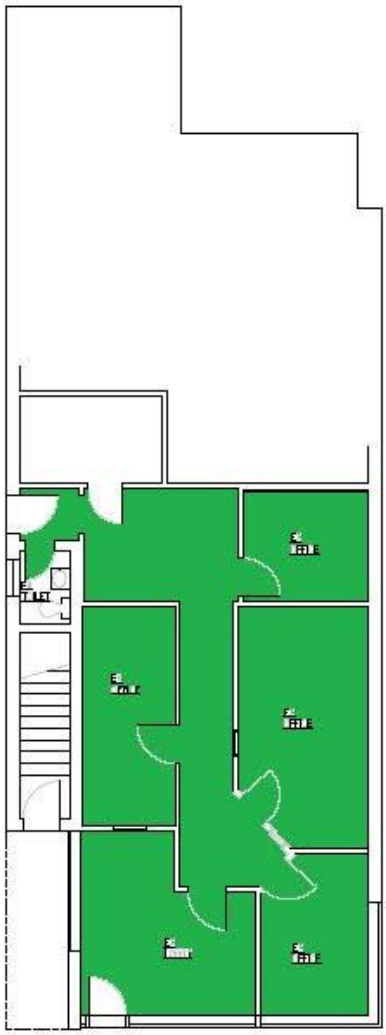
# Housing Resource Center
## Pest Management Response



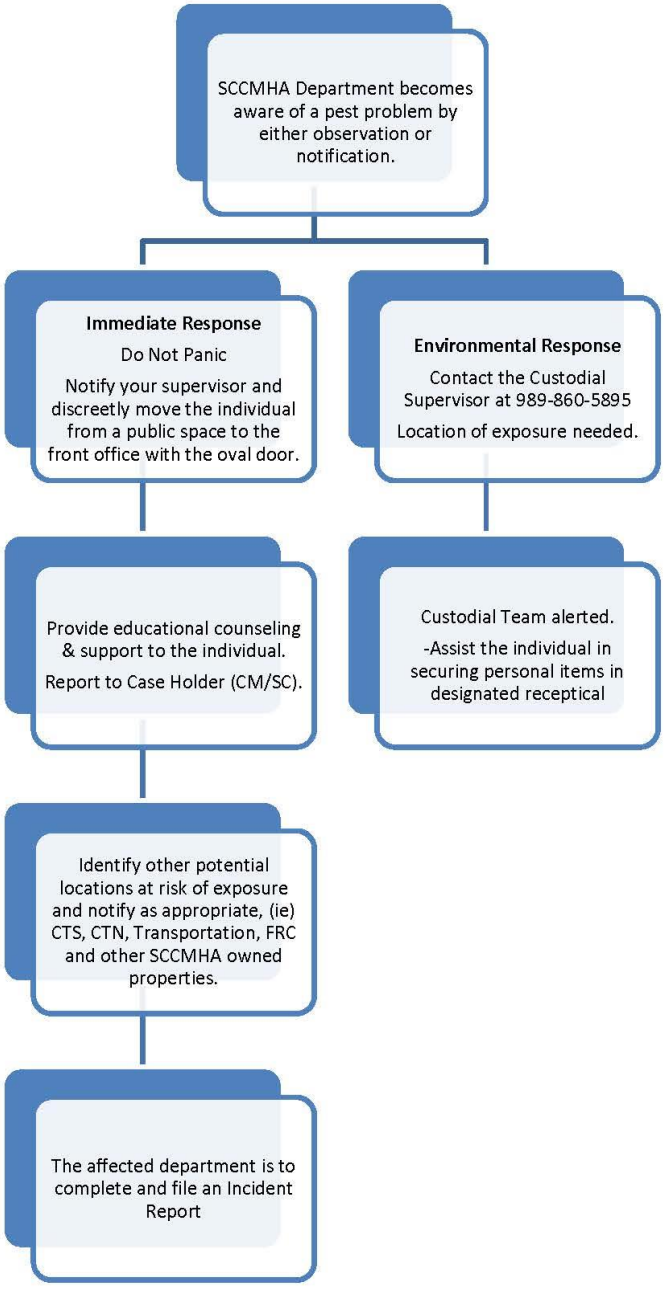
# Supported Employment
# Pest Management Response



# Supported Employment
## Pest Management Response



# Towerline
## Pest Management Response



# Towerline
## Pest Management Response



# Transportation
## Pest Management Response

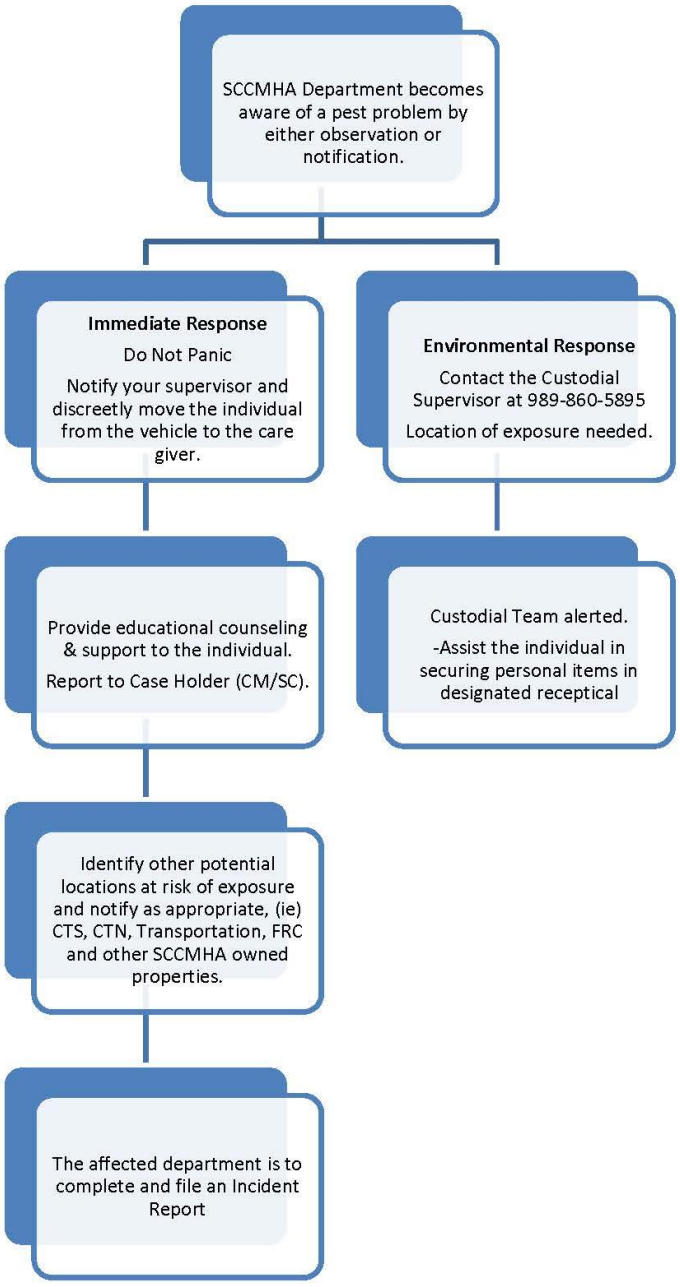


Exhibit B

- Consult a pest management professional before disposing of furniture.
- After washing, store all clothing in tightly closed plastic bags until all insects have been eliminated, normally after two or more treatments.

**Important**
Place bed bug infested clothing in washer or dryer directly from sealed bag to prevent an infestation of the laundry facility. Wash and/or dry on the high heat setting.

### *Resident's Responsibility*

- When you spot bed bugs, immediately call your landlord.
- Keep your home clean and clutter-free.
- If your landlord doesn't take action, contact your local housing code authority.
- Don't try to solve the problem yourself by using foggers or "bug bombs"
- Carefully follow the pest management professional's recommendations.

### *Landlord's Responsibility*

- When notified about bed bugs, landlords should immediately make efforts to correct the problem. Avoiding or ignoring the issue will only lead to a more severe infestation.
- Landlords should utilize an experienced professional pest manager or a certified staff.
- To determine the extent of the infestation and better control the problem, landlords should enable the pest manager to inspect every room and apartment.

### *Pest Management Professional's Responsibility*

- Pest management professionals must make every effort to detect bed bugs throughout each room and all apartments in a building.
- Pest management professionals must make sure to destroy bed bugs at all stages of development (including eggs). This may require them to return at least twice to apply insecticides and check whether the first treatment worked.
- Pest management professionals must use insecticides according to label use directions. Effective alternatives to pesticide treatment may be available such as by using heat or steam treatments.

**CAUTION**
Total release foggers (bug bombs) are not effective against bed bugs and may harm your health or your family's health. Before you choose to use over the counter pesticides, consult with a qualified pest management professional. Always read and follow the label use directions before using such product(s).

For more information visit:
www.michigan.gov/bedbugs

All photos courtesy of Stephen Doggett, © The Department of Medical Entomology, ICPMR, Australia.

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Don't let

# Bed Bugs

Bite



**Guidelines to help you solve bed bug problems**

**WARNING!**
Bed bugs are back with a vengeance! Any house, apartment or building can be a haven for bed bugs.

Produced by the
Michigan Bed Bug Working Group

Michigan Department of Community Health
MDCH

Michigan Pest Management Association

MICHIGAN STATE UNIVERSITY EXTENSION

MAHO
Michigan Association of Housing Officials

PROPERTY MANAGEMENT ASSOCIATION OF MICHIGAN

# Bed bugs

Bed bugs are small brownish insects. They're about 4 mm long (1/8 in.) and visible to the naked eye. They're active at night and can usually be seen along the seams of mattresses. They feed on human blood.

### *Bed Bug Life Stages*




Bed bug infestations may cause irritating, itchy bite reactions, and anxiety.
Over the past few years, bed bugs have been spreading in large cities worldwide.

### *How to detect them*

Itchy skin and insect bites are clues that you may have bed bugs in your home. You'll usually see three or four bites in a straight line or grouped together. Exposed areas of your arms, legs and back are more susceptible to bites. Also look for small black stains (blood spots) on your sheets, pillows, or mattress seams. Bed bugs may also be hiding in cracks and crevices in your furniture.


Bed bug bites on exposed skin.

### *How they spread*

Bed bugs are usually brought into your home in suitcases and handbags and on clothing and furniture, especially previously used mattresses and other items.

They can also travel between apartments in a building. There's no need to be embarrassed if these bugs end up moving in with you. Bed bugs are not necessarily associated with dirty environments, but they flourish in clutter.

## How To Prevent Them

Vacuum your home regularly. If you do have bed bugs, make sure you close the vacuum bag tightly and dispose of it outside your home.

Avoid picking up used mattresses or second-hand upholstered furniture because it's hard to see whether they harbor bed bugs.

Other used furniture must be carefully inspected and cleaned before you bring it home. Scrub furniture with soapy water or a household cleaning product to remove any possible bed bugs or their eggs.

Second-hand clothing should be placed in a sealed, plastic bag and emptied directly into the washing machine. Wash in hot water and dry on high heat setting to kill bed bugs and their eggs.

When visiting hotels inspect the room for signs of bed bugs prior to unpacking luggage.


Blood spots, bed bugs, and cast skins may be found on the mattress seam.

**Important**
Avoid bringing home discarded furniture, it may be infested with bed bugs. Also inspect any second hand item for bed bugs before bringing it into your home.

## Pest Management

***The best chances for homeowners, landlords and renters to achieve bed bug control is by acting fast, and working with a qualified, licensed pest management professional. Bed bug control often fails without the cooperation of all parties involved.***

### *Preparing your home for the pest management professional*

This step is extremely important. Closely follow the pest management professional's guidelines. Below are a few tips to keep in mind.

- Remove clutter as it provides hiding places for bed bugs.
- Place all bedding (sheets, mattress covers, bedspreads) in a sealed, plastic bag. Wash all bedding in hot water.
- Vacuum and dispose of the vacuum bag (outside the home). If a bagless vacuum is used, deposit all contents of the container into a plastic bag, seal and dispose of outside. Rinse collection container outside before re-attaching to vacuum.
- Empty dresser drawers and closets and place contents in a sealed plastic bag. Wash and/or dry clothes on high heat setting.
- Don't bring home new furniture until bed bugs are eliminated.

# Let's Beat the Bug!

***In Short:***

- Bed bugs may have different shapes and sizes
- Bed bugs are small insects, about the size of an apple seed.
- Look for bed bugs , fecal spots and skins
- Bed bugs are night feeders, but sometimes feed during the day
- How can I tell that I found a bed bug
- What to do if I find a bed bug

**For more information contact the Bed Bug *InformationLine* at 612-624-2200, 1-855-644-2200, bedbugs@umn.edu, or visit www.bedbugs.umn.edu**

## Have I Found a Bed Bug?



Bed bugs can be difficult to identify as they are similar to many other small insects. Also, their appearance will change depending on their age and if they have recently eaten.

Adult bed bugs are reddish brown in color and approximately ¼ to 3/8 inch long; they are nearly as wide as they are long. They are about the size of an apple seed. Juvenile bed bugs can be very small and very hard to see.

Bed bugs do not have wings, and cannot fly. Bed Bugs can move very quickly on both horizontal and vertical surfaces

If a bed bug has not recently eaten it is flat and oval shaped. Once a bed bug has bitten someone it swells in size, becoming longer and redder in color; frequently compared to the shape of a cigar.

If you have a bed bug infestation you may also notice cast skins. The cast skin of a bed bug is an empty shell that is left behind when a bed bug grows. This skin will be in the shape of a bed bug but it will be transparent.

Bed bugs are active mainly at night, so it is unlikely that you will see one during the day. They can become accustomed to feeding during the day if they become aware that people are resting or sleeping during the day. Bed bugs may be seen during the day if there is a big infestation, or if the insect you have found is actually a bat bug. Bat Bugs are very similar to bed bugs and are often found in places with bats or birds. Bugs should be sent to a professional for identification.

If you think you have found a bed bug, try to catch it on a piece of tape or put it in a plastic bag, you can then have this bug identified by a pest management professional (exterminator).



If an exterminator cannot verify it is a bed bug, send a sample on sticky tape to:

Bed Bug *InformationLine*
Rm 219 Hodson Hall
1980 Folwell Ave
St. Paul, MN 55108

If you find bed bugs, make a note of when and where you saw them. This will help the pest management professional in the inspection of your home and will increase the likeliness that treatment will be effective.

By Amelia Shindelar and Dr. Stephen Kells, 2011
Funding for "Let's Beat the Bug" Campaign provided by the United States Environmental Protection Agency and MDA. Additional assistance from the Minnesota Department of Health was greatly appreciated.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651/201-6000. TTY users can call the Minnesota Relay Service at 711 or 1-800-627-3529.
The University of Minnesota and MDA are equal opportunity educators and employers.

Updated on May 27, 2014

# Let's Beat the Bug!

***Bed Bug Basics***

- Bed bugs are small insects, about the size of an apple seed. Adult bed bugs are flat, oval and reddish-brown in color. Juvenile bed bugs can be very small and hard to see.
- Bed bugs feed on human blood and can live for over a year without a meal.
- Bed bugs usually hide during the day near where people rest or sleep and then come out at night to feed. Bed bugs do not live on our bodies.
- Some people do not react when bitten by a bed bug.
- Most bed bugs are found within 8 feet of a person's resting place. As the infestation grows, bed bugs will spread further. You can find bed bugs in any of the following places:
  - In mattresses, box springs, bed frames, and bedding
  - In the cracks and crevices of furniture
  - Behind peeling wall paper
  - Behind pictures and clocks
  - In curtains
  - In cracks in hardwood floors
  - Under carpeting
  - Behind electrical outlets or switch plates

**For more information contact the Bed Bug *InformationLine* at 612-624-2200, 1-855-644-2200 bedbugs@umn.edu, or visit www.bedbugs.umn.edu**

## What NOT to Do When You have Bed Bugs



- ⊗ Do not Panic. You can control bed bugs with careful inspection and by using proper control methods.
- ⊗ Do not try to kill bed bugs by using agricultural or garden pesticides. Using outdoor pesticides to control bed bugs can make you or your family very sick.
- ⊗ Do not use products that appear to be "homemade" or "custom formulated." Homemade products could be dangerous and they might make the problem worse.
- ⊗ Do not use products that have labels in a language other than English.
- ⊗ Do not apply pesticides directly to your body. This could make you very sick.
- ⊗ Do not use rubbing alcohol, kerosene or gasoline. These chemicals may cause fires.
- ⊗ Do not throw away your furniture. Beds and other furniture can be treated for bed bugs. Throwing away your furniture can spread the bugs and you have to buy new furniture.
- ⊗ Do not store things under the bed. Storing stuff under the bed gives bed bugs many new places to hide. This makes it more difficult to get rid of bed bugs.
- ⊗ Do not move things from room to room. Moving your things from the room with bed bugs to another room in your house may spread the bed bugs.
- ⊗ Do not wrap items in black plastic and place in the sun. It will not get hot enough to kill all the bugs.

### Things you can do if you think you have bed bugs:

- ☑ Make sure it is a bedbug; see the factsheet *"Have I found a Bed Bug?"* at www.bedbugs.umn.edu/have-i-found-a-bed-bug
- ☑ Contact a Pest Management Professional or your landlord.
- ☑ Take steps to control the infestation; see the factsheet *"Bed Bug Control in Residences"* at www.bedbugs.umn.edu/bed-bug-control-in-residences

Updated on March 6, 2015

By Amelia Shindelar and Dr. Stephen Kells, 2011
Funding for "Let's Beat the Bug" Campaign provided by the United States Environmental Protection Agency and MDA. Additional assistance from the Minnesota Department of Health was greatly appreciated.

In accordance with the Americans with Disabilities Act, this information is available in alternative forms of communication upon request by calling 651/201-6000. TTY users can call the Minnesota Relay Service at 711 or 1-800-627-3529.
The University of Minnesota and MDA are equal opportunity educators and employers.

MINNESOTA DEPARTMENT OF AGRICULTURE
www.mda.state.mn.us

UNIVERSITY OF MINNESOTA EXTENSION

# Let's Beat the Bug!

### *Bed Bug Basics*

- Bed bugs are small insects, about the size of an apple seed. Adult bed bugs are flat, oval and reddish-brown in color. Juvenile bed bugs can be very small and hard to see.
- Bed bugs feed on human blood and can live for over a year without a meal.
- Bed bugs usually hide during the day near where people rest or sleep and then come out at night to feed. Bed bugs do not live on our bodies.
- Some people do not react when bitten by a bed bug.
- Most bed bugs are found within 8 feet of a person's resting place. As the infestation grows, bed bugs will spread further. You can find bed bugs in any of the following places:
  - In mattresses, box springs, bed frames, and bedding
  - In the cracks and crevices of furniture
  - Behind peeling wall paper
  - Behind pictures and clocks
  - In curtains
  - In cracks in hardwood floors
  - Under carpeting
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# Understanding Bed Bug Treatments

There are a number of options to effectively get rid of bed bugs, but sometimes it can get confusing when trying to decide which option would be best for your situation. Here is some basic information regarding the two most common methods used by pest management companies to kill bed bugs.

## Whole Room Heat Treatments

Whole room heat treatments involve a Pest Management Professional (PMP) bringing in specially designed equipment to raise the temperature in your home to kill the bed bugs. Bed bugs and eggs die within 90 minutes at 118°F (48°C) or immediately at 122°F (50°C). During a heat treatment, the air temperature in the room is typically between 135°F (57.2°C) and 145°F (62.7 °C). The PMP will place remote thermometers throughout the home, to make sure the right temperatures are reached. The PMP watches the thermometers closely to ensure that it gets hot enough to kill bedbugs. A heat treatment typically takes between six and eight hours, depending on the condition of the area being treated.



During the heat treatment pets and any heat sensitive items that may melt or be damaged at temperatures up to 150°F degrees should be removed from the area being treated. Make sure you discuss this with your PMP as anything not treated with heat will need to be treated in another way.

Heat treatments do not offer any residual effects and your home could quickly become reinfested after a heat treatment if prevention steps are not taken.

Often, a residual insecticide will be applied to the border of the home/room being treated for bed bugs as a prevention step.

# Let's Beat the Bug!

## Insecticide Treatments

Insecticide treatments that are conducted thoroughly and correctly by a licensed PMP can be a very effective way of controlling bed bugs. Three different types of insecticides should be used in order to achieve the best result. There are many different brands of insecticides but one of each of the following broad categories should be used.



- A fast-acting, contact insecticide for use on surfaces that we frequently touch, i.e. sofas.
- A residual insecticide for inside furniture, cracks and crevices and the underside of surfaces we touch.
- A dust insecticide for cracks, crevices and voids, such as electrical outlets and baseboards.

Your PMP may offer other services such as container heat treatments, steam applications, or freezing infested items. Usually, items treated with these optional controls do not require an insecticide treatment and therefore fewer insecticides are needed.

A thorough insecticide treatment should involve 2-3 visits from the PMP, as it is unlikely all the bed bugs will be killed in the initial treatment. An insecticide treatment typically takes about 30 minutes to 2 hours per room depending on size and condition of the room. Once the treatment is complete you should wait until all the insecticides have dried before reentering your home, or until the PMP says it is safe to re-enter.

Before any treatment the PMP should provide you with a detailed list of instructions for how to prepare your home. It is very important to follow these directions closely as properly preparing the home is a very important step in any treatment process. Improper preparation is one of the main reasons that treatment for bed bugs fail.

We strongly recommend against trying to conduct an insecticide treatment for bed bugs by yourself. Controlling bed bugs with insecticides is a challenging and time consuming process which requires expertise and in many states a license is required to apply the insecticides which kill bed bugs. The insecticides that can be purchased in a hardware store, such as foggers, are not effective in controlling bed bugs and we strongly recommend against their use.

Updated on May 28, 2014

By Amelia Shindelar and Dr. Stephen Kells, 2013
Funding for "Let's Beat the Bug" Campaign provided by the United States Environmental Protection Agency and MDA. Additional assistance from the Minnesota Department of Health was greatly appreciated.

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**For more information contact the Bed Bug *InformationLine* at 612-624-2200, 1-855-644-2200 bedbugs@umn.edu, or visit www.bedbugs.umn.edu**

# Bed Bug Control in Residences

When trying to control bed bugs in your home:

- ***DO NOT*** use pesticides meant for garden or agricultural use.
- ***DO NOT*** use products that appear to be "homemade" or "custom formulated" or products purchased from someone without a license.

The most effective way to control bed bugs in your home is through a combination of chemical measures and heat treatments applied by a Pest Management Professional (PMP). Unfortunately, the service of a PMP can be costly. So we are providing information on how to control a bed bug infestation on your own.

Controlling bed bugs by yourself is very difficult and time consuming. It involves moving furniture, household goods and personal items. Plan how you want to treat each room. Set up a "clean zone".

***How to set up a "Clean Zone"?***

- ✓ Start with corners and edges of an open wall, dig things out of cracks and crevices with a plastic card.
- ✓ Inspect and clean along all cracks and crevices
- ✓ You can use a damp cloth or mop to clean if you have bare tile or wood floors, otherwise vacuum thoroughly
- ✓ Don't forget to clean pictures and other wall hangings
- ✓ Inspect other items and put them into the clean zone
- ✓ Sort clothes, bedding, and other items that can be laundered into plastic bags for future laundering, as this can be very effective to treat infested items.
- ✓ See http://www.bedbugs.umn.edu/bed-bug-control-in-residences/controlling-bed-bugs-by-hand/ for more details on setting up a clean zone.

**Killing bed bugs by hand** is not 100% effective but will help you reduce the number of bugs in your home. You can capture and squash them or capture them on sticky tape and throw away the tape.




*Tools for hunting and destroying bed bugs*: Flashlight, old credit card (or similar) clear tape, plastic bags, a cloth and hot soapy water.

*Steps*: Use the flashlight and a credit card to search out bed bugs by moving the card along cracks and crevices to push out the bugs. Use the sticky tape to trap the bugs. Use the hot soapy water to wipe up infestations, the bugs, blood stains, droppings, eggs and shed skins.

**Vacuuming** helps to quickly capture and contain bed bugs. Vacuum crevices around baseboards, electronic items (such as TVs and stereos) and any other likely hiding places, such as beds, couches, bedframes, and dressers. If using a canister vacuum, immediately empty the contents into a plastic bag, seal and throw away. Clean the

## Pest Prevention Tips for SCCMHA Employee's

All SCCMHA Employee's are encouraged to follow the recommendations below in an effort to reduce the risk of transmission during work assignments and tasks.

1. Know or ask ahead of a visit/entering the home if the space has a pest problem
2. Protective foot covering will be available for all staff whose daily assignments/tasks are required to provide services in customer homes. Foot coverings are to be applied upon entering the home, not in staff vehicle. Remove and dispose of immediately upon exit.
3. It is recommended staff wear light colored clothing as this will enhance visual inspection prior to entering your vehicle.
4. You may choose to have a hand mirror in your vehicle to aid with visual inspection of your clothing prior to entering your vehicle.
5. It is recommended you take into the home only those supplies you absolutely need to complete your job duties.
6. Do not place bags, brief cases, totes, or other personal items in the floor of a residence of other building. Many pests are hitch-hikers and may travel on your mishandled items.
7. Do not sit on upholstered furniture. Recommendation in to stand whenever possible if you need to sit, do so on hard surface only after a quick visual inspection.
8. You may choose to keep a change of clothing available if needed.
9. For additional prevention tips/recommendations, please refer to the exhibits attached to this policy.

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Indigent Consumers Living in a Licensed AFC Home | **Chapter**: 09.02.04 - Eligibility | **Subject No**: 09.02.04.01 |
|  | | |
| **Effective Date**: 5/6/09 | **Date of Review/Revision**: 3/14/16, 4/16/18, 10/8/19, 3/31/20<br><br>**Supersedes**: 09.03.01.03 | **Approved By**: Laura Argyle, Chief Financial Officer/Chief Operating Officer<br><br>**Authored By**: Kim Hall<br><br>**Reviewed By**: Valerie Lewis, MDDHS Outstation Worker<br>Janet Miller, SCCMHA Care Management Staff |

**Purpose:**
The purpose of this procedure is to establish a protocol for authorizing room and board for indigent consumers placed by SCCMHA staff and network providers in a licensed AFC home. No requests for authorization within these categories will be reviewed until the following requirements are completed. This procedure only includes consumers who are unable to pay for room and board at a licensed AFC home. In these cases, documentation should reflect that Adult Protective Services and/or a guardian/payee have been taken into consideration.

**Policy:**
SCCMHA will be fiscally responsible with its financial resources and authorize services based on Medicaid guidelines.

**Application:**
SCCMHA internal staff and SCCMHA network providers

**Standards:**
None

**Definitions:**
Indigent means consumers who are needy and are unable to provide the necessities of life (food, clothing, decent shelter) for himself/herself.

Licensed AFC Home – Must be licensed by the State of Michigan. This includes Specialized Residential homes, but not SIP homes.
SDA is State Disability Assistance. SDA provides cash assistance to meet the basic needs of a person with a disability, a person caring for a person with a disability or persons in a special living arrangement (AFC home).
MDHHS is the Michigan Department of Health and Human Services

**References:**
None

**Exhibits:**
Exhibit 1 - Shelter Verification Form, DHS-3688

| **Procedure:** ACTION | RESPONSIBILITY |
|---|---|
| 1. On the first day of AFC placement, assist the consumer in completing a MDHHS 1171 application requesting (SDA) State Disability Assistance and Medicaid Disability. The Entitlement Coordinator can also assist consumer with filling out the MDHHS 1171 application (preferred method). It is very IMPORTANT to indicate on the application that the consumer is DISABLED. Attach a copy of consumer's ID or birth certificate to provide Proof of Citizenship if they have it. Document in Sentri your efforts made to assist your consumer in obtaining cash assistance and Medicaid. | 1. Case Manager, Support Coordinator or Entitlement Coordinator |
| 2. The Home Manager is required to fully complete the 3688 Shelter Verification Form (LIST NAME OF AFC ON 3688). Eligibility will begin on the date the consumer's application is received, which should be the 1st day of AFC placement if application is received within 10 days of placement. | 2. Case Manager, Support Coordinator, AFC Home Manager |
| 3. Case Manager or Support Coordinator submits the completed 3688 Shelter Verification form to SCCMHA Entitlement Coordinator **ONLY**. Do not mail these directly to MDHHS. If you have questions regarding a consumers' status, you may e-mail Entitlement | 3. Case Manager or Support Coordinator |

| | |
|---|---|
| Coordinator, and she will inquire with MDHHS.<br>4. SCCMHA Entitlement Coordinator will forward the completed 3688 Shelter Verification form to MDDHS, and follow-up to ensure the application is processed.<br>5. After the application has been received by MDHHS, they will mail out additional required verifications along with a scheduled in-person interview appointment letter. It is mandatory for the consumer to have an in-person interview with MDHHS to receive SDA benefits. All required verification forms need to be submitted to the MDHHS worker from the consumer during the interview. Consumer completes or finishes completing all required verifications at their interview. If the consumer does not show for the interview, the SDA request will be DENIED. | 4. SCCMHA Entitlement Coordinator<br>5. Consumer applying for SDA assistance |

Exhibit 1 – DHHS Shelter Verification Form (3688)

Case Name:
Case Number:
Date:
DHS Office:
Specialist / ID: /
Phone:
Fax:
Individual ID:

**STATE OF MICHIGAN**
**Department of Human Services**

If you do not understand this, call a DHS office in your area.
DHS employees are prohibited by law from providing legal advice.
Si ústed no entiende esto, llame a una oficina de DHS en su área.
La ley prohíbe a los empleados de DHS proporcionar asesoría legal.
إذا واجهت صعوبة في فهم هذا الطلب، فاتصل بمكتب DHS الموجود في منطقتك.
يحرّم القانون على موظفي DHS إعطاء النصيحة القانونية.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
"This institution is an equal opportunity provider."

**AUTHORITY:** Federal
7 CFR Food Stamp Act of 1977, Special Security Privacy Act, 454 PA 2004, MCL 445.81 *et seq.*, 1939 PA 280, as amended and MAC 400.7001 – 400.7049
**COMPLETION**: Required for SER Relocation Services. Optional for other programs.
**PENALTY**: Decrease or loss of benefits.

## SHELTER VERIFICATION

Your shelter obligation must be verified by the verification due date in the box above. You may give this form to your landlord, mortgage company or land contract holder for completion, or you may provide other proofs, such as:

- Rental or mortgage contracts, a signed and dated statement from your landlord, mortgage company or land contract holder, that includes the name and address of the client, amount paid and period covered.
- Current copies of your property taxes, homeowner's insurance, assessment, telephone, heat and utility bills.

Contact our office if you have any questions or need additional forms.

**To Be Completed by LANDLORD/MORTGAGE CO./LAND CONTRACT HOLDER about Client's Obligation**

| | | |
|---|---|---|
| Total Monthly Shelter Obligation (Excluding Additional Fees)<br>$ | Is the rent reduced because of Section 8 or subsidized housing, etc?<br>☐ Yes ☐ No<br>If yes, how much does the client pay? | |
| Address of Shelter Unit<br>_____<br>_____<br>_____<br>_____ | ☐ Renting<br>☐ Buying<br>Date moved in?<br>(mm/dd/yy) | If buying, client **PAYS** (NOT escrowed)<br>☐ Property Taxes ☐ Homeowners Insurance<br>☐ Special Assessments<br>☐ Condo Fees $ per month<br>☐ Other |
| Type of Shelter Unit:<br>☐ Apartment ☐ House ☐ Condo ☐ Mobile Home ☐ Lot Rent<br>☐ Room ☐ Room and Board (food is provided by the landlord) | | Is the home free of lead paint or certified lead safe?<br>☐ Yes ☐ No |
| Check each of the following that are **included** in rent:<br>☐ Heat ☐ Electric ☐ Water/Sewer ☐ Cooking Fuel ☐ Trash Removal ☐ Telephone ☐ None | | |
| Property Owner/Contract Holder/Landlord<br>Name _____<br>Address _____ | Tax ID# of Property Owner<br>MDHS Provider ID #, if any | Type of ID (Check one)<br>☐ MI ID<br>☐ MI Temporary ID<br>☐ Federal ID |
| Mailing Address for Shelter Payment (if different)<br>Name _____<br>Address _____ | | |
| Signature of Landlord/Mortgagor/Land Contract Holder | Title | Telephone No. / Date |

DHS-3688 (Rev. 10-09) Previous edition obsolete. MS Word 1

| Case Name | Case Number | Specialist |
|---|---|---|
| | | |

**To be Completed by AFC/Supported Independent Living Facilities Only:**

Is your home a DMH/CMH contract home? ☐ Yes ☐ No Facility License Number _____

Does DMH or CMH pay a subsidy on behalf of the client? ☐ Yes ☐ No

Client's monthly shelter responsibility $ _____

Client is responsible to pay: ☐ Heating ☐ Cooling (including room air conditioner) ☐ Electric ☐ Water/Sewer ☐ Cooking Fuel ☐ Trash Removal ☐ Telephone ☐ None

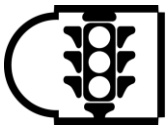
Client's monthly uncovered medical expenses: $ _____ per month, or $ _____ per day.

Medical services provided for this client: _____

Is your home a non-profit home? ☐ Yes ☐ No Facility License Number _____

AFC Home/Supported Independent Living Facility Name

| Signature of AFC/Supported Independent Living Facility/Representative | Title | Telephone No. | Date |
|---|---|---|---|
| | | | |

| Care Management Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Level of Care Reviews | **Chapter**: 09.03-<br>Care Management Services-<br>Department Procedures | **Subject No:** 09.03.01.04 |
|  **Care Management** | | |
| **Effective Date**:<br>5/22/09 | **Date of Review/Revision**:<br>7/22/09, 5/17/16, 6/28/18, 10/8/19, 10/1/20, 8/1/22<br><br>**Supersedes**: | **Approved By**:<br>Chief of Network Business Operations<br><br>**Authored By**:<br>Manager of Utilization Care Authorizations<br><br>**Reviewed By**:<br>Care Management Specialists |

**Purpose:**
The purpose of this procedure is to establish the protocol and steps required for identifying, gathering medical necessity criteria, determining, and recommending either discharge of consumers from SCCMHA services, decreasing particular services being provided, or changing the service array an individual is receiving in order to best meet his/her needs. This is in accordance with the Utilization Management function within SCCMHA's Care Management Department.

**Policy:**
SCCMHA will provide an array of services to persons most severely affected according to the availability of resources. This shall be done without unnecessary wait times due to concerns regarding capacity. SCCMHA will maintain best practice standards when working with consumers and be fiscally responsible in the use of resources available.

**Application:**
All SCCMHA and SCCMHA Network Primary Team Providers.

**Standards:**
None

**Definitions:**
Provider: Case Record Holders

CMS: Care Management Specialist within the Care Management Department

RFA: Request for Authorization

LOCR: Level of Care Review

LOCUS: Level of Care Utilization System

Care Management Services: An integrated system of managing capitated funds for covered services to a defined population including the policies, protocols and tools established by the Authority governing the provision of services to eligible persons.

Eligibility Criteria: A statement of conditions necessary for a consumer to be eligible for services. Criteria for SCCMHA services include County of Residence, Diagnosis, Level of Function, and Prior Utilization.

Medical Necessity: Describes those services necessary for screening and assessing the presence of a mental illness, and/or required to identify and evaluate a mental illness that is inferred or suspected; and/or intended to treat, ameliorate, diminish or stabilize the symptoms of mental illness, including impairment of functioning; and/or designed to provide rehabilitation or habilitation for the recipient to attain or maintain an adequate level of functioning. The determination of a medically necessary service must be based upon a person centered planning process.

Utilization Management: This dimension of Care Management is the array of strategies employed to ensure the right amount and mix of services. Utilization Management includes: pre-admission screening, pre-authorization, authorization, claims review, concurrent review, retrospective review and consumer and provider profiling.

Authorization: Authorization is the approval of services and the process of determining service necessity and the level of care based on scope, amount and duration. Authorization is typically a computerized function which is closely involved in processing the service provider's claims. The authorization is issued to the service provider with a unique number to which claims are processed.

**References:**

- SCCMHA Department Exit Criteria Policy (i.e. Wraparound, SED, ACT)
- MDHHS Medicaid Provider Manual
- Care Management Conference Procedure, 09.03.01.03
- Care Management Services Policy, 05.04.01

**Exhibits:**

Exhibit A - SCCMHA Care Management Continuing Stay Review for Adults, SCCMHA Care Management Continuing Stay Review for Children

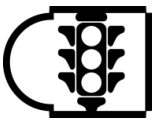
Exhibit B - Care Management Specialist Disposition
Exhibit C - Adverse Benefit Determination for Non-Medicaid Consumers
Exhibit D - Adverse Benefit Determination for Medicaid Consumers

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Care Management Specialists will identify consumers through service utilization, Care Conference review, request of Provider for review of level of care change or review of RFA that necessitates a LOCR. | 1. Care Management Specialist |
| 2. Once a consumer is identified, the Provider will be asked to complete a LOCR form, and send via inter-office mail, Sentri email or fax to the appropriate CMS. | 2. Provider and Care Management Specialist |
| 3. Once the CMS receives the completed form, a review will be conducted based on medical necessity and eligibility criteria to determine if the consumer continues to meet service eligibility guidelines for SCCMHA services. The CMS may request that the LOCR be taken to Care Conference or reviewed in other venues, such as Care Management Team meetings. A review and disposition are to be made within 14 business days of receiving the completed form. | 3. Care Management Specialist |
| 4. When a decision is made regarding services provided to the consumer, the CMS will complete the Care Management Specialist Disposition form. If a reduction or termination of services decision is made, authorizations will be provided for up to 30 days from written decision date. After that, no additional RFA's will be | 4. Care Management Specialist |

| | |
|---|---|
| approved. Providers will be notified of the CMS decision via e-mail, fax, Sentri upload, encrypted email or inter-office mail <u>within 24 hours</u> of making the decision.<br><br>5. It is the responsibility of the CMS to forward Advance Action Notice to the consumer <u>within 7 days</u> of making a decision.<br><br>6. Providers must continue to offer services to the consumer through 30 days and prepare consumers for discharge, following proper exit procedures for your department, unless otherwise chosen by the consumer. | 5. Care Management Specialist<br><br>6. Provider |

Exhibit A



## SCCMHA Level of Care Change for Adults

| Consumer Name: | Sentri ID: |
|---|---|
| CSM/SC Name/Team: | Supervisor: |
| Date: | Current IPOS Date: |
| **Diagnosis Review** | |
| **Diagnosis Import from Sentri** | **Supported in Record** |
| Axis I | |
| Axis II | |
| Axis III | |
| Axis IV | |
| Axis V | |
| **General Information** | |
| Review Purpose<br>☐ Initial ☐ Ongoing ☐ Discharge ☐ Acute Crisis<br>Did you discuss this change with consumer/parent/guardian: Yes☐ No ☐<br>Supported in record (progress note/periodic review date): | |
| 1. Risk of Harm within last year & history of attempts, ideations, and self-harm behaviors. | |
| **Supported in record (progress note/periodic review date):** | |
| 2. Current level of function to include psychiatric symptoms and medications used. | |
| **Supported in record (progress note/periodic review date):** | |
| 3. Medical risk | |
| **Supported in record (progress note/periodic review date):** | |
| 4. Substance abuse risk | |
| **Supported in record (progress note/periodic review date):** | |
| 5. Treatment and Recovery History | |
| **Supported in record (progress note/periodic review date):** | |
| 6. Benefits: adherence/non-adherence to current services. | |
| | |

| |
|---|
| **Supported in record (progress note/periodic review date):** |

| **Utilization Summary** | |
|---|---|
| Services over the last six months | |
| | |
| Entitlement Status | Hospital Episodes: Date/Number of Days |
| | |
| Reason for level of care change. | |
| | |

| **Recommendations** |
|---|
| Next Step in Recovery Plan |
| Disposition:<br>☐ Transfer to<br>☐ MI ☐ DD<br>☐ Increase Level of Care to<br>☐ Case Management ☐ ACT<br>☐ Maintain Level of Care; transfer to _____<br>☐ Reduce Level of Care to<br>☐ Therapy only ☐ Case Management<br>☐ Prepare for Discharge to<br>☐ Outside Provider* ☐ Primary Care<br>*agencies that accept consumer's Qualified Health Plan |
| Discharge Recommendations |
| |

CSM/Therapist Signature: _____Date: _____

Supervisor Signature: _____ Date: _____

## SCCMHA Level of Care Change for Children

| | |
|---|---|
| Consumer Name: | Sentri ID: |
| CSM/SC Name: | Supervisor: |
| Date: | Current IPOS Date: |

| **Diagnosis Review** | |
|---|---|
| **Diagnosis Import from Sentri** | **Supported in Record** |
| Axis I | |
| Axis II | |
| Axis III | |
| Axis IV | |
| Axis V | |

| **General Information** | | |
|---|---|---|
| Review Purpose<br>☐ Initial ☐ Ongoing ☐ Discharge ☐ Acute Crisis<br>Did you discuss this change with consumer/parent/guardian: ☐ Yes ☐ No<br>Supported in record (progress note/periodic review date): | CAFAS/PECFAS Total | |
| 1. Schoolwork | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 2. Home | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 3. Community | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 4. Behavior towards others | CAFASPECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 5. Moods and emotions | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 6. Self-harm behavior | CAFASPECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 7. Substance Abuse | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |
| 8. Thinking; symptoms and medications | CAFAS/PECFAS Score | |
| **Supported in record (progress note/periodic review date):** | | |

| 9. Adherence/non-adherence to current service (child and parent). |
|---|
| **Supported in record (progress note/periodic review date):** |
| **DECA: If child is between 1 month and 47 months old please summarized your DECA results.** |
| |

| **Utilization Summary** | |
|---|---|
| Services over the last six months | |
| | |
| Entitlement Status | Hospital Episodes: Date/Number of Days |
| | |

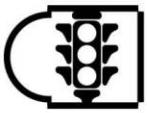
| Reason for level of care change. |
|---|
| |

| **Recommendations** |
|---|
| Next Step in Recovery Plan |
| Disposition:<br>☐ Transfer to<br>☐ MI ☐ DD<br>☐ Increase Level of Care to<br>☐ Wraparound ☐ Home Based Service ☐Autism ☐ Adult Services ☐Child Case Management<br>☐ Reduce Level of Care to<br>☐ Therapy only<br>☐ Maintain Level of Care; transfer to _____<br>☐ Prepare for Discharge to<br>☐ Outside Provider* ☐ Primary Care<br>*Agency that accepts consumer's Qualified Health Plan |
| Discharge Recommendations |
| |

CSM/Therapist Signature: _____ Date: _____

Supervisors Signature: _____ Date: _____

Exhibit B



**Care Management**

## Care Management Specialist Disposition

**Consumer's Name:** **Case Manager's Name:**

**Consumer's Sentri ID:** **Supervisor's Name:**

**Medical Necessity (please check one):**

☐ Medical Necessity Criteria Met
Comments:

☐ Medical Necessity Criteria Not Met
Specify Reason:

☐ Medical Necessity Criteria Met, but Service Array Modification Requested
Specify Change Requested and Reason:

**Actions Taken/Date:**

**LOCUS Score: _____** **CAFAS Score: _____**

_____ _____
Care Management Specialist Date

_____ _____
Care Management Supervisor Date

**Case Managers: Please fill out below and return copy to assigned Care Management Specialist once appointment has been set.**

New Team Assigned: _____ Orientation Date: _____
Outside Provider Assigned: _____ Appointment Date: _____
Primary Care Provider: _____ Appointment Date: _____

Case Manager Signature: _____

Revised 1/29/16

Exhibit C





NOTICE OF ADVERSE BENEFIT DETERMINATION

***Saginaw County Community Mental Health Authority (SCCMHA)***

verla Test
2229 Lively Drive
Saginaw, MI 48601

**Important:** The notice explains your internal appeal rights. Please read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed in the "Get Help & More Information" section of this Notice.

**Provided/Mailed Date:** 06/22/2022 **Member ID:** 002018398

**Name:** verla Test

| **This is to tell you that the following action has been taken:** |
|---|
| Your current service(s) will be: Terminated. |
| 9083X Psychotherapy |
| **Effective:** 07/22/2022 |
| **This action is based on the following:** |
| Saginaw does not have provider capacity to provide the service(s). |

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your Provider asked for coverage on your behalf, we have sent a copy of this decision to your provider.

**IF YOU DON'T AGREE WITH THIS ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL**

You have to ask Saginaw for an internal appeal within 30 days of the date of this notice. You can also provide any evidence you want us to review, such as medical records, doctors' letters or other information that explains why you need the item or service.

**Please keep a copy of everything you send us for your records.**

**There are 2 kinds of internal appeals:**

**Standard Appeal:** We'll give you a written decision on a standard appeal within 45 days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.

**Expedited or "Fast" Appeal:** You can ask for a fast appeal if you believe your health could be seriously harmed by waiting up to 45 days for a decision. We'll give you a decision on a fast appeal within 3 business days after we get your appeal. If we don't give you a fast appeal, we'll give you a decision within 45 days.

**If you want to ask for an Internal Appeal either call or send in a written request to:**

**Saginaw**
**500 Hancock St.**
**Saginaw, MI 48602**
**Phone Number: (989) 797-3452**
**Fax Number: (989) 797-3595**

**For hearing or speech assistance, please call 711.**

## IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at (989) 797-3452 to learn how to name your representative. For hearing or speech assistance, call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

## ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

## WHAT HAPPENS NEXT?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If you do not agree with the outcome, you can request an Alternative Dispute Resolution from the Michigan Department of Health and Human Services.
- The Notice of Appeal Denial will give you additional information about Alternative Dispute Resolution from the Michigan Department of Health and Human Services and how to file a request.

## Get Help & More Information

**If you need additional help or additional information about our decision and the internal appeal process, please call**

**Saginaw Customer Service Department**

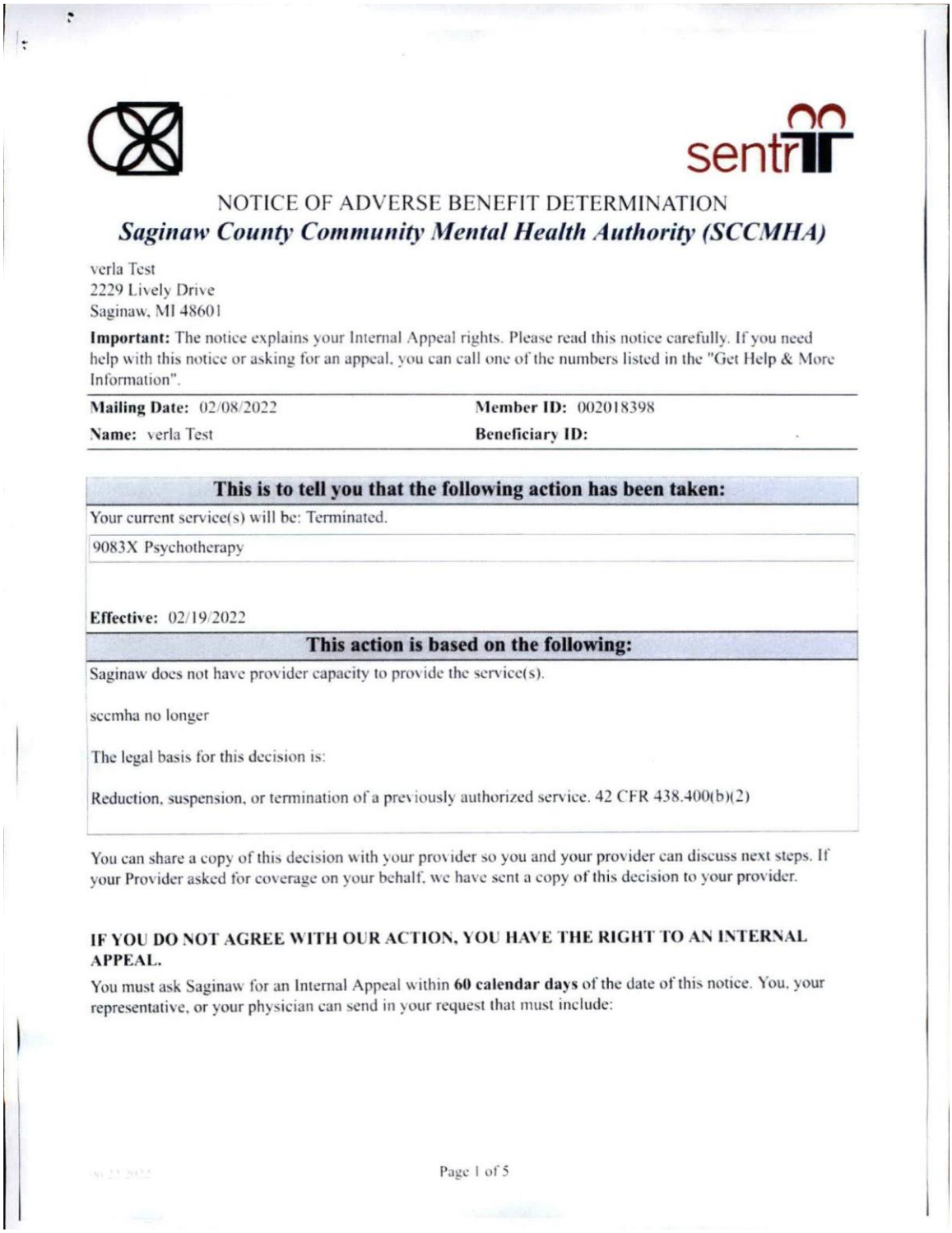
**(989) 797-3452**

**For hearing or speech assistance, please call 711 for assistance.**

**Our hours of operation are Mon-Fri 8a-5p Except for holidays**

**You can also visit our website at www.sccmha.org**

Exhibit D



NOTICE OF ADVERSE BENEFIT DETERMINATION

***Saginaw County Community Mental Health Authority (SCCMHA)***

verla Test
2229 Lively Drive
Saginaw, MI 48601

**Important:** The notice explains your Internal Appeal rights. Please read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed in the "Get Help & More Information".

**Mailing Date:** 02/08/2022 **Member ID:** 002018398

**Name:** verla Test **Beneficiary ID:**

**This is to tell you that the following action has been taken:**

Your current service(s) will be: Terminated.

9083X Psychotherapy

**Effective:** 02/19/2022

**This action is based on the following:**

Saginaw does not have provider capacity to provide the service(s).

sccmha no longer

The legal basis for this decision is:

Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2)

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your Provider asked for coverage on your behalf, we have sent a copy of this decision to your provider.

**IF YOU DO NOT AGREE WITH OUR ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL.**

You must ask Saginaw for an Internal Appeal within **60 calendar days** of the date of this notice. You, your representative, or your physician can send in your request that must include:

Page 1 of 5

- Your Name
- Your Address
- Your Member Number
- Your Reason for appealing
- Whether you want a Standard or Expedited Appeal (for an Expedited Appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, letters from your physicians, or other information that explains why you need the item or service. If you are asking for an Expedited Appeal, you will need a physician's supporting statement. Call your physician if you need this information.

Please keep a copy of everything you send us for your records.

**There are 2 kinds of internal appeals:**

**Standard Appeal:** You will be given a written decision on a Standard Appeal within **30 calendar days** after your Appeal is received. Our decision might take longer if you ask for an extension, or if we need more information about your case. You will be told if extra time is being taken and will receive an explanation why more time is needed. If your Appeal is for payment of a service you have already received, you will receive a written decision within **60 calendar days.** If you want to ask for an Internal Appeal, you can either call or send in a written request to:

**Saginaw**

**500 Hancock St.**
**Saginaw, MI 48602**

**Phone Number: (989) 797-3452**

**711**

**Fax Number: (989) 797-3595**

**Expedited Appeal:** You will be given a decision on an Expedited Appeal within **72 hours** after your Appeal is received. You can ask for an Expedited Appeal if you or your physician believe your health could be seriously harmed by waiting up to **30 calendar days** for a decision. **You will automatically be given an Expedited Appeal if your physician asks for one for you or if your physician asks for one for you or if your physician supports your request.** If you ask for an Expedited Appeal without support from your physician, the State will decide if your request requires an Expedited Appeal. If you are not given an Expedited Appeal, you will be given a decision within **30 calendar days.** To ask for an Expedited Appeal, you must call: (989) 797-3452 711.

**CONTINUATION OF SERVICES DURING AN INTERNAL APPEAL**

If you are receiving a Michigan Medicaid service and you file your Appeal within **10 calendar days** of this Notice of Adverse Benefit Determination (02/18/2022), you may continue to receive your same level of services while your Internal Appeal is pending, and should submit to the Saginaw.

Your benefits for that service will continue if you request an Internal Appeal within **10 calendar days** from the date of this notice or from the intended effective date of the proposed adverse action, whichever is later.

## IF YOU WANT SOMEONE ELSE TO ACT FOR YOU:

You can name a relative, friend, attorney, physician, or someone else to act as your representative. If you want someone else to act for you, call us at (989) 797-3452 to learn how to name your representative. TTY users, call 711. Both you and the individual you want to act for you must sign and date a statement confirming this is what you want. You will need to mail or fax this statement to us. Keep a copy for your records.

## ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the Appeal process. You must submit the request in writing.

## WHAT HAPPENS NEXT?

- If you ask for an Internal Appeal and are continually denied your request for coverage or payment of a service, you will be sent a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will give you additional information about the State Fair Hearings process (or Patient Right to Independent Review Act) and how to file the request.
- If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules (MOAHR).

## Get Help & More Information

**If you need help or additional information about the decision and the Internal Appeal process, call**

**Saginaw Customer Service Department**

**Phone: (989) 797-3452**

**TTY: 711**

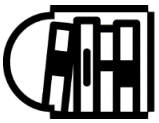
**Our hours of operation are Mon-Fri 8a-5p Except for holidays**

**You can also visit our website at www.sccmha.org**

MDHHS Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 ( if calling from an internet based phone service).

**The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. These provide the basic legal authority for us to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.**

**Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.**

| Continuing Education Unit Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Home Manager Vital Sign and Medication Competency Evaluation | **Chapter**: 09<br>Department Procedures | **Subject No**: 09.04.02.11 |
|  **Continuing Education** | | |
| **Effective Date**:<br>8/7/2020 | **Date of Review/Revision**:<br>1/10/22<br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Alecia Schabel<br><br>**Reviewed By**:<br>Colleen Sproul<br>Matthew Nagy<br>Valerie Toney |

**Purpose:**
It is required by Adult Foster Care (AFC) Licensing that Adult Foster Care Home licensees, administrators and direct care staff complete educational requirements as specified in R 400.14201, R 400.14203 and R 400.14204 of the Department of Human Services *Licensing Rules for Adult Foster Care Small Group Homes for 12 or Less* effective May 24, 1994. As the MDHHS/PIHP State Training Guidelines Workgroup (STGW) has started standardizing training requirements, SCCMHA requires Specialized Licensed Residential Home Managers receive effective Home Manager Vital Sign and Medication Competency Evaluation once training is complete.

**Application:**
Specialized Residential Licensed AFC Home Managers
General Licensed Residential Home Managers *upon request*

**Policy:**
It is the policy of SCCMHA to offer continuing education and training by licensed and skilled professionals for Specialized Licensed Residential Home Managers which includes Home Manager Vital Sign and Medication Competency Evaluation by qualified SCCMHA nursing staff. This ensures Home Managers can evaluate direct care staff in medication administration and vital sign competency.

**Standards:**
Specialized Licensed Residential Home Managers are required to complete Basic Health and Medication/Renewal Training through the SCCMHA CEU Trainers. Home Manager Vital Sign and Medication Competency Evaluation will be scheduled within 30 days of hire date or Home Manager title change date. One of the SCCMHA Nurse-Health Care Services & Coordination will ensure the Specialized Licensed Residential Home Manager has demonstrated minimal competency in administering medications and vital signs by meeting a minimum set of training standards. The evaluation of competency specified in the SCCMHA Medication and Vital Signs Competency Evaluation Form will determine the Home Manager's ability to observe the staff they supervise as direct care staff demonstrate their own medication administration and vital sign competency.

In order for Specialized Licensed Residential Home Managers to train and evaluate competency for suppository administration with direct care staff they supervise, Specialized Licensed Residential Home Managers will arrange for use of the suppository mannequin. Specialized Licensed Residential Home Managers will evaluate direct care staff utilizing the same standards for minimal competency as reflected in the SCCMHA Medication and Vital Signs Competency Evaluation Form.

A signed and dated SCCMHA Medication and Vital Signs Competency Evaluation Form for medication administration, vital signs and rectal suppositories will be provided to the Specialized Licensed Residential Home Manager and Continuing Education Unit.

**Definitions:**
Specialized Residential- Licensed Adult Foster Care (AFC) homes that have obtained special certification through Michigan Department of Health and Human Services (MDHHS) licensing and hold a contract with SCCMHA.

Licensed Residential- Licensed Adult Foster Care (AFC) homes where SCCMHA may place consumers for supervision *and* are *not* under contract with SCCMHA.

Competency – Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond

Medications – oral, elixirs, topical medications, ear, eye, nasal, suppositories and fleet enemas

Vital signs - Temperature, Blood Pressure, Pulse and Respiration

Evaluation – Observation of skills

Newly hired - within the first 30 days of hire and/or becoming a Licensed Residential Home Manager

CEU - Continuing Education Unit

**References:**
A. R 400.14201, R 400.14203 and R 400.14204 *of the Department of Human Services Licensing Rules for Adult Foster Care Small Group Homes for 12 or Less*

B. SCCMHA Policy – 05.06.06.02 SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff

C. SCCMHA Policy - 03.02.17 Medication Management in Licensed Residential Settings

D. STGW Training & Curriculum Guidelines for Direct care staff created by the Statewide Training Guidelines Work (STGW) Group - a committee of the community mental health association of Michigan

**Exhibits:**
A. Medication (routes other than oral) Return Demonstration Guide

B. SCCMHA Medication Competency Evaluation Form

C. SCCMHA Vital Signs Competency Evaluation Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| SCCMHA Home Manager Vital Sign and Medication Competency Evaluation scheduled is completed and turned into SCCMHA CEU | SCCMHA Nurse-Health Care Services & Coordination |
| SCCMHA CEU adds Home Manager Vital Sign and Medication Competency Evaluation schedule to the training calendar | Continuing Education Specialist |
| Identification of new Home Manager is provided to Continuing Education Unit | Specialized or General Licensed Residential Facility |
| Request for Home Manager Vital Sign and Medication Competency Evaluation | Specialized or General Licensed Residential Facility |
| Verification of Basic Health and Basic Medication training completion & passed. | Continuing Education Specialist |
| If Basic Health and Basic Medication is not confirmed: registration and completion of Basic Health and Basic | Continuing Education Specialist<br>Specialized or General Licensed Residential Home Manager |

| | |
|---|---|
| Medication or Medication Renewal training. | |
| Basic Health and Basic Medication or Medication Renewal training completed and passed. | Specialized or General Licensed Residential Home Manager<br>SCCMHA Trainer |
| Once confirmation of Basic Health and Basic Medication training, SCCMHA Nurse-Health Care Services & Coordination is notified of Home Manager Vital Sign and Medication Competency Evaluation request | Specialized or General Licensed Residential Home Manager<br>Continuing Education Specialist |
| Home Manager Vital Sign and Medication Competency Evaluation is scheduled | Continuing Education Specialist |
| Home Manager Vital Sign and Medication Competency Evaluation is completed using the SCCMHA Medication and Vital Signs Competency Evaluation Form. Upon successful completion of Home Manager Vital Sign and Medication Competency Evaluation, the home manager will be considered qualified to evaluate the group home staff they supervise. The purpose for competency evaluation of direct care staff will be clearly communicated to all Home Managers. Ensuring competency evaluation of Specialized or General Licensed Residential Home Manager's provides them with the skills necessary to competently evaluate the group home staff under their supervision. | SCCMHA Nurse-Health Care Services & Coordination |
| Signed and dated SCCMHA Medication and Vital Signs Competency Evaluation Forms are distributed to Home Manager and Continuing Education Unit | SCCMHA Nurse-Health Care Services & Coordination |
| Documentation of completed Home Manager Vital Sign and Medication Competency Evaluation within the Sentri system (identified as: *Home Manager* | Continuing Education Specialist or Typist |

| | |
|---|---|
| *Vital Sign and Medication Competency Evaluation*) within 30 days of completion | |
| Suppository Mannequin Check Out SCCMHA Nurses hold the suppository mannequins. Specialized or Licensed Residential Home Manager will request a suppository mannequin through a check-out system by contacting the designated SCCMHA Nurse-Health Care Services & Coordination either at *A.)* the conclusion of Home Manager Vital Sign and Medication Competency Evaluation or *B.)* at the time of their choosing by contacting a SCCMHA nurse | Specialized or Licensed Residential Home Manager<br>SCCMHA Nurse-Health Care Services & Coordination |
| 3-year Medication renewal requirement. Including Home Manager Vital Sign and Medication Competency Evaluation. | Specialized or Licensed Residential Home Manager/Facility |
| Reviews to assure each staff has the completed competency evaluation according to this procedure | SCCMHA Provider Network Auditing Team. |

Exhibit A

Medication (*routes other than oral*) Return Demonstration Guide

This guide contains information to assist the Home Manger conduct medication return demonstrations for routes other than oral. The minimum number of return demonstrations for each route is 10 demonstrations over a period of several days. The goal is for staff to safely practice the medication administration skills that will help ensure that medications will be administered to people with 100% accuracy every time. A staff person will not independently administer any medication until competency evaluation is completed with the staff demonstrating competency as evidenced by compliance to medication administration standards.

| Route | Suggestion |
|---|---|
| **Eye Drops** | Purchase ophthalmic saline preparations that are used for rinsing the eye. The ophthalmic preparation must be sterile and must be discarded by the expiration/use by date. *If the tip of the bottle touches the eye or any other surface, discard immediately and use a new, uncontaminated bottle.* ***NEVER use tap water or any liquid or solution that is not ophthalmic approved.*** Method: Simulate administering eye drops using sterile ophthalmic saline preparation with a staff person or home manager acting as the consumer. Follow the standards of eye drop medication administration demonstrating the three checks of the five rights: of medication administration. A minimum of 10 simulations over a period of several days is to be conducted observing for compliance to the administration of eye drop medication administration standards. |
| **Ear Drops/Nose Drops** | Ask pharmacy for an empty medication bottle with a dropper. Simulate administering ear drops and nose drops to another staff or Home Manager. *Do not use any liquid or any other substance in the dropper bottle.* Staff are simulating the procedure of drawing up medication into a dropper using the three checks of the five rights and then simulating the standards of ear and nose drop medication administration. A minimum of 10 simulations over a period of several days should be conducted with the home manager observing for compliance to the administration of ear and nose drop medication standards. |
| **Topical Medications** | Use a name brand hand /body lotion or cream. Check to see if the staff member or Home Manger is allergic or sensitive to any of the ingredients in the lotion or cream. Hypoallergenic does not mean that the product is allergy proof.<br>Simulate approaches that could likely be prescribed including over the counter body lotion prescribed for dry skin and lotion in a jar to simulate applying a topical medication using the written procedure for topical medications. Staff will be observed a minimum of 10 times over a period of several days to evaluate the staff person for competency as evidenced by compliance to the administration of topical medication standards. |
| **Rectal Suppositories** | The Home Manager will contact the Health Care Services & Coordination RN to schedule time to check out the suppository mannequin. The staff person will simulate rectal suppositories using the suppository mannequin. The Home Manager will evaluate the staff person for competency as evidenced by the demonstration of compliance to administration of rectal medication standards. |
| **Elixirs/Liquid Medication** | Obtain from pharmacy an empty elixir medication bottle. The home must have medication cups available for use for the simulation. Fill the medication bottle with water or other liquid safe for consumption. Simulate pouring liquid medication into a medication cup and administering to another staff or Home Manager using the three checks of the five rights. Staff will be observed a minimum of 10 times over a period of several days to evaluate the staff persons competency as evidenced by the demonstration of compliance to the administration of elixirs/liquid medications. |

If a medication route is not routinely administered, staff will participate in a refresher return demonstration with the Home Manager if/when that route is prescribed before administering the medication to a consumer. A route would be considered routine if it is part of the regular daily, weekly or monthly procedure.

A minimum of 5 return demonstrations for each route used in the home is required for the three-year renewal.

AMS 2/2020 Rev. 7/2020

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**SCCMHA Medication and Vital Signs Competency Evaluation Form**

TRAINEE'S NAME: _____

HOME NAME: _____

**ORAL MEDICATIONS**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Check med book to see *right time* meds need to be *given*. | | | | | | | | | | |
| 2. Clean & disinfect work area. | | | | | | | | | | |
| 3. Wash hands before set up of med. | | | | | | | | | | |
| 4. Gather all necessary equipment (water & med cup, spoon, etc.) | | | | | | | | | | |
| 5. Locate the *right meds* and perform *first of the triple check* for the 5 Rights of a Med-Pass. | | | | | | | | | | |
| 6. Perform Check #2 of the 5 Rights & place the *right dose* in cup. | | | | | | | | | | |
| 7. Perform a *safety check* (breaks, cracks, chips, discoloration). | | | | | | | | | | |
| 8. Perform Check #3 of the 5 Rights & put meds away for storage. | | | | | | | | | | |
| 9. Lock med storage area or keep supervised while meds are given. | | | | | | | | | | |
| 10. Identify that you have the *right person.* | | | | | | | | | | |
| 11. Explain reason for the meds or any procedure you are doing. | | | | | | | | | | |
| 12. Position the person correctly to prevent choking. | | | | | | | | | | |
| 13. Administer meds by the *right route.* | | | | | | | | | | |
| 14. Remain with the person until meds are swallowed (oral check). | | | | | | | | | | |
| 15. Dispose of cups, spoons, tissues, etc. | | | | | | | | | | |
| 16. Wash hands after giving meds. | | | | | | | | | | |
| 17. Document immediately after giving meds. | | | | | | | | | | |
| 18. Recheck the med book, ensure all meds were given & signed for. | | | | | | | | | | |
| 19. Observe, report and record response to meds. | | | | | | | | | | |

**TOPICAL MEDICATIONS**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands before procedure. | | | | | | | | | | |
| 2. Remove cream from jar/tube using an applicator/tongue blade or other suitable substitute. (Insert into jar x 1 only) | | | | | | | | | | |
| 3. Provide privacy. | | | | | | | | | | |
| 4. Put on disposable gloves & apply to affected area as ordered. | | | | | | | | | | |
| 5. Wash hands after procedure. | | | | | | | | | | |

**NOSE DROPS**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands and provide privacy before procedure. | | | | | | | | | | |
| 2. Instruct consumer to gently blow their nose to clear nasal passage. | | | | | | | | | | |
| 3. Position consumer w/head tilted back, provide tissue for drainage | | | | | | | | | | |
| 4. **Put on gloves**. Draw medicine into dropper, checking dropper for chips/cracks. | | | | | | | | | | |
| 5. Avoid touching dropper against nostrils or any other surface. | | | | | | | | | | |
| 6. Administer correct amount of drop(s) in correct nostril(s). | | | | | | | | | | |
| 7. Replace dropper and secure it. | | | | | | | | | | |
| 8. Encourage consumer to remain in this position for a few minutes. | | | | | | | | | | |
| 9. Wash hands after procedure. | | | | | | | | | | |

**EAR DROPS**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands and provide privacy before procedure. | | | | | | | | | | |
| 2. Shake medication if indicated on directions. | | | | | | | | | | |
| 3. Position consumer w/affected ear up. | | | | | | | | | | |
| 4. **Put on gloves.** Draw medicine into dropper. | | | | | | | | | | |
| 5. Avoid touching the dropper against ear or any other surface. | | | | | | | | | | |
| 6. Pull affected ear up & back to allow drops to run into ear canal. | | | | | | | | | | |
| 7. Administer correct amount of drop(s) into correct ear(s). | | | | | | | | | | |
| 8. Replace dropper & secure it. | | | | | | | | | | |
| 9. May place cotton to ensure medicine does not drain out, remove it within 15 minutes. | | | | | | | | | | |
| 10. Keep head tilted for a few minutes. | | | | | | | | | | |
| 11. Wash hands after procedure. | | | | | | | | | | |

**EYE DROPS**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Wash hands, provide privacy & apply disposable gloves before procedure. | | | | | | | | | | |
| 2. Have consumer tilt head back, stabilize head for safety. | | | | | | | | | | |
| 3. Provide 2 tissues, one for each eye to avoid contamination. | | | | | | | | | | |
| 4. Caution against rubbing eye, pat excess drainage w/tissue. | | | | | | | | | | |
| 5. Draw medicine into the dropper. | | | | | | | | | | |
| 6. With index finger, pull lower lid down to form a pocket. | | | | | | | | | | |
| 7. Place dropper as close to eye as possible without touching it or any other surface, prevent back flow or medicine into bulb. | | | | | | | | | | |
| 8. Administer one-drop at a time into the "pocket" of lid. (Never directly on the eyeball.) Allow the consumer to blink between drops to avoid overfilling the pocket". Overfilling causes the medication to run out and the consumer doesn't receive benefit of the full dosage. | | | | | | | | | | |
| 9. Replace dropper and secure it. | | | | | | | | | | |
| 10. Remove gloves and wash hands. | | | | | | | | | | |

**Same technique for eye ointments. Be certain to squeeze a small "ribbon" to the edge of the eye lid, starting at the inner corner and working to the outer corner.*

**ELIXERS (LIQUID MEDICATIONS)**

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Place cap on counter upside down to avoid contamination. | | | | | | | | | | |
| 2. Pour medicine away from the label, place label in your palm. | | | | | | | | | | |
| 3. Pour medicine at eye level and double check on flat surface. (i.e.) Place cup on counter top to re-read measurement. | | | | | | | | | | |
| 4. If measuring less than 5 ccs, use a syringe. Never insert syringe into the bottle. | | | | | | | | | | |

## RECTAL SUPPOSITORIES

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Remove suppository from storage, gather equipment, gloves and water soluble lubricant. (i.e.) K-Y jelly. | | | | | | | | | | |
| 2. Wash hands. | | | | | | | | | | |
| 3. Provide privacy (close curtains/doors) and adequate lighting. | | | | | | | | | | |
| 4. Explain procedure. | | | | | | | | | | |
| 5. Instruct/assist person to remove undergarments, lie on left side with right leg bent toward stomach. Be certain to expose only the area required. Cover upper and lower body as needed. | | | | | | | | | | |
| 6. Apply disposable gloves. | | | | | | | | | | |
| **Check wrapper for expiration date prior to removing suppository** from wrapper, lubricate your finger & rectal opening. | | | | | | | | | | |
| 8. Lift upper buttock to expose rectal opening. | | | | | | | | | | |
| 9. Insert suppository w/finger past the anal sphincter 1-inch. | | | | | | | | | | |
| 10.Hold buttocks together for a few minutes to avoid expulsion. | | | | | | | | | | |
| 11. Instruct person to remain lying down for 10-15 minutes. | | | | | | | | | | |
| 12. Remove gloves and wash your hands. | | | | | | | | | | |

**For vaginal, use same procedure but position lying on back with knees bent, identify vaginal opening, insert 2 inches.*

## RETURN DEMONSTRATION

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

| | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| 1. Demonstrates minimal competency at this time. | | | | | | | | | | |
| 2. Need to observe procedure in the work setting-then may pass medications with supervision prior to independent med-pass. | | | | | | | | | | |
| 3. Need to repeat medication class & return demo. | | | | | | | | | | |

**RETURN DEMONSTRATION COMPLETE**

Trainee Signature — Date Completed

Home Manager — Date Completed

*Please attach comments on an additional sheet if necessary*

Rev. 6.18.20 CC

Exhibit C

## Vital Sign Competency Evaluation - Counting & Recording Respirations

Name: _____ Date: _____

| Skill-Counts and Records Respirations | (Check One) Yes | No |
|---|---|---|
| 1. Counts respirations with individual unaware that breathing rate is being counted. | | |
| 2. Counts the rise (inspiration) and fall (expiration) of the chest to equal one breath. | | |
| 3. Identifies for the evaluator method of choice used for counting respirations. | | |
| Selects one of the following methods: | | |
| a. Counts respirations x 1 full minute. | | |
| b. Counts respiration x 30 seconds and multiplies by 2. | | |
| c. Identifies if respiration is regular, rapid, or shallow. | | |
| d. Records respiratory rate within plus or minus within 2 breaths of evaluator's reading. | | |

The evaluator notes the candidate's demonstration of overall competency with compliance to the standard.

Standard Met _____ Standard Not Met _____

Comments:

Evaluators Signature: _____ Date: _____

Candidate Signature: _____ Date: _____

## Vital Sign Competency Evaluation - Measure and Record Manual Blood

Name: _____ Date: _____

| Skill: Demonstrates Ability to Measure and Record Manual Blood Pressure | (Check One) Yes | No |
|---|---|---|
| 1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact. | | |
| 2. Before use wipes stethoscope, ear pieces and bell/diaphragm, with alcohol pad. | | |
| 3. Positions individual appropriately: | | |
| a. Seated, back supported, feet flat on the floor, with no crossing of legs/ankles. | | |
| b. Positions individuals arm with palm up and upper arm exposed-does not attempt to | | |
| c. Reminds individual "no talking please" during procedure. | | |
| 4. Places cuff smoothly and snugly on individual's upper arm, at level of the heart, with | | |
| 5. Feels for or palpates and locates brachial artery on inner aspect of the arm at bend of elbow. | | |
| 6. Places stethoscope ear pieces in ears correctly-angled forward. | | |
| 7. Places stethoscope diaphragm/bell over palpated brachial artery site. | | |
| 8. Can easily visualize dial of cuff. | | |
| 9. Candidate inflates cuff between 160 mmHg to 180 mmHg. If beat is heard, immediately | | |
| a. Waits 1 minute between measurements if needed. | | |
| 10. Inflates cuff quickly to no more than 200 mmHg. | | |
| 11. Deflates cuff slowly with a steady rate of about 2-3 mmHg/second. Notes the first sound | | |
| 12. Removes cuff. | | |
| 13. Records blood pressure appropriately. If rounding of number heard is needed, rounds up to | | |
| 14. Blood pressure is within, plus or minus 8 mmHg of evaluators reading. | | |

The evaluator notes the candidate's demonstration of overall competency with compliance to the standard.

Standard Met _____ Standard Not Met _____

Comments:

Evaluators Signature: _____ Date: _____

Candidate Signature: _____ Date: _____

## Vital Sign Competency Evaluation - Counting & Recording Radial Pulse

Name: _____ Date: _____

| Skill: Counts and Records Radial Pulse | (Check One) Yes | No |
|---|---|---|
| 1. Explains procedure, speaks clearly, slowly and directly to the individual. | | |
| 2. Places fingertips on thumb side of the individual's wrist to locate the radial pulse. | | |
| 3. Identifies the pulse. | | |
| 4. Identifies for the evaluator method of choice for counting pulse. | | |
| a. Counts beats x 1 full minute. | | |
| b. Counts beats x 30 seconds and multiplies by 2. | | |
| c. Counts beats x 15 seconds and multiplies by 4. | | |
| d. Records pulse rate within plus or minus within 4 beats of evaluator's reading. | | |
| e. Identifies if pulse is regular or irregular. | | |

The evaluator notes the candidate's demonstration of overall competency with compliance to the standard.

Standard Met _____ Standard Not Met _____

Comments:

Evaluators Signature: _____ Date: _____

Candidate Signature: _____ Date: _____

<table>
<tr><td colspan="3">Network Services & Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Referral and Authorization of Drop-in Services (Friends for Recovery Center)</td><td>Chapter: 09.04.03 – Network Services</td><td>Subject No: 09.04.03.12</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>12/16/13</td><td>Date of Review/Revision:<br>6/1/17, 3/7/16, 6/19/18, 6/10/19, 1/7/20, 9/27/22, 6/6/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By: Director of Friends for Recovery Drop-In</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To describe the procedure for referral and authorization of drop-in services for adults with Severe Mental Illness (SMI) diagnoses. A primary diagnosis of SMI is required for participation in the program.

**Application:**
Saginaw County Community Mental Health Authority (SCCMHA) Network Providers, both contractors and direct operated programs.

**Policy:**
SCCMHA strives to provide a safe supportive and normalizing environment for individuals with mental illness in the community. It is especially important to provide services for those individuals who feel isolated from society and need to find connection with others who understand and respect them for who they are. The Friends for Recovery Drop-in Center focuses on individual's health and wellbeing by focusing on the eight dimensions of wellness as identified by Substance Abuse and Mental Health Services Administration (SAMHSA). CREATING AHEALTHIER LIFE, A STEP-BY-STEP GUIDE TO WELLNESS (samhsa.gov)

**Standards:**
The Friends for Recovery Center (FFRC) is a 100% peer-run organization with a wellness and recovery theme. The requirements for participation are the following:

1. The participant must be diagnosed with a serious mental illness.
2. They currently receive or have received (in the past) mental health services (not necessarily in a Community Mental Health setting).
3. The participant DOES NOT need to be a CMH consumer prior to their interest in drop-in services.
4. They must be at least 18 years old
5. If the participant has Medicaid insurance, then drop-in services will be billed but the participant IS NOT required to have insurance.
6. If they do not already have Medicaid, all eligible persons will be asked to apply for Medicaid.
7. All individual participants are expected to comply with the Friends for Recovery Center Code of Conduct (See Exhibit B).
8. All individual participants are expected to be able to function independently in the drop-in center environment and are ineligible if they experience behavioral/safety or health issues that cannot be adequately addressed in a program with a low staff-to-participant ratio.
9. It is the expectation of SCCMHA that all (adult) Case Holders will visit the drop-in center at least once to be familiarized with the services available to the consumers with whom they work.

**Definitions:**
Peer-Run Drop-In Centers provide an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. If a beneficiary chooses to participate in Peer-Run Drop-In Center services, such services may be included in an IPOS (plan) if medically necessary for the beneficiary. Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance and away from passive beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence (source: Michigan Medicaid Provider Manual)
Orientation Team Meeting (OTM)- designed to help the consumer understand the drop-in center services as well as the drop-in staff to gain some information about the soon to be new member.
Individual Plan of Service (IPOS)- The care plan that drives the need for drop-in services for Medicaid to cover the cost.

**References:**
Medicaid Provider Manual 17.3. G.1. DROP-IN CENTERS

**Exhibits:**
Exhibit A – A Wellness Approach diagram
Exhibit B – Friends for Recovery Center Code of Conduct

**PLEASE NOTE THAT THERE ARE THREE DIFFERENT PROCEDURES, DEPENDING ON CIRCUMSTANCES.**

**Procedure for current SCCMHA and Provider Network Consumers:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Consumer indicates an interest in participating at the Friends for Recovery Center. | Consumer |
| 2. Case Holder requests an enrollment form from the director of the Friends for Recovery Center (or obtain from G drive: G:\Wellness\Friends for Recovery Center Enrollment). **OR** Case Holder receives completed enrollment form from FFRC. | Case Holder |
| 3. If not already in the individual plan of service, Case Holder adds a wellness focused goal* for attendance to the Friends for Recovery Center (FFRC). | Case Holder |
| 4. (inside SCCMHA) Physical Health and Nutrition Screening is updated in Sentri 2 **OR** (in Network) Personal Health Review is updated in Sentri 2. | Case Holder |
| 5. Supervisor approves IPOS. | Supervisor of Case Holder |
| 6. Case Holder requests authorization for code H0023 for up to 156 encounters in a 6-month period. (Authorization end date cannot surpass PCP end date.) | Case Holder |
| 7. Periodic reviews are completed, and authorizations are requested as needed. | Case Holder |
| 8. Services Authorized | Care Management |
| 9. Enrollment form is completed and returned to FFRC with evidence of the completed goal attached. (If completed enrollment form originated from FFRC, case Holder only needs to verify that goal has been completed. Fax: (989-401-5574.) | Case Holder with Consumer |
| 10. Enrollment form is scanned into the Sentri 2 system. | FFRC Director |
| 11. Consumer is enrolled at the Friends for Recovery Center. | FFRC Director |

**Procedure for <u>New</u> Consumers to SCCMHA/Network who only want Drop-In Services and <u>their first contact is SCCMHA</u>:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Consumer contacts SCCMHA Consumer Access and Intake Services (CAI) | Consumer |
| 2. CAI opens case to Sentri 2 and assigns consumer ID number | CAI |
| 3. Eligibility screening is completed. | CAI |
| 4. Intake assessment completed<br>If:<br>A. Serious Mental Illness Diagnosis is verified<br>B. Saginaw County residency verified<br>C. Medicaid eligibility verified (or application made)<br>D. CAI introduces the idea of drop-in services<br>E. Consumer is interested in drop-in services | CAI |
| 5. OTM meeting is scheduled with Director of Friends for Recovery Center via Sentri II scheduler (989-401-7586), and a time is arranged for the consumer to come in for a tour and Orientation Team Meeting. | FFRC Director |
| 6. Consumer fills out enrollment form (Can be obtained on the G drive, G:\Wellness\Friends for Recovery Center Enrollment or from FFRC) | Consumer (with assistance as needed) |
| 7. Contact will be documented in Sentri II through a treatment note and billed under H0023. | FFRC Director |
| 8. Enrollment form is scanned into the Sentri II system. | FFRC Director |
| 9. Care management assigns case to FFRC liaison | Care Management |

| | |
|---|---|
| 10. Liaison assigns the case to TTI Transitions Case Holder | Liaison |
| 11. Full set of demographics completed in Sentri 2 | Case Holder |
| 12. Personal Health Review completed in Sentri 2 | Case Holder |
| 13. Single Service plan with a wellness focused goal* for attendance to the Friends for Recovery Center (FFRC) is created. | Case Holder |
| 14. FFRC Liaison approves plan. | Liaison |
| 15. Transitions Case Holder requests authorization for code H0023 for up to 156 encounters in 6-month period. (Authorization end date cannot surpass PCP end date.) | Case Holder |
| 16. Periodic reviews are completed, and authorizations are requested as needed. | Case Holder |
| 17. FFRC is notified of completed goal (via fax or voice mail) | Case Holder |
| 18. Services Authorized. | Care Management |
| 19. Consumer is enrolled at the Friends for Recovery Center | FFRC |

**Procedure for <u>New</u> Consumers to SCCMHA/Network who only want Drop-In Services and <u>their first contact is Friends for Recovery Center</u>:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Consumer contacts Friends for Recovery Center in person and reports that they have a serious mental illness. | Consumer |
| 2. Friends for Recovery Center Director (or designee) contacts SCCMHA CAI. | FFRC |
| 3. CAI opens case to Sentri 2 and assigns consumer ID number. | CAI |
| 4. Eligibility screening is completed. | CAI |
| 5. CAI will complete appropriate releases of information to verify consumer's previously given diagnosis. | CAI |

| | |
|---|---|
| 6. Releases will be sent out to identified provider(s) to obtain diagnosis proof documentation. | CAI |
| 7. Intake assessment completed<br>If:<br>A. Serious Mental Illness Diagnosis is verified<br>B. Saginaw County residency verified<br>C. Medicaid eligibility verified (or application made)<br>Then proceed to step 9. | CAI |
| 8. OTM meeting is scheduled with Director of Friends for Recovery Center via Sentri 2 scheduler (989-401-7586), and a time is arranged for the consumer to come in to fill out enrollment form (If not already completed) and complete Orientation Team Meeting. | CAI/FFRC Director/Consumer (with assistance as needed) |
| 9. Contact will be documented in Sentri 2 though a treatment note and billed under H0023. | FFRC Director |
| 10. Enrollment form is scanned into the Sentri 2 system. | FFRC Director |
| 11. Care management assigns case to, FFRC liaison | Care Management |
| 12. Liaison assigns the case to TTI Transitions Case Holder | Liaison |
| 13. Full set of demographics completed in Sentri 2 | Case Holder |
| 14. Personal Health Review completed in Sentri 2 | Case Holder |
| 15. Single Service plan with a wellness focused goal* for attendance to the Friends for Recovery Center (FFRC) is created. | Case Holder |
| 16. FFRC Director approves plan. | FFRC Director |
| 17. Transitions Case Holder requests authorization for code H0023 for up to 156 encounters in 6-month period. (Authorization end date cannot surpass PCP end date.) | Case Holder |

| | |
|---|---|
| 18. Periodic reviews are completed, and authorizations are requested as needed. | Case Holder |
| 19. FFRC is notified of completed goal (via fax or voice mail) | Case Holder |
| 20. Services Authorized. | Care Management |
| 21. Consumer is enrolled at the Friends for Recovery Center | FFRC |

*Please note that there are eight dimensions of wellness. Any and all of these dimensions can be used as a basis for goal formulation related to attendance to the drop-in center. See exhibit A.

Exhibit A

Source: Adapted from Swarbrick, M. (2006). A wellness approach. *Psychiatric Rehabilitation Journal*, *29*(4), 311–314.



Exhibit B

## CODE OF CONDUCT

As a community of adults recovering from mental illness, Friends for Recovery Drop-In Center is dedicated to being a community where dignity and respect define our code of conduct, promoting an atmosphere of recovery at all times.

Smoking is prohibited except at the designated area. Please dispose of cigarette butts in the ashtray only. Local phone calls are allowed to (case holders, legal guardians, AFC homes and emergency contacts) and can be made at the front desk but must be limited to 5 minutes. Please ask staff to use phone. Always clean up after yourself when using the kitchen, microwave, coffee, and refrigerator at all times. Before using fitness equipment, you must have staff show you how to safely operate the equipment for safety reasons. All food and drinks must be kept in the multipurpose room only.

The following behaviors violate the code of conduct and will result in suspension from Friends for Recovery Drop-in Center according to our suspension policy:

***Verbal Abuse and Illegal Behavior:*** Any language that is spoken in a repeated, disrespectful, or degrading manner of a personal and judgmental nature, to any participant, staff, colleague, visitor or guest. Anything that comes under the law as illegal will not be tolerated such as stealing, carrying a weapon of any kind, concealed weapons, selling of stolen items, etc.

- **Any criminal act including physical assault and stealing will involve the utilization of law enforcement.**

***Harassment of any type, including Sexual Harassment:*** This includes any inappropriate or uninvited sexual comments, propositions, or innuendos (including but not limited to jokes, pictures, e-mails, touching, hugging, or kissing) made to participants, staff, colleagues, or visitors. It also includes any repeated or uninvited attempts to borrow money or cigarettes; solicit rides or otherwise repeatedly invade others personal space and property.

***Drug and Alcohol Policy:*** Substance use at Friends for Recovery is not permitted. Participants who appear to have used substances will be asked to leave and return when sober.

***Dress Code Policy:*** All participants must be dressed so that their body is appropriately covered. If a participant is not appropriately covered, they may be asked to leave and return until dressed appropriately or call home for adequate clothing.

**SUSPENSION PROCESS**

All violations before one year from the date of the current violation will not be considered in deciding which category the most recent incident falls into.
*If a participant violates the Friends for Recovery Center Code of Conduct or poses a safety risk to the community, the following actions will be taken to maintain the health and safety of the participants and the drop-in center's community.*
*In the event of a suspension of drop-in center services, an Appeal Notice must be provided to the participant and/or Guardian/AFC home, as well as a request to the participant's case holder, for a re-entry meeting within five business days of the incident.*

**First Offense of Policy:** In the event that a participant violates a policy or breaks a drop-in center rule in a non-assaultive, aggressive, or disruptive way, they will be advised verbally of the appropriate behavior that is expected. If the behavior continues, or is assaultive, aggressive, or disruptive, the participant will be asked to leave the drop-in center for the remainder of the day, or longer, depending on the level of concern for the behavior. * *The Drop-In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to advise participant of expected behavior.*

**Second Offense of Policy:** This results in one-week (7 days) suspension from Friends for Recovery Center. A re-entry meeting will be held and include a discussion of the code of conduct infraction that led to the suspension and recommendations regarding an action plan to return to the Center. * *The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to advise participant of expected behavior and attempt by staff to follow-up with appropriate action.*

**Third Offense of Policy:** This will fall into the repeated offense category. Participant will be asked to take a two-week (14 days) suspension from the drop-in center. A re-entry meeting will be held and include a discussion of the code of conduct infraction that led to the suspension and recommendations regarding an action plan to return to the Center. The drop-in center should regularly perform outreach to participant during their time of leave. * *The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to follow-up with appropriate action, and outreach efforts made to participant.*

**Fourth Offense of Policy:** The length of suspension can be up to one month long and will be determined by Friends for Recovery Director and/or Assistant Director or Administration. * *When a participant is suspended from Friends for Recovery Center, the suspension cannot exceed (30) days unless approved by SCCMHA Director of Network Services & Public Policy.* Return to the Drop-In Center will be contingent on a plan to correct the inappropriate behavior that the person has been exhibiting. During the time of leave, the participant will be provided outreach by staff. * *The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to advise participant of expected behavior, agreed upon contingency plan to correct participant's exhibited*

*behavioral patterns by all parties involved (case holder, participant, director, assistant director), and outreach made by staff.*

- Friends for Recovery Center Director and/or Assistant Director or Administration, in consultation with the participant's advisor and case holder, will determine a length of suspension beyond what the violation dictates above if the severity of the behavior poses a significant risk to the community of Friends for Recovery Drop-In Center.

**Procedure when a participant is suspended indefinitely:**
Once it has been determined that a participant will be suspended indefinitely according to the suspension process the following will occur:

- A re-entry meeting will be held and include a discussion of the code of conduct infraction that led to indefinite suspension and recommendations regarding an action plan to return to the Center. Example: "We encourage you to seek therapy or other treatments to address the issues described above and follow through with treatment recommendations. Once you and your treatment team feel that you have better managed these issues you are welcome to request to return to Friends for Recovery Center."
- When the participant asks to return, the participant's advisor, case holder and Friends for Recovery Director / Assistant Director should meet with the participant and contact their treatment team to ensure they no longer pose a risk to the Drop-In Center's community.
- A recommendation from that meeting should be made to the Drop-In Center's Director and or Assistant Director, who will make the final determination of return. * *The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) discussing the policy violation(s), terms of re-entry meeting, contingency plan to correct participant's exhibited behavioral patterns, recommendations made to FFRC Director & Assistant Director, and final determination made by FFRC Director / Assistant Director on whether the participant will be able to return to the Drop-In Center.*

| Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Personal Care and Community Living Supports Service Log Documentation | **Chapter**: 09.04.04 – Network Services and Public Policy - Contracts | **Subject No**: 09.04.04.03 |
|  **Contracts & Property Management** | | |
| **Effective Date**: 7/15/06 | **Date of Review/Revision**: 7/11/06, 6/23/09, 7/2/10, 1/8/13, 5/4/16, 5/31/17, 6/13/18, 3/5/21, 7/17/23<br>**Supersedes**: | **Approved By**: Chief of Network Business Operations<br>**Authored By**: Chief of Network Business Operations<br>**Reviewed By**: Contracts Manager |

**Purpose:**
The purpose of this procedure is to provide guidance to providers on how to fill out the "Personal Care and Community Living Supports (CLS) Services Log."

**Application:**
All Personal Care and Community Living Supports Services Providers

**Policy:**
None

**Standards:**
SCCMHA has structured levels of services for Community Living Supports and Personal Care Services to address this expectation of MDHHS.
It is important for CLS Providers to have documentation of each of these services as proof of services provided. This will be accomplished in the following method: Providers will receive the Assessment of Personal Care and Community Living Supports from the Case Holder for the consumer along with detail of what each item means for the consumer being served. For example: if the consumer needs assistance with bathing, what kind of assistance is needed, hand over hand, total bathing assistance etc. These services are within the individual plan of service (IPOS) which includes the specific personal care services and

activities, including the amount, scope and duration to be delivered. The IPOS is reviewed and approved at least once per year during a person-centered planning process.

CLS Providers will use the Personal Care and Community Living Supports Service Log to document those services rendered to the consumer based on the following procedure.

**Definitions**:
The Michigan Department of Health and Human Services in the Medicaid Manual defines:

Personal Care:
Personal care services are those services provided in accordance with an individual plan of service to assist a beneficiary in performing his own personal daily activities.
Personal Care services are covered when authorized by a physician or the case manager or supports coordinator, in accordance with an individual plan of services, and rendered by a qualified person.
Personal care services include assisting beneficiary to perform the following:

Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure, (e.g. a beneficiary requires special dietary needs such as a pureed food); Eating/Feeding; Toileting; Bathing; Grooming; Dressing; Transferring (between bed, chair, wheelchair, and/or stretcher); Ambulation; and Assistance with self-administered medications.

Community Living Supports:
(CLS) Community Living Supports are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to, libraries, city pools, camps, etc.). Facilitate an individual's independence and promote integration into the community. The supports can be provided in the beneficiary's residence (licensed facility, family home, own home or apartment) and in community settings, and may not supplant other waiver or state plan covered services (e.g., out-of-home non-vocational habilitation, Home Help Program, personal care in specialized residential, respite). The supports are:

Assisting, reminding, observing, guiding, or training the beneficiary with: Meal preparation; Laundry; Routine, seasonal, and heavy household care and maintenance; Activities of daily living, such as bathing, eating, dressing, personal hygiene; and Shopping for food and other necessities of daily living.

Assistance, support and/or training the beneficiary with: Money management; Non-medical care (not requiring nurse or physician intervention); Socialization and relationship building; Transportation (excluding to and from medical appointments) from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's

residence); Leisure choice and participation in regular community activities; Attendance at medical appointments; and acquiring procedure goods other than those listed under shopping and non-medical services. Reminding, observing, and/or monitoring of medication administration.

Case Holder- Case Managers, Supports Coordinators, Therapists, Wraparound Coordinators and other staff who provide case management or coordination of care for a consumer.

**References:**
Michigan Department of Community Health Medicaid Provider Manual

**Exhibits:**
Exhibit A - Personal Care and Community Living Supports Service Log

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Provider seeks Specialized Residential Contract. | CLS Provider Network |
| Provider Qualifications: Certification is required per Michigan Department of Health& Human Services, Medicaid Manual under Personal Care Services definition. | CLS Provider Network, Michigan Department of Health & Human Services Licensing Division |
| Contract is initiated and signed by appropriate parties. | CLS Provider Network and Contracts Manager |
| Consumer is placed in Provider Specialized Residential setting. | CLS Provider Network and Case Holder |
| Copy of Consumer Plan, Assessment and other documents forwarded to provider at time of placement and annually with plan and assessment renewal, or changes in consumer plan, or consumer needs. The plan should include specifics on what the provider needs to do for any items noted as guide/direct and provide/assist. | Case Holder |
| CLS Authorization is obtained for payment. | Case Holder and CLS Provider Network |

| | |
|---|---|
| Provider to make sure proper and complete documentation is kept for Personal Care, Medications, Progress notes and other documentation necessary for care of consumer. | CLS Provider Network |
| **Filling out of: Personal Care and CLS Supports Service Log:** | |
| Personal Care and Community Living Supports Log must be filled out to demonstrate delivery of actual services and to justify billing of Personal Care services per CLS Contract. | CLS Provider Network |
| Log must be filled in for first date of service to last date of service unless consumer is not in the home.<br>If consumer is out of the home overnight provider cannot bill for that date of service. | CLS Provider Network Home Manager/Lead Worker |
| Staff should initial as they provide services to the consumer. The services provided should correspond with the assessment of personal care needs as identified in the consumer assessment by the Case Holder. If provider has shift staff then each shift should initial if they provide services to the consumer | CLS Provider Network Home Manger/Lead Worker or CLS Staff |
| Staff providing the assistance should initial in the box. | CLS Provider Network Staff |
| The initials in the box should correspond to a signature noted on the back of the personal care log. | CLS Provider Network Home Manger/Lead Worker or CLS Staff |
| The box on the form is divided in half to allow first and second shifts to document. | CLS Provider Network Home Manger/Lead Worker or CLS Staff |
| Staff should only mark those services provided to the consumer. If the service | CLS Provider Network Home Manger/Lead Worker or CLS Staff |

| | |
|---|---|
| is not provided on a particular day, then no documentation is needed but a progress note in the narrative section located on the back of the log detailing why no documentation is necessary should be completed. | |
| If staff on the 3rd shift provide services that are aligned to the individuals personal care, they are required to document these on the personal care flog. Staff may use a separate personal care log specifically for 3rd shift. | CLS Provider Network Home Manger/Lead Worker or CLS Staff |
| Reviews the log at the end of the month to assure services provided match those indicated on the Assessment. Any deviations noted, the Home Manager needs to notify the Case Holder. | CLS Provider Network Home Manger/Lead Worker or CLS Staff , Case Holder |
| Information on the specific areas staff should be concentrating on should be obtained from the Case Holder. | CLS Provider Network Home Manger/Lead Worker or CLS Staff, Case Holder |
| For those items that indicate the consumer is independent the provider is not required to provide that service. For other items that indicate requires assistance, provider will document those items they assisted the consumer with for that day. For example, if the provider does not work on budgeting or money skills on a day, the provider should not document that on the log; provider should leave blank. Provider should also note in progress notes or narrative section on the back of the log, why service was not provided on that day according to plan. | CLS Provider Network Home Manger/Lead Worker or CLS Staff |
| If the provider must provide assistance for items that indicate consumer is independent, provider should document this and describe the additional need for service in the consumer progress notes. | CLS Provider Network Home Manger/Lead Worker or CLS Staff |

| | |
|---|---|
| If services provided on three shifts, staff should note the occurrence of the services on the back of the form. | CLS Provider Network Home Manger/Lead Worker or CLS Staff |
| **Please note**: This log is not to take the place of the regular progress notes that could provide additional detail about the consumer but is meant as a support document to the progress notes. | CLS Provider Network |
| Checking log as part of monitoring of consumers. Case Holder should review and initial form at monitoring visits as proof of review. Note any changes in care, discuss, and modify plan accordingly. | Case Holder |
| If assistance is needed frequently provider should contact Case Holder to discuss need for plan revision. | CLS Provider Network and Case Holder |
| CLS Personal Care and Community Living Supports Service Logs need to be kept on file along with other documents for SCCMHA audit by Network Services and Public Policy. | CLS Provider Network |
| The Personal Care and CLS Logs will be used to verify proof of services rendered by CLS providers in the area of Personal Care or those services that relate to the billing code T1020 Personal Care and services that relate to billing code H2016 Community Living Supports. If proof documentation is not provided provider will be required to pay money back to SCCMHA. | CLS Provider Network and SCCMHA Auditing Unit |
| Any 3rd shift services delivered and/or variation from the plan, including services delivered as necessary but not in the plan should be documented in the narrative section of the log and discussed with the case holder. | CLS Provider as appropriate |

Exhibit A




**Attachment B (FY24 Provider Participation Agreement)**

**Personal Care & Community Living Supports Service Log**

R = Refusal
LOA = Leave of Absence
/ = In Hospital
E = Elopement
O = Other

**Name:** **Case Number:**

**Home:** **Month & Year:**

| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Personal Care from "PCP"** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transferring | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ambulation/Mobility | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eating | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Toileting | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bathing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Dressing | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Grooming | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Taking Medication | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Special Food Prep, Laundry,Housekeeping | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Community Living Supports from "PCP"** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Meal Preparation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Shopping for food & other necessities of daily | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Money Management | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Non-medical care (not requiring nurse or physical intervention) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Socialization & relationship building | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Transportation (to/from community activities excluding medical appts.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Participation in regular community activities & recreation opportunities (e.g. attending classes,movies, concerts,& events in the park; volunteering,voting) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Attendance at medical appointments | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Acquiring or procuring goods,other than those listed under shopping & non medical services | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Health & Safety in order to reside or be supported in the most integrated, independent community | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Staff Signature | Initials | | Staff Signature | Initials |
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| Date | Narrative Section (to be used if box on other side of form contains anything except staff initials or if additional services were or were not provided per assessment). |
|---|---|
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**Provider/Home Manager Signature:**_____ **Date of Review & Approval:**_____

Page 2 of 2

<table>
<tr><td colspan="3">Clinical Services Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Clinical Staff Supervision</td><td>Chapter: 09.06.00 -<br>Clinical Services</td><td>Subject No: 09.06.00.01</td></tr>
<tr><td colspan="3">Clinical Services</td></tr>
<tr><td rowspan="3">Effective Date:<br>3/1/04</td><td>Date of Review/Revision:<br>3/4/04, 6/25/13, 7/21/16, 2/14/17, 3/1/18, 2/12/19, 2/7/20, 3/24/21, 8/25/21, 10/24/22</td><td rowspan="3">Approved By:<br>Kristie Wolbert,<br>Executive Director of Clinical Services</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td>Authored By:<br>Executive Director of Clinical Services<br><br>Reviewed By:<br>Clinical Directors</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set standards for staff supervision. Supervision activities at the agency are intended to support the leadership development, retention, and professional growth of staff. There are two aspects to the process. The first involves the orientation and training of new staff or existing staff who are assuming new or additional duties. The second aspect involves assisting all staff to identify areas of potential growth and improvement and to provide staff the necessary tools to meet or exceed all applicable clinical and non-clinical performance standards.

**Application:**
Board-operated clinical services and programs.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that the supervisor's responsibility is to provide proactive management and to demonstrate the following leadership qualities:

- The ability to create a work environment that is attractive to others
- An awareness of organization and staff needs and concerns
- The ability to face challenging times with professional decorum
- Knowledge of the work-related subject matter assigned to staff under his/her supervision
- An enthusiasm for work accomplishments
- The ability to look at the lighter side of issues
- An understanding of secondary trauma and its effects

It is the policy of Saginaw County Community Mental Health Authority that the supervisor is expected to provide decision making skills that align with the vision, mission and values of the agency. Decisions should always reflect the requirement to provide person centered, cost effective, quality services.

It is the policy of Saginaw County Community Mental Health Authority that the supervisor is to provide consistent and regular constructive feedback to staff regarding the employee's performance of assigned duties and efforts he/she is making to improve and grow professionally.

It is the policy of Saginaw County Community Mental Health Authority that it is the responsibility of the supervisor to assist each staff member under his/her supervision to develop and carry out a staff development plan. This plan will initially focus on mastering current assigned duties but will eventually shift more and more to potential career growth and the development of new leadership and skill competencies.

It is the policy of Saginaw County Community Mental Health Authority that it is the responsibility of the supervisor to require that staff under his/her supervision take advantage of the various supervision activities made available to him or her.

**Standards:**
The supervisor will review this policy with all staff upon employment and with current staff, as needed during coaching or disciplinary sessions. For new staff, the supervisor will complete the "Commitment to Supervision Statement" verifying that they reviewed the policy with the staff person.

Three types of supervision will be provided by each supervisor to staff under his/her chain of command:

- Administrative Supervision
- Clinical Supervision
- Case Specific Clinical Supervision

Administrative Supervision: The goal of administrative supervision is to assure that all staff are aware of their job responsibilities, the vision and mission of the agency and the policies and practices of the agency. Administrative supervision is typically provided through regular unit or department staff meetings. An agenda is prepared, and the time is utilized to update staff on changes within the agency, reviewing performance data, or educating staff about changing expectations. All supervisors are expected to hold monthly staff meetings.

New employees should receive administrative supervision on at least a weekly basis for a minimum of three months. This time should be utilized to assure that the new employee is properly oriented to their job responsibilities and have the tools necessary to perform the work expected of them. These weekly sessions should be for a minimum of thirty minutes.

Clinical Supervision: This supervision is provided to all clinical staff to assist them to provide quality consumer care. Clinical supervision focuses on building a clinician's skill level in such areas as effectively assessing consumer needs, developing treatment plans utilizing a person-centered process and applying appropriate therapeutic approaches to consumer needs/issues in general.

In units doing very specific clinical or evidenced based practices, clinical supervision should be provided for all clinicians on a weekly basis. This supervision can occur in group settings or individually as necessary. For new clinicians (for at least 6 months) or clinicians developing a new clinical skill, individual supervision will be provided on a weekly basis for a minimum of 20 minutes.

For units providing case management and supports coordination services, clinical supervision occurs through a monthly coaching session, or upon review of psychosocial assessments and Individual Plans of Service (IPOS). Each supervisor will review these as part of the monthly coaching or more as needed. The purpose of the review is to assure that staff have adequately assessed the needs and desires of the consumer and have documented that a person-centered planning process was utilized to develop the treatment/support plan.

Case Specific Clinical Supervision: This supervision involves the supervisor's review of a particular case being managed by a clinician under supervision. This supervision can be initiated by the supervisor or by the clinician seeking direction.

For units doing very specific clinical work, such as Family Services, this supervision should be provided at least monthly and can be achieved in individual supervision, group supervision or through direct review of a record.

For units providing case management and supports coordination services, this supervision should be provided on an as needed basis at the discretion of the supervisor or at anytime that a staff person request direction regarding a particular case. It is expected, however, that each supervisor completes a review of at least 10% of each clinician's caseload prior to completing the clinician's performance review. The findings of these reviews should be incorporated into the performance review. Ideally, these reviews should occur throughout the year with ongoing constructive feedback provided to the clinician.

Supervisors will meet monthly with each clinical staff to provide individualized coaching and review of all three supervisory areas. The content of the meeting will be documented on the most recent version of the Individual Staff Coaching Log which will be reviewed at each coaching meeting and used in employee evaluation.

The coaching logs may be reviewed as part of Supervisory coaching by the Clinical/and or Departmental Director. The logs may also be reviewed annually by peers as part of a supervisors meeting.

Addressing Secondary Trauma through Supervision:
SCCMHA recognizes that staff may experience secondary trauma pursuant to working with consumers who have experienced trauma. Supervisors should make every effort to address secondary trauma among their staff members. All supervisors should take the following steps:

- In order to heighten staff awareness of secondary trauma and its impact on their well being, supervisors should require that all staff complete the Professional Quality of Life Scale (ProQOL) during monthly staff meetings in February and October each year.
    - While not mandatory, staff will be encouraged to share their results with their supervisor, and the Supervisor will use the individual's results as part of coaching the staff.
    - The Supervisor will compile and report on the cumulative (not individual) results with the unit.
    - The cumulative findings will be forwarded to the Director and a cumulative result for the department will be reviewed and shared at the next Supervisors Meeting for discussion and any possible actions to address concerns.
- During each individual supervision session, it is important that the supervisor "check in" with their staff addressing their well being starting with questions such as "how are you feeling?"
- During monthly staff meetings, secondary traumatic stress should be added as a standing agenda item asking questions of staff such as…" Are there situations that went on this week/month that might have generated secondary traumatic stress?" Allow adequate time for group discussion.
- During both individual and group supervision, the importance of self-care should be discussed and reinforced.
- It is recommended that each supervisor develop wellness goals for each staff person during the annual evaluation process.

Documenting Supervision: A standard supervision log has been developed and should be used by all supervisors to document individual supervision with their staff.

**Definitions:**
Administrative Supervision: A type of supervision that is provided to assure that staff are aware of their job responsibilities, the vision and mission of the agency and the policies and procedures of the agency. It is through this type of supervision that are made aware of changing expectation policies etc.

Clinical Supervision: A type of supervision provided to clinical staff to assist them to provide quality consumer care. Clinical supervision focuses on building a clinician's skill level in such areas as effectively assessing consumer needs, developing treatment plans utilizing a person-centered process and applying appropriate therapeutic approaches to consumer needs/issues in general.

Case Specific Clinical Supervision: Supervision which involves the supervisor's review of a particular case being managed by a clinician under supervision

**References:**

MTM Services "Supervision Plan"

**Exhibits:**

Exhibit A - Commitment to Supervision Statement
Exhibit B - Supervision Log
Exhibit C - Professional Quality of Life Scale (ProQOL)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establishes policy and expectations regarding the type and amount of supervision to be provided. | Director of Clinical Services |
| Provides supervision to all staff under their chain of command according to the policy established. | All supervisors |
| Reviews the Supervision policy as needed with existing staff. With new staff, reviews procedure and signs s the "Commitment to Supervision" form verifying that review. | All supervisors |
| Actively participates in all supervision activities made available. | All staff |
| On a monthly basis, meets with each clinical staff individually for coaching in all three types of supervision using the Individual Staff Coaching Log. Documents coaching results on Individual Staff Coaching Log form and maintains for use in future meetings and employee evaluation. | All Supervisors |
| SEDW and Home-Based staff supervision must occur weekly as part of the standards for those programs. | All Supervisors |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

***Supervisory Documentation of Policy Review with Staff***

**Policy Statement:** Supervision activities at Saginaw County Community Mental Health Authority are intended to support the leadership development, retention, and professional growth of staff. There are two aspects to the process. The first involves the orientation and training of new staff or existing staff who are assuming new or additional duties. The second aspect involves assisting all staff to identify areas of potential growth and improvement and to provide staff the necessary tools to meet or exceed all applicable clinical and non-clinical performance standards.

**Staff Commitment:** As a staff person at Saginaw Community Mental Health Authority, staff are expected to understand the importance of actively participating in the supervision activities provided. Staff are required to attend and to actively participate in these activities. These activities may occur in a variety of ways including staff meetings, individual supervision; clinical supervision specific to a consumer's/family's needs and chart review and feedback.

My signature below indicates that I explained and delivered the ***SCCMHA Staff Supervision Policy***

To: _____ On: _____.

_____ _____

Supervisor's Signature Date

Exhibit B




# Staff Supervision & Coaching Log

Employee: Date: Time:

1. Check in on wellness:

*(How are you doing? How was your weekend? What are you doing for fun? Are you taking care of yourself?)*

2. Progress on Action Plan from last meeting:

3. Administrative (check all that apply):

| | | | |
|---|---|---|---|
| ☐ Caseload | ☐ Work Quality | ☐ Work Timeliness | ☐ Productivity/Accountability |
| ☐ Unsigned Notes | ☐ Authorizations | ☐ Not seen in 30+ days | ☐ Cultural competency |
| ☐ Notes signed in 5 days | ☐ Documentation | ☐ Adapt to change | ☐ Performance |
| ☐ Attitude | ☐ Ethics | ☐ Cooperative | ☐ Training Required |
| ☐ Attendance | ☐ Communication | ☐ Other: | |

Summary:

4. Clinical (check all that apply):

| | | | |
|---|---|---|---|
| ☐ Assessment | ☐ Crisis Planning | ☐ Periodic review | ☐ Recovery Barriers |
| ☐ Appropriate Treatment | ☐ Plan Monitoring | ☐ Addendum | ☐ Attendance |
| ☐ PCP Fidelity | ☐ Referrals | ☐ Writing Quality | ☐ IPOS Fidelity |
| ☐ IPOS Goals | ☐ EBP Fidelity | ☐ Other: | |

Summary:

5. Action Plan (if needed, include date (s) to be completed):

6. Progress on Annual Evaluation Goals (copy/paste evaluation goals from eval here and indicate if has already been discussed):

7. Accomplishments/Strengths:

8. Do you understand everything we discussed today? Questions? Concerns?

9. Is there anything we have not talked about you'd like to discuss?

10. Is there anything you need from me?

Next Coaching Date: _____

Supervisors Signature:_____ Staff Signature:_____

Exhibit C

## PROFESSIONAL QUALITY OF LIFE SCALE (PROQOL)

COMPASSION SATISFACTION AND COMPASSION FATIGUE
(PROQOL) VERSION 5 (2009)

When you *[help]* people you have direct contact with their lives. As you may have found, your compassion for those you *[help]* can affect you in positive and negative ways. Below are some-questions about your experiences, both positive and negative, as a *[helper]*. Consider each of the following questions about you and your current work situation. Select the number that honestly reflects how frequently you experienced these things in the *last 30 days*.

**1=Never 2=Rarely 3=Sometimes 4=Often 5=Very Often**

_____ 1. I am happy.
_____ 2. I am preoccupied with more than one person I *[help]*.
_____ 3. I get satisfaction from being able to *[help]* people.
_____ 4. I feel connected to others.
_____ 5. I jump or am startled by unexpected sounds.
_____ 6. I feel invigorated after working with those I *[help]*.
_____ 7. I find it difficult to separate my personal life from my life as a *[helper]*.
_____ 8. I am not as productive at work because I am losing sleep over traumatic experiences of a person I *[help]*.
_____ 9. I think that I might have been affected by the traumatic stress of those I *[help]*.
_____ 10. I feel trapped by my job as a *[helper]*.
_____ 11. Because of my *[helping]*, I have felt "on edge" about various things.
_____ 12. I like my work as a *[helper]*.
_____ 13. I feel depressed because of the traumatic experiences of the people I *[help]*.
_____ 14. I feel as though I am experiencing the trauma of someone I have *[helped]*.
_____ 15. I have beliefs that sustain me.
_____ 16. I am pleased with how I am able to keep up with *[helping]* techniques and protocols.
_____ 17. I am the person I always wanted to be.
_____ 18. My work makes me feel satisfied.
_____ 19. I feel worn out because of my work as a *[helper]*.
_____ 20. I have happy thoughts and feelings about those I *[help]* and how I could help them.
_____ 21. I feel overwhelmed because my case [work] load seems endless.
_____ 22. I believe I can make a difference through my work.
_____ 23. I avoid certain activities or situations because they remind me of frightening experiences of the people I *[help]*.
_____ 24. I am proud of what I can do to *[help]*.
_____ 25. As a result of my *[helping]*, I have intrusive, frightening thoughts.
_____ 26. I feel "bogged down" by the system.
_____ 27. I have thoughts that I am a "success" as a *[helper]*.
_____ 28. I can't recall important parts of my work with trauma victims.
_____ 29. I am a very caring person.
_____ 30. I am happy that I chose to do this work.

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## YOUR SCORES ON THE PROQOL: PROFESSIONAL QUALITY OF LIFE SCREENING

Based on your responses, place your personal scores below. If you have any concerns, you should discuss them with a physical or mental health care professional.

### Compassion Satisfaction _____

Compassion satisfaction is about the pleasure you derive from being able to do your work well. For example, you may feel like it is a pleasure to help others through your work. You may feel positively about your colleagues or your ability to contribute to the work setting or even the greater good of society. Higher scores on this scale represent a greater satisfaction related to your ability to be an effective caregiver in your job.

The average score is 50 (SD 10; alpha scale reliability .88). About 25% of people score higher than 57 and about 25% of people score below 43. If you are in the higher range, you probably derive a good deal of professional satisfaction from your position. If your scores are below 40, you may either find problems with your job, or there may be some other reason—for example, you might derive your satisfaction from activities other than your job.

### Burnout_____

Most people have an intuitive idea of what burnout is. From the research perspective, burnout is one of the elements of Compassion Fatigue (CF). It is associated with feelings of hopelessness and difficulties in dealing with work or in doing your job effectively. These negative feelings usually have a gradual onset. They can reflect the feeling that your efforts make no difference, or they can be associated with a very high workload or a non-supportive work environment. Higher scores on this scale mean that you are at higher risk for burnout.

The average score on the burnout scale is 50 (SD 10; alpha scale reliability .75). About 25% of people score above 57 and about 25% of people score below 43. If your score is below 43, this probably reflects positive feelings about your ability to be effective in your work. If you score above 57 you may wish to think about what at work makes you feel like you are not effective in your position. Your score may reflect your mood; perhaps you were having a "bad day" or are in need of some time off. If the high score persists or if it is reflective of other worries, it may be a cause for concern.

### Secondary Traumatic Stress_____

The second component of Compassion Fatigue (CF) is secondary traumatic stress (STS). It is about your work related, secondary exposure to extremely or traumatically stressful events. Developing problems due to exposure to other's trauma is somewhat rare but does happen to many people who care for those who have experienced extremely or traumatically stressful events. For example, you may repeatedly hear stories about the traumatic things that happen to other people, commonly called Vicarious Traumatization. If your work puts you directly in the path of danger, for example, field work in a war or area of civil violence, this is not secondary exposure; your exposure is primary. However, if you are exposed to others' traumatic events as a result of your work, for example, as a therapist or an emergency worker, this is secondary exposure. The symptoms of STS are usually rapid in onset and associated with a particular event. They may include being afraid, having difficulty sleeping, having images of the upsetting event pop into your mind, or avoiding things that remind you of the event.

The average score on this scale is 50 (SD 10; alpha scale reliability .81). About 25% of people score below 43 and about 25% of people score above 57. If your score is above 57, you may want to take some time to think about what at work may be frightening to you or if there is some other reason for the elevated score. While higher scores do not mean that you do have a problem, they are an indication that you may want to examine how you feel about your work and your work environment. You may wish to discuss this with your supervisor, a colleague, or a health care professional.

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## WHAT IS MY SCORE AND WHAT DOES IT MEAN?

In this section, you will score your test so you understand the interpretation for you. To find your score on **each section,** total the questions listed on the left and then find your score in the table on the right of the section.

### Compassion Satisfaction Scale

Copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

3. ____
6. ____
12. ____
16. ____
18. ____
20. ____
22. ____
24. ____
27. ____
30. ____

**Total:** ____

| The sum of my Compassion Satisfaction questions is | So My Score Equals | And my Compassion Satisfaction level is |
|---|---|---|
| 22 or less | 43 or less | Low |
| Between 23 and 41 | Around 50 | Average |
| 42 or more | 57 or more | High |

### Burnout Scale

On the burnout scale you will need to take an extra step. Starred items are "reverse scored." If you scored the item 1, write a 5 beside it. The reason we ask you to reverse the scores is because scientifically the measure works better when these questions are asked in a positive way though they can tell us more about their negative form. For example, question 1. "I am happy" tells us more about the effects of helping when you are *not* happy so you reverse the score

| You Wrote | Change to |
|---|---|
| | 5 |
| 2 | 4 |
| 3 | 3 |
| 4 | 2 |
| 5 | 1 |

*1. ____ = ____
*4. ____ = ____
8. ____
10. ____
*15. ____ = ____
*17. ____ = ____
19. ____
21. ____
26. ____
*29. ____ = ____

**Total:** ____

| The sum of my Burnout Questions is | So my score equals | And my Burnout level is |
|---|---|---|
| 22 or less | 43 or less | Low |
| Between 23 and 41 | Around 50 | Average |
| 42 or more | 57 or more | High |

### Secondary Traumatic Stress Scale

Just like you did on Compassion Satisfaction, copy your rating on each of these questions on to this table and add them up. When you have added then up you can find your score on the table to the right.

2. ____
5. ____
7. ____
9. ____
11. ____
13. ____
14. ____
23. ____
25. ____
28. ____

**Total:** ____

| The sum of my Secondary Trauma questions is | So My Score Equals | And my Secondary Traumatic Stress level is |
|---|---|---|
| 22 or less | 43 or less | Low |
| Between 23 and 41 | Around 50 | Average |
| 42 or more | 57 or more | High |

*© B. Hudnall Stamm, 2009-2012. Professional Quality of Life: Compassion Satisfaction and Fatigue Version 5 (ProQOL). www.proqol.org. This test may be freely copied as long as (a) author is credited, (b) no changes are made, and (c) it is not sold. Those interested in using the test should visit www.proqol.org to verify that the copy they are using is the most current version of the test.*

<table>
<tr><td colspan="3">Clinical Services Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Consumer Clinical Team Orientation</td><td>Chapter: 09.06.00 – Clinical Services</td><td>Subject No: 09.06.00.12</td></tr>
<tr><td colspan="3">Clinical Services</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/18/13</td><td>Date of Review/Revision:<br>7/21/16, 3/9/17, 3/1/18, 3/20/19, 2/10/20, 3/17/21, 11/8/21</td><td rowspan="3">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Linda Santino<br><br>Reviewed By:<br>Clinical Directors</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To establish the expectation that all individuals served by SCCMHA receive an orientation to the treatment team, that this orientation is provided in a timely manner, and is presented in a manner that is understandable to the persons served.

**Application:**
All Primary Treatment Teams (SCCMHA and Network Providers) providing services to individuals receiving services through SCCMHA.

**Policy:**
It is the policy of SCCMHA that all consumers will receive a formal orientation to their designated treatment team within 14 days of the intake appointment.

**Standards:**

- All consumers will receive an orientation to their treatment team within 14 days of their intake appointment.
- This orientation is provided by the Supervisor of the treatment team or a designee.
- The team orientation at a minimum will include information about the following:
    - Introduction to staff
    - Arrival/departure procedures
    - Availability of peer support/parent support services
    - Review of security procedures
    - Information regarding a crisis response team would be activated (if applicable)

- Any limitation on cell phone usage within the facility
- Weapons and drugs are prohibited
- Location of restroom.
- Evacuation plans
- Location of exits, smoking areas, first aid kits, fire alarm and fire extinguishers
- The availability and location of the pharmacy if applicable.
- Parking

- This orientation does not replace any Consumer Orientation that each individual receives after being assigned to their primary support staff.

**Definitions:**
Team Orientation: An orientation to the treatment team that will be providing services to a new consumer of SCCMHA.

**References:**
CARF Behavioral Health Standards
Policy # 02.01.05 Consumer Orientation

**Exhibits:**
Exhibit A - Team Orientation Checklist
Exhibit B- Initial Orientation Checklist (Completed at CAI)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Each supervisor is responsible to assure that they have an adequate number of available orientation slots on their calendar to make it possible for Access staff to schedule an individual for an orientation within 14 days of intake. | Supervisors of Primary Team and when applicable, their designee. |
| Once a person has been determined eligible for services and has been assigned to a primary team, access staff schedule the orientation within the Supervisor (or designee) of that primary team. | Access Center Staff |
| The Supervisor (or designee) meets with the individual to welcome them and provide orientation to the team. | Assigned primary team supervisor |
| The orientation is documented utilizing the Team Orientation Check List | Assigned primary team supervisor |
| The check list is scanned into the consumer's | Medical Records Staff |

| | |
|---|---|
| electronic medical record as proof that the orientation occurred as required. | |

Exhibit A – Team Orientation Checklist (may be modified for each team or provider)

## Team Orientation Checklist

Name:_____Case Number:_____

Intake Date:_____

| Item | | | | Date Reviewed (if other than Orientation) |
|---|---|---|---|---|
| Staff introduced | ☐ Yes | ☐ No | | |
| Arrival/Departure procedure reviewed (includes hours of operation) | ☐ Yes | ☐ No | | |
| Peer Support Specialist/Parent Support services discussed (if applicable) | ☐ Yes | ☐ No | ☐N/A | |
| Security procedures reviewed (if applicable) | ☐ Yes | ☐ No | ☐N/A | |
| Availability of Health & Wellness Center | ☐ Yes | ☐ No | ☐N/A | |
| Weapons & drugs prohibition in facility reviewed | ☐ Yes | ☐ No | | |
| Information regarding Crisis Intervention Services availability and how to access. | ☐ Yes | ☐ No | | |
| Information regarding Mobile Response and Stabilization Services availability and how to access. | ☐ Yes | ☐ No | | |
| Information regarding the activation and use of the site Crisis Response Team (if applicable) | ☐ Yes | ☐ No | ☐N/A | |
| Trauma Screening Reviewed | ☐ Yes | ☐ No | | |
| Cell phone use in facility limitation reviewed | ☐ Yes | ☐ No | | |
| Location of Restroom | ☐ Yes | ☐ No | | |
| Evacuation Plan Information | ☐ Yes | ☐ No | | |
| Location of Exits | ☐ Yes | ☐ No | | |
| Smoke Free Campus | ☐ Yes | ☐ No | | |
| Location/process for First Aid | ☐ Yes | ☐ No | | |
| Location/process for Fire Alarms & Extinguishers | ☐ Yes | ☐ No | | |
| Location of Pharmacy (if applicable) | ☐ Yes | ☐ No | ☐N/A | |
| Parking or Transportation reviewed | ☐ Yes | ☐ No | | |
| Other: | | | | |

_____ _____

Completed by: (print staff name) Signature and Credentials Date Completed

*I affirm that I have received this orientation information on this date.*

_____ _____

Consumer Signature Date Completed

Scan: Admissions/Transfers/Discharges 11/11 updated 10/26/21

Exhibit B – Initial Orientation Checklist (completed at CAI)

## Initial Orientation Checklist

Name:_____Case Number:_____Intake Date: _____

| Item | | | | | Date-if not intake date |
|---|---|---|---|---|---|
| Advanced Directives Information given | ☐ | Yes | ☐ | No | |
| Person has a Durable Power of Attorney for Health Care | ☐ | Yes | ☐ | No | |
| Person has a Do-Not-Resuscitate order | ☐ | Yes | ☐ | No | |
| Assigned Staff contact information | ☐ | Yes | ☐ | No | |
| Consumer Handbook | ☐ | Provided | ☐ | Offered | |
| Copy of Preliminary Person-Centered/Family-Centered Plan | ☐ | Yes | ☐ | No | |
| Financial Assessment (Ability to Pay) completed | ☐ | Yes | ☐ | No | |
| Grievance and Appeal Pamphlet | ☐ | Provided | ☐ | Offered | |
| Privacy booklet | ☐ | Provided | ☐ | Offered | |
| Privacy Notice | ☐ | Yes | ☐ | No | |
| Notice of Hearing Rights (Medicaid or Non-Medicaid) | ☐ | Yes | ☐ | No | |
| Person-Centered Planning Pamphlet | ☐ | Provided | ☐ | Offered | |
| Program Brochure provided or offered | ☐ | Provided | ☐ | Offered | |
| Peer Support Specialist/Parent Support services discussed | ☐ | Yes | ☐ | No – N/A | |
| Recipient Rights Booklet | ☐ | Provided | ☐ | Offered | |
| Information regarding Crisis Intervention Services availability and how to access. | ☐ | Yes | ☐ | No | |
| Information regarding Mobile Response and Stabilization Services availability and how to access. | ☐ | Yes | ☐ | No | |
| Referral or other service(s) brochures | ☐ | Provided | ☐ | Offered | |
| SCCMHA service pamphlets and brochures (if applicable) | ☐ | Provided | ☐ | Offered | |
| Consent for MH Services (Adult or Minor) | ☐ | Yes | ☐ | No | |
| Other: | | | | | |

_____ _____

Completed by: (print staff name) Signature and Credentials Date Completed

*My signature below indicates that I have reviewed and agreed to the preliminary plan as outlined in the Initial Intake Assessment which includes the development of an individual plan of services for me. I also affirm that I have received this orientation information on this date.*

_____ _____

Consumer Signature Date

Scan: Admissions/Transfers/Discharges 11/2011 updated 10/26/21

| Clinical Services Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Telehealth/Telemedicine Services | **Chapter**: 09.06.00<br>Clinical Services | **Subject No**: 09.06.00.15 |
| **Clinical Services** | | |
| **Effective Date**:<br>10/1/22 | **Date of Review/Revision**:<br><br>**Supersedes**:<br>None | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services and Programs<br><br>**Authored By**:<br>Kristie Wolbert<br><br>**Reviewed By**:<br>Clinical Directors |

**Purpose:**
The purpose of this procedure is to delineate the use of telehealth/telemedicine services using telecommunication technology to connect a consumer with a health care professional in a different location versus when in person (face to face) person is required.

**Application:**
This policy applies to the entire SCCMHA network of direct operated and contracted service providers.

**Policy:**
SCCMHA shall provide behavioral health services in a modality that meets the needs of the consumers served. Services will be provided using either face-to-face or telehealth/telemedicine services modalities, based on the consumer's needs and desires. Telehealth/telemedicine services should include both audio and visual capabilities and must be completed on an agency approved platform.

**Standards:**
Procedures for Mental Health Service Delivery
1. Telehealth will be delivered through the pre-approved Doxy platform for all SCCMHA employees. Use of any other platform for clinical service delivery is strictly prohibited. Contracted service providers can use Doxy, Microsoft Teams, or ZOOM for healthcare.

Other platforms such as face time, google meet, Facebook live, and X-Box do not have a secure platform to provide confidentiality or security of consumer information, these are not HIPAA compliant platforms.

2. Make sure the consumer insurance allows for use of Telehealth/Telemedicine appointments. If the consumer insurance does not allow for telehealth/telemedicine services then this cannot be an option for the consumer.

3. Consumer will need to be informed of all the telehealth procedures clinicians will utilize, including those in this procedure. Written informed consent must be obtained prior to any telehealth service delivery.

a) Initial sessions: If a consumer wishes to schedule an initial session via telehealth/telemedicine, intake paperwork needs to be completed prior to the initiation of the session and reviewed by the clinician.
b) Consumers may be asked to show a government-issued ID at the first telehealth/telemedicine session to verify identity.

4. Originating Site: Telehealth/telemedicine sessions for mental health will be conducted in a private, confidential manner. Clinicians will be expected to ensure that at their site:

a) Internet connectivity is through a secured network, not an "open" network such as those found in coffee-shops, libraries, etc.
b) Sessions cannot be overheard by others such as family members, guests, colleagues, or others.
c) The session is conducted in a quiet setting.
d) The backdrop of the clinician's image will show a professional setting, free from clutter in the background, and have adequate lighting to ensure the clinician's image is broadcast clearly to the client.
e) Clinician telepresence includes the following: leaning forward towards the camera, no leaning back in the chair, and to look into the camera not down or at other things in the room.

5. Distant Site: The consumer will be informed at the initial contact of the clinician's expectations regarding where the consumer is physically located during sessions. Lighting at the distant site should be assessed during the initial session to allow for full access to consumers' facial expressions and body language. These locations are considered unsupervised settings and have an increased risk of confidentiality being breached. To minimize this risk:

a) At intake, the consumer will agree to conducting sessions in a reasonably private and quiet setting.
b) The consumer will understand the difference between secure versus open networks if using wireless capabilities; alternatively, the clinician may assess the network security by asking the consumer certain questions.

6. Safety Protocols:

a. Safety Plans: Each clinician is expected to review a plan for safety with their telehealth/telemedicine consumers at the initial session and briefly at the outset of every session. A written safety plan must be in the medical record. Each session must contain a brief review of the safety plan and be documented. Items to include are:
   i. Physical location of the consumer during the telehealth/telemedicine session
   ii. Verify the phone number of the client for use during a session

iii. Verify the Consumer Support Person has not changed, if applicable
iv. Consumer Privacy: Reasonable assurance that the consumer is in a private setting. If necessary, you may conduct a room check with a 360-degree view with the camera on the consumer-side
v. Access to firearms, risk assessment
vi. Potential for domestic violence, risk assessment
vii. City and nearest hospital to consumer location, emergency contact if applicable
viii. Code word to stop the session
ix. Access to drugs/alcohol, risk assessment
x. Suicidal/Homicidal risk assessment, as necessary.

7. Emergency Procedures:
    a. De-escalation procedures: Each clinician will be trained in de-escalation procedures
    b. Medical emergencies: Clinicians will know the location of the consumer in case of emergency
    c. Mandated reporting such as for vulnerable adults and child abuse and neglect: Clinicians have the same mandate for telehealth as they do for in-person settings
    d. Aggressive or threatening behaviors: Clinicians will attempt to de-escalate the consumer. If another person is involved on the consumer-side, the clinician will notify the local police department
    e. Physically intoxicated individuals who demonstrate signs of withdrawal: if medically necessary, the clinician may need to call 9-1-1 and send emergency personnel to the consumers location.
    f. Uncooperative consumers during an emergency: If consumers become uncooperative during emergencies, the clinician may need to contact the "Consumer's Support Person" (guardian, home staff, etc.) identified in the intake paperwork. If both parties become uncooperative, the clinician may call the local authorities.

8. Actively Suicidal/Homicidal Consumers: If a consumer expresses suicidal or homicidal ideation or intent during a telehealth/telemedicine session, the provider will assess the severity of the situation and determine the next steps. If the assessment determines that an intervention is necessary:
    a. The provider will keep the consumer online, in a live, two-way interactive video
    b. The provider will concurrently notify 9-1-1 and give the location of the consumer, if deemed appropriate

9. If the technology fails during the session, the clinician will call the consumer to explain the problem. Depending on the situation, the session may need to be rescheduled:
    a. If a technology failure happens in the first half of the session, the clinician may reschedule the consumer session and bill out the appropriate timed CPT code.
    b. If the session is more than 50% completed when the technology fails, the clinician may finish the session via telephone, or choose to bill the appropriate timed CPT code.

10. At any time, the clinician may determine that telehealth/telemedicine services are not benefiting the consumer, that the consumer is not a suitable candidate for telehealth/telemedicine or circumstances have arisen where a referral to face-to-face service delivery is warranted. The clinician will make this recommendation verbally to the consumer, put it in writing in the medical record, and provide arrangements or referrals upon request of the consumer.

Areas of Special Consideration/Attention:

- Inpatient Psychiatric Hospital Discharge Follow Up- A consumer must be seen in person within 7 days of hospital discharge. This is to assure that the consumer has all needed medications and understands all discharge orders and appropriate follow-up appointments scheduled. Please note follow-up appointments may be in person or via telehealth.
- Wellness and Welfare Check – If the consumer can not be reached after various telephone attempts, the case holder should conduct a wellness check at the home.
- Lack of Technology – If a consumer does not have the means to complete visits via
  Telehealth/telemedicine, then in person visits should occur as stated in the Individual Plan of Service.
- Medication Adherence -The consumer should be seen in person if there are reports that the consumer has not picked up or received medications from the pharmacy and/or if there are reports that the consumer is not taking medications as prescribed.
- Probate Court Orders – If the consumer is on a court order in person visits should occur at least once a month or as stated in the Individual Plan of Service or the court order.
- Legal Conditions Involving Adult Parole/Probation or Juvenile Court Probation – If the consumer appears to not understand or is not following the conditions of his/her parole or probation frequent in person visits should occur.

**Definitions:**
**Telehealth, Tele behavioral Health, Tele-mental Health, and Telemedicine**: These terms are used interchangeably at ABC Agency. Both describe the use of digital technologies to deliver medical services by connecting multiple users who are physically located in separate locations. Medical information is exchanged from one site to another via electronic communications to improve a client's health or medical status.
**Originating Site:** This is the location where the consumer is located at the time-of-service delivery. For psychiatry visits, when the client will be located on the property of Saginaw County Community Mental Health Authority, in one of our office/site locations. For mental health visits, the consumer may be located anywhere in a private area.
**Distant Site:** This is the location where the health care provider is located at the time-of-service delivery. This could be an office location or another site that has been pre-approved. The requirements for this site will be that: the healthcare provider can attest to

maintaining confidentiality and the privacy of the client as well as the security of consumer's PHI.

**References:**

**Exhibits:**
Exhibit A: Bureau of Community Based Services Telemedicine Database (Code Sheet)
Exhibit B: Guide for Utilizing DOXY (User)
Exhibit C: Guide for Utilizing Doxy (Provider)
Exhibit D: Is Telehealth Right for you Flowchart

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assign and monitor telehealth/telemedicine platform. | Chief Information Officer/Chief Quality and Compliance Officer |
| Train staff on utilizing the DOXY system | IT Supervisor |
| Inform consumers of telehealth/telemedicine options and inform of all procedures. | Access/Intake Worker or Case Holder |
| Obtain consent for telehealth/telemedicine procedures. | Access/Intake Worker or Case Holder |
| Provide information on user/consumer use of the telehealth/telemedicine (DOXY) platform. | Clinical Supervisor/Case Holder |
| Assure that the service being provided can be completed via telehealth/telemedicine platform. | Case Holder |
| Provide service and complete safety and treatment. | Case Holder |
| Complete appropriate documentation in electric medical record. | Case Holder |

Exhibit A: Bureau of Community Based Services Telemedicine Database

| CPT Code | Description |
|---|---|
| | ABA Behavioral Follow-up (reporting per 15 minutes /1/19) |
| | Interactive Complexity - Add On Code for Autism & Complexity |
| 90791 | Assessment SUD Assessment |
| 90792 | Assessment & SUD Assessment |
| | Mental Health Outpatient SUD Outpatient |
| | Assessment |
| 90834 | Mental Health Outpatient Care & SUD Outpatient Care |
| 90836 | Assessment |
| | Mental Health Outpatient SUD Outpatient |
| | Assessment |
| 90839 | Psychotherapy Crisis First |
| 90840 | Psychotherapy for Crisis Minutes |
| | Therapy-Group Therapy Outpatient |
| | Therapy-Group Therapy SUD Outpatient PMTO |
| 90849 | Therapy-Group Therapy & SUD Outpatient & PMTO |
| 90853 | Therapy-Group Therapy & SUD Outpatient Treatment |
| | Assessments-Other |
| | Psych Testing by Comp |
| 96105 | Assessments-Other |
| 96110 | Assessments-Other |
| | Assessments - Testing |
| 13 | Assessments - Testing |
| 961 | Neurobehavioral Status |
| | Neuropsych test p |
| | Assessments - esting |
| 96127 | Assessments-Other |
| 961 | Assessments - Testing |
| | Assessments - Testing |
| | Assessments - Testing |
| 96133 | Assessments - Testing |
| 96136 | Assessments - Testing |
| 96137 | Assessments - Testing |
| 96138 | Assessments - Testing |
| 96139 | - Testing |
| | Assessments - Testing |
| | ABA Behavior<br>(new code effective 1/1/19) |
| | ABA Group<br>(new code effective 1/1/19) |
| | ABA Adaptive Behavior<br>(new code effective 1/1/19) |
| 97155 | ABA Observation and Adaptive Behavior |
| | ABA Family Behavior Guidance |
| 97157 | ABA Family Guidance |
| 97158 | ABA Adaptive Behavior Treatment Group |
| | Patient Evaluation Management & SUD New |
| | New Patient Management E&M |
| 99203 | and Management Patient E&M |
| 99204 | New Patient Evaluation and Management & New Patient E&M |
| | New Evaluation Management & SUD New |
| | Established Management E&M |
| | Established Evaluation and Management Established E&M |
| 9921 | Established Evaluation Management SUD Established |
| | Established Patient Management & E&M |
| | Established and Management Established E&M |
| 99231 | Additional Codes-Physician Services |
| 99232 | Additional Codes-Physician Services |
| | Additional Codes-Physician |
| | Nursing Facility evaluation management |
| | Nursing Facility Services and management |
| | Nursing Facility evaluation management |
| 99310 | ursing Facility evaluation management |
| G01 | Activity (Children's SEDW) |
| | Family Training/Support ly |
| G0409 | Disorder Recovery Support |
| G2067 | Substance Use Disorder MAT |

| | |
|---|---|
| | Substance I Assessment |
| | Substance Use Disorder Outpatient |
| | Use Disorder Outpatient |
| | Disorder Intensive Outpatient |
| | Substance Early Intervention |
| | Peer Directed Operated Support & SUD Recovery Support |
| | Prevention Services |
| | Assessment Support Intensity Scale (SIS) |
| | Treatment Planning Monitoring of Treatment |
| | Home Based |
| | Directed Operated Support Recovery Support |
| | Assertive Community Treatment (ACT) - Psychiatric |
| | Directed and Operated Support Services |
| | Crisis Intervention *H2011 ICSS* |
| | Skill-Building and Out of Habilitation |
| | Community Supports (15 Minutes) |
| | Wraparound |
| | Wraparound (SED Waiver) |
| | Supported Employment |
| | Mental Therapy |
| | Clubhouse Psychosocial Programs |
| | Home Based Services |
| | T Facility Fee |
| | Family Training |
| | Home Care Training, Non-Family (Children's Waiver) |
| | Prevention |
| | Crisis Stabilization-Enrolled Program (for adults) |
| | Substance - Outpatient Care - Recovery Supports |
| | Family Psycho-Education |
| | Supports Coordination/Wrap Facilitation |
| | Targeted Case Management |
| | |
| | Out |
| | 1 Services |

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

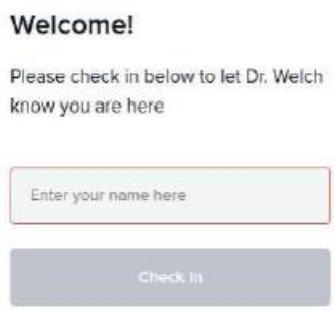
# User Guide for Utilizing DOXY.ME, SCCMHA's Telehealth Solution

## Requirements

- DOXY is web based, which allows you to access it from anywhere therefor you must have an Internet connection.
- You need a Smart Device such a smart phone, tablet, laptop, or computer.
- You must use of the following web browsers: Chrome, Firefox, Edge, or Safari.
- A Webcam, Speaker and Microphone.
- You should have received a personalized link to join your virtual visit either through a text message or an email. If you did not, contact your provider.

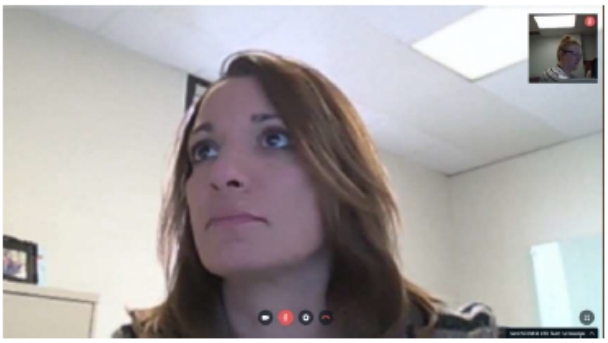
## Steps To Check In

1. Open the Link that you received using a browser listed above.
2. Enter your name and click "Check In".
3. You are now in your Provider's virtual waiting room.
4. Your Webcam and Microphone should auto start. If it does not, a button will appear to activate both your webcam and microphone.






5. You are now waiting for your provider to begin the visit.
6. You can send your provider a message by clicking on the black button that says, "Send a message".
7. Once your provider starts the call, they can see you and you can see them. You appear in the upper right corner and your provider will be the large video on the screen.



8. At the bottom of your screen you will see the following icons.



- The first icon is your Webcam. You can turn of your webcam by clicking on this option.
- The second icon is your Microphone. You can turn of your webcam by clicking on this option.
- The third icon is a gear icon for settings that you should not have to adjust.
- The fourth icon is to hang up the call which looks like a red telephone icon.

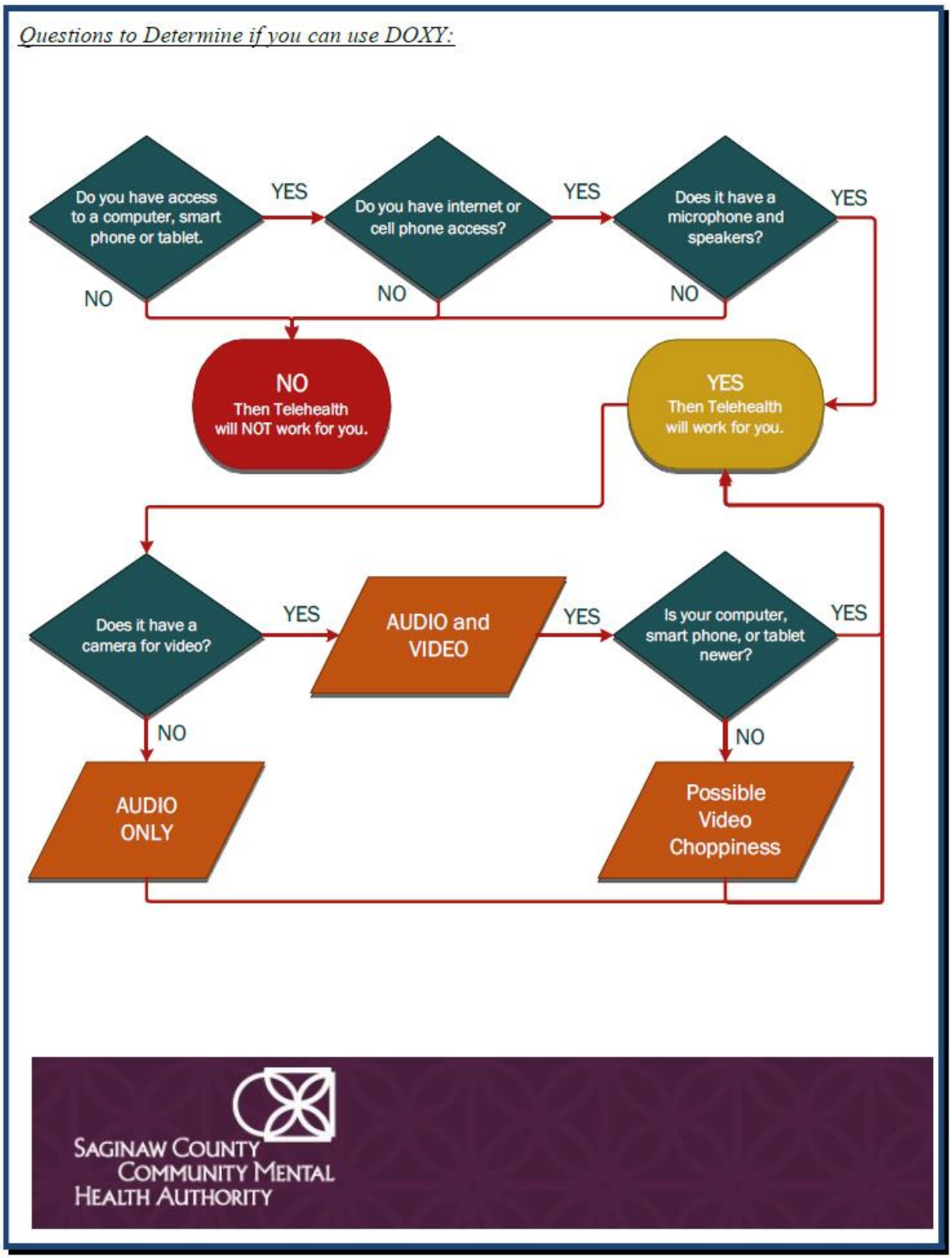

Questions to Determine if you can use DOXY:
Do you have access to a computer, smart phone or tablet.
YES
Do you have internet or cell phone access?
YES
Does it have a microphone and speakers?
YES
NO
NO
NO
NO
Then Telehealth will NOT work for you.
YES
Then Telehealth will work for you.
Does it have a camera for video?
YES
AUDIO and VIDEO
YES
Is your computer, smart phone, or tablet newer?
YES
NO
NO
AUDIO ONLY
Possible Video Choppiness
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Provider Guide for Utilizing DOXY.ME, SCCMHA's Telehealth Solution

## About DOXY.ME

DOXY is web based, which allows you to access it from anywhere that has an internet connection. You have the option to log into DOXY directly at https://sccmha.doxy.me/sign-in or by logging into Sentri and clicking on the DOXY link.

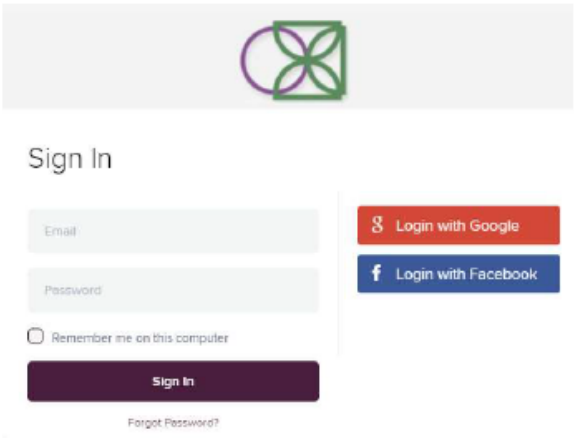
## Five steps to begin a telehealth call with a consumer using DOXY

1. Go to the DOXY Provider Interface.
2. Log into DOXY as a Provider.
3. Arrive at your Dashboard Waiting Room.
4. Invite the Consumer via a link in a text or email.
5. Start the HIPAA-compliant audio and video call.

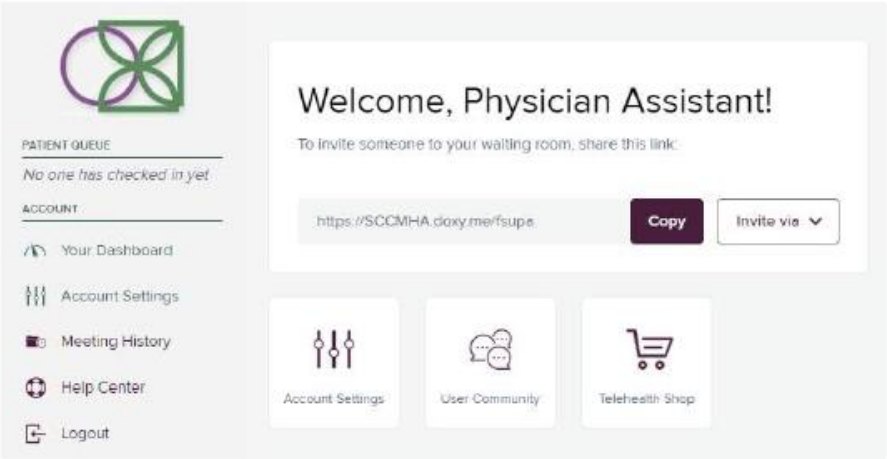
1. Go to the DOXY Provider interface in one of these two ways:
   a. Go to https://sccmha.doxy.me/sign-in with either **Chrome, Edge, Firefox or Safari browsers.**
   b. Log into Sentri and click "Telehealth". It will open DOXY in a separate browser window.

2. Log into DOXY as a Provider.

   *A email has been sent to you with your login credentials. If you have not received your DOXY login email, please contact the HelpDesk at 989-797-3577. Or send an email to hdesk@sccmha.org.*



3. Arrive at your Dashboard Waiting Room.




- *Turn on your Webcam from your dashboard.*
- *The first time you turn on your Webcam you will have to grant access to both your microphone and your camera. There will be a popup to "allow" or "block". Chose "allow". If you chose "block" by accident, refresh the DOXY web page and you will have the option to allow.*

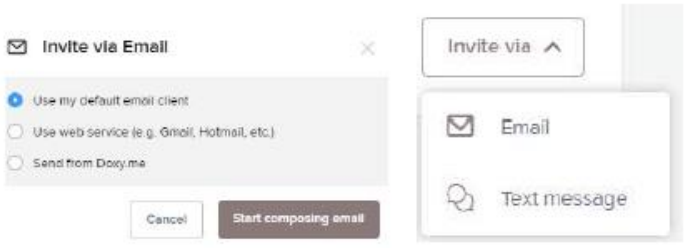


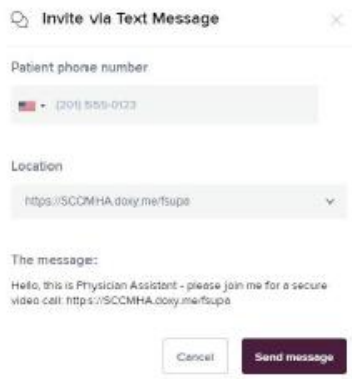




4. Invite the Consumer via a link in a text or email.

*To start a session with a Consumer you will see the button "*Invite via*" with a dropdown arrow. Clicking that will allow you to send an email or text message to the consumer.*

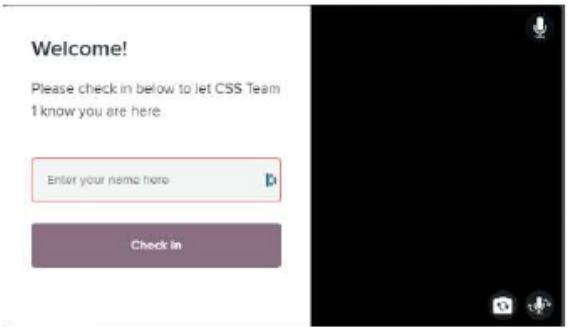


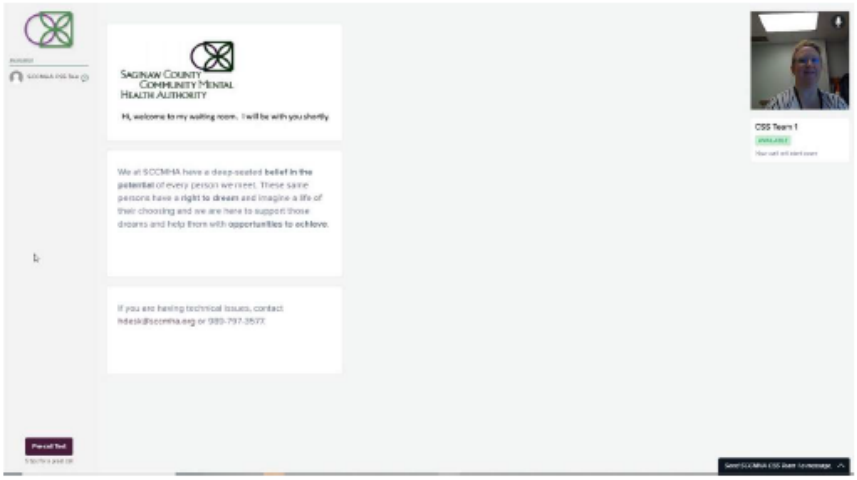



5. Start the HIPAA-compliant audio and video call.

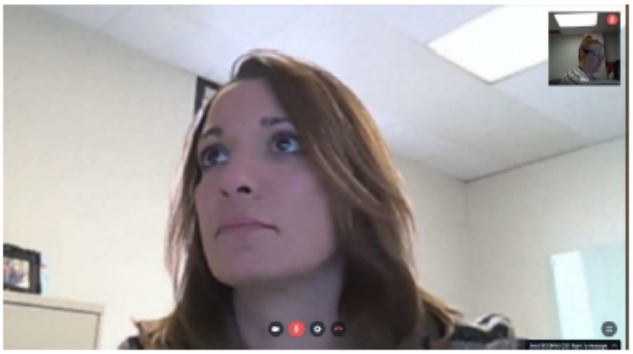
*Consumer's Experience:*

- Once the Consumer clicks on the link you sent, they will see a Welcome! screen that will prompt them to enter their name and click "Check In".
- The Consumer's device should auto start their webcam and microphone.
- The Consumer's webcam as well as the Provider's name and online status will appear in the upper right-hand corner.



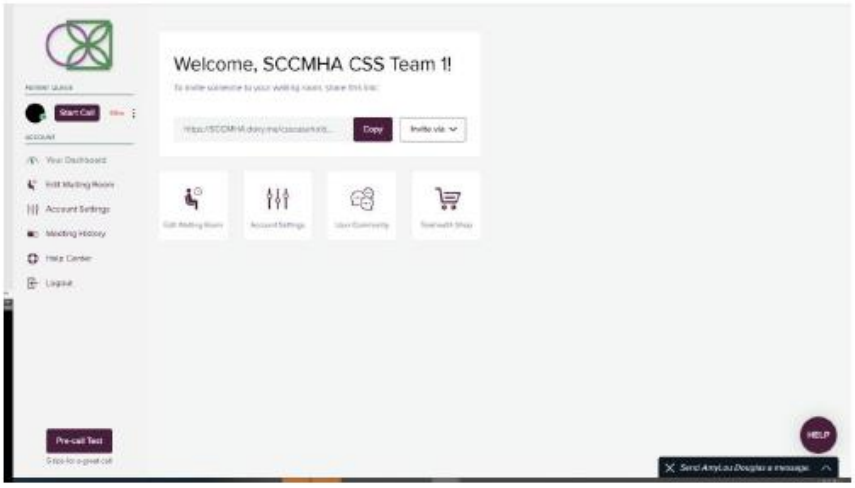




- The Consumer can send a message to the Provider from the waiting room by clicking on the black button on the bottom left of the screen, "Send a message".
- Once you start the call with the Consumer, they can see you. Their photo will be in the upper right-hand corner.

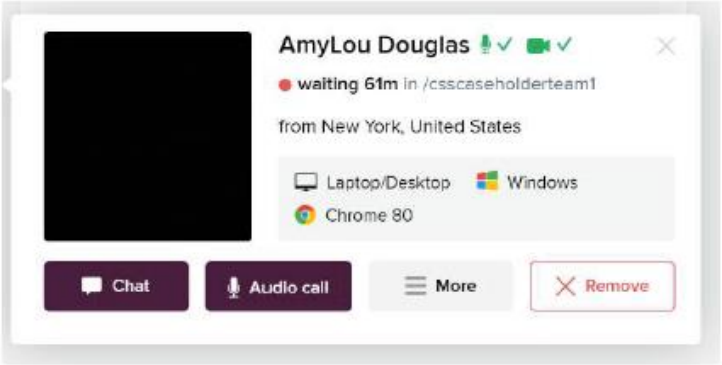


*Provider's Experience:*

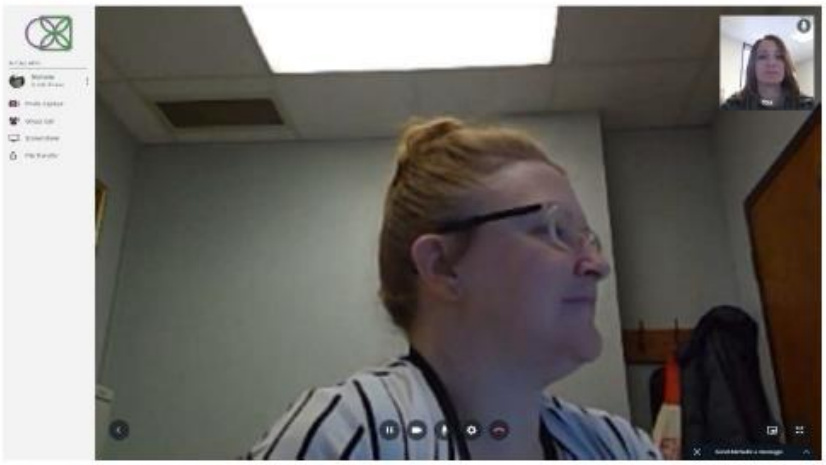
- Once the Consumer has logged into the waiting room, they will appear in your "Patient in Queue". This is where you start the call by hovering over the Consumer's name and "Start Call" will display.




- You can click on the three dots to send a message via chat, start an audio only call, transfer a file to the Consumer or remove the Consumer from your queue.



- You will see the Consumer on the screen and yourself in the upper right-hand corner.



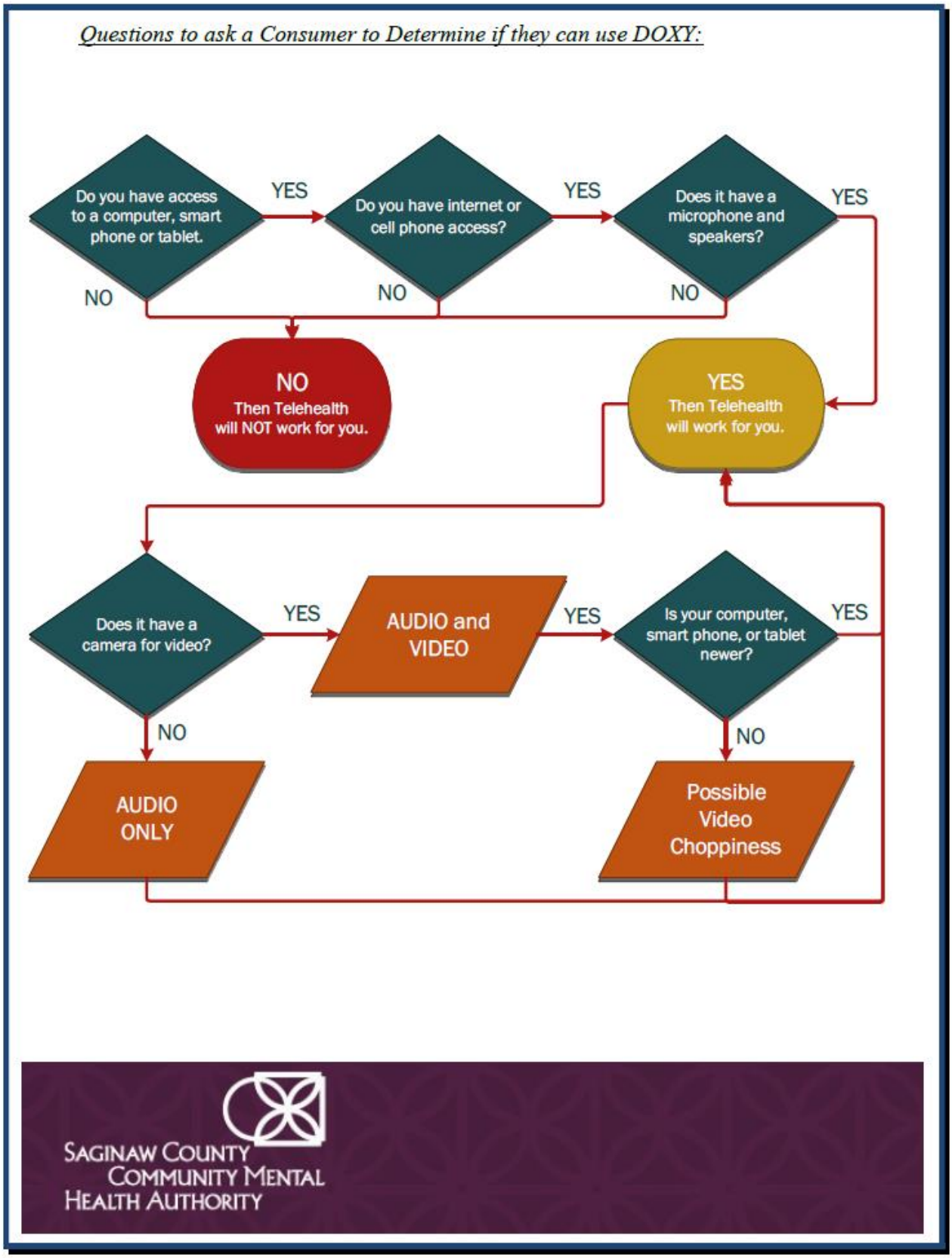
- You can take a photo of the screen.
- You can add another guest who also calls into DOXY and is waiting in the patient queue so that both individuals are on the same call such as a partner, spouse, or parent.
- You can also take control of the Consumer's screen.
- You can send a file to the Consumer.
- At the bottom of the screen, you have these options: pause video, stop webcam, stop microphone, settings, and last, hang up the call.
- If you click on the far right, you are able to chat with the Consumer.



- Lastly, when you are *not* on a call with a Consumer and in your waiting room, you can click on meeting history to see your calls, the date and time of the call as well as the duration.

| Date | Start Time | End Time | Duration |
|---|---|---|---|
| Wed Apr 15 2020 | 11:51:00 AM | 12:05:21 PM | 00:14:21 |
| Wed Apr 15 2020 | 11:48:58 AM | 11:49:56 AM | 00:00:57 |
| Wed Apr 15 2020 | 11:37:59 AM | 11:38:59 AM | 00:01:00 |

Exhibit D


Questions to ask a Consumer to Determine if they can use DOXY:
Do you have access to a computer, smart phone or tablet.
YES
Do you have internet or cell phone access?
YES
Does it have a microphone and speakers?
YES
NO
NO
NO
NO
Then Telehealth will NOT work for you.
YES
Then Telehealth will work for you.
Does it have a camera for video?
YES
AUDIO and VIDEO
YES
Is your computer, smart phone, or tablet newer?
YES
NO
NO
AUDIO ONLY
Possible Video Choppiness
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

<table>
<tr><td colspan="3">Skill Building Services Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Training of Adaptive Equipment for Community Ties & Residential Staff</td><td>Chapter: 09.06.05 – Skill Building Services</td><td>Subject No: 09.06.05.09</td></tr>
<tr><td colspan="3">Skill Building Services</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 1, 2011</td><td>Date of Review/Revision:<br>4/19/16, 2/11/13, 1/30/17, 3/1/18, 2/25/19, 5/31/19, 2/25/20, 5/31/20, 4/23/21, 3/2/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Services for Persons with IDD<br><br>Reviewed By:<br>Julie Bitterman,<br>Jennifer Rieck-Martin</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
SCCMHA is dedicated to ensure all program and specialized residential staff are trained on the use of adaptive equipment.

**Application:**
During orientation with program coordinator and/or supervisor, all Community Ties North and South staff and specialized residential staff will be trained on the use of adaptive equipment by the Occupational Therapist on site.

**Policy:**
Upon hire, Community Ties and specialized residential staff will be trained on the use of adaptive equipment per individual plan of service. Regular in-services are provided annually or as needed. Additional training will be provided as needed or upon request.

**Standards:**
- All Community Ties staff and specialized residential staff will be in serviced on the use of adaptive equipment for any individuals who attend the Community Ties programs or live in the home and require use of adaptive equipment.
- Staff will be trained by a licensed, registered occupational therapist (OTRL) in conjunction with the Community Ties program Service Coordinator. The specialized residential supervisor and/or home supervisor will be responsible for training staff with assistance from the OTRL as needed.

- Staff will be trained upon hire, annually, and as needed or requested.
- Staff will be trained on site at the Community Ties day program or the specialized residential site for which they have been hired.
- Training will be to ensure the safety of the individuals who use the adaptive equipment and the staff assisting them.
- Staff who has not been trained to use the adaptive equipment will not assist a consumer with their adaptive equipment. This includes training on assisting a person in a wheelchair on and off the lift bus.

**Definitions:**
Adaptive equipment**:**

- Gait Belt – a device used to transfer people from one position to another or from one thing to another. The gait belt is worn around the waist. The purpose is to put less strain on the back of the care giver and to provide support for the individual. A gait belt should never be used as a restraint.
- Walker/cane – a tool for an individual who needs additional support to maintain balance or stability while walking. Walkers and canes come in many variations such as single, two or four-footed frames.
- Wheelchair – a chair with wheels, designed to be a replacement for walking. Wheelchairs come in many variations such as manual and motorized.
- Splints/orthoses – a device used for support or immobilization of limbs or spine. Splints come in many variations such as a hand, elbow, ankle foot orthosis (AFO) or back brace.
- Mechanical lifts – a lift is used to move a person from one surface to another who is unable to bear weight safely. A sling is needed as an accessory to the lift. Slings and lifts come in a wide variety to meet all transfer needs.

**References:**
1. Wikipedia.org
2. SpinLife.com

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Training on the use of adaptive equipment per individual plan of service. Regular in-services are provided every three years and as needed. Additional training will be provided as needed or upon request. | OTRL, Community Ties Program Coordinator and supervisor; specialized residential supervisor |
| The Community Ties and specialized residential supervisors of staff working with individuals will ensure that staff | Supervisors of the Community Ties programs, specialized residential supervisor |

| | |
|---|---|
| are aware of this policy and their responsibilities and competence when using the adaptive equipment. | |
| The Community Ties and specialized residential supervisors will ensure that adaptive equipment is safe and in good condition. Guardians and/or homes may be contacted if repair is needed. | Supervisors of the Community Ties programs, specialized residential supervisor |

| Supported Employment Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Microenterprise | **Chapter**: 09.06.09 - Microenterprise | **Subject No**: 09.06.09.01 |
| **Supported Employment** | | |
| **Effective Date**:<br>5/1/08 | **Date of Review/Revision**:<br>5/12/14, 6/16/16, 3/9/17, 3/1/18, 5/29/19, 4/27/20, 4/5/21, 3/9/23<br>**Supersedes**: | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>**Authored By**:<br>Director of Services for Persons with Mental Illness<br><br>**Reviewed By**:<br>Julie Bitterman, Rollin Archangeli |

**Purpose:**
To identify the process of micro enterprise development for individuals; served by Saginaw County Community Mental Health Authority. Also, to provide written affirmation that Saginaw County Community Mental Health Authority is vested in the development of small businesses, primarily owned, and operated by the consumers served.

**Application:**
All SCCMHA direct employees and contract providers.

**Policy:**
All individuals served by Saginaw County Community Mental Health Authority will have access to working with the Micro Enterprise Team, in order to develop a micro enterprise, as identified in their Individual Plan of Service (IPOS).

**Standards:**
Consumers who identify micro enterprise as an outcome, during IPOS planning, will be referred (Exhibit A) to the Supported Employment Supervisor who assembles the micro enterprise team.

The micro enterprise team is made up of the Supported Employment Specialists and a Peer Support Specialist. The micro enterprise team will attend pre-planning meetings, planning meetings, and other meetings as scheduled, in order to assist the consumer to develop the necessary steps towards starting a micro enterprise. At the initial meeting with the micro enterprise team, the individual will receive information to get them thinking about whether self-employment is right for them. The process of working with the micro enterprise team is defined during this meeting and discussion about the micro enterprise idea ensues. A secondary meeting is then set with the micro enterprise team if further discussion is needed to narrow the focus.

Once the micro enterprise focus is determined, the consumer will then be assigned to work with a specialist, to complete a business plan; (Exhibit B).

The Supported Employment Specialist will assist the consumer to work on business development, create a plan of suggestions to find initial start-up funds if/when needed, develop product, network, obtain proper licensing and registration, open a business checking account under the business name, coordinate record keeping of the business, and work on marketing. The intensity of contacts between the worker and the consumer is determined by the consumer and their needs.

Once the business is established, the consumer may not need intense assistance from the micro enterprise team. Contact with the consumer will be made at least every six months to provide further assistance as needed, and to make closures as agreed upon by the consumers support team and with appropriate notice.

**Closing a micro enterprise case:**

Any consumer, who is working with the micro enterprise team, will need to show continued involvement in their micro enterprise in order to receive continued supports. If contact is made with the consumer and they are not working on their goal of micro enterprise, however they have expressed that they do not want to have their case closed at this time, a three-month revisit will be done and determination of closure will occur at that time. Advanced notice should be sent to the consumer and their case holder.

**Definitions:**

Micro enterprise: A small business that showcases a person's talents, hobbies, or ideas for services that would be useful to the buying public.

Business Plan: A detailed description of what a person's micro enterprise business is, how it is funded, what the market is for the product or service, and what is needed for start up to make the micro enterprise successful.

Micro Enterprise Team: The Supported Employment Specialists and a Peer Support Specialist.

Supported Employment/Peer Support Specialist: Assists consumers to obtain and maintain competitive employment including self-employment through a micro enterprise.

**References:**

Michigan Department of Community Health, Person-Centered Planning Policy

**Exhibits:**

Exhibit A: Micro Enterprise Referral Form
Exhibit B: Micro Enterprise Business Plan

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assign Administrator responsible for oversight of micro enterprise. | CEO |
| Serves as assigned Administrator for micro enterprise. Provides leadership for the development of micro enterprise. Assigns the responsibilities of the Supported Employment Team. Participates in the development of the micro enterprise process. Provides ongoing input and oversight of micro enterprise activities. Reviews the micro enterprise procedure on a regular basis and makes changes, as needed. Meets at least Quarterly. | Director of Services for Persons with Mental Illness |
| The Supported Employment Specialists, Complete and update the Vocational Assessment. The Supported Employment Specialists and Peer Supports Specialists coordinate and provide staff training for case holders as well as network providers. The Supported Employment Specialists and Peer Supports Specialists, attends person centered planning meetings, as invited, for persons expressing an interest in micro enterprise. Tracks the number of consumers that are working with micro enterprise. Monitors consumer/family satisfaction. Assures adherence to the Consumer Choice and Services Management Policy. | Supported Employment Team<br>Supported Employment Specialist and Peer Support Specialist |
| Expresses a desire and completes a referral with their case holder in order to start a micro enterprise. Agrees to participate in the person-centered planning process. Develops a business plan as needed. | Consumer, Case Holder, and Support Staff. Supports Coordinator. |
| Discusses the referrals with the Micro Enterprise Team at weekly staff meetings and assigns recommended cases to the appropriate Supported Employment Specialist for follow along. | Supervisor of Supported Employment |

**Exhibit A**

# Micro Enterprise Referrals Instructions

To obtain Micro Enterprise Services for a consumer, please complete the following steps:

1. Assure that there is an Outcome related to exploring self-employment in the consumers Individual Plan of Service.
2. Request authorization for code H2023 and H0038.
3. Complete the Micro Enterprise Referral Form.
4. Review the Consumer Orientation and Agreement Form with the consumer and have the consumer sign the Agreement.
5. Return the completed and signed forms to the Supported Employment Supervisor.

# Micro Enterprise Referral Form

Referral Date: _____

Consumer:_____SCCMHA ID: _____
Address: _____
City, State, Zip: _____Phone:_____
Related Outcome from PCP: _____
Authorization number:_____

Identified Idea for a Micro Enterprise:

_____
_____

What has been done already to explore this idea?

_____
_____

Other information relevant to the consumer when thinking about micro enterprise development:

_____
_____
_____

Referral completed by:_____ Title:_____

Referral Phone:_____ Email: _____

Saginaw County Community Mental Health Authority

# Micro Enterprise
# Participant Orientation and Agreement

Consumer: _____ ID: _____

## What is a Micro Enterprise?

A micro enterprise can be briefly described as a business that is started with less than $500, has no employees and has one owner/operator. People who form micro enterprises can be described as entrepreneurs. This has become a very popular way to make money and still have flexibility with your time. A micro enterprise is a great way to do something you enjoy and get paid for it!

Thinking of a product or service that will make money may sound difficult, but actually many people start their own business just by doing what they love to do; For example, many hobbies consist of making some kind of craft, painting, baking, drawing, scrapbooking etc... If you can create something that someone else would be interested in and sell it for more than it costs to create it, you've got a business!

Take a moment to ask yourself some simple questions. This will help you decide whether starting a micro enterprise is right for you and help you to start thinking of your business concept.

- Do you have an interest, skill or idea that could be turned into a business?
- Is the quality of the interest, skill, or idea saleable?
- If selling a product, can you produce enough of the product to sell?
- What is the product?
- How much would you have to sell to pay for all your materials?
- How much time do you want to devote to your micro enterprise?

## How can we help?

The Micro Enterprise Team is someone who can help you set up your micro enterprise and offers you direction and advice in doing so. We will help you develop your ideas, network, register your business, help with marketing ideas, assist with a business plan as needed, help you figure out how you are

going to coordinate record keeping, and answer any questions on your journey towards self-employment.

## What is expected of you?

Preparing to, and starting a micro enterprise can be a demanding activity, and may require a lot of time and energy.

To assist you with this process, you agree to and are expected to:

- Arrive to appointments on-time.
- Provide needed or required documents.
- Be involved in the development of your micro enterprise. Starting your business is primarily your responsibility. The Micro Enterprise Team can help and assist, but you must be both the main and active partner in doing so.
- Comply with your mental health treatment
- Be teachable. Some areas that might need to be changed may be very personal or even painful to discuss or address. These will only be brought up if they are or could be a hindrance to starting your micro enterprise. The Micro Enterprise Team has your best interest in mind in bringing up difficult issues.
- Be serious about wanting to start a micro enterprise. You will be personally challenged as you explore what it takes to start a business. It can be very difficult at times, but we are here to help, encourage, and support you.
- Be patient.

Your signature on this form indicates that you and your case worker discussed the above services and your responsibilities for participation. Refusing to sign this form does not prohibit you from participating. Micro Enterprise participation is voluntary and you may cease using these services at any time.

| | |
|---|---|
| Consumer Signature | Date |
| Case Holder Signature | Date |

**Exhibit B**

# "Micro-enterprise name"

# Owner Name

Business Plan

## *I. The Business Description*

A. Name and Address of Business and Owner, Type of Business

B. Date Founded, By Whom, Why

C. Form and Ownership

D. Mission Statement and Business Goals

**Business Goals**

*First Year Goals:*

*Third Year Goals:*

*Five year Goals:*

E. Key officers, Management

F. Products and Services offered

G. Markets/Customers Served

H. Distribution of Products/Services

## *II. The Marketing Plan*

A. Products/Services Differentiation

B. Industry Profile

C. Competitive Analysis

D. Market Demographics/Size

E. Target Market/Customer Profile

F. Marketing Strategy

## *III. Operating and Control Systems*

A. Personnel

B. Production/Service Methods

C. Quality Control

D. Facilities

E. Suppliers

G. Billing and Collection Policies and Procedures

## *IV. The Financial Plan*

A. Sources of Funding

B. Pricing Strategy

C. Break Even Analysis

D. Risk Analysis and Alternative Plans of Action

E. Payback Plan

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: School and Applied Behavior Analysis (ABA)</td><td>Chapter: 09.06.10 – Autism Program</td><td>Subject No: 09.06.10.01</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>3/1/18</td><td>Date of Review/Revision:<br>6/29/18, 3/27/19, 2/26/20, 5/3/21, 3/3/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
The purpose of this procedure is to outline expectations regarding children’s (who are over age 5 or under age 5 receiving Special Education services) school attendance and Adaptive Behavior Analysis (ABA) schedule.

**Application:**
This procedure applies to ABA contracted providers, Supports Coordinators, and children/families receiving ABA intervention.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority to provide ABA services in cooperation with the schools and contracted ABA Providers in order to provide coordinated services to persons with Autism.

**Standards:**
ABA intervention is not currently an approved school-based service under the State plan. These services may serve to reinforce skills or lessons taught in school but are not intended to supplant services or to be provided when the child would typically be in school but for the care givers choice to home-school their child. When SC’s are documenting home school schedule, it must include that all core areas of academics are being provided including but not limited to mathematics, social studies, and English. Each child’s Individual Plan of Service (IPOS) must document that these services do not include special

education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency. Support Coordinators will communicate with the Michigan Department of Health and Human Services (MDHHS) that the child's school schedule is not interfering with ABA in the IPOS. Providers are to document that the child's school schedule is not interfering with ABA through the Caregiver Statement of Understanding and the Request for Revision in Treatment Hours/ABA Authorization forms. Please note that if the child is being home-schooled, this schedule still needs to be reflected in the fore-mentioned documents. The team involved in the child's care is expected to coordinate and collaborate on services.

Additional notes regarding school and ABA:

- Medicaid funded ABA can only be provided outside of the school schedule as identified in the Individualized Educational Plan.
- The goal should always be for a school to provide Free and Appropriate Education (FAPE) and for the Autism benefit to provide ABA services outside of typical school hours.
- Caregivers still have a choice about their ABA schedule, as long as it is outside of typical school hours.
- If a school does not support the need for a shortened school day in the IEP, but it is the impression of the team that the child's educational needs are not being met, then the SC should work the family to advocate for appropriate educational supports.
- A school, who determines that ABA is the necessary treatment for an individual, should work to include ABA into the child's educational plan, as part of IDEA and FAPE. This might include: a school hiring a Qualified Professional, contracting with an outside ABA provider for consultation, etc.
- ABA providers should be prepared to work outside of typical school hours, including evenings and weekends, in an effort to meet programming/consumer needs while maintaining compliance with this procedure.
- A provider should not be billing for services that occur during typical school hours (typical school's hours as defined in the child's IEP.)
- If a child is suspended from school, SC's should explore whether there has been a manifestation hearing and reasoning for the suspension prior to implementing ABA during the time the child is out of school.

There are a number of required documents. These have not been attached to this procedure as they change and are modified frequently. These documents can be obtained through either the Autism Program Supervisor or Autism Program Administrative Coordinator. Pertinent documents relevant to this procedure include:

- Autism Program Caregiver Statement of Understanding
- Autism Program Request for Revision in Treatment Hours/ABA Authorization

**Definitions:**

MSHN-Mid State Health Network (pre-paid inpatient mental health plan)
MDHHS-Michigan Department of Health and Human Services

**References:**

A. IDEA 2004
B. Michigan Association of Special Education (MAASE), Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Insurance-Based Treatment/Intervention
C. Michigan Medicaid Program Applied Behavior Analysis FAQ
D. Memo from Mid-State Health Network dated 2/26/18
E. MSA 15-59
F. Mid-State Health Network Policy, Autism Benefit Compliance Monitoring Procedure

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Reduced school day written into the child's IEP not for the purposes of attendance at ABA. | School Personnel |
| Document the ABA and school schedule within the IPOS. Forward a copy of the IPOS and IEP to MSHN/MDHHS for review. | Supports Coordinator |
| MDHHS staff review request and approve/deny. | MDHHS |

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Autism Program Entry to Services</td><td>Chapter: 09.06.10 – Autism Program</td><td>Subject No: 09.06.10.02</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/20/15</td><td>Date of Review/Revision:<br>8/4/17, 3/1/18, 3/27/19, 4/23/20, 5/3/21, 3/7/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
The purpose of this policy is to define the procedures for the Consumer when they become an active participant in the Autism Program.

**Application:**
This procedure applies to children and adults with the diagnosis of Autism and Autism Spectrum Disorder, served by SCCMHA, between the ages of 0 through the day before their 21st birthday.

**Policy:**
It is the policy of the Autism Program to provide each consumer who participates in the Autism benefit with a high quality, value-based experience that provides a person-first approach from entry to discharge.

**Standards:**
None

**Definitions:**
CAI – Central Access/Intake
SC – Support Coordinator
MSHN- Mid-State Health Network
ADOS-Autism Diagnostic Observation Schedule
ABA- Applied Behavioral Analysis

**References:**

A. 09.06.10.03, Autism Program Expectations Regarding Treatment Plans
B. 02.03.21, Autism Spectrum Disorder (ASD) Program
C. 09.06.10.08, Eligibility Determination and Re-Evaluation Eligibility

**Exhibits:**

None

**Procedure:**

Following is a detailed procedure for the Autism Program Entry to Services after they have been found determined to have been diagnosed with Autism Spectrum Disorder and would benefit from Applied Behavior Analysis (ABA).

Pertinent documents relevant to this procedure include:

Referral Packets
What is ABA?

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

| ACTION | RESPONSIBILITY |
|---|---|
| If eligible for Autism benefit: | |
| • Sends encrypted email of the MSHN Evaluation Form to MSHN | Autism Program Administrative Coordinator |
| • Changes population type to either Autism Focused or Autism Comprehensive in Sentri based on diagnosis on MSHN form. | Autism Program Administrative Coordinator |
| • Assigns Support Coordinator | Autism Program Supervisor |
| • Schedules orientation meeting with the Autism Program Supervisor or designee and assigned Support Coordinator | |
| If child is not eligible for Autism benefit: | |
| • Notifies the Autism Supervisor, Care Management Staff, CAI Administrative Coordinator, and Assigned CAI worker and Supervisor regarding eligibility and request for services | Autism Program Administrative Coordinator<br>Autism Program Administrative Coordinator<br>CAI worker |
| • Sends encrypted email MSHN Evaluation Form | |
| • Determines appropriate primary service provider for the child and requests Orientation Meeting with appropriate provider | |
| Once Consumer is officially a beneficiary of the program: | |

| | |
|---|---|
| • Initial Meeting and psychosocial assessment completed. | Support Coordinator |
| • Preplan Meeting held with family and consumer. | Support Coordinator |
| • Individual Plan of Service (IPOS) completed with the family, consumer and another natural and community supports identified by the family. | Support Coordinator |
| • Family identifies preferred Contract Provider of their choice for services. | Autism Program Administrative Coordinator |
| • Conducts preliminary assessment of number of hours/times of intervention caregiver requesting. | Contracted Provider |
| • Requests authorization. | Support Coordinator |
| • Makes referral to Provider contacts caregiver and schedule initial assessment within 3 days of referral.<br>All efforts will be made to accommodate the caregiver to schedule the assessment within 14 days. | Support Coordinator |
| • Completes Autism Program Assessment within 5 days of last visit. | Contracted Provider |
| • Schedules visit with caregiver within 7 days of completion of documentation to conduct in-service (Caregiver Statement of Understanding).<br>NOTE: this visit is to include the Supports Coordinator and the primary Behavioral Technician, if available. | Contracted Provider & Support Coordinator |
| • Complete separate in-service (Autism Program Staff In-Service) with the primary Behavioral Technician. | Contracted Provider, Behavior Consultant, Behavior Technician, Support Coordinator |
| • Begin intervention. (For every 10 hours of direct intervention being provided, 1 hour of supervision must occur.) | Contracted Provider |
| • Every 6 months of intervention beginning, completes Autism Program 6 Month Progress Report and appropriate behavioral outcome measurement tool such as the VB-MAPP, ABLLS-R.<br>• Schedules visit with caregiver, Supports Coordinator, and primary Behavioral Technician, if available, to review. | Behavior Consultant |

| | |
|---|---|
| • Every three years re-evaluation conducted to determine whether child continues to qualify for the benefit.<br>• Three months prior to discharge, begins transitioning/discharge planning with primary caregiver when possible.<br>• Shortly before discharge, schedules visit with caregiver, Supports Coordinator, and primary Behavioral Technician, if available, to review Autism Program Discharge/Transition Plan. | |

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Autism Expectations Regarding Treatment Plans</td><td>Chapter: 09.06.10 - Autism Program</td><td>Subject No: 09.06.10.03</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/22/15</td><td>Date of Review/Revision:<br>1/16/18, 3/1/18, 6/29/18, 2/10/19, 3/27/19, 8/22/19, 4/20/20, 5/3/21, 3/3/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To specify how phases in treatment plan development should occur and provides a standardized expectation on how Applied Behavior Analysis (ABA) plans are to be submitted to Saginaw County Community Mental Health Authority’s (SCCMHA) Autism Program. Further included are standards that ABA providers are to use when providing intervention to consumers.

**Application:**
The procedure applies to Behavior Consultants and ABA providers developing treatment plans for children and adults involved in SCCMHA’s Autism Program.

**Policy:**
None

**Standards:**
SCCMHA shall provide ABA services in accordance with Michigan Department of Health and Human Services (MDHHS) Guidelines and ensure children are receiving high quality intervention. Parents are to be fully engaged and knowledgeable about the process. It is the requirement of SCCMHA that treatment interventions will follow the Behavior Analyst Certification Board Professional and Ethical Code for Behavior Analysts. This document is not to supplant SCCMHA’s policies and procedures, rather outlines specific requirements for documents within the Autism Program.

Documentation of important aspects of intervention is to be conducted via the following forms and must be maintained in accordance with the most recent Scanned Document Summary Responsibility and Delegation Grid:

- Autism Program Assessment

    - Requires the administration of the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or the Assessment of Basic Language and Learning Skills-Revised (ABBLS-R) or any other behavior outcome measurement tool required by MDHHS.
    - Trauma and/or medical complexities that may impact treatment must be included in background information.
    - If restrictive/intrusive techniques as defined by the MDHHS are to be used, SCCMHA requires approval by the Behavior Treatment Committee prior to implementation.
    - Information regarding risk factors, discharge criteria, and language that provides a clear linkage regarding intervention and the goals the caregiver has as outlined in the Individual Plan of Service.
    - When transferring from another Provider, it is SCCMHA's expectation that a new Assessment will be completed.

- Autism Program Staff In-Service

    It is the requirement of SCCMHA that each staff member (Behavior Technician) providing services to a child will be in-serviced on the ABA treatment plan and the consumer's Individual Plan of Service prior to beginning implementation. Each staff member needs to be provided the opportunity to ask questions and receive clarification on the programs. In addition, the treatment plan writer will ensure staff have been modeled the intervention and taught the intervention. The evaluator will further certify that staff have met the minimum training requirements per MDHHS.

- Autism Program Caregiver Statement of Understanding

    It is the requirement of SCCMHA that caregivers are fully involved in the treatment of their child and are in-serviced on their child's assessment and behavior intervention plans.

    During the in-service with caregivers:

    - The assigned Supports Coordinator (SC) and primary Behavior Technician are to be present when possible. A determination of the schedule and hours of treatment will be decided. Behavior Consultants are to recommend hours based on their clinical decision. If the team would like to request a change in treatment hours after intervention has begun, this will be done by completing a Request for Revision in Treatment Hours form and should be done through a treatment team process. Although SCCMHA has no

requirement in regards to how programs are documented, it is the expectation that these are written in an easy to understand format and that caregivers have a full understanding of what intervention their child is to receive. This must include, if the child is of school age, the child's school and ABA schedule.

- Autism Program Request for Revision in Treatment Hours/ABA Authorization Form

  This form is to be completed immediately upon requested change in hours or other service array and forwarded to the primary SC for approval ***prior to initiation***. The SC will amend the Individual Plan of Services (IPOS) with the updated number of hours of intervention/service array and forward to the Autism Program Administrative Coordinator for inputting in the Waiver Support Application. Any individual on the team can complete this form, however, it must be signed by the parent/guardian. Reductions in hours can't be due to lack of provider staffing.

- Autism Program 6 Month Progress Report (Semi-Annual Review of Progress)

  It is the requirement that each child receiving active intervention will be re-assessed every 6 months from the date of initial assessment, regardless of when he/she began active intervention, for skill acquisition and behavior decrease. Providers are responsible maintaining a tracking system to ensure assessments are completed a timely manner. This will include progress towards goals and a VB-MAPP or ABBLS-R or other required behavior outcome measurement tool per MDHHS. It is the expectation that a team meeting is held with the caregiver, primary SC, and primary Behavioral Technician (if available) to review the report. If contact with caregiver is unable to be made, it is SCCMHA's expectation that at a minimum 3 attempts be made and documented on the report. 6 Month Progress Reports need to include the recommended hours of intervention by the Behavior Consultant at that time. Please note color grids must always be included in the report. In addition, information regarding risk factors, discharge criteria, and language that provides a clear linkage regarding intervention and the goals the caregiver has as outlined in the Individual Plan of Service must be included.

- Autism Program Discharge/Transition Plan

  It is the requirement that the treatment plan writer will begin preparing the caregiver and child for discharge about 3 months prior to discharge when possible. During the last month of active intervention, a closing meeting will occur with primary treatment team members present, including primary SC. Caregivers will be provided recommendations and community resources to access. If providers are unable to review discharge plans with consumers, that is to be noted on the report and reasoning why.

- Autism Program Monthly Summary Report

  This form is to be completed monthly on children referred for ABA intervention. Providers are expected to complete these for all children who may or may not be receiving active intervention, however, are considered assigned to that provider. For example, if a child was referred to a provider, but active intervention hasn't begun, please complete the form to the best of your ability. Please note that Supervision Ratio is based on the total number of hours the child attends, not on the number of reported hours of intervention. The monthly average needs to be at least 10% and providers are responsible for maintaining a tracking system for such. If there are cancellations due to weather, building closures, holidays, etc. those are to be noted as part of the percentage attended. Caregivers are to be offered make up hours to ensure the treatment hours are being met.

- Autism Program Medical Necessity Request-Time Limited Supervision

  All providers who are requesting increased supervision (above 10% ratio) are to complete this document in its' entirety. This will provide the SC the medical necessity to request the noted change.

- **Behavior Intervention Plan**

  If provider is wanting to develop and implement intervention(s) that is intrusive or restrictive based on the MSHN definitions from the MDHHS Standards for Behavior Treatment Plan Review Committees, the provider will need to complete a Behavior Intervention Plan and submission to the Behavior Treatment Plan Review Committee (BTPRC) prior to implementation of the intervention. The BTPRC would require the provider to attend the BTPRC meeting to present your Behavior Intervention Plan. If the intrusive or restrictive technique is approved, parent consent will need to be obtained on a special consent form and Behavior Technician staff trained on the interventions prior to implementation of the intervention.
- FY 20 Attachment B: Scanned Document Summary and Responsibility Delegation Grid

  Per Provider's contract with SCCMHA, this is to be followed for uploading all documents to SENTRI II and whether those documents are to be uploaded by Providers or by Autism Staff. No documents are to be uploaded without signatures from provider staff and parent/consumer as applicable.

- Autism Program Consumer Flow

  This sheet is a reference sheet for use by Providers outlining the timeframe expectations for how consumers are to be served through the Autism Program. Please note that SCs are to be invited to 6 month progress report meetings, and discharge/transition meetings.

Important Additional Notes:

- The role of the SC is to be the primary contact person for the consumer and he/she is responsible for ensuring compliance with program requirements. The SC is the primary contact for authorizations and concerns. They are expected to be involved in the treatment and monitoring the effectiveness of the plan. SCs are to be notified of all changes with consumers, including, but not limited to, when a consumer's schedule changes (times/days), changes in Behavior Consultant and/or Behavioral Technician, and location of where they are being served. Providers are expected to allow SCs into their facility to monitor intervention. In addition, the must allow access to all documentation of intervention to the SC. Providers will communicate with the SC primarily through the SENTRI II system.
- When children are napping, SCCMHA is not to be billed. Snack/meal time is not to exceed 20 minutes.
- Use of telepractice is outlined in SCCMHA Policy, Autism Spectrum Disorder (ASD) Program.
- Absolutely no restrictive and/or intrusive techniques can be implemented without approval from the Behavior Treatment Committee.
- Providers are responsible for maintaining contingency plans to reduce risk factors and address staffing issues. In addition, providers are responsible for maintaining and following cancellation procedures.

- <u>Family Guidance</u>
  The use of Family Guidance is to be encouraged and expected from families in order to generalize skills. Providers are expected to offer family guidance at a frequency and location written in the IPOS. Family Guidance does not include discussions regarding hour/schedule changes, cancellations, barriers to receiving intervention, behavioral concerns during ABA, etc. Instead should include, at a minimum, the following and be clearly documented:
  - Basics of ABA
  - Planning and setting goals for their child in the home related to ABA
  - Skills to support their child and instilling confidence to use them. If there are behavioral concerns, a clearly outlined home program should be instituted.
  - Assisting parents with generalizing skills the child is learning into the home.

Pertinent documents relevant to this procedure include:

Autism Program Assessment
Autism Program Staff In-Service
Autism Program Caregiver Statement of Understanding
Autism Program Request for Revision in Treatment Hours
Autism Program 6 Month Progress Report
Autism Program Discharge/Transition Plan
Autism Program Individual Plan of Service Statement of Understanding
Autism Program Monthly Summary Report
Autism Program Medical Necessity Request-Time Limited Supervision or 2:1 Staffing

FY 20 Attachment B: Scanned Document Summary and Responsibility Delegation Grid

Autism Program Consumer Flow

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

**Definitions:**

None

**References:**

A. 03.02.27, SCCMHA Policy and Procedure Manual, Behavioral Plans
B. 02.03.21, Autism Spectrum Disorder (ASD) Program,
C. 09.06.10, Autism Program Supports Coordinator Responsibilities
D. 09.06.10.09, Orientation Meeting
E. 09.06.10.08, Eligibility and Re-Evaluation Eligibility
F. 09.06.10.06, Autism Discharge Planning
G. 09.06.10.01, School and Applied Behavior Analysis (ABA)
H. Michigan Department of Community Health Mental Health and Substance Abuse Administration Technical Requirement for Behavior Treatment Plan Review Committees
I. Board Analyst Certification Board, Professional and Ethical Compliance Code for Behavior Analysts
J. 1915(i) State Plan Home and Community-Based Services Administration and Operation
K. Michigan Department of Health and Human Services Bulletin (MSA 15-59)
L. MSHN Definitions from the MDHHS Standards for Behavior Treatment Plan Review Committees Revision FY17 application

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Assure ABA services are provided in accordance with Michigan Department of Health and Human Services (MDHHS) Guidelines and ensure children are receiving high quality intervention. | Autism Supervisor<br>Support Coordinator<br>ABA Providers |
| Assure Parents are to be fully engaged and knowledgeable about the process. | Support Coordinator<br>ABA Providers |
| Assure that treatment interventions follow the Behavior Analyst Certification Board Professional and Ethical Code for Behavior Analysts. | ABA Providers |

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Autism Program Mission and Vision Statement</td><td>Chapter: 09.06.10 - Autism Program</td><td>Subject No: 09.06.10.04</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/21/16</td><td>Date of Review/Revision:<br>3/30/17, 3/1/18, 3/27/19, 4/20/20, 5/3/21, 3/3/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
<tr><td>Supersedes:</td></tr>
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## Mission Statement

It is the mission of the Autism Program to recognize the strengths of and provide opportunities for success in individuals with Autism Spectrum Disorder. Opening new doors of hope and independence to create a life full of limitless possibilities.

Vision: The Autism Program works to ensure individuals served in the program will have reached their fullest potential and will have a quality of life specific to each one.

**Application:**
Autism Program

*This manual represents policies and procedures specific to Autism Program Unit Manual but Autism Program staff are bound to SCCMHA Policy and Procedure Manual.*

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Autism Program Introduction</td><td>Chapter: 09.06.10 - Autism Program</td><td>Subject No: 09.06.10.05</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/21/16</td><td>Date of Review/Revision:<br>3/30/17, 3/1/18, 3/27/19, 4/20/20, 5/3/21, 3/3/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
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The Autism Program Unit Manual provides case managers with operational information to provide service and supports to children and adults up to the day before their 21st birthday diagnosed with Autism Spectrum Disorder in Saginaw County.

The Saginaw County Community Mental Health Authority Policy and Procedure Manual specifies the directives of the Board to the Chief Executive Officer in the form of policy, and the directives of the Chief Executive Officer in the form of procedures. The General Service Delivery Procedure of the SCCMHA Policy and Procedure Manual specifies each program will develop and maintain a program operations manual which elaborates on agency procedures as they are applied in each program. The manual is also required to address procedures which are unique to that program. The Autism Program Unit Manual is designed to meet this requirement.

**Since this manual expands upon rather than supplants the SCCMHA Policy and Procedure Manual, it is important to be familiar with and adhere to the requirements outlined in both documents to ensure compliance with agency expectations for service delivery.**

In addition to the SCCMHA Policy and Procedure Manual, there are a variety of regulations, directives and guidelines which apply to specific services and supports. It is also important to be aware of and familiar with these documents. Copies are not included with this manual but can be obtained from program supervisors for reference. Information from these

documents has been incorporated into this manual as much as possible. The primary documents which were considered in the development of this manual are as follows:

1. CARF Behavioral Health Standards Manual: July 1, 2009 – June 30, 2010.
2. Michigan Mental Health Code, ACT 258 of 1974 and revisions.
3. Medicaid Chapter III;
4. Mental Health Alternative Services Definitions
5. Interpretive Guidelines for Intermediate Care Facilities for Persons with Mental Retardation;
6. Michigan Department of Community Health Rules for Certification of Specialized Programs Offered in Licensed Foster Care Homes;

**Application:**
Autism Program

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Autism Discharge Planning</td><td>Chapter: 09.06.10 - Autism Program</td><td>Subject No: 09.06.10.06</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>3/1/18</td><td>Date of Review/Revision:<br>6/29/18, 3/27/19, 2/25/20, 5/3/21, 3/3/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
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</table>

**Purpose:**
The purpose of this procedure is to highlight ways consumers may be discharged from Applied Behavior Analysis (ABA) in the Autism Program. Saginaw County Community Mental Health Authority (SCCMHA) wants to ensure that children involved in the (ABA) intervention will have a transition plan highlighting goals, progress made, and resources recommended for future treatment.

**Application:**
This applies to SCCMHA staff and contracted providers offering ABA services.

**Policy:**
Discharge from ABA is determined by a qualified professional for children who meet any of the below criteria:

1. The child has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.
2. The child is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
3. The child has not demonstrated measurable improvement and progress towards goals, and the predicted outcomes as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of interventions are not able to be maintained or they are not replicable beyond the treatment session through a 6-month period.

4. Targeted behaviors and symptoms are becoming persistently worse with treatment over time or with successive authorizations.
5. The child no longer meets the eligibility criteria as evidences by use of valid evaluation tools administered by the qualified licensed practitioner. This evaluation is conducted on a yearly basis. The primary Support Coordinator is to notify the provider of upcoming re-evaluation. The provider should begin planning for potential discharge in the event the child is found no longer eligible.
6. The child and/or parent/guardian are not able to meaningfully participate in services, and does not follow through with treatment recommendations to a degree that compromises the potential effectiveness and outcome of the service. ABA Providers are to follow a Cancellation Procedure and review with caregivers upon entry to the program.
7. SCCMHA has only so many providers available to children. If a provider dismisses a family due to attendance issues, there may be no additional availability.

Please note:

- All discharges from ABA services require the completion of the Autism Program Discharge/Transition Plan by the ABA provider.

- When a consumer is aggressive and/or displaying unusual behavior where discharge is being considered, all providers of ABA services are required to follow SCCMHA's policy regarding, referenced in "References."

- If they child continues to qualify for Saginaw County Community Mental Health Authority's other supports and services, he/she will be transferred to a different department pending Care Management's approval and if appropriate.

Pertinent documents relevant to this procedure include:

Autism Program Discharge/Transition Plan

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

**Standards:**

None

**Definitions:**

None

**References:**

- 09.06.10.08, Autism Program Eligibility Determination and Re-Evaluation Eligibility
- 02.03.21, Autism Spectrum Disorder (ASD) Program
- 09.06.10.03, Autism Program Expectations Regarding Treatment Plans
- Mid-State Network (MHSN) Policy, Service Delivery System, Autism Spectrum Disorder Benefit

- MSHN Policy, Autism Benefit Compliance Monitoring Procedure, Autism Spectrum Disorder Benefit
- 03.02.16, Discharges for Assaultive, Aggressive, or Other Types Disruptive Behavior

**Exhibits:**
None

**Procedure:**
None

| Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Autism Supports Coordinator Responsibilities | **Chapter**: 09.06.10 - Autism Program | **Subject No**: 09.06.10.07 |
| **Autism Program** | | |
| **Effective Date**:<br>3/1/18 | **Date of Review/Revision**:<br>6/29/18, 3/7/19, 4/20/20, 6/24/21, 3/3/22, 3/6/23<br>**Supersedes**: | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>**Authored By**:<br>Director of Children's Services<br><br>**Reviewed By**:<br>Autism Program Support Coordinators, Amanda Elliott |

**Purpose:**
The purpose of this procedure is to outline Supports Coordinator (SC) responsibilities within the Autism Program due to the many reporting and Waiver Support Application requirements. In no way does this policy supplant Saginaw County Community Mental Health Authority's requirements regarding case management duties; rather it outlines specific additional duties staff working in the Autism Program must perform.

**Policy:**
None

**Application:**
This applies to all SC's and the Administrative Coordinator employed in the Autism Program.

**Standards:**
None

**Definitions:**
MSHN-Mid State Health Network (pre-paid inpatient mental health plan)
MDHHS-Michigan Department of Health and Human Services

**References:**
A. 02.03.01, Autism Spectrum Disorder (ASD) Program,
B. 09.06.10.09, Orientation Meeting
C. 09.06.10.08, Eligibility and Re-Evaluation Eligibility

D. 09.06.10.03, Expectations Regarding Treatment Plans
E. 09.06.10.06, Discharge Planning
F. 09.06.10.01, School and Applied Behavior Analysis

**Exhibits:**
None

**Procedure:**
(Outlining SC responsibilities in each of the below areas)

**Health Care Coordination:**

Ensures children and adults referred for the benefit either have or will receive a screening by his/her Primary Care Physician to review the individual's overall medical and physical health, hearing, speech, vision, behavioral and developmental status. A full medical and physical examination must be performed and documented, including possible inclusion in the Individual Plan of Service (IPOS) if not completed.

**Re-Evaluation:**

After the Autism Program Administrative Coordinator assigns an Assessor for re-evaluations, the SC is responsible for forwarding the Autism Program Re-Evaluation Feedback Form prior to the appointment time for Assessor review. Autism Program Administrative Coordinator will notify the SC and provider of the results of the re-evaluation.

**ABA Providers:**

- All Family Guidance notes are to be attached to Monthly Summary Reports (MSR) for staff review. SC's to review notes to ensure what is documented is reflective of appropriate use of Family Guidance and return to the provider for revision if not adequate.
- SC's to monitor information provided in MSR to ensure what is documented on the form is giving good clinical detail. If not, the form is to be returned to the provider for revision
- When possible during observation visits, SCs to review progress note documentation, including Behavior Technician notes and Observation notes for anything out of the ordinary, plateau in progress, and behavior issues and document that in their progress note
- If concerns are brought forth regarding potential billings for non-ABA-rendered services, such as billing during transport, Supervisor is to be made aware so that review can occur during the Autism Revenue Management Meeting and/or passed to auditing for an ad-hoc audit of provider

a. SC are to document in a chart note when referrals to ABA providers are made.
b. If caregivers want to switch providers, the current provider is to be given 30-day notice unless the current provider waives that and agrees to a transfer sooner. SC to coordinate transition.

c. When attending 6 Month Progress Reports, it must be documented in SENTRI child's current progress and/or lack of progress and whether ABA intervention is recommended to continue via a progress note. Six (6) Month Progress Reports due dates are organized and reported to the SC monthly. It is then the responsibility of the SC to coordinate with the providers to ensure that the 6 Month Progress Reports are completed timely and submitted into the Sentri record.
d. SC are responsible for ensuring providers are using SCCMHA approved documentation and following the IPOS as written.

**Monitoring:**

Visits are to occur in a variety of settings including home, school, ABA providers/centers, and other authorized services to ensure what SCCMHA is paying for is occurring. SCs need to attend school Individualized Education Plan meetings and document when they are unable to attend or whether they were unaware. School documentation is to be uploaded to the record. It is expected that SC conduct at a minimum 3 home visits per year at the time of periodic reviews. Whenever possible, home visits are to occur and caregivers are to be informed of this expectation. If a caregiver requests that home visits not occur, this must clearly be documented in the IPOS and the reasoning why. When an individual will no longer be accessing the benefit, disenrollment should occur by notifying Autism Program Administrative Coordinator and sending an Appeal Notice. In addition, SC to complete addendum to plan with reasoning why, that caregiver was notified and in agreement, and what team is recommended transfer to occur to if transferring. If transfer to any other team requested besides general Support Coordination, a Level of Care Change form must be completed and forwarded to Care Management for approval.

**IPOS Information:**

a. SC must complete quarterly reviews by the date indicated in the IPOS which must be completed every 90 days from the effective date of the IPOS. If past this date, the review should include the statement, "This periodic review is overdue according to Medicaid guidelines and is being retroactively completed." Staff would use the current date when completing overdue periodic reviews, yet reference the date it was due in the body of the review.
b. IPOS are to be updated within 365 days of their last IPOS. If due to caregiver request and/or the SC is unable to reach the caregiver to complete, an addendum to the old plan is to be made extending that plan to the date the new plan is to be completed. A portal upload is to be completed in those circumstances if the consumer is receiving active ABA.
c. Providers are to be notified of upcoming renewal IPOS and caregivers are to be strongly encouraged to invite Behavior Consultants (BC) and Behavior Technicians (BT) to the meeting, along with any other provider (internal or external) involved in the consumer's care. The request for attendance is to be clearly documented in the pre-plan.
d. SC is responsible for notifying all providers involved in the consumers care once the IPOS completed so they can review the plan and sign off.

e. Each beneficiary's IPOS must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the beneficiary through the local education agency.
    1. SC must follow the procedure regarding school and ABA. ABA can't be provided during typical school hours unless the caregiver homeschools their child or it is written into the IEP that the child is on a reduced school day, not for the purposes of ABA attendance. SC are to document the consumers school and ABA schedule. If there is a small gap in between start time, documentation needs to notate the travel distance.
f. Using the person-centered planning process, the IPOS shall be developed based on findings of all assessments and input from the child and the family and includes, but is not limited to:
    1. Identification of outcomes based on the child's stated goals
    2. Determination of the amount, scope, and duration of all medically-necessary services, including ABA
    3. Any revisions (including related amount, scope, and duration relative to caregiver circumstances) to the IPOS at the request of the family or as changing circumstances may warrant.
g. The IPOS shall identify how ABA will be part of a comprehensive plan of non-duplicative supports and services.
h. The IPOS shall be a dynamic document that is revised based on changing needs, newly-identified, or developed strengths, and/or the result of periodic review (every three months), and/or assessments.
i. The IPOS shall be kept current (i.e. annually at a minimum) and modified when needed (reflecting changes in the intensity of the beneficiary's health and welfare needs or changes in the beneficiary's preferences for support).
j. The hours of intervention the child is receiving needs to be clearly documented and how the team came to the decision.
k. If indicated, the IPOS shall reflect service intensity adjustment and setting to meet the child's changing needs.
l. Revisions to the IPOS may come at the request of the family or authorized representative as changing circumstances may warrant.
m. DD-CANS will be completed by the SC with the consumer and family every 90 days. Outcomes from the DD-CANS will be shared and discussed with the family as a tool to support the IPOS.
n. The average number of hours ABA services utilized within a quarter shall fall within the suggested range of the intensity of the service to a variance of no greater (or lesser) than .25%.
    1. If the suggested range falls outside of this accepted variance, the SC shall determine the reasons for the variance in service provision and document that in the quarterly periodic review.
    2. If the fluctuation in service provision is not temporary, this shall result in a review of the plan and recommendation to addend the plan to an appropriate range. Since the (BC) reviews and monitors data and makes programmatic changes based on the data, the BC shall be involved in the review and

suggestion of any changes to the number of hours to ensure proper treatment plan recommendation.

3. The person-centered planning process shall be used to address changes to the IPOS and families who have a dispute about the process have a right to appeals and grievance.
4. The SC shall reflect the potential for changes to the IPOS by documenting attempts to engage the family, with the additional reasoning for why the change to ABA service hours occurred.
5. Upon receiving Request for Revision in Treatment Hours forms, SC are to review within 24 hours and notify the provider whether the change is agreed upon and can proceed.

**Other Primary Teams:**

a. If a child is transferred from the general Support Coordination department, the Autism Program SC does not have to complete a new psychosocial or IPOS, however, it is expected that the IPOS and psychosocial would be reviewed with the caregiver. If needed, the psychosocial is to be updated. An addendum to the IPOS will be completed indicating that it was reviewed with the caregiver. If the child is transferred from any other program besides general Support Coordination, the expectation is that a new psychosocial and IPOS would be completed within 45 days of case assignment.
b. At times, consumers are receiving services through the Wraparound Program. In these circumstances the consumer can continue to receive ABA with the SC being "ancillary." Per Medicaid guidelines, consumers can only have one case manager. The case manager in these circumstances is considered the Wraparound worker and changes to the plan related to ABA need to be made through that worker. SC will request authorizations related to their intervention (using T1017) and any authorizations in relation to ABA. It is the expectation that SC to attend Child Family Team meetings at a minimum monthly, provide monthly monitoring of ABA intervention, and complete periodic reviews specific to ABA quarterly via a chart note.

**Waiver Support Application:**

Once the SC has worked with the family to complete the IPOS, referral has been made to chosen ABA provider, an initial Assessment has been completed by the BC and number of hours of intervention has been determined, the Portal Upload "Cover Page" Email Template must be immediately submitted to the Administrative Coordinator to upload the IPOS to the Waiver Support Application (WSA) Portal. If the child is receiving either social skills groups only and/or family guidance only, this also needs to be reported using the Portal Upload "Cover Page" Email Template.
Annually, a renewal IPOS Portal Upload "Cover Page" Email Template will also be submitted to the Administrative Coordinator and when there is a change in treatment hours and/or change in provider. This is to be done immediately upon receipt.

Updates to any and all of these areas should be reflected in an Addendum to the IPOS and an updated Portal Upload "Cover Page" Email Template should be submitted to the Administrative Coordinator each time.

The following changes, when they occur, need to be communicated to the Administrative Coordinator in writing via e-mail:

- Assigned Behavior Consultant and/or their credentials
- Periods of inactivity as defined by MSHN/MDHHS.
- When children are not receiving intervention for a period of longer than 90 days (unless there are special circumstances), he/she needs to be dis-enrolled from the benefit. The SC would notify the Administrative Coordinator and send Advance Notice. Upon re-entry to services after a period of inactivity and/or starting back up after dis-enrolled, the SC needs to notify the Administrative Coordinator and Autism Program Supervisor prior to start up as a re-evaluation may need to occur.

**Telepractice:**

If providers are requesting the use of Telepractice, the SC should notify the Autism Program Supervisor prior to requesting approval. This must be pre-approved by the Michigan Department of Health and Human Services and the form "Telepractice Email Template" is to be filled out and sent to the Administrative Coordinator along with corresponding documentation. The SC is to complete an addendum clearly indicating the following:

a. Codes, along with "GT" modifier (change authorizations to include). If authorizations end sooner than the requested time frame of the Telepractice, the portal upload document is to reflect the end date of the authorization and a new portal upload document will be needed. This needs to be included in upload to MSHN.
b. Family consent, must be family driven, not provider driven
c. Goals/objectives for Telepractice related to Family Guidance and/or Observation and Direction of Applied Behavior Analysis
d. Identifying what it is being used for
e. Scope to include "Telepractice"

Pertinent documents relevant to this procedure include:

Autism Program Re-Evaluation Feedback Form
Quarterly Periodic Review
Portal Upload "Cover Page" Email Template
Tele practice Email Template
Quarterly Monitoring Checklists
Pre-plan and Individual Plan of Service (IPOS) Documentation Expectations

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

<table>
<tr><th colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Autism Eligibility Determination and Re-Evaluation</td><td>Chapter: 09.06.10 – Autism Program</td><td>Subject No: 09.06.10.08</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/29/18</td><td>Date of Review/Revision:<br>3/27/19, 10/15/19, 5/6/20, 5/3/21, 3/3/22, 3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Autism Program Support Coordinators, Amanda Elliott</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
The purpose of this procedure is to establish a formal process that all network providers are to follow for establishing initial eligibility for consumers to be in the program as well as ongoing re-evaluation as directed by Michigan Department of Health and Human Services (MDHHS).

**Application:**
This procedure applies to all internal and network provider staff conducting eligibility determinations and re-evaluations. In addition, Centralized Access and Intake and internal/external service providers may use this as a guide when referring for an Eligibility Determination.

**Policy:**
None

**Standards:**
None

**Definitions:**
None

**References:**

A. 02.03.21, SCCMHA Policy and Procedure Manual, Autism Spectrum Disorder (ASD) Program MDHHS Bulletin (MSA 15-59)
B. Mid-State Health Network (MSHN) Policy, Autism Benefit Re-Evaluation Eligibility
C. MSHN Policy, Autism Benefit Compliance Monitoring Procedure
D. Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines

**Exhibits:**
None

**Procedure:**
**Credential Verification**
It is the procedure of Saginaw County Community Mental Health Authority (SCCMHA) that all providers administering Eligibility Determinations and Re-Evaluations attend in-person training on the Autism Diagnostic Observation Schedule-2 (ADOS-2), including the Toddler Module. In addition, individuals must meet the following criteria to perform evaluations:

Evaluations are performed by a qualified licensed practitioner (QLP) working within their scope of practice and who is qualified and experienced in diagnosing Autism Spectrum Disorder (ASD). A qualified licensed practitioner includes: a physician with a specialty in psychiatry or neurology; a physician with a sub-specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or ASD and/or behavior health; a physician assistant with training, experience, or expertise in ASD and/or behavioral health; or a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD and has a clinical MSW, not a macro MSW.

Prior to performing services for SCCMHA, the following will be sent to SCCMHA's Auditing Supervisor for credential verification:

- Training certificates from ADOS-2 (including Toddler Module)
- Copy of license with expiration date
- Proof of training, experience, or expertise in ASD and/or behavioral health (provide an Employer letter, education/transcript, job description, resume', CV, or other documentation)

In addition, network providers are to provide their own ADOS-2 kits and protocol booklets as well as ADI-R protocol booklets, should they choose to use that tool. The booklets are to be maintained by the provider until the consumer is 6 years past the age of majority and last date of service plus 10 years. They are to be provided to SCCMHA upon request.

**Eligibility Determinations**

- A comprehensive diagnostic evaluation, using the ADOS-2 and developmental symptom history, shall be administered to all children and adults who meet medical necessity criteria to complete.
- Assessors are to record the date and time spent face-to-face with the consumer and family. It is anticipated that ADOS administrations will typically take 1 hour and developmental symptom history administration will take approximately 2 hours, making the total time of the evaluation 3 hours. If there is a variance in that, the Assessor is to document why. Per the Medicaid ASD Best Practice Guidelines, "Evaluators should be spending at an absolute minimum two hours, but more routinely up to six hours of direct face-to-face time with the family and child being assessed." Following direct time, evaluators need several hours for scoring, record review, data interpretation, and report writing. This indirect time is essential for diagnostic accuracy and making the evaluation helpful to the family. Documentation of indirect dates and times should also be recorded.
- Symptoms are to be rated using the Developmental Disabilities-Children's Global Assessment Scale (DD-CGAS).
- Assessors may refer to other providers or request authorization themselves to complete a psychological evaluation, which includes other tools to determine a diagnosis and medical necessity service recommendations. Other tools may include: cognitive/developmental tests such as the Mullen Scales of Early Learning, Wechsler Preschool and Primary Scale of Intelligence-IV (WPPSI-IV), Wechsler Intelligence Scale for Children-IV (WISC-IV), Wechsler Intelligence Scale for Children-V (WISC-V), or Differential Ability Scales-II (DAS-II); adaptive behavior tests such as the Vineland Adaptive Behavior Scale-II (VABS-II), Adaptive Behavior Assessment System-III (BHTS-III), or Diagnostic Adaptive Behavior Scale (DABS) and/or; symptom monitoring such as the Social Responsiveness Scale-II (SRS-II) or Aberrant Behavior Checklist.
- Documentation of the eligibility determination is to occur using the Autism Program Eligibility Determination and is to be written in a language easily understood by caregivers.
- The Eligibility Determination is to be a comprehensive evaluation including differential diagnosing and treatment recommendations. Treatment recommendations need to include recommendations whether the child is found eligible for Behavioral Health Treatment (BHT) or not. Please refer to "Ancillary Services Available to SCCMHA Consumers" for additional information. If recommending BHT, please include the intensity for which services should be completed. *Note: Applied Behavior Analysis (ABA) and BHT are to be used interchangeably, however, for the purposes of consistency with MDHHS verbiage, BHT will be in place of ABA throughout this document.
- Assessors are to complete a progress note indicating whether the Eligibility Determination occurred and if not, why not.
- Assessors are to contact caregivers upon completion of documentation to explain results (feedback session) and it is to be documented that contact was made. A face-to-face visit is to be offered within 30 days of date of last face-to-face contact and documented.

- Upon completion, the diagnosis in SENTRI-II must be changed to reflect current diagnosis (whether it was "ruled-out" or confirmed/ "Active").
- It is required that prior to submitting Eligibility Determinations to SCCMHA, they be reviewed for grammatical and spelling errors as this often delays the consumer getting into services. If corrections are requested by Autism Program Supervisor, timely response to these corrections is imperative as this may delay service entry for individuals.
- Assessors are to include additional recommendations for treatment service array. Refer to "Ancillary Services Available to SCCMHA Consumers" for more information.

Medical necessity for BHT services is determined by the Assessor. The child must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criterion A and B listed below:

A. The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by all of the following:

1. Deficits in social-emotional reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.

B. The child currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g. simple motor stereotypes, lining up toys or flipping objects, echolalia, and/or idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, and/or need to take the same route or eat the same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g. strong attachment to or preoccupation with unusual objects, and/or excessively circumscribed or perseverative interest).

4. Hypo- or hyper-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures).

In addition, the following requirements for determining eligibility for BHT services for a child with a confirmed diagnosis of ASD must be met. Please refer to the "ABA Referral Considerations" document when assessing whether a child could benefit from BHT:

1. Child is under 21 years of age.
2. Child received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.
3. Child is medically able to benefit from BHT treatment.
4. Treatment outcomes are expected to result in a generalization of adaptive behaviors across different settings to maintain the BHT interventions and that they can be demonstrated beyond the treatment sessions. Measurable variables may include increased social-communication, increased interactive play/age appropriate leisure skills, increased reciprocal communication, etc.
5. Coordination with the school and/or early intervention program is critical. Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (i.e. Individual Education Plan/Individual Family Service Plan (IEP/IFSP), Individual Plan of Service (IPOS), etc.)
6. Services are able to be provided in the child's home (if deemed appropriate) and community, including centers and clinics.
7. Symptoms are present in the early developmental period (symptoms may not fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).
8. Symptoms cause ***clinically significant impairment*** in social, occupational, and/or other important areas of current functioning that are fundamental to maintain health, social inclusion, and increased independence.
9. A qualified licensed practitioner recommends BHT services and the services are medically necessary for the child.
10. Services must be based on the individual child and the parent's/guardian's needs and must consider the child's age, school attendance requirement, and other daily activities as documented in the Individual Plan of Service (IPOS).

**Re-Evaluation**

- Re-evaluations are to be conducted by qualified licensed practitioners as outlined above.
- Caregivers will be provided the Autism Program Re-Evaluation Informational Sheet.
- Qualified Licensed Practitioners shall address the ongoing eligibility of the autism benefit participants and are updated at least every three (3) years or sooner as medically necessary.
- Re-evaluations consist of utilizing the ADOS-2 and symptoms are rated using the DD-CGAS.

- Anticipated length of the re-assessments is 2 hours face-to-face. If there is a variance in that, the Assessor is to include why in the report.
- It is a requirement that the practitioner conduct a brief interview with the parent/guardian to determine symptomatology that isn't discovered during administration of the ADOS-2. The Assessor may use additional tools, such as questions from a developmental symptom history, to gain information about other symptoms the child is experiencing. Additional tools listed above under Eligibility Determinations may be used if the clinician feels it is necessary to determine ongoing medical necessity and recommend services.
- When a referral is made to an Assessor for a Re-Evaluation by the Autism Program Administrative Coordinator, it is to include the Autism Program Re-Evaluation Feedback Form. It is expected Assessors are to use this document in their review of consumers' continued eligibility.
- Assessors are to include additional recommendations for treatment service array, in particular if the individual is found no longer eligible for the benefit.
- If the child is no longer found eligible for BHT services during the yearly re-evaluation, caregiver will be sent an appeal notice.
    - If a caregiver requests a second re-evaluation, this will be scheduled within 30 days of the request. Should the caregiver/child fail to show for this appointment, the results of the initial re-evaluation will stand and no additional appointment times will be offered. The caregiver waives their right to a second re-evaluation in the future.

Documentation of the Re-Evaluation is to occur in the SENTRI-II electronic medical record under Therapist Assessment and is to include the following:

1. The purpose of the re-evaluation
2. Date and time of face to face contact, including the length of time it took
3. Date and time of indirect time spent calculating scores and writing reports
4. A description of the ADOS-2 and what module used (do not include a score)
5. What occurred during the ADOS activities
6. A description of the DD-CGAS
7. DD-CGAS score along with how that score was determined
8. Information collected from interview with parent/guardian
9. Whether the child continues to meet medical necessity criteria for BHT services and if so, that he/she will be evaluated again in one year
- Must include treatment recommendations. Treatment recommendations need to include recommendations whether the child is found eligible for BHT or not. Please refer to "Ancillary Services Available to SCCMHA Consumers" for additional information. If recommending BHT, please include the intensity for which services should be completed.
10. That caregiver was contacted and informed of the results. A face-to-face visit is to be offered within 30 days of last face to face contact and documented.

Medical necessity for BHT services is determined by the Assessor. The child must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criterion A and B listed below:

A. The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by all of the following:

1. Deficits in social-emotional reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.
2. Deficits in nonverbal communicative behaviors used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication, to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.
3. Deficits in developing, maintaining, and understanding relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.

B. The child currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:

1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g. simple motor stereotypes, lining up toys or flipping objects, echolalia, and/or idiosyncratic phrases).
2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, and/or need to take the same route or eat the same food every day).
3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g. strong attachment to or preoccupation with unusual objects, and/or excessively circumscribed or perseverative interest).
4. Hypo- or hyper-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures).

**Other Considerations**

- Assessors are to determine whether the individual can benefit from BHT understanding that even if a child has a diagnosis of ASD, BHT may not be appropriate. Assessors are to do thorough review of deficits and needs and recommend alternative less intensive services when appropriate. Assessors may refer to the document "Ancillary Services Available to SCCMHA Consumers" for alternative treatment options.

- Differential and co-morbid diagnoses are to be explored and documented.
- Assessors are to complete the Mid-State Health Network (MHSN) Autism Benefit Evaluation Form upon completion of Eligibility Determinations and Re-Evaluations, with the appropriate box checked respectively. The Autism Administrative Coordinator is to e-mail encrypted MSHN form to MSHN Autism Waiver Coordinator. *All documentation to be completed within 5 business days and forwarded to Autism Program Administrative Coordinator per SCCMHA policy.*
- Autism Program Administrative Coordinator to enter the re-evaluation information into the Waiver Support Application (WSA) for approval by the MSHN Autism Waiver Coordinator.
- If Assessors offer time slots and are unable to no longer accommodate that, he/she is to reschedule the consumer directly (within 5 business days of the initial appointment) and notify the Autism Program Administrative Coordinator of date/time of re-scheduled appointment.
- Assessors are to follow the guidelines set forth by the Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines manual at all times

Pertinent documents relevant to this procedure include:

Autism Program Re-Evaluation Feedback Form
Autism Program Eligibility Determination
Autism Program Re-Evaluation Informational She
Referral Packets
Referral Flow Chart
Rescheduling of Appointments Info-graph
What is ABA?
Ancillary Services Available to SCCMHA Consumers

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

| Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Autism Program Orientation Meeting | **Chapter**: 09.06.10 – Autism Program | **Subject No:** 09.06.10.09 |
| **Autism Program** | | |
| **Effective Date**:<br>6/29/18 | **Date of Review/Revision**:<br>3/27/19, 2/26/20, 5/3/21, 3/3/22, 3/6/23<br>**Supersedes**: | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>**Authored By**:<br>Director of Children's Services<br><br>**Reviewed By**:<br>Autism Program Support Coordinators, Amanda Elliott |

**Purpose:**
The purpose of this procedure is to outline what is reviewed with caregivers upon entry to the Autism Program during the Orientation Meeting. It is SCCMHA's intention to educate parents about Applied Behavior Analysis (ABA) using educational materials, cancellation protocol, in-home ABA intervention, and transportation.

**Application:**
This applies to the Autism Program Supervisor and assigns Supports Coordinator.

**Policy:**
None

**Standards:**
Each new consumer who enters the Autism Program must attend an Orientation Meeting with the Autism Program Supervisor or designee and assigned Supports Coordinator if available. Exceptions to this may include siblings of current consumers who are being served in the Autism Program or consumers who have previously been served through the program. Caregivers are also provided a copy of their child's Autism Program Eligibility Determination and asked if they have questions or concerns. Further, individuals are informed that their child will need to come for re-evaluation once per year to determine if he/she continues to meet medical necessity criteria for ABA, otherwise, the benefit is available to them until their child turns 21 years of age. Documentation of the Orientation Meeting is done by the assigned Supports Coordinator or designee indicating the above was reviewed with the caregiver.

Team Orientation Checklist

The use of SCCMHA's Team Orientation Checklist is to be used and caregivers are to sign off on the checklist. Caregivers are to be informed that staff are mandated providers. In addition, discussion of as needed transportation to intervention to occur.

Cancellation Protocol

This document is reviewed with caregivers to outline the importance of engaging and committing to ABA. If caregivers choose not to pursue ABA within 90 days, disenrollment from the benefit will occur. If a provider dismisses a child due to attendance issues, a meeting with the Autism Program Supervisor and assigned Supports Coordinator BEFORE the child is referred to another provider will occur. The purpose of this is preventing re-occurrence of attendance issues. This document is a fluid document and may be used with families already engaged in services, not merely during the Orientation Meeting.

Autism Program Re-Evaluation Informational Sheet

This outlines Michigan Department of Community Health's requirement for annual re-evaluations to determine medical necessity for continued treatment.

In-Home ABA

It is preferable that ABA services be provided in a facility in an effort to assure quality outcomes, however, in-home services can be made available upon caregiver request if the home environment is found to be suitable as defined as a "designated, sanitary room in a quiet environment with no distractions." Caregivers are asked to consider what is listed within the document when deciding whether in-home ABA is an option for them. This document is a fluid document and may be used with families already engaged in services, not merely during the Orientation Meeting.

School and ABA

Informs parents regarding the inability to provide ABA during the school day and other processes regarding school and ABA.

Rights and Responsibilities

Discusses caregivers/consumers rights being served through Saginaw County Community Mental Health Authority. Further discusses care-givers responsibility in receiving services.

Pertinent documents relevant to this procedure include:
Team Orientation Checklist (Modified for Autism Program)
Welcome to Saginaw County Community Mental Health Authority Autism Program
Autism Program Mission/Vision Statement
Applied Behavior Analysis
Individual Plan of Service
Saginaw County Community Mental Health Applied Behavior Analysis Cancellation Protocol
In-Home Applied Behavior Analysis

Autism Services Brochure
Parent Resource Guide Brochure
Autism Spectrum Disorder Fact Sheet
ABA Terms Parents Should Know
A Parent's Guide to Evidence Based Practice and Autism (book-cover sheet only-to be provided on loan to families per request)
Autism Program Re-Evaluation Informational Sheet
SCCMHA Autism Program Participants Rights
School and Applied Behavior Analysis

These can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

**Definitions:**
None

**References:**

A. 09.06.00.12, SCCMHA Clinical Team Orientation Policy
B. 09.06.10.08, Autism Program Eligibility Determination and Re-Evaluation Eligibility
C. 02.03.21, Autism Spectrum Disorder (ASD) Program
D. Mid-State Health Network (MSHN) Policy, Autism Benefit Re-Evaluation Eligibility
E. MSHN Policy, Autism Spectrum Disorder Benefit

**Exhibits:**
None

**Procedure:**
None

<table>
<tr><td colspan="3">Autism Program Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Referrals for Autism Spectrum Disorder Eligibility Determination Evaluations for Applied Behavior Analysis (ABA)</td><td>Chapter: 09.06.10 – Autism Program</td><td>Subject No: 09.06.10.10</td></tr>
<tr><td colspan="3">Autism Program</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/20/22</td><td>Date of Review/Revision:<br>3/6/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Authored By:<br>Director of Children’s Services<br><br>Reviewed By:<br>Allison Kalmes-Hadd, Amanda Elliott</td></tr>
</table>

**Purpose:**
The purpose of this procedure is to clarify the course of action that must occur when consumers present with a request to receive an Autism Evaluation (Eligibility Determination) for autism spectrum disorder with the intent of seeking the treatment of Applied Behavior Analysis (ABA) and therefore becoming an active participant in the Autism Program.

**Application:**
This procedure applies to children and adults up to the age of 21 seeking an evaluation to determine the need for Applied Behavior Analysis from Saginaw County Community Mental Health Authority (SCCMHA).

**Policy:**
It is the policy of SCCMHA that consumers/parents/caregivers who present with concerns regarding possible symptoms of Autism are initially screened and assessed using best practice guidelines, as well as assessed for other potential developmental delays and behavioral issues that may be impacting their level of functioning. Therefore, it is the policy of SCCMHA that referrals specific to Autism and Applied Behavior Analysis (ABA) treatment are initiated by the consumer’s primary care physician, and upon receipt include medical necessity to support the request for further evaluation. Specifically, per the

Michigan Medicaid Provider Manual the primary care physician is required to complete the following:

**(1)** a full medical and physical examination *before* the child is referred to the local PIHP (Pre-Paid Inpatient Health Plan) to assist with ruling out other medical or behavioral conditions other than Autism Spectrum Disorder and include those conditions that may have behavioral implications and/or may co-occur with Autism Spectrum Disorder.

(2) It is also requested that upon referral the primary care provider complete an Autism Spectrum Disorder screen (i.e., Social Communication Questionnaire [SCQ] or Modified-Checklist for Autism in Toddlers [M-CHAT]) to provide support for the request for further evaluation by the SCCMHA.

***SCQ** scores 15 and above suggest the individual is likely to be on the autism spectrum and a more extensive evaluation should be carry out.*

***M-CHAT** scores 3-7 demonstrate Medium-Risk for ASD, and a Follow-Up Interview should be performed. If a child's total score is 8-20 points, they are at High-Risk for ASD and a Follow-Up Interview can be performed to gain clarity on at-risk responses and refer the child for a diagnostic evaluation and early intervention services. A total score of 0-2 means the child passed the screener and surveillance should continue at all subsequent health supervision visits.*

If the primary care physician submits an incomplete referral (missing either of the two above items) SCCMHA Intake Specialist will contact the primary care physician directly and inform them of the above-mentioned requirements that are needed to move forward with a full ASD evaluation for applied behavior analysis. This request should also be explained to the consumer/parent/caregiver to assist with the process. Additionally, the Intake Specialist should seek to clarify with primary care physician and consumers/parents/caregivers the importance of ruling out other medical or behavioral conditions other than ASD as well as identifying conditions that may have behavioral implications and/or may co-occur with ASD. Ultimately, SCCMHA seeks to effectively communicate and assist families and primary care physicians in understanding the importance of completing all the necessary steps of assessing a consumer for autism spectrum disorder, since not doing so could result in improper treatment planning, time lost for the consumer, and poor use of Medicaid funds. Additionally, it should be explained to the consumer/parents/caregivers the intent of autism evaluations is to determine if Applied Behavior Analysis is the best treatment for the presenting symptoms. Whereas if they are seeking only to rule in or rule out a diagnosis of autism spectrum disorder without the intention of engaging in Applied Behavior Analysis treatment then other diagnostic referrals can and should be coordinated with the consumer/parents/caregivers through SCCMHA.

Consumers who are transfers from other CMH's presenting to SCCMHA Central Access and Intake (CAI) should be reviewed for eligibility for the Autism Benefit by CAI obtaining records from other CMH's such as a consumers last Autism Eligibility Determination and last ABA assessment/treatment plan. No additional referral from the Primary Care Physician is needed for consumers who have completed an Autism Eligibility Determination with another CMH.

Consumers with private insurance need to verify with their insurance carrier the details and the extent of their autism benefit as insurance plans and benefit packages are different for each. Additionally, consumers who have BCBS as their primary insurance are required to be evaluated for autism by an Approved Center for Excellence and therefore need to be directed to the appropriate service provider. For these consumers autism evaluations completed elsewhere are not accepted unless prior approval has been granted by BCBS. Approval documentation must be obtained, reviewed, and scanned into the record, and an OTM is scheduled with the consumer prior to scheduling an autism eligibility determination through SCCMHA. If these consumers are eligible for other services outside of the autism benefit those services should be coordinated as appropriate and assigned to the corresponding treatment team. If the consumer is found eligible for Applied Behavior Analysis later though SCCMHA, then the treatment team and case holder would be transitioned to the Autism Program upon the receipt of the positive Autism Eligibility Determination.

For consumers who have a private insurance as primary and Medicaid as secondary SCCMHA will follow the Medicaid provider guidelines regarding coinsurance/deductible and/or copayments section 3.3.

**Standards:**
None

**Definitions:**

**ASD- Autism Spectrum Disorder-** ASD is a range of developmental conditions that can make social interaction and communication challenging. Spectrum means signs and symptoms can vary from one child to another and range from mild to severe. ASD includes autism disorder, Asperger syndrome, and pervasive developmental disorder, not otherwise specified. These terms are sometimes used interchangeably with ASD. he main signs and symptoms are social interaction problems and repeated behaviors. These prevent your child from functioning easily in social settings, such as school. Signs and symptoms are usually noticed during the early developmental period, often by 3 years. Your child may not reach expected milestones. He or she may reach milestones but then lose skills that were gained. ASD sometimes becomes noticeable later, when children need to interact with others at school.

**ABA- Applied Behavior Analysis**- also known as ABA – is the most evidence-based treatment for individuals with ASD (Cohen, Amerine-Dickens & Smith, 2006; Sallows & Graupner, 2005; Warren et al., 2011). ABA is a therapeutic approach based on principles of learning and behavior that involves identifying connections between an individual's behavior and antecedents and consequences of that behavior. This approach heavily utilizes positive reinforcement, which is the provision of something valued by an individual (a reward) immediately after the individual engages in a desired behavior. Behaviors that are consistently reinforced subsequently occur more often. Complex skills can be broken down into small steps and taught in a hierarchical fashion or gradually shaped by reinforcing successive approximations of the final behavioral goal. When treating problematic behavior, ABA focuses on understanding the function of the problem behavior when developing effective interventions. Although many of these principles of learning can be applied successfully outside of the context of ABA, this therapeutic approach must be practiced by professionals (in collaboration with family members) with appropriate clinical training.

**MSHN- Mid-State Health Network-** The Pre-Paid Inpatient Health Plan for Saginaw County Community Mental Health that receives Medicaid funding from the state and distributes to those within the MSHN network of Community Mental Health Providers based on services performed by each Community Mental Health Provider.

**ADOS-Autism Diagnostic Observation Schedule** - The ADOS-2 is a required component of the ASD evaluation and should be utilized and scored whenever the individual falls within the scope of the standardization sample (notable exceptions are discussed in the differential and special populations sections of this guideline). While highly useful data, the ADOS-2 is intended to be only one component of the comprehensive ASD evaluation and should never be used in isolation, but rather utilized as part of an integrated assessment with multiple domains and sources (ADOS-2 manual; Lord et al., 2012). The ADOS-2 should be used as it was standardized in a clinic-based setting and not at the family's home; while home-based observations can be a useful component of ASD evaluation in some cases, the clinical tools should be administered in a clinic-based setting

**SCQ- Social Communication Questionnaire** - brief instrument helps evaluate communication skills and social functioning in children who may have autism or autism spectrum disorders. Completed by a parent/adult or other primary caregiver in less than 10 minutes, the SCQ is a cost-effective way to determine whether an individual should be referred for a complete diagnostic evaluation. The questionnaire can be used to evaluate anyone over age 4.0, as long as his or her mental age exceeds 2.0 years. It is available in two forms—*Lifetime* and *Current*—each composed of just 40 yes-or-no questions. Both forms can be given directly to the parent, who can answer the questions without supervision.

**M-CHAT- Modified Checklist for Autism in Toddlers** The ***M-CHAT*** is a two-stage screening tool. It is designed to be completed by parents of children 16-30 months old. The initial screening consists of 23 yes/no questions about the child's usual behavior. Children who fail 3 or more items total or 2 or more critical items (particularly if these scores remain

elevated after the ***M-CHAT*** Follow-up Interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children.

**References:**

A. Michigan Medicaid Provider Manual, MedicaidProviderManual.pdf (state.mi.us) Coordination of Benefits, Section 3.3
B. BCBS Center of Excellence Finding approved autism evaluation centers and licensed behavior analysts: Blue Cross and BCN (bcbsm.com)
C. SCCMHA Departmental Procedure 09.02.02.01 Coordination of Benefits (COB)
D. SCCMHA Departmental Procedure 09.02.04.03 Medicaid Deductible
E. SCCMHA Departmental Procedure 09.02.03.05 Insurance Verification
F. MSHN Policy, Autism Spectrum Disorder Benefit
G. 09.06.00.12, SCCMHA Clinical Team Orientation Policy
H. 09.06.10.02, Autism Program Entry to Services Program Policy
I. 09.06.10.08, Autism Program Eligibility Determination and Re-Evaluation Eligibility
J. 02.03.21, Autism Spectrum Disorder (ASD) Program

**Exhibits:**

None

**Procedure:**

Following is a detailed procedure for Referrals for Autism Eligibility Determination from Centralized Access and Intake.

| ACTION | RESPONSIBILITY |
|---|---|
| • Autism referral received by Central Access and Intake (CAI) | Central Access and Intake Dept. |
| ○ CAI verifies the referral is complete and correct:<br>✓ Sent by PCP and includes-<br>✓ full medical and physical examination documentation.<br>✓ A completed Autism Screener that indicates the concerns that initiated the referral. **If a referral is received and the included documentation does not give reason for further evaluation the referral should be reviewed by CAI* | CAI Specialist /CAI Supervisor |

| | |
|---|---|
| *Supervisor for guidance on next steps due to the inconsistencies identified. Immediate follow up with the referring PCP is recommended to obtain the correct information.* | |
| • Referral paperwork has been obtained and findings are reviewed with the parent/caregiver. | CAI Specialist |
| • Verification of Insurance coverage and details of benefits are reviewed as well as the Ability to Pay. | CAI Specialist |
| • Initial Intake Assessment is completed, seeking to gather all pertinent information that would assist with appropriate preliminary diagnosis and treatment planning. | CAI Specialist |
| • Determine if the consumer would benefit from other behavioral health services as indicated by the initial intake assessment and presenting concerns. | CAI Specialist |
| • Parent/caregiver is provided detailed information on what the intent of an Autism Eligibility Determination entails. This step is important as parents need to be able to make an informed decision regarding the evaluation process and potential treatment recommendations that will follow.<br><u>Autism Eligibility Determination entails:</u><br>• Determination of Autism Spectrum Disorder Diagnosis<br>• Severity of symptoms<br>• Determine if ABA Tx is recommended | CAI Specialist |
| • Parents are informed that if their child is found not eligible for the Autism benefit, other recommendations will be provided based on the evaluation results. | CAI Specialist |

| | |
|---|---|
| • If parent/guardian wishes to proceed in an eligibility determination CAI Intake Specialist will email Care Management requesting approval to proceed with scheduling an Autism Eligibility Determination, as well as to request other needed behavioral health services identified.<br>  • It is recommended that consumers who would benefit from other behavioral health services (in addition to an autism eligibility determination) begin these services prior to their autism ED.<br>  • If the consumer is found eligible for Autism ABA treatment, service coordination with existing providers will be done with the least amount to disruption as possible. | Care Management Specialist/ CAI Specialist |
| • Care Management will review the request for further evaluation and verify appropriate documentation and medical necessity are accounted for. | Care Management Specialist |
| • Care Management will verify insurance coverage and benefit details to ensure that all information has been collected and authorization for services can be provided. | Care Management Specialist |
| • Once verified, Care Management will communicate approval through email to CAI to move forward with scheduling an Eligibility Determination (ASD Evaluation)<br>  • If appropriate documentation and medical necessity are not verifiable Care Management will communicate the concern with CAI to seek a timely resolution. | Care Management/ Specialist<br>CAI Specialist |
| • Following approval from Care Management to proceed with Autism Evaluation, CAI staff will schedule an Orientation Meeting (OTM) with the primary treatment team identified. using Sentri Calendar system and then contact the caregiver to inform of orientation meeting date, time, and location. | CAI Specialist |

| | |
|---|---|
| • Email indicating the OTM date, time and location/method of OTM (phone, DOXY, face to face) is then sent to:<br>• Care Management<br>• CAI Administrative Coordinator<br>• Autism Administrative Coordinator and<br>• Autism Program Supervisor<br><br>See 09.06.10.02 Autism Program Entry to Services Program Policy for additional guidance. | CAI Specialist |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Housing Procedure Manual and Definitions | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No**: 09.06.12.01 |
| | | |
| **Effective Date**: 3/20/2009 | **Date of Review/Revision**: 7/12/10, 8/2/19, 4/27/20, 4/23/21, 3/2/23<br>**Supersedes**: | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services<br>**Authored By:** Director of Services for Persons with Mental Illness<br>**Reviewed By**: Debbie Jones-Burt |

**Purpose:**
To ensure program compliance with all housing funding sources, to provide direction to staff in implementing program activity and to offer to consumers and providers a reference for program accountability.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked Below |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | PATH Homeless Outreach |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
The Housing Policy manual will cover all aspects of grant management and program administration for housing supports, housing entitlements, housing grants administered by SCCMHA. During the period from Grant Inception to the date of program policy publication, SCCMHA abided by the regulations as published in HUD Title 24, Chapter V which is the foundation of these policies.

**Standards:**

1. All housing and related housing support services will be addressed through this section of the SCCMHA Agency Department Procedure Manual.

2. If another department's procedure speaks to a procedure required under any housing grant, a bridging procedure will be generated in this manual which points to and incorporates the relevant policy or procedure.

3. The review of housing program procedures contained in this section will include all departments which are tasked in the procedure, the SCCMHA Services Management Team and the Compliance Administrator.

**Definitions:**

Acquired Immunodeficiency Syndrome (AIDS) and related diseases has the meaning given in Section 853 of the AIDS Housing Opportunity Act (42 U.S.C.12902.)

Consumer: Means a person enrolled in SCCMHA as a person receiving services. All participants are consumers of SCCMHA.

Household: Means the family members that are receiving assistance and who will occupy the unit. Related by blood, relationship and/or legal status.

Eligible Person for Shelter Plus Care: Means a homeless person with disabilities (primarily persons who are seriously mentally ill, have chronic problems with alcohol or drugs, or both, have AIDS and related diseases) and, if also holes, the family of such a person. To be eligible for assistance, persons must be very low income, except is low-income persons may be assisted under the SRO component in accordance with 24 CFR 813.105(b).

Fair Market Rent: Means annual maximum rent limit as set by HUD.

Housing Quality Standards: Means habitability/safety requirements as defined by HUD.

Low Income: means an annual income not in excess of 80 percent of the median income for the area, as determined by HUD.

Participant: Means an eligible person who has been selected to participate in the program.

Person with Disabilities: Means a housed composed of one or more persons at least one of whom has a disability. (1) a person shall be considered to have a disability if such person has a physical, mental, or emotional impairment which is expected to be of long continued and indefinite duration, substantially impedes his or her ability to living independently; and is of such a nature that such ability could be improved by more suitable housing conditions. (2) a person will also be considered to have a disability if he or she has a developmental disability, which is a severe, chronic disability that (i) is attributable to a mental or physical impairment or combination of mental and physical impairments; (ii) is manifested before the person attains age 22; (iii) is likely to continue indefinitely; (iii) results in substantial functional limitations in three or more of the following areas of major life activity: (A) Self care; (B) Receptive and Expressive language; (C) Learning; (D) Mobility; (E) Self Direction; (F) Capacity for independently living and (G) economic self-sufficiency and (v) Reflects the persons need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services which are of life long or extended duration and are individually planning and coordinated.

Notwithstanding the proceeding provisions of this definition, the term person with disabilities includes, except in the case of the SRO component, two or more persons with disabilities living together, one or more such persons living with another person who is determined to be important to their care or well being and the surviving member or members of any household described in the first sentence of this definition who were living, in a unit assisted under this part, with the deceased member of the household at the time of his or her death. (In any event, with respect to the surviving member or members of a household, the right to rental assistance under this part will terminate at the end of the grant period under which the deceased member was a participant.

Seriously Mentally Ill: (for application in this policy procedure section only) has the meaning given in section 462 of the McKinney Act (42 U.S.C. 11403g)

Single Room Occupancy (SRO): means a unit for occupancy by one person, which need not, but may contain food preparation or sanitary facilities, or both.

Supportive Services: Assistance that— (1) addresses the special needs of eligible persons; and (2) provides appropriate services or assists such persons in obtaining appropriate services, including health care, mental health treatment, alcohol and other substance abuse services, child care services, case management services, counseling, supervision, education, job training, and other services essential for achieving and maintaining independent living.

Very Low Income: means an annual income not in excess of 50 percent of median income, as determined by HUD.

**References:**

1. Title 24, Part 582, Shelter Plus Care
2. Title 24, Chapter V, Part 582.300, Shelter Plus Care, General Operations: Public Information
3. CPS Monitoring Handbook, Exhibit 12.6, Overall Grant Management
4. Guide to Preparing a Shelter Plus Care Program Policies and Procedures Manual: Bristol Consulting for HUD Office of Community Planning and Development June 9, 2008.

**Exhibits**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will ensure compliance with all relevant regulations effecting housing and housing support services through this section of the SCCMHA Agency Policy Manual. Policies will be drafted for review by the Director of Care Management and Quality Systems with accordance to the SCCMHA Policy Manual protocol. | 1. Executive Director of Clinical Services |

| | |
|---|---|
| 2. Housing policies included shall be comprehensive of all grants and specify any exceptions or inclusions based on grant or policy | 2. Executive Director of Clinical Services |
| 3. This procedure will hold all relevant definition of terms used throughout the manual. | 3. Executive Director of Clinical Services |
| 4. This Procedure Manual will be made available to the public on the SCCMHA website at www.sccmha.org. | 4. Executive Director of Clinical Services |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Housing First and Harm Reduction | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No**: 09.06.12.03 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**: 03/20/2009 | **Date of Review/Revision**: 7/07/10, 6/28/18, 7/26/19, 4/27/20, 3/18/21, 3/2/23<br>**Supersedes**: | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services<br>**Authored By:** Director of Services for Persons with Mental Illness<br>**Reviewed By**: Debbie Jones-Burt Director of Services for Persons with Mental Illness |

**Purpose:**
To provide guidance to program and policy design such that institutional protocol neither creates a barrier to nor precipitates the loss of security of housing for persons housed through grants managed by this agency.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network Manual |

**Policy:**
SCCMHA shall administer grants, develop programs and require Primary Treatment teams to implement services which stabilize housing while creating flexible support services which allow participants to achieve maximum tenure at the address of their choice.

**Standards:**
None

**Definitions:**

Harm Reduction: This is a corollary principle of Stages of Changes. Programs and providers demonstrate understanding of this through not evicting participants for non-compliance with housing rules related to substance use. They support recovery rather than mandating abstinence. Housing is not conditional on abstince or program compliance.

Housing First: is a model of housing programs which are based on the prinicple that housing needs can be and should be met immediately without regard to the participants readiness for independent living. In this model support services are flexible and are not tied to the housing the participant is offered. In this model participants are housed first, without regard to their readiness for independent housing or expectation that their housing change as their need for/use of support service changes. This is an alternative to a system of emergency shelter/transitional housing progressions.

Housing Readiness: This term is used to describe a participant's capacity to successfully engage in the tasks related to sustaining housing including: understanding lease terms, performing tenant responsibilities related to property maintenance and rent payment, and ability to engage with providers of support services.

**References:**

1. United States Interagency Council on Homelessness: "Opening Doors: Federal Strategic Plan to Prevent and End Homelessness. 2015; as amended."

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA shall develop a program of housing supports using multiple fund sources including HUD, MSHDA, Medicaid, and others as available. Tenant based rental assistance and similar models of "permanent housing" shall be the preferred models of funding developed as these models support Housing First principles. | 1. Service Management Team |
| 2. The SCCMHA Housing Resource Center shall serve as a central provider of outreach, assessment, intake, placement and support service coordination for homeless persons with mental illness. Consumers of HRC will be encouraged to remain in treatment with their primary teams. | 2. Supervisor Housing Resource Center and Director of Care Management |

| | |
|---|---|
| 3. The Housing Resource Center will assess a participant's housing readiness initially and at least annually there after and shall assist participants in obtaining housing based on their choice using the most appropriate available unit of housing assistance at the time. | 3. Supervisor Housing Resource Center and/or HRC Coordinator |
| 4. A participant will be assisted in the progressive development of skills through Community Living Supports provided through SCCMHA and other specialty supports and services available through SCCMHA and other agencies. | 4. Supervisor Housing Resource Center and/or HRC Coordinator |
| 5. As participants increase in their ability to manage their housing they will be encouraged to apply for and change to housing subsidies which are more consistent with their abilities. This includes putting their name on waiting lists for options even before they are ready so that opportunities will be available when they are.<br><br>A consumer might begin in a housing unit funded through the SCCMHA Tenant Based Permanent Supportive Housing, and ultimately to a MSHDA Housing Choice Voucher (HARP, Section 8) all the while not changing their address. The participant is aided in this progressive assumption of higher levels of responsibility through a responsive support system provided through case management coupled with housing information, education and monitoring provided by the Housing Resource Center. | 5. Supervisor Housing Resource Center and/or HRC Coordinator |
| 6. Support Services throughout the SCCMHA housing program and the Primary Treatment teams shall implement Recovery Environment with Harm Reduction approach to problem behaviors stemming from substance use disorders. Abstinence shall not be a requirement for housing or for treatment and support services. | 6. Network provider professionals |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Fair Housing | **Chapter**: 09.06.12 -<br>Housing Resource Center | **Subject No**: 09.06.12.04 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**:<br>3/20/2009 | **Date of Review/Revision**:<br>7/12/16, 8/2/19, 4/27/20, 4/23/21, 3/2/23 | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services |
| | **Supersedes**: | **Authored By:**<br>Director of Services for Persons with Mental Illness<br><br>**Reviewed By**:<br>Debbie Jones-Burt |

**Purpose:**
To provide guidance to procedures related to assisting consumers with housing choices.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | PATH Homeless Outreach |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
It is the policy of SCCMHA to comply fully with all Federal, Sate and local non-discrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment.

SCCMHA shall not deny any family or individual the opportunity to apply for or receive assistance under the Shelter Plus Care Program on the basis of race; color; gender; sexual orientation; religion; creed; national or ethnic origin; age; familial or marital status; handicap or disability.

**Standards:**
None

**Definitions:**
None

**References:**
1. Title VIII of the Civil Rights Act of 1968 (Fair Housing Act)
2. Title VI of the Civil Rights Act of 1964
3. Section 504 of the Rehabilitation Act of 1973
4. Section 109 of Title I of the Housing and Community Development Act of 1974
5. Title II of the Americans with Disabilities Act of 1990

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. This Fair Housing policy shall be stated on Housing Resource Center publications including postings at the HRC facility. | 1. Housing Resource Center Supervisor |
| 2. SCCMHA shall arrange for periodic training of staff on Fair Housing laws to ensure that both within the Housing program and throughout the case management services, that professionals are aware of the prohibition on discriminations in housing, that they are vigilant to evidence of consumers being discriminated against and know where to refer consumers for legal assistance when they believe they have been discriminated against | 2. SCCMHA Continuing Education Department, SC-CHAP |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** Integrated and Inclusive Housing Program | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No**: 09.06.12.06 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**: 3/20/2009 | **Date of Review/Revision**: 7/12/10, 6/28/18, 7/26/19, 4/27/20, 3/18/21, 3/3/23<br>**Supersedes**: | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services<br>**Authored By:** Director of Services for Persons with Mental Illness<br>**Reviewed By**: Debbie Jones-Burt Director of Services for Persons with Mental Illness |

**Purpose:**
To provide guidance in policy development related to housing and residential services.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network Manual |

**Policy:**
SCCMHA as a Michigan Community Mental Health Services Program provides treatment and support services to persons with Serious Mental Illness and Dual Disorders while always striving to ensure community inclusion, self determination, and a recovery environment. These values are implemented in the context of available existing and new resources which are gradually being redirected from institutional to consumer driven models. While SCCMHA continues to provide specialized residential services and placement in general adult foster care homes it is understood that whenever possible consumers will be supported in participating in a Housing First program.

**Standards:**
None

**Definitions:**
None

**References:**
1. SCCMHA Policy 02.03.02 Inclusion

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will assist homeless person with mental illness and co-occurring substance use disorders with supports ranging in intensity according to their needs allowing them a choice of remaining in housing of their own whenever possible. We believe that independent integrated housing is an attainable goal for all consumers through a combination of housing subsidies and person-centered support services.<br><br>2. SCCMHA also strives to prevent homelessness through a policy of not discharging consumers from institutional settings such as psychiatric hospitals, residential treatment programs, jail or prison into homelessness. | 1. Case Managers and Support Coordinators in SCCMHA provider network programs.<br><br>2. Crisis Intervention, Care Management and Case Management providers. |

At the time of this policy the following programs constitute the range of settings and related support services available which support or include housing:

| Program | Provider |
|---|---|
| Emergency Shelters: SCCMHA will refer to Emergency Shelters when immediate housing is not available. | City Rescue Mission<br>Innerlink<br>Mustard Seed<br>RCO<br>Underground Railroad |
| Crisis Residential Treatment Program: Acute care for a psychiatric diagnosis may be provided to consumers who are homeless when clinical conditions require | SCCMHA Network Provider |

| | |
|---|---|
| stabilization. | |
| Homeless Prevention and Rapid Re-Housing: Provides immediate and temporary relief for low-income persons in rental housing who are at risk of homeless | United Way of Saginaw (HARA) |
| Medicaid Housing Assistance: Emergency funds for short term support to acquire or sustain housing is available through SCCMHA Medicaid benefit, which does not include the cost of room and board. The consumer must be the lessee or homeowner in order to qualify. | SCCMHA |
| Specialized Residential: services in these settings include room, board (not covered by Medicaid funds), supervision, personal care and community living supports. Settings are licensed. | SCCMHA Provider Network |
| General Adult Foster Care: services in these settings include room, board, supervision, and personal care. | Department of Human Services Licensed Providers |
| Community Living Support Services: Provided to individuals in their own homes with goals to acquire independent living skills while living with supportive services. | SCCMHA Provider Network |
| Tenant Based Permanent Supportive Housing (CoC Program): Housing subsidy available to persons who are homeless and disabled with matching support services. In this program participants are assisted in finding appropriate rental units which they then rent directly from the landlord. | SCCMHA Housing Resource Center and other CoC providers |
| Section 8 set-aside program available to homeless persons through MSHDA. This is permanent housing with short term low intensity support services provided by the referring homeless provider. | MSHDA and Lead Agency United Way (HARA) |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Eligibility Criteria | **Chapter**: 09.06.12 -<br>Housing Resource Center | **Subject No:** 09.06.12.07 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**:<br>3/20/2009 | **Date of Review/Revision**:<br>7/12/10, 8/9/19, 4/27/20, 3/18/21, 3/3/23<br><br>**Supersedes**: | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>**Authored By:**<br>Director of Services for Persons with Mental Illness<br><br>**Reviewed By**:<br>Debbie Jones-Burt, Director of Services for Persons with Mental Illness |

**Purpose:**
To ensure that consumers enrolled in SCCMHA rental assistance grants meet the eligibility criterion for the grant in which they are placed.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | HUD Sponsor Based Permanent Supportive Housing (CoC Program) |
| X | PATH Homeless Outreach |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Housing Assistance Program |

**Policy:**
It is the policy of SCCMHA that eligibility criterion specific to each rental assistance grant shall be adhered to when selecting and enrolling consumers onto the individual grants. That eligibility criterion are specific to each individual grant with some commonality that may qualify individuals for more than one grant. That eligibility criterion be determined at the time of intake, prior to enrollment in a grant. That eligibility will be determined through collection of information obtained from provider network and third-party sources.

To be eligible for SCCMHA Housing Assistance, applicants must meet the following criteria:

A. Homelessness

The applicant must meet the definition of homelessness as defined by HUD for the Shelter Plus Care program. An individual is considered homeless if he or she is:

- Sleeping in an emergency Shelter
- Sleeping in places not meant for human habitation (cars, parks, abandoned buildings, etc.).
- Spending a short time (30 days or less) in a hospital or other institution but prior to that having been in one of the types of places mentioned above.
- Living in transitional or supportive housing but having come from the streets or emergency shelters.

The SCCMHA housing assistance grant has specific requirements for percentage of applicants that are chronically homeless. The following percentages apply for the listed grant:

- Project Dwelling Place Consolidated – 50%

B. Disability

An applicant must have one or more of these three targeted disabilities:

- Serious Mental Illness (SPMI)
- Chronic alcohol and/or substance abuse
- Aids or its related diseases

Disabilities are verified in with a Disability Verification form that is sent to the treating professional for signature. If a disability is not considered permanent than a Disability Verification needs to be obtained annually to verify continued eligibility.

The SCCMHA housing assistance grant has requirements for percentage of applicants that have specific disabilities. The following percentages apply for the listed grants:

- Project Dwelling Place Consolidated –
    - SPMI 100%
    - Substance Abuse 60%
    - Veteran 10%
    - Domestic Violence 10%

C. Income

There is not minimum or maximum income amount for eligibility. Income eligibility is determined by a rent calculation. The rent calculation requires the participant to pay 30% of *adjusted* income towards their rent and utilities. If the rent calculation determines that assistance is needed the participant is eligible for said assistance.

D. Eligible Households

The following household types are eligible to participate in the SCCMHA Housing Assistance programs:

1) Single person households, defined as an unaccompanied adult (age 18 and over)
2) Family Households: defined as two or more persons whose income and resources are available to meet the households regular living expenses, and who are related by blood, marriage, adoption, or operation of law, or who give evidence of a stable relationship which has existed for a period of not less than six months. Evidence of a stable relationship may include a letter from a service provider who can substantiate that the relationship fulfills the above criteria, or evidence provided by the applicant of a history of shared residency.

   Two or more adults who wish to live together but who are not members of a family as defined above are not eligible to participate in the SCCMHA Housing Assistance programs.

   Program participants with chronic medical needs may qualify for a Live-In Aide if such a person is determined to be essential for the care and well-being of the participant. Verification must be provided by a doctor certifying that the participant requires an attendant to live with them to safely manage their medical health care needs. A relative may be considered as a Live-In Aide, providing that: 1) he or she is not the primary source of financial support for the participant; and 2) he or she signs a waiver to any rights to the rental subsidy upon the participants exit from the program. The Live-In Aide must sign the Live-In Aide Certification form.

**Standards:**

- Eligibility criterion will be examined annually upon grant renewal

**Definitions:**

*Chronically Homeless* means an unaccompanied homeless individual with a disabling condition who has either been: continuously homeless for a year or more; or had at least four episodes of homelessness in the past three years.

*Person with disabilities* means a household composed of one or more persons at least one of whom is an adult who has a disability.

(1) A person shall be considered to have a disability if such person has a physical, mental, or emotional impairment which is expected to be of long continued and indefinite duration; substantially impedes his or her ability to live independently; and is of such a nature that such ability could be improved by more suitable housing conditions.

**References:**

24 CFR 582.5 Definitions
24 CFR 582.330 Non-Discrimination and Equal Opportunity requirements

**Exhibits:**

Exhibit A - Live-In Aide Request

Exhibit B - Certificate of Live-In Aide
Exhibit C - Verification of Live-In Aide
Exhibit D - Disability Verification

**Procedure**:
Eligibility criterion will be reviewed yearly during the grant renewal process for each individual grant. The department of Housing and Urban Development (HUD) publishes a Notice of Funding Availability (NOFA) yearly. During the NOFA, changes to the housing programs, including eligibility criterion and definitions are published for review. Any changes to the eligibility criterion for the individual grants will be updated through policy revisions when they occur.

| ACTION | RESPONSIBILITY |
|---|---|
| Eligibility criterion reviewed annually for each grant during renewal process. | HRC Supervisor |
| Eligibility criterion updated through policy revision when changes occur. | HRC Supervisor |

Exhibit A

Housing Support Services of SCCMHA

# Live-In Aide Request

The U. S. Department of Housing and Urban Development (HUD) regulations (24 CFR 982.316) states: "a family that consists of one or more elderly, near-elderly or disabled persons may request approval for a live-in aide to reside in the unit and provide necessary support services for a family member who is a person with disabilities".

A Live-in Aide is defined as a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

Tenant Name: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

**********

Name of Disabled/Elderly Family Member: _____

Please answer the following:

1. Name of requested Live-In Aide: _____

2. What are the qualifications of the Live-In Aide that will provide the needed care?

3. Will you and the Aide maintain separate finances: Yes No

4. What will be the sole duties /responsibilities of the Live-In Aide?

Please provide any comments to assist in the evaluation of the Live-In Aide Request

_____
_____
_____
_____
_____
_____
_____

I certify that I, or a member of my family am/is in need of a Live-In Aide.

_____ _____
Signature of Head of Household Date

**WARNING**: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

*** Note: Prior to approval, all required eligibility and screening of the live-in aide will be completed included criminal acts in connection with any federal housing programs, drug-related criminal activity or violent criminal activity, moneys owed to any housing program, documentation that the live-in aide left their previous residence in good standing and that the owner of the unit has approved the live-in aide.**

Exhibit B

Housing Support Services of SCCMHA

# CERTIFICATE OF LIVE-IN AIDE

A Live-in Aide is defined as a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who: 1) is determined to be essential to the care and well-being of the persons; 2) is not obligated for the support of the persons; and 3) would not be living in the unit except to provide the necessary support services.

**********

The following is to be completed by the Live-In Aide Applicant:

I_____, understand the following:

1. I am determined to be essential to the care and well-being of the person(s) needing the care;
2. I am not obligated for the financial support of the person(s) needing care; and
3. I would not be living in the unit except to provide the necessary supportive services, therefore am not entitled to Saginaw County Community Mental Health Authority (S.C.C.M.H.A.) assistance.

I further understand that SCCMHA will conduct a criminal background check. If the following proves to be true, it will constitute my denial as a live-in aide:

1. If I commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.

2. If I have a history of drug-related criminal activity or violent criminal activity; or

3. If I currently owe rent or other amounts to Saginaw County Community Mental Health Authority or to another public housing agency in connection with HCV program or Public Housing assistance under the 1937 Act.

I, after being duly sworn, depose and say that I understand the above statement and that it is true and correct and furthermore, failure to provide truthful or correct information is subject to my denial and/or dismissal as a live-in aide assistant.

Live-In Aide Applicant Signature _____

Social Security Number: _____

Head of Household Signature: _____

**WARNING**: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Exhibit C

Housing Support Services of SCCMHA

# VERIFICATION OF LIVE-IN AIDE

Tenant/Applicant Name: _____

Address: _____

City, State, Zip Code: _____

Tenant Social Security Number: _____

The Individual named above have applied for/receives housing assistance subsidized through the Department of Housing and Urban Development (HUD). Federal regulations require that before a live-in aide can be approved, the medical necessity of an aide must be verified.

**A live-in aide is defined as: a person who resides with one or more elderly persons or near-elderly persons or persons with disabilities and who:**

**1) is determined to be essential to the care and well-being of the persons;**

**2) is not obligated for the support of the persons; and**

**3) would not be living in the unit except to provide the necessary support services.**

**********

TO BE COMPLETED BY THIRD PARTY: *(to be completed by knowledgeable professional)*

I, _____(name and title), hereby certify that for the above named individual, a live in aide is essential for his/her care and well-being per HUD regulations and the definition stated above.

_____ _____
Signature Date

_____
License Number

_____ _____
Address Phone

_____

***May we contact you if additional information is needed to verify request***? Yes No

**WARNING**: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make false statements or misrepresentations to any department or agency of the United States as to any matter within its jurisdiction.

Exhibit D

Housing Support Services of SCCMHA

# Saginaw County Community Mental Health Authority
# Housing Services

## VERIFICATION OF DISABILITY AND/OR SPECIAL MEDICAL NEEDS

Licensed Health Care Provider:

*Section A – TENANT INFORMATION*

***PLEASE COMPLETE SECTION A ONLY AND RETURN TO ADDRESS LISTED ON THE BOTTOM OF PAGE 2.***
***Your Program Administrator** will forward to your Licensed Health Care Provider.*

| Head of Household Name | County | Telephone Number |
|---|---|---|
| Client/Patient Name | Social Security Number | Voucher Number |

**You are authorized to release information concerning my disability and/or special medical needs to the SCCMHA Salter Place housing Resource Center and the Michigan State Housing Development Authority.**

***SEE ATTACHED AUTHORIZATION FORM***

Client/Patient Signature _____ Date _____

**STOP HERE** *Please complete Section A & C and return to address on back.*

**Section B - VERIFICATION OF SPECIAL MEDICAL NEEDS (To be completed by Licensed Health Care Provider)**

*Per authorization in Section A, please provide the information requested so we can quickly determine the client/patient's special medical needs.*

**Please complete and return as soon as possible or within 14 days.**

If the household is a couple, are separate sleeping rooms required? ☐ No ☐ Yes – explain below
Are separate sleeping rooms required on a **permanent** basis? ☐ No ☐ Yes – explain below
Does this client/patient require a part-time aide? ☐ No ☐ Yes – explain below
Does this client/patient require a part-time aide on a **permanent** basis? ☐ No ☐ Yes – explain below
Does this client/patient require a **live-in** aide? ☐ No ☐ Yes – explain below
Is a **live-in** aide required on a **permanent** basis? ☐ No ☐ Yes – explain below
Does this person require other specific accommodations not identified? ☐ No ☐ Yes – explain below
Is this client/patient pregnant? ☐ No ☐ Yes – expected delivery date: / /
Give diagnosis, prognosis and explain:

_____

_____

**As a duly licensed Health Care Provider, I certify the information given is correct.**

_____ Type or Print Name _____ Title ( ) _____ Telephone Number

_____ Address Street/ City/ State/ ZIP Code ( ) _____ FAX Number

_____ Signature _____ Date Signed

| Client/Patient Name | Head of Household Name | Voucher Number |
|---|---|---|
| | | |

## Section C – VERIFICATION OF DISABILITY (To be completed by Licensed Health Care Provider)

*Per authorization in Section A, please provide the information requested so we can quickly determine the client/patient's disability status.*

Federal law gives special consideration to a person or family of a person who is disabled in order to be eligible to receive federally-aided housing. To qualify for such special consideration, at least one of the heads of the household must:

a) **be unable to engage in any substantial gainful activity** by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of **not less than 12 months**; or

b) in the case of an individual who is 55 years of age and is blind, be unable by reason of blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time; or

c) be a disabled person which is defined as a person having a physical or mental impairment which:

1) is expected to be of a continuous and indefinite duration, and

2) substantially impedes the ability to live independently, and

3) is of such a nature that such ability could be improved by more suitable housing conditions; or

d) be developmentally disabled which means a severe, chronic disability of a person which:

1) is attributable to a mental or physical impairment or combination of mental and physical impairments; and

2) is manifested before the person is twenty-two; and

3) is likely to continue indefinitely; and

4) results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self- direction, capacity for independent living, and economic self-sufficiency, and reflects the person's need for a combination and sequence of special inter-disciplinary, or generic care, treatment, or other services which are life-long or of extended duration and are individually planned and coordinated.

In my opinion, _____
Client/Patient Name

☐ is ☐ is not disabled as defined above for a continuous period of not less than 12 months. An explanation of the disability is:

_____

_____

☐ This client/patient is disabled as defined above **permanently**.

**As a duly licensed Health Care Provider, I certify the information given is correct.**

_____ _____ ( )
Type or Print Name | Title | Telephone Number

_____ _____ _____ _____
Street Address | City | State | ZIP Code

_____ _____
Signature | Date Signed

**Please return the completed form to:**

Debbie Jones-Burt, Housing Resource Center Supervisor
SCCMHA
500 Hancock St. Saginaw, MI 48602

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Referral/Application, Screening and Eligibility Determination | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.09 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**:<br>3/20/2009 | **Date of Review/Revision**:<br>7/12/10, 6/28/18, 7/29/19, 4/27/20, 3/18/21, 3/6/23<br><br>**Supersedes**: | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>**Authored By:**<br>Director of Services for Persons with Mental Illness<br><br>**Reviewed By**:<br>Debbie Jones-Burt, Director of Services of Persons with Mental Illness |

**Purpose:**
The purpose of this policy is to describe the process by which consumers of SCCMHA are referred to the Housing Resource Center for housing services and how eligibility is determined for acceptance on one of the housing assistance grants administered by SCCMHA.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Housing Assistance Program |
| X | SCCMHA Provider Manual |

**Policy:**
It is the policy of SCCMHA that consumers of mental health services may be referred to the Housing Resource Center for housing services by the SCCMHA network. Referrals for

participation in rental assistance grants or any other type of funding activity is to be submitted on a Housing Referral Form. Referrals for other types of assistance and information (Apartment searches, subsidized housing complexes, landlord information, community resources, etc.) can be made directly by contacting the HRC staff for the required assistance. Intakes are scheduled for referred applicants when their names rise to the top of the priority list (see "Priority List" policy 09.08.02.04). Intakes are performed to determine eligibility for placement on one of the grants.

**Standards:**

1. Intakes will be scheduled within ten business days of names rising to the top of the priority list.

2. The participant and Case Manager will return all necessary documents and information within fourteen days of the intake.

3. Consumers enrolled in SCCMHA rental assistance grant will meet the HUD definition of Homelessness prior to enrollment. (Exhibit from McKinney-Vento).

4. Consumers enrolled in SCCMHA rental assistance grants will meet the definition of disability for the specific grant in which they are enrolled at the time of enrollment.

5. Consumers enrolled in SCCMHA rental assistance grant will meet the income-limit requirements at time of enrollment.

**Definitions:**

- Homeless: (See: References)
- Chronically Homeless: (See: References)
- Disability: (See: References)
- *Housing Assistance* means: any of the various services provided out of the SCCMHA Salter Place Housing Resource Center (HRC).
- *Applicant* means: an individual referred for housing assistance to the HRC but not yet approved for assistance.
- *Participant* means: an individual who has been referred and approved for services by the HRC.

**References:**

- SCCMHA Housing Policy 09.08.02.01; "Eligibility Criteria".
- 24 CFR Section 582.5 Definitions

**Exhibits:**

Exhibit A - Housing Referral Form
Exhibit B - Intake Packet
  - SCCMHA Housing Assessment
  - Full Application for Admission to Shelter Plus Care program.

- Homeless Declaration
- Verification of Disability
- Income and Asset release of information
- Applicant-Tenant Authorization
- HMIS Release
- Declaration of Citizenship
- Household Documents Checklist
- SSA Income Verification
- DHS Income Verification
- Case Manager Agreement

Exhibit C - Enrollment Packet
- Participant Agreement
- Participation Termination Agreement

**Procedure:**

Assistance and Information: Requests for assistance and information, from SCCMHA and provider network staff, are made directly to HRC via electronic mail or inter-office correspondence.

Grant Referrals/Funded Services: Referrals for funded services made to the Housing Resource Center are to be received in hardcopy form from SCCMHA staff and provider network staff. This "Housing Assistance Referral Form" is available electronically on agency network or sent by HRC staff either electronically or in hardcopy to provider network staff who do not have access to SCCMHA internal computer network. The referral form is completed by the referring staff person and returned to the Housing Resource Center staff. Upon receipt of the referral form, the referral is logged electronically into the HRC referral log in chronological order. Once the referral is logged it stays in the 'queue' and moves up the list as names above it are removed, either because of ineligibility or acceptance into a rental assistance program. *(see, "Priority Lists" policy 09.08.02.04)*

Screening/Intake: Once a consumer name rises to the top of the priority list, the referring staff (service Provider) and the client are contacted, and an intake meeting is scheduled. It is during the course of the intake that the information necessary to make an eligibility determination is gathered. An Intake packet is prepared.

During the intake meeting the applicant completes the following forms:
- SCCMHA Housing Assessment
- Full Application for Admission to the Shelter Plus Care program
- Homelessness Declaration
- Declaration of Citizenship
- Applicant/Tenant Authorization and Certification
- Income and Asset release of information
- HMIS release of information

Also, during the intake, the following documents are obtained:

- Picture identification
- Birth Certificate
- Social Security card
- Pay check stubs (if employed)
- Bank account information

During the intake meeting the Case Manager is provided with and required to return the following forms:

- Homelessness Declaration
- Verification of Disability

The Case Manager is also required to sign to Homelessness Declaration on behalf of the client. If the applicant is staying at a homeless shelter the Case Manager is required to acquire shelter verification in the form of a letter from the shelter indicating the applicant is a resident.

After collecting the proper releases of information during the intake, the HRC staff verify the following third-party information:

- Income/Resources (SSI, DHS, unemployment, etc.)
- Assets (bank accounts, trusts, etc.)
- Food stamps

If there are additional adults in the household (over 18), they must provide:

- Marriage License or verification of long-term relationship
- Signature on Full Application
- Releases of information
- Verification of income
- Picture ID
- Birth Certificate
- Social Security card
- School verification (if a child under age 24)

If there are children in the household (under 18), they must provide:

- Birth Certificate
- Social Security card

Eligibility Determination: Third-party verifications are conducted after the intake is completed. After any third-party verifications are received (if necessary) the intake file is reviewed against eligibility requirements for the specific grant opening. (See: SCCMHA Housing Policy 09.08.02.01; "Eligibility Criteria"). Eligibility determinations are based on the following common criteria:

- Signed verifications of homelessness.
    - For persons living on the streets: signed statement from outreach worker, other organization, or participant attesting to applicant's homeless status.

- For persons living in emergency shelters: signed statement from shelter provider attesting the applicant is residing there.
- For persons exiting transitional housing: signed statement from transitional housing provider attesting that applicant is residing there and was homeless upon entry.
- For persons leaving an institution following short-term stay (30 days or less): signed statement from institution verifying residence of less than 30 days and attesting that applicant was homeless at time of entry.
- For chronically homeless persons: one of the above documents to verify current status and duration of homelessness, plus, if applicable, a signed statement from the applicant attesting to past homeless episodes.

- Verification of Disability Form signed by a qualified health care professional trained to make such a determination. Case managers are not qualified to sign the verification unless they are a qualified health care professional.

- Verification of income eligibility. Applicant's annual income as documented by government assistance program printouts and/or pay stubs must not exceed 50% of AMI.

- Signed Case Manager/Therapist Agreement between SCCMHA and eligible service provider

Based on the review of the application packet, the HRC Coordinator will make one of the following determinations:

1. File is complete and applicant is eligible. The HRC Coordinator will calculate the tenant rent portion (see Section 13) and schedule an application meeting (see below).

2. File is incomplete. If eligibility cannot be determined, the HRC Coordinator will notify the applicant and case manager that additional information is needed. If the requested information is not supplied within 30 days, the applicant will be determined to be ineligible.

3. Applicant is ineligible. The application will be denied and the reasons given in writing to the applicant and case manager. The applicant may appeal the denial of eligibility by following the process described in "SCCMHA Housing Appeals/Grievance Procedure 0.08.05.02".

If the consumer is determined to be ineligible for the grant that has an opening available, but is eligible for a different grant, the consumer remains in the queue until an opening occurs for the grant they are eligible for. At that point eligibility is re-determined. If a consumer is found to be ineligible for any of the currently supported grants, their name is removed from the queue and they are sent a rejection letter explaining why they are ineligible.

Enrollment/Orientation Meeting: If the referred consumer is determined to be eligible, then a briefing meeting is scheduled where the program expectations are explained and a Enrollment paperwork is completed by the consumer. At this point, the consumer is considered to be enrolled into the grant and the process of finding a suitable apartment is begun.

At the Orientation Meeting the HRC Coordinator will:

- Review the program requirements and obligations with the participant.
- Explain what the participant's portion of the rent will be and how it was calculated.
- Explain the process for securing a housing unit.
- Review and have the participant sign:
    - Participation Agreement
    - Participant Termination Agreement
    - Release of Information (HMIS)

| ACTION | RESPONSIBILITY |
|---|---|
| Referral for assistance sent to the Housing Resource Center. | SCCMHA and Network provider staff |
| Request for assistance. | HRC staff contacted directly by SCCMHA and Network provider staff |
| Referrals screened for initial eligibility during client intake. | HRC staff |
| Client placed on Priority list | HRC Staff |
| Intake Scheduled/performed | HRC Staff |
| Documentation provided | Applicant/Case Manager |
| Verifications provided | Case Manager/Therapist/Service Provider |
| 3rd party verifications | HRC Staff |
| Eligibility for funded program determined. | HRC Supervisor |
| Briefing meeting scheduled/held | HRC Staff |

Exhibit A

# Saginaw County Community Mental Health Authority
# Housing Assistance Referral Form

Referral Date: _____

## A. Demographic Information

**Case #: _____ Name: _____ Phone: _____**
**Where is client currently staying? _____ Subsidized? Yes No**

**Does anyone live with client? Yes No - If yes, please identify:_____**

**Is the client a veteran? Yes No Does Client have Guardian ? _____ Payee?_____**
**Does client require physical accommodations? Yes No**

**Has the client ever been in jail? Yes No Prison? Yes No**
**Is client now on parole/probation? Yes No Are any charges pending? Yes No**
**Type of offense:_____**

**Does client have unpaid balances on utilities? Yes No How much?_____**
**Does client have previous landlord judgments or court-ordered evictions? Yes No**

## B. Eligibility Criteria

**1. Homeless or At Risk: (If not in a shelter or place not meant for habitation, what is the of imminent risk for homelessness): _____**
**How long has client been homeless? _____ How many times has client been homeless? ____**

**Shelter/Homeless verification included with referral? Yes No**

**Disability verification included with referral? Yes No**

**2. Mental health and substance abuse treatment:**

**a) Mental Health**
**Diagnosis:_____**
**Currently receiving services? Yes No - If "Yes", for how long? _____**

**b) Substance Abuse**
**Does this client have a current or past history of substance abuse? Yes No**
**Alcohol _____ Marijuana _____ Prescription Drugs _____ Other Street Drugs?____**

**3. Income:**

**Client Income Per Month:_____Source(s) of Client Income:_____**
**_____**
**Other Family Income Per Month: $_____ Source(s) of Household Income:_____**
**_____**
**Food Stamps: Yes No - Amount: $_____ Medicaid: Yes No Medicare: Yes No**

**C. Services Requested (circle):** **Rental Assistance** **Deposit** **Utilities** **Other**

**Reason for referral:** _____

_____

_____

**I verify that this client is receiving case management services and I am recommending that the above listed services be provided.**

**Case Manager:** _____ **Phone**_____

_____

**Please follow up after you send the referral – otherwise it is presumed the problem has been resolved!**

**Revised 1/2016 (RA)**

Exhibit B

Housing Support Services of SCCMHA

# S.C.C.M.H.A. Housing Assessment

1. Please check all of the housing services are you seeking help with?

☐ Paying for Housing? ☐ Finding Housing? ☐ Furniture/furnishings?
☐ Utility Assistance? ☐ Repairs/Maintenance? ☐ Moving?
☐ Other_____ .

2. About You

**Name:**_____ **Sex: ☐Male ☐ Female**

**Marital Status: ☐ Married ☐ Single ☐ Living together ☐ Divorced ☐ Separated**

**D.O.B.**_____ **Age:**_____ **SSN#** _____-_____-_____

3. Current Address

_____ **Apt. #** _____

_____
**City, State, Zip**

**Home Phone ( )** _____**Cell or Alternate Phone ( )** _____

**Date you moved into current address** _____ **(mm/dd/yy)**

**County** _____ **City** _____ **TWP** _____

**Are you a U.S. Citizen? ☐ Y ☐ N**

**Please provide information for all <u>family members</u> living with you:**

| Name | D.O.B. | Age | Gender | SSN# | Relationship to you | U.S. Citizen |
|---|---|---|---|---|---|---|
| | | | | | | |

| | | | | | | |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Are you or anyone that lives with you pregnant? ☐ Y ☐ N
If yes, please give their name and Baby due date:

| Name of Pregnant Person | Baby Due Date |
|---|---|
| | |
| | |

**Emergency/Next of Kin Information:**

**Name _____ Relationship _____ Contact #( ) _____**

4. Are you disabled? ☐ **Y** ☐ **N**

**Do YOU have a developmental disability?** ☐ Yes ☐ No

Do you have a child under the age of 18? ☐ Yes ☐ No

**Do you, as a person with a disability, require SPECIFIC accommodation(s) to fully use our programs and services? ☐ Y ☐ N**

**List specific accommodation(s) required: _____**

Is your disability: (if any)

| | | |
|---|---|---|
| ☐ **Physical** | ☐ **Mental Health** | ☐ **Can you climb stairs?** |
| ☐ **Sensory** | ☐ **Substance Abuse (past HX)** | ☐ **Learning Difficulty** |
| ☐ **Other _____** | | |

Do you receive disability income? ☐ Yes ☐ No
☐ **SSD?** ☐ **SSI?** ☐ **VA Benefits?**

**Are you a VETERAN? ☐ Y ☐ N**

**Do you currently receive V.A. services? ☐ Y ☐ N**

**Would you like information on where to receive V.A. services?** ☐ Yes ☐ No

**Why or Why Not?**

_____
_____
_____

5. Details about where you live

**Please tell us about where you are living now.**

| | | |
|---|---|---|
| ☐ **Apartment** | ☐ **House** | ☐ **Emergency Shelter** |
| ☐ **SIP Home** | ☐ **Subsidized Housing** | ☐ **Hospital/Institution** |
| ☐ **AFC Home** | ☐ **No home** | ☐ **Hotel/Motel** |
| ☐ **With Friends** | ☐ **With family** | ☐ **On the street/dumpster** |
| ☐ **Under bridge** | ☐ **Abandoned house/building** | ☐ **Prison/jail** |

**Have you been placed in a temporary accommodation by another agency?** ☐ **Y** ☐ **N**
**If so, which agency placed you?**

_____

**What floor do you live on? (ground, first, second, etc.)** _____

**What is your zip code?** _____

## Tell us about your previous housing

**Have you been on a rental subsidy program before?** ☐ **Y** ☐ **N**
**Are you CURRENTLY on a rental subsidy?** ☐ **Y** ☐ **N**

**If you are currently renting, is your rent paid to date?** ☐ **Y** ☐ **N**
**Have you been evicted or asked to leave your current residence?** ☐ Y ☐ **N**
**If so, when do you have to leave?** _____

## 6. Please tell us of any other problems or needs (serious disrepair, rent arrears) where you live now.

_____
_____

## 7. List housing preferences (House/Apartment/Duplex, etc.):

_____
_____
_____

## Address/Move History (for the last three years)

| **Street** | **City/State** | **Move-in/Move-out date** | **Why did you leave?** |
|---|---|---|---|
| **1.** | | | |

**2.** _____
**3.** _____
**4.**_____
**5.**_____

**Can you please explain the events that lead to your current housing status**_____
_____
_____
_____

## 8. Employment and Income

**Are you, or anyone in your household employed? ☐ Y ☐ N**
**If yes, who? What is the gross monthly income?**

| Name | Hourly Rate | Hours per week | Gross Income | Pay Period (weekly, bi-weekly, monthly |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |

**Please list ALL other sources of income and gross amounts.**

| Source of Income | Monthly GROSS amount |
|---|---|
| | |
| | |
| | |

**☐ Do you have a payee? ☐ Yes ☐ No Name_____ Phone _____**

**☐ Do you receive Food Stamps? ☐ Yes ☐ No**

**If yes, Name of DHS Case Worker _____**

**☐ Do you have Medical Insurance? ☐ Yes ☐ No**

**If yes, please complete the following:**

**Name of Insurer (insurance) _____**

**Name of Insured Person _____**

**Insurance Premium amount _____per_____**

## 9. Do you have any past credit or legal history that might prevent you from obtaining housing? ☐ Y ☐ N

**Please Explain:**

_____
_____
_____
_____

## Corrections Related Status:

☐ **Probation from Jail**
☐ **Paroled from Prison**
☐ **Court Supervision**
☐ **Awaiting Trial**
☐ **Awaiting Sentencing**
☐ **Not problems with the law**

## Education Summary

## Highest Level of Education Attained:

☐ **College Degree**
☐ **Graduate Degree**
☐ **Less than High School**
☐ **Some College**
☐ **Some High School**
☐ **Some Technical School School**
☐ **Technical School Certification**
☐ **No Schooling Completed**
☐ **Nursery school to fourth grade**
☐ **5th grade or 6th grade**
☐ **7th grade or 8th grade**
☐ **9th grade**
☐ **10th grade**
☐ **11th grade**
☐ **12th grade**
☐ **High School Diploma**
☐ **GED**
☐ **Post Secondary**

**Primary Race: (required)**

☐ **American Indian or Alaskan Native**
☐ **Native Hawaiian or other Pacific Islander**
☐ **Asian**
☐ **Black or African American (HUD)**
☐ **White (HUD)**
☐ **Other**
☐ **Other Multi-racial**

**Secondary Race:**

☐ **American Indian or Alaskan Native**
☐ **Native Hawaiian or other Pacific Islander**
☐ **Asian**
☐ **Black or African American (HUD)**
☐ **White (HUD)**
☐ **Other**
☐ **Other Multi-racial**

**Ethnicity (required): ☐ Hispanic/Latino ☐ Other (Non-Hispanic/Latino)**

## For Office Use Only

**Date Received:_____ Staff Initials_____**

**Bedroom Size : EFF____ 1 Bdrm ____ 2Bdrm _____ 3 Bdrm ____ 4Bdrm ____**

**Housing Choice Voucher? Y or N**

**Total Household Income $.....**

Housing Support Services of SCCMHA

# HOMELESS DECLARATION

*This declaration certifies you meet one or more of the following criteria.*

Please check all of the following that apply to you.

☐ I am living in places not meant for human habitation, such as cars, parks, sidewalks, and/or abandoned building (including fleeing domestic violence)

☐ I am living in an emergency shelter

☐ I am living in transitional housing for homeless persons but I originally came from the streets or an emergency shelter.

☐ I am in one of the three categories listed above but most recently spent less than 30 days in jail or an institution

**One of the above must be checked to be eligible for Shelter Plus Care or Permanent Housing for people with disabilities**

☐ I am being discharged within a week from an institution where I have spent more than 30 days.

☐ I am being evicted within seven (7) days and have no resources to secure housing (third party documentation must be attached)

☐ I have been homeless at least four times in the past three years and am currently homeless

☐ I have been continuously homeless for a year or more

☐ Third party documentation of the above is attached

*A person who is living in substandard housing is not considered homeless. However, a person living in housing that has been officially condemned as unfit for human habitation is considered homeless (see box 1 above)*

*A person who is living in doubled-up housing is not considered homeless.*

| | |
|---|---|
| _____ | _____ |
| *CLIENT SIGNATURE* | *Date* |
| _____ | _____ |
| *CLIENT SIGNATURE* | *Date* |
| _____ | _____ |
| *SERVICE PROVIDER SIGNATURE* | *Date* |

Housing Support Services of SCCMHA

## Income, Asset and Eligible Expense Information for Income Providers

# Release of Information

In signing this consent form, you are authorizing SCCMHA, its agents, employees, affiliates to request income, asset and eligible expense information from all income providers (i.e. Social Security Administration, Department of Human Services, employers, etc.) listed on your Income Checklist and any other related application forms. This information is needed for purposes of determining eligibility for this rental assistance program. Private owners may not request information authorized by this form.

Failure to sign the consent form many result in denial of assistance or termination of benefits.

**CONSENT**

I/We hereby allow SCCMHA, and its affiliates to request and obtain income and asset information from all providers (i.e. Social Security Administration, The Michigan Department of Human Services, etc.) listed on my/our Income Checklist and any other related application forms.

I agree that the copies of this authorization may be used for the above stated purposes.

| | |
|---|---|
| *Applicant Signature* | *Date* |
| *Co-Applicant Signature* | *Date* |
| *Other Adult Household Member* | *Date* |
| *Other Adult Household Member* | *Date* |

Housing Support Services of SCCMHA

# APPLICANT/TENANT AUTHORIZATION AND CERTIFICATION
## Shelter Plus Care

**Saginaw County Community Mental Health Authority**

The undersigned certifies that the information given to SCCMHA for Shelter Plus Care on household members, income, net family assets, allowances, and deductions are accurate.

I certify that only the people listed on my Lease and Occupancy Agreement will occupy the unit.

I understand that I must report all income and family size changes immediately to SCCMHA.

The undersigned authorizes SCCMHA to contact any agencies, offices, groups, organizations, or employers to obtain information that is pertinent to eligibility, level of benefits, or continued participation in Shelter Plus Care - HUD-funded Housing Programs. This authorization, and the information obtained with it, may be used to administer and enforce program rules and policies. This information is needed for purposes of determining eligibility for this rental assistance program. Private owners may not request information authorized by this form.

Failure to sign the consent form many result in denial of assistance or termination of benefits.

I understand that false statements or information are:

✓ grounds for termination of housing assistance.

I agree that photocopies of this authorization may be used for the purposes stated above.

_____

*Applicant Signature* *Date*

_____

*Co-Applicant Signature* *Date*

_____

*Other Adult Household Member* *Date*

**SCCMHA Housing Services**

HMIS AUTHORIZATION FOR

RELEASE OF CLIENT INFORMATION

**I, _____, hereby authorize** THE SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY**, its Director, and/or its professional staff, to release information about my case to the computerized ClientTrack system (an Internet based client and information system) used by participating agencies in the Saginaw County Consortium of Homeless Assistance Providers (SC-CHAP). I understand that only demographic information, including household/family data and income information will be shared with no personal identifying information released.**

1. **Only demographic information will be disclosed to and among authorized agencies that are formal participants of the ClientTrack network in SC-CHAP. A list of participating agencies is available upon request.**

2. **This information will be used to provide aggregate numbers for mandatory state reports and to provide statistics for future grant proposals.**

Expiration of Consent: **This consent to release information will remain active while I am receiving services from SC-CHAP participating agencies or if I request services in the future. Further, this consent is subject to revocation at any time upon my written request. I understand that all information gathered regarding me is personal and private, and I understand I am not required to authorize the release of the information. I may withdraw this consent at any time by giving written notice to this Agency; however, any action already taken in reliance on my consent may not be revoked.**

_____ Grant:_____

Print or Type Name

_____ _____

Client Signature Date Signed

_____ _____

Staff Signature Date Signed

This Client Information release authorization form is intended to protect an individual's right to privacy of information

SCCMHA - Revised 3/01/09

Housing Support Services of SCCMHA

# DECLARATION OF CITIZENSHIP STATUS (SECTION 214)

**NOTICE TO APPLICANTS AND TENANTS:**
In order to be eligible to receive the housing assistance you seek, you, as an applicant or current recipient of housing assistance, must be lawfully within the U.S. Please read the Declaration statements carefully, check that which applies to you, and sign and return the document to the Housing Authority Office. Please feel free to consult with an immigration lawyer or other immigration expert of your choosing.

I, _____, certify, under penalty of perjury 1/, that, to the best of my knowledge, I am lawfully within the United States because (please check the appropriate box):

( ) I am a citizen by birth, a naturalized citizen or a national of the United States; or

( ) I have eligible immigration status and I am 62 years of age or older. Attach evidence of proof of age 2/; or

( ) I have eligible immigration status as checked below (see reverse side of this form for explanations). Attach INS document(s) evidencing eligible immigration status and a signed verification consent form.

( ) Immigrant status under §101(a)(15) or 101(a)(20) of the Immigration and Nationality Act (INA) 3/; or

( ) Permanent residence under §249 of INA 4/; or

( ) Refugee, asylum, or conditional entry status under §§207, 208, or 203 of the INA 5/; or

( ) Parole status under §§212(d)(5) of the INA 6/; or

( ) Threat to life or freedom under §243(h) of the INA 7/; or

( ) Amnesty under §245 of the INA 8/.

_____ _____
(Signature of Family Member) (Date)

( ) Check box if signature is of adult residing in the unit who is responsible for child named on statement above.

FOR HA ONLY: INS/SAVE Primary Verification #: _____Date: _____

1) **Warning:** 18 U.S.C. 1001 provides, among other things, that whoever knowingly and willfully makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States, shall be fined not more than $10,000, imprisoned for not more than five years, or both.

The following footnotes pertain to noncitizens who declare eligible immigration status in one of the following categories:

2) **Eligible immigration status and 62 years of age or older.** For noncitizens who are 62 years of age or older or who will be 62 years of age or older and receiving assistance under a Section 214 covered program on June 19, 1995. If you are eligible and elect to select this category, you must include a document providing evidence of proof of age. No further documentation of eligible immigration status is required.

3) **Immigrant status under §§101(a)(15) or 101(a)(a)(20) of INA.** A noncitizen lawfully admitted for permanent residence, as defined by §101(a)(20) of the Immigration and Nationality Act (INA), as an immigrant, as defined by §101(a)(15) of the INA (8 U.S.C. 1101(a)(20) and 1101(a)(15), respectively [*immigrant status*]. This category includes a noncitizen admitted under §§210 or 210A of the INA (8 U.S.C. 1160 or 1161), [*special agricultural worker status*], who has been granted lawful temporary resident status.

4) **Permanent residence under §249 of INA.** A noncitizen who entered the U.S. before January 1, 1972, or such later date as enacted by law, and has continuously maintained residence in the U.S. since then, and who is not ineligible for citizenship, but who is deemed to be lawfully admitted for permanent residence as a result of an exercise of discretion by the Attorney General under §249 of the INA (8 U.S.C. 1259) [*amnesty granted under INA 249*].

5) **Refugee, asylum, or conditional entry status under §§207, 208 or 203 of INA.** A noncitizen who is lawfully present in the U.S. pursuant to an admission under §207 of the INA (8 U.S.C. 1157) [*refugee status*]; pursuant to the granting of asylum (which has not been terminated) under §208 of the INA (8 U.S.C. 1158 [*asylum status*]; or as a result of being granted conditional entry under §203(a)(7) of the INA (U.S.C. 1153 (a)(7)) before April 1, 1980, because of persecution on account of race, religion, or political opinion or because of being uprooted by catastrophic national calamity [*conditional entry status*].

6) **Parole status under §212(d)(5) of INA.** A noncitizen who is lawfully present in the U.S. as a result of an exercise of discretion by the Attorney General for emergent reasons or reasons deemed strictly in the public interest under §212(d)(5) of the INA (8 U.S.C. 1182(d)(5)[*parole status*].

7) **Threat to life or freedom under §243(h) of INA.** A noncitizen who is lawfully present in the U.S. as a result of the Attorney General's withholding deportation under §243(h) of the INA (8 U.S.C. 1253(h) [*threat to life or freedom*].

8) **Amnesty under §245A of INA.** A noncitizen lawfully admitted for temporary or permanent residence under §245A of the INA (8 U.S.C. 1255a)[*amnesty granted under INA 245A*].

Instructions to Housing Authority: Following verification of status claimed by persons declaring eligible immigration status (other than for noncitizens age 62 or older and receiving assistance on June 19, 1995), HA must enter INS/SAVE Verification Number and date that it was obtained. A HA signature is not required.

Instructions to Family Member For Completing Form: On opposite page, print or type first name, middle initial(s), and last name. Place an "X" or "√" in the appropriate boxes. Sign and date at bottom of page. Place an "X" or "√" in the box below the signature if the signature is by the adult residing in the unit who is responsible for Child.

Housing Support Services of SCCMHA

Tenant Name: _____

# Household Document Checklist

**Birth Certificates**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

Notes: _____

**Social Security Cards**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

**Medicaid/Medicare Cards**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

**Picture ID's**

☐ Head of household ☐ Other adult _____

**Declaration of Citizenship**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

**Marriage Certificates**

☐ Head of household

**Guardianship-Power of Attorney**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

☐ **Live-in Aide Certificates/Verifications**

# The Saginaw County Community Mental Health Authority

500 Hancock, Saginaw, MI 48602

## Shelter Plus Care Program
## Case Manager/Therapist Agreement

**RE client: _____**

*I am referring this consumer for enrollment or continued participation in the Housing Assistance Program which is a program of the Housing Resource Center at the Saginaw County Community Mental Health Authority (SCCMHA). If this consumer is accepted into the program or participates for another year I understand that I will have some ongoing responsibilities including the following:*

***a) I will be responsible to see that the consumer continues to receive appropriate mental health services including substance abuse treatment if dually diagnosed;***

***b) I will be responsible to inform the Shelter Plus Care coordinator if the consumer discontinues services or does not keep appointments;***

***c) I will be responsible to inform the Shelter Plus Care coordinator if I become aware that the consumer has moved from the apartment that is being subsidized;***

***d) I will be responsible to inform the Shelter Plus Care coordinator if I become aware of any housing related problems that the consumer is facing such as a shut-off notice, non-payment of rent, Eviction Notice, arrest and incarceration, etc.;***

***e) I will be responsible to inform the Shelter Plus Care coordinator of special services that the consumer needs and/or receives including Crisis Intervention, hospitalization, job training, etc.***

***f) I will be responsible to inform the Shelter Plus Care coordinator before closing the case if this consumer is non-compliant with treatment or passes away.***

***g) In the event that I am no longer responsible for this consumer (resignation, reassignment, etc.) I will be responsible to see that my replacement and/or supervisor is aware that that this consumer is in the Shelter Plus Care Program and aware of the special responsibilities for the therapist or case manager who will subsequently be working with this consumer.***

| | |
|---|---|
| Case manager/therapist | Date |
| S+C Coordinator | Date |

Updated March, 2010- S+C Grants – General - Agreement

Exhibit C

Saginaw County Community Mental Health Authority

# Supportive Housing Grant Participant Agreement

**By my signature below, I am asking to participate in or continue to participate in the SCCMHA Permanent Supportive Housing Program. I also agree to the following:**

I agree to pay my share of the rent (30% of my income) as determined by the SCCMHA, I will notify the program staff if I am more than 2 weeks behind with my rent.

If my income significantly changes (by more than $40 a month), I will notify the program staff within 10 days of the change.

If I receive a shut-off notice either for my utilities or water, I will notify the program staff to the shut-off date.

If I receive a Seven Day Notice, a Notice to Quit or an Eviction Notice, I will notify the program staff within 5 days of receiving the notice.

I will notify the program staff if I want to move out of my current apartment.

I will not let others move into my apartment without first getting permission from the landlord and program staff.

I will notify the program staff if I am arrested, incarcerated or hospitalized.

I will not give the keys to anyone or allow others to stay in my apartment except as provided for in the lease.

**I understand that my failure to comply with these regulations may result in my termination from the Permanent Supportive Housing (PSH) program. I also understand that giving false information to the Permanent Supportive Housing program staff will result in my termination from the Permanent Supportive Housing program.**

**Print or Type Client Name**

**Client Signature** **Date Signed**

**Staff Signature** **Date Signed**

**Saginaw County Community Mental Health Authority**
**Permanent Supportive Housing**

## Participant Termination Agreement

As a participant of the Salter Place HRC - Permanent Supportive Housing program, I understand that I may be terminated from the program for the following reasons:

1. Voluntarily request to be removed from the program.
2. Moves without prior consent from the Coordinator or moves outside of Saginaw County.
3. Violation of the Landlord/Tenant Agreement or eviction by the landlord. Eviction from your apartment serves as possible termination from the program.
4. Becomes approved for another HUD housing program.
5. Incarcerated or in SUD treatment for more than 90 days.
6. Hospitalized for either medical or psychiatric reasons more than 90 consecutive days.
7. Lack of cooperation with Shelter Plus Care personnel.

Due process notification will be utilized in all cases where participants are threatened with termination. If a program participant meets any of the above criteria for program termination, appropriate written notification will be served to notify the participant of their pending program termination.

You may appeal the decision of termination in writing by submitting your request along with any documentation to support your appeal within 30-days of your termination notice. Your appeal will be considered by an Appeals Officer at SCCMHA and a decision will be rendered within 30-days after receipt of your letter request. The appeal board's decision will be final. If you are terminated from the program, you are not prohibited from resuming assistance at a later date. This means that you can re-apply to the program and your case will be reviewed.

Acknowledgements:

_____ _____
*Shelter Plus Care Participant* *Date*

_____ _____
*Program Staff* *Date*

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Housing Assessment and Plan | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.11 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**: 3/20/2009 | **Date of Review/Revision**: 7/12/10, 6//28/18, 7/29/19, 4/27/20, 3/18/21, 3/8/23<br>**Supersedes**: | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services<br>**Authored By:** Director of Services for Persons with Mental Illness<br>**Reviewed By**: Debbie Jones-Burt, Director of Services for Persons with Mental Illness |

**Purpose:**
To provide guidance to Case Managers on their role in assisting consumers develop a housing goals in the Person-Centered Planning process and to ensure the participants are successful in maintaining their housing with adequate support services.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | SCCMHA Housing Resource Center |
| | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
Case Managers shall assist consumers who wish to participate in the Permanent Supportive Housing (CoC Program) who receive Housing Assistance to develop goals related to obtaining, maintaining, or improving their housing and housing stability.

**Standards:**
Authorization for housing subsidies for participants in Shelter Plus Care and consumers receiving Housing Assistance require both an assessment of need and a plan for support services.

**Definitions:**
None

**References:**
1. SCCMHA 02.03.03 Person Centered Planning
2. HUD Title 24, Chapter V, Section 582.300(b & c) Ongoing Assessment, Adequate Support Services
3. HUD Monitoring Manual, Chapter 12 Shelter Plus Care, Exhibit 4(3)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. All Shelter Plus Care participants shall receive a comprehensive assessment at intake and annually thereafter with ongoing monitoring of their need for support services needed to maintain their participation in the housing program. | 1. Case Managers |
| 2. Consumers' needs related to housing might include treatment services as well as skill training and community living supports. The Case Manager shall help the consumer identify tasks related to maintaining their housing which can be addressed by themselves, by natural supports and those which require SCCMHA authorized supports. | 2. Case Managers |
| 3. The Housing Plan included in the IPOS shall include the needs identified in the assessment. | 3. Case managers and participant/consumers. |
| 4. The assessment and plan shall be entered in the SCCMHA Sentri electronic medical record and reviewed by the Housing Resource Center Supervisor prior to requesting authorization for housing assistance (T2038) or application for other Housing Services. | 4. Case manager, HRC Supervisor |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Housing Search and Placement for TRA Programs | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.13 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**: 3/20/2009 | **Date of Review/Revision**: 7/12/10, 6/27/16, 6/28/18, 7/29/19, 4/27/20, 3/18/21, 3/8/23<br>**Supersedes**: | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services<br>**Authored By:** Director of Services for Persons with Mental Illness<br>**Reviewed By**: Debbie Jones-Burt, Director of Services of Persons with Mental Illness |

**Purpose:**
To describe how rental assistance participants identify and select housing units for occupancy and the time frames available for doing so.

**Application:**
This policy applies to each of the SCCMHA housing grants administered out of the Housing Resource Center.

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Shelter Plus Care |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
Upon acceptance for housing assistance, SCCMHA Housing Resource center will assist participants in identifying and selecting rental units using a variety of resources. The type

of unit available to the participant will be determined by the rental assistance grant they are participating in.

**Standards:**
The type of housing available for selection by the applicant/participant will be determined during the intake/eligibility process. That determination will include the following factors:

- Eligibility – what types/sizes of units the participant qualifies for. (see: "Occupancy Standards" policy 09.08.03.01)
- Availability – what the market has available and what units are available for occupancy.

**Definitions:**
*Tenant-based rental assistance (TRA).* Tenant-based rental assistance provides grants for rental assistance which permit participants to choose housing of an appropriate size in which to reside. Participants retain the rental assistance if they move.

**References:**
24 CFR 582.100 Program Component Descriptions

http://www.michiganhousinglocator.com
http://www.zillow.com
http://www.apartments.com
http://www.rentlinx.com

**Exhibits:**
Exhibit A - Request For Tenancy (RFT-HUD)

**Procedure:**
SCCMHA Housing Services will perform the following activities when participants are ready to conduct a housing search:

**TRA Programs:**

### A. Housing Enrollment

SCCMHA will enroll each participating household and enrollment is valid for 60 days from the date of enrollment. Participants must locate a suitable unit within the 60-day term of the enrollment. If an applicant does not locate a unit within the 60-day term, the applicant may request an extension. Extension requests will be considered by the HRC Coordinator on a case-by-case basis.

### B. Housing Search Process

Participants may search for a unit anywhere Saginaw County. All applicants receive instructions on searching available housing in Saginaw County during the briefing meeting. These instructions include primarily usage of apartment rental websites and a Landlord List provided by the HRC. It is a responsibility of the Service Provider Agency to assist

the participant in locating housing. If an applicant is having difficulty finding a housing unit, the S+C Specialists are available to assess their housing search strategy and make any suggestions or help with locating available units.

Landlords are legally obligated to screen Permanent Supportive Housing (CoC Program) applicants in the same way as non-Permanent Supportive Housing (CoC Program) applicants.

### C. Request for Tenancy/Lease Approval

Once an applicant locates a suitable unit, he or she will work with the landlord to complete the Request for Tenancy/Lease Approval (RFT). The RFT must be turned in to the HRC Program staff before the applicant's Voucher expires.

An HRC Staff will review the RFT for completeness and accuracy. If the form is not complete, the HRC Staff person will contact the applicant and/or the case manager to obtain the needed information.

| ACTION | RESPONSIBILITY |
|---|---|
| Housing search instructions provided-TRA | HRC Staff |
| Housing Search conducted-TRA | Participant<br>Case Manager/Service Provider |
| Request for Tenancy/Lease Approval completed and returned to HRC Coordinator. -TRA | Participant<br>Landlord |
| Housing options offered to participant-SRO | HRC Coordinator |
| Housing selection made SRO | Participant |

Exhibit A

Housing Support Services of SCCMHA

# REQUEST FOR TENANCY

| Owner/Management Agent Name: | | |
|---|---|---|
| Mailing Address (Number & Street): | | |
| City: | State: | Zip Code: |
| Home Phone: ( ) | Work Phone: ( ) | |

| Applicant Name: | | |
|---|---|---|
| Current Address (Number & Street): | | |
| City: | State: | Zip Code: |
| Home Phone: ( ) | Work Phone: ( ) | |

INSTRUCTIONS:

This form should be completed by the Applicant and the Owner to request the Program Administrator's approval of the unit for which the Applicant has elected to receive rental assistance.

LANDLORD/OWNER: Fill out this form completely and return it to: HRC -2723 State St. Saginaw MI 48602 Fax # 989-790-2370

IMPORTANT: DO NOT SIGN A LEASE UNTIL THE PROGRAM ADMINISTRATOR HAS INSPECTED AND APPROVED THE UNIT.

TYPE OF HOUSING:

___ Apt. 2-4 units ___Apt. 5+ units ___Manufacured Home ___Single Family ___Duplex/Townhouse ___Other

UTILITIES-CHECK THE ITEMS THAT APPLY AND WHO PAYS FOR THEM:

| | PAID BY | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| UTILITIES | Owner | Tenant | Natural Gas | Electric | Fuel Oil | Propane | Wood | Coal | Solar/Other |
| Heating | | | | | | | | | |
| Cooking | | | | | | | | | |
| Water Htg. | | | | | | | | | |
| Electricity | | | | | | | | | |
| Air Cond. | | | | | | | | | |
| Water/Well | | | | | | | | | |
| Swr/Septic | | | | | | | | | |
| Trash Coll. | | | | | | | | | |

| APPLIANCES | PROVIDED BY | |
|---|---|---|
| Refrigerator | | |
| Range/Stove | | |

**UNIT INFORMATION**

Address of Unit:

| Number of Bedrooms in Unit | Approx. yr. built: | Approx. Sq. Footage: |
|---|---|---|

| Most Recent Monthly Rent: | Proposed Monthly Rent: | Security Deposit Amount: |
|---|---|---|
| $ | $ | $ |

THE REASON FOR ANY DIFFERENCE BETWEEN THE MOST RECENT MONTHLY RENT AND THE PROPOSED MONTHLY RENT IS:

IS THIS A SUBSIDIZED UNIT OR COMPLEX? ___NO ___YES-IF YES, ENTER COMPLEX NAME _____

BASIC RENT $_____ MARKET RENT $_____ TYPE OF SUBSIDY _____

IS THIS A **HOME** RENTAL **REHAB** UNIT? ___NO ___YES

INCOME AND HOUSING INFORMATION: Request for Tenancy

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Medicaid Housing Assistance Benefit | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.18 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**: 3/20/2009 | **Date of Review/Revision**: 7/12/10, 6/28/18, 7/30/19, 4/27/20, 3/18/21, 3/29/23<br>**Supersedes**: | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services<br>**Authored By:** Director of Services for Persons with Mental Illness<br>**Reviewed By**: Debbie Jones-Burt Director of Services for Persons with Mental Illness |

**Purpose:**
To ensure that the Medicaid B3 benefit of Housing Assistance is provided in a service delivery context that leverages consumer supports for successful independent living.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
SCCMHA shall authorize "Housing Assistance" in accordance with the Medicaid Provider Manual and shall incorporate this benefit with a comprehensive program of housing subsidy and support services including Peer Supports and Community Living Support Services.

**Standards:**
None

**Definitions:**
None

**References:**
Medicaid Provider Manual, Mental Health and Substance Abuse Services, most recent publication April 1, 2020.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA shall authorize the Medicaid B3 Housing Assistance benefit (T2038) for consumers who are seeking to obtain or maintain independent living. The authorization will require an assessment of the consumers skills needed for independent living, of resources available for sustaining independent living if initiated with Medicaid funds, and of ongoing supports required for successful tenure in chosen housing. | 1. Care Management, Case Managers |
| 2. The Medicaid Housing Assistance benefit is defined as short term and SCCMHA further describes this as a period not to exceed four months. During this time a consumer must be able to obtain ongoing housing subsidy if needed to remain in independent housing. This benefit cannot be used to cover the cost of room and board. A transition housing plan must be in place at the time of authorization describing how the rent or other form of payment for housing will be accomplished by the consumer. This might include a Section 8 application or referral via the SCCHAP Coordinated Entry process, however, a realistic estimate of attainment of this will be required. | 2. Case Managers; HRC staff |

| | |
|---|---|
| 3. When authorization for Housing Assistance is requested to prevent homelessness due to imminent eviction, loss of utilities or similar crisis likely to result in displacement from housing, the Case Manager should include in the assessment an analysis of the consumer's unmet needs related to the crisis. For example, if the consumer spent this month's rent on something other than rent which precipitated the crisis, then the Case Manager should examine if the consumer needs help with budgeting and address this in an amendment to the PCP. | 3. Case Manager |
| 4. Housing Assistance may be authorized to assist with damage deposits, back utilities, new utilities, acquisition of basic furniture, or other reasonable expense as long as the consumer is the named owner of the housing either on the title of the property or as tenant on the lease. Housing assistance will not be authorized to children and cannot be used to cover the cost of rent (room and board.) | 4. Care Management |
| 5. Purchases made with the Housing Assistance benefit will be directly to a vendor who has been identified on the purchase order which is processed through the SCCMHA Finance Department. Checks to the vendor will be given to the Case Manager who will assist the consumer with acquisition, or they will be mailed to the provider. | 5. Finance Department, Case Manager |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Support Services | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.21 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**:<br>3/20/2009 | **Date of Review/Revision**:<br>7/12/10, 6/28/18, 7/29/19, 4/27/20, 4/23/21, 3/30/23<br><br>**Supersedes**: | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>**Authored By:**<br>Director of Services for Persons with Mental Illness<br><br>**Reviewed By**:<br>Debbie Jones-Burt |

**Purpose:**
To ensure that all housing services are provided in conjunction with the necessary and appropriate support services to ensure that participants are successful in remaining housed.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| | SCCMHA Housing Resource Center |
| | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
SCCMHA will assess the needs of every participant for services which they might benefit from in order to remain in housing. This service array includes both services provided by or purchased by SCCMHA as well as services from other human service agencies in the community. SCCMHA will actively participate in the Interagency Service Team of the Continuum of Care to ensure that we collaborate with other agencies in providing a comprehensive array of services to meet participants' needs.

**Standards:**
1. All participants will be assessed for needed support services and these shall be planned for and provided through the Person-Centered Planning process and documented in the Sentri electronic medical record.

**Definitions:**
None

**References:**
1. HUD Title 24, Chapter V, Section 582.300 (c) Shelter Plus Care, General Operations, Adequate Support Services
2. SCCMHA 02.03.03 Person Centered Planning

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Every participant will be assessed initially and annually for needed support services. | 1. Case Managers |
| 2. Support services will be provided either through the SCCMHA provider network or by other community agencies as appropriate including: the Department of Human Services for food stamps and health insurances such as Medicaid or ABW, legal services through Legal Services of Eastern Michigan, Health Care provided by great Lakes Bay Health System, our county Federally Qualified Health Provider, Green House neighborhood resource center, Partnership Center, Guardianship Services, Community Action Committee, Michigan Cooperative Extension, United Way of Saginaw County and others. A list of the SCCMHA provider network agencies and their types of Services will be made available to consumers. | 2. SCCMHA Provider Network<br>HRC Supervisor & SC-CHAP<br>Interagency Services Team |
| 3. Support services used by the consumers will be documented either by consumer report or by documentation from the SCCMHA encounter data.<br>Participants will be requested to report the services used through other agencies. | 3. Participants |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Case Manager Agreement | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.22 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**:<br>3/20/2009 | **Date of Review/Revision**:<br>7/12/10, 6/28/18, 7/29/19, 4/27/20, 4/23/21, 3/30/23 | **Approved By**:<br>Kristie Wolbert, Executive Director of Clinical Services |
| | **Supersedes**: | **Authored By:**<br>Director of Services for Persons with Mental Illness<br><br>**Reviewed By**:<br>Debbie Jones-Burt |

**Purpose:**
So that clients referred to the Housing Resource Center for Housing Assistance receive appropriate services that will ensure a successful housing experience. To enlist the Case Manager or Therapist as an active participant in the housing services received by the client so that the client can maintain their household; and when eligibility is not met, to aid the client in transition from housing assistance to suitable alternatives. To ensure relevant information is disseminated in a timely manner.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| | SCCMHA Housing Resource Center |
| X | SCCMHA Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
When a housing referral is made and a client intake is performed, the referring professional agrees that: they will continue to provide services and support while the client is participating; they have a clear understanding of the responsibilities and expectations of the program; they will notify the Housing Resource Center staff when

they obtain information that is relevant to their client's participation on one of the housing assistance grants administered by SCCMHA.

**Standards:**
This policy pertains to all professionals in the SCCMHA provider network referring clients for Housing Assistance. The *Case Manager Agreement* will be signed by the Service Provider upon initial intake of their client to the housing program and annually during the recertification process.

**Definitions:**
Housing Assistance: for the purposes of this policy, Housing Assistance means any of the services offered by SCCMHA out of the Housing Resource Center. These grants include rental assistance and utility assistance where appropriate.
Program: means one of the grants (housing assistance program) administered by the Housing Resource Center.
Case Manager/Therapist: for the purpose of this policy, it is meant to be the referring service provider, whether they are a Case Manager, Therapist, Nurse, Psychologist or psychiatrist.

**References:**
None

**Exhibits:**
Exhibit A - Case Manager/Therapist Agreement

**Procedure:**
During the initial referral, the client is not yet accepted for Housing Assistance. The Case Manager/Therapist Agreement is signed and becomes effective at the client intake when the eligibility information is obtained. The Case Manager/Therapist Agreement is reviewed by the referring professional and the HRC staff. The referring professional signs the agreement indicating understanding and acceptance. The HRC staff place the agreement in the clients housing file. This agreement is signed at initial intake and annually at recertification.

| ACTION | RESPONSIBILITY |
|---|---|
| Agreement is presented and explained to the Case Manager/Therapist. | Housing Resource Center Staff. |
| Agreement is signed. | Case Manager/Therapist or referring professional.<br>Housing Resource Center Staff. |
| Agreement is collected and placed in client's file. | Housing Resource Center Staff. |

Exhibit A

# The Saginaw County Community Mental Health Authority

500 Hancock, Saginaw, MI 48602

## Case Manager/Therapist Housing Agreement

**RE:_____**

*I am referring this consumer for enrollment or continued participation in the Housing Assistance Program which is a program of the Housing Resource Center at the Saginaw County Community Mental Health Authority (SCCMHA). If this consumer is accepted into the program or participates for another year, I understand that I will have some ongoing responsibilities including the following:*

a) I will be responsible to see that the consumer continues to be offered appropriate mental health services including substance abuse treatment if dually diagnosed.

b) I will be responsible to inform the HRC Coordinator if the consumer discontinues services or does not keep appointments.

c) I will be responsible to inform the HRC Coordinator if I become aware that the consumer has moved from the apartment that is being subsidized.

d) I will be responsible to inform the HRC Coordinator if I become aware of any housing related problems that the consumer is facing such as a shut-off notice, non-payment of rent, Eviction Notice, arrest and incarceration, etc.

e) I will be responsible to inform the HRC Coordinator of special services that the consumer needs and/or receives including Crisis Intervention, hospitalization, job training, etc.

f) I will be responsible to inform the HRC Coordinator before closing the case if this consumer is non-compliant with treatment or passes away.

g) In the event that I am no longer responsible for this consumer (resignation, reassignment, etc.) I will be responsible to see that my replacement and/or supervisor is aware that that this consumer is in the PSH Program and aware of the special responsibilities for the therapist or case manager who will subsequently be working with this consumer.

_____ _____

***Case Manager/Therapist*** ***Date***

_____ _____

***Housing Resource Center Staff*** ***Date***

***Updated July, 2019 (RA)***

<table>
<tr><td colspan="3">Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Annual Recertification</td><td>Chapter: 09.06.12 - Housing Resource Center</td><td>Subject No: 09.06.12.23</td></tr>
<tr><td colspan="3">Housing Support Services of SCCMHA</td></tr>
<tr><td rowspan="2">Effective Date:<br>3/20/2009</td><td>Date of Review/Revision:<br>7/12/10, 6/27/16, 6/28/18, 7/30/19, 4/27/20, 4/23/21, 3/30/23</td><td rowspan="2">Approved By:<br>Kristie Wolbert, Executive Director of Clinical Services<br><br>Authored By:<br>Director of Services for Persons with Mental Illness<br><br>Reviewed By:<br>Debbie Jones-Burt</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To describe the annual recertification process to determine continued eligibility and participants rent portion.

**Application:**
Annual recertification applies to all participants receiving rental assistance under any of the SCCMHA Housing Services supported grants.

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| X | SCCMHA Housing Resource Center |
| | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
On an annual basis, SCCMHA Housing Services will reexamine a participant's income, family composition and disability information to ensure that the participant remains eligible for rental assistance. Information will be gathered from the participant, the Case Manager and Third parties.

Leases that coincide with the anniversary date will be reviewed and Housing Quality Inspections will be performed. Housing Quality Standards will be conducted in

accordance with SCCMHA policy 09.08.03.03 "Housing Unit Inspection and Housing Quality". Lease Reviews and Rent Calculations will be conducted in accordance with SCCMHA policy 09.08.03.06 "Rental Agreements". Rent reasonableness will be conducted in accordance with SCCMHA policy 09.08.03.05 "Rent Reasonableness".

If a family fails to comply with re-examination requirements, they may be terminated from the program for lack of cooperation. Annual appointments will be scheduled for eleven months to give the client opportunity to reschedule twice if necessary.

**Standards:**
Annual recertification is to be completed by a participants' anniversary date. Interim recertification may be performed in order to adjust date with other scheduling processes. The recertification process will start thirty (30) days in advance of a participant's anniversary date so that the required verifications and information can be obtained in a timely manner.

**Definitions:**
*Anniversary date* means the date the client was initially placed in housing.

**References:**
24 CFR Section 582.310 Resident Rent
SCCMHA Housing Service Policy 09.08.03.04 "Housing Unit Inspection & Housing Quality"
SCCMHA Housing Service Policy 09.08.03.05 "Rent Reasonableness"
SCCMHA Housing Service Policy 09.08.03.06 "Rental Agreements"
SCCMHA Housing Service Policy 09.08.05.01 "Termination of Assistance"

**Exhibits:**
Exhibit A - Household Documents Checklist
Exhibit B - Housing Assessment
Exhibit C - Income and Asset Release of Information
Exhibit D - Participant Agreement Form
Exhibit E - Case Manager Agreement
Exhibit F - Verification of Disability
Exhibit G - Applicant Tenant Authorization

**Procedure:**
Participant: Thirty days prior to the anniversary date the HRC Staff will send the participant a notice requiring recertification along with a scheduled appointment time to meet with the staff and complete paperwork. The notification will include instructions to the participant about which types of household documents should be brought in to assist in the process. During the recertification meeting the HRC Staff will collect from the participant:

- Current income information for all household members
- Completed Annual Assessment including Household Composition Table

- Completed Applicant/Tenant Program Agreement, signed by all adults 18 and older
- Releases of information
- Verifications for any deductions claimed: medical, childcare, or student

Other documentation that needs to be provided by the participant that is not provided at the recertification meeting will be indicated on the "Household Documents Checklist". A copy of this will be provided to the participant and they will have two weeks to return the items and information indicated on the list.

If for health reasons (hospitalization, public health emergency such as the COVID-19 pandemic) the client is unable to attend the recertification appointment in-person a recertification packet will be mailed to the participant to be completed and returned to the SCCMHA HRC by the re-certification deadline determined by HRC staff.

Case Manager: The Case Manager will be sent the following documents to be completed and returned to the HRC staff:

- Case Manager/Service Provider Agreement
- Verification of Disability signed by a medical doctor

If the participant fails to show up for their scheduled appointment another will be scheduled as soon as possible. If the participant fails to show up for the second scheduled appointment a final reschedule will be sent explaining failure to attend will result in termination of rental assistance.

Exceptions:

- If tenant/participant is incarcerated, hospitalized, or incapacitated, all efforts will be made to acquire recertification documents and signatures prior to the annual certification date. If the tenant will need housing assistance upon release from institution and there is a known or planned discharge date in place the tenant will not be terminated if said discharge date is within 60 days of annual recertification date.

After the recertification meeting with the participant, HRC Staff will send out income verification requests to third party sources. Chief among these are:

- Social Security Administration (SSI, SSD, SS)
- Department of Human Services (Food stamps, TANF, etc.
- Banks (checking accounts, saving accounts, assets)
- Insurance companies
- Etc.

Once all recertification information is collected, the participant will be notified of any rent portion adjustments. If a participant is found to be ineligible during the recertification process because of income or disability, that person will be notified in

writing and the termination process will commence (See policy: 09.08.05.01 "Termination of Housing Assistance")

| ACTION | RESPONSIBILITY |
|---|---|
| Notice sent of reexamination appointment to participant | HRC Staff |
| Case Manager Agreement and Disability Verification sent to Service Provider | HRC Staff |
| Household documents verifying family composition and provided to HRC Staff | Participant |
| Case Manager Agreement and Disability Verification returned to HRC Staff | Case Manager/Service Provider |
| Third Party verification conducted in the form of letters, faxes, etc. | HRC Staff |
| | |

Exhibit A

Housing Support Services of SCCMHA

Tenant Name: _____

# Household Document Checklist

**Birth Certificates**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

Notes: _____

**Social Security Cards**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

**Medicaid/Medicare Cards**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

**Picture ID's**

☐ Head of household ☐ Other adult _____

**Declaration of Citizenship**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

**Marriage Certificates**

☐ Head of household

**Guardianship-Power of Attorney**

☐ Head of household ☐ _____ ☐ _____ ☐ _____

☐ **Live-in Aide Certificates/Verifications**

Exhibit B



Housing Support Services of SCCMHA

# S.C.C.M.H.A. Housing Assessment

**Name:**_____ **Date:**_____

**Current Address:**_____

**Phone Number:**_____

☐ Authorizations/Consent to Release Information required every year—These forms must be signed by every member of the household who is 18 years of age or older who will reside in the assisted unit.

Need, if we don't already have:

☐ Picture IDs- copies of Picture IDs for all adult household members [all those 18years old or older]

☐ Birth Certificates- copies of proof of birth for all household members [birth certificate or cradle roll]

☐ Social Security Number- copies of social security cards for all household members.

Please provide information for yourself and **all family members living with you**:

| Full Name | DOB | Age | Sex | SSN# | Relationship to you | Ethnicity Code* | | Hispanic (Y/N) |
|---|---|---|---|---|---|---|---|---|
| | - - | | | - - | SELF | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

***Ethnicity Codes (enter one or more):**
**1 – White 2 - Black/African American 3 – American Indian or Native Alaskan 4 – Asian**
**5 – Native Hawaiian/Other Pacific Islander**

| | |
|---|---|
| Marital Status:<br>☐ Married ☐ Single ☐ Living together ☐ Divorced ☐ Separated | |
| Are you a U.S Citizen? | ☐ Yes ☐No |
| Is anyone in your household NOT a U.S. citizen?<br>If yes, who? _____ | ☐ Yes ☐No |
| Are you or anyone in your household a VETERAN? | ☐ Yes ☐No |
| Do you or anyone in your household currently receive V.A. services? | ☐ Yes ☐No |
| If you or someone in your household is a veteran, would you like information on where to receive V.A. services? | ☐ Yes ☐No |
| Are you or anyone that lives with you pregnant? If yes, please give their name and Baby due date:<br>Name:_____ Due Date: _____ | ☐ Yes ☐No |

Please list names, addresses, and phone numbers of two relatives or friends who generally know how to contact you:

| Name | Relationship to you | Address | Phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Other Service Provider Information: List Case Managers, DHS Workers, other community supports (job coach, transportation, etc.)

| Name | Relationship to you | Agency | Phone |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

Do you require SPECIFIC accommodation(s) to fully use our programs and services? ☐ Y ☐ N

List specific accommodation(s) required: _____

_____

Is your disability: (check all that apply to you)

| | | |
|---|---|---|
| ☐ Physical | ☐ Mental Health | ☐ Problems with stairs |
| ☐ Sensory | ☐ Substance Abuse (past HX) | ☐ Learning Difficulty |
| ☐ Other _____ | | |

Corrections Related Status:

| | |
|---|---|
| ☐ Probation from Jail | ☐ Awaiting Trial |
| ☐ Paroled from Prison | ☐ Awaiting Sentencing |
| ☐ Court Supervision | ☐ No problems with the law |

Do you have any past credit or legal history that might prevent housing you? ☐ Y ☐ N

Please Explain:

_____

_____

_____

Do you owe money for Utility Bills? ☐ Y ☐ N, If yes, how much?_____

Do you owe money for Water Bills? ☐ Y ☐ N, If yes, how much?_____

Have you or anyone in your household ever been arrested for illegal use of a controlled substance or activities related to an abuse of alcohol? ☐ Yes ☐ No

If yes, When? Date(s):_____

**Education Summary**

Highest Level of Education Attained:

| | | |
|---|---|---|
| ☐ Bachelors Degree | ☐ Technical School Certification | ☐ 10th grade |
| ☐ Graduate Degree | ☐ No Schooling Completed | ☐ 11th grade |
| ☐ Associates Degree | ☐ Nursery school to fourth grade | ☐ 12th grade |
| ☐ Some College | ☐ 5th grade or 6th grade | ☐ High School Diploma |
| ☐ Some High School | ☐ 7th grade or 8th grade | ☐ GED |
| ☐ Some Technical School | ☐ 9th grade | ☐ Post Secondary School |

| | |
|---|---|
| Have you been placed in a temporary accommodation by another agency?<br>If so, which agency placed you?<br>_____ | ☐ Yes ☐ No |
| Have you been on a rental subsidy program before? | ☐ Yes ☐ No |
| Are you CURRENTLY on a rental subsidy? | ☐ Yes ☐ No |
| If you are currently renting, is your rent paid to date? | ☐ Yes ☐ No |
| Have you been evicted or asked to leave your current residence?<br>If yes, when did you, or will you, have to leave? _____ | ☐ Yes ☐ No |
| Have you ever been evicted from Public Housing, Indian Housing, a Section 23 or Section 8 program?<br>If yes, When? _____Reason: _____<br><br>Name of Housing Authority or owner: _____ | ☐ Yes ☐ No |

*Address/Move History (for the last three years)*

| Street /Apt | City/State/Zip | Dates There/ Length of stay | Reason for Leaving |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Previous landlord (if applicable):

Name:_____ Phone:_____
Address: _____

Details about where you currently live

Please check all that apply to you

| | | |
|---|---|---|
| ☐ Apartment | ☐ House | ☐ Emergency Shelter |
| ☐ SIP Home | ☐ Subsidized Housing | ☐ Hospital/Institution |
| ☐ AFC Home | ☐ No home | ☐ Hotel/Motel |
| ☐ With Friends | ☐ With family | ☐ On the street/dumpster |
| ☐ Under bridge | ☐ Abandoned house/building | ☐ Prison/jail |

Current landlord (if applicable):

Name: _____ Phone:_____
Address: _____

Please tell us of any other problems or needs (serious disrepair, rent arrears) where you live now:

_____
_____
_____
_____

List housing preferences such as type of housing, area, amenities, etc.

1._____ 4._____
2._____ 5._____
3. _____ 6._____

What is the cause of your homelessness?

_____
_____
_____
_____
_____

What would you like to accomplish through the Shelter Plus Care Program?

| |
|---|
| |
| |
| |
| |
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| |
| |

Employment and Income

Do you, or anyone in your household work full-time, part-time, or seasonally?? ☐ Y ☐ N
If no, skip to next question.

| Name | Name and Address of employer | Hourly Rate | Hours/ week | Monthly Income | Paid how often? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |

***Please attach a months worth of recent ORIGINAL pay stubs for each job.***

Housing Support Services of SCCMHA

**Does any member of your household:**

| | |
|---|---|
| Earn income from self employment?<br>If yes, please provide proof of income. | ☐ Yes ☐ No |
| Work part time, full time or seasonally? (If no, skip to question #) | ☐ Yes ☐ No |
| Expect a leave of absence from work due to lay-off, medical, maternity, or military leave? | ☐ Yes ☐ No |
| Work for someone who pays them cash? | ☐ Yes ☐ No |
| Receive tips?<br>If yes, who? _____ How much per week? $_____<br>Source:_____ | ☐ Yes ☐ No |
| Expect to work for any period during the next year? | ☐ Yes ☐ No |
| Receive payment from pension or retirement funds?<br>If yes, who? _____ Monthly amount:_____<br>Source:_____ | ☐ Yes ☐ No |
| Receive unemployment benefits?<br>If yes, who? _____ Monthly amount:_____<br>Date benefits began:_____ Date benefits will end:_____<br>Source:_____ | ☐ Yes ☐No |
| Receives workman's compensation, disability or death benefits other than Social Security?<br>If yes, who?_____ Monthly amount:_____<br>Source:<br>_____ | ☐ Yes ☐No |

*** Please provide most recent check stubs or award letters! ***

**All other sources of income such as DHS, SSI, SSDI, State Disability**

| Name of person receiving income/benefit source | Source of Income or benefits | Monthly GROSS amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

***If you do receive any of these sources of income or benefits, please provide proof for each dated within the past 60 days.***

| | |
|---|---|
| A member of the household receives adoption assistance payments.<br>If yes, provide proof and monthly amount: _____ | ☐ Yes ☐No |
| A member of the household receives child support and/or alimony.<br>If yes, attach the original payment disbursements printout for the past 6 months. | ☐ Yes ☐No |
| Is child support paid directly to DHS?<br>Friend of the Court Name: _____ Contact Person: _____<br>Address: _____ Phone: _(___)____-_____<br>City, State, Zip: _____ Fax #:_____ | ☐ Yes ☐No |
| A member of the household owns real estate, mobile home or land contracts. | ☐ Yes ☐No |
| A member of the household receives income from rental of real estate or personal property.<br>If yes, provide monthly amount: _____ | ☐ Yes ☐No |
| A member of the household receives income from Indian Trust Land. | ☐ Yes ☐No |
| A member of the household has personal property held for investment purposes. (jewelry, coin or stamp collections, etc.) | ☐ Yes ☐No |

| | |
|---|---|
| A member of the household has a life insurance policy with a cash surrender value.<br>If yes, list source and balance (do not include burial policies):<br>_____ | ☐ Yes ☐No |
| An adult member of the household is a student.<br>If yes, attach the original most recent check stub and/or award letter.<br>Name: _____ School: _____<br>Address:_____ Phone: _____ | ☐ Yes ☐No |
| A member of the household has assets such as savings, checking, stocks, bonds, IRA's etc.<br>If yes, list account and current balance: | ☐ Yes ☐No |

| Name | Account Type | Bank/ Institution | Address, city, zip | Phone | Balance |
|---|---|---|---|---|---|
| 1. | | | | | $ |
| 2. | | | | | $ |
| 3. | | | | | $ |

| | |
|---|---|
| If yes, attach original statements. For checking accounts send most recent original bank statement. | |
| A member of the household has sold, given away, or otherwise transferred ownership of assets within the last two (2) years, valued over $1,000 (do not include personal vehicle).<br><br>If yes, explain: | ☐ Yes ☐No |

| A member of the household has income earned or unearned not previously listed. If yes, list monthly amount: | ☐ Yes ☐No |
|---|---|

| Household Member | Source | Address, city, state, zip of source | Phone | Amount |
|---|---|---|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |

| A member of the household who is elderly (age 62 or older) or disabled pays medical insurance premiums, other than Medicare. If yes, complete. | | | | ☐ Yes ☐ No |
|---|---|---|---|---|
| Household Member | Insurance Company | Address, city, state, zip of source | Phone | Amount |
| 1. | | | | $ |
| 2. | | | | $ |
| If yes, attach original premium statement(s) showing amount and frequency of payment. | | | | |

| A member of the household who is elderly (age 62 or older) or disabled pays for medical expenses or services, or handicap equipment that are not reimbursed by insurance or DHS/other Agency. (List separately each pharmacy, licensed health care, and chore care provider who you pay directly to meet your medical/health/disability needs. Estimate monthly amount) If yes, list monthly amount not paid by DHS | | | | ☐ Yes ☐No |
|---|---|---|---|---|
| Household Member | Provider | Address, city, state, zip of source | Phone | Amount |
| 1. | | | | $ |
| 2. | | | | $ |
| 3. | | | | $ |
| 4. | | | | $ |
| 5. | | | | $ |
| 6. | | | | $ |
| If yes, attach the original listing of annual expenses or statement from the provider. | | | | |

| Yes ☐ No ☐ I pay childcare or handicap care expenses for a member of the household in order to be gainfully employed or to further my education. Note: Expense is not deduction if provider is a member of the household. If yes, list monthly amount: | | | | |
|---|---|---|---|---|
| Household Member | Provider | Address, city, state, zip of source | Phone | Amount |
| 1. | | | | |
| 2. | | | | |
| If yes, attach the original most recent (4) receipts for the care provider payments. | | | | |

| Yes ☐ | No ☐ | If a member in the family is disabled, under the age of 62, and does not receive SSI, list the licensed health care provider who will verify the disability: | | | |
|---|---|---|---|---|---|
| Household Member | | Care Provider | Address, city, state, zip | Phone | Fax |
| 1. | | | | | |
| 2. | | | | | |
| If yes, attach the original most recent (4) receipts for the care provider payments. | | | | | |

| Yes ☐ | No ☐ | I have a member of the household(s) age 5 or under who has an identified Environmental Intervention Blood Lead Level (EIBLL) |
|---|---|---|
| List their names: _____ If yes, attach documentation indicating EIBLL. | | |

| Use this space to provide any additional general information or to complete questions above. To complete questions indicate the Question number and the information that was requested. | |
|---|---|
| Question # | |
| | |
| | |

☐ Do you have a payee? ☐ Yes ☐ No Name_____ Phone _____

Are you receiving cash assistance from DHS? ☐ Yes ☐ No
*If "No" Did you recently lose your cash assistance? ☐ Yes ☐ No

If yes, Name of DHS Case Worker _____

Do you have Medical Insurance? ☐ Yes ☐ No

If yes, please complete the following:

Name of Insurer (insurance) _____

Name of Insured Person/s _____

Do you have an insurance premium? ☐ Yes ☐ No

If yes, Insurance Premium amount _____per_____

**Certification:**

I certify that only the people listed on page one of this form, will occupy the unit. I hereby attest that I have reviewed this entire form and that all of my family information, income, assets and expenses have been accurately reported. I understand that providing false information will result in denial or termination of benefits. I understand that I must report any increase of income in writing 14 calendar days of the increase.

_____ _____
Signature of the Head of Household Date

_____
Print Name:

**NOTE TO APPLICANTS**: If you believe you have been discriminated against, you may call the Fair Housing and Equal Opportunity National Toll-free Hot Line at (800) 424-8590.
*Add state law, if applicable.

For Office Use Only
☐ New Admission ☐ Annual Re-examination

Date Received:_____ Staff Initials_____

Bedroom Size : EFF____ 1Bdrm ____ 2Bdrm _____ 3Bdrm ____ 4Bdrm ____

Total Household Income $.....

Exhibit C

Housing Support Services of SCCMHA

## Income, Asset and Eligible Expense Information for Income Providers
# Release of Information

In signing this consent form, you are authorizing SCCMHA, its agents, employees, affiliates to request income, asset and eligible expense information from all income providers (i.e. Social Security Administration, Department of Human Services, employers, etc.) listed on your Income Checklist and any other related application forms. This information is needed for purposes of determining eligibility for this rental assistance program. Private owners may not request information authorized by this form.

Failure to sign the consent form many result in denial of assistance or termination of benefits.

**CONSENT**

I/We hereby allow SCCMHA, and its affiliates to request and obtain income and asset information from all providers (i.e., Social Security Administration, The Michigan Department of Human Services, etc.) listed on my/our Income Checklist and any other related application forms.

I agree that the copies of this authorization may be used for the above stated purposes.

| | |
|---|---|
| *Applicant Signature* | *Date* |
| *Co-Applicant Signature* | *Date* |
| *Other Adult Household Member* | *Date* |
| *Other Adult Household Member* | *Date* |

Exhibit D

Housing Support Services of SCCMHA

# Saginaw County Community Mental Health Authority

## S+C Participant Agreement

By my signature below, I am asking to participate in or continue to participate in the SCCMHA Shelter Plus Care Program. I also agree to the following:

**I will receive mental health services and/or substance abuse services and comply with my treatment plan.**

**I agree to pay my share of the rent (30% of my income) as determined by the SCCMHA, I will notify the program staff if I am more than 2 weeks behind with my rent.**

**If my income significantly changes (by more than $40 a month), I will notify the program staff within 10 days of the change.**

**If I receive a shut-off notice either for my utilities or water, I will notify the program staff to the shut-off date.**

**If I receive a Seven Day Notice, a Notice to Quit or an Eviction Notice, I will notify the program staff within 5 days of receiving the notice.**

**I will notify the program staff if I move out of my current apartment.**

**I will notify the program staff if I am arrested, incarcerated or hospitalized.**

**I will not give the keys to anyone or allow others to stay in my apartment except as provided for in the lease.**

I understand that my failure to comply with these regulations will result in my termination from the **Shelter Plus Care Program** I also understand that giving false information to the Shelter Plus Care program staff will result in my termination from the Shelter Plus Care program.

_____ Grant:_____

Print or Type Client Name

_____ _____

Client Signature Date Signed

_____ _____

Staff Signature Date Signed

# The Saginaw County Community Mental Health Authority

Exhibit E

500 Hancock, Saginaw, MI 48602

## Shelter Plus Care Program
## Case Manager/Therapist Agreement

**RE client: _____**

*I am referring this consumer for enrollment or continued participation in the Housing Assistance Program which is a program of the Housing Resource Center at the Saginaw County Community Mental Health Authority (SCCMHA). If this consumer is accepted into the program or participates for another year, I understand that I will have some ongoing responsibilities including the following:*

***a) I will be responsible to see that the consumer continues to receive appropriate mental health services including substance abuse treatment if dually diagnosed.***

***b) I will be responsible to inform the Shelter Plus Care coordinator if the consumer discontinues services or does not keep appointments.***

***c) I will be responsible to inform the Shelter Plus Care coordinator if I become aware that the consumer has moved from the apartment that is being subsidized.***

***d) I will be responsible to inform the Shelter Plus Care coordinator if I become aware of any housing related problems that the consumer is facing such as a shut-off notice, non-payment of rent, Eviction Notice, arrest and incarceration, etc.;***

***e) I will be responsible to inform the Shelter Plus Care coordinator of special services that the consumer needs and/or receives including Crisis Intervention, hospitalization, job training, etc.***

***f) I will be responsible to inform the Shelter Plus Care coordinator before closing the case if this consumer is non-compliant with treatment or passes away.***

***g) In the event that I am no longer responsible for this consumer (resignation, reassignment, etc.) I will be responsible to see that my replacement and/or supervisor is aware that that this consumer is in the Shelter Plus Care Program and aware of the special responsibilities for the therapist or case manager who will subsequently be working with this consumer.***

| | |
|---|---|
| _____ | _____ |
| Case manager/therapist | Date |
| _____ | _____ |
| S+C Coordinator | Date |

Exhibit F

Housing Support Services of SCCMHA

# Saginaw County Community Mental Health Authority
## Housing Services
## VERIFICATION OF DISABILITY AND/OR SPECIAL MEDICAL NEEDS

Licensed Health Care Provider:

**Section A – TENANT INFORMATION**

***PLEASE COMPLETE SECTION A ONLY AND RETURN TO ADDRESS LISTED ON THE BOTTOM OF PAGE 2.***
***Your Program Administrator** will forward to your Licensed Health Care Provider.*

| Head of Household Name | County | Telephone Number |
|---|---|---|
| Client/Patient Name | Social Security Number | Voucher Number |

**You are authorized to release information concerning my disability and/or special medical needs to the SCCMHA Salter Place housing Resource Center and the Michigan State Housing Development Authority.**

***SEE ATTACHED AUTHORIZATION FORM***

Client/Patient Signature _____ Date _____

**STOP HERE** *Please complete Section A & C and return to address on back.*

| Client/Patient Name | Head of Household Name | Voucher Number |
|---|---|---|

**Section B – VERIFICATION OF DISABILITY (To be completed by Licensed Health Care Provider)**

*Per authorization in Section A, please provide the information requested so we can quickly determine the client/patient's disability status.*

Federal law gives special consideration to a person or family of a person who is disabled in order to be eligible to receive federally-aided housing. To qualify for such special consideration, at least one of the heads of the household must:

a) **be unable to engage in any substantial gainful activity** by reason of any medically determined physical or mental impairment which can be expected to last for a continuous period of **not less than 12 months**; or

b) in the case of an individual who is 55 years of age and is blind, be unable by reason of blindness to engage in substantial gainful activity requiring skills or abilities comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time; or

c) be a disabled person which is defined as a person having a physical or mental impairment which:

1) is expected to be of a continuous and indefinite duration, and

2) substantially impedes the ability to live independently, and

3) is of such a nature that such ability could be improved by more suitable housing conditions; or

d) be developmentally disabled which means a severe, chronic disability of a person which:

1) is attributable to a mental or physical impairment or combination of mental and physical impairments; and

2) is manifested before the person is twenty-two; and

3) is likely to continue indefinitely; and

4) results in substantial functional limitation in three or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self- direction, capacity for independent living, and economic self-sufficiency, and reflects the person's need for a combination and sequence of special inter-disciplinary, or generic care, treatment, or other services which are life-long or of extended duration and are individually planned and coordinated.

In my opinion, _____
Client/Patient Name

☐ is ☐ is not disabled as defined above for a continuous period of not less than 12 months. An explanation of the disability is:

_____

_____

☐ This client/patient is disabled as defined above **permanently**.

**As a duly licensed Health Care Provider, I certify the information given is correct.**

| Type or Print Name | Title | ( ) Telephone Number |
|---|---|---|

| Street Address | City | State | ZIP Code |
|---|---|---|---|

| Signature | Date Signed |
|---|---|

**Please return the completed form to:**

Rollin Archangeli, Housing Resource Center Supervisor
SCCMHA
500 Hancock St.
Saginaw, MI 48602

Exhibit G

Housing Support Services of SCCMHA

# APPLICANT/TENANT AUTHORIZATION AND CERTIFICATION
## Shelter Plus Care

**Saginaw County Community Mental Health Authority**

The undersigned certifies that the information given to SCCMHA for Shelter Plus Care on household members, income, net family assets, allowances, and deductions are accurate.

I certify that only the people listed on my Lease and Occupancy Agreement will occupy the unit.

I understand that I must report all income and family size changes immediately to SCCMHA.

The undersigned authorizes SCCMHA to contact any agencies, offices, groups, organizations, or employers to obtain information that is pertinent to eligibility, level of benefits, or continued participation in Shelter Plus Care - HUD-funded Housing Programs. This authorization, and the information obtained with it, may be used to administer, and enforce program rules and policies. This information is needed for purposes of determining eligibility for this rental assistance program. Private owners may not request information authorized by this form.

Failure to sign the consent form many result in denial of assistance or termination of benefits.

I understand that false statements or information are:

✓ grounds for termination of housing assistance.

I agree that photocopies of this authorization may be used for the purposes stated above.

| | |
|---|---|
| *Applicant Signature* | *Date* |
| *Co-Applicant Signature* | *Date* |
| *Other Adult Household Member* | *Date* |

| Salter Place Housing Resource Center Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Housing Appeals and Grievance | **Chapter**: 09.06.12 - Housing Resource Center | **Subject No:** 09.06.12.28 |
| Housing Support Services of SCCMHA | | |
| **Effective Date**: 3/20/2009 | **Date of Review/Revision**: 7/12/10, 4/29/20, 4/23/21, 3/30/23 | **Approved By**: Kristie Wolbert, Executive Director of Clinical Services |
| | **Supersedes**: | **Authored By:** Director of Services for Persons with Mental Illness<br><br>**Reviewed By**: Debbie Jones-Burt |

**Purpose:**
To ensure that SCCMHA housing program participants in Shelter Plus Care are provided with federally required due process.

**Application:**

| | This procedure applies to Programs, Grants or Benefits Checked |
|---|---|
| X | HUD Tenant Based Permanent Supportive Housing (CoC Program) |
| | PATH Homeless Outreach |
| X | SCCMHA Housing Resource Center |
| X | SCCMHA Medicaid Housing Assistance Program |
| X | SCCMHA Provider Network |

**Policy:**
SCCMHA will provide due process to Shelter Plus Care and other participants in housing subsidy grants administered through the SCCMHA, through the SCCMHA Local Appeal Process. This Local Appeal process is administered through the SCCMHA Customer Service Department.

**Standards:**
Participants in housing services from the Salter Place Housing Resource Center of SCCMHA that are either terminated, or experience a reduction in services, have the right

to appeal the decision by the Housing Resource Center Supervisor and staff with an independent third party. That party is the Customer Service and Recipient Rights office of SCCMHA.

**Definitions:**
Adverse Action: any action taken by SCCMHA to terminate, reduce or change services which have been authorized. This would include rent calculations, choice of location of housing, decisions to stop leases due to failure to meet Housing Quality Standards, etc.

**References:**
1. SCCMHA Policy 02.01.11.02 Local Appeal
2. SCCMHA Housing Policy 09.08.05.01 "Termination of Housing Assistance"
2. HUD Title 24, Chapter V, Section 582.320, Termination of assistance to participants.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Notice of access to the SCCMHA Local Appeal Process will be:<br>▪ posted in the Housing Resource Center,<br>▪ provided to all consumers at intake and at annual recertification and<br>▪ included in any written communication to the consumer regarding any adverse action. | 1. Housing Resource Center Supervisor |
| 2. The Supervisor of Customer Service will review any Consumer/Participant grievance or appeal with the Housing Resource Center Supervisor at the first step. | 2. Supervisor of Customer Service & Recipient Rights |
| 3. The Housing Resource Center Supervisor will provide for review a summary of the action supported and any evidence that supports the decision to the Supervisor of Customer Service and Recipient Rights. | 3. Housing Resource Center Supervisor |

| Enhanced Health & Integration Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Health Home Huddle | **Chapter**: 09.09 - Enhanced Health & Integration | **Subject No**: 09.09.03.01 |
| **Effective Date**:<br>2/19/2018 | **Date of Review/Revision**:<br>6/12/19<br>**Supersedes**: | **Approved By**:<br>Colleen Sproul, Director of Health Home and Integrated Care<br><br>**Authored By**:<br>Colleen Sproul<br><br>**Reviewed By**:<br>Healthcare Integration Committee |

**Purpose:**
To promote communication and care coordination between treatment teams and clinical services in the delivery of care in chronic disease management

**Application:**
This policy applies to all SCCMHA-funded services and supports provided to consumers with mental illnesses, substance use disorders and intellectual/developmental disabilities.

**Policy:**
The SCCMHA Health Home service array shall include comprehensive care management for consumers with complex comorbidities, care coordination, health promotion, comprehensive transitional care, individual and family support services and referrals to community and social support services provided in a manner that is based upon the unique needs and conditions of each consumer served. The purpose of this procedure is to delineate the daily planning efforts of the Saginaw County Community Mental Health Authority (SCCMH) Health Home staff in an effort to improve consumer outcomes by addressing whole-person health care needs through the provision of comprehensive, integrated behavioral health (mental health and substance use disorder), medical, care coordination and management services by each member of the Health Home team who is schedule to meet with a consumer.

**Standards:**
1. Promote open communication among team members.
2. Define shared responsibilities for plan of care.
3. Using a team approach, problem solve consumer needs.
4. Shared consumer care coordination and decision-making.

5. Use of a communication strategy, SBAR Model, to capture and organize consumer information to streamline communication and capture pertinent information amongst Health Home staff prior to the scheduled visits for that day or the coming day.

1. **S**ituation- staff scheduled with consumer identifies what is going on with the consumer in five to 10 seconds, why the consumer is scheduled today including any consumer concerns. Other staff may have contributory information.
2. **B**ackground – supervisor identifies what clinical context, objective data and numbers, health risk of the consumer including open care alerts that are identified with the scheduled consumer visit.
3. **A**ssessment – staff identify any needed follow up by other staff, important or outstanding issues to be discussed with the consumer by the staff scheduled to meet with the consumer.
4. **R**ecommendation – staff scheduled with consumer recommends connecting with other staff members (briefly) to touch base about open care alerts, follow up to previous appointments, lab draws or pharmacy/medication pick up, etc.
5. Morning huddle occurs with all clinic staff in attendance each day.
6. The purpose of morning huddle is to draw attention to consumers who are stratified as high risk through ICDP, which uses a hybrid of LACE to calculate the risk score.
7. (ICDP/ZENITH imports the daily SCCMHA clinic schedule and consumer diagnosis and attaches the LACE risk level, recent hospitalization or ED encounters and open Care Alerts and sends SCCMHA a daily "huddle" document.)
8. The goal is to bring consumers identified as high or medium risk into the NOMs process, frequent assessment (every three months at a minimum), develop plans of care to improve overall functioning and to coordinate care (integrate) with case holders to address the SDOH, behavioral health status, SUD or physical health conditions that lead to re-admissions or admissions (both psychiatric and medical inpatient).

**Definitions:**
None

**References:**
**http://www.youtube.com/watch?v=Wttxm7jAnb4**

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Identify scheduled consumer issues that need to be managed. Issues will be identified through the use of a daily appointment report generated | All huddle staff |

| | |
|---|---|
| for the purpose of huddle. | |
| 2. Consumer issues such as needed lab work, adherence to prescribed medications for specific diagnoses and recognition of risk level are reviewed daily through the scheduled appointment report. | All huddle staff |
| 3. Transitional care issues/concerns/needs identified such as ED, utilization or hospitalization are addressed. | All huddle staff |
| 4. Chronic disease management education needs identified, i.e., diabetes, hypertension, preventive screenings, etc. and noted if intervention is needed. | All huddle staff |
| 5. Medication management i.e., getting medication refills, understanding prescribed medications, etc. are noted if intervention is needed. | All huddle staff |
| 6. Wellness and health promotion needs such as tobacco cessation, nutrition, exercise and prevention needs noted if intervention is needed. | All huddle staff |
| 7. Mental health education such as understanding a mental health diagnosis and psychiatric medication management noted if intervention is needed. | All huddle staff |
| 8. Note scheduled consumer's physical health information and share if intervention is needed. | Co-located primary care Behavioral Health Consultant |
| 9. Identify physical health interventions for consumers that may affect the need for follow up on referrals, medical tests, etc. prescribed by the primary care provider. | Co-located primary care Behavioral Health Consultant |
| 10. Wellness and health promotion needs such as tobacco cessation, nutrition, exercise and prevention needs noted if intervention is needed. | All huddle staff, Wellness coach, Medical Assistant, Registered Dietician, Case Holder |

<table>
<tr><th colspan="3">Enhanced Health & Integration Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Medication Reviews by Non-Physician Health Care Professional</td><td>Chapter: 09.09.04 - Physicians Services</td><td>Subject No: 09.09.04.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 30, 2012</td><td>Date of Review/Revision:<br>5/4/12, 2/10/17, 3/1/18, 6/11/18, 7/30/19</td><td rowspan="3">Approved By:<br>Colleen Sproul, Director of Health Home & Integrated Care<br><br>Authored By:<br>Debra M Davies-Teets RN<br><br>Reviewed By:<br>Health Care Integration Committee</td></tr>
<tr><td>Supersedes:<br>09.06.04.06 – Medication Reviews by Non-Physician Health Care Professional</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
This document delineates the policy and procedure for Medication Reviews to be performed by a Health Care Professional (HP) other than a physician.

**Policy:**
It is the policy of Saginaw County Community Mental Health that regular reviews of the medications prescribed by a SCCMHA physician, or other Health Care professional licensed to prescribe medications, will be instituted for the purpose of evaluating, assessing and monitoring for the therapeutic response, potential side effects and need to continue the current pharmacotherapy, or change the prescribed medication regime per the treating physician. This is to encourage a resolution or prevention of targeted symptoms or behaviors.

**Application:**
This policy and procedure applies to all non-physician Health Care Professionals employed or contracted by SCCMHA.

**Standard:**
All non-physician Health Care Professionals at Saginaw County Community Mental Health Authority will be in compliance with this policy by evaluating and monitoring the consumer that is receiving medications prescribed by SCCMHA physicians to ensure safety and efficacy for that consumer. The frequency of the review will depend on the degree of severity of the consumer's disability/disorder, whether multiple medications are provided or when other contraindications exist. Medication reviews will occur at a minimum of every 6 months, unless conditions warrant more frequent reviews as determined by the physician.

**Definition:**
Non-physician Health Care Professional – psychiatric nurse, physician assistant, nurse practitioner, registered nurse, or licensed practical nurse assisting the physician or medical assistant.

Medication Review
Medication Review is evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, psychiatric nurse, physician assistant, nurse practitioner, registered nurse, or licensed practical nurse assisting the physician may perform medication reviews. (Medicaid Provider Manual, Mental Health and Substance Abuse, Section 3.15)

**Reference:**
Medicaid Provider Manual, Mental Health and Substance Abuse
03.02.20 Medication Review Exhibit C
09.06.04.16 Timeliness of Appointments

**Exhibit:**
Exhibit A: Medication Review- Non-physician Health Care Professional

**Procedure:**

| ACTIONS | RESPONSIBLE PARTY |
|---|---|
| **1.** The Health Professional (HP), employed/contracted by the agency, meets with the consumer per appointment or per request for a medication review.<br><br>The HP will review with the consumer past medications used, their effectiveness, side effects experienced and any allergic or adverse reactions, if applicable.<br><br>The HP will inquire of the consumer as to current or past co-existing medical conditions, other prescriptions or over the counter medications used. The HP will document the name of the medication, dosage, frequency, instruction for use and the prescribing doctor of the medications. A medication reconciliation of both medical and psychiatric medications if required.<br><br>The HP will enter the consumer's additional medication into Sentri e-prescribing.<br><br>The HP will identify if the consumer is using drugs or alcohol and further evaluate for potential | Health Professional (HP) |

| | ACTIONS | RESPONSIBLE PARTY |
|---|---|---|
| | abuse issues if needed.<br><br>The HP will address family planning issues with consumers of child bearing age and report to physician so he or she may recommend a family planning method suitable for the consumer. | |
| **2.** | The HP reviews the needs of the consumer, the current medications (including medical medications), and uses consumer feedback to determine-if the consumer understands the need to take medication, if the consumer is taking the medications as prescribed, if the consumer is having any relief of the targeted symptoms, if the consumer is experiencing any adverse side effects to the medications and if a change in medication or dosage is needed. | HP |
| **3.** | The HP will review the current labs, noting any specific drug levels for medications such as, but not limited to, Lithium, Depakote, Tegretol, or WBC or ANC level for consumers prescribed Clozaril, or drug levels of various antidepressants if used in combination with other medications that may affect their metabolism. | HP |
| **4.** | When the HP is an RN, LPN or MA; the HP will report to physician needed drug levels, specific lab work as needed to ensure safe practice and monitoring of the consumer, so physician may order needed lab work in accordance with the guidelines in the medication review policy | HP /Physician |
| **5.** | When the HP is an RN, LPN or MA; the HP will confer with the physician information gathered from the review for a determination on the course of treatment. The HP will then document the Physician's recommendation(s) and provide copies of prescriptions sent via Sentri e-prescribing system to the consumer/guardian/care provider for reference. The HP will review these changes with the consumer/guardian/care provider to ensure understanding, compliance and safety. | HP /Physician |
| **6.** | The HP is to document the details and findings of | HP |

| ACTIONS | RESPONSIBLE PARTY |
|---|---|
| the medication review in the consumer's electronic medical record using the Medication Review page. | |
| **7.** Documentation should include the following: Consumer's name, case number, date, relevant consumer statements indicating response or lack of response to current treatment, medications currently taken by the consumer (including medical medications prescribed by their primary care physician, medication changes or adjustments with reason for the change, adverse side effects noted or reported, physician recommendations/ instructions, labs or special tests needed, impression and plan. | HP |

Exhibit A

# Saginaw County Community Mental Health Authority
## Medication Review Note

sentri

**IDENTIFYING INFORMATION**

EVAL DATE | EVAL TIME | STAFF

NAME | SENTRI ID | DOB | GENDER

**MISC INFORMATION**

CONTACT
- ☐ Client
- ☐ Family
- ☐ Primary Care Physician
- ☐ Other
- ☐ Significant Other
- ☐ Parent / Guardian
- ☐ Home Based
- ☐ Service Provider
- ☐ Collateral

CONTACT TYPE

LOCATION

ATTENDING PSYCHIATRIST | RESIDENT PSYCHIATRIST

NURSE PRACTICNER | MEDICAL STUDENT

PRIMARY CARE CLINIC | PRIMARY CARE PHYSICIAN

**DIAGNOSIS**

| | | CODE | DESCRIPTION | RULE OUT |
|---|---|---|---|---|
| Axis I | Primary | | | ☐ |
| | Secondary | | | ☐ |
| | Tertiary | | | ☐ |
| | SA Primary | | | ☐ |
| | SA Secondary | | | ☐ |
| Axis II | Primary | | | ☐ |
| | Secondary | | | ☐ |
| Axis III | Primary | | | |
| | Secondary | | | |
| | Tertiary | | | |

Axis IV
- ☐ Problem with primary support group
- ☐ Problem related to social environment
- ☐ Educational problems
- ☐ Occupational problems
- ☐ Housing problems
- ☐ Economic problems
- ☐ Problem accessing healthcare
- ☐ Problem related to interaction with legal system
- ☐ Other psychological and environmental problems
- ☐ Behavioral/personality problems

Axis V | CURRENT GAF | DATE

DIAGNOSTIC SUMMARY

**CLINICAL STATUS**

CLINICAL STATUS

**ALLERGIES**

**MENTAL STATUS**

NARRATIVE

| IDENTIFYING INFORMATION | | | | |
|---|---|---|---|---|
| EVAL DATE | EVAL TIME | STAFF | | |
| NAME | SERVICE | DOB | GENDER | |

| LABS |
|---|
| MOST RECENT LABS |

| PLAN |
|---|
| PLAN |

| SIGNATURE | |
|---|---|
| SIGNED BY | SIGNATURE DATE |
| COUNTER SIGNED BY | SIGNATURE DATE |

<table>
<tr><td colspan="3">Enhanced Health and Integration Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Medication Disposal</td><td>Chapter: 09.09.04 – Physician’s Services</td><td>Subject No: 09.09.04.02</td></tr>
<tr><td colspan="3">Health Home & Integrated Care</td></tr>
<tr><td rowspan="2">Effective Date:<br>11/6/01</td><td>Date of Review/Revision:<br>6/15/04, 8/13/08, 6/4/13, 8/10/16, 2/10/17, 11/22/17, 3/1/18, 7/30/19, 11/24/20, 6/3/21</td><td rowspan="2">Approved By:<br>Colleen Sproul, Chief of Health Services & Utilization Management<br><br>Authored By:<br>Barbara Glassheim<br><br>Reviewed By: Genoa Healthcare Pharmacist</td></tr>
<tr><td>Supersedes:<br>09.06.04.07 – Medication Disposal</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the manner in which medications given to staff by a consumer, other staff or a caregiver/family member of a consumer should be properly disposed of.

**Application:**
This policy applies to the SCCMHA Provider Network.

**Policy:**
SCCMHA recognizes that failure to properly dispose of expired and unused medicines can lead to serious consequences because medications prescribed for a specific purpose for an individual could be harmful if used by someone else for a different reason. In addition, medicines that have passed their expiration date may not work as intended. Therefore, SCCMHA seeks to ensure that medications are properly disposed of in order to prevent potential harm.

**Standards:**
A. The SCCMHA Provider Network shall adhere to this policy in order to ensure the safe and proper handling and disposal of discarded consumer medications.
B. Medications received from consumers, caregivers/families, other professionals, etc. shall be kept in their original containers because the labels may contain safety information, containers are chemically compatible, and caps are typically watertight and child-proof.
C. Medications shall be disposed in accordance with the procedure detailed below in this policy.

D. Consumers, caregivers, and staff shall avoid flushing expired or unwanted prescription and over-the-counter drugs down the toilet or drain unless the label or accompanying patient information specifically instructs this (i.e., is on the Food and Drug Administration's Flush List) in order to prevent them from entering the water cycle.
E. Unwanted or expired prescription and over-the-counter drugs can be taken to a Saginaw County drug take-back program (typically held twice a year) or a police station.
F. Unlabeled medications may be placed in a sealed puncture resistant container along with coffee grounds or kitty litter and disposed of via the regular neighborhood trash collection.
G. Any personal information about the consumer on the container shall be rendered illegible.
H. Staff shall educate consumers, families and caregivers regarding the safe disposal of medications.
    1. Staff may use the infographic in Exhibit A for teaching purposes.

**Definitions:**
None

**References:**
A. Environmental Protection Agency. (April 2011). *How to Dispose of Medicines Properly*. (https://nepis.epa.gov/Exe/ZyPDF.cgi/P100ZW8A.PDF?Dockey=P100ZW8A.PDF)
B. Food and Drug Administration. (2017). *Disposal of Unused Medicines: What You Should Know*. (https://www.fda.gov/drugs/safe-disposal-medicines/disposal-unused-medicines-what-you-should-know)

**Exhibits:**
A. Safe Disposal of Medicine Infographic (FDA)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Delivers medication to a staff member. | Consumer/Caregiver/Other Staff |
| Removes the controlled substance from its original container and mixes it with an undesirable substance, such as used coffee grounds or kitty litter (to discourage any possible reclamation or unintended use of the drug). | Designated Staff |
| Places the mixture in a disposable container with a lid or a sealable bag or other container to prevent medicine from leaking or breaking out of a garbage bag | |

| | |
|---|---|
| in the presence of another staff member who serves as a witness. | |
| Conceals or removes any personal information, including Rx number, on the empty container(s) by covering it with permanent marker or duct tape, or by scratching it off. | |
| Places the sealed container with the drug mixture and the empty drug containers in the trash. | |
| Documents the date, time, name(s) of medication(s) and the method of disposal used (e.g., mixed with water and kitty litter or coffee grounds) in the consumer's electronic health record. | |

Exhibit A


MIX
Mix medicines (do not crush tablets or capsules) with an unpalatable substance such as dirt, cat litter, or used coffee grounds;
PLACE
Place the mixture in a container such as a sealed plastic bag;
THROW
Throw the container in your household trash;
SCRATCH OUT
Scratch out all personal information on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.
pharmacy

<table>
<tr><th colspan="3">Enhanced Health & Integration Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Consent to Treatment with Medications</td><td>Chapter: 09.09.04 - Physicians Services</td><td>Subject No: 09.09.04.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>November 30, 2001</td><td>Date of Review/Revision:<br>6/15/04, 8/18/08, 2/19/10, 6/4/13, 4/8/16, 4/18/17, 3/1/18, 7/30/19</td><td rowspan="3">Approved By:<br>Colleen Sproul, Director of Health Home & Integrated Care</td></tr>
<tr><td>Supersedes:<br>09.06.04.08 - Consent to Treatment with Medications</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
<tr><td colspan="2"></td><td>Authored By:<br>Tom Peck<br><br>Reviewed By:<br>Ali Ibrahim MD, Medical Director</td></tr>
</table>

**Purpose:**
To delineate the policy and procedure to assure that informed consent is obtained by a consumer or the consumer's legal guardian (as applicable) for medication prescribed by a Saginaw County Community Mental Health Authority service provider.

**Policy:**
It will be the policy of Saginaw County Community Mental Health Authority that consumers and guardians will be provided all information regarding a prescribed medication in order to make an informed consent to either use or refuse a medication.

It is the policy of Saginaw County Community Mental Health Authority that this information must include reviewing with the consumer and or legal guardian: the nature of the consumer's mental illness, the classification of the medication, the expected therapeutic effect, the potential adverse side effects, the right of the consumer to refuse medication, and potential consequences of not taking the medications.

It is the policy of Saginaw County Community Mental Health Authority that a Medication Consent, which acknowledges the conveying of this information, will be procured at the time of the initial prescribing of the medication and that this Consent will be in effect for any subsequent prescription of this medication for the next calendar year. Note: the prescription service used through the electronic record will automatically generate a Medication Consent for an existing prescription when requiring renewal.

**Standards**:
1. When a medication is prescribed by an Saginaw County Community Mental Health Authority provider staff, the following information will be conveyed by a

licensed medical staff to the consumer and the consumer's legal guardian (as applicable) about the medication and must include:

a. The nature of the consumer's condition that will be addressed by the medication
b. The expected therapeutic effect of the medication
c. Any potential adverse effects of the medication
d. The right to refuse the medication
e. Any potential consequences of that refusal
f. A review of the written literature regarding the medication
g. A review of the prescription

2. Any medication prescribed by a licensed health care professional employed or under contract with SCCMHA must have an active Medication Consent at the time the prescription is proffered.
3. At the initial prescription of a medication, a Medication Consent form is generated by the electronic record to be signed by the consumer or the consumer's legal guardian will be obtained by a licensed medical staff.
    a. The date of the prescription will be the date of effect for the Medication Consent, but the Consent will not be considered in effect until signed by the consumer or consumer's legal guardian (as applicable).
    b. The Consent will be active for one year from the date of the initial prescription and is in effect for any subsequent prescriptions of that medication during that time period

4. If the medication is to be continued to be prescribed after the one year effective period of the Consent, at the next appointment where the prescription for the medication is given after the year period:
    a. The information indicated in Standard 1 must be reviewed with the consumer or consumer's legal guardian (as applicable)
    b. A new signed Medication Consent must be obtained.
        i. The date of this consent may come after the calendar year of the previous consent due to the date of consumer's medication appointment.

5. Medication Consents are generated automatically from the current electronic prescription software. The effective date of the Consent will be the date of the prescription or refill. While the effective date is the consent, the consent is not considered in effect until the proper signature is obtained. The date signed must be recorded in the electronic record on the page and the signed document scanned into the record unless an electronic signature is obtained. A copy of the Medication Consent may be provided to the consumer or the consumer's legal guardian, but is not required.

**Definitions:**
Medication – any chemical substance prescribed for the treatment or amelioration of disorders of thought, mood or behavior. (Based on the definition of Drug from the Mental Health Code, Part 7, subpart 1. 330.7001 m)

Licensed health care professional - a psychiatrist, registered nurse, nurse practitioner or physician's assistant who is licensed by the State of Michigan to provide medical services and are either employed or contracted with Saginaw County Community Mental Health Authority.

**Application**:
The entire Saginaw County Community Mental Health Authority Network of providers.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBLE PERSON |
|---|---|
| 1. A new medication is prescribed for a consumer through a Saginaw County Community Mental Health Authority provider. The electronic prescribing software will generate a Medication Consent in the record. | Physician/Nurse Practitioner |
| 2. A licensed health care professional meets with the consumer, reviewing written educational handouts for that specific medication. Reviewing the biological principles associated with the pharmacotherapy, the rational for the medication, the risks associated with each medication, the intended therapeutic benefits, potential adverse side effects, contraindications or potential adverse reactions when combined with other medications or foods, risks associated with pregnancy or breast feeding and the importance of taking the medication as prescribed by the psychiatrist. | Physician/Nurse Practitioner/License Health Care Professional |
| 3. License Health Care Professional will reinforce and explain any required lab work needed for the specific medication that they are on. | License Health Care Professional |
| 4. License Health Care Professional will review with consumer signs of non-adherence to medication regime. | License Health Care Professional |

| ACTION | RESPONSIBLE PERSON |
|---|---|
| 5. License Health Care Professional will review with consumer potential reactions that may occur when medications are combined with other prescriptions, over the counter medications, alcohol, tobacco, caffeine, illicit drugs or alternative medications. | License Health Care Professional |
| 6. License Health Care Professional to review with consumer signs of relapse. | License Health Care Professional |
| 7. Licensed health care professional will explain to the consumer the need to call the assigned case worker, nurse, nurse practitioner or physician if stopping any prescribed medications. Also, the License Health Care Professional will emphasize that the consumer should not change dosage, frequency, etc. without the doctor's consent to change. | License Health Care Professional |
| 8. The License Health Care Professional will assure that the consumer is given the opportunity to ask questions regarding the medication, and request that the consumer verbalizes an understanding of presented material, if the consumer is able or competent. If the consumer is not able or competent, then the information must be provided to a care giver and guardian. A guardian who is not present at the time of the presentation of the materials will be provided copies. | License Health Care Professional |
| 9. The License Health Care Professional will procure a signed Medication Consent. This can be by either printing the generated Medication Consent for signature or procuring the signature electronically. This signature is either by the consumer or the consumer's legal guardian (as applicable). | License Health Care Professional |
| 10. The Licensed Healthcare Professional who reviewed the information with the consumer will sign the printed form (if applicable) and indicate in the electronic form the date signed as well as the date verbal consent given or the Medication Consent was mailed (if applicable) | License Health Care Professional |

| ACTION | RESPONSIBLE PERSON |
| --- | --- |
| The Medication Consent will be in effect from the date of prescription once signed by the consumer or the consumer's legal guardian (as applicable). The Medication Consent will remain in effect for any subsequent prescriptions for the next year and until the next prescription after the year. The electronic prescription software will generate a new Medication Consent when the refill prescription is created. | |

<table>
<tr><td colspan="3">Enhanced Health and Integration Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: AIMS Testing</td><td>Chapter: 09.09.04</td><td>Subject No: 09.09.04.05</td></tr>
<tr><td colspan="3">Health Home & Integrated Care</td></tr>
<tr><td rowspan="2">Effective Date:<br>June 25, 2002</td><td>Date of Review/Revision:<br>6/15/04, 8/18/08, 8/10/16, 2/7/17, 3/1/18, 7/30/19, 11/12/20</td><td rowspan="2">Approved By:<br>Colleen Sproul, Chief of Health Services & Utilization Management<br><br>Authored By: Barbara Glassheim<br><br>Reviewed By:<br>SCCMHA Medical Director, Service Management Team</td></tr>
<tr><td>Supersedes:<br>09.06.04.10 – AIMS Testing</td></tr>
</table>

**Purpose:**
The purpose of this policy is to provide guidelines for conducting assessments of abnormal involuntary movements, particularly tardive dyskinesia (TD), using the Abnormal Involuntary Movement Scale.

**Policy:**
SCCMHA network practitioners shall observe consumers who are taking psychotropics for extrapyramidal symptoms (EPS) and report any observed symptoms to the treating physician and/or prescriber. Prescribers/physicians and other designated practitioners shall conduct AIMS testing in accordance with the standards listed below.

**Application:**
This policy applies to SCCMHA network practitioners who prescribe and/or administer psychotropic medications to adults with a serious mental illness as well as other staff including case holders.

**Standards:**
A. The AIMS shall be administered to consumers at baseline prior to starting treatment with neuroleptic therapy to document any movements that are present in accordance with the administration protocol in the Procedure and Exhibits in this policy.
B. The AIMS shall be administered at least every three (3) months during the course of treatment with neuroleptic medication in accordance with the administration protocol in the Procedure and Exhibits in this policy.

C. SCCMHA network staff shall be familiar with EPS and TD and observe consumers for symptoms.
   1. SCCMHA shall, as resources permit, offer training on understanding EPS, TD and administration of the AIMS.

D. SCCMHA network staff shall report any discernable movement issues to the consumer's physician/prescriber and document said issues and reporting of those issues in the consumer's electronic health record.

**Definitions:**

**AIMS (Abnormal Involuntary Movement Scale):** A system used to assess abnormal involuntary movements (e.g., hand movements, rhythmic movements of the tongue & jaw). The AIMS is a five-point measurement that measures three things: (1) the severity of movements; (2) the person's awareness of their movements; and (3) the person's level of distress as a result of the movements. The AIMS is used to detect tardive dyskinesia (TD) and follow the severity of a person's TD over time. For most persons, TD develops 3 months after the initiation of neuroleptic therapy but can develop after one month in older adults.

**Extrapyramidal Symptoms (EPS):** A group of side effects associated with antipsychotic medications that include dystonia (continuous spasms and muscle contractions); akathisia (which may manifest as motor restlessness); parkinsonism (which includes characteristic symptoms such as rigidity), bradykinesia (slowness of movement), tremor, and tardive dyskinesia (irregular, jerky movements). EPS is most commonly caused by typical (first generation) antipsychotics, but can occur with any type of antipsychotic as well as antidepressants and other medications.

**Tardive Dyskinesia (TD):** A neurological syndrome caused by the long-term use of neuroleptic (dopaminergic antagonist) drugs prescribed for psychiatric disorders, as well as for some gastrointestinal and neurological disorders. TD is characterized by repetitive, involuntary, purposeless movements. Features of the disorder may include grimacing, tongue protrusion, lip smacking, puckering and pursing, and rapid eye blinking. Rapid movements of the arms, legs, and trunk may also occur. Involuntary movements of the fingers may be present. It is more common in women and older adults. Symptoms of TD may stop spontaneously or persist indefinitely, long after discontinuation of neuroleptics.

**References:**

A. SCCMHA Policy 03.02.20 – Medication Review
B. Vasan, S., Padhy, R. (June 25, 2020). *Tardive Dyskinesia*. National Library of Medicine, National Institutes of Health. StatPearls Publishing LLC. Treasure Island, FL. Available from: https://www.ncbi.nlm.nih.gov/books/NBK448207/.

**Exhibits:**

A. Abnormal Involuntary Movement Scale
B. AIMS Worksheet

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Asks the consumer to sit in a straight-backed chair without armrests with | Prescriber/Physician/Healthcare Professional/Case Holder |

| | |
|---|---|
| his/her feet firmly on the floor, hands resting unsupported on his/her knees or in the lap so that all movements may be observed.<br><br>Ensures that the consumer is not chewing gum or sucking on a candy during the examination.<br><br>Asks the consumer about any dental issues and whether the consumer has dentures so that movements secondary to ill-fitting dentures or loose teeth are not mistaken for tardive dyskinesia.<br><br>Talks with the consumer for a few minutes without any reference to abnormal movements in order to allow for an overall assessment of the consumer.<br><br>Asks the consumer about any abnormal movements that they are aware of.<br><br>Observes the consumer's tongue resting in the oral cavity.<br><br>NOTE: It is recommended that each task be done twice so that no abnormal movements are missed.<br><br>Asks the consumer to stick out his/her tongue, which is a maneuver or activating task that may activate previously undetected tongue movements or increase the severity of already present movements.<br><br>NOTE: This unmasking may occur in other muscle groups as well.<br><br>Asks the consumer to oppose each finger to the thumb on both hands, one at a time (which is another activating task that may activate previously undetected movements). | |

| | |
|---|---|
| Assesses muscle tone by asking the consumer to flex and extend both arms.<br><br>NOTE: This is important because a drug-induced Parkinsonian tremor may be confused with tardive dyskinesia in some individuals.<br><br>Asks the consumer to stand up and, upon standing, observes any pelvic, truncal and shoulder movements.<br><br>Asks the consumer to extend both hands, another activating maneuver, that allows for previously undetected hand movements to be observed.<br><br>Has the patient walk a short distance, both away from and toward the practitioner, an activating task may bring out previously unobserved hand movements.<br><br>Records observed findings in the AIMS tab within the SENTRI electronic health record or progress note, describing abnormal movements and their severity.<br><br>Documents AIMS information in SENTRI, utilizing the AIMS tab.<br><br>Completes the AIMS worksheet as indicated, indicating the next AIMS due date.<br><br>Notifies the prescribing physician within 24 hours, via consult form, telephone call, or in person of For any results that are mild.<br><br>Notifies the physician as immediately as possible of results that are moderate to severe. | |

| | |
|---|---|
| Documents actions in the consumer's electronic health record including the next AIMS due date. | |

Exhibit A

# AIMS Examination Procedure

## Should be completed before entering the ratings on the AIMS form.

**Either before or after completing the Examination Procedure, observe the patient unobtrusively at rest (eg, in waiting room).**

**The chair to be used in this examination should be a hard, firm one without arms.**

1: Ask patient whether there is anything in his/her mouth (ie, gum, candy, etc) and if there is, to remove it.

2: Ask patient about the current condition of his/her teeth. Ask patient if he/she wears dentures. Do teeth or dentures bother patient now?

3: Ask patient whether he/she notices any movements in mouth, face, hands, or feet. If yes, ask to describe and to what extent they currently bother patient or interfere with his/her activities.

4: Have patient sit in chair with hands on knees, legs slightly apart, and feet flat on floor. (Look at entire body for movements while in this position).

5: Ask patient to sit with hands hanging unsupported. If male, between legs, if female, and wearing a dress, hanging over knees. (Observe hands and other body areas.)

6: Ask patient to open mouth. (Observe tongue at rest within mouth.) Do this twice.

7: Ask patient to protrude tongue. (Observe abnormalities of tongue movement.)

*8: Ask patient to tap thumb, with each finger, as rapidly as possible for 10-15 seconds: separately with right hand, then with left hand. (Observe facial and leg movements.)

9: Flex and extend patient's left and right arms, one at a time. (Note any rigidity and rate it.)

10: Ask patient to stand up. (Observe in profile. Observe all body areas again, hips included.)

*11: Ask patient to extend both arms outstretched in front with palms down. (Observe trunk, legs, and mouth.)

*12: Have patient walk a few paces, turn, and walk back to chair. (Observe hands and gait.) Do this twice.

*Activated movements.

# ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS)

Patient's Name (Please print) _____ Patient's ID information _____

Examiner's Name _____

## CURRENT MEDICATIONS AND TOTAL MG/DAY

Medication #1 _____ Total mg/Day _____ Medication #2 _____ Total mg/Day _____

## INSTRUCTIONS: COMPLETE THE EXAMINATION PROCEDURE BEFORE ENTERING THESE RATINGS.

| | None, Normal | Minimal (may be extreme normal) | Mild | Moderate | Severe |
|---|---|---|---|---|---|
| **Facial and Oral Movements** | | | | | |
| **1.** Muscles of Facial Expression e.g., movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **2.** Lips and Perioral Area e.g., puckering, pouting, smacking | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **3.** Jaw e.g., biting, clenching, chewing, mouth opening, lateral movement | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **4.** Tongue Rate only increases in movement both in and out of mouth, NOT inability to sustain movement | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **Extremity Movements** | | | | | |
| **5.** Upper (arms, wrists, hands, fingers) Include choreic movements (i.e., rapid, objectively purposeless, irregular, spontaneous); athetoid movements (i.e., slow, irregular, complex, serpentine). DO NOT include tremor (i.e., repetitive, regular, rhythmic). | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **6.** Lower (legs, knees, ankles, toes) e.g., lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **Trunk Movements** | | | | | |
| **7.** Neck, shoulders, hips e.g., rocking, twisting, squirming, pelvic gyrations | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |

**SCORING:**

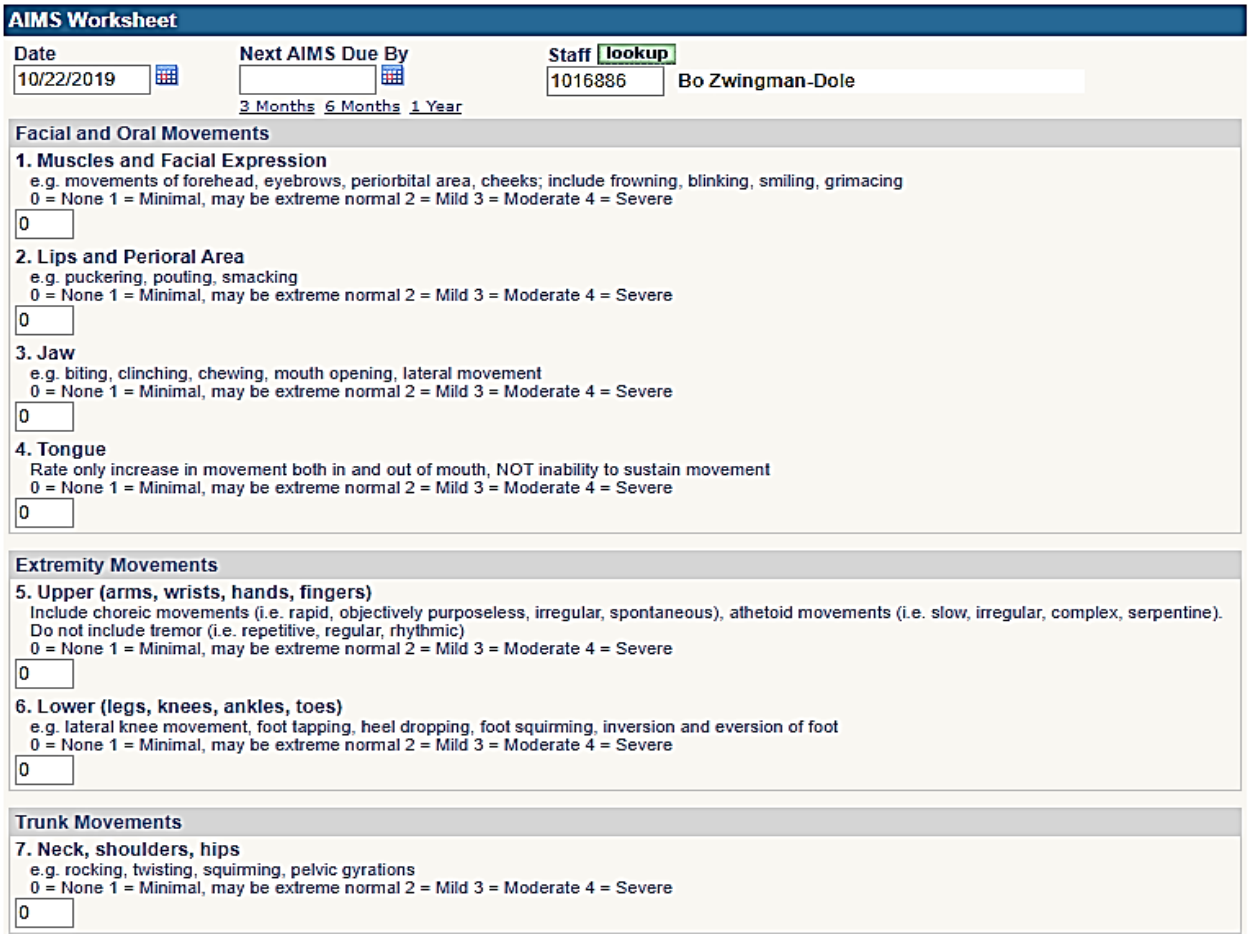
- Score the highest amplitude or frequency in a movement on the 0-4 scale, not the average;
- Score Activated Movements the same way; do not lower those numbers as was proposed at one time;
- A POSITIVE AIMS EXAMINATION IS A SCORE OF 2 IN TWO OR MORE MOVEMENTS or a SCORE OF 3 OR 4 IN A SINGLE MOVEMENT
- Do not sum the scores: e.g., a patient who has scores 1 in four movements DOES NOT have a positive AIMS score of 4.

| | | | | | |
|---|---|---|---|---|---|
| **Overall Severity** | | | | | |
| **8.** Severity of abnormal movements | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **9.** Incapacitation due to abnormal movements | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| | No Awareness | Aware, No Distress | Aware, Mild Distress | Aware, Moderate Distress | Aware, Severe Distress |
| **10.** Patient's awareness of abnormal movements (rate only patient's report) | ☐0 | ☐1 | ☐2 | ☐3 | ☐4 |
| **Dental Status** | | | | | |
| **11.** Current problems with teeth and/or dentures? | ☐Yes | ☐No | | | |
| **12.** Does patient usually wear dentures? | ☐Yes | ☐No | | | |

Comments: _____

Examiner's Signature _____ Next Exam Date _____

Exhibit B



**AIMS Worksheet**

Date: 10/22/2019 | Next AIMS Due By: | 3 Months 6 Months 1 Year | Staff lookup: 1016886 Bo Zwingman-Dole

**Facial and Oral Movements**

**1. Muscles and Facial Expression**
e.g. movements of forehead, eyebrows, periorbital area, cheeks; include frowning, blinking, smiling, grimacing
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**2. Lips and Perioral Area**
e.g. puckering, pouting, smacking
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**3. Jaw**
e.g. biting, clinching, chewing, mouth opening, lateral movement
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**4. Tongue**
Rate only increase in movement both in and out of mouth, NOT inability to sustain movement
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**Extremity Movements**

**5. Upper (arms, wrists, hands, fingers)**
Include choreic movements (i.e. rapid, objectively purposeless, irregular, spontaneous), athetoid movements (i.e. slow, irregular, complex, serpentine). Do not include tremor (i.e. repetitive, regular, rhythmic)
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**6. Lower (legs, knees, ankles, toes)**
e.g. lateral knee movement, foot tapping, heel dropping, foot squirming, inversion and eversion of foot
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**Trunk Movements**

**7. Neck, shoulders, hips**
e.g. rocking, twisting, squirming, pelvic gyrations
0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe
0

**Global Judgements**

**8. Severity of abnormal movements**

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

0

**9. Incapacitation due to abnormal movements**

0 = None 1 = Minimal, may be extreme normal 2 = Mild 3 = Moderate 4 = Severe

0

**10. Patient's awareness of abnormal movements**

0 = No Awareness 1 = Aware, No Distress 2 = Aware, Mild Distress 3 = Aware, Moderate Distress 4 = Aware, Severe Distress

0

**Total AIMS Score**

0 Calculate

**Dental Status**

**11. Current problems with teeth and/or dentures?**

Yes No

**12. Are dentures usually worn?**

Yes No

**13. Edentia?**

Yes No

**14. Do movements disappear in sleep?**

Yes No

**Comments**

characters left: 4096

| Enhanced Health & Integration Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Collection and Disposal of Needles and Syringes | **Chapter**: 09.09.04 - Physicians Services | **Subject No**: 09.09.04.06 |
| **Effective Date**:<br>September 6, 2001 | **Date of Review/Revision**:<br>7/11/07, 2/18/09, 6/4/13, 8/10/16, 2/7/17, 3/1/18, 7/30/19<br>**Supersedes**:<br>09.06.04.11 - Collection and Disposal of Needles and Syringes | **Approved By**:<br>Colleen Sproul, Director of Health Home & Integrated Care<br><br>**Authored By**:<br>Jill Loth, RN<br><br>**Reviewed By**:<br>Ali Ibrahim MD |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of this policy is to ensure the consistent safe handling, collection and disposal of needles and other sharps within SCCMHA building sites.

**Policy:**
SCCMHA licensed healthcare professionals will adhere to the following procedure to ensure safe handling of sharps and to eliminate/minimize the risk of needle stick injury and exposure.

**Application:**
This policy applies to all licensed healthcare professionals who administer injections for a consumer registered with SCCMHA.

**Standards:**
SCCMHA licensed healthcare professionals will be in compliance with this policy and procedure when administering injections or other procedure that involves a needle or sharps device.

**Reference:**
SCCMHA Environment of Care Manual, Section 2: Health Management for procedural guidelines regarding Universal Precautions and appropriate use of PPE.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBLE PERSON |
|---|---|
| 1. Only SCCMHA licensed healthcare professionals (LHP) will administer injections. (Appropriately licensed temporary healthcare professionals may administer injections as per standard of practice). | (A person whose legally permitted scope of practice allows him/her to independently perform the activities described in this document) |
| 2. Universal Precautions shall be observed to prevent contact with blood or other potentially infectious material. Please reference The SCCMHA Environment of Care Manual, Section 2: Health Management for procedural guidelines regarding Universal Precautions and appropriate use of PPE. | All Staff |
| 3. Environmental controls include hand washing facilities, approved sharps disposal containers, medical waste receptacles and materials for decontamination of spills. Please reference The SCCMHA Environment of Care Manual, Section 2: Health Management for waste management methods to contain waste and prevent contamination. | All Staff |
| 4. Engineering and work practice controls will be used to eliminate/minimize employee exposure up to and including prohibiting of recapping needles by a two-handed technique, approved puncture resistant containers, hand washing facilities/appropriate hand rub products. | Licensed Healthcare Professional |
| 5. In the event of an exposure/needle stick incident please reference The SCCMHA Environment of Care Manual Section 2: Health Management, Reporting Employee Infections and Communicable Disease Exposures. Exposure incident follow up is provided to SCCMHA by Covenant Healthcare Occupational Health Services. Employee injury/exposure incidents must be reported to the employee's immediate supervisor to initiate post exposure/injury follow up and intervention. | All Staff |

| ACTION | RESPONSIBLE PERSON |
| --- | --- |
| 6. Sharps containers that attain full status are sealed and disposed of into the provided, approved disposal containers, at site of use, to await removal by Stericycle every 84 days. This procedure is maintained and monitored by the Maintenance Supervisor. | Licensed Healthcare Professional<br>Maintenance Supervisor<br>Stericycle |
| 7. An approved, leak proof, puncture resistant, sealable sharps container is readily accessible at every location where injections are administered. | Licensed Healthcare Professional |

<table>
<tr><th colspan="3">Enhanced Health & Integration Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Clozapine Program</td><td>Chapter: 09.09.04 – Physician’s Services</td><td>Subject No: 09.09.04.07</td></tr>
<tr><td rowspan="2">Effective Date:<br>2/2/10</td><td>Date of Review/Revision:<br>6/4/13, 2/1/17, 3/1/18, 7/30/19</td><td rowspan="3">Approved By:<br>Colleen Sproul, Director of Health Home & Integrated Care<br><br>Authored By:<br>Jill Loth, RN<br><br>Reviewed By:<br>Ali Ibrahim, MD</td></tr>
<tr><td>Supersedes:<br>09.06.04.12 – Clozapine Program</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this document is to establish a policy and procedure for the prescribing, administration and management of Clozapine for outpatient service consumers of Saginaw County Community Mental Health Authority. This policy is to ensure that the consumers are prescribed the Clozapine appropriately and are monitored according to the guidelines of the Clozapine REMS (Risk Evaluation and Mitigation Strategy) patient registry, for their health and safety.

**Policy:**
Clozapine is an atypical anti-psychotic medication indicated for the management of severely ill consumers with schizophrenia or schizoaffective disorders. Because of the serious side effects associated with the black box warnings of 1). Agranulocytosis 2) Seizures 3) Myocarditis and 4) other adverse cardiovascular and respiratory effects; with its use, Clozapine should be reserved for:

1. The treatment of severely ill consumers with schizophrenia who have failed to respond adequately to treatment with two appropriate trials of a Class I anti-psychotic drug, either because of lack of efficacy, the inability to obtain an effective dose due to intolerable adverse effects from the medications or the presence of tardive dyskinesia
2. Reducing the risk of recurrent suicidal behavior in consumers with schizophrenia or schizoaffective disorder, who are judged to be at risk of re-experiencing suicidal behavior.

**Application:**
This policy and procedure is intended for the prescribing licensed physician, physician assistant, nurse practitioner, health care professional working within the Saginaw County

Community Mental Health Authority agency and applies to full time, part time and temporary/contract employees.

**Standards:**
The facilities prescribing physicians, physician assistant, nurse practitioners or other health care professional will be in compliance with this policy by ensuring that all necessary REMS paperwork is supplied to the client, REMS registry and pharmacy in a timely manner-to ensure that re-challenge clearance is checked, the client has their lab work completed for baseline ANC, and the pharmacy has all pertinent information to continue to report ANC values for future refills.
Clinic Health Care Professional to enroll the consumer into the REMS registry, utilizing the CLOZAPINE REMS Patient Enrollment Form. Health Care Professional may also go to the www.clozapinerems.com site.

**Definitions:**
None

**References:**
None

**Exhibits:**
None

**Procedure:**
Initiating Clozaril Treatment

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Prior to prescribing clozapine the REMS Certified physician/nurse practitioner/Health Care Professional will inquire as to if the consumer has a history of clozapine induced agranulocytosis or neutropenia, or if consumer is receiving any other marrow suppressing medication, particularly Carbamazepine, or has severe central nervous system depression. | Physician /Physician Assistant, Nurse Practitioner/Health Care Professional |
| 2. Health Care Professional to have consumer complete the Clozapine REMS Patient Enrollment Form. RN to fax the enrollment form to the number on the form or call 1 844-267-8678 to verify if consumer has ever taken clozapine in the past. (To note, at | Health Care Professional |

| | |
|---|---|
| enrollment, identify if the consumer has been diagnosed with Benign Ethnic Neutropenia –BEN, so that their labs results will be monitored according to the correct ANC algorithm. | |
| 3. Health Care Professional to obtain the Consent for the Use of Medication, emphasizing the importance of the consumer completing the required lab work as directed. The REMS registry will not allow medication to be filled if not completed. | Health Care Professional |
| 4. The prescribing physician orders CBC with platelet and differential, for <u>baseline</u> Absolute Neutrophil Count (ANC). This must be obtained within 7 days prior to the first administration of Clozapine. The ANC must be > 1500/uL for the general population and > 1000/uL for consumers with BEN. | Physician/Physician Assistant/Nurse Practitioner |
| 5. Genoa/or consumers preferred pharmacy will document and transmit the lab result information to the REMS registry. | Pharmacy |
| 6. Physician orders weekly CBC w/plt and differential for 6 months to ensure safety on the medication.<br>• An acceptable ANC value is >1500/uL or 1000/uL for BEN consumers.<br>• If the ANC value is 1000-1499/uL, monitor ANC three times weekly until the ANC >1500/uL. Once the ANC is > 1500/uL return to patient's last "Normal Range" ANC monitoring interval. May continue treatment.<br>• If ANC is 500-999/uL monitor ANC daily until ANC > 1000/uL. Then three times weekly until ANC >1500/uL. Then weekly.<br>Once ANC is >1500 weekly for 4 weeks, then return to patients last | Physician/Physician Assistant/Nurse Practitioner |

| | |
|---|---|
| "Normal Range" ANC monitoring interval. Recommendation is to Interrupt treatment –may resume when ANC >1000/uL.<br>• If ANC is < 500/uL, monitor ANC daily until ANC >1000/uL. Then three times weekly until ANC >1500/uL.<br>If rechallenged, resume treatment as a new patient under "Normal Range: monitoring once ANC >1500/uL. | Physician/Physician Assistant/Nurse Practitioner |
| Upon approval of the Clozapine REMS registry, Pharmacy will dispense the medication per the protocol that:<br>a. The Psychiatrist/Nurse Practitioner completes the prescription following the approved titration schedule.<br>b. The consumer has an acceptable ANC result drawn within the 7 preceding days. No medication is to be dispensed to a consumer with an unacceptable ANC.<br>c. The consumers prescription will be filled weekly, bi-weekly or every 28 days, according to the REMS registry protocol.<br>d. The pharmacy will transmit the required information to the REMS registry. | Pharmacy |
| 7. When Clozapine treatment is discontinued for moderate or severe neutropenia, the Physician, Nurse Practitioner will order for ANC level to be checked daily until 1000/uL and then 3 times a week until > 1500/.<br>(cont'd) The physician/nurse practitioner will document in the clients record all pertinent data related to the discontinuation of the Clozapine. | Physician/Physician Assistant/Nurse Practitioner |

<table>
<tr><th colspan="3">Enhanced Health & Integration Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Zyprexa Relprevv Injection</td><td>Chapter: 09.09.04 – Physician’s Services</td><td>Subject No: 09.09.04.08</td></tr>
<tr><td rowspan="2">Initial Date:<br>2/14/13</td><td>Date of Review/Revision:<br>6/4/13, 2/1/17, 3/1/18, 7/30/19</td><td rowspan="3">Approved By:<br>Colleen Sproul, Director of Health Home & Integrated Care<br><br>Authored By:<br>Jill Loth, RN, B.S.N., B.A.<br><br>Reviewed By:<br>Ali Ibrahim, MD</td></tr>
<tr><td>Supersedes:<br>09.06.04.14 - Zyprexa Relprevv Injection</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To ensure the safe administration and monitoring or individuals who receive Zyprexa Relprevv injections, to provide appropriate care in the event of an adverse reaction, and to comply with federally mandated monitoring requirements.

**Policy:**
It will be the policy of this agency that licensed physicians, nurse practitioner, licensed registered/practical nurses or Healthcare Professionals will adhere to the following procedure when administering Zyprexa Relprevv to promote safe and proper medication administration and monitoring of the consumer.

**Application:**
Policy applies to licensed physicians, nurse practitioner, physician assistant, licensed registered nurses, licensed practical nurses, or Healthcare Professionals employed by, or contracted by, SCCMHA.

**Standards:**
The Agency’s licensed physicians, physician assistant, nurse practitioner or licensed registered/practical nurses will be in compliance with this policy while administering and monitoring the medications to the specific consumer.

**Definitions:**
A. EHR-Electronic Health Record-currently, SCCMHA uses Sentri

B. Post-Injection Delirium Sedation Syndrome (PDSS): an adverse event following the administration of Zyprexa Relprevv consistent with an overdose. The symptoms include sedation, including coma, and/or delirium.

**Reference:**
Clinton-Eaton-Ingham County Community Mental Health Authority Zyprexa Relprevv Procedure 3.5.1 e.

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Registration;<br>The following persons/facilities must receive required training and become registered by the Zyprexa Relprevv Patient Care Program prior to the administration of the Zyprexa Relprevv medication injection.<br>i. Facility where the clinic is located<br>ii. Prescriber<br>iii. Pharmacy<br>iv. Health Care Professional (HCP) administering medication<br>v. Client receiving injection<br>Once registration forms are completed, they need to be faxed to the registry and a PIN will be assigned for the specific client. This PIN will need to be used when reporting data for each date of injection.<br>Please refer to the Zyprexa Relprevv site to download the most recent version of all registration forms to ensure compliance with their program. | Physician/Physician Assistant, Nurse Practitioner/Health Care Professional (HCP)/Client/Pharmacy |
| 2. Consent:<br>a. Prior to prescribing Zyprexa Relprevv, the client must receive a copy of and have the potential side effects/risks and benefits explained by a health care | Health Care Professional (HCP)/ |

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|---|---|
| professional and SCCMHA medication consent needs to be signed per agency protocol.<br>b. The consent required for the Eli Lilly registration form also must be reviewed and signed by the client. This includes the copy of the Medication Guide. Refer to the Zyprexa Relprevv site for the most up to date consent/registration form. | Health Care Professional (HCP)/ |
| 3. Administration:<br>a. Zyprexa Relprevv may only be administered in a healthcare facility that has ready access to emergency response services and that can provide continuous patient monitoring for at least 3 hours post-injection | Health Care Professional (HCP)/ |
| b. Prior to the injection, provide and review the Zyprexa Relprevv Medication Guide. Ensure that client understands and agrees to the injection. | Health Care Professional (HCP)/ |
| c. Ensure that someone will be available to accompany/transport the client to their destination after the 3 hour observation period. If no one is available, do not administer the injection. A bus or taxi may be used to transport a consumer home when they are accompanied by a responsible adult. | Health Care Professional (HCP)/ |
| d. Zyprexa Relprevv is provided as a powder and must be reconstituted before use. Once reconstituted, the solution is stable for 24 hours without refrigeration. However, if not used immediately, the solution should be shaken to re-suspend before being withdrawn into the syringe. | Health Care Professional (HCP)/ |

| | |
|---|---|
| e. Zyprexa Relprevv is administered by an Health Care Professional (HCP)/or physician by deep intramuscular gluteal injection only using a 19 gauge, 1.5 “needle. A 2”needle may be used for persons who are obese; however, that needle is not in the kit. Zyprexa Relprevv CANNOT be administered in the deltoid. | Health Care Professional (HCP)/ |
| f. The administrator of the injection must aspirate the syringe for several seconds prior to injection to ensure no blood is visible. Should blood be visible in the syringe administration at that site must be aborted, a new syringe and vial needs to be used and administration needs to be switched to the other buttock. The injection site MUST NOT be massaged. | Health Care Professional (HCP)/ |
| 4. Monitoring: | |
| a. Locate the injection recipient where he/she can be seen and /or heard for 3 hours after the injection and where a health care professional is located nearby. A staff who can see and/or hear the recipient for the 3 hours and identify that the recipient is alert, oriented and without signs and symptoms of a PDSS event shall be present at all times during the monitoring period. | Health Care Professional (HCP)/ |
| b. In the event that PDSS occurs, the monitor shall immediately notify the nearby health care professional and call 911 for medical assistance. | Health Care Professional (HCP)/ |
| c. After the Health Care Professional and/ or Emergency Medical Responders have assumed care, | Health Care Professional (HCP)/ |

| | |
|---|---|
| the monitor shall complete an incident report. | |
| d. Once the 3 hours is complete, ensure that client has someone to take them home. Remind them no driving, operating machinery for the next 24 hours.<br>Remind them that they also may have possible side effect of the PDSS and if so, seek emergency care and inform EMS that they may be experiencing a drug overdose of Zyprexa Relprevv. | Health Care Professional (HCP)/ |
| e. Once recipient has left the facility, document the service in the EHR. And also go to the Zyprexa Relprevv site and enter the data for that recipient's injection. (Or the hard copy reporting form may be used if staff does not have access to the site.). | Health Care Professional (HCP)/ |

| Health & Integration Services Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Referral Process | **Chapter**: 09.09.05 | **Subject No**: 09.09.05.05 |
| **Enhanced Health Services** | | |
| **Effective Date**:<br>June 1, 2016 | **Date of Review/Revision**:<br>3/9/17, 3/1/18, 7/30/19, 6/29/21, 3/25/22<br><br>**Supersedes:**<br>09.06.12.04 | **Approved By**:<br>Chief of Health Services and Utilization Management<br><br>**Authored By**:<br>Linda Schneider,<br>Michelle Vance, HS Supervisor<br><br>**Reviewed By**:<br>Michelle Vance,<br>Suzanne Perkins, PT, DPT<br>Janet Giem, OTRL<br>Felicia McRae, OTLR |

**Purpose:**
To establish the process for referring individuals to Health Service (HS) disciplines.

**Policy:**
None

**Application:**
None

**Standards:**

1. **Occupational Therapy/Physical Therapy/Speech Language Pathology:** These disciplines require a prescription from a physician and SCCMHA authorization to conduct an evaluation/assessment And a referral must be made known to the HS supervisor via Sentri message. Following evaluations/assessment, the case holder will be notified of recommendations for Individual Plan of Service (IPOS). These services include direct treatment, staff training, and family training, monitoring of established homes programs, recommendations for specialized medical equipment and supplies, otherwise known as durable medical equipment or assistive technology and enhancing community integration. HS staff will establish goals and/or outcomes that the case holder must integrate into the (IPOS). Authorizations

for services must be requested by the case holder and/or HS staff. Once the individual has reached the maximum therapeutic potential as determined by specific discipline, skilled services will no longer be required, and the case holder is responsible for completing the review of the outcomes in the IPOS and complete and send out the Notice of Adverse Benefit Determination if appropriate.

2. **Dietary Nutritional Services:**
   This discipline requires a prescription from a physician and SCCMHA authorization to conduct an evaluation/assessment and a referral must be made known to the HS supervisor via Sentri message. Following assessment, the case holder will be notified of recommendations for Individual Plan of Service (IPOS). These services include individual and group education or counseling to include nutritional aspects of disease processes, meal planning, grocery shopping, healthy eating and cooking, portion control and food models, menu planning within their individual budget. HS staff will establish goals and/or outcomes that the case holder must integrate into the (IPOS). Authorizations for services must be requested by the case holder and/or HS staff. Once the individual has reached the maximum therapeutic potential as determined by specific discipline, skilled services will no longer be required, and the case holder is responsible for completing the review of the outcomes in the (IPOS) and complete and send out the Notice of Adverse Benefit Determination if appropriate.

**Definitions:**
None

**References:**
None

**Exhibits:**
Exhibit A-Referral Workflow
Exhibit B-Dietician Referral Guidelines
Exhibit C-Dietitian Prescription Request

**Procedure:**
**<u>Procedure for Referrals to SCCMHA Health Services (HS)</u>**

1) When a consumer requires Health Services (OT/PT/SLP), the case holder should contact HS supervisor in writing to initiate referral process.
2) As SCCMHA is the payor of last resort, consumers should have exhausted PT/OT/SLP services from a community resource prior to utilizing SCCMHA services. These do not include agencies that we contract services with. Case holder should document what community services were utilized and scan proof documents of those services and/or denial of service within the consumer record in Sentri.
3) Medicaid mental health coverage is payor of last resort, all primary commercial insurances including applicable Medicaid Health Plan and Children's Special

Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative diagnosing) by the assigned physician with obtaining written auth/service request denials from such primary payors prior to requesting SCCMHA care mgmt. for review/authorization of such ancillary service requested.

4) Prescription to initiate services will be completed by HS staff and will be scanned into the consumers record under the scanned documents tab in Sentri. Children that do not receive SCCMHA psychiatric services will be required to obtain a prescription from their primary care physician.
5) HS staff will notify the case holder that prescription has been signed and will collaborate to get services initiated making sure that the need for services is documented clearly in the IPOS.
6) Case holder and in some cases HS staff will request authorization (CPT Code 9716X) for initial assessment/evaluation within a timely manner (5-7 business days) of being notified of prescription signature.
7) HS staff will conduct assessment/evaluation and utilize the "Send Copy to" function within Sentri to inform the case holder of the results from their assessment/evaluation and inform them of additional authorizations if needed.
8) Case holder and in some cases HS staff will request additional authorizations for further interventions and/or treatments as established in the HS care plan.
9) Ongoing communications should be collaborated between the HS staff and case holder via "Send Copy to" function within Sentri. Case holders should review progress notes on a regular basis to obtain updated information on the progress or lack of progress toward consumer's goals and objectives. Documentation of such collaboration should be found in periodic reviews. Case holder should include HS staff in IPOS planning process.

**Procedure for Referrals for Contracted Health Services**

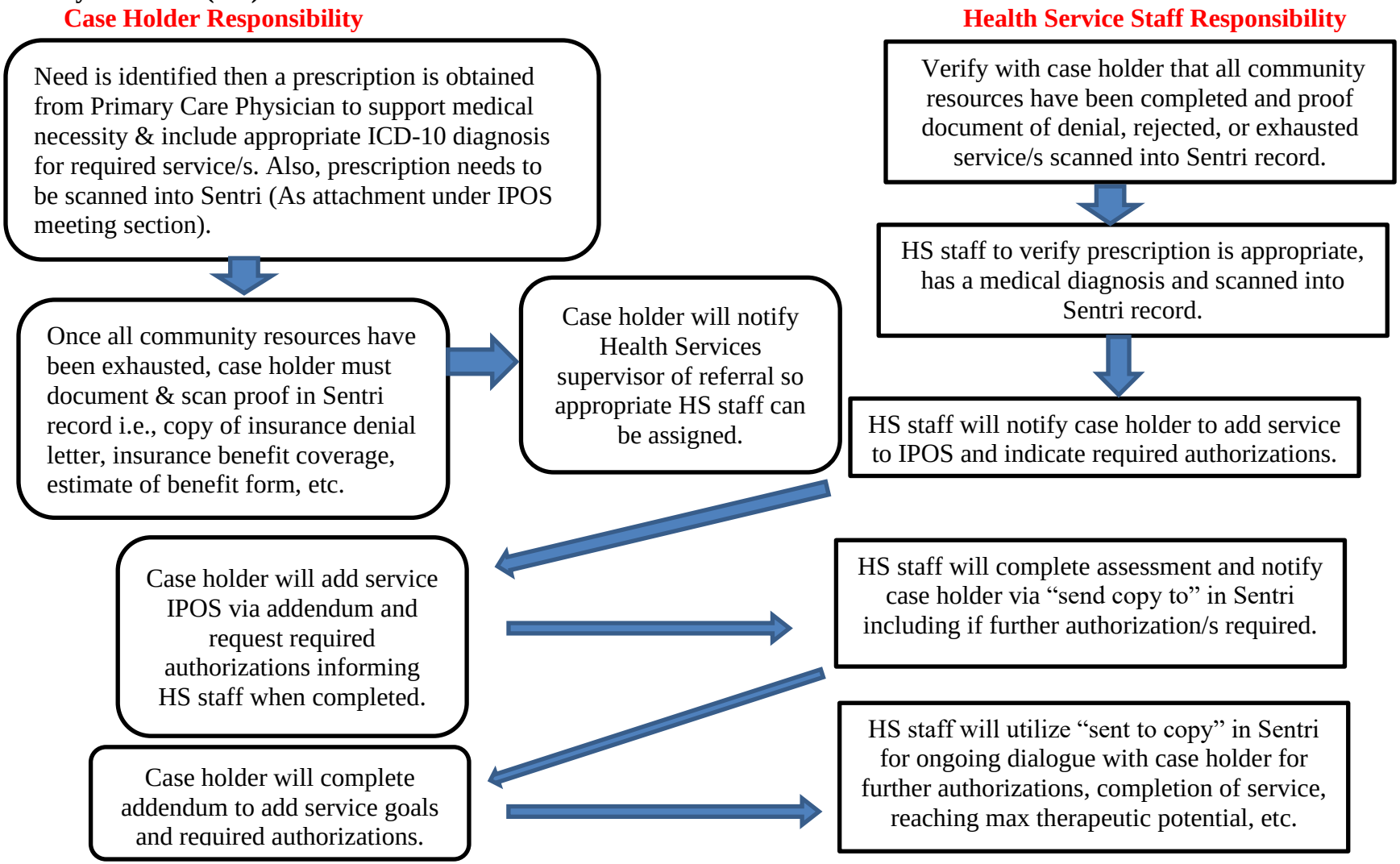
1) As SCCMHA is the payor of last resort, consumers should have exhausted PT/OT/SLP services from a community resource prior to utilizing SCCMHA services. This does include agencies that we contract services with. Case holder should document what community services were utilized.
2) Contract providers are responsible to bill all primary commercial insurances including applicable Medicaid Health Plan and Children's Special Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative diagnosing) by the assigned physician with obtaining written auth/service request denials from such primary payors prior to requesting SCCMHA care mgmt. for review/authorization of such ancillary service requested as Medicaid mental health coverage is payor of last resort.

3) When a consumer is requesting Health Services (OT/PT/SLP) from a contracted agency, the case holder is responsible to contact the provider to inquire if they have availability to fulfill the referral.

4) Once contracted agency confirms availability, the case holder reaches out to their assigned Care Management specialist via Sentri message. The contracted agency should be included on the message in order for Care Management to assign the contracted agency for access to the consumer's Sentri record.
5) Prescription for services is secured in one of two ways, dictated by consumer's participation in SCCMHA psychiatric services:
    a. If consumer receives psychiatric services through SCCMHA, contracted agency is responsible to complete the prescription within the IPOS section under Health Services "Add Health Services Prescription".
    b. If consumer does <u>not</u> receive psychiatric services through SCCMHA, contracted agency will need to work through the case holder to verify who the primary care physician is and secure a prescription for services from the primary care physician. This prescription must be scanned into Sentri record.
6) Case holder will request authorization for initial assessment/evaluation within a timely manner (5-7 business days) of being notified of prescription signature.
7) Contracted agency will conduct assessment/evaluation. The assessment/evaluation can either be directly entered into the Sentri or scanned and attached to the HS specific discipline assessment. The contracted agency should inform the case holder of the results from the assessment/evaluation via "Send Copy to" and request additional authorizations and codes for further interventions and/or treatments.
8) Case holder will request additional authorizations for further interventions and/or treatments as established in the HS care plan.
9) Ongoing communications should be collaborated between the contracted agency and case holder via "Send Copy to" function within Sentri. Case holders should review progress notes on a regular basis to obtain updated information on the progress or lack of progress toward consumer's goals and objectives. Documentation of such collaboration should be found in periodic reviews. Case holder should include contracted agency in IPOS planning process.

Exhibit A

**Process for Referral for Health Services (HS)=Occupational Therapy (OT), Physical Therapy (PT), Speech Therapy (ST) Dietary/Nutrition (RD)**



*Please note Medicaid mental health coverage is payor of last resort, all primary commercial insurances including applicable Medicaid Health Plan and Children's Special Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative OT, PT, ST, RD coverage diagnosing) by the assigned case holder/physician by obtaining written auth/service request denials from such primary payors prior to requesting through SCCMHA care mgmt. to review/approve Health Service.

Exhibit B

**Registered Dietitian Nutritionist (RDN) Description:** The RDN works with individuals to reach their nutritional goals. This work is done one on one or in group settings, in office, in home, via telehealth, or in the community. Nutritional goals should have a positive impact on an individual's life such as improving independence, increasing self-esteem, decreasing disease complications, etc. These goals should be reasonable and achievable in a set amount of time.

## Making a Successful Referral to Dietitian

1. Establish appropriate need. See Dietitian Referral Guidelines.

a. **For swallowing / choking concerns:** obtain a script for "Swallow Evaluation" from Primary Care Physician.

2. Discuss dietitian services with consumer and/or guardian.

a. SCCMHA is a payer of last resort therefore consumer must seek nutrition services through Primary Care Physician and exhaust their medical benefit annually before moving forward with SCCMHA dietitian referral.

b. Proof of exhausted medical benefit must be uploaded into Sentri (denial letter, copy of explanation of benefit sheet, etc.)

c. Consumer to obtain a prescription for dietitian services from their Primary Care Physician with an appropriate medical diagnosis.
See attached Dietitian Prescription Request.

3. After steps 1 and 2 are completed, notify Health Services supervisor via Sentri.

4. Case holder to update IPOS to reflect consumer's nutrition goals.

**Dietitian will**

a. Reach out to consumer to set initial appointment

b. Request authorizations

c. Complete initial assessment within 45 days of receiving referral

d. Make goals with consumer and decide if continued services are warranted

e. Send copy of specific goals to the case holder via the "Send Copy To" function of completed assessment *This will be found in "To Do Items" in Sentri

5. Case holder updates IPOS with new goals as appropriate.

# Dietitian Referral Guidelines

## Appropriate Referrals to Dietitian

| | |
|---|---|
| Diabetes | Pre-diabetes |
| New diagnosis | |
| Poorly controlled blood sugars | |
| Insulin dependent | |
| Weight | Overweight with a desire to change |
| Underweight with a desire to change | |
| Nutritional Support | Receiving tube feedings |
| Receiving supplements (Ensure, Boost, etc.) | |
| Cardiovascular Disease | High blood pressure |
| Abnormal cholesterol or triglycerides | |
| Picky Eaters | Less than 20 foods consumed |
| Difficulty with mealtimes | |
| Education | General healthy eating / nutritional counseling, meal planning, grocery tours, food models, healthy cooking, label reading, budgeting, etc. |
| Other | Specific bowel diseases (Crohn's, Irritable Bowel Disease, Celiac, etc.) |
| Multiple food allergies or sensitivities | |
| Pressure ulcer | |

## Inappropriate Referrals to Dietitian

| | |
|---|---|
| Eating Disorders or self-induced vomiting | Refer to therapist. Licensed therapist may make referral if appropriate |
| Problems chewing or swallowing | Refer to Speech Language Pathologist |
| Choking | Refer to Speech Language Pathologist |
| No transportation to get to the store | Refer to case holder, peer support, community support worker, etc. |
| Blood in stool | Primary Care Physician |

Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Dietitian Prescription Request

Patient Name: _____ Date of Birth: _____

Referral Notes:

_____

_____

_____

Expiration Date: 1 year

Diagnosis Code:

- ☐ E66.3 Overweight
- ☐ E66.9 Obesity, unspecified
- ☐ R63.6 Underweight
- ☐ E78.5 Hyperlipidemia, unspecified
- ☐ E10.9 Type 1 diabetes mellitus without complications
- ☐ E11.9 Type 2 diabetes mellitus without complications
- ☐ E46 Unspecified protein-calorie malnutrition
- ☐ _____

Physician Signature: _____ Date: _____

Physician Name, please print: _____

Saginaw County Community Mental Health Authority
500 Hancock Street Saginaw, MI 48602

<table>
<tr><td colspan="3">Health & Integration Services Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject<br>Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications</td><td>Chapter: 09.09.05</td><td>Subject No: 09.09.05.08</td></tr>
<tr><td colspan="3">Enhanced Health Services</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/17/07</td><td>Date of Review/Revision:<br>10/9/13, 7/27/16, 1/24/17, 3/1/18, 3/9/19, 11/21/19, 3/20/20, 6/22/20, 1/27/22, 3/25/22, 12/22/22</td><td rowspan="3">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Vurlia Wheeler & Michelle Vance<br><br>Reviewed By:<br>Chief of Network Business Operations, Executive Director of Clinical Services, and Suzanne Perkins</td></tr>
<tr><td>Supersedes:<br>09.06.00.10</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this procedure is to identify the Saginaw County Community Mental Health Authority (SCCMHA) authorization process to secure approval of Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications for SCCMHA consumers.

**Policy:**
Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications are a covered benefit when all of the criteria established through the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual are met.
It is the policy of (SCCMHA) that when a request for Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy and Environmental Modifications is submitted for authorization, is determined to be medically necessary and meets the criteria

within the current Medicaid Provider manual that such equipment or items will be ordered and secured for the consumer.

**Application:**
All SCCMHA case holders. health service provider, or other qualified requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, or Environmental Modifications.

**Standards:**
The Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual describes the criteria that must be met to obtain Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, or Environmental Modifications. and are considered to be covered services, funded directly by SCCMHA.
All steps of this procedure must be met in order for these services to be considered medically necessary and approved for authorization.

**Definitions:**
**Specialized Medical Equipment and Supplies** is defined by Medicaid section 17 of the Michigan Medicaid Provider Manual Specialized medical equipment and supplies includes durable medical equipment, environmental safety and control devices, adaptive toys, activities of daily living (ADL) aids, and allergy control supplies that are specified in the child's individual plan of services. Specialized medical equipment and supplies includes items necessary for life support, ancillary supplies and equipment necessary for the proper functioning of such items, and durable and non-durable medical equipment not covered by Medicaid or through other insurance. (Refer to the Medical Supplier Chapter for information regarding Medicaid-covered equipment and supplies.)

**Enhanced Pharmacy** is defined by the Michigan Medicaid Provider Manual as items that are physician-ordered, nonprescription "medicine chest" items as specified in the individual's plan of service. There must be documented evidence that the item is not available through Medicaid or other insurances, and is the most cost-effective alternative to meet the beneficiary's need.

**Environmental Modification** as defined in the Michigan Medicaid Provider Manual are physical adaptations to the beneficiary's own home or apartment and/or workplace. There must be documented evidence that the modification is the most cost-effective alternative to meet the beneficiary's need/goal based on the results of a review of all options, including a change in the use of rooms within the home or alternative housing, or in the case of vehicle modification, alternative transportation. All modifications must be prescribed by a physician. Prior to the environmental modification being authorized, PIHP may require that the beneficiary apply to all applicable funding sources (e.g., housing commission grants, MSHDA, and community development block grants), for assistance.

**Assistive Technology** is an item or set of items that enable the individual to increase her/his ability to perform activities of daily living with a greater degree of independence than without them; to perceive, control, or communicate with the environment in which s/he lives. These are items that are not available through other Medicaid coverage or through

other insurances. These items must be specified in the (IPOS). Information Systems department will maintain the most up to date specifications.

All items must be ordered by a physician on a prescription. An order is valid for one year from the date it was signed.

**References:**
Michigan Department of Health and Human Services Medicaid Provider Manual (Behavioral Health and Intellectual and Developmental Disability Supports and Services)
http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

**Exhibits:**
Exhibit A - Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy, Request for Authorization Instructions
Exhibit A - Attachment 1-Environmental Modification Instruction Form
Exhibit B – SCCMHA Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form
Exhibit C - SCCMHA Environmental Modification Request for Authorization Form
Exhibit D - Workflow
Exhibit E – iPad/Tablet Acquisition, Setup, and Support (Spec Sheet)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| The need for Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications will be indicated in the consumer Individual Plan of Service (IPOS). To request Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications use "Request for Authorization Form (Exhibit A)" which must adhere to the instructions contained within the "Request for Authorization Form" by either the Case Holder, Health Service Staff, or other qualified individual requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications. | Case Holder; Health Service Provider; or other qualified person requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications |
| The Specialized Medical Equipment and Supplies, Enhanced Pharmacy/Assistive | Case Holder; Health Service Provider; or other qualified person requesting the |

| | |
|---|---|
| Technology requires a prescription and/or statement of medical necessity, this will be obtained by the person requesting the Specialized Medical Equipment and Supplies, Enhanced Pharmacy /Assistive Technology, or if the requesting person cannot obtain, through the Case Holder. | Specialized Medical Equipment and Supplies, Enhanced Pharmacy /Assistive Technology |
| The "Request for Authorization Form" (Exhibit A), may be completed by either the party requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy or the Case Holder, who will route the form to obtain the approvals required on the form. | Case Holder; Health Service Provider; or other qualified person requesting the Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy |
| Once the Care Management Specialist is in receipt of the "Authorization Form", they will assure that the needed documentation and requirements have been met, such as necessary bids, contracts, prescription, and documentation of medical necessity. | Case Holder, Supervisor and Care Management Specialist |
| When all necessary signatures are obtained then Care Management will issue an authorization to secure the identified item/s or equipment. | Care Management Department; Contracts Department |

Exhibit A

**Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy**

**Request for Authorization**
**Instructions**

**This Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy Request for Additional Funds form is used to request funds to purchase Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy for a consumer of Saginaw County Community Mental Health Authority (SCCMHA).**

**The following requirements need to be met prior to completing this form:**

1. The Individual Plan of Service (IPOS) must indicate a Medical Necessity for the equipment, supply, or item.
    a. The equip, supply, or item/s must be determined as the most cost-effective alternative for addressing the condition or need.
    b. The plan must indicate that the equipment, supply, or item is essential to the implementation of treatment(s).
    c. The plan must document that, as a result of the treatment and its associated equipment, supply, or item, institutionalization of the consumer will be prevented.
    d. There must be documented evidence that the equip, supply, or item is the most cost-effective alternative to meet the beneficiary's need.
    e. All items must be ordered on a prescription. An order is valid for one year from the date it was signed.
2. The policy of SCCMHA is that payment from all other insurance or available sources, including Medicaid must first be sought prior to requesting SCCMHA to provide funds to purchase the equip, supply, item, or service. SCCMHA is the last resort for funding for the equip, supply, item, or service, and denials from other applicable sources are required.
3. 
4. *Medicaid mental health coverage is payor of last resort, all primary commercial insurances including applicable Medicaid Health Plan and Children's Special Health Care coverages are to be ruled out as primary payors (based on appropriate habilitative vs re-habilitative diagnosing) by the assigned physician with obtaining written auth/service request denials from such primary payors prior to requesting SCCMHA care mgmt. for review/authorization of such ancillary service requested
5. This form is to be completed by the requesting party or SCCMHA designated Case Holder and submitted with any required documents (as noted on Exhibit B form).
6. The conditions outlined below must be met.

**These conditions MUST be met in order to obtain <u>Specialized Medical Equipment and Supplies, Enhanced Pharmacy</u> through SCCMHA**:

1. The item must NOT be available under other coverage such as Medicaid Health Plan, Medicare, or other insurances.
2. The need MUST be specified in the (IPOS).
3. The Specialized Medical Equipment and Supplies, Enhanced Pharmacy will enable the beneficiary to increase the ability(ies) to perform activities of daily living or to perceive, control, or communicate with the environment.

**These conditions MUST be met in order to obtain <u>Assistive Technology</u> through SCCMHA:**

(Where appropriate SCCMHA (I.S.) Department/designated staff may assist SCCMHA case holder with initial set up, technical support as needed, and possible repairs where applicable)

1. The support plan must indicate that the item will enable the individual to increase her/his ability to perform activities of daily living with a greater degree of independence.

   These items may include:

   - Adaptations to vehicles
   - Items necessary for independent living (e.g., Lifeline, sensory integration equipment)
   - Communication devices
   - Special personal care items that accommodate the person's disability (e.g., reaches, full-spectrum lamp)
   - Prostheses necessary to ameliorate negative visual impact of serious facial disfigurements and/or skin conditions
   - Ancillary supplies and equipment necessary for proper functioning of assistive technology items
   - Repairs to covered assistive technology that are not covered benefits through other insurances

2. Assessments by an appropriate health care professional, specialized training needed in conjunction with the use of the equipment, and warranted upkeep will be considered as part of the cost of the services.
3. Coverage excludes:
   - Furnishings (e.g., furniture, appliances, bedding) and other non-custom items (e.g., wall and floor coverings, decorative items) that are routinely found in a home.
   - Items that are considered family recreational choices.
   - The purchase or lease of a vehicle, and any repairs or routine maintenance to the vehicle.
   - Educational supplies required to be provided by the school as specified in the child's Individualized Education Plan (IEP).
4. Covered items must meet applicable standards of manufacture, design, and installation. There must be documentation that the best value in warranty coverage was obtained for the item at the time of purchase.

5. In order to cover repairs of assistive technology items, there must be documentation in the individual plan of service that the assistive technology continues to meet the criteria for supports and services. All applicable warranty and insurance coverages must be sought and denied before paying for repairs. The PIHP must document that the repair is the most cost-effective solution when compared with replacement or purchase of a new item. If the equipment requires repairs due to misuse or abuse, the PIHP must provide evidence of training in the use of the equipment to prevent future incidents.

**Other Considerations and Limitations**

- Central air-conditioning is included only when prescribed by a physician and specified with extensive documentation in the plan as to how it is essential in the treatment of the consumer's illness or condition. This supporting documentation must demonstrate the cost-effectiveness of central air compared to the cost of window units in all rooms that the beneficiary must use.
- Assessments and specialized training needed in conjunction with the use of such environmental modifications are included as a part of the cost of the service.

**Exhibit A-Attachment 1**

**ENVIRONMENTAL MODIFICATION INSTRUCTION FORM**

**These conditions MUST be met in order for Environmental Modifications to a consumer's home and/or workplace: (Environmental Modifications will be processed through Contracts Department (Contracts Manager) who will work directly with vendors and collaborate with the case holder**

1. The individual plan of service must indicate that these modifications are necessary to ensure the health, safety, and welfare of the beneficiary, or enable her/him to function with greater independence within the environment(s) and without which the beneficiary would require institutionalization.
   These modifications may include:
   - The installation of ramps and grab bars;
   - Widening of doorways;
   - Modification of bathroom facilities; and
   - Installation of specialized electric and plumbing systems that are necessary to accommodate the medical equipment and supplies necessary for the welfare of the beneficiary.
   - Proof of home ownership or landlord lease approval to support expenditure.
2. Adaptations or improvements to the home that are not of direct medical or remedial benefit to the beneficiary (e.g., carpeting, roof repair) are not included.
3. The waiver does not cover construction costs in a new home, or additions to a home purchased after the beneficiary is enrolled in the waiver.
   a. Waiver funds may be authorized for Environmental Modifications for a home recently purchased.
   b. If modifications are needed to a home under construction, the waiver may be used to fund the difference between the standard fixture cost and the modification required to accommodate the consumer's need.

4. SCCMHA must have a signed contract or bid proposal purchase order # with the builder prior to the start of an environmental modification. It is the responsibility of SCCMHA Contracts Department to work with the consumer and builder to ensure that the work is completed as outlined in the contract or bid proposal prior to final payment. All contractors to be licensed and insured
5. The environmental modification must be the most reasonable alternative, based on the results of a review of all options, including a change in the use of rooms within the home or alternative housing. The existing structure must have the capability to accept and support the proposed changes. The infrastructure of the home involved in the funded modifications (e.g., electrical system, plumbing, well/septic, foundation, heating/cooling, smoke detector systems, and roof) must follow any applicable local codes. Environmental modifications shall exclude costs for improvements exclusively required to meet local building codes.
6. The environmental modification must incorporate reasonable and necessary construction standards, excluding cosmetic improvements. The adaptation cannot result in valuation of the structure significantly above comparable neighborhood real estate values.
7. For persons receiving waiver the consumer, with the direct assistance by SCCMHA case holder when necessary, must make a reasonable effort to access all available funding sources, such as housing commission grants, Michigan State Housing Development Authority (MSHDA), and community development block grants, for assistance. A record of efforts to apply for alternative funding sources must be documented in the beneficiary's records, as well as acceptances or denials by these funding sources.
8. Excluded are those adaptations or improvements to the home that are of general utility, are considered to be standard housing obligations of the beneficiary and are not of direct medical or remedial benefit. Examples of exclusions include, but are not limited to, carpeting, roof repair, sidewalks, driveways, heating, central air conditioning, garages, raised garage doors, storage and organizers, landscaping and general home repairs.
9. Environmental modifications that are required to support proper functioning of medical equipment, such as electrical upgrades, are limited to the requirements for safe operation of the specified equipment and are not intended to correct existing code violations in a beneficiary's home.
10. Adaptations may be made to rental properties when the landowner agrees to the adaptation in writing.
    a. A written agreement between the landowner, the beneficiary, and SCCMHA must specify any requirements for restoration of the property to its original condition if the occupant moves.
    b. If a beneficiary or his family purchases or builds a home while receiving waiver services, it is the beneficiary's or family's responsibility to assure that the home will meet basic needs, such as having a ground floor bath/bedroom if the beneficiary has mobility limitations. The HSW does not cover construction costs in a new home, or a home purchased after the beneficiary is enrolled in the waiver. HSW funds may be authorized to assist with the adaptations noted above (e.g., ramps, grab bars, widening doorways, etc.) for a home recently purchased.
11. Environmental modifications for **licensed settings** include only the remaining balance of previous environmental modification costs that accommodate the specific needs of the

consumer, and will be limited to the documented portion being amortized in the mortgage, or the lease cost per bed.

   a. Environmental modifications exclude the cost of modifications required for basic foster care licensure or to meet local building codes.

12. Adaptations to the **work environment** are limited to those necessary to accommodate the person's individualized needs, and cannot be used to supplant the requirements of Section 504 of the Rehabilitation Act or the Americans with Disabilities Act (ADA), or covered by the Michigan Rehabilitation Services.
13. All services must be provided in accordance with applicable state or local building codes.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**Specialized Medical Equipment and Supply, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form**

**Request Date: _____Client Name: _____ Case #:** _____

1. ☐ Adaptive Equipment (Attach original Physician Prescription)
   (Must attempt to bill consumer's insurance first and attach denial)
   ☐ T1999 – Miscellaneous therapeutic items/Enhanced Pharmacy
   ☐ T2028 – Specialized supply, not otherwise specified, waiver
   (Allergy control supplies)
   ☐ T2029 – Specialized medical equipment, not otherwise specified, waiver
   (Environmental safety and control devices)
   ☐ S5199 – Personal care items NOS (assistive technology)
   ☐ E1399 – Specialized Medical Equipment and Supplies-miscellaneous
   (Single room air conditioner)
   ☐ T2039 – Van lifts and wheelchair tie down systems
   ☐ K0739 – Repair or nonroutine service for durable medical equipment other than oxygen equipment requiring the skill of a technician, labor component. (For Children Waiver only)

2. Prescription attached ☐ Yes ☐ No

3. OT / PT/ SLP– Eval/Consult/Note attached ☐ Yes ☐ No

**Complete Packet**= Specialized Medical Equipment and Supplies, Assistive Technology, and Enhanced Pharmacy Request for SCCMHA Authorization Form, Prescription, Letter of Medical Necessity, and Catalog or Online Description of the Equipment, Supply, I

**Description and Justification for use of SCCMHA Funds**

_____
_____
_____
_____

_____ _____ ☐Reviewed ☐Deferred
Requesting Person (CSM, SC, OT, PT, SLP) Date Reason: _____

_____ _____ ☐Reviewed ☐Deferred
Case Holder Supervisor/Health Service Supervisor Date Reason: _____

_____ _____
Care Mgmt. Medical Necessity Review & Setup Date
☐Reviewed ☐1915(i) SPA Enrollment ☐Deferred Reason: _____

Selected Quote/Vender Name: _____ Purchase amount $_____

Purchaser sign-off _____ Date: _____

Contracts Dept. vendor setup/sign-off _____ Date: _____

Care Mgmt. auth setup/sign-off _____ Date: _____
Attach copy of auth
Updated 12-2022

Exhibit C

**Environmental Modification Authorization Form**

**These conditions MUST be met in order for Environmental Modifications to a consumer's home and/or workplace: (Environmental Modifications will be processed through Contracts Department (Contracts Manager) who will work directly with vendors and collaborate with the case holder and care management:**

Request Date _____ Client Name: _____ Client # _____

Environmental Modification (* See note below) (Attach original Physician Prescription)

- ☐ S5160 – Emergency response system, installation & testing
- ☐ S5161 – PERS service fee, per month
- ☐ S5165 – Home modifications, per service

* Note – Home Modifications for properties not owned by SCCMHA or the consumer require property owner's approval. Please contact the SCCMHA contracts dept. (989-797-3599) to facilitate such a written agreement.

*Care Mgmt. Medical Necessity Approval signature: _____ Date: _____

* Prescription attached ☐ Yes ☐ No

Price quote #1 _____ Comment(s) _____
Price quote #2 _____ Comment(s) _____
Price quote #3 _____ Comment(s) _____

Selected Quote / Vendor Name: _____ Purchase amt $ _____
Purchaser sign-off on price quote, attach authorization & physician script, submits to vendor, and notify requester by email: Final Sign-off of purchase date completion: _____ Date: _____
SCCMHA contracts department to forward copy of completed form/s to medical records for chart scanning.

- Contracts office to setup vendor quote in Sentri for Care Mgmt. Authorizing.
- Final vendor invoice to be approved by contract manager third invoice signed off for work completion to be processed as claim for state reporting.

Required:

1. Letter of medical necessity describing:
   a. The disability description
   b. modification description (pictures of the area before)
   c. modification relationship to the medical need
   d. Inability of alternative resources to meet the medical needs
   e. How the modification will improve consumer's quality
2. Prescription
3. 3 bids (contracts office will obtain bids)
4. Ownership of the home
5. Medicaid recipient or waiver recipient
6. How the modification will improve consumer's quality

Exhibit D

**Specialized Medical Equipment and Supplies, Assistive Technology, Enhanced Pharmacy, and Environmental Modifications**
***Each piece of equip/supply or item needs to be on a separate request form, but all can/will be ordered together as one purchase

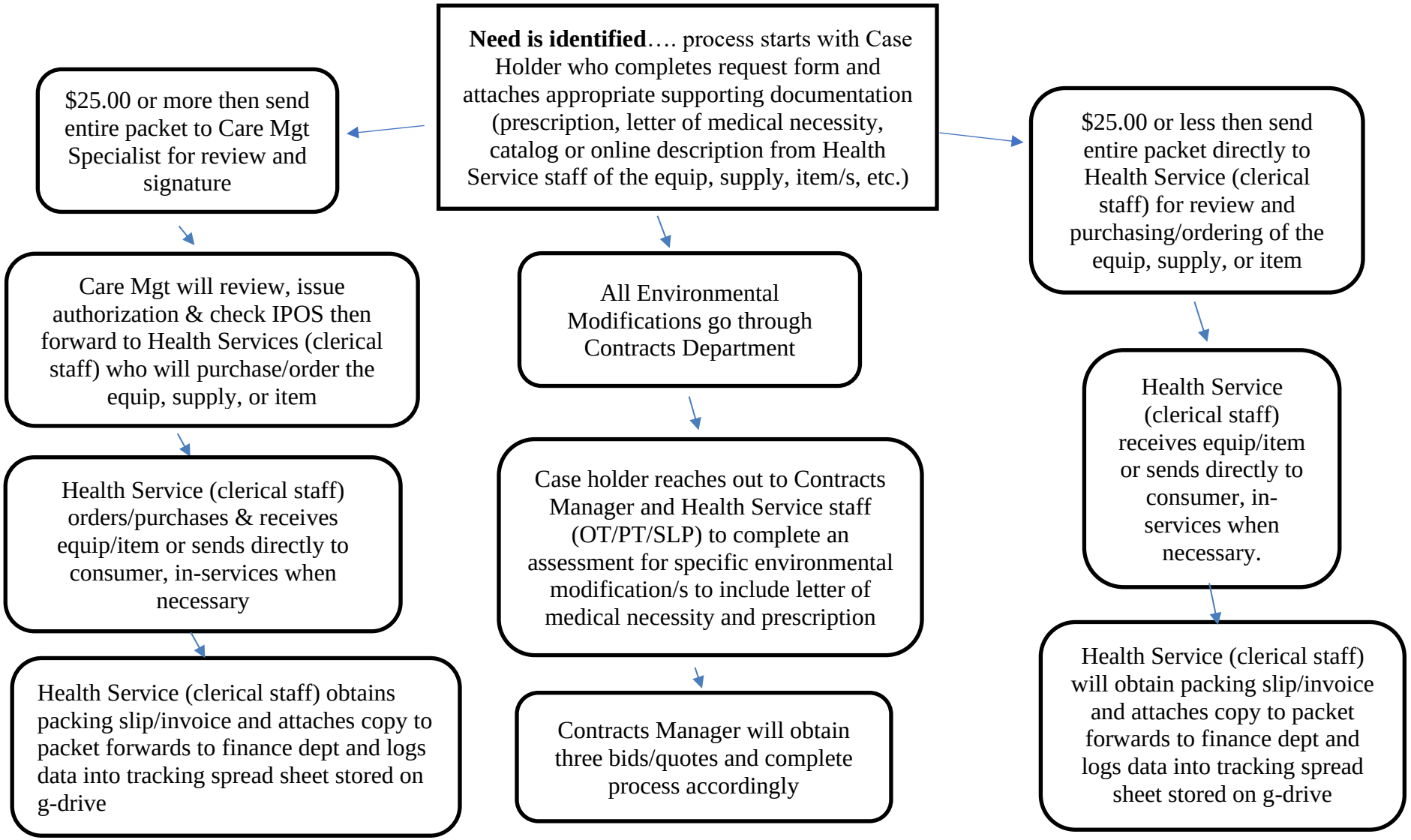


Exhibit E

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# DME - iPAD ACQUISITION, SETUP AND SUPPORT

## 2-YEAR EQUIPMENT AND SUPPORT PLAN




## APPLE iPAD 9TH GEN

Specifications:

- 10.2" Display
- 32GB Storage
- 4G Verizon Data Service
  - *Service does not include Voice Calling or Text Messaging*
- WiFi Capable
- Full Protective Case Choice

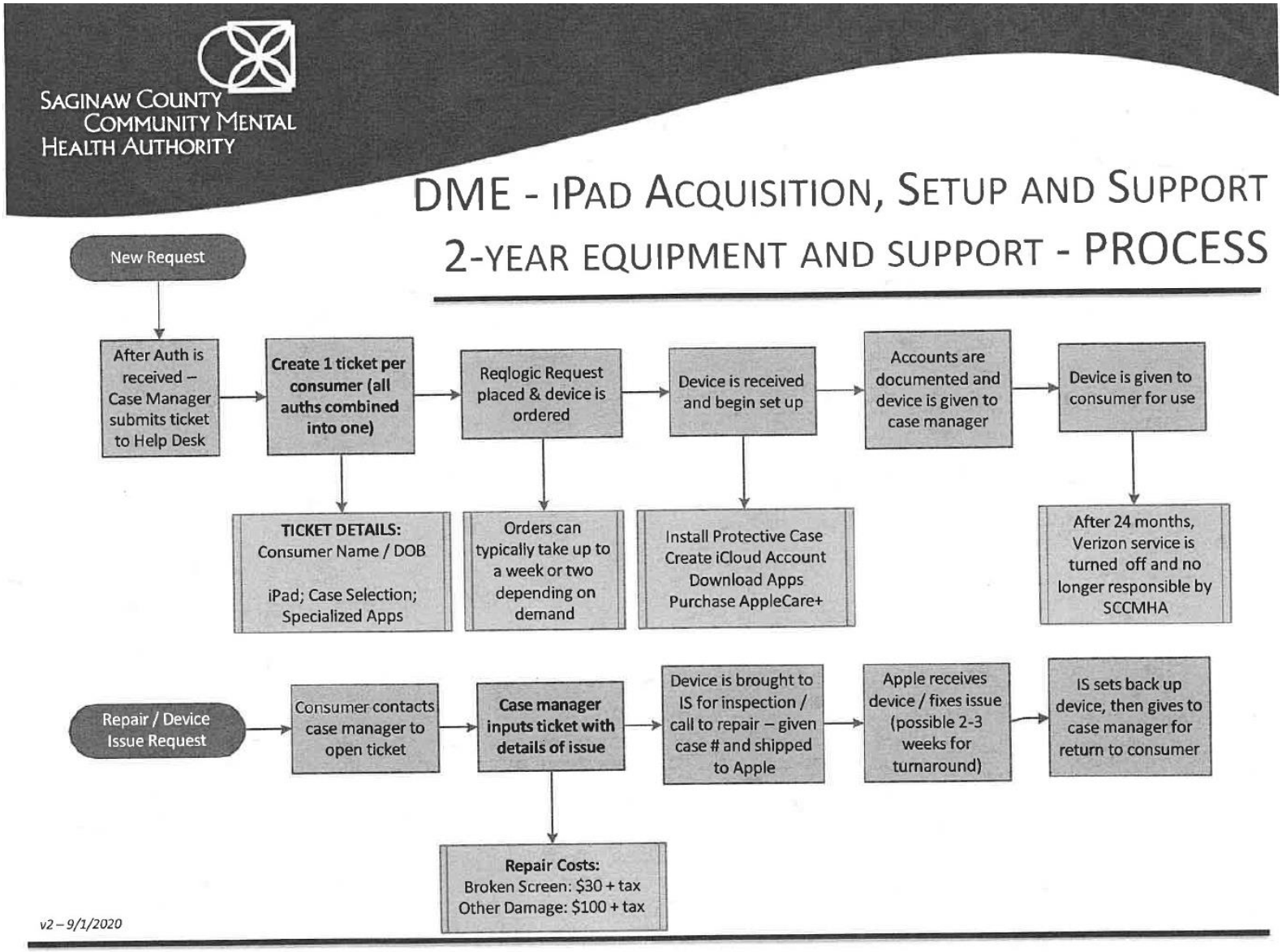
Includes:

- SCCMHA IT Support (2 years)
- AppleCare+ (2 years)
  - *Two years of warranty and support (Covers iPad/Battery/Charger)*
  - *Covers two incidents of accidental damage coverage. Agency pays fee.*
    - *$29+tax - broken screen*
    - *$99+tax - other damage*
    - *Does not cover loss*

## TOTAL COST: 1,510.99

- iPad: $359.99
- AppleCare+: $69
- Protective Case: $68 Otterbox / $30 Hand Strap
- Data Service: $41/mo for 2 years
- SCCMHA covers the cost of any repairs.

*v4 – 1/11/2022*


SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
DME - iPAD ACQUISITION, SETUP AND SUPPORT
2-YEAR EQUIPMENT AND SUPPORT - PROCESS
New Request
After Auth is received – Case Manager submits ticket to Help Desk
Create 1 ticket per consumer (all auths combined into one)
Reqlogic Request placed & device is ordered
Device is received and begin set up
Accounts are documented and device is given to case manager
Device is given to consumer for use
TICKET DETAILS: Consumer Name / DOB iPad; Case Selection; Specialized Apps
Orders can typically take up to a week or two depending on demand
Install Protective Case Create iCloud Account Download Apps Purchase AppleCare+
After 24 months, Verizon service is turned off and no longer responsible by SCCMHA
Repair / Device Issue Request
Consumer contacts case manager to open ticket
Case manager inputs ticket with details of issue
Device is brought to IS for inspection / call to repair – given case # and shipped to Apple
Apple receives device / fixes issue (possible 2-3 weeks for turnaround)
IS sets back up device, then gives to case manager for return to consumer
Repair Costs: Broken Screen: $30 + tax Other Damage: $100 + tax
v2 – 9/1/2020

# Tab 5

# Regulatory Management/ HIPAA Compliance

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Compliance and Ethics Program - Corporate Compliance Plan (CCP), | **Chapter**: 05 - Organizational Management | **Subject No**: 05.07.01 |
| **Effective Date**:<br>August 15, 2002 | **Date of Review/Revision**:<br>8/15/05, 3/9/06, 8/7/06, 7/7/09, 8/10/15, 5/9/16 3/15/17, 6/1/18, 6/11/19, 8/1/21, 8/26/22, 6/23/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes:** | **Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer<br>Holli McGeshick, Quality and Medical Records Supervisor |

**Purpose:**

To ensure that Saginaw County Community Mental Health Authority (SCCMHA) conducts all aspects of service delivery and administration with integrity, in conformance with the highest standards of accountability and applicable laws, while utilizing sound business practices, through the development of and adherence to the SCCMHA Corporate Compliance Plan (CCP), guaranteeing the highest standards of excellence.

**Policy:**

**A. Corporate Compliance**

1. SCCMHA shall establish, implement, and maintain a Corporate Compliance Plan that is in accordance with federal and state statutes, laws, and regulations. SCCMHA will furthermore adhere to regulations required by the Mid-State Health Network (MSHN), the Michigan Department of Health and Human Services (MDHHS), the Michigan Attorney General's

Office, Office of Inspector General, Centers for Medicaid and Medicare, and relevant accrediting bodies.

2. The SCCMHA Corporate Compliance Plan provides the framework for SCCMHA to comply with applicable laws, regulations, and program requirements, minimize organizational risk, maintain internal controls, and encourage the highest level of ethical and legal behavior.

3. SCCMHA shall maintain policies and procedures necessary to comply with the SCCMHA CCP and shall ensure effective processes for identifying and reporting suspected fraud, abuse and waste, and timely response to detected offenses with appropriate corrective action, including the reporting thereof to the SCCMHA Chief Executive Officer.

4. SCCMHA shall identify a Chief Compliance Officer, a Compliance Officer, and a Compliance and Policy Team.

5. SCCMHA shall provide staff training in compliance with the SCCMHA CCP and will maintain records of staff attendance. Trainings shall include but are not limited to: Federal False Claims Act, Michigan False Claims Act, Whistleblowers Protection Act, Advance Directives and Consumer Privacy Protections.

6. SCCMHA shall require all Board members, employees, and contractors to comply with corporate compliance requirements including any necessary reporting to other agencies.

7. SCCMHA shall review its compliance activities at least annually and will participate in an annual review of the SCCMHA CCP and provide recommendations for revisions as needed.

**B. Ethical Standards/Program Integrity**

1. All services within SCCMHA shall be provided with commitment to appropriate business, professional and community standards for ethical behavior.
2. SCCMHA shall develop and maintain Standards of Conduct applicable to all SCCMHA staff.
3. SCCMHA shall conduct business with integrity and not engage in inappropriate use of public resources.
4. SCCMHA shall ensure that services are provided in a manner that maximizes benefit to consumers while avoiding risk of physical, emotional, social, spiritual, psychological, or financial harm.
5. All SCCMHA staff shall conduct themselves in such a way as to avoid situations where prejudice, bias, or opportunity for personal or financial gain, could influence, or have the appearance of influencing, professional decisions.

6. Those individuals with "day-to-day operational responsibility" for the Compliance and Ethics Program will be provided adequate resources, appropriate authority, and direct access to the operational and governing authority of SCCMHA.

**Application:**
This policy applies to all provider network members, including contracted and direct board operated service programs that provide services to consumers.

**Standards:**
None

**Definitions:**
None

**References:**
None

**Exhibits:**
None

**Procedure:**
None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: SCCMHA Network HIPAA Compliance</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.07.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>June 1, 2005</td><td>Date of Review/Revision:<br>8/2/05, 6/23/09, 6/7/12, 6/3/14, 5/6/16, 6/13/17, 7/5/18, 7/1/20, 8/1/21, 8/26/22, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Ed<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor<br><br>Kentera Patterson, Officer of Recipient Rights and Compliance<br>& Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To ensure that all service staff and network providers understand and adhere to the full scope of the Health Insurance Portability and Accountability Act (HIPAA) regulations, including security, transaction, and privacy requirements.

To provide a general broad HIPAA policy that will direct varied network providers in the compliance with HIPAA requirements.

**Policy:**
SCCMHA staff, service programs and network providers will abide by current HIPAA requirements to protect the privacy and security of the health information of persons who are service recipients of SCCMHA. SCCMHA is a "Covered Entity" as defined by HIPAA and HIPAA compliance is an employment and contractual obligation for all the members of the SCCMHA workforce.

**Application:**
The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Standards:**
A. SCCMHA will make routine HIPAA training available. All staff and providers must complete training in both HIPAA privacy and security as required from SCCMHA to comply.
B. SCCMHA has two HIPAA required officers appointed by the CEO who are responsible to oversee HIPAA compliance: a SCCMHA HIPAA Security Officer and a SCCMHA HIPAA Privacy Officer. SCCMHA HIPAA officers are available for staff or provider consultation on HIPAA related matters.
C. Business Associates and Contractual providers who are a 'covered entity' according to HIPAA regulations, as is SCCMHA, are expected to identify their Privacy Officer to SCCMHA; all other service contractors are asked to identify a 'privacy liaison' to SCCMHA.
D. SCCMHA will include all relevant HIPAA policies in the SCCMHA Network Services Provider Manual.
E. Business Associates and Contractual providers who are covered entities are expected to have appropriate and required HIPAA policies and procedures that are available for SCCMHA review by audit and compliance individuals.
F. Providers who conduct or purchase electronic billing must abide by HIPAA transaction requirements.
G. Providers who are not covered entities are expected to be familiar with and adhere to SCCMHA HIPAA policies as applicable to their service provision.
H. Providers will direct HIPAA compliance related questions to SCCMHA whenever indicated or appropriate.
I. Providers must make every reasonable effort to protect the privacy and security of protected information of consumers as defined and required in HIPAA regulations.
J. Providers are expected to promptly report HIPAA violations to SCCMHA regarding SCCMHA recipients of services and assist with any remedy.
K. Providers may be sanctioned by SCCMHA for non-compliance on HIPAA related requirements.
L. Primary providers and record holders must abide by SCCMHA policies (or their own comparable policies that meet HIPAA requirements) in the notice, use and disclosure of all protected health information.
M. SCCMHA will offer HIPAA-related guidance for network providers.

**Definitions:**
(See SCCMHA HIPAA policies for applicable and complete definitions)
PHI – Personal Health Information

**References:**

All SCCMHA HIPAA related Policies and Procedures
SCCMHA Regulatory Management Policy
SCCMHA Competency Requirements for the SCCMHA Network, Policy 05.06.03

**Exhibits**
Exhibit A - Email & PHI Compliance Tips

**Procedure:**
None

Exhibit A

## EMAIL AND PROTECTED HEALTH INFORMATION (PHI) COMPLIANCE TIPS

1) Never use a consumer name in **external** e-mails; this includes sending any attachments which contain a consumer name or other similar PHI. External emails are any not SCCMHA.org, or those of your internal system as contracted provider.
2) External e-mails include any e-mails outside of the SCCMHA outlook system, including to any contracted providers, who certainly may have legitimate need for receipt of consumer PHI information from SCCMHA staff.
3) For all consumer related communications with contracted providers, the preferred method is the *Sentri II* Messaging system if possible. If you need guidance on how to use this system inside the SCCMHA electronic health record, please check with your supervisor or SCCMHA.
4) Other options for external consumer related communications are: encrypted e-mails, (see your Information Technology department for assistance for assistance) fax, regular mail, hand delivery or voice mails; any of these options are acceptable in the protection of PHI.
5) External PHI e-mail cautions also apply to primary care or any other service delivery or supports coordination for the consumer being served; a release signed by the consumer to share information with that party does not negate the restrictions about PHI and external e-mails.
6) **If sending internal e-mails inside SCCMHA, or your contracted organization, it is expected you use somewhere in the subject header the following content: PHI Content Caution. This will alert others not to forward the e-mail externally and to exercise caution with the e-mail.**
7) While you may technically include a consumer name or other necessary PHI relative to the intended purpose of the communication in internal e-mails inside SCCMHA, please do so with caution and as always against 'need to know' practice standards. Use only the PHI needed for the communication purpose. When feasible, use *Sentri* case numbers rather than the name or initials to identify the individual.
8) PHI regulatory compliance violations by individuals are subject to rights and compliance hotline reports, and may result in employee discipline and/or provider sanctions.
9) Be cautious about e-mails you might receive from others which contain a consumer name, sometimes the name is embedded in the content of the e-mail chain; if you receive an internal e-mail containing a consumer name anywhere in the content or attachments, and you forward the e-mail externally for some reason, you have violated the PHI protection requirements.
10) Remember, PHI is any information that could be used to identify a specific person, including but not limited to: demographic and individually identifiable health information, such as name, address, zip code, admission or discharge dates, social security number, e-mail address or unique webpage, phone/fax number(s), date of birth, beneficiary health or record numbers, photographs, finger/voice prints, vehicle serial or license plate numbers, any personal account or license numbers, or any other descriptors that might promote identification of a specific person. Use of multiple identifiers increases the risk of PHI breach.
11) E-mails are not part of the consumer record and do not replace correct documentation in the record about consumer plans and progress; summary information at times may need to be taken from e-mail content to place in the record, however do be thoughtful about what needs to be included from e-mail in the record, and this should be done by the author, not others.
12) If you receive, read or become aware of inappropriate or questionable email use of PHI by anyone in the SCCMHA system, or if you have any questions about the protection of PHI, please promptly contact the SCCMHA Recipient Rights Office or the Compliance Administrator with this information so that it may be addressed.

Rev. September 2017

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Deficit Reduction Act Compliance (False Claims)</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.07.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>11/1/07</td><td>Date of Review/Revision:<br>6/26/09, 6/4/14, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 8/26/22, 6/23/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Rich Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to provide information about SCCMHA's responsibility to prevent fraud and abuse by presenting accurate claims for payment to all payers, including federal and state programs. This policy describes SCCMHA's procedures for detecting, correcting, and avoiding circumstances under which fraud, waste, and abuse could occur at SCCMHA and its network of providers. This policy is also intended to provide SCCMHA employees and providers educational opportunities regarding the Federal and Michigan False Claims Acts, and related whistleblower provisions.

**Policy:**
SCCMHA, through its compliance plan and other policies, is committed to the highest standards of ethical behavior, and the submission of accurate claims to all payers, including federally funded payers such as Medicare and Medicaid.

**Application:**
SCCMHA operated programs and network of providers.

**Standards:**

- **SCCMHA POLICIES FOR PREVENTING FRAUD, WASTE AND ABUSE**

SCCMHA has established policies and practices to prevent fraud, waste and abuse of the Medicaid and Medicare programs. These policies help to ensure appropriate claims are made to all payers, including government programs, through:

- Development of policies which support the appropriate submission and processing of claims for services rendered by SCCMHA and/or its network of providers.
- Education regarding the SCCMHA Compliance and Ethics Program.
- Monitoring and auditing to detect and prevent errors in coding or billing.
- Investigation of all reported concerns and correcting errors that are discovered.
- Promotion of the SCCMHA Compliance Hotline for reporting instances and potential instances of fraud, waste and abuse of the Medicaid and Medicare programs.
- Development and maintenance of SCCMHA policy which prevents retaliation when concerns about fraud, waste or abuse are reported in good faith.
- The SCCMHA Compliance Plan is available for review by any SCCMHA employee, volunteer or contractual provider. In addition, it is available on the SCCMHA's website https://www.sccmha.org/.

- **THE FEDERAL CIVIL FALSE CLAIMS ACT (FCA)**

  The False Claims Act is a federal law that addresses fraud involving federally funded programs. Claims to Medicare and Medicaid for payment make up most health care claims paid by the U.S. government. This law defines a false claim to the U.S. Government as follows:

  1. Knowingly presenting a false or fraudulent claim for payment or approval.
  2. Knowingly making or using a false record or statement to get a false or fraudulent claim paid or approved.
  3. Conspiring with another to get a false or fraudulent claim paid or allowed.
  4. Knowingly making or using a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property.

  The FCA does not require an intent to defraud. The requirement of doing something in a knowing manner is met by showing either (1) actual knowledge, (2) deliberate ignorance of the truth or falsity of the information, or (3) reckless disregard of the truth or falsity of the information.

  **Penalties**: Violations of the federal false claims act can result in penalties of not less than $5,500.00 and not more than $11,000.00 per claim, plus three times the amount of damages that the government sustains.

- **ADMINISTRATIVE REMEDIES FOR FALSE CLAIMS**

  Under a second regulation addressing health care fraud, the department of Health and Human Services may impose on a person who submits certain claims to the government of the United States a penalty of up to $5,500 for each False Claim, plus twice the amount of the False Claim.

  This law applies to any claim that a representative of SCCMHA knows or has reason to know:

  1. Is false, fictitious, or fraudulent.
  2. Includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent.
  3. Includes or is supported by any written statement that (i) omits a material fact, (ii) is false, fictitious, or fraudulent as a result of such omission, (iii) is a statement in which the person making, presenting, or submitting such statement has a duty to include such material fact; or
  4. Is for payment for the provision or property or services, which the person has not provided as claimed.

- **FEDERAL QUI TAM (WHISTLEBLOWER) ACTIONS**

  The FCA provisions are enforced by the United States Department of Justice. Any person with direct and independent knowledge, otherwise known as "original source knowledge," of false claims to the government may initiate a formal complaint or "qui tam" lawsuit on behalf of the government. The plaintiff must notify the United States Department of Justice of all information regarding the fraudulent activity. If the Department of Justice accepts the case and fraud is proven, the qui tam plaintiff is entitled to a portion of the funds recovered by the government. Under the FCA a "qui tam" plaintiff is protected from retaliation that may result from his or her involvement in the case. If the Department of Justice declines the case, the individual may still proceed with the case on his or her own, unless the allegation involves a state agency, but without the government's assistance, and at his or her own expense. A private legal action under the FCA must be brought within six years from the date that the false claim was submitted to the government (A government-initiated claim may be brought up to ten years after the false claim, depending on the circumstances).

- **MICHIGAN FALSE CLAIMS ACT**

  Michigan has enacted a Michigan False Claims Act which closely resembles the Federal False Claims Act. This act imposes prison terms of up to four (4) years and fines of up to $50,000 for:

1. Knowingly making a false statement or false representation of a material fact in any application for Medicaid benefits or for use in determining rights to a Medicaid benefit.
2. Soliciting, offering, or receiving kickbacks or bribes for referrals to another for Medicaid-funded services.
3. Entering into an agreement with another to defraud Medicaid through a False Claim; or
4. Making or presenting to the State of Michigan a False Claim for payment.

- **MICHIGAN QUI TAM (WHISTLEBLOWER) ACTIONS**

  Any person (Qui Tam Relater) may bring a civil action on behalf of the State of Michigan to recover losses that the State suffered from a person violating the Michigan Medicaid False Claims Act, and the Michigan Attorney General is to be notified and has an opportunity to appear and intervene in the action brought on behalf of the State of Michigan. If the Michigan Attorney General intervenes, in addition to the person receiving his or her expenses, costs and reasonable attorney fees, the person may also receive a percentage of the monetary proceeds resulting from the action or any settlement.

- **WHISTLEBLOWER PROTECTION LAWS**

  Both the federal and Michigan state laws protect individuals who investigate or report possible False Claims made by their employer against discharge or discrimination in employment because of such investigation. Employees who are discriminated against based on whistle blowing activities may sue in court for damages. Under either the federal or Michigan law, any employer who violates the whistleblower protection law is liable to the employee for (1) reinstatement of the employee's position without loss of seniority, (2) two times the amount of lost back pay, (3) interest and compensation for any special damages, and such other relief necessary to make the employee whole.

**Definitions:**

(1) the terms "knowing" and "knowingly" –
  (A) mean that a person, with respect to information –
    (i) has actual knowledge of the information.
    (ii) acts in deliberate ignorance of the truth or falsity of the information; or
    (iii) acts in reckless disregard of the truth or falsity of the information; and
  (B) require no proof of specific intent to defraud.

**References:**
SCCMHA Compliance and Ethics Program - Corporate Compliance Plan (CCP)
SCCMHA Code of Conduct

SCCMHA Regulatory Compliance Hotline Brochure
Section 6032 of the Deficit Reduction Act of 2005
The federal Civil False Claims Act, Section 3279 of Chapter 31 of the United States Code
The Michigan Medicaid False Claims Act, MCL §§ 400.601 *et al*

**Exhibits:**
None

**Procedure**:
None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Reporting of Medicaid Fraud and/or Abuse</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.07.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 6, 2015</td><td>Date of Review/Revision:<br>3/15/17, 6/1/18, 6/11/19, 8/1/21, 8/26/22, 6/23/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Rich Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
SCCMHA will maintain a process to collect information about the nature of fraud and abuse complaints, as well as maintain a process to report to the Mid-State Health Network information regarding the complaints of fraud and abuse that warrant investigations.

**Policy:**
It is the policy of SCCMHA to collect information about the nature of fraud and abuse complaints, and to report to Mid-State Health Network on a semi-annual basis any suspicion of fraud or abuse within the Medicaid program

**Application:**
This policy applies to all provider network members, including contracted and direct board operated service programs that provide services to consumers.

**Standards:**
1. SCCMHA will collect information about the nature of fraud and abuse complaints which will include:
    a. The name of the individual(s) or entity involved in the suspected fraud or abuse

b. The address of the individual(s) or entity involved in the suspected fraud or abuse
c. The telephone number of (or other contact information for) the individual(s) or entity involved in the suspected fraud or abuse
d. The Medicaid identification number and/or any other identifying information.
e. The source of the complaint of the suspected fraud or abuse,
f. The nature of the complaint of the suspected fraud or abuse,
g. The type of provider involved in the suspected fraud or abuse,
h. The approximate number of dollars involved in the suspected fraud or abuse,
i. The legal or administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred.

2. SCCMHA will report semi-annually (on or about April 1 and October 1) to Mid-State Health network regarding the complaints of fraud and abuse made to SCCMHA that warrant investigation.

**Definitions:**
None

**References:**
None

**Exhibits:**
Exhibit A - SCCMHA Health Care Fraud Hot Line Poster

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Written Policies, Procedures and Standards of Conduct:** | |
| 1. SCCMHA maintains a Health Care Fraud Hot Line telephone number to facilitate the reception of notification of suspected fraud or abuse occurrences. This contact opportunity (local number as well as toll free number) is one of several avenues available for SCCMHA employees, Network Providers, consumers, or general public to report instances of suspected health care fraud or abuse to SCCMHA. | SCCMHA Compliance Officer or the Quality & Medical Records Supervisor if not available |

| | |
|---|---|
| 2. SCCMHA will collect and maintain information about the nature of fraud and abuse complaints which include the information listed under Standard 1 items a-i. | SCCMHA Compliance Officer or the Quality & Medical Records Supervisor if not available |
| 3. SCCMHA will report to Mid-State Health Network on a semi-annual basis the information maintained under Standard 1 items a-i. | SCCMHA Compliance Officer or the Quality & Medical Records Supervisor if not available |

Exhibit A


Saginaw County
Community Mental
Health Authority
Report
Health Care Fraud
Report fraud and/or misconduct relating
to Medicare or Medicaid Services
If you know, or have a good faith suspicion,
that fraud or misconduct relating to
Medicare or Medicaid has been committed,
contact the SCCMHA hotline.
SCCMHA has a no retaliation policy.
SCCMHA Hotline: 855-797-3417
Local Phone: 989-797-3574
SCCMHA Compliance Office
500 Hancock Street
Saginaw, MI 48602

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Releasing Consumer Information</td><td>Chapter: 08 – Management of Information</td><td>Subject No: 08.01.08</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/9/16</td><td>Date of Review/Revision:<br>3/8/17, 3/1/18, 2/25/19, 3/20/20, 3/11/21, 8/30/22, 2/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor<br>LaDonna Jones, Clerk Typist - Records</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The Purpose of this policy is to delineate the process for the releasing of information from the electronic consumer record with Saginaw County Community Mental Health Authority.

**Application:**
The entire Saginaw County Community Mental Health Authority network.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that ownership and control of the electronic record (SENTRI) rests with Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that information released or otherwise conveyed from SENTRI will be done only in accordance with Federal and State law, and policies of Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that contracted Primary Providers (Providers) shall release information from SENTRI only within the confines of policy.

**Standards:**

The sharing or provision of information and/or documents will be done in a systematic way that conforms to any applicable law, regulation, or Saginaw County Community Mental Health Authority policies.

The sharing of information and/or documents will be implemented in a manner that assures consumer confidentiality.

There will be written guidelines and procedures for the sharing of confidential consumer record information or documents by providers that have been approved by the Executive Director of Clinical Services, Quality & Medical Records Supervisor and Compliance Officer.

There will be documentation in the consumer record that indicates what records or information was shared, when shared, for what purpose, and by whom. This can be in the form of a cover letter sent with documents and scanned into a placeholder document or written as a Clinical Note in SENTRI.

Release requests will be scanned into SENTRI as an attachment to a SENTRI form. If such form is created in error, the function used in SENTRI is to either make the form 'Expired' by using the current date or to indicate that the form is "Invalid." "Revoke" should not be used.

**Definitions:**
None

**References:**
08.02.03 – Information Protection
08.04.09 – Ownership & Retention of Hard Copy Consumer Records
08.05.09.01 – Authorizations – Obtaining an Authorization for Use or Disclose PHI

**Exhibits:**
Exhibit A: Guidelines for providing copies of documents from consumer records
Exhibit B: Releasing Information from SENTRI II by Contracted Primary Providers
Exhibit C: Releasing Information Workflow
Exhibit D: Release Letters Sample

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| See relevant Protocol | |

Exhibit A

# Guidelines for providing copies of documents from consumer records

State and Federal laws, as well as SCCMHA policy, allow for the providing of copies of documents from the Consumer Record. The purpose of this guideline is to clarify the process for the sending of these copies.

Documents from the Consumer Record can be provided by:

- The Records Department
- The assigned Case Holder (Case Manager, Support Coordinator, Therapist, Care Management)
- Medical Services (primarily Nurses)
- Emergency Services

Copies of documents for entities other than the Consumer or Guardian require an active and proper Consent to Release Information in the Record unless allowed by law:

- Documents may only be provided within the constraints and limitations as indicated on the Release.
- Typically, documents are sent to entities through the Records Department.
    - Single documents may be provided to entities by the Case Holder – primarily the consumer or guardian or for emergent circumstances to a third party with the approval of the Case Holder's Supervisor
    - Medical Services may send copies of Medication Reviews, Prescriptions, Lab Results (if requested by SCCMHA), and lists of medications.
    - Emergency Services may send coordination documents
- Requests for documents from law enforcement, lawyers, or required by a subpoena or court order should be referred to the Records Department.
- A Clinical Note should be written and include the names and dates of documents sent. If sent by fax, only the fax cover sheet will be scanned into SENTRI.
- Copies of records obtained from other entities should be sent only through Records as there may be legal constraints on the resending of these documents.

Consumers, or the legal guardian/parent of a minor, have the right to view the record and/or obtain copies of documents from their record.

- Some documents are provided as part of the course of service such as the Individual Plan of Service.
- Active consumers should make requests for document copies through the currently assigned Case Holder.
    - The Case Holder will indicate in a Case Note the name and date of any document copies provided to the consumer/guardian.
    - If the number of documents requested is excessive, or the documents are not available directly to the Case Holder, the request should be referred to Records Department for processing.
    - A Consent to Share PHI is <u>not</u> required for documents provided by the Case Holder to a consumer/guardian. Note: when Records provides copies, a Consent is requested to be signed as proof document.
    - The Quality & Medical Records Supervisor should be contacted regarding any concerns or issues regarding the provision of documents to a consumer/guardian.
- Consumers not currently active with SCCMHA should be referred to the Records Department.

By law and practice, SCCMHA does not charge fees to a Consumer/guardian for the initial copy of any document. SCCMHA may charge a copy fee for any additional copies, as determined by the Quality and Medical Records Supervisor.

Fees for research and copying may be charged to other individuals or entities as determined by the Quality and Medical Records Supervisor. Entities that are typically not charged include: Medical services (physician offices, pharmacy, therapists, counselors, laboratories, etc.), Residential Services, Law Enforcement (including Protective Services), and some other governmental agencies (such as other CMHs, DCH, MRS, etc.). Fees will only be charged through the Records Department.

SCCMHA attempts to provide copies in a timely manner. Copies of documents requested through Records usually cannot be provided on the same day, will be provided within thirty (30) days of receipt of the request.

For additional information or questions on releasing information or documents please contact SCCMHA's Records Department at (989) 797-3492 or SCCMHA's Customer Service Department at (989) 797-3452/1-800-258-8678.

Exhibit B

**Releasing Information from SENTRI II by Contracted Primary Providers**

These guidelines are to clarify the releasing of information from SENTRI by the contracted Primary Providers.

1. The Primary Providers should include SCCMHA as a party on all Consents to release or share documents or information from SENTRI II.
2. Requests for documents or information for consumers who are now closed to the Primary Provider should be referred to SCCMHA's Records Department.
3. For consumers open to the Primary Provider:
    a. Single or small amounts of documents from SENTRI can be given to the consumer and/or guardian directly by the Case Holder or provider staff.
        i. The provision of documents should be documented in a Chart Note in SENTRI II
        ii. If the consumer/guardian is requesting all or a large number of records, then the consumer should be referred to SCCMHA's Records Department.
    b. Documents to third parties for the coordination of care can be released by the Primary Provider so long as what was released is documented either in a Chart Note or as a scanned list for the placeholder 'Attachments' (see 6 below)
4. There is no limitation on the verbal sharing of information from SENTRI II with the consumer or guardian or third parties who have consent.
5. When a third-party requests document that will involve sending copies from SENTRI:
    a. The party should typically be referred to send a release to SCCMHA's Records Department.
    b. If giving copies, Providers may only provide documents created by their agency
    c. If the request is a Subpoena, please contact SCCMHA's Compliance Officer for assistance and guidance
6. Provider Releases need to be scanned in the Regional Release section of SENTRI and not in the general scanning, using a SENTRI PHI Exchange Page as a placeholder. This can be done as follows:
    a. Complete the appropriate fields
    b. Placing the Provider Name and then the name of the third party in the "Release to and Obtain From" field. For example: SVRC & Social Security; TTI & Dan Fobbs, Atty; SPSI – John Doe
    c. Sign the template
    d. Scan the signed document into the "Attachments"
    e. Complete the 'Consumer signed' or obtain consumer signature electronically (if applicable)
    f. If documents were given to the third party from this release, then a listing of those documents would also be scanned into the placeholder "Attachments."

SCCMHA has ‘template’ documents for responding to requests available for use by Providers upon request.

If there are any questions regarding the releasing of information from SENTRI II, please contact SCCMHA’s Typist/Clerk (Medical Records and Release of Information) at (989) 797-3492 , Quality and Medical Records Supervisor at (989-272-7235) or the Officer of Recipient Rights & Compliance at (989-797-3539).

Exhibit C

**Releasing Information Workflow**

1. Request to Release form is received
    a. Review Release
        i. Compliance to regulations
            1. Completeness
                a. All required areas filled
        ii. Signature
            1. Verify the signer is legally authorized to consent to disclose
            2. May check signatures on-file
            3. If Release if from trusted source (SSI, Court, etc.) then can assume accurate
        iii. Clarify requested information
            1. Check date ranges requested
            2. Terminology for documents varies
            3. Typically require items determining clinical status such as Medication Review, Psychiatric, Emergency Notes, Assessments
            4. May contact the requestor for further clarification
    b. Log in the Release date on the Medical Release Tracking spreadsheet
    c. Compile information
        i. SENTRI
            1. Documents created in Harmony were transferred to either Historical Documents or as Progress Notes
            2. Use Print function: can print  for fax or mail, save to file for e-submission
        ii. May contact requestor for clarification
        iii. Compile documents in a “packet” or pile.
            1. If faxing, then do not staple
            2. If mailing, may staple but not required
    d. Send
        i. Complete Document form
            1. Place on top of document packet (save to file for e-submission)
        ii. Complete Invoice (if charging)
            1. Place after the Document form on packet (save to file for e-submission)
        iii. Mail, fax, or e-submit
    e. Log date sent and charge on Medical Release Tracking spreadsheet
    f. Release in SENTRI
        i. Create Release if form from outside agency
        ii. Scan
            1. Release
            2. Document Form
            3. Invoice
            4. Fax confirmation

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

500 Hancock Street, Saginaw MI 48602-4292
Phone (989) 797-3400 Fax (989) 799-0206

# Cannot Complete Requested Form

DATE OF REQUEST:

TO:

Documents Pertaining To:
DOB:
SSN: (last 4 digits)

A requested form for this consumer cannot be completed for the following reason:

☐ this case is closed and an accuracy of current status, diagnosis, condition, etc. cannot be determined

☐ this individual is a consumer of SCCMHA services, but the services are provided by the following provider so the information must be requested directly from that provider with separate permission:
Provider
Address
Phone

Please feel free to contact me with any further questions.

Sincerely,

SCCMHA's Medical Records Typist Clerk
Phone:

**NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE**

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)
Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

To Whom It May Concern

The Michigan Mental Health Code **MCL 330.1748** requires that legally signed Consent to Release, or a statutory exception, is required to provide any requested information. Other applicable Federal and State laws that safeguard confidentiality are:

- The Alcohol and Other Drug (AOD) Confidentiality Rule **42 CFR Part 2**
- Health Insurance Portability and Accountability Act **HIPAA 45 CFR Part 160 and Part 164**
- Family Education Rights and Privacy Act **FERPA**

Your request for information was received but does not meet the requirements for a legally signed Consent to Release, so it is being returned without response.

If you have any questions, please feel free to contact either:

{Name},Quality and Medical Records Supervisor - 989-272-7235

{Name}, Compliance Officer – 989-797-3539

**Saginaw County Community Mental Health Authority**
**Copies of Files to Consumers**

As a consumer of Mental Health Services, you are entitled to receive copies of Saginaw County Community Mental Health Authority (SCCMHA) created documents in your Medical Record by law (laws). Documents from other agencies or organizations cannot be released to you. You will need to go to that agency and request any copies.

Also, by law, SCCMHA can charge a reasonable fee for gathering and making these copies (laws).

However, to serve you better, realizing that many of the consumers of SCCMHA services have fixed or limited incomes, the agency will provide, upon your request a copy of documents in your file without charge. Additional copies of documents already provided may require a fee, payable in advance, if directed by the Quality & Medical Records Supervisor and as applicable to current standards and practices.

Documents released directly on your behalf to other individuals, organizations, or entities such as Department of Human Services, attorneys, physicians, Social Security, etc. may be billed, if applicable, a research and copy fee.

If you are currently an active SCCMHA consumer, please request your copies of documents from your current Case Holder. If the number of documents is excessive, or the documents are not available to the Case Holder, then you will be referred to the Medical Records Department for assistance. You will be requested to sign a Release Form to show you requested this information. Record copies may take up to thirty (30) days to process, though the time is typically much less.

If you are not a current consumer of Saginaw County Community Mental Health Authority, the agency requires a Release of Information form signed by you. SCCMHA will only release the information as designated on this form. Please indicate on the form who will be retrieving the documents or the address for where the documents need to be sent. The Medical Records Department staff or the Customer Service Department can assist you in filling out the form.

Copies of documents requested through the Medical Records Department usually are not able to be provided on the same day. SCCMHA attempts to provide copies in a timely manner but no longer than thirty (30) days.

If you have any questions about this process, please contact SCCMHA's, Typist/Clerk (Medical Records and Release of Information) at (989) 797-3492 or the Customer Service Department at 797-3452 or 1-800-258-8678.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
500 Hancock Street, Saginaw MI 48602-4292
Phone (989) 797-3400 Fax (989) 799-0206

# DOCUMENT DISCLOSURE

DATE OF RELEASE:

RELEASED TO:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

Notes or Comments

**NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE**

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)
Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

| **Document(s) Released** | **Document Date** |
|---|---|
| Note: documents with the SENTRI logo are electronically signed | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
500 Hancock Street, Saginaw MI 48602-4292 ● Phone (989) 797-3400 Fax(989) 799-0206

# Invoice
## Fees for disclosed documents

DATE:

Payor:
Address:

RE:
DOB:
SSN: (last 4 digits)

**Flat Fee:** **$ 6.50**

**Due Date:** **Please remit within 30 days**

**Pay To:**
SCCMHA
Attn: Financial Services
500 Hancock St.
Saginaw, MI 48602

**FE#:** 38-3192817

**Staff Contact:**
**Phone:**
**Email:**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
500 Hancock Street, Saginaw MI 48602-4292 ● Phone (989) 797-3400 Fax (989) 799-0206

# No Charge

DATE OF REQUEST:
REQUESTED BY:

Documents Pertaining To:
DOB:
SSN: (last 4 digits)

**No charge is being assessed to the requesting party for the research and provision of documents from the records of the above referenced individual.**

Records released directly to the consumer or guardian are not assessed a charge for the first copy of documents within a time frame. Additional copies of documents within that same time frame will be assessed a research and processing fee at the current rate.

Please feel free to contact Saginaw County Community Mental Health Authority's Medical Records Department with any questions.

Sincerely,

Medical Records Typist Clerk
Phone:

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
500 Hancock Street, Saginaw MI 48602-4292 ● Phone (989) 797-3400 Fax (989) 799-0206

# No Records Found

DATE OF REQUEST:

TO:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

**No Records were found that matched the criteria of the Request to Disclose or Release Information for the above referenced individual.**

Please feel free to contact Saginaw County Community Mental Health Authority's Medical Records Department with any further questions.

Sincerely,

Medical Records Typist Clerk
Phone:

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY
500 Hancock Street, Saginaw MI 48602-4292 ● Phone (989) 797-3400 Fax (989) 799-0206

# VERIFICATION OF SERVICES DISCLOSURE

The individual referenced below is:

☐ Currently receiving services from Saginaw County Community Mental Health Authority

☐ Has no record of receiving services from Saginaw County Community Mental Health Authority

☐ Has received services in the past from Saginaw County Community Mental Health Authority but is no longer active. Last date of service:

Individual's Name:

DOB:

SSN: (last 4 digits)

Notes or Comments

DATE OF VERIFICATION:
Insurance Provider:
Information Requested by:

SCCMHA Staff Verifying:

**NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE**

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)
Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Consumer Records</td><td>Chapter: 08 -<br>Management of Information</td><td>Subject No: 08.04.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>12/18/02</td><td>Date of Review/Revision:<br>9/19/02, 7/13/07, 8/1/07, 5/28/08, 8/20/08, 3/17/09, 5/21/10, 5/17/12, 6/2/14, 5/6/16, 3/8/17, 3/1/18, 3/2/20, 3/11/21, 4/29/22, 4/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Allison Kalmes-Hadd<br><br>Additional Reviewers:<br>Clinical Directors</td></tr>
<tr><td>Supersedes: 6.07.00.00 and 6.07.01.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure uniformity for the establishment, organization, storage, maintenance, and quality of Consumer Records. This policy will ensure that the clinical record adheres to professional standards and meets applicable regulatory standards of governmental and third-party organizations.

**Application:**
This policy shall apply to all Primary Providers of SCCMHA.

**Policy:**
All Consumer records will be maintained in a secure and confidential manner, as required by law, rules, regulation, practices or policy.

Information in the Consumer Record will be maintained in a fashion that assures it is:

a. Organized
b. Clear
c. Complete
d. Current
e. Legible

The Electronic Record (Sentri II) is the primary record for documentation and storing information regarding consumer treatment and services at Saginaw County Community Mental Health Authority, and will be maintained in a manner applicable to the laws, rules, regulation and policies for electronic media.

Consumer information is primarily maintained in Sentri data fields. Paper documents will be scanned into Sentri in a timely manner. It shall be the responsibility of the Case Holder

to assure that information submitted or stored in the consumer record meet the standards of this policy.

Paper documents that were not scanned into Sentri during the conversion to an electronic record are maintained as archival documents, stored in alphabetical order in a secured area.

**Standards:**
The designated Case Holder is responsible for assuring the accuracy, completeness, and efficacy of the information in the Record.

Sentri will be the primary storage place for treatment and other consumer information. This will be maintained in Sentri either through direct entry or the scanning of hard copy documents.

Printed documents created from Sentri will not be scanned into Sentri unless needed for documenting consumer/guardian approval via signature, or for proof of delivery.

Hard copy documents are to be be submitted to records immediately upon cessation of the need for that document to remain in a working file, but no more than five (5) days from that cessation. Examples of cessation of need or use include: receipt of a signature on a document; receipt of additional parts of a document; or completion of the use of information from a document.

Documents will be scanned into Sentri within five (5) working days after submission to records.

Documents to be scanned should meet the **Consumer Record Document Guidelines** for submission and scanning.

Working Files: each Case Holder may maintain a working file for reference purposes. These documents may include Peer Review Documents, Psycho-therapy Notes, miscellaneous communications, copies of documents, etc. Working File information is to be maintained in a locked setting. This locked setting must be accessible by the Case Holder, program supervisor, or other administrative personnel.

Accurate data and information entry is the responsibility of the staff who enters the information and must meet the standards or requirements of the SCCMHA core values, legal, rule, regulatory, accrediation and as established by the profession of the person entering the documentation.

It is the responsibility of the Case Holder to assure that any proof document supporting a consumer's status are found in the record. Examples of proof documents include

- Legal– Guardianship orders, Power of Attorney
- Medical - Do Not Recessitate, physician orders
- Financial – Payee order
- Others as needed

All Consumer Record entries of service delivery must be completed within time frames designated by department standards but not more than five (5) working days.

Consumer record entries will use and maintain acceptable grammatic structure and language that is understood in lay terms. If on a paper document, will be legible.

Some additional standards when entering documentation:

- Documentation should be strength-based and respectful, reflecting the core values of the agency

- The use of acronymns is allowed only when the full title is first indicated and the acronymn indicated in parenthesis. For example: Saginaw County Community Mental Health Authority (SCCMHA)

- When noting persons other than the consumer in the documentation, the person should be identified by role - such as parent, therapist, friend, housemate, etc. – when first indicated.

- If another consumer is involved in the documentation, this person should not be identified as a consumer nor that person's consumer number be indicated.

- When noting self actions, use title – Case Holder, Therapist.

Consumer record entries may follow a specified format as determined necessary by the program supervisor.

Errors in documentation can be corrected using the Change function found on the list page of most Sentri documents.

Deletion of Sentri documents should only be for the following reasons:

- The Sentri document was started but will not be completed by that staff member. There will be a link to Delete this document.
- The Sentri document is an error such as:
    - a duplicate Sentri document
    - is in the wrong record
    - is the wrong type of Sentri document for that service
    - is a blank document started by a staff who no longer has access to Sentri
- Deletion of unsigned Sentri documents may be done only by the staff entering that document.
- Deletion of signed Sentri documents must be done using the Delete Request function on the list page. Those Sentri documents that do not have the Delete Request function and meet the category for deletion can be requested using the Sentri Message to the Clinical Records Coordinator.

- The Clinical Records Coordinator will regularly review the Document Deletion Request Queue in Sentri and either Approve or Deny the request.
    - Denials will be done if the request does not meet the criteria for denial
        - A Denial will be documented on the Denial form in Sentri
    - Approvals will remove the document from view in the consumer record but is maintained in the Queue
    - Some requests may be delayed due to needing further or additional action such as removal of a billing or BH-TEDS deletion.

The Customer Service Department will maintain a description of Documentation Types. This list will be updated at least annually or as needed.

The Customer Service Department will maintain a list of documents that are regularly submitted with a corresponding Documentation Type or that should not be entered into Sentri. This list will be updated at least annually or as needed.

**Definitions:**

**Archive file** refers to any form of Consumer record that is designed to maintain any purged or inactive case information.

**Chart** is a physical file for paper or otherwise hard-copy documents for each consumer or family, or a video medium, such as tape or CD, that has been produced in the provision of clinical service to the consumer or family.

**Record** is the storage of information regarding the medical, historical, mental health, financial, and other information for the purpose of providing services, planning, documentation, communication, proof for reimbursement, state reporting, and is a legal document in criminal or civil legal proceedings.

**SENTRI** is the acronym for the electronic consumer record.

**Case Holder** refers to the designated case worker of a consumer.

**References:**
Michigan Mental Health Code Act 258 of 1974
MDHHS contract, including attachments and reference documents
Health Insurance Portability and Accountability Act of 1996 (HIPAA)

**Exhibits:**
Exhibit A - Guidelines for Storage of Information in the Consumer Record
Exhibit B - Quality Protocol for Scanning
Exhibit C - Document Type Descriptions

**Procedure:**

| ACTIONS | RESPONSIBLE |
|---|---|
| Provides leadership through procedures and practices for uniform and secure Consumer record establishment, organization, maintenance, and retention. | CEO<br>Executive Director of Clinical Services<br>Clinical Records Coordinator |
| Ensures that all Consumer records adhere to professional standards and meet applicable regulatory standards of governmental and third-party organizations. | Executive Director of Clinical Services<br>Clinical Records Coordinator<br>Primary Provider Supervisor |
| Ensures that information in Sentri is current, complete, and accurate to the standards indicated in this policy | Case Holder and any staff entering information into a record |
| Ensures that any proof documents relating to consumer status, such as guardianship, is scanned into the record | Case Holder |
| Submits to Records all hard-copy documents for scanning in a timely manner and in compliance with the **Consumer Record Document Guidelines** | Staff submitting documents |

Exhibit A

## Consumer Record Document Guidelines

**Overview**
SCCMHA uses an electronic health record titled **Sentri**. The full use of electronic means for storage of documents and recording of services was instituted in 2007. All paper documents received after that date have been digitized and saved in Sentri, either in general scanning or as an attachment to a Sentri document.

According to the American Health Information Management Association, these are the functions of the record:

- Storage of information to provide a continuity of care
- Providing information useful for planning, documentation of treatment and services, and communication.
- Providing proof for reimbursement and for state reporting - a factor in determining agency funding.
- Is used as part of criminal or civil legal proceedings.

Various laws and regulations also impact the record such as HIPAA, the Mental Health Code, Michigan Medicaid Provider Manual standards, etc. whose goal is to assure both record integrity and usefulness.

To assure this integrity and usefulness, only documents and information that meets the functions and regulations need to be retained in the record.

Unneeded documents include:

- Psychotherapy Notes are those notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.
- Working or personal files such as notes, drafts, document copies of blank documents, copies of submitted applications, copies of documents already in the record, to-do lists, and reminders
- Peer Review documents such as Incident Reports, Audits, Rounds minutes, Clinical Risk minutes, etc.
- Transitory Correspondence written communications of short term interest which have no documentary value or would have no value in the event of litigation. This could include fax cover sheets, fax transmittal sheet, letters of transmittal, internal requests for information, internal referrals for service,

invitations to work-related events, and meeting notifications. These actions can typically be documented on a Progress Note without having to have the actual document in the record. Here are some examples:

- the copy of a Medicaid application would not be scanned, rather kept in a Working File until benefits are attained or denied, but the acceptance/denial letter could be scanned.
- the fax cover and transmittal for a prescription to a pharmacy would be scanned as legal proof that a medication was ordered, but the fax and cover transmittal requesting information would not be scanned, rather kept in a Working file and discarded when the information is recieved.
    - However, a fax transmittal sheet should be added as an attachment to the IPOS Healthcare Coordination Form for proof that this was sent to the primary physician.
- Copies of emails regarding requests for services should be summarized and noted in a progress note but not scanned into the record.
- Communications from out-of-agency sources whould be scanned as well as documented on a Progress Note.
- A utility shut-off notice would not be scanned but saved in a Working File until payment secured, then discarded.

**Considerations for Submitting Documents for Placement into Sentri**

The primary consideration is to maintain the integrity and function of the record. Neither the chart nor Sentri is a place to retain an item just to retain it – documents should be retained because they are either required or necessary. Submission of documents for the Record need to be done in a purposeful and thoughtful manner. The information that goes into the record is permanent and not easily removed, therefore the information should meet the purposes of the record as well as policy and regulation.

The record is not to be used for the purpose of defaming, embarrassing, impugning or otherwise harming another person. It is not the place to put old, no-longer-needed documents. It is not the place to put in a document merely because one is not sure what to do with that document.

In light of this, when submitting a document for the record, consider the following points:

- ✓ Does the document have usefulness in recording treatment, planning, or support - does the information on the document meet the purposes of the record?
- ✓ Have I already captured the important information from this document elsewhere in a Progress Note, Assessment, or other text field and is this necessary to have a copy?
- ✓ Does this contain information that should NOT be in the record such as: designating others as a consumer; unrelated information; false,

inflammatory, libelous, or derogatory remarks or categorizations; or other irrelevant information?

- ✓ Should the information on this document be part of the permanent, legal record?
- ✓ Do you want this attached to a Sentri document or into general scanning?
    - If a Sentri document, please indicate what document.
    - If general scanning, please indicate what Document Type if this is an atypcial document.
- ✓ The document should fall within these guidelines as compiled from AHIMA, HIPAA, SCCMHA policies, and best practice:
    - Information entered or submitted in the record must meet agency policies.
    - All documents need to include the consumer name and case number and be dated.
    - SCCMHA Documents are required to have the consumer name and case number on every page, and to include the name of the staff authenticating the document.
    - Non-SCCMHA Documents should have some form of authentication by the author (minimally the name of the author of the document) or staff submitting the document.
    - Documents should be submitted in a timely fashion - NOTE: it is both unethical and illegal to pre-date or back-date documentation relating to treatment, billing or legal proof.
    - Documents in a bundle will be maintained based on the top document. Customer Service staff will not separate bundles for scanning/filing.
    - Bundled documents should be paper clipped or clamped and not stapled to facilitate scanning.
    - Fax cover sheets and receipts should be bundled to the bottom of document(s).
    - Only copies of Sentri documents that contain a consumer/guardian signature should be submitted for filing or scanning, if signature is a requirement on that document.
    - Duplicates of documents already in the chart or in Sentri should not be submitted.
    - Policy 08.04.08 – Agency Forms requires:
        - The use of only the most recent version of an SCCMHA form. These are found in the Agency or Clinical Forms on the G:Drive.
        - New SCCMHA forms are required to be approved by the Executive Director of Clinical Services (per policy 08.04.08 Agency Forms). These should also be submitted to Clinical

Records Coordinator for determination of scan category and/or Chart tab. The use of unevaluated forms could result in rejection or delay of placement into the record.

- Documents submitted to the record are considered permanent documents. Removal of documents from the Chart should only be done by the Clinical Records Coordinator in accordance with procedures and policy.
- Staff hand-written documents should be legible.
- Brochures, flyers, etc should be submitted only as an attachment to another document.
- Documents should not be submitted if the information is already in Sentri or in a Sentri document (unless a consumer signature is required).
- Staff may need to "create" a Sentri page, such as the Consent to Share Behavioral Health Information/Release of Information, for scanning in of a document.

**Return of Documents**

Documents that do not appear to meet the above guidelines will be reviewed by the Clinical Records Coordinator and/or Customer Service department.

If a document is returned to the submitting staff or Case Holder (if the submitting staff cannot be determined), then a note of explanation will be attached, and other action requested, such as creating a Release in Sentri, adding a date, designating a category, etc.

Typically, the return form will go directly to the staff in order to expedite resolution. Staff should contact their supervisor or the Clinical Records Coordinator with questions regarding the return, and not engage in a discussion regarding the document with Customer Service clerks.

Exhibit B

## Quality Protocol for Scanning and Uploading 2023

### SCANNED DOCUMENTS

1. Scanning needs to be done in a moderate, thoughtful and steady manner. Hurrying to scan in documents leads to errors and mistakes. It is better to be a little behind in scanning than to do scanning quickly.
2. Review the document for applicability for scanning
    a. The only printed documents with the Sentri II logo that are scanned are those requiring a signature. Return if the required signature is not present.
    b. Scan fax cover sheets in the back of the document.
    c. Contact the submitting person if the document appears incomplete.
    d. Review if document meets the Do Not Scan list.
3. Preparing the document for scanning.
    a. Review the darkness of the printing or background to determine possible problems.
    b. Remove staples, clips or other objects that could jam the machine.
    c. Separate sheets to check if they are stuck together.
    d. Count the number of sheets.
    e. Check to assure that there is consumer name or number or other identifier.
    f. Check the list of documents to ascertain the scan category.
4. Scanning
    a. Make sure that the consumer name and number on Sentri match the document.
    b. Make sure that the proper category is highlighted in the drop-down list.
    c. Enter the title of the document and/or identifying information in the Attachment Comments field.
        i. Avoid using initials or shortened names – such as use Psychiatric Evaluation not “PE”.
        ii. Include identifiers such as the name and form number, agency and form name, etc.
    d. Check to assure that the document(s) are properly aligned in the scanner feeder.
    e. Watch the scanner as the papers run through to check for stuck sheets.
    f. Count the number of sheets and compare with the count shown on the scan.
    g. Check the scanned image for clarity of the words, positioning, alignment, and proper page order.

h. If it is not clear and proper, do not save and rescan. If it is clear, save the scan.

5. Post-scanning
    a. Place the paper document into the shredding container or shred if you have an approved shredder.

**UPLOADING DOCUMENTS**

1. Uploading documents need to be done in a moderate, thoughtful and steady manner. There is no 'review' function for an uploaded document.
2. Check the document before uploading and be sure to verify the document name and file folder location.
3. Uploading
    a. Make sure that the consumer name and number on Sentri match the document.
    b. Make sure that the proper category is indicated in the drop-down list.
    c. Enter the title of the document and/or identifying information in the Notes text field.
        i. Please avoid using initials or shortened names. For example: A Psychiatric Evaluation should be entered with that title not "PE".
        ii. Use as much identifying information as possible such as the name and form number, agency and form name, etc.

**ERRORS**

1. Errors in naming or category can be corrected by using the 'Change' link on the List Page.
2. Errors such as the wrong record require the scan to be deleted.
    a. If it is a wrong record, print out or download the document and scan or upload into the correct record.
    b. Using the "Change' link, select the **Documentation Type** as "AA-Delete".
    c. There is no need to send notification or a message to the Clinical Records Coordinator as there is a report run regularly to remove documents entered in error.

Exhibit C

**Document Type Descriptions**

| Type | Description | Examples |
|---|---|---|
| **AA-Delete** | Indicating Scan/Upload has been entered in error and needs removal | |
| **Admissions & History** | Documents collected during the admissions process that provide historical information on a consumer. Also, may contain documents from the Archive Files | Documents completed prior to SENTRI |
| **Appeal** | Forms from the Appeal Process | Appeal Forms filed or rulings<br>Previous paper appeal documents completed prior to SENTRI<br>Correspondence regarding appeals |
| **Appeal: Notice of Image** | For use by Care Management only | Care Management Department Use |
| **Appeal: Supporting Document** | For use by Care Management only | Care Management Department Use |
| **Assessments** | Any assessment or evaluation not indicated in other categories | Intake / assessment documents completed prior to SENTRI<br>Tools used such as CAFAS, OQ 45, Psych testing etc.<br>Specialized assessment documents (OT, PT, S&L etc.) completed prior to SENTRI |
| **Authorizations** | Authorizations for services from other providers | |
| **Autism** | For use by the Autism Program to house documents | Autism Documents |
| **Behavior Management** | Documents related to Behavior Management | Behavior Management documents completed prior to SENTRI<br>Behavior Management Review<br>Behavior Plan<br>Behavior Management Assessment |
| **CCD** | Not Used | |
| **CEHR Resource** | Not Used | |
| **COFR Documents** | COFR Documents for out-of-county placements where case management/services provided by that county | Previous COFR documents completed prior to n-set of SENTRI<br>COFR Correspondence, Assessment, TX notes, Plan |
| **Consents – Treatment/Services** | Consents not housed elsewhere | Consent / revocation for treatment<br>Other consents<br>Consent / revocation for emergency medical care<br>Consent / revocation for medication |
| **Consult/Referral/Application** | Documents that are referrals for services | Consults |
| **Consumer Signatures** | Auto loaded from bar code | |

| | | |
|---|---|---|
| **Contract** | For use by Contracts Dept only | |
| **Contract Amendment** | For use by Contracts Dept only | |
| **Correspondence** | Any letters / correspondence not applicable to other categories | Any letters / correspondence not applicable to other categories |
| **Crisis / Safety Plan** | Plans regarding crisis intervention or consumer safety not found in other categories or SENTRI documents | Previous crisis / safety plan documents prior to SENTRI<br>Current non- SENTRI crisis / safety plans |
| **Direct Mail Attachment** | Not for Use by Clinical Services | |
| **Employment Services** | For use by Employment Services | Previous employment documents prior to SENTRI<br>Disability for work documents<br>MRS / MI Works / Other outside referral documents<br>Competitive employment documents |
| **Entitlement and Benefits** | Document Entitlements & Benefits efforts | Applications for Benefits<br>SSI / SSD applications<br>SSSD / SSI information / determination<br>CHORE Determination or Application |
| **Family Support Subsidy** | For use by Family Support Subsidy | FSS Documents |
| **Healthcare Integration & Other M** | Documents relating to physical health care | Medical evaluations<br>Letters to / from healthcare providers<br>Health Reviews<br>Other healthcare related information |
| **HELP Resources** | Do Not Use | |
| **Hospital Records** | Documents from Hospitals such as discharges | Records form psychiatric admissions from local facilities |
| **Housing** | Housing Department Use | Housing Department Use |
| **Imported EDI 820 File** | Do Not Use | |
| **Imported EDI 834 File** | Do Not Use | |
| **Insurance Policies** | Documents related to Insurance | Insurance cards<br>Medicaid Deductible documents |
| **IR Attachment** | Do Not Use | |
| **Labs** | Lab & Test Orders and Results | Lab & Test Orders and Results |
| **Legal Documents** | Documents relating to court or legal actions. NOTE: Protective Services complaints should not be scanned into the consumer record | ATO / Deferral / Petition / Cert<br>Other court or legal document<br>Guardianship |

| | | |
|---|---|---|
| | | Other court related documents |
| **MCG Episode Summary** | Crisis MCG Episode Document | |
| **Medication Consent Scan** | For Medication Consent attachment | |
| **Model Payment** | Model Payment requests and information | 3803/2355 |
| **NGRI** | For use by NGRI (no longer used) | NGRI Program Document |
| **OBRA** | For use by OBRA | Forms used prior to SENTRI<br>Letters of determination |
| **ORR Attachment** | Do Not Use | |
| **Other** | Miscellaneous documents not found elsewhere | Miscellaneous documents not found elsewhere |
| **Payer Authorization** | For use by Finance only | |
| **Person Centered Plans** | Documents from or related to the Individual Plan of Service should be attached to the IPOS | Signed signature sheets<br>Forms used prior to SENTRI |
| **Prescriptions for Services** | Prescriptions for medication or services | Clinical services (OT, PT..) |
| **Progress Notes** | Progress Notes from other sources not captured elsewhere | Forms used prior to SENTRI<br>Progress notes not entered SENTRI |
| **Proof of Insurance Attachment** | For use by Finance only | |
| **Psych Evals / Med reviews** | Documents for Psychiatric Evaluations | Forms used prior to SENTRI |
| **Self Determination** | Documents related to the Self-Determination | FI information / agreements & related documents<br>Budget & Vouchers |
| **SIS Assessment** | Copy of SIS Assessment | |
| **State Facility** | Documents from a State Facility | Any information sent to and from a state facility |
| **Task Log** | Task Logs | |
| **Test** | Testing of scans/uploads | |
| **Treatment Guides & Protocols** | Documents relating to treatment approaches | |
| **Waiver Documents** | Documents relating to the obtaining or continuation for Waivers for services | Hab waiver information<br>Certificates of eligibility |
| **Wrap Around** | For use by Wrap Around | Wrap Documents |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Ownership and Retention of Hard Copy Consumer Records | **Chapter**: 08 – Management of Information | **Subject No**: 08.04.09 |
| **Effective Date**:<br>2/11/15 | **Date of Review/Revision**:<br>3/8/17, 3/1/18, 8/6/18, 4/6/20, 2/24/21, 4/29/22, 4/6/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Executive Director of Clinical Services |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Jennifer Keilitz<br><br>**Additional Reviewers**:<br>Allison Kalmes-Hadd, Clinical Directors |

**Purpose:**
The purpose of this policy is to clarify the ownership and retention of hard copy documents as part of consumer records.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that the ownership, maintenance, and retention of hard copy documents rests with the agency, programs, individual or provider (herein after called an entity) contracted or funded by SCCMHA who is holding those document(s) at the time of creation or receipt of said document(s).

It is the policy of Saginaw County Community Mental Health Authority that ownership, maintenance, and retention of electronic records rests with SCCMHA.

**Application:**
The entire SCCMHA Network of service providers.

**Standards:**
Electronic or digitalized documents will be retained indefinitely, either within the electronic health record or in other standardized digital storage media.

Documents will not be purged or removed from the electronic health record unless placed in the record in error.

Hard copy documents will be maintained by an entity in a safe and secure manner that assures the integrity of the document and the confidentiality of the consumer and in accordance with the contract between SCCMHA and the Mid-State Health Network, 42CFR 438.230 and/or State of Michigan General Schedules for Local Government #7 and State of Michigan General Schedules for Local Government #20, as applicable.

Documents will be maintained, removed, or retained in accordance with the contract between SCCMHA and the Mid-State Health Network, 42CFR 438.230 or
in accordance with the most current and applicable version of the State of Michigan General Schedules for Local Government #7 and State of Michigan General Schedules for Local Government #20 by the entity who is holding or maintaining that record. The standard which retains the document the longest will be used.

If an agency or provider ceases to contract with SCCMHA, these documents must be maintained by the same provision as above.

If an agency or provider ceases existence, then the entity will destroy such records per SCCMHA policy and in compliance to State and Federal regulations, unless SCCMHA requests that the possession of these records be transferred to SCCMHA.

Destruction of hard copy documents will be done according to the requirements of the contract with Mid-State Health Network or other State and Federal laws as applicable.

**Definitions:**

Entity: any agency, individual, program, or service that receives funding or reimbursement from Saginaw County Community Mental Health Authority to provide services to a consumer or consumers of Saginaw County Community Mental Health Authority

Digitalized: a printed document converted to an electronic document

**References:**

State of Michigan General Schedules for Local Government#7
State of Michigan General Schedules for Local Government#20
08.04.01 Consumer Records
SCCMHA Record Retention and Disposal Schedule
42 CFR 438.230
Mid-State Health Network Contract

**Exhibits:**

Exhibit A: In a Nutshell - HITECH and FACTA Compliant Document Destruction
Exhibit B: General Schedule #20

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Maintains hard-copy documents relating to the consumer file in a safe and secure manner following State and Federal requirements | Each SCCMHA entity |
| | |

Exhibit A



# - In a Nutshell -

## HITECH & FACTA Compliant Document Destruction

**From the SCCMHA Office of Regulatory Compliance**



**HITECH** - The *Health Information Technology for Economic and Clinical Health* (HITECH) Act is a part of the *American Recovery and Reinvestment Act* (ARRA) of 2009. Portions of HITECH are effective Feb 17, 2010. HITECH imposes new security breach notification requirements, extends HIPAA's privacy and security requirements directly to business associates, provides for expanded criminal penalties and higher monetary penalties for violations, and provides guidance for securing Protected Health Information (PHI). (For additional information related to HITECH see ***HITECH in a Nutshell***.)

**FACTA** – The *Fair and Accurate Credit Transactions Act of 2003* (FACTA) was adopted to minimize the risk of identity theft and consumer fraud. Any person who maintains or otherwise possesses consumer or employee information for a business purpose is required to properly dispose of the information. An effective and secure method of disposing of information in a written form – is by **properly** shredding.

- **IMPORTANT**: The release of Individually Identifiable Information (verbally, in writing or transmitted – including voice mail and answering machine messages) without the consumer's consent is prohibited and considered a **breach of privacy**.
- **Potential Penalty:** You may be liable for a fine up to $250,000 and 1 - 10 years imprisonment!
- **What to do? RELEASE NOTHING** (even verbally) without a proper release. Shred documents, properly, as soon as permitted!
- Proper destruction of documents containing Protected Health Information (PHI) is just as important as protecting the documents while they exist!!

**General Rule:** Consumer information must be properly secured, stored, and when necessary, properly destroyed. Destruction of paper records should be accomplished through shredding, burning, pulping or pulverizing so that the PHI is rendered essentially unreadable, indecipherable, and otherwise cannot be reconstructed.

**Standard:** *Unsecured PHI* means PHI that is **not** rendered unusable, unreadable, or indecipherable to unauthorized persons. While HITECH provides extensive guidance for the encryption of PHI on **electronic media**, *HITECH & FACTA Compliant Document Destruction* will discuss the destruction of **paper records**.

## *- A Primer on Shredding Documents -*

- Identity theft is BIG business.
- The Supreme Court, in 1998, ruled that Americans do not have a right to privacy when it comes to their trash. While the *Economic Espionage Act of 1996* makes it a federal offence to steal trade information, companies that fail to take "reasonable steps" to protect their information, are not protected.

- Dumpster diving, while unsavory, is generally not an illegal activity. Thieves go after employee information, payroll records, customer information, and medical record information.
- The Better Business Bureau indicates that 80% of identity thefts come from paper records that have not been properly secured.
- Documents which contain names, Social Security numbers, dates of birth, account balances, or information which HIPAA defines as Protected Health Information, should be properly shredded when no longer needed.

- ***What standard should be used for the destruction of documents?*** HIPAA requires that a document containing PHI be rendered *essentially unreadable, indecipherable, and otherwise cannot be reconstructed*. HIPAA does not specify the standard by which the document is to be shredded; only that reasonable precautions be taken in destroying sensitive and confidential information. The Department of Defense however, has created a standard which many commercial shredders follow – shredding documents to between 7/16 and 1/32 of an inch. When the documents are shredded in a "cross-cut" manner, they are rendered impossible to re-assemble.

## *- On-site shredding machines – Not all Shredders are Created Equal -*

- A paper shredder is a mechanical device used to cut paper into '*chad*', typically either in **strips** or **fine particles.**
- The ***Deutshe Industrial Norm*** (DIN) for paper shredders range from DIN 1 (lowest security) to DIN 5 (high security). (Level 6 is an unofficial designation used primarily by the military.) The larger the scrap of paper after the paper goes through the shredder, the lower the security number.
- ***Strip Shredder*** – A strip-shredder cuts a sheet of paper into spaghetti-like strips which are easier to re-assemble (with a little glue and a lot of patience) – providing a lower level of security. The long thin strips vary in width from ¼ -inch to 1/8-inch strips. These shredders are usually **DIN Level 1** and **Level 2,** and are not advised for confidential documents.

This is the approximate size of the strips produced by a strip shredder



- ***Cross-cut Shredder*** – The cross-cut shredder offers more security (from **DIN Level 3** up to **DIN Level 6**), and the resulting waste is less bulky than that produced by the strip-shredder. Cross cut shredders cut documents into tiny pieces (resembling confetti). Level 6 shredders reduce paper to 1/32-inch by 5/32-inch (1mm x 4-5mm) particles or smaller. Cross-cut shredders result in less bulky waste, resulting in cost savings.
- **Be sure your paper shredder is a security level 3 or higher to keep your sensitive information safe.**

## *HIPAA-Compliant Mobile Shredding Services*

- Mobile shredding services bring mobile shredders to the location of the paper on a regular basis and shred the documents which have been stored in a locked container. Receipts are provided which document the proper disposal of the documents.

Exhibit B:

Note: only those sections which would be retained in a Consumer Record from General Schedule #20 are shown:

| Responsible Department | Item Number | Series Title | Retention Period | H, E, H/E |
|---|---|---|---|---|
| Clinical Services | 20.0031 | Family Support Subsidy Records | FY Plus 7 Years | |
| CEO | 20.0058 | Consumer Case Records - Adults - Identifying And Summary Data | Active Plus 20 Years | |
| CEO | 20.0059 | Consumer Case Records - Audits - Medical Data | Active Plus 10 Years | |
| CEO | 20.0060 | Consumer Case Records - Adults - Non-medical Data | Creation Plus 7 Years | |
| CEO | 20.0061 | Consumer Case Records - Children - Medical Data | Active Plus 10 Years | |
| CEO | 20.0062 | Consumer Case Records - Children - Non-medical Data | Active Plus 7 Years | |

## SCCMHA Record Retention and Disposal Schedule

| Number | HAL Series Title | Retention Period | |
|---|---|---|---|
| Department | Policy Reference | | |

**20.0031** **Family Support Subsidy Records** **Creation plus 7 years** **C.S.**

The Michigan Legislature passed the Family Support Subsidy Act in 1983. The Family Support Subsidy Program provides financial assistance to families who care for their children with severe disabilities at home. The Department of Community Health and the CMHSPs administer and implement the Act. These records are maintained to document family support subsidy assistance for children 18 years of age or younger. The records will include the application, the child's birth certificate, a copy of the family's most recently filed Michigan Income Tax Return (MI 1040), written proof from the local or intermediate school district that certifies that the child is eligible, and the child's Social Security number.

**20.0058** **Consumer Case Records** **Active plus 20 years** **CEO**

**Adults – Identifying and Summary Date**

This information is found in the consumer case record and will document the basic identification information for a consumer including the final face sheet, final discharge summary, and diagnosis. The records will be retained until the last date of service (ACTIVE) plus 20 years.

**20.0059** **Consumer Case Records** **Active plus 10 years** **CEO**

**08.04.01**

**Adults – Medical Data**

This information is found in the consumer case record and will document adult consumers who are receiving services and/or support from the CMHSP, a contracted provider of the CMHSP, or a vendor under valid contract with the CMHSP. The case records will contain clinical/medical information including consents, releases, treatment plans, financial status updates, reports, plans and strategies, evaluations, assessments, testing, consumer contact sheets, health and history reviews, progress notes, charge slips, PES, medication reviews, psychological evaluations, medication order sheets, bridge scripts, medication consent forms, labs, Aims test, health provider correspondence, discharges, transfers, third party information, self-determination agreements, etc. Records may be in hard copy or electronic format and will be retained until the last date of services (ACTIVE) plus 10 years.

Note: If documents are purged from this file, they must be retained until the last date of service (ACTIVE) plus 10 years.

**20.0060** **Consumer Case Records** **Creation plus 7 years** **CEO**

**08.04.01**

**Adults – Non-medical data**

Non-medical and non-psychological treatment/case management information including correspondence and copies of information from other agencies shall be retained for 7 years.

**20.0061** **Consumer Case Records** **Active plus 10 years** **CEO**

**08.04.01**

**Children – Medical Data**

These records will document consumers under the age of majority who are receiving services and/or support from the CMHSP, a contracted provider of the CMHSP, or a vendor under valid contract with the CMHSP. The case records may contain face sheets, consents, releases, treatment plans, financial status updates, reports, plans, strategies, evaluations, assessments, testing, consumer contact sheets, health and history reviews, progress notes, charge slips, PES, medication reviews, psychological evaluations, medication order sheets, bridge scripts, medication consent forms, lab, Aims test, health provider correspondence, discharges, transfers, third party information, etc. Records may be in hard copy or electronic format and will be retained until the client is 6 years past the age of majority and last date of service (ACTIVE) plus 10 years.

**20.0062** **Consumer Case Records** **Active plus 7 years** **CEO**

**08.04.01**

**Children – Non-medical Data**

Non-medical and non-psychological treatment/case management information including correspondence and copies of information from other agencies shall be retained for a period not less than 7 years after the consumer reaches the age of majority (ACTIVE).

**Definition of Retention Codes**

The retention codes that appear on the SCCMHA Record Retention and Disposal Schedule are used to establish how long records are retained by SCCMHA before they are destroyed (or transferred to the State Archives for permanent retention).

**Active**

An active code is usually assigned to records that are case or project related. The records are retained "until the case or project is closed." This code can also be applied to records where a subjective decision is needed to determine when the records become inactive, as with a subject file. The record is retained "until it is determined to be inactive." The retention period is applied when the ACTIVE condition has been met. For instance, a case file might be retained until the case is closed (ACTIVE) plus five years.

**Creation**

A creation code is assigned to records when a definitive retention period can be assigned. The retention period is usually based on a calendar year and where there are no conditions that must be met. For instance, correspondence has a two-year retention period. The retention period begins from the date the correspondence is created or received.

**Expiration**

An expiration code is typically assigned to contracts, grants or other types of agreements that must be retained until an expiration date or other legal condition has been met. For instance, contracts may be held until contract expiration (EXPIRATION) plus six years.

**Fiscal Year**

A fiscal year code is similar to a CREATION code. The code is assigned to records when a definitive retention period can be assigned, however the retention is based on a fiscal year rather than a calendar year. This retention code is usually assigned to accounting records and their supporting documentation.

**SUPERSEDED**

A superseded code is typically assigned to records that are updated or revised at various times during the records lifetime. Examples would include policies or procedures. As a policy is updated and the old version is replaced or superseded, only the current version is needed.

**EVENT**

Event codes are assigned to records when a retention period is based on a future action or condition. We use this code when we know that a future action or condition will be met, but we do not know exactly when it will happen. For instance, deeds are retained to document the ownership of land by the State of

Michigan. If and when the State of Michigan divests itself of that land, a retention period can be applied to the records. The records will be retained until the State of Michigan sells the land (EVENT).

**IMMEDIATE DISPOSAL**

Immediate Disposal is a retention code that is used when an agency requires an authorization to destroy obsolete records upon the approval of their Records Retention and Disposal Schedule. Once the Retention Schedule is approved the agency has the legal authority to destroy the obsolete records.

**PERMANENT**

These records are not authorized for destruction at any point in time and will be retained in the custody of the creating agency.

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: HIPAA Privacy Set: Notice of Privacy Practices - Content of Notice and Provision of Information to Part 2 Patients</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.02.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/23/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer and Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The HIPAA Privacy Rule, 45 CFR §164.520 requires that a Notice of Privacy Practices (NPP) is provided to individuals regarding the use and disclosure of protected health information as well as the individual's rights and SCCMHA's legal duties with respect to protected health information (PHI). Inmates of correctional facilities are exempted from this requirement. This policy is designed to provide guidance and to ensure SCCMHA's compliance with all laws and regulations regarding the content of the SCCMHA Notice of Privacy Practices. Additionally, 42 CFR Part 2 requires that a Part 2 Program provide new patients to that Program with specified information related to the services provided by the part 2 Program. The purpose of this policy is to ensure compliance with the requirements of HIPAA (as it relates to provision of an NPP) as well as 42 CFR Part 2 (as it relates to providing new patients of a part 2 program with a summary of relevant laws and regulations).

**Policy:**

1. SCCMHA will provide adequate notice to individuals regarding the uses and disclosures of their protected health information that may be made by SCCMHA,

and of their rights and SCCMHA legal duties with respect to protected health information pursuant to HIPAA (45 CFR §164.520). This document is referred to as a Notice of Privacy Practices (NPP).

2. The content of the NPP regarding the use and disclosure of protected health information pursuant to 45 CFR §164.520(b) shall comply with the policies and procedures that are described within that regulation.

3. Additionally, SCCMHA will comply with 42 CFR Part 2, §2.22 which requires a part 2 program provide to a new patient a summary in writing of the federal law and regulations.

**Application:**
All SCCMHA Board operated programs, and applicable network providers.

**Standards:**

1. The SCCMHA Notice of Privacy Practices (NPP) describes how SCCMHA may use or disclose an individual's protected health information.
2. The NPP explains that an individual's permission (authorization) is necessary before the health records are disclosed.
3. The NPP describes SCCMHA's duties to protect the privacy of health information.
4. The NPP describes the individual's privacy rights, including the right to complain to HHS and to SCCMHA if the individual believes that their privacy rights have been violated.
5. The NPP provides contact information in the event that the individual wants additional information or to make a complaint.
6. Additionally, 42 CFR Part 2 requires that at the time of admission to a part 2 program or, in the case that a patient does not have capacity upon admission to understand his or her medical status, as soon thereafter as the patient attains such capacity, a part 2 program shall communicate to the patient that federal law and regulations protects the confidentiality of substance use disorder patient records.
7. Furthermore, the part 2 program must give the patient a summary in writing of the federal law and regulations.
8. The requirements of 42 CFR Part 2 (described above) have been incorporated into the SCCMHA Notice of Privacy Practices.

**Definitions:**

Disclose: As defined by 42 CFR Part 2, Disclose means any reference to an individual's substance use disorder or to a condition which is identified as having been caused by that substance use disorder which is made for the purpose of treatment or referral for treatment.

Disclosure: As defined by the Privacy Rule, §164.501, means the release, transfer, provision of access to, or divulging in any of manner of information outside the entity holding the information.

Part 2 program: Means a federally assisted program which holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment.

Patient: As defined by 42 CFR Part 2, patient means any individual who has applied for or been given diagnosis, treatment, or referral for treatment for a substance use disorder at a part 2 program. Patient includes any individual who, after arrest on a criminal charge, is identified as an individual with a substance use disorder in order to determine that individual's eligibility to participate in a part 2 program.

Protected health information: As defined by the Privacy Rule, §164.501, means, individually identifiable health information that is:

1. transmitted by electronic media
2. maintained in any medium described in the definition of electronic media
3. transmitted or maintained in any other form or medium.

Substance use disorder: As defined by 42 CFR Part 2, substance use disorder means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. For the purpose of the regulations in part 2, this definition does not include tobacco or caffeine use.

Use: As defined by the Privacy Rule, §164.501, means, with respect to individually identifiable health information, the sharing, employment, application, utilization, examination, or analysis of such information within an entity that maintains such information.

**References:**
45 CFR §164.501
45 CFR §165.520
42 CFR Part 2

**Exhibits:**
Exhibit A: SCCMHA Notice of Privacy Practices

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Notice is provided to the consumer regarding the use and disclosure of protected health information. It must be written in plain language and contain the following statement prominently displayed:<br><br>**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET** | Privacy Officer to develop the Notice, SCCMHA clinician which provides the initial service or intake service to the consumer is to deliver the Notice. |

| | |
|---|---|
| **ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.** | |
| 2. The notice must contain descriptions in sufficient detail to place the consumer on notice of the uses and disclosures that are permitted or required by HIPAA (Privacy Rule) and other applicable laws, including:<br>a. A description and at least one example of the types of uses and disclosures that SCCMHA is permitted by law to make for each of the following purposes: treatment, payment, and health care operations.<br>b. A description of each of the other purposes for which SCCMHA is permitted or required by the Privacy Rule to use or disclose protected health information without the individual's authorization including:<br>• uses and disclosures required by law<br>• uses and disclosures for public health activities<br>• disclosures about victims of abuse, neglect, or domestic violence<br>• uses and disclosures for health oversight activities<br>• disclosures for judicial and administrative proceedings<br>• disclosures for law enforcement purposes<br>• uses and disclosures about decedents<br>• uses and disclosures for cadaveric organ, eye, or tissue donation purposes<br>• uses and disclosures for research purposes<br>• uses and disclosures to avert a serious threat to health or safety<br>• uses and disclosures for specialized government functions<br>• disclosures for workers compensation | Privacy Officer |
| 3. If a use or disclosure described in parts (a) and (b) of procedure 2 of this policy are prohibited or materially limited by other laws, the description of the disclosure must reflect the more stringent law. | Privacy Officer |
| 4. The notice must also contain the following statements or information:<br>a. a statement indicating other uses and disclosures will be made only with the individual's written authorization and that the individual may revoke | Privacy Officer |

such authorization as permitted by the individual's rights under HIPAA;

b. a statement of the individual's rights with respect to protected health information and a brief description of how the individual may exercise those rights:
   - the right to request restrictions on certain uses and disclosures of protected health information;
   - a statement that SCCMHA is not required to agree to a requested restriction;
   - the individual's right to receive confidential communications of protected health information, as applicable;
   - a statement and a brief description of how the individual may exercise his/her right to inspect, copy, amend, and receive an accounting of disclosure of protected health information;
   - a statement and a brief description of how the individual may exercise his/her right to obtain a paper copy of the notice from the covered entity, even if the individual has agreed to receive the notice electronically;
c. a statement that SCCMHA is required by law to maintain the privacy of protected health information and to provide individuals with notice of its legal duties and privacy practices with respect to protected health information;
d. A statement that SCCMHA is required to abide by the terms of the notice that is currently in effect;
e. A statement indicating that, for protected health information that it created or received prior to issuing a revised notice, SCCMHA reserves the right to change the terms of its notice and to make the new policy provisions effective for all protected health information that it maintains;
f. A statement that SCCMHA will promptly revise and distribute its notice whenever there is a material change to the uses or disclosures, the individual's rights, SCCMHA's legal duties, or other privacy practices stated in the notice, and how it will provide individuals with the revised notice;
g. A statement that individuals may complain to SCCMHA and to the Department of Health and Human Services if they believe their privacy rights have been violated;
h. A brief description of how an individual may file a complaint with SCCMHA

| | |
|---|---|
| i. A statement that the individual will not be retaliated against for filing a complaint;<br>j. The name, or title, and telephone number of a person or office within SCCMHA to contact for further information concerning the notice of privacy practices;<br>k. The date on which the notice is first in effect, this is not to be earlier than the date on which the notice is printed or otherwise published. | |
| 5. If applicable, the description in the notice of the types of uses and disclosures that SCCMHA is permitted to make for purposes of treatment, payment, and other health care operations (see procedure 2(a)) must also include a separate statement indicating that:<br>a. SCCMHA may contact the individual to provide appointment reminders or information about treatment alternatives or other health –related benefits and services that may be of interest to the individual. | Privacy Officer |
| 6. If SCCMHA chooses to apply and describe more limited uses or disclosures in its notice than required under 45 CFR Part 164, then it will ensure that it does not include in the notice a limitation affecting its right to make a use or disclosure that is required by law or permitted to avert a serious threat to health and safety. | Privacy Officer |
| 7. SCCMHA will promptly revise and redistribute its notice whenever there is a material change to the uses and disclosures, the individual's rights, SCCMHA's legal duties, or other privacy practices stated in the notice. | Privacy Officer |
| 8. SCCMHA will not implement a material change to any item of the notice prior to the effective date of the notice in which such material change is reflected, except when required by law. | Privacy Officer |
| 9. Upon making a change to a notice, policies, and procedures, due to a change in law, SCCMHA may use the notice revision date as the new effective date. | Privacy Officer |
| 10. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the SCCMHA Compliance hotline. | All SCCMHA employees |

| | |
|---|---|
| 11. Information required by 42 CFR Part 2 will be integrated into the Revised NPP | Privacy Officer |

Exhibit A



Saginaw County Community Mental Health Authority

# Notice of Privacy Practices

Rev 06/2023

**This notice describes how health information about you may be used and disclosed and how you can get access to this information. Please review it carefully.**

## SUMMARY OF YOUR PRIVACY RIGHTS

### We may use and share your health information without your specific permission to:

- Provide treatment to you
- Get paid for that treatment
- Manage SCCMHA for the services we provide
- To remind you about appointments
- Tell you about other health benefits and services
- Respond to a medical emergency
- Do research

### SCCMHA may use and share your health information for:

- Health and safety reasons
- Worker's compensation requests
- Lawsuits
- Law enforcement purposes
- National security reasons
- Coroner or medical examiner purposes

### You have the right to:

- Get a copy of your medical record
- Change your medical record if you think that it is wrong
- Get a list of whom we have shared your health information with
- Ask us to limit the information we share
- Ask for a copy of our Notice of Privacy Practices
- Write a letter of complaint to SCCMHA if you believe your privacy rights have been violated.

### Extra protections if you are applying for or receiving substance use disorder services

- If you are applying for or receiving services for substance use disorders, you are protected by Federal HIPAA laws.
- You are also protected by Federal Substance Use Disorder laws.
- Without your permission or a court order, we cannot acknowledge that you receive these services. There are limited exceptions to this rule.

## SCCMHA's Commitment to Your Privacy

SCCMHA is committed to providing you with quality behavioral healthcare services. SCCMHA also wants to protect your health care records. This Notice ("Notice of Privacy Practices") describes your rights. This Notice also describes our duties under Federal law. Protected Health Information ("PHI") is your personal health record. This information might describe your physical or mental health condition. The information might be about the services that you receive from SCCMHA, now or in the past. This information could include information about the payment for your health services, now or in the past.

## How SCCMHA May Use or Share Your Protected Health Information

The Health Insurance Portability and Accountability Act ("HIPAA") Privacy Regulations (45 CFR Parts 160 and 164) protects your health care records. HIPAA also protects your health care records if you are applying for or receiving services for a substance use disorder. If you are applying for or receiving services for a substance use disorder, your health care records are also protected under another Federal law, 42 CFR Part 2.

If you are not applying for or receiving services for a substance use disorder, the law allows SCCMHA to use or share your health care records in a slightly different way. These differences will be explained in this Notice.

## Your Health Information and Substance Use Disorder Services

If you receive substance use disorder services from SCCMHA, Federal law (42 CFR Part 2) provides extra protection for your health care records. This protection includes the diagnosis, treatment, or referral for treatment. If you receive services for a substance use disorder, the follow items apply:

- SCCMHA may use or share your health records between people that have a need for the information based upon the diagnosis, treatment, or referral for treatment of a substance use disorder.
- Committing a crime on SCCMHA property or against SCCMHA personnel, or a threat to commit a crime, is not protected by 42 CFR Part 2 SCCMHA may share information about the circumstances of the incident with law enforcement.
- Reports of suspected child abuse and neglect made to appropriate authorities are not protected by 42 CFR Part 2. However, the protections of 42 CFR Part 2 continue to apply to civil or criminal proceedings that may arise out of the initial report.

- **Violations, and suspected violations of your protections under 42 CFR Part 2 are a crime, and may be reported to:**

  **United States Attorney's Office**
  **101 First Street, Suite 200**
  **Bay City, MI 48708**

  **Phone: (989) 895-5712**
  **TTD: (989) 895-2501**
  **Fax: (989) 895-5790**

- **In general, if you apply for substance use disorder services or you are receiving services for a substance use disorder, SCCMHA may not tell a person outside the program that you are receiving those services. This general rule has exceptions. These exceptions are explained in this notice.**

## Uses and Disclosures of Your PHI with Your Authorization (Including PHI Related to Substance Use Disorder Services)

1. **The general rule is that SCCMHA needs your permission to use or share your health care records. This permission is called an authorization. This permission should be in writing and signed by you. The form must meet specific requirements. You should use form MDHHS 5515. SCCMHA Customer Services can help you get form MDHHS 5515.**

2. **You may cancel your permission to share your health records at any time except to the extent that SCCMHA has already acted upon your permission. If you want to cancel your permission to share your health records, please contact Customer Services.**

3. **A court with proper authority, or other authorized third party, could require that you sign a permission to share your health records.**

4. **There are exceptions and special rules that allow for the use and disclosure of your health records without your permission. These special rules are explained below.**

## How SCCMHA May Use and Disclose Your PHI Without Your Permission

**Here are some ways that SCCMHA may use or share your health care records without your written permission. Not every possible use or disclosure is mentioned in this Notice. This**

list applies to **all** your health care records. This list also applies to information that you provide to us when you ask for or receive services for a substance use disorder.

**FOR TREATMENT:**

Sometimes, people need your health care records to provide a diagnosis, treatment, or a referral for treatment. SCCMHA may use or share your health care records if those people need it.

**FOR PAYMENT:**

Sometimes you may directly pay for the treatment and services that you get from SCCMHA. Or the services may be paid for by an insurance company, or another third party. SCCMHA may use or share your health care records to allow this payment to happen. For example, SCCMHA may need to share your health care records so your health plan will pay for the service that you received. SCCMHA may also tell your health plan about a treatment you are going to receive. This may be necessary to get approval before for the treatment.

**FOR HEALTH CARE OPERATIONS:**

SCCMHA may use or share your health care records for things like administration or planning and various activities that improve the quality and effectiveness of your care. For example, SCCMHA may use your health care records to evaluate the quality and competence of the people that work for us. SCCMHA may share information with qualified people for outcome evaluation, management reviews, financial reviews, or program evaluation. However, these people may not share your identity in any report or evaluation. These people may not share your identity in any way. SCCMHA may share your health care records to resolve complaints or issues that relate to your care.

**APPOINTMENT REMINDERS:**

We may share your health care records to remind you about an appointment. We may share your health care records to provide you with treatment options. We may share your health care records to let you know about health-related benefits and services that might be of interest to you.

**TO BUSINESS ASSOCIATES:**

SCCMHA may share your health care records with "business associates". Business associates perform services for SCCMHA (such as attorneys) through contracts with SCCMHA. These contracts require the Business Associate to protect your health care records. All our Business Associates must agree to: (1) Protect your health care records; (2) Use or share your health care records only for specific purposes; (3) Follow the law of 42 CFR Part 2 about substance use disorder services; and (4) if necessary, resist in judicial

proceedings any efforts to obtain access to your health care records except as permitted by law.

**MARKETING COMMUNICATIONS:**
We will not share your health care records for marketing without your permission. And we will not sell your health care records without your permission.

**PSYCHOTHERAPY NOTES:**
Most uses and disclosures of psychotherapy notes will be done only with your permission.

**MEDICAL EMERGENCIES:**
SCCMHA may share your health care records if there is a medical emergency. 42 CFR Part 2 permits this sharing, and it might include HIV information.

**LEGALLY INCAPACITATED AND DECEASED PATIENTS:**
If you have a personal representative, a guardian, or another person authorized by Michigan law, that person may give permission to share your health care records. This permission must follow the law of HIPAA. This permission must also follow the law related to substance use services.

**DECEDENTS:**
We may share your health care records with a coroner or a medical examiner. This may happen if a law requires the collection of information related to a death. This may also happen if the coroner is examining the cause of death.

**JUDICIAL AND ADMINISTRATIVE PROCEEDINGS:**
If you are receiving substance use services, a court may order that we share your health records. It is important to understand that if your records are not actually "patient records" within the meaning of 42 CFR Part 2 (for example, if your records are created because of your participation in the family program or another non-substance use treatment setting), your records may not have the extra protections of 42 CFR Part 2.

**COMMISSION OF A CRIME ON PREMISES OR AGAINST PROGRAM PERSONNEL:**
We may share your health care records with the police if a crime is committed on our premises. Also, we may share your health care records if a crime is committed or threatened against a person we work with.

**CHILD ABUSE:**
SCCMHA may share your health care records to report child abuse or neglect to public health authorities or other government authorities. However, civil or criminal proceedings after the initial report of abuse or neglect may be protected by substance use laws.

**DUTY TO WARN:**
If SCCMHA learns that someone has made a specific threat of serious physical harm to another specific person or to the public, and disclosure is otherwise required under statute and/or common law, SCCMHA will carefully consider proper options that would permit disclosure.

**REVIEWS AND EVALUATION ACTIVITIES:**
SCCMHA may share health care records with people who perform reviews or evaluation activities for certain oversight agencies. For example, agencies that review, investigate, and inspect health programs for the public's health.

**RESEARCH:**
SCCMHA may use your health care records for research purposes. Your health care records will only be shared with researchers when certain requirements have been met. These requirements may include approval by an institutional review board. For example, a research project may involve comparing the health and recovery of all patients who received one medication to those who received another for the same condition.

## Uses and Disclosures of Your PHI Without Your Authorization (For PHI that is NOT Related to Substance Use Disorder Services)

The laws that control substance use services (42 CFR Part 2) have more protections than other privacy laws (HIPAA). If you are not applying for or receiving services for substance use disorder, HIPAA is the main law that protects your health records. The next section discusses the additional ways that SCCMHA may share your health records if you are not applying for or receiving services for substance use disorder.

**ALLOWABLE DISCLOSURE WHEN REQUIRED BY LAW:**
Michigan and federal law may have rules about how we share your health care records. SCCMHA will comply with those laws.

**ALLOWABLE DISCLOSURE FOR HEALTH OR SAFETY:**
We may share your health care records if there is a serious threat of harm. This harm may be to you, to others, or to the public.

**REPORTING OR INVESTIGATION OF ABUSE:**
After the initial report of abuse or neglect, we may share your health care records during the investigation of abuse or neglect.

**PUBLIC HEALTH AND OVERSIGHT ACTIVITIES:**
SCCMHA may share your health care records for public health reasons and health oversight purposes. These reasons may include licensing, auditing, or reviewing agencies given permission by law to collect such information. For example, SCCMHA may be required to collect, report, or share information about disease, injury, or vital statistics for public health purposes.

**LAW ENFORCEMENT ACTIVITIES:**
SCCMHA may be required to share your health care records with law enforcement officials. This may be in response to a valid court order, a warrant or as otherwise required by law.

**TO YOUR LEGALLY AUTHORIZED REPRESENTATIVE:**
A court may appoint a person to represent you. For example, this person may be a guardian. We may share your health care records with that person.

**JUDICIAL OR ADMINISTRATIVE PROCEEDINGS:**
A valid court order may require that we share your health care records. In some cases, we may need to share your health care records because of a subpoena or other legal order.

**TO THE SECRETARY OF HEALTH AND HUMAN SERVICES:**
We may share your health care records to the United States Department of Health and Human Services to enforce the privacy laws.

## These Are Your Individual Rights

**RIGHT TO RECEIVE CONFIDENTIAL COMMUNICATIONS:**
Normally SCCMHA will contact you through your phone number or the address you provide. You may ask that we contact you in a different way. You may ask that we contact you at a different location. We will agree to any reasonable request. Your request should be in writing. Your request should be sent to Customer Services.

**RIGHT TO REQUEST RESTRICTIONS:**
You have the right to ask for limits on how we use or share your health records. Your request must be put in writing. SCCMHA does not have to agree with you request. If SCCMHA

does agree to your request, SCCMHA will follow your request in the future. You have the right to change your mind about the restrictions. We have the right to stop the restriction if we believe it is necessary.

If you have paid in full and out of pocket, for services which SCCMHA provides, you may ask us not to share those health records with your health plan.

SCCMHA will consider all requests for added restrictions carefully. However, SCCMHA is not required to agree to a requested restriction.

If you want to ask for restrictions to how we use or share your health records, contact the SCCMHA Customer Services.

**RIGHT TO SEE AND GET A COPY YOUR HEALTH INFORMATION:**

You have the right to see and get a copy of your health record kept by SCCMHA. Your request should be put in writing and sent to the Customer Services Department. In some circumstances, we may deny your request for access to a part of your records.

**RIGHT TO CHANGE YOUR RECORDS:**

If you think there is something wrong or missing in your health record, you can ask that your health record be changed. You have the right to request a change for as long as SCCMHA keeps your health record. You must put your request to change a health record in writing. Send your request to the SCCMHA Customer Services.

SCCMHA may deny your request to change a health record if you ask us to change information that:

a. Was not originally written by SCCMHA,
b. Is not part of the health records kept by SCCMHA,
c. Is excluded from access and inspection under applicable law,
d. Is accurate and complete.

When SCCMHA changes a record, SCCMHA may include a note to the original record. The original record does not have to be removed or changed. If we deny your request to change a record, you may write a statement of disagreement. Your statement will be kept as part of your record and will be included with any disclosure in the future.

**RIGHT TO RECEIVE AN ACCOUNTING OF DISCLOSURES:**

You can ask for a list of who we have shared your health information with. This list does not include times when your health records were shared for your treatment, payment, or health care operations. This list cannot go back longer than six years. If you want a list more than

once a year, there will be a charge. We will tell you how much the charge will be before we give you the list.

**RIGHT TO RECEIVE NOTIFICATION OF BREACH:**

We will contact you if we discover that your health information has been improperly shared. We will tell you within 60 days of discovering that your information has been shared. This notification may be delayed if the police, FBI, or others who enforce laws instruct us to wait.

**RIGHT TO RECEIVE A PAPER COPY OF THIS NOTICE:**

We can give you a paper copy of this Notice. Contact our Customer Services Department for a copy.

**REVISIONS TO THIS NOTICE:**

We reserve the right to revise this Notice. Any revised Notice will be effective for information currently in SCCMHA's possession as well as any information that we receive in the future. SCCMHA will post a copy of any revised Notice. Any revised Notice will contain the effective date on the first page, in the top right-hand corner.

**FOR FURTHER INFORMATION AND COMPLAINTS:**

Please contact our Privacy Officer if you want more information about your rights. Also, contact our Privacy Officer (989-797-3539) if you believe that your rights have been violated.

SCCMHA
Attention: Privacy Officer
500 Hancock
Saginaw, Michigan 48602

The SCCMHA Customer Service Department can be contacted at (989-797-3452):

SCCMHA
Attention: Customer Service
500 Hancock
Saginaw, Michigan 48602

You may also file a written complaint with the Secretary of the United States Department of Health and Human Services. We will give you the address if you ask for it.

SCCMHA will not retaliate against you if you file a complaint.

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: HIPAA Privacy Set: Notice of Privacy Practices – Provision of Notice / 42 CFR Part 2 Notice Requirement</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.02.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/23/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer and Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The HIPAA Privacy Rule (45 CFR §164.520) requires that adequate notice be given to individuals, (except for inmates of correctional facilities), of the use and disclosure of protected health information as well as the individual's rights and SCCMHA's legal duties with respect to protected health information (PHI). Additionally, 42 CFR Part 2 requires that at the time of admission to a part 2 program, that patient is notified of the relevant confidentiality rights as well as a summary of the applicable federal law and regulations. This policy is designed to give guidance and to ensure compliance with all laws and regulations regarding the provision of the Notice of Privacy Practices and applicable regulations relative to substance use disorder.

**Policy:**

1. SCCMHA (and applicable providers) will provide a Notice of Privacy Practices to individuals regarding the use or disclosure of protected health information pursuant to the HIPAA Privacy Rule.

2. SCCMHA (and applicable providers) will attempt, in good faith, to obtain written acknowledgement that the individual has received the notice at the earliest opportunity.

The provision of the notice given to individuals regarding the use and disclosure of protected health information pursuant to the HIPAA Privacy Rule will comply with the policies and procedures described in herein.

3. At the time of admission to a part 2 program or, in the case that a patient does not have the capacity upon admission to understand his or her medical status, as soon thereafter as the patient attains such capacity, each part 2 program shall communicate to the patient that federal law and regulations protect the confidentiality of substance use disorder patient records.
4. A patient of a part 2 program will be provided a summary, in writing, of the federal law and regulations at the time of admission to a part 2 program or, in the case that a patient does not have capacity upon admission to understand his or her medical status, as soon thereafter as the patient attains such capacity, a part 2 program shall communicate to the patient that federal law and regulations protects the confidentiality of substance use disorder patient records.

**Application:**
SCCMHA Board operated programs and applicable Network providers.

**Standards:**
Notice of Privacy Practices will be provided to all consumers at initial provision of service, (which may include the Intake Assessment).

**Definitions:**
Direct Treatment Relationship: as defined by the HIPAA Privacy Rule §164.501, means a treatment relationship between an individual and a health care provider that is not an indirect treatment relationship.

Disclosure: As defined in Policy 08.05.02.01

Indirect Treatment Relationship: as defined by the HIPAA Privacy Rule §164.501, means a relationship between and individual and a health care provider in which:

1. The health care provider delivers health care to the individual based on the orders of another health care provider; and
2. The health care provider typically provides services or products, or reports the diagnosis or results associated with the health care, directly to another health care provider, who provides the services or products or reports to the individual.

Use: As defined in Policy 08.05.02.01

Patient: As defined under 42 CFR Part 2, *Patient* means any individual who has applied for or been given diagnosis, treatment, or referral for treatment for a substance use disorder at a part 2 program. *Patient* includes any individual who, after arrest on a

criminal charge, is identified as an individual with a substance use disorder to determine that individual's eligibility to participate in a part 2 program. This definition includes both current and former patients.

Program: As defined under 42 CFR Part 2, *Program* means:

1. An individual or entity (other than a general medical facility) who holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or
2. An identified unit within a general medical facility that holds itself out as providing, and provides, substance use disorder diagnosis, treatment, or referral for treatment; or
3. Medical personnel or other staff in a general medical facility whose primary function is the provision of substance use disorder diagnosis, treatment, or referral for treatment and who are identified as such providers.
4.

Substance use disorder: As defined under 42 CFR Part 2, *substance use disorder* means a cluster of cognitive, behavioral, and physiological symptoms indicating that the individual continues using the substance despite significant substance-related problems such as impaired control, social impairment, risky use, and pharmacological tolerance and withdrawal. To the regulations of 42 CFR Part 2, this definition does not include tobacco or caffeine use.

Protected Health Information: As defined in Policy 08.05.02.01

**References:**
45 CFR §164.520 (Privacy Rule)
42 CFR Part 2
Notice of Privacy Practices
Acknowledgement of Receipt of SCCMHA's Notice of Privacy Practices

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The Notice of Privacy Practices will be provided to consumers with whom SCCMHA (and applicable providers) has a direct treatment relationship as follows:<br>a. no later than the date of the first service delivery, including service delivered electronically, to such individual after April 14, 2003.<br>b. upon request of the consumer.<br>c. on or after the effective date of a revision to the Notice of Privacy Practices. | Service Provider who provides the first direct treatment service to a new consumer (which may include the Intake Assessment). |

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| d. automatically and contemporaneously for electronic notices, when the response is to the individual's first request and the first service delivery is delivered electronically. The individual who is the recipient of electronic notice must also be permitted to retain the right to obtain a paper copy of the notice from SCCMHA upon request. | |
| 2. Except in an emergency treatment situation, SCCMHA service providers (and applicable Network providers) will attempt to obtain acknowledgement of the individual consumer as follows:<br>a. upon initial delivery of the Notice to the individual, SCCMHA (and applicable providers) will request written acknowledgment from the individual that he or she has received the Notice of Privacy Practices; and<br>b. if acknowledgement is obtained, SCCMHA (and applicable providers) will retain the individuals' written acknowledgement in accordance with Procedure # 10 below; or<br>c. If acknowledgement is not obtained, SCCMHA (and applicable providers) will document its efforts to obtain such written acknowledgement and the reasons why the acknowledgement was not obtained, in accordance with Procedure #10 below. | Service Provider who provides the first service to a new consumer |
| 3. Following an emergency treatment situation, SCCMHA (and applicable providers) will provide the individual with the Notice of Privacy Practices as soon as reasonably practicable and will attempt to obtain written acknowledgment of receipt of the Notice in accordance with Procedure #2 above, at such time. | Service Provider, Crisis Intervention or other staff who provides the first emergency service to a new consumer. |
| 4. SCCMHA (and applicable providers) will make the Notice promptly available at each service delivery site for individuals to request and to take with them. | Privacy Officer, appropriate Supervisors |
| 5. SCCMHA (and applicable providers) will post the Notice in a clear and prominent location where it is reasonable to expect individuals seeking service to be able to read the Notice. | Privacy Officer, appropriate Supervisors |
| 6. SCCMHA (and applicable providers) will prominently post its Notice on any web sites that it maintains that provides information about its consumer's services or | Privacy Officer |

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| benefits and will make the Notice available electronically through the web site. | |
| 7. When providing the Notice to an individual by e-mail, SCCMHA (and applicable providers) will:<br>a. ensure that the individual has agreed to electronic notice and such agreement has not been withdrawn.<br>b. provide a paper copy of the Notice to the individual if SCCMHA (and applicable providers) knows that an e-mail transmission of the electronic Notice has failed. | Privacy Officer<br>Appropriate supervisors |
| 8. SCCMHA (and applicable providers) will document compliance with and maintain the Notice by retaining one copy of the signed acknowledgement in the consumer's record. | Service Provider, Medical Records Staff |
| 9. A copy of the Notice of Privacy Practices issued by SCCMHA (and applicable providers) will be retained by the Privacy Officer for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later. | Privacy Officer |
| 10. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the SCCMHA Compliance hotline. | All SCCMHA (and applicable providers') employees |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject HIPAA Privacy Set: The Right to Request Privacy Protection for PHI – Requesting Restrictions on Uses and Disclosures</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.03.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
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**Purpose:**
HIPAA Privacy Rule requirements (45 CFR §164.522) provide an individual with the right to request restrictions to the use and disclosure of his or her protected health information. While SCCMHA is not required to agree to the requested restriction, SCCMHA (and applicable Providers) is required to permit the request. If SCCMHA (or applicable providers) agrees to the requested restriction, SCCMHA (or applicable providers) may not make uses or disclosures that are inconsistent with such restrictions, unless such uses or disclosures are mandated by law. This provision does not apply to health care provided to an individual on an emergency basis.

**Policy:**
SCCMHA will allow an individual to request restrictions on the use and disclosures of their protected health information.

**Application:**
SCCMHA Board operated programs and applicable Network providers.

**Standards:**
SCCMHA will respond to a consumer's request within 30 days from date of request.

**Definitions:**
Disclosure: As defined in Policy 08.05.02.01

Use: As defined in Policy 08.05.02.01

Protected Health Information: As defined in Policy 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.522
Consumer Request for Restrictions on Uses and Disclosures of PHI

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA (and applicable Providers) will allow a consumer to request, in writing, restrictions on the use and disclosure of their protected health information. | Privacy Officer, Medical Records Staff |
| 2. Upon receiving a written request for a restriction to the use or disclosure of PHI, the Medical Records Staff will evaluate the request, and if necessary, forward the written request to the appropriate clinical supervisor for review. | Medical Records Staff, appropriate clinical supervisor. |
| 3. The appropriate clinical supervisor will consult with the Executive Director of Clinical Services and the Privacy Officer, if necessary, regarding the request. The supervisor will forward the decision to the Medical Records Staff, who will ensure granted requests are properly entered in the consumer's file and forward the written response to the consumer. | Executive Director of Clinical Services, Privacy Officer, Medical Records Staff |
| 4. If the decision has been made to agree with the requested restriction, the agreement will be documented on the request form, such restriction will be placed in the consumer's record, flagged in the EMR system, and the Privacy Officer will retain a copy of such restriction. SCCMHA (and applicable Provider) will not violate such restriction, unless as specified within this policy and procedure. | Medical Records Staff, Privacy Officer |
| 5. SCCMHA (and applicable provider) will attempt to respond | Medical Records |

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| to a consumer's request for restrictions on the use and disclosure of PHI within 30 days. | Staff |
| 6. SCCMHA (and applicable Providers) is not required to honor an individual's request in the following situation(s):<br>a. when the individual who requested the restriction needs emergency treatment and the restricted protected health information is needed to provide the emergency treatment.<br>b. If restricted protected health information is disclosed to a health care provider for emergency treatment, SCCMHA (and applicable Provider) will request that such health care provider not further use or disclose the information. | Emergency Service Providers |
| 7. If SCCMHA agrees to a consumer's requested restriction, the restriction does not apply to the following uses and disclosures:<br>a. to an individual accessing their own protected health information.<br>b. to an individual requesting an accounting of their own protected health information.<br>c. facility directories.<br>d. instances for which consent, an authorization, or opportunity to agree or object is not required, such as judicial and administrative purposes; health oversight; research; law enforcement; public health; to avert a serious threat to health and safety; cadaveric organ, eye, or tissue donation; decedents; Worker's Compensation; victims of abuse, neglect, or domestic violence, specialized government functions; required by law (§164.512). | All SCCMHA (and applicable Provider) employees |
| 8. SCCMHA (and applicable Provider) may terminate its agreement to a restriction in the following situations:<br>a. the consumer agrees to or requests the termination in writing.<br>b. the consumer orally agrees to the termination and the oral agreement is documented.<br>c. SCCMHA (and applicable Provider) informs the consumer that it is terminating its agreement to a restriction. Such termination is only effective with respect to protected health information created or received after it has so informed the consumer. | Medical Records Staff |
| 9. SCCMHA will document and retain the restriction for a period of at least 6 years from the date of its creation or the | Privacy Officer |

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| date when it last was in effect, whichever is later. | |
| 10. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the Regulatory Compliance hotline. | All SCCMHA (and applicable Provider) employees |

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<tr><td>Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23<br>Supersedes:</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
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</table>

**Purpose:**
It is important to ensure that consumers are able to receive communications regarding their protected health information in a method and location that the individual feel is safe from unauthorized use or disclosure. In compliance with the HIPAA Privacy Rule (§164.522(b)), a covered health care provider must permit individuals to request and must accommodate reasonable requests by consumers to receive communications of protected health information from the covered health care provider by alternative methods or at alternative locations.

**Policy:**

1. SCCMHA (and applicable providers) will take necessary steps to accommodate reasonable requests by consumers to receive confidential communications of protected health information.

2. Consumers desiring to receive communications of protected health information from SCCMHA (and applicable providers) by alternative means or at an

alternative location must present such a request to SCCMHA (and applicable providers) in writing.

3. SCCMHA (and applicable providers) may condition the provision of a reasonable accommodation on information as to how payment, if any, will be handled, as well as specification by the consumer of an alternative address or other method of contact.

**Application:**
SCCMHA Board operated programs and applicable Network providers.

**Standards:**
None

**Definitions:**
Disclosure: As defined in Policy 08.05.02.01

Use: As defined in Policy 08.05.02.01

Protected Health Information: As defined in Policy 08.05.02.01

**References:**
HIPAA Privacy Rule, §164.522(b)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA (and applicable providers) will accept a consumer's request for the provision of PHI through alternative means or alternative locations when the request is presented to SCCMHA (and applicable providers) in writing. | Medical Records Staff |
| 2. SCCMHA (and applicable providers) will not require an explanation from the individual as to the basis for the request as a condition of providing communications on a confidential basis. | Medical Records Staff |
| 3. When appropriate, SCCMHA (and applicable providers) may condition the provision of reasonable accommodation on information as to how payment, if any, will be handled, and | Medical Records Staff or Privacy Officer |

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| specification of an alternative address or other method of contact. The Privacy Officer may be consulted in such situations. | |
| 4. An alternative means or location will be designated on a case-by-case basis, which is satisfactory to both SCCMHA (and applicable providers) and the consumer before communication of protected health information is made. | Medical Records Staff |
| 5. The Privacy Officer, using professional judgment and considering all relevant factors, will be responsible for deciding the alternative method or location to communicate protected health information to a consumer. | Privacy Officer |
| 6. Once it is determined that use or disclosure is appropriate, the Medical Records Staff (or designee) will access the consumer's protected health information using proper access and authorization procedures. | Medical Records Staff |
| 7. The requested protected health information will be delivered to the consumer in a secure and confidential manner, such that the information cannot be viewed or accessed by employees or other persons who do not have appropriate access clearance to that information. | Medical Records Staff, or designee |
| 8. Medical Records staff will appropriately document the request and delivery of the protected health information. | Medical Records Staff |
| 9. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Privacy Officer in a timely manner. | Medical Records Staff |
| 10. SCCMHA will retain a copy of this Policy for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |

| | |
|---|---|
| 11. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the Regulatory Compliance hotline. | All SCCMHA employees |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA – HITECH: Breach Notification: Protected Health Information</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.03.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>February 1, 2010</td><td>Date of Review/Revision:<br>5/13/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/23/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Policy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose**:
To provide guidance for breach notification when improper or unauthorized access, acquisition, use and/or disclosure of SCCMHA's consumer protected health information occurs. Breach notification will be carried out in compliance with the American Recovery and Reinvestment Act (ARRA)/Health Information Technology for Economic and Clinical Health Act (HITECH) as well as any other federal or state notification law.

**Policy**:

1. Discovery of Breach: A breach of PHI shall be treated as "discovered" as of the first day on which such breach is known to SCCMHA, or, by exercising reasonable diligence would have been known to SCCMHA (includes breaches by SCCMHA's business associates). SCCMHA shall be deemed to have knowledge of a breach if such breach is known or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is a workforce member or agent (business associate) of SCCMHA (see attachment for examples of breach of unsecured protected heath information). Following the discovery of a potential breach, SCCMHA shall begin an investigation, conduct a risk assessment, and based on the results of the risk assessment, begin the process to notify each individual whose PHI has been, or is reasonably believed by SCCMHA to have been, accessed, acquired, used, or disclosed as a result of the breach. SCCMHA shall also begin the process of determining what external

notifications are required or should be made (e.g., Secretary of Department of Health & Human Services (HHS), media outlets, law enforcement officials, etc.)

2. Breach Investigation: The SCCMHA Privacy Officer shall be responsible for the management of the breach investigation, completion of a risk assessment, and coordinating with others in the organization as appropriate (e.g., administration, security incident response team, human resources, risk management, public relations, legal counsel, etc.) The Privacy Officer shall be the key facilitator for all breach notification processes to the appropriate entities (e.g., HHS, media, law enforcement officials, etc.). All documentation related to the breach investigation, including the risk assessment, shall be retained for a minimum of six years (In accordance with 45 CFR Sec. 164.530(j)(2)).

3. Risk Assessment: For an acquisition, access, use or disclosure of PHI to constitute a breach, it must constitute a violation of the Privacy Rule. A use or disclosure of PHI that is incident to an otherwise permissible use or disclosure and occurs despite reasonable safeguards and proper minimum necessary procedures would not be a violation of the Privacy Rule and would not qualify as a potential breach. To determine if an impermissible use or disclosure of PHI constitutes a breach and requires further notification to individuals, media, or the HHS secretary under breach notification requirements, SCCMHA will need to perform a risk assessment to determine if there is significant risk of harm to the individual as a result of the impermissible use or disclosure SCCMHA shall document the risk assessment as part of the investigation in the incident report form noting the outcome of the risk assessment process. SCCMHA has the burden of proof for demonstrating that all notifications were made as required or that the use or disclosure did not constitute a breach. Based on the outcome of the risk assessment, SCCMHA will determine the need to move forward with breach notification. The risk assessment and the supporting documentation shall be fact specific and address:
    A. Consideration of who impermissibly used or to whom the information was impermissibly disclosed.
    B. The type and amount of PHI involved.
    C. The potential for significant risk of financial, reputational, or other harm.

4. Timeliness of Notification: Upon determination that breach notification is required, the notice shall be made without unreasonable delay and in no case later than 60 calendar days after the discovery of the breach by SCCMHA or the business associate involved. It is the responsibility of SCCMHA to demonstrate that all notifications were made as required, including evidence demonstrating the necessity of delay.

5. Delay of Notification Authorized for Law Enforcement Purposes: If a law enforcement official states to SCCMHA that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, SCCMHA shall:

A. If the statement is in writing and specifies the time for which a delay is required, delay such notification, notice, or posting of the timer period specified by the official; or
B. If the statement is made orally, document the statement, including the identity of the official making the statement, and delay the notification, notice, or posting temporarily and no longer than 30 days from the date of the oral statement, unless a written statement as described above is submitted during that time.

6. Content of the Notice: The notice shall be written in plain language and must contain the following information:

   A. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
   B. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
   C. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
   D. A brief description of what SCCMHA is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
   E. Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

7. Methods of Notification: The method of notification will depend on the individuals/entities to be notified. The following methods must be utilized accordingly:
   A. Notice to Individual(s): Notice shall be provided promptly and in the following form:
      1. Written notification by first-class mail to the individual at the last known address of the individual or, if the individual agrees to electronic notice and such agreement has not been withdrawn, by electronic mail. Notification shall be provided in one or more mailings as information is available. If the organization knows that the individual is deceased and has the address of the next of kin or personal representative of the individual, written notification by first-class mail to the next of kin or person representative shall be carried out.
      2. Substitute Notice: In the case where there is insufficient or out-of-date contact information (including a phone number, email address, etc.) that precludes direct written or electronic notification, a substitute form of notice calculated to reach the individual shall be provided. A substitute notice need not be provided in the case in which there is insufficient or out-of-date

contact information that precludes written notification to the next of kin or personal representative.

a. In a case in which there is insufficient or out-of-date contact information for fewer than 10 individuals, then the substitute notice may be provided by an alternative form of written notice, telephone, or other means.

b. In the case in which there is insufficient or out-of-date contact information for 10 or more individuals, then the substitute notice shall be in the form of either a conspicuous posting for a period of 90 days on the home page of the organization's website, or a conspicuous notice in a major print or broadcast media in SCCMHA's geographic areas where the individuals affected by the breach likely reside. The notice shall include a toll-free number that remains active for at least 90 days where an individual can learn whether his or her PHI may be included in the breach.

3. If SCCMHA determines that notification requires urgency because of possible imminent misuse of unsecured PHI, notification may be provided by telephone or other means, as appropriate in addition to the methods noted above.

B. Notice to Media: Notice shall be provided to prominent media outlets serving the state and regional area when the breach of unsecured PHI affects more than 500 patients. The Notice shall be provided in the form of a press release.

C. Notice to Secretary of HHS: Notice shall be provided to the Secretary of HHS as follows below. The Secretary shall make available to the public on the HHS Internet website a list identifying covered entities involved in all breaches in which the **unsecured** PHI of more than 500 patients is accessed, acquired, used, or disclosed.

1. For breaches involving 500 or more individuals, SCCMHA shall notify the Secretary of HHS as instructed at www.hhs.gov the same time notice is made to the individuals.

2. For breaches involving less than 500 individuals, SCCMHA will maintain a log of the breaches and annually submit the log to the Secretary off HHS during the year involved (logged breaches occurring during the preceding calendar year to be submitted no later than 60 days after the end of the calendar year). Instructions for submitting the log are provided at www.hhs.gov.

8. Maintenance of Breach Information/Log: As described above and in addition to the reports created for each incident, SCCMHA shall maintain a process to record or log all breaches of unsecured PHI regardless of the number of patients affected. The following information should be collected/logged for each breach (see sample Breach Notification Log):

A. A description of what happened, including the date of the breach, the date of the discovery of the breach, and the number of consumers affected, if known.
B. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, etc.).
C. A description of the action taken with regard to notification of consumers regarding the breach.
D. Resolution steps taken to mitigate the breach and prevent future occurrences.

9. Business Associate Responsibilities: The business associate (BA) of SCCMHA that accesses, maintains, retains, modifies, records, stores, destroys, or otherwise holds, uses, or discloses unsecured protected health information shall, without unreasonable delay and in no case later than 60 calendar days after discovery of a breach, notify SCCMHA of such breach. Such notice shall include the identification of each individual whose unsecured protected health information has been or is believed by the BA to have been, accessed, acquired, or disclosed during such breach. The BA shall provide SCCMHA with any other available information that SCCMHA is required to include in notification to the individual at the time of the notification or promptly thereafter as information becomes available. Upon notification by the BA of discovery of a breach, SCCMHA will be responsible for notifying affected individuals, unless otherwise agreed upon by the BA to notify the affected individuals (note: it is still the burden of SCCMHA to document this notification).

10. Workforce Training: SCCMHA shall train all members of its workforce on the policies and procedures with respect to PHI as necessary and appropriate for the members to carry out their job responsibilities. Workforce members shall also be trained in how to identify and report breaches within SCCMHA.

11. Complaints: SCCMHA provides a process for individuals to make complaints concerning the organization's consumer privacy policies and procedures or its compliance with such policies and procedures. Individuals have the right to complain about the SCCMHA's breach notification processes.

12. Sanctions: SCCMHA has in place and applies appropriate sanctions against members of its workforce who fail to comply with privacy policies and procedures.

13. Retaliation/Waiver: SCCMHA does not intimidate, threaten, coerce, discriminate against, or take other retaliatory action against any individual for the exercise by the individual of any privacy right. SCCMHA does not require individuals to waive their privacy rights as a condition of the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

**Application**:

SCCMHA workforce and Business Associates

**Standards**:
None

**Definitions**:
Access: Means the ability or the means necessary to read, write, modify, or communicate data/ information or otherwise use any system resource. (In accordance with Sec. 164.304)

Breach: In accordance with Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, a breach is defined as "the acquisition, access, use, or disclosure of protected health information (PHI) in a manner not permitted under [the HIPAA Privacy Rule] which compromises the security or privacy of the protected health information." For purpose of this definition, "compromises the security or privacy of the PHI" means poses a significant risk of financial, reputational, or other harm to the individual. A use or disclosure of PHI that does not include the individual's zip code, date of birth, or the identifiers listed at §164.514(e)(2), limited data set, (e.g., name, postal address information, telephone numbers, fax numbers, electronic mail addresses, social security numbers, medical record numbers, health plan beneficiary numbers, IP address numbers, biometric identifiers or full face photographic images and any comparable images), does not compromise the security or privacy of the PHI.

The definition of Breach includes three exceptions to the presumption that a breach has occurred:

1. Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of SCCMHA or Business Associate (BA) of SCCMHA, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.
2. Any inadvertent disclosure by a person who is authorized to access PHI by SCCMHA or BA of SCCMHA to another person authorized to access PHI at SCCMHA or BA of SCCMHA, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the Privacy Rule.
3. A disclosure of PHI where SCCMHA or BA of SCCMHA has a good faith belief that an unauthorized person to whom the disclosure was made would not have been able to retain such information. (In accordance with ARRA/HITECH Title XIII Section 13400; Sec 164.402)

Disclosure: Disclosure means the release, transfer, provision of, access to, or divulging in any other manner of information outside the entity holding the information (In accordance with 45 CFR Sec 160.103).

Individually Identifiable Health Information: That information that is a subset of health information, including demographic information collected from an individual, and is created or received by a health care provider, health plan, employer, or health care

clearinghouse; and relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and identifies the individual; or with respect to which there is a reasonable basis to believe the information can be used to identify the individual. (In accordance with 45 CFR Sec 164.503).

Law Enforcement Official: Any officer or employee of an agency or authority of the United States, a State, a territory, a political subdivision of a State or territory, or an Indian tribe, who is empowered by law to investigate or conduct an official inquiry into a potential violation of law; or prosecute or otherwise conduct a criminal, civil, or administrative proceeding arising from an alleged violation of law (In accordance with 45 CFR Sec 164.503).

Protected Health Information (PHI): Protected health information means individually identifiable health information that is: transmitted by electronic media; maintained in electronic media; or transmitted or maintained in any other form or medium. (In accordance with 45 CFR Sec 164.503)

Unsecured Protected Health Information: Protected health information (PHI) that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of technology or methodology specified by the Secretary in the guidance issued under section 13402(h)(2) of Pub. L.111-5 on the HHS website.

1. Electronic PHI has been encrypted as specified in the HIPAA Security rule by the use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without the use of a confidential process or key and such confidential process or key that might enable decryption has not been breached. To avoid a breach of the confidential process or key, these decryption tools should be stored on a device or at a location separate from the data they are used to encrypt or decrypt. (In accordance with 45 CFR Parts 160 and 164; Final Rules Issued 8.18.09). The following encryption processes meet this standard.
    A. Valid encryption processes for data at rest (i.e., data that resides in databases, file systems and other structured storage systems) are consistent with NIST Special Publication 800-111, Guide to Storage Encryption Technologies for End User Devices.
    B. Valid encryption processes for data in motion (i.e. data that is moving through a network, including wireless transmission) are those that comply, as appropriate, with NIST Special Publications 800-52, Guidelines for the Selection and Use of Transport Layer Security (TLS) Implementations; 800-77, Guide to IPsec VPNs; or 800-113, Guide to SSL VPNs, and may include others which are Federal Information Processing Standards FIPS 140-2 validated.

2. The media on which the PHI is stored or recorded has been destroyed in the following ways:
    A. Paper, film, or other hard copy media have been shredded or destroyed such that the PHI cannot be read or otherwise cannot be reconstructed.

Redaction is specifically excluded as a means of data destruction.

B. Electronic media have been cleared, purged, or destroyed consistent with NIST Special Publications 800-88, Guidelines for Media Sanitization, such that the PHI cannot be retrieved

Workforce: Workforce means employees, volunteers, trainees, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether or not they are paid by the covered entity (In accordance with 45 CFR Sec 164.103).

**References:**

- ARRA Title XIII Section 13402 – Notification in the Case of Breach
- FTC Breach Notification Rules – 16 CFR Part 318
- 45 CFR Parts 160 and 164 – HIPAA Privacy and Security Rules

**Exhibits:**

- Exhibit A - Examples of Breaches of Unsecured Protected Health Information
- Exhibit B - Breach Penalties
- Exhibit C - Sample Notification Letter to Patients
- Exhibit D - Sample Notification Letter to Secretary of Health & Human Services
- Exhibit E - Sample Media Notification Statement/Release
- Exhibit F - Sample Talking Points
- Exhibit G - Examples of Violations and Notification Recommendations
- Exhibit H - Sample Breach Notification Log
- Exhibit I – Breach Notification Risk Assessment Tool

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Notify the SCCMHA Privacy Officer of HIPAA violations as they become aware of them | 1. SCCMHA Workforce and Business Associates |
| 2. Conduct Breach Investigation, Risk Assessment and Notification, as necessary. | 2. SCCMHA Privacy Officer |
| 3. Maintain Breach Information Log | 3. SCCMHA Privacy Officer |

Exhibit A

# Examples of Breaches of Unsecured Protected Health Information

- Workforce members, who do not have a legitimate work-related need to know the information, access the electronic health records of a prominent local figure that is treated by SCCMHA.
- Stolen or lost laptop containing unsecured protected health information.
- Papers containing protected health information found scattered along the roadside after improper storage in truck by business associate responsible for disposal (shredding).
- Posting of patient's HIV+ health status on Facebook by a clinician.
- Misdirected e-mail of listing of drug seeking patients to an external group list.
- Lost flash drive containing database of patients participating in a clinical study.
- EOB (Explanation of Benefits) sent to wrong guarantor.
- Member of SCCMHA workforce accessing the health record of divorced spouse for information to be used in a custody hearing.
- Workforce members accessing electronic health records for information on friends or family members out of curiosity/without a business-related purpose.
- Workforce members take cell phone pictures of consumers and transmit photos to friends.
- Medical record copies in response to a request lost in mailing process and never received.
- Misdirected fax of consumer records to a local grocery store instead of the requesting provider's fax.
- Briefcase containing consumer records stolen from car.
- PDA with patient-identifying photos or other records lost.
- Intentional and non-work-related access by workforce member of neighbor's information.
- Medical record documents left in public access areas – such as cafeteria.

Exhibit B

# Breach Penalties

Penalties for Breach: Penalties for violations of HIPAA have been established under HITECH as indicated below. The penalties do not apply if the organization did not know (or by exercising reasonable diligence would not have known) of the violation or if the failure to comply was due to a reasonable cause and was corrected within thirty days.( See HIPAA Enforcement Rule, 45 CFR Part 160, Subpart D, and 42 CFR 1320d-5 as Amended by ARRA Section 13410(d)(3)). Penalties will be based on the organization's culpability for the HIPAA violation. The Secretary of HHS will base its penalty determination on the nature and extent of both the violation and the harm caused by the violation. The Secretary will still have the discretion to impose corrective action without a penalty in cases where the person did not know (and by exercising reasonable diligence would not have known) that such person committed a violation.

The maximum penalty is $50,000 per violation, with a cap of $1,500,000 for all violations of an identical requirement or prohibition during a calendar year.

The minimum civil monetary penalties are tiered based upon the entity's perceived culpability for the HIPAA violation, as follows:

**Tier A** – *If the offender did not know*

- $100 for each violation, the total for all violations of an identical requirement during a calendar year cannot exceed $25,000.

**Tier B** – *Violation due to reasonable cause, not willful neglect*

- $1,000 for each violation, total for all violations of an identical requirement during a calendar year cannot exceed $100,000.

**Tier C** – *Violation due to willful neglect but was corrected.*

- $10,000 for each violation, total for all violations of an identical requirement during a calendar year cannot exceed $250,000.

**Tier D** – *Violation due to willful neglect but was NOT corrected.*

- $50,000 for each violation, total for all violations of an identical requirement during a calendar year cannot exceed $1,500,000.

Exhibit C

**Sample Notification Letter to Consumers**
**Document to be Reviewed and Customized Prior to Use**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

[Date]

[Name here]
[Address 1 Here]
[Address 2 Here]
[City, State Zip Code]

Dear [Name of Organization Patient or Patient Name]:

I am writing to you with important information about a recent breach of your personal information from SCCMHA. We became aware of this breach on [Insert Date] which occurred on or about [Insert Date]. The breach occurred as follows:

Describe event and include the following information:

A. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
B. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
C. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
D. A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
E. Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

***Other Optional Considerations:***

To help ensure that this information is not used inappropriately, SCCMHA will cover the cost for one year for you to receive credit monitoring. To take advantage of this offer, [N**eed to document the process for how this would work].**

We also advise you to immediately take the following steps:

- Call the toll-free numbers of anyone of the three major credit bureaus (below) to place a fraud alert on your credit report. This can help prevent an identity thief from opening additional accounts in your name. As soon as the credit bureau confirms your fraud alert, the other two credit bureaus will automatically be notified to place alerts on your credit report, and all three reports will be sent to you free of charge.

    - **Equifax:** 1-800-525-6285; www.equifax.com; P.O. Box 740241, Atlanta, GA 30374-0241.
    - **Experian:** 1-888-EXPERIAN (397-3742); www.experian.com; P.O. Box 9532, Allen, TX 75013.
    - **TransUnion:** 1-800-680-7289; www.transunion.com; Fraud Victim Assistance Division, P.O. Box 6790, Fullerton, CA 92834-6790.

- Order your credit reports. By establishing a fraud alert, you will receive a follow-up letter that will explain how you can receive a free copy of your credit report. When you receive your credit report, examine it closely and look for signs of fraud, such as credit accounts that are not yours.

- Continue to monitor your credit reports. Even though a fraud alert has been placed on your account, you should continue to monitor your credit reports to ensure an imposter has not opened an account with your personal information.

We take very seriously our role of safeguarding your personal information and using it in an appropriate manner. SCCMHA apologizes for the stress and worry this situation has caused you and is doing everything it can to rectify the situation.

We have established a toll-free number to call us with questions and concerns about the loss of your personal information. You may call XXXXXXX during normal business hours with any questions you have.

We have also established a section on our Web site with updated information and links to Web sites that offer information on what to do if your personal information has been compromised.

**[Insert Closing Paragraph Based on Situation]**

Sincerely,

[Insert Applicable Name/Contact Information]

Exhibit D

**Sample Notification Letter to Secretary of Health & Human Services**
**Document to be Reviewed and Customized Prior to Use**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

[Date]

Secretary of Health & Human Services
The U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201
Telephone: 202-619-0257
Toll Free: 1-877-696-6775

Dear Secretary:

In compliance with the American Recovery and Reinvestment Act of 2009 (ARRA)/Health Information Technology for Economic and Clinical Health Act (HITECH), we are notifying you of a recent breach of unsecured protected health information (PHI). The breach involved [Insert Number] patients. We became aware of this breach on [Insert Date] which occurred on or about [Insert Date]. The breach occurred as follows:

Describe event and include the following information as communicated to the victims:

A. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
B. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
C. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
D. A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
E. Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

On behalf of SCCMHA I am communicating this information to you in compliance with ARRA/HITECH.

If you have any questions or require further information, please contact me at [Insert Contact Information].

Sincerely,

[Insert Applicable Name/Contact Information]

Exhibit E

**Sample Media Notification Statement/Release**
**Document to be Reviewed and Customized Prior to Use**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

[Insert Date]

**Contact: [**Insert Contact Information Including Phone Number/E-Mail Address]

**IMMEDIATE RELEASE**

# SCCMHA NOTIFIES PATIENTS OF BREACH OF UNSECURED PERSONAL INFORMATION

SCCMHA notified [Insert Number] patients of a breach of unsecured personal patient protected health information after discovering the following event:

Describe event and include the following information as communicated to the victims:

A. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
B. A description of the types of unsecured protected health information that were involved in the breach (such as whether full name, Social Security number, date of birth, home address, account number, diagnosis, disability code or other types of information were involved).
C. Any steps the individual should take to protect themselves from potential harm resulting from the breach.
D. A brief description of what the organization is doing to investigate the breach, to mitigate harm to individuals, and to protect against further breaches.
E. Contact procedures for individuals to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, Web site, or postal address.

In conjunction with local law enforcement and security experts, SCCMHA is working to notify impacted patients to mitigate the damages of the breach. [Name of Organization] has in place safeguards to ensure the privacy and security of all patient health information.

As a result of this breach, steps are underway to further improve the security of its operations and eliminate future risk.

In a notification to patients, [Name of Organization] has offered their resources as well as …. [Insert as Applicable]. [Name of Organization] also has encouraged its patients to contact their financial institutions to prevent unauthorized access to personal accounts.

[Name of Organization] has trained staff available for patients to call with any questions related to the data breach. Patients may call [Insert Phone Number Here] from [Insert Hours] with any questions. In addition, patients may visit [Name of Organization's] Web site at [Insert Web Address] for further information.

[Name of Organization] understands the importance of safeguarding our patients' personal information and takes that responsibility very seriously," said [Insert Name], President and CEO. "We will do all we can to work with our patients whose personal information may have been compromised and help them work through the process. We regret that this incident has occurred, and we are committed to preventing such occurrences in the future. We appreciate our patients' support during this time.

Please direct all questions to [Enter Contact Information].

Exhibit F

**Sample Talking Points (Based on an Example)**
**Document to be Reviewed and Customized Prior to Use**

## Talking Points to Respond to Inquiries About Breach of Unsecured Patient Protected Health Information

***What Happened***

Describe Incident Objectively (see sample below).

- *An employee of SCCMHA has been arrested for using the personal health information of XX patients to obtain loans and credit cards.*
- *The employee has been charged with identity theft, bank fraud, and credit card fraud.*
- *The employee also illegally obtained $XXXXX in reimbursement for fraudulent health claims he/she submitted.*
- *The employee allegedly also sold the personal information of our patients to her brother. He also has allegedly obtained credit cards using the patients' identities.*
- *[Insert Law Enforcement Agency Name] is investigating in order to identify the patients affected by the identity theft.*
- *The employee worked as a supervisor in our claims administration area.*
- *The employee has been suspended without pay. Her access to [Insert Name of Organization] facilities and any [Insert Name of Organization] computer systems has been terminated.*
- *As a supervisor, the employee had access to personal information of [Insert Name of Organization] patients.*
- *Her access to patient information was based on her ability to do the job she was assigned.*
- *The employee has been with the [Insert Name of Organization] for XX years.*
- *The employee underwent a full background check, including criminal check, upon her hire in 20XX.*

- *There have been no other charges against this employee in her time at [Insert Name of Organization].*

- *This is the first and only time this type of situation has happened at [Insert Name of Organization].*

- *[Insert Name of Organization] has contacted the affected patients and has provided credit monitoring services and a contact for additional guidance.*

***What is SCCMHA Doing Now***

Customize as Applicable

- We are notifying each individual patient that has been affected by the incident and offering resources to answer any questions or concerns that he or she may have about the current situation.

- *We are contacting the Secretary of the Department of Health & Human Services to notify her of the breach.*

- *We are working with our Compliance Department, IT Department, Legal Department, and Human Resources, to review procedures to see if there are additional safeguards, we should implement to prevent this type of action in the future.*

- *We are working with the law enforcement officials to provide them with any information to expedite the investigation and prosecution of this matter.*

***What SCCMHA Will Do for Our Patients***

- *We will continue to make our compliance department available if patients have any questions or concerns regarding their credit.*

- *We have established a special toll-free number for [Insert Name of Organization] patients to call who have questions regarding their personal information.*

- *We will also encourage patients to contact any of the three credit reporting agencies and establish a fraud alert.*

Exhibit G

## Examples of Violations and Notification Recommendations

| Type of HIPAA Violation | Notify Pt?* |
|---|---|
| PHI mistakenly faxed to a grocery store (ex. prescription, test results) | Yes |
| PHI mistakenly faxed to an incorrect pharmacy | Not Required |
| Lab results sent to incorrect provider at non-[org] facility | Not Required |
| Lab results sent to incorrect provider at [org] facility | Not Required |
| Test results faxed to provider's former organization | Not Required |
| Lab requisition provided to wrong patient (other patient name on form) | Yes |
| Lab requisition provided to wrong patient, but was retrieved before the patient was able to view the other patient's name/information | Not Required |
| Paperwork for two other patients provided to patient. | Yes |
| EOB (Explanation of Benefits) sent to wrong guarantor | Yes |
| Claim sent to known terminated insurance company | Not Required |
| Medical record copies in response to a payer's request was sent to an incorrect payer, lost in mailing process, and never received or returned | Yes |
| Incorrect patient's immunization sent to a parent | Yes |
| Surgical order sent to incorrect facility | Not Required |
| Provider called own spouse (also a provider) and discussed PHI of patient who may not be a shared patient | Not Required |
| Provider verbally informed adult patient's mother of test results | Yes |
| Child's visit shared with father's girlfriend | Yes |
| Scheduler informed a patient of another patient's name who was treated for mental health, HIV, STDs, etc. | Yes |
| Scheduler informed a patient of another patient's name who was seen at a non-specialized facility | Not Required |
| Info given to a family member without a password (for a patient who requested restricted access) | Yes |
| EMT takes a cell phone picture of patient following a MVA and transmits photo to friends or posts on Facebook | Yes |
| Medical record documents left in cafeteria used by the public | Yes |
| Paperwork for patients left lying in patient's room & found by someone other than that patient | Yes |
| Patient's name and type of services announced in a patient waiting area - other patients present | Yes |
| Can hear patient names & DOB in waiting area | Not Required |
| Briefcase containing patient medical record documents stolen | Yes |
| Lab result printed in incorrect department | Not Required |
| Lab results sent by [org] Hospital to [org] Clinic in error (or another entity in the OHCA) | Not Required |
| Papers containing PHI found scattered along roadside after improper storage in truck by business associate responsible for disposal (shredding) | Yes |
| Transcription documents improperly disposed of at an employee's residence | Yes |
| User mistakenly types an incorrect mrn# and immediately exits record | Not Required |

| | |
|---|---|
| User inappropriately accesses family members' PHI - not legal rep | Yes |
| User inappropriately accesses family members' PHI - legal rep | Yes |
| User inappropriately accesses neighbors' PHI | Yes |
| User inappropriately accesses celebrity's' PHI | Yes |
| Temporary agency employee accessed father's record in EHR | Yes |
| Posting of patient's HIV+ health status on Facebook by a laboratory tech who carried out the diagnostic study | Yes |
| Unencrypted flash drive lost that contains database of patients participating in a clinical study. | Yes |
| Misdirected e-mail of listing of drug seeking patients to an external group list | Yes, unless encrypted and recipient unable to create own "key" |
| Papers containing PHI found on sidewalk outside [org] facility | Yes |
| Stolen/lost laptop containing unsecured PHI | Yes |
| Unencrypted PDA with patient-identifying wound photos lost | Yes |
| ***If "not required" is indicated, may still need to report based on the other risks (financial, reputational, etc.) and/or sensitivity of the information/situation at hand; document decision made & reasons for this decision*** | |

Exhibit H

**Sample Breach Notification Log**

The organization shall maintain a process to record or log all breaches of unsecured PHI regardless of the number of patients affected. A record of the complete investigation of the potential breach as well as the risk assessment carried out to determine notification requirements should be created. The risk assessment and the record/incident report should be cross referenced so that should the Secretary of HHS require more information, it is easy to locate and provide.

Note: Reconfigure Width of Data Fields for Landscape Document or Spreadsheet

| Incident # | Date of Discovery | Date of Breach | Location | Brief Description of Breach* | Number Patients Involved | Notification Dates | | | Actions Taken Resolution Steps |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | Patients | Media | HHS | |
| | | | | | | | | | |
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- A description of what happened, including a description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, etc.).

Exhibit I

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Breach Notification Risk Assessment Tool

## Summary of HIPAA Breach Notification Rule, 45 CFR § 164.400-414

The HIPAA Breach Notification Rule requires HIPAA covered entities and their business associates to provide notification following a breach of unsecured protected health information (PHI). A breach is, generally, an impermissible use or disclosure under the Privacy Rule that compromises the security or privacy of protected health information. An impermissible use or disclosure is presumed to be a breach unless the covered entity or business associate, as applicable, demonstrates through a thorough risk assessment (as outlined below) that there is a low probability that the PHI has been *compromised* based on a risk assessment of at least the following factors:

1. The nature and extent of the protected health information involved, including the types of identifiers and the likelihood of re-identification;
2. The unauthorized person who used or had access to the protected health information or to whom the disclosure was made;
3. Whether the protected health information was actually acquired or viewed; and
4. The extent to which the risk to the protected health information has been mitigated.

**Was Protected Health Information (PHI) Involved?**
PHI is health information that identifies, or there is a reasonable basis to believe it can be used to identify, the individual. Health information includes any demographic information of the individual (e.g. name, address, birth date, Social Security number, medical record number) and information relating to the physical or mental health or condition of an individual, the health care provided to an individual (e.g. diagnosis, treatment plan, medication, medical history and test results), or payment for health care provided to an individual:

☐ Yes ☐ No

If yes, PHI was involved, please continue completing this risk assessment tool.
If no, PHI was not involved, then no breach occurred.

| | |
|---|---|
| **Date Incident Occurred:** | |

| | | | |
|---|---|---|---|
| **Date Incident Reported:** | | **Breach Notification Due Date:** *(If applicable, 60 days from incident report date)* | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Breach Notification Risk Assessment Tool

| Name & Title of Person Who Reported Incident: |
|---|
| |

| Brief Description of Incident |
|---|
| 1. **Who accessed or disclosed the PHI?**<br>2. **Was the person authorized to access the PHI? Explain why or why not.**<br>3. **How did the person access and/or disclose the PHI? Explain in detail.**<br>4. **What was the person's explanation for accessing and/or disclosing the PHI?**<br>5. **Was the PHI received by the intended recipient?**<br>6. **What did the intended recipient do with the PHI? Was the PHI forwarded to any other person or entity?**<br>7. **Was the PHI recovered and/or did Denver Health receive confirmation that the PHI was destroyed?**<br>8. **Was the incident reported to law enforcement?** If so, include name of agency, name of contact at agency (if known), date reported, report number and known status. |

| Description of PHI (*e.g., Type of Information, Fields, # of Records*): |
|---|
| |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Breach Notification Risk Assessment Tool

**Was PHI accessed, used, or disclosed as permitted by the Privacy Rule?** (Was use or disclosure limited to the "minimum necessary" for treatment, payment and health care operations (TPO)?)

☐ Yes ☐ No

If yes, PHI was accessed, used or disclosed as permitted by the Privacy Rule, then no breach occurred and you may conclude this assessment. Reporting is not required under HIPAA.

If no, PHI accessed, used or disclosed was not limited to the "minimum necessary" for TPO, please continue to the next question.

**Was information held by SCCMHA in its capacity as an employer?** (For example, SCCMHA obtains PHI from another entity and uses/discloses PHI information for purposes of FMLA, Workers Compensation, and/or HR employment related activities. If SCCMHA obtains and uses PHI in this capacity, then it is not considered PHI and not considered a breach.)

☐ Yes ☐ No

If yes, then no breach occurred and you may conclude this assessment. Reporting is not required under HIPAA.

If no, then please continue to the next question.

**Was PHI encrypted, destroyed or properly de-identified (limited data set with no direct identifiers *and* does not include dates of birth or zip codes)?**

☐ Yes ☐ No

If yes, then no breach occurred and you may conclude this assessment. Reporting is not required under HIPAA.

If no, then please continue to the next question.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Breach Notification Risk Assessment Tool

**Does an exception to the Breach Notification Rule apply? Please review Exceptions A-C below.**

☐ Yes ☐ No

If yes, Exception A, B or C applies (please check one below), then no breach occurred and you may conclude this assessment. Reporting is not required under HIPAA.

If no, Exception A, B or C does not apply, then please continue to the Risk Assessment below.

☐ **Exception A.** Was PHI unintentionally accessed or used by a workforce member (employee, volunteer, trainee) or person acting under the authority of a SCCMHA or business associate within his/her scope of authority, and the PHI was not further impermissibly used/disclosed?

☐ Yes ☐ No

Briefly explain your answer:_____

_____

☐ **Exception B.** Was PHI inadvertently disclosed by an authorized person at SCCMHA or business associate to another authorized person at SCCMHA or business associate, and the PHI was not further impermissibly used/disclosed?

☐ Yes ☐ No

Briefly explain your answer: _____

_____

☐ **Exception C.** Does SCCMHA or business associate have a good faith belief that the unauthorized person to whom the disclosure was made would not reasonably have been able to retain the information? (For example, PHI sent via mail to the wrong address and returned unopened could not reasonably have been read or retained by the improper addressees.)

☐ Yes ☐ No

Briefly explain your answer: _____

_____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Breach Notification Risk Assessment Tool

## Risk Assessment

An acquisition, access, use or disclosure of PHI in a manner not permitted by the Privacy Rule is presumed to be a breach and must be reported unless the covered entity demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the factors listed below.

Can this breach be determined to have a ***low probability*** that the PHI was compromised based on the following assessment?

**1) What type and amount of PHI was involved and how likely is it that individuals could be identified if PHI is combined with other available information?** Consider whether more sensitive identifiable information was involved (e.g., date of birth, SSN, financial information) or sensitive clinical information (e.g. mental health, test results, STD results) that could increase the risk of identity theft, financial fraud, reputational or other harm to the individual.

☐ Yes, this factor supports low probability of compromise. ☐ No

Describe the nature and amount of the PHI:

**2) Who impermissibly used the PHI and/or to whom was the PHI impermissibly disclosed?** Consider this factor if the PHI was impermissibly used or disclosed within SCCMHA. Consider whether the person has legal obligations to protect the information. For example, is the person a covered entity required to comply with HIPAA, or a government employee, etc.? If so, there may be a lower probability that the PHI has been compromised.

☐ Yes, this factor supports low probability of compromise. ☐ No

Describe who received or used the PHI:

**3) Was the PHI actually acquired or viewed or was there only the opportunity to acquire or view but actual viewing or acquisition of PHI did not occur?** (If electronic PHI is involved, this may require a forensic analysis of the computer to determine whether the PHI was accessed, viewed, acquired, transferred or otherwise compromised.)

☐ Yes, this factor supports low probability of compromise. ☐ No

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Breach Notification Risk Assessment Tool

| Describe whether the PHI was actually acquired or viewed: |
|---|
| |

**4) To what extent was the risk to the PHI mitigated?** For example, by obtaining the recipient's satisfactory assurances that the PHI will not be further used or disclosed (through a confidentiality agreement, declaration or similar means), has been returned, or has been/will be destroyed.

☐ Yes, this factor supports low probability of compromise. ☐ No

| Describe steps SCCMHA took or intends to take to mitigate risk: |
|---|
| |

**Breach Risk Assessment Result**

SCCMHA performed a risk assessment, as required under the Department of Health and Human Services, Breach Notification for Unsecured Protected Health Information; Final Rule, effective on March 26, 2013 and reached the following conclusion.

☐ **Breach notification is required.** SCCMHA concludes that notification is required because the assessment above supports that there is greater than low probability that the PHI has been compromised.

☐ **Breach notification is not required. SCCMHA** concludes that notification is not required because the assessment above supports that there is a low probability that the PHI has been compromised.

| **Scope of Notification** ***(Note: If more than 500 individuals OCR and Media Notice is required)*** |
|---|
| |

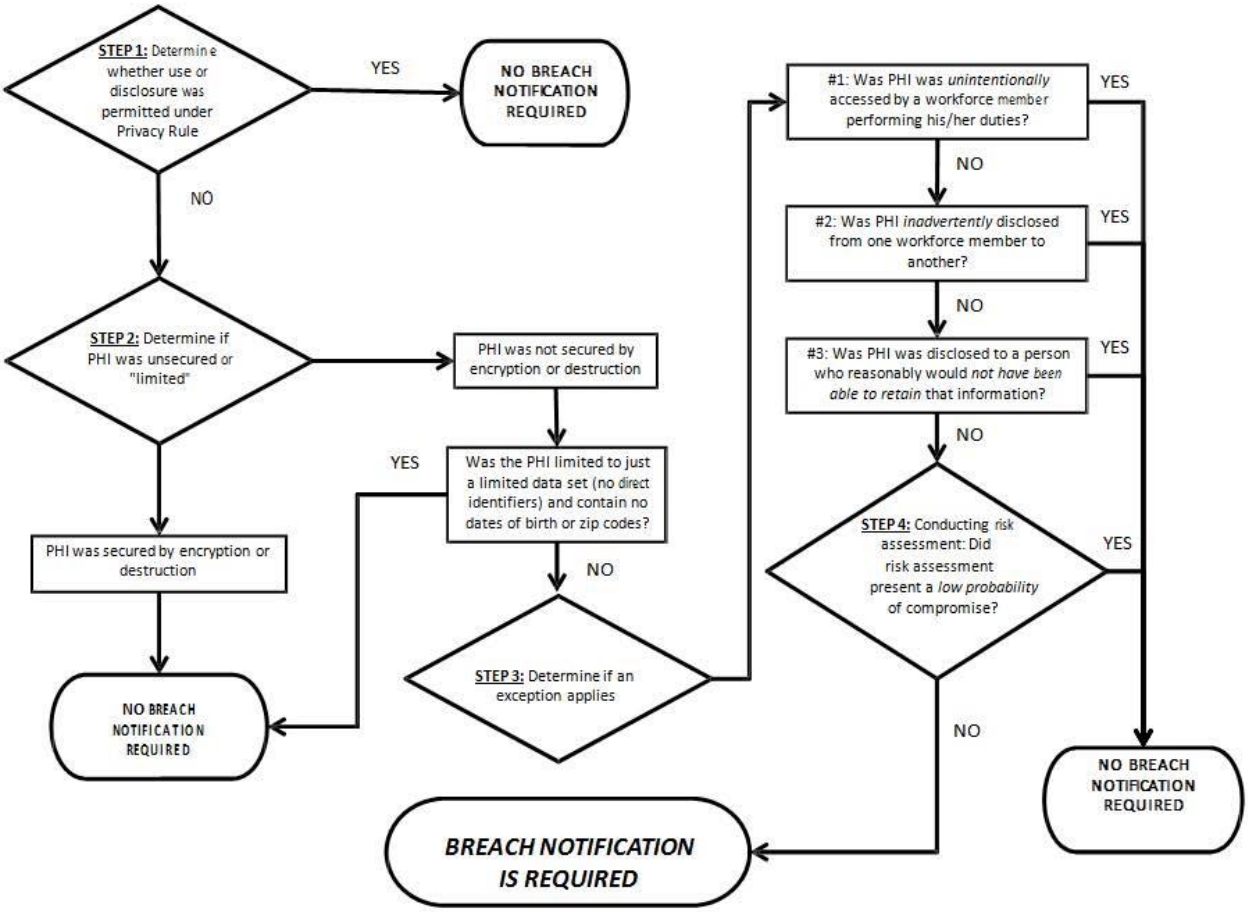
**Other corrective action(s) required:**

| • SCCMHA Privacy Officer recommendation(s) |
|---|
| |

| |
|---|
| • Manager(s) responsible for implementing corrective action |
| Date corrective action should be delivered: |
| • Date of corrective action; confirmation by Human Resources Department |
| |

| **Preventive action(s) required:** |
|---|
| Describe who, what, when and how the preventative action(s) will be carried out: |
| |

HIPAA/HITECH Decision Tree to Determine Whether Breach Notification is Required




SCCMHA Breach Notification Risk Assessment Tool (5/16) Page 8 of 8

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: HIPAA Privacy Set: The Individual’s Right to Access PHI - Granting Access to Inspect and Obtain a Copy (Inclusive of 42 CFR Part 2)</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.04.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 9/9/10, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

SCCMHA (and applicable Providers) recognize that individual consumer rights are a critical aspect of maintaining quality care and service. Accordingly, SCCMHA (and applicable Providers) are committed to allowing consumers to exercise their rights under the HIPAA Privacy Rule (45 CFR §164.524), and other applicable federal, state, and/or local laws and regulations, such as the Michigan Mental Health Code (MCL 330.1748) and federal regulations related to substance use disorders (42 CFR Part 2) To support this commitment, SCCMHA (and applicable Providers) will maintain and update, as appropriate, written policies and procedures to provide guidance on employee and organizational responsibilities regarding the rights of consumers to access, inspect, and obtain a copy of their protected health information.

**Policy:**

1. SCCMHA (and applicable Providers) will take necessary steps to address consumer requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in their designated record set in a timely and professional manner. This period will not exceed 30 days.

2. SCCMHA will provide, without charge, a single printed copy of any document from the consumer record to a consumer, the exception being those documents that a copy is required to be given to the consumer such as the Person-Centered Plan. Additional copies of documents already provided will be charged at the current reimbursement rate.

3. 42 CFR Part 2 (§2.23) specifically provides that those regulations do not prohibit a part 2 program from giving a patient access to their own records, including the opportunity to inspect and copy any records that the part 2 program maintains about the patient. Part 2 program is not required to obtain a patient's written consent or other authorization under the regulations to provide such access to the patient.

4. The HIPAA Privacy Rule provides that consumers do not have the right to access the following types of information:
    a. Psychotherapy notes, as defined by the Privacy Rule.~~;~~
    b. Information compiled in reasonable anticipation of, or for use in a civil, criminal, or administrative action or proceeding; and
    c. Protected health information that is:
        (i) Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C.§263a, to the extent the provision of access to the individual would be prohibited by law; or
        (ii) Exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR §493.3(a)(2).

5. In the event a consumer seeks access to their records, and the Medical Records Staff or an appropriate clinical professional makes the good faith determination that information exists in the designated record set which would qualify for one of the Privacy Rule exceptions listed above, the matter will be referred to the Executive Director of Clinical Services for disposition.

6. The Executive Director of Clinical Services will review the facts of the case, and a decision will be made on a case-by-case basis. Consultation may be had with the Privacy Officer and/or outside counsel. In the event access is denied, refer to Policy 'Denying Access to Inspect and Obtain a Copy'.

7. The following persons are responsible for receiving and processing requests for access to protected health information by individuals: SCCMHA Privacy Officer, SCCMHA Executive Director of Clinical Services, Quality and Medical Records Supervisor.

**Application:**
SCCMHA Board operated programs and applicable Network providers.

**Standards:**
None

**Definitions:**
Designated record Set: As defined by the Privacy Rule §164.501, this term means:

(1) A group of records maintained by or for a covered entity that is:
    (i) The medical records and billing records about individuals maintained by or for a covered health care provider.~~;~~
    (ii) The enrollment, payment, claims adjudication. And case or medical management record systems maintained by or for a health plan; or
(2) Used, in whole or in part, by or for the covered entity to make decisions about individuals.

Protected Health Information: As defined in Policy 08.05.02.01

Psychotherapy Notes: Any notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**References:**
45 CFR 164.524, Privacy Rule
MCL 330.1746, Michigan Mental Health Code
MCL 330.1748, Michigan Mental Health Code
42 U.S.C. §263a
42 CFR §493.3(a)(2)
Request for Health Information (form)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Consumers wishing to exercise their right of access to inspect or obtain a copy of PHI should direct their request to the Medical Records Staff, or other designated staff, | Medical Records Staff |

| | |
|---|---|
| 2. The consumer will be informed that a request for access is required to be in writing, using the current Release of Information form. | Medical Records Staff |
| 3. Upon receipt of a signed Release of Information form, the Medical Records Staff will act on the request by:<br>(i) Consulting with the Privacy Officer and/or the Quality and Medical Records Supervisor if necessary.<br>(ii) informing the consumer of the acceptance and providing the access requested or<br>(iii)providing the consumer with a written denial if appropriate:<br>To determine whether a request should be denied, See Policy *Denying Access to Inspect and Obtain a Copy of Protected Health Information*, and policy on *Reviewing a Denial to Access to Protected Health Information*. | Medical Records Staff, Privacy Officer, Quality and Medical Records Supervisor<br><br>Medical Records Staff, Privacy Officer, |
| 4. For case record entries made prior to March 28, 1996, action taken pursuant to procedure 3 must be taken (in accordance with the HIPAA Privacy Rule, 45 CFR §164.524.)<br>a. no later than 30 days after the request is made: or<br>b. if the request is for protected health information that is not maintained or accessible on-site to SCCMHA, no later than 60 days after the request. | Medical Records Staff, Privacy Officer |
| 5. If SCCMHA (and applicable Providers) cannot act on a request for access to protected health information within the relevant time periods listed in Procedure 4; SCCMHA (and applicable Providers) may extend the time required by 30 days. | Medical Records Staff, Privacy Officer |
| 6. For case record entries subsequent to March 28, 1996, action taken pursuant to procedure 3 shall be disclosed to competent adult consumers, in accordance with the Michigan Mental Health Code (MCL 330.1748(4)), as expeditiously as possible but in no event later than the earlier of 30 days after receipt of the request or, it the recipient is receiving treatment from the holder of the record, before the recipient is released from treatment. | Medical Records Staff, Director of Clinical Services |
| 7. In the event a consumer seeks access to their records, and the Medical Records Staff or an appropriate clinical professional makes the good faith determination that information exists in the file which would qualify under one of the HIPAA Privacy Rule exceptions listed above, the matter will be referred to the | Medical Records Staff |

| | |
|---|---|
| Executive Director of Clinical Services for disposition. (See Policy 08.05.04.02) | |
| 8. When a consumer is allowed access, inspection, and/or copies of the requested protected health information it will be provided or accessed in a secure and confidential manner. | Medical Records Staff |
| 9. When SCCMHA (or applicable Providers) provides the individual with access to the protected health information, it will be in the form or format requested by the individual, if it is readily producible in such form or format. | Medical Records Staff |
| 10. If the requested format is not readily producible, then SCCMHA (and applicable Providers) will provide the individual with access to the protected health information in a readable hard copy form or such other form as agreed to by the individual. | Medical Records Staff |
| 11. If requested by the individual, SCCMHA (and applicable Providers) will arrange with the individual for a convenient time and place to inspect or obtain a copy of the protected health information, or mailing of protected health information, within the specified time. | Appropriate Clinical Professional |
| 12. A summary of the requested protected health information will be provided in lieu of access to the information only when the individual agrees in advance to a summary, and to any related fees imposed. | Appropriate Clinical Professional |
| 13. An explanation of the requested protected health information to which access has been provided will accompany the access only when the individual agrees in advance to a summary, and to any related fees imposed. | Appropriate Clinical Professional |
| 14. If a summary or explanation of the requested information is to be prepared, such a summary or explanation will be completed only by the appropriate clinical personnel and reviewed by the Records Supervisor. | Medical Records Staff |
| 15. The Medical Records Staff will assure the appropriate documentation of the request and delivery of the protected health information. | Medical Records Staff |
| 16. Any fees imposed on the individual for a copy of the protected health information, or a summary or explanation of such information will: | Finance Department |

| | |
|---|---|
| a. be collected by the Finance Office at the time of provision of the requested documents.<br>b. be reasonable and cost based.<br>c. will be only for the cost of the following:<br>i. Copying, including the cost of supplies for and labor of copying, the protected health information requested by the individual.<br>ii. Postage, when the individual has requested the copy, or the summary or explanation, be mailed; and<br>iii. Preparing an explanation or summary of the protected health information. | |
| 17. SCCMHA (and applicable Providers) will document and retain records that are subject to access by individuals for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. (See Records Retention Policy) | Privacy Officer, Medical Records Staff |
| 18. This policy and procedure will be documented and retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Medical Records Staff, Privacy Officer |
| 19. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the employee compliance hotline. | All SCCMHA, and applicable providers, employees |

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**Purpose:**
SCCMHA recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise their rights under The HIPAA Privacy Rule, 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations. To support this commitment, SCCMHA (and applicable Providers) will maintain and update, as appropriate, written policies, and procedures to provide guidance on employee and organizational responsibilities regarding the rights of individuals to access, inspect, and obtain a copy of their protected health information.

However, situations may arise when SCCMHA personnel (and applicable Providers) must decide to deny a consumer access to their protected health information, in accordance with applicable laws and regulations.

The policies and procedures herein have been established to assist personnel in evaluating the appropriateness of such a determination. Personnel should also refer to *HIPAA*

*Privacy Set: The Individual's Right to Access PHI - Granting Access to Inspect and Obtain a Copy*, in responding to a consumer's request for access to protected health information.

**Policy:**

1. SCCMHA (and applicable Providers) will take necessary steps to address consumer's requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in a consumer's designated record set in a timely and professional manner.

2. SCCMHA (and applicable Providers) will adhere to the procedures herein when denying access to inspect or obtain a copy of protected health information.

**Application:**
SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Designated Record Set: As defined in SCCMHA Policy 08.05.04.01
Protected Health Information: as defined in Policy 08:05:02.01

**References:**
HIPAA Privacy Rule: 45 CFR §164.524
Michigan Mental Health Code: MCL 330.1748

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Consumers wishing to exercise their right of access to inspect or obtain a copy of their PHI should direct their written request to the Medical Records Staff, | Medical Records Staff |
| 2. An appropriate written request from a consumer regarding their protected health information will, within a reasonable time, be forwarded, to the Medical Records Staff. | Medical Records Staff |
| 3. Upon receipt of a written request, the Medical Records Staff will act on the request by (1) informing the individual of the acceptance and providing the access requested; or (2) providing the individual with a written denial after consultation with the Privacy Officer if necessary. | Medical Records Staff, Privacy Officer |

| | |
|---|---|
| 4. Action taken pursuant to procedure #3 must be taken:<br>a. no later than 30 days after the request is made: or<br>b. if the request is for protected health information that is not maintained or accessible on-site to SCCMHA (or applicable provider), no later than 60 days after the request. | Medical Records Staff |
| 5. If SCCMHA (or applicable provider) cannot act on a request for access to protected health information within the relevant time periods listed in Procedure 3; SCCMHA may extend the time required by 30 days. | Medical Records Staff |
| 6. In the event a consumer seeks access to their records, and the Medical Records Staff or an appropriate clinical professional makes the good faith determination that information exists in the file which would qualify as one of the HIPAA Privacy Rule exceptions listed below, the matter will be referred to the Executive Director of Clinical Services for disposition. | Medical Records Staff, Executive Director of Clinical Services, appropriate clinical professional |
| 7. The Executive Director of Clinical Services will review the facts of the case, and a decision will be made on a case-by-case basis. Consultation may be had with the Privacy Officer and/or outside counsel. | Executive Director of Clinical Services, Privacy Officer |
| 8. The HIPAA Privacy Rule provides that consumers do not have the right to access, nor to a review of such denial, to the following types of information :<br>a. Protected Health Information that is:<br>i. Psychotherapy notes, as defined by the Privacy Rule.<br>ii. Information compiled in reasonable anticipation of, or for use in, a civil, criminal, or administrative action or proceeding; and<br>iii. Subject to the Clinical Laboratory Improvements Amendments of 1988, 42 U.S.C.§263a, to the extent the provision of access to the individual would be prohibited by law; or exempt from the Clinical Laboratory Improvements Amendments of 1988, pursuant to 42 CFR §493.3(a)(2).<br>b. When SCCMHA (or an applicable Provider) is acting under the direction of a correctional institution upon an inmate's request for a copy of the protected health information and obtaining a copy would jeopardize the health, safety, custody, or rehabilitation of the individual or of other inmates, or of any officer, | Privacy Officer, Medical Records Staff |

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| employee, or other person at the correctional institution or responsible for the transporting of the inmate.<br>c. Access to protected health information that was created or obtained by SCCMHA in the course of research that includes treatment maybe temporarily suspended for as long as the research is in progress, provided that the individual has agreed to the denial of access when consenting to participate in the research, and has been informed that the right of access will be reinstated upon completion of the research.<br>d. The individual's access to protected health information that is contained in records that are subject to the Privacy Act, 5 USC §552a, may be denied, if the denial of access under the Privacy Act would meet the requirements of that law.<br>e. The individual's access may be denied if the protected health information was obtained from someone other than a health care provider under a promise of confidentiality and the access requested would be reasonably likely to reveal the source of the information. | |
| 9. The HIPAA Privacy Rule (see Also Michigan Mental Health Code, MCL 330.1748(6)(b)) provides that a denial of a consumers' request to access protected health information in the following situations may be reviewed:<br>a. a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.<br>b. the protected health information refers to another person (unless such other person is a health care provider) and a licensed healthcare professional has determined, in the exercise of professional judgment; that the access requested is reasonably likely to cause substantial harm to such other person; or<br>c. the request for access is made by the individual's personal representative and a licensed healthcare professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person. | Privacy Officer, Medical Records Staff |
| 10. In denying access in whole or in part, to the extent possible, Medical Records Staff will give the individual access to | Medical Records Staff |

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| any other protected health information requested, after excluding the protected health information that was denied. | |
| 11. When denying an individual access to protected health information, the denial will:<br>a. be written in plain language.<br>b. contain the basis for the denial.<br>c. contain the following statement, if applicable:<br>THE INDIVIDUAL HAS THE RIGHT TO HAVE THE DENIAL REVIEWED BY A LICENSED HEALTH CARE PROFESSIONAL, DESIGNATED BY SCCMHA TO ACT AS A REVIEWING OFFICIAL AND WHO DID NOT PARTICIPATE IN THE ORIGINAL DENIAL DECISION.<br><br>INDIVIDUALS MAY EXERCISE THEIR REVIEW RIGHTS BY CONTACTING THE PRIVACY OFFICE AND REQUESTING SUCH A REVIEW.<br><br>d. contain a description of how the individual may complain to SCCMHA pursuant to its complaint procedures | Medical Records Staff |
| 12. The description of how the individual may complain will include the name, or title, and telephone number of the contact person or office designated to review such complaints. | Medical Records Staff |
| 13. This policy and procedure will be documented and retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |
| 14. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the employee compliance hotline. | All SCCMHA employees |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject** HIPAA Privacy Set: The Individual's Right to Access PHI – Reviewing a Denial to Access PHI | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.04.03 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
SCCMHA recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise their rights under The HIPAA Privacy Rule, 45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations, such as The Michigan Mental Health Code, MCL 330.1748. To support this commitment, SCCMHA will maintain and update, as appropriate, written policies, and procedures to provide guidance on employee and organizational responsibilities regarding the rights of individuals to access, inspect, and obtain a copy of their protected health information.

However, situations may arise when SCCMHA (or applicable Providers) personnel must decide to deny an individual access to their protected health information, in accordance with applicable laws and regulations.

In certain circumstances, individuals may request that the denial be reviewed. The policies and procedures herein have been established to assist personnel in such a review.

**Policy:**

1. SCCMHA (or applicable providers) will take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in an SCCMHA record in a timely and professional manner.

2. SCCMHA (or applicable providers) will adhere to (HIPAA Privacy Set: The Individual's Right to Access PHI – Denying Access to Inspect and Obtain a Copy) procedures herein when denying access, inspection, or copying of protected health information.

3. SCCMHA will adhere to the following procedures when reviewing a denial to access protected health information.

**Application:**
SCCMHA Board operated Programs, and applicable Network Providers.

**Standards:**
None

**Definitions:**
Protected Health Information: As defined in Policy 08.05.02.01

**References:**
HIPAA Privacy Rule 45 CFR §164.524
Michigan Mental Health Code MCL 330.1748(6)(b)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will review a denial of a consumer's request for access to protected health information, in the following situations:<br>a. a licensed health care professional has determined, in the exercise of professional judgment, that the access requested is reasonably likely to endanger the life or physical safety of the individual or another person.<br>b. the protected health information refers to another person (unless such other person is a health care provider) and a licensed health care professional has determined, in the exercise of professional judgment, | Clinical staff |

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| that the access requested is reasonably likely to cause substantial harm to such other person, or<br>c. the request for access is made by the individual's personal representative and a licensed health care professional has determined, in the exercise of professional judgment, that the provision of access to such personal representative is reasonably likely to cause substantial harm to the individual or another person. | |
| 2. All denial reviews will be conducted by a licensed health care professional who is designated by SCCMHA to act as a reviewing official and who did not participate in the original decision to deny. | Clinical staff, Privacy Officer |
| 3. The designated reviewing official will be determined on a case-by-case basis by the Executive Director of Clinical Services. | Executive Director of Clinical Services |
| 4. The Medical Records Staff will promptly refer a request for review to the Executive Director of Clinical Services. | Medical Records Staff, Executive Director of Clinical Services. |
| 5. The designated reviewing official will determine, within a reasonable period, whether or not to deny the access requested based on the applicable standards. | Designated reviewing official |
| 6. Medical Records Staff will promptly provide written notice to the individual of the determination of the designated reviewing official and take other actions required to carry out the designated reviewing official's determination. | Medical Records Staff |
| 7. This policy and procedure will be documented and retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer, or to the employee compliance hotline. | All SCCMHA employees |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject HIPAA Privacy Set: The Individual's Right to Access PHI – Extending Time to Respond to Request for Access to PHI</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.04.04</td></tr>
<tr><td>Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23<br>Supersedes:</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

SCCMHA recognizes that individual rights are a critical aspect of maintaining quality care and service and is committed to allowing individuals to exercise their rights under the HIPAA Privacy Rule,45 CFR §164.524, and other applicable federal, state, and/or local laws and regulations, such as the Michigan Mental Health Code, MCL 330.1748. To support this commitment, SCCMHA (and applicable providers) will maintain and update, as appropriate, written policies, and procedures to provide guidance on employee and organizational responsibilities regarding the rights of individuals to access, inspect, and obtain a copy of their protected health information. However, situations may arise when the requested information is not readily available for access, and therefore, the time for responding to the request may be extended. The policies and procedures herein have been established to assist personnel in the provision of such an extension. Personnel should also refer to *[Policy & Procedure, Granting Access to Inspect and Obtain a Copy)* in responding to an individual's request for access to protected health information.

**Policy:**

1. SCCMHA (and applicable providers) will take necessary steps to address individual requests to access, inspect, and/or obtain a copy of their protected health information that is maintained in a designated record set in a timely and professional manner.

2. SCCMHA will adhere to (HIPAA Privacy Set: The Individual's Right to Access PHI - Granting Access to Inspect and Obtain a Copy) in providing individuals access, inspection, and/or copies of their protected health information.

3. If SCCMHA must extend the time for responding to a request, we will adhere to the procedures herein.

**Application:**
SCCMHA Board operated Programs, applicable Network Providers

**Standards:**
None

**Definitions:**
Designated Record Set: As defined in SCCMHA Policy 08.05.04.01
Protected Health Information: as defined in Policy 08:05:02:01

**References:**
HIPAA Privacy Rule, 45 CFR §164.524
Michigan Mental Health Code, MCL 330.1748

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Once SCCMHA (or applicable Network Provider) receives a request from a consumer, the Medical Records Staff will act on the request within 30 days after receipt of the request by (1) informing the individual of the acceptance and providing the access requested [see Policy, Granting Access to Inspect and Obtain a Copy]; or (2) providing the individual with a written denial [see Policy Denying Access to Inspect and Obtain a Copy of Protected Health Information]. | Medical Records Staff |

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| 2. If the request is for access to protected health information that is not maintained or accessible to the facility on-site, then SCCMHA (or applicable Network Provider) will act on the individual's request for access no later than 60 days from the receipt of such a request. | Medical Records Staff |
| 3. If the time period for the action must be extended, then SCCMHA will, within the time allowed in procedure #1, provide the individual with a written statement of the reasons for the delay and the date by which SCCMHA (or applicable Network Provider) will complete its action on the request. | Medical Records Staff |
| 4. If necessary, SCCMHA (or applicable Network Provider) may extend the time for the action by no more than 30 days. | Medical Records Staff |
| 5. SCCMHA (or applicable Network Provider) will not extend the time more than once. | Medical Records Staff |
| 6. The Medical Records Staff will access the individual's protected health information using proper access and authorization procedures. | Medical Records Staff |
| 7. This policy and procedure will be documented and retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the employee compliance hotline. | All SCCMHA employees |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set – The Right of Individuals to Amend PHI– Accepting Requests for Amendment to PHI</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.05.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

Under the HIPAA Privacy Rule, §164.526, and the Michigan Mental Health Code, MCL 330.1749, individuals have the right to request that SCCMHA (and applicable Network Providers) amend protected health information or a record about the individual for as long as the protected health information is maintained in the record. SCCMHA (and applicable Network Providers) retain the right to deny the request in compliance with §164.526(a)(2). Unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment, this provision applies to protected health information created only by SCCMHA. For both situations, SCCMHA (and applicable Network Providers) has created policies and procedures to address the issue and to comply with any applicable laws.

**Policy:**

1. SCCMHA (and applicable Network Providers) will provide for an individual to request an amendment to their protected health information or record for as long as the information is maintained by SCCMHA (and applicable Network Providers).

2. SCCMHA (and applicable Network Providers) will allow an individual's request to amend protected health information that was not created by SCCMHA (or applicable Network Providers) if provided a reasonable basis to believe that the originator of the information is no longer available to act on the request.

3. SCCMHA (and applicable Network Providers) will permit an individual to request that SCCMHA (or applicable Network Providers) amend the protected health information maintained in the designated record set. SCCMHA (and applicable Network Providers) requires that such requests for amendment be provided in writing and provide a reason to support a requested amendment.

**Application:**
SCCMHA Board operated programs, and applicable Network providers.

**Standards:**
Consumer requests to amend health information will be responded to no later than 60 days after the request is received.

**Definitions:**
Designated Record Set: As defined in SCCMHA Policy 08.05.04.01
Protected health Information: as defined in Policy 08.05.02.01

**References:**
HIPAA Privacy Rule: 45 CFR §164.526
Michigan Mental Health Code 330.1749

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The Medical Records Staff will be responsible for receiving, processing, and responding to written requests for amendments to protected health information. | Medical Records Staff |
| 2. All individual requests for amendments to protected or other health information will be in writing and directed to the Medical Records Staff. | Medical Records Staff |
| 3. Written requests for amendment must document the reason(s) to support the requested amendment. | Medical Records Staff |

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| 4. The request will be referred to an appropriate health care professional for review, who will be selected by Executive Director of Clinical Services or the Privacy Officer on a case-by-case basis. | Executive Director of Clinical Services, Privacy Officer, appropriate Clinical staff |
| 5. An individual's request for amendment may, in accordance with the HIPAA Privacy Rule, be denied if SCCMHA (or appropriate Network provider) determines that the requested protected health information or record:<br>a. was not created by SCCMHA.<br>b. is not part of the record.<br>c. would not be available for inspection under the HIPAA requirements for individual rights to access protected health information; or<br>d. is accurate and complete. | Medical Records Staff, Privacy Officer, appropriate Clinical staff |
| 6. If SCCMHA denies in good faith a consumer's request to amend protected health information based upon one of the situations provided for under the HIPAA Privacy Rule, the situation will be referred to the Director of Clinical Services for review on a case-by-case basis. | Medical Records Staff, Director of Clinical Services, Privacy Officer |
| 7. If the requested amendment is denied, see Policy, Denying Requests for Amendments to PHI. | Medical Records Staff |
| 8. Medical Records Staff will inform the individual no later than 60 days after receipt of such a request if the amendment is accepted. | Medical Records Staff |
| 9. The time for the action by SCCMHA will be extended by no more than 30 days. | Medical Records Staff |
| 10. If the time for the action is extended, SCCMHA will, within 30 days after the receipt of the request, provide the individual with a written statement of the reasons for the delay and the date by which SCCMHA will complete the action on the request. | Medical Records Staff |
| 11. The time for action will not be extended more than once. | Medical Records Staff |
| 12. If the requested amendment is accepted, Medical Records will make the appropriate amendment, in conjunction with the appropriate clinical staff. | Medical Records Staff, appropriate clinical staff. |
| 13. Upon accepting and completing a requested amendment, | Medical Records |

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| Medical Records will perform the following tasks:<br>a. inform the individual, in a timely manner, and obtain the individual's authorization of and agreement to have SCCMHA notify the relevant persons with which the amendment needs to be shared.<br>b. make reasonable efforts to inform and provide the amendment within a reasonable time to persons identified by the individual as needing the amendment.<br>c. make reasonable efforts to inform and provide the amendment within a reasonable time to persons, including business associates, that are known to have the affected protected health information and that may have relied, or could foreseeably rely, on such information to the detriment of the individual. | Staff |
| 14. In completing the amendment Medial Records and the relevant clinical staff, will, at a minimum, identify the affected information in the designated record set and append or otherwise provide a link to the location of the amendment. | Medical Records Staff |
| 15. If another covered entity notifies SCCMHA (or appropriate Network provider) of an amendment to an individual's protected health information, SCCMHA (or appropriate Network provider) will amend the respective information by, at minimum, identifying the affected information in the designated record set and appending or otherwise providing a link to the location of the amendment. | Medical Records Staff, Appropriate Network provider |
| 16. This policy and procedure will be retained for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set – The Right of Individuals to Amend PHI – Denying Requests for Amendment to PHI | **Chapter**: 08 - Management of Information | **Subject No:** 08.05.05.02 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**

Under the HIPAA Privacy Rule, §164.526, and the Michigan Mental Health Code, MCL 330.1749, individuals have the right to request that SCCMHA (and applicable Network Providers) amend protected health information or a record about the individual for as long as the protected health information is maintained in the record. SCCMHA (and applicable Network Providers) retains the right to deny the request in compliance with §164.526(a)(2). Unless the individual provides a reasonable basis to believe that the originator of protected health information is no longer available to act on the requested amendment, this provision applies to protected health information created only by SCCMHA. For both situations, SCCMHA (and applicable Network Providers) has created policies and procedures to address the issue and to comply with any applicable laws.

**Policy:**

1. SCCMHA (and applicable Network Providers) will provide for an individual to request an amendment to their protected health information or record for as long as the information is maintained by SCCMHA (and applicable Network Providers).

2. In accordance with the Privacy Rule, SCCMHA reserves the right to deny an individual's request for amendment if it determines that the requested protected health information or record:
    a. was not created by SCCMHA, unless the consumer provides a reasonable basis to believe that the originator of the protected health information is no longer available to act on the requested amendment.
    b. is not part of the designated record set.
    c. would not be available for inspection under the requirements for individual rights to access protected health information; or
    d. is accurate and complete.

3. Where a potential conflict is presented between the HIPAA Privacy Rule, presented under Policy #2, and the Michigan Mental Health Code which states:

    > A recipient, guardian, or parent of a minor recipient, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of information in the recipient's record. The recipient, guardian, or parent of minor recipient shall be allowed to insert into the record a statement correcting or amending the information at issue. The statement shall become a part of the record.

    The situation will be presented to the Executive Director of Clinical Services who, after consultation with the Privacy Officer and outside counsel, if necessary, will decide regarding the request for amendment to the record on a case-by-case basis.

**Application:**
All SCCMHA Board operated Programs, applicable Network Providers.

**Standards:**
Consumers will be informed within 60 days of receipt of the request to modify health information.

**Definitions:**
Designated Records Set: As defined in SCCMHA Policy 08.05.04.01

**References:**
§164.526, HIPAA Privacy Rule
MCL 330.1749, Michigan Mental Health Code

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The Medical Records Staff will be responsible for receiving, processing, and responding to requests for amendments to protected health information. | Medical Records Staff |
| 2. All individual requests for amendments to protected or other health information will be in writing and directed to the Medical Records Staff. | Medical Records Staff |
| 3. Individuals must document the reason(s) to support the requested amendment. The Medical Records Staff must ensure that such documentation is presented before proceeding with the request. | Medical Records Staff |
| 4. The request may be referred to an appropriate clinical supervisor for a review of the merits. | Appropriate Clinical Supervisor |
| 5. In accordance with §164.526(b)(2), the Medical Records Staff will inform the individual no later than 60 days after receipt of such a request if the amendment is denied. | Medical Records Staff |
| 6. On occasions where SCCMHA needs more than 60 days to decide, the time period for the action will be extended by no more than 30 days provided that:<br>a. SCCMHA provides the individual with a written statement of the reasons for the delay, and the date by which SCCMHA will complete the action on the request; and<br>b. SCCMHA extends the time for the action not more than once. | Medical Records Staff<br>Appropriate clinical supervisor |
| 7. Upon denying a request for amendment, in whole or in part, SCCMHA will provide the individual with a written denial in accordance with the timeframes outlined above. | Appropriate clinical supervisor, Medical Records Staff |
| 8. In the event of a potential conflict between the regulations under the Privacy Rule, and the Michigan Mental Health Code regarding this issue, the matter will be referred to the Executive Director of Clinical Services. | Appropriate clinical supervisor, Medical Records Staff |
| 9. The Executive Director of Clinical Services, after consultation with the Privacy Officer, and outside | Medical records Staff, Privacy Officer |

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| counsel, if necessary, will resolve the situation on a case-by-case basis. | |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: HIPAA Privacy Set: Scope of Use and Disclosure - Identifying When Routine Health Information Becomes PHI – Inclusive of 42 CFR Part 2</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.06.01</td></tr>
<tr><td>Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23<br>Supersedes:</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. To support this commitment, SCCMHA will ensure that the appropriate steps are taken to properly identify and secure individuals' protected health information, as required by the HIPAA Privacy Rule, 45 CFR Part 164, and other applicable federal, state, and/or local laws and regulations.

**Policy:**

1. Consistent with the definitions provided by the Privacy Rule, §160.103 and §164.501, the following information will be designated as protected health information: Any health information, including demographic information collected from an individual, transmitted or maintained in any form or medium, that:

a. Is created or received by a health care provider, health plan, employer, or health care clearinghouse; and
b. Relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and
    i. That identifies the individual; or
    ii. With respect to which there is a reasonable basis to believe the information can be used to identify the individual.

2. Routine health information meeting the above definition will be automatically designated as protected health information immediately upon its creation or receipt by SCCMHA.
3. SCCMHA will adhere to all applicable laws, regulations, policies, and procedures when maintaining, using, and disclosing protected health information.
4. Consistent with 42 CFR Part 2, the similarity with as well as the distinctions from HIPAA Protected Health Information should be made concerning the 42 CFR Part 2 definition of Patient Identifying Information

**Application:**
All SCCMHA Board operated programs, applicable providers.

**Standards:**
None

**Definitions:**
**Patient identifying Information:** As defined by 42 CFR Part 2, *Patient Identifying Information* means the name, address, social security number, fingerprints, photograph, or similar information by which the identity of a patient, as defined by 42 CFR Part 2, can be determined with reasonable accuracy either directly or by reference to other information. The term does not include a number assigned to a patient by a part 2 program, for internal use only by the part 2 program, if that number does not consist of or contain numbers (such as a social security, or driver's license number) that could be used to identify a patient with reasonable accuracy from sources external to the part 2 program.

**Protected health information**: as defined by Policy 08:05:02:01

**References:**
§160.103
§164.501

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
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| 1. In the event of a discrepancy, the following persons, respectively, will be responsible for designating routine health information as protected health information:<br>a. Medical Records<br>b. Finance<br>c. Executive Director of Clinical Services<br>d. Privacy Officer | Medical Records Staff, Finance Office, Privacy Officer, Executive Director of Clinical Services |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Scope of Use and Disclosure - Creating De-identified Information | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.06.02 |
| **Effective Date**:<br>April 14 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer<br>Holli McGeshick Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
SCCMHA is committed to ensuring the privacy and security of consumer health information. Federal law allows certain health care organizations to use or disclose protected health information for the purpose of creating de-identified information – that is, information that has been stripped of any elements that may identify the consumer, such as name, birth date, or social security number. SCCMHA will, from time to time, use de-identified date for various purposes such as utilization review. In doing so, SCCMHA will ensure that the appropriate administrative and technical processes are in place to properly de-identify protected health information, as well as to secure any methods of re-identification, as required in the HIPAA Privacy Rule, 45 CFR §164.514 and other applicable federal, state, and/or local laws and regulations.

**Policy:**
1. SCCMHA may create de-identified information for purposes such as utilization review or quality assurance.

2. De-identification of information will be performed only under the close supervision of the Executive Director of Clinical Services (or designee) and Chief Compliance Officer (or designee), who shall have the appropriate knowledge of and experience with generally accepted statistical and scientific principles and methods for rendering information not individually identifiable.
3. SCCMHA will not use or disclose the code or other means of record identification or mechanism used to re-identify health information unless authorized by the Executive Director of Clinical Services (or designee) and Chief Compliance Officer (or designee).
4. De-identified information will not be disclosed if those SCCMHA employees creating or disclosing the information, or any other employees of SCCMHA, have actual knowledge that the information could be used alone or in combination with other information to identify an individual who is a subject of the information.

**Application:**
SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
De-identified information: information that has been stripped of any elements that may identify the consumer, such as name, birth date, or social security number.
Disclose: See definition in policy 08.05.02.01
Use: See definition in policy 08.05.02.01

**References:**
45 CFR § 164.502(d), 164.514(a-c)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The SCCMHA Executive Director of Clinical Services will make decisions as to whether protected health information should be de-identified. | Executive Director of Clinical Services<br>Chief Compliance Officer |
| 2. The reason for de-identification will be documented and maintained. | Executive Director of Clinical Services, Chief Compliance Officer |
| 3. The following individually identifying elements will be removed or otherwise concealed from protected health | Executive Director of Clinical Services, Chief |

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| information to create de-identified information:<br>a. Names.<br>b. All elements of dates (except year) for dates directly related to an individual, including:<br>i. birth date<br>ii. admission date<br>iii. discharge date<br>iv. date of death<br>v. all ages over 89<br>vi. all elements of dates (including year) indicative of age 89, except that such ages and elements may be aggregated into a single category of age 90 or older.<br>c. Telephone numbers.<br>d. Fax numbers.<br>e. Electronic mail addresses.<br>f. Social security numbers.<br>g. Medical record numbers.<br>h. Health plan beneficiary numbers.<br>i. Account numbers.<br>j. Certificate/license numbers.<br>k. Vehicle identifiers and serial numbers, including license plate numbers.<br>l. Device identifiers and serial numbers.<br>m. Web universal resource locators (URLs).<br>n. Internet Protocol (IP) address numbers.<br>o. Biometric identifiers, including finger and voice prints.<br>p. Full face photographic images and any comparable images.<br>q. All geographic subdivisions smaller than a State, including:<br>i. street address<br>ii. city<br>iii. county<br>iv. precinct<br>v. zip code, and their equivalent geocodes.<br>r. any other unique identifying number, characteristic, or code<br>s. the initial three digits of a zip code may be used if, according to the current publicly available date from the Bureau of the Census: (1) The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and (2) The initial three digits of a zip code for all such geographic units containing 20,000 or | Compliance Officer |

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| fewer people is changed to 000). | |
| 4. If any of the listed identifiers are not removed, then the information will only be disclosed when the Executive Director of Clinical Services, or Chief Compliance Officer<br>a. determines that the risk is very small that the information could be used, alone, or in combination with other reasonably available information, by an anticipated recipient to identify an individual who is a subject of the information, and<br>b. documents the methods and results of the analysis that justify such determination. | Executive Director of Clinical Services, Chief Compliance Officer |
| 5. The code or other means of record identification used to re-identify information will not be derived from or related to information about the individual and should not otherwise be capable of being translated to identify the individual. | Executive Director of Clinical Services, Chief Compliance Officer |
| 6. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer, or to the compliance hotline. | All SCCMHA staff |
| 7. Questions concerning de-identification of consumer information should be forwarded to the SCCMHA Compliance Officer. | All SCCMHA staff, Compliance Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Scope of Use and Disclosure - Creation and uses of a Limited Data Set</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.06.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer, Chief Quality & Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. Federal law allows certain health care organizations to create and use a limited data set under certain conditions. A limited data set contains information from which all direct identifiers, such as name, have been removed, but which may contain some indirect identifiers. SCCMHA may, from time to time, use or disclose limited data sets for the purposes of research, public health, and health care operations. In doing so, SCCMHA will ensure that the appropriate administrative and technical processes are in place to properly remove direct identifiers from protected health information, as required under the HIPAA Privacy Rule, 45 CFR §164.514(e) and other applicable federal, state, and/or local laws and regulations.

**Policy:**

1. SCCMHA may use protected health information to create, or may disclose protected health information to a business associate to create a limited data set for the following purposes:
   a. Research.
   b. Public health; or
   c. Health care operations.

2. SCCMHA will enter into a date use agreement that meets the requirements of 45 CFR § 164.514(e) with any proposed recipients of a limited data set, before disclosing any information contained in such limited data set to the recipient.

3. If SCCMHA has knowledge that a limited data set recipient has breached or violated a data use agreement, SCCMHA will take steps to cure the breach or end the violation, and, in the event such actions are unsuccessful, SCCMHA will:
   a. discontinue disclosure of protected health information to the recipient; and
   b. Report the problem to the Secretary of Health and Human Services.

4. In the case that SCCMHA is the recipient of a limited data set, SCCMHA will enter and comply with the terms of a data use agreement consistent with the policies and procedures herein.

**Application:**
SCCMHA Board operated programs, applicable Network Providers.

**Standards:**
None

**Definitions:**
Limited Data Set: Protected Health Information that excludes certain direct identifiers of the individual, or of relatives, employers, or household members of the individual, as presented in §164.514(e)(2).
Protected Health Information: see definition in Policy 08.05.02.01

**References:**
45 CFR § 164.502(d), 164.514(a-c), 164.514(e)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The SCCMHA Executive Director of Clinical Services will make decisions as to whether a limited data set should be created and/or disclosed. | Executive Director of Clinical Services |
| 2. The reason for creating and/or disclosing information in a limited data set will be documented and maintained. | Executive Director of Clinical Services, |

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| 3. The following individually identifying elements of an individual, relatives, employers and household members of the individual will be removed or otherwise excluded from protected health information to create a limited data set:<br>a. Names.<br>b. Postal address information, other than town or city, State, and zip code.<br>c. Telephone numbers.<br>d. Fax numbers.<br>e. Electronic mail addresses.<br>f. Social security numbers.<br>g. Medical record numbers.<br>h. Health plan beneficiary numbers.<br>i. Account numbers.<br>j. Certificate/license numbers.<br>k. Vehicle identifiers and serial numbers, including license plate numbers.<br>l. Device identifiers and serial numbers.<br>m. Web Universal Resource Locators (URLs).<br>n. Internet Protocol (IP) address numbers.<br>o. Biometric identifiers, including finger and voice prints.<br>p. Full face photographic images and any comparable images. | Privacy Officer, Executive Director of Clinical Services, Privacy Officer, Medical Records Staff |
| 4. SCCMHA will comply with *Policy 08.05.07.01, Disclosing and Requesting Only the Minimum Amount of PHI Necessary* in determining what information to include in a limited data set. | Medical Records Staff |
| 5. The data use agreement, which may be in the form of a formal contract, will not authorize the limited data set recipient to use or further disclose the information in a manner that is inconsistent with the requirements of 45 CFR Part 164, if done by the covered entity. | Medical Records Staff |
| 6. The data use agreement between SCCMHA and the limited data set recipient will establish:<br>a. who is permitted to use or receive the limited data set; and<br>b. the permitted used and disclosures of such information by the recipient consistent with the limited purposes of research, public health, or health care operations. | Medical Records Staff |
| 7. The data use agreement between SCCMHA and the limited data set recipient will provide SCCMHA with adequate | Privacy Officer |

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| assurances that the recipient of the limited data set will:<br>a. not attempt to re-identify or contact the individuals whose information is contained in the limited data set.<br>b. use appropriate safeguards to prevent uses or disclosures outside the terms of the data use agreement.<br>c. ensure that any subcontractors or other tertiary recipients of the data agree to and abide by the terms of the data use agreement; and<br>d. report any breaches of the information or agreement to SCCMHA in a timely manner. | |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the Privacy Officer, or to the compliance hotline. | All SCCMHA staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject HIPAA Privacy Set: Minimum Necessary Standard - Disclosing and Requesting only the Minimum Amount of PHI Necessary – Inclusive of 42 CFR Part 2</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.07.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. While consumer information must be available to health care professionals in the process of ensuring proper care, disclosing more consumer information than needed to perform official duties should be avoided. To support the commitment to consumer confidentiality, SCCMHA will ensure that the appropriate steps are taken to disclose only the minimum amount of protected health information necessary to accomplish the particular use or disclosure, as required under the HIPAA Privacy Rule, 45 CFR §164.502(b), and other applicable federal, state, and/or local laws and regulations, such as the Michigan Mental Health Code, MCL 330.1748(2), and 42 CFR Part 2 §2.13(a).

**Policy:**

1. SCCMHA employees will follow proper procedures to ensure that only the minimum amount of patient health information that is necessary to accomplish the specific purpose of a use or disclosure is used or disclosed.

2. SCCMHA employees will request only the minimum amount of consumer health information necessary to accomplish the specific purpose of the request.

3. In accordance with HIPAA, this policy does not apply to the following uses or disclosures:
   a. disclosures to or requests by a provider for treatment.
   b. uses or disclosures made to the individual who is the subject of the information.
   c. uses or disclosures pursuant to an authorization.
   d. disclosures made to the Department of Health and Human Services.
   e. uses or disclosures required by law; and
   f. uses or disclosures required for compliance with applicable laws and regulations.

4. In accordance with 42 CFR Part 2, any disclosure made under the regulations of 42 CFR Part 2 must be limited to that information which is necessary to carry out the purpose of the disclosure.

**Application:**
All SCCMHA Board operated Programs, and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See Policy 08.05.02.01
Use: See Policy 08.05.02.01

**References:**
45 CFR §164.502(b), 45 CFR §164.514(d), MCL 330.1746

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. All persons will review requested disclosures of consumer health information understanding SCCMHA's privacy policies and practices, and sufficient expertise to understand and weigh the necessary factors. | All relevant SCCMHA staff |
| 2. SCCMHA will only use, disclose, or request an entire medical record when the | All SCCMHA staff |

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| entire medical record is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request. | |
| 3. Within SCCMHA, the following classes of personnel require and will maintain the indicated levels of access to protected health information on a routine basis to appropriately accomplish their duties and responsibilities. Access is determined by the amount of information necessary to complete their job and is limited by a need to know.<br>a. Medical Records Personnel<br>b. Reimbursement & Finance Personnel<br>c. Case Management Personnel<br>d. Medical/Clinical Personnel – access is determined by the amount of information necessary to complete their job and is limited by a need to know. | Clerk Typist – Release of information<br>Reimbursement & Finance Staff<br>Case Management Staff |
| 4. The following criteria will be used in limiting the amount of protected health information requested, used, or disclosed by SCCMHA personnel:<br>a. Does the individual who is requesting the protected health information have a complete understanding of the purpose for the use, or disclosure of the protected health information?<br>b. Are all the individuals identified for whom the use or disclosure of the protected health information is required? | All SCCMHA staff, HIPAA Privacy Officer, Executive Director of Clinical Services |
| 5. Requests for disclosures of protected health information will be reviewed on an individual basis in accordance with criteria listed in the policy. | Clerk Typist – Release of Information |

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| 6. SCCMHA personnel may reasonably rely on requests by:<br>a. public health and law enforcement agencies in determining the minimum necessary information for certain disclosures.<br>b. other covered entities in determining the minimum necessary information for certain disclosures; or<br>c. by a professional who is a member of its workforce or is a business associate of SCCMHA, if the professional represents that the information requested is the minimum necessary for the stated purpose. | Clerk Typist - Release of Information |
| 7. In the event of disclosures for research purposes, the SCCMHA Executive Director of Clinical Services will review the documentation in determining the minimum amount of protected health information necessary. | Executive Director of Clinical Services |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer, or to the compliance hotline. | All SCCMHA staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Consents - Obtaining a Consent for Use or Disclosure of PHI</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.09.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

For all uses and disclosures of an individual's protected health information, other than those required by law or for treatment, payment and health care operations, the HIPAA Privacy Rule requires a covered entity to obtain a consent that is signed by the individual. The purpose of obtaining consent is to provide the individual with an opportunity to determine how his or her protected health information may be used or disclosed, and to inform the individual of his or her rights under the Privacy Rule. To support our commitment to patient confidentiality, SCCMHA has developed policies and procedures for obtaining consent for uses or disclosures of protected health information.

**Policy:**

1. For all uses and disclosures of an individual's protected health information, SCCMHA (and applicable Network Providers) will obtain a signed consent from the individual, unless the use or disclosure is required, or otherwise permitted without an consent, by 45 CFR Part 164 (the Privacy Rule), or the Michigan Mental Health Code.

2. SCCMHA will comply with the requirements set forth in 45 CFR 164.508 and the Michigan Mental Health Code, to obtain consent to use or disclose protected health information.

3. Except as stated in *(Policy, Conditioning Services or Eligibility on the Provision of an Consent to Disclose Protected Health Information For Health Plans; or Policy, Conditioning Services on the Provision of an Consent to Disclose PHI – Providers),* SCCMHA will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits, if applicable, on the provision of an consent.

4. The Use and Disclosure of an individual's health records maintained by SCCMHA as a Part 2 Program is covered by SCCMHA Policy 08.05.01.

**Application:**
All SCCMHA Board operated programs, and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosures: See Policy 08.05.02.01
Protected Health Information: See Policy 08.05.02.01
Uses: See Policy 08.05.02.01

**References:**
The HIPAA Privacy Rule, 45 CFR 164.508
SCCMHA Consent to Use and/or Disclose Protected Health Information
Michigan Mental Health Code

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will obtain signed consent from all individuals before using or disclosing their protected health information for purposes other than treatment, payment, or health care operations. | Clerk Typist – Release of Information |
| 2. Prior to all marketing communications, SCCMHA will obtain consent from the individuals who would receive such communications, except if:<br>a) the communication is made face-to-face by an employee of SCCMHA; or<br>b) The communication is a promotional gift of nominal value provided by SCCMHA. | HIPAA Privacy Officer, Executive Director of Clinical Services |

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| 3. Prior to any use or disclosure of psychotherapy notes, including for treatment, payment, or health care operations, SCCMHA will obtain consent from the individual, except if the use or disclosure is for:<br>a) the treatment activities of the originator of the psychotherapy notes.<br>b) SCCMHA own training programs in which mental health students, trainees, or practitioners practice, under supervision, their skills in counseling; or<br>c) SCCMHA own defense in a legal action or other proceeding brought by the individual. | Clerk Typist – Release of Information, All Clinical Staff |
| 4. SCCMHA is not required by the HIPAA Privacy Rule to obtain consent for the following purposes:<br>a) to carry out treatment, payment, or health care operations.<br>b) uses and disclosures required by law (see Policy, Disclosing PHI as Required by Law)<br>c) uses and disclosures for public health activities (see Policy, Disclosing PHI for Public Health Release)<br>d) disclosures about victims of abuse, neglect, or domestic violence (see Policy, Disclosing PHI about Victim of Abuse, Neglect or Domestic Violence)<br>e) uses and disclosures for health oversight activities (see Policy, Disclosing PHI for Health Oversight Release)<br>f) disclosures for judicial and administrative proceedings (see Policy, Disclosing PHI for Judicial and Administrative Release)<br>g) disclosures for law enforcement purposes (see Policy, Disclosing PHI for Law Enforcement Release)<br>h) disclosing PHI about decedents (see Policy, Disclosing PHI about Decedents)<br>i) uses and disclosures for cadaveric organ, eye, or tissue donation purposes (see Policy, Disclosing PHI for Cadaveric Organ, Eye, or Tissue Donation)<br>j) uses and disclosures for research purposes (see Policy, Disclosing PHI for Research Release)<br>k) uses and disclosures to avert a serious threat to health or safety (see Policy Disclosing PHI to Avert Serious Threat to Health and Safety).<br>l) uses and disclosures for specialized government functions (see Policy, Disclosing PHI for Specialized Government Functions)<br>m) disclosures for workers' compensation (see Policy, Disclosing PHI for Workers' Compensation) | Clerk Typist – Release of Information, All Clinical Staff |

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| 5. When a consumer is asked to sign a consent, the consent will be written in plain language. | HIPAA Privacy Officer, Clerk Typist – Release of Information |
| 6. The consent document will allow individuals to request that their protected health information be used or disclosed for specific purposes. | HIPAA Privacy Officer |
| 7. When SCCMHA initiates a consent to use or disclose protected health information for its own purposes, SCCMHA will provide individuals with any facts they need to make an informed decision as to whether to allow release of the information. | Clerk Typist – Release of Information, All Clinical Staff |
| 8. The consent will not be combined with another document to create a compound consent, unless:<br>a) The other document is a similar consent.<br>b) if the consent is for the disclosure of psychotherapy notes, the other document is also a consent for the disclosure of psychotherapy notes; or<br>c) The consent is for the use or disclosure of protected health information created for research study and is to be combined with another written permission for the study. | Clerk Typist – Release of Information, HIPAA Privacy Officer, |
| 9. Any consent for the use or disclosures of protected health information requested by the individual subject of that information will contain the following:<br>a) a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.<br>b) the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.<br>c) the name or other specific identification of the person(s), or class of persons, to whom SCCMHA may make the requested use or disclosure.<br>d) an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.<br>e) a statement of the individual's right to revoke the consent in writing and the exceptions to the right to revoke.<br>f) a description of how the individual may revoke the consent.<br>g) a statement that the entity will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an consent, except as permitted by law. | Clerk Typist – Release of Information, All Clinical Staff |

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| h) a statement that information used or disclosed pursuant to the consent may be subject to redisclosure by the recipient and no longer be protected by 45 CFR Part 164.<br>i) the signature of the individual and date. | |
| 10. If a personal representative of the individual signs consent, the consent will contain a description of the representative's authority to act for the individual. | Clerk Typist – Release of Information |
| 11. SCCMHA will provide the individual with a copy of the signed consent. | Clerk Typist – Release of Information |
| 12. SCCMHA will invalidate the consent if:<br>a) any material information in the consent is known by SCCMHA to be false.<br>b) the requirements of the consent have not been filled out completely.<br>c) the expiration date has passed, or the expiration event is known by SCCMHA to have occurred. | Clerk Typist – Release of Information |
| 13. SCCMHA will document and retain the signed consent for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later. The signed consent will be scanned and placed within the consumer's record. | HIPAA Privacy Officer, Clerk Typist – Release of Information, Scanning Staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Authorizations - Conditioning Services on the Provision of an Authorization to Disclose PHI</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.09.02</td></tr>
<tr><td>Effective Date:<br>April 14, 2003,</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23<br>Supersedes:</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
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**Purpose:**

Generally, a covered entity may not condition the provision to an individual of treatment on the provision of an authorization to use or disclose protected health information (See the HIPAA Privacy Rule §164.508(b)(4)). However, certain exceptions apply. SCCMHA (and applicable Network Providers) is committed to ensuring that all patients receive the highest quality of care and services, and therefore will take necessary steps to comply with applicable laws and regulations regarding the conditioning of treatment on an authorization.

**Policy:**

1. SCCMHA may, if deemed necessary within professional judgment, condition the following on obtaining an authorization:
   a. provision of research-related treatment on obtaining an authorization for protected health information for such research.

b. provision of health care that is solely for the purpose of creating protected health information for disclosure to a third party on obtaining an authorization for the disclosure of the protected health information to such third party.

**Application:**
SCCMHA Board operated programs, and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected health information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, §164.508(b)(4)
SCCMHA Authorization to Use and/or Disclose Protected Health Information

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. All requests for disclosures of protected health information that requires authorization will be directed to Medical Records Staff. | All SCCMHA Staff |
| 2. Medical Records Staff, in close consultation with the requesting party, will determine the nature of the request, and whether it is necessary to condition payment or services on obtaining the authorization. The policies stated herein will be the deciding factors. | Medical Records Staff, Privacy Officer |
| 3. If such conditions are determined necessary, then Medical Records Staff and or clinical staff will inform the enrollee, potential enrollee, or applicable provider, including the reason for the conditioning of services. | Medical Records Staff, Privacy Officer |
| 4. All authorization forms for the use or disclosure of protected health information will include a statement that the individual's treatment and payment for services will not be conditioned on the provision of the authorization, except as permitted by law. | Privacy Officer |
| 5. When SCCMHA is permitted to condition an | Privacy Officer |

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| individual's treatment on provision of an authorization under this policy, the authorization form will state the consequences to the individual of refusing to sign the authorization. | |
| 6. SCCMHA will retain a copy of this Policy for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |
| 7. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the Compliance hotline. | All SCCMHA staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
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| **Subject:** HIPAA Privacy Set: Consents - Individual Revocation of an Authorization to Disclose PHI / Inclusive of 42 CFR Part 2 | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.09.03 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |

**Purpose:**
As organizations request consent from individuals to use their protected health information, there will be cases where individuals will initially grant consent, only to change their mind later. In these instances, SCCMHA has created policies and procedures to accommodate individuals who may wish to revoke their consent, in accordance with §164.508(b)(5) of the Privacy Rule and §2.35 (c) of 42 CFR Part 2.

**Policy:**
1. SCCMHA will allow an individual to revoke a consent to use or disclose their protected health information, except in situations where:
   a. SCCMHA has acted in reliance thereon.
   b. The consent was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.

2. SCCMHA will take all necessary steps to honor and comply with an individual revocation of a consent to use or disclose protected health information, unless stated otherwise in this policy.

3. In accordance with 42 CFR Part 2 §2.35 (c), a written consent under 42 CFR Part 2 must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given.

**Application:**
All SCCMHA Board operated Programs.

**Standards:**
None

**Definitions:**
Protected Health information: See 08.05.02.01

**References:**
HIPAA Privacy Rule, §164.508(b)(5)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will not impose a time restriction on when an individual may revoke consent to use or disclose their protected health information. | HIPAA Privacy Officer |
| 2. SCCMHA will require individuals to request the revocation of consent to use or disclose protected health information in writing. | Clerk Typist – Release of Information<br>HIPAA Privacy Officer |
| 3. Revocations of consent to use or disclose protected health information will be submitted to the Medical Records department and scanned into the consumer's chart. | Clerk Typist – Release of Information, Scanning Staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Consents - Prohibiting the Use of an Invalid Consent to Disclose PHI / Inclusive of 42 CFR Part 2 | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.09.04 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
When complying with a consent for the use or disclosure of protected health information under HIPAA or a consent for disclosure under 42 CFR Part 2, it is important that the document contains all necessary information. The requirements of a valid consent under HIPAA are presented in §164.508(b)(2) of the Privacy Rule. The required elements for a written consent under 42 CFR Part 2 are presented in §2.31. This Policy is intended to assure compliance with the requirements of a valid consent under HIPAA as well as a valid consent for disclosure under Part 2 where appropriate.

SCCMHA has created policies and procedures addressing how a consent could be defective to assist in preventing invalid consents under HIPAA or invalid consent under 42 CFR Part 2.

**Policy:**
1. SCCMHA prohibits the use of a defective or an invalid consent to use or disclose protected health information under HIPAA. If the necessary elements are not

present, the consent is defective and therefore invalid, in accordance with the Privacy Rule.
2. A consent will become invalid if SCCMHA knows that the consent has been revoked.
3. A disclosure of an individual's health records under part 2 may not be made on the basis of a consent which: (1) has expired; (2) On its face substantially fails to conform to any of the requirements of §2.31; is known to have been revoked; or is known, or through reasonable diligence could be known, by the individual or entity holding the records to be materially false.

**Application:**
All SCCMHA Board operated Programs, and all applicable Network Providers.

**Standards:**
The elements of a valid consent to disclosure the protected health information related to SUD services are contained in SCCMHA Policy 08.05.01.

**Definitions:**
None

**References:**
§164.508(b)(2)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will not honor a defective or invalid consent upon the following events:<br>a. the expiration date has passed, or the expiration event is known by SCCMHA to have occurred.<br>b. All the required elements of the consent have not been filled out completely, as applicable.<br>c. The consent lacks any of the required elements specified in {Policy, obtaining Consent for Use or Disclose of PHI} as required for the purpose of applicable use or disclosure.<br>d. The consent is inappropriately combined with any other document to create a compound consent.<br>e. If any material information in the consent is known by SCCMHA to be false.<br>f. Treatment, payment, enrollment or eligibility for benefits have been unlawfully conditioned on the provision of such consent. | Clerk Typist – Release of Information |

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| 2. Any questions regarding this policy, or the validity of a specific consent, should be directed to the HIPAA Privacy Officer. | Clerk Typist - Release of Information, HIPAA Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Consents - Authorization for the Use or Disclosure of Psychotherapy Notes | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.09.05 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Holli McGeshick, Quality and Medical Records Supervisor, Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**

In most cases, HIPAA requires that covered entities obtain individual consent before using or disclosing psychotherapy notes (as defined by the Privacy Rule, §164.501). SCCMHA is committed to ensuring that it obtains valid consent for its use or disclosure or protected health information, specifically psychotherapy notes. Psychotherapy notes means any notes recorded (in any medium) by a health care provider who is a mental health professional. These notes could be documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**Policy:**

1. SCCMHA will obtain an individual's consent prior to use or disclosure of psychotherapy notes, except as provided below, in accordance with §164.508(a)(2).

2. SCCMHA may use or disclose psychotherapy notes in the following instances without obtaining consent:

    a. to carry out treatment, payment, or healthcare operations, if those functions are consistent with the consent requirements of the Michigan Mental Health Code, MCL 330.1748:
        - for use by the originator of the psychotherapy notes for treatment.
        - use or disclosure by SCCMHA in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.
        - use or disclosure by SCCMHA to defend a legal action or other proceeding brought by the individual.
    b. use or disclosure that is required by 45 CFR §164.502(a)(2)(ii) [compliance investigations].
    c. use or disclosure permitted by 45 CFR §164.512(a) [as required by law].
    d. use or disclosure permitted by 45 CFR §164.512(d) [health oversight] with respect to the oversight of the originator of the psychotherapy notes.
    e. use or disclosure permitted by 45 CFR§164.512(g)(1) [decedents].
    f. use or disclosure permitted by 45 CFR §164.512(j)(1)(i) [threat to public safety].

**Application:**
All SCCMHA Board operated Programs, all applicable Network Providers

**Standards:**
None

**Definitions:**
Psychotherapy Notes: notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

**References:**
§164.501
§164.508(a)(2)
MCL 330.1748

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will not condition treatment of an individual on a requirement that the individual provide a specific consent for the disclosure of psychotherapy notes. | HIPAA Privacy Officer, All SCCMHA staff |
| 2. The consent will be written in plain language. | HIPAA Privacy Officer |
| 3. The consent may only be combined with another consent for a use or disclosure of psychotherapy notes. | HIPAA Privacy Officer, All SCCMHA staff |
| 4. Any consent for the use or disclosure of psychotherapy notes will contain the following:<br>a. a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.<br>b. the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.<br>c. the name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.<br>d. the signature of the individual and date.<br>e. an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.<br>f. a statement of the individual's right to revoke the consent in writing and the exceptions to the right to revoke.<br>g. a description of how the individual may revoke the consent.<br>h. a statement that information used or disclosed pursuant to the consent may be subject to redisclosure by the recipient and no longer protected by 45 CFR Part 164.<br>i. A statement that SCCMHA will not condition treatment, payment, enrollment, or eligibility for benefits of an individual on a requirement that the individual provides a specific consent, except to the extent the law permits.<br>(i) conditioning of research-related treatment on provision of an consent for disclosures related to such research; or | HIPAA Privacy Officer, All SCCMHA staff |

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| (ii) conditioning of health care that is solely for the purpose of creating protected health information for disclosure to a third party, on an consent to disclose such information to the third party. | |
| 5. If a personal representative of the individual signs consent, the consent will contain a description of the representative's authority to act for the individual. | HIPAA Privacy Officer, Quality & Medical Records Supervisor |
| 6. SCCMHA will invalidate the consent if:<br>a. the expiration date has passed, or the expiration event is known by SCCMHA to have occurred.<br>b. the consent is known by SCCMHA to have been revoked.<br>c. any material information in the consent is known by SCCMHA to be false.<br>d. the requirements of the consent have not been filled out completely. | Clerk Typist - ROI |
| 7. SCCMHA will document and retain the signed consent for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | HIPAA Privacy Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Uses and Disclosures that Require an Opportunity to Agree or Object - Using PHI for Involvement in and Notification of the Individual's Care – Inclusive of 42 CFR Part 2</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.10.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

For the benefit of consumer care and public health, SCCMHA sometimes needs to use or disclose protected health information to a consumer's family member or others involved in the consumer's care to ensure quality care, or to notify family members or others of the consumer's condition or location. In these situations, when the consumer is present and capacitated, SCCMHA must provide the consumer with an opportunity to agree or disagree to the use or disclosure of such information, and if agreement is obtained, SCCMHA is not required to obtain the written consent or consent of the consumer. Employees may verbally inform the individual of and obtain the individual's verbal agreement or objection to such uses or disclosures. This policy is intended to follow §164.510(b) of the Privacy Rule.

**Policy:**

1. SCCMHA may disclose to a family member, other relative, close friend, or any other person identified by the consumer, protected health information that is directly relevant to such person's involvement with, or payment related to the consumer's care.

2. SCCMHA may use or disclose a consumer's protected health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the consumer, or another person responsible for the care of the consumer of the consumer's location, general condition, or death.

3. SCCMHA will follow all applicable laws and regulations when disclosing protected health information relevant to a consumer's care or for notification to the consumer's family member, friend, or any other person identified by the individual.

**4. Substance Use Disorder Records:**

   a. 42 CFR Part 2 prohibits the disclosure and use of patient records unless certain circumstances exist. §2.2.
   b. If a patient consents to a disclosure of their records, a part 2 program may disclose those records in accordance with that consent to any person or category of persons identified or generally designated in the consent. §2.33.
   c. The use or disclosure of an individual's health records maintained by SCCMHA as a Part 2 program generally requires the consent of the consumer. Consideration of Policy 08.05.01 should be made prior to the use or disclosure of information related to SUD services.

**Application:**
All SCCMHA Board operated programs

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
§164.510(b)
42 CFR Part 2

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will seek agreement from all individuals upon initial service to disclose their protected health information relevant to the consumer's care or for notification to the consumer's family member, friend, or any other person identified by the individual. | Clinical staff |
| 2. If necessary, given the condition of the consumer or critical circumstances involved, SCCMHA may reasonably infer from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure of health information relevant to the consumer's care to the consumer's family member, friend, or any other person identified by the individual. | Clinical staff |
| 3. SCCMHA may reasonably infer from the circumstances, based on the exercise of professional judgment, which protected health information relevant to the consumer's care may be disclosed to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's death. In such circumstances, the Executive Director of Clinical Services or the HIPAA Privacy Officer should be consulted. | Clinical staff, Executive Director of Clinical Services, HIPAA Privacy Officer |
| 4. SCCMHA may use or disclose protected health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with the entity to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's location, general condition, or death. | Clinical staff or Clerk Typist – ROI with consultation with HIPAA Privacy Officer |
| 5. In the event that the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, SCCMHA may in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care. | Clinical staff |

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| 6. Appropriate personnel may use professional judgment and their experience with common practice to make reasonable inferences of a consumer's best interest in allowing a person to act on behalf of the consumer to pick up filled prescriptions, medical supplies, or other similar forms of protected health information. | Clinical staff |
| 7. Appropriate personnel will exercise professional judgment in determining that disclosing protected health information pursuant to the applicable policies and procedures herein, when the consumer is present or when the consumer is not present; will interfere with the ability to respond to the emergency circumstances. | Clinical staff |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the employee compliance hotline. | All SCCMHA employees |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI as Required by Law</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
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**Purpose:**

In accordance with the HIPAA Privacy Rule, 45 CFR 164.512(a)(1) and the Michigan Mental Health Code, MCL 330.1748(5)(d), a covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. This policy is designed to give guidance and ensure compliance with all relevant laws and regulations when using or disclosing protected health information as required by law.

**Policy:**

1. If federal, state, and/or local law require a use or disclosure of protected health information, SCCMHA may use or disclose protected health information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law.

2. SCCMHA will refer to specific policies and procedures to determine whether SCCMHA must obtain consent or give the individual the opportunity to agree or object to use or disclose protected health information.

3. If two or more laws or regulations governing the same use or disclosure conflict, SCCMHA will comply with the more restrictive laws or regulations.

4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
45 CFR 164.512(a)(1)
MCL 330.1748(5)(d)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA may use or disclose protected health information to the extent that such use or disclosure is required by law including, but not limited to:<br>a. For public health activities required by law [see Policy, Disclosing Protected Health Information for Public Health Release].<br>b. For disclosures about victims of abuse, neglect, or domestic violence [see Policy Disclosing Protected Health Information about Victims of Abuse, Neglect, or Domestic Violence]<br>c. To comply with judicial release [see Policy, Disclosing Protected Health Information for Judicial and Administrative Release]. | Clerk Typist – ROI, HIPAA Privacy Officer |

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| d. To comply with law enforcement [see Policy, Disclosing Protected Health Information for Law Enforcement Release].<br>e. For health release [see Policy, Disclosing Protected Health Information for Health Oversight Release].<br>f. To avert serious threat [see Policy, Disclosing Protected Health Information to Avert Serious Threat to Health and Safety].<br>g. To comply with special government functions or requests [see Policy, Disclosing Protected Health Information for Specialized Government Functions]. | |
| 2. When disclosing protected health information in accordance with procedure #1, SCCMHA will follow the policies and procedures relating to the applicable policy. | Clerk Typist - ROI |
| 3. Personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize SCCMHA records to determine whether the requesting individual is a person whom SCCMHA has a knowing relationship. | Clerk Typist - ROI |
| 4. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of Entities Requesting Use or Disclosure of Protected Health Information. | Clerk Typist - ROI |
| 5. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist - ROI, HIPAA Privacy Officer |
| 6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist - ROI, HIPAA Privacy Officer |
| 7. Medical Records personnel will appropriately document the request and delivery of the protected health information. | Clerk Typist - ROI, HIPAA Privacy Officer |
| 8. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested | Clerk Typist - ROI, HIPAA Privacy Officer |

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| information and report the case to the HIPAA Privacy Officer in a timely manner. | |
| 9. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, the Compliance Officer or to the compliance hotline. | All SCCMHA employees |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Authorization or Opportunity to Agree or Object - Disclosing PHI for Public Health Release</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer;<br>Holli McGeshick Quality and Medical Records Supervisor</td></tr>
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<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**
In accordance with the HIPAA Privacy Rule §164.512(b), SCCMHA is permitted to disclose protected health information to public health authorities for a full range of public health activities carried out by federal, state, and local public health authorities. The actual authorities and terminology used for public health activities will vary under different jurisdictions. This policy is designed to provide guidance and to ensure full compliance with all applicable laws related to the use and disclosure of protected health information for public health release purposes.

**Policy:**
1. SCCMHA may disclose protected health information for public health activities and purposes to public heath authorities, entities, and persons authorized by law to receive such information.

2. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
HIPPA Privacy Rule, § 164.512(b)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The Medical Records Staff may consult with the Privacy Officer for clarification regarding these issues: SCCMHA may disclose protected health information to a public health authority that is authorized by law to collect or receive such information (or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority) for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to the report of:<br>a. disease.<br>b. injury.<br>c. vital events such as birth or death; and<br>d. the conduct of public health surveillance, public health investigations, and public health intervention. | Medical Records Staff, Privacy Officer |
| 2. SCCMHA may disclose protected health information to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect. | Medical Records Staff, Privacy Officer |
| 3. SCCMHA may disclose protected health information relating to a product or service regulated by the Food and Drug Administration (FDA), to a person subject to the | Medical Records Staff, Privacy Officer |

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| jurisdiction of the FDA to assist such person in activities to ensure the quality, safety or effectiveness of such product or service. | |
| 4. SCCMHA may disclose protected health information to a person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease, if SCCMHA or a public health authority is authorized by law to notify such person in the conduct of a public health intervention or investigation. | Medical Records Staff, Privacy Officer |
| 5. SCCMHA may disclose protected health information to an employer about an individual who is a member of the employer's workforce if SCCMHA either provides health care to the individual at the request of the employer; or is a member of the employer's workforce:<br>a. to conduct an evaluation relating to medical surveillance of the workplace; or<br>b. to evaluate whether the individual has a work-related illness or injury.<br>c. If the protected health information that is disclosed consists of findings concerning a work-related illness or injury or q workplace-related medical surveillance.<br>d. If the employer needs such findings ion order to comply with its obligations, under 29 CFR parts 1904 through 1928, 30 CFR parts 50 through 90, or under state law having a similar purpose, to record such illness or injury or to carry out responsibilities for workplace medical surveillance.<br>e. SCCMHA provides written notice to the individual that protected health information relating to the medical surveillance of the workplace and work-related illnesses and injuries is disclosed to the employer:<br>• By giving a copy of the notice to the individual at the time the health care is provided; or<br>• If the health care is provided on the work site of the employer, by posting the notice in a prominent place at the location where the health care is provided. | Medical Records Staff, Privacy Officer |
| 6. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether the requesting individual is a person who SCCMHA has a knowing relationship. | Medical Records Staff, Privacy Officer |

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| 7. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information]. | Medical Records Staff, Privacy Officer |
| 8. Once it is determined that use or disclosure is appropriate, Medical Records staff with appropriate access clearance will access the individual's protected health information using proper access and authorization procedures. | Medical Records Staff, Privacy Officer |
| 9. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Medical Records Staff, Privacy Officer |
| 10. Medical Records staff will appropriately document the request and delivery of the protected health information. | Medical Records Staff, Privacy Officer |
| 11. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Office in a timely manner. | Medical Records Staff, Privacy Officer |
| 12. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office or to the compliance hotline. | All SCCMHA staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI about Victims of Abuse, Neglect, or Domestic Violence</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

Covered entities are required to exercise professional judgment in conjunction with applicable statutes and regulations when disclosing protected health information regarding an individual who is a possible victim of abuse, neglect, or domestic violence. SCCMHA has developed this policy to ensure any use or disclosure of protected health information related to victims of abuse, neglect, or domestic violence follows all applicable laws and regulations, such as the HIPAA Privacy Rule, 45 CFR 164.512(b)(1)(ii) and the Michigan Mental Health Code, MCL 330.1748.

**Policy:**

1. SCCMHA may disclose protected health information about an individual whom it reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.

2. Issues related to requests for mental health records in situations involving child abuse or neglect investigations are referred to SCCMHA Policy, Disclosing Protected health Information involving Child Abuse or Neglect.
3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated programs and applicable Network providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
45 CFR 164.512(b), MCL 330.1748

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA may disclose protected health information about an individual who the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence: The Privacy Rule, §164.512(c)(1).<br>a. to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law or<br>b. if the individual agrees to the disclosure (communication between SCCMHA and individual, including agreement, may be verbal); or<br>c. to the extent the disclosure is expressly authorized by statute or regulations and:<br>i. SCCMHA, in the exercise of professional judgment, believes the disclosure to be necessary to prevent serious harm to the individual or other potential victims; or<br>ii. If the individual is incapacitated and unable to agree to the disclosure of their protected health information, a law enforcement or public official authorized to receive the report must represent that the protected health information, for which | Clerk Typist – ROI, HIPAA Privacy Officer |

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| disclosure is sought, is not intended to be used against the individual. The official must also represent that immediate enforcement activity is dependent upon the disclosure and would be adversely affected by waiting until the individual is able to agree to the disclosure. | |
| 2. In accordance with §164.512(c)(2), if SCCMHA discloses protected health information about an individual, in accordance with Procedure #1, SCCMHA will promptly inform the individual that such a disclosure has been or will be made except when SCCMHA:<br>a. In the exercise of professional judgment, believes informing the individual would place him/her at risk of serious harm; or<br>b. Would be informing a personal representative, and SCCMHA reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by SCCMHA in the exercise of professional judgment. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 3. Uses and disclosures under this policy will be made in conjunction with the limitations provided in the Michigan Mental Health Code, MCL 330.1748. Any questions regarding this should be directed to the Privacy Officer prior to the use or disclosure of PHI. | Clerk Typist – ROI, HIPAA Privacy Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI Involving Child Abuse or Neglect</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

Covered entities are required to exercise professional judgment in conjunction with applicable statutes and regulations when disclosing protected health information regarding reports or investigations involving child abuse or neglect. SCCMHA has developed this policy to ensure any use or disclosure of protected health information related to reports or investigations involving child abuse or neglect follows all applicable laws and regulations, such as the HIPAA Privacy Rule, 45 CFR 164.512(b)(1)(ii) and the Michigan Mental Health Code, MCL 330.1748a.

**Policy:**

1. SCCMHA may disclose protected health information to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect, in accordance with §164.512(b)(1)(ii).

2. Issues related to requests for mental health records in situations involving child abuse or neglect investigations should be responded to in such a way as to remain compliant with MCL 330.1748a.
3. In accordance with MCL 330.1748a (2), the following privileges do not apply to mental health records or information to which access is given under MCL 330.1748a:
    - The physician-patient privilege
    - The licensed professional counselor-client and limited licensed counselor-client privilege
    - The psychologist-patient privilege
    - Any other health professional-patient privilege created or recognized by law
4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated programs, applicable Network Providers.

**Standards:**
None

**Definitions:**
Protected Health Information: See 08.05.02.01

**References:**
45 CFR 164.512(b),
MCL 330.1748a

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Written requests for protected health information regarding an allegation of child abuse or neglect should be forwarded to the Clerk Typist - ROI. The Clerk Typist – ROI will make an initial determination regarding what other SCCMHA parties need to become involved in the situation. | Clerk Typist - ROI |
| 2. The relevant parties involved in the request (HIPAA Privacy Officer, Executive Director of Clinical Services, Clinical staff) shall review all Mental Health records and information in SCCMHA possession to determine if there | HIPAA Privacy Officer, Executive Director of Clinical Services, appropriate clinical staff |

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| are mental health records or information that is pertinent to that investigation. | |
| 3. In accordance with MCL 330.1748a(1), SCCMHA will release those pertinent mental health records and information to the appropriate caseworker or administrator directly involved in the child abuse or neglect investigation within 14 days after a receipt has been made. | Clerk Typist - ROI |
| 4. Clerk Typist - ROI will appropriately document the request and delivery of the protected health information. | Clerk Typist – ROI |
| 5. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the compliance hotline. | All SCCMHA staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI for Health Oversight Release | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.11.05 |
| **Effective Date**: April 14, 2003 | **Date of Review/Revision**: 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Richard M. Garpiel<br><br>**Additional Reviewers**: Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
SCCMHA may use or disclose Protected Health Information without individual consent for health oversight activities pursuant to the HIPAA Privacy Rule, 45 CFR §164.512(d). SCCMHA is committed to ensuring the privacy of consumer health information. To support this commitment, SCCMHA will ensure any use or disclosure of Protected Health Information for health oversight release follows all applicable laws and regulations. This policy is designed to provide guidance when using or disclosing Protected Health Information for health oversight activities, while protecting consumer health information in our possession.

**Policy:**
1. SCCMHA may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil,

administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the following:
   a. The health care system.
   b. Government benefit programs for which health information is relevant to beneficiary eligibility.
   c. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards.
   d. Entities subject to civil rights laws for which health information is necessary for determining compliance.

2. SCCMHA may disclose protected health information without consent to a health oversight agency if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health.

3. If a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits unrelated to health, SCCMHA considers the joint activity or investigation to be a health oversight activity.

4. SCCMHA will not disclose protected health information without consent in cases where an individual is the subject of the investigation or other activity; of such investigation or other activity does not arise out of and is not directly related to:
   a. The receipt of health care.
   b. A claim for public benefits related to health.
   c. Qualification for or receipt of public benefits or services when a consumer's health is integral to the claim for public benefits or services.

5. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA operated Programs, applicable Network Providers

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.512(d)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Personnel receiving a request from an individual or entity for use or disclosure of Protected health Information will utilize SCCMHA records to determine whether the requesting individual is a person who SCCMHA has a knowing relationship. | Clerk Typist - ROI |
| 2. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information]. | Clerk Typist - ROI |
| 3. Once it is determined that use or disclosure is appropriate, Clerk Typist – ROI with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist - ROI |
| 4. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist - ROI |
| 5. Medical Records personnel will appropriately document the request and delivery of the protected health information. | Clerk Typist - ROI |
| 6. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer or the Compliance Officer in a timely manner. | Clerk Typist - ROI |
| 7. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the compliance hotline. | All SCCMHA staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI as Required by Legislative Subpoena | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.11.06 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |

**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, SCCMHA must obtain individual consent before using or disclosing the individual's protected health information. However, non-privileged protected health information may be disclosed pursuant to a legislative subpoena without the written consent or consent of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of the Michigan Mental Health Code, MCL 330.1748(5).

**Policy:**

1. In compliance with MCL 330.1748(5), and pursuant to an order or a subpoena of a legislature, information made confidential by MCL 330.1748 will be disclosed unless it is privileged by law.

2. In compliance with MCL 330.1748(5), information made confidential by MCL 330.1748 will not be disclosed if it is privileged by law.
3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA operated Programs, applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
Michigan Mental Health Code, MCL 330.1748(5).

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will disclose protected health information after the receipt of a legislative subpoena to the degree that the information requested is not privileged by law. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 2. Personnel receiving a request from an individual or entity for use or disclosure of Protected health Information will utilize SCCMHA records to determine whether the requesting individual is a person who SCCMHA has a knowing relationship. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 3. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information]. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 4. Once it is determined that use or disclosure is appropriate, Clerk Typist – ROI with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist – ROI, HIPAA Privacy Officer |

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| 5. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 6. Medical Records staff will appropriately document the request and delivery of the protected health information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 7. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer or Compliance Officer in a timely manner. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or compliance hotline. | All SCCMHA staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object – Disclosing Non-Privileged PHI for Judicial and Administrative Release</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.07</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, SCCMHA must obtain individual consent before using or disclosing the individual's protected health information. However, protected health information may be disclosed pursuant to a judicial or administrative process without the written consent or consent of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of the HIPAA Privacy Rule, 45 CFR §164.512(e), and the Michigan Mental Health Code, MCL 330.1748(5) and MCL 330.1750.

To support our commitment to consumer confidentiality, SCCMHA will ensure any use or disclosure of protected health information for judicial and/or administrative release follows all applicable laws and regulations. From time-to-time SCCMHA will receive a subpoena or an order from a court or administrative tribunal requesting protected health information.

SCCMHA is committed to ensuring the privacy and security of consumer health information.

**Policy:**

1. SCCMHA will comply with all lawful and appropriate requests from regulatory and judicial authorities and may disclose non-privileged protected health information necessary to respond to a subpoena of a court, grand jury subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal, providing that:

    (a) SCCMHA receives satisfactory assurance, from the party seeking the information, that such party has made reasonable efforts to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or
    (b) SCCMHA receives satisfactory assurance from the party seeking the information that such party has made reasonable efforts to secure a qualified protective order.

2. SCCMHA will comply with all lawful and appropriate requests from regulatory and judicial authorities and may disclose protected health information necessary to respond to a subpoena of a court, grand jury subpoena, discovery request, or other lawful process that is accompanied by an order of a court or administrative tribunal.

3. Disclosures will be made of only that PHI that is expressly authorized in an appropriate request, such as in response to a subpoena, discovery request, or other lawful process.

4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs, applicable Network providers

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Qualified Protective Order (QPO): as defined by the HIPAA Privacy Rule §164.512(e)(1)(v). A QPO means, with respect to protected health information requested in response to a subpoena, discovery request, or other lawful process, which is not accompanied by an order of a court or administrative tribunal, a QPO is an order of a court

or of an administrative tribunal or a stipulation by the parties to the litigation or administrative proceeding that:

(a) Prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and
(b) Requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.

Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.512

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will disclose non-privileged protected health information pursuant to a court order. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 2. SCCMHA will disclose non-privileged protected health information pursuant to a subpoena without a court order only after obtaining satisfactory assurances from the requesting party that they have made reasonable efforts to provide notice to the individual who is the subject of the requested PHI or to secure a qualified protective order. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 3. SCCMHA will obtain a written statement and accompanying documentation demonstrating that a notice has been given to the individual that contained sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 4. Where reasonable efforts have been made to ensure that the individual has been given notice of the request, SCCMHA will obtain from the requesting party a written statement and accompanying documentation demonstrating that: | Clerk Typist – ROI, HIPAA Privacy Officer |

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| a. Time for raising objections to the court or administrative tribunal has elapsed, and<br>b. No objections were filed, or<br>c. The court has resolved all objections filed by the individual or the administrative tribunal and the disclosures being sought are consistent with such resolution. | |
| 5. Where reasonable efforts have been made to secure a qualified protective order, SCCMHA will obtain from the requesting party a written statement and accompanying documentation demonstrating that:<br>a. Parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with authority over the dispute, or<br>b. Party seeking the PHI has requested a qualified protective order from such court or administrative tribunal. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 6. Personnel receiving a request from an individual or entity for use or disclosure of PHI will utilize the Electronic Medical Records system to determine whether SCCMHA has a knowing relationship with the requesting individual. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 7. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting PHI. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 8. Once it is determined that use or disclosure is appropriate, medical records personnel with appropriate access clearance will access the individual's PHI using proper access and consent procedures. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 9. The requested PHI will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist – ROI, HIPAA Privacy Officer |

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|---|---|
| 10. Medical records personnel will appropriately document the request and delivery of the PHI. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 11. If the identity and legal authority of an individual or entity requesting PHI cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer in a timely manner. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 12. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, or to the Compliance hotline. | All SCCMHA staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Consent or Opportunity to Agree or Object – Disclosing Privileged PHI for Judicial and Administrative Release | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.11.08 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23<br>**Supersedes**:<br>None | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, SCCMHA must obtain individual consent before using or disclosing the individual's protected health information. However, protected health information may be disclosed pursuant to a judicial or administrative process without the written consent or consent of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of the HIPAA Privacy Rule, 45 CFR §164.512(e), and the Michigan Mental Health Code, MCL 330.1748(5) and MCL 330.1750.

To support our commitment to consumer confidentiality, SCCMHA will ensure any use or disclosure of protected health information for judicial and/or administrative release follows all applicable laws and regulations. From time-to-time SCCMHA will receive a subpoena

or an order from a court or administrative tribunal requesting protected health information. SCCMHA is committed to ensuring the privacy and security of consumer health information.

**Policy:**

1. SCCMHA will comply with all lawful and appropriate requests from regulatory and judicial authorities. In accordance with the Michigan Mental Health Code, MCL 330.1748(5), SCCMHA will not disclose information made confidential by MCL 330.1748 if that information is privileged by law, unless in accordance with 330.1750, the consumer has waived the privilege., or under the following conditions:

    a.) if the privileged communication is relevant to a physical or mental condition of the consumer that the consumer has introduced as an element of the consumer's claim or defense in a civil or administrative case or proceeding or that, after the death of the patient, has been introduced as an element of the patient's claim or defense by a party to a civil or administrative case or proceeding.
    b.) If the privileged communication is relevant to a matter under consideration in a proceeding governed by the Michigan Mental Health Code, but only after the consumer was informed that any communication could be used in the proceeding.
    c.) If the privileged communication is relevant to a matter under consideration in a proceeding to determine the legal competence of the consumer or the consumer's need for a guardian but only if the consumer were informed that any communication made could be used in such a proceeding.
    d.) In a civil action by or on behalf of the consumer or a criminal action arising from the treatment of the consumer against the mental health professional for malpractice.
    e.) If the privileged communication were made during an examination ordered by a court, prior to which the consumer was informed that a communication made would not be privileged, but only with respect to the particular purpose for which the examination was ordered.
    f.) If the privileged communication was made during treatment that the consumer was ordered to undergo to render the consumer competent to stand trial on a criminal charge, but only with respect to issues to be determined in proceedings concerned with the competence of the consumer to stand trial.

2. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**

All SCCMHA Board operated Programs, applicable Network providers.

**Standards:**

None

**Definitions:**

Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.512
Michigan Mental Health Code, MCL 330.1748
Michigan Mental Health Code, MCL 330.1750

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will not disclose privileged protected health information, unless the consumer waives the privilege, except under the conditions provided in MCL 330.1750 | Clerk Typist – ROI, HIPAA Privacy Officer |
| 2. In the event SCCMHA receives a subpoena requesting protected health information that is privileged by law, and that has not been waived by the consumer, and that does not fall within one of the exceptions provided for under MCL 330.1750, SCCMHA will take appropriate legal actions to prevent enforcement of the subpoena. | Clerk Typist – ROI, HIPAA Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
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| **Subject:** HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI for Law Enforcement Release | **Chapter**: 08 - Management of Information | **Subject No:** 08.05.11.09 |
| **Effective Date**: April 14, 2003 | **Date of Review/Revision**: 4/7/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Richard M. Garpiel<br><br>**Additional Reviewers**: Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, we must obtain individual consent before using or disclosing the individual's protected health information. However, pursuant to a law enforcement process, and subject to the applicable requirements of 45 CFR §164.512(f) and MCL 330. 1748, protected health information may be disclosed without the written consent or consent of the individual, or the opportunity for the individual to agree or object. To support our commitment to consumer confidentiality, SCCMHA will ensure any use or disclosure of protected health information for law enforcement release follows all applicable laws and regulations. From time to time a law enforcement agency or court may request protected health information. This policy has been developed to provide guidance and to ensure full compliance with such requests, while protecting consumer health information in our possession.

**Policy:**

1. SCCMHA may disclose protected health information for law enforcement purposes to a law enforcement official if all applicable conditions have been met.
2. If a medical emergency is based on a belief of abuse, neglect, or domestic violence, or on reports relating to child abuse or neglect, or instances where disclosure is limited by law, refer to applicable SCCMHA policy.
3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**

All SCCMHA Board operated programs and applicable network providers.

**Standards:**

None

**Definitions:**

Disclosed: See definition in 08.05.02.01
Protected Health Information: See definition in 08.05.02.01
Use: See definition in 08.05.02.01

**References:**

45 CFR §164.512(f)
MCL 330.1748

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA may disclose protected health information without individual consent in compliance with and as limited by the relevant requirements of a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer, or a grand jury subpoena. Questions related to this should be directed to the HIPAA Privacy Officer at the time they arise, and prior to any disclosure. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 2. SCCMHA may disclose requested protected health information pursuant to an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar | Clerk Typist – ROI, HIPAA Privacy Officer |

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| process authorized under law, under the following conditions:<br>a. SCCMHA determines, in conjunction with the requesting party, that the information sought is relevant and material to a legitimate law enforcement inquiry.<br>b. SCCMHA determines, in conjunction with the requesting party, that the request is specific and limited in scope to the extent reasonably practicable considering the purpose for which the information is sought.<br>c. SCCMHA determines, in conjunction with the requesting party, that deidentified information could not reasonably be used. | |
| 3. Other than stated within this policy, SCCMHA will not disclose any protected health information related to an individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 4. SCCMHA may disclose the following protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person provided that SCCMHA only disclose the following:<br>a. Name and address.<br>b. Date and place of birth<br>c. Social security number.<br>d. ABO blood type and rh factor<br>e. Type of injury.<br>f. Date and time of treatment<br>g. Date and time of death, if applicable; and<br>h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair, and eye color, presence, or absence of facial hair (beard or moustache), scars, and tattoos. | Clerk Typist – ROI, HIPAA Privacy Officer |

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| 5. SCCMHA may disclose to a law enforcement official protected health information that SCCMHA believes in good faith constitutes evidence of criminal conduct that occurred on the premises of SCCMHA. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 6. SCCMHA may, in providing emergency health care in response to a medical emergency, other than emergency care provided on the premises of SCCMHA, disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:<br>a. The commission and nature of a crime.<br>b. The location of such crime or of the victim(s) of such crime; and<br>c. The identity, description, and location of the perpetrator of such crime. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 7. SCCMHA may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if SCCMHA has a suspicion that such death may have resulted from criminal conduct. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 8. SCCMHA may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime if the individual agrees to the disclosure. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 9. In cases where the individual is suspected to be a victim of a crime and where SCCMHA is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, SCCMHA will:<br>a. Obtain representation from the requesting law enforcement official that such information is needed to determine whether a violation of a law by a person other than the victim occurred, and such information is not intended to be used against the victim. | Clerk Typist – ROI, HIPAA Privacy Officer |

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| b. Obtain representation from the law enforcement official that immediate law enforcement activity which depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure; and<br>c. In the exercise of professional judgment, decide that the disclosure is in the best interest of the individual before disclosing protected health information. | |
| 10. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether SCCMHA has a knowing relationship with the requesting individual. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 11. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information]. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 12. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 13. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 14. Medical Records personnel will appropriately document the request and delivery of the protected health information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 15. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will | Clerk Typist – ROI, HIPAA Privacy Officer |

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| refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner. | |
| 16. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or to the compliance hotline. | All SCCMHA staff |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI about Decedents</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.10</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

Covered entities are permitted to disclose protected health information to coroners and medical examiners and to funeral directors, as necessary and consistent with applicable law. This policy is designed to give guidance and ensure compliance with applicable laws and regulations when disclosing protected health information to coroners, medical examiners, and funeral directors. In addition, individuals claiming to have authority to act on behalf of a deceased consumer's estate may seek protected health information from SCCMHA.

It is SCCMHA's intent that its policies comply with all applicable laws and regulations. This policy has been developed with the understanding that the HIPAA Privacy Rule, 45 CFR §164.502(f), §164.502(g) and §164.510(b)(1)(ii) preempt the Michigan Mental Health Code, MCL 330.1748(5)(g) in as much as the Rule limits disclosures to persons who have authority to act on behalf of the deceased's estate, and requires disclosures for all purposes relevant to the personal representation. While the Rule provides for notification of death to be given to relatives, relatives who are not personal representatives

otherwise entitled to benefits under state law would have to obtain necessary information about the deceased from a source other than SCCMHA. Those additional requirements are reflected in this policy.

**Policy:**

1. SCCMHA may disclose protected health information to coroners, medical examiners, and funeral directors pursuant to applicable law.

2. SCCMHA may use or disclose protected health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.

3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.502(f), §164.502(g) and §164.510(b)(1)(ii)
Michigan Mental Health Code, MCL 330.1748(5)(g)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA may disclose protected health information about a deceased person, without individual consent, to coroners, medical examiners, or funeral directors for the following purposes:<br>a. Identifying a deceased person, determining a cause of death, or other duties as authorized by law.<br>b. To assist funeral directors, in carrying out their duties with respect to the decedent including, if necessary, | Clerk Typist – ROI, HIPAA Privacy Officer |

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| disclosing protected health information prior to, and in reasonable anticipation of, the individual's death. | |
| 2. SCCMHA may use or disclose protected health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 3. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information [see Policy, Verification of Entities Requesting Use or Disclosure of Protected Health Information]. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 4. Once it is determined that use or disclosure is appropriate, Clerk Typist – ROI with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 5. The requested protected health information will be delivered to the individuals in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 6. Medical records personnel will appropriately document the request and delivery of the protected health information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 7. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 8. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or the compliance hotline. | Clerk Typist – ROI, HIPAA Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI to Avert Serious Threat to Health and Safety | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.11.11 |
| **Effective Date**: April 14, 2003 | **Date of Review/Revision**: 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Richard M. Garpiel<br><br>**Additional Reviewers**: Holli McGeshick, Quality and Medical Records Supervisor; Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
In accordance with the HIPAA Privacy Rule, §164.512(j), SCCMHA is permitted, consistent with applicable law and standards of ethical conduct, to disclose protected health information based on a reasonable belief that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This policy provides guidance to ensure full compliance with all laws when using or disclosing protected health information to prevent or lessen a threat to the health or safety of a person or the public.

**Policy:**
1. SCCMHA, consistent with all applicable laws, may use or disclose protected health information, if SCCMHA, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.

2. SCCMHA may make disclosures to persons or entities that are reasonably able to prevent or lessen the threat, including the target of the threat.

3. SCCMHA will make such disclosures only when the belief is based upon SCCMHA's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
45CFR 164.512(b), MCL 330.1748, MCL 325.75

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Consistent with applicable law, standards of ethical conduct, and this policy, SCCMHA may use or disclose protected health information under the following circumstances:<br>a. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.<br>b. For law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that SCCMHA reasonably believes may have caused serious physical harm to the victim.<br>c. For law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.<br>d. To identify or apprehend an individual made pursuant to a statement by the individual admitting participation in a violent crime that SCCMHA reasonably believes may have caused serious physical harm to the victim. The disclosure shall contain only that specific statement, and shall contain only the following protected health information: | Clerk Typist – ROI, HIPAA Privacy Officer |

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| • Name and address.<br>• Date and place of birth.<br>• Social Security number.<br>• ABO blood type and rh factor<br>• Type of injury<br>• Date and time of treatment.<br>• Date and time of death, if applicable; and<br>• A description of distinguishing physical characteristics, including height, weight, gender, race, hair, and eye color, presence, or absence of facial hair) beard or moustache), scars, and tattoos. | |
| 2. SCCMHA will not use or disclose protected health information for law enforcement authorities to identify or apprehend an individual because the individual makes a statement admitting participation in a violent crime that SCCMHA reasonably believes may have caused serious physical harm to the victim:<br>a. If such admission in participation is learned by SCCMHA during treatment to affect the propensity to commit criminal conduct that is the basis for the disclosure, or counseling or therapy; or<br>b. If such admission in participation is learned by SCCMHA through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy to affect the propensity to commit the criminal conduct that is the basis for the disclosure. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 3. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether the requesting individual is a person whom SCCMHA has a knowing relationship. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 4. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information (re: Policy, Verification of Entities Requesting Use or Disclosure of Protected Health Information). | Clerk Typist – ROI, HIPAA Privacy Officer |
| 5. Once it is determined that use or disclosure is appropriate, Medical Records staff with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist – ROI, HIPAA Privacy Officer |

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| 6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 7. Medical Records staff will appropriately document the request and delivery of the protected health information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 8. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner. | Clerk Typist – ROI, HIPAA Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Authorization or Opportunity to Agree or Object - Disclosing PHI for Specialized Government Functions | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.11.12 |
| **Effective Date**:<br>April 14, 2003, | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel, Compliance Officer & Privacy Officer<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
Under certain circumstances, and if certain requirements are met, SCCMHA may use and disclose protected health information for specialized government functions, in accordance with the HIPAA Privacy Rule, §164.512(k). This policy has been developed to provide guidance and to ensure compliance with all applicable laws and regulations when disclosing protected health information for specialized government functions.

**Policy:**
1. SCCMHA may use and disclose protected health information without individual authorization for the following specialized government functions: military and veterans' activities; National security and intelligence activities; Protective services for the President and others; Medical suitability determinations; Correctional institutions and other law enforcement custodial situations.

2. SCCMHA will comply with all requirements under 45 CFR 164.512(k) when using or disclosing protected health information for specialized government functions.

3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, §164.512(k)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA may disclose protected health information of individuals in the Armed Forces without individual authorization for activities deemed necessary by appropriate military command authorities to assure proper execution of the military mission, given that the appropriate military command authorities and the purposes for which the protected health information may be used or disclosed must be published in the Federal Register. | Privacy Officer, Medical Records Staff |
| 2. SCCMHA may disclose protected health information to authorized federal officials for the conduct of lawful intelligence, counter-intelligence, and other national security activities authorized by the National Security Act (50 USC 401, et seq.) and implementing authority (e.g. Executive Order 12333), or; for the provision of protective services to the President or other persons authorized by 18USC 3056, or; to foreign heads of state or other persons authorized by 22 USC 2709(a)(3), or for the conduct of investigations authorized by 18 USC 871 and 879. | Privacy Officer, Medical Records Staff |

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| 3. SCCMHA may use and disclose the protected health information of individuals who are foreign military staff to their appropriate foreign military authority for the same purposes for which uses and disclosures are permitted for Armed Forces staff under Procedure #1. | Privacy Officer, Medical Records Staff |
| 4. SCCMHA may disclose protected health information to a correctional institution or a law enforcement official having lawful custody of an inmate or other individual, if the correctional institution or law enforcement official represents that such information is necessary for:<br>a. the provision of health care to such individuals.<br>b. the health and safety of such individuals or other inmates.<br>c. the health and safety of the officers or employees or of others at the correctional institution.<br>d. the health and safety of such individuals and officers or other persons responsible for the transporting of inmates or their transfer from one institution, facility, or setting to another.<br>e. law enforcement on the premises of the correctional institution; and<br>f. the administration and maintenance of the safety, security, and good order of the correctional institution. | Privacy Officer, Medical Records Staff |
| 5. SCCMHA, which is a government agency administering a government program providing public benefits, may disclose protected health information relating to the program to another covered entity that is a government agency administering a government program providing public benefits if the programs serve the same or similar populations and the disclosure of protected health information is necessary to coordinate the covered functions of such programs or to improve administration and management relating to the covered functions of such programs. | Privacy Officer, Medical Records Staff |
| 6. Staff receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether the requesting individual is a person whom SCCMHA has a knowing relationship with. | Privacy Officer, Medical Records Staff |
| 7. Staff will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, | Privacy Officer, Medical Records Staff |

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| Verification of Entities Requesting Use or Disclosure of Protected Health Information]. | |
| 8. Once it is determined that use or disclosure is appropriate, Medical Records Staff with appropriate access clearance will access the individual's protected health information using proper access and authorization procedures. | Privacy Officer, Medical Records Staff |
| 9. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Privacy Officer, Medical Records Staff |
| 10. Medical records Staff will appropriately document the request and delivery of the protected health information. | Medical Records Staff |
| 11. In the event the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, Staff will refrain from disclosing the requested information and report the case to the Compliance Office in a timely manner. | Privacy Officer, Medical Records Staff |
| 12. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office or to the employee compliance hotline. | All SCCMHA staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI for Workers' Compensation</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.11.13</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/2/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Holli McGeshick, Quality and Medical Records Supervisor, Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:</td></tr>
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**Purpose:**
In accordance with the HIPAA Privacy Rule, §164.512(l), SCCMHA may disclose protected health information as authorized by and to comply with laws relating to workers' compensation or other similar programs established by law, which provide benefits for work-related injuries or illness without regard to fault. This policy was developed to provide guidance and ensure compliance with applicable laws when disclosing protected health information related to workers compensation and other similar programs.

**Policy:**
SCCMHA may disclose protected health information as authorized by and comply with laws relating to workers' compensation or other similar programs, established by law, which provide benefits for work-related injuries or illness without regard to fault.

The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01
Use: See 08.05.02.01

**References:**
HIPAA Privacy Rule, §164.512(l),

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Staff receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether SCCMHA has a knowing relationship with the requesting individual. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 2. Staff will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information]. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 3. Once it is determined that use or disclosure is appropriate, Clerk Typist - Records with appropriate access clearance will access the individual's protected health information using proper access and consent procedures. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 4. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 5. Clerk Typist – ROI will appropriately document the request and delivery of the protected health information. | Clerk Typist – ROI, HIPAA Privacy Officer |
| 6. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested | Clerk Typist – ROI, HIPAA Privacy Officer |

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| information and report the case to the Compliance Officer in a timely manner. | |
| 7. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or to the employee compliance hotline. | All SCCMHA staff |

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<tr><td>Subject: HIPAA Privacy Set: Other Requirements Relating to Use and Disclosure of PHI - Verification of Individuals or Entities Requesting Use or Disclosure of PHI</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.12.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
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</table>

**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. In the normal course of business and operations, SCCMHA will receive many requests to disclose consumer health information for various purposes. To support our commitment to consumer confidentiality, SCCMHA will ensure that the appropriate steps are taken to verify the identity and authority of individuals and entities requesting protected health information, as required under the HIPAA Privacy Rule, 45 CFR §164.514(h) and other applicable federal, state, and/or local laws and regulations.

**Policy:**

1. SCCMHA will take necessary steps to verify the identity of any person requesting protected health information and the authority of any such person to have access to protected health information, if the identity or any such authority of such person is not known to the covered entity.

2. SCCMHA will obtain appropriate documentation, statements, or representations, whether oral or written, from the person requesting the PHI when such documentation, statement, or representation is a condition of the disclosure.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclosure: See 08.05.02.01
Protected Health Information: See 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.514(h)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. In verifying the identity and legal authority of a public official or a person acting on behalf of the public official requesting disclosure of protected health information, SCCMHA personnel may rely on the following, if such reliance is reasonable under the circumstances, when disclosing protected health information:<br>a. documentation, statements, or representations that, on their face, meet the applicable requirements for a disclosure of protected health information.<br>b. presentation of an agency identification badge, other official credentials, or other proof of governmental status if the request is made in person.<br>c. a written statement on appropriate government letterhead that the person is acting under the government's authority.<br>d. other evidence or documentation from an agency, such as a contract for services, memorandum of understanding, or purchase order, that establishes that the person is acting on behalf of the public official.<br>e. a written statement of the legal authority under which the information is requested.<br>f. if a written statement would be impracticable, an oral statement of such legal authority.<br>g. a request that is made pursuant to a warrant, subpoena, | Privacy Officer, Medical Records Staff |

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| order, or other legal process issued by a grand jury or a judicial or administrative tribunal that is presumed to constitute legal authority. | |
| 2. SCCMHA staff may rely on the exercise of professional judgment in making the following uses or disclosures of protected health information:<br>a. a use or disclosure for facility directories.<br>b. a use or disclosure to others in the involvement in the individual's care, or acting on a good faith belief in making a disclosure to avert a serious threat to health and safety. | Privacy Officer, Medical Records Staff |
| 3. Staff receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether SCCMHA has a knowing relationship with the requesting individual. | Privacy Officer, Medical Records Staff |
| 4. Staff will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information]. | Privacy Officer, Medical Records Staff |
| 5. Once it is determined that use or disclosure is appropriate, Medical Records staff with appropriate access clearance will access the individual's protected health information using proper access and authorization procedures. | Privacy Officer, Medical Records Staff |
| 6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information. | Privacy Officer, Medical Records Staff |
| 7. Medical Records staff will appropriately document the request and delivery of the protected health information. | Privacy Officer, Medical Records Staff |
| 8. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Office in a timely manner. | Privacy Officer, Medical Records Staff |
| 9. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office | All SCCMHA staff |

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| or to the employee compliance hotline. | |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Other Requirements Relating to Use and Disclosure of PHI - Treating a Personal Representative of the Consumer as the Consumer | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.12.02 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
SCCMHA will treat a personal representative of a consumer as the consumer if the law requires and if the person has authority under law to act on behalf of the consumer. This policy is designed to give guidance when SCCMHA is dealing with a personal representative of a consumer and to ensure compliance with applicable laws and regulations.

**Policy:**
1. If under applicable law a person has authority to act on behalf of a consumer who is an adult or an emancipated minor in making decisions related to health care, SCCMHA will treat such person as a personal representative, with respect to protected health information relevant to such personal representation.

2. With respect to unemancipated minors, deceased individuals, and others, SCCMHA will follow these procedures in determining whether to treat a person as a personal representative of a consumer.

3. In accordance with the Michigan Mental Health Code, MCL 330.1707, A minor 14 years of age or older may request and receive mental health services and a mental health professional may provide mental health services, on an outpatient basis, excluding pregnancy termination referral services and the use of psychotropic drugs, without the consent or knowledge of the minor's parent, guardian, or person in loco parentis. Except as otherwise provided in MCL 330.1707, the minor's parent, guardian, or person in loco parentis shall not be informed of the services without the consent of the minor unless the mental health professional treating the minor determines that there is a compelling need for disclosure based on a substantial probability of harm to the minor or to another individual, and if the minor is notified of the mental health professional's intent to inform the minor's parent, guardian, or person in loco parentis.

4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
None

**References:**
Michigan Mental Health Code, MCL 330.1707

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will treat a person as a personal representative of a consumer with respect to disclosure of protected health information if under applicable law:<br>a. a parent, guardian, or other person acting in *loco parentis* (in the place of a parent) has authority to act on behalf of an individual who is an unemancipated minor in making | Privacy Officer, Medical Records Staff |

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| decisions related to health care; or<br>b. an executor, administrator, or other person has authority to act on behalf of a deceased individual or of the individual's estate. | |
| 2. SCCMHA will treat a person as a personal representative of a deceased individual with respect to the protected health information relevant to such representation, if under applicable law the person is an executor, administrator, or other person with authority to act on behalf of the deceased individual or of the individual's estate. | Privacy Officer, Medical Records Staff |
| 3. In the following circumstances SCCMHA will not treat a person as a personal representative of an unemancipated minor; when the minor has authority to act with respect to their protected health information pertaining to a health care service if:<br>a. the minor consents to such health care service, no other consent is required by applicable law, and the minor has not requested that another person be treated as the personal representative.<br>b. applicable law permits the minor to obtain such health care service without the consent of a parent, guardian, or other person acting in loco parentis; and the minor, a court, or another person authorized by law consents to such health care service; or<br>c. a parent, guardian, or other person acting in loco parentis assents to an agreement of confidentiality between a covered health care provider and the minor with respect to such health care service. | Privacy Officer, Medical Records Staff |
| 4. SCCMHA will not treat a person as the personal representative of an individual if:<br>a. SCCMHA has a reasonable belief that the individual has been or may be subjected to domestic violence, abuse, or neglect by such person; or treating such person as the personal representative could endanger the individual; and<br>b. SCCMHA, in the exercise of professional | Privacy Officer, Medical Records Staff |

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| judgment, decides that it is not in the best interest of the individual to treat the person as the individual's personal representative. | |
| 5. SCCMHA will follow the requirements and/or permissions of applicable state and other law in determining whether to provide or deny access to a minor's protected health information to a parent, guardian, or other person acting in *loco parentis*. (Reference should be made to MCL 330.1707) Clinical staff should consult with their supervisor, the Executive Clinical Director, and/or the Privacy Officer under such circumstances. | Privacy Officer, Medical Records Staff, Executive Director of Clinical Services, appropriate Clinical Supervisor |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Employee Education and Training - Employee Training Regarding the Use and Disclosure of PHI | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.14.01 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/26/22, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
SCCMHA is committed to ensuring the privacy and security of consumer health information. Federal, state, and/or local laws and regulations have established standards with which health care organizations must comply when using or disclosing an individual's protected health information. To support our commitment to consumer confidentiality, all employee of SCCMHA will receive appropriate training regarding the policies and procedures for using and/or disclosing protected health information, as required under the HIPAA Privacy Rule, 45 CFR §164.530(b) and other applicable federal, state, and/or local laws and regulations.

**Policy:**
1. SCCMHA will train all employees regarding the proper use and disclosure of protected health information.
2. SCCMHA will train all employees on the policies and procedures with respect to protected health information as necessary and appropriate for the employees to carry out their function at SCCMHA.

3. Training will be within 30 days of initial employment for new employees thereafter. Periodic re-training will be provided as needed.

**Application:**
All SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
New employees will receive HIPAA Privacy Rule training within 30 days of hire.

**Definitions:**
Protected Health Information: See 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.530(b)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Employee training regarding the use and disclosure of protected health information will include the following:<br>a. the process by which an individual may request access to his or her protected health information.<br>b. the documents to be used for individuals to request access to their protected health information.<br>c. the process by which SCCMHA may request the use or disclosure of an individual's protected health information.<br>d. the documents to be used for SCCMHA to solicit a request for an individual's protected health information.<br>e. the right of the individual to revoke consent.<br>f. the identification of defective consents.<br>g. the recognition of when SCCMHA may condition the provision to an individual of treatment, payment, enrollment, or eligibility for benefits on the provision of obtaining a consent. | HIPAA Privacy Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject<br>HIPAA Privacy Set: Employee Education and Training - Employee Training on Privacy Awareness</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.14.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/26/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**

SCCMHA is committed to ensuring the privacy and security of consumer health information. Federal, state, and/or local laws and regulations have established standards with which health care organizations must comply to ensure the security and confidentiality of protected health information. To support our commitment to consumer confidentiality, all employee of SCCMHA will receive appropriate training, as required under the HIPAA Privacy Rule, 45 CFR §164.530(b) and other applicable federal, state, and/or local laws and regulations, regarding the policies and procedures for ensuring the secure and confidential receipt, transmission, storage, use and/or disclosure of protected health information.

**Policy:**

1. All members of SCCMHA's workforce, as applicable, will receive training regarding the proper use and disclosure of protected health information.
2. Training will occur upon initial employment, and thereafter as needed.

**Application:**

All SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
New employees will receive training within 10 days of initial employment

**Definitions:**
None

**References:**
- HIPAA Privacy Rule, 45 CFR §164.530(b)
- Temporary Employee Orientation checklist (human resources)
- SCCMHA Minimum Training requirements, policy 05.06.03 (network services)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. All new employees will receive training regarding the privacy and confidentiality of individual health information within ten days of initial employment. | HIPAA Privacy Officer |
| 2. Training will be provided to all employees whose functions are affected by a material change in the policies or procedures, within a reasonable period after the material change becomes effective. | HIPAA Privacy Officer |
| 3. Training regarding the privacy and confidentiality of individual health information will include the following:<br>a. Uses and disclosures of protected health information for treatment, payment, and health care operations.<br>b. Uses and disclosures of protected health information pursuant to individual consent.<br>c. Uses and disclosure of protected health information pursuant to the individual's opportunity to agree or disagree with the use or disclosure.<br>d. Uses and disclosure of protected health information that do not require individual consent, or opportunity to agree or disagree.<br>e. Individual's rights concerning their protected health information.<br>f. Any other information as necessary for the respective members of the workforce to carry out their duties and responsibilities with respect to the proper use or disclosure of protected health information. | HIPAA Privacy Officer |
| 4. Documentation regarding training for SCCMHA's workforce will be retained for a period of at least six years | SCCMHA Continuing Education Department |

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| from the date of its creation or the date when it last was in effect, whichever is later. | |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Marketing – Using and Disclosing PHI for Marketing | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.15.01 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/26/22, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Kentera Patterson, Compliance Officer & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
SCCMHA is committed to ensuring the privacy and security of consumer health information. To enhance our services, we may engage in limited marketing activities, which may serve to solicit feedback relative to consumer care and services. To support our commitment to consumer confidentiality, SCCMHA will ensure that any protected health information used or disclosed for marketing purposes will comply fully with the HIPAA Privacy Rule, 45 CFR §164.508 and other applicable federal, state, and/or local laws and regulations.

**Policy:**
1. SCCMHA will obtain individual consent to use and disclose consumer health information for the purpose of marketing, except as otherwise stated in this policy and procedure.
2. SCCMHA may, without obtaining individual consent, use and disclose consumer health information for the purpose of marketing only in accordance with the procedures stated below.
3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Disclose: See definition at 08.05.02.01
Protected health Information: See definition at 08.05.02.01
Use: See definition at 08.05.02.01

**References:**
HIPAA Privacy Rule, 45 CFR §164.508

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Except as otherwise provided in these procedures, SCCMHA will obtain individual consent for the purpose of marketing in accordance with the SCCMHA policy: Obtaining a Consent for Use or Disclosure of Treatment, Payment, Health Care Operations (TPO). | HIPAA Privacy Officer, Clerk Typist - ROI, appropriate clinical staff |
| 2. If applicable, the consent for marketing will state that remuneration to SCCMHA is involved in the marketing activity, regardless of whether such remuneration is direct or indirect. | HIPAA Privacy Officer |
| 3. Blanket consents for marketing will be considered by SCCMHA to be defective. | All SCCMHA staff |
| 4. SCCMHA will document and retain the signed consent for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later. | HIPAA Privacy Officer, Clerk Typist - ROI |
| 5. SCCMHA may, without obtaining individual consent, use or disclose PHI for the following purposes: | HIPAA Privacy Officer, Clerk Typist - ROI |

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|---|---|
| a. to make a face-to-face marketing communication to an individual; and<br>b. to provide a promotional gift of nominal value to an individual. | |
| 6. SCCMHA will not disclose PHI to a business associate or other third party, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a marketing communication that promotes that entity's products or services. | HIPAA Privacy Officer, Clerk Typist - ROI |
| 7. Consistent with the policies and procedures herein, SCCMHA may otherwise disclose protected health information to a business associate to assist in SCCMHA's marketing activities. | HIPAA Privacy Officer, Clerk Typist - ROI |
| 8. SCCMHA may, without consent, communicate information to individuals:<br>a. to describe a health-related product or service, or payment for such product or service, which is provided by, or included in a plan of benefits of SCCMHA.<br>b. for treatment of the individual.<br>c. for case management or care coordination for the individual; or<br>d. to direct or recommend to the individual alternative treatments, therapies, health care providers or settings of care. | HIPAA Privacy Officer, Quality & Medical Records Supervisor, appropriate clinical staff |
| 9. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the Compliance hotline. | All SCCMHA staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Recordkeeping - Documentation | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.16.01 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22, 6/27/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |

**Purpose:**
This policy is designed to give guidance and ensure compliance with provisions of HIPAA requiring covered entities to maintain documentation of policies, procedures, and other administrative documents.

**Policy:**
1. SCCMHA will implement policies and procedures with respect to protected health information that are designed to comply with the standards, implementation specifications, or other requirements of the HIPAA Privacy Regulations and 42 CFR Part 2.
2. SCCMHA will maintain documentation, in written or electronic form, of policies, procedures, communications, and other administrative documents as required by the HIPAA Privacy Rule, 45 CFR 164.530(i) and (j), for a period of at least six years from the date of creation or the date when last in effect, whichever is later.
3. SCCMHA will incorporate into its policies, procedures, and other administrative documents any changes in law.
4. SCCMHA will properly document and implement any changes to policies and procedure as necessary by changes in law.

**Application:**
All SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
All HIPAA Privacy Rule related policies will be maintained for a period of six years from the date of creation or the date when last in effect, whichever is later.

**Definitions:**
None

**References:**
45 CFR 164.530

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA's policies have been reasonably designed to consider the size and type of activities undertaken by SCCMHA with respect to protected health information. | HIPAA Privacy Officer |
| 2. In implementing a change in the Notice of Privacy Practices, SCCMHA will:<br>• Ensure that the policy or procedure, as revised to reflect a change in SCCMHA's privacy practice, complies with the standards, requirements, and implementation specifications of the Privacy regulations.<br>• Document the policy or procedure as revised.<br>• Revise the notice to state the changes in practice and make the revised notice available (see Policy, Notice of Privacy Practices – Content of Notice); and<br>• SCCMHA will not implement a change in policy or procedure prior to the effective date of the revised notice. | HIPAA Privacy Officer |

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| 3. SCCMHA may change policies or procedures that do not affect the content of the Notice of Privacy Practices, provided that the policy or procedure complies with the Privacy regulations and is documented as required in this policy. | HIPAA Privacy Officer |
| 4. The following documentation will be maintained in an organized manner:<br>• Policies and procedures related to the use or disclosure of PHI.<br>• Forms for the consent to use or disclose PHI.<br>• Requests for the use or disclosure of PHI.<br>• Agreements with business associates referring to the use or disclosure of PHI.<br>• Notice of Privacy Practices and any changes made there too. | HIPAA Privacy Officer |
| 5. Documentation will be maintained in a manner that allows necessary availability, while also ensuring the security of information. | HIPAA Privacy Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Recordkeeping – Designation of a Privacy Official</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.05.16.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**
SCCMHA is committed to ensuring the privacy and security of consumer health information. To manage the facilitation and implementation of activities related to the privacy and security of protected health information, SCCMHA will appoint and maintain an internal Privacy Officer position. The Privacy Officer will be trained in all policies and procedures necessary to fulfill his or her responsibilities in ensuring the security and privacy of PHI.

**Policy:**
SCCMHA will designate a Privacy Officer responsible for oversight of the policies and procedures regarding the privacy of health information.

**Application:**
SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
None

**References:**
The HIPAA Privacy Rule, 164.530(a)(1)
JD Officer of Recipient Rights and Compliance job description

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. The Privacy Officer will be trained regarding policies and procedures for the secure transmission and storage of individual health information, including:<br>a. secure transmission and storage of individual health information in any form.<br>b. controlling access to individual health information.<br>c. the secure management of PHI<br>d. the proper use and disclosure of PHI at the request of the individual.<br>e. the proper use and disclosure of PHI without the authorization of the individual.<br>f. initiating that an individual authorizes the use or disclosure of PHI.<br>g. individual rights regarding PHI.<br>h. developing and maintaining contracts with business associates regarding the use and disclosure of PHI.<br>i. the proper use of the notice of privacy practices.<br>j. auditing access to individual health information.<br>k. the maintenance of records regarding access to individual health information. | Compliance Officer |
| 2. Training will be conducted as early as possible within the first year of the Privacy Officer's appointment with SCCMHA. | Compliance Officer |

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| 3. Training will incorporate the unique specifications and implications of SCCMHA routine business activities. | Compliance Officer |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Privacy Set: Recordkeeping – Falsification, Alteration, or Supplementation of Medical Records</td><td>Chapter: 08<br>Management of Information</td><td>Subject No: 08.05.16.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 14, 2003</td><td>Date of Review/Revision:<br>4/7/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/26/22, 6/27/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Richard M. Garpiel<br><br>Additional Reviewers:<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**
Under Michigan law, MCL 750.492a, it is prohibited to deliberately falsify, alter, or destroy medical records. In addition, under the HIPAA Privacy Rule, 45 CFR §164.526, and MCL 750.492a, an individual has the right to have a covered entity amend protected health information or a record about the individual in a designated record set for as long as the protected health information is maintained in the designated record set. Furthermore, the correction or supplement must reasonably disclose that it was not made to conceal a prior entry.

To support our commitment to the accuracy of the protected health information of SCCMHA consumers, SCCMHA will ensure the maintenance of consumer records, as well as any modification to consumer records comply fully with the HIPAA Privacy Rule §164.526, MCL 750.492a, and any other applicable federal, state, and/or local laws and regulations.

**Policy:**

1. No SCCMHA employee or other person shall intentionally, willfully, or recklessly place or direct another to place or direct, misleading or inaccurate information in a consumer's medical record knowing that such information is misleading or inaccurate.

2. No SCCMHA employee or other person shall intentionally or willfully alter or destroy, or direct another to alter or destroy, a consumer's medical records for purposes of concealing his or her responsibility for the consumer's injury, illness, or death.

3. Medical records in paper form may be destroyed if the medical record is retained by means of mechanical or electronic recording, scanning or other equivalent technique accurately reproducing all information contained in the original record.

4. Medical records may be supplemented and corrected with information if the medical record contains an error so long as the correction or supplement reasonably discloses that it was not made to conceal a prior entry.

**Application:**
All SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
Designated Record Set: As defined in the Privacy Rule, §164.501 –

(1) A group of records maintained by or for a covered entity that is:
   (i) Medical records and billing records about individuals maintained by or for a covered health care provider.
   (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
   (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.

(2) For purposes of this paragraph, the term means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

**References:**
45 CFR §164.502(b)
MCL 750.492a
45 CFR §164.526

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|

| | |
|---|---|
| 1. SCCMHA employees responsible for adding information to a consumer's medical chart shall ensure that such information is accurate, truthful, and complete. | All relevant SCCMHA staff |
| 2. Any change to a consumer's record which amounts to an addition, correction or deletion will contain documentation of the action taken, including the date on which the action was taken and identification of the individual making the change. | All relevant SCCMHA staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** HIPAA Privacy Set: Recordkeeping – Sanctioning of Employees, Agents, and Contractors | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.16.04 |
| **Effective Date**: April 14, 2003 | **Date of Review/Revision**: 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/26/22, 6/27/23 | **Approved By**: Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**: Richard M. Garpiel<br><br>**Additional Reviewers**: Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer; Holli McGeshick, Quality and Medical Records Supervisor |

**Purpose:**
SCCMHA has established and will apply appropriate sanctions against members of its workforce, as well as other agents and contractors, who fail to comply with its policies and procedures. This policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to sanctioning for violating SCCMHA policies and procedures. Under the Health Insurance Portability and Accountability Act, penalties for misuse or misappropriation of health information include both civil monetary penalties and criminal penalties. Civil penalties range from $100 for each violation to a maximum of $25,000 per year for the same violations. Criminal penalties vary from $50,000 and/or 1-year imprisonment to $250,000 and/or 10 years imprisonment (42USC §1320d).

**Policy:**
1. SCCMHA will apply appropriate sanctions against members of its workforce who fail to comply with the SCCMHA policies and procedures.
2. The type of sanction applied shall vary depending on the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicates a pattern or practice of improper access, use or disclosure of health information, and similar factors.

3. Employees, agents, and other contractors should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.
4. The policy and procedures contained herein do not apply specifically when members of SCCMHA's workforce exercise their right to:
   a. file a complaint with HHS.
   b. testify, assist, or participate in an investigation, compliance review, proceeding, or hearing under Part C of Title XI; or
   c. oppose any act made unlawfully by the HIPAA privacy rule; provided the individual or person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA privacy rule.
   d. disclose protected health information as a whistleblower and the disclosure is in a health oversight agency; public health authority; or an attorney retained by the individual for purposes of determining the individual's legal option regarding the whistleblower activity; or
   e. an employee who is a victim of a crime and discloses protected health information to a law enforcement official, provided that the protected health information is about a suspected perpetrator of the criminal act and is limited to the information listed in the SCCMHA policy related to Disclosing Protected Health Information for Law Enforcement Release.

**Application:**
SCCMHA Board operated Programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
None

**References:**
HIPAA Privacy Rule, 164.503

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Sanctions for failure to comply with policies or procedures or with the requirements of HIPAA regulations will be made by the management of SCCMHA. | SCCMHA Management |
| 2. All sanctioning of employees, agents and contractors will be documented and retained for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later. | HIPAA Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**<br>Individual Rights to PHI – Filing Complaints | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.17.01 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>4/7/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Kentera Patterson, Compliance Officer & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The HIPAA Privacy Rule requires covered plans and providers to have a mechanism for receiving complaints from individuals regarding the covered entity's compliance with the requirement of the Privacy standards. The covered entity is required to accept complaints about any aspect of their practices regarding protected health information. For example, individuals would be able to file a complaint when they believe that protected health information relating to them has been used or disclosed improperly; that an employee of the entity has improperly handled the information; that they have wrongfully been denied access to or opportunity to amend the information; or that the entity's notice does not accurately reflect its information practices.

**Policy:**
1. As specified in 45 CRR §164.530(d), SCCMHA will provide a process for individuals to make complaints concerning SCCMHA's policies and procedures regarding the use or disclosure of protected health information, or its compliance with such policies and procedures.

2. The SCCMHA Privacy Officer will be SCCMHA's designated contact for individuals to file complaints pursuant to this policy.

3. SCCMHA will not require individuals to waive their rights to file a complaint with the Department of Health and Human Services as a condition for the provision of treatment, payment, enrollment in a health plan, or eligibility for benefits.

4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
None

**Definitions:**
None

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will document all complaints received, and their disposition, if any, for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later. | Privacy Officer |
| 2. The Privacy Officer should be contacted to file a complaint concerning SCCMHA's policies and procedures required by the HIPAA Privacy Rule, or its compliance with such policies and procedures. | All SCCMHA employees |
| 3. The name, or title, and telephone number of the contact person or office designated to receive complaints concerning SCCMHA's policies and procedures required by the HIPAA Privacy Rule, or its compliance with such policies and procedures will be documented. | Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**<br>Individual Rights to PHI – Suspension | **Chapter**: 08 - Management of Information | **Subject No**: 08.05.17.03 |
| **Effective Date**:<br>April 14, 2003 | **Date of Review/Revision**:<br>4/7/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 6/27/23<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Richard M. Garpiel<br><br>**Additional Reviewers**:<br>Kentera Patterson, Officer or Recipient Rights and Compliance & Privacy Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The HIPAA Privacy Rule provides that individuals have a right to receive an accounting of certain instances when protected health information about them is disclosed by a covered entity. This requirement is subject to exceptions for disclosures made to the individual; for treatment, payment, and health care operations; or authorized by the individual; as well as certain time-limited exceptions for disclosures to law enforcement and oversight agencies. However, there are certain instances where the right to an accounting right may be 'suspended'. SCCMHA has developed policies and procedures to address the instances when the right to obtain an accounting of when protected health information has been used or disclosed for purposes other than treatment, payment, or health care operations has been suspended.

**Policy:**
1. SCCMHA will comply with the requirements set forth in 45 CFR §164.528, to allow individuals to receive an accounting of all instances where protected health information about them is used or disclosed, except where otherwise noted in this policy and procedure.

2. SCCMHA will allow individuals to receive an accounting of all instances where protected health information about them is used or disclosed, except for the following purposes:

(a) to carry out treatment, payment and health care operations.
(b) under the authority of a written authorization given by the subject of the protected health information.
(c) to the individuals about their own protected health information.
(d) for SCCMHA's facility directory'
(e) to persons involved in the individual's care or other notification purposes.
(f) for national security or intelligence purposes.
(g) to correctional institutions or law enforcement custodial situations.

3. SCCMHA will not allow individuals to receive an accounting of instances where protected health information about them is used or disclosed prior to April 13, 2003.

4. SCCMHA will utilize a chart completed by the medical records department for documenting and maintaining an accounting of when consumer's protected health information has been disclosed for purposes other than treatment, payment or health care operations.

5. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

**Application:**
All SCCMHA Board operated programs and applicable Network Providers.

**Standards:**
SCCMHA will act on the individual's request for an accounting not later than 60 days after the receipt of the request.

**Definitions:**
None

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA may temporarily suspend an individual's right to receive an accounting of disclosures to a health oversight agency or law enforcement official for the time specified by such agency official. | Privacy Officer |
| 2. SCCMHA will obtain from such agency or | Privacy Officer |

| | |
|---|---|
| official a written statement that such an accounting to the individual would be reasonably likely to impede the agency's activities and specifying the time for which such a suspension is required. | |
| 3. If the health oversight agency or law enforcement official statement to suspend an individual's right to receive an accounting of disclosure to that agency or official is made orally, SCCMHA will:<br>(a) document the statement.<br>(b) document the identity of the agency or official making the statement. | Privacy Officer |
| 4. If an individual's right to an accounting of disclosures subject to the statement is temporarily suspended, SCCMHA will limit the temporary suspension to not longer than 30 days from the date of the oral statement. | Privacy Officer |
| 5. SCCMHA will extend the temporary suspension only pursuant to a written statement submitted from the agency or official during that time. | Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Information Technology Definitions | **Chapter**: 08 - Management of Information | **Subject No**: 08.06.00.01 |
| **Effective Date**: 7/5/23 | **Date of Review/Revision**:<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Christina Saunders<br><br>**Reviewed By**: |

**Purpose:**
The purpose of this policy is to establish standard definitions for all Information Technology and Information Security policies and procedures.

**Policy:**
All terms identified in this policy shall be referenced when they are used in any SCCMHA policies and procedures.

**Application:**
This policy applies to all staff, contractors, and business associates of SCCMHA.

**Standards:**
These definitions will be updated annually to reflect any additions or modifications that are needed.

- **User Access or Authentication:** the ability to log into and use SCCMHA's information systems for clinical or administrative purposes by providing 2 points of authentication (2-Factor Authentication).
- **Ambient temperature** the temperature of the air within a room, for purposes of this policy, this refers to server rooms, communication rooms, storage rooms, offices, and any other location which IT equipment is stored...
- **Anti-virus software** the software that detects or prevents malicious software from entering a network or workstation.

- **Application Programming Interface (API)** a program that allows a developers to access certain data securely within other applications.
- **Authorized staff / personnel / users** Refers to **a** group of individuals, including staff, students, contractors**,** business associates and volunteers, engaged in the provision of SCCMHA (Saginaw County Community Mental Health Authority) services or business functions.
- **Authentication** When an information system using various strategies to ensure that the person or entity is the one claimed to be.
- **Backup** creating a retrievable, exact copy of data.
- **Breach is** a violation of the HIPAA Privacy or Security or other .
- **Break the Glass** is a type of record access which is accessible by any user which requires them to document an explanation of why they need access to that record. and the user's actions when accessing these records are logged, tracked, and possibly monitored as needed.
- **Business Intelligence (BI)** is a technology driven process for analyzing data and delivering actionable information that helps executives, managers and workers make informed business decisions.
- **Computer Resource** Any computer hardware, software, purchased computer service, and/or computer support services.
- **Confidentiality** when data or information is not to be made available or disclosed to unauthorized persons or processes.
- **Confidential medical information** individually identifiable health information in any form (paper or electronic) aka e-PHI (electronic patient health information).
- **Contingency Plan or Operations** procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations in the event of an emergency.
- **Data Integrity (DI)** the overall accuracy, completeness, and consistency of data.
- **Disaster** means an event that causes harm or damage to SCCMHA information systems. Disasters include earthquakes, fires, extended power outages, equipment failures, or a significant computer virus outbreak.
- **C drive** the fixed, internal hard drive inside workstation PCs.
- **G drive** the network drive on which SCCMHA employees save business documents and data which apply to agency wide operations or department specific operations.
- **H drives** the network drive on which SCCMHA employees save their personal work files and data.
- **DRP (**Disaster Recovery Plan) a policy or procedure designed to assist an organization in executing recovery processes in response to a disaster to protect business IT infrastructure and promote expedited recovery.
- **Electronic storage media** includes memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, digital memory card, or USB Drives.
- **Transmission media** used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to

collaborating parties), leased lines, dial-up lines, private networks, Virtual Private Networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including paper, facsimile, and voice, via telephone, are not considered transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

- **Electronic protected health information (EPHI)** means individually identifiable electronic patient health information that is transmitted or maintained by electronic media.
- **Emergency** A situation where normal daily functioning has been interrupted to the point where the staff person can no longer function without having Information Systems render an immediate service to remedy the situation.
- **Encryption** means the conversion of data into scrambled or unreadable code which is only readable with a key known by the user.
- **External Service** An external IT service provided by an external vendor or provider.
- **Facility Security Plan** policies and procedures to safeguard the facility and the equipment from unauthorized physical access, tampering, and theft.
- **Generic or group identifier** a user ID that is shared by more than one user and does not uniquely identify an individual.
- **Hardware** refers to the tools, machinery, and other durable equipment such as the computer's tangible components or delivery system that store and run the written instructions provided by the software.
- **HIPAA Privacy Rule** is the rule that requires appropriate safeguards to protect the privacy of protected health information and sets limits and conditions on the uses and disclosures that may be made of such information without an individual's authorization.
- **HIPAA Security Rule** establishes national standards to protect individuals' electronic personal health information that is created, received, used, and maintained by a covered entity.
- **Information Access Management** a framework to identify, track, control and manage authorized or specified users' access to a system.
- **Information system (IS)** means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.
- **Information Technology (IT)** equipment used for storing, retrieving, and sending data.
- **Internet Key Exchange (IKE)** a standard protocol used to set up a secure and authenticated communication channel between two parties via a virtual private network (VPN).
- **Internet Protocol Security (IPsec)** is a robust VPN standard that covers authentication and encryption of data traffic over the internet.
- **Internet Service Provider (ISP)** a company that provides subscribers with access to the internet.

- **Intranet** SCCMHA's internal website.
- **IS/IT Administrator** Staff and/or Department identified as the entity responsible for staff and equipment related to IS/IT Systems.
- **Local Area Network (LAN)** a computer network that links devices within a building or group of adjacent buildings.
- **Management of Information Systems (MIS)** people, technology, organizations, and the relationships among them.
- **Multi-Factor Authentication (MFA)** multiple methods of authentication to ensure the person logging into the system is the intended user.
- **Network user** Any SCCMHA staff member that has a network account and uses a PC to connect to the network.
- **Peripherals** IT equipment that plugs into via cord, Wi-Fi, or Bluetooth such as cameras, microphones, speakers, keyboards, and mice.
- **Physically Secure Area** an area where unauthorized persons do not have access to IT equipment. These areas must always be locked when the staff member is not present, even if only for a few minutes.
- **Privacy** ensuring the authorized control and access of electronic health information.
- **Privacy Officer** A person identified by the organization to administer Privacy Regulations. Typically, at SCCMHA the Compliance Officer is the Privacy Officer, SCCMHA also requires all provider contract agencies to have a designated Privacy Officer.
- **Proprietary Information** information that belongs to SCCMHA.
- **Protected Health Information (PHI)** individually identifiable patient health information in any form (paper or electronic) that has been maintained or transmitted by a covered entity- that includes but is not limited to, AIDS/HIV information, mental health and developmental disabilities information, alcohol and drug abuse information, and other sexually transmitted disease information.
- **Point-to-Point Tunneling Protocol (PPTP)** a networking technology that supports multi-protocol virtual private networks (VPN), enabling remote users to access corporate networks securely across the Microsoft Windows operating systems and other point-to-point protocol (PPP)- enables systems to dial into a local internet service provider to connect securely to their corporate network through the internet.
- **Purchased Computer Service** An external computer service. Such as, an Internet account, provided by an external vendor.
- **Restoration** means the retrieval of files previously backed up and returning them to the condition they were at the time of backup.
- **Risk** means the likelihood of a given threat exercising a particular vulnerability and resulting impact of that event.
- **Role-based access control** is a means of restricting access to data or objects based on a user's role and the mapping of that user's role to a system-defined role.
- **Server files** All computer files that reside on the SCCMHA servers.

- **Secure Folder** A storage area where only the user or a select few are approved for access to a non-public folder the requesting individual must obtain permission from the "owner" of the folder and that employee's Director.
- **Security incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.
- **Security Measures** means security policies, procedures, standards, and controls.
- **Security Officer** a person identified by the organization to administer the HIPAA/HITECH Security Regulations. Typically, at SCCMHA the Security Officer is the Chief Information Officer.
- **Sentri** is the software system used to capture medical records, billing for fee or service reimbursement information. Also known as EHR- Electronic Health Record or EMR – Electronic Medical Record.
- **Share drive** A designated public or private drive set up as a work area for the Agency staff on the server.
- **Software Information systems**. **Examples include but are not limited to** software products that control Desktop computers, central processing computers, network servers, modems, scanners, printers, computer mice, computer cards, and any computer peripheral that is connected to any of the hardware. Exclusions to the definition of software are Fax machines, copiers, any computer-related supplies (I.E., wrist supports, glare screens, power plugs), and the phone system (if the phone system & the administrative computer system are not linked).
- **The State Medicaid Health Information Technology Plan (SMHP)** provides the foundation for Medicaid health system transformation and administration that enables care coordination among clinicians.
- **Technical Evaluation** means an evaluation of the technical components of the computer network and related devices.
- **Two-Factor Authentication (MFA)** is a second method of authentication to ensure the person logging into the system is the intended user.
- **User** a person granted access to systems.
- **User ID** an identifier chosen for the user to represent themselves when logging into the electronic health records or other network system. The User ID should never be changed, it is permanently associated that user.
- **Virtual Private Network (VPN)** a method of tunneling securely through the internet to a network, whereby a personal PC becomes an extension of that private business's network allowing a user to access data files remotely.
- **Vulnerability** means a flaw or weakness in system security procedures, design, implementation, or internal controls that can be exploited and result in misuse or abuse of data.
- **Workstation** An electronic computing device, for example, a laptop or desktop computer, tablet or any other device that performs similar functions, and electronic media stored in its immediate environment.
- **Workforce member** employees, volunteers, and other persons whose conduct, in the performance of work for SCCMHA, is under the direct control of SCCMHA, whether or not they are paid by SCCMHA. This includes full and part time

employees, affiliates, associates, students, volunteers, contractors, and staff from third party entities who provide services to SCCMHA.

**References:**
None.

**Exhibits:**
None.

**Procedure:**
None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: HIPAA Security: Security Sanctions</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.06.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>April 20, 2005</td><td>Date of Review/Revision:<br>9/13/22, 11/14/18, 9/8/04, 8/4/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Amy Lou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Steve DeLong<br><br>Additional Reviewers:<br>Brett Lyon, Senior Applications, Information Security & BI Administrator<br>Dave Dunham, Senior Data Warehouse and Applications Administrator<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator<br>Matthew Devos, Senior Network Administrator,<br>Fred Stahl, Director of Human Resources<br>Kentera Patterson, Officer of Recipient Rights and Compliance</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

*"Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity."* 45 CFR 164.308(a)(1)(ii)(C)

**Application:**
SCCMHA Board Operated Programs, applicable network providers, workforce members including contractors and subcontractors with access to SCCMHA information systems.

**Policy:**
This policy reflects SCCMHA's commitment to apply appropriate sanctions against workforce members who fail to comply with its security policies and procedures. SCCMHA has established and will apply appropriate sanctions against members of its workforce, as well as other agents and contractors, who fail to comply with its policies and procedures. This policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to sanctioning for violating SCCMHA policies and procedures. Under the Health Insurance Portability and Accountability Act, penalties for misuse or misappropriation of health information include both civil monetary penalties and criminal penalties. Civil penalties range from $100 for each violation to a maximum of $25,000 per year for the same violations. Criminal penalties vary from $50,000 and/or 1 year imprisonment to $250,000 and/or 10 years imprisonment (42USC §1320d).

**Standards:**
1. SCCMHA workforce members must comply with all applicable SCCMHA security policies and procedures. Compliance is necessary to ensure the confidentiality, integrity, and availability of SCCMHA information systems.
2. SCCMHA will apply appropriate sanctions against members of its workforce who fail to comply with the SCCMHA policies and procedures, including disciplinary action up to, and including, discharge.
3. The type of sanction applied shall vary depending on the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicates a pattern or practice of improper access, use or disclosure of health information, and similar factors.
4. Employees, agents, and other contractors should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.
5. The policy and procedures contained herein do not apply specifically when members of SCCMHA's workforce exercise their right to:
    a. file a complaint with HHS.
    b. testify, assist, or participate in an investigation, compliance review, proceeding, or hearing under Part C of Title XI; or
    c. oppose any act made unlawfully by the HIPAA Security Rule; provided the individual or person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA Security Rule.
    d. disclose protected health information as a whistleblower and the disclosure is in a health oversight agency; public health authority; or an attorney retained by the individual for purposes of determining the individual's legal option with regard to the whistleblower activity; or

e. an employee who is a victim of a crime and discloses protected health information to a law enforcement official, provided that the protected health information is about a suspected perpetrator of the criminal act and is limited to the information listed in the SCCMHA policy related to Disclosing Protected Health Information for Law Enforcement Release.

**Definitions:**
None

**References:**
- HIPAA Security Rule, 45 CFR 164.308(a)(1)(ii)(C)
- SCCMHA Employee Handbook
- Policy 05.07.01 – Regulatory Management Policy
- SCCMHA Policy Number 801 – Information Technology

**Exhibits**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Sanctions for failure to comply with policies or procedures or with the requirements of HIPAA regulations will be made by the management of SCCMHA. | SCCMHA Management Team |
| 2. All sanctioning of employees, agents and contractors will be documented and retained for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later. | Officer of Recipient Rights and Compliance & Privacy Officer<br>Director of Human Resources |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Security Management Process</td><td>Chapter: 08 – Management of Information</td><td>Subject No:<br>08.06.08.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>October 01, 2020</td><td>Date of Review/Revision:<br>9/13/22, 8/4/23</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:<br>08.06.02</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Rich Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Brett Lyon, Senior Applications, Information Security & BI Administrator -<br>Dave Dunham, Senior Systems Analyst -<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator<br>Matthew Devos, Senior Network Administrator<br>Joe Gates- Systems, Information Security & Microsoft 365 Administrator<br>Fred Stahl, Director of Human Resources<br>Matthew Briggs, Chief of Network Business Operations</td></tr>
</table>

**Purpose:**
To assure compliance with the HIPAA (Health Insurance Portability and Accountability) Security Rule, §164.308(a)(1) – Security Management Process.

**Application: The HIPAA Security Rule and this Policy applies to SCCMHA (Saginaw County Community Mental Health Authority), its business associates, and any subcontractor required to access or use PHI to complete its contracted duties.** Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
**SCCMHA** will develop and implement policies and procedures to prevent, detect, contain, and correct security violations related to the EPHI of SCCMHA consumers.

**Standards:**
**Policies** and procedures to prevent, detect, contain, and correct security violations related to the EPHI of SCCMHA consumers will be implemented.

A. SCCMHA must regularly identify, define, and prioritize risks to the confidentiality, integrity, and availability of its information systems containing EPHI.

B. An accurate and thorough SRA (Security Risk Assessment) of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of EPHI held by SCCMHA will be conducted periodically.

    1. All information systems that house EPHI are to be identified and periodically inventoried, including all hardware and software that are used to collect, store, process, or transfer EPHI.
    2. The SRA will evaluate
        i. The SRA & Process
        ii. Security Policies
        iii. Security & Workforce
        iv. Security & Data
        v. Security & the Practice
        vi. Security & Business Associates
        vii. Contingency Planning
    3. The method of risk analysis SCCMHA chooses must be based on the following steps:
        i. Inventory. SCCMHA must conduct a regular inventory of its information systems containing EPHI and the security measures protecting those systems.
        ii. Threat identification. SCCMHA must identify all potential threats to its information systems containing EPHI. Such threats may be natural, human, or environmental.
        iii. Vulnerability identification. SCCMHA must identify all vulnerabilities on its information systems containing EPHI. This should be done by regularly reviewing vulnerability sources and performing security assessments.

iv. Security control analysis. SCCMHA must analyze the security measures implemented or will be implemented to protect its information systems containing EPHI; this includes both preventive and detective controls.

v. Risk likelihood determination. SCCMHA must assign ratings to specific risks that indicate the probability that a vulnerability will be exploited by a particular threat. Three factors should be considered: 1) threat motivation and capability, 2) type of vulnerability, and 3) existence and effectiveness of current security controls

vi. Impact analysis. SCCMHA must determine the impact to confidentiality, integrity or availability that would result if a threat were to successfully exploit a vulnerability on a SCCMHA information system containing EPHI.

vii. Risk Determination. SCCMHA must use the information obtained in the above six steps to identify the level of risk to specific information systems containing EPHI. For each vulnerability and associated threat, SCCMHA must make a risk determination based on:

1. The likelihood a certain threat will attempt to exploit a specific vulnerability.
2. The level of impact should the threat successfully exploit the vulnerability.
3. The adequacy of planned or existing security controls.

- The results of each of the above steps must be formally documented and securely maintained. The above steps do not prescribe any method, but the method selected for the Risk Analysis should address all the concerns

C. Security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with §164.306(a) of the HIPAA Security Rule will be implemented. Specifically, SCCMHA must:

1. Ensure the confidentiality, integrity, and availability of all EPHI that SCCMHA creates, receives, maintains, or transmits,

2. Protect against any reasonably anticipated threat or hazard to the security or integrity of such information,

3. Protect against any reasonably anticipated use or disclosure of such information that are not permitted or required under the HIPAA Security Rule, and

4. Ensure compliance with the HIPAA Security Rule by its workforce.

D. SCCMHA workforce members are expected to comply with all applicable policies and procedures related to the HIPAA Security Rule. SCCMHA will apply appropriate sanctions against members of its workforce who fail to comply with

SCCMHA policies and procedures, including disciplinary action up to and including discharge in compliance with the SCCMHA Employee Handbook. Members of the SCCMHA workforce should be aware that severe violations may result in notification to law enforcement officials and regulatory, accreditation, and/or licensure organizations.

E. Procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports will be implemented.

**Definitions:**
**See SCCMHA Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**
*Electronic protected health information* means individually identifiable health information that is:

- Transmitted by electronic media
- Maintained in electronic media

*Electronic media*:

- Electronic storage media includes memory devices in computers (Solid State Drives or hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card.
- Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including paper, facsimile, and voice, via telephone, are not considered transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

*Information system* means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

*Workforce member* means employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether they are paid by the covered entity. This includes full and part time employees, affiliates, associates, students, volunteers, and staff from third party entities who provide service to the covered entity.

*Availability* means the property that data or information is accessible and usable upon demand by an authorized person.

*Confidentiality* means the property that data or information is not made available or disclosed to unauthorized persons or processes.

*Integrity means the property that data or information have not been altered or destroyed unauthorizedly.*

*Risk* means the likelihood of a given threat exercising a particular vulnerability and the resulting impact of that event.

*Security measures* means security policies, procedures, standards, and controls.

*Threat* means something or someone that can intentionally or accidentally exploit a vulnerability.

*Vulnerability* means a flaw or weakness in system security procedures, design, implementation, or internal controls that can be exploited by a threat and result in misuse or abuse of EPHI.

**References:**

- The HIPAA Security Rule §164.308(a)(1)
- The HIPAA Security Rule §164.306(a)
- SCCMHA Policy Number 201 – Standards of Conduct
- SCCMHA Policy Number 205 – Corrective Action
- SCCMHA Policy Number 801 – Information Technology
- NIST SP 800-30

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Identify Relevant Information Systems** | |
| 1. Identify all information systems that house EPHI, including hardware and software used to collect, store, process, or transmit EPHI. | 1. HIPAA Security Officer<br>Senior Database & Microsoft 365 Administrator<br>IT/IS Team |
| 2. Analyze business functions and verify ownership and control of information system elements, as necessary. | 2. HIPAA Security Officer<br>Senior Database & Microsoft 365 Administrator<br>IT/IS Team |
| **Conduct Risk Assessment** | |
| 3. An accurate and thorough SRA of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of EPHI held by | 3. HIPAA Security Officer<br>Senior Database & Microsoft 365 Administrator<br>IT/IS Team |

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| SCCMHA and its Business Associates will be conducted periodically and as needed. | |
| **Implement a Risk Management Program** | |
| 4. Security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level (See Section 164.306(a) of the HIPAA Security Rule) will be implemented, inclusive of SCCMHA's Business Associates and Contract Providers. | 4. HIPAA Security Officer<br>Senior Database & Microsoft 365 Administrator<br>IT/IS Team<br>Director of Human Resources |
| **Develop and Implement a Sanction Policy** | |
| 5. Appropriate sanctions against workforce members who fail to comply with the security policies and procedures will be applied. | 5. HIPAA Security Officer<br>Senior Database & Microsoft 365 Administrator<br>IT/IS Team |
| **Develop and Deploy the Information System Activity Review Process** | |
| 6. Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports. | 6. HIPAA Security Officer<br>Senior Database & Microsoft 365 Administrator<br>IT/IS Team |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Assigned Security Responsibility | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.08.02 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 8/31/22, 8/2/23<br>**Supersedes**: 08.06.06 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer & Security Officer<br><br>**Authored By**: Kentera Patterson, Officer of Recipient Rights and Compliance<br><br>**Additional Reviewers**: None |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(2) – Assigned Security Responsibility.

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted duties.** Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
SCCMHA will identify someone responsible for developing and implementing the policies and procedures required by the HIPAA Security Rule for SCCMHA. This individual will serve as the point contact for HIPAA Security policy, implementation, and monitoring.

**Standards:**
The identified SCCMHA Security Officer will have responsibility for.

1. The oversight, development, and communication of security policies and procedures.
2. Conducting the risk assessment required under the HIPAA Security Rule §164.308(a)(1)(i).

3. Reviewing the results of periodic security evaluations and continuous monitoring required under §164.308(a)(1)(ii)(D) and communicating those results to the SCCMHA Compliance and Policy Team.
4. Ensuring that security concerns have been appropriately addressed.
5.

**Definitions:**
See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.

**References:**
- The HIPAA Security Rule §164.308(a)(2)
- SCCMHA Job Description – Chief Information Officer | Chief Quality and Compliance Officer

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Identify the security official responsible for developing and implementing the policies and procedures required by the HIPAA Security Rule. | 1. Chief Information Officer \| Chief Quality and Compliance Officer |
| 2. Document this assignment to one individual's responsibilities in a job description. | 2. Chief Information Officer \| Chief Quality and Compliance Officer |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Workforce Security</td><td>Chapter: 08 – Management of Information</td><td>Subject No: 08.06.08.03</td></tr>
<tr><td rowspan="2">Effective Date: October 01, 2020</td><td>Date of Review/Revision: 9/13/22, 8/4/23</td><td rowspan="2">Approved By: Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Rich Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Fred Stahl, Human Resources Director<br>Brett Lyon, Senior Applications, Information Security & BI Administrator<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator<br>Matthew Devos, Senior Network Administrator,<br>Mark Sauve – Senior Systems & Desktop Support Administrator<br>Joe Gates- Systems, Information Security & Microsoft 365 Administrator</td></tr>
</table>

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(3) – Workforce Security.

**Application:**

The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
SCCMHA will implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information, as provided under the HIPAA Privacy Rule, and to prevent those workforce members who do not have appropriate access under the HIPAA Privacy Rule from obtaining access to electronic protected health information.

**Standards:**

i. Procedures will be developed and implemented for the authorization and/or supervision of workforce members who work with EPHI or in locations where it might be accessed with be implemented.
ii. Procedures will be developed and implemented to determine that the access of a workforce member to EPHI is appropriate.
iii. Procedures for terminating access to EPHI when the employment of, or other arrangement with, a workforce member ends or as required by determinations made under Standard ii will be implemented.

**Definitions:**
See IT/IS Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

**References:**

- The HIPAA Security Rule §164.308(a)(3)
- The HIPAA Privacy Rule - 45 CFR Part 160 and Part 164, Subparts A and E
- SCCMHA Policy 08.04.02 - Electronic Health Record Identity and Access Management

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Procedures for Authorization and/or Supervision** | |
| 1. Procedures will be developed and implemented for the authorization and/or supervision of workforce | 1. HIPAA Security Officer, Senior Systems & Desktop |

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| members who work with EPHI or in locations where it might be accessed. | Support Administrator, IT Department Staff |
| **Establish Clear Job descriptions and Responsibilities** | |
| 2. Define roles and responsibilities for all job functions | 2. Human Resources Director |
| 3. Assign appropriate levels of security oversight, training, and access | 3. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff |
| 4. Identify in writing who has the business need, and who has been granted permission, to view, alter, retrieve, and store EPHI, and at what times, under what circumstances, and for what purposes. | 4. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, Human Resources Director |
| **Establish Criteria and Procedures for Hiring and the Assignment of Tasks** | |
| 5. Ensure that members of the workforce have the necessary knowledge, skills, and abilities to fulfill roles, and that these requirements are included as part of the hiring process. | 5. Human Resources Director |
| **Establish a Workforce Clearance Procedure** | |
| 6. Implement procedures to determine that the access of a workforce member to EPHI is appropriate. | 6. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, Human Resources Director |
| 7. Implement a procedure for obtaining clearance from appropriate offices or individuals | 7. HIPAA Security Officer, Senior Systems & Desktop |

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| where access is provided or terminated. | Support Administrator, Human Resources Director |
| **Establish Termination Procedures** | |
| 8. Implement procedures for terminating access to EPHI when the employment of a workforce members ends or as required by determinations made as specified in the Policy. | 8. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, Human Resources Director |
| 9. Develop a standard set of procedures that should be followed to recover access to control devices, (identification [ID] badges, keys, access cards, etc.) when employment ends. | 9. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, Human Resources Director |
| 10. Deactivate computer access accounts (e.g., disable user IDs and passwords). | 10. Senior Systems & Desktop Support Administrator, IT Department Staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Information Access Management & Access Control | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.08.04 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 7/14/23, 8/4/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Brett Lyon, Senior Applications, Information Security & BI Administrator<br>Dave Dunham, Senior Data Warehouse and Applications Administrator<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator<br>Matthew Devos, Senior Network Administrator |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(4) – Information Access Management.

**Application:**

**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted** duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
**SCCMHA** will implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of the HIPAA Privacy Rule Subpart E (Privacy of Individually Identifiable Information) of CFR §164.

**Standards:**
1. SCCMHA will develop and implement policies and procedures for granting access to EPHI through access to a workstation, transaction, program, process, or other mechanism.
2. SCCMHA will develop and implement policies and procedures based on SCCMHA access authorization policies, establish, document, review, and modify a user's right of access to a workstation, transaction, program, or process.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**
- The HIPAA Security Rule §164.308(a)(4)
- SCCMHA Access and Identity Management Team – Workgroup Charter

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Implement Policies and Procedures for Authorizing Access** | |
| 1. Policies and Procedures for granting and restricting access to EPHI, for example, through access to a workstation, transaction, program, process, or other mechanism, will be implemented. | 1. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer Senior Applications, Information Security & BI Administrator |
| 2. Access control methods will be evaluated and applied (e.g., | 2. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer, |

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| identity based, role-based, or other reasonable and appropriate means of access.) | Senior Applications, Information Security & BI Administrator |
| 3. Determine when and if direct access to EPHI is appropriate for individuals external to SCCMHA (e.g., Business Associates, Contract Providers, or consumers seeking access to their own EPHI). | 3. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer<br>Senior Applications, Information Security & BI Administrator |
| **Implement Policies and Procedures for Access Establishment and Modification** | |
| 4. Develop and implement procedures that, based upon SCCMHA's access authorization policies, establish, document, review and modify a user's right of access to a workstation, transaction, program, or process. | 4. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer<br>Senior Applications, Information Security & BI Administrator |
| 5. Formal authorization from the proper authority will be provided to an individual before that individual to granted access to EPHI. | 5. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer<br>Senior Applications, Information Security & BI Administrator |
| **Evaluate Existing Security Measures Related to Access Controls** | |
| 6. The security features of access controls will be evaluated to determine if they are aligned with other existing management, operational, and technical controls, such as policy standards and personnel procedures, maintenance and review of audit trails, identification and authentication of users, and physical access controls. | 6. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer<br>Senior Applications, Information Security & BI Administrator |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Security Awareness and Training</td><td>Chapter: 08 – Management of Information</td><td>Subject No: 08.06.08.05</td></tr>
<tr><td rowspan="2">Effective Date: October 01, 2020</td><td>Date of Review/Revision: 9/13/22, 8/4/23</td><td rowspan="3">Approved By: Sandra M. Lindsey, CEO<br><br>Responsible Director: AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By: Rich Garpiel, Compliance Officer<br><br>Additional Reviewers: Alecia Schabel, Continuing Education Supervisor<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator<br>Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer</td></tr>
<tr><td>Supersedes:<br>08.01.04<br>08.06.14<br>08.01.03</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(5) – Security Awareness Training.

**Application:**
The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**
SCCMHA will implement a security awareness and training program for all members of its workforce (including management).

**Standards:**

i. SCCMHA's Security Awareness and Training program will include periodic security updates.
ii. SCCMHA's Security Awareness and Training program will include procedures for guarding against, detecting, and reporting malicious software.
iii. SCCMHA's Security Awareness and Training program will include procedures for monitoring log-in attempts and reporting discrepancies.
iv. SCCMHA's Security Awareness and Training program will include procedures for creating, changing, and safeguarding passwords.

**Definitions:**

See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

**References:**

- The HIPAA Security Rule §164.308(a)(5)

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Conduct a Training Needs Assessment** | |
| 1. Determine SCCMHA's training needs, related to HIPAA Security and EPHI. | 1. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| **Develop and Approve a Training Strategy and a Plan** | |
| 2. Assess the specific HIPAA policies that require security awareness and training in the security awareness and training program | 2. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| 3. Outline the security awareness and training program; the scope of the security awareness and training program; the goals and various target audiences of the security | 3. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |

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| awareness and training program; the learning objectives, the deployment methods, evaluation, and measurement techniques and the frequency of the training. | |
| **Protection from Malicious Software; Log-in Monitoring; and password Management** | |
| 4. As reasonable and appropriate, train members of the workforce regarding procedures for:<br>• Guarding against, detecting, and reporting malicious software<br>• Monitoring log-in attempts and reporting discrepancies;<br>• Creating, changing, and safeguarding passwords | 4. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| 5. Incorporate information concerning workforce members' roles and responsibilities in implementing the HIPAA Security Rule standards into training and awareness efforts. | 5. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| **Develop Appropriate Awareness and Training Content, materials, and methods** | |
| 6. Select topics that may need to be included in the training materials | 6. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| 7. Incorporate new information from email advisories, online IT security daily news Web sites, and periodicals, as is reasonable and appropriate. | 7. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| **Training Implementation** | |
| 8. Schedule and conduct training outlined in the strategy and plan. | 8. HIPAA Security Officer, Chief Information Officer & Chief |

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| 9. Implement reasonable techniques to disseminate the security messages to the organization, including newsletters, screensavers, email messages, teleconferencing sessions, staff meetings, and computer-based training. | Quality and Compliance Officer, IT Department, Continuing Education Supervisor<br><br>9. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| **Implement Security reminders** | |
| 10. Implement periodic security-reminder updates. | 10. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |
| 11. Provide periodic security updates to staff, business associates and contract providers. | 11. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Security Incident Procedures | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.08.06 |
| **Effective Date**:<br>October 01, 2020 | **Date of Review/Revision**:<br>9/13/22, 8/4/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**:<br>Compliance & Policy Team, Matthew Briggs – Chief of Network Business Operations,<br>Ben Pelkki – Senior Database & Microsoft 365 Administrator<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(6) – Security Incident Procedures.

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted** duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
**SCCMHA** will implement policies and procedures to address security incidents.

**Standards:**

i. SCCMHA will identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents known to SCCMHA or its Business Associates; and document security incidents and their outcomes.

**Definitions:**

**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.308(a)(6)

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Determine Goals of Incident Response** | |
| 1. Determine how SCCMHA will respond to a security incident and establish a reporting mechanism and a process to coordinate responses to the security incident. | 1. HIPAA Security Officer Senior Database & Microsoft 365 Administrator |
| 2. Provide direct technical assistance, advise vendors to address product-related problems, and provide liaisons to legal and criminal investigative groups as needed. | 2. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, Chief of Network Business Operations, Senior Database & Microsoft 365 Administrator |
| **Develop and Deploy an Incident Response Team or Other Reasonable and Appropriate Response Mechanism.** | |
| 3. Identify appropriate individuals to be a part of a formal incident response team. | 3. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, Senior Database & Microsoft 365 Administrator |

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|---|---|
| **Develop and Implement Procedures to Respond to and Report Security Incidents.** | |
| 4. Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents known to SCCMHA; and document security incidents and their outcomes. | 4. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, Senior Database & Microsoft 365 Administrator |
| 5. Document incident response procedures that can provide a single point of reference to guide the day-to-day operations of the incident response team. | 5. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, Senior Database & Microsoft 365 Administrator |
| 6. Review incident response procedures with staff with roles and responsibilities related to incident response, solicit suggestions for improvements, and make changes to reflect input if reasonable and appropriate. | 6. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, Senior Database & Microsoft 365 Administrator |
| **Incorporate Post-incident Analysis into Updates and Revisions.** | |
| 7. Measure effectiveness and update security incident response procedures to reflect lessons learned and identify actions to take that will improve security controls after a security incident. | 7. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, Senior Database & Microsoft 365 Administrator |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Contingency Plan</td><td>Chapter: 08 – Management of Information</td><td>Subject No:<br>08.06.08.07</td></tr>
<tr><td rowspan="2">Effective Date:<br>October 01, 2020</td><td>Date of Review/Revision:<br>9/14/22, 8/4/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Rich Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Matthew Devos - Senior Network & Information Security Administrator,<br>Benjamin Pelkki, Senior Database & Microsoft 365 Administrator<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator<br>Brett Lyon, Senior Applications, Information Security & BI Administrator</td></tr>
<tr><td>Supersedes:<br>08.06.23<br>08.06.24</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(7) – Contingency Plan.

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted** duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
**SCCMHA** will establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.

**Standards:**

i. SCCMHA will establish and implement procedures to create and maintain retrievable exact copies of EPHI.
ii. SCCMHA will establish (and implement as needed) procedures to restore any loss of data.
iii. SCCMHA will establish (and implement as needed) procedures to enable continuation of critical business processes for protection of the security of EPHI while operating in emergency mode.
iv. SCCMHA will implement procedures for periodic testing and revision of contingency plans.
v. SCCMHA will assess the relative criticality of specific applications and data in support of other contingency plan components.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.308(a)(7)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Develop Contingency Planning Policy** | |
| 1. Define SCCMHA's overall contingency objectives. | 1. Information Security Team |
| 2. Establish SCCMHA's framework, roles, and responsibilities for this area. | 2. Information Security Team |
| 3. Address scope, resource requirements, training, testing plan maintenance, and backup requirements | 3. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief |

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| | Quality and Compliance Officer |
| **Conduct an Applications and Data Criticality Analysis** | |
| 4. Assess the relative criticality of specific applications and data in support of other Contingency Plan components. | 4. Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer Team |
| 5. Identify the activities and material involving EPHI that are critical to business operations. | 5. Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 6. Identify the critical services or operations, and the manual and automated processes that support them, involving EPHI. | 6. Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 7. Determine the amount of time that SCCMHA can tolerate disruption to these operations, material, or services (e.g., due to power outages). | 7. Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 8. Establish cost-effective strategies for recovering these critical services or processes. | 8. Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| **Identify Preventive Measures** | |
| 9. Identify preventive measures for each defined scenario that could result in loss of a critical service operation involving the use of EPHI. | 9. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 10. Ensure that preventive measures are practical and feasible in terms of their applicability in a given environment. | 10. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer<br>Chief of Network Business Operations |
| **Develop Recovery Strategy** | |
| 11. Finalize the set of contingency procedures that should be involved for all identified impacts, | 11. Senior Network & Information Security Administrator |

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| including emergency mode operations. The strategy must be adaptable to the existing operating environment and address allowable outage times and associated priorities identified above. | Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer<br>Compliance & Policy Team<br>Chief of Network Business Operations |
| 12. Ensure, if part of the strategy depends on external organizations for support, that formal agreements are in place with specific requirements stated. | 12. Chief of Network Business Operations |
| **Data Backup Plan and Disaster Recovery Plan** | |
| 13. Establish and implement procedures to create and maintain retrievable exact copies of EPHI. | 13. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 14. Establish (and implement as needed) procedures to restore any loss of data. | 14. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| **Develop and Implement an Emergency Mode Operation Plan** | |
| 15. Establish (and implement as needed) procedures to enable continuation of critical business processes for protection of the security of EPHI while operating in emergency mode. | 15. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| **Testing and revision Procedure** | |
| 16. Implement procedures for periodic testing and revision of contingency plans. | 16. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 17. Test the contingency plan on a predefined cycle. | 17. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| 18. Train those with a defined plan of responsibilities in their roles. | |

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| | 18. Senior Network & Information Security Administrator<br>Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Evaluation – Security Risk Assessment</td><td>Chapter: 08 – Management of Information</td><td>Subject No: 08.06.08.08</td></tr>
<tr><td rowspan="2">Effective Date: October 01, 2020</td><td>Date of Review/Revision: 9/14/22, 8/4/23</td><td rowspan="2">Approved By: Sandra M. Lindsey, CEO<br><br>Responsible Director: AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By: Rich Garpiel, Compliance Officer<br><br>Additional Reviewers: Ben Pelkki – Senior Database & Microsoft 365 Administrator<br>Matthew Devos, Senior Network Administrator<br>Joe Gates- Systems, Information Security & Microsoft 365 Administrator</td></tr>
<tr><td>Supersedes: 08.06.27</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(a)(8) – Security Incident Procedures.

**Application:**
The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

**Policy:**
SCCMHA will perform a periodic technical and nontechnical Evaluation – Security Risk Assessment, based initially upon the standards implemented under the HIPAA Security Rule and, subsequently, in response to environmental or operational changes affecting the

security of EPHI, that establishes the extent to which the security policies and procedures meet the requirements of the HIPAA Security Rule.

**Standards:**

i. SCCMHA will perform a periodic technical and nontechnical Evaluation – Security Risk Assessment, based initially upon the standards implemented under the HIPAA Security Rule and, subsequently, in response to environmental or operational changes affecting the security of EPHI, that establishes the extent to which the security policies and procedures meet the requirements of the HIPAA Security Rule.

**Definitions:**

See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

**References:**

- The HIPAA Security Rule §164.308(a)(8)

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Determine Whether Internal or External Evaluation – Security Risk Assessment is Most Appropriate** | |
| 1. Decide whether the Evaluation – Security Risk Assessment will be conducted with internal staff resources or external consultants. | 1. Chief Information Officer \| Chief Quality and Compliance Officer |
| 2. Engage external expertise to assist the internal Evaluation – Security Risk Assessment team where additional expertise to assist the internal Evaluation – Security Risk Assessment team where additional skills and expertise is determined to be reasonable and appropriate. | 2. Chief Information Officer \| Chief Quality and Compliance Officer |
| **Develop Standards and Measurements for Reviewing All** | |

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| **Standards and Implementation Specifications of the Security Rule** | |
| 3. Use an Evaluation – Security Risk Assessment strategy and tool that considers all elements of the HIPAA Security Rule and can be tracked, such as a questionnaire or checklist. | 3. Chief Information Officer \| Chief Quality and Compliance Officer Senior Database & Microsoft 365 Administrator Senior Network Administrator Systems |
| 4. Implement tools that can provide reports on the level of compliance, integration, or maturity of a particular security safeguard deployed to protect EPHI. | 4. Chief Information Officer \| Chief Quality and Compliance Officer Senior Database & Microsoft 365 Administrator Senior Network Administrator Systems |
| 5. Leverage any existing reports or documentation that may already be prepared by SCCMHA that may already be prepared by SCCMHA addressing compliance, integration, or maturity of a particular security safeguard deployed to protect EPHI. | 5. Chief Information Officer \| Chief Quality and Compliance Officer Senior Database & Microsoft 365 Administrator Senior Network Administrator |
| **Conduct Evaluation – Security Risk Assessment** | |
| 6. Determine, in advance, what departments and/or staff will participate in the Evaluation – Security Risk Assessment. | 6. Chief Information Officer \| Chief Quality and Compliance Officer Senior Database & Microsoft 365 Administrator Senior Network Administrator |
| 7. Collect and document all needed information. Collection methods may include the use of interviews, surveys, and outputs of automated tools, such as access control auditing tools, system logs, and results of penetration testing. | 7. Chief Information Officer \| Chief Quality and Compliance Officer Senior Database & Microsoft 365 Administrator Senior Network Administrator |
| **Documentation Results** | |
| 8. Document each Evaluation – Security Risk Assessment finding, remediation options and | 8. Chief Information Officer \| Chief Quality and Compliance Officer |

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| recommendations and remediation decisions. | Senior Database & Microsoft 365 Administrator<br>Senior Network Administrator |
| 9. Document known gaps between identified risks and mitigating security controls, and any acceptance of risk, including justification. | 9. Chief Information Officer \| Chief Quality and Compliance Officer<br>Senior Database & Microsoft 365 Administrator |
| 10. Develop security program priorities and establish targets for continuous improvement. | 10. Senior Network Administrator<br>Systems |
| **Repeat Evaluation – Security Risk Assessments Periodically** | |
| 11. Establish the frequency of Evaluation – Security Risk Assessments, considering the sensitivity of the EPHI controlled by SCCMHA. | 11. Chief Information Officer \| Chief Quality and Compliance Officer |
| 12. In addition to periodic Evaluation – Security Risk Assessments, consider repeating Evaluation – Security Risk Assessments when environmental and operational changes are made | 12. Chief Information Officer \| Chief Quality and Compliance Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Business Associate Agreements (BAAs) and Other Arrangements | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.08.09 |
| **Effective Date**: 10/1/20 | **Date of Review/Revision**: 10/1/20, 7/3/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Amy Lou Douglas - Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Matthew Briggs, Chief of Network Business Operations<br>Jennifer Keilitz – Director of Network Services, Public Policy & Continuing Ed |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.308(b) and §164.314(a)(1) – Business Associate Agreements and other Arrangements.

**Application:**
The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**

Prior to permitting an SCCMHA Business Associate to create, receive, maintain, or transmit electronic protected health information on SCCMHA's behalf, SCCMHA must receive satisfactory assurances (documented through a written agreement or other arrangement referred to as a Business Associate Agreement) that the business associate will appropriately safeguard the information as required by §164.314. If SCCMHA subcontractors use vendors that require access to PHI or ePHI, they too need to enter into business associate agreements with their subcontractors. In accordance with HIPAA (45 CFR 164.502(e)(1)) a business associate agreement is not required and does not apply to disclosures by a covered entity (e.g., SCCMHA) to a health care provider for treatment purposes.

**Standards:**

1. SCCMHA will permit a Business Associate to create, receive, maintain, or transmit Electronic Protected Health Information (EPHI) on SCCMHA's behalf only if SCCMHA obtains satisfactory assurances, in accordance with the HIPAA Security Rule, that the business associate will appropriately safeguard the information.

2. SCCMHA is not required to obtain such satisfactory assurances from a business associate that is a mental health service subcontractor.

3. A business associate may permit a business associate that is a subcontractor to create, receive, maintain, or transmit EPHI on its behalf only if the business associate obtains satisfactory assurances, in accordance with the HIPAA Security Rule §164.314(a), that the subcontractor will appropriately safeguard the information.

4. The satisfactory assurances required by paragraphs 1 through 3 of this Policy must be documented through a written agreement or other arrangement with the business associate that meets the applicable requirements of the HIPAA Security Rule §164.314(a);

    a. The Business Associate will report to SCCMHA any security incident of which it becomes aware, including breached of unsecured protected health information as required by §164.410
    b. The requirements of this Policy apply to the agreement or other arrangement between a business associate and a subcontractor required by § 164.308(b)(4) in the same manner as such requirements apply to contracts or other arrangements between a covered entity and business associate.
5. SCCMHA requires that Business Associate Agreements which involve SCCMHA contain from Business Associate indemnification.
6. SCCMHA requests that Business Associate Agreements which involve SCCMHA provide that the State of Michigan is the governing law related to the BAA.

**References:**

- The HIPAA Security Rule §164.308(a)(8)(b)
- The HIPAA Security Rule §164.314

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Identify Entities that Are Business Associates under the HIPAA Security Rule** | |
| 1. Identify the individual or department who will be responsible for coordinating the execution of business associate agreements or other arrangements. | 1. Contracts Manager, Director of Network Services, Public Policy & Continuing Ed |
| 2. Periodically, and as necessary, reevaluate the list of business associates to determine who has access to EPHI in order to assess whether the list is complete and current. | 2. Contracts Manager |
| **Written Contract or Other Arrangements** | |
| 3. Document the satisfactory assurances required by this Policy through a written agreement or other arrangement with the business associate that meets the applicable requirements of section 164.314(a). | 3. Contracts Manager |
| 4. Execute new or update existing agreements or arrangements as appropriate. | 4. Contracts Manager |
| 5. Include security requirements in business associate agreements to | 5. Contracts Manager |

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| address confidentiality, integrity, and availability of EPHI. | |
| 6. Specify any training requirements associated with the agreement or other arrangement, if reasonable and appropriate. | 6. Contracts Manager |
| **Establish Process for Measuring Agreement Performance and Terminating the Agreement if Security Requirements are Not Being Met** | |
| 7. Maintain clear lines of communication with business associates. | 7. Contracts Manager, Continuing Education Supervisor |
| 8. Conduct periodic security reviews of business associates. | 8. Contracts Manager |
| 9. Establish criteria for measuring agreement performance of business associates. | 9. Security Officer, Contracts Manager, Director of Network Services, Public Policy & Continuing Ed |
| 10. Agreements must provide that Business Associates adequately protect EPHI. | 10. Security Officer, Contracts Manager, Director of Network Services, Public Policy & Continuing Ed |
| 11. Agreements must provide that Business Associate's Agents adequately protect EPHI. | 11. Security Officer, Contracts Manager, Contracts Manager |
| 12. Agreements must provide that Business Associates will report security incidents. | 12. Security Officer, Contracts Manager, Director of Network Services, Public Policy & Continuing Ed |
| 13. Agreements must provide that Business Associates will authorize termination of the Agreement if it has been materially breached. | 13. Security Officer, Contracts Manager |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Facility Access Controls | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.10.01 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 9/15/22, 8/4/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Fred Stahl – Director of Human Resources / Transportation / Facilities, Melissa Gutzwiller, Director of Environmental Services, Customer Service and Security, Tim Ninemire, Director of Recipient Rights, Customer Service and Security |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.310(a) – Facility Access Controls

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted** duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**

**SCCMHA** will implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.

**Standards:**

i. Contingency Operations: Procedures that allow facility access to restore lost data under the disaster recovery plan and emergency mode operations in an emergency will be established and implemented as needed.
ii. Facility Security Plan: Policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft will be implemented.
iii. Access Control and Validation Procedures: Procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision will be implemented.
iv. Maintenance Records: Policies and procedures to document repairs and modifications to the physical components of a facility which are related to security (for example, hardware, walls, doors, and locks) will be implemented.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.310(a)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Conduct an Analysis of Existing Physical Security Vulnerabilities** | |
| 1. Inventory facilities and identify shortfalls and/or vulnerabilities in current physical security capabilities. | 1. Director of Recipient Rights, Customer Service and Security & Director or Environmental Services, Customer Service and Security |
| 2. Assign degrees of significance to each vulnerability identified and ensure that proper access is allowed. | 2. Director of Recipient Rights, Customer Service and Security & Director or Environmental |

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| 3. Determine which types of facilities require access controls to safeguard EPHI, such as:<br>• Data Centers<br>• Peripheral equipment locations<br>• IT staff offices<br>• Workstation locations | Services, Customer Service and Security<br>3. Chief Information Officer & Chief Quality and Compliance Officer |
| **Identify Corrective Measures** | |
| 4. Identify and assign responsibilities for the measures and activities necessary to correct deficiencies and ensure that proper access is allowed. | 4. Director of Recipient Rights, Customer Service and Security & Director of Environmental Services, Customer Service and Security |
| 5. Develop and deploy policies and procedures to ensure that repairs, upgrades, and/or modifications are made to the appropriate physical areas of the facility while ensuring that proper access is allowed. | 5. Director of Recipient Rights, Customer Service and Security & Director of Environmental Services, Customer Service and Security |
| **Develop a Facility Security Plan** | |
| 6. Implement policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft. | 6. Director of Environmental Services, Customer Service and Security |
| 7. Implement appropriate measures to provide physical security protection for EPHI in SCCMHA's possession. | 7. Director of Environmental Services, Customer Service and Security |
| 8. Include documentation of the SCCMHA inventory, information about the physical maintenance records and the history of changes, upgrades, and other modifications. | 8. Director of Environmental Services, Customer Service and Security |
| 9. Identify points of access to the facility and existing security controls. | 9. Director of Environmental Services, Customer Service and Security |

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| **Develop Access Control and Validation Procedures** | |
| 10. Implement procedures to control and validate a person's access to facilities based on their role or location, including visitor control, and control of access to software programs for testing and revision. | 10. Director of Environmental Services, Customer Service and Security |
| 11. Implement procedures to provide facility access to authorized personnel and visitors and exclude unauthorized persons. | 11. Director of Environmental Services, Customer Service and Security |
| **Establish Contingency Operations Procedures** | |
| 12. Establish (and implement as needed) procedures that allow facility access in support of restoration of lost data under the Disaster Recovery Plan and Emergency Mode Operations Plan in the event of an emergency. | 12. Director of Environmental Services, Customer Service and Security |
| **Maintain Maintenance Records** | |
| 13. Implement policies and procedures to document repairs and modifications to a facility's physical components related to security (for example, hardware, walls, doors, and locks). | 13. Director of Environmental Services, Customer Service and Security |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Device and Media Transport & Disposal | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.10.04 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 9/15/22, 8/4/23<br>**Supersedes**: 08.01.07<br>08.06.37<br>08.06.39 | **Approved By**: Sandra M. Lindsey, CEO<br><br>**Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Mark Suave, Senior Systems & Desktop Support Administrator– Chad Revell, Inventory Management and Mobile Device Specialist |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.310(d) – workstation use.

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted duties**. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**
SCCMHA will implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility. All movement of SCCMHA information systems and electronic media containing EPHI into, out of, and

within its facilities must be appropriately tracked and logged. SCCMHA workforce members must be held responsible for the movement of such items.

**Standards:**

1. All movement of SCCMHA information systems and electronic media containing EPHI into and out of its facilities must be tracked and logged. Those responsible for such movement must take all appropriate and reasonable actions to protect EPHI. This includes both EPHI received by SCCMHA and created within SCCMHA.

2. Appropriate SCCMHA management must authorize the use or sending of any information system or electronic media containing EPHI outside SCCMHA's premises. Such authorization must be tracked and logged. At a minimum, such tracking and logging must provide the following information:
    a. Date and time of movement of system or media
    b. Brief description of person using or sending EPHI on system or media
    c. Brief description of where EPHI is to be sent or how used
    d. Name of person authorizing such transaction

3. SCCMHA employees and associates who move electronic media or information systems containing EPHI are responsible for the subsequent use of such items and must take all appropriate and reasonable actions to protect them against damage, theft, and unauthorized access.

4. Data backup and storage: A retrievable, exact copy of electronic protected health information will be created, when needed, before movement of equipment.

5. Disposal: Procedure will be implemented which address the final disposition of EPHI, and/or the hardware or electronic media on which it is stored.

6. Media re-use: Procedures will be implemented for removal of EPHI from electronic media before the media are made available for re-use.

7. Accountability: A record will be maintained of the movements of hardware and electronic media and any person responsible, therefore.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.310(d)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Implement Methods for Final Disposal of EPHI** | |
| 1. Implement policies and procedures to address the final disposition of EPHI and/or the hardware or electronic media on which it is stored. | 1. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |
| 2. Determine and document the appropriate methods to dispose of hardware, software, and the data itself. | 2. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |
| 3. Assure the EPHI is properly destroyed and cannot be recreated. | 3. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |
| **Develop and Implement Procedures for Reuse of Electronic Media** | |
| 4. Implement procedures for removal of EPHI from electronic media before the media are made available for reuse. | 4. Inventory Management and Mobile Device Specialist |
| 5. Ensure that EPHI previously stored on electronic media cannot be accessed and reused. | 5. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |
| 6. Identify removable media and their use. | 6. Inventory Management and Mobile Device Specialist |
| 7. Ensure that EPHI is removed from reusable media before they are used to record new information. | 7. Inventory Management and Mobile Device Specialist |
| **Maintain Accountability for Hardware and Electronic Media** | |
| 8. Maintain an inventory and record of the movements of hardware and electronic media and any person responsible for such movement. | 8. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |

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| 9. Ensure that EPHI is not inadvertently released or shared with any unauthorized party. | 9. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |
| 10. Ensure that an individual is responsible for, and records the receipt and removal of, hardware and software which contains EPHI. | 10. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist |
| **Develop Data Backup and Storage Procedures** | |
| 11. Ensure that a retrievable exact copy of EPHI is created when needed before movement of equipment. | 11. Inventory Management and Mobile Device Specialist |
| 12. Ensure that an exact retrievable copy of the data is retained and protected to protect the integrity of EPHI during equipment relocation. | 12. Inventory Management and Mobile Device Specialist |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Audit Controls | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.12.02 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 9/15/22, 8/4/23<br>**Supersedes**: 08.06.46 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Brett Lyon, Senior Applications, Information Security & BI Administrator -Ben Pelkki, Senior Database & Microsoft 365 Administrator Compliance & Policy Team<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.312(b) – Audit Controls.

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted duties.** Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**

**SCCMHA** will implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.

**Standards:**

1. SCCMHA will determine the appropriate scope of audit controls necessary in information systems that contain or use EPHI based on SCCMHA's risk assessment and other organizational factors.
2. The SCCMHA I.S (Information Systems). department has the sole responsibility for installation of hardware, software, and related computing services.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.312(b)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Determine the Activities that Will Be Tracked or Audited** | |
| 1. Determine the appropriate scope of audit controls that will be necessary in information systems that contain or use EPHI based on SCCMHA's risk assessment and other organizational factors. | 1. Chief Information Officer, Compliance & Policy Team |
| 2. Determine what data needs to be captured. | 2. Chief Information Officer, Compliance & Policy Team |
| **Select the Tools that Will Be Deployed for Auditing and System Activity Reviews** | |
| 3. Evaluate existing system capabilities and determine if any changes or upgrades are necessary. | 3. Senior Applications, Information Security & BI Administrator Senior Database & Microsoft 365 Administrator |

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| **Develop and Deploy the Information System Activity Review/Audit Policy** | Compliance & Policy Team<br>Systems, Information Security & Microsoft 365 Administrator |
| 4. Document and communicate to the workforce the facts about the organization's decisions on audits and reviews. | 4. Chief Information Officer, Compliance & Policy Team |
| **Implement the Audit/System Activity Review Process** | |
| 5. Activate the necessary audit system. | 5. Senior Applications, Information Security & BI Administrator<br>Senior Database & Microsoft 365 Administrator<br>Compliance & Policy Team<br>Systems, Information Security & Microsoft 365 Administrator |
| 6. Perform logging and auditing procedures. | 6. Senior Applications, Information Security & BI Administrator<br>Senior Database & Microsoft 365 Administrator<br>Compliance & Policy Team<br>Systems, Information Security & Microsoft 365 Administrator |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Integrity</td><td>Chapter: 08 – Management of Information</td><td>Subject No:<br>08.06.12.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>October 01, 2020</td><td>Date of Review/Revision:<br>9/15/22, 8/4/23</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:<br>08.06.47</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>AmyLou Douglas, Chief Information Officer | Chief Quality and Compliance Officer<br><br>Authored By:<br>Rich Garpiel, Compliance Officer<br><br>Additional Reviewers:<br>Brett Lyon, Senior Applications, Information Security & BI Administrator<br>Matthew Devos, Senior Network & Information Security Administrator</td></tr>
</table>

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.312(c) – workstation use

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted duties**. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**
Procedures to protect EPHI from improper alteration or destruction will be implemented.

**Standards:**
Electronic mechanisms to confirm that EPHI has not been altered or destroyed unauthorizedly will be implemented.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**
- The HIPAA Security Rule §164.312(c)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Identify All Users Who Have Been Authorized to Access EPHI** | |
| 1. Identify all approved users with the ability to alter or destroy data, if reasonable and appropriate. | 1. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| 2. Address this identification in conjunction with the identification of unauthorized sources (see below) that may be able to intercept the information and modify it. | 2. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator |
| **Identify Any Possible Unauthorized Sources that May Be Able to Intercept the Information and Modify It** | |
| 3. Identify scenarios that may result in modification to the EPHI by unauthorized sources (e.g., hackers, disgruntled employees, business competitors). | 3. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator |
| 4. Conduct this activity as part of the risk analysis. | 4. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| **Develop the Integrity Policy and Requirements** | |
| 5. Establish a formal (written) set of integrity requirements based on the | 5. Senior Applications, Information Security & BI Administrator |

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|---|---|
| results of the analysis completed in the previous steps. | Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| **Implement Procedures to Address These Requirements** | |
| 6. Identify and implement methods that will be used to protect the information from modification. | 6. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| 7. Identify and implement tools and techniques to be developed or procured that support the assurance of integrity. | 7. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| **Implement a Mechanism to Authenticate EPHI** | |
| 8. *Implement electronic mechanisms to verify that EPHI has not been altered or destroyed unauthorizedly.* | 8. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| 9. Consider possible electronic mechanisms for authentication such as:<br>• Error-correcting memory<br>• Magnetic disk storage<br>• Digital signatures<br>• Check some technology. | 9. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| **Establish a Monitoring Process to Assess How the Implemented Process Is Working** | |
| 10. Review existing processes to determine if objectives are being addressed. | 10. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |
| 11. Reassess integrity processes continually as technology and operational environments change to determine if they need to be revised. | 11. Senior Applications, Information Security & BI Administrator<br>Senior Network & Information Security Administrator<br>HIPAA Security Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Person or Entity Authentication | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.12.04 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 9/15/22, 8/4/23<br>**Supersedes**: 08.06.49 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Matt Devos, Senior Network & Information Security Administrator<br>Chad Revell, Inventory Management and Mobile Device Specialist<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator<br>Brett Lyon, Senior Applications, Information Security & BI Administrator<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.312(d) – Person or Entity Authentication.

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its**

**contracted duties**. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**
Procedures to verify that a person or entity seeking access to EPHI is the one claimed will be implemented.

**Standards:**

i. To log into any Information Systems that are managed and administered by SCCMHA's Information Technology Department, the following is required:
    a. Unique username
    b. Private password with complexity requirements
    c. Multifactor Authentication
ii. Users will NEVER use another person's logon credentials.
iii. If a user's credentials become compromised, the user's account will be disabled, and the user's password will be reset immediately. The user's account will be reenabled after the IT Department has ensured the user is no longer compromised.
iv. User's will be provisioned, and system access credentials will be provided by a member of the IT department when:
    a. Human Resources notifies the IT department.
    b. A Helpdesk ticket is created requesting activation.
    c. Approval has been granted by the authorized MT member or Department Director
    d. All required information has been submitted to establish access.

**Definitions:**
**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.312(d)

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Determine Authentication Applicability to Current Systems/Applications** | |
| 1. Identify methods available for authentication. Under the HIPAA Security Rule, authentication is the | 1. IT Department's Information Security Team Chief Information |

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| corroboration that a person is the one claimed. (45 CFR § 164.304). Authentication requires establishing the validity of a transmission source and/or verifying an individual's claim that he or she has been authorized for specific access privileges to information and information systems. | Officer & Chief Quality and Compliance Officer |
| **Evaluate Authentication Options Available** | |
| 2. Weigh the relative advantages and disadvantages of commonly used authentication approaches. There are four commonly used authentication approaches available:<br>• Something a person knows, such as a password,<br>• Something a person has or is in possession of, such as a token (smart card, ATM card, etc.),<br>• Some type of biometric identification a person provides, such as a fingerprint, or<br>• A combination of two or more of the above approaches. | 2. IT Department's Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| **Select and Implement Authentication Option** | |
| 3. Consider the results of the analysis conducted regarding the authentication options, select appropriate authentication methods, and implement the methods selected into SCCMHA's operations and activities. | 3. IT Department's Information Security Team<br>Chief Information Officer & Chief Quality and Compliance Officer |
| **Network Access** | |

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| 4. System Access will be granted upon proper approval process and the submission of a Helpdesk ticket. User credentials will be provided to that user and no others. | 4. IT Department's Network & Helpdesk Teams |
| 5. Passwords will be reset upon notice to the IT Helpdesk. | 5. IT Department's Clinical Applications & Helpdesk Teams |
| **Sentri EHR (Electronic Health Record)** | |
| 6. System Access will be granted upon proper approval process and the submission of a Helpdesk ticket. User credentials will be provided to that user and no others. | 6. IT Department's Network & Helpdesk Teams |
| 7. When Access has been granted, the IS staff will send an email to the staff with a cc: to the responsible HIPPA privacy officer, the user's supervisor, SCCMHA's training department, SCCMHA's auditing department and the staff that is requesting access. | 7. IT Department's Network & Helpdesk Teams |
| 8. The first logon will require the staff to change their password, no exception. | 8. IT Department's Network & Helpdesk Teams |
| 9. System Access will be granted upon proper approval process and the submission of a Helpdesk ticket. User credentials will be provided to that user and no others. | 9. IT Department's Network & Helpdesk Teams |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Transmission Security | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.12.05 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 9/20/22, 8/4/23<br>**Supersedes**: 08.06.45 | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Matt Devos, Network & Information Systems Administrator<br>Brett Lyon, Senior Applications, Information Security & BI Administrator<br>Ben Pelkki, Senior Database & Microsoft 365 Administrator |

**Purpose:**
To assure compliance with the HIPAA Security Rule, §164.312(e) – Transmission Security

**Application:**
**The HIPAA Security Rule and this Policy applies to SCCMHA, its business associates, and any subcontractor required to access or use PHI to complete its contracted duties**. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:**

Technical security measures to guard against unauthorized access to EPHI transmitted over an electronic communications network will be implemented.

**Standards:**

i. **Integrity Controls**: Security measures to ensure that electronically transmitted electronic protected health information is not improperly modified without detection until disposed of will be implemented.

ii. **Encryption:** A mechanism to encrypt EPHI whenever deemed appropriate will be implemented.

**Definitions:**

**See I.T./I.S. Policy 08.06.00.01, which contains a full list of relevant words and terms used in this section's Policies.**

**References:**

- The HIPAA Security Rule §164.312(e)

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Identify Any Possible Unauthorized Sources that May Be Able to Intercept and/or Modify the Information** | |
| 1. Identify scenarios that may result in modification of the EPHI by unauthorized sources during transmission (e.g., hackers, disgruntled employees, business competitors). | 1. Information Security Team & HIPAA Security Officer |
| **Develop and Implement Transmission Security Policy and Procedures** | |
| 2. Establish a formal (written) set of requirements for transmitting EPHI. | 2. Information Security Team & HIPAA Security Officer |
| 3. Identify methods of transmission that will be used to safeguard EPHI. | 3. Information Security Team & HIPAA Security Officer |
| 4. Identify tools and techniques that will be used to support the transmission security policy. | 4. Information Security Team & HIPAA Security Officer |

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| 5. Implement procedures for transmitting EPHI using hardware and/or software, if needed. | 5. Information Security Team & HIPAA Security Officer |
| **Implement Integrity Controls** | |
| 6. Implement security measures to ensure that electronically transmitted EPHI is not improperly modified without detection until disposed of. | 6. Information Security Team & HIPAA Security Officer |
| **Implement Encryption** | |
| 7. Implement a mechanism to encrypt EPHI whenever deemed appropriate. | 7. Information Security Team & HIPAA Security Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Policies, Procedures, and Documentation | **Chapter**: 08 – Management of Information | **Subject No**: 08.06.16.01 |
| **Effective Date**: October 01, 2020 | **Date of Review/Revision**: 9/20/22, 6/28/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** AmyLou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer & HIPAA Security Officer<br><br>**Authored By**: Rich Garpiel, Compliance Officer<br><br>**Additional Reviewers**: Jennifer Keilitz, Director of Network Services, Public Policy, and Continuing Ed and Kentera Patterson, Officer of Recipient Rights and Compliance & Privacy Officer |

**Purpose:** To assure compliance with the HIPAA Security Rule, §164.316 – Policies and Procedures and Documentation Requirements.

**Application:** The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

**Policy:** The Policies and procedures implemented to comply with the HIPAA Security Rule will be maintained in written form (which may be electronic), and if an action,

activity or assessment is required by the HIPAA Security Rule, a written record (which may be electronic) will be maintained of the action, activity, or assessment.

**Standards:**

1. SCCMHA will permit a Business Associate to create, receive, maintain, or transmit EPHI on SCCMHA's behalf only if SCCMHA obtains satisfactory assurances, in accordance with the HIPAA Security Rule, that the business associate will appropriately safeguard the information.

2. Any written documentation required by Standard 1 above will be retained for 6 years from the date of its creation or the date when it last was in effect.

3. The documentation referenced in Standards 1 and 2 will be made available to those persons responsible for implementing the applicable Policy or Procedure.

4. The documentation referenced in Standards 1 and 2 will be reviewed periodically, and updated as needed, in response to environmental or operational changes affecting the security of the electronic protected health information.

**Definitions:** See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

**References:**

- The HIPAA Security Rule §164.316

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Create and Deploy Policies and Procedures** | |
| 1. Implement reasonable and appropriate procedures to comply with the HIPAA Security Rule. | 1. HIPAA Security Officer & HIPAA Privacy Officer |
| 2. Periodically evaluate written policies and procedures to verify that:<br>a) Policies and procedures are sufficient to address the standards, implementation | 2. HIPAA Security Officer& HIPAA Privacy Officer |

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| specifications, and other requirements of the HIPAA Security Rule.<br>b) Policies and procedures accurately reflect the actual activities and practices exhibited by SCCMHA, its workforce, its systems, and its business associates. | |
| **Update Documentation of Policy and Procedures** | |
| 3. Change policies and procedures as is reasonable and appropriate, at any time, provided that the changes are documented and implemented in accordance with the requirements of the HIPAA Security Rule. | 3. HIPAA Security Officer & HIPAA Privacy Officer |
| **Draft, maintain and Update Required Documentation** | |
| 4. Written documentation may be incorporated into existing manuals, policies, and other documents, or may be created specifically for the purpose of demonstrating compliance with the HIPAA Security Rule. | 4. HIPAA Security Officer & HIPAA Privacy Officer |
| **Retain Documentation for at Least Six Years** | |
| 5. Retain required documentation of policies, procedures, actions, activities, or assessments required by the HIPAA Security Rule for six years from the date of its creation or the date when it last was in effect, whichever is later. | 5. HIPAA Security Officer & HIPAA Privacy Officer Director of Network Services, Public Policy |

| | |
|---|---|
| **Assure that Documentation is Available to those Responsible for Implementation** | |
| 6. Make documentation available to those persons for implementing the procedures to which the documentation pertains. | 6. HIPAA Security Officer & HIPAA Privacy Officer Director of Network Services, Public Policy |
| **Update Documentation as Required** | |
| 7. Review documentation periodically, and update as needed, in response to environmental or operational changes affecting the security of the EPHI. | 7. HIPAA Security Officer & HIPAA Privacy Officer |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Data Backup and Storage | **Chapter**: 08 - Management of Information | **Subject No**: 08.06.40 |
| **Effective Date**:<br>June 7, 2004 | **Date of Review/Revision**:<br>8/4/23, 9/14/22, 11/14/18, 9/12/17, 7/11/07, 3/25/04<br>**Supersedes**: | **Approved By**:<br>Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:**<br>Amy Lou Douglas, Chief Information Officer \| Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Steve DeLong<br><br>**Additional Reviewers**:<br>Matthew Devos - Senior Network & Information Security Administrator, Benjamin Pelkki Senior Database & Microsoft 365 Administrator<br>Joe Gates, Systems, Information Security & Microsoft 365 Administrator<br>Brett Lyon – Senior Applications, Information Security & BI Administrator |

**Purpose:**
This policy reflects SCCMHA's commitment to backup and securely store all data on its information systems and electronic media.

**Policy:**
All data on SCCMHA's information systems and electronic media must be regularly backed up and securely stored. Backup and restoration procedures must be regularly tested and documented.

**Application:**

This policy applies to all data residing on SCCMHA-owned components of the Management Information System. It excludes SCCMHA data located offsite which has been entrusted to a third party via a contractual agreement.

**Standards:**

1. Backup copies of all data on SCCMHA electronic media and information systems must be made each business day. This includes both data received by SCCMHA and created within SCCMHA.

2. SCCMHA-owned Information Systems and electronic media for which this policy applies includes the data residing on its servers.

3. SCCMHA must have adequate backup systems that ensure that all data can be recovered following a disaster or media failure. These systems must be regularly tested.

4. Backup of data on SCCMHA information systems and electronic media, together with accurate and complete records of the backup copies and documented restoration procedures, must be stored in a secure remote location, at a sufficient distance from SCCMHA facilities to escape damage from a disaster at SCCMHA. (*See SCCMHA I.S. Departmental procedures 09.07.01.05 – Backup procedure, 09.07.01.10 – Restore Procedure and SCCMHA's DRP plan for full server restore procedure*).

5. Backup copies of data stored at secure remote locations must be accessible to authorized SCCMHA employees or delegated contractors for timely retrieval of the information.

6. The backup media containing SCCMHA's data at the remote backup storage site must be given an appropriate level of physical and environmental protection consistent with the standards applied to data physically at SCCMHA.

7. Backup and restoration procedures for SCCMHA data must be regularly tested to ensure that they are effective and that they can be completed within a reasonable amount of time.

8. The retention period for backup of Electronic Protected Health Information (EPHI) on SCCMHA information systems and electronic media and any requirements for archive copies to be permanently retained must be defined and documented.

9. In addition to all on-prem backups, the servers must also be backed up to a cloud-based service.

**Definitions:**

*Electronic protected health information* means individually identifiable health information that is:

- Transmitted by electronic media.
- Maintained in electronic media.

*Electronic media* means:

(1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or

(2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

*Information system* means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

*Backup* means creating a retrievable, exact copy of data.

*Restoration* means the retrieval of files previously backed up and returning them to the condition they were at the time of backup.

*DRP* means Disaster Recovery Plan

**References:**
Information Systems Policies and Procedures manual, Version 4: modified 12/15/01.
Jonathon Tomas's "The Compliance Guide to HIPAA & the HHS Regulations."
Phoenix Health Systems

**Exhibits:**
None

**Procedure:**
None

| Quality Systems Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: BH-TEDS | **Chapter**: 09 - Department Procedures | **Subject No**: 09.08.01.04 |
| Quality Assurance | | |
| **Effective Date**: 7/11/2023 | **Date of Review/Revision**:<br>**Supersedes**: | **Approved By**: AmyLou Douglas, Chief Information Officer \| Chief Quality & Compliance Officer<br><br>**Authored By**: Holli McGeshick, Quality and Medical Records Supervisor<br><br>**Reviewed By**: Bo Zwingman-Dole<br>Dave Dunham |

**Purpose:**
To ensure that Saginaw County Community Mental Health Authority (SCCMHA) Quality Systems and Information Systems Departments will manage SCCMHA contractual obligations to the Mid-State Health Network (MSHN) and the Michigan Department of Health and Human Services (MDHHS) for Behavioral Health Treatment Episode Dataset (BH-TEDS) data reporting.

**Application:**
This policy applies to all staff in the Quality and Information Security departments as well as any other staff that are required to report BH-TEDS data.

**Standards:**
1. BH-TEDS records are required for all consumers receiving a face-to-face billable service.
    a. Exceptions to this are:
        i. Eligibility Assessment/ Brief Screening (H0002)
        ii. OBRA/PASARR Assessments and Evaluations
2. All member BH-TEDS data shall be confirmed, updated, and complete upon each face-to-face visit.

3. Combines SUD & MH treatment into a single national model for evaluation of consumer outcomes.
    a. Examples are:
        i. Increased/retained employment or education.
        ii. Decreased criminal justice involvement.
        iii. Increased stability in housing.
4. A BH-TEDS Episode of Care (EOC) begins with entrance to a CMHSP service and ends when an individual completely terminates services at the CMHSP.
5. An annual update is required if the EOC is longer than one year.
6. There are two types of BH-TEDS records.
    a. Mental Health (MH) Treatment Episode:
        i. Admission/ Service Start- Required to start and EOC, typically completed by SCCMHA Central Access & Intake staff when consumer begins CMH services.
        ii. Update (annual)- Required at least annually to provide an update of the individual's status.
        iii. Discharge/ Service End- Required to end an EOC when an individual completely terminates MH services.
            1. An EOC should not be ended when a consumer transfers to another team or provider within the network.
            2. If an individual does not formerly discharge (i.e., stops showing) do a Discharge/Service End record when no MH services have taken place for 60 days.
            3. If the reason for discharge is death, the date of death is the Service End Date.
    b. Q Record/Crisis Only Event:
        i. Crisis Only Event- required only when no open BH-TEDS EOC already exists.
            1. Q Records are used to capture a single-point-in-time crisis only event.
            2. There is no Service End/Discharge record, only one Q record on any given date.
            3. H2011 (Emergency Note) & T1023 (Pre-Admission Screening) (NOT H0018)
                a. T1023 – Disposition Diversion / Alternate Services Plan – Q Record Required
                b. T1023 – Disposition Admission Plan – ADM/Service Start Record Required and all BH-TEDS fields must be completed in their entirety.
7. Stand Alone should only be done in special circumstances such as when a consumer returns to on-going services within 90 days of discharge, Wraparound cases, or County of Financial Responsibility (COFR).
8. SCCMHA shall report the BH-TEDS data set to the Mid-State Health Network according to contractual requirements.

**Definitions:**

BH-TEDS: Behavioral Health Treatment Episode Data Set combines SUD & MH treatment into a single national model for evaluation of 60+ consumer data fields to determine the point-in-time snapshot of current outcomes relating to treatment.

BH-TEDS dataset: This set of client demographic and clinical data elements is established by the Michigan Department of Health and Human Services and is reported monthly to MSHN by the SCCMHA Information Systems Department. This is maintained in the Sentri electronic medical record and administered by the SCCMHA Quality Medical Records Supervisor.

MSHN: Mid-State Health Network is the Prepaid Inpatient Health Plan (PIHP) for twenty-one Michigan counties and is in partnership with Community Mental Health (CMH) agencies of these counties.

MDHHS: Michigan Department of Health and Human Services is a principal department of the State of Michigan that provides public assistance, child and family welfare services, and oversees health policy and management including mental health care.

**References:**
2023 BH-TEDS Training Presentation.pptx
Policy 05.04.02 Member Enrollment Quality Data and Case Sensitive Status
Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) FY 2023

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **BH-TEDS Data Integrity:** | |
| 1. The Quality/Business Intelligence Department shall make available the Coding Instructions for Michigan Behavioral Health Treatment Episode Data Set (BH-TEDS) for provider training and reference. | 1. Quality and Information Systems Departments |
| 2. The Quality and the Information Systems Departments shall ensure that all electronic data base fields in the SCCMHA information | 2. Quality and Information Systems Departments |

| | |
|---|---|
| system or in data collection tools for the recording of BH-TEDS data elements are consistent with the current MDHHS definitions and coding requirements. | |
| 3. The Quality and Information Systems Departments shall monitor data for a range of errors and omissions and shall initiate needed periodic training, system level corrections or requests for correction by the assigned case managers. | 3. Quality and Information Systems Departments |
| 4. The Quality and Information Systems Department will develop BH-TEDS data reports for the use in monitoring and editing the BH-TEDS data for consumers.<br>a. Missing Records (ADM/UPD/DIS/Q)<br>b. Field Specific (i.e., Medicaid ID, SSN, Employment, LOCUS, etc.)<br>c. Full Record Exception (FRE) Yes, Other<br>d. Type of Treatment Service Setting | 4. Quality and Information Systems Departments |
| 5. Monitoring of MDHHS Missing Record Reports received by MSHN. | 5. Quality and Information Systems Departments |
| 6. Distribute reports to primary teams and provider network for addressing, completing updating and records and errors. | 6. Quality and Information Systems Departments |
| 7. Appropriate follow-up with primary teams and provider network teams for the completion of the distributed reports. | 7. Quality and Information Systems Departments |

# Tab 6

# Recipient Rights, Customer Service, Appeals & Grievance

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Enrollee Rights and Accommodations</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>May 2002</td><td>Date of Review/Revision:<br>6/7/02, 6/13/10, 5/14/12, 6/3/14, 9/22/14, 5/6/16, 6/13/17, 6/10/18, 1/8/19, 2/11/20, 2/9/21, 6/7/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Service, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Service, Recipient Rights, & Security<br><br>Reviewed By:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

1. To accommodate access and assure each individual's full participation and receipt of maximum benefit from service being offered
2. To add customer value and satisfaction to services being offered by recognizing and addressing differences of individuals

**Policy:**

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to ensure that applicants and recipients of services, as well as the staff and provider network members, and the community and public, receive any necessary and appropriate accommodations throughout the local SCCMHA mental health system in order to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the service area. Assessment of accommodation needs shall commence and be documented upon initial contact with the SCCMHA system, and accommodation plans will be reassessed or revised if appropriate for each individual consumer served. SCCMHA recognizes that individual differences can directly impair system access, receipt of services and the quality, effectiveness, and satisfaction of/with SCCMHA service delivery.

**Application:**

This policy applies to all provider network members, including contracted, board operated and contract or direct operated affiliations that provide purchased services to persons served by SCCMHA. This policy addresses individual - consumer or applicant and related family, advocate, and stakeholder - and community/public accommodations. This policy does not address relevant employee/staff accommodations.

**Standards:**

A. Barriers to consumer accommodations will be routinely identified and addressed by SCCMHA on an individual and systemic basis.
B. SCCMHA will assure access and accommodation of persons with Limited-English proficiency (LEP).
C. SCCMHA will assure system sensitivity and accommodation of diverse ethnic and cultural backgrounds.
D. SCCMHA will ensure accommodation of individuals with communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication).
E. SCCMHA will ensure persons who are deaf, blind, or hard of hearing or have other accommodation needs are accommodated throughout the system.
F. Accommodation for staff/employees to promote their performance with job roles is the responsibility of the Human Resources Department and not covered by this policy.
G. Accommodations for consumers will be individually addressed, but collectively will reflect the cultural context and diversity of the SCCMHA geographical service delivery area and community needs.
H. SCCMHA will provide materials to applicants for services in varied formats that consider the individual differences of each person's communication or access needs and in a format that is easily understood.
I. SCCMHA will secure interpreter services or bilingual staff as needed for consumers or others.
J. SCCMHA will routinely assess and respond to community cultural diversity needs.
K. SCCMHA will assess the organizational and provider network system accessibility to meet consumer and service applicant needs.
L. SCCMHA will ensure staff and provider network orientation and training in all aspects of accommodations to ensure competency and full system access in the community.
M. SCCMHA will offer electronic, telephonic, or audio communication means to meet consumer and community needs where appropriate.
N. SCCMHA will periodically measure system sensitivity to consumer accommodations and will implement any indicated improvements in a timely manner.
O. Staff and provider performance assessment will include cultural diversity and communication/accommodation sensitivity and responsiveness.
P. SCCMHA outreach activities will specifically include individual accommodation response whenever indicated.
Q. Intake, screening, assessment, and treatment, as well as customer service/recipient rights personnel will receive specific orientation to consumer accommodation, and will ensure accurate language identification, assessment and planning for each individual served.
R. An Accommodation Plan for the SCCMHA system will be prepared by the Director of Customer Service~~,~~ Recipient Rights, and Security, at a minimum on an annual basis.
S. Examples of consumer accommodations include facilitating use of client communication adaptive devices or service animals, Braille and Spanish language written materials and building signage, and availability of an augmentative communication specialist.

T. SCCMHA will review materials provided to applicants, consumers, and the community to ensure that written information is provided at appropriate reading levels for each audience.
U. SCCMHA announces changes to the Primary Provider Network by posting notice throughout the SCCMHA Provider Network and will inform consumers and the public the updated information may be viewed by visiting the SCCMHA web site or by contacting the Customer Service Office at 1-800-258-8678. Changes will be made and kept up to date to the SCCMHA Primary Provider Contact Information document on www.sccmha.org.
V. For routine or planned consumer and/or family contacts, interpreter services when needed are to be made available; for crisis or urgent situations, bilingual staff should be utilized if an interpreter cannot be immediately made available.
W. Staff of SCCMHA or a provider agency will be trained to follow proper procedures to both identify, and to respond with appropriate steps once identification is made of a non-English speaking consumer or other SCCMHA customer.
X. Primary teams will track what language assistance options are available directly from staff members to assist consumers.

**Definitions:**

Limited-English Proficiency - Persons who cannot speak, write, read, or understand the English language in a manner that permits them to interact effectively with health care providers and social services agencies.

Linguistically Appropriate Services - Provided in the language best understood by the consumer through bi-lingual staff and the use of qualified interpreters, including American Sign Language, to individuals with limited-English proficiency. These services are a core element of cultural competency and reflect an understanding, acceptance, and respect for the cultural values, beliefs, and practices of the community of individuals with limited-English proficiency. Linguistically appropriate services must be available at the point of entry into the system and throughout the course of treatment and must be available at no cost to the consumer.

Cultural Competency - An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of the minority populations. The cultural competency of an organization is demonstrated by its policies and practices. PIHP (Prepaid Inpatient Health Plan) components of cultural competence include: 1) a method of community assessment; 2) sufficient policy and procedure to reflect the PIHP's value and practice expectations; 3) a method of service assessment and monitoring; and 4) ongoing training to assure that staff are aware of, and able to effectively implement policy.

Basic Reading Level – The reading level at which an individual can understand the overall meaning of what they read.

Reading Level – For marketing materials intended to be distributed through written or other media to the community that describe the availability of covered services and supports and how to access those supports and services, all such materials shall be written at the 4$^{th}$ grade reading level as much as possible.

Individual - Persons with mental illness, developmental disabilities, or substance abuse disorders (or a combination), including persons who are Medicaid-eligible, as well as other mental health and substance use disorder specialty services recipients who may be indigent, are self-pay or have private insurance coverage.
Outreach - Efforts to extend services to those persons who are under-served or hard-to-reach that often require seeking individuals in places where they are most likely to be found, including hospital emergency rooms, homeless shelters, women's shelters, senior centers, nursing homes, primary care clinics and similar locations.

**References:**

Internal - SCCMHA Customer Service Department description; SCCMHA Competency & Performance Evaluation Checklist

External - Michigan Department of Health and Human Services (MDHHS) contract, including attachment and reference documents; MDHHS Person-Centered Planning Revised Practice Guideline (most current version), Americans with Disabilities Act 1990; Title VI of Civil Rights Act 1964; Rehabilitation Act 1973

**Exhibits:**
None

**Procedure:**

| Action | Responsibility |
|---|---|
| 1) Approves and authorizes SCCMHA accommodation policy and plan. | 1) CEO |
| 2) Provides leadership through policies, practices, and system response to complaints/requests regarding consumer and service accommodations. Prepares and oversees system accommodation improvement plans, including assuring consumer input. Reviews accommodations compliance in Office of Recipient Rights (ORR) system and provider reviews. | 2) Director of Customer Service, Recipient Rights, & Security |
| 3) Ensures provider network compliance with accommodation policy requirements and system improvement plans. | 3) Director of Network Services, Public Policy, Continuing Education, OBRA/PASARR and Enhanced Health Services |
| 4) Oversees accommodation for consumers and families in clinical service programs. | 4) Executive Director of Clinical Services and Programs |

| | |
|---|---|
| 5) Respond to individual consumer accommodation needs whenever indicated. | 5) SCCMHA departments/units and provider network members |
| 6) Provide initial and routine input on accommodation policies and procedures; provide stakeholder feedback to SCCMHA on accommodation performance in the community. | 6) Representative consumers/families/ stakeholders |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Cultural Competence</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.01.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/25/05</td><td>Date of Review/Revision:<br>6/19/07, 6/22/09, 6/23/10, 6/20/12, 3/28/14, 5/19/14, 4/7/16, 3/8/17, 3/1/18, 3/7/19, 2/11/20, 3/11/21, 6/7/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services and Programs<br><br>Authored By:<br>Executive Director of Clinical Services and Programs<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To promote the delivery of services in a culturally competent manner to all consumers of services including but not limited to those with limited English proficiency, who are American Indian or Alaska Native (AI/AN), or for whom access to traditional approaches or medicines may not be part of typically offered services, and to consumers of diverse cultural and ethnic backgrounds and human differences including those based on race, religion, color, national origin, age, sex, height, weight, familial status, marital status, sexual orientation, gender identity, disability, genetics, service member in the Armed Forces, or any other characteristic protected by law.

**Application:**
The entire Saginaw County Community Mental Health Authority (SCCMHA) network of service providers.

**Policy:**
SCCMHA values the importance of culture in the delivery of services as well as its workforce and network of providers. SCCMHA will strive to increase the cultural competence of the workforce and network of providers through recruitment, initial training, and ongoing required training(s).

**Standards:**
1. All providers will receive training in cultural diversity including limited English proficiency and this training will be documented.
2. The initial assessment for each consumer will include an assessment of the need for accommodations related to cultural diversity and/or limited English proficiency.

3. Brochures will be printed in alternative formats.
4. Outreach will occur to cultural groups in the community.
5. Programs will have the ability to respond to culturally diverse populations by having referral agreements with cultural groups and access to translators.
6. Oral interpretation services are available in any language, free of charge, to potential enrollees and enrollees.
7. Enrollees/consumers will be made aware that written information is available in prevalent languages and they can request such from their Case Holder and/or Customer Services.
8. Staff providing services will strive to understand, respect and address how each individual's culture and/or limited English proficiency impacts treatment and the plan/assessment reflects any needed accommodations.
9. Compliance with cultural competence requirements will be monitored at least annually.

**Definitions:**

Cultural Competency: Refers to human differences, including those based on race, religion, color, national origin, age, sex, height, weight, familial status, marital status, sexual orientation, gender identity, disability, genetics, service member in the Armed Forces, or any other characteristic protected by law. This also includes the willingness and ability of a system to value the importance of those culture differences in the delivery of services to all segments of the population. It is the use of a system's perspective which values differences and is responsive to diversity at all levels of an organization, i.e., policy, governance, administrative, workforce, provider, and consumer. It is the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods throughout the system to support the delivery of culturally relevant, competent care. It is also the development and continued promotion of skills and practices important in treatment, cross-cultural interactions and system practices among providers and staff to ensure that services are delivered in a culturally competent manner.

Limited-English Proficiency: Persons who cannot speak, write, read, or understand the English Language in a manner that permits them to interact effectively with health care providers and social services agencies.

**References:**

1. DCH PHP Review Protocols
2. Cultural Competence Online (Web site)
3. SCCMHA Accommodations Policy
4. SCCMHA Limited English Proficiency Policy

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Assures that brochures are available in alternative languages. | 1. Customer Services |
| 2. Makes training on cultural diversity and limited English proficiency mandatory and available on a regular basis. | 2. SCCMHA training department and certified facilitators and/or other Evidence based models as adopted/approved by the agency. |
| 3. Assures that oral interpretation services are available in any language. | 3. Customer Services and SCCMHA Contracts Department |
| 4. Makes consumers/enrollees aware that written materials are available in alternative languages. | 4. Customer Services Access Staff Case managers, therapists, and supports coordinators |
| 5. The initial assessment and ongoing assessments will address the need for accommodations related to cultural diversity and/or limited English proficiency. | 5. Psychiatrists, Access staff Case managers, therapists, supports coordinators and enhanced health providers. |
| 6. Staff providing services will strive to understand, respect and address how everyone's culture and/or limited English proficiency impacts treatment and the plan/assessment reflects any needed accommodations. They will seek further training and direction as needed. | 6. Psychiatrists, access staff, case managers, therapists and supports coordinators and other enhanced health providers. |
| 7. Will celebrate the diversity of the workforce through periodic celebrations (i.e.: Black History Month, Cinco De Mayo, Mental Health Awareness Month, etc.) | 7. In partnership with Providers and community partners. |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Customer Service</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 8, 2002</td><td>Date of Review/Revision:<br>7/30/02, 4/21/06, 6/29/09, 5/14/12, 6/22/14, 11/27/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/7/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Service, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Service, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set forth standards in assisting customers and their family members with needs that arise in dealing with mental health services.

**Policy:**
The Customer Service staff shall handle customer concerns and questions in an effective, efficient, and timely manner to produce customer satisfaction. Customer concerns and questions may include, but are not limited to: Medicaid and other Insurance benefits, Community Mental Health (CMH) covered services, appeals and grievance procedures, second opinion procedures, assisting with filling out Recipient Rights complaints and forwarding the complaints to the Office of Recipient Rights, Medicaid Fair Hearing requests, etc.

**Application:**
This policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) board operated programs. The SCCMHA Provider Network is required to follow this policy or have its own policy that is submitted and approved by SCCMHA.

**Standards:**
1) All SCCMHA Board Operated Programs and Provider Network will be responsible for dealing with the customers of SCCMHA in a dignified and respectful manner.
2) The Customer Service Office will provide effective and appropriate assistance to staff and customers as requested or needed as evidenced by improved results of Customer Satisfaction Surveys.

3) Customer Service Office staff are always available during regular business hours (Mon. – Fri. 8 a.m. to 5 p.m. except for holidays and during emergency closures) to assist customers with questions or complaints.
4) Education relating to services and eligibility will be made available through the Customer Service Office as well as other units of SCCMHA.
5) Customers in need of special accommodations will receive any assistance they need through the Customer Service Office.
6) Customer Service staff will assist staff with reserving rooms.
7) Voice mail messages will be returned within one (1) business day.
8) SCCMHA customers will be able to access Customer Service staff after hours by leaving a message on the Customer Service phone line of (989) 797-3452 or Toll Free 1-800-258-8678 or by making arrangements for an after-hours appointment.

**Definitions:**
**Customer Service Office staff activity is defined by job titles**: Job titles within this unit are Customer Services Specialist, Customer Services Representative, Customer Service Advocate, Customer Service/Recipient Rights Administrative Coordinator, Supervisor of the Customer Service Office, and the Director of the Customer Service, Recipient Rights, and Security.

**Agency phones:** The agency switchboard, Toll Free phone number, Customer Service number, Centralized Access, and Intake (CAI), and Crisis Intervention Services (CIS).

**Appeals Coordinator:** Responsible for educating SCCMHA staff regarding proper procedures in appeals and grievances. Also responsible for obtaining needed records, consulting with other departments, and reviewing relevant information in order to make an informed decision on appeals and grievances.

**References:**
Internal: None
External: Michigan Department of Health and Human Services (MDHHS) contract

**Exhibits:**
Exhibit A - SCCMHA Customer Service Standards

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Agency phones will be answered by a live voice within three rings or 30 seconds and in a customer-friendly tone. These staff will be knowledgeable of the service array for SCCMHA and will display the ability to refer customers to the area they need to speak to in a timely manner. | 1) Customer Service, CAI, and CIS staff |

| | |
|---|---|
| 2) Train SCCMHA and Network Provider staff in Appeals and Grievances and assist staff to be aware of their responsibilities when involved in a Hearing. | 2) Supervisor of the Recipient Rights Office (Appeals Coordinator) |
| 3) Customers will receive any assistance they need to initiate the process of requesting a Medicaid Fair Hearing and local complaint processes. | 3) Customer Service staff |
| 4) Customers will be greeted when they approach the Customer Service Office in a warm and friendly manner. | 4) Customer Service staff |
| 5) Customers will be directed to the area they need to get to and will be provided an escort as necessary to assist them. | 5) Customer Service staff |
| 6) Customers in need of any accommodation will be able to find assistance through the Customer Service Office. This could include an interpreter, assistance with a physical disability, inability to read, etc. | 6) Customer Service staff |
| 7) Customer Service staff have access to information about the organization, including annual reports; current organizational chart; SCCMHA board member list, meeting schedule, and minutes that are available to be provided in a timely manner to the person requesting the information. | 7) Customer Service staff |

Exhibit A

## Customer Service Standards

| | |
|---|---|
| 1 | The phone will be answered by a live voice promptly (within three rings). |
| 2 | Their calls will be answered in a courteous manner (with a smile). |
| 3 | There will always be telephone coverage during business hours. |
| 4 | All incoming phone calls coming from external sources will be answered with a consistent greeting such as “Saginaw Community Mental Health." |
| 5 | When customers call and ask for a specific department and/or person, they will be transferred to the appropriate answering station but will not be given the direct extension of the staff person unless the staff person has given permission for that extension to be given out. |
| 6 | In the event a caller is requesting a number outside of SCCMHA. The Customer Service Specialist answering the call will make a reasonable effort to provide the number for them. |
| 7 | When multiple calls are received, calls will be answered in order; callers will be asked if their call may be put on hold; the first caller will be returned to first; and the employee will continue to answer the lines in the order of the calls received. |
| 8 | When a person is at the window, a timely and courteous acknowledgement, such as eye contact or a positive indication that the CS specialist knows they are there, will be made. |
| 9 | If there is a person at a counter and the phone rings, the employee will acknowledge the customer at the counter, answer the telephone, tell the caller that a customer is waiting, and give the caller the option of being put on hold or having their call returned. |
| 10 | The outgoing voicemail message will be kept current, and the voicemail message at the main switchboard will be changed on days SCCMHA is closed for a holiday. |
| 11 | The voicemail message gives an optional phone number to call in the event of a crisis. |
| 12 | Any messages left on the general SCCMHA voicemail system will receive acknowledgements of their voicemail messages within 1 business day. |
| 13 | The Customer Service Specialists will assist with support for all departments within SCCMHA and attend to their requests within 1 business day whenever possible. |
| 14 | SCCMHA customers will be able to access Customer Service staff after hours by leaving a message on the Customer Service phone line of (989) 797-3452 or Toll Free 1-800-258-8678 or by making arrangements for an afterhours appointment. Messages will be returned within one (1) business day. |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Consumer Involvement and Leadership Opportunities</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 8, 2002</td><td>Date of Review/Revision:<br>7/30/02, 7/21/09, 6/17/12, 6/22/14, 5/28/18, 6/11/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Service, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Service, Recipient Rights, & Security<br><br>Additional Reviewers:<br>Consumer Leadership Group</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to include consumers in giving input in the leadership of this agency and to improve the leadership skills within consumer groups. This agency can improve the services delivered to consumers through the wide range of abilities and potential that consumers possess.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to include consumers of this agency in areas that affect services. The input sought from the consumers will be obtained through involvement with committee membership, customer satisfaction surveys, orientation to SCCMHA services, Evidence Based Practices, and the Request for Proposal process, implementation.

The involvement of consumers in SCCMHA is promoted wherever and whenever possible. The development of leadership skills for consumers as well as improving services provided by SCCMHA are the primary building blocks for including consumers in our work.

**Application:**
This policy applies to all consumers, previous consumers, and families of SCCMHA consumers and is applicable to the provider network as appropriate.

**Standards:**

The SCCMHA Centralized Access and Intake (CAI) are responsible for informing new consumers of all necessary information by meeting with them and providing a copy of the SCCMHA Consumer Orientation folder.

1) Consumers will be given the opportunity to be involved in the Consumer Leadership Group. Membership of the Consumer Leadership Group will be offered to any interested consumers but will be limited to 20 members.
2) The Consumer Leadership Group will provide Leadership Training to new members. This training was developed specifically for the purpose of use by the Consumer Leadership Group. This training will be offered every other month on the 4th Thursday of the month at 3:30 p.m. starting in January each year. If there are no new members in the Consumer Leadership Group, this training will be cancelled until new members arrive.
3) Consumers and their family members participating in SCCMHA committees will complete a Stipend Request form for each meeting they attend. There are some committees where a stipend is not paid.
4) Participation in most committees will be compensated by payment of a stipend as outlined in the Stipend Request Form.
5) The form (Consumer Stipend) will be signed and forwarded on through the routing process for signatures.
6) Consumers will be given information about opportunities to serve as members of committees and encouraged to be involved in committees and other areas of the agency.
7) The SCCMHA Provider Network will offer opportunities of consumer leadership within their services.
8) Election of Officers within the Consumer Leadership Group will be completed every other year:
    a) Chair
    b) Vice-Chair
    c) Secretary
    d) Treasurer
9) Officers will not serve more than two consecutive two-year terms in the same position

**Definitions:**
**Consumer Leadership Group:** A group of consumers, previous consumers, and families offered an opportunity to grow as leaders, meeting together to promote growth of individuals and the group.

**References:**
None

**Exhibits:**
Exhibit A: Consumer Stipend Form

**Procedure:**
None

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# CONSUMER MEETING ATTENDANCE STIPEND REQUEST

NAME: Enter Consumer Name Here

PHONE: Enter Consumer Phone Number Here

ADDRESS: Enter Consumer Address Here

SOCIAL SECURITY NO: Enter Consumer Social Security Number Here

MEETING DATE(S):

| | |
|---|---|
| Enter Date of Meeting Here | Consumer Leadership Group |
| Enter Date of Meeting Here | Self Determination |
| Enter Date of Meeting Here | Person Centered Planning |
| Enter Date of Meeting Here | Citizen's Advisory Council (CAC) |
| Enter Date of Meeting Here | Recipient Rights Committee |
| Enter Date of Meeting Here | Learning Links Committee |
| Enter Date of Meeting Here | RFP Review Committee: Enter Name of Committee Here |
| Enter Date of Meeting Here | Other: Enter Name of Meeting Here |

---

☐ I decline to accept the Stipend payment and am volunteering my time to SCCMHA
☐ I accept the Stipend payment and choose to donate the payment to: Enter Name of Program Here

| | |
|---|---|
| Enter Number of Meetings Here | Total Meetings/Participation Attended |
| Enter Amount of Stipend Here | Meeting Stipend Payment: ***See Payment Guideline on bottom*** |
| Enter Amount of Stipend Here | Other Payment (Describe): Describe Reason for Payment |
| Enter Total Amount of Stipend Here | TOTAL PAYMENT |

_____ CEO SIGNATURE

_____ **CONSUMER SIGNATURE**

_____ STAFF LIAISON

***Payment Guideline**

**1 – 3 hours = $30.00** **3 – 6 hours =$40.00** **6 hours/over = $60.00**

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Input from Persons Served | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.01.04 |
| **Effective Date**:<br>August 8, 2002 | **Date of Review/Revision**:<br>7/30/02, 6/29/09, 6/17/12, 6/22/14, 1/27/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
To establish mechanisms to ensure that the Saginaw County Community Mental Health Authority (SCCMHA) has systems in place that solicit consumer input for utilization in program decision making, evaluation, and development.

**Policy:**
It is the policy of SCCMHA to create and maintain systems to obtain information and feedback from consumers, on an ongoing basis, regarding the quality of services provided.

**Application:**
This policy applies to all SCCMHA board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

**Standards:**
1) SCCMHA will regularly seek input from consumers regarding the quality of services provided.
2) Input regarding the quality of services provided by SCCMHA obtained from consumers and stakeholders will have an impact on the decisions made regarding improvement in the quality of services.
3) Consumers and stakeholders will voice their sense of empowerment as a result of increased input through Suggestion Box forms input on committees, and through Satisfaction Surveys.

4) Suggestions are welcomed by having a Suggestion Box available at every SCCMHA service site.

**Definitions:**
**Service sites:** Any SCCMHA building designed or used to provide services to consumers found eligible for service and those applicants requesting services from SCCMHA.

**References:**
Consumer involvement and Leadership Policy 02.01.03.00
Quality Assessment and Performance improvement Program for SCCMHA 04.01.01.00

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Consumer Satisfaction questionnaires will be mailed out on an ongoing basis to give Consumers and stakeholders the opportunity to give input on their view of services provided by SCCMHA. | 1) Chief Information Officer & Chief Quality & Compliance Officer |
| 2) The Customer Satisfaction Surveys will be developed through a collaborative effort that includes the Citizen's Advisory Committee (CAC). The surveys will have input from consumers and stakeholders as that is part of the membership of the CAC. | 2) Chief Information Officer & Chief Quality & Compliance Officer |
| 3) In between the ongoing surveys, consumers and stakeholders will be given the opportunity to give their input on a regular basis in two ways. The input gathered will be obtained through: The Suggestion Box forms available at every SCCMHA service site. These forms will be removed from the Suggestion Boxes monthly and taken to the Director of Customer Service, Recipient Rights, & Security who will work with Customer Service staff to assign the suggestions. | 3) Coordinated between the Director of Customer Services, Recipient Rights, & Security, Chief Information Officer & Chief Quality & Compliance Officer, and the Executive Director of Clinical Services and Programs |
| 4) Consumers will also be invited to participate in short-term work groups. | 4) Chief Information Officer & Chief Quality & Compliance Officer, Executive Director of Clinical Services |

and Programs, and Director of Network Services, Public Policy, & Continuing Education

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Consumer Orientation</td><td>Chapter: 02 - Customer Service & Recipient Rights</td><td>Subject No: 02.01.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/7/04</td><td>Date of Review/Revision:<br>4/13/04, 2/9/09, 6/29/09, 7/20/12, 6/22/14, 9/22/14, 12/18/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
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</table>

**Purpose:**
The purpose of this policy is to establish and set forth guidelines to ensure that new consumers receiving services from Saginaw County Community Mental Health Authority (SCCMHA) or the SCCMHA Provider Network are educated regarding available services, as well as dispute resolution and assistance with issues related to services. This will take place when they meet with Centralized Access and Intake (CAI) to establish an introduction to services. The Primary Support Staff with the assigned provider will complete a second orientation specific to the services provided and their location.

**Policy:**
It is the policy of SCCMHA to provide orientation to new consumers of SCCMHA and the SCCMHA Provider Network. Information regarding services and general information will also be given to consumers on an annual basis.

**Application:**
This policy applies to new and current consumers of SCCMHA and the SCCMHA Provider Network.

**Standards:**
1) CAI staff will review SCCMHA materials with new and current consumers contained in the Orientation Folder upon their initial meeting.

2) Primary Support Staff or their supervisors of the assigned provider will provide a second orientation for their location for initial services.

3) Primary Support Staff will provide information to consumers on an annual basis. Items such as the Recipient Rights booklet and the SCCMHA Customer Service Handbook are given annually, usually during the Person-Centered Planning (PCP) process. A full list of items to be given to consumers annually is listed in Standard # 4.

4) Initial Orientation Folders are regularly prepared by Customer Service staff and distributed to the Provider Network upon request. These folders contain the:

   a) Welcome to Services! Sheet
   b) Your Rights Booklet
   c) Customer Service Handbook
   d) Notice of Privacy Practices Page
   e) Notice of Privacy Practices Acknowledgement
   f) SCCMHA Primary Provider Contact Information Sheet
   g) Saginaw Collaborative Consent/Authorization to Release Confidential Information Form
   h) Advance Directive Acknowledgment Sheet
   i) SCCMHA Fact Page (Advance Directive)
   j) A Consumer's Reference Flyer
   k) An Overview of Evidence Based Practices Flyer
   l) Self Determination (SD) Brochure
   m) Appeals and Grievances Brochure
   n) Person Centered Planning Process Checklist
   o) Customer Services Complaint Form
   p) A Resource Guide for Families Dealing with Mental Illness Booklet
   q) SCCMHA SOGI Flyer
   r) No Wrong Door Flyer
   s) CEHR Brochure
   t) PCP Brochure

5) Annual Orientation Folders are regularly prepared by Customer Service Staff and distributed to the Provider Network upon request. These folders contain:

   a) Crisis Planning for Psychiatric and Medical Hospitalizations
   b) Advance Directive Acknowledgement Form
   c) SCCMHA Fact Page (Advance Directive)
   d) SCCMHA Primary Provider Contact Information Sheet
   e) Self Determination Information Brochure
   f) Person Centered Planning Brochure
   g) Appeals & Grievance Brochure
   h) Your Rights Booklet
   i) Customer Service Handbook

j) Notice of Privacy Practices Acknowledgement

6) Interpretation services will be made available to anyone needing assistance with understanding information or services provided to them at no cost.

7) SCCMHA Staff working in the Customer Service Office will be available for questions of consumers and other visitors to SCCMHA buildings.

8) SCCMHA Staff working in the Recipient Rights Office will be available for questions of consumers and other visitors to SCCMHA buildings.

**Definitions:**
**Current Consumer:** A person receiving services through the SCCMHA Provider Network on an ongoing basis.

**New Consumer**: Defined as a person applying for and receiving services from SCCMHA or the SCCMHA Provider Network. This can be a person receiving services for the first time, or someone returning to services after being discharged.

**Natural Supports**: A person or person supporting a consumer of SCCMHA services that is not paid for their support to the consumer.

**Primary Support Staff**: The Case Manager, Support Coordinator, or Primary Therapist assigned to a new consumer upon admission to SCCMHA services.

**References:**
National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organizations Standards & Guidelines RR1: Statement of Members' Rights and Responsibilities

**Exhibits:**
None

**Procedure:**
None

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Service Accessibility for Consumers</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.06</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 8, 2002</td><td>Date of Review/Revision:<br>7/30/02, 8/10/09, 5/14/12, 6/22/14, 8/12/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to maximize both actual (physical) and perceived accessibility of the Saginaw County Community Mental Health Authority (SCCMHA) services for all consumers and applicants for service; and to create a work environment in which employees are sensitive to the needs of consumers with physical, developmental, and psychiatric disabilities. To accommodate access and assure each individual's full participation and receipt of maximum benefit from services being offered. To add customer value and satisfaction to services being offered by recognizing and addressing differences between individuals.

**Policy:**
It is the policy of SCCMHA to ensure that applicants and recipients of services, as well as the staff and provider network members, and the community and public, receive any necessary and appropriate accommodations throughout the SCCMHA system to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the service area. Assessment of accommodation needs shall commence and be documented upon initial contact with the SCCMHA system, and accommodation plans will be reassessed or revised if appropriate for each individual consumer served. SCCMHA recognizes that individual differences can directly impair system access, receipt of services and the quality, effectiveness, and satisfaction with the SCCMHA service delivery.

**Application:**

This policy applies to all SCCMHA provider network members, including contracted, board operated and contract or direct operated affiliations that provide purchased services to persons served by SCCMHA. This policy addresses individual consumer or applicant and related family, advocate and stakeholder and community/public accommodations.

**Standards:**

a) SCCMHA service site buildings will be assessed to determine accessibility to services for consumers with disabilities on an individual and systemic basis.

b) SCCMHA will assure access and accommodation of persons with Limited English Proficiency (LEP).

c) SCCMHA will assure persons with visual, hearing, or other physical and mobility challenges are accommodated throughout the system.

d) Consumers will be able to receive the services designated as necessary and appropriate through the Person-Centered Planning process without worry about accessibility to those services.

e) Accommodations for consumers will be individually addressed, but collectively will reflect the cultural context and diversity of the SCCMHA geographical service delivery area and community needs.

f) The Customer Services Office will assist consumers with meeting initial accommodation needs they have, which prevents them from receiving necessary and appropriate services.

g) Materials intended for distribution to consumers, their guardians, and families will be written at a 4th grade level, to the best ability of SCCMHA. This takes into consideration some state and federal guidelines required to be in writing may not be written at this level.

h) When possible, all consumers are seen face to face by a Psychiatrist, Physician Assistant, or Nurse Practitioner. In areas where there is a shortage of Psychiatry, Tele-Psychiatry may be used.

i) When Tele-Psychiatry is used the RN or a Medical Assistant (MA) assigned to the clinic will confirm prior to the start of each session that all necessary technology and/or equipment:
    1) Is available at:
        - the originating site and
        - the remote site
    2) Functions properly at:
        - the originating site and
        - the remote site

**Definitions:**

- **Accessibility:** Defined by the ease of which someone with a disability would be able to reach their intended destination.
- **Limited English Proficiency (LEP):** A person with Limited English Proficiency or "LEP" is not able to speak, read or understand the English language well enough to allow him/her to interact effectively with health and social service or other providers.

- **Necessary and appropriate services:** Those services found necessary and appropriate for the consumer to meet the goals, dreams, or desires identified through their Person-Centered Planning meeting.

- **Service sites:** Any building designed or used to provide services to consumers found eligible for service and those applicants requesting services from SCCMHA.

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Site assessments for all SCCMHA service sites will be completed to determine accessibility to service sites for consumers with disabilities. | 1) Occupational Therapist |
| 2) Recommendations from the completed assessments of SCCMHA service sites will be given to the Director of Customer Services, Recipient Rights, & Security. | 2) Occupational Therapist |
| 3) Consumers will receive the services needed for them to achieve their goals, dreams, and desires as expressed through the Person-Centered Planning process. | 3) Case Manager, Supports Coordinator, or Primary Therapist |
| 4) Consumers in need of accommodations will have a central location to receive assistance with finding needed resources. | 4) Customer Service Office |
| 5) Awareness and training for SCCMHA staff will be provided so that the assigned staff person will be able to evaluate and accommodate the needs of consumers. | 5) Director of Network Services, Public Policy, & Continuing Education, OBRA/PASARR and Enhanced Health Services, and Director of Customer Services, Recipient Rights, & Security. |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Telephone Access Services | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.01.08 |
| **Effective Date**:<br>August 8, 2002 | **Date of Review/Revision**:<br>7/30/02, 6/29/09, 6/17/12, 6/22/14, 12/8/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to create and maintain a system that enables consumers, private citizens, and stakeholders to contact Saginaw County Community Mental Health Authority (SCCMHA) for assistance in a manner that does not limit their ability to speak with the SCCMHA staff that they request. It is also important to maintain a system that offers individuals with limited resources a means in which to contact SCCMHA without incurring any expense for such contact.

**Policy:**
It is the policy of SCCMHA to make telephone access for mental health services available at no cost to citizens who require services or assistance and who lack resources to pay for such calls.

**Application:**
This policy applies to all board operated programs. The SCCMHA Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

**Standards:**
1) Consumers, private citizens, and stakeholders will be able to contact SCCMHA without incurring a cost when completing the call.
2) Consumers who are deaf or hard of hearing, private citizens and stakeholders will be able to contact SCCMHA by using the Michigan Relay Service (711), and as a result incur no cost in completing the call.

3) SCCMHA will offer a main toll-free number for anyone to call for any reason.
4) SCCMHA will offer a crisis toll free number for anyone experiencing a mental health emergency.
5) Toll free numbers will be published in regularly viewed documents within the Saginaw community, on magnets, and published on Customer Service Handbooks produced by SCCMHA.

**Definitions:**
Michigan Relay Service – A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

"Toll free" – A special telephone number that is free for the person calling, the cost of the call is charged to the called party.

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) SCCMHA will maintain a toll-free number to be available for consumers, private citizens, and stakeholders, which will ensure they incur no cost while contacting SCCMHA. This number will be published in regularly viewed documents within the Saginaw community, on magnets, and published in Customer Service Handbooks produced by SCCMHA, and on the SCCMHA web site. The Handbook and the magnets will be made readily available for consumers, private citizens, and stakeholders. | 1) Director of Customer Services, Recipient Rights, & Security |
| 2) SCCMHA will maintain a toll-free number for crisis calls so that consumers, private citizens, and stakeholders will incur no cost when calling the Crisis Intervention Services (CIS) of SCCMHA in a mental health emergency. This number will be published in the same areas as the agency toll free number. | 2) Customer Service |

| | |
|---|---|
| 3) The toll-free number used by consumers, private citizens, and stakeholders will be available for persons who are deaf or hard of hearing by using the Michigan Relay Service. The Michigan Relay Service contact information will be published in the SCCMHA Customer Service Handbook (711). People who are deaf or hard of hearing can access this service to communicate with staff at SCCMHA. | 3) Customer Service |
| 4) SCCMHA can use the Michigan Relay Service for anyone calling SCCMHA phone numbers who is deaf or hard of hearing. | 4) All SCCMHA staff |
| 5) The SCCMHA main switchboard will be staffed during regular business hours. The staff responsible for answering the phone will answer the phone in a friendly, cordial manner and will politely transfer calls to the appropriate location. | 5) Customer Service |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Consumer and Family Education Materials and Activities</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.09</td></tr>
<tr><td rowspan="2">Effective Date:<br>August 8, 2002</td><td>Date of Review/Revision:<br>7/30/02, 6/29/09, 6/17/12, 6/22/14, 12/8/16, 5/29/18, 3/12/19, 3/9/20 4/22/20, 2/9/21, 6/10/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure that consumer education material regarding services and eligibility is updated as new programs or services are created. Mental health educational information will be available as well and Saginaw County Community Mental Health Authority (SCCMHA) will keep accurate and complete information available to consumers, private citizens, and stakeholders.

**Policy:**
It is the policy of SCCMHA to maintain up to date, accurate information on the services provided to consumers and to the public. SCCMHA is dedicated to keeping the local community informed regarding mental health information and the services provided to this community.

**Application:**
This policy applies to all SCCMHA board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

**Standards:**
1) Up-to-date brochures regarding services will be kept in the main lobbies of the 500 Hancock, 1040 Towerline, and the 3875 Bay Road facilities.

2) Educational material regarding mental health will be located in the main lobby or will be available upon request at the SCCMHA 500 Hancock, 1040 Towerline, and the 3875 Bay Road facilities for anyone that is interested. Additional copies of material specific to the populations served by SCCMHA service departments will be available in the waiting rooms.
3) Consumers and their family members will be able to participate in regular, ongoing training opportunities offered by SCCMHA, such as Person-Centered Planning, Self Determination, Natural Supports, and others as they become available. These training opportunities are available through the Learning Links programs once a month.

**Definitions:**
None

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Educational material relating to mental health will be available to consumers and visitors at the SCCMHA 500 Hancock, 1040 Towerline, and 3875 Bay Road facilities. This material will be reevaluated on an annual basis to ensure that the educational material being given out to consumers, private citizens, and stakeholders is relevant and up to date. | 1) Customer Service Office |
| 2) SCCMHA information and brochures relating to services and eligibility of SCCMHA will be available to consumers and visitors at the SCCMHA 500 Hancock, 1040 Towerline, and 3875 Bay Road facilities. The material will be reevaluated on an ongoing basis. | 2) Customer Service Office |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Medicaid Appeals</td><td>Chapter: 02 - Customer Service & Recipient Rights</td><td>Subject No: 02.01.11</td></tr>
<tr><td rowspan="2">Effective Date:<br>October 1, 1998</td><td>Date of Review/Revision:<br>12/30/03, 4/18/06, 12/12/06, 8/10/09, 5/14/12, 6/22/14, 11/10/14, 12/8/16, 6/6/18, 2/11/20, 4/20/21, 6/10/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.02.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to establish guidelines for a uniform process for Medicaid recipients receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA).

**Policy:**
It is the policy of SCCMHA that all consumers have the right to a fair and efficient process for resolving complaints regarding their services and supports managed and/or delivered by SCCMHA and the provider network. This policy is written specifically for Medicaid recipients receiving services from SCCMHA.

**Application:**
This policy applies to all Medicaid recipients of SCCMHA including the Provider Network.

**Standards:**
1) Adverse Benefit Determination Notice is not required under the following circumstances:
   a) Confirmation of the death of a consumer;
   b) Written confirmation from the consumer indicating they no longer wish to receive services.

c) The consumer has been admitted to an institution where they are ineligible under Medicaid for further services.
d) The consumer's whereabouts are unknown and the post office has returned agency mail directed to them.
e) The agency establishes the fact that the consumer has been accepted for Medicaid services by another entity.
f) A change in the level of medical care is prescribed by the consumer's physician.
g) If the scheduled action will occur in less than 10 days.

2) An applicant for, or a consumer of, public mental health or substance use disorder may access several options simultaneously to pursue the resolution of complaints.

3) During the initial contact with SCCMHA, the applicant will be notified of their rights, the grievance and appeals process, and the right to access the appropriate process. (The Recipient Rights process is not available to an applicant for initial services unless they are denied their request to a second opinion.)

4) If an individual requests inpatient treatment, or a specific mental health or substance use disorder support or service for which appropriate alternatives for the individual exist that are of equal or greater effectiveness and equal or lower cost, the clinician will:
a) Identify and discuss the underlying reasons for request/preference;
b) Identify and discuss alternatives with the consumer; and
c) Negotiate toward a mutually acceptable support, service and/or treatment

5) If a consumer is not satisfied with their Individual Plan of Service, the Michigan Mental Health Code allows the individual to make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days.

6) Medicaid consumers will be notified of their right to request an Administrative Hearing through the receipt of an Adverse Benefit Determination Notice when an action by SCCMHA calls for such a notice. A copy of the Adverse Benefit Determination Notice will be kept in the consumer's records.

7) Medicaid consumers may simultaneously request a Local Appeal (addressed in the Local Appeal Policy) and file a complaint with the Recipient Rights Office (if the consumer is a current SCCMHA consumer, or has been denied their right to a second opinion for initial services or hospitalization.).

8) Expedited (Quickened) Appeals must be conducted in 72 hours. If a quickened review is denied, oral notice of the denial must be given and followed up by a written notice within two calendar days. This is the responsibility of the Michigan Office of Administrative Hearings and Rules (MOAHR) for a Medicaid Fair Hearing.

9) Consumers who wish to file a complaint may do so independently or with the assistance of Customer Service or Support Staff.

10) Providers in the SCCMHA Provider Network will assist a consumer who needs help in creating a complaint or appeal and submitting that complaint or appeal for resolution or will direct consumers to the SCCMHA Customer Service Office to assist them.

11) Medicaid consumers receiving non-Medicaid services are required to exhaust the Local Appeal process before they can access the Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution process.

12) If a consumer involved in this process has Limited English Proficiency (LEP), SCCMHA and its Provider Network will take necessary and reasonable steps to accommodate this need. This includes obtaining an interpreter that can assist the consumer understand the process and assist in completing complaints or appeals. The Network Provider may contact Customer Service to arrange an interpreter.

13) The Fair Hearing Officer will track information relating to the Appeals process for the purpose of reporting to the SCCMHA Quality Governance Committee. Upon request, this information will also be reported to MDHHS and the contracted External Quality Review Organization.

14) The Fair Hearing Officer will inform the Executive Director of Clinical Services and Programs or the Chief Information Officer/Chief Quality and Compliance Officer or both, as appropriate, of a Medicaid Fair Hearing.

15) Customer Service staff, Appeals Coordinator, Fair Hearing Officer, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Medicaid Appeal.

16) For consumers who receive services through the Wraparound Program, given the intensity and frequency of the review of services, the following variation for the providing of notices shall occur:
    a) At the initial **Child & Family Team Meeting** (CFT) where the **Plan of Care** (POC) is developed, at least annually thereafter, the Adverse Benefit Determination Notice will be provided along with obtaining signatures on the Signature Page. Only the Signature Page will be copied into Sentri.
    b) Since most of the contact with the family is a subsequent CFT, because the POC is reviewed and tweaked as needed, if there is a denial/reduction/termination of a service, then Adverse Benefit Determination Notice will be offered. This will be documented in the Progress Note regarding the CFT. If there is no change in service, but a change in a goal or

objective, then an Adequate Notice or Adverse Benefit Determination Notice is not required.

c) If there is a denial/reduction/elimination of a service (or services) outside the CFT, for example, termination from program, the Adverse Benefit Determination Notice will be given. The Adverse Benefit Determination Notice will be copied into Sentri.

**Definitions:**

**Action:**

- Denial, reduction, suspension, or termination of mental health or substance abuse service(s).
- Denial or limited authorization of a requested service, including the type or level of service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within 3 working days from the date of receipt of a request for an expedited service authorization.
- Failure to provide services within 14 calendar days of the start date agreed upon during the Person Centered Plan and as authorized by the PIHP (SCCMHA).
- Failure of SCCMHA to act within 30 calendar days from the date of a request for a standard appeal.
- Failure of SCCMHA to act within 72 hours from the date of a request for an expedited appeal.
- SCCMHA fails to provide notice of disposition of a local grievance within 90 calendar days of the date of the request.

**Adverse Benefit Determination Notice:** A written notice mailed or directly provided to a Medicaid consumer or his/her guardian or legal representative no later than the date of action each time service is denied, during the development or change of the Person Centered Plan, or when a Grievance or Local Appeal is not completed within the appropriate time frame.

**Medicaid Fair Hearing:** An evidentiary hearing for a Medicaid consumer conducted by an Administrative Law Judge with the MOAHR regarding an action, as defined above, regarding a Medicaid covered service, by SCCMHA or one of its Service Providers.

**Administrative Hearing Team:** The Chief Information Officer/Chief Quality and Compliance Officer, Executive Director of Clinical Services and Programs, Director of Network Services, Public Policy, & Continuing Education, and the Fair Hearing Officer.

**Advance Notice:** A written notice mailed or directly provided to a Medicaid consumer or his/her guardian or legal representative at least 10 calendar days before the date of an action involving a termination, suspension or reduction in a Medicaid covered service.

**Appeals Coordinator:** Staff assigned to coordinate all grievances and local appeals (currently the Supervisor of Recipient Rights Officer).

**Applicant:** An individual, or their guardian, who makes a request for entrance into services with SCCMHA or one of their Service Providers.

**Expedited (Quickened) Review:** The review of a Medicaid or non-Medicaid consumer's appeal in three or less business days when following the time necessary for the normal appeal review process could seriously jeopardize the consumer's life or health or ability to attain, maintain, or regain maximum function.

**Fair Hearing Officer:** Staff person assigned to conduct the Administrative Fair Hearing, representing SCCMHA or the Service Provider (currently the Chief Information Officer/Chief Quality and Compliance Officer).

**Intake Evaluation Specialist:** Master's level clinician designated to assess/evaluate applicants for public mental health services.

**Mediation:** A private informal dispute resolution process in which an impartial, neutral person, in a confidential setting, assists parties in reaching their own settlement of issues in a dispute. A mediator does not have authoritative, decision-making power but relies on persuasion and reason to solve problems.

**Notice:** A written announcement given to a non-Medicaid consumer or a Medicaid consumer when related to a Medicaid covered service when the service is terminated, suspended, or reduced.

**Second Opinion:** The process by which the decision made by the Clinician evaluating an applicant for services is reviewed to determine public funding eligibility for an applicant of a requested service(s). A second opinion may be requested at the time of a denial to enter the SCCMHA system or when admission for inpatient psychiatric services has been denied.

**sentri II**: The SCCMHA electronic clinical record, maintained by the SCCMHA Information Systems Unit.

**Support Staff:** Support Coordinator, Case Manager, or Primary Therapist from a SCCMHA Board Operated program or from the SCCMHA Provider Network.

**Utilization Review:** A process in which established criteria are used to recommend or evaluate services provided in terms of cost-effectiveness, necessity, and effective use of resources.

**References:**

- MDHHS Administrative Hearings Policy and Procedure
- Care Management Services Policy 05.04.00, Customer Service Complaint (Grievance) Policy 02.01.11.01, and the Local Appeal Policy 02.01.11.02

- The Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual

**Exhibits:**
Exhibit A – Adverse Benefit Determination Notice
Exhibit B – Request for an Administrative Hearing
Exhibit C – MDHHS Request for an Administrative Hearing Instructions
DCH- 0092-MOAHR (Rev. 7-19)
Exhibit D – Customer Service Complaint Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Evaluates/assesses applicants for public mental health services. | 1) Intake Specialist |
| 2) If found ineligible for public mental health services, the applicant will be informed of their right to request a Second Opinion and be given an Adequate Action Notice. | 2) Care Management |
| 3) Contacts Care Management to request a Second Opinion. | 3) Applicant or Representative |
| 4) Second Opinion is scheduled with an Intake Specialist. | 4) Care Management |
| 5) Decides based upon the clinical information available to:<br>a) Support the initial decision that eligibility is not met and deny services, Or<br>b) Direct that clinically suitable services be provided. | 5) Intake Specialist |
| 6) Logs in data related to the Second Opinion event. | 6) Care Management |
| 7) Evaluates/assesses applicants for psychiatric hospitalization. | 7) Crisis Intervention Staff |
| 8) If found ineligible for psychiatric hospitalization, the applicant will be informed of their right to request a Second Opinion. | 8) Crisis Intervention Staff |
| 9) Requests a Second Opinion. | 9) Applicant or Representative |

| | |
|---|---|
| 10) Secures a Second Opinion within 72 hours (excluding weekends and holidays) with a Psychiatrist, Medical Doctor, or Licensed Psychologist. | 10) Chief Executive Officer or designee |
| 11) Decides based upon the clinical information available to:<br>a) Support the initial decision that eligibility is not met and deny services,<br>Or<br>b) Directs that psychiatric hospitalization be arranged | 11) Psychiatrist, Medical Doctor, or Licensed Psychologist providing Second Opinion |
| **Non-Medicaid Notice, Adverse Benefit Determination Notice:** | |
| 12) The Adverse Benefit Determination Notice form will be provided to any Medicaid recipient receiving non-Medicaid services when:<br>a) Any action is taken regarding services as described in the "Action" definition described above.<br>b) Adverse Benefit Determination Notice is required when services currently being provided are reduced, suspended, or terminated (to be sent at least 10 days prior to the date the action is to take place. | 12) Care Management Staff |
| **Medicaid:** | |
| 13) The Adverse Benefit Determination Notice form will be provided to any Medicaid consumer when:<br>a) Any action is taken regarding services as described in the "Action" definition described above.<br>b) Adverse Benefit Determination Notice is required when services currently being provided are reduced, suspended, or terminated (to be sent at least 10 days prior to the date the action is to take place. | 13) Care Management staff |
| **Medicaid Adverse Benefit Determination Notice and - Wraparound** | |
| 14) These notices will be provided to consumer's receiving services from the Wraparound program as follows: | 14) Wraparound staff |

| | |
|---|---|
| a) At the initial **Child & Family Team Meeting** (CFT) where the **Plan of Care** (POC) is developed, at least annually thereafter, the Adverse Benefit Determination Notice will be provided along with obtaining signatures on the Signature Page. Only the Signature Page will be copied into Sentri II.<br><br>b) Since most of the contact with the family is a subsequent CFT, because the POC is reviewed and tweaked as needed, if there is a denial/reduction/termination of a service, then an Adverse Benefit Determination Notice will be offered. This will be documented in the Progress Note regarding the CFT. If there is no change in service, but a change in a goal or objective, then an Adverse Benefit Determination Notice is not required.<br><br>c) If there is a denial/reduction/elimination of a service (or services) outside the CFT, for example, termination from program, the Adverse Benefit Determination Notice will be given. | |
| 15) Services are continued when a Request for an Administrative Hearing is filed and SCCMHA receives a request from the consumer or representative to continue the services, **and** the request for a hearing is done before the expressed date of action is to take place, and the appeal involves a reduction, suspension or termination of services, **and** the services were ordered by an authorized provider, **and** the original period of the authorization has not expired. | 15) Appeals coordinator or Hearings Officer will notify the Support Staff or Supervisor |
| 16) If a Medicaid consumer disagrees with their IPOS or an action taken by SCCMHA or one of their Service Providers, they can do one or all of the following:<br>a) Ask for a review by their assigned Support Staff or their Supervisor. | 16) Consumer or Representative |

| | |
|---|---|
| b) Request the Local Appeal through the Customer Services Office.<br>c) File a Recipient Rights complaint, only if they are a current consumer or have been denied their right to a second opinion. | |
| 17) Upon receipt of a request to review the Person-Centered Plan, a review will be completed within 30 days. | 17) Assigned Support Staff or their Supervisor |
| 18) If the decision of the Support Staff or their Supervisor is unsatisfactory, a request for a Local Appeal may be made by using the Consumer Complaint Form (Attached to the Local Appeals Policy) or requesting help from Customer Services or a Support Staff. Note: Consumers or their Representative have 60 days to request a Local Appeal from the date of the action being disputed. | 18) Consumer or Representative |
| 19) The decision of the Local Appeal will be made within 30 days of the receipt of the Consumer Complaint Form and will be in writing. | 19) Appeals coordinator |
| 20) Medicaid consumers may file a written Request for a Medicaid Fair Hearing within 120 days after receipt of the Notice and Hearing Rights. | 20) Medicaid Consumer or Representative |
| 21) Provides a copy of the Notice of Hearing to the Hearings Officer. | 21) Executive Assistant to the Chief Executive Officer |
| 22) Provides copies of the Notice of Hearing to the Administrative Hearing Team, and invites them to the hearing as needed. | 22) Fair Hearing Officer |
| 23) Upon receipt of the Notice of Hearing, reserves a room for the Medicaid Fair Hearing and notifies the Hearings Officer of the location. | 23) Appeals Coordinator |
| 24) Contacts the Consumer or Representative to attempt to resolve the complaint prior to the Medicaid Fair Hearing. | 24) Appeals Coordinator |
| 25) If a resolution of the complaint is not achieved, prepares SCCMHA information and invites | 25) Fair Hearing Officer |

| | |
|---|---|
| needed SCCMHA staff to the scheduled Administrative Fair Hearing. | |
| 26) Tracks the time frames of Medicaid State Fair Hearings. | 26) Fair Hearing Officer |
| 27) Keeps and files completed Medicaid State Fair Hearings information. | 27) Fair Hearing Officer |

Exhibit A

# NOTICE OF ADVERSE BENEFIT DETERMINATION

## *Saginaw County Community Mental Health Authority (SCCMHA)*

Consumer W. Twelve
1000 HANCOCK ST APT 1
Saginaw, MI 48602

**Important:** The notice explains your internal appeal rights. Please read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed in the "Get Help & More Information" section of this Notice.

| | |
|---|---|
| **Provided/Mailed Date:** 01/21/2021 | **Member ID:** 000000012 |
| **Name:** Consumer W. Twelve | **Beneficiary ID:** 000123456789 |

| **This is to tell you that the following action has been taken:** |
|---|
| Your current service(s) will be: Reduced.<br><br>**Effective:** 02/01/2021 |
| **This action is based on the following:** |
| Residency: you live outside of the Saginaw service area so we cannot authorize services for you. |

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your Provider asked for coverage on your behalf, we have sent a copy of this decision to your provider.

**IF YOU DON'T AGREE WITH THIS ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL**

You have to ask Saginaw for an internal appeal within 60 calendar days of the date of this notice. You, your representative, or your doctor can send in your request that must include:

- Your Name
- Address
- Member Number
- Reason for appealing
- Whether you want a standard or fast appeal (for an expedited or fast appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. If you are asking for a fast appeal you will need a doctor's supporting statement. Call your doctor if you need this information

**Please keep a copy of everything you send us for your records.**

**There are 2 kinds of internal appeals:**

**Standard Appeal:** We'll give you a written decision on a standard appeal within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received we'll give you a written decision within 60 calendar days.

**If you want to ask for an Internal Appeal either call or send in a written request to:**

**Saginaw**

**500 Hancock St.**
**Saginaw, MI 48602**

**Phone Number: (989) 797-3452**

**Fax Number: (989) 797-3595**

**For hearing or speech assistance, please call 711.**

**Expedited or "Fast" Appeal:** Expedited or Fast Appeal - We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days.

**To ask for a Fast Appeal, you must call: (989) 797-3452**

**For hearing or speech assistance, please call 711.**

## CONTINUATION OF SERVICE DURING AN INTERNAL APPEAL

If you are receiving a Michigan Medicaid service and you file your appeal within 10 calendar days of this Notice of Benefit Determination (01/31/2021), you may continue to receive your same level of services while your internal appeal is pending. You have the right to request and receive benefits while the internal appeal is pending, and should submit your request to Saginaw.

Your benefits for that service will continue if you request an internal appeal within **10 calendar days** from the date of this notice or from the beginning of the intended effective date of the proposed adverse action whichever is later.

## IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at (989) 797-3452 to learn how to name your representative. For hearing or speech assistance, call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

## ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

## WHAT HAPPENS NEXT?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will give you additional information about the State Fair Hearings process and how to file the request.
- If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules.

## Get Help & More Information

**If you need additional help or additional information about our decision and the internal appeal process, please call**

**Saginaw Customer Service Department**

**(989) 797-3452**

**For hearing or speech assistance, please call 711 for assistance.**

**Our hours of operation are Mon-Fri 8a-5p Except for holidays**

**You can also visit our website at www.sccmha.org**

Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 ( if calling from an internet based phone service).

**The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. These provide the basic legal authority for us to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.**

**Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.**

Exhibit B

# REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS

Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
PO Box 30763, Lansing, MI 48909
Telephone Number: 800-648-3397 Fax: 517-763-0146

**SECTION 1: To be completed by the PERSON REQUESTING A HEARING**

| Client Name | | | Client Telephone No. | Client Social Security No. |
|---|---|---|---|---|
| Client Address (No. and Street, Apt. No.) | | | | Medicaid ID No. |
| City | State | Zip Code | Client or Legal Guardian Signature | Date |
| What agency took the action or made the decision that you are appealing? Make sure to attach a copy of the letter from the agency that told the client about their decision. | | | | Client MDHHS Case No. |
| **I WANT TO REQUEST A HEARING:** The following are my reasons for requesting a hearing. **Use additional sheets if needed.** | | | | |
| Do you have a physical disability or other condition requiring special arrangements for you to attend or participate in a hearing? ☐ No ☐ Yes (If yes, please explain here.) | | | | |
| Will you need an interpreter? ☐ No ☐ Yes (If yes, language needed:) | | | | |

**SECTION 2: HAVE YOU CHOSEN SOMEONE TO REPRESENT YOU AT THE HEARING?**

| Has someone agreed to represent you at this hearing? ☐ No ☐ Yes (If Yes, have the representative complete and sign Section 3.) |
|---|

**SECTION 3: AUTHORIZED HEARING REPRESENTATIVE INFORMATION**

| Name of Representative (please print) | Representative Telephone No. | Relationship to Enrollee | |
|---|---|---|---|
| Address (No. and Street, Apt. No.) | City | State | Zip Code |
| Representative Signature | | Date Signed | |

**SECTION 4: To be completed by the AGENCY involved in the action being disputed by the client**

| Name of Agency | | | Agency Contact Person Name |
|---|---|---|---|
| Agency Address (No. and Street, Apt. No.) | | | Agency Telephone Number |
| City | State | Zip Code | State Program or Service being provided to this client |

Exhibit C

# REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS INSTRUCTIONS

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services or one of its contract agencies that a client believes is wrong.

**This form is to ask for a hearing if you are a Medicaid enrollee, or a PACE enrollee, or a Medicaid waiver applicant when the action has been taken by MDHHS or one of its contract agencies.** You can also send in your signed hearing request in writing on any paper. This form is also available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Office of Administrative Hearings and Rules for the Department of Health and Human Services or www.michigan.gov/LARA >> Bureau List >> Michigan Office of Administrative Hearings and Rules >> Benefit Services Hearings.

**Do not use this form to appeal an action**

- Taken by a Medicaid, Healthy Michigan Plan or MI Health Link health plan, Community Mental Health Services Program / Prepaid Inpatient Hospital Plan (CMHSP/PIHP), Healthy Kids Dental health plan, or MI Choice Waiver Agency. You must go through their internal appeals process first before you ask for a MDHHS-5617-MOAHR, Request for State Fair Hearing form. This form is also available online at the links above.
- Related to program eligibility, cash assistance, food assistance, or other assistance programs. Use the DHS-18, Request for Hearing form available online at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Forms and Applications >> Other, or go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download the form.

**GENERAL INSTRUCTIONS**

- Read ALL instructions before completing the attached form.
- Complete Section 1 using the name of the client (even if the client has a guardian or is a minor).
- Complete Sections 2 & 3 only if the client wants someone to represent them at the hearing.
- Complete Section 4 if the agency who took the action you are appealing did not fill this out.
- Attach a copy of the notice or letter from the Agency that told the client about the change that is being appealed.
- Please make a copy for your records.
- Questions can be answered by calling toll free: **800-648-3397**.
- After the form is completed, mail or fax page 1 to:

**MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**
**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**PO BOX 30763**
**LANSING MI 48909**
**Fax 517-763-0146**

- The client may choose to have another person represent them at a hearing.
  - This person can be anyone the client chooses but must be at least 18 years of age.
  - The client must give this person written permission to represent them.
  - The client may give written permission by checking yes in Section 2 and having the person who is representing them complete Section 3. The client must still complete and sign Section 1.
  - The client's guardian or conservator may represent them. A copy of the court order naming the guardian or conservator must be included with this request.

**Completion:** Is Voluntary.

**Michigan Department of Health and Human Services (MDHHS)**
Please note if needed, free language assistance services are available.
Call 877-833-0870 (TTY users call TY: 711).

| | |
|---|---|
| Spanish | ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-833-0870 (TTY 711). |
| Arabic | ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 877-833-0870 (رقم هاتف الصم والبكم:-TTY 711). |
| Chinese | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-833-0870 (TTY 711) |
| Syriac (Assyrian) | ܐܬܘܪ: ܐܢ ܐܢܬ ܡܬܟܠܡ ܒܠܫܢ ܐܬܘܪܝܐ ܐܝ ܐܪܡܝܐ، ܐܝ ܒܠܫ ܕܝܠܟ ܫܝ ܐܢ ܐܬ ܡܫܬܡܫ ܒܫܝܪܘܬ ܕܥܙܪܐ ܠܠܫܢ. ܩܠ ܠ 877-833-0870 (TTY 711) ܕܝܠܟ ܒܚܘܢ. |
| Vietnamese | CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-833-0870 (TTY 711). |
| Albanian | KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-833-0870 (TTY 711). |
| Korean | 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-833-0870 (TTY 711)번으로 전화해 주십시오. |
| Bengali | লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-833-0870 (TTY 711) |
| Polish | UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-833-0870 (TTY 711). |
| German | ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 877-833-0870 (TTY 711). |
| Italian | ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-833-0870 (TTY 711). |
| Japanese | 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。877-833-0870（TTY 711）まで、お電話にてご連絡ください |
| Russian | ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-833-0870 (телетайп 711). |
| Serbo-Croatian | OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 877-833-0870 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711). |
| Tagalog | PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-833-0870 (TTY 711). |

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), [TTY number—if covered entity has one], 517-335-6146 (Fax), [Email]

You can also file a civil rights complaint with the responsible federal agency.

| | |
|---|---|
| If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:<br><br>U.S. Department of Health and Human Services<br>200 Independence Avenue, SW<br>Room 509F, HHH Building<br>Washington, D.C. 20201<br>800-368-1019, 800-537-7697 (TDD)<br><br>Complaint forms are available at https://bit.ly/2IKsHMS. | If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:<br><br>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form.<br><br>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail:<br>U.S. Department of Agriculture<br>Office of the Assistant Secretary for Civil Rights<br>1400 Independence Avenue, SW<br>Washington, D.C. 20250-9410<br><br>Fax: 202-690-7442; or Email: program.intake@usda.gov |

MDHHS is an equal opportunity provider.

Exhibit D

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Customer Services Complaint Form

**(Customer Service-Grievance or Local Appeal)**




Instructions:
Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

**(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1**
**Saginaw County Community Mental Health Authority**
**500 Hancock**
**Saginaw, MI 48602**

| Complainant's Name | Consumer's Name (if different from complainant) |
|---|---|
| Complainant's Address | What Department does this involve? |
| | Phone Number |

Describe what happened:

_____

_____

_____

_____

Do you have any recommendations on how to resolve this complaint?

_____

| Complainant's Signature | Date | Name of Person Assisting Complainant |
|---|---|---|
| | | |

**For Office Use Only:**

| Date received: | Received by: |
|---|---|
| Complaint Number: | Category: |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Consumer Grievance</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.11.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/31/06</td><td>Date of Review/Revision:<br>11/13/05, 2/9/09, 6/29/09, 5/14/12, 7/22/13, 6/22/14, 9/22/14, 6/7/18, 2/11/20, 2/9/21, 6/10/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to establish guidelines to allow consumers access to a local grievance process for issues that are not "actions."

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide maximum protection of consumer rights. SCCMHA will provide information to consumers in relation to grievance procedures and time frames for filing and when they can expect a decision relating to a Customer Service Grievance.

**Application:**
This policy applies to SCCMHA and the provider network.

**Standards:**
1) Consumers receiving services from SCCMHA and the provider network will be provided the following information:
   a) The right for consumers to file a Grievance
   b) Requirements and time frames to file a Grievance
   c) Availability of assistance in filing a Grievance
   d) Toll free number the consumers may use to file a Grievance
   e) The right to file a Grievance orally or in writing

2) All Grievances will be logged into the Appeal/Grievance database.

3) The staff making the determination on the Grievance will not be involved in the original review or decision-making process and have the authority to require Corrective Action.

4) The Supervisor of Recipient Rights will report Grievances to the Compliance and Policy Committee and the information will be forwarded on to the Quality Governance Committee.

5) An acknowledgement letter accepting the Grievance will be sent to the consumer within ten (10) business days.

6) The staff person completing the work on the Grievance will have the clinical experience necessary to make decisions regarding clinical issues. Grievances best suited for a different person to decide other than the Supervisor of ~~/~~Recipient Rights Office will be forwarded to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer. The determination of which individual will receive the Grievance will be based on which department and their staff was involved in the original decision or issue.

7) The Grievance will be resolved within 90 calendar days of receipt and a written notice of disposition will be sent to the consumer, guardian, or parent of a minor or his or her legal representative. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.

8) Grievances not completed within 90 days will constitute an action and gives access to the Medicaid Fair Hearings process for Medicaid beneficiaries.

9) A Grievance may be filed by a consumer, guardian, or a parent of a minor child or his or her legal representative, or by a member of the SCCMHA Provider Network.

10) The date of the receipt of the Grievance will be recorded as the earliest date when SCCMHA became aware of the request for a Grievance.

11) The notice of disposition must include (**Medicaid beneficiaries only**):
    a) The result of the Grievance process
    b) The date the Grievance was concluded
    c) The right of the person filing the Grievance to request a Medicaid Fair Hearing if the notice of disposition is more than 90 days of receipt
    d) How to access the fair hearing process if the notice of disposition is more than 90 days from receipt

12) Consumers without Medicaid insurance who disagree with the disposition of the Grievance will be informed of their right to request an Alternative Dispute

Resolution Process through Michigan Department of Health and Human Services (MDHHS) and will be given assistance with this process upon request. The mailing address for this process will be included in the letter of disposition. The mailing address is:

**ATTN: Request for MDHHS Level Dispute Resolution**
**Lewis Cass Building, 5th Floor**
**320 South Walnut**
**Lansing, MI 48913**

13) SCCMHA will offer a main toll-free number for anyone to call for any reason.

14) The SCCMHA toll-free phone number and the Michigan Relay Service phone number will be published in regularly viewed documents within the Saginaw community, on magnets, and published in Customer Service Handbooks produced by SCCMHA.

15) For Grievances where the complaint is better suited for a Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator. However, the complaint may be completed through both processes.

16) Customer Service staff, Appeals Coordinator, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Grievance.

17) Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Grievance process by contacting the Supervisor of the Recipient Rights Office. Any information obtained from the Provider Network regarding satisfaction with the process will be shared with the Quality Governance Committee.

**Definitions:**
**Action:** A decision by SCCMHA to reduce, suspend, or terminate services currently being provided to a consumer receiving services from SCCMHA.

**Consumer Grievance:** A process set up to allow consumers of SCCMHA services to file a complaint due to a dissatisfaction with services not relating to an action taken by SCCMHA. This process meets all requirements of the federal and state regulations regarding grievances.

**Michigan Relay Service:** A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

**References:**
Grievance and Appeal Technical Requirement Prepaid Inpatient Health Plan (PIHP) Grievance System for Medicaid Beneficiaries.

42 CFR 438, Subpart F and 42 CFR 438.10(g)(1)

**Exhibits:**
Exhibit A - Customer Service Complaint Form (Customer Service-Grievance or Local Appeal)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Grievance is filed with the Customer Service Office. | 1) Consumer, guardian, or parent of a minor child or his or her legal representative |
| 2) Grievance is logged into the Appeal and Grievance database. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. | 2) Supervisor of ~~/~~Recipient Rights Office (CS/ORR) or designee |
| 3) Acknowledgment Letter confirming receipt of the Grievance is sent to the person filing within ten (10) business days | 3) Supervisor of CS/ORR |
| 4) Reviews all information and interviews those necessary to make a determination | 4) Supervisor of CS/ORR |
| 5) When it is determined a Grievance is better suited to be reviewed through the Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator. | 5) Supervisor of CS/ORR |
| 6) When a Grievance is determined to need a different reviewer due to clinical issues, the Grievance will be forwarded to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information | 6) Supervisor of CS/ORR |

| | |
|---|---|
| Officer & Chief Quality and Compliance Officer based on the standards above. | |
| 7) When a Grievance is referred to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer, the review of the Grievance will be completed, and the decision will be forwarded back to the Supervisor of Recipient Rights Office for the determination to be sent out to the person who filed the Grievance. | 7) Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer |
| 8) Provides notice of disposition to the person who filed the Grievance within 90 days of receipt | 8) Supervisor of CS/ORR |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Grievance or Local Appeal Form

Customer Service

Instructions:
Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

**(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1**
**Saginaw County Community Mental Health Authority**
**500 Hancock**
**Saginaw, MI 48602**

| Complainant's Name | Consumer's Name (if different from complainant) |
|---|---|
| Complainant's Address | What Department does this involve? |
| | Phone Number |

Describe what happened:

Do you have any recommendations on how to resolve this complaint?

| Complainant's Signature | Date | Name of Person Assisting Complainant |
|---|---|---|
| | | |

**For Office Use Only:**

| Date received: | Received by: |
|---|---|
| Complaint Number: | Category: |

2/6/23 KP

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Local Appeal | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.01.11.02 |
| **Effective Date**: 1/31/06 | **Date of Review/Revision**: 11/13/05, 1/12/07, 3/11/09, 6/29/09, 5/14/12, 7/22/13, 6/22/14, 9/22/14, 6/7/18, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | **Approved By**: Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:** Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**: Director of Customer Services, Recipient Rights, & Security |
| | | **Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to establish guidelines to allow consumers of Saginaw County Community Mental Health Authority (SCCMHA) access to a local appeal process for actions taken relating to their services.

**Policy:**
It is the policy of SCCMHA to provide maximum protection of consumer rights and to comply with state and federal guidelines. This local appeal process is in place to fulfil this obligation regarding all consumers of SCCMHA services.

**Application:**
This policy applies to SCCMHA and the provider network.

**Standards:**
1) Federal regulations require that Medicaid beneficiaries have access to a local appeal process of actions taken by SCCMHA relating to services being provided.

2) State regulations require that all consumers served by SCCMHA have access to a local process for resolving disputes of services.

3) Consumers of SCCMHA services have 60 calendar days from the date of the notice of action to request a local appeal.

4) Local appeals may be accepted orally or in writing.

5) Local appeals must be regarding an "Action" such as termination of services, reduction of services, authorizing a service in an amount less than requested, not initiating services within 14 days as agreed to in the Person-Centered Plan, etc.

6) The date of the receipt of the Local Appeal will be recorded as the earliest date when SCCMHA became aware of the request for an appeal.

7) Consumers filing a local appeal will be sent a letter acknowledging the receipt of the appeal within ten (10) business days unless an expedited resolution is requested.

8) If a Medicaid beneficiary requests the local appeal or their representative requests a local appeal no more than 10 calendar days from the date of the notice of action and request services be continued, and the authorization for the services through the Person-Centered Plan has not run out, SCCMHA will reinstate the Medicaid services until the disposition of the appeal.

9) SCCMHA Customer Service will give consumers any assistance necessary for them to file the local appeal, including arranging interpreter services if necessary and toll-free numbers that have adequate Michigan Relay Service and interpreter capability.

10) Customer Service staff, Appeals Coordinator, Fair Hearing Officer, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Appeal.

11) Local appeals information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.

12) Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Local Appeal process by contacting the Supervisor of the Customer Service/Recipient Rights Office. Any information obtained from the Provider Network regarding satisfaction with the process will be shared with the Quality Governance Committee.

13) The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.

14) The individual making the decisions on the local appeal will have appropriate clinical experience in treating the consumer's condition or disease when the appeal is of a denial based on lack of medical necessity or involves other clinical issues.

15) When SCCMHA makes a denial of services, the consumer or the consumer representative and the provider will be sent an Adverse Benefit Determination Notice for the denied services.

16) Local Appeals regarding termination of Autism Services when annual Re-Evaluations are completed will be resolved by having a Second Re-Evaluation completed by a clinician with appropriate credentials
    a) The Local Appeal will use the results from that evaluation for the opinion of the Local Appeal
    b) As long as the appeal is received within 60 days of the Adverse Benefit Determination Notice, a Second Re-Evaluation will be completed

17) The consumer or their representative will be provided with:
    a) Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing
    b) Opportunity, before and during the appeal process, to examine the consumer's case file, including medical records and any other documents or records considered during the appeal process.
    c) Information regarding the right to a fair hearing (Medicaid beneficiaries only and only after a local appeal has been completed) and the process to be used to request the Medicaid Fair Hearing

18) Standard resolution of a local appeal must be completed within 30 calendar days or within 72 hours for an expedited resolution.

19) The notice of disposition to the consumer or their representative will be made in writing. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.

20) Every effort will be made to provide oral notice of an expedited appeal.

21) The notice of disposition must include an explanation of the results of the resolution and the date it was completed.

22) When the appeal is not resolved in favor of the consumer, the notice of disposition must include (**Medicaid beneficiaries only**):
    a) The right to request a Medicaid Fair Hearing, and how to do so
    b) The right to request to receive benefits while the Medicaid Fair Hearing is pending, if requested within 10 calendar days of the mailing of the notice of disposition, and how to make the request
    c) That the consumer may be held liable for the cost of the benefits if the hearing decision upholds the previous decision

23) Consumers without Medicaid insurance who disagree with the disposition of the local appeal will be informed of their right to request an Alternative Dispute Resolution Process through Michigan Department of Health and Human Services

(MDHHS) and will be given assistance with this process upon request. The mailing address for this process will be included in the letter of disposition. The mailing address is:

**ATTN: Request for MDHHS Level Dispute Resolution**
**Lewis Cass Building, 5th Floor**
**320 South Walnut**
**Lansing, MI 48913**

**Definitions:**
**Action:** A decision that adversely impacts a consumer's claim for services.

**Expedited Resolution:** SCCMHA must resolve the appeal and provide notice of disposition to the effected parties no longer than 72 hours after the request for an expedited resolution. An expedited resolution is required when SCCMHA determines (for a request from the consumer) or the provider indicates (in making the request on behalf of or in support of the consumer's request) that taking the time for a standard resolution could seriously jeopardize the consumer's life or health or ability to attain, maintain or regain maximum function.

- SCCMHA may extend the notice of disposition timeframe by up to 14 calendar days if the beneficiary requests an extension, or if SCCMHA show to the satisfaction of the state that there is a need for additional information and how the delay is in the consumer's best interest.
- If SCCMHA denies a request for an expedited resolution of an appeal, they must:
    - Transfer the appeal to the timeframe for standard resolution or no longer than 30 calendar days from the date the appeal is received
    - Make reasonable efforts to give the consumer prompt oral notice of the denial
    - Give the consumer follow up written notice within 2 calendar days

**MDHHS Alternative Dispute Resolution Process is described as follows:**

- **MDHHS** shall review all requests within 2 business days of receipt
- If the **MDHHS** representative, using a "reasonable person" standard believes that the denial, suspension, termination, or reduction of services and/or supports will pose an immediate and adverse impact upon the individual's health and safety, the issue is referred within 1 business day to the Community Services Division within Mental Health and Substance Abuse Services for contractual action consistent with Section 8.0 of the **MDHHS** /CMHSP contract.
- In all other cases, the **MDHHS** representative shall attempt to resolve the issue with the individual and the CMHSP within 15 business days. The recommendations of the **MDHHS** representative are non-binding in those cases where the decision poses no immediate impact to the health and safety of the individual

**Michigan Relay Service:** A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

**Standard Resolution:** SCCMHA must resolve the appeal and provide notice of disposition to the effected parties as expeditiously as the consumer's health requires, but not to exceed 30 calendar days from the day the appeal is received.

**References:**
Grievance and Appeal Technical Requirement Prepaid Inpatient Health Plan (PIHP) Grievance System for Medicaid Beneficiaries

**Exhibits:**
Exhibit A – Grievance and Local Appeal Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Local appeal request is filed with the Customer Service Office | 1) Consumer or their representative |
| 2) The local appeal is logged into the Appeals and Grievance database when received. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. | 2) Supervisor Recipient Rights Office (CS/ORR) or designee |
| 3) An acknowledgement letter is sent to the consumer and/or their representative letting them know the appeal has been received within ten (10) business days | 3) Supervisor of ORR or designee |
| 4) If an expedited resolution is requested, the consumer or their representative will be notified of approval or disapproval of the request orally and in writing within two calendar days | 4) Supervisor of ORR |
| 5) If the appeal is requested within 10 calendar days from the date of the notice of action and the consumer or their representative requests services be continued, Medicaid services will be reinstated (**Medicaid beneficiaries only**) | 5) Supervisor of ORR in cooperation with the Director overseeing the services |
| 6) Information is gathered and reviewed and necessary interviews are conducted | 6) Supervisor of ORR |

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|---|---|
| 7) Time before reaching a decision will be scheduled for the consumer and/or their representative to review all the relevant information if requested by the consumer | 7) Supervisor of ORR or designee |
| 8) Notice of disposition is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal, 72 hours days if expedited resolution has been accepted (time frame for expedited resolution may be extended up to 14 days if the specific standards listed above are met.) | 8) Supervisor of CS/ORR |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Grievance or Local Appeal Form




Instructions:
Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

**(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1**
**Saginaw County Community Mental Health Authority**
**500 Hancock**
**Saginaw, MI 48602**

| Complainant's Name | Consumer's Name (if different from complainant) |
|---|---|
| Complainant's Address | What Department does this involve? |
| | Phone Number |

Describe what happened:

Do you have any recommendations on how to resolve this complaint?

| Complainant's Signature | Date | Name of Person Assisting Complainant |
|---|---|---|
| | | |

**For Office Use Only:**

| Date received: | Received by: |
|---|---|
| Complaint Number: | Category: |

2/6/23 KP

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Limited English Proficiency | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.01.13 |
| **Effective Date**:<br>10/21/08 | **Date of Review/Revision**:<br>6/17/12, 6/22/14, 12/8/16, 5/28/18, 3/12/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to ensure consumers of Saginaw County Community Mental Health Authority (SCCMHA) have access to program information and services although they may be limited in their English language proficiency. SCCMHA is committed to this plan as the appropriate response to meeting the needs of the consumers we serve.

**Policy:**
It is the policy of SCCMHA to provide for effective communication between consumers with Limited English Proficiency (LEP) and SCCMHA staff by making appropriate language assistance services available when consumers need these services. This policy was developed to service SCCMHA consumers, prospective consumers, their family members, or other eligible members of the service area (hereafter called "consumers") who do not speak, read, write, or understand English or who do so on a limited basis.

**Application:**
All SCCMHA Programs and Network Providers.

**Standards:**
1) The policy of SCCMHA regarding LEP will be consistent with federal requirements.

2) All agencies that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS) must take adequate steps to ensure that persons

with limited English proficiency receive the language assistance necessary to allow meaningful access to services, free of charge.

3) No person will be denied access to SCCMHA program information or programs because he/she does not speak English or communicates in English on a limited basis.

4) SCCMHA staff will initiate an offer for language assistance to consumers who have difficulty communicating in English.

5) SCCMHA will provide consumers with difficulty communicating in English with meaningful access to programs and services in a timely manner and at no cost to the consumer.

6) Free interpretation and/or translation service is provided in a language the person considered to have LEP understands, in a way that preserves confidentiality, and in a timely manner.

7) SCCMHA will provide effective services to persons with LEP, by using competent interpreters.

8) Persons used to provide interpretation will be required to be certified by the State of Michigan to provide the interpretation. Proof of this certification will be verified by providing a copy of their certification upon providing this service to any consumers of SCCMHA services.

9) SCCMHA Customer Service Unit will request additional translation service or interpretation services contracts through the Network Services and Public Policy Unit if necessary to meet the current need for services for consumers served in the service area.

10) SCCMHA provides access for people who are deaf or hard of hearing to communicate with SCCMHA using the Michigan Relay Service. Information related to the Michigan Relay Service (711) will be published in the SCCMHA Customer Service Handbook.

11) Major SCCMHA publications are translated into Spanish.

12) Interpretation for languages other than English may be provided by phone when a live interpreter is not available. This service is provided to consumers of SCCMHA using the agency Language Line and Voices for Health.

**Definitions:**

- **Effective Communication:** In a human service setting, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with LEP is given adequate information to understand

the services and benefits available and receives the benefits for which he/she is eligible. Effective communication also means that a person with limited English proficiency can communicate the relevant circumstances of his/her situation to the provider.

- **Interpretation:** Interpretation means the oral or spoken transfer of a message from one language into another language.
- **Limited English Proficiency (LEP):** A person with limited English proficiency or "LEP" is not able to speak, read or understand the English language well enough to allow him/her to interact effectively with health and social service or other providers.
- **Meaningful Access:** Meaningful access to programs and services is the standard of access required of federally funded entities to comply with Title VI's language access requirements. To ensure meaningful access for people with limited English proficiency, service providers must make available to consumers/recipients' free language assistance that result in accurate and effective communication.
- **Michigan Relay Service** – A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.
- **Office for Civil Rights (OCR):** The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Michigan for health and human services agencies/providers.
- **Principal Languages:** Principal languages refer to the languages other than English that are most spoken by SCCMHA consumers. Currently there is 1 in Saginaw County: Spanish.
- **Translation:** Translation means the written transfer of a message from one language into another language.
- **Competent Interpreter:** Interpreters that have demonstrated proficiency in both English and the intended language; training that includes the skills and ethics of interpreting (e.g., issues of confidentiality); fundamental knowledge in both languages of any specialized terms or concepts; and sensitivity to the consumer's culture.

**References:**

- **Title VI of the Civil Rights Act of 1964,** 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964
- **Office for Civil Rights Policy Guidance,** 65 Fed. Reg. 52762 (2000), Department of health and Human Services, Office for Civil Rights, Policy Guidance on the Prohibitions Against National Origin Discrimination as It Affects Persons with Limited English Proficiency (August 30, 2000); OCR Website: www.hhs.gov/ocr/lep/

- **Department of Justice Regulation,** 28 CFR §42.405(d)(1), Department of Justice, Coordination for Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation
- **Bilingual Requirements in the Food Stamp Program,** 7 CFR §272.4 U.S. Department of Agriculture, Food and Consumer Service

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Persons receiving services from SCCMHA or the SCCMHA Provider Network will be assessed for their ability to communicate by English at the time of their intake. | 1) Central Access and Intake (CAI) Staff |
| 2) Enter into the Sentri record under Demographics the individual consumer's Primary Language. | 2) Central Access and Intake (CAI) Staff |
| 3) Those persons identified to have LEP will be provided an interpreter and information translated into their language free of charge. | 3) Support Coordinator, Client Service Manager or Therapist with assistance from the SCCMHA Customer Service Unit |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Parking Policy for 500 Hancock</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.01.14</td></tr>
<tr><td rowspan="2">Effective Date:<br>8/2/05</td><td>Date of Review/Revision:<br>7/20/06, 6/29/09, 6/17/12, 6/22/14, 11/27/16, 6/1/18, 3/12/19, 2/26/20, 2/9/21, 6/10/22, 2/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to provide effective parking for visitors and Saginaw County Community Mental Health Authority (SCCMHA) staff.

**Policy:**
It is the policy of SCCMHA to have parking available for visitors and SCCMHA staff as well as recognizing and managing parking limits as best as possible.

**Application:**
This policy applies to SCCMHA staff, providers, and all visitors parking in the SCCMHA facility parking lots located at 500 Hancock in Saginaw.

**Standards:**

1) Every effort will be made to provide parking for all people needing to conduct business at the 500 Hancock facility.

2) Visitor Parking for people coming to the 500 Hancock building for mental health and physical health appointments are the first priority.

3) Every effort will be made to assist visitors to the building who need special accommodations.

4) All vehicles (staff and providers working in the 500 Hancock SCCMHA building) will have a parking sticker/permit in the bottom left (driver's side) portion of the windshield of any vehicle that would potentially be parked on SCCMHA property except for visitors.

5) SCCMHA staff and providers working in the 500 Hancock SCCMHA building will inform Human Resources of any change in their vehicle status, meaning they will inform them if they get a different car or no longer have a car that is registered.

6) Parking stickers will have a distinct color to identify where the staff person is assigned to park.

7) Accessible parking in the 500 Hancock parking lot will be subject to the City of Saginaw Police Department and other laws that apply.

8) Employees with valid, accessible (handicap) parking permits will be asked to park in the Visitor Parking spaces along Hancock.

9) Parking spaces will be visibly identified for reserved parking such as visitors and SCCMHA staff.

10) SCCMHA staff are prohibited from parking in Visitor Parking Spaces. SCCMHA staff assigned to locations other than 500 Hancock are not Visitors as defined by this policy.

11) The SCCMHA Provider Network will not use Visitor Parking Spaces when they attend meetings at 500 Hancock. They may use SCCMHA Employee Parking for the time they are attending the meeting.

12) Parking lots used for parking for the 500 Hancock facility will be regularly monitored to determine appropriate parking procedures are being followed. If parking procedures are not followed, the action described under procedures will be followed.

13) Any visitor conducting business for two hours or less will use the parking spaces reserved for visitors, short term parking. This short-term parking for visitors includes providers bringing consumers in for appointments but does not include attending trainings.

14) Visitors and SCCMHA staff are asked not to park in the *Save-A-Lot* ® or other business parking lots and will be subject to their business parking policies, which could include towing. SCCMHA is not responsible for other businesses' parking policies and/or actions.

15) Members of the Provider Network may use the designated Visitor Parking Spaces in the following circumstances:

- ✓ Transporting consumers to appointments or
- ✓ On light business days (they should check in with Security to ensure their vehicle will not be ticketed)

16) Those parking on the streets will be subject to city parking laws and may receive tickets if those laws are not followed. The city may at any time enforce a regulation of ticketing vehicles that park within 20 feet of a pedestrian crosswalk. SCCMHA is not responsible for the cost of any parking tickets given by the City of Saginaw.

17) When a special meeting or training occurs at the 500 Hancock facility where parking may be a problem, the Parking Lot Monitor will work with the Supervisor of the Customer Service Office to make special arrangements for parking in Employee Parking Lots, when parking is available.

18) The parking permits are assigned by job category and/or location of SCCMHA staff. Below is a listing of the staff that have received the specified colored permits:
    - ✓ Green: SCCMHA staff working in the 500 Hancock building not falling into the category of Administration
    - ✓ Pink: Administration with reserved spaces in the main parking lot
    - ✓ Yellow: SCCMHA staff located at the Towerline facility
    - ✓ Blue: SCCMHA staff located at the CTS facility
    - ✓ Purple: Contractual staff
    - ✓ Light Blue: SCCMHA staff located at the CTN facility
    - ✓ Gold: SCCMHA at the Housing Resource Center and Supported Employment
    - ✓ Black: Albert & Woods Professional Development and Business Center
    - ✓ Red: Child, Family, and Youth Services on Bay Road

**Definitions:**
**SCCMHA Ticket**: A brightly colored sticker that will be placed on the driver's side window to indicate the vehicle is parked in the wrong location according to their parking permit. There is no cost for the ticket until towing of a vehicle occurs, in which case the owner of the vehicle will be responsible for the cost of towing and reclaiming the vehicle.

**SCCMHA Employee:** A person hired by SCCMHA to provide a job in exchange for payment.

**Visitor:** A person coming to the 500 Hancock facility for the purpose of mental health, physical health, or meeting with SCCMHA staff. This definition does not include staff from other SCCMHA facilities.

**References:**
SCCMHA HR Policy # 620 Health and Safety – Parking

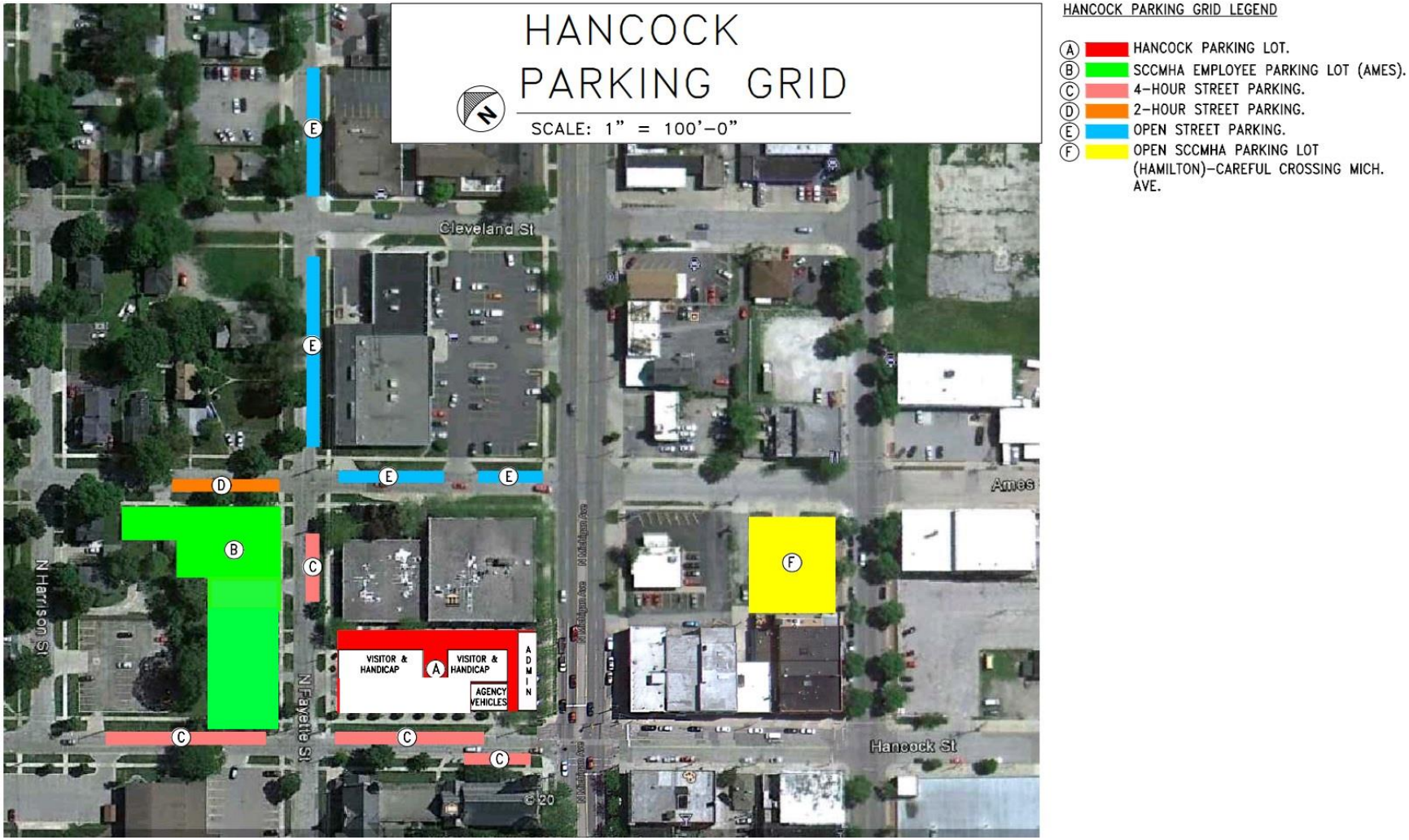
**Exhibits:**
Exhibit A – Hancock Parking Grid

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) All SCCMHA staff and providers working in the 500 Hancock SCCMHA building will register all cars driven to their work site with Human Resources | 1) Staff and providers parking in 500 Hancock Parking Lots |
| 2) Parking permits will be given out for all SCCMHA staff and providers vehicles registered with Human Resources, appropriate for the parking privileges | 2) Human Resources |
| 3) SCCMHA staff will display the assigned parking stickers in the appropriate location on their vehicle as described in the standards | 3) SCCMHA staff and providers working in the 500 Hancock SCCMHA building |
| 4) SCCMHA staff will follow the parking procedures as described in this Parking Policy for 500 Hancock | 4) SCCMHA staff and providers working in the 500 Hancock SCCMHA building |
| 5) Parking lots will be monitored on a regular basis and SCCMHA tickets will be given for anyone parked inappropriately | 5) Security Guard and/or Parking Lot Monitor |
| 6) SCCMHA staff whose vehicle has been given an SCCMHA ticket will receive an e-mail and their Supervisor will be copied on the e-mail | 6) Supervisor of Customer Service |
| 7) License plate numbers will be tracked for vehicles that have been ticketed | 7) Security Guard or Parking Lot Monitor |
| 8) Vehicles receiving more than two tickets will be towed at the owner's expense | 8) Supervisor of Customer Service |

| | |
|---|---|
| 9) License plate numbers will be entered into the Security database and will be compared to license plate numbers in the Human Resources information for staff information | 9) Security Guard or Parking Lot Monitor |
| 10) The following action will occur for SCCMHA staff receiving more than two SCCMHA tickets within a 30 day period for parking in a parking space outside their parking privileges:<br>a) The Supervisor will be contacted<br>b) Staff person will be notified their car is being towed<br>c) Will pay towing charge and any cost associated with retrieving vehicle<br>d) Disciplinary or contract action will be taken against staff and providers working in the 500 Hancock SCCMHA building for not following SCCMHA policy | 10) Security Guard or Parking Lot Monitor<br>a) Supervisor of Customer Services<br>b) Supervisor responsible for the staff person and providers working in the 500 Hancock SCCMHA building<br>c) Staff person and providers working in the 500 Hancock SCCMHA building whose vehicle was towed<br>d) Supervisor for the staff person |
| 11) A picture of parking availability will be available at the Security Station of 500 Hancock | 11) Security Guard |

Exhibit A


HANCOCK
PARKING GRID
SCALE: 1" = 100'-0"
HANCOCK PARKING GRID LEGEND
A HANCOCK PARKING LOT.
B SCCMHA EMPLOYEE PARKING LOT (AMES).
C 4-HOUR STREET PARKING.
D 2-HOUR STREET PARKING.
E OPEN STREET PARKING.
F OPEN SCCMHA PARKING LOT (HAMILTON)-CAREFUL CROSSING MICH. AVE.
Cleveland St
N Harrison St
N Fayette St
Michigan Ave
Ames
Hancock St
VISITOR & HANDICAP
VISITOR & HANDICAP
AGENCY VEHICLES
ADMIN
© '20

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Transportation to SCCMHA Appointments – Taxi Cab Voucher | **Chapter**: 02 – Customer and Member Services | **Subject No**: 02.01.16 |
| **Effective Date**:<br>4/1/14 | **Date of Review/Revision**:<br>12/1/17, 5/28/18, 3/12/19, 11/15/19, 2/11/20, 2/9/21, 6/10/22, 2/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**:<br>None |

**Purpose:**
The purpose of this policy is to assist people served by the Saginaw County Community Mental Health Authority (SCCMHA) Provider Network in obtaining transportation to SCCMHA or other mental health related appointments.

**Application:**
This policy applies to the SCCMHA Provider Network.

**Policy:**
It is the policy of SCCMHA to assist people receiving services through the SCCMHA Provider Network in obtaining transportation to and from SCCMHA and related mental health appointments.

**Standards:**
**(Standards # 1-4 are directly from the Michigan Medicaid Provider Manual – Chapter: Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section: # 3.27 – Transportation; Page: # 22)**

1) Pre-Paid Inpatient Health Plans (PIHPs) and hence Community Mental Health Service Providers (CMHSPs) are responsible for transportation to and from the beneficiary's place of residence when provided so a beneficiary may participate in

a state plan, Habilitation Support Waiver (HSW) or additional/B3 service at an approved day program site or in a clubhouse psychosocial rehabilitation program.

2) Medicaid Health Plans (MHPs) are responsible for assuring their enrollees' transportation to the primary health care services provided by the MHPs, and to (non-mental health) specialists and out-of-state medical providers.

3) Michigan Department of Health and Human Services (MDHHS) is responsible for assuring transportation to medical appointments for Medicaid beneficiaries not enrolled in MHPs; and to dental, substance abuse, and mental health services (except those noted above and in the HSW program described in the Habilitation Supports Waiver for Persons with Developmental Disabilities Section of this chapter) for all Medicaid beneficiaries. (Refer to the local MDHHS office or MHP for additional information, and to the Ambulance Chapter of this manual for information on medical emergency transportation.)

4) PIHP's payment for transportation should be authorized only after it is determined that it is not otherwise available (e.g., MDHHS, MHP, volunteer, family member), and for the least expensive available means suitable to the beneficiary's need.

5) Minors will be accompanied by an adult when transported by any of the SCCMHA contracted Taxi Companies. Transitional Age Youth may be an exception as they may not have an adult to accompany them.

6) It is the requestor's responsibility to determine whether other less expensive means of transportation are available before requesting a Taxi Cab be provided by SCCMHA.

7) Incomplete Taxi Cab Vouchers will be returned to the Requestor to finalize request.

8) Natural Supports will be pursued to assist with transportation needs.

9) SCCMHA pays for transportation by taxi for the following SCCMHA services:
    1) Orientation Appointment
    2) SCCMHA Provider Network Health Care Appointment (Psychiatrist / RN)
    3) Court / Circuit Court / Family Court / District Court
    4) Hospital Admission
    5) Hospital Discharge
    6) Therapy Appointment (Ind / Group / Family)
    7) Return to Residence from SCCMHA
    8) Other

10) Transportation to groups such as the Consumer Leadership Group are not paid for by SCCMHA as the Stipend paid for participation is expected to cover the transportation costs.

11) SCCMHA does not pay for transportation to medical appointments <u>for physical health</u> care when it is the responsibility of the MHP or MDHHS.

12) SCCMHA may pay for transportation to Case Management appointments in the office (Only approved on a limited basis when specifically requested by the consumer and this choice is documented in the IPOS). SCCMHA requires Case Management/Support Coordination to visit consumers in their home settings, generally at a minimum of once a month to help ensure welfare and well-being oversight.

13) There may be **<u>exceptions</u>** to the transportation to non-SCCMHA appointments when requested by any SCCMHA provider network clinical team supervisor and they may request approval by the Supervisor of the Customer Service/Office of Recipient Rights for the following appointments:
    a) Medical appointments for consumers with Fee for Service Medicaid
    b) SSA Hearing to gain or remain with benefits
    c) Selective urgent medical situations:
        I) For a same day appointment with a person's primary care physician or an Urgent Care visit (Purpose: to avoid Emergency Room (ER))
            a) Consumers with Great Lakes Bay Health Center (GLBHC) as their primary care provider should arrange transportation with GLBHC
                i) SCCMHA would transport in instances where a patient of GLBHC cannot be transported for a same day appointment by GLBHC
        II) For transport to ER for a non-acute emergency when a primary care physician does not offer a same day appointment (Purpose: to avoid an ambulance transport)
        III) For medical conditions that are evaluated by a primary care physician, urgent care facility or ER where a prescription is written that needs to be filled and taken after the visit. (Purpose: need to begin taking a medication immediately)

14) For an acute medical situation call for an ambulance, do not call and/or wait for a cab.

15) After Hours Taxi Vouchers are requested and approved by Crisis Intervention Services staff.

16) SCCMHA provides front door screening for SUD services. SCCMHA may provide non-urgent transportation to service sites. This requires an SCCMHA Administrative sign off.

17) Licensed Residential Adult Foster Care (AFC) Homes are responsible for providing transportation to medical appointments **<u>(site AFC Licensing Rules)</u>**.

18) Using the SCCMHA Taxi Voucher process requires Transportation to be the last resort for transportation according to the Michigan Medicaid Provider Manual.

19) Failure to accept a ride (no show) when a Taxi is arranged for an SCCMHA Network appointment will be dealt with on an individual basis. This may include the Support Coordinator or Case Manager checking on the individual and reviewing their plan to make adjustments to the individual needs.

20) All requests for a Taxi Cabs to take consumers to SCCMHA and Provider Network appointments will be completed in the sentri system under the Consumers Link and the Taxi Voucher Link.

**Definitions:**
Prepaid Inpatient Health Plan (PIHP): a term contained in federal regulations from the Centers for Medicare & Medicaid Services. It means an entity that 1) provides medical services to enrollees under contract with the state Medicaid agency on the basis of prepaid capitation payments, 2) includes responsibility for arranging inpatient hospital care, and 3) does not have a comprehensive risk contract.

Requestor: SCCMHA Provider Network Staff requesting a Taxi be used for transporting to and/or from an SCCMHA Provider Network appointment.

**References:**
Michigan Medicaid Provider Manual Standard 3.27 – Transportation
SCCMHA Customer Service Procedure # 09.05.01.07 for sentri Taxi Cab Vouchers

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Schedule SCCMHA or related mental health appointment | 1) Support Coordinator, Case Manager, or administrative personnel (Requestor) |
| 2) Complete Taxi Voucher within sentri, ensuring all required fields are completed | 2) Support Coordinator, Case Manager, or administrative personnel (Requestor) |
| 3) Inside sentri, fax a completed copy of the Taxi Voucher form to the Taxi Vendor as available in sentri. | 3) Support Coordinator, Case Manager, or administrative personnel (Requestor) |
| 4) Mark one of the boxes (1-8) to indicate the reason for the requested transport | 4) Support Coordinator, Case Manager, or administrative personnel (Requestor) |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Housing Local Appeal | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.01.17 |
| **Effective Date**: 7/14/20 | **Date of Review/Revision**: 2/9/21, 6/10/22, 2/14/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Director of Customer Services, Recipient Rights, & Security<br><br>**Authored By**: Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to establish guidelines to allow consumers of the Saginaw County Community Mental Health Authority (SCCMHA) Housing Resource Center (HRC) access to a local appeal process for actions taken relating to their housing services.

**Policy:**
It is the policy of SCCMHA to provide maximum protection of consumer rights and to comply with state and federal guidelines. This local housing appeal process is in place to fulfill this obligation regarding consumers of SCCMHA housing services.

**Application:**
This policy applies to SCCMHA Housing Resource Center, Recipient Rights, and Customer Service Unit.

**Standards:**
1) State and Federal regulations require that HRC beneficiaries have access to a housing local appeal process of actions taken by SCCMHA Housing Resource Center relating to services being provided.

2) When violations are evident to HRC or land lord, notice will be sent with a requirement to correct the violations within 30 days, or the termination process will begin.

3) Consumers of SCCMHA housing services have 30 calendar days from the date of the notice of action to request a housing local appeal.

4) Housing Local Appeals (HLA) must be received in writing.

5) HLAs must be regarding an "Action" such as a reduction, or termination of housing services.

6) The date of the receipt of the HLA will be recorded when the request has been received in writing.

7) Consumers filing an HLA will be sent a letter acknowledging the receipt of the appeal within ten (10) business days.

8) SCCMHA Customer Service will give consumers any assistance necessary for them to file the HLA, including arranging interpreter services if necessary and toll-free numbers that have adequate Michigan Relay Service and interpreter capability.

9) HLA information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.

10) The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.

11) The individual making the decisions on the HLA will be the same staff completing other Local Appeals.

12) When the SCCMHA HRC decides to terminate services, the consumer or the consumer representative will receive a Notice.

13) The consumer or their representative will be provided with:
    a) Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing
    b) Opportunity, before and during the appeal process, to examine information being considered during the appeal process.

14) Standard resolution of a local appeal must be completed within 30 calendar days.

15) The Final Letter to the consumer or their representative will be written. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.

16) The Final Letter will include the final decision and the process used to reach this decision.

17) The Final Letter must include an explanation of the results of the resolution and the date it was completed.

**Definitions:**
**Action:** A decision that adversely impacts a consumer's claim for services.
**Michigan Relay Service:** A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

**References:**
Code of Federal Regulations (CFR) 578.91 Termination of Assistance to Program Participants

**Exhibits:**
Exhibit A - Grievance or Local Appeal Form
Exhibit B – Housing Resource Center (HRC) Letter

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) The Customer Service Office can assist with HLA requests. | 1) Consumer or their representative |
| 2) The HLA is logged into a separate log than other SCCMHA Local Appeals. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. | 2) Supervisor of the Recipient Rights Office (CS/ORR) |
| 3) An acknowledgement letter is sent to the consumer and/or their representative letting them know the appeal has been received within ten (10) business days | 3) Supervisor of the ORR |
| 4) Information is gathered and reviewed and necessary interviews are conducted | 4) Supervisor of ORR |
| 5) Appeal meeting may be scheduled with the consumer and/or their representative and necessary clinical staff and the Supervisor or Director responsible for the services to meet the time frame for standard | 5) Supervisor of the ORR |
| 6) Time before reaching a decision will be scheduled for the consumer and/or their | 6) Supervisor of ORR |

| | |
|---|---|
| representative to review all the relevant information if requested by the consumer | |
| 7) The Final Letter is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal | 7) Supervisor of ORR |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Grievance or Local Appeal Form

Customer Service

Instructions:
Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

**(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1**
**Saginaw County Community Mental Health Authority**
**500 Hancock**
**Saginaw, MI 48602**

| Complainant's Name | Consumer's Name (if different from complainant) |
|---|---|
| Complainant's Address | What Department does this involve? |
| | Phone Number |

Describe what happened:

Do you have any recommendations on how to resolve this complaint?

| Complainant's Signature | Date | Name of Person Assisting Complainant |
|---|---|---|
| | | |

**For Office Use Only:**

| Date received: | Received by: |
|---|---|
| Complaint Number: | Category: |

2/6/23 KP

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Housing Participant
1234 Anywhere Lane
Saginaw, MI 48601

April 10, 2019

Dear (Housing Participant),

This letter serves as an official notification that your participation in the Shelter Plus Care housing Program through Saginaw County Community Mental Health will end effective as of April 30, 2019.

After your lease was not renewed you moved out and are currently residing with a family or friend. You have until April 30th to identify a possible rental and have the inspection scheduled or you will be terminated from the grant. The Department of Housing and Urban Development (HUD) has set forth guidelines in the McKinney-Vento Homeless Assistance Act of 1987, which state that the Head of Household must meet certain qualifications. The qualifications are that the person be homeless under the HUD definition and have a serious mental illness; and/or chronic substance abuse problems; and/or AIDS or its related diseases.

Enclosed is a contract termination notice that was sent to your Landlord. ***If you do not agree with this action, you have the right to request an informal review within ten (10) days of the date on this letter***. The way to request an informal review is to contact Timothy Ninemire, Director of Customer Service at (989)797-3428 or contact me at my office at: (989) 498-2263 ; or to submit a request in writing by mailing that request to the address listed below. I am able to make referrals for you to other agencies in Saginaw County. If you would like assistance with that, please contact me. I wish you the best for the future.

Sincerely,

Rollin Archangeli, HRC Supervisor
SCCMHA
500 Hancock
Saginaw, MI 48602

500 HANCOCK ST ˚ SAGINAW, MI ˚ 48602-4292 ˚ PHONE (989) 797-3527˚ FAX (989) 797-3522

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Complaint and Appeal Process</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>September 8, 1987</td><td>Date of Review/Revision:<br>2/19/03, 4/21/06, 7/25/07, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/17/19, 2/11/20, 3/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services & Recipient Rights<br><br>Additional Reviewers:</td></tr>
<tr><td>Supercedes:<br>06.02.00.00, 02.02.02, 02.02.13 and 02.02.15</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure the rights of consumers of Public Mental Health Services are protected according to P.A. 258, 1974, and the Michigan Mental Health Code, Chapters 7 and 7A.

**Policy**:
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to protect the rights of consumers of mental health services, in addition to the rights, benefits, and privileges guaranteed by other provisions of the law, the Constitution of 1963, and the Constitution of the United States. The SCCMHA Recipient Rights Office shall provide a system for determining whether in fact violations have occurred, and shall ensure that firm and fair disciplinary and appropriate remedial action is taken in the event of a violation. SCCMHA intends to protect the rights of all people served and to have a process in place for complainants (listed on a Recipient Rights Complaints), consumers, the parent of a minor consumer, or the consumer's guardian; if any, to appeal decisions made by the SCCMHA Office of Recipient Rights (ORR), they disagree with.

**Application:**
This Policy applies to the Recipient Rights Office of Saginaw County Community Mental Health Authority (SCCMHA) to protect the Rights of consumers receiving public mental health services from SCCMHA and it's Network Providers. The Substance Use Disorder Coordinating Agency is responsible for developing policies specific to the Public Health Code related to Recipient Rights.

**Standards:**

A1) The Your Rights booklet, a summary of rights, will be placed in all Orientation Folders given to SCCMHA consumers during the intake process.

A2) Recipient Rights information will be explained to all SCCMHA consumers in an understandable manner during the intake process. If alternative methods, such as an interpreter for a different language is needed, documentation of the alternative methods as well as the interpreter's name used will be documented in the clinical record.

A3) The SCCMHA Recipient Rights Office assures that consumers, parents of minors, guardians, and others have ready access to Recipient Rights Complaint Forms.

A4) Each Recipient Rights Complaint is recorded upon receipt in the SCCMHA Recipient Rights Complaint Module of sentri II (database designed for the tracking of complaints).

A5) Rights complaints filed by consumers or anyone on their behalf will be provided to SCCMHA ORR in a timely manner.

A6) Acknowledgment of the complaint (recording) is sent along with a copy of the complaint to complainant within 5 business days.

A7) The SCCMHA ORR notifies the complainant within 5 business days after the receipt of the complaint if it was determined that no investigation of the complaint was warranted.

A8) The SCCMHA ORR offers assistance to any consumer or other individual with the complaint process as necessary.

A9) The SCCMHA ORR advises consumers or other individuals that there are advocacy organizations available to assist in preparation of a written rights complaint and offers to make the referral.

A10) In the absence of assistance from an advocacy organization, the SCCMHA ORR will assist in preparing a written complaint which contained a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant.

A11) If a rights complaint had been filed regarding the conduct of the Chief Executive Officer, the rights investigation will be conducted by the ORR of another CMHSP or by the MDHHS ORR as determined by the SCCMHA Board of Directors.

A12) Investigations will be immediately initiated in cases involving alleged abuse, neglect, serious injury, or death of a consumer when a rights violation was apparent or suspected.

A13) The SCCMHA ORR initiates investigations of apparent or suspected rights violations in a timely and efficient manner.

A14) The SCCMHA ORR issues a written status report every 30 calendar days during the course of the investigation to the complainant, respondent and the responsible mental health agency (RMHA) and that the Status Report will contain the following:

a) Statement of the allegations
b) Citations
c) Statement of the issues
d) Investigative progress to date and
e) Expected date of completion

A15) The SCCMHA ORR will complete investigations no later than 90 calendar days following the receipt of all complaints, unless awaiting action by external agencies (MDHHS, law enforcement, etc.).

A16) The SCCMHA ORR will conduct investigations in a manner that does not violate the rights of any employee.

A17) Investigation activities for each rights complaint will be accurately recorded by the SCCMHA ORR in sentri II.

A18) The SCCMHA ORR uses a preponderance of the evidence as its standard of proof in determining whether a right was violated.

A19) Upon completion of the investigation, the SCCMHA ORR will submit a written investigative report to the respondent and to the Chief Executive Officer of SCCMHA. (Issuance of the written investigative report may be delayed pending completion of investigations that involve external agencies).

A20) The written investigative report will include all of the following:

a) Statement of the allegations
b) Citations to relevant provisions of the law, rules, policies and guidelines
c) Statement of the issues involved
d) Investigative findings
e) Conclusions
f) Recommendations, if any

A21) On substantiated rights violations, the RMHA and/or respondent will take appropriate remedial action that meet all of the following requirements:

a) Corrects or provides remedy for the rights violation
b) Is implemented in a timely manner
c) Attempts to prevent a recurrence of the rights violation

A22) The remedial action taken on substantiated violations is documented and made part of the record maintained by the SCCMHA ORR.

A23) The RMHA (Chief Executive Officer) will submit a written summary report to the complainant and the consumer, if different than the complainant, parent or guardian, within 10 business days after the Chief Executive Officer receives a copy of the investigative report (RIF) from the SCCMHA ORR.

A24) The written summary report will contain all of the following:

a) Statement of the allegations
b) Citations to relevant provisions of the law rules, policies and guidelines
c) Statement of the issues involved
d) Summary of investigative findings of the SCCMHA ORR
e) Conclusions of the SCCMHA ORR
f) Recommendations made by the SCCMHA ORR, if any
g) Action taken, or plan of action proposed, by the respondent
h) A statement describing the complainants right to appeal, time frame, the grounds for making the appeal, and the process for filing an appeal.

A25) SCCMHA and each service provider ensured that appropriate disciplinary action is taken against those who have engaged in abuse or neglect or retaliation and harassment.

A26) Information in the summary report will provide within the constraints of the confidentiality/privileged communications sections (1748, 1750) of the Mental Health Code.

A27) The SCCMHA ORR will ensure that information in the summary report will not violate the rights of any employee (ex. Bullard-Plawecki Employee Right to Know Act, (Act 397 of the Public Acts of 1978).

A28) When either SCCMHA or a service provider personnel fail to report suspected violations of rights, appropriate administrative action will be taken.

A29) If the summary report contains a plan of action the director must send a letter indicating when the action was completed.

A30) If the letter indicating the plan of action describes an action that differs from the plan, the letter must indicate that an appeal may be made within 45 days of an “action”.

A31) The SCCMHA Board of Directors will appoint an Appeals Committee consisting of 7 individuals, or designate the Recipient Rights Advisory Committee (RRAC) as the appeals committee. A committee designated separately from the RRAC will have at least 3 members from the RRAC, at least two members of the CMHSP Board and at least two primary consumers. Members can represent more than one of these categories. None of the members shall be employed by SCCMHA or MDHHS.

A32) The appeals committee may request consultation and technical assistance from MDHHS ORR.

A33) A member of the appeals committee who has a personal or professional relationship with an individual involved in the appeal will abstain from participating in that appeal as a member of the committee.

A34) The complainant, consumer (if different than the complainant), guardian or parent of a minor, in the summary report from the Chief Executive Officer, will be informed of the following: An appeal may be filed no later than 45 days after receipt of the summary report.

A35) The grounds for the appeal are:

a) The investigative findings of the rights office are not consistent with the facts, law, rules, policies or guidelines.
b) The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
c) An investigation was not initiated or completed on a timely basis.

A36) The SCCMHA ORR will advise the complainant that there are advocacy organizations available to assist in preparing the written appeal and will offer to make the referral.

A37) In the absence of assistance from an advocacy organization, the SCCMHA ORR will assist the complainant in meeting the procedural requirements of a written appeal.

A38) Within 5 business days after receipt of a written appeal, 2 members of the Appeals committee will review the appeal to determine whether the appeal meets the required criteria listed in A35.

A39) The results of the review will be provided, in writing, to the appellant, within 5 business days.

A40) If the appeal was accepted, a copy of the appeal will be provided to the respondent and SCCMHA within 5 business days.

A41a) Within 30 days after the written appeal was received, the Appeals Committee will meet and review the facts as stated in all complaint investigation documents.

A41b) The Appeals Committee will do one of the following in deciding upon an appeal:

a) Uphold the findings of the rights office and the action taken or plan of action proposed by the respondent
b) Return the investigation to the rights office with a request that it be reopened or reinvestigated
c) Uphold the investigative findings of the rights office but recommend that the respondent take additional or different action to remedy the violation

d) Recommend that the SCCMHA Board of Directors request an external investigation by MDHHS ORR.

A42) The Appeals Committee will document its decision and justification for the decision in writing.

A43) Within 10 days after reaching its decision, the Appeals Committee will provide copies of the decision to the respondent, appellant, consumer (if different than the appellant), consumer's guardian if one has been appointed, SCCMHA, and the SCCMHA ORR.

A44) Copies of the Appeals Committee decision will include a statement of the appellant's right to appeal to MDHHS (Level 2), the time frame for appeal (45 days from the receipt of the decision) and the grounds (reason) for the appeal (investigative findings of the rights office are inconsistent with the law facts, rules, policies or guidelines).

A45) If an investigation is returned to the CMH by an appeals committee for reinvestigation, the office will complete the reinvestigation within 45 days following the standards established in 330.1778.

A46) If an investigation is returned to the CMH by an appeals committee for reinvestigation, upon receipt of the RIF, the director will take the appropriate remedial action and will submit a written summary report to the complainant, consumer, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.

A47) If a request for additional or different action is sent to the Director, a response will be sent within 30 days as to the action taken or justification as to why it was not taken. The response will be sent to the complainant, consumer, if different than the complainant, parent or guardian, and the appeals committee.

A48) If the committee notifies the LPH or CMH Board chair of a recommendation to seek an external investigation from MDHHS ORR, the board will send a letter of request to the director of MDHHS ORR within 5 business days of receipt of the request from the appeals committee. The director of the CMH or LPH making the request will be responsible for the issuance of the summary report, which will identify the grounds and advocacy information as in A32-A34 of this document and MDHHS ORR Appeal Committee as the committee for any Appeal.

A49) It is the standard of this agency that all services are available to all individuals regardless of any disability, race, color, ethnicity, national origin, religion, gender identity status, veteran status, age, sex, sexual orientation, or any other characteristic protected by law. This agency will provide services in accessible locations. Any individual who alleges a violation of section 504 and grievances related to the

Americans with Disability Act may file a complaint with the SCCMHA Rights Office.

A50) The Recipient Rights Officer and Advisor will have unimpeded access to all SCCMHA programs as well as all SCCMHA Network Provider locations, all staff employed by or under contract, and all evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.

A51) The SCCMHA ORR will maintain a neutral stance on all complaints until which time the investigative findings reveal the facts about the complaint.

A52) The SCCMHA Board shall empower the Recipient Rights Office with authority to intervene as necessary to protect consumer rights within the SCCMHA system.

A53) The Chief Executive Officer shall ensure adequate Recipient Rights coverage. In the absence of both the Recipient Rights Officer and the Rights Advisor, the Chief Executive Officer shall appoint a designee with non-clinical responsibilities to receive and initiate investigation of alleged consumer rights violations.

A54) To maintain the confidentiality of the Recipient Rights process, the offices of the Recipient Rights Officer and the Recipient Rights Advisors will be kept locked when not occupied and only SCCMHA ORR staff will have electronic access and keys assigned to them to enter these offices.

A55) A consumer rights complaint may be written or verbal or based on a determination that an incident report represents an alleged violation of the Michigan Mental Health Code.

A56) All rights complainants, rights staff, and other advocates shall not be harassed or retaliated against due to the investigation or determination of a rights complaint. Any actions construed to be harassment or retaliation shall be reported immediately to the Chief Executive Officer, and appropriate disciplinary action shall be taken.

**Definitions:**
**Code Protected Right:** A right as defined by the Michigan Mental Health Code.

**sentri II Recipient Rights Complaint Module:** The database designed for the tracking of complaints.

**Preponderence of Evidence:** Black's Law Dictionary (Sixth Edition) defines a preponderance of the evidence as: "Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it...Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence, which does not necessarily mean the greater number of witnesses, but the

opportunity for knowledge, information possessed, and manner of testifying determines the weight of testimony."

**Recipient Rights Complaint:** An allegation that a Code Protected Right has been violated.

**References:**
Michigan Administrative Rules 7035
Michigan Administrative Rules AR 7011;
American Disabilities Act
Bullard Plewicki Act
Job Descriptions of the Recipient Rights Officer and the Recipient Rights Advisor
MDHHS/CMH Contract Attachment C6.3.2.4
Michigan Mental Health Code 330.1152;
Michigan Mental Health Code 330.1706
Michigan Mental Health Code 330.1722;
Michigan Mental Health Code 330.1755;
Michigan Mental Health Code 330.1774;
Michigan Mental Health Code 330.1776;
Michigan Mental Health Code 330.1778;
Michigan Mental Health Code 330.1780;
Michigan Mental Health Code 330.1782;
Michigan Mental Health Code 330.1784;
Michigan Mental Health Code 330.1786;
SCCMHA Policy 02.01.13 Limited English Proficiency

**Exhibits:**
None

**Procedure:**

| ACTIONS | RESPONSIBLE |
|---|---|
| **General Recipient Rights** | |
| 1) Rights of consumers receiving mental health services will be protected. | 1) Recipient Rights Officer |
| 2) Consumers, parents of minors, and guradians or other legal representatives will have access to Recipient Rights Booklets titled “Your Rights”, which summarizes Chapter 7 & 7A of the Mental Health Code. The receipt shall be documented in the case record. The consumer rights system shall be verbally explained. If the consumer or guardian is unable to read or understand the material or is considered to have Limited English Proficiency, | 2) Supports Coordinator, Case Manager, or Primary Therapist. |

| | |
|---|---|
| every effort shall be made to assist in that explanation, and will be noted in the case record. | |
| 3) The name, address, and phone number of the Rights Officer or Advisor shall be conspicuously posted at all SCCMHA service sites including the SCCMHA contracted Provider Network. | 3) Recipient Rights Office |
| 4) All incident reports will be reviewed to determine if they involve possible rights violations. | 4) Recipient Rights Advisor |
| 5) When an allegation is outside of the agency jurisdiction, the complainant or consumer will be informed of how to contact the appropriate agency. | 5) Recipient Rights Officer or Advisor |
| 6) Records of investigating alleged violations are maintained independent of client case records, and subject to all applicable confidentiality safeguards. All investigative documents and evidence shall be secured. | 6) Recipient Rights Officer or Advisor |
| 7) All SCCMHA sites and the Provider Network service sites where the SCCMHA has responsibilty to provide direct services will be visited on an annual basis. | 7) Recipient Rights Officer |
| 8) All individuals employed by SCCMHA or the Provider Network of SCCMHA shall receive training related to consumers rights protection before or within 30 days after being employed and annually thereafter. | 8) Recipient Rights Office staff or Auditors from Network Services and Public Policy |
| 9) Recipient Rights policies of SCCMHA will be followed by all SCCMHA programs as well as the SCCMHA contracted Provider Network. | 9) Recipient Rights Officer |
| 10) The Recipient Rights Officer or Advisor shall attend the Behavior Treatment Committee meetings, Continous Quality Improvement meetings, Management Team meetings, Board meetings,and individual case meetings when rights related matters are discussed. | 10) Recipient Rights Officer or designee |
| 11) Both staff and consumers are aware of their due process rights, specifically:<br>a) The nature of the complaint / investigation. | 11) Recipient Rights Officer or Advisor |

| | |
|---|---|
| b) The opportunity to provide evidence on their behalf. | |
| 12) The Office of Recipient Rights shall act as a consultant to the Chief Executive Officer and staff to assure compliance in rights manners. | 12) Recipient Rights Officer |
| 13) A Recipient Rights Advisory Committee that meets regularly to review aggregate data and information from Recipient Rights investigations will be established in accordance with Michigan Mental Health Code Section 330.1757. | 13) SCCMHA Board |
| 14) The Recipient Rights Office will complete regular reports (at least quarterly) to present to the Recipient Rights Advisory Committee. These reports will be an aggregate review of the investigations completed by the Recipient Rights Office. | 14) Recipient Rights Officer |
| 15) An annual budget that assures adequate provision of consumer rights services to SCCMHA consumers will be reviewed and approved annually by Recipient Rights Advisory Committee. | 15) Chief Executive Officer |
| 16) Submit to the board of the SCCMHA & Michigan Department of Health and Human Services an annual and semi-annual report prepared by the Recipient Rights Office on the current status of recipient rights and a review of the operations of the Recipient Rights Office. | 16) Chief Executive Officer |
| **Complaint Process** | |
| 17) Complaints received or initiated by the SCCMHA ORR will be logged into the sentri II Recipient Rights Complaint Module upon receipt. | 17) Recipient Rights Advisor |
| 18) When a complaint is received from the Customer Service Office, the complaints will be recorded in the sentri II database, and indicate in the database the complaint is a referral from Customer Service staff. | 18) Recipient Rights Advisor |

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|---|---|
| 19) Assist in the filing of a rights complaint when requested and/or file a rights complaint when they are aware of a violation of a consumer's rights. | 19) Recipient Rights Officer |
| 20) Assist in filling out Recipient Rights complaint forms and turning them over to the Recipient Rights Office for investigation. | 20) Customer Service staff |
| 21) Complaints will be investigated in a fair and timely manner (timely as defined by the Michigan Mental Health Code requires that investigations be completed within 90 days of receipt of a complaint) by the Recipient Rights Officer or Advisor. There may be an exception to this time frame for the reason of waiting for an external investigative process such as through MDHHS, law enforcement, or other appropriate external agency. | 21) Recipient Rights Advisor |
| 22) The office shall issue a written status report every 30-calendar days during the course of the investigation. | 22) Recipient Rights Advisor |
| 23) Complaints brought to the Recipient Rights Office that are not investigated due to being out of the jurisdiction of the Recipient Rights Office or determined not to be a Code Protected Right will be documented in accordance to Chapter 7A. | 23) Recipient Rights Advisor |
| 24) An independent determination will be completed as to whether each allegation is substantiated or not substantiated and recommend to the Chief Executive Officer appropriate remedial action when an allegation is substantiated. The preponderance of evidence standard shall be used in making this determination. | 24) Recipient Rights Officer |
| 25) A report of Investigative Findings will be completed and sent to the appropriate parties with a decision to substantiate or not substantiate the alleged violation. | 25) Recipient Rights Advisor |
| 26) Upon the receipt of the Investigative Findings Report, a summary report will be sent to the complainant within 10 days. | 26) Chief Executive Officer |

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| 27) Appropriate remedial action will be taken when a complaint is substantiated. The action will be implemented in a timely manner and recorded in the sentri II database.<br>a) If the Summary report contains a plan of action to be completed in the future, the CMHSP executive director shall assure that the complainant, consumer if different that the complainant, his/her legal guardian, if any, and the office are provided written notice of the completion of the plan.<br>b) The notice shall include specific information as to the action that was taken and the date that it occurred, if it is different than that proposed.<br>c) The complainant, consumer if different that the complainant and his/her legal guardian, shall have 45 days from the mailing date of the notice to appeal.<br>d) The Appeal may be sent to the Appeals Committee on the grounds of inadequate action taken to remedy a rights violations. | 27) Recipient Rights Advisor |
| 28) Written consent will be obtained from the consumer or guardian when the complainant is not the consumer or guardian, prior to disclosure of confidential information. | 28) Recipient Rights Officer or Advisor |
| 29) When an Investigative Summary includes information involving disciplinary action to a SCCMHA employee or an employee of a SCCMHA contracted Provider Network, Human Resources, or the contracted agency will be notified so that they may notify the employee the information is being sent to a third party in accordance to the Bullard Plewicki Act. | 29) Recipient Rights Officer or Advisor |
| **Appeal Process**<br>30) In the summary report from the Chief Executive Officer, the complainant listed on Recipient Rights Complaint, consumer, the parent of a minor consumer, or the consumer's guardian; if any shall be informed of their right to appeal based on Standard A34) and A35) listed in the Standards section above. | 30) Chief Executive Officer |

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| 31) Within 5 business days after receipt of a written appeal, 2 members of the Recipient Rights Appeals Committee shall review the appeal to determine whether it meets the criteria for an appeal. | 31) Recipient Rights Appeals Committee |
| 32) The appellant will be notified in writing within 7 business days of the decision of the Recipient Rights Appeals Committee, as to whether or not the appeal will be reviewed. | 32) Recipient Rights Appeals Committee |
| 33) Within 30 days after receipt of an accepted written appeal, the appeals committee shall meet and review the facts as stated in all complaint investigation documents; and shall make a decision based on Standard A40)(a)-(d) in the Standards Section above. | 33) Recipient Rights Appeals Committee |
| 34) Any member of the Recipient Rights Appeal Committee who has a personal or professional relationship with an individual involved in an appeal, shall abstain from participating in that appeal as a member of the committee. | 34) Recipient Rights Appeals Committee Members |
| 35) The Recipient Rights Appeals Committee shall document its decision in writing, within 10 working days after reaching its decision. | 35) Recipient Rights Appeals Committee |
| 36) The committee shall provide copies of the decision to the respondent, SCCMHA, and the appellant or the consumer, parent of a minor consumer, or the guardian of a consumer; if any, if different from the apellant, and the Rights Office. | 36) Recipient Rights Appeals Committee |
| 37) Included in this written decision shall be described, the appellant's right to a second level appeal to Michigan Department of Health and Human Services (MDHHS) – State Office of Administrative Hearings and Rules based on Standard A44 in the Standards Section above. | 37) Recipient Rights Appeals Committee |
| 38) If the Recipient Rights Appeals Committee directs the Office of Recipient Rights to reopen or reinvestigate the complaint, the Office shall submit another investigative report in compliance with | 38) Recipient Rights Officer |

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|---|---|
| MHC section: 778 (5), within 45 days of receiving the written decision of the Recipient Rights Appeals Committee. The 45 day time frame may be extended to, no longer than 90 days by the Recipient Rights Appeals Committee upon showing good cause by the Office. | |
| 39) Within ten days of receipt of the investigative report, the Chief Executive Director must issue another summary report in compliance with MHC section: 1782. The summary report shall be submitted to the appellant, complainant, consumer, recipiemt's legal guardian; if any, parent of a minor consumer, the Recipient Rights Office, and the Appeals Committee.<br>a) In the event that the investigative findings of the Office remain the same as those originally appealed, the appellant, complainant, consumer, consumer's legal guardian, or parent of a minor consumer may file a second level appeal to MDHHS<br>b) The summary report shall contain information regarding the right to further appeal, the time frame for appeal, and the ground for appeal.<br>c) The summary report shall also advise of advocacy organizations available to assist in filing a written appeal, or offer the assistance of the Office in the absence of assistance form an advocacy organization.<br>d) In the event that the Appeals Committee upholds the findings of the Office and directs the respondent to take additional action, that direction shall be based upon the fact that appropriate remedial action was not taken in compliance with Michigan Mental Health Code section 330.1780. | 39) Chief Executive Officer |
| 40) Within 30 days of receipt of the determination by the Appeals Committee the respondent shall provide written notice that action has been taken, or justification as to why it has not. This written notice shall be sent to the appellant, consumer, | 40) Respondent |

| | |
|---|---|
| consumer's guardian, parent of a minor consumer,SCCMHA, and the Office of Recipient Rights. | |
| 41) If the Appeals Committee and/or appellant, consumer, consumer's guardian, or parent of a minor consumer determines that the action taken by the respondent is still inadequate, the appellant, consumer, consumer's guardian, or parent of a minor consumer shall be informed of his or her right to file a complaint against the SCCMHA Executive Director for violation of Michigan Mental Health Code section 330.1755 (3), (b). | 41) Appellant |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Confidentiality</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 7, 2000</td><td>Date of Review/Revision:<br>3/19/03, 1/25/08, 6/29/09, 2/22/10, 6/22/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/21/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.04.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this Policy is to protect the information in the record of a consumer, and other information acquired in the course of providing public mental health services to a consumer.

**Policy:**
Information obtained through the course of public mental health treatment shall be kept confidential unless the consumer has signed an Authorization to Release Medical Information or is otherwise specified by law.

**Application:**
This Policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) direct operated programs as well as all SCCMHA Service Provider Network programs.

**Standards:**
F1) As stated in the Policy Section, all information in the clinical record and other information obtained in the course of providing services is confidential.

F2) A summary of the Michigan Mental Health Code section 330.1748 is made a part of every consumer record.

F3) For case records made subsequent to March 28, 1996; information made confidential by Section 330.748 of the Michigan Mental Health Code, shall be disclosed to a competent adult consumer upon the consumer's request. Release will be done as expeditiously as possible, but in no event, later than the earlier of 30 days of the request, or prior to release from treatment.

F4) Except as otherwise provided in 1748 (4), if consent has been obtained from:
   a) The consumer,
   b) The consumer's guardian who has the authority to consent,
   c) A parent with legal custody of a minor consumer, or
   d) Court appointed personal representative or executor of the estate of a deceased consumer, information made confidential by 1748 may be disclosed to:
      1) a provider of mental health services to the consumer, or
      2) the consumer, his or her guardian, the parent of a minor, or another individual or agency unless, in the written judgement of the holder {of the record} the disclosure would be detrimental to the consumer or others.

F5) When requested, information shall be disclosed only under one or more of the following circumstances:
   a) Pursuant to order or subpoenas of a court of record or legislature for non-privileged information, unless the information is privileged by law
   b) To a prosecuting attorney as necessary for the prosecutor to participate in a proceeding governed by Mental Health Code
   c) To an attorney for the consumer with consent of the consumer, the consumer's guardian with authority to consent, or the parent with legal and physical custody of a minor consumer
   d) To the Auditor General
   e) When necessary in order to comply with another provision of the law
   f) To MDHHS when information is necessary in order for the department to discharge a responsibility placed upon it by law
   g) To a surviving spouse, or if none, closest relative of the  in order to apply for and receive benefits, but only if the spouse or closest relative has been designated the personal representative or has a court order.

F6) For requests made for confidential information by a person or agnecy not covered under 1748(4) the following steps will be followed.
   a) The holder of the record shall not decline to disclose information if a consumer or other empowered representative has consented, except for a documented reason.
   b) If a holder declines to disclose, there shall be a determination whether part of the information can be released without detriment.
   c) Once the decision has been made to not release information based on deteriment, the CEO will review the information and determine if a part of the information requested may be released without detriment.

F7) This review shall not exceed 3 business days if the record is on-site, or 10 business days if the record is off-site.

F8) The requestor of the information may file a complaint with the SCCMHA ORR if he or she disagrees with the decision of the CEO.

F9) This policy is established in accordance with the Michigan Department of Health and Human Services (MDHHS) ORR CMH Rights System Assessment Policy Review Standards.

F10) Attorneys representing consumers may review records only upon presentation of identification and the consumer's consent or a release executed by the parent or guardian shall be permitted to review the record on the provider's premises.

F11) An attorney who has been retained or appointed to represent a minor pursuant to an objection to hospitalization of a minor shall be allowed to review the records.

F12) Attorneys who are not representing consumers may review records only if the attorney presents a certified copy of an order from a court directing disclosure of information concerning the consumer to the attorney.

F13) Attorneys shall be refused information by phone or in writing without the consent or release from the consumer or the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney.

F14) A private physician or psychologist appointed by the court, or retained for testimony in civil, criminal, or administrative proceedings shall, upon presentation of identification and a certified copy of a court order, be permitted to review the records of the consumer on SCCMHA premesis. Before the review, notification shall be provided to the reviewer and to the court if the records contain privileged communication which cannot be disclosed in court, unless disclosure is permitted because of an express waiver of privilege or because of other conditions that, by law permit or require disclosure.

F15) A prosecutor may be given non-privileged information or privileged information which may be disclosed if it contains information relating to names of witnesses to acts which support the criteria for involuntary admission, information relevant to alternatives, to admission to a hospital or facility and other information designated in policies of SCCMHA.

F16) Information shall be provided as necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.

F17) The holder of a record may disclose information that enables a consumer to apply for or receive benefits without the consent of the consumer or legally authorized

representative only if the benefits shall accrue to the provider or shall be subject to collection for liability for mental health service.

F18) SCCMHA shall grant a representative of Disability Rights of Michigan access to the records of all of the following:

a) A consumer, if the consumer, the consumer's guardian with authority to consent, or a minor's parents with physical and legal custody of the consumer, have consented to the access
b) A consumer, including a consumer who has died, or whose whereabouts are unknown, if, all of the following apply:
    i) Because of a mental or physical condition, the consumer is unable to consent to access
    ii) The consumer does not have a guardian or other legal representative, or the consumer's guardian is the State
    iii) Disability Rights of Michigan has received a complaint on behalf of the consumer, or has probable cause to believe, based on monitoring or other evidence, that the consumer has been subject to abuse or neglect
c) A consumer who has a guardian or other legal representative if all of the following apply:
    i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the consumer is in serious and immediate jeopardy
    ii) Upon receipt of the name and address of the consumer's legal representative, Disability Rights of Michigan has contacted the representative and offered assistance in resolving the situation
    iii) The representative has failed or refused to act on behalf of the consumer

F19) The records, data, and knowledge collected for or by individuals or committees assigned a peer review function including the review function under section 143a (1) of the Mental Health Code are confidential, are used only for the purpose of peer review, are not public records, and are not subject to court subpoena.

F20) SCCMHA, when authorized to release information for clinical purposes by the consumer, their guardian, or a parent of a minor, releases a copy of the entire medical and clinical record to the provider of mental health services.

F21) Upon reciept of a written request from Department of Health and Human Services and/or Child Protective Services, every effort will be made to provide the requested records or information by the next business day. However, compliance with the request will not exceed 14 days from the receipt of the request.

F22) A consumer, guardian, or parent of a minor consumer, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the consumer's record; the consumer or other empowered representative will be allowed to insert into the record a statement

correcting or amending the information at issue; the statement will became part of the record.

F23) A record is kept of disclosures including:
a) Information released,
b) To whom it is released,
c) Purpose stated by person requesting the information,
d) Statement indicating how disclosed information is germane to the state purpose,
e) The part of law under which disclosure is made,
f) Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released.

F24) Any person receiving information made confidential by this policy shall disclose the information to others to the extent consistent with the authorized purpose for which the information was released. A record shall be kept of all disclosures including:
a) Information released
b) To whom it is released
c) Purpose stated by the person requesting the information
d) Statement indicating how disclosure information is germane to the stated purpose
e) The part of law by which disclosure is made
f) Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released

F25) Information may be disclosed at the discretion of the holder of the record:
a) As necessary for the purpose of, outside research, evaluation, accreditation, or statistical compilation, provided that the person who is the subject of the information be identified from the disclosed information, only when such identification is essential in order to achieve the purpose for which the information is sought or when preventing such identification would clearly be impractical. But, in no event when the subject of the information is likely to be harmed by such identification.
b) To providers of mental or other health services or a public agency when there is a compelling need for disclosure based upon a substantial probability of harm to the or other person.

F26) Unless 330.748(4) applies, if a request for information has been delayed, the SCCMHA Chief Executive Officer (CEO) shall review the request.

**Definitions:**
**Holder of the record:** The agency given charge over a record which contains confidential information obtained through the course of mental health treatment.

**References:**
Mental Health Code: 330.1748
Mental Health Code: 330.1749
Mental Health Code: 330.1776

Administrative Rules: 330.7051
45 Code of Federal Regulations 164.502(g)(4)
Health insurance portability and accountability act of 1996
Public Law 104-19

**Exhibits:**
Exhibit A - Saginaw County Community Mental Health Authority Release of Information

**Procedure:**

| ACTIONS | RESPONSIBLE |
|---|---|
| 1) Requests for information contained in consumer medical records are directed to the Medical Records Unit. | 1) Persons requesting medical records |
| 2) Any individual requesting medical records, including consumers, will be required to sign the appropriate release to receive the requested information. | 2) Medical Records staff |
| 3) Requests for medical records are processed in accordance with the Standards contained in this policy. | 3) Medical Records staff |

Exhibit A

# Authorization to Exchange PHI

| IDENTIFYING INFORMATION | | | | |
|---|---|---|---|---|
| NAME | DOB | AGE | CASE # | GENDER |
| Consumer W. Twelve | 08/18/1989 | 30 | 000000012 | Female |
| ADDRESS | | | | |
| Homeless, SAGINAW, MI 48605 | | | | |

**DOCUMENT DATE**

11/21/2019

**AUTHORIZATION**

I authorize SCCMHA to Receive the specified information to/from the person/organization(s) named below

**ORGANIZATION**

SCCMHA
SCCMHA
1040 Towerline Rd.
SAGINAW, MI 48601
Phone: 989-797-3400
Fax: 989-754-7829

**INFORMATION TO BE MADE AVAILABLE:**

☑ Entire Record

☐ Entire Record EXCEPT the following types of documents

☐ Only these types of documents

TIME FRAME OF RECORDS NEEDED

I understand that this health information may include information relating to diagnosis or treatment of psychiatric disabilities and/or substance abuse and that by signing this form, I am specifically authorizing the release of information relating to:

- ☐ Mental Health
- ☐ Substance Abuse (including alcohol / drug abuse)
- ☐ HIV

RESTRICTIONS
The information indicated will be disclosed unless there are specific restrictions noted here

**PURPOSE OR NEED FOR THE DISCLOSURE (CHECK ALL THAT APPLY)**

☐ Acquisition of Services or Benefits

☐ Coordination Of Care

☐ Patient Request

☐ Other:

- I understand there is a possibility the protected health information may be re-disclosed by the recipient of the information and will no longer be protected by the Privacy Rules.
- I understand that medical information may include mental health treatment records, substance abuse information, information about serious communicable diseases or infections including HIV/AIDS, ARC, Tuberculosis, Hepatitis B, and Venereal Disease as permitted by law.
- I understand that treatment, payment, enrollment or eligibility for services will not be conditioned upon the signing of this authorization.
- I understand that this authorization will be honored unless revoked verbally or in writing. Revocation may be made at any time except to the extent that action has already been taken. To revoke an authorization, I need to notify the SCCMHA Medical Records Department.
- I understand that this authorization will expire (Select one**):

  ☒ One year from this date (i.e., date of signature)

  ☐ On the following date:

  ☐ Upon the following specific event (describe):

  ****Note:** If neither a specific date or a specific event is selected, this Authorization will automatically expire 60 days after discharge or one year from the date of authorization, whichever comes first.

**Note to Recipient of Disclosed Mental Health Information:** This disclosed information is protected by the Mental Health Code 330.1748. An individual receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

**Note to Recipient of Disclosed Substance / Alcohol Abuse Information:** This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. {52 FR 21809, June 9, 1987; 52 FR 41997, Nov 2, 1987}

I understand that my alcohol and/or drug treatment records are protected under Federal confidentiality rules (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 CFR Parts 160 &164. Information about my mental health status is confidential and is protected by the Michigan Mental Health Code PA 258 of 1974, section 78 (3), PA 488 of 1988, effective 3/30/1989-42 CFR 455, Part B. Information about my medical condition, including status of serious communicable disease or infections such as HIV and acquired immunodeficiency syndrome, is confidential and protected under the Michigan Public Health Code PA 368. This information cannot be disclosed without my written consent unless otherwise provided for in the regulations.

**SIGNATURES**

| CONSUMER SIGNATURE | PRINTED NAME | DATE |
|---|---|---|
| PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE | PRINTED NAME | DATE |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Recipient Rights – Reporting Complaints and Alleged Violations</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.06</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/1/15</td><td>Date of Review/Revision:<br>11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to establish standards for the reporting of Recipient Rights Complaints and Alleged Violations to the Saginaw County Community Mental Health Authority (SCCMHA) Office Recipient Rights (ORR).

**Policy:**
It is the policy of SCCMHA to report Recipient Rights Complaints and Alleged Violations to the SCCMHA ORR.

**Application:**
This policy applies to all SCCMHA service sites within the Service Provider Network.

**Standards:**

1) Recipient Rights complaints and alleged violations occurring in the lives of consumers while receiving services from SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours.

2) Recipient Rights complaints and alleged violations must be reported by the Recipient Rights Complaint form or by any other form or means of communication.

3) Incidents involving a death or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.

4) All individuals shall have unimpeded access to the SCCMHA ORR.

5) Staff are to directly report Abuse or Neglect or any potential Rights complaints to the ORR and to any and all applicable agencies as required by law.

**Definitions:**
**Staff:** individuals working within the SCCMHA provider network. This includes paid staff, interns, volunteers, and Self Determination.

**Complaints or Alleged Violations:** A statement of the alleged right that may have been violated. The rights of the recipient as defined in the Michigan Mental Health Code. Such occurrences shall include but are not limited to:

1) Death (any death of a consumer of SCCMHA services, including a death occurring in a private residence)
2) Any injury of a consumer, explained or unexplained
3) Suspected abuse or neglect of a consumer
4) Suspected sexual abuse
5) Exploitation
6) Unreasonable Force
7) Medication Errors
8) Confidentiality
9) Dignity and Respect
10) Treatment suited to condition
11) Safe, Sanitary, Humane treatment environment
12) Personal property
13) Freedom of Movement
14) Communication by mail, phone, visits

**References:**
None

**Exhibits:**
Exhibit A - Recipient Rights Complaint Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Any time a complaint or alleged violation occurs it shall be reported to the Office of Recipient Rights within 24 hours.<br>A) Immediately report to the Recipient Rights Office by calling (989) 797-3462 or (989) 797-3583.<br><br>B) Forward completed Recipient Rights Complaint Form to SCCMHA ORR Recipient Rights Office by:<br>I) Fax to (989) 797-3595<br>II) Drop box located outside the 500 Hancock facility; or | 1) Any individual working within the SCCMHA Provider Network with knowledge of a potential Rights violation |

| | |
|---|---|
| III) Delivered to the Customer Service Office located in the 500 Hancock lobby during regular business hours; Monday through Friday from 8:00 a.m. to 5:00 p.m. | |

Exhibit A

**Saginaw County Community Mental Health Authority** **Recipient Rights Complaint Form**

| Complaint Number | Category |
|---|---|
| | |

Instructions:
If you believe that one of your rights has been violated you (or someone on your behalf) may use this form to make a complaint. A Rights Officer/Advisor will review the complaint and follow up with you. Send your complaint to::

**Saginaw County Community Mental Health Authority**
**Office of Recipient Rights**
**500 Hancock**
**Saginaw, MI 48602**

| Complainant's Name | Recipient's Name (if different from complainant) |
|---|---|
| Complainant's Address | Phone Number |
| Where did the alleged violation happen? | When did it happen? (Date & Time) |

What right was violated?

Describe what happened

What do you want to have happen in order to correct the problem?

| Complainant's Signature | Date | Name of Person Assisting Complainant |
|---|---|---|
| | | |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Services Suited to Condition</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.02.07</td></tr>
<tr><td rowspan="2">Effective Date:<br>September 16, 1998</td><td>Date of Review/Revision:<br>1/10/03, 4/27/06, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 3/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.06.00, 06.02.06.01, 06.02.08</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure consumers of mental health services receive appropriate/suitable services, in a suitable treatment environment, and in a suitable setting.

**Policy:**
It is the policy of SCCMHA that all consumers receiving mental health services from SCCMHA or the Service Provider Network have the right to receive services suited to their condition.

**Application:**
This policy applies to all staff of SCCMHA as well as the Service Provider Network.

**Standards:**
L1) SCCMHA will notify the applicant, their guardian, parent of a minor, or loco parentis that a second opinion to determine if the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation may be requested if denied services.

L2) SCCMHA ensures a person-centered planning process is used to develop a written Individual Plan of Service (IPOS) in partnership with the consumer.

L3) The IPOS will include an assessment of the consumer's need for food, shelter,

clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services and recreation.

L4 The IPOS will identify any restrictions or limitations of the consumer's rights and will include documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.

L5) Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis.

L6) The justification for the exclusion of individuals chosen by the consumer to participate in the IPOS process will be documented in the case record.

L7) SCCMHA and/or the service provider will ensure a consumer is given a choice of the physician or mental health professional within the limits of available staff. If the decision under this policy is to deny a change in mental health professional, the consumer may have the decision reconsidered six months after the decision has been made. The only acceptable reason a consumer will be denied a request for a change of physician or other mental health professional will be:

a) Clinical reason why the change should not be made, this decision can only be made by the Clinical Risk Management Committee
b) If there is not an available alternative, documentation as to the reason no alternative is available will be required
c) If services received by a recipient are in a specialty category, SCCMHA will not be required to offer a choice of a mental health professional that is not already trained in the specialty area

L8) SCCMHA will ensure a consumer may request a second opinion, if the pre-admission screening unit (Crisis Intervention Services) denied hospitalization and that:

a) The Chief Executive Officer arranges the second opinion to be performed within 3 days; excluding Sundays and holidays
b) The Chief Executive Officer in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of Crisis Intervention Services
c) The Chief Executive Officer's decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor; this writing contains the signatures of the Chief Executive Officer and Medical Director or verification that the decision was made in conjunction with the Medical Director

L9) For consumers needing a Behavior Treatment Plan, a comprehensive assessment/analysis of a consumer's challenging behaviors will be conducted prior to the implementation of the Behavior Treatment Plan.

L10) The Behavior Treatment Committee will meet regularly to develop, review and approve plans to address challenging behaviors.

L11) Any behavior treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by the Behavior Treatment Committee.

L12) The SCCMHA Chief Executive Officer shall secure the second opinion for requests of initial services from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.

L13) A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.

L14) A Consumer shall receive mental health services suited to his or her condition.

L15) Mental health services shall be provided in a safe, sanitary, and humane treatment environment.

**Services shall be provided in accordance with all applicable standards of care or treatment required by any of the following:**

L16) All state or federal laws, rules or regulations governing the provision of community mental health services; and

L17) obligations of a provider established under the terms of a contract of employment agreement with SCCMHA; and

L18) SCCMHA policies and procedures; and

L19) written guidelines or protocols of a provider; and

L20) written directives from a supervisor consistent with any of the above; and

L21) a recipient's Individual Plan of Service

**Definitions:**
**Behavior Treatment Committee:** Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

**Behavior Treatment Plan:** A behavior treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**
Michigan Mental Health Code 330.1409;
Michigan Mental Health Code 330.1705;
Michigan Mental Health Code 330.1708(4);
Michigan Mental Health Code 330.1711;
Michigan Mental Health Code 330.1712;
Michigan Mental Health Code 330.1713;
Administrative Rules 330.7199;
SCCMHA Policy regarding Consumer Choice and Service Management-03.01.03;
Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Applicants requesting initial services or inpatient psychiatric hospitalizations will be evaluated for their appropriateness of requested services. | 1) Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services |
| 2) Applicants, their guardian, parent of a minor or loco parentis, will be informed of their right to a second opinion. | 2) Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services |
| 3) Second opinions will be provided to applicants according to Standards L8 and L12 above. | 3) Chief Executive Officer or designee |

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| 4) Mental health services shall be provided in a safe, sanitary, and humane treatment environment. | 4) All SCCMHA staff and Service Provider Network staff |
| 5) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted. | 5) All SCCMHA staff and Service Provider Network staff |
| 6) Consumers shall be given a choice of physician or other mental health professionals as described in Standard L7 above | 6) Support Staff or their supervisor |
| 7) Upon receipt of a request to change a physician or other mental health professional, the clinical supervisor will respond to the person requesting the change within two weeks of the request. | 7) Clinical Supervisor |
| 8) If the request for a change of physician or other mental health professional is not granted, a written response with the reason the request is denied will be provided to the person who made the request with support of the Clinical Risk Management Committee. | 8) Clinical Supervisor |
| 9) Lack of response to a request for a change of physician or other mental health professional will result in a Recipient Rights complaint being filed. | 9) SCCMHA ORR |
| 10) Consumers in need of a Behavior Treatment Plan will be referred to the Behavior Treatment Committee or the Positive Behavioral Support Champion in their unit. | 10) Support Staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Consent for Treatment | **Chapter**: 02 - Customer Service and Recipient Rights | **Subject No**: 02.02.08 |
| **Effective Date**:<br>September 8, 1997 | **Date of Review/Revision**:<br>3/19/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.07.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to establish a means for consumers of mental health services to consent to treatment with Saginaw County Community Mental Health Authority (SCCMHA).

**Policy:**
It is the policy of SCCMHA that all consumers receiving mental health services with SCCMHA will consent to treatment. Consent means written, informed consent on the part of a consumer, their guardian, parent of a minor or loco parentis.

**Application:**
This policy applies to all consumers of SCCMHA including the Service Provider Network.

**Standards:**

B1) Consent is defined in the Definitions Section of this policy.

B2) Informed Consent is defined in the Definitions Section of this policy.

B3) All individuals consenting to treatment shall be made aware of the purpose of the procedure, risks and benefits, alternative procedures available, other consequences and relevant information, and offered an opportunity to ask and receive answers to questions.

B4) Consumers, their guardians, parents of a minor or loco parentis will be made aware that consent can be withdrawn at any time without prejudice to them, unless there is a current court order in place for the consumer.

B5) All consumers of SCCMHA services shall be assumed to be competent and able to comprehend the purpose for treatment, except as described in Procedure # 5 below.

B6) An evaluation of the ability to give consent shall precede any guardianship proceedings as described in Procedure # 5 below.

B7) Consumers have free power of choice without force, fraud, deceit, duress, constraint, coercion, etc.

B8) Informed consent will be reobtained if changes in circumstances substantially change the risks, other consequences or benefits that were previously expected.

B9) A minor 14 years of age or older may request and receive mental health services and a mental health professional may provide services on an out-patient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or loco parentis, unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to minor or another and if the minor is notified of the treating professional's intent to inform.

B10) Services provided to the minor (as described in Standard B7) are limited to not more than 12 sessions or 4 months per request and after these expire, the mental health professional terminates the services or, with the consent of the minor, notifies the parent, their guardian, or loco parentis to obtain consent to provide further out-patient services.

B11) All consumers of mental health services with SCCMHA or a Service Provider Network will have a record of consent in their chart or record.

B12) If a consumer refuses to sign the consent, but there is court ordered treatment, and SCCMHA does provide the service, a copy of the consent will be kept in the chart or record with documentation of the refusal of the consumer to sign the consent.

**Definitions:**

**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Consent:** per Mental Health Code 330.1100(a)(19) means a written agreement executed by a consumer, a minor consumer's parent, or a consumer's legal representative with

authority to execute a consent, or a verbal agreement of a consumer that is witnessed and documented by an individual other than the individual providing treatment.

**Court ordered treatment:** Mental health treatment is ordered by the Saginaw Probate Court, or another county's Probate Court, and must be offered or monitored by SCCMHA.

**Informed Consent:** is defined by the Administrative Rules 330.7003
(1) All of the following are elements of informed consent:
(a) Legal competency. An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercised by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
(b) Knowledge. To consent, a consumer or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
  (i) The purpose of the procedures.
  (ii) A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
  (iii) A disclosure of appropriate alternatives advantageous to the consumer.
  (iv) An offer to answer further inquiries.
(c) Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (b) of this subrule.
(d) Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**References:**
Administrative Rules 330.7003 (1)(a)-(d); (2);
Michigan Mental Health Code 330.1100
Michigan Mental Health Code 330.1707

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) All consumers of mental health services with SCCMHA, their empowered guardian, parent | 1) Assigned Support Staff |

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| of a minor or loco parentis will be offered Consent to Treatment form upon intake. Thereafter, the Consent to Treatment will be as indicated on the Individual Plan of Service (IPOS) Signature Page. Note: A separate Consent may be required for prescribed medications. | |
| 2) Consent by the consumer to participate in mental health treatment shall be given freely without force, fraud, duress, deceit, overreaching, or other ulterior forms of constraint or coercion including promises or assurances of privileges of freedom. | 2) Consumer, empowered guardian or parent of a minor or loco parentis. |
| 3) The consumer, their guardian, parent of a minor, or loco parentis, shall be instructed that consent may be withdrawn and services discontinued at any time without prejudice to the consumer, their guardian, parent of a minor, or loco parentis, unless there is a current court order in place for the consumer. | 3) Assigned Support Staff |
| 4) All minors under 14 years of age and those who have a guardian must have a parent, or their guardian, or loco parentis sign authorization for services before any services may be provided, except in the case of an emancipated minor who may authorize services. | 4) Assigned Support Staff |
| 5) An adult consumer, and a minor if emancipated, shall be presumed legally competent. This presumption may be rebutted only by court appointment of a guardian or exercised by a court of guardianship powers and only to the extent of the scope and duration of a guardianship. An evaluation of the ability to give consent shall precede any guardianship proceedings. This evaluation shall be completed by a psychologist not providing direct services to the consumer, assuring that the consumer is the primary beneficiary. | 5) Assigned Support Staff |
| 6) In emergency or crisis situations, the consumer will be requested to sign Consent to Treatment in order to receive mental health services. | 6) Crisis Intervention Services (CIS) Staff person |

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| 7) Before consenting to receive mental health services, each consumer shall be informed of their rights including the foregoing information. | 7) Assigned Support Staff or CIS Staff person |
| 8) An individual consenting shall be knowledgeable of what the consent is for. They shall be aware of the procedure, risks, other consequences, and other relevant information. Relevant information includes the purpose of the procedures, a description of discomforts, risks and benefits reasonably to be expected, a disclosure of appropriate alternatives advantageous to the consumer, and an offer to answer any questions of the consumer. | 8) Assigned Support Staff or CIS Staff person |
| 9) Individuals under court order shall be offered services and given the opportunity to give Consent. If a consumer under a court order refuses to sign Consent to Treatment, the appropriate staff person will notify the Probate Court of the consumer's refusal of services. If the consumer under a court order refuses to sign the Consent to Treatment form but continues to keep appointments for mental health treatment, a copy of the Consent to Treatment with "Refused to sign" written on the consumer's signature line, date form was offered, and a Witness signature will be kept in the chart or record. | 9) Assigned Support Staff or CIS Staff person |
| 10) A minor, 14 years of age or older, may request and receive mental health services; and mental health professionals may provide services on an outpatient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or person in loco parentis. These outpatient services may continue for 12 sessions or 4 months per request. | 10) SCCMHA and the Service Provider Network |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Change in Type of Treatment | **Chapter**: 02 - Customer Service and Recipient Rights | **Subject No**: 02.02.09 |
| **Effective Date**:<br>September 16, 1998 | **Date of Review/Revision**:<br>1/10/03, 1/25/08, 6/29/09, 6/22/12, 6/13/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.09.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to establish a discharge policy for consumers of mental health services when a maximum benefit from services has been established as well as establishing standards for reviewing changes in treatment.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide consumers with progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies, or guidelines, or until the consumer has received the maximum benefit from the program.

**Application:**
This policy applies to all consumers of SCCMHA including the Service Provider Network.

**Standards:**
H1) This policy requires that the written Individual Plan of Service (IPOS) have a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision; see Procedure #1 below.

H2) A written Individual Plan of Service will be developed and revised as necessary, but in no case longer than annually. The written Individual Plan of Service will be kept in the clinical record and will be modified as necessary.

H3) The consumer will be informed orally and in writing of his or her clinical status and progress at reasonable intervals established in the IPOS in a manner appropriate to his or her clinical condition.

H4) If a consumer is not satisfied with their Individual Plan of Service, the consumer, their guardian, parent of a minor, or loco parentis may make a request for the review of their plan. This request will begin with the request to the Assigned Support Staff. If not satisfied with the review of the plan, they may request a review to the Assigned Support Staff's Supervisor.

H5) The requested review of the plan will be completed within 30 days. The request for review of the plan may be made verbally or in writing. The person requesting the review may file a Recipient Rights Complaint if they are dissatisfied with the review.

H6) SCCMHA will provide mental health treatment suited to condition to all Saginaw County persons found eligible for services.

H7) Upon benefit or completion of appropriate services, consumers will be discharged from treatment of SCCMHA.

H8) When consumers are discharged from services, appropriate notices of available appeal rights will be given to the consumers.

**Definitions:**
**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**References:**
Michigan Mental Health Code 330.1752;
Michigan Mental Health Code 330.1712;
Michigan Mental Health Code 330.1714;
Administrative Rules 330.7199;
SCCMHA Policy and Procedures regarding Transition/Discharge Services 03.02.13

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) A written Individual Plan of Service using a | 1) Assigned Support Staff |

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| Person Centered Planning process will be developed in partnership with the consumer. The plan of service will have a specific date or dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision. | |
| 2) Justification for a change from one type of treatment to another within the program shall be noted in the consumer's treatment plan. Appropriate Notices and appeal rights will be given to the recipient of mental health services. | 2) Assigned Support Staff |
| 3) The consumer shall be informed of a change in treatment, when ready for change, release, discharge, or when maximum benefit is received. | 3) Assigned Support Staff |
| 4) A consumer, parent of a minor, their guardian, or loco parentis may request and shall receive a review, of the determination and/or appropriateness of the type of treatment a consumer is receiving. The review shall be completed within thirty (30) days or less. The request and subsequent review are to be documented in the consumer's clinical record. | 4) Assigned Support Staff |
| 5) Consumers, parents of a minor, guardians, or loco parentis have the right to appeal decisions concerning a change in the type of treatment, either verbally or in writing, to the Customer Service Department, file a Recipient Rights complaint, file a Local Appeal, or complete a Request for a Medicaid Fair Hearing (Medicaid beneficiaries only) and only after a Local Appeal has been completed. | 5) Assigned Support Staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Abuse and Neglect</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.11</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 7, 2000</td><td>Date of Review/Revision:<br>2/19/03, 7/25/07, 1/25/08, 6/29/09, 5/24/10, 7/20/12, 11/1/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.17.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**
The purpose of this policy is to protect consumers of Saginaw County Community Mental Health Authority (SCCMHA) services from abuse and neglect and to ensure that suspected abuse and neglect is reported to the proper authorities.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that suspected abuse or neglect of recipients receiving public mental health services will be dealt with immediately.

**Application:**
This policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

**Standards:**
C1) Abuse is defined in the Definitions Section of this policy. The detailed categories of abuse by type and severity are defined in the Definitions Section of this policy.

C2) Neglect is defined in the Definitions Section of this policy. The detailed categories of neglect by type and severity are defined in the Definitions Section of this policy.

C3) All SCCMHA and SCCMHA Service Provider Network program staff are required to report any suspected abuse, neglect, exploitation, or humiliation to the appropriate authorities immediately. The reporting requirements are delineated in Procedures #3, 5, 6, 7, & 8 below, as well as the attached Summary of Abuse and Neglect Reporting Requirements poster (DCH-0727).

C4) The SCCMHA ORR will investigate any and all allegations of suspected abuse, neglect, exploitation, or humiliation and will initiate the investigation (in areas where ORR has jurisdiction) immediately (within 24 hours of the notification). The SCCMHA ORR will have access to all information necessary to complete a thorough investigation.

C5) When suspected allegations of abuse, neglect, exploitation, or humiliation are substantiated, remedial action and firm and appropriate disciplinary action will be taken. When suspected allegations are reported, the staff who is suspected of committing the abuse, neglect, exploitation, or humiliation toward a consumer will be suspended until the SCCMHA ORR has enough information to ensure the safety of the consumer(s) involved. This determination is made based on a case by case basis by the SCCMHA ORR.

C6) As stated in Procedure #3 below, it is the responsibility of the staff person who has the knowledge of the suspected allegation of abuse, neglect, exploitation, or humiliation to report this information to the appropriate authorities immediately.

C7) All SCCMHA and SCCMHA Service Provider Network programs staff are required to report suspected criminal abuse including Vulnerable Adult Abuse and Child Abuse to local law enforcement immediately as described in Procedures #5, 6, 7, & 8 below, as well as the attached Summary of Abuse and Neglect Reporting Requirements poster (DCH-0727 – Revised 4/2018).

C8) The written report to law enforcement referenced in Procedure #6 below will be made using the Report on Alleged Recipient Abuse-Neglect-Exploitation located on the G Drive of the SCCMHA Information System Network under Agency Forms/Clinical Forms. This form is not required by the SCCMHA Provider Network but is available to them upon request. This report will be made by the SCCMHA or SCCMHA Service Provider Network staff who is aware of the suspected allegation of abuse or neglect.

C9) Definitions of Degrade and threaten are listed in the Definitions section.

C10) Any mental health professional employed by SCCMHA or any of its Provider Network (ultimately under contract with the Michigan Department of Health and Human Services (MDHHS), who has reasonable cause to suspect abuse, neglect, exploitation, or humiliation, is required to report this information to the appropriate authorities immediately.

C11) As stated in the Application Section of this policy, this policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

C12) The worth, dignity, and uniqueness of all consumers, as well as their rights and opportunities, shall be respected and promoted.

C13) Any instance of physical, psychological, sexual or other types of abuse or neglect of consumers will not be acceptable and staff members responsible for these types of actions will be considered for disciplinary action up to and including discharge.

C14) A consumer of SCCMHA shall not be subjected to abuse or neglect.

C15) A consumer who is abused or neglected has the right to pursue injunction and other appropriate civil relief.

C16) Consumers who feel they have been abused or neglected should follow reporting procedures and complete a rights complaint form with the assistance from the Office of Recipient Rights if requested.

C18) Any individual who makes a report under Section 330.1722 of the Michigan Mental Health Code shall not be dismissed or otherwise penalized by an employer or contractor for making the report.

C19) Suspected exploitation or humiliation as defined in this policy will be considered a violation of abuse and will be investigated with the same procedures as abuse or neglect. A substantiated allegation of exploitation or humiliation will require disciplinary action.

**Definitions:**

**Abuse-** Defined as follows: "Abuse" means non-accidental physical or emotional harm to a consumer, or sexual contact with or without sexual penetration of a consumer as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

(a) Class I – A non-accidental act or provocation of another act by an employee, volunteer, or agent of a provider that caused or contributed to death, serious physical harm or sexual abuse of a consumer;

(b) Class II – Means any of the following:
   i) A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a consumer;

ii) The use of unreasonable force on a consumer by an employee, volunteer, or agent of a provider with or without apparent harm;
iii) An action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a consumer.
iv) An action taken on behalf of a consumer by assuming incompetence, although a guardian has not been appointed or sought, that results in substantial economic, material, or emotional harm to the consumer.
v) Exploitation of a consumer by an employee, contract employee or volunteer.

(c) Class III – The use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a consumer.

(d) Unreasonable force means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:
(i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
(ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
(iii) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
(iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

**Neglect**- Defined as follows: "Neglect" means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, community mental health services program, or licensed hospital; or an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital, that denies a consumer the standard of care or treatment to which he or she is entitled under this act. (330.1100b)

(i) Class I – Means any of the following:
(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plans of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a consumer.
(ii) The failure to report abuse or neglect of a consumer when the abuse or neglect results in death or serious physical harm to the consumer.

(j) Class II – Means any of the following:
(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plans of service and that cause or contribute to non-serious physical harm or emotional harm to a consumer;

(ii) The failure to report abuse or neglect of a consumer when the abuse or neglect results in non-serious harm to the consumer.

(k) Class III-Means any of the following:

(i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse;

(ii) The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.

**Criminal Abuse:**

(1) An assault that is a violation or an attempt or conspiracy to commit a violation of sections 81 to 90 of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.81 to 750.90 of the Michigan Compiled Laws. Criminal abuse does not include an assault or an assault and battery that is a violation of section 81 of Act No. 328 of the Public Acts of 1939, being section 750.81 of the Michigan Compiled Laws, and that is committed by a consumer against another consumer.

(2) A criminal homicide that is a violation or an attempt or conspiracy to commit a violation of section 316, 317, or 321 of Act No. 328 of the Public Acts of 1931, being sections 750.316, 750.317, and 750.321 of the Michigan Compiled Laws.

(3) Criminal sexual conduct is a violation or an attempt or conspiracy to commit a violation of sections 520b to 520e or 520g of Act No. 328 of the Public Acts of 1931, sections 750.520b to 750.520e and 750.520g of the Michigan Compiled Laws involving an employee, volunteer, or agent of a provider and a consumer.

(4) Vulnerable adult abuse that is a violation or an attempt or conspiracy to commit a violation of section 145n of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being section 750.145n of the Michigan Compiled Laws.

(5) Child abuse that is a violation or an attempt or conspiracy to commit a violation of section 136b of Act No. 328 of the Public Acts of 1931, being section 750.136b of the Michigan Compiled Laws.

**Degrade:** means any of the following:

(i) To cause a humiliating loss of status or reputation;

(ii) To cause the person to feel that they or other people are worthless and do not have the respect or good opinion of others;

(iii) To deprive of self esteem or self worth; to shame or disgrace;

(iv) Language of epitaphs that insult the person's heritage, mental status, race sexual orientation, gender, intelligence; etc.

Examples of behavior that is degrading and must be reported as abuse include but is not limited to:

a. swearing at consumers
b. Using foul language at consumers
c. Using racial or ethnic slurs at consumers

d. Causing or prompting others to commit the actions listed above.

**Emotional Harm:** Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

**Exploitation:** An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a consumer's property or funds for the benefit of an individual or individuals other than the consumer.

**Humiliation:** To reduce to a lower position in one's own eyes or others' eyes; extremely destructive to one's self-respect or dignity.

**Sexual Abuse**: means any of the following:

(i) as described in section (3) above under Criminal abuse

(ii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a consumer

(iii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and consumer for whom the employee or agent provides direct services

**Sexual Contact:** means the intentional touching of the consumer's or employee's intimate parts or the touching of the clothing covering the immediate area of the consumer's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:

(i) Revenge

(ii) To inflict humiliation

(iii) Out of anger

**Sexual Harassment:** means sexual advances to a consumer, requests for sexual favors from a consumer, or conduct or communication of a sexual nature toward a consumer.

**Sexual Penetration:** means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, or any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

**Threaten:** means either of the following:

(i) To utter intentions of injury or punishment against.

(ii) To express a deliberate intention to deny the well-being, safety or happiness of somebody unless the person does what is being demanded.

**Unreasonable Force**: means physical management or force that is applied by an employee, volunteer, or agent of a provider to a consumer in one or

more of the following circumstances:

(i) There is no imminent risk of serious or non-serious physical harm to the consumer, staff or others.

(ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.

(iii) The physical management used is not in compliance with the emergency interventions authorized in the consumer's individual plan of service.

(iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

**References:**

Administrative Rules 330.7001
Administrative Rules 330.7035
Michigan Mental Health Code 330.1722;
Michigan Mental Health Code 330.1723;
Michigan Mental Health Code 330.1778

**Exhibits:**

Exhibit A - Staff Action Regarding Alleged Abuse/Neglect/Exploitation form
Exhibit B - Summary of Abuse and Neglect Reporting Requirements, Rev. 4/2018

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) SCCMHA and Provider Network staff along with the Recipient Rights Office will work to protect the consumers of mental health services from abuse and neglect. | 1) SCCMHA, Provider Network staff, and the SCCMHA Recipient Rights Office |
| 2) Whenever an injury is suffered regarding suspected abuse or neglect, staff are responsible for ensuring that the consumer(s) receives immediate proper treatment, comfort and protection as necessary and that action taken by staff sufficiently addresses the urgency of the injury. | 2) Staff responsible for supervision of consumers |
| 3) In all cases of abuse, neglect and/or mistreatment, it is the assigned duty and responsibility of the staff who has knowledge of or reasonable cause to suspect consumer abuse, neglect or | 3) Staff or Supervisor with the knowledge of abuse or neglect |

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|---|---|
| mistreatment to immediately report it to their immediate supervisor, the Recipient Rights Office, administration, law enforcement, Protective Services, and the Department of Licensing and Regulatory Affairs (LARA), and other agencies as required by law. | |
| 4) Appropriate disciplinary action will be taken against anyone proven to have engaged in abuse or neglect. Proof will come through a Recipient Rights Office investigation or a criminal investigation completed by a law enforcement agency or recognized court of law. | 4) SCCMHA Chief Executive Officer and Administrative staff of the SCCMHA Service Provider Network |
| 5) Any mental health professional employed by SCCMHA or any of its Provider Network (ultimately under contract with the Michigan Department of Health and Human Services), who has reasonable cause to suspect the criminal abuse including Vulnerable Adult Abuse and Child Abuse will immediately make a call or cause a call to be made, by telephone or otherwise to the law enforcement agency for the county or city in which the criminal abuse is suspected to have occurred or to the state police. | 5) Mental health professionals employed or contracted with SCCMHA or any of its Provider Network. |
| 6) Within 72 hours after making the oral report, the reporting individual shall file a written report (using the attached form – Report on Alleged Recipient Abuse-Neglect-Exploitation) with the law enforcement agency to which the oral report was made and with the chief administrator of the facility or agency responsible for the consumer. This report will also be made to the Recipient Rights Office of SCCMHA. | 6) The mental health professional making the report of suspected abuse or neglect |
| 7) The written report required in #6 of these procedures will contain the name of the consumer and a description of | 7) The mental health professional making the report of suspected abuse or neglect will send the report to the |

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|---|---|
| the criminal abuse and the manner in which it occurred. The report will become a part of the sentri Incident Report Module. | SCCMHA ORR |
| 8) The identity of an individual who makes a report is confidential and is not subject to disclosure without the consent of that individual or subpoena of a court of record. An individual acting in good faith who makes a report of criminal abuse against a consumer is immune from civil or criminal liability that might otherwise be incurred. | 8) SCCMHA and its Provider Network will protect the individual making the good faith report |
| 9) Reporting the suspected abuse or neglect to the legal authorities will not preclude nor hinder the Recipient Rights Office of the department, a licensed facility, SCCMHA or any of its Provider Network from investigating the report of suspected abuse or neglect and from taking appropriate disciplinary action against its employees based upon that investigation. | 9) Recipient Rights Office |

Exhibit A

## Staff Action Regarding Alleged Abuse/Neglect/Exploitation

Based on the "Summary of Abuse and Neglect Reporting Requirements" a report has been made or filed with the following:

| Agency | Officer or Person Contacted | Date Contacted | How Contacted | | |
|---|---|---|---|---|---|
| ☐ Law Enforcement | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Child Protective Services ☐ form 3200 sent (required) | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Adult Protective Services | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ AFC Licensing | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Office of Recipient Rights | | | ☐ phone | ☐ faxed | ☐ mailed |
| ☐ Other: | | | ☐ phone | ☐ faxed | ☐ mailed |

**Alleged victim(s):**

**Alleged victim(s) identifiers:** (indicate the following if known: BD – Birth date, ID -CMH ID#, SS - Social Security Number)

***IF Alleged Victim is a minor***

Mother: _____ ☐ married ☐ single ☐ divorced ☐ separated

Father: _____ ☐ married ☐ single ☐ divorced ☐ separated

**Alleged victim address/residence and phone number:**

**Alleged perpetrator(s) name:**

**Alleged perpetrator address or location:**

**Alleged incident occurred at:**

**Approximate date(s) or time frames of alleged incident (be as specific as possible):**

**Details of Allegation:** (use second sheet if necessary; attach copy of Form 3200 and/or other related documents)

_____

Signature and Title of Person Making this report — Date

Submit this form to Quality by faxing to 989-272-0290, Executive Director of Clinical Services, & Direct Supervisor

**DO NOT copy to Consumer Records:** If this report becomes a part of the consumer's clinical record, the name of the alleged perpetrator must not be removed from this report as required by Section 723 (3) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.

G:/Agency Forms/ Clinical Forms/ Report on Alleged Recipient Abuse DO NOT SCAN INTO CONSUMER RECORD tn 4/11/22

Exhibit B

# REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

| | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse) | Public Act 238 of 1975 (Child Protection Law) | Public Act 519 of 1982 (Adult Protective Services Law) | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse) |
|---|---|---|---|---|
| **WHERE is the report made?** | To the MDHHS, CMHSP, or Hospital OFFICE OF RECIPIENT RIGHTS<br>A list of local rights offices can be found at: http://tinyurl.com/orroffices | To the MDHHS Office of Childrens Protective Services<br>ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911 | To the MDHHS Office of Adult Protective Services | To the Michigan State Police or Local Sheriff or Local Police Department<br>MSP 517-332-2521 |
| **WHAT must be reported?** | Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment | Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation | Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation | Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse |
| **WHO is required to report?** | All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals | Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers. | Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers. | All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals. |
| **WHAT is the CRITERIA for reporting?** | **You must report if you:** Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient. | **You must report if you:** Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited. | **You must report if you:** Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated. | **You must report if you:** Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it. |
| **WHEN must the report be made and in what format?** | A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift. | A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours. | A verbal report must be made immediately. A written report at the discretion of the reporting person. | A verbal report must be made immediately. A written report must be made within 72 hours of the oral report (330.1723) |
| **TO WHOM are reports made?** | To your immediate supervisor and to the Recipient Rights Office at your agency or hospital | Report to Protective Services Reporting Hotline 855-444-3911 | Report to Protective Services Reporting Hotline 855-444-3911 | The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient. |
| **If there is more than one person with knowledge must all of them make a report?** | Not necessarily. Reporting should comply with the policies and procedures set up by each agency. | Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate. | Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies. | Someone who has knowledge must report or cause a report to be made. |
| **Is there a penalty for failure to report?** YES | Disciplinary action may be taken and you may be held civilly liable. | You may be held civilly liable. Failure to report is also a criminal misdemeanor. | You may be held civilly liable and have to pay a $500 fine. | The law states that failure to report or false reporting is a criminal misdemeanor. |
| **Is it necessary to report to more than one agency?** YES | Each of these laws requires that the designated agency be contacted, if an allegation is suspected to have occurred which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required. | | | |
| **Are there other agencies to which a report can be made?** YES | The Bureau of Community and Health Systems (LARA) is responsible for investigating abuse and neglect in Nursing Homes, Hospitals and Home Health Care. Call the NURSING HOME ABUSE HOTLINE 800-882-6006 | | | |
| | The Michigan Attorney General's Office has an Abuse Investigation Unit which may also investigate abuse in Nursing Homes. Call the ATTORNEY GENERAL 24 hour HEALTH CARE FRAUD HOTLINE 800-24-ABUSE/ 800-242-2873 | | | |
| | The LARA-BCHS Licensing Division is responsible for investigating abuse or neglect in a licensed foster care home. Call The Bureau of Community and Health Systems (LARA) COMPLAINT INTAKE UNIT 866-856-0126 | | | |

MDHHS Michigan Department of Health & Human Services

DCH-0727 8/2020

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Restraint and Seclusion | **Chapter**: 02 - Customer Services and Recipient Rights | **Subject No**: 02.02.14 |
| **Effective Date**:<br>March 7, 2000 | **Date of Review/Revision**:<br>2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/13/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.15.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to protect consumers served by Saginaw County Community Mental Health Authority (SCCMHA) from abuse through the use of restraint and/or seclusion.

**Policy:**
It is the policy of SCCMHA to protect the safety of consumers receiving mental health services. The use of restraints and/or seclusion will not be used in a community setting due to the unavailability of specialized personnel in such settings.

**Application:**
This policy applies to all SCCMHA direct operated programs as well as all of the Service Provider Network.

**Standards:**
**Physical Management, Restraint, and Seclusion Procedures from Policy Review Standards Section S**
S1) Restraint is defined under the Definition section of this policy.

S2) Physical Management is defined under the Definition section of this policy.

S3) Consumers of mental health services of SCCMHA will be free from the use of restraints in all treatment programs, except as outlined in Standard S4.

S4) The SCCMHA Office of Recipient Rights prohibits the use of restraint in all programs or sites directly operated or under contract where it is not permitted by statute and agency policy. The SCCMHA ORR will review the restraint policies and practices of contracted inpatient settings and child caring institutions for compliance with Attachment B from the MDHHS ORR. Restraint shall be used only in a hospital or center or in a child caring institution licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws.

S5) The use of physical management is prohibited except in situations when a recipient is presenting an imminent risk of serious or non-serious harm to himself, herself or others, and lesser restrictive interventions have not reduced or eliminated the risk of harm.

S6) Physical management shall not be included as a component of Behavior Treatment Plans.

S7) Prone Immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.

S8) Therapeutic De-escalation is defined under the Definition section of this policy.

S9) Exclusionary and non-exclusionary timeout is defined in the Definition section of this policy.

S10) The use of seclusion is prohibited in all agency programs, directly operated sites, or contractual service locations unless permitted by statute and agency policy.

S11) Incidents where physical intervention is used will be documented on an Incident Report and sent to the SCCMHA ORR.

**Definitions:**

**Behavior Treatment Committee:** Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

**Behavior Plan:** A behavior management or treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

**Community Setting:** Any location where treatment for mental health consumers takes place in the community

**Exclusionary Timeout:** An involuntary removal of a consumer to a location where the egress is blocked by staff.

**Non-exclusionary timeout:** Defined as a consumer's **voluntarily** removing him/herself from a stressful situation as a response to a therapeutic suggestion to prevent a potentially hazardous outcome

**Physical Management:** technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others. Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection or holding his/her hand. The following are examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management.

Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position.

**Restraint:** The use of a physical device to restrain an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

**Seclusion:** A temporary placement of a consumer in a room, alone, where egress is prevented by any means. "By any means" includes the egress being blocked by a staff person to prevent the consumer from leaving the room.

**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**Therapeutic De-escalation:** An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

**Treatment Plan:** A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, which are to be developed with and provided for a consumer.

**References:**
Mental Health Code 330.1755 (5)(a)(g);
Mental Health Code 330.1700;
Mental Health Code 330.1742;
Mental Health Code 330.1740;
Administrative Rules R 330.7001
Administrative Rules R 330.7243;
Health Care Financing Administration 42 Code of Federal Regulations Part 482.13;
Act 116 of the Public Acts of 1973 sections 722.111 to 722.128

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) SCCMHA requires the use of non-restrictive techniques to address challenging behaviors. | 1) Staff responsible for providing care for consumers |
| 2) Consumers in need of a Behavior Plan due to challenging behaviors will be referred to a Behavioral Psychologist for a comprehensive assessment/analysis | 2) Support Staff |
| 3) Physical intervention may be utilized on a limited basis when less restrictive techniques have been unsuccessful and there is a risk of serious injury to the consumer or others in the absence of intervention. | 3) Staff responsible for providing care for consumers |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Medication and the use of Psychotropic Drugs</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.16</td></tr>
<tr><td rowspan="2">Effective Date:<br>September 16, 1998</td><td>Date of Review/Revision:<br>2/19/03, 1/25/08, 7/13/09, 6/22/12, 1/28/13, 6/4/13, 6/14/14, 11/27/16, 6/1/18, 1/22/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.18.00, 06.02.18.01, and 06.02.19.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
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**Purpose:**
The purpose of this policy is to establish standards and practices for the use of medications, including psychotropic medications for the purpose of treatment of mental health related issues.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to follow strict guidelines, which will be established by this policy, when administering medication to consumers of mental health services from SCCMHA or any of its Service Provider Network.

**Application:**
This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

**Standards:**
**Medication Procedures from Policy Review Standards Section I**

I1) Medications shall only be ordered by a doctor. The doctor's order for medication may come from or through a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.

I2) Medication shall not be used as punishment, for the convenience of staff or as a substitute for other appropriate treatment.

I3) Medications shall be reviewed as specified in the plan of service and based on consumer's clinical status, to determine the appropriateness of continued use.

I4) Medication shall be prepared and administered by qualified and trained staff.

I5) At the time the Doctor/Psychiatrist/nurse practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. Informed Consent from the consumer, their guardian, parent of a minor or loco parentis prior to the administration of the medication is required.

I6) Medication errors and adverse drug reactions are immediately reported to the RN or physician, and documented in the clinical record.

I7) Only medications authorized by a physician are to be given at discharge or leave and enough medication will be made available to ensure the consumer has an adequate supply until he or she can become established with another provider.

I8) Medication use shall conform to standards of the medical community.

I9) When a medication is used for behavioral reasons and not to treat a psychiatric condition, this is considered an intrusive technique and needs to be reviewed and approved by the Behavior Treatment Committee (BTC).

I10) Agency personnel shall comply with the orders of a physician in administering and/or stopping medications, and shall comply with other relevant regulations, such as Licensing Regulations regarding storing/securing resident medication within the facility. Medication shall be kept in a locked cabinet.

I11) Telephone orders for medication shall be accepted only in specific situations set forth by this policy. These orders may be accepted by a nurse. The orders must be signed by the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner within 24 hours. Orders may be faxed to a residential setting if the order has been signed by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.

I12) Orders for medication shall be effective only for the specific number of days indicated by the prescribing Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner. Orders for Schedule 2 controlled substances shall expire after 60 days.

I13) Medication that is given to recipients shall be in compliance with state rules and federal regulations pertaining to labeling and packaging.

**Use of Psychotropic Drugs from Policy Review Standards Section J**

J1) Psychotropic Drugs are defined in the Definition Section of this policy.

J2) Before initiating a course of psychotropic drug treatment for a consumer, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:

a) Explain the specific risks and most common adverse side effects associated with that drug, and
b) Provide the individual with a written summary of those common adverse side effects.

J3) Psychotropic medication shall not be administered unless the individual gives informed consent, or the administration is necessary to prevent physical injury to the person or another, or with a court order.

J4) The administration of psychotropic medication to prevent physical harm or injury occurs:

1) ONLY when the actions of a recipient, or other objective criteria, clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others, and
2) ONLY after signed documentation of the physician is placed in the recipient's clinical record

J5) The initial administration of psychotropic medication under 7158(8)(b) is limited to a maximum of 48 hours unless there is consent.

J6) The initial administration of psychotropic medication under 7158((8)(b) is as short as possible, at the lowest therapeutic dosage possible and terminated as soon as there is no longer a risk of harm.

J7) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication.

J8) Medication errors and adverse drug reactions are immediately and properly reported to a physician or RN and recorded in the recipient's record.

J9) Psychotropic medications will not be given without a signed Informed Consent form.

J10) A consumer, their guardian, parent of a minor, or loco parentis shall have the right to accept or refuse psychotropic medications treatment, except when a court order is in place.

**Definitions:**

**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Informed Consent:** is defined by the Administrative Rules 330.7003

(1) All of the following are elements of informed consent:

(a) Legal competency. An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.

(b) Knowledge. To consent, a consumer or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:

(i) The purpose of the procedures.

(ii) A description of the attendant discomforts, risks, and benefits that can reasonably be expected.

(iii) A disclosure of appropriate alternatives advantageous to the consumer.

(iv) An offer to answer further inquiries.

(c) Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (b) of this subrule.

(d) Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**Psychotropic drug**: Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior. In this policy, Psychotropic drug or medication is used interchangeably with Psychotropic Chemotherapy.

**References:**

Michigan Mental Health Code 330.1719;
Michigan Mental Health Code 330.1752;
Administrative rules 330.7158;
Administrative rules 330.7001
Michigan Department of Health and Human Services (MDHHS) Behavioral Health & Developmental Disabilities Administration Standards for Behavior Treatment Plan Review Committees Revision FY17

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) When a consumer of mental health treatment is seen by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, an evaluation will be completed to determine whether or not that consumer would benefit from the use of prescription psychotropic medication. | 1) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner evaluating the consumer |
| 2) If the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner determines the consumer would benefit from the use of psychotropic medication, a prescription will be written and given to the consumer, their guardian, or licensed Foster Care Provider. | 2) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription |
| 3) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. | 3) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription |
| 4) If the psychotropic medication is being used for the purpose of behavior management, the use of the medication will be reviewed by the Behavior Treatment Committee. | 4) Behavior Treatment Committee |
| 5) The Behavior Treatment Committee will review, on a quarterly basis, those records of consumers who receive psychotropic medication for behavior treatment purposes. | 5) Behavior Treatment Committee |
| 6) Use of medication in conjunction with a behavioral modification plan must be reviewed monthly by qualified staff (R.N., psychologist or QMRP/QMHP, as defined in the individual program plan, and quarterly by the recipient's physician). | 6) Assigned Support Staff |
| 7) When it is not possible to receive an order written by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, a phone order may be taken by a Nurse. This may only be | 7) Assigned Support Staff or the Licensed Foster Care Provider |

| | |
|---|---|
| done in situations where the consumer or others are put in danger by a consumer not receiving the medications or that the Service Plan agreed on by the treatment team and the consumer or their guardian cannot be followed if the consumer does not receive the medication. The phone order must be signed within 24 hours. | responsible for the care of the consumer |
| 8) Administration of medications shall be recorded in the consumer's clinical record. | 8) The trained staff administering the medication |
| 9) The use of psychotropic medications must be a part of the individual's program service plan and must be a recommendation of the Treatment Planning Team or the psychiatrist/nurse practitioner. | 9) Assigned Support Staff |
| 10) On a quarterly basis, AIMS testing will be conducted for those consumers that are receiving psychotropic medications, unless specified otherwise in the Individual Plan of Service. | 10) The Nurse working with the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription for psychotropic medications |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Sterilization, Abortion, and Contraception</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.17</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 7, 2000</td><td>Date of Review/Revision:<br>2/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.20.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to establish boundaries for the responsibilities for Saginaw County Community Mental Health Authority (SCCMHA) as it relates to sterilization, abortion, and contraception.

**Policy:**
It is the policy of SCCMHA not to provide any direct services relating to sterilization, abortion, or contraception, but not to discriminate against any consumer, their guardian, parent of a minor, or loco parentis for any decision made regarding sterilization, abortion, or contraception.

**Application:**
This policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

**Standards:**
K1) The Support Staff responsible for the consumer's written plan of service shall provide notice to the consumer, their guardian, parent of a minor or loco parentis of the availability of family planning and health information.

K2) The Support Staff responsible for the consumer's written plan of service shall provide referral assistance to providers of family planning and health information services upon request of the consumer, their guardian, parent of a minor, loco parentis.

K3) Notice shall be given to the consumer, their guardian, parent of a minor or loco parentis, indicating that the receipt of mental health services, release, or discharge, is in no way dependent upon the request or decision to act on the family planning information.

K4) Neither SCCMHA staff members or members of the SCCMHA Service Provider Network shall make recommendations regarding sterilization or abortion.

**Definitions:**
**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**References:**
Michigan Mental Health Code 330.1752
Administrative Rule 330.7029

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) While SCCMHA does not provide direct services related to sterilization, abortion, or contraception, a consumer, their guardian, parent of a minor or loco parentis may request information regarding these subjects. | 1) Support Staff |
| 2) Upon request from a consumer, their guardian, parent of a minor or loco parentis, SCCMHA staff or staff of the SCCMHA Service Provider Network may provide information on family planning and health. | 2) Support Staff |
| 3) The consumer, their guardian, parent of a minor or loco parentis will be directed to the appropriate county or private agency available to provide more information. | 3) Support Staff |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Recipient Rights – Voice Recording, Photography, Fingerprinting, and the use of One-Way Glass</td><td>Chapter: 02 - Customer Services and Recipient Rights</td><td>Subject No: 02.02.18</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 7, 2000</td><td>Date of Review/Revision:<br>2/19/03, 1/25/08, 6/29/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.21.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to set limits and guidelines for the use of voice recording, fingerprinting, and the use of one-way glass in the treatment of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) or any of its Service Provider Network.

**Policy:**
It is the policy of SCCMHA that the use of voice recording, fingerprinting, and one-way glass will not be used without the expressed written consent of the consumer, their guardian, parent of a minor or loco parentis.

**Application:**
This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

**Standards:**
E1) Fingerprints, photographs, or audiotapes may be taken and one-way glass may be used only when prior expressed written consent is obtained from the consumer, their guardian, parent of a minor or loco parentis.

E2) Fingerprints, photographs, or audiotapes may be taken and one-way glass may be used in order to determine the identification of the consumer as set forth in Procedure #4 below.

E3) Written consent is required for the use of fingerprints, photographs, audiotapes, or one-way glass. This written consent will be obtained from the consumer, their guardian, parent of a minor or loco parentis.

E4) Consent for the use of fingerprints, photographs, audiotapes, or one-way glass may be withdrawn at any time.

E5) Photographs (videos are excluded) may be taken for purely personal or social purposes. However, photographs taken will not be posted on social media or for any public viewing without prior expressed written consent. A photograph of a consumer shall not be taken or used if the consumer has indicated his or her objection.

E6) The safekeeping of fingerprints, photographs, or audiotapes is described in Procedures #3, 4, & 5 below.

E7) Fingerprints, photographs, or audiotapes in the record of a consumer, and any copies of them, shall be given to the consumer, or destroyed when they are no longer essential to achieve one of the objectives set forth in subsection (E2), or upon discharge of the resident, whichever occurs first.

E8) The consent for the use of fingerprints, photographs, audiotapes, or one-way glass will be considered valid for one year from the date of the initial signature. However, the Assigned Support Staff will make known to the consumer, their guardian, parent of a minor or loco parentis each time any of these methods are being used and the consent can be withdrawn at any time as stated in Standard E4.

E9) This policy prohibits video surveillance when recording is occurring and in non-public areas.

E10) All consumer consents related to fingerprints, photographs, audiotapes, one-way glass, or written information for SCCMHA publications will be completed by using the MDHHS-5515 - Consent to Share Behavioral Health Information link in Sentri II.

**Definitions:**

**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**Photography:** Still pictures, motion pictures, and videotapes

**Social Media:** Social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks.

**References:**
Administrative Rules 7003
Michigan Mental Health Code 330.1724

**Exhibits:**
Exhibit A - SCCMHA - Consent to Share Behavioral Health Information

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) The rights of consumers receiving mental health services are clearly protected under the Michigan Mental Health Code in specific regard to fingerprints, photographs, use of one-way glass, and audiotapes. It is the duty of the SCCMHA Recipient Rights Office to ensure these rights are upheld. | 1) Recipient Rights Office |
| 2) Any use of fingerprints, photographs, audiotapes, or of one-way glass without the expressed written consent of the consumer, (if 18 years of age or over and competent to consent), their guardian, the parent of a minor, or loco parentis is expressly prohibited. | 2) Enforced by the Recipient Rights Office |
| 3) In the event that fingerprints, photographs, or audiotapes are taken in order to provide services to a consumer, all copies of them shall be kept as part of the record of the consumer. | 3) Assigned Support Staff |
| 4) If fingerprints, photographs, or audiotapes are necessary for determining the name of a consumer, these will be kept as part of the record. If necessary, the fingerprints, photographs, or audiotapes may be delivered to others for assistance in determining the identity of the consumer. Upon completion of the use of the fingerprints, photographs, or audiotapes, together with copies, will be kept as part of the record of the consumer. | 4) Assigned Support Staff in conjunction with the Director of the Recipient Rights Office |

| | |
|---|---|
| 5) Fingerprints, photographs, or audiotapes in the record of a consumer, and any copies of them, will be given to the consumer or destroyed when it is no longer essential in order to achieve one of the objectives set forth in standard number E2 of this policy or upon discharge of the consumer, whichever occurs first. | 5) Assigned Support Staff in conjunction with their Supervisor and the Medical Records Unit |

Exhibit A

# Saginaw County Community Mental Health Authority

## Consent to Share Behavioral Health Information

**Use this form to give or take away your consent to share information about your:**

- Mental and behavioral health services. This will be referred to as "behavioral health" throughout the form.
- Diagnosis, referral, and treatment for an alcohol or substance use disorder. This will be referred to as "substance use disorder" throughout this form.

This information will be shared to help diagnose, treat, manage, and pay for your health needs.

**Why This Form is Needed**

When you receive health care, your health care provider and health plan keep records about your health and the services you receive. This information becomes a part of your medical record. Under state and federal laws, your health care provider and health plan do not need your consent to share most types of your health information to treat you, coordinate your care, or get paid for your care. But they may need your consent to share your behavioral health or substance use disorder records.

**Instructions**

- To **give** consent, fill out Sections 1, 2, 3, and 4.
- To **take** away consent, fill out Sections 5.
- Sign the completed form, then give it to your health care provider. They can make a copy for you.

**SECTION 1: ABOUT YOU**

| FIRST NAME | MIDDLE INITIAL | LAST NAME | DATE OF BIRTH | DATE SIGNED |
|---|---|---|---|---|
| Consumer | W | Twelve | 02/01/2020 | 09/27/2022 |

**SECTION 2: WHO CAN SEE YOUR INFORMATION AND HOW THEY CAN SHARE IT**

**SECTION 2A: SHARING INFORMATION BETWEEN INDIVIDUALS AND ORGANIZATIONS**

Let us know who can see and share your behavioral health and substance use disorder records. You should list the specific names of health care providers, health plans, family members, or others. They can only share your records with people or organizations listed below.

1. Saginaw
   500 Hancock Street Saginaw, MI 48602-4224
   Phone: 989-797-3400 Fax: 989-799-0206
2. MSHN-WSA CCBHC
   530 W Ionia St Ste F Lansing, MI 48933
   Phone: 844-405-3094 Fax: 517-253-7525

**SECTION 2B: SHARING INFORMATION ELECTRONICALLY**

Health information exchanges or networks share records back and forth electronically. This type of sharing helps the people involved in your health care. It helps them provide better, faster, safer, and more complete care for you. Your health care provider and health plan may have already listed these organizations below.

CHOOSE ONLY ONE OPTION:

☒ Share my information through the organizations listed below. This information will be shared with the individuals and organizations listed under Section 2a

☐ Do not share my information through the organizations listed below.

☐ Share my information through the organizations listed below with all of my past, current, and future treating providers. If I choose this option, I can request a list of providers who have seen my records.

**For Health Care Provider or Health Plan Use Only.** List all health information exchanges or networks:

1. PCE Systems
2. Michigan Health Information Network

**SECTION 3: WHAT INFORMATION YOU WANT TO SHARE**

CHOOSE ONE OPTION:

☒ Share **all** of my behavioral health and substance use disorder records. This does not include "psychotherapy notes."

☐ Share **only** the types of behavioral health and substance use disorder records listed below. For example, what I am being treated for, my medications, lab results, etc.

MDHHS-5515 (12-18) Previous edition obsolete.
09/27/2022



SGWPCHMIH006263749

## SECTION 4: YOUR CONSENT AND SIGNATURE

Read the statements below, then sign and date the form.

By signing this form, I understand:

- I am giving consent to share my behavioral health and substance use disorder records. This includes referrals and services for alcohol and substance use disorders, but other information may also be shared.
- I do not have to fill out this form. If I do not fill it out, I can still get treatment, health insurance or benefits. But, without this form, my provider or health plan may not have all the information needed to treat me.
- My records listed above in Section 3 will be shared to help diagnose, treat, manage, and pay for my health needs.
- My records may be shared with the people or organizations as stated in Section 2.
- Other types of my information may be shared along with my behavioral health and substance use disorder records. Under existing laws, my health care provider and health plan do not need my consent to share most types of my health information to treat me, coordinate my care or get paid for care.
- This form does not give my consent to share "psychotherapy notes".
- I can remove my consent to share behavioral health and substance use disorder records at any time. I understand that any records already shared because of past approval cannot be taken back. I should tell all individuals and organizations listed on this form if I remove my consent.
- I have read this form. Or it has been read to me in a language I can understand. My questions about this form have been answered. I can have a copy of this form.
- This signature is good for **1 year** from the date signed. Or I can choose an earlier date or have it after the event or condition listed below. (For example, at the end of my treatment.)

Date, event, or condition: 09/26/2023

Obtained Externally

| CONSUMER SIGNATURE | PRINTED NAME | DATE |
|---|---|---|
| | | 09/27/2022 |

| PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE | PRINTED NAME | DATE |
|---|---|---|
| | | |

## TAKE AWAY YOUR CONSENT

Complete Section 5 if you no longer want to share your records listed above in Section 3.

## SECTION 5: WHO CAN NO LONGER SEE YOUR INFORMATION

I no longer want to share my records with those listed in Sections 2a and 2b. I understand any information already shared because of past approval cannot be taken back.

State your relationship to the person withdrawing consent, then sign and date below.

☐ Self
☐ Parent (Print Name)
☐ Guardian (Print Name)
☐ Authorized Representative (Print Name)

| SIGNATURE | DATE |
|---|---|
| | |

| WITNESS SIGNATURE (IF APPROPRIATE) | DATE |
|---|---|
| | |

FOR HEALTH CARE PROVIDER OR HEALTH PLAN USE ONLY

**VERBAL WITHDRAW OF CONSENT**

☐ The individual listed above in Section 1 has taken away his/her consent.

List the individual who requested the withdrawal below, then sign and date below.

☐ Individual listed in Section 1
☐ Parent (Print Name)
☐ Guardian (Print Name)
☐ Authorized Representative (Print Name)

SIGNATURE OF PERSON RECEIVING VERBAL WITHDRAW OF CONSENT | DATE

**Other Information for Health Care Providers and Health Plans**

This form cannot be used for a release of information from any person or agency that has provided services for domestic violence, sexual assault, stalking, or other crimes. See the FAQ for providers and other organizations at michigan.gov/bhconsent

**Additional Identifiers (Optional)**

| MEDICAID | LAST 4 OF THE SOCIAL SECURITY NUMBER | CASE # |
|---|---|---|
| 000123456789 | *****9997 | 000000012 |

**Form Copy (Optional, Choose One Option)**

☐ The individual in Section 1 **received** a copy of this form.
☐ The individual in Section 1 **declined** a copy of this form.

| | |
|---|---|
| **AUTHORITY:** | This form is acceptable to the Michigan Department of Health and Human Services (MDHHS) as compliant with 42 CFR Part 2, PA 258 of 1974 and MCL 330.1748 and PA 368 of 1978, MCL 333.1101 et seq and PA 129 of 2014, MCL 330.1141a. |
| **COMPLETION:** | Is Voluntary, but required if disclosure is requested. |

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

MDHHS-5515 (12-18) Previous edition obsolete.
09/27/2022



SGWPCHMIH0062637 49

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Recipient Rights – Treatment by Spiritual Means</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.20</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 7, 2000</td><td>Date of Review/Revision:<br>3/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.22.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure the right of consumers receiving public mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to obtain treatment by spiritual means.

**Policy:**
It is the policy of SCCMHA to assist interested consumers of public mental health services in obtaining treatment by spiritual means.

**Application:**
This policy applies to all consumers of SCCMHA including the SCCMHA Service Provider Network.

**Standards:**
G1) Treatment by spiritual means is defined in the Definition Section of this policy.

G2) Consumers shall be permitted treatment by spiritual means upon request of the consumer, their guardian, and parent of a minor or loco parentis.

G3) Requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance shall be honored and made available at the recipient's expense.

G4) If a minor, parent of a minor, or loco parentis refuse medication or other treatment based on spiritual grounds, SCCMHA ORR will assist in working with the court in determining the most appropriate method of treatment.

G5) Consumers, their guardian, parent of a minor or loco parentis will be informed of the reason for a denial of treatment by spiritual means.

G6) Consumers, their guardian, parent of a minor or loco parentis will be informed of their right to the Local Appeal Process upon a denial of treatment by spiritual means as described in Procedures #4 & 5 below.

G7) Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as consumers are permitted to see private mental health professionals.

G8) The right to treatment by spiritual means includes the right of consumers, their guardians, parents of a minor, or loco parentis to refuse medication or other treatment on spiritual grounds if:

a) Spiritual treatment predates the current allegations of mental illness or disability
b) No court order empowering guardian or facility to make those decisions
c) The consumer is not imminently dangerous to self or others

G9) The right to treatment by spiritual means does not include the right:

a) To use mechanical devices or chemical or organic compounds which are physically harmful
b) To engage in activity prohibited by law
c) To engage in activity that physically harms the consumer or others
d) To engage in activity which is inconsistent with court ordered custody or voluntary placement by a person other than the consumer

**Definitions:**

**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**Treatment by spiritual means**: Spiritual discipline or school of thought upon which a consumer wishes to rely to aid physical or mental recovery.

**References:**

Michigan Mental Health Code 330.1704;
Administrative Rules 330.7001;
Administrative Rules 330.7135

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Receipt of a request to receive treatment by spiritual means will be documented in the consumer's record. | 1) Assigned Support Staff |
| 2) When the request to receive treatment by spiritual means is received from a guardian or the parent of a minor, the consumer will be asked if they consent to the treatment requested. If an agreement cannot be reached between the guardian and the consumer, the consumer will be able to decline the treatment. | 2) Assigned Support Staff |
| 3) Upon request to receive treatment by spiritual means, agencies providing treatment by spiritual means will be contacted to make a referral for treatment. | 3) Assigned Support Staff |
| 4) In the event that the staff member receiving the request believes there is a clinical reason for denying the request, the staff making the denial will send the consumer, their guardian, parent of a minor, or loco parentis a letter stating the reason for denial. | 4) Assigned Support Staff |
| 5) The consumer, their guardian, parent of a minor, or loco parentis receiving the written refusal of treatment by spiritual means will be notified of the ability to appeal the decision through the SCCMHA Local Appeal process. This request to access the Local Appeal process will be filed through the SCCMHA Customer Service Department. | 5) Assigned Support Staff, and the Customer Service~~s~~ Department |
| 6) If the consumer, their guardian, parent of a minor or loco parentis refuse treatment ordered by a court based on spiritual grounds, the court originating the order will be consulted. | 6) Assigned Support Staff |
| 7) The court's decision based on this refusal of treatment will be followed by SCCMHA | 7) Assigned Support Staff |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Recipient Rights – Comprehensive Examination</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.21</td></tr>
<tr><td rowspan="2">Effective Date:<br>September 7, 1997</td><td>Date of Review/Revision:<br>3/19/03, 1/25/08, 7/13/09, 6/22/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.23.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure consumers of mental health services from Saginaw County Community Mental Health Authority (SCCMHA) receive a comprehensive physical and mental examination when admitted into a psychiatric hospital.

**Policy:**
It is the policy of SCCMHA to reach an agreement with contractual providers of psychiatric inpatient facilities that ensure comprehensive examinations are completed when a consumer is admitted into their facility.

**Application:**
This policy applies to all consumers of inpatient psychiatric facilities holding a contract with SCCMHA.

**Standards:**
1) Consumers admitted to inpatient psychiatric facilities will receive a comprehensive physical and mental examination within 24 hours of admission

**Definitions:**
**Inpatient psychiatric facility:** A unit or a hospital designated to treat mental and emotional disorders.

**References:**

Michigan Mental Health Code 330.1710

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Consumers admitted to a psychiatric inpatient facility will receive a comprehensive physical and mental examination within 24 hours of admission. | 1) Inpatient psychiatric facility |
| 2) Upon completion of a comprehensive physical and mental examination, an Individual Plan of Service will be developed using the information obtained during the comprehensive examinations. | 2) Inpatient psychiatric facility |
| 3) The Individual Plan of Service will be developed through the Person-Centered Planning process. | 3) Inpatient psychiatric facility |
| 4) Each consumer remaining in the facility will be periodically reexamined no less than annually. | 4) Inpatient psychiatric facility |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights - Entertainment Material, Information, and News | **Chapter**: 02 - Customer Service and Recipient Rights | **Subject No**: 02.02.22 |
| **Effective Date**:<br>September 7, 1997 | **Date of Review/Revision**:<br>3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.24.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to entertainment material, information, and news.

**Policy:**
It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to entertainment material, information, and news unless specified in their Individual Plan of Service.

**Application:**
This policy applies to all consumers of SCCMHA including the Service Provider Network.

**Standards:**
M1) Consumers shall not be prevented, at their own expense, from acquiring reading, written or printed material, or from viewing or listening to television, radio, recordings, or movies for reasons of, or similar to, censorship except under circumstances outlined in this policy.

M2) A provider may limit access to entertainment materials, information, or news only if such a limitation is specifically approved in the resident's individualized plan of service. A provider shall document each instance when a limitation is imposed in the resident's record.

M3) The limitations/restrictions will be removed when they are no longer clinically justified.

M4) Minor consumers have the right to access material not prohibited by law unless the legal guardian of a minor or Loco Parentis object to this access.

M5) There may be general program restrictions to access material by a provider, but in no circumstances when it conflicts with an individual's rights as defined in the Constitution of the United States or the Bill of Rights.

M6) This policy provides a process addressing a consumer's interest in and for a daily newspaper; See Procedure #4 below.

M7) This policy allows for the person in charge of the plan of service to attempt to persuade the parent/guardian of a minor to withdraw their objections as referenced in Standard M4. See Procedure #5 below.

M8) The policy describes the process for residents to appeal the denial of their right to this material; See Procedure #3 below.

M9) Restrictions for the benefit of a group are not allowed and must be addressed in each Individual Plan of Service; See Procedure #1 below.

**Definitions:**
**Assigned Support Staff:** Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

**Loco Parentis:** A person or institution that assumes parental rights and duties for a minor.

**Entertainment material, information, and news:** Printed material, viewing or listening to television, radio, recordings, or movies

**References:**
Michigan Mental Health Code 330.1708
Administrative Rules 330.7139

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Limitations may be imposed upon a consumer's right to access entertainment | 1) Assigned Support Staff |

| | |
|---|---|
| material, information, or news if the need to do so is indicated in the assessment during the Person-Centered Planning process. The limitation(s) will be documented in the clinical record. Restrictions for the benefit of a group are not allowed and must be addressed in each Individual Plan of Service. | |
| 2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of restrictions or limitations will be documented in the clinical record. | 2) Assigned Support Staff |
| 3) The consumer, their guardian, parent of a minor, or loco parentis will be notified they may file a Recipient Rights complaint if they feel the restrictions or limitations are not justified. | 3) Assigned Support Staff |
| 4) A consumer's interest in and for the provision of a daily newspaper will be assessed. | 4) Assigned Support Staff |
| 5) Attempts will be made to persuade a guardian, parent of a minor, or loco parentis to withdraw objections to material desired by the minor, when appropriate. | 5) Assigned Support Staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Communication, Mail, Telephone & Visiting Rights | **Chapter**: 02 - Customer Service and Recipient Rights | **Subject No**: 02.02.23 |
| **Effective Date**:<br>March 7, 2000 | **Date of Review/Revision**:<br>3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.25.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to mail and telephone, and to visit with persons of their choice.

**Policy:**
It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to mail and telephone, and to visit with persons of their choice.

**Application:**
This policy applies to all consumers of SCCMHA services living in residential settings.

**Standards:**
R1) Telephones will be made accessible, and a reasonable amount of funds will be made available to consumers for the purpose of phone use if necessary.

R2) Correspondence can be conveniently and confidentially received and mailed and writing materials and postage will be provided in reasonable amounts.

R3) Space will be made available for visits.

R4) In residential settings, telephone, mail, and receiving visitors shall not be further limited except as authorized in the Individual Plan of Service (IPOS).

R5) No limitation of communication by mail, telephone, or visit may be imposed on any consumer if that communication is between consumer and the Recipient Rights Office, clergy, or the court, or attorney, or other individual when the communication involved matters, which are or may be in the subject of legal inquiry.

R6) A resident who is able to secure the services of a mental health professional shall be allowed to see that person at any reasonable time.

R7) A postal box or daily pickup and deposit of mail is required in order for consumers to be able to easily send and receive communication by mail.

R8) Consumers shall be entitled to unimpeded, private, and uncensored communication with others by mail and telephone, and to visit with persons of their choice, except under circumstances where the limitation is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC).

R9) Writing materials and postage shall be provided to consumers, in reasonable amounts, if the consumer is unable to procure such items.

R10) Mail for a consumer shall not be opened unless a consumer, their guardian, the parent of a minor or loco parentis has consented that an article of mail may be opened by a designated person, or there is reasonable belief that the mail is a violation of a law.

R11) Outgoing and incoming mail shall not be opened or destroyed without written consent of a consumer, their guardian, parent of a minor or loco parentis. Instances of opening or destruction of mail by staff shall be recorded and placed in the consumer's record.

**Definitions:**
**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**
Michigan Mental Health Code 330.1715;
Michigan Mental Health Code 330.1726;
Administrative rules 330.7199

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Limitations may be imposed upon a consumer's right to access communication, | 1) Support Staff |

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|---|---|
| telephone, and visiting rights only if it is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC). | |
| 2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record. | 2) Support Staff |
| 3) The consumer or guardian will be notified they may file a Recipient Rights complaint if they feel the restrictions or limitations are not justified. | 3) Support Staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Freedom of Movement | **Chapter**: 02 - Customer Service and Recipient Rights | **Subject No**: 02.02.24 |
| **Effective Date**:<br>September 8, 1997 | **Date of Review/Revision**:<br>3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/2/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.26.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) will be allowed freedom of movement to the greatest extent possible.

**Policy:**
It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in order to be allowed freedom of movement.

**Application:**
This policy applies to all consumers of SCCMHA including the Service Provider Network.

**Standards:**
O1) SCCMHA and its Service Provider Network shall endeavor to treat all consumers in the least restrictive environment suitable to their individual plan of service.

O2) Freedom of movement of a consumer shall not be restricted more than necessary to:
- a) Provide mental health services to the consumer
- b) Prevent injury to the consumer or others
- c) Prevent substantial property damage except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or a person transferred from a penal institution

O3) A consumer's right to freedom of movement will only be limited as authorized in the consumer's individual plan of service. The reason(s) for any limitation(s) must be clearly documented in the Individual Plan of Service. Any limitation placed on the consumer will be time limited per Michigan Mental Health Code (MMHC).

O4) Limitations on freedom of movement will be removed when the circumstance that justified its adoption cease to exist.

O5) Consumers shall be entitled access to areas designated for recreational, vocational, social activities where age, sex, physical illness/handicap, or maintenance of security is appropriate for access.

O6) The residential agency shall provide for a rational and fair manner in which a consumer, their guardian, parent of a minor, or loco parentis may request leaves and appeal denial of requests. If dissatisfied, consumers may seek assistance from the SCCMHA ORR.

O7) Substantial limitations shall be reported to the guardian, parent of a minor or loco parentis and the Court during any hearing process.

O8) Service plans for consumers involved with the legal or criminal justice system will identify any security precaution necessary to ensure safety to comply with an existing court order.

O9) Consumers placed in Adult Foster Care Homes are able to have complete freedom of movement unless specified differently in their Individual Plan of Service.

**Definitions:**
**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**
Michigan Mental Health Code 330.1708;
Michigan Mental Health Code 330.1744;
Administrative rules 330.7199.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Limitations may be imposed upon a consumer's right to freedom of movement if the need to do so is indicated in the consumer's individual plan of service and will be time limited per Michigan Mental Health Code (MMHC). | 1) Support Staff |

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| 2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record. | 2) Support Staff |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Recipient Rights – Personal Property & Funds</td><td>Chapter: 02 - Customer Service and Recipient Rights</td><td>Subject No: 02.02.25</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 7, 2000</td><td>Date of Review/Revision:<br>3/19/03, 12/19/06, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:<br>06.02.27.00</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to personal property and their own funds.

**Policy:**
It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to their personal property and their own funds.

**Application:**
This policy applies to all consumers of SCCMHA including the Service Provider Network.

**Standards:**
N1) A consumer's property or living area shall not be subject to search by a provider except in the following circumstances:
   a) Search is authorized in the consumer's plan of service.
   b) There is reasonable cause to believe the consumer is in possession of contraband or property excluded by written policies or procedures of the provider.

N2) Documentation will be made in the record of the circumstances surrounding the search which includes: (i) the reason for initiating the search, (ii) the names of the individuals performing and witnessing the search, (iii) the results of the search, including a description of the property seized.

N3) Any property taken into possession by the residence/facility must be given to the recipient at the time the recipient leaves.

N4) Residents will be allowed to inspect personal property at reasonable times.

N5) The Support Staff responsible for the Individual Plan of Service may limit property in order to prevent the resident from physically harming himself, herself or others, or to prevent the destruction of property. This may include the limiting of property in order to reduce the likelihood of theft or loss unless a waiver is signed by the resident.

N6) A receipt shall be given to the consumer and a person designated by the consumer, for any personal property taken into the possession by the Home Provider

N7) All limitations of property will be justified and documented in the Individual Plan of Service (IPOS) per Michigan Mental Health Code (MMHC).

N8) Circumstances surrounding the search including:
(i) The reason for initiating the search
(ii) Names of the individuals performing and witnessing the search
(iii) Results of the search, including a description of property seized, shall be entered in the consumer's clinical record.

N9) All resident money will be logged into their Resident Funds Log, and every time money is taken out of their account, it will be documented, initialed by both consumer and staff, and a reason for the withdrawal will be recorded by staff. A consumer is entitled to easy access to the money in his or her account and to spend or otherwise use the money as he or she chooses, except as stated previously under limitations.

**Definitions:**
**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**
Michigan Mental Health Code 330.1728;
Michigan Mental Health Code 330.1730;
Michigan Mental Health Code 330.1732;
Administrative Rules 330.7009

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Restrictions or limitations may be imposed upon a consumer's right to personal property if | 1) Support Staff |

| | |
|---|---|
| the need to do so is indicated in the assessment during the Person Centered Planning process. The restrictions or limitations will be documented in the clinical record. | |
| 2) The consumer or guardian will be informed of any restrictions on access to personal property and funds at the time of the Person Centered Plan | 2) Support Staff |
| 3) Restrictions or limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record. | 3) Support Staff |
| 4) At the time the consumer moves, their property shall be returned. | 4) AFC Home Provider |
| 5) The consumer may file a Recipient Rights complaint if they or their guardian believe all of their belongings have not been returned to them. | 5) Consumer or their guardian |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Recipient Labor | **Chapter**: 02 - Customer Service and Recipient Rights | **Subject No**: 02.02.26 |
| **Effective Date**:<br>March 7, 2000 | **Date of Review/Revision**:<br>3/19/03, 1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/2/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**:<br>06.02.28.00 | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to set standards for appropriate compensation for work performed by consumers of mental health services from Saginaw County Community Mental Health Authority (SCCMHA).

**Policy:**
It is the policy of SCCMHA to ensure appropriate payment is rendered for work completed by consumers.

**Application:**
This policy applies to all consumers of SCCMHA including the Service Provider Network.

**Standards:**
Q1) A consumer may perform labor which contributes to the operation and maintenance of the residence for which the residential agency would otherwise employ someone only if:
1) The consumer voluntarily agrees to perform the labor
2) Engaging in the labor would not be inconsistent with the Individual Plan of Service for the consumer
3) The amount of time or effort necessary to perform the labor would not be excessive
4) In no event shall discharge or privileges be conditioned upon the performance of such labor

Q2) Consumers will be compensated appropriately for the performance of work which the agency would otherwise employ someone. This includes complying with applicable federal and state labor laws, including minimum wage and minimum reduction provisions.

Q3) Consumers will be compensated for performing labor which benefits another person/agency.

Q4) A consumer need not be compensated for personal self-care and personal housekeeping.

Q5) One-half of any compensation paid to a consumer under this section is exempt from collection under the Mental Health Code, as payment for mental health services rendered.

Q6) Consumers with open and active cases who have vocational/employment goals as part of their treatment plan will be compensated for work performed commensurate with current applicable State and local laws.

Q7) Work activities considered inappropriate are those which:

a) Lack appropriate planning and supervision
b) Are supervisory in nature
c) Are hazardous either as defined under Federal, State or local law, or in light of an individual consumer's functional capacity
d) Are not performed in accordance with an individualized treatment plan

Q8) Consumers who are under the legal working age as defined in applicable Federal and State Child Labor laws may not engage in work.

Q9) More than six hours of work per day must be approved by the agency Clinical Risk Management Committee.

Q10) The Americans with Disabilities Act, Policy #7105, will be followed for consumers with active or inactive cases who do not have vocational/employment goals as part of their treatment plan, and who seek employment or who are employed by SCCMHA.

**Definitions:**

**Compensation:** As used in this policy refers to financially compensating a consumer to perform labor. In other words, compensation is not to be considered giving consumer a token compensation such as a ticket to a concert or other event.

**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**

American with Disabilities Act, Policy #7105;

Michigan Mental Health Code 330.1736;
Administrative Rules 330.7229

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Participation in occupational training and/or work experience shall be documented as part of the Individual plan of Service. | 1) Support Staff |
| 2) Participation in vocational/employment training shall be clearly documented in the consumer's Individual Plan of Services. | 2) Support Staff |
| 3) SCCMHA staff will work with the employer to ensure appropriate payment for work is made to the consumer. | 3) Support Staff |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Dignity and Respect | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.02.28 |
| **Effective Date**:<br>January 25, 2008 | **Date of Review/Revision**:<br>1/25/08, 7/13/09, 9/20/10, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Director of Customer Services, Recipient Rights, & Security |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Director of Customer Services, Recipient Rights, & Security<br><br>**Additional Reviewers**: |

**Purpose:**
The purpose of this policy is to ensure consumers of mental health services and their families are treated with dignity and respect, to which they are entitled.

**Policy:**
It is the policy of SCCMHA that all consumers and their families are treated with dignity and respect.

**Application:**
This policy applies to all staff of SCCMHA as well as the Service Provider Network.

**Standards:**
D1) SCCMHA staff and the Service Provider Network protect and promote the dignity and respect to which all consumers of services are entitled.

D2) Dignity and Respect are defined in the Definitions section of this policy.

D3) Family members of consumers are treated with dignity and respect.

D4) Family members are given an opportunity to provide information to the treating professionals.

D5) Family members will be provided an opportunity to request and receive general

educational information about the nature of disorders, medications, and their side effects, available support services, advocacy and support groups, financial assistance and coping strategies.

**Definitions:**
**Respect:** To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect an individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

**Dignity**: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing or condescending; to be treated as an equal; to be treated the way any individual would like to be treated.

- Examples of treating a person with dignity and respect include, but are not limited to: calling a person by his or her preferred name; knocking on a closed door before entering; using positive language; encouraging a person to make choices instead of making assumptions about their preferences; taking a person's opinion seriously; including a person in conversations; allowing a person to do things independently or to try new things.

**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**
Michigan Mental Health Code 330.1704;
Michigan Mental Health Code 330.1708;
Michigan Mental Health Code 330.1711;
Michigan Mental Health Code 330.1752

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted. | 1) All SCCMHA staff and Service Provider Network staff |
| 2) Family members of consumers shall also be treated with dignity and respect. | 2) All SCCMHA staff and Service Provider Network |
| 3) Complaints regarding the dignity and respect of consumers or their family members will be investigated or an intervention on behalf of the consumer or family member will be completed. | 3) SCCMHA ORR |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Recipient Rights – Least Restrictive Setting</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 02.02.29</td></tr>
<tr><td rowspan="2">Effective Date:<br>January 25, 2008</td><td>Date of Review/Revision:<br>1/25/08, 7/13/09, 6/19/12, 6/14/14, 11/27/16, 6/6/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22, 3/14/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Authored By:<br>Director of Customer Services, Recipient Rights, & Security<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to ensure consumers of mental health services receive their treatment in the least restrictive setting possible.

**Policy:**
It is the policy of SCCMHA that all consumers are afforded the treatment necessary for them to achieve Recovery in the least restrictive setting.

**Application:**
This policy applies to all staff of SCCMHA as well as the Service Provider Network.

**Standards:**
P1) SCCMHA offers mental health services in the least restrictive setting that is appropriate and available.

P2) A consumer shall receive mental health services suited to his or her condition.

**Definitions:**
**Least Restrictive Setting:** The setting where appropriate treatment can be provided with the least amount of restrictions placed upon the consumer. An example of this would be a consumer may meet the criteria for inpatient hospitalization, but if the services can be provided to the consumer in a crisis residential placement, this option should be offered to them if it is appropriate to the circumstances. A crisis residential placement offers the consumer more freedom than an inpatient hospitalization.

**Support Staff:** Case Manager, Supports Coordinator, or Therapist

**References:**
Michigan Mental Health Code 330.1708;
Michigan Mental Health Code 330.1752

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Consumers of mental health services shall receive services in the least restrictive setting possible. This is determined by diagnosis, symptoms, and the Person Centered Planning process | 1) Support Staff |
| 2) Complaints regarding the least restrictive setting will be investigated or an intervention will be completed on behalf of the consumer. | 2) Recipient Rights Office |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights – Substance Abuse | **Chapter**: 02 - Customer and Member Services | **Subject No**: 02.02.30 |
| **Effective Date**:<br>September 15, 2008 | **Date of Review/Revision**:<br>9/15/08; 7/31/09; 6/19/12; 12/10/12; 6/14/14; 11/27/16; 6/10/18; 2/11/20 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Tim Ninemire, Director of Customer Service & Recipient Rights |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Tim Ninemire<br><br>**Additional Reviewers**:<br>Substance Use Disorder Coordinator |

**Purpose:**
The purpose of this policy is to establish a Recipient Rights process for the purpose of protecting the rights of recipients receiving substance abuse services from Saginaw County Community Mental Health Authority (SCCMHA).

**Policy:**
This policy is initiated to comply with the 1981 Administrative Rules for Substance Abuse Programs in Michigan, which require licensed substance abuse programs to adopt recipient rights policy and procedures.

**Application:**
This policy applies to services provided for consumers receiving Substance Abuse in the area of outpatient and case finding (SARF) within the provider network.

**Standards:**
1) As required by R 325.14302 of the Administrative Rules for Substance Abuse Service Programs in Michigan, the following policies and procedures were considered and adopted by majority vote of our governing authority on 9/15/08.

2) The SCCMHA Recipient Rights Committee will oversee Recipient Rights activities to insure compliance with R 325.14301 to R 325.14306 of the Administrative Rules for Substance Abuse Service Programs in Michigan and these policy and procedures and will consider necessary revisions.

3) Documentation of an annual review and the majority approval of the governing body shall become a part of the administrative record, as shall other pertinent findings of the subcommittee.

4) A recipient as defined in the 1981 Administrative Rules for Substance Abuse Service Programs in Michigan shall not be denied appropriate service on the basis of race, color, national origin, religion, sex, age, mental or physical handicap, marital status, sexual preference, or political beliefs.

5) The admission of a recipient to this program, or the provisions of prevention services, shall not result in the recipient being deprived of any rights, privileges, or benefits which are guaranteed to individuals by state or federal law or by the state or federal constitution.

6) A recipient may present grievances or suggested changes in program policies and services to the program staff, to governmental officials, or to another person within or outside the program. In this process, the program shall not in any way restrain the recipient.

7) A recipient has the right to review, copy, or receive a summary of his or her program records, unless in the judgment of the Program Director, such actions will be detrimental to the recipient or to others for either of the following reasons:
   (a) Granting the request for disclosure will cause substantial harm to the relationship between the recipient and the program or to the program's capacity to provide services in general.
   (b) Granting the request for disclosure will cause substantial harm to the recipient. If the Program Director determines that such action will be detrimental, the recipient is allowed to review non-detrimental portions of the record or a summary of the record. If a recipient is denied the right to review all or part of his or her record, the reason for the denial shall be stated to the recipient. An explanation of what portions of the record are detrimental and for what reasons, shall be stated in the client record and shall be signed by the Program Director.

8) A program staff member shall not physically or mentally abuse or neglect or sexually abuse a recipient as the terms "abuse" and "neglect" are defined in the Substance Abuse Licensing Section of the Administrative Rules.

9) A recipient has the right to review our written fee schedule. Any revisions of fees will be approved by the governing authority.

10) A recipient is entitled to receive an explanation of his or her bill upon request, regardless of the source of payment.

11) Should this program engage in any experimental or research procedure, any or all recipients will be advised as to the procedures to be used, and have the right to

refuse participation in the experiment or research without jeopardizing their continuing services. State and federal rules and regulations concerning research involving human subjects will be reviewed and followed.

12) A recipient shall participate in the development of his or her treatment plan. Counseling staff will inform recipients that development of a treatment plan is a cooperative effort between counselor and client. It is the policy of this program that both the client and counselor sign the treatment plan and any major revisions of that plan.

13) A recipient has the right to refuse treatment and to be informed of the consequences of that refusal. When a refusal of treatment prevents this program from providing services according to ethical and professional standards, the relationship with the recipient may be terminated. Reasons for termination will be recorded in the recipient case file in the discharge summary, and the proper Appeals and Grievance Notices will be given to the recipient.

14) Upon admission, each recipient is provided with program rules, which are also posted in public places in the program. These program/house rules inform new recipients of the infractions which can lead to discharge. The rules also describe the mechanism for appealing a discharge decision and which staff has authority to discharge. The recipient signs a form that documents that a written copy of program/house rules has been received and questions about it answered. This form is maintained in the recipient client file.

15) A recipient shall have the benefits, side effects, and risks associated with the use of any drugs fully explained in language which is understood by the recipient. The program medical director is responsible for providing this explanation or for designating staff to do it. All clients receiving medication must sign an informed consent form.

16) A recipient has the right to give prior informed consent, consistent with federal confidentiality regulations, for the use and future disposition of products of special observation and audiovisual techniques, such as one-way vision mirrors, tape recorders, television, movies, or photographs.

17) Fingerprints may be taken and used in connection with treatment or research or to determine the name of a recipient only if expressed written consent has been obtained from the recipient. Fingerprints shall be kept as a separate part of the recipient's record and shall be destroyed or returned to the recipient when the fingerprints are no longer essential to treatment or research.

18) These policies and procedures shall be provided to each member of the program staff. Each staff member shall review this material and shall sign a form which indicates that he or she understands, and shall abide by this program's recipient rights policy and procedures. It is the responsibility of the program director to

ensure that each staff member fully comprehends the intent of the policies and procedures. A copy of the signed form will be maintained in the staff member's personnel file; a second copy will be retained by the staff member.

19) The program director shall designate one staff member to function as the program rights advisor. The rights advisor shall:
    (a) Attend all of the Substance Abuse Licensing training pertaining to recipient rights.
    (b) Receive and investigate all recipient rights complaints independent of interference or reprisal from program administration.
    (c) Communicate directly with the Coordinating Agency Rights Consultant when necessary.

20) The staff member designated as rights advisor shall not be a provider of counseling services where staffing permits.

21) Rights of recipients shall be displayed in a public place on a poster to be provided by BSAS. The poster will indicate the designated rights advisor's name and telephone number.

22) As part of the intake admission process, each recipient will receive a brochure which summarizes recipient rights for both substance abuse and mental health programs. The brochure must either have been provided by BSAS, or been approved by BSAS.

23) It is the responsibility of the intake worker or counselor to explain each right listed on the brochure to the recipient. The recipient will then be requested to sign the rights acknowledgment form to indicate understanding of the rights. If he or she refused to sign, then the refusal and reason given is noted in the client file by the intake worker.

24) If the recipient is incapacitated, he or she shall be presented with the previously mentioned brochure, explanation of rights, and opportunity to document understanding of the rights as soon as feasible, but not more than 72 hours after admission.

25) The procedure to be followed when the rights advisor receives a formal complaint is described in detail in the January 1982 Recipient Rights Procedure Manual. It is this program's policy that the Program Rights Advisor follows the procedures outlined in that manual.

**Definitions:**
None

**References:**
1981 Administrative Rules for Substance Abuse Programs in Michigan R 325.14302

1981 Administrative Rules for Substance Abuse Programs in Michigan R 325.14301 to R325.14306 of the Administrative Rules for Substance Abuse Service Programs in Michigan

**Exhibits:**
Exhibit A - Initial Consent for Treatment Substance Use Disorder and Mental Health Treatment

**Procedure:**
None

Exhibit A

## Initial Consent for Treatment
## Substance Use Disorder and Mental Health Treatment

Name:_____ ID:_____

**Michigan Public Act 258 requires written consent for participation in Mental Health Services.**
**42 CFR Part 2, Section 2.22 requires written consent for participation in Substance Use Disorder Services.**

I hereby authorize and give consent to Saginaw County Community Mental Health Authority (SCCMHA) to provide mental health and substance use disorder services. This includes the full array of services available as I agree upon.

**I acknowledge and understand the following:**

- Future Consent for Mental Health and Substance Use Disorder treatments and services will be indicated by my signature on the Person-Centered Plan, and I may withdraw my consent at anytime, unless there is a court order to receive mental health services.
- Receipt of the **Confidentiality of Consumer Information SCCMHA-Provided Alcohol and Drug Abuse Treatment** Fact Sheet which describes how my treatment records and information will be maintained.
- My permission is required to give out information from my record except when a life threatening situation exists or state or federal law requires disclosure. Federal law 42 U.S.C. §290dd-2 does not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.
- I have the right to communicate with SCCMHA treating staff, or other privileged individual under the applicable state or federal law, in connection with the examination, diagnosis and treatment.
- SCCMHA staff is required to inform a third party of a threat of violence. Staff is also required to report to authorities suspected incidents of abuse, neglect, exploitation and endangerment of vulnerable adults and children.
- I have been provided a copy and explanation of the "Know Your Rights" brochure describing my "patient rights." If I believe my rights have been violated, I can talk with the Recipient Rights Office of SCCMHA.
- I have received a copy of "Your Rights: When Receiving Mental Health Services in Michigan". My rights (as a recipient of Mental Health Services) have been established by Act 258, Chapter Seven and Seven A of the Michigan Mental Health Code as amended. I can contact a Rights Officer or Recipient Rights Advisor if I feel my rights have been violated.
- I may present Grievances to SCCMHA if I am not satisfied with any part of my services by contacting the SCCMHA Customer Service Office, and may file a complaint through the SCCMHA Office of Recipient Rights. I understand SCCMHA staff will not retaliate against me in any way for filing a complaint or a Grievance.
- SCCMHA uses a simultaneous treatment model for the recovery from both mental health and substance use disorders. Upon receiving mental health and/or substance use treatment if I discover substance use issues that required abstinence from these substances during treatment, I agree to maintain such abstinence based on the recommendations of the SCCMHA clinician.
- If needed, SCCMHA may refer me to an appropriate treatment agency, e.g. CMH crisis center or a hospital emergency room, if a mental health or substance use crisis beyond the capacity and scope of services provided by SCCMHA clinical staff is present.

_____ _____
Consumer Guardian (if applicable)

_____ Date:_____
Staff witnessing signature

## Confidentiality of Consumer Information
## SCCMHA-Provided Alcohol and Drug Abuse Treatment
Fact Sheet

The confidentiality of alcohol and drug abuse consumer records maintained by Saginaw County Community Mental Health Authority is protected by federal law 42 U.S.C. § 290dd-2 for federal law and federal regulations 42 C.F.R. Part 2 -Confidentiality of Alcohol and Drug Abuse Patient Records.

Under these laws, generally, the Saginaw County Community Mental Health Authority may not inform or disclose any information identifying you as requiring alcohol or drug abuse treatment to any person or organization unless:

1) You, or if you have one, your legal guardian, consents in writing to allow disclosure; OR

2) The disclosure is required by a court order; OR

3) The disclosure is to medical personnel in a medical emergency OR

4) The disclosure is to qualified personnel for research, audit, or program evaluation; OR

5) You threaten to commit, or commit, a crime at the program or against any person who works for the program.

Violation of the federal law and regulations regarding disclosure by Saginaw County Community Mental Health Authority is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Recipient Rights - Service Animals | **Chapter**: 02 - Customer Services & Recipient Rights | **Subject No**: 02.02.31 |
| **Effective Date**: 6/10/18 | **Date of Review/Revision**: 1/8/19, 2/11/20, 3/9/21, 6/10/22, 2/14/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Director of Customer Service, Recipient Rights, & Security<br>**Authored By**: Director of Customer Service, Recipient Rights, & Security<br>**Additional Reviewers**: |

**Purpose:**
To provide guidelines for the safe introduction of service animals into the Saginaw County Community Mental Health Authority (SCCMHA) and the SCCMHA Provider Network environment. SCCMHA abides by the rights of persons with disabilities accompanied by a service animal in accordance with applicable Federal, State and Local law.

**Application:**
This policy applies to SCCMHA as well as the SCCMHA Service Provider Network.

**Policy:**
It is the policy of SCCMHA to provide a warm and welcoming environment for its employees, consumers, and visitors, which includes service animals assisting individuals with disabilities while in or on agency premises unless otherwise indicated.

**Standards:**
A. Dogs: It is the standard of SCCMHA that individuals with a disability, will be allowed to bring their trained service animal (dog) into all areas of the facility where consumers are normally allowed to go in accordance with the following:

1. The individual may be asked, by SCCMHA Staff responsible for maintaining a safe and secure environment, if the animal is a service animal and what tasks the service animal has been trained to perform;

2. There will be no requirement for special ID cards for the service animal;

3. There will be no requirement for a certificate of training for the service animal;

4. There will be no inquiries of the individual regarding the individual's disability;

5. The individual who uses a service animal, hereafter simply referred to as the individual will not be charged extra fees, isolated from other consumers, or treated less favorably than other consumers;

6. The agency will not provide care or food for a service animal; nor will the agency be required to provide a special location for the animal to relieve itself;

7. The individual will be required to control the service animal at all times and will not allow the service animal to wander around in the facility;

8. If the individual does not maintain control of the service animal, e.g., the animal continually barks, wanders around, damages property; or if the animal becomes a threat to the health and safety of others; or the dog is not housebroken, the individual will be asked to remove the service animal from the premises;

9. If the condition exists wherein the individual is asked to remove the service animal from the premises, reasonable accommodations will be offered to insure continued services without having the service animal on the premises;

10. If the service animal damages property, the individual will be responsible for payment for such damages in accordance with policies and procedure which require other individuals to pay for damages to the facility's property;

11. Service animals will not be allowed entrance into areas of the facility where their presence would "fundamentally alter" the function of the specific service area.

B. Miniature Horses: (Miniature horses generally range in height from 24 inches to 35 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) It is the standard of SCCMHA that individuals with a disability, will be allowed to bring their trained service animal (miniature horse) into all areas of the facility where consumers are normally allowed to go in accordance with the above standards and additionally the following;

1. the miniature horse is housebroken;

2. the miniature horse is under the owner's control at all times;

3. the facility can accommodate the miniature horse's type, size, and weight, and;

4. the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.

C. If there is a question about whether or not a dog or miniature horse brought into an SCCMHA facility is a service animal, the following procedures should be followed:
   1. Staff responsible for maintaining a safe and secure environment may ask:
      **a.** Is the animal a Service Animal required because of a disability, and
      **b.** What work or task has the animal been trained to perform?

   If the animal is determined not to be a service animal, according to the definition in this policy, the individual will be asked to remove the animal from the SCCMHA facility.

**Definitions:**
**Service Animal:** Is defined as a dog trained to provide assistance to an individual with a disability. (Americans with Disabilities Act of 1990 (ADA) – Title III Regulation 28 CFR Part 36 – Sec.36.104) In addition, the ADA recognizes miniature horses which are trained to provide assistance to an individual with a disability as a service animal.

The miniature horse is not included in the definition of service animal, which is limited to dogs. However, ADA regulations contain a specific provision which covers miniature horses.

**Staff responsible for maintaining a safe and secure environment:** Customer Service Staff, Front Desk Associate, Security Guard or other SCCMHA staff given this responsibility.

**References:**
American with Disabilities Act of 1990 (ADA) – Title III Regulation 28 CFR Part 36

**Exhibits:**
Exhibit A - Michigan Department of Civil Rights Service Animal Poster

**Procedure:**
None

**Exhibit A**


Did you know:
If you're open to the public, you must be accessible to service animals.
It's not only the right thing to do, it's the law.
SERVICE DOG
STATE OF MICHIGAN
REGISTERED SERVICE ANIMAL
Learn more at michigan.gov/serviceanimals
MDCR
MICHIGAN DEPARTMENT OF CIVIL RIGHTS

| Customer Service **Procedure or Plan Manual**<br>**Saginaw County Community Mental Health Authority** | | |
|---|---|---|
| **Subject**: Scheduling Taxi Cab Vouchers in Sentri | **Chapter**: 09<br>Department Procedures | **Subject No**: 09.05.01.07 |
|  **Customer Service** | | |
| **Effective Date**:<br>4/1/23 | **Date of Review/Revision**:<br><br>**Supersedes**: | **Approved By**:<br>Director of Customer Service, Recipient Rights, and Security<br><br>**Authored By**:<br>Director of Customer Service, Recipient Rights, and Security<br><br>**Reviewed By**:<br>Director of Customer Service, Recipient Rights, and Security and Officer of Recipient Rights and Compliance |

**Purpose:**
The purpose of this Procedure is to explain the procedure to be used for completing a Taxicab Voucher to provide rides to Saginaw County Community Mental Health Authority (SCCMHA) services within the SCCMHA Provider Network.

**Application:**
This policy applies to the entire SCCMHA Provider Network.

**Policy:**
It is the policy of SCCMHA to provide transportation to people served within the SCCMHA network to services they need receiving.

**Standards:**
1) The SCCMHA Provider Network will make use of the Taxicab Voucher for consumers receiving services from the network.

2) Taxicab Vouchers are only provided to consumers receiving services from the SCCMHA network.

3) Taxicab Vouchers will be provided to consumers of SCCMHA services who do not have Natural Supports and do not have the ability to use public transportation.

4) Taxicab Vouchers will be completed at least 2 business days prior to the need for transportation.

5) Taxicab Vouchers will only be used in the SCCMHA Sentri Electronic Health Record (EHR).

6) Taxicab Vouchers will be completed as described in Exhibit A at the end of these Procedures.

**Definitions:**
**Requestor:** SCCMHA Provider Network Staff requesting a Taxi be used for transporting to and/or from an SCCMHA Provider Network appointment.

**References:**
SCCMHA Policy # 02.01.16 – Transportation to SCCMHA Appointments – Taxicab Voucher

**Exhibits:**
Exhibit A – Completing a Sentri Taxicab Voucher

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1) Complete the Sentri Taxicab Voucher form for the appropriate consumer. | 1) Requestor |
| 2) Fax completed Taxicab Voucher to the Taxicab Agency selected inside Sentri as described in Exhibit A shown below. | 2) Requestor |

Exhibit A

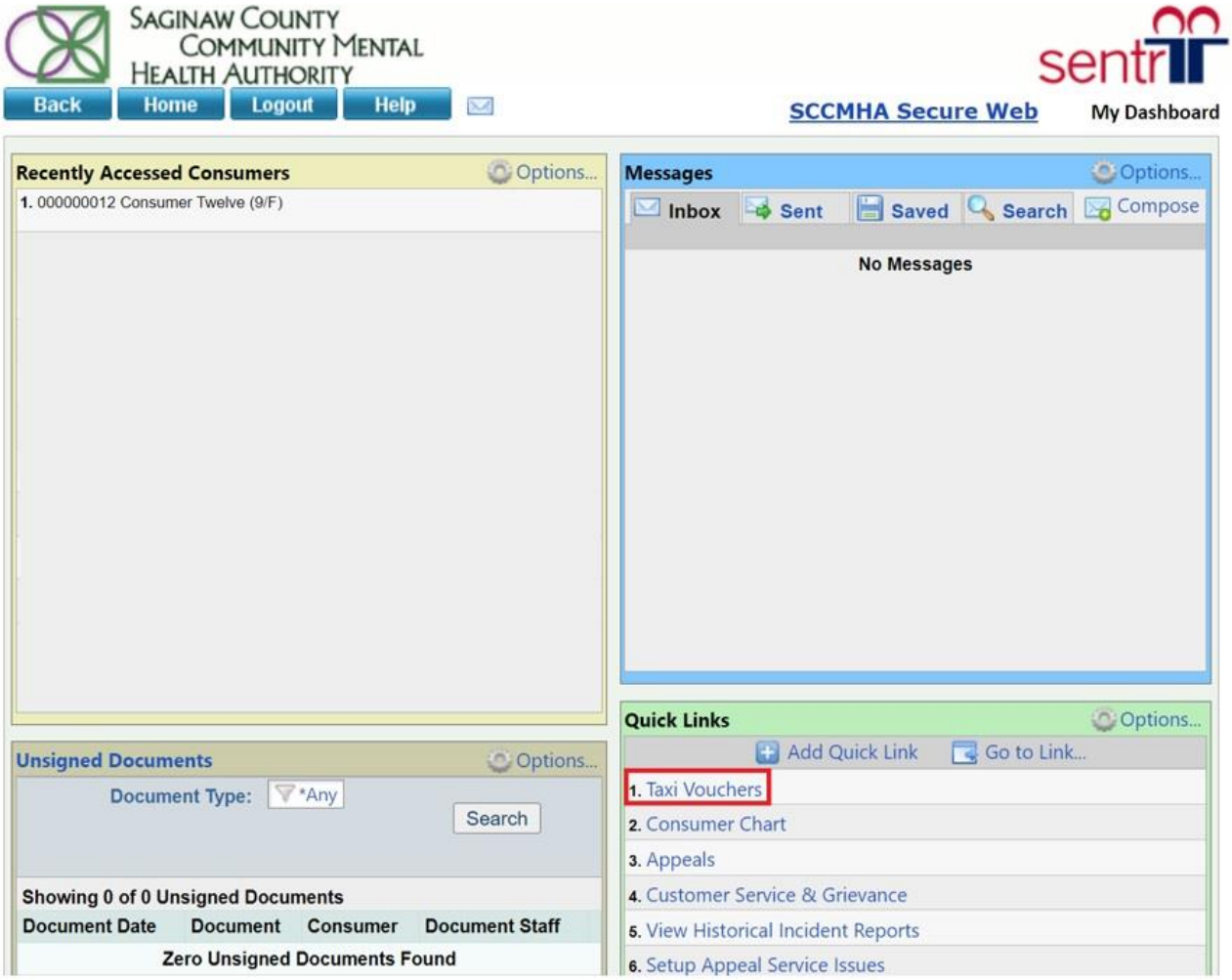
1) Log into sentri

2) Select Consumers from the Home Page on the Left side of the sentri options or select Taxi Vouchers from your Dashboard. Generally speaking Case Managers and Support Coordinators will be working from their Dashboard but either option will work. If you do not have the Taxi Voucher link on your Dashboard, you will need to use the Add Quick Link to your Dashboard.

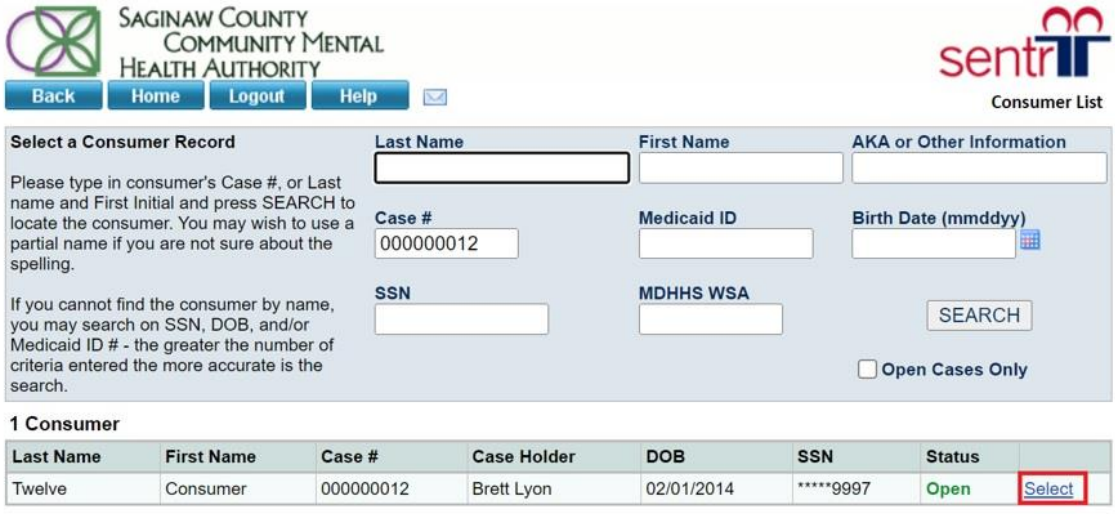
**Home Page Option 1**



**Dashboard Option 2**

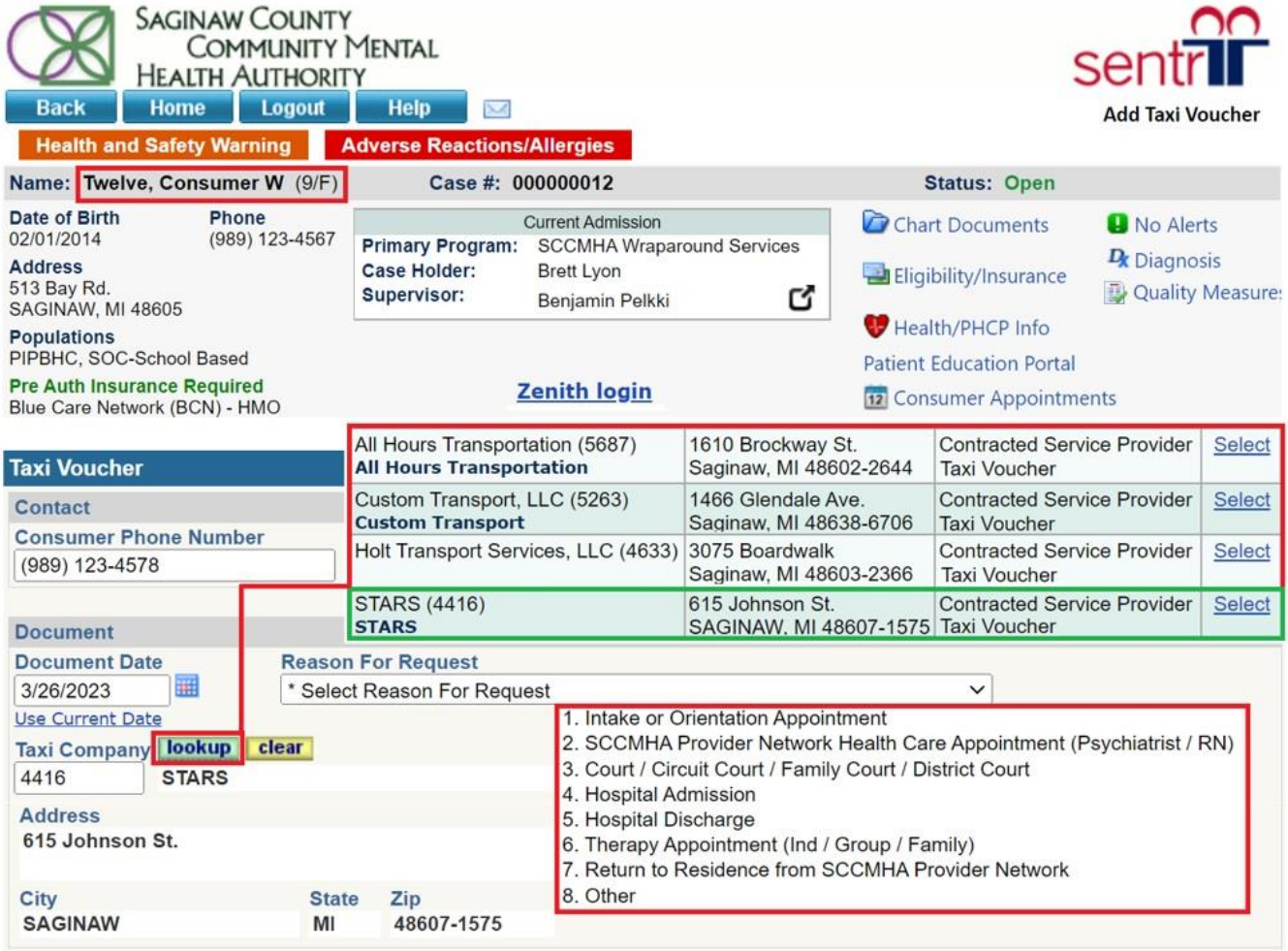


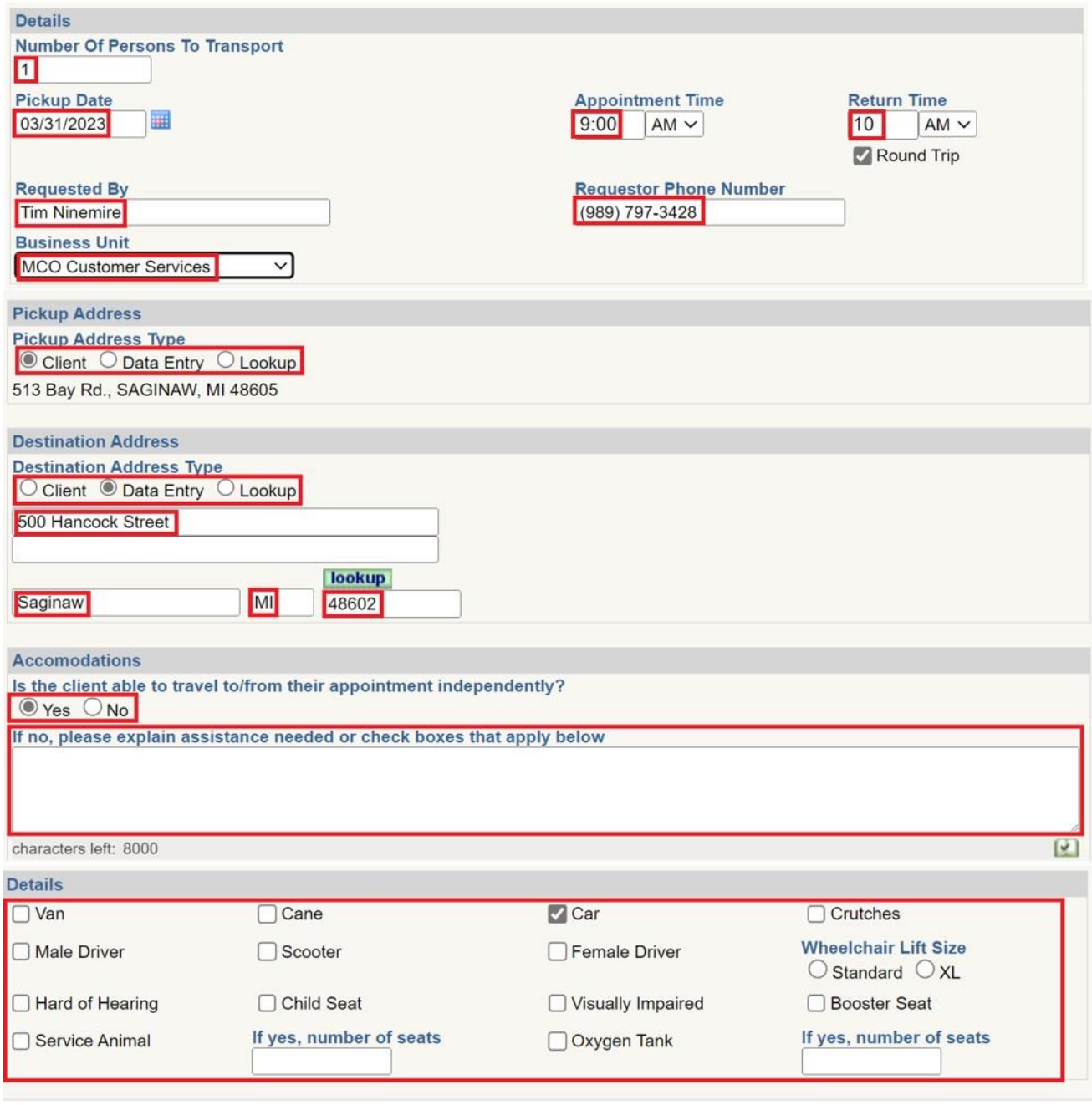

3) Once you selected the Taxi Voucher, you need to select the Consumer Record (Note, these examples use a fake consumer record - # 000000012)

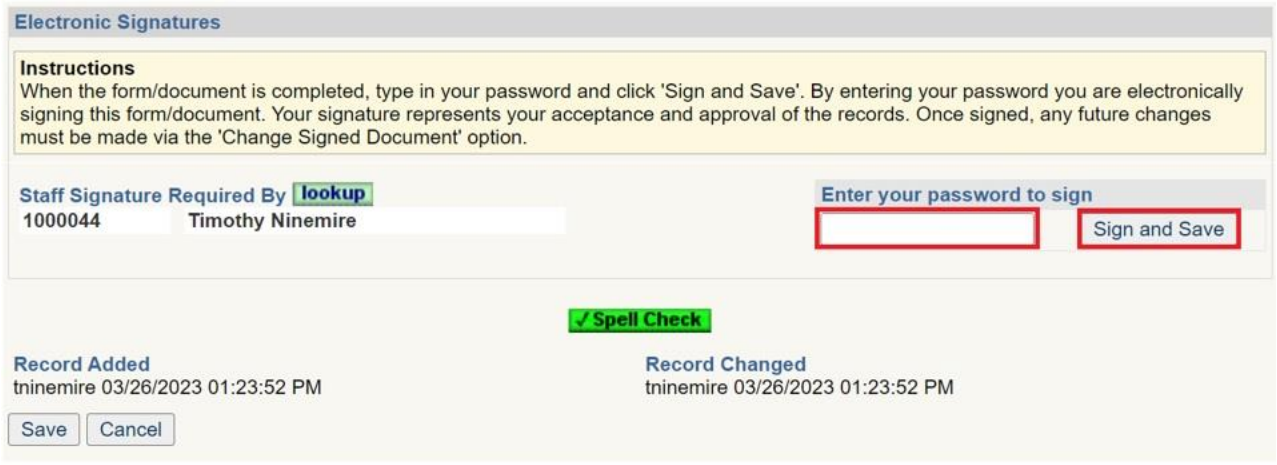


4) Once You have selected the Consumer Record, you need to fill in all the areas listed below, there are pictures after the full list

   a) Consumer Phone Number
   b) Select the Document Date (generally the date you are completing the form)
   c) Select the Reason for Request (there are 8 options)
   d) Select the Taxi Company (there are 4 options and for this example we used STARS)
   e) Select the Number of Persons to Transport, this is very important for the Taxi Company to be prepared
   f) Select the Pickup Date, Appointment Time, and Return Time (The Return Time will only appear if you select the Round Trip Option
   g) Select Requested By, Requestor Phone Number, and the Business Unit
   h) Select Client, Data Entry, or Lookup for the Pickup Address (if you select the option for the Client, the address listed for the consumer you have selected will appear)
   i) Select Client, Data Entry, or Lookup for the Destination Address Type (generally you would select Client or Data Entry), include Address, City, State, and Zip Code
   j) Select whether the person is able to travel to/from their appointment independently, another important point for the Taxi Company (if you select No, you must type an explanation as to the assistance needed)
   k) Select Details, this includes if the consumer has something they will be bringing with them, such as a cane or crutches, need for child seat, etc. this is important for the Taxi Company to know
   l) Use your password to sign the Taxi Cab Form, now only one step left, this will be item 5 below

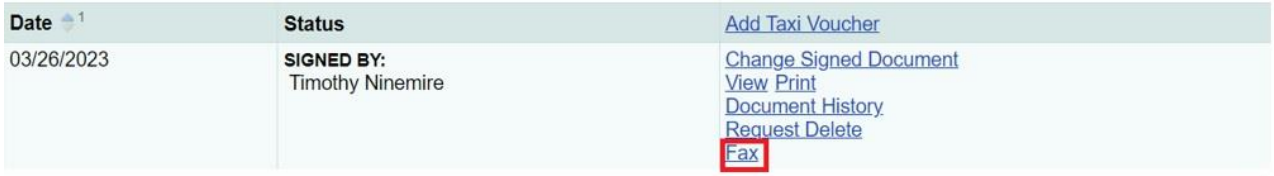


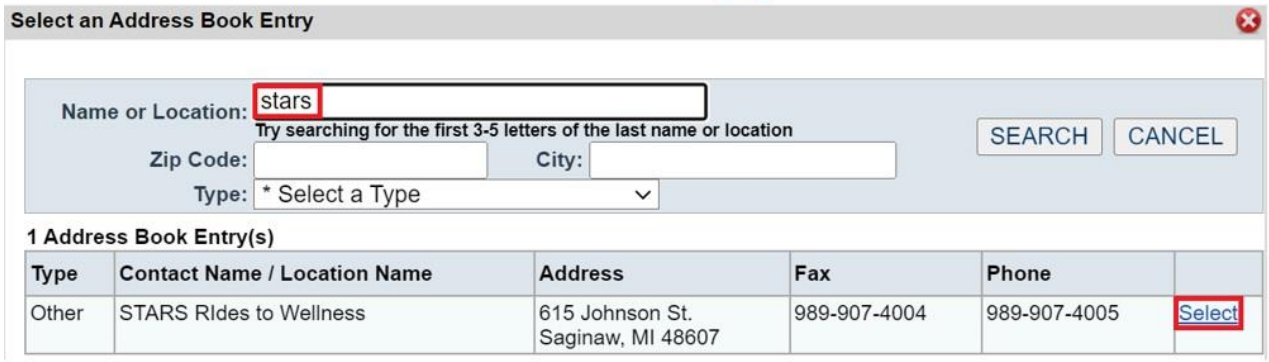

Details
Number Of Persons To Transport
1
Pickup Date
03/31/2023
Appointment Time
9:00
AM
Return Time
10
AM
Round Trip
Requested By
Tim Ninemire
Requestor Phone Number
(989) 797-3428
Business Unit
MCO Customer Services
Pickup Address
Pickup Address Type
Client
Data Entry
Lookup
513 Bay Rd., SAGINAW, MI 48605
Destination Address
Destination Address Type
Client
Data Entry
Lookup
500 Hancock Street
lookup
Saginaw
MI
48602
Accomodations
Is the client able to travel to/from their appointment independently?
Yes
No
If no, please explain assistance needed or check boxes that apply below
characters left: 8000
Details
Van
Cane
Car
Crutches
Male Driver
Scooter
Female Driver
Wheelchair Lift Size
Standard
XL
Hard of Hearing
Child Seat
Visually Impaired
Booster Seat
Service Animal
If yes, number of seats
Oxygen Tank
If yes, number of seats

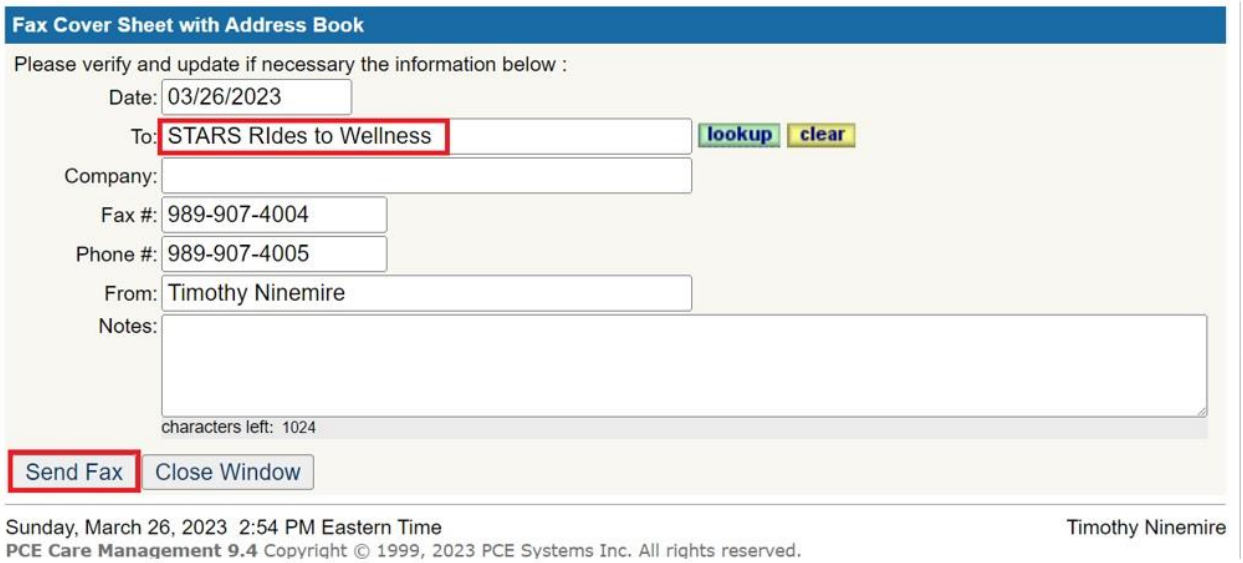



Sunday, March 26, 2023 1:23 PM Eastern Time — Timothy Ninemire

5) **Use the sentri option to Fax the document to the Taxi Company you selected, make sure to select the same company you selected as you prepared the voucher**
6) **Once the company you selected appears, choose the Select option**
7) **Once you click the select button, another window will appear and you will select the Send Fax option to send the voucher to the Taxi Company**
8) **For any assistance with this process please contact Customer Service at (989) 797-3452**




Fax Cover Sheet with Address Book
Please verify and update if necessary the information below :
Date: 03/26/2023
To: STARS RIdes to Wellness
lookup
clear
Company:
Fax #: 989-907-4004
Phone #: 989-907-4005
From: Timothy Ninemire
Notes:
characters left: 1024
Send Fax
Close Window
Sunday, March 26, 2023 2:54 PM Eastern Time
Timothy Ninemire
PCE Care Management 9.4 Copyright © 1999, 2023 PCE Systems Inc. All rights reserved.

OFFICE OF RECIPIENT RIGHTS
SITE VISIT MONITORING FORM (CMH SERVICE SITES)

SERVICE SITE: _____ PROVIDER: _____

DATE OF VISIT: _____ ASSESSOR: _____

TYPE: Group Home: ☐MI ☐DD _____ Number of Residents | Day Program: □ MI □ DD | Workshop: □ MI □ DD |□ACT Program | □ Outpatient | □ Clubhouse/Drop-in Center | □ Other: _____

| YES | NO | STANDARD | COMMENTS |
|---|---|---|---|
| | | Were rights books provided to consumers and readily available for review? | |
| | | Did the rights books provide the correct information for contacting the appropriate Rights Office? | List the CMHs and name(s) of Rights Staff observed on the books. |
| | | Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites) | |
| | | Did the posters provide the correct information for contacting the appropriate Rights Office? | List the CMHs and name(s) of Rights Staff observed on the posters. |
| | | The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them. | |
| | | Were complaint forms readily available? | |
| | | Were recipients aware of how to file a complaint? | |
| | | Were staff aware of how to file a complaint? | |
| | | Were copies of Chapter 7 and 7A available? | |
| | | Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors? | |
| | | Were records and other confidential information secured and not open for public inspection? | |
| | | Were any health or safety concerns identified during the visit? | |
| | | Were appropriate accommodations made for persons with physical disabilities? | |
| | | Documentation that staff received RR training within 30 days of hire was reviewed? | |

Observations:

Deficiencies Notes and Required Action:

## OFFICE OF RECIPIENT RIGHTS SITE VISIT MONITORING FORM

SERVICE SITE: _____ PROVIDER: _____

DATE OF VISIT: _____ ASSESSOR: _____

TYPE: Group Home: ☐ MI ☐ DD _____ Number of Residents / Day Program: ☐ MI ☐ DD / Workshop: ☐ MI ☐ DD / ☐ ACT Program / ☐ Outpatient / ☐ Clubhouse/Drop-in Center / ☐ Other: _____

| YES | NO | STANDARD | COMMENTS |
|---|---|---|---|
| ☐ | ☐ | Were rights books provided to consumers and readily available for review? | _____ |
| ☐ | ☐ | Did the rights books provide the correct information for contacting the appropriate Rights Office? | List the CMHs and name(s) of Rights Staff observed on the books. _____ |
| ☐ | ☐ | Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites) | _____ |
| ☐ | ☐ | Did the posters provide the correct information for contacting the appropriate Rights Office? | List the CMHs and name(s) of Rights Staff observed on the posters. _____ |
| ☐ | ☐ | The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them. | _____ |
| ☐ | ☐ | Were complaint forms readily available? | _____ |
| ☐ | ☐ | Were recipients aware of how to file a complaint? | _____ |
| ☐ | ☐ | Were staff aware of how to file a complaint? | _____ |
| ☐ | ☐ | Were copies of Chapter 7 and 7A available? | _____ |
| ☐ | ☐ | Were House Rules posted and visible to consumers and visitors? (attach copy) * | _____ |
| ☐ | ☐ | Were House Rules reasonable and lawful? * | _____ |
| ☐ | ☐ | Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors? | _____ |
| ☐ | ☐ | Were records and other confidential information secured and not open for public inspection? | _____ |

| | | | |
|---|---|---|---|
| ☐ | ☐ | Were any health or safety concerns identified during the visit? | ____ |
| ☐ | ☐ | Were appropriate accommodations made for persons with physical disabilities? | ____ |
| ☐ | ☐ | Documentation that staff received RR training within 30 days of hire was reviewed? | ____ |

**These questions have been left on this form pending resolution of waiver requirements*

Observations: ____

Deficiencies Notes and Required Action: ____

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

# REQUIREMENTS FOR REPORTING ABUSE AND NEGLECT

| | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse) | Public Act 238 of 1975 (Child Protection Law) | Public Act 519 of 1982 (Adult Protective Services Law) | Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse) |
|---|---|---|---|---|
| **WHERE is the report made?** | **To the OFFICE of RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Serivces Program (CMHSP)** | **To the MDHHS Office of Childrens Protective Services (CPS)** | **To the MDHHS Office of Adult Protective Services (APS)** | **To the Michigan State Police (MSP) or Local Sheriff or Local Police Department** |
| | **A list of local rights offices can be found at: http://tinyurl.com/orroffices** | **ADULT OR CHILDRENS PROTECTIVE SERVICES HOTLINE 855-444-3911** | | **911 or https://www.michigan.gov/msp/posts** |
| **WHAT must be reported?** | Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment | Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation | Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation | Assault (other than patient-patient assault/battery), Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse |
| **WHO is required to report?** | All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals | Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers. | Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers. | All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals. |
| **WHAT is the CRITERIA for reporting?** | **You must report if you:** Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient. | **You must report if you:** Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited. | **You must report if you:** Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated. | **You must report if you:** Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have to report if the incident occurred more than one year before your knowledge of it. |
| **WHEN must the report be made and in what format?** | A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift. | A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours. | A verbal report must be made immediately. A written report at the discretion of the reporting person. | A verbal report must be made immediately. A written report must be made within 72 hours of the oral report |
| **TO WHOM are reports made?** | To your immediate supervisor **and** to the Recipient Rights Office at your agency or hospital | Report to Protective Services Reporting Hotline 855-444-3911 | Report to Protective Services Reporting Hotline 855-444-3911 | The law enforcement agency for the county or city in which the alleged violation occurred or the State Police. A copy of the written report goes to the chief administrator of the agency responsible for the recipient. |
| **If there is more than one person with knowledge must all of them make a report?** | Not necessarily. Reporting should comply with the policies and procedures set up by each agency. | **Someone** who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate. | **Everyone** who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies. | **Someone** who has knowledge must report or cause a report to be made. |
| **Is there a penalty for failure to report? YES** | Disciplinary action may be taken and you may be held liable. | You may be held liable. Failure to report is also a criminal misdemeanor. | You may be held liable and have to pay a $500 fine. | The law states that failure to report or false reporting is a criminal misdemeanor. |
| **Is it necessary to report to more than one agency? YES** | Each of these laws requires that the designated agency be contacted, if an allegation is suspected to have occurred, which falls under its specific jurisdiction. There are several references in each law indicating that reporting to one agency does not absolve the reporting person from the responsibility of having to report to other agencies, as statutorily required. | | | |
| **Are there other agencies to which a report can be made? YES** | **The Bureau of Community and Health Systems (LARA)** is responsible for investigating abuse and neglect in **Nursing Homes, Hospitals and Home Health Care.** Call the **NURSING HOME ABUSE HOTLINE 1-800-882-6006**<br>**The Michigan Attorney General's Office** has an **Abuse Investigation Unit** which may also investigate abuse in **Nursing Homes**. Call the **ATTORNEY GENERAL HEALTH CARE FRAUD HOTLINE 1-800-24-ABUSE/ 1-800-242-2873**<br>**The LARA Adult Foster Care (AFC) Division** is responsible for investigating abuse or neglect in a licensed foster care home. Call **The Bureau of Community and Health Systems COMPLAINT INTAKE UNIT 1-866-856-0126** | | | |

MDHHS Michigan Department of Health & Human Services

# Tab 7

# Claims Processing

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Financial Liability for Mental Health Services | **Chapter**: 05 - Organizational Management | **Subject No:** 05.02.06 |
| **Effective Date**:<br>October 1, 2002 | **Date of Review/Revision**:<br>9/30/02, 6/1/07, 6/2/14, 8/3/16, 7/31/17, 5/2/18, 2/12/19, 1/1/20, 12/31/20, 1/10/22, 1/10/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: | **Responsible Director:**<br>Chief Financial Officer |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Laura Argyle<br><br>**Additional Reviewers**:<br>Finance Director |

**Purpose:**
In order to ensure that when an consumer is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly or by contract with SCCMHA, the benefits from that insurance coverage(s) is considered to be available to pay the consumer's financial liability, in addition to the consumer's calculated ability to pay, notwithstanding that the insurance contract was entered into by a person other than the consumer or that the insurance coverage was paid for by a person other than the consumer. Additionally, the insurance coverage is considered available to pay for the consumer's financial liability for services provided by SCCMHA or its contracted providers in the amount and to the same extent that coverage would be available to cover the cost of services if the consumer had received the services from a health care provider other than SCCMHA or it's contracted providers.

**Application:**
All the following functions within the SCCMHA Provider Network, but not limited to:

- Customer Service Department
- Finance Department
- Care Management Department
- Network Services Department
- Network Services Providers
- All SCCMHA staff

**Policy:**
It is the policy of SCCMHA to properly bill all responsible parties who are financially liable for the cost of services provided to an consumer either directly or by contract with SCCMHA, and to coordinate the benefits related to the services received.

**Standards:**
When a responsible party is financially liable for the cost of services provided to the consumer directly by or by contract with SCCMHA:

1. SCCMHA shall charge responsible parties for that portion of the financial liability that is not met by insurance coverage. The amount of the charge shall be the least of the following:
    a. Ability to pay (ATP) determined rules and guidelines of the Mental Health Code
    b. Cost of Services as defined in Section 800 of the Mental Health Code.
    c. The amount of coinsurance and deductible in accordance with the terms of participation with a payer or payer group.

2. SCCMHA shall waive payment of that part of a charge determined to exceed financial liability, and shall not impose charges in excess of ability to pay.

3. If the consumer is single, insurance coverage and ATP shall first be determined for the consumer. If the consumer is an unmarried minor and the consumer's insurance coverage and ATP are less than the cost of the services, insurance coverage and the ATP shall be determined for the parents. If the consumer is married, insurance coverage and ATP shall be determined jointly for the consumer and the spouse.

4. The total combined financial liability of the responsible parties shall not exceed the cost of the services.

5. A consumer shall not be denied properly approved and eligible services because of the inability of responsible parties to pay for the services.

6. If a responsible party willfully fails to apply to have insurance benefits that cover the cost of services provided to the consumer, the responsible party's ATP shall be determined to include the amount of insurance benefits that would be available. If the amount of insurance benefits is not known, the responsible party's ATP shall be determined to be the full cost of services.

7. Willful failure to provide the relevant financial information by a responsible party may result in a determination of ATP up to the full cost of services received by an consumer.

8. Consumers who receive services will receive a determination of the responsible parties' insurance coverage and ATP as soon as practical after the start of services.

9. No determination of ATP made by SCCMHA shall impose an undue financial burden for the consumer or the consumer's family members.

10. SCCMHA shall annually determine the insurance coverage and ATP of each consumer who continues to receive services and of each additional responsible party, if applicable.

11. A responsible party may request SCCMHA to make a new determination of ATP, if they believe it does not appropriately reflect their ATP. The responsible party has a right to contest an ATP, by means of an administrative hearing.

12. In no instance shall the request for a redetermination of ATP result in an amount greater than the original determination.

**Definitions:**
Ability to Pay (ATP) - the ability of a responsible party to pay for the cost of services, as determined under sections 818 and 819 of the Mental Health Code

Coordination of Benefits (COB) – The coordination of billing priority when an consumer is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly or by contract with SCCMHA.

Cost of Services – The total operating and capital costs incurred by SCCMHA with respect to, or on behalf of, an consumer. Cost of services does not include the costs of research programs or expenses unrelated to the provision of mental health services. Section 800 of the Mental Health Code

Consumer – The minor or adult who receives services from SCCMHA or one of its contracted providers.

Insurance Benefits – Payments made in accordance with insurance coverage for the cost of health care services provided to an consumer.

Insurance Coverage – Any policy, plan, program, or fund established or maintained for the purpose of providing for its participants or their dependents medical, surgical, or hospital benefits. Insurance coverage includes, but is not limited to, Medicaid or Medicare; policies, plans, programs, or funds maintained by nonprofit hospital services and medical care corporations, health maintenance organizations, and prudent purchaser organizations, and commercial, union, association, self-funded and administrative service policies, plans, program and funds.

Responsible Party – The person financially liable for services furnished, which includes the consumer and, as applicable, the consumer's spouse and parent or parents of minor.

**References:**
Michigan Mental Health Code – Act 258 of 1974, Chapter #8 , Section – 330-1800 - 330.1844
SCCMHA Procedure 09.02.03.01 Ability to Pay Determination Process

SCCMHA Procedure 09.02.03.02 Consumer Finance Information Sheet - Instructions for Completion of Form
SCCMHA Procedure 09.02.08.04.01 Self Pay Billing Procedure

**Exhibits:**
None

**Procedures:**

| | ACTIONS | RESPONSIBLE |
|---|---|---|
| 1. | A financial billing system is set up and maintained to ensure that timely billing of services can be achieved. | Chief Executive Officer |
| 2. | Ensure that responsible parties who are financially liable for cost of services are properly billed for services. | Chief Financial Officer<br>Finance Department Billing Staff |
| 3. | When an consumer is covered, in part or in whole, under any type of insurance coverage, private or public, for services provided directly by or by contract with SCCMHA, the benefits from that insurance(s) become a significant part of the coordination of benefits for service. | Chief Financial Officer<br>Finance Department Billing Staff |
| 4. | A determination of the responsible parties and consumer's ability to pay (ATP) is completed as soon as practical after the start of services. | Clinical Supervisors<br>Primary Case Holder<br>Finance Department Entitlement & Billing Staff |
| 5. | Annual re-determinations of ability to pay is completed. | Primary Case Holder<br>Finance Department Entitlement & Billing Staff |
| 6. | Re-determination of ATP will be completed when requests are received from responsible parties. | Primary Case Holder<br>Finance Department Entitlement & Billing Staff |
| 7. | Communication to responsible party that they have a right to administrative hearing to contest an ability to pay determination. | Customer Service Department |

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Contracted Network Provider Claims Submission | **Chapter**: 09.02.01 - Claims | **Subject No:** 09.10.01.01 |
|  | | |
| **Effective Date**:<br>September 14, 2000 | **Date of Review/Revision**:<br>3/18/02, 10/1/02, 4/1/03, 10/1/03, 10/1/06, 2/7/07, 7/1/10, 9/1/10, 11/10/11, 6/15/12, 6/2/14, 5/4/16, 7/21/17, 6/20/18, 6/14/19, 1/27/20, 3/31/20<br>**Supersedes**: | **Approved By**:<br>Laura Argyle, Chief Financial / Chief Operating Officer<br><br>**Authored By**:<br>Sue McCrea, Admin Account Supervisor<br><br>**Reviewed By**:<br>Claims Processors: Pauline Najera, Carrie Davis |

**Purpose:**
In order to ensure accurate and timely payment of claims, the following specific claims related guidelines have been issued.

**Application:**
SCCMHA Claims Processors
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial Officer
SCCMHA Contracted Network Service Providers

**Policy:**
None

**Standards:**
None

**Definitions:**
**Clean Claim:** A clean claim is defined as having all claims criteria accurately supplied and free of all error messages.

**References:**
SCCMHA Financial Liability for Mental Health Services Policy - 05.02.06
Professional 1500 (CMS-1500) Uniform Billing Form - 09.02.01.01.10.05
Professional 1500 (CMS-1500) Uniform Billing Form Instructions - 09.02.01.01.10.06
UB04 (CMS-1450) Uniform Billing Form - 09.02.01.01.10.07
UB04 (CMS-1450) Uniform Billing Form Instructions - 09.02.01.01.10.08
Sentri Claims Adjudication Reason Codes - 09.02.01.01.01
Non Panel– Non Contract Provider Claims Submission Procedures - 09.02.01.01.02
Sentri Claims Processing and Reimbursement Procedures - 09.02.01.02.20

**Exhibits:**
None

**Procedure:**
- Claims Submission:

The provider shall submit to SCCMHA claims for payment of authorized covered services. There are three types of submission:

1. Claims prepared on either a form CMS-1500 for Professional Charges or UB04 (CMS-1450) for Institutional charges for Inpatient Stays as described in the Service Provider Manual and mailed to SCCMHA.
2. Online data entered directly in to the SCCMHA software "Sentri". Login must be obtained by SCCMHA IS Department individually to each billing clerk as described in the Service Provider Manual.
3. Electronic data transmission approved thru SCCMHA 837 file, but only after a SCCMHA trading partner agreement has been signed.

The provider shall submit clean claims within ninety (90) calendar days of service or within thirty (30) calendar days of receipt of remittance advice from payors precedent to SCCMHA, not to exceed a year from date of service.

To prevent delay in processing of claims, all paper claims should be mailed to:

SCCMHA
Attn: Claims Processing Department
500 Hancock
Saginaw, MI 48602

Claims may also be dropped off at the Customer Services window at 500 Hancock, addressed to the attention of Claims Processing.

- Claims Criteria:

All claims must be submitted in a HIPAA 837 compliant format, with all critical information provided without errors in order to be considered a clean claim.

The letter(s) of authorization distributed by SCCMHA will provide current claims information. Every claim must contain this authorization number in order to be considered a clean claim. **Claim Processers do not create authorization numbers**.

- Claims Processing:

The Provider must adjudicate the claim batch and review for errors. The errors should be corrected and the claim batch should be re-adjudicated by the Provider prior to the submission. This above statement also applies to electronic 837 files.

The Claims Processors will assist the Provider but will not make corrections for the Provider. Claims with errors remaining after submission will be returned or denied.

Please refer to Procedure 09.02.01.01.01 Sentri Claims Adjudication Reason Codes. It outlines the various error messages received from Sentri.

If there is a payor precedent to SCCMHA, the Provider must enter the COB information on the line item and provide proof of COB information to the Claims Processer. COB information can be submitted via Sentri Email, fax 989-799-3918 or US Mail.

SCCMHA will make timely payments to all providers for covered services provided under a signed contract. Paper claims received at SCCMHA will be date stamped when received. Claims received thru Sentri will have a submission date. Clean claims will be paid within 30 days of receipt.

This standard may vary for services rendered under a sub-contract in which other timeliness standards have been specified and agreed to by both parties.

- Claims Payment:

SCCMHA's contract requires providers are to bill SCCMHA their actual cost of providing the service rendered. Claims will be paid based on the rate established in the signed contract with the provider. If a contract does not exist, it will be at the discretion of SCCMHA to determine if claims will be paid based on the previous contract or hold the claims until there is an agreeable and signed contract.

Additionally, SCCMHA shall deny payment of any claim submitted by the provider when at least one of the following criteria is met:

- When there are no payors precedent to SCCMHA and the claim is not submitted within ninety (90) calendar days of service
- When there are payors precedent to SCCMHA and:
    a. The claim is not submitted to SCCMHA within thirty (30) calendar days of receipt of remittance advice from those payers, or

b. The claim is not submitted to the SCCMHA within a year of the date of service

False Claims: If a claim submitted by the provider is paid by SCCMHA, but is subsequently determined to be a false claim (i.e., improper or unsubstantiated), SCCMHA is entitled to recover its costs by deducting the amount of the false claim from the provider's future claims or requiring reimbursement by the provider. In addition to the amount of the false claim, SCCMHA costs may include, but are not limited to, associated administrative costs and expenses. SCCMHA also reserves the right to seek any other remedies available at law and/or in equity.

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Mail paper claims in UB4 or 1500 format. to SCCMHA | Network Services Provider |
| 2. If submitting electronically, either by 837 file or direct data entry into Sentri. Provider to Run and Review the Adjudication Report in Step #2 on Sentri | Network Services Provider |
| 3. If submitting electronically, Provider is to correct any errors prior to submission of Claims to SCCMHA | Network Service Provider |
| 4. Provider to Submit Clean Claims to SCCMHA via either US mail system or electronically this also includes the COB information required if CMH is not primary Payor. | Network Services Provider |
| 5. SCCMHA will Adjudicate Claims | Claims Processors |
| 6. SCCMHA Claims Processors will Assist Providers with Resolving Errors. It is the Providers Responsibility to submit Clean Claims | Claims Processors |
| 7. SCCMHA Claims Processors will return Batches if Claims are not Clean | Claims Processors |
| 8. Print and Analyze Reports | Claims Processors |

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** Electronic Claims Submission by Provider | **Chapter:** 09.02.01 - Claims | **Subject No:** 09.10.01.01.01 |
|  | | |
| **Effective Date:**<br>10/1/06 | **Date of Review/Revision:**<br>3/28/07, 6/24/10, 11/18/11, 6/15/12, 6/2/14, 5/13/16, 6/20/18, 6/14/19, 1/27/20<br>**Supersedes:**<br>09.02.01.01.30 | **Approved By:**<br>Laura Argyle, Chief Financial / Chief Operating Officer<br><br>**Authored By**<br>Sue McCrea, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Claims Processors:<br>Pauline Najera, Carrie Davis |

**Purpose:**
To provide instruction to network providers on claims entry and submission using the Sentri claims processing software.

**Application:**
SCCMHA Claims Processors
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial Officer
SCCMHA Provider Network

**Policy:**
None

**Standards:**
None

**Definitions:**

**Adjudication**- Reported process that shows whether the claim has errors. The report should be run prior to submission of claims to SCCMHA. Final adjudication is performed by the SCCMHA Claims Processors.

**Approval**- recommend for payment.

**Approved Claims**- Approved claims in this procedure refers to the claims that have been entered and approved by the provider to be submitted to SCCMHA for payment. Claim entry and provider approval is achieved by completing Steps 1& 2 on the Sentri claims processing menu.

**Authorization**- The document allowing the provider to render and bill for services. This is obtained thru SCCMHA Care Management Dept.

**Claim Form**- UB04 (CMS 1450) or HCFA 1500 (CMS 1500).

**Claims Processing/Management** - Sentri view that allows access to claims submission functions.

**CMHSP-** Community Mental Health Service Program. Saginaw County Community Mental Health Authority is one of Michigan's CMHSPs.

**Entered Claims-** Entered claims in this procedure refers to the claims that have completed Step 1 of the Sentri claims processing menu.

**Reconsider-** Process where a claim line is backed out by SCCMHA Claim Processors. This places a credit on the Provider's account.

**SCCMHA-** Saginaw County Community Mental Health Authority

**SCCMHA Sentri software-** The claims processing system and software used by SCCMHA for payment of claims.

**837 File –** HIPAA compliant electronic file submission

**References:**
SCCMHA Provider Registration/SCCMHA Sentri System Training – 09.02.01.01.14
SCCMHA Sentri Claims Submission & Reimbursement Procedures– 09.02.01.02.20
SCCMHA Sentri Claims Adjudication Reason Codes – 09.02.01.01.01

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Enter claims into Sentri System | Provider |

| | |
|---|---|
| 2. Adjudicate the batch and review for errors. Make corrections and re-adjudicate | Provider |
| 3. Send Batch(es) to CMHSP (or SCCMHA) | Provider |
| 4. Final Adjudication for Submitted Approved Claims from Provider | SCCMHA Claims Processor(s) |
| 5. Print checks | SCCMHA Accounts Payable Clerk |
| 6. Print & analyze reports, remittance advice and explanation of benefits | Claims Processors/Provider/ Provider's Supervisor |
| 7. Mail checks | SCCMHA Claims Processor(s) |

- Provider claims are either entered directly into the Sentri system or through a HIPAA 837 compliant format.

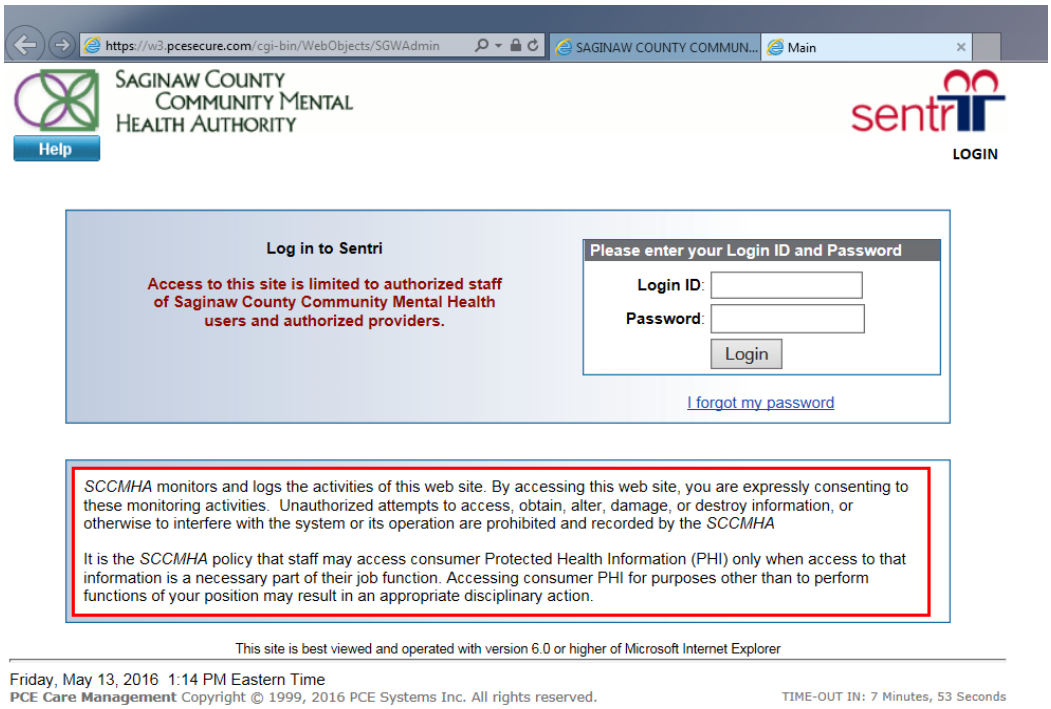
- The provider must contact the SCCMHA IS Department Help Desk via email Hdesk@sccmha.org to make arrangements for electronic access. Please reference procedure 09.02.01.01.14- SCCMHA Provider Registration/SCCMHA Sentri System Training for additional information.

- Call the Claims Processing Department to set up training, if wanted at (989) 797-3516 Carrie Davis or (989) 498-4205 Pauline Najera.

- After obtaining the Log In, and Password, the provider can log into https://w3.pcesecure.com/cgi-bin/WebObjects/SGWAdmin

- Login's should not be shared and should be kept secure. SCCMHA staff, service programs and network providers will abide by current HIPAA requirements to protect the privacy and security of the health information of persons who are service recipients of SCCMHA. SCCMHA is a "Covered Entity" as defined by HIPAA and HIPAA compliance is an employment and contractual obligation for all of the members of the SCCMHA workforce.

Snapshot of Sentri Login Screen:

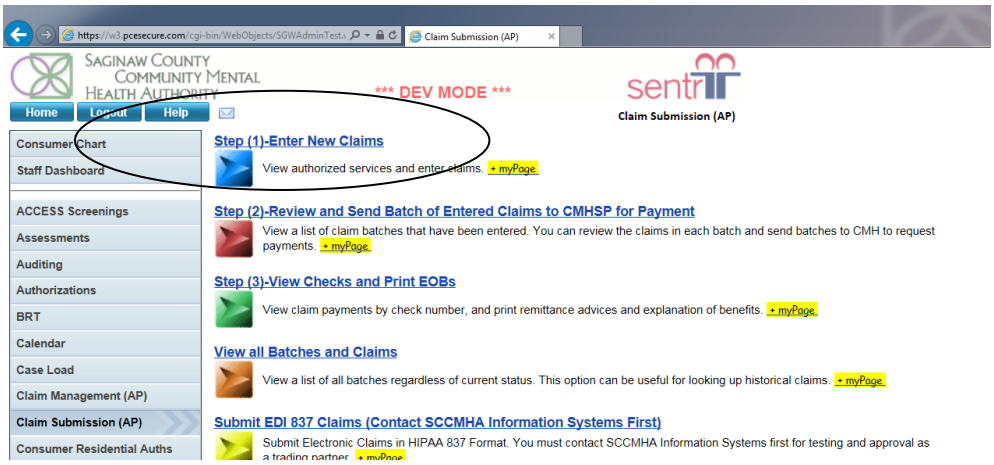


## CLAIMS PROCESSING IN SENTRI

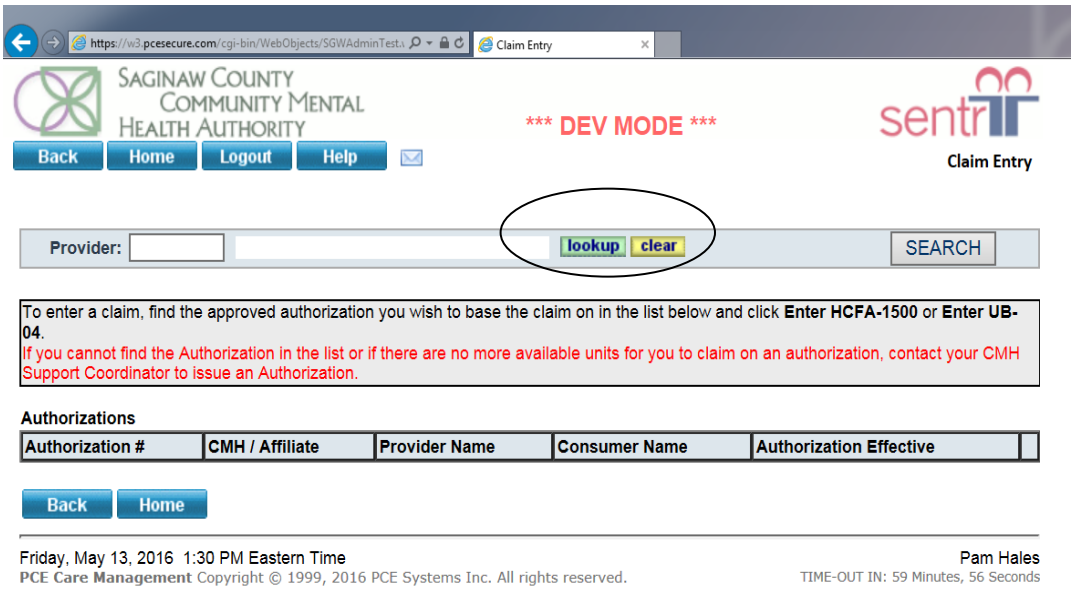
After logging into Sentri, click on **"Claim Submission"** button on the left side of the screen.

STEP 1

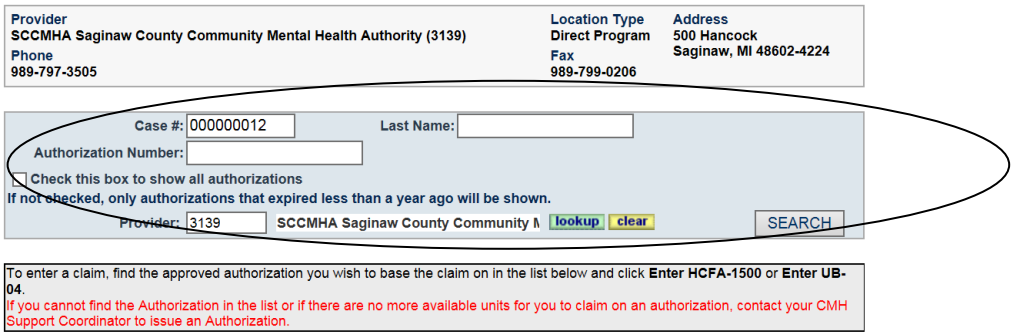
A) Click "Step (1) - Enter New Claims"



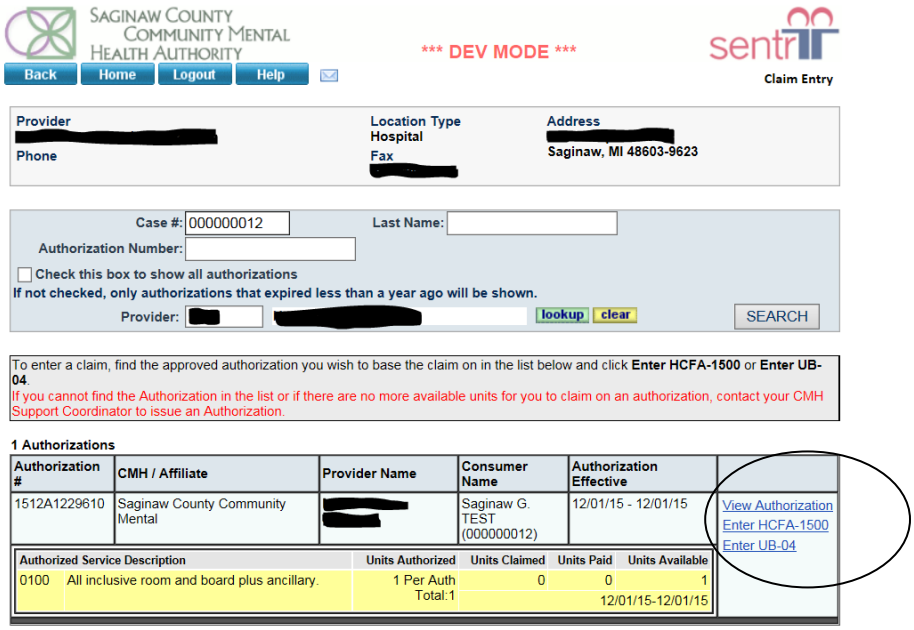

B) Click "Lookup" and type in Provider name.



C) Enter either the consumers "Case#" or "Last Name" and click the "Check this box to show all authorizations". Then click "**Search".**




D) Authorizations will appear for the consumer in newest to oldest order. Note: There may be more than one page of authorizations to view. Find the authorization that matches the provider, date range and code that you are preparing to bill for. Use the blue links circled below to proceed to the correct billing form (the HCFA-1500 or the UB-04); there is also a link to "View Authorization" that will allow you to see more detail regarding the authorization.




If you are unable to locate an authorization; you will **not** be able to continue entering claims for this consumer. Please contact the consumer's Case Manager or Supports Coordinator to have an authorization requested, or to check the status of the authorization.

**TIP Be Proactive -** Make your inquiries via secure email so they are documented. Set up some kind of tracking be sure to follow up on the same email thread.

Reminder you only have 90 days from the Date of Service or 30 days from the date of receipt of remittance advice from Payers precedent to SCCMHA, not to exceed a year from date of service to submit a clean claim to SCCMHA.

Reminder September 30th is SCCMHA's year end. Dead line then becomes December 31st for clean claims for September dates of service.

Create your own internal set of procedures:

- What does the Billing Clerk do when they can't enter a claim because the Authorization is missing or needs correction?
- How are you going to track this claim to make sure it gets submitted?
- How long should the Billing Clerk wait before the next level of your internal Management gets involved?
- What is causing the missing Authorization? Is the problem chronic?
- Do you need a formal Correction Action Request system?

Don't wait to reconcile SCCMHA's check against your internal system to find out the claim was never submitted.

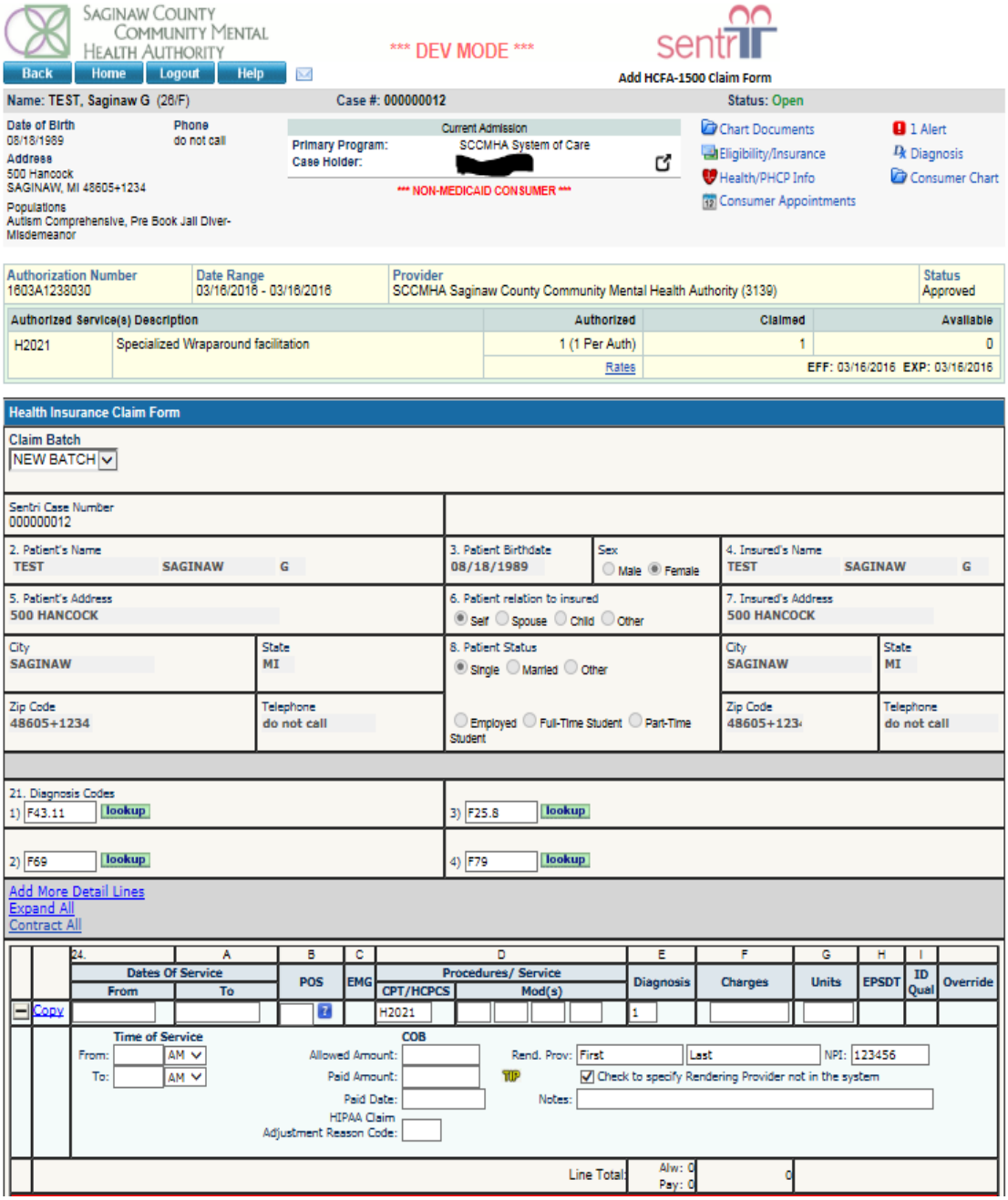
SCCMHA Claims Processors do not have authority or access to create or change Authorizations.

Timely claim submission will help your organizations cash flow.

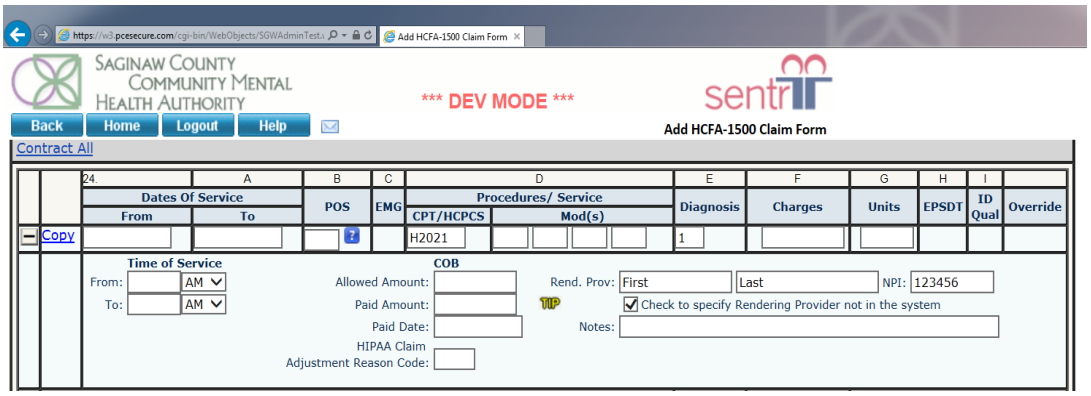
SCCMHA is required to submit various reports to their PHIP and State of MI throughout the year regarding funding requirement forecasts. We need timely claim submission to allow us to provide accurate figures to submit. This has a direct effect on the funds that are made available to SCCMHA from the State of MI.

E) Enter claim information into the electronic form. A number of the fields will automatically populate with consumer data that is housed in Sentri. Other fields will need to be manually entered.

Sample: HCFA-1500 Form

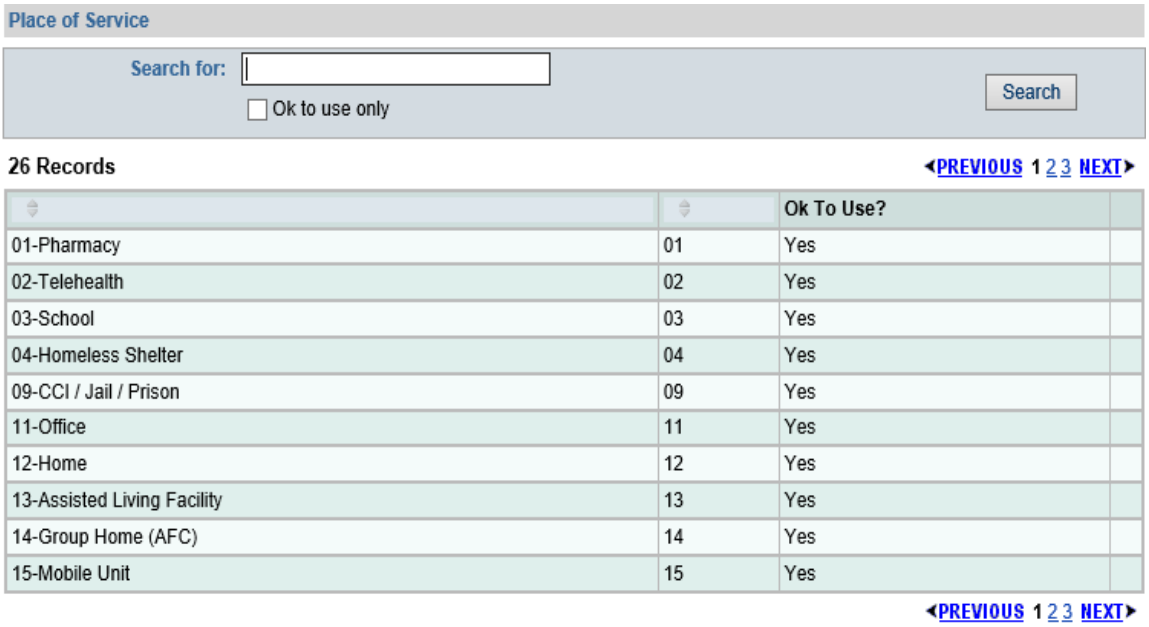



Box #24 of the HCFA contains a number of fields that require manual entry such as: Dates of Service, POS (Place of Service), CPT/HCPCS (procedure code), Mod(s) (Modifiers), Charges, Units, COB (Coordination of Benefits), NPI number, and Time of Service fields.




24 A. Dates of Service
The dates you enter must fall in between the dates on the Authorization or the line will error out. Are you using the correct Authorization?

24 B. POS Place of Service
Sentri has a menu item to obtain current list. Below is a sample list




24 C. EMG – is left blank.

24 D. Procedures/Service
CPT/HCPCS and Modifiers must be on the Authorization. If you get an error message refer back to the Authorization. Are you using the correct Authorization number?

24 E. Diagnosis Code

24 F. Charges
Providers are to bill SCCMHA their actual costs. Claims will be paid based on the rate established in the signed contract with the provider.

24 G. Units

See PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES for rules on Units of measure.

**PIHP/CMHSP ENCOUNTER REPORTING**
**HCPCS and REVENUE CODES**

**GENERAL RULES FOR REPORTING**

**1a. Rounding rules for HCPCS reporting:**

| "Up to 15 Minutes" | 15 Minutes | 30 Minutes | 45 Minutes | 60 Minutes |
|---|---|---|---|---|
| 1-15 = 1 unit | 1-14 minutes= 0* | 0-29 minutes = 0* | 0-44 minutes = 0* | 1-59 minutes = 0* |
| 16-30 = 2 units | 15-29 = 1 unit | 30-59 = 1 unit | 45-89 = 1 unit | 60-119 = 1 unit |
| 31-45 = 3 units | 30-44 = 2 units | 60-89 = 2 units | 90-134 = 2 units | 120-179 = 2 units |
| 46-60 = 4 units | 45-59 = 3 units | | 135-179 = 3 units | 180-239 = 3 units |
| 61-75 = 5 units | 60-74 = 4 units | | | 240-299 = 4 units |
| 76-90 = 6 units | 75-89 = 5 units | | | 300-359 = 5 units |
| 91-105 = 7 units | 90-104 = 6 units | | | 360-419 = 6 units |
| 106-120 = 8 units | 105-119 = 7 units | | | 420-479 = 7 units |
| | 120-134 = 8 units | | | 480-539 = 8 units |

* Do not report if units equal zero.

**1b. Rounding rules for CPT reporting of 15-minute codes:**

| Units | Time |
|---|---|
| 0 | 0-7 minutes |
| 1 | 8-22 minutes |
| 2 | 23-37 minutes |
| 3 | 38-52 minutes |
| 4 | 53-67 minutes |

1. Select the service (see CPT code descriptions).
2. Report a timed service based on face-to-face time on each date of service.
3. The CPT rule states that a unit of time is attained when the mid-point is passed.

Effective 10/1/2019
On the web at: http://www.michigan.gov/bhdda Reporting Requirements,
PIHP/CMHSP Reporting Cost Per Code and Code Chart Page 2

If you get an error "Units Exhausted", check the Authorization screen in Sentri. There might be another Authorization. You may have to request more units.

Notes on Time of Service fields

- "Time of Service" fields are found in box #24 of the HCFA-1500 form located in Sentri.
- These fields are displayed by clicking the **"+"** sign on the left-hand side of the form, next to the blue "Copy" link.
- Time of Service fields may be required depending on the CPT code. **The start/stop time must equal the units. The claim will error out if they don't match.**

Notes on Coordination of Benefit fields

- Claims with COB information need to be entered into a separate batch.
- "Coordination of Benefit" line specific fields are found in box #24 of the HCFA-1500 form located in Sentri.
- These fields are displayed by clicking the **"+"** sign on the left hand side of the form, next to the blue "Copy" link.
- The "Coordination of Benefit" line specific fields include the following:
  - **"Allowed Amount"** (REQUIRED field)
  - **"Paid Amount"** (REQUIRED field)
  - **"Paid Date"** (REQUIRED field)
  - **"HIPAA Claim Adjustment Reason Code"** (REQUIRED field)
  - **"Notes"**– this text box can be used by the provider to document/communicate any specific notes regarding the specific claim line.
  - The Provider is required to submit the paper copy of the EOB for all payors prior to SCCMHA. The EOB can be faxed to 989-799-3918, emailed to Claim Processors thru Sentri messaging or US mailed. Please note the batch number on the EOB paperwork.

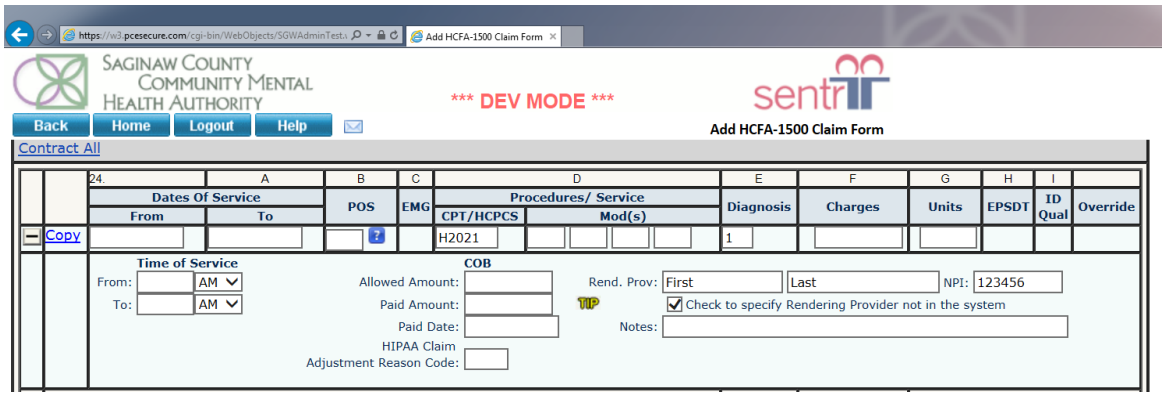
**TIP** Notes on "Copy" feature

A claim line can be copied by clicking the blue "**Copy**" link on the left hand side of the Sentri HCFA-1500 form. After clicking **"Copy"**, a calendar will appear that will allow you to designate the days of the month where you'd like the current claim line copied.

Notes on NPI (National Provider Identifier) if applicable. New requirements were loaded into Sentri effective 10-1-19.

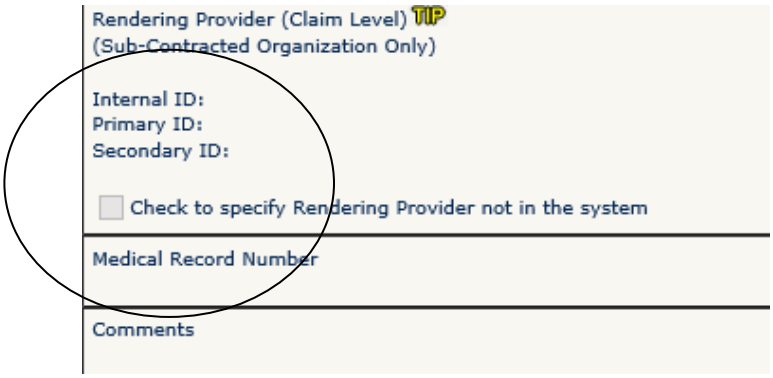
- "**Rendering Provider**" and "**NPI**" line specific fields are found in box #24 of the HCFA-1500 form located in Sentri.

- These fields are displayed by clicking the **"+"** sign on the left hand side of the form, next to the blue "Copy" link.
- Click the box next to: **"Check to specify Rendering Provider not in the system"**
- Then fill in the following fields
- "**Rend. Prov**" – Rendering Provider
- "**NPI**" –National Provider Identifier



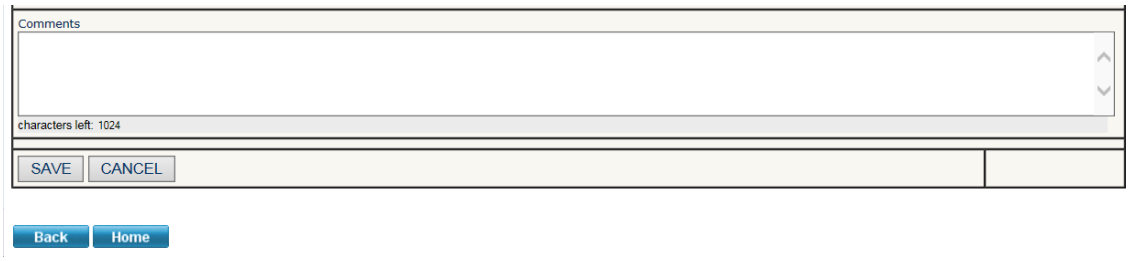

**TIP** How to add a new Rendering Provider to Sentri
Send an email to Monique Taylor-Whitson at mtaylor-whitson@sccmha.org. She is Provider Network Auditing Supervisor. Your email should state the name of the Billing Provider, the full proper name and NPI # of the new rendering provider you wish to add to Sentri.

Box #31 – If a consumer is a COFR or has a SED Waiver, this Rendering Provider Box must also be filled out.




E) Enter any notes related to the claim in the "Comment" field at the bottom of the form.

F) When the form is complete, click "**Save**" the bottom of the claim.




Sentri will assign a batch number. Keep track of your batch numbers in some kind of log.

**Always remember to SAVE the claim!**

STEP 2

After all claims have been entered, return to the "Claims Management" home page and click **"Step (2) – Review and Send Batch of Entered Claims to CMHSP for Payment"**.

Run and review the Adjudication Report and look for errors. You can review these on the screen. Smaller batches are sometimes more manageable than 100 page claims.

Correct the errors and re-adjudicate the batch. Run and review the Adjudication Report again until all the errors are corrected and you have a "clean claim".

Review the bottom of the batch check to see if the numbers at the bottom match.

| Service Dates | Procedure/Revenue Code | Claimed Units | Claimed Amount | Allowed Units | Allowed Amount | Payable Amount | |
|---|---|---|---|---|---|---|---|
| 02/20/2018 - 02/20/2018 11:15 am - 12:00 pm | T1017/ Child CSM/OP | 3 | $148.05 | | | | |
| Adjudicated Service Dates: 02/20/2018 - 02/20/2018 | Processing Notes: Per provider's contract claims must be submitted within 90 days to be considered for payment; this claim was submitted on 06/20/2018, which is 120 days after the service. | | | 0 | $0.00 | $0.00 | Account GF - 3-10-350-8100-740 |
| 02/20/2018 - 02/20/2018 12:00 pm - 1:00 pm | H0031/ Child CSM/OP | 1 | $145.00 | | | | |
| Adjudicated Service Dates: 02/20/2018 - 02/20/2018 | Processing Notes: Per provider's contract claims must be submitted within 90 days to be considered for payment; this claim was submitted on 06/20/2018, which is 120 days after the service. | | | 0 | $0.00 | $0.00 | Account GF - 3-10-350-8100-740 |
| | Claim Totals: | 4 | $293.05 | 0 | $0.00 | $0.00 | |

NOTES
Need denial for timely submission

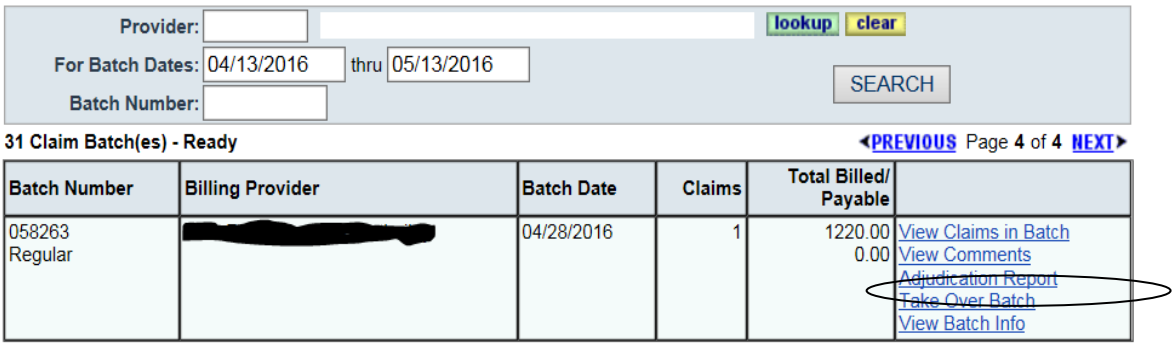
| | | | | | |
|---|---|---|---|---|---|
| Batch Totals: | $293.05 | $0.00 | $0.00 | # of Claims: 1 | |
| Account Totals: | GF - 3-10-350-8100-740 | $ | 0.00 | | |

In the above sample the Batch Total Claimed Amount is $ 293.05. The amount in the Allowed Amount column is Zero. This means SCCMHA is not paying this line item.

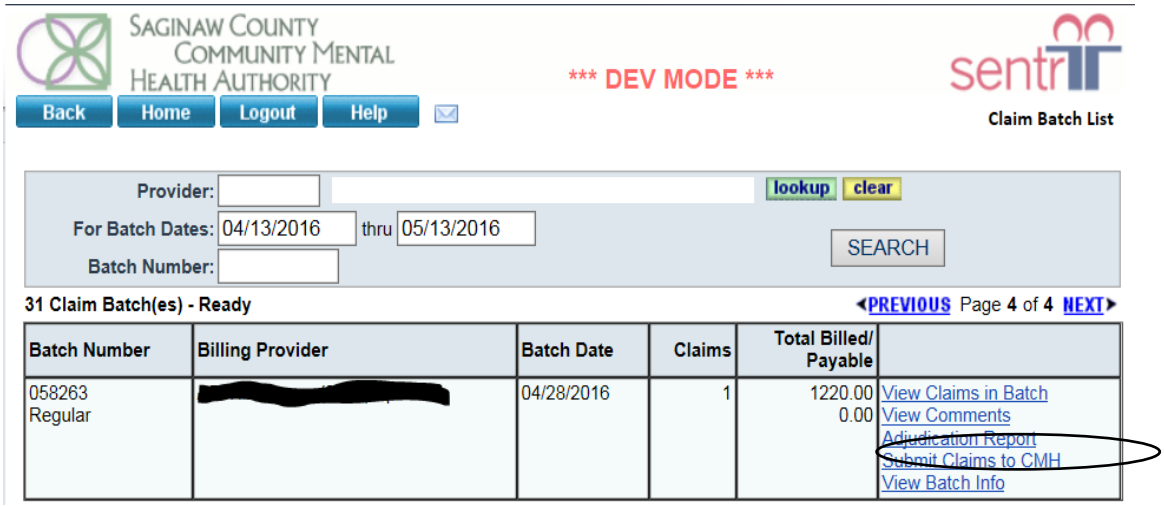
Reference Procedure 09.02.01.01.01 Sentri Claims adjudication Reason

Do not wait until you are missing a payment to reconcile your claims. Reconcile them before you do the next step.

Click the blue link that says, "**Take Over Batch**"




Then click the blue link that says, "**Submit Claims to CMH**"



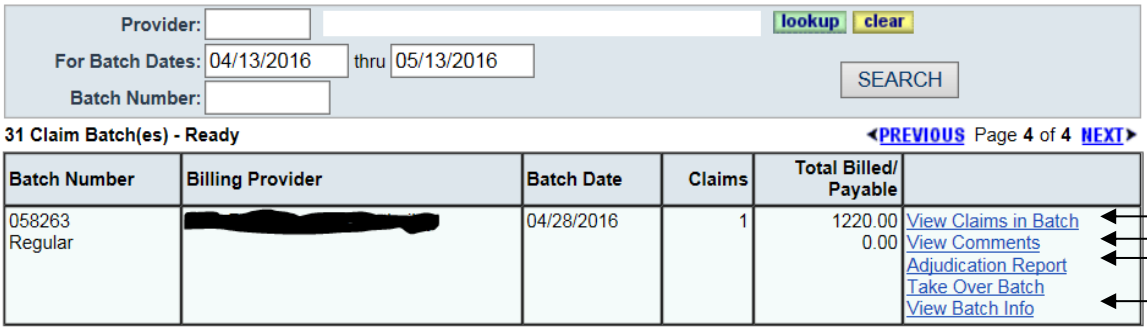

**<u>Important: This step is necessary for claims to be sent to SCCMHA for processing. Failure to complete this step will result no claim payment and/or possible claim denial.</u>**

When the batch is submitted to SCCMHA it is date stamped by Sentri. SCCMHA Claim Processors will review each batch. They may return a batch to you for correction.

SCCMHA Claim Processors will assist you with error messages. **Claim Processors cannot make corrections to your claims**. Claim Processors cannot override error messages. They must obtain approval from the Admin Accounting Supervisor.

Please review your email timely and make the necessary changes. If you re-submit the claim again without making the changes, the claim may be denied.

OTHER INFORMATION obtained through the "Step (2)-Review and Send Batch of Entered Claims to CMHSP for Payment" screen




The "Step (2)- Review and Send Batch of Entered Claims to CMHSP for Payment" screen will allow you to access the following links:

**a) "View claims in Batch"** will allow you to:

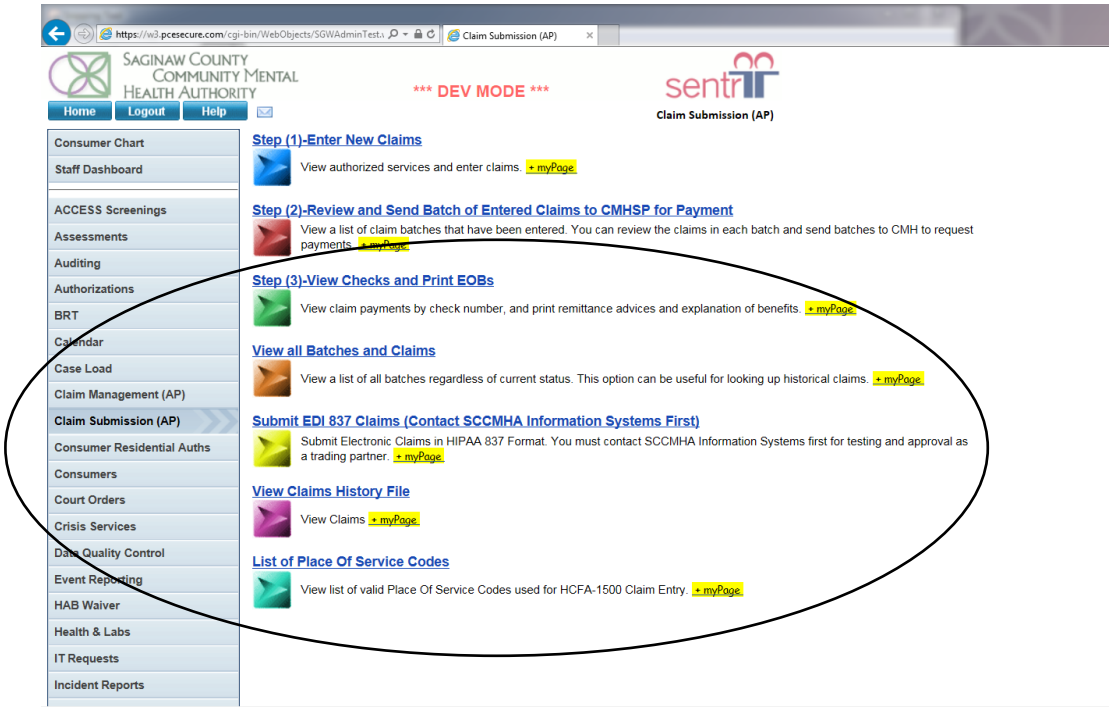
- View a claim
- Change a claim
- Delete a claim

b) "**View Comments**" allows a provider to view any comments typed into the comment field located at the bottom of the claim entry form.

c) "**Adjudication Report**" allows you the ability to review the claims entered in the batch through a "*Batch Edit Report"*, click on the "Adjudication Report" link and then click on the icon at the top of the screen to view/print the report.

d) **"View Batch Info"** gives a summary of batch information

OTHER INFORMATION obtained through "Claims Submission" Home Page




a) "**Step (3)- View Checks and print EOBs**" by entering the desired check number and clicking "Search".

b) "**View all Batches and Claims**" allows providers to status their claim batches.

c) "**Submit EDI 837 Claims (Contact SCCMHA information Systems First)**" is used by providers who upload their claims using an 837 file.

d) "**View Claims History File**" allows provider to view paid claims.

e) "**List of Place of Service Codes**" contains Place of Service reference list.

## RECONSIDER A CLAIM

The process of reconsidering a claim zeros out the line item on a claim that is in error. It will process as a credit on the Billing Providers Account.

If you have errors that need to be corrected after the batch is processed. A request to reconsider a claim must be made in writing via Sentri Message system to the Claim Processer that has your account.

Please provide the claim number, the Consumers Name, Sentri ID#, Date of Service, reason for the request for reconsider and dollar amounts.

The claim will be reconsidered by a SCCMHA Claims Processor. The Claims Processor will notify you when complete. If applicable you can re-enter the proper billing. Reference the Batch number and the Claim number of the 1st claim.

**SCCMHA Event Verification – Audit results from SCCMHA Provider Network Audit Department.**

If errors are found during an audit, you will receive a letter from SCCMHA Audit Department. **Do not send us a check.**

The below Claims Processor assigned to you will Reconsider the Claims to Zero. This will put a credit on your account and will be subtracted from the next check. The letter may state that you can re-bill the claim fixing whatever is wrong. It is important that the claim is zeroed out first. Otherwise you may get a duplicate service error. Contact your Claims Processor to help resolve the re-bill.

**SCCMHA Claims Department Contact Information:**

Pauline Najera
Claims Processor
(989) 498-4205
pnajera@sccmha.org (please use the Sentri email link)

Carrie Davis
Claims Processor
(989) 797-3516
cdavis@sccmha.org (please use the Sentri email link)

Sue McCrea
Accounting Supervisor of Claims/AP
(989) 797-3597
smccrea@sccmha.org (please use the Sentri email link)

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>UB 04 (CMS-1450) Uniform Billing Form Instructions | **Chapter:** 09.02.01 - Claims | **Subject No:** 09.10.01.01.05 |
| | | |
| **Effective Date:**<br>October 1, 2006 | **Date of Review/Revision:**<br>10/1/06, 5/23/07, 7/1/10, 11/10/11, 6/15/12, 6/2/14, 4/27/16, 5/1/17, 6/20/18, 6/14/19, 2/27/20<br>**Supersedes:** | **Approved By:**<br>Laura Argyle, Chief Financial / Chief Operating Officer<br><br>**Authored By:**<br>Sue McCrea, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Claims Processors |

**Purpose:**
In order to insure accurate and timely payment of claims, the following specific claims related guidelines have been issued.

**Application:**
SCCMHA Claims Processors
SCCMHA Administrative Accounting Supervisors
SCCMHA Director of Finance
SCCMHA Provider Network and Non-Contract Providers

**Policy:**
None

**Standards:**
None

**Definitions:**
None

**References:**
SCCMHA Cash Management Policy- Subject No. 05.02.03
SCCMHA Financial Liability for Mental Health Services Policy- Subject No. 05.02.06
UB04 (CMS-1450 form) Uniform Billing Form- Subject No. 09.02.01.01.10.07

**Exhibits:**
Exhibit A - Example of UB 04 (CMS 1450) Claim Form

**Procedure:**

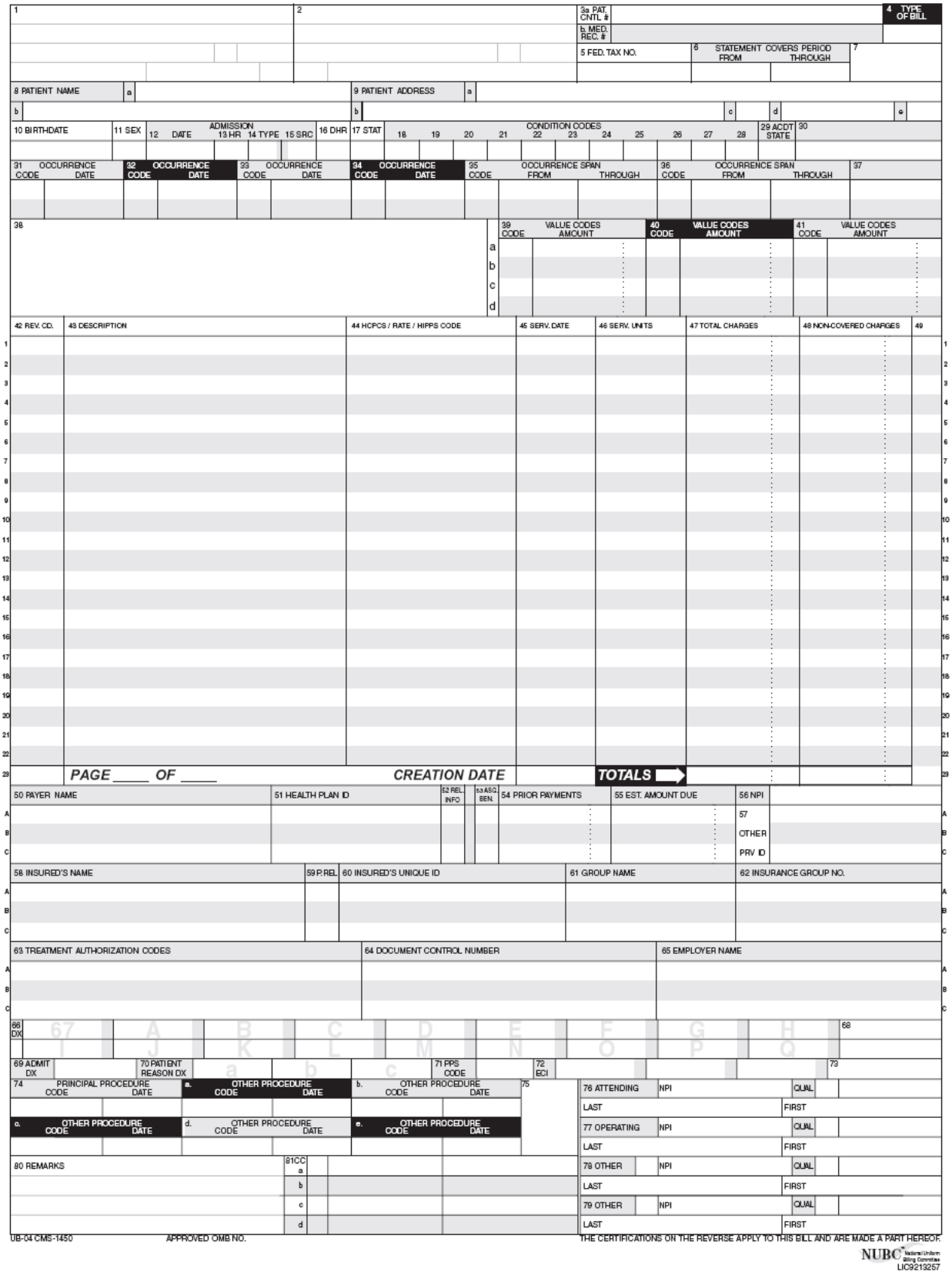
| ACTION | RESPONSIBILITY |
|---|---|
| 1. Enter claims for submission to SCCMHA Sentri or Fill out UB04 Paper Claim for SCCMHA | Network Services Provider |
| 2. If submitting electronically, Provider to Run and Review the Adjudication Report in Step #2 on Sentri | Network Services Provider |
| 3. If submitting electronically, Provider is to correct any errors prior to submission of Claims to SCCMHA | Network Service Provider |
| 4. Provider to Submit Clean Claims to SCCMHA via either US mail system or electronically | Network Services Provider |
| 5. SCCMHA will Adjudicate Claims | Claims Processors |
| 6. SCCMHA Claims Processors will Assist Providers with Resolving Errors. It is the Providers Responsibility to submit Clean Claims | Claims Processors |
| 7. SCCMHA Claims Processors will return Batches if Claims are not Clean | Claims Processors |
| 8. Print and Analyze Reports | Claims Processors |

**UB 04 or CMS -1450**

- Box 1 Provider Name
  Provider Street Address
  Provider City, State, Zip
- Box 2 Pay-to Name
  Pay-to Address
  Pay-to City, State, Zip
- Box 3a Patient Control Number
- Box 3b Medical Record Number
- Box 4 Type of Bill
- Box 5 Federal Tax Number
- Box 6 Statement Covers Period-From/Through
- Box 7 Unlabeled
- Box 8 Patient Name-ID
- Box 9 Patient Address-Street
  Patient Address-City
  Patient Address-State
  Patient Address-Zip
  Patient Address-County Code
- Box 10 Patient Birth date
- Box 11 Patient Sex
- Box 12 Admission Date
- Box 13 Admission Hour
- Box 14 Type of Admission/Visit
- Box 15 Source of Admission
- Box 16 Discharge Hour
- Box 17 Patient Discharge Status
- Box 18-28 Condition Codes
- Box 29 Accident Status
- Box 30 Unlabeled
- Box 31-34 Occurrence Code Date
- Box 35-36 Occurrence Span Code
  From/Through
- Box 37 Unlabeled
- Box 38 Responsible Party Name/Address
- Box 39-41 Value Code-Code
  Value Code-Amount
- Box 42 Revenue Code
- Box 43 Revenue Code Description
- Box 44 HCPCS/Rate/HIPPS/Rate Codes
- Box 45 Service/Creation Date

- Box 46 Units of Service
- Box 47 Total Charges
- Box 48 Non-Covered Charges
- Box 49 Unlabeled
- Box 50 Payer Name-Primary
  Payer Name-Secondary
  Payer Name-Tertiary
- Box 51 Health Plan-ID
- Box 52 Release of Information
- Box 53 Assignment of Benefits
- Box 54 Prior Payments
- Box 55 Estimated Due Amount
- Box 56 National Provider Identifier (NPI)
- Box 57 Other Provider ID-Primary, Secondary, Tertiary
- Box 58 Insured's Name-Primary, Secondary, Tertiary
- Box 59 Patient's Relationship-Primary, Secondary, Tertiary
- Box 60 Insured's Unique ID-Primary
- Box 61 Insurance Group Name-Primary, Secondary, Tertiary
- Box 62 Insurance Group Number-Primary, Secondary, Tertiary
- Box 63 Treatment Authorization Code-Primary, Secondary, Tertiary
- Box 64 Document Control Number
- Box 65 Employer Name-Primary, Secondary, Tertiary
- Box 66 Diagnosis Version Qualifier
- Box 67 Principal Diagnosis
- Box 67 AQOther Diagnosis
- Box 68 Unlabeled
- Box 69 Admitting Diagnosis Code
- Box 70 Patient Reason for Visit
- Box 71 PPS Code
- Box 72 External Cause of Injury Code (E-code)
- Box 73 Unlabeled
- Box 74 Principal Procedure Code/Date
- Box 74 AE Other Procedure Code
- Box 75 Unlabeled
- Box 76 Attending-NPI/Qual/ID
  Attending-Last/First Name
- Box 77 Operating-NPI/Qual/ID
  Operating-Last/First Name
- Box 78-79 Other ID-NPI/Qual/ID
  Other ID-Last/First Name
- Box 80 Remarks
- Box 81 Code-Qual/Code/Value

Exhibit A


1
2
3a PAT. CNTL #
b MED. REC. #
4 TYPE OF BILL
5 FED. TAX NO.
6 STATEMENT COVERS PERIOD FROM THROUGH
7
8 PATIENT NAME
9 PATIENT ADDRESS
10 BIRTHDATE
11 SEX
12 ADMISSION DATE
13 HR
14 TYPE
15 SRC
16 DHR
17 STAT
CONDITION CODES 18 19 20 21 22 23 24 25 26 27 28
29 ACDT STATE
30
31 OCCURRENCE CODE DATE
32 OCCURRENCE CODE DATE
33 OCCURRENCE CODE DATE
34 OCCURRENCE CODE DATE
35 OCCURRENCE SPAN CODE FROM THROUGH
36 OCCURRENCE SPAN CODE FROM THROUGH
37
38
39 VALUE CODES CODE AMOUNT
40 VALUE CODES CODE AMOUNT
41 VALUE CODES CODE AMOUNT
42 REV. CD.
43 DESCRIPTION
44 HCPCS / RATE / HIPPS CODE
45 SERV. DATE
46 SERV. UNITS
47 TOTAL CHARGES
48 NON-COVERED CHARGES
49
PAGE ____ OF ____
CREATION DATE
TOTALS
50 PAYER NAME
51 HEALTH PLAN ID
52 REL INFO
53 ASG. BEN.
54 PRIOR PAYMENTS
55 EST. AMOUNT DUE
56 NPI
57 OTHER PRV ID
58 INSURED'S NAME
59 P REL
60 INSURED'S UNIQUE ID
61 GROUP NAME
62 INSURANCE GROUP NO.
63 TREATMENT AUTHORIZATION CODES
64 DOCUMENT CONTROL NUMBER
65 EMPLOYER NAME
66 DX
67
68
69 ADMIT DX
70 PATIENT REASON DX
71 PPS CODE
72 ECI
73
74 PRINCIPAL PROCEDURE CODE DATE
a. OTHER PROCEDURE CODE DATE
b. OTHER PROCEDURE CODE DATE
75
a. OTHER PROCEDURE CODE DATE
d. OTHER PROCEDURE CODE DATE
e. OTHER PROCEDURE CODE DATE
76 ATTENDING NPI QUAL LAST FIRST
77 OPERATING NPI QUAL LAST FIRST
78 OTHER NPI QUAL LAST FIRST
79 OTHER NPI QUAL LAST FIRST
80 REMARKS
81CC
UB-04 CMS-1450
APPROVED OMB NO.
THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.
NUBC
LIC9213257

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>Provider Registration and Maintenance for Access to Sentri | **Chapter:** 09.02.01 - Claims | **Subject No:** 09.10.01.01.06 |
|  | | |
| **Effective Date:**<br>October 1, 2006 | **Date of Review/Revision:**<br>4/26/07, 5/5/10, 11/11/11, 6/15/12, 6/2/14, 4/27/16, 6/20/18, 6/14/19, 3/31/20<br>**Supersedes:** | **Approved By:**<br>Laura Argyle, Chief Financial Officer/ Operating Officer<br><br>**Authored By:**<br>Sue McCrea, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Claims Processors: Pauline Najera, Carrie Davis, SCCMHA Helpdesk |

**Purpose:**
To instruct SCCMHA Providers on how to initially enroll in SCCMHA's Sentri claims processing software and make changes to users.

**Application:**
SCCMHA Service Providers
SCCMHA Claims Processors
SCCMHA IS Help Desk
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial / Chief Operating Officer

**Policy:**
None

**Standards:**
None

**Definitions:**
SCCMHA Sentri Electronic Medical Records System- The software claims processing system used by SCCMHA for payment of claims.

https://www.sccmha.org/about-us/sentri-add-remove-staff-form.html
- Link to register for Sentri access and request Sentri claims training.

SCCMHA IS Help Desk –
Provides technical assistance for computer/software related issues and is responsible for creating Sentri sign ons.

SCCMHA Claims Department Staff – The staff and supervisor responsible for processing Provider claims for payment. The Claims Department Staff also provides Sentri training to Service Provider Sentri users.

**References:**
SCCMHA Claims Procedures – Subject 09.02.01
Activation, Change, and Deactivation of Staff User Accounts - 09.07.01.29
Tracking of Credentials for Staff Electronic Signatures - 09.04.03.09

**Exhibits:**
Exhibit 1 – SCCMHA Home Page
Exhibit 2 – Business Partnerships Page
Exhibit 3 – Sentri Add Staff Form
Exhibit 4 – Sentri Login Page

**Standards:**
As an agency, it is important for all to understand how staff accounts are created and closed so we can manage data flow of consumer information. All board operated and contracted providers are expected to follow this procedure to ensure consumer information is kept confidential.

Contracted providers will have background checks, Sanction checks, Codes for billing, provider fee, Federal ID, Medicare ID, and Provider NPI, etc. prior to any access to Sentri claims processing.

**Procedure:**
To initiate the setup of a SCCMHA Sentri sign-on, Provider should access the SCCMHA website and complete the following request
https://www.sccmha.org/about-us/sentri-add-remove-staff-form.html or contact SCCMHA's IS Department Help Desk via the email address HDesk@sccmha.org. for assistance

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Complete electronic form to request Sentri access for claim entry. | SCCMHA Service Provider |

| | |
|---|---|
| 2. Establish User Names & Passwords for SCCMHA Service Providers who are requesting Sentri Access after credentialing has been confirmed by Network Auditing Supervisor. | SCCMHA IS Department |
| 3. Provide Sentri claims system training. | SCCMHA Claims Department |

**Exhibit #1: SCCMHA Homepage**

When accessing the SCCMHA website you will reach the screen shown in Exhibit #1 below.

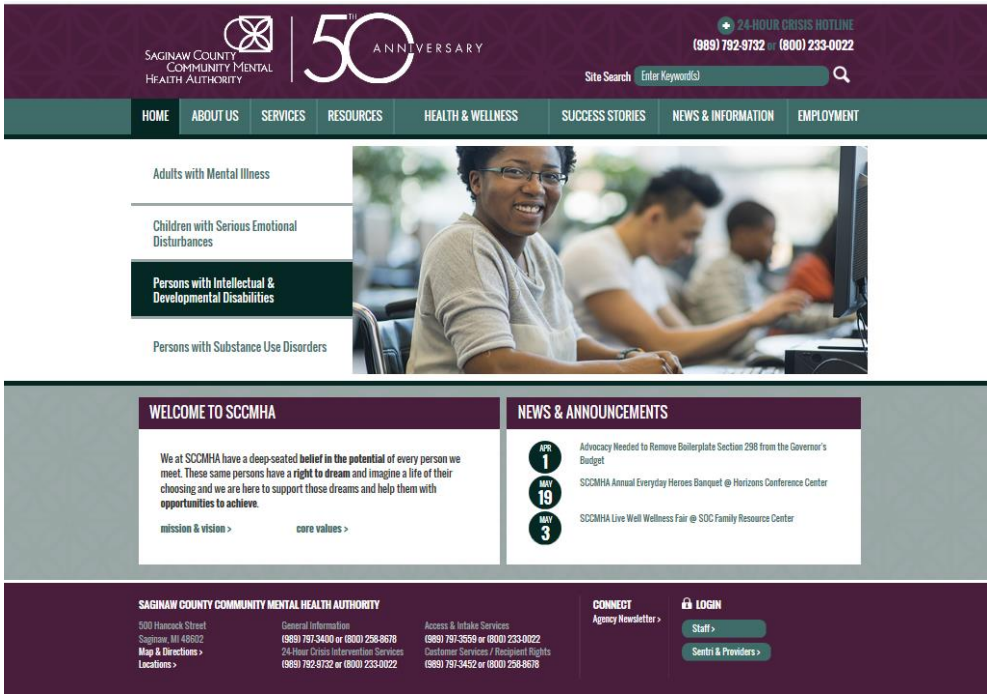


**Exhibit #2: Business Partnerships page**

From the SCCMHA home screen, click on “About Us” and “Business Partnerships” to access the “Business Partnerships” screen shown in Exhibit #2 below.

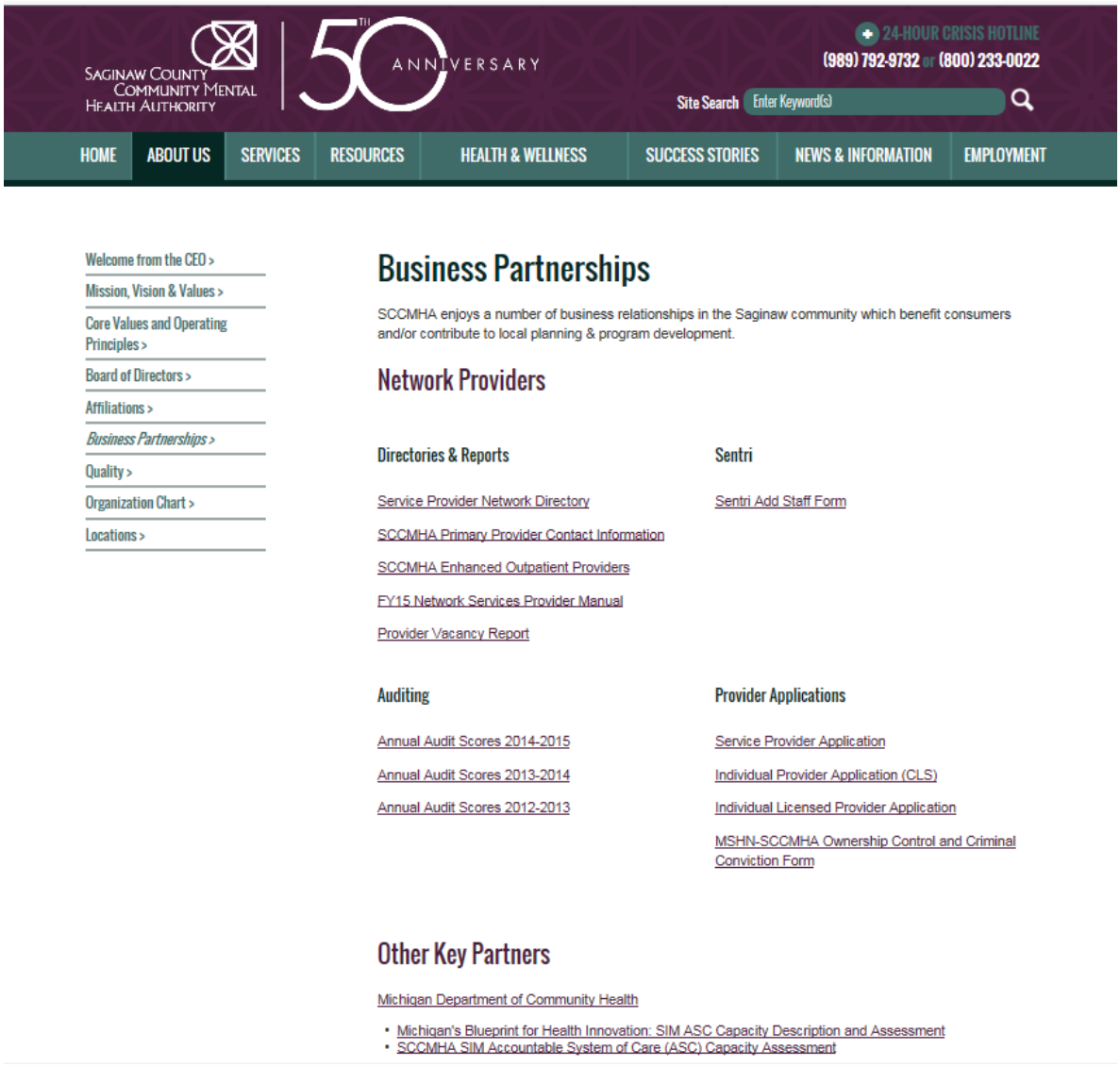
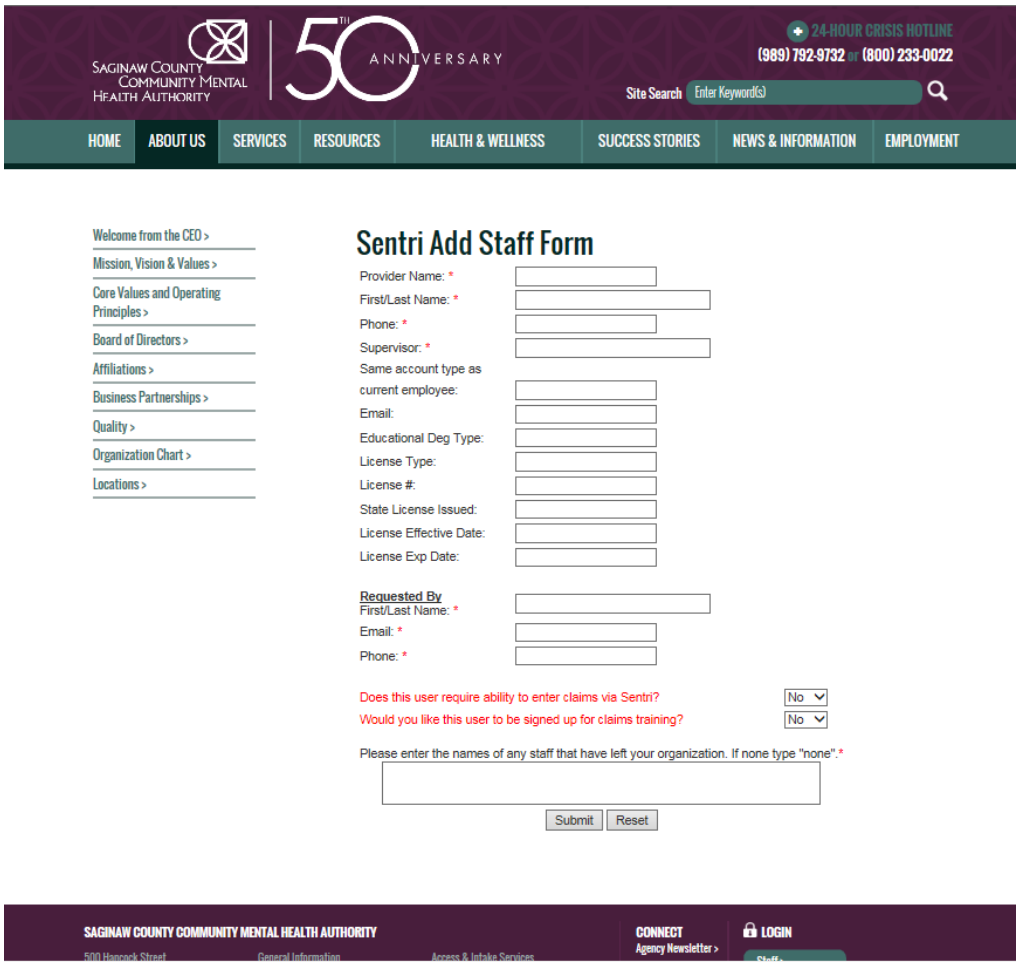


**Exhibit #3: Sentri Add Staff Form**

Once on the "Business Partnerships" page, find the "Sentri" heading and click on the link called, "Sentri Add Staff Form". This link will take you to the web-based form shown in Exhibit #3 below.




Answer "Yes" to the following two questions on the "Sentri Add Staff" form to request Sentri claims access and to request training on the Sentri claims system.

Does this user require ability to enter claims via Sentri? Yes

Would you like this user to be signed up for claims training? Yes

After providing all of the information for provider staff setup, as requested on the "Sentri Add Staff" form, select "Submit" to forward this information to the SCCMHA IS Help Desk

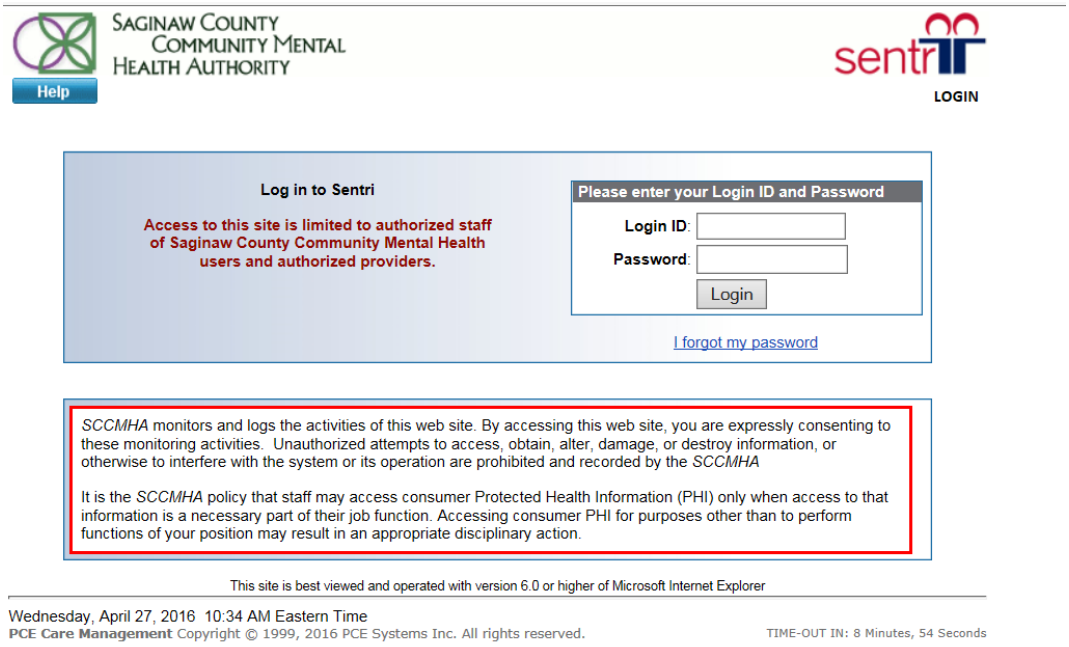
SCCMHA IS Help Desk will forward the information for new users to the Network Auditing Supervisor who will verify credentials and approve the creation of the sign on.

The SCCMHA IS Department Help Desk will contact you by email (as provided in the "Sentri Add Staff" form), to finalize the initial setup. Each individual using the Sentri system should be setup with a separate secure sign-on.

Once Sentri User Names and Passwords have been established by the SCCMHA IS Help Desk, enrolled users will be able to access Sentri by clicking on the "Sentri & Providers" button at the bottom right of the SCCMHA home page (See Exhibit #1).

**Exhibit #4: Sentri Login page**

The Sentri login-in screen will appear as shown in Exhibit #4 below.




To access Sentri, enter “User Name” & “Password” and click “Login”.

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>Provider Submission of Start and Stop Times on Claims | **Chapter:** 09.02.01 - Claims | **Subject No:** 09.10.01.01.08 |
| | | |
| **Effective Date:**<br>October 1, 2009 | **Date of Review/Revision:**<br>6/2/14, 5/4/16, 6/20/18, 6/14/19, 1/27/20<br>**Supersedes:** | **Approved By:**<br>Laura Argyle, Chief Financial / Chief Operating Officer<br><br>**Authored By:**<br>Sue McCrea, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Claims Processors: Pauline Najera, Carrie Davis |

**Purpose:**
To provide instruction and clarify procedures for submission of start and stop times on provider claims.

**Application:**
SCCMHA Network Providers
SCCMHA Claims Processors
SCCMHA IS Help Desk
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial /Chief Operating Officer

**Policy:**
None

**Standards:**
None

**Definitions:**
SCCMHA Sentri software- The claims processing system and software used by SCCMHA for payment of claims.

SCCMHA Network Services/Contracts Department- Department authorized to allow providers to perform services for SCCMHA consumers.

**References:**
SCCMHA Contracted Network Provider Claims Submission Procedure - 09.02.01.01

**Exhibits:**
None

**Procedure:**

**INSTRUCTIONS FOR ADDING TIMES TO A HCFA 1500 FORM**

Log into Sentri through the SCCMHA website at www.sccmha.org and click on "Claims Submission"

**Click, "Step (1)-Enter New Claims":**
A) Enter your 4 digit Provider Code

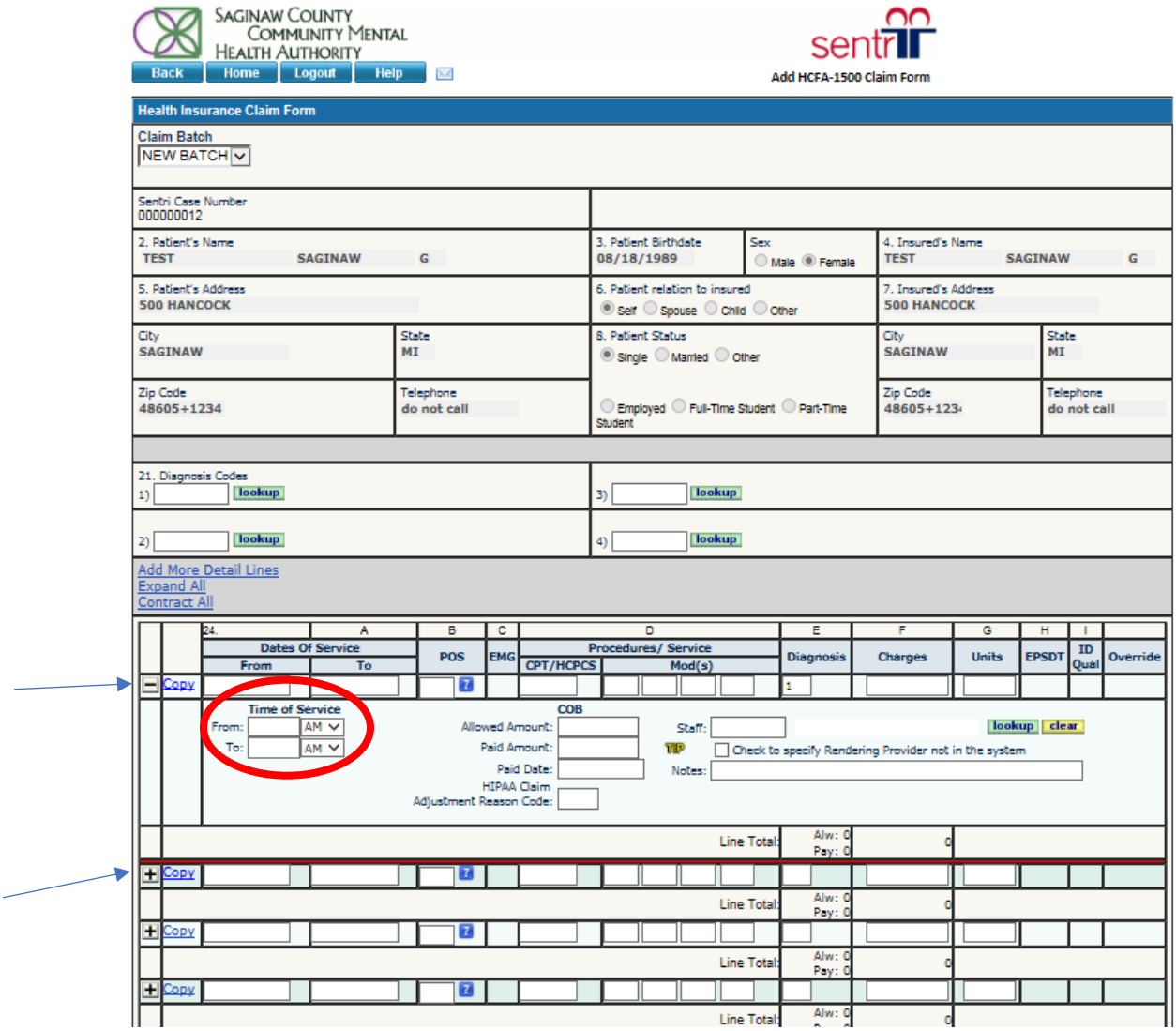
B) Enter the Consumer number or search by name. Select appropriate authorization

C) Enter dates of service, point of service (POS), procedure code & modifier (if necessary), diagnosis, charges, and units.

a. After completing all the information for a line of service, select the ⊞ box to the left of that line. This will expand the line in order to add times of service for that date.
b. Times of Service are necessary, in order for a claim to process. **Times of Service must match the units entered. An error message will appear if they don't match.**
c. When adding the "From" & "To" times of service, note the AM/PM. AM is the default, so make sure that you pick the correct time of day.

D) After entering the times for a specific date of service, you may hit the ⊟ button, in order to close that field and proceed to the next date of service.

E) When finished adding dates of service and times of service, you must **SAVE** at the bottom of the form and go on to add other claims or proceed to the next step.




## For Providers sending batches through an 837 file

After uploading the 837 file onto your computer, it will be necessary for you to manually go into Step (1) and follow the complete instructions above.

If you have any questions, please feel free to call Claims Processors Pauline @ (989)-498-4205 or Carrie @ (989) 797-3516

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** Electronic Claims Submission by Provider | **Chapter:** 09 - Department Procedures | **Subject No:** 09.10.01.01.11 |
|  | | |
| **Effective Date:**<br>10/1/06 | **Date of Review/Revision:**<br>3/28/07, 6/24/10, 11/18/11, 6/15/12, 6/2/14, 5/13/16, 6/20/18, 6/14/19<br>**Supersedes:** | **Approved By:**<br>Laura Argyle, Director of Finance<br><br>**Authored By**<br>Sue McCrea<br><br>**Reviewed By:**<br>Mary Hart, Pauline Najera, Carrie Davis |

**Purpose:**
To provide instruction to network providers on claims entry and submission using the Sentri claims processing software.

**Application:**
SCCMHA Claims Processors
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial Officer
SCCMHA Provider Network

**Standards:**
None

**Definitions:**
**Adjudication**- Reported process that shows whether the claim has errors. The report should be run prior to submission of claims to SCCMHA. Final adjudication is performed by the SCCMHA Claims Processors.

**Approval**- recommend for payment.

**Approved Claims**- Approved claims in this procedure refers to the claims that have been entered and approved by the provider to be submitted to SCCMHA for payment. Claim entry and provider approval is achieved by completing Steps 1& 2 on the Sentri claims processing menu.

**Authorization**- The document allowing the provider to render and bill for services.

**Claim Form**- UB04 (CMS 1450) or HCFA 1500 (CMS 1500).

**Claims Processing/Management** - Sentri view that allows access to claims submission functions.

**CMHSP-** Community Mental Health Service Program. Saginaw County Community Mental Health Authority is one of Michigan's CMHSPs.

**Entered Claims-** Entered claims in this procedure refers to the claims that have completed Step 1 of the Sentri claims processing menu.

**Reconsider-** Process where a claim line is backed out by SCCMHA Claim Processors. This places a credit on the Provider's account.

**SCCMHA-** Saginaw County Community Mental Health Authority

**SCCMHA Sentri software-** The claims processing system and software used by SCCMHA for payment of claims.

**837 File –** HIPAA compliant electronic file submission

**References:**
SCCMHA Cash Management Policy – Subject No. 05.02.03
SCCMHA Provider Registration/SCCMHA Sentri System Training – Subject No. 09.02.01.01.14
SCCMHA Sentri Claims Submission & Reimbursement Procedures– Subject No. 09.02.01.02.20
SCCMHA Sentri Claims Adjudication Reason Codes – Subject No. 09.02.01.01.01

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Enter claims | Provider |
| 2. Adjudicate the batch and review for errors. Make corrections and re-adjudicate | Provider and/or Provider's Supervisor |

| | |
|---|---|
| 3. Send Batch(es) to CMHSP (or SCCMHA) | Provider/ Provider's Supervisor |
| 4. Final Adjudication for Submitted Approved Claims from Provider | SCCMHA Claims Processor(s) |
| 5. Print checks | SCCMHA Accounts Payable Clerk |
| 6. Print & analyze reports, remittance advice and explanation of benefits | Claims Processors/Provider/ Provider's Supervisor |
| 7. Mail checks | SCCMHA Claims Processor(s) |

- Provider claims are either entered directly into the Sentri system or through a HIPAA 837 compliant format.

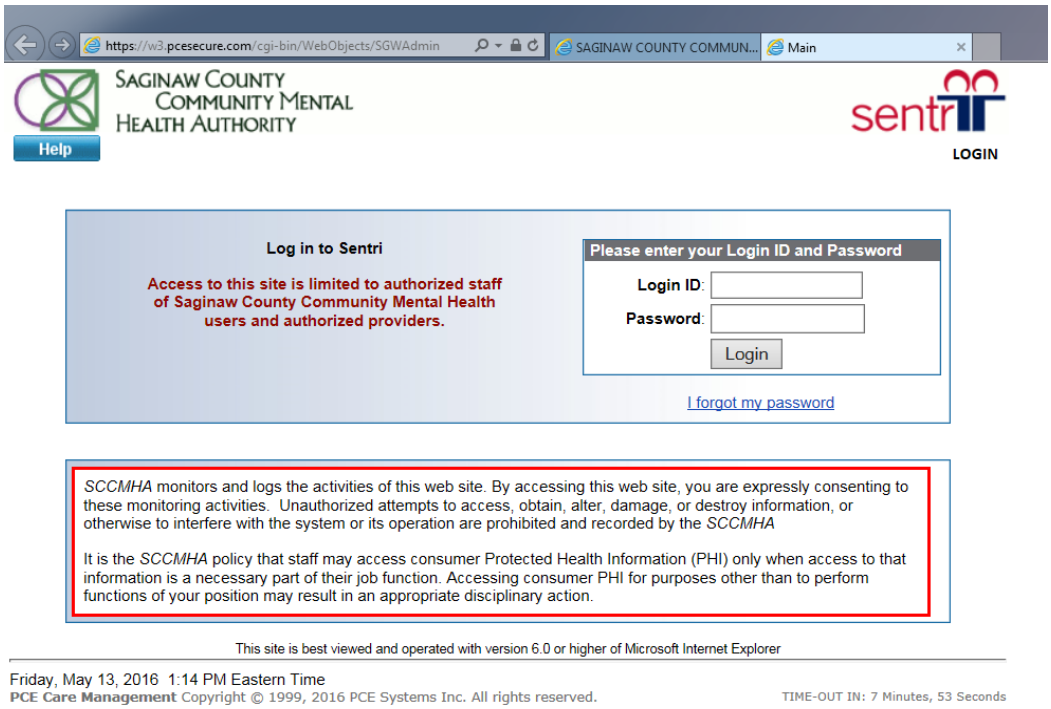
- The provider must contact the SCCMHA IS Department Help Desk at (989) 797-3577 to make arrangements for electronic access. Please reference procedure 09.02.01.01.14- SCCMHA Provider Registration/SCCMHA Sentri System Training for additional information.

- Call the Claims Processing Department to set up training, if wanted at (989) 797-3516 Carrie Davis or (989) 498-4205 Pauline Najera.

- After obtaining the Log In, and Password, the provider can log into https://w3.pcesecure.com/cgi-bin/WebObjects/SGWAdmin

- Login's should not be shared and should be kept secure. SCCMHA staff, service programs and network providers will abide by current HIPAA requirements to protect the privacy and security of the health information of persons who are service recipients of SCCMHA. SCCMHA is a "Covered Entity" as defined by HIPAA and HIPAA compliance is an employment and contractual obligation for all of the members of the SCCMHA workforce.

Snapshot of Sentri Login Screen:

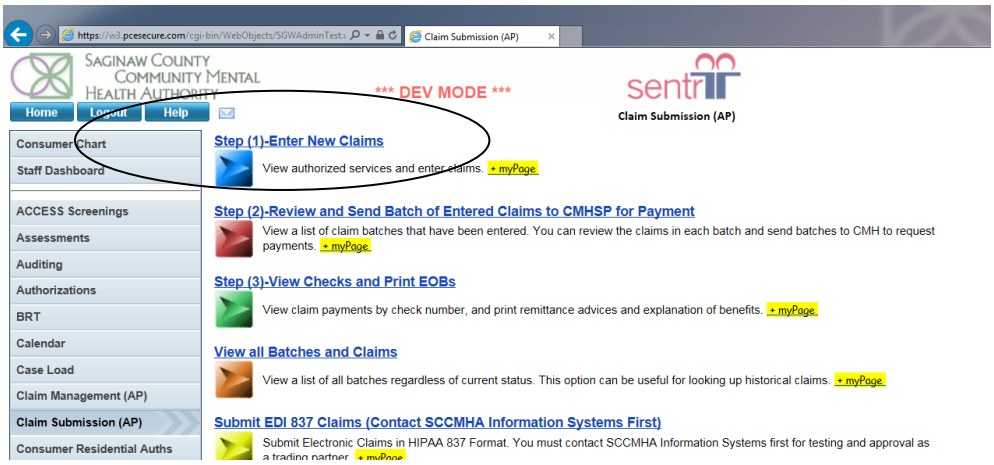


## CLAIMS PROCESSING IN SENTRI

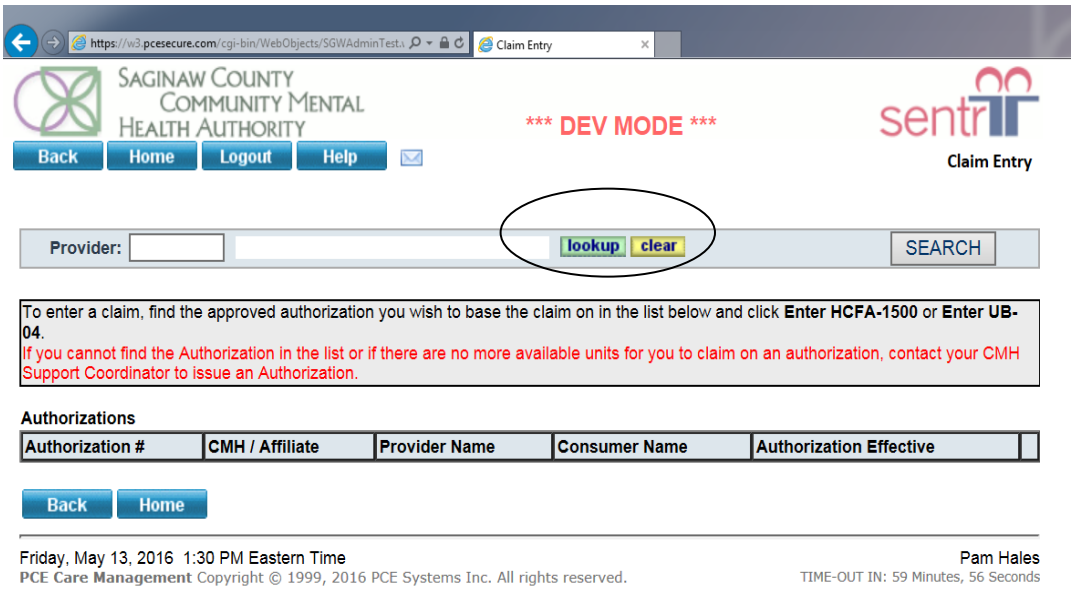
After logging into Sentri, click on **"Claim Processing"** button on the left side of the screen.

STEP 1

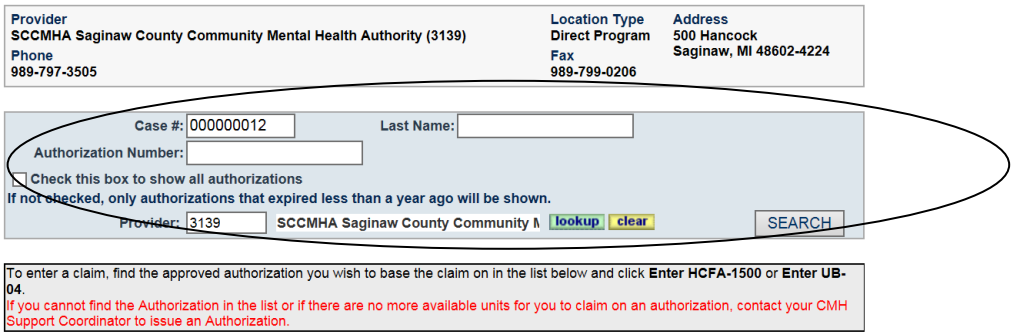
A) Click "Step (1) - Enter New Claims"



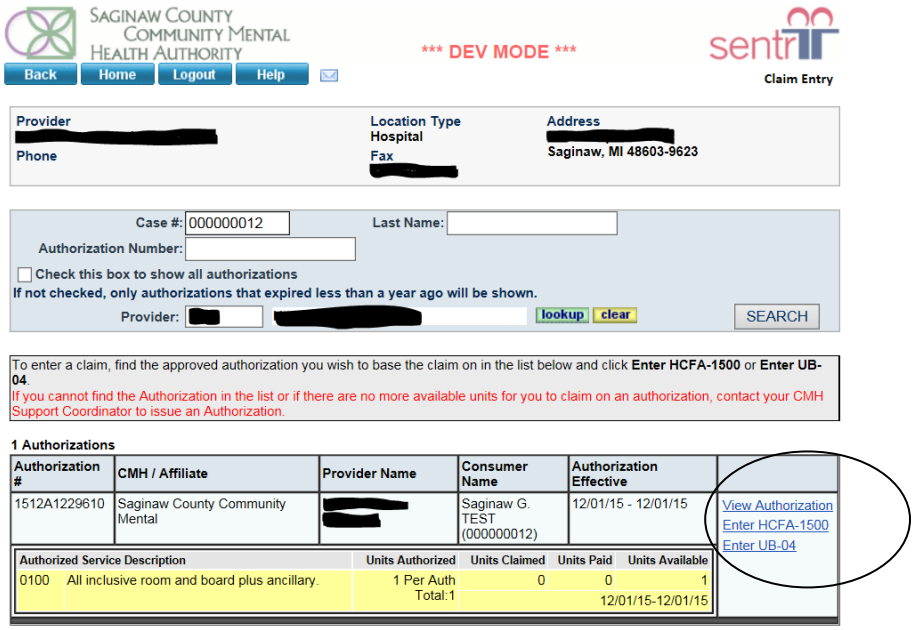

B) Click "Lookup" and type in Provider name.



C) Enter either the consumers "Case#" or "Last Name" and click the "Check this box to show all authorizations". Then click "**Search".**




D) Authorizations will appear for the consumer in newest to oldest order. Note: There may be more than one page of authorizations to view. Find the authorization that matches the provider, date range and code that you are preparing to bill for. Use the blue links circled below to proceed to the correct billing form (the HCFA-1500 or the UB-04); there is also a link to "View Authorization" that will allow you to see more detail regarding the authorization.




If you are unable to locate an authorization; you will **not** be able to continue entering claims for this consumer. Please contact the consumer's Case Manager or Supports Coordinator to have an authorization requested, or to check the status of the authorization.

**TIP Be Proactive -** Make your inquiries via secure email so they are documented. Set up some kind of tracking be sure to follow up on the same email thread.

Reminder you only have 90 days from the Date of Service or 30 days from the date of receipt of remittance advice from Payers precedent to SCCMHA, not to exceed a year from date of service to submit a clean claim to SCCMHA.

Reminder September 30th is SCCMHA's year end. Dead line then becomes December 31st for clean claims for September dates of service.

Create your own internal set of procedures:

- What does the Billing Clerk do when they can't enter a claim because the Authorization is missing or needs correction?
- How are you going to track this claim to make sure it gets submitted?
- How long should the Billing Clerk wait before the next level of your internal Management gets involved?
- What is causing the missing Authorization? Is the problem chronic?
- Do you need a formal Correction Action Request system?

Don't wait to reconcile SCCMHA's check against your internal system to find out the claim was never submitted.

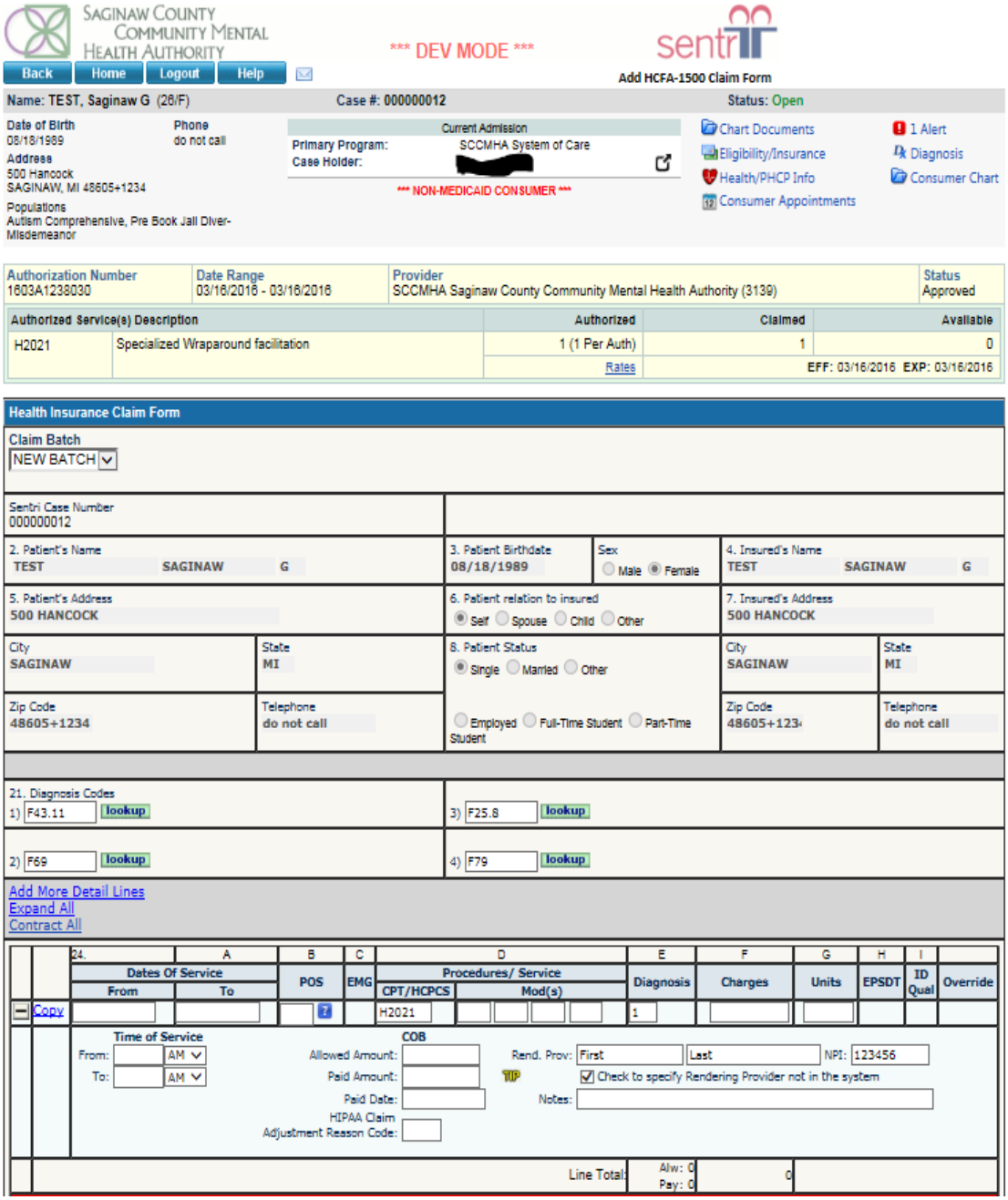
SCCMHA Claims Processors do not have authority or access to create or change Authorizations.

Timely claim submission will help your organizations cash flow.

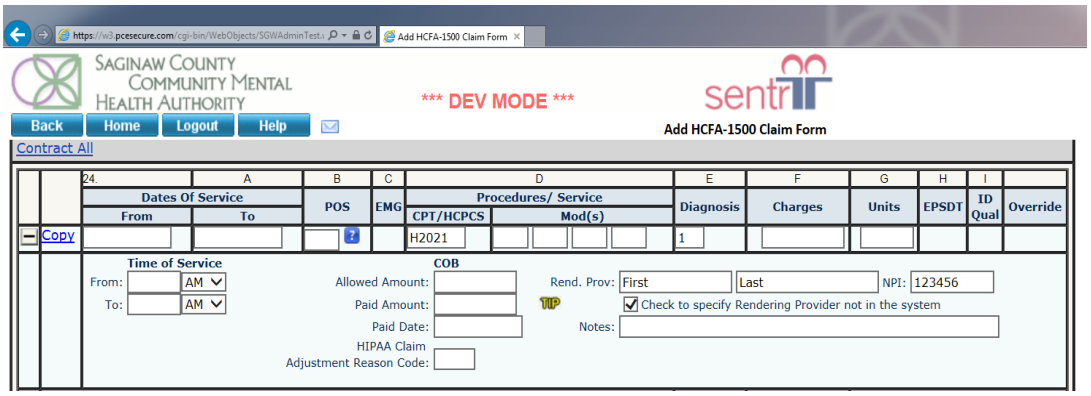
SCCMHA is required to submit various reports to their PHIP and State of MI throughout the year regarding funding requirement forecasts. We need timely claim submission to allow us to provide accurate figures to submit. This has a direct effect on the funds that are made available to SCCMHA from the State of MI.

E) Enter claim information into the electronic form. A number of the fields will automatically populate with consumer data that is housed in Sentri. Other fields will need to be manually entered.

Sample: HCFA-1500 Form

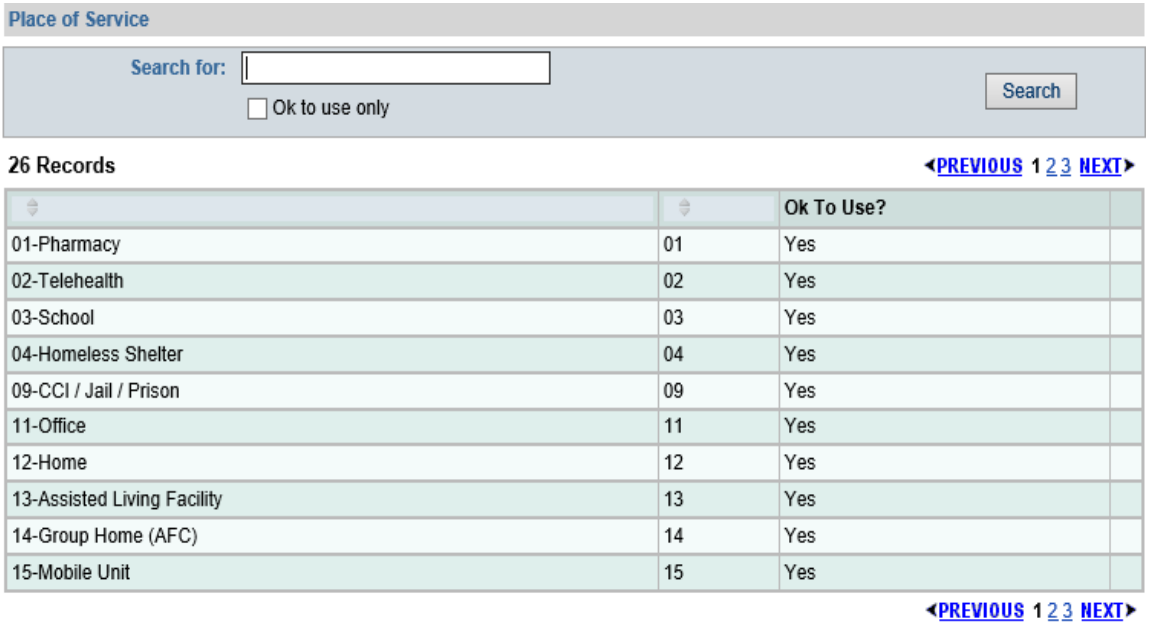



Box #24 of the HCFA contains a number of fields that require manual entry such as: Dates of Service, POS (Place of Service), CPT/HCPCS (procedure code), Mod(s) (Modifiers), Charges, Units, COB (Coordination of Benefits), NPI number, and Time of Service fields.




24 A. Dates of Service
The dates you enter must fall in between the dates on the Authorization or the line will error out. Are you using the correct Authorization?

24 B. POS Place of Service
Sentri has a menu item see page 11of this procedure to obtain current list. Below is a sample list




24 C. EMG – is left blank.

24 D. Procedures/Service
CPT/HCPCS and Modifiers must be on the Authorization. If you get an error message refer back to the Authorization. Are you using the correct Authorization number?

24 E. Diagnosis Code

24 F. Charges

Providers are to bill SCCMHA their actual costs. Claims will be paid based on the rate established in the signed contract with the provider.

24 G. Units
See PIHP/CMHSP ENCOUNTER REPORTING HCPCS and REVENUE CODES for rules on Units of measure.

**PIHP/CMHSP ENCOUNTER REPORTING**
**HCPCS and REVENUE CODES**

**GENERAL RULES FOR REPORTING**

**1. Rounding rules for unit reporting**:

- "Up to 15 minutes"
  - 1-15=1 unit
  - 16-30=2 units
  - 31-45=3 units
  - 46-60=4 units
  - 61-75=5 units
  - 76-90=6 units
  - 91-105=7 units
  - 106-120=8 units
- 15 minutes
  - 1-14 minutes=0*
  - 15-29=1 unit
  - 30-44=2 units
  - 45-59=3 units
  - 60-74=4 units
  - 75-89=5 units
  - 90-104=6 units
  - 105-119=7 units
  - 120=134=8 units
- 30 minutes
  - 0-29 minutes=0*
  - 30-59 minutes=1 unit
  - 60-89 minutes=2 units
- 45 minutes
  - 0-44 minutes=0*
  - 45-89=1 unit
  - 90-134=2 units
  - 135-179=3 units
- 60 minutes
  - 1-59 min=0*
  - 60-119 min=1 unit
  - 120-179 min=2 units
  - 180-239 min=3 units
  - 240-299 min=4 units
  - 300-359 min=5 units
  - 360-419 min=6 units
  - 420-479 min=7 units
  - 480-539 min=8 units

*Do not report if units = 0

If you get an error "Units Exhausted", check the Authorization screen in Sentri. There might be another Authorization. You may have to request more units.

Notes on Time of Service fields

- "Time of Service" fields are found in box #24 of the HCFA-1500 form located in Sentri.
- These fields are displayed by clicking the **"+"** sign on the left hand side of the form, next to the blue "Copy" link.
- Time of Service fields are REQUIRED (*effective 8/2009*) for all providers, with the exception of Adult Foster Care providers (who have a daily rate) and Inpatient providers

Notes on Coordination of Benefit fields

- "Coordination of Benefit" line specific fields are found in box #24 of the HCFA-1500 form located in Sentri.
- These fields are displayed by clicking the **"+"** sign on the left hand side of the form, next to the blue "Copy" link.
- The "Coordination of Benefit" line specific fields include the following:
  - **"Allowed Amount"** (REQUIRED field)
  - **"Paid Amount"** (REQUIRED field)

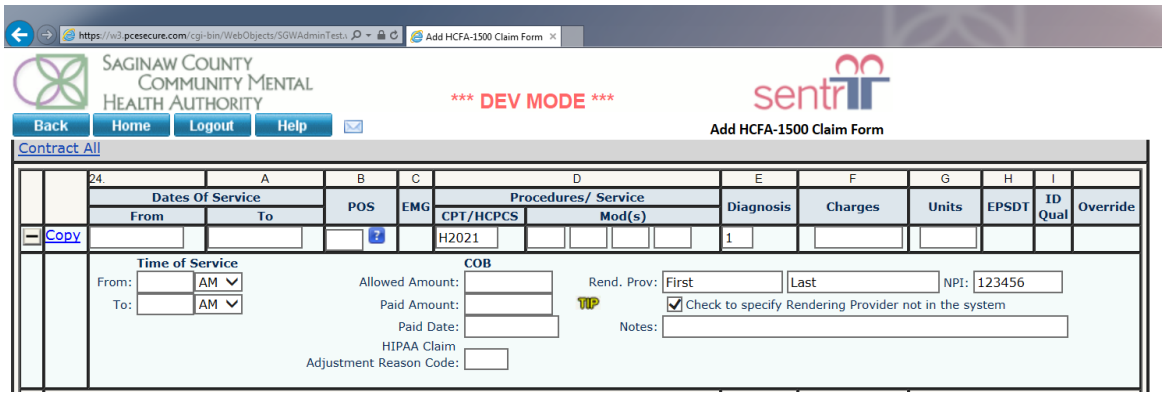
- **"Paid Date"** (REQUIRED field)
- **"HIPAA Claim Adjustment Reason Code"** (REQUIRED field)
- **"Notes"**– this text box can be used by the provider to document/communicate any specific notes regarding the specific claim line.

**TIP** Notes on "Copy" feature

A claim line can be copied by clicking the blue "**Copy**" link on the left hand side of the Sentri HCFA-1500 form. After clicking **"Copy"**, a calendar will appear that will allow you to designate the days of the month where you'd like the current claim line copied.

Notes on NPI (National Provider Identifier) if applicable

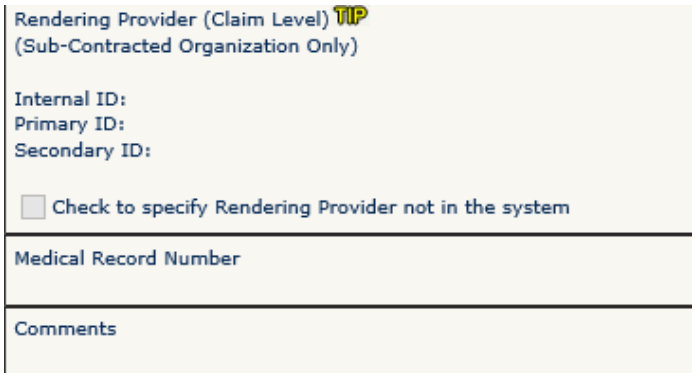
- "**Rendering Provider**" and "**NPI**" line specific fields are found in box #24 of the HCFA-1500 form located in Sentri.
- These fields are displayed by clicking the **"+"** sign on the left hand side of the form, next to the blue "Copy" link.
- Click the box next to: **"Check to specify Rendering Provider not in the system"**
- Then fill in the following fields
- "**Rend. Prov**" – Rendering Provider
- "**NPI**" –National Provider Identifier




**TIP** How to add a new Rendering Provider to Sentri

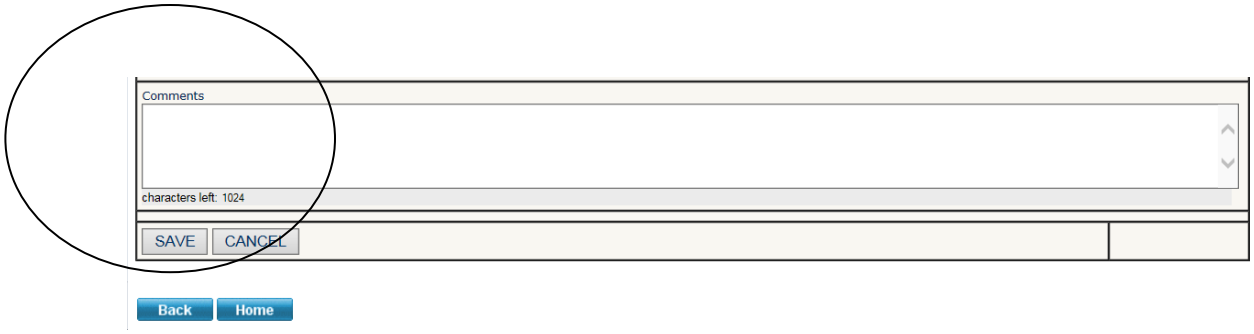
Send an email to Monique Taylor-Whitson at mtaylor-whitson@sccmha.org. She is Provider Network Auditing Supervisor. Your email should state the name of the Billing Provider, the full proper name and NPI # of the new rendering provider you wish to add to Sentri.

Box #31 – If a consumer is a COFR or has a SED Waiver, this Rendering Provider Box must also be filled out.




E) Enter any notes related to the claim in the "Comment" field at the bottom of the form.

F) When the form is complete, click "**Save"** the bottom of the claim.




Sentri will assign a batch number. Keep track of your batch numbers in some kind of log.

**Always remember to SAVE the claim!**

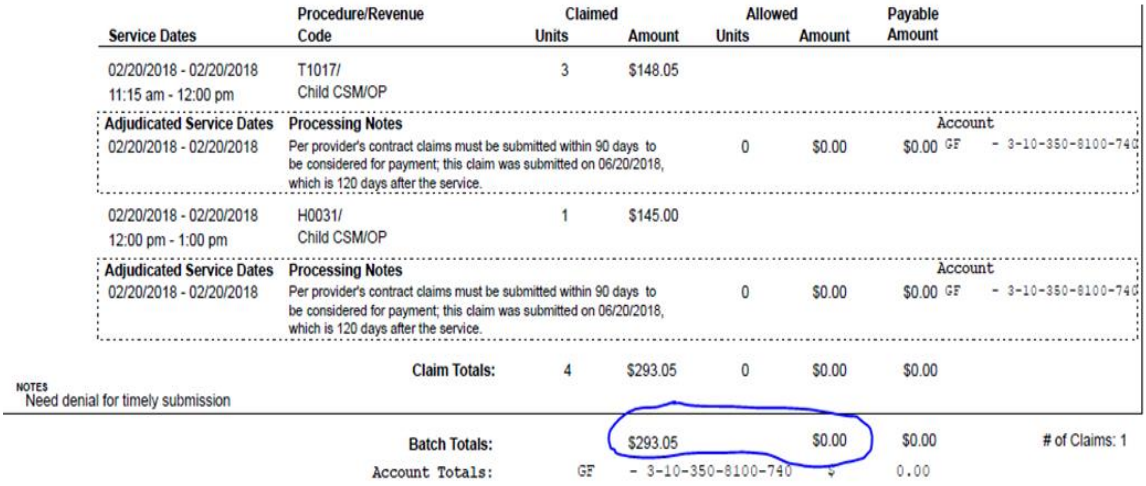
STEP 2

After all claims have been entered, return to the "Claims Management" home page and click **"Step (2) – Review and Send Batch of Entered Claims to CMHSP for Payment"**.

Run and review the Adjudication Report and look for errors. You can review these on the screen. Smaller batches are sometimes more manageable than 100 page claims.

Correct the errors and re-adjudicate the batch. Run and review the Adjudication Report again until all the errors are corrected and you have a "clean claim".

Review the bottom of the batch check to see if the numbers at the bottom match.



| Service Dates | Procedure/Revenue Code | Claimed Units | Claimed Amount | Allowed Units | Allowed Amount | Payable Amount | |
|---|---|---|---|---|---|---|---|
| 02/20/2018 - 02/20/2018 11:15 am - 12:00 pm | T1017/ Child CSM/OP | 3 | $148.05 | | | | |
| Adjudicated Service Dates: 02/20/2018 - 02/20/2018 | Processing Notes: Per provider's contract claims must be submitted within 90 days to be considered for payment; this claim was submitted on 06/20/2018, which is 120 days after the service. | | | 0 | $0.00 | $0.00 | Account GF - 3-10-350-8100-740 |
| 02/20/2018 - 02/20/2018 12:00 pm - 1:00 pm | H0031/ Child CSM/OP | 1 | $145.00 | | | | |
| Adjudicated Service Dates: 02/20/2018 - 02/20/2018 | Processing Notes: Per provider's contract claims must be submitted within 90 days to be considered for payment; this claim was submitted on 06/20/2018, which is 120 days after the service. | | | 0 | $0.00 | $0.00 | Account GF - 3-10-350-8100-740 |
| | Claim Totals: | 4 | $293.05 | 0 | $0.00 | $0.00 | |

NOTES
Need denial for timely submission

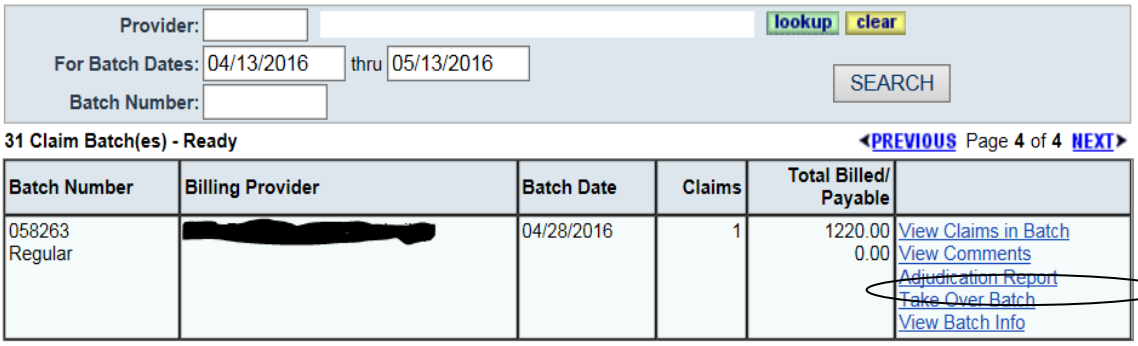
| | | | | | |
|---|---|---|---|---|---|
| Batch Totals: | $293.05 | $0.00 | $0.00 | # of Claims: 1 | |
| Account Totals: | GF - 3-10-350-8100-740 | | 0.00 | | |

In the above sample the Batch Total Claimed Amount is $ 293.05. The amount in the Allowed Amount column is Zero. This means SCCMHA is not paying this line item.

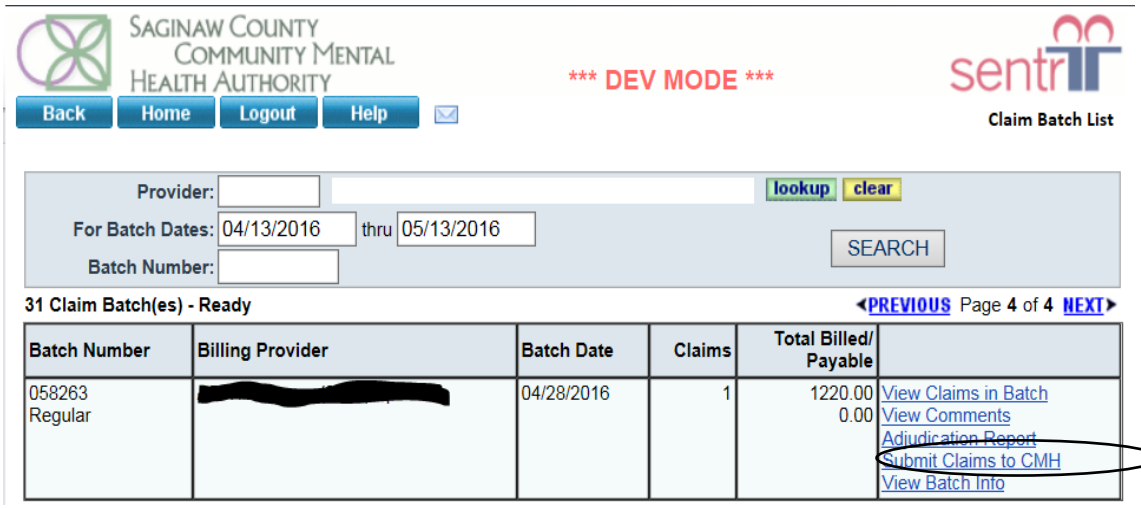
Reference Procedure 09.02.01.01.01 Sentri Claims adjudication Reason

Do not wait until you are missing a payment to reconcile your claims. Reconcile them before you do the next step.

Click the blue link that says, "**Take Over Batch**"




Then click the blue link that says, "**Submit Claims to CMH**"



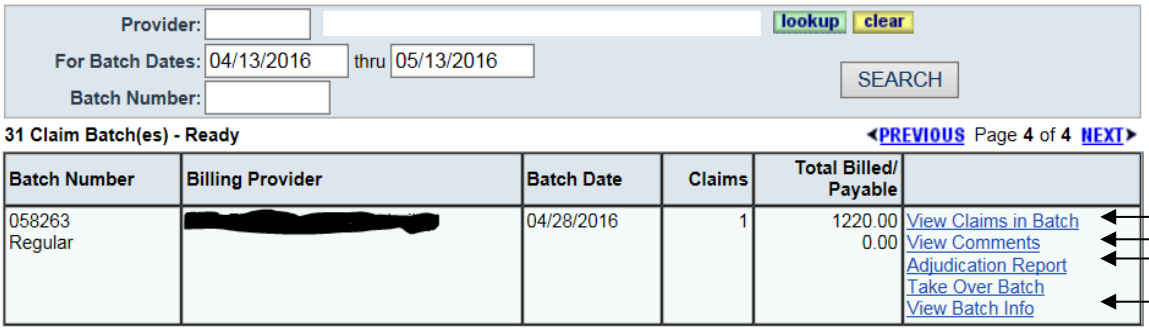

**Important: This step is necessary for claims to be sent to SCCMHA for processing. Failure to complete this step will result no claim payment and/or possible claim denial.**

When the batch is submitted to SCCMHA it is date stamped by Sentri. SCCMHA Claim Processors will review each batch. They may return a batch to you for correction.

SCCMHA Claim Processors will assist you with error messages. **Claim Processors cannot make corrections to your claims**. Claim Processors cannot override error messages. They must obtain approval from the Admin Accounting Supervisor.

Please review your email timely and make the necessary changes. If you re-submit the claim again without making the changes, the claim may be denied.

OTHER INFORMATION obtained through the "Step (2)-Review and Send Batch of Entered Claims to CMHSP for Payment" screen




The "Step (2)- Review and Send Batch of Entered Claims to CMHSP for Payment" screen will allow you to access the following links:

**a) "<u>View claims in Batch</u>"** will allow you to:

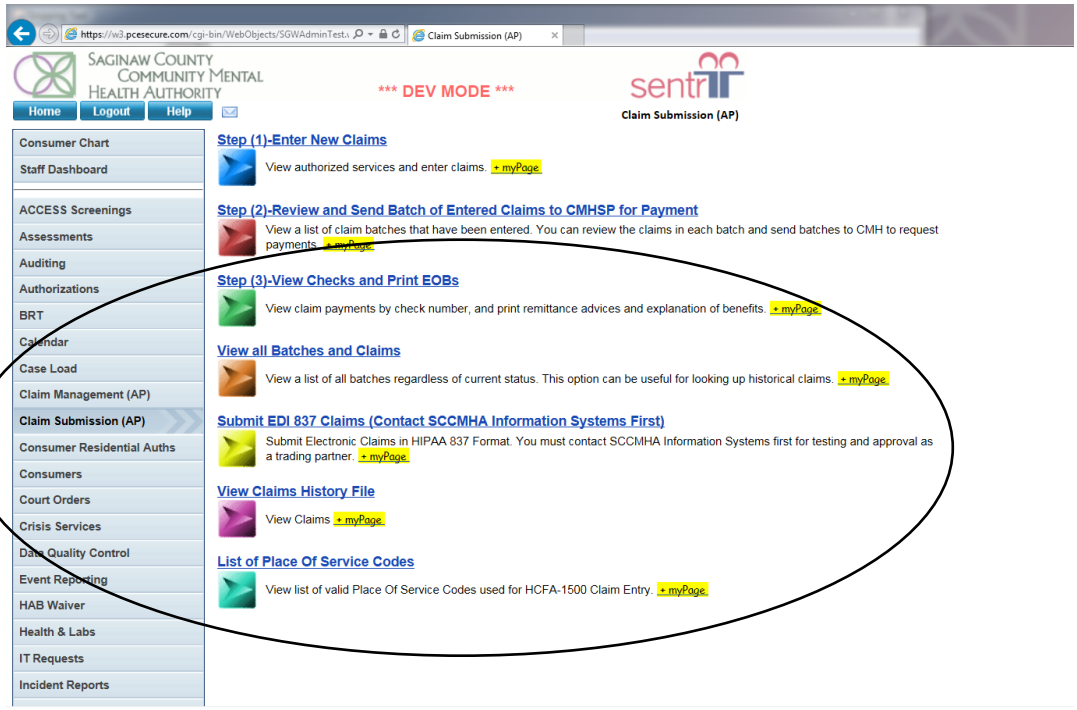
- View a claim
- Change a claim
- Delete a claim

b) "**<u>View Comments</u>**" allows a provider to view any comments typed into the comment field located at the bottom of the claim entry form.

c) "**<u>Adjudication Report</u>**" allows you the ability to review the claims entered in the batch through a "*Batch Edit Report"*, click on the "Adjudication Report" link and then click on the icon at the top of the screen to view/print the report.

d) **"<u>View Batch Info</u>"** gives a summary of batch information

OTHER INFORMATION obtained through "Claims Submission" Home Page




a) "**<u>Step (3)- View Checks and print EOBs</u>"** by entering the desired check number and clicking "Search".

b) "**<u>View all Batches and Claims</u>"** allows providers to status their claim batches.

c) "**Submit EDI 837 Claims (Contact SCCMHA information Systems First)**" is used by providers who upload their claims using an 837 file.

d) "**View Claims History File**" allows provider to view paid claims.

e) "**List of Place of Service Codes**" contains Place of Service reference list.

RECONSIDER A CLAIM

The process of reconsidering a claim zeros out the line item on a claim that is in error. It will process as a credit on the Billing Providers Account.

If you have errors that need to be corrected after the batch is processed. A request to reconsider a claim must be made in writing via Sentri Message system to the Claim Processer that has your account.

Please provide the claim number, the Consumers Name, Sentri ID#, Date of Service, reason for the request for reconsider and dollar amounts.

The claim will be reconsider by a SCCMHA Claims Processor. The Claims Processor will notify you when complete. If applicable you can re-enter the proper billing. Reference the Batch number and the Claim number of the 1st claim.

**SCCMHA Claims Department Contact Information:**

Pauline Najera
Claims Processor
(989) 498-4205
pnajera@sccmha.org (please use the Sentri email link)

Carrie Davis
Claims Processor
(989) 797-3516
cdavis@sccmha.org (please use the Sentri email link)

Sue McCrea
Accounting Supervisor of Claims/AP
(989) 797-3597
smccrea@sccmha.org (please use the Sentri email link)

| Operations Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:**<br>Provider Network Appeal Process for Claim Payment Denial | **Chapter**: 09.10 Operations Department Procedures | **Subject No:**<br>09.10.01.01.13 |
| **Operations** | | |
| **Effective Date:**<br>12/8/2021 | **Date of Review/Revision:**<br>11/28/22<br>**Supersedes:** | **Approved By:**<br>Matthew Briggs, Chief of Network Business Operations<br><br>**Authored By:**<br>Matthew Briggs, Chief of Network Business Operations<br><br>**Reviewed By:**<br>Director of Finance, Director of Network Services, Public Policy & Continuing Education, Claims Processors |

**Purpose:**
Process to establish steps when a Network Provider would like to appeal a claim payment denial.

**Application:**
Claims Processor
Chief of Network Business Operations
Director of Network Services, Public Policy & Continuing Education
Director of Finance

**Policy:**
It is the policy of SCCMHA to assure providers are paid for services rendered. Providers must submit clean claims timely for timely payment. Any claims denial has an appeal process that providers can follow. Please see SCCMHA policy Network Service Provider Appeals & Dispute Resolution 05.07.04.

**Standards:**

All SCCMHA service provider programs will be offered the same opportunities to resolve claim disputes and arrive at mutually agreeable outcomes with Saginaw County Community Mental Health Authority.

**Definitions:**
PRIMARY PROVIDER – for purposes of this procedure, is defined as a SCCMHA provider network service delivery program/integrated team (CSM,CSM-IDD,ACT, Wraparound, Home-Based) that facilitates individual plans of services (IPOS) and requests their authorizations for medically necessary services outlined in IPOS. For contractors, the provider may be an individual if the contract holder is the individual. An individual employee of SCCMHA is not considered a stand-alone provider. Separate service programs directly operated by SCCMHA are each considered program providers by each department or unit, and as such are members of the SCCMHA service provider network.

SECONDARY PROVIDERS – SCCMHA provider programs which provide additional supports and services, including residential and other community support services for SCCMHA consumers, as authorized by PRIMARY service providers (case management, ACT, wraparound facilitators, and home-based therapists).

NON-PANEL PROVIDER – Any service provider without a current, signed provider participation agreement, such as for the purchase of emergency or non-routine services needed by a consumer or consumers.

**References:**
SCCMHA --Network Service Provider Appeals and Dispute Resolution Policy 05.07.04

**Exhibits:**
None

**Procedure:**
1. When a SCCMHA service provider seeks to resolve a discrepancy regarding a denial of claim payment, the first step is for the Provider to submit a written communication to their assigned Claims Processor requesting an appeal with detailed information outlining the claim number, date of service, and why they are requesting an appeal.

2. The Claims Processor will review the written appeal and supporting documentation for recommendation to SCCMHA Chief of Network Business Operations.

3. The SCCMHA Chief of Network Business Operations will respond via written communication to the Provider as well as the assigned Claims Processor.

4. If approved, the Claims Processor will adjudicate the claim with as-needed overrides for payment.

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Service Provider to submit written appeal request identifying claim ID along with any supporting documentation to assigned Claims Processor | Service Provider |
| 2. Claims Processor to review appeal and supporting documentation for recommendation to Chief of Network Business Operations | Claims Processor |
| 3. Will respond to Service Provider via written communication and will give copy of notification to the Claims Processor | Chief of Network Business Operations |
| 4. Claims Processor will adjudicate the claim with as-needed overrides for payment if approved. | Claims Processor |

| Finance Department Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject:** Contracted Network Provider Claims Workflow | **Chapter:** 09.02.01 - Claims | **Subject No:** 09.10.01.02.07 |
|  | | |
| **Effective Date:**<br>October 1, 2006 | **Date of Review/Revision:**<br>2/14/07, 7/1/10, 6/2/14, 5/13/16, 6/20/18, 6/14/19, 1/28/20<br>**Supersedes:** | **Approved By:**<br>Laura Argyle, Chief Financial / Chief Operating Officer<br><br>**Authored By:**<br>Sue McCrea, Admin Accounting Supervisor<br><br>**Reviewed By:**<br>Claims Processors |

**Purpose:**
In order to show the workflow for provider claims, the following procedure is used to document the process.

**Application:**
SCCMHA Claims Processors, Accounts Payable Clerk
SCCMHA Administrative Accounting Supervisors
SCCMHA Chief Financial / Chief Operating Officer
SCCMHA Provider Manual

**Policy:**
None

**Standards:**
None

**Definitions:**
Sentri – SCCMHA's electronic medical record and claims payment software

Adjudicate- Step #2 in Sentri. Sentri runs edits against the data entered and will produce error messages if the data needs correcting. This step needs to be done before Submission to SCCMHA to make sure you are submitting a clean claim.

EOB- Explanation of benefits, the documentation showing the allowed amounts, and the amounts that will be paid for the code/code(s) billed to Saginaw County Community Mental Health Authority.

Remittance – Detail summary of claims paid with each check

**References:**
SCCMHA Cash Management Policy Subject No. 05.02.03
SCCMHA Contracted Network Provider Claims Submission Procedures Subject No. 09.02.01.01
SCCMHA Contracted Network Provider Claims Workflow Subject No. 09.02.01.05.02
SCCMHA Sentri Claims Processing and Reimbursement Procedure Subject No. 09.02.01.02.20

**Exhibits:**
Exhibit A - Claims Work Flow

**Procedure:**
There are 3 methods to enter claims: Paper Claims mailed, Data Entry Directly into Sentri and Submission of an 837 Electronic File.

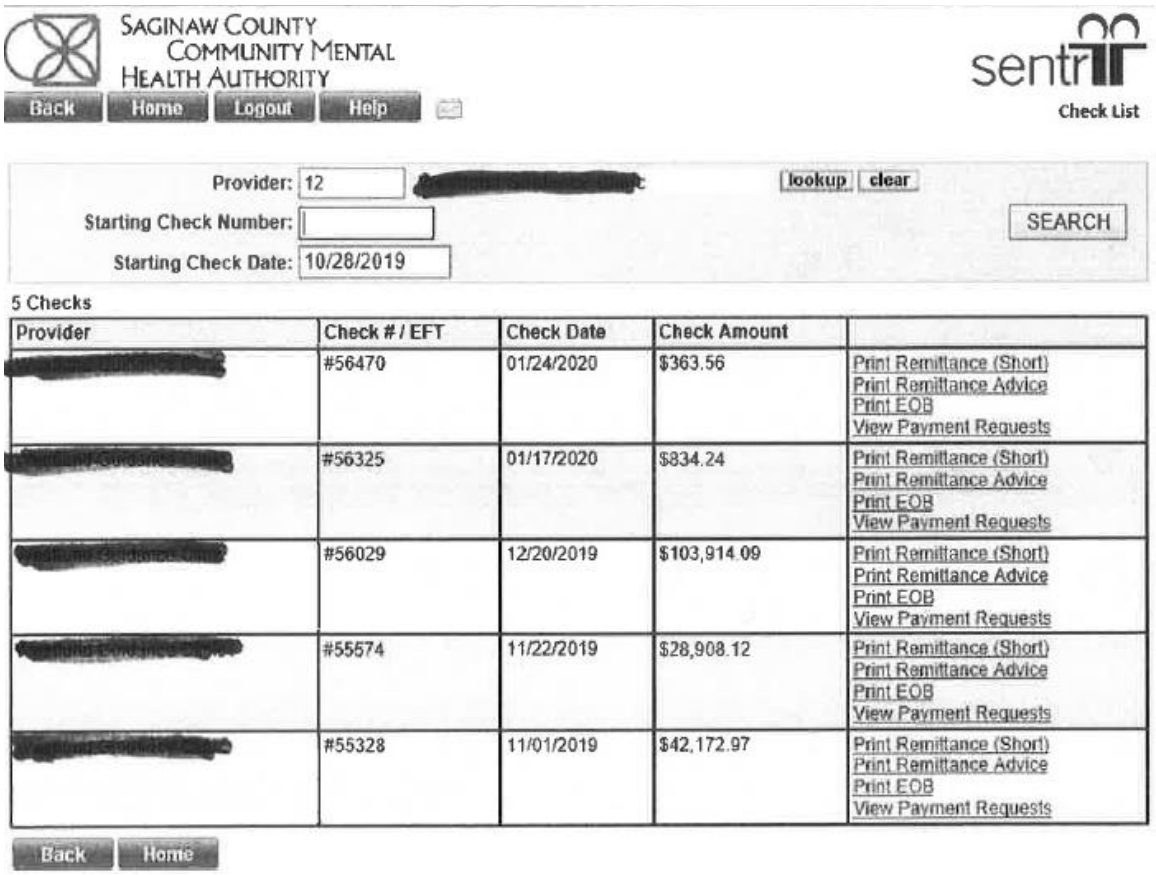
All paper claims, must be mailed to the corporate address listed in Procedure 09.02.01.01. Upon receipt of the claims from Customer Service, claims are date stamped. The Claims Processors enter the paper claims into Sentri. Paper claims that cannot be processed are returned to Provider by mail for correction.

Claims submitted via Data Entry Directly in to Sentri and 837 Electronic File should be adjudicated by the Provider before the Submission Step #2 to SCCMHA, errors should be corrected before the Submission Step.

All claims are adjudicated after Submission by Claims Processors, checked for errors. If errors are found the whole batch may be returned to the Provider for correction. Batches that are clean claims when adjudicated by the Claims Processors continue to the next step.

The Claim Processor prints a Check Request and forwards to the CFO for Signature. After being processed through the Great Plains Accounting software; Weekly the Staff Accountant creates a payment batch by due date checks are printed. The Claims Processors verify the checks before mailing checks to the provider with the full check stub and the explanation of benefits.

The Providers can go into Sentri and obtain the Explanation of Benefits and Remittance Advise using Step #3 on the main screen. Put in your Provider number and select a Starting Check Date. In the example below, we selected an Oct date. The screen shows all checks issued after 10-28-19

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| ACTION | RESPONSIBILITY |
|---|---|
| 1. Upon receipt of the paper claims from Customer Service, claims are date stamped. | Claims Processors |
| 2. Paper claims are keyed into Sentri and Adjudicated. Unclean claims are returned via mail to Providers.,<br>Claims that have been Submitted by Providers are Adjudicated. Batches with errors are returned electronically to the Provider for corrections of errors and re-submission | Claims Processors<br>Provider's Billers |
| 3. Clean Claims are adjudicated through the Sentri | Provider's Billers<br>Claims Processor |
| 4. Check requests are printed and forwarded to the CFO for approval. Staff Accountant pulls a payment | Claims Processor,<br>CFO<br>Staff Accountant |

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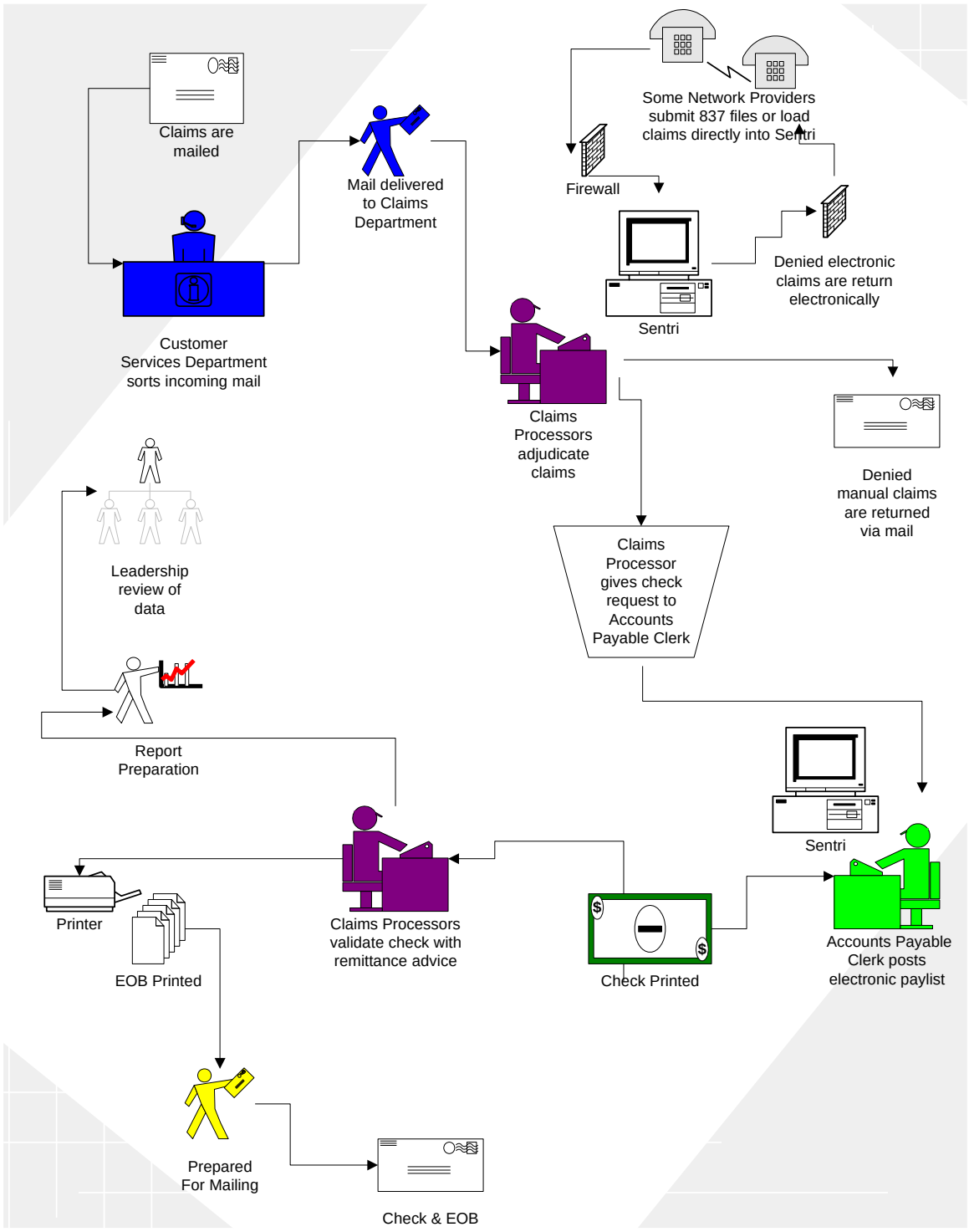
| batch weekly by due date. Accounts Payable Clerk prints the check. | Accounts Payable Clerk |
| 5. Upon receipt of the check request back from Accounts Payable Clerk, it is verified for correct amounts and totals. . | Claims Processor |
| 6. Checks are validated and Explanations of Benefit and/or Remittance Advice are printed, copies are attached to claims for filing. | Claims Processor |
| 7. Checks are mailed to the Provider. Explanation of Benefits are available in Sentri for Provider to Print. | Claims Processor |
| 8. Claims processors respond to Providers request to resolve check issues | Claims Processor |
| 9. Provider training regarding billing, corrections, rebilling etc. | Claims Processor |

Exhibit A


Claims are mailed
Mail delivered to Claims Department
Some Network Providers submit 837 files or load claims directly into Sentri
Firewall
Denied electronic claims are return electronically
Sentri
Customer Services Department sorts incoming mail
Claims Processors adjudicate claims
Denied manual claims are returned via mail
Leadership review of data
Claims Processor gives check request to Accounts Payable Clerk
Report Preparation
Sentri
Printer
Claims Processors validate check with remittance advice
Check Printed
Accounts Payable Clerk posts electronic paylist
EOB Printed
Prepared For Mailing
Check & EOB

# Tab 8

# Network Services

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**<br>Media/Communications Request for Agency Information | **Chapter**: 01 - Leadership | **Subject No**: 01.03.03 |
| **Effective Date**:<br>10/1/02 | **Date of Review/Revision**:<br>10/10/03, 4/8/14, 5/5/16, 8/8/16, 7/10/17, 7/10/18, 7/9/19, 8/11/20, 7/13/21, 9/27/22, 7/11/23 | **Approved By**:<br>Sandra M. Lindsey, CEO |
| | **Supersedes**: 04.01.00.00 Community Relations Policy | **Responsible Director:**<br>Sandra Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Authored By**:<br>Sandra Lindsey, CEO<br><br>**Additional Reviewers**:<br>None |

**Purpose:**
To establish procedures and guidance to SCCMHA staff, contractors, volunteers and students regarding requests for agency information, expertise and interface with the public and outside media or other agents external to the organization.

**Policy:**
All external communications including requests for agency information, interface with all media forms and the external public must represent the professionalism and integrity of the Saginaw County Community Mental Health Authority (SCCMHA), its programs and services whether they be board operated or contracted and its personnel. External communications on behalf of the SCCMHA will reflect this professionalism to protect the image of the agency, the consumers/families served by the agency, its network of service providers and its staff.

**Application:**
This policy applies to all staff, students, volunteers and consultants of SCCMHA. A limited number of sections also apply to SCCMHA contract agencies or individuals. Those sections are marked with an asterisk (*).

**Standards:**
A. Compliance with this policy is the responsibility of the director of each SCCMHA department and their unit supervisors. The Chief Executive Officer (CEO) or their designee, reserves the right to review department/unit decisions to ensure compliance with communication policies and procedures. In the case of contracted agencies or individuals**,** select sections apply.

B. External Communication includes the use of letterhead, electronic mail (e-mail), voice mail, business cards, website, and other hard copy, audio voice or electronic marketing materials including but not limited to advertising premiums, flyers, posters, brochures, print advertising, radio/television advertising, billboards, banners, website content, web advertising, social media and event participation and partnership/sponsorship.

*C. The office of the CEO controls the use of the SCCMHA logo, subject matter icons and art (i.e. Person Centered Planning and Self Determination) and will provide guidelines for the proper use of the organizations name as well as these symbols. Departments/units seeking to use these symbols, agency art, and agency name, etc. on external communication materials must seek permission and guidance from the CEO's office. Permission to use logos and unique art under the control of SCCMHA by contracted agencies or individuals must also be sought from the CEO.

D. Staff proposing external communication efforts that are not considered in the procedures section of this document must make a formal request to the CEO's office, Attention Executive Assistant to the CEO for review and approval before proceeding.

*E. Communications with the media on issues/events related to SCCMHA must be managed by the CEO's office or official designee.

F. It is not permissible for departments, programs or units of SCCMHA to market themselves individually. All marketing efforts will be coordinated by the CEO's office or official designee.

*G. Every employee (includes contracted staff, students and volunteers) is an ambassador and representative of SCCMHA and must represent themselves in a professional manner on behalf of the Agency when in the community. Employees are asked to forward copies of articles appearing in their local media or on social media that cover SCCMHA or a member of its service network to the office of the CEO. Employees are also asked to report community perceptions (positive or negative) of SCCMHA or its network members to the CEO's office to further the understanding. Contracted agencies and individuals are requested to forward such information to the office of the CEO to enhance efforts to promote a positive community image.

H. Public inquiries and requests for information concerning the following should be directed to:

1. General Requests or information, publications, speakers – Customer Service
2. Trainings or events – Continuing Education Unit
3. Advertising / sponsorship or letters of support for grants – CEO Office
4. Use of agency videos – CEO Office
5. Engagement on social media or electronic promotions – CEO Office
6. Inquiries about SCCMHA Board or Board Membership – CEO Office

7. Inquiries about SCCMHA Citizens Advisory Committee – CEO Office.

*I. "Person-First Language" shall be utilized in all publications, formal communications, and daily discussions.

**Definitions:**
"Person-First Language" refers to a person first before any description of disability.

**References:**
See 02.03.01 – Consumerism Policy

**Exhibits:**
#1 SCCMHA Letterhead (500 Hancock)
#2 SCCMHA Logo with Text
#3 SCCMHA Icon List

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **A. Letterhead/Envelopes/Business Cards** | |
| 1. SCCMHA has a standard design of agency letterhead, and envelopes for official agency business. No other letterhead or business cards should be used by anyone conducting SCCMHA business. | 1. Executive Assistant to CEO is in control of all letterhead design. Director and Supervisors are responsible for the use of agency letterhead in their departments / units and the ordering of business cards for their staff. |
| 2. Business cards can be ordered through the Human Resources Department. | 2. Human Resources Department |
| 3. Letterhead and envelope stock may be obtained through contact with purchasing agent in the Finance Department. | 3. Director of Finance or designee (Direct contact for ordering letterhead and envelopes is Accounting Assistant II. |
| 4. Letterhead and envelopes will not carry the names of department personnel in any standing format on the materials since this creates waste and additional expense whenever there is a personnel change. | 4. Director of Finance or designee. |
| 5. SCCMHA also has a standard self-addressed envelope with postage included. When the need to include such an envelope exists this envelope must be used. | 5. Finance Department designee. All Directors and Supervisors to oversee proper use. |
| 6. SCCMHA Finance Department will use | 6. Finance Department or |

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| windowed envelopes for payables that are mailed. | designee. |
| 7. SCCMHA has a standard label for larger envelopes which should be consistently used. This label has a return address on it. | 7. Finance Department or designee. All Directors and supervisors to oversee proper use. |
| 8. SCCMHA will also regularly send multiple pieces of mail out to lists of audiences. When merge mail processes are used or regular mailings to such lists of persons are used, plain white Avery labels are permissible for use with printer. | 8. All staff, volunteers and students |
| 9. In all SCCMHA correspondence, the following information must be included in the body of the letter.<br>a. Department/Unit name<br>b. Phone number of author<br>c. Fax number if different from letterhead<br>d. E-mail address of author | 9. All staff, volunteers and students. |
| 10. All proposed publication materials carrying the SCCMHA name & logo must be reviewed and approved by the Office of the CEO. Directors reporting to the CEO may grant authority to use the agency name and logo in its standard formats for unit / departmental sponsored or initiated trainings and events. | 10. All staff, volunteers and students. |
| **B. Media Coverage** | |
| 1. All media inquiries must be referred to and handled by the Office of the CEO. This includes contacts by phone, e-mail, or visits by reporters or camera crews. Staff members receiving media calls and inquiries should immediately transfer the call to the CEO's office. In doing so, staff may explain to the media the Agency policy by saying something like the following: "All media calls are handled by the CEO's office. I will transfer you to that department." If the line is busy and the call cannot be transferred, either take a message or ask if they would like voice mail | 1. All staff, volunteers and students, Contract agencies and individuals |

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| for the Executive Assistant to the CEO. Following the call, alert the CEO's office to the inquiry. Contract agencies and individuals shall never speak on behalf of SCCMHA to the media. If they are approached about SCCMHA business or information, such contacts should be referred to the office of the CEO. | |
| 2. SCCMHA personnel who wish to explore interviews or story ideas with members of the media must first consult with the CEO through their reporting chain of command. Contract agencies or individuals should also seek consultation from the office of the CEO if a SCCMHA funded consumer or program story is to be pursued. | 2. All staff, volunteers and students, Contract Agencies and Individuals |
| 3. Only the Office of the CEO may issue news releases on behalf of SCCMHA and its divisions, departments, programs and units. Associated press style will be followed in all communications with the media. | 3. Office of the CEO |
| 4. It is the responsibility of the Office of the CEO to access all media contacts and to approve, authorize or arrange involvement of SCCMHA staff in interview, provisions of information, photo shoots or news conferences. | 4. Office of the CEO |
| 5. Where clients are directly involved, client confidentiality will guide all interactions between SCCMHA staff members and the media. SCCMHA will review all requests for client interview with appropriate parties (client, guardian, or parent) and SCCMHA staff to access understanding and control level. Signed photo/video release statements will be required. | 5. All staff, volunteers and students. Contracted agencies and individuals |
| 6. To track coverage, SCCMHA staff who are cited in printed articles or electronic interviews should send clippings or air dates of coverage to the Office of the CEO as soon as possible. | 6. All staff, volunteers and students. Contracted agencies and individuals |

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| **C. Publications** | |
| 1. The Office of the CEO or their designee will access the need for and coordinate the production of all publications (brochures, flyers, booklets, web activities, annual reports, newsletters, report cards and posters) intended for external distribution. This work will be done in partnership with the Customer Services Office, Citizens Advisory Committee and other consumer groups with important contributions to make these products. | 1. Office of the CEO, Supervisor of Customer Services, Citizens Advisory Committee |
| 2. A single set of telephone numbers and contact information for SCCMHA shall be published for access to agency/network services. Exhibit # 4 | 2. Office of the CEO, Supervisor of Customer Services |
| 3. All publications will be identified to the SCCMHA organization not to divisions, departments, programs or staff members. | 3. Office of the CEO, Supervisor of Customer Services, All Directors and Supervisors |
| 4. Publications will follow a standard style of identifying the organization as "Saginaw County Community Mental Health Authority" on first reference, SCCMHA on all subsequent references. | 4. All staff, volunteers and students. |
| 5. Clear SCCMHA identification must appear prominently on the cover of all publications by name or logo. Address and phone numbers must appear when and where appropriate. | 5. Office of the CEO, Supervisor of Customer Services, All Directors and Supervisors |
| 6. Photo releases must be secured for use of photos of clients, staff, and community to be included in any publication. | 6. All staff, volunteers and students, Contracted agencies and individuals |
| 7. Where appropriate, the Americans with Disabilities Act (ADA) and Equal Opportunity Employers/Affirmative Action Statements will appear in publications. | 7. Office of the CEO, Supervisor of Customer Services, All Directors and Supervisors |
| 8. Affirmative Action Statement – Full version. (Extensive public reports, journals, website, etc.). | 8. Office of the CEO, Supervisor of Customer Services, All Directors and Supervisors |

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| a. "Saginaw County Community Mental Health Authority will not discriminate, harass and/or retaliate in employment because of race (including traits historically associated with race such as hair texture and protective hairstyles), religion, color, national origin, age, sex (including pregnancy), height, weight, familial status, marital status, disability, genetic information, religion, sexual orientation, gender identity or expression, and service in the uniformed services or any other characteristic protected by law. This policy applies to all terms, conditions, and privileges of employment including recruitment, hiring, training, placement, employee development, promotion, transfer, compensation benefits, discipline, and termination".<br><br>b. Affirmative Action Statement-Abbreviated version (brochures, pamphlets and flyers)<br>"The Saginaw County Community Mental Health Authority (SCCMHA) and all Service Network Providers adhere to non-discrimination in hiring practice and service delivery, because of race, color, religion, national origin, age, sex (including pregnancy), sexual orientation, gender identity, disability, veteran status, or any other characteristic protected by law". | |
| 9. Americans with Disabilities Act Statement (ADA) (All lengthy publications with an extended shelf life.) "This publication, as well as any other document produced by SCCMHA, can be made available in alternative formats. To request a copy of this publication in large print, audio or in an electronic format contact the Customers Service Office (989/797-3452)." | 9. Office of the CEO.<br>Supervisor of Customer Services |
| 10. Where appropriate, the names of the SCCMHA Board of Directors and | 10. All staff, volunteers and students. |

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| administrative staff will appear in publications. | |
| **D. Use of Agency Logo**<br>SCCMHA has a standard logo accompanied by the organizations name in a specific font. The logo and accompanying agency name is to be used together whenever possible. See Exhibit #2 | D. Technical Assistance in access to and use of the logo can be obtained through the Executive Assistant to CEO. |
| 1. The logo and name can be used in black and white or, in color. | |
| 2. The logo color must be Pantone 518U (berry color) and Pantone 350U (green) | |
| 3. The font of the agency name called Friz Quadrata Bold cannot be changed or abbreviated. The logo must be used in its entirety. But may also be used in a watermark format either black & white or color. | |
| 4. The SCCMHA logo can only be used on official SCCMHA documents. Exceptions to this must be made with the approval of the CEO. | 4. All staff, volunteers and students, Contracted agencies and individuals |
| **E. Use of Agency Icons**<br>SCCMHA has approximately **35** different icons unique to functions and subject matter of the organizations business. The icons are assigned for use to senior managers of the organization. The icons are available on the G: Drive at G\ICONS. See Exhibit #3. | E. Director of Network Services and Continuing Education Chief Information Officer & Chief Quality and Compliance Officer, Executive Director of Clinical Services, Director of Customer Services and Recipient Rights, Director of Enhanced Health and Integration, Director of Human Resources and Facilities & Transportation, Chief Finance Officer & Chief Operating Officer |
| The rules for the use of icons follow: | |
| 1. Icons cannot be altered; they may however be separated from the accompanying text title, but not re-titled. | |
| 2. The icons cannot be colored. | |
| 3. To maintain consistency, the font, Friz Quadrata Bold cannot be changed. See Exhibit #3 for icon listing. | |

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| **F. Electronic Mail**<br>*(See SCCMHA E-mail policy #08.01.01)* | F. All staff, volunteers and students. |
| **G. Voice Mail**<br>(See SCCMHA Voice Mail policy # 01.03.02) | G. All staff, volunteers and students |
| **H. Conflict of Interest**<br>1. SCCMHA staff who are asked, as individual professionals and not as SCCMHA employees, to represent their professional missions or positions on sensitive issues in media coverage or public presentations should notify the Office of the CEO to ensure that their affiliation with SCCMHA is not misrepresented. | 1. All staff, volunteers and students. |
| **2.** From time to time, staff is asked to write opinion pieces for external publications. When this occurs, the Office of the CEO must be notified where representation of SCCMHA policies, mission and work of the organization are to be included. Staff members, groups of staff from units or departments, unions or individual board members are not authorized to speak on behalf of SCCMHA without prior approval from the CEO (SCCMHA Board Chair for Board Members) for each individual appearance and/or written document or from the board chairman in the case of board members. | 2. All staff, volunteers and students. |
| **3.** SCCMHA staff members may not free-lance or otherwise maintain dual employment with a broadcast of print medium or electronic media without the express agreement of the SCCMHA CEO. | 3. All staff, volunteers and students, all contracted staff. |
| **4.** Disclosure of such employment with a media agency is mandatory. For those staff that are paid by contract as employees, they too must disclose such arrangements and seek expressed permission from the CEO. | |
| **5.** Failure to disclose may be grounds for dismissal from SCCMHA, or cancellation of any contractual agreement. | |

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| **I. Endorsements**<br>1. Political – staff members may not endorse any political position or candidate on behalf of SCCMHA. SCCMHA will carefully review and endorse only those issues appropriate to its mission and not in conflict with law or statute or regulation. The communication of such endorsements will be through the CEO.<br><br>2. Promotional – staff members may not endorse vender products or services while representing themselves as SCCMHA employees or affiliate business associates. SCCMHA will not endorse any commercial service or product including products or promotional items. | I. All staff, volunteers and students. |
| **J. Speakers Bureau, Health Fair and Other Events.**<br>It is the responsibility of the Customer Services Supervisor to assess all requests for speakers or appearances by SCCMHA staff at health fairs or other events. Staff members may not represent SCCMHA, its policies, mission and work without the express authorization of the CEO through the Supervisor of Customer Services. | J. All staff, volunteers and students, Supervisor of Customer Services. |
| **K. Stipends**<br>It is the policy of SCCMHA that employees asked to represent it at speaking and other engagements may not accept any form of stipend or honorarium. **They may choose to have such an honorarium or stipend directed to the Finance Department of SCCMHA to be used for consumer benefit or to First Choice.** | K. All staff, volunteers and students. |

Exhibit #1: See Office Supply Stock room for Letterhead

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

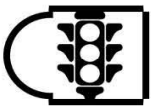
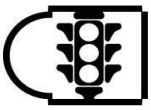
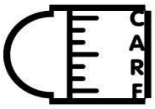
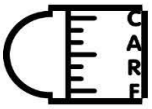
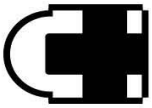
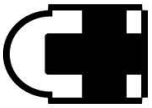
500 HANCOCK ST. • SAGINAW, MI • 48602-4292 • PHONE (989) 797-3400 • FAX (989) 799-0206

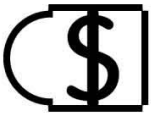
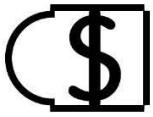
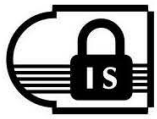
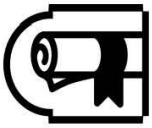
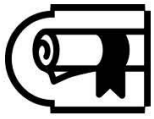
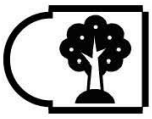
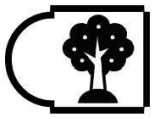
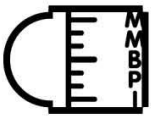
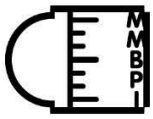
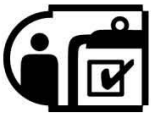
Exhibit #2: See G:/Logos for electronic file



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Exhibit #3: Sample, see current document at G:/Icons/Master list.doc

| SCCMHA ICONS January 2014 | | |
|---|---|---|
| ICON w/ TEXT | ICON | TEXT ONLY |
|  **Accommodations** |  | **Accommodations** |
|  **Care Management** |  | **Care Management** |
|   **CARF** |   | **CARF** |
|  **Contracts & Property Management** |  | **Contracts & Property Management** |
|  **Continuing Education** |  | **Continuing Education** |
|  **Collaboration & Community Benefit** |  | **Collaboration & Community Benefit** |
|  **Customer Service** |  | **Customer Service** |
|  **Diversity** |  | **Diversity** |
|  **Environment of Care/Health/Safety** |  | **Environment of Care/Health/Safety** |
|   **Evidence-Based Practice** |   | **Evidence-Based Practice** |
|  **Facilities** |  | **Facilities** |

| | | | |
|---|---|---|---|
|  | **Family Centered Planning** |  | **Family Centered Planning** |
|  | **Finance** |  | **Finance** |
|  | **Human Resources** |  | **Human Resources** |
|  | **Information Systems** |  | **Information Systems** |
|  | **Leadership and Governance** |  | **Leadership and Governance** |
|  | **Learning Links** |  | **Learning Links** |
|  | **Meaningful Life** |  | **Meaningful Life** |
|  | **MMBPI Measurement** |  | **MMBPI Measurement** |
|  | **Person Centered Planning** |  | **Person Centered Planning** |
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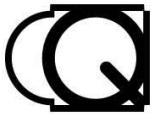
|  | **Provider Network Auditing** |  | **Provider Network Auditing** |
|  | **Quality Improvement** |  | **Quality Improvement** |

| | |
|---|---|
| Quality of Life | Quality of Life |
| Recipient Rights<br>Complaints<br>Appeals | Recipient Rights<br>Complaints<br>Appeals |
| Recovery | Recovery |
| Regulatory Compliance | Regulatory Compliance |
| Security | Security |
| Self Determination | Self Determination |
| Sentinel Events | Sentinel Events |
| Strategic Planning | Strategic Planning |
| Substance Use Disorders | Substance Use Disorders |
| Suggestions | Suggestions |
| Supported Employment | Supported Employment |
| Transportation | Transportation |

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>SCCMHA ListServer | **Chapter**: 01 - Leadership | **Subject No**: 01.03.05 |
| **Effective Date**:<br>March 2, 2020 | **Date of Review/Revision**:<br>3/22/21, 4/28/22, 4/6/23<br>**Supersedes**:<br>09.06.00.11 – CMHC ListServe | **Approved By**:<br>Sandra M. Lindsey, CEO<br><br>**Responsible Director:**<br>Executive Director of Clinical Services<br><br>**Authored By**:<br>Allison Kalmes-Hadd<br><br>**Additional Reviewers**:<br>Jennifer Keilitz, Clinical Directors |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | |

**Purpose:**
The purpose of the SCCMHA ListServer (Here after called ListServer) is to communicate through a monitored e-mail ListServer any important, relevant, and timely communication, resources, needs, events, and/or other such information as is relevant to the benefit of the consumers or staff of SCCMHA and the Network of Providers.

**Application:**
The entire SCCMHA network.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority for communication to all SCCMHA and SCCMHA network case holders, secondary case holders, therapists, peers, clinical supervisors, and others, as appropriate or needed, to be able to communicate with each other as a group about job function-related resources and tips quickly and conveniently utilizing existing email. Users can ask for resources as well as share resources. This list will enable them to more efficiently assist the individuals we serve and can support users with their day-to-day job functions.

**Standards:**
The following standards apply to the use of the ListServer:

- The ListServer is for SCCMHA and network job function-related use only.
- Users are to exercise professional judgment in your comments.

- Each user is to extend the same professional courtesies in ListServer communication as in non-electronic exchanges.

- Users are to clearly and concisely state the topic in the subject line. This will allow for better responses and to assist in archive searches.

- If a need or item is targeted for a small group or individual, then the use of the ListServer is inappropriate. Messages sent should be relevant, beneficial or informational for the users, or be seeking assistance across the network. For example: “I need a resource for a new bed for a consumer” would be appropriate for the entire group, while “Can someone share the Power Point from the last staff meeting?” would be appropriate for a specific group of individuals.

- Messages in response such as "thanks for the information" or "me, too" should be sent to the individual poster, not to the entire list. This can be done by using the ‘Forward’ function as the “Reply” function will go to all users.

- Do not include any Protected Health Information in posts or responses. This is a violation of confidentiality policies, regulations and laws.

- Users are to use caution when posting for the ListServer as once a message is shared, there is no recall function. The ListServer is moderated for compliance to these standards, but each user is responsible for the content of their posts. The user and agency may be liable for the content of messages.

- All defamatory, abusive, profane, threatening, offensive, or illegal information is strictly prohibited from postings.

- Users may not use the ListServer for advertising or soliciting for business ventures, organizational campaigns, political, or religious purposes without prior approval from the ListServer administration. These may be indicated in a posting as a resource.

- Users must not send on the ListServer any personal communications such as chain e-mail letters, spam, letter bombs, or otherwise use the ListServer in such a way as to cause interference with SCCMHA and network business operations or put SCCMHA at risk.

- Users are not to challenge or attack others through ListServer posts. Any discussion about a posting must be intended to stimulate conversation and to share resources and information.

- Users must not use religious, political, ideological, controversial, inflammatory, or other phrases, messages, or graphics within a posting that might promote a particular cause or belief without prior approval from the ListServer administration.

- Users cannot opt out of receiving e-mails from the ListServer, but are not required to save or reply to posts.
- In order to assure that messages sent through the ListServer meet standards, posted messages will be held for moderator review and approval before being posted on the ListServe. Some staff may be pre-approved to send without moderation upon approval of a Director or ListServe Administrator.

**Definitions:**
Mailman's interfaces - The system that operates CMSC ListServe is called "mailman" Mailman has two different interfaces for the list subscriber: the web interface and the email interface.

- Most discussion list subscribers use the email interface, since this includes the email address you use to send mail to all the subscribers of that list.
- Use the web interface for changing options, since the web interface provides instructions as you go.

Some common terms with this system:

- A "post" typically denotes a message sent to a mailing list. (Think of posting a message on a bulletin board.)
- People who are part of an electronic mailing list are usually called the list's "members" or "subscribers."
- "List administrator" is the person in charge of maintaining the CMSC ListServe mailing list
- This list also has people in charge of reading posts and deciding if they are appropriate. These people are called list moderators.

***The web interface***
The web interface of Mailman makes it easy for subscribers and administrators to see which options are available, and what these options do.
The mailing list is accessible by a number of web pages:

- List information (list info) page:
  http://cmsclistserve.org/mailman/listinfo/comments
  - The list info page is the starting point for the subscriber interface. As one would assume from the name it's given, it contains information about the CMSC ListServe "comments" list. Usually all the other subscriber pages can be accessed from this point, so you really only need to know this one address.
- Member options page, found at
  http://cmsclistserve.org/mailman/options/comments/, **after "comments/" you must put your email address to connect to your specific options page, for example:**
  **http://cmsclistserve.org/mailman/options/comments/jdoe@sccmha.org**
  - This page can also be accessed by going to the list info page and entering your email address into the box beside the button marked "Unsubscribe or Edit Options" (this is near the bottom of the page). The member options page allows you to log in/out and change your list settings, as well as get a copy of your password mailed to you. Unsubscribe requests will not be

approved unless an individual is no longer working at SCCMHA or a provider in a capacity that would benefit from this list.
    - To log in to your member options page: If you are not already logged in, there will be a box near the top for you to enter your password. Enter your password in the box and press the button.
    - Once you are logged in, you will be able to view and change all your list settings.
- List Archives: http://cmsclistserve.org/mailman/private/comments/
    - The list archive pages have copies of the posts sent to the mailing list, usually grouped by month. In each monthly group, the posts are usually indexed by author, date, thread, and subject.

***The email interface***

- To post a message to all the list members, send email to comments@cmsclistserve.org
    - If you wish to reply only to the sender and not to the entire list, then do not include the above email in the message and only that of the original sender. Please note that if you choose this option, your reply will not be included in the discussion thread.
    - If you want to reply to a reply that is part of the discussion and keep it in the thread, be sure that you choose the "reply all" option.
- comments-owner@cmsclistserve.org – This address reaches the list owner and list moderators directly. This is the address you use if you need to contact the person or people in charge.
- comments-bounces@cmsclistserve.org – This address receives bounces from members whose addresses have become either temporarily or permanently inactive. The bounces address a mail robot that processes bounces and automatically disables or removes members as configured in the bounce processing settings. Any bounce messages that are either unrecognized, or do not seem to contain member addresses, are forwarded to the list administrators. You likely will have no need to use this address unless you are a moderator or administrator.

**References:**

SCCMHA E-Mail Policy; Most of the information in this procedure has been adapted from this document: http://www.list.org/mailman-member.pdf

**Exhibits:**

Exhibit A – Frequently Asked Questions (FAQs)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|

| | |
|---|---|
| 1. To post a message to all of the list members, send email to comments@cmsclistserve.org | 1. List user/member |

Exhibit A

**FAQs**

**1. I need to talk to a human!**

You can always reach the person or people in charge of a list by using the list administrator email address. The list administrators can help you figure out how to do something or change your settings if you are unable to change them yourself for some reason. Contact comments-owner@cmsclistserve.org.

**2. Passwords**

Your password was either set by you or generated by Mailman when you subscribed. You probably got a copy of it in a welcome message sent when you joined the list, and you may also receive a reminder of it every month. It is used to verify your identity to Mailman so that only the holder of the password (you!) and the administrators can view and change your settings.

**Warning: Do NOT use a valuable password for Mailman, since it can be sent in plain text to you.**

**3. How do I change my password?**

From the web interface:

1. Log in to your member options page.
2. Look for the password changing boxes on the right-hand side of the page and enter your new password in the appropriate boxes, then press the button marked ”Change My Password.”

**4. How do I get my password?**

If you’ve forgotten your password and haven’t saved the welcome message or any reminder messages, you can always get a reminder through the web interface:

1. Go to the list information page for the list from which you wish to get your password http://cmsclistserve.org/mailman/listinfo/comments
2. Look for the section marked "comments subscribers” (this section is usually found near the bottom of the page).
3. There should be a button marked "Unsubscribe or Edit Options”. Enter your email address in the box beside this button and press the button.
4. You should be brought to a new page which has a "Password Reminder” section. Press the "Remind” button to have your password emailed to you.

If you do not receive the password reminder email after doing this, make sure that you typed your email address correctly and that the address you used is, indeed, actually subscribed to that list. For security reasons, Mailman generates the same member options page regardless of whether the address entered is subscribed or not. This means that people cannot use this part of the web interface to find out if someone is subscribed to the list, but it also means that it’s hard to tell if you just made a typo.

**5. How can I avoid getting duplicate messages? (Duplicates option)**

Mailman can’t completely stop you from getting duplicate messages, but it can help. One common reason people get multiple copies of a mail is that the sender has used a "group

reply" function to send mail to both the list and some number of individuals. If you want to avoid getting these messages, Mailman can be set to check and see if you are in the To: or CC: lines of the message. If your address appears there, then Mailman can be told not to deliver another copy to you.
To turn this on or off using the web interface:
1. Log in to your member options page.
2. Scroll down to the bottom of the page to the section marked "Avoid duplicate copies of messages?" and change the value accordingly.

**6. How do I stop or start getting copies of my own posts? (myposts option)**

By default in Mailman, you get a copy of every post you send to the list. Some people like this since it lets them know when the post has gone through and means they have a copy of their own words with the rest of a discussion, but others don't want to bother downloading copies of their own posts.
Note: This option has no effect if you are receiving digests.
To set this using the web interface:
1. Log in to your member options page.
2. Look for the section marked "Receive your own posts to the list?" Set it to "Yes" to receive copies of your own posts, and "No" to avoid receiving them.

**7. No one has sent any mail to the list(s) you're on for a little while.**

To check if this is the case, try visiting the archives of the list (assuming that the list has archives). If the list has no archives, you may have to ask another subscriber.

Note: Generally, it is considered impolite to send test messages to the entire list. If you feel a need to test that the list is working and for some reason you cannot simply compose a regular message to the list, it is less disruptive to send a help message to the list request address comments-owner@cmsclistserve.org to see if that works.

**8. How can I start or stop getting the list posts grouped into one big email? (Digest option)**

Groups of posts are called "digests" in Mailman. Your account will be set to default to the "digest" setting. Rather than get messages one at a time, you can get messages grouped together. On a moderately busy list, this typically means you get one email per day, although it may be more or less frequent depending upon the list.
To turn digest mode on or off using the web interface,
1. Log in to your member options page.
2. Look for the section marked "Set Digest Mode".
3. Set it to "On" to receive messages bundled together in digests.
4. Set it to "Off" to receive posts separately.

**9. What are MIME and Plain Text Digests? How do I change which one I get? (Digest option)**

- MIME is short for Multipurpose Internet Mail Extensions. It is used to send things by email that is not necessarily simple plain text. (For example, MIME would be used if you were sending a picture of an event to someone.)
- A MIME digest has each message as an attachment inside the message, along with a summary table of contents.

- A plain text digest is a simpler form of digest, which should be readable even in mail readers which don't support MIME. The messages are simply put one after the other into one large text message.
- Most modern mail programs do support MIME, so you only need to choose plain text digests if you are having trouble reading the MIME ones.

Note: This option has no effect if you are not receiving mail bunched as digests.

To set your digest type using the web interface:
1. Log in to your member options page.
2. Look for the section marked "Get MIME or Plain Text Digests?".
3. Set it to "MIME" to receive digests in MIME format, or "Plain text" to receive digests in plain text format.

This can also be changed for multiple lists at the same time if you are subscribed to more than one list on the same domain.

**10. How do I view the list archives?**

They can be viewed by going to a web page address.
http://cmsclistserve.org/mailman/private/comments

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Management of Consumer Funds</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.07.11</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/17/09</td><td>Date of Review/Revision:<br>7/12/10, 1/7/11, 4/30/12, 6/25/14, 12/23/15, 3/14/16, 1/5/18, 6/13/18, 5/23/19, 4/30/21, 3/24/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>Monique Taylor-Whitson, Mary Baukus</td></tr>
<tr><td>Supersedes: 05.06.08</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To provide guidance to Saginaw County Community Mental Health Authority (SCCMHA) network providers on management and accounting for consumer funds.

**Policy:**
It is the policy of SCCMHA that all providers entrusted with consumer funds will manage the consumer funds and provide documentation of disbursement and management of consumer funds. Consumers are not obligated to pay for items that would be included in the room and board payments that are given to the provider as a monthly payment from the consumer SSI (Social Security Income) benefits. Items that are included in the room and board payments are: linens (such as towels, wash cloths, bed linens, sheets, blankets, comforters, mattress pads) toothpaste, toothbrushes, soap, laundry detergent, cleaning supplies, toilet tissue, facial tissue, feminine hygiene products, etc. Consumers as part of their room and board are to be provided three meals a day.

When the provider decides to take a consumer into his or her home it should be determined prior to move in, who will be managing the consumer funds. This should also be included in the consumer plan.

**Application:**
All residential providers that handle consumer funds/money, hold a bank account in the consumer's name, and/or receive room and board payments from a consumer of SCCMHA services.

**Standards:**

1. All resident funds will be kept separate and apart from the funds of the licensee.
2. Providers are responsible for documenting how consumers had choice to spend their funds on the items that they have interest in. If documentation is noted in the IPOS of specific amounts or items that should or should not be purchased, provider is expected to complete documentation to state how the guidelines within the IPOS were followed.
3. Providers are responsible for keeping an accurate accounting of all consumer funds while in the possession of the provider. This includes keeping accurate and up to date records of cash consumers give to the provider for safe keeping, bank accounts that need to be managed by the provider, as well as accounting of consumer payments of room and board. This accounting needs to balance each month.
4. Provider must provide 3 meals a day as part of the consumer payments of room and board. If a provider takes a consumer out for a meal that would ordinarily be provided in the home the provider needs to pay for the meal. The provider is also responsible for providing 2 snacks a day.
5. The provider must provide for basic personal care items and cleaning supplies. These include, soap, shampoo, toothpaste, toothbrushes, deodorant, toilet tissue, facial tissue, laundry soap and feminine hygiene products. Exceptions are only if the consumer requires special products due to skin allergies, or special requests by the consumer. The consumer/guardian are responsible for purchasing special request items.
6. All entries must specify what the consumer bought with the funds. For example: if consumer went to Meijer's® or the Dollar Store® the consumer fund sheet should include in addition Meijer's® or the Dollar Store®, the items that were purchased at these locations, such as snacks, socks, perfume, perfume gift for mom. See attached examples for more details.
7. It is recommended that the provider or other designated person responsible for balancing Resident Fund forms has a calculator available to use to decrease the number of potential addition and subtraction errors made on the resident fund forms.
8. The provider must assure that no more than $200.00 cash is kept on hand for each consumer living in the home. This is per the AFC (Adult Foster Care) licensing standards. This is also to not create a liability for the provider should money get lost or stolen.
9. The provider must assure that consumers have reasonable access to their own funds. If a consumer chooses to go out with friends or family s/he should have money accessible to her/him. The amount acceptable by AFC licensing is not less than $20.00. The exceptions to this, is if the consumer does not have any money or if the consumer plan indicates otherwise.
10. Any consumer funds used to purchase clothing, bedding, dressers, television, radios, etc. Should be noted on the consumer inventory list.
11. Upon consumer move from a provider residence all items purchased by the consumer will be property of the consumer and should move with the consumer.
12. Upon consumer move from a provider residence all funds will be given to the consumer/guardian/payee on day of discharge.

13. If consumer receives a First Choice of Saginaw gift card from *First Choice of Saginaw* nonprofit, these gift cards are to be noted on consumer fund sheets. Receipts for the purchases should be attached to the fund sheets in the same manner as noted in #5 above.

**Definitions:**

IPOS: Individual Plan of Service also known as the consumer plan of service. The document that spells out the scope of services the consumer will receive.

Resident funds: as defined in licensing rules- "means any monies, securities, bonds, or stocks that are received by a licensee from, or on behalf of, a resident. Monies include all of the following: Payment for adult foster care services, personal allowance, monies held as a trust obligation, monies in accounts with financial institutions."

Reconcile bank statements: Bank reconciliation is the process of matching and comparing figures from the consumer's checkbook or savings account against those presented on the bank statement.

Residential Provider: A person or entity that provides housing and potentially other personal care and community living supports to consumers of SCCMHA services.

Room and Board: The amount of money that is paid by the consumer to live at the provider residence which includes a bed, bedding, basic care items and three meals per day.

Statement Cycle Date: The date noted on the statement from the bank which indicates the start and end date of the transactions the bank has accounted for on the statement sent to the consumer.

**References:**

Licensing rules from the State of Michigan Office of Children and Adult Licensing.

**Exhibits:**

Exhibit A - Licensing form Resident Funds Part I
Exhibit B – Licensing form Resident Funds Part II
Exhibit C – *Sample* Resident Funds Part II - Room and Board
Exhibit D – *Sample* Resident Funds Part II - Cash on Hand
Exhibit E – *Sample* Resident Funds Part II – Savings Account
Exhibit F – *Sample* Resident Funds Part II - Checking Account
Exhibit G – Consumer Funds Review Tip Sheet for Primary Workers

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establish who is responsible for consumer funds via the person-centered planning process and documents in the consumer IPOS. | Case Holder<br>Residential Provider/Licensee/Licensee Designee |

| | |
|---|---|
| Will fill out a Resident Funds Part I (See Exhibit A) sheet on all consumers entering the AFC home. | Residential Provider/Licensee/Licensee Designee |
| Will create fund sheets and account for any funds that are given to the provider for safe keeping. Using Resident Funds Part II (Exhibit B). | Residential Provider/Licensee/Licensee Designee |
| Will monitor disbursements of funds from consumer accounts or cash on hand at least monthly using Resident Funds Part II (Exhibit B). | Residential Provider/Licensee/Licensee Designee |
| Will reconcile bank records with consumer records on file with the residential provider. | Residential Provider/Licensee/Licensee Designee |
| **Consumer payments for rent/room and board paid to the residential provider:** Will record all room and board payments made to the provider on Resident Funds Part II form. The form should have the ROOM and BOARD box marked. See Exhibit C. | Residential Provider/Licensee/Licensee Designee |
| **Cash-on-hand held by the residential provider:** Will account for cash-on-hand held by the provider for safe keeping. If the provider holds cash-on-hand for a consumer the provider must keep an accurate account of what cash is deposited and what cash is withdrawn from the cash-on-hand. The provider to use Resident Funds Part II to keep track of money given to the provider from the consumer for safe keeping. The form should have the CASH box marked. See Exhibit D. | Residential Provider/Licensee/Licensee Designee |
| If the guardian or family gives the provider cash to be used by the consumer, this must be recorded on the Resident Funds Part II CASH form see Exhibit D. | Residential Provider/Licensee/Licensee Designee |

| | |
|---|---|
| Will maintain records of all deposits or withdraws from CASH-on-hand account. When a deposit or withdrawal is made from the cash-on-hand account, the provider must record the date of the deposit or withdrawal, and the reason for the deposit or withdrawal. The licensee or licensee designee must also sign as proof of the money withdrawn or deposited. A balance should be kept at all times. If the consumer is using the money for spending money the provider may note this on the fund sheet. | Residential Provider/Licensee/Licensee Designee |
| Will have the consumer/guardian sign the licensing form titled Resident funds Part II to assure there is acknowledgement of funds being dispersed to consumer/guardian. | Residential Provider/Licensee/Licensee Designee |
| Will maintain records of purchases made on behalf of the consumer. If the provider is purchasing items for the consumer a detailed receipt of what was purchased must be attached to the Resident Funds Part II sheet and the cash should be totaled and the consumer cash on hand should match the total on the Resident Funds Part II CASH form, see Exhibit D. | Residential Provider/Licensee/Licensee Designee |
| Will reconcile fund sheets with cash on hand to assure the amounts match. This reconciliation should occur no less than once a month. Reconciliation should occur more frequently if the consumer has numerous deposits or withdrawals in a month. | Residential Provider/Licensee/Licensee Designee |
| Will maintain a limited amount of cash on hand for each consumer that lives in the home. The provider cannot hold more than $200.00 cash per consumer in the home according to licensing rule: R400.14315 in "Licensing Rules Book for Adult Foster Care Small Group homes (12or less)" and "Licensing Rules for | Residential Provider/Licensee/Licensee Designee |

| | |
|---|---|
| Adult Foster Care Large Group Homes (13-20)" and R400.1421 "Licensing Rules for Adult Foster Care Family Homes." | |
| Will monitor disbursements of funds from consumer accounts or cash on hand at least monthly. | Residential Provider/Licensee/Licensee Designee and Case Holder |
| Will check for any discrepancies in resident fund sheet to assure proper accounting is occurring. Funds on hand match the fund sheet. | Case Holder |
| Will check resident fund sheet to assure consumers are not paying for items that otherwise should be paid by the provider. Will sign or initial fund sheet at the time the review is completed. See policy section above. | Case Holder |
| **Consumer Savings bank account held by provider on behalf of the consumer:** | |
| Will maintain records of consumer savings accounts on behalf of the consumer if this is requested by consumer/family as part of the consumer person centered planning process. If the provider holds a savings bank account in the consumer's name, the provider must reconcile the bank statements on a monthly or quarterly basis depending upon the frequency the bank statements are sent to the consumer. | Residential Provider/Licensee/Licensee Designee |
| Will note any withdrawals from savings to the cash on hand account by documenting a withdrawal from savings to cash on the Resident Funds II form marked SAVINGS, see Exhibit E. Will then note a deposit from savings on the Resident Funds II form marked CASH see Exhibit D. | Residential Provider/Licensee/Licensee Designee |
| | Residential Provider/Licensee/Licensee Designee |

| | |
|---|---|
| Will reconcile bank statements with consumer fund sheets by reviewing deposits and withdrawals from the bank as noted on the bank statement. | Residential Provider/Licensee/Licensee Designee and Primary Case Holder |
| Will monitor consumer funds to ensure they do not exceed the limit for consumer eligibility for Medicaid insurance coverage. | Residential Provider/Licensee/Licensee Designee |
| **Reconciling Consumer Savings Bank Statement Balance Process:**<br>1. Deduct: Outstanding withdrawals not previous recorded on the Resident Funds Part II consumer savings account record.<br>2. Add: Deposits not previously recorded on the Resident Funds Part II consumer savings account record.<br>3. Add or Deduct: Bank accounting errors to the Resident Funds Part II consumer savings account record.<br>4. Add any interest if it is an interest-bearing account to the Resident Funds Part II consumer savings account record.<br>5. Both balances should match as of the cycle date noted on the bank statement. | Residential Provider/Licensee/Licensee Designee |
| **Consumer Checking /Saving bank account held by provider on behalf of the consumer:**<br>Will maintain records of consumer checking / savings accounts on behalf of the consumer if this is requested by consumer/family as part of the consumer person centered planning process. If the provider holds a checking / saving bank account in the consumer's name, the provider must reconcile the bank statements on a monthly or quarterly basis depending upon the frequency the bank statements are sent to the consumer. | Residential Provider/Licensee/Licensee Designee |

| | |
|---|---|
| Will note any withdrawals from checking / saving to the cash on hand account by documenting a withdrawal from checking to cash on the Resident Funds II form marked CHECKING, see Exhibit F. Will then note a deposit from savings on the Resident Funds II form marked CASH see Exhibit D. | Residential Provider/Licensee/Licensee Designee |
| Will reconcile bank statements with consumer fund sheets by reviewing deposits and withdrawals from the bank as noted on the bank statement. | Residential Provider/Licensee/Licensee Designee |
| **Checkbook Balance Reconciling Items:**<br>1. Deduct: Bank service charges to the Resident Funds Part II consumer checking account record.<br>2. Deduct: Nonsufficient fees (NSF) to the Resident Funds Part II consumer checking account record.<br>3. Add: Interest earned on checking accounts to the Resident Funds Part II consumer checking account record.<br>4. Add: Direct Deposits made directly to bank.<br>5. Add or Deduct: Checkbook errors. | |

# Exhibit A

**RESIDENT FUNDS RECORD**
**PART I**
Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems

| Resident Name | |
|---|---|
| Facility Name | License Number |

**INSTRUCTIONS:**

1. The licensee is to complete Sections A, B, and C for all residents.
2. A Resident Funds Part II (BCAL-2319) or approved substitute, must be completed for:
   a. All resident payments for adult foster care services as required by R400.14102(1)(v)(I), R 400.15102(1)(0)(I)
   b. Account(s) managed by the licensee for a resident including:

| | |
|---|---|
| Personal allowance | Work/workshop checks |
| Other checks or cash such as gifts | Cash |
| Interest | Dividends |
| Stocks, bonds or money market funds | Savings, checking accounts |
| All other applicable funds | |

3. The licensee is to keep Resident Funds forms in the resident's record
4. The licensee is to give a copy of the Resident Funds forms to the person(s) responsible for managing the resident's funds.
5. The licensee shall not commingle resident funds with licensee's funds.

**SECTION A:** The person or persons responsible for the resident's funds is (are):

| | Name | Phone Number |
|---|---|---|
| ☐ Resident | | |
| ☐ Legal Guardian | | |
| ☐ Representative Payee | | |
| ☐ Adult Foster Care Licensee or Designee | | |
| ☐ Other | | |

**SECTION B:** Please indicate below all applicable accounts managed by the licensee or their designee. All transactions regarding these accounts must be recorded on the BCAL-2319. Name the individual managing account: _____

| | Name of Bank | Account Number |
|---|---|---|
| ☐ Payment for AFC | | |
| ☐ Cash | | |
| ☐ Checking Account – Joint Checking | | |
| ☐ Saving Account – Joint Savings | | |
| ☐ Other Account | | |

| Signature of Joint Account Holder | Signature of Joint Account Holder |
|---|---|
| (1) | (2) |

**SECTION C:** **I certify that I have no ownership interest in the resident's account.**

| Licensee/Designee Signature | Date |
|---|---|
| | |

***THANK YOU FOR YOUR COOPERATION***

| | |
|---|---|
| AUTHORITY: 1979 PA 218<br>COMPLETION: Mandatory<br>CONSEQUENCE: Adult Foster Care Rule Violation | LARA is an equal opportunity employer/program. |

BCAL-2318 (Rev. 1-16) Previous edition may be used. MS Word

DISTRIBUTION: Part 1 – Resident Record
Part 2 – Resident or Designated Representative

# Exhibit B

**RESIDENT FUNDS**
**PART II**

Michigan Department of Licensing and Regulatory Affairs
Bureau of Community and Health Systems
Adult Foster Care and Camp Licensing Division

| Resident Name | |
|---|---|
| Facility Name | License Number |
| Time Period Covered thru | |

**This form or an approved substitute is to be used to record all resident care payments for adult foster care services.**

**INSTRUCTIONS:**
**Please use a separate BCAL-2319 - Resident Funds - Part II for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.**

Type of Account

☐ SAVINGS ☐ CHECKING ☐ CASH ☐ PAYMENT FOR ADULT FOSTER CARE SERVICES ☐ OTHER (Specify) ▶

| Date | Reason for Transaction | Resident or Designated Representative Signature | License or Designee Signature | Deposit Amount (+) | Withdrawal Amount (-) | Balance $ | Forwarded |
|---|---|---|---|---|---|---|---|
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LARA is an equal opportunity employer/program.

AUTHORITY: 1979 PA 218 R 400.14315(3) and R 400.153.15(3)
COMPLETION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation

BCAL-2319 (Rev. 1-16) Previous editions may be used.

DISTRIBUTION: PART 1 - Resident Record
PART 2 - Resident or Designated Representative

# Exhibit C

**RESIDENT FUNDS**
**PART II**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

| | | |
|---|---|---|
| Resident Name | Thomas Cash Smith | |
| Facility Name | Waterfall AFC | License Number AS950012000 |
| Time Period Covered | 01/01/08 thur 07/31/08 | |

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

**INSTRUCTIONS:**
**Please use a separate BCAL-2319 - Resident Funds - Part III for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.**

Type of Account
☐ SAVINGS ☐ CHECKING ☐ CASH ☒ PAYMENT FOR ADULT FOSTER CARE SERVICES ☐ OTHER (Specify)

| Date | Reason for Transaction | Resident or Designated Representative Signature | License or Designee Signature | Deposit Amount (+) | Withdrawal Amount (-) | Balance Forwarded $ 0 00 |
|---|---|---|---|---|---|---|
| 1/5/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 1/5/08 | COC 1/08 | | Jan Jones | | 787.50 | 44 00 |
| 1/5/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 2/3/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 2/3/08 | COC 2/08 | | Jan Jones | | 787.50 | 44 00 |
| 2/3/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 3/6/08 | Transfer from Savings | | Jan Jones | 787.50 | | 787 50 |
| 3/6/08 | COC 3/08 | | Jan Jones | | 787.50 | 0 00 |
| 4/1/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 4/1/08 | COC 4/08 | | Jan Jones | | 787.50 | 44 00 |
| 4/1/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 5/3/08 | Transfer from Savings | | Jan Jones | 787.50 | | 787 50 |
| 5/3/08 | COC 5/08 | | Jan Jones | | 787.50 | 0 00 |
| 6/5/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 6/5/08 | COC 6/08 | | Jan Jones | | 787.50 | 44 00 |
| 6/5/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 7/2/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 7/2/08 | COC 7/08 | | Jan Jones | | 787.50 | 44 00 |
| 7/2/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
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SAMPLE

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1979 PA 218 R 400.1915(3) and R 400.1915.15(3)
COMPULSION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation

BCAL-2319 (Rev. 9-07) Previous editions may be used.

DISTRIBUTION: PART 1 - Resident Record
PART 2 - Resident or Designated Representative

# Exhibit D

**RESIDENT FUNDS**
**PART II**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

| | | |
|---|---|---|
| Resident Name | Thomas Cash Smith | |
| Facility Name | Waterfall AFC | License Number AS950012000 |
| Time Period Covered | 01/01/08 thur 07/2/08 | |

**INSTRUCTIONS:**
**Please use a separate BCAL-2318 - Resident Funds - Part III for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.**

Type of Account:
☐ SAVINGS ☐ CHECKING ☒ CASH ☐ PAYMENT FOR ADULT FOSTER CARE SERVICES ☐ OTHER (Specify) ▶

| Date | Reason for Transaction | Resident or Designated Representative Signature | License or Designee Signature | Deposit Amount (+) | Withdrawal Amount (-) | Balance Forwarded $ 80 46 |
|---|---|---|---|---|---|---|
| 1/5/08 | Deposit from AFC Pymt | | Jan Jones | 44.00 | | 124 46 |
| 1/9/08 | Cash withdrawal | Thomas Smith | | | 20.00 | 104 46 |
| 1/15/08 | Haircut | Thomas Smith | | | 8.00 | 96 46 |
| 1/31/08 | McDonald's (soda) | | Rita Matt | | 1.52 | 94 94 |
| 2/3/08 | Deposit from AFC Acct | | Jan Jones | 44.00 | | 138 94 |
| 2/6/08 | Wal-Mart (socks & shirt) | | Ian Jones | | 16.93 | 122 01 |
| 2/10/08 | Rite-Aid (gauze & tape) | | Rita Matt | | 4.84 | 117 17 |
| 2/12/08 | Cash withdrawal | Thomas Smith | | | 15.00 | 102 17 |
| 2/26/08 | Advance Care (co-pay) | | Ian Jones | | 3.55 | 98 62 |
| 3/9/08 | Cash withdrawal | Thomas Smith | | | 20.00 | 78 62 |
| 3/15/08 | Guardianship Servic | Thomas Smith | | | 45.00 | 43 62 |
| 4/1/08 | Deposit from AFC Acct | | Jan Jones | 44.00 | | 87 62 |
| 4/4/08 | Advance Care (co-pay) | | Jan Jones | | 6.42 | 81 20 |
| 4/4/08 | Error on 3/15/08 | | Rita Matt | | 10.00 | 71 20 |
| 4/9/08 | Bowling | Thomas Smith | | | 9.50 | 61 70 |
| 5/4/08 | Dollar Tree (snacks) | Thomas Smith | | | 4.49 | 57 21 |
| 5/7/08 | Advance Care (co-pay) | | Ian Jones | | 3.55 | 53 66 |
| 5/15/08 | Cash withdrawal | Thomas Smith | | | 20.00 | 33 66 |
| 6/5/08 | Deposit from AFC Acct | | Jan Jones | 44.00 | | 77 66 |
| 6/12/08 | Movies & snacks | Thomas Smith | | | 12.50 | 65 16 |
| 6/26/08 | Cash withdrawal | Thomas Smith | | | 15.00 | 50 16 |
| 7/2/08 | Deposit from AFC Acct | | Jan Jones | 44.00 | | 94 16 |

SAMPLE

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1979 PA 218 R 400.14315(3) and R 400.15315(3)
COMPULSION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation

BCAL-2318 (Rev. 3-07) Previous editions may be used.

DISTRIBUTION: PART 1 - Resident Record
PART 2 - Resident or Designated Representative

# Exhibit E

**RESIDENT FUNDS**
**PART II**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

| | | |
|---|---|---|
| Resident Name | Thomas Cash Smith | |
| Facility Name | Waterfall AFC | License Number AS950012000 |
| Time Period Covered | 01/01/08 thur 08/15/08 | |

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

**INSTRUCTIONS:**
Please use a separate BCAL-2319 - Resident Funds - Part III for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.

Type of Account
[X] SAVINGS [ ] CHECKING [ ] CASH [ ] PAYMENT FOR ADULT FOSTER CARE SERVICES [ ] OTHER (Specify) ▶

| Date | Reason for Transaction | Resident or Designated Representative Signature | License or Designee Signature | Deposit Amount (+) | Withdrawal Amount (-) | Balance Forwarded $ 892 76 |
|---|---|---|---|---|---|---|
| 1/4/08 | Interest Earned | | Jan Jones | 4.86 | | 897 62 |
| 1/5/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,729 12 |
| 1/5/08 | Transfer to AFC Acct | | Jan Jones | | 831.50 | 897 62 |
| 2/3/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,729 12 |
| 2/3/08 | Transfer to AFC Acct | | Jan Jones | | 831.50 | 897 62 |
| 3/6/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,729 12 |
| 3/6/08 | Transfer to AFC Acct | | Jan Jones | | 787.50 | 941 62 |
| 4/1/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,773 12 |
| 4/1/08 | Transfer to AFC Acct | | Jan Jones | | 831.50 | 941 12 |
| 4/15/08 | Interest Earned | | Jan Jones | 6.01 | | 947 63 |
| 5/3/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,779 13 |
| 5/3/08 | Transfer to AFC Acct | | Jan Jones | | 787.50 | 991 63 |
| 6/5/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,823 13 |
| 6/5/08 | Transfer to AFC Acct | | Jan Jones | | 831.50 | 991 63 |
| 7/2/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,823 13 |
| 7/2/08 | Transfer to AFC Acct | | Jan Jones | | 831.50 | 991 63 |
| 8/5/08 | SSI Deposit | | Jan Jones | 831.50 | | 1,823 13 |
| 8/5/08 | Transfer to AFC Acct | | Jan Jones | | 787.50 | 1,035 63 |
| 8/15/08 | Interest Earned | | Jan Jones | 6.27 | | 1,041 90 |
| | | | | | | |
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SAMPLE

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1979 PA 218 R 400.1915(3) and R 400.1553.15(3)
COMPULSION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation

BCAL-2319 (Rev. 3-07) Previous editions may be used.

DISTRIBUTION: PART 1 - Resident Record
PART 2 - Resident or Designated Representative

# Exhibit F

**RESIDENT FUNDS**
**PART II**
Michigan Department of Human Services
Bureau of Children and Adult Licensing

| | | |
|---|---|---|
| Resident Name | Thomas Cash Smith | |
| Facility Name | Waterfall AFC | License Number AS950012000 |
| Time Period Covered | 01/01/08 thur 07/31/08 | |

This form or an approved substitute is to be used to record all resident care payments for adult foster care services.

**INSTRUCTIONS:**
**Please use a separate BCAL-2319 - Resident Funds - Part III for each savings, checking, or other account. One form may be used to account for cash and for payment of adult foster care services. Please attach additional pages as necessary.**

Type of Account
☐ SAVINGS ☒ CHECKING ☐ CASH ☐ PAYMENT FOR ADULT FOSTER CARE SERVICES ☐ OTHER (Specify) ▶

| Date | Reason for Transaction | Resident or Designated Representative Signature | License or Designee Signature | Deposit Amount (+) | Withdrawal Amount (-) | Balance Forwarded $ 0 00 |
|---|---|---|---|---|---|---|
| 1/5/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 1/5/08 | COC 1/08 | | Jan Jones | | 787.50 | 44 00 |
| 1/5/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 2/3/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 2/3/08 | COC 2/08 | | Jan Jones | | 787.50 | 44 00 |
| 2/3/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 3/6/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 3/6/08 | COC 3/08 | | Jan Jones | | 787.50 | 44 00 |
| 3/6/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 4/1/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 4/1/08 | COC 4/08 | | Jan Jones | | 787.50 | 44 00 |
| 4/1/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 5/3/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 5/3/08 | COC 5/08 | | Jan Jones | | 787.50 | 44 00 |
| 5/3/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 6/5/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 6/5/08 | COC 6/08 | | Jan Jones | | 787.50 | 44 00 |
| 6/5/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| 7/2/08 | Transfer from Savings | | Jan Jones | 831.50 | | 831 50 |
| 7/2/08 | COC 7/08 | | Jan Jones | | 787.50 | 44 00 |
| 7/2/08 | Transfer to Cash Acct | | Jan Jones | | 44.00 | 0 00 |
| | | | | | | |

SAMPLE

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AUTHORITY: 1979 PA 218 R 400.14315(3) and R 400.15315(3)
COMPULSION: Mandatory
CONSEQUENCE: Adult Foster Care Rule Violation

BCAL-2319 (Rev. 3-07) Previous editions may be used.

DISTRIBUTION: PART 1 - Resident Record
PART 2 - Resident or Designated Representative

**Exhibit G**

## Consumer Funds Review Tip Sheet for Primary Workers

Below is a procedure for reviewing consumer funds for consumers living in the Licensed Residential setting. These specific steps should be followed / observed by the primary case holder to ensure appropriate accounting of funds is occurring in the Licensed Residential setting.

1. Funds should be held in a safe and secure location such as a locked box, locked file cabinet, or safe for secure storage.
2. When asking to review the consumer funds in the home, the home manager or assistant home manager are the only individuals aside of the provider to handle/ access the full amount of funds for consumers. Per licensing rules, the home is required to provide the consumer with at least $20.00 at any time, unless otherwise stated in the Individual Plan of Service. The direct care worker can manage the $20.00 or other funds to be used for outings and activities.
3. Each consumer should have their funds stored separately from other residents in the home. These should be stored in a sealable envelope, pouch, etc. labeled with the consumer name.
4. Primary case holders should ask the home manager or assistant home manager to count the funds during the monitoring visit. During this time the primary case holder should compare the amount of funds counted with the documentation that is listed on the Resident Funds Log II to ensure the amounts are the same. If the provider does not keep funds or fund logs on the premises, these should be requested to be available at least quarterly (preferably monthly) for review by the primary case holder.
5. The amount of funds in the home should always be documented on the Resident Funds Log II and labeled with the consumers first and last name. The funds log should reflect all deposits and withdrawals made on the consumers behalf. Providers may have several Resident Funds Logs to reflect accounting of consumer funds. These fund logs may be for savings, checking, cash on hand, AFC payments or other.
6. Staff and consumer/guardian signatures should be present on the fund logs to acknowledge funds being deposited and/or withdrawn.
7. Receipts should be available to reflect purchases made. These should be housed with the fund logs. Receipts provide proof documentation of transactions that have occurred and it is mandatory that these be available for review. Large purchases should also be recorded on the consumer belongings/inventory list. Large purchases include, but are not limited to: clothing, electronics, leisure equipment, supplies, etc.
8. Gift cards received by staff on behalf of the consumer are to be documented on the fund log. Receipts for transactions made with gift cards must be available for review. A separate fund log may be used for gift cards. Gift cards received directly by consumer do not have to be included on the consumer fund log, unless given to consumer and used by the consumer.
9. Once the documentation has been reviewed and funds have been counted, the funds should be returned to their sealable envelope, pouch, etc. along with the fund logs and placed back in the locked storage area.
10. Primary case holder should initial the fund logs that were reviewed and date the document to reflect the review date. Progress notes completed in the electronic health record should also state that funds were reviewed during the visit.

MTW 2014, revised 2019

**Exhibit G**

## Primary Worker Checklist for Reviewing Residential Funds

Please check Yes (Y), No (No), or Non- Applicable (N/A) in the designated space.

| | |
|---|---|
| Y ☐ N ☐ N/A ☐ | Did the consumer pay for meals or items that the home should provide as part of room and board, such as shampoo, soap, laundry detergent, etc? |
| Y ☐ N ☐ N/A ☐ | Are the receipts for purchases available for review? |
| Y ☐ N ☐ N/A ☐ | Are larger purchases added to the consumers inventory list? |
| Y ☐ N ☐ N/A ☐ | Are signatures and titles on fund logs? |
| Y ☐ N ☐ N/A ☐ | Are consumer funds separate from other funds in the home? |
| Y ☐ N ☐ N/A ☐ | Are the gift cards received by staff documented on a fund log? |
| Y ☐ N ☐ N/A ☐ | Are the funds in a sealable envelope, pouch, etc. and are they being held in safe and secure location such as locked box, locked file cabinet, or safe? |
| Y ☐ N ☐ N/A ☐ | Did you initial the Resident fund log indicating you completed your review? |

Consumer Name and ID#: _____ Date: _____

Primary Worker: _____ Date: _____

MTW 2014, revised 2019

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Network Management & Development</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.06.01</td></tr>
<tr><td rowspan="2">Effective Date:<br>March 1, 2002</td><td>Date of Review/Revision:<br>3/03, 9/03, 12/9/04, 8/12/05, 5/1/06, 8/15/06, 12/12/06, 1/10/07, 6/13/07, 1/10/08, 6/25/09, 10/1/11, 6/18/12, 6/3/14, 10/6/15, 5/6/16, 6/1/17, 6/1/18, 5/13/19, 6/1/20, 6/24/21, 6/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

A. To provide Saginaw County Community Mental Health Authority (SCCMHA) published guidelines for provider network development and management to benefit consumers, providers and the community.
B. To ensure consistent and comprehensive standards for management oversight of services for all members of the SCCMHA provider network.
C. To provide for ongoing consumer input in both provider network development and management
D. To ensure network service capacity and competency in a full-service array system to meet individual consumer needs.
E. To guarantee minimum levels of contract/service delivery compliance.
F. To provide for a monitoring system for network compliance.
G. To ensure quality, acceptable levels of provider performance and to promote continual network performance improvement, including for individual providers.
H. To demonstrate best value approaches in the selection and purchase of provider services.

**Policy:**

It is the policy of SCCMHA to generate adequate service capacity and to ensure that services are organized and coordinated as a system of care for the populations served. Priority attention will be given to recruiting and retaining experienced providers that understand the needs of persons with serious mental illness, serious emotional disturbance, developmental disabilities (as well as substance use disorders and/or any co-occurring conditions) and in maintaining an integrated service delivery system. SCCMHA will ensure that the current network of service providers is maintained or

updated as needed to accommodate consumer service needs and demands, including: Medicaid or other relevant program enrollments; expected utilization of varied services according to history and/or projections; the volume, array and types of service providers needed to meet consumer needs; location of consumers as well as providers within Saginaw County – or external to Saginaw County when indicated; ability of providers to accept new referrals; consumer choices and service satisfaction feedback; distance and travel time as well as transportation resources of consumers and/or community providers; and physical access for all persons regardless of the nature of their disability or disabilities.

SCCMHA will apply consistent, fair standards to all members of the provider network. SCCMHA is responsible to maintain and continually measure the capacity and quality of an effective provider network adequate to meet all contractual and funding obligations of SCCMHA. SCCMHA will take proactive steps to continually develop, improve and evaluate the network of service providers, and to ensure that provider members adhere to all contractual and regulatory requirements for funding. SCCMHA will ensure that all members of the provider network sustain any appropriate or required credentials and accreditations. It is the policy of SCCMHA that provider input and suggestions will be welcomed and considered.

**Application:**
This policy applies to all provider network members, including contracted and direct operated service programs that provide services and supports to consumers.

**Standards:**
A. SCCMHA will designate key staff to provide leadership and support in the area of provider network development and management, including contracting and monitoring.
B. Provider network development will include procurement of additional choices of providers for consumers and families whenever feasible.
C. SCCMHA will post service opportunities as well as a provider network application on the organizational website.
D. A network development plan will be issued, at minimum annually, and will be based on identified goals for provider performance, other system needs and consumer and family input; the plan will include network administration, contract/regulatory compliance and provider performance, training, provider relations, cultural competence, and network performance improvement.
E. SCCMHA will provide routine communications and educational or training opportunities for provider network members, including targeted mechanisms for certain provider types or populations served, service delivery, policy or regulatory changes, or identified system improvement goal areas.
F. SCCMHA will seek and respond to input from consumers and other stakeholders regarding provider performance at regular intervals. Specific input will be sought when performance problems directly impact consumer welfare and are not immediately remedied.

G. SCCMHA has been working with Mid-State Health Network and the entire region to develop a regional application process and the ability for providers to solicit multiple Community Mental Health's to provide services.
H. Providers residing and providing services in a bordering state MUST meet all applicable licensing and certification requirements for both states.
I. SCCMHA will provide processes for informal and formal provider dispute resolution, including processes for appeal when SCCMHA chooses to alter the provider contract on the basis of quality of care or service.
J. SCCMHA will ensure that the provider network is culturally diverse and linguistically responsive as well as physically accessible to persons receiving services; provider members will be asked to provide proof to SCCMHA of accommodations available to consumers in communications and other areas.
K. SCCMHA will maintain a provider database and will publish provider directories on a routine basis.
L. The SCCMHA Board of Directors and the community will receive routine summary reports regarding overall provider performance, as well as summary information regarding network providers and contract requirements.
M. Provider network members will be expected to meet initial and annual application requirements and to adhere to minimum levels of performance as a condition of initial and continued contracting or provision of service and reimbursement of claims.
N. SCCMHA reserves the right to conduct a pre-contract assessment to determine the provider's ability to provide the requested services, including delegated functions where applicable.
O. Provider network performance measures will be provided at the time of service or contract engagement and will be based on key, objective facets of system quality.
P. SCCMHA monitoring of the network will include routine performance review audits of provider performance, which will include review of contract and SCCMHA network provider requirements. SCCMHA will utilize proof sources of the provider - including fiscal and programmatic audits by other funding or accrediting bodies - as well as site visits and stakeholder input to complete audits whenever available and applicable.
Q. SCCMHA may conduct ad hoc audits of specific providers based on performance concerns.
R. Audit areas will include but may not be limited to accommodations, person-centered planning and consumer choice, consumer involvement, consumer satisfaction, competency and training, quality improvement, consumer satisfaction, community resource use, overall service environment, consumer health and service documentation, as well those unique to the service provision; all providers will have uniform audit standards by type of service provision.
S. SCCMHA providers are expected to collect and measure consumer satisfaction data through an appropriate methodology; outcome and measurement information must be available for SCCMHA review upon request.
T. Network providers will receive a provider manual, containing SCCMHA policies and other provider network member requirements, including regular updates as

needed; generally, this will be provided in an electronic format that is also available to providers on the SCCMHA website.

U. SCCMHA will provide an orientation and application process for new provider members.

V. SCCMHA will maintain contract and audit files on system providers, with a minimum of annual updates on provider file and application information.

W. SCCMHA may request solvency and capacity information of provider members in order to minimize SCCMHA risk and to ensure consumer service continuity.

X. SCCMHA monitoring, audit or performance review tool(s) used by SCCMHA to evaluate provider performance will be made available to provider network members and will generally be updated annually.

Y. Potential conflicts of interest relative to provider network development and contracting on the part of provider members or SCCMHA employees are expected to be declared promptly by the party in writing and submitted to SCCMHA.

Z. SCCMHA will monitor provider policies and procedures to ensure performance and contract compliance as well as system competencies, including provider human resource or subcontracting practices that promote direct care and service staff competencies.

AA. Provider network members will receive fiscal, service and performance reports or summaries from SCCMHA on a routine basis.

BB. Provider network members will have an assigned central contact person at SCCMHA; SCCMHA will make contact information available to providers, including updates when indicated.

CC. SCCMHA provider network oversight functions will be coordinated as appropriate with external oversight organizations as appropriate.

DD. Provider network oversight will be coordinated with SCCMHA Office of Recipient Rights, as well as appropriate licensing organizations.

EE. Providers below an acceptable level of performance will receive written notice of non-compliance, and almost always will be asked to submit a corrective action plan acceptable to SCCMHA within a specified timeframe, with regular performance review checks until performance meets the standards. Any sanctions by SCCMHA will be issued in writing to the provider, with compliance and deficit areas noted and timeframe for corrective action if requested.

FF. Consumer health and safety considerations may automatically supersede any provider contract agreements or service delivery plans, at the sole discretion of SCCMHA and/or the consumer. Consumer choice and welfare shall not be compromised, and in fact are expected to be promoted, by provider performance. SCCMHA has proper authority and reserves the right to promptly discontinue service purchase for consumer(s) if consumer safety or health is determined to be at a potentially serious risk level by SCCMHA.

GG. Provider network members are expected to coordinate benefits with other payers to whatever extent possible, and to collaborate with community resources in order to best provide services for consumers and to maximize efficient use of SCCMHA funding.

HH. SCCMHA will provide reasonable notice and guidance to providers regarding policy or performance expectation changes; provider network members are expected to

provide timely notice to SCCMHA regarding key organizational changes or barriers to consumer service.

II. SCCMHA network providers will be expected to remain in good standing with their respective licensing and/or accrediting bodies. Copies of all accreditation certificates, corrective actions and reports are a required element of the SCCMHA provider file. Providers must give immediate notice to SCCMHA if their accreditation or licensure status relative to provider service requirements changes; routine updates in licensing and accreditation status are to be reported to SCCMHA promptly. SCCMHA reserves the right to request copies of survey detail pertaining to SCCMHA services.

JJ. Licensed residential providers are expected to routinely provide copies of licensing reports and citations to SCCMHA, including provider corrective action plans; for homes in which all consumers are funded by SCCMHA, the provider is expected to consult with SCCMHA prior to responding to any corrective action plan for licensing.

KK. SCCMHA provider network members must comply with all required MDHHS performance indicators and state reporting data elements, as well as other local requirements as established by SCCMHA. SCCMHA will provide providers with a complete copy of applicable state and/or regional contracts upon request, electronic or hard-copy version.

LL. SCCMHA will allow for out-of-network purchase of service when needed to meet consumer needs under conditions specified in regulatory statutes; out of network providers must adhere to SCCMHA requirements, including coordination of consumer co-payments when applicable in keeping with MDHHS and SCCMHA policies. Out of network services will be timely and for the length of time as needed by the consumer to meet their needs.

MM. SCCMHA will not discriminate in the selection and retention of provider network members to meet consumer needs for services and supports.

NN. SCCMHA will not participate with providers that are excluded from participation in federal health care programs as defined in regulatory statutes, including Medicaid and Medicare, and are prohibited from a service relationship in situations of debarment, suspension, or other exclusions; this includes all work force members, subcontractors, officers, directors, board members and will be verified as part of both an initial credentialing process and a re-credentialing process.

OO. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management, report of commercial insurance coverages and ability to pay renewals as well as maintain SCCMHA system current demographic information. Primary providers provide official notice of consumer deaths or other sentinel events and coordinate medical and psychiatric services, including medication management and health care integration. Primary providers are also expected to oversee the proper maintenance of official consumer records and facilitate the person-centered planning process.

PP. SCCMHA will acknowledge provider performance success through publications and other provider specific public recognition formats.

QQ. Provider input and suggestions are welcomed by SCCMHA at any time. SCCMHA will provide opportunities for provider input whenever possible.

RR. SCCMHA will maintain routine communication with network members of system notices, policy changes, and relevant information through newsletters and other correspondence.

SS. SCCMHA reserves the right to share public information regarding provider performance **reviews or credentialing** with another CMHSP organization or PIHP system upon request**, in order to promote reciprocity and efficiencies where feasible.** Provider network performance and contact information is made available to consumers upon their request.

TT. SCCMHA is responsible to conduct routine provider performance compliance reviews in areas required by MDHHS or federal sources, including but not limited to review of the existence (not content) of relevant employee performance evaluations, pre-employment background checks and testing. SCCMHA does not have the right to have open access or to review the details of workforce members' human resources files, including any general medical or performance information, as part of these routine reviews.

UU. SCCMHA reserves the right to report when appropriate or indicated to appropriate authorities, including the regional PIHP, MDHHS, the provider's regulatory board or agency, the Attorney General, Office of Inspector General, etc., any known serious issues and/or quality deficiencies that could result in a provider's suspension or termination from the SCCMHA network. If the issue is determined to have criminal implications, law enforcement agencies will also be notified by SCCMHA.

VV. All SCCMHA primary service providers will ensure geographic access to services for consumers, including within 30 miles or 30 minutes in urban areas and 60 miles or 60 minutes in rural areas; Saginaw County geographic measurement allows for automatic compliance for providers located in Saginaw County.

WW. Consumers may not be held liable when there is a payment dispute or claims disagreement between SCCMHA and the contracted service provider, including any impact on service when the provider has not been paid by SCCMHA. In addition, a consumer's ability to pay will not vary based on what provider program or site delivers services or supports, including if provided by out of network providers.

XX. As the regional PIHP elects to delegate responsibilities to SCCMHA as a CMHSP, SCCMHA may elect to delegate certain functions to a provider or a panel of providers by type of service; SCCMHA reserves the right to review provider compliance with the delegated functions and will conduct pre-delegation assessments to evaluate the proposed contractor's ability to adequately perform the delegated functions.

YY. Providers must notify SCCMHA of key changes or updates in a timely manner.

ZZ. All providers must promote the leadership involvement of consumers in their respective programs and organizations.

AAA. SCCMHA will notify the regional PIHP and/or MDHHS of any key provider program changes or significant provider service array or capacity issues in a timely manner, but in no less than 7 days of any such provider network changes.

BBB. Significant changes in provider network members which may or will impact consumers - including provider planned terminations, new provider network options,

or location changes of provider programs which directly impact service recipients - are issued by the Executive Director of Clinical Services & Programs. SCCMHA will demonstrate a good faith effort that timely written notice of terminated contracted providers will be given to any or each applicable enrollee (consumer) - who receives primary care from or is seen on a regular basis by such provider – in an advanced timeframe sufficient to best assist the enrollee in making any needed provider alternative choice decisions, but no less than within 15 days after receipt or issuance of the termination notice.

**Definitions:**

Best Value - a process used in competitive negotiated contracting to select the most advantageous offer by evaluating and comparing factors, such as quality and capacity, in addition to cost or price.

Sanction – Any negative consequence generally applied when a provider is non-compliant of a serious nature or level. Types should vary to fit the nature of the non-compliance. Sanctions could include payment withhold, repayment, discontinuation of referrals, discontinuation of services or contract cancellation.

Primary Provider - All SCCMHA programs, whether directly operated or contracted, who provide case management, supports coordination, wraparound, home based therapists, or outpatient services, or similar core services and take the lead in coordination of all services and supports. Key staff members may be referred to as 'primary workers' assigned to serve specific individuals. (Also referred to as Case Holder)

Secondary Provider - All SCCMHA provider programs which provide additional supports and services, including residential and other services for SCCMHA.

Delegation – SCCMHA designation to an assigned provider or group of providers a certain responsibility or responsibilities to be completed according to SCCMHA, PIHP or MDHHS requirements.

**References:**

Internal - SCCMHA Policies & Procedures - "Quality Assessment & Performance Improvement Program," "Regulatory Management," "Competency Requirements for the SCCMHA Provider Network" "Accommodations," "Cultural Competence," "Person-Centered Planning," "Event Verification," "Consumer Choice & Service Management," "Eligibility Criteria," "Ability to Pay/Coordination of Benefits," "Care Management," "Auditing Procedure," "Service Provider Selection & Contracting," "SCCMHA Service Provider Application (current), "Capitated Fund Source Application," Network Service Provider Appeals & Dispute Resolution, " Credentialing of SCCMHA Providers & Staff"

Current SCCMHA "Audit Checklist(s)" by provider service type

External – MDHHS and/or PIHP contract, including related attachment and reference documents

***Delegated to Primary Providers - Procedure***

*SCCMHA may delegate some key functions to contracted primary providers and conducts an annual pre-contract delegation to ensure that the provider has the ability to perform all delegated functions as part of the annual new fiscal year contract renewal cycle. The process used may vary some by provider, taking into consideration the length of SCCMHA experience with the provider, the number of delegated functions, the provider accreditation status and any applicable bid process used in procurement of provider services. The pre-contract delegation review will include SCCMHA consideration of provider 1) policies and procedures; 2) recent audit outcomes; 3) participation at relevant meetings and completion of required trainings; 4) care and contract management oversight outcomes relative to compliance performance; and 5) any other communications, including history of sanctions or commendations.*

*SCCMHA will compile a summary of this data and issue a written letter of delegation status to the provider. SCCMHA will indicate whether the provider has or has not met the requisite abilities in this written communication. SCCMHA may request a provider corrective action plan on any area of delegation as deemed appropriate by SCCMHA as a result of the pre-delegation review. In some cases, SCCMHA may elect to conduct a site visit to conduct this pre-delegation review of the provider's abilities in delegated area(s) or to follow up on adherence to the corrective action plan. Delegated functions are also included in SCCMHA provider audit requirements for primary providers. SCCMHA reserves the right to issue provider sanctions at any time for non-compliance in any delegated areas.*

*Delegated areas may include: Quality Assurance & Performance Improvement (QAPI), performance measurement, practice guidelines, staff qualifications, staff training, utilization management, customer service, enrollee rights, enrollee grievance, provider network management, credentialing, access and availability and appeals.*

**Exhibits:**

None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approves policy and annual network management & development plan. | CEO |
| Develops and implements an annual provider network development plan, assures consumer input in network administration and reviews and recommends revisions to policies and procedures where indicated. Oversees and directs provider network functions in coordination with SCCMHA administration including Care Management | Director of Network Services, Public Policy & Continuing Education |

| | |
|---|---|
| & Quality Systems, Clinical Services & Programs, Enhanced Health, Health Home, Customer Service & Recipient Rights, Regulatory Compliance, Information Systems, Human Resources and Financial Services; coordinates publishing provider performance reports. Receives and responds to formal provider disputes or appeals. Oversees annual system continuing education plan, contract management and provider network auditing. Publishes regular provider newsletters. Provides state notification regarding key provider changes -such as location changes of primary providers or certified programs or critical capacity or service issues. | |
| Provide input on provider related policies and plan, as well as leadership to address provider network needs, including specific provider education and system performance assurances. | Chief of Network Business Operations, Director of Customer Services and Recipient Rights Office, Executive Director of Clinical Services & Programs, Director of Network Services, Public Policy & Continuing Education |
| Issues consumer notices of significant provider changes including terminations, new options or location of service changes. | Executive Director Clinical Services & Programs |
| Prepares, issues, negotiates and updates provider contracts; acts as central contact for all SCCMHA service coordination agreements; maintains provider database and files. Oversees contract compliance. Inspects, manages and addresses property related issues. | Chief of Network Business Operations |
| Prepares and maintains annual audit schedule. Conducts annual and ad hoc network service provider audits of contractors and Authority programs, including event verification, and performance against comprehensive provider network standards. Provide follow up on corrective action plans. | Provider Network Auditing Supervisor |

| | |
|---|---|
| Plans and provide comprehensive continuing education program for network; identifies needs and recommends priorities. | Continuing Education Supervisor |
| Respond to SCCMHA requirements and informational needs in a timely manner; provide input on continuing education needs and barriers to provision of required services. Attend minimum trainings as required. Assure program compliance to SCCMHA standards and policies. | Provider Network Members |
| Provide initial and routine input on network policies and procedures, and the annual network management & development plan. Review audit tools and outcomes and provide feedback. Participate directly in audits on an annual basis. | Representative consumers/families/stakeholders |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Competency Requirements for the SCCMHA Provider Network</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.06.03</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/1/03</td><td>Date of Review/Revision:<br>9/19/03, 8/11/05, 5/3/06, 8/15/06, 1/07, 6/29/07, 7/30/07, 1/10/08, 6/25/09, 6/22/11, 6/20/12, 6/5/14, 5/2/16, 8/12/16, 6/1/17, 6/1/18, 3/19/18, 6/11/19, 6/1/20, 6/21/21, 7/23/21, 10/25/21, 10/11/22, 6/28/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>Credentialing Committee</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to:

- Ensure services are provided to consumers by individuals with appropriate, minimum levels of competency
- Specify network requirements for pre-employment screening to ensure the safety and well-being of individuals served
- Specify the qualifications and continuing education requirements for employees or contractors providing service to consumers to ensure competency
- Specify the credentialing and scope and requirements for service provider staff and contractors
- Outline the peer review process that provides guidelines for consistent network oversight of service providers and clinicians so that proper treatment and care of individuals occurs.
- Prevent or limit personal risk for consumers receiving service from Saginaw County Community Mental Health Authority (SCCMHA) programs and providers
- Minimize SCCMHA's clinical risk exposure and prevent related incidents

**Policy:**

It is the policy of SCCMHA that all persons providing care, treatment and support for individuals with disabilities served by the SCCMHA provider network will be properly credentialed, screened, orientated, trained, supervised, evaluated and disciplined as appropriate.

It is the policy of SCCMHA that staff members and service provider organizations must meet minimum standards for background checks and appropriate continuing education requirements.

It is the policy of SCCMHA that provider network members will have policies and/or procedures that ensure an acceptable code of conduct as well as skill, ability and competency of individuals involved in the care, treatment, and supervision of consumers.

**NOTE: It is the policy of SCCMHA that initial and ongoing steps will be taken, as outlined in this policy, to ensure that across the SCCMHA network, all staff, including physicians, other licensed health professionals and direct care staff, are sufficiently qualified to perform their jobs. Steps will occur throughout pre-employment, initial employment and ongoing employment (or contract) periods, including but not limited to whenever staff job duties or performance levels change. Individuals engaged in the provision of services through Evidence-Based Practices as endorsed by SCCMHA will be individually privileged in those specific practices.**

**Application:**

This policy applies to all provider network members and persons providing direct or indirect service to consumers and their families. While SCCMHA does not direct the personnel practices of contracting providers, the human resource policies of contractors must meet or exceed the requirements of this policy. Further detail may be located for employees in the human resource policies and procedures of SCCMHA.

It is expected that contractors will have written procedures, subject to audit by SCCMHA, that are directly applicable to these requirements, and that such will be summarized in each contractor's current provider application on file with SCCMHA.

The SCCMHA standards pertaining to competency are grouped into the three sections: pre-employment (qualifications and screening), employment (continuing education and supervision), and specific credential requirements (clinicians and credentialing).

For consumers receiving services in bordering states, credentialing and recredentialing processes will ensure that network providers residing and providing services meet all applicable licensing and certification requirements within their state.

**Standards:**

A. Qualifications and Screening

1. Network organizations shall actively advertise and recruit for positions in venues likely to produce the desired qualifications and competencies of applicants.
2. SCCMHA and other network provider organizations are encouraged to engage higher education institutions in the recruitment of employees, students and volunteers.
3. Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required.

4. Each employer, including SCCMHA, will request a signed application or agreement from position candidates providing a complete work history and verifying that the individual's application information is valid and truthful.
5. SCCMHA shall not discriminate against any practitioner solely on the basis of license, registration or certification; or specialization in the treatment of high-risk populations or conditions that require costly treatment.
6. SCCMHA and contractor provider employers will provide job candidates or those subject to re-credentialing with the option of stating reasons for any inability to perform essential job functions of the position, with or without accommodations.
7. Applicants will provide sufficient references who will be contacted **directly by the employing provider organization** to verify personal character, work experience and vocational related abilities.
8. Each employer, including SCCMHA, will conduct criminal background checks and perform other legally permissible and required, and applicant-consented, criminal record inquiries as part of the pre-employment consideration process prior to hire.
    a. Any criminal record will be evaluated by the potential employer to assure consumers are not placed in situations of risk due to the personal or moral character of the service providing individual.
    b. In all cases, SCCMHA and other providers will not hire or maintain employment of individuals who do not satisfactorily pass the minimum standards for background checks.
    c. SCCMHA recommends and supports provider standards whenever appropriate beyond the legal minimum to assist in assuring consumer safety and service risk reduction.
    d. Effective October 1, 2015, re-checks of CBC must be conducted every two years for all individuals who have roles of providing direct services for consumers.
    e. **Residential Providers** who are required to complete fingerprinting as part of their licensing requirements do not need to complete background checks every two years as the fingerprinting has a "rapback" process that will notify providers of any concerns noted for employees working for them.
9. All staff working with Children are required to have a Michigan Department of Health and Human Services (MDHHS) central registry check prior to hire.
10. Letters or offers of hire will be contingent upon successful pre-employment verifications.
11. Each employer, including SCCMHA, will verify any recipient rights history of the job candidate.
    a. This verification shall include a check with the recipient rights office of any county the potential employee may have worked prior to hire by employer.
    b. A history of substantiated rights violations or themes of allegations not substantiated that raise cautions about client safety and well-

being for any employment candidates are expected to be considered a significant barrier for employment.

12. All roles providing service to consumers will be described in job descriptions of SCCMHA or the contracting network provider.
    a. Individual contractors will have role descriptions included in the scope of work section of contract agreements.
13. Candidates for positions or contracts will be qualified against requirements and duties contained in job descriptions or scope of contract work for individual practitioners.
14. Network organizations are encouraged to continue to develop and refine methods of screening candidates that will assist to improve the assurance of the ethical, good moral character of individuals hired in service provision roles.
15. SCCMHA and contracting organizations will initially and on an ongoing monthly basis, be checking for debarment, suspension or excluded status of Medicare or Medicaid participation of any employee, workforce member/staff, director, or officer associated with SCCMHA, including contractors; such status is prohibited for SCCMHA by federal requirements.
    a. SCCMHA shall review each organization's credentialing policies and procedures as part of its provider auditing function.
    b. SCCMHA shall review each organization's personnel files as part of its provider auditing function to assure compliance with credentialing and re-credentialing standards.
    c. All providers receiving funding from SCCMHA, including residential, community living supports and respite, must minimally complete monthly sanction checks for List of Excluded Individuals and Entities (LEIE) Search the Exclusions Database | Office of Inspector General (hhs.gov), System Award Management (SAM) database SAM.gov and the State of Michigan Sanction list MDHHS - List of Sanctioned Providers (michigan.gov).
16. Direct or primary source verification is required for all positions with a Bachelor's degree or above; for high school or GED required positions, SCCMHA recommends that the employer obtain some written proof of academic achievement.
    a. Primary source verification for positions that require a license, state certification or state registration to practice independently shall be conducted in accordance with MDHHS policy (Reference C) and as delineated in Standard C below.
17. SCCMHA and other network provider employers will adhere to their specific policies regarding a drug free workplace, including pre-employment declaration, as well as standards of work conduct regarding being under the influence of illegal drugs or alcohol.
18. **All applicable providers must obtain, actively maintain, and provide to SCCMHA, all necessary staff and organizational NPI (National Provider Identifier) numbers for all rendering of services, as well as proper state enrollment in Medicaid, through the Community Health**

**Automated Medicaid Processing System (CHAMPS), in order for SCCMHA to pay claims. (Claims are submitted at the provider's actual cost amount and paid according to contract terms and rates.)**

**Background Checks in Licensed Residential Settings**

**The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members. Effective April 1, 2006, all new hires - and existing employees (or contractors if applicable) as soon as the system allows - must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.**

B. Continuing Education and Supervision

1. Except for licensed independent practitioners who are directly under contract with SCCMHA or subcontract with an SCCMHA contracted service provider, there will be a designated clinical or services supervisor for each person in a treatment, service or care giving role.
2. Clinical and direct care staff will receive adequate orientation and specific service plan education prior to working independently with consumers.
3. Supervisors will conduct monitoring of staff performance, with close monitoring to occur during initial employment or at any time when a performance improvement in indicated.
4. Supervisors are responsible to oversee proper orientation and ongoing performance of individuals.
5. Routine performance evaluations will be conducted and documented by supervisors for persons serving consumers, on an annual basis at minimum.
    a. Documentation should be more frequent whenever indicated or appropriate to address any performance problems.
6. Supervisors are responsible to monitor consumer care provision by staff and to intervene whenever there is cause for concern about the safety or welfare of consumers.
7. Staff development is considered a continuous process.
    a. Any areas requiring correction must be specified in an individual's written performance evaluation and improvement plan.
    b. Staff should be given verbal and written supervisory feedback at any time whenever appropriate, including individually as well as through staff meetings or in-services.
8. Supervisors are expected to respond promptly, assertively, thoroughly, and progressively to performance issues of personnel.
9. SCCMHA will provide continuing education through an established schedule published for network members.
    a. SCCMHA sponsored programs will assist providers in meeting minimum requirements by program type and will offer continuing education credits whenever possible.

b. SCCMHA will also share external opportunity information with providers as appropriate.

10. Providers are responsible to meet minimum continuing education expectations of SCCMHA and any personnel competency requirements for specific program licensure and/or accreditation.
11. Any staff that is not fully licensed or does not have the appropriate credentials to provide services in accordance with Michigan Medicaid Manual or other licensing body will be required as part of their credentialing process to document who will provide supervision of the staff person until full licensure or credentialing is obtained. Until such credentials or full licensure is obtained an appropriately credentialed or licensed individual will oversee and co-sign documents.
12. Whenever a staff member is alleged of suspected physical or sexual abuse of a consumer, SCCMHA will request that the individual be immediately removed from consumer contact, according to the provider's procedures, pending an Office of Recipient Rights investigation.
    a. The SCCMHA Office of Recipient Rights will provide verbal clearance as soon as possible for the person to return to consumer duties if the claim is found to be unsubstantiated.
13. Supervisors are expected to review and appropriately and promptly address any negative patterns of performance non-compliance for individuals or sites, such as through the review of incident reports or employee disciplines.
14. Provider programs must ensure a review of any critical incidents or sentinel events according to their respective policies;
    a. SCCMHA reserves the right to request provider summary information of such reviews.
15. Providers are responsible to ensure minimum levels of staffing to meet consumer needs and SCCMHA requirements, such as in adult foster care licensed settings.
    a. Staffing levels should always be commensurate with the person-centered plan(s) and services being provided or purchased by SCCMHA.
16. Paraprofessional staff that provide independent direct services for consumers, such as home-based assistants or peer support specialists, must have counter signatures from professional staff members on service documentation.
17. Independent contractors who provide service associated with direct operated programs will be assessed annually, as appropriate, to meet accreditation or other requirements.
    a. Such assessment will include SCCMHA policy compliance as well as any other relevant standards.

C. <u>Credentialing and Re-credentialing of Professional Staff</u>

1. Credentialing shall include the direct or primary source verification of licensure and/or education.
    a. Primary source verification of credentials shall include:
        1). Licensure or certification within 365 days of signature

2). Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training within 180 days of credentialing decision.
3). Documentation or graduation from an accredited school
4). National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified within 180 days of credentialing decision:
   a. Minimum five-year history of professional liability claims resulting in a judgment or settlement.
   b. Disciplinary status with regulatory board or agency
   c. Medicare/Medicaid sanctions

NOTE: Physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements

2. Re-credentialing shall be conducted on each provider every two years at a minimum and include the following:
   a. Updated information obtained since initial credentialing was conducted
   b. Sanctions, complaints, and quality issues and interventions if appropriate, pertaining to the provider including:
      1). Any loss of licensure since last credentialing cycle.
      2). Medicare/Medicaid sanctions
      3). State sanctions or limitations on licensure, registration or certification
      4). Consumer concerns which include grievances (complaints) and appeals information
      5). SCCMHA quality /auditing issues
3. Licensure checks will be completed every year (two years as part of the re-credentialing process and the non recredentialing year) to assure no sanctions have been noted by Licensing and Regulatory Affairs (LARA) and to assure the license is still active.
4. Credentialing and re-credentialing shall be conducted and documented for the following health care professionals:
   a. Physicians (M.D.s and D.O.s)
   b. Physician's Assistants
   c. Psychologists (Licensed, Limited License, and Temporary License)
   d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
   e. Licensed Professional Counselors
   f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
   g. Occupational Therapists and Occupational Therapist Assistants
   h. Physical Therapists and Physical Therapist Assistants

i. Speech Pathologists
j. Any other independent behavioral health professional under contract with or employed by SCCMHA

5. In the SCCMHA network, individuals with an LP (Licensed Psychologist), LLP (Limited Licensed Psychologist), or MSW (Master of Social Work) and LMSW (Licensed Master's Social Worker) or LPC/LLPC (Licensed Professional Counselor or Limited Licensed Professional Counselor) only may provide the services of therapy or counseling, unless otherwise specified in writing by SCCMHA.
    a. Persons without proper licensure may not provide therapy, and those without completion of full licensure in these professions may provide therapy only temporarily, and only under the direct, documented supervision of an appropriately licensed professional upon written agreement of SCCMHA.
    b. Board certified or eligible psychiatrists may also provide therapy.
    c. Students can offer services under the NPI of their supervisor.
6. Some positions may require by funding a CMHP (Child Mental Health Professional), QBHP (Qualified Behavioral Health Professional), QIDP (Qualified Intellectual Disability Professional, or QMHP (Qualified Mental Health Professional) and/or SATP (Substance Abuse Treatment Practitioner) or SATS (Substance Abuse Treatment Specialist), or other requirements of MDHHS and/or SCCMHA, and such will be noted in the job description when applicable.
7. Case Managers must have a Bachelor's Degree and/or meet the current state Medicaid requirements for academic backgrounds, and obtain the appropriate social work licensure at the level allowed by academic background.
8. Individuals with credentials required by job description must maintain such status without any lapse.
    a. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately.
    b. All employers, including SCCMHA, will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.
9. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.
    a. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.
10. SCCMHA reserves the right to verify proof of credentials, reference checks, criminal background checks, OIG (Office of Inspector General) checks or other human resource documents as referenced in this policy or the related human resource policies of the network organization where applicable

through the SCCMHA audit process, including for any subcontracted personnel and through direct verification methods.

11. Re-credentialing will occur annually for contracting providers, psychiatrists and SCCMHA professional employees.
12. SCCMHA will ensure that credentialing and re-credentialing processes will not discriminate against a health care professional solely on the basis of license or certification, and SCCMHA will further ensure nondiscrimination for any health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
13. Whenever SCCMHA or a contractor of SCCMHA delegates to another entity any of the responsibilities of credentialing or re-credentialing or selection of providers, SCCMHA will retain the right to approve the credentialing decision or to require discontinuance of services by the provider or individual who could not meet SCCMHA credentialing standards.
    a. Contractors will meet all requirements associated with the delegation of PIHP functions by SCCMHA.
    b. SCCMHA is responsible for oversight regarding delegated credentialing or re-credentialing decisions.

D. Peer Review Process

1. The SCCMHA Credentialing Committee shall provide oversight of the credentialing and re-credentialing process including:
    a. Development and update of credentialing criteria as needed, consistent with federal, State and SCCMHA requirements as well as applicable professional standards.
    b. Review and final decision-making for appeals of adverse credentialing decisions
    c. Ensuring adherence to timely appeal standards for adverse credentialing decisions.
    d. Development and monitoring of adherence to established timelines for the credentialing process.
    e. Determining, as needed, the utilization of participating providers to ensure all relevant information is incorporated in credentialing/re-credentialing decisions,
    f. Ensuing contracted providers implement and adhere to the credentialing, and re-credentialing process, including approval, suspension, or termination contracted providers.
    g. Granting temporary or provisional credentials based upon a specific community/consumer need.
2. The Credentialing Committee is chaired by the SCCMHA Medical Director. The Credentialing Committee Chair is responsible for ensuring that thoughtful consideration is given to all applications presented to the Committee. As the chairperson, the SCCMHA Medical Director reviews and approves all independent practitioner files that have been deemed "clean".

3. The SCCMHA Credentialing Committee membership is comprised of members of the SCCMHA Leadership Team including the Director of Network Services, Public Policy & Continuing Education, Director of Human Resources as well as the SCCMHA Compliance Officer, and Supervisor of Provider Network Auditing. Consultants to the committee include: the Director of Care Management & Quality Systems, Executive Director of Clinical Services, and Director of Contracts & Procurement. The Committee also includes two (2) participating network practitioners who have no other role in SCCMHA's management activities. The participating network practitioners must be reflective of the practitioners with whom SCCMHA directly contracts or employs. SCCMHA aims to capture a variety of perspectives and experience.
4. The Committee reviews any recommendation to suspend or terminate participation in the SCCMHA Provider Network based on adverse events or ongoing significant concerns. Examples of adverse events/concerns that may lead to a recommendation for suspension or termination include but are not limited to:
    a. Immediate consumer safety concerns
    b. Substantiated recipient rights violations
    c. Unresolved quality/compliance concerns
    d. Inability to effectively and appropriately staff cases
    e. Failure to meet minimum quality standards as defined by the provider's SCCMHA contract
    f. Medicaid/Medicare sanctions
    g. Limitations or sanctions on state licensure, certification, or registration
5. Following each review, providers are notified of the Credentialing Committee's decision within sixty (60) calendar days of the Committee's meeting date in writing. Notifications are sent for both initial and recredentialing reviews and specify the duration of the credentialing period. Providers that fail to meet standards for credentialing or recredentialing are provided with information related to the factors for which they were found to be deficient. When possible, information regarding steps needed to remedy deficiencies will be provided in the notification letter. The letter will also contain a summary of the appeal rights and process to appeal negative decisions.

E. Provider Appeal Process

1. Providers have thirty (30) calendar days from the date of a negative decision to register an appeal. Appeals must be made by submitting the request, in writing, to the Chair of the SCCMHA Credentialing Committee. Providers who wish to request a hearing as part of the appeal process must include this request in the appeal letter. Appeals may be made regarding the denial of empaneling a prospective provider in the SCCMHA Provider Network or the termination of an existing provider or program from the network. Providers cannot appeal the length of an approved credentialing status. Appeals must include resolution of any

deficiencies identified during the credentialing/recredentialing process, as well as any relevant information related to the request for reconsideration of the credentialing/recredentialing decision.

2. Appeals will be reviewed by the SCCMHA CEO and a panel comprised of members of senior leadership as well as an independent consultant, none of whom are standing members of the SCCMHA Credentialing Committee. These individuals will have the requisite experience and/or training related to the practitioner or agency under consideration. The decision of the appeals panel is considered final and will be provided via written notification.
3. All appeal decisions shall be made within fourteen (14) business days and shall be communicated to the provider within three (3) business days of the decision. Existing network providers should reference their SCCMHA contract or SCCMHA staff personnel policies for additional remedies.

**Definitions:**

**Good Moral Character** is defined by Michigan statute (Act 381 of 1974, Section 338.41) as "the propensity on the part of the person to serve the public in the licensed area in a fair, honest and open manner."

**Competency**: Possessing the requisite or adequate abilities or qualities and as well as the capacity to appropriately function and respond in the provision of direct care, treatment or any covered services to individuals served by the SCCMHA system.

**Credentialing:** The process of receiving and verifying evidence that basic requirements are met.

**Direct or Primary Source Verification**: The verification of educational credentials with the educational institution attended and/or verification of licensure or certification with the state department from which it is issued by the employer or contracting organization.

**References:**

**Internal**

A. SCCMHA Human Resource Policies
B. SCCMHA Training Calendar (monthly)
C. SCCMHA Training Protocols (most current version)
D. SCCMHA Training Protocols Manual
E. SCCMHA Provider Credentialing Handbook located on SCCMHA Website
F. SCCMHA Policy 05.07.04 – Network Service Provider Appeals & Dispute Resolution
G. SCCMHA Procedure 09.04.05.02 – Privileging of Practitioners in Evidence-Based Practices
H. SCCMHA Minimum Training Requirements Grid – Staff Intranet: Training Requirements | SCCMHA

**External**

A. MSHN Regional Training Grid : Provider Trainings - Mid-State Health Network (midstatehealthnetwork.org)

B. MDHHS Contract & Regional PIHP (MSHN)/CMHSP Contract
C. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Credentialing and Re-Credentialing Processes: https://www.michigan.gov/documents/mdhhs/Credentialing_and_Recredentialing_Process_P-7-1-1_638453_7.pdf
D. Michigan Medicaid Provider Manual: MedicaidProviderManual.pdf (state.mi.us)
E. MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & Codes (most current version)
F. CMS (Centers for Medicaid and Medicare Services) Office of Inspector General (OIG): Special Advisory Bulletin (hhs.gov)
G. Michigan Department of Health and Human Services (MDHHS) list of sanctioned providers MDHHS - List of Sanctioned Providers (michigan.gov)

**Exhibits:**

A. SCCMHA Provider Manual Licensure, Registration, Certification & Accreditation Table
B. SCCMHA Mission Statement, Vision Statement; Core Values and Operating Principles
C. SCCMHA Authorization to Disclose Employee Information and Release of Liability

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Verify references, credentials, criminal background checks and any related pre-employment or pre-contracting screening according to designated policies and procedures.<br>Maintain on file proofs of pre-employment verifications as well as credentials and licensure and training.<br>Conduct initial employment orientation. | All SCCMHA Network Members and SCCMHA Human Resources Director or designee, SCCMHA Director of Contracts & Procurement |
| Actively participate in required orientation and training; seek to improve competencies through additional training appropriate to role and types of consumers served.<br>Maintain minimum levels of training and/or credentials by job description.<br>Immediately notify SCCMHA of any change in required credentials status.<br>Suspend all claims submission and billing activity for staff who fail to maintain proper credentials, including any needed retroactive corrections. | SCCMHA Network service delivery personnel and contractors |

| | |
|---|---|
| Ensure initial orientation and ongoing coaching and training to assigned personnel; actively monitor and supervise competencies and provide ongoing feedback and intervene as appropriate.<br>Document performance and related goals.<br>Take appropriate action according to applicable human resource/personnel policies when performance indicates. | Supervisors of direct service individuals |
| Oversees and co-signs any work performed by those staff working toward appropriate credential or licensure. | SCCMHA Human Resources Director, and All SCCMHA Network Providers |
| Monitors clinical programs for employee compliance. | SCCMHA Human Resources Director, and All SCCMHA Network Providers |
| Provide training resource and schedule information.<br>Monitor contractor performance with training and other policy requirements.<br>Report system cumulative compliance data through network audit report score summaries.<br>Restrict claims or bills for persons not properly credentialed and issue sanctions as appropriate.<br>Offer reciprocity for providers when indicated or requested. | SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA Director of Contracts & Procurement, SCCMHA Continuing Education Supervisor, and SCCMHA Network Audit staff |
| Reviews system performance against competency requirements.<br>Recommends policy changes; review and recommend training priorities.<br>Recommends disciplinary action to be taken by supervisors for non-credentialed staff in SCCMHA direct operated programs. | SCCMHA Credentialing Committee |
| Reviews Credentialing and Recredentialing of all Clinical staff to assure proper credentials are maintained | SCCMHA Credentialing Committee |

| | |
|---|---|
| and person is credentialed for services provided to SCCMHA Consumers. | |
| Receives and reviews any Credentialing appeals and provides feedback to the appellate. | SCCMHA Credentialing Committee |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**Provider Manual Table of Requirements**
**for**
**Licensure, Registration, Certification and Accreditation**

PROVIDER shall submit copies of the required licensure, registration, certification and/or accreditation to Saginaw County Community Mental Health Authority in accordance with the time periods and terms specified in their Provider Participation Agreement. PROVIDER shall also display such documents prominently on premises or service site.

| Provider Type | Requirement | Issuing Agency |
|---|---|---|
| Licensed Independent Practitioner | License, Certification or Registration to Practice in Michigan | Michigan Department of Community Health, Bureau of Health Professionals |
| Inpatient Psychiatric Unit | License for Acute Care Beds for Adult or Adolescent and /or License for Partial Hospitalization | Michigan Department of Consumer and Industry Services, Bureau of Health Systems |
| Crisis Residential Treatment | Certification for Crisis Residential | Michigan Department of Community Health, Bureau of Health Systems |
| | Certification for Specialized Residential | Michigan Department of Human Services, Office of Child and Adult Licensing |
| | Adult Foster Care License | Michigan Department of Human Services, Office of Child and Adult Licensing |
| Specialized Residential | Certification for Specialized Residential | Michigan Department of Human Services, Office of Child and Adult Licensing |
| | Adult Foster Care License | Michigan Department of Human Services, Office of Child and Adult Licensing |
| Outpatient Services Clinic or Agency Providers: including Assertive Community Treatment, Case Management, Supports Coordination, Clinic Services and Vocational Rehabilitation | Accreditation by one of the following: | a) Joint Commission on Accreditation of Health Care Organizations<br>b) Council on Accreditation of Rehabilitation Facilities<br>c) Council on Accreditation<br>d) Certification by Michigan Department of Community Health |
| Enhanced Treatment and Support Services: Assertive Community Treatment, Home based Services, Case Management, Crisis Residential, Crisis Stabilization, Clubhouse | Certification and/or Enrollment | Michigan Department of Community Health, Division of Quality Management and Service Innovations |

Exhibit B

# Saginaw County Community Mental Health Authority

## Core Values and Operating Principles

### Consumer Potential

- We will support consumers to fully experience life.
- We will support customers in taking risks and learning from their mistakes and celebrating successes.
- We are committed to helping customer imagine a better life and develop steps to achieve it. (Dream/Hope)
- Our behavior and actions will demonstrate our belief in the potential for growth.
- Our role with customers will be a partnership.
- We will look for every opportunity to help customers develop and exercise choice.

### Excellence

- We will deliver services which produce quality outcomes.
- We will continually review and measure processes for improvement.
- We will approach our work with purpose and enthusiasm.
- We will have the courage and wisdom to address difficult issues with all relevant information.

### Accountability

- We acknowledge that each of us is responsible for ensuring compliance with all laws, and regulations and organizational policies that control our business.
- We as an organization are accountable and individually responsible to our customers, each other, the organization, our network and the community.
- When we learn of inadequacies or weaknesses in our services or business processes we will correct them and learn from the experience.
- We are responsible for our own actions and the consequences of them.
- We will make informed decisions and if we make mistakes we will correct them and learn from them.
- We will remind co-workers when their attitudes and actions are in conflict with the organizations values and in violation of our operating principles. In turn, we will compliment co-workers when their attitudes and actions are in compliance or exceeds the core values of the organization.

### Respect

- We have high regard for the diversity and uniqueness of those we serve and those serving.
- We respect and value the different functions within the organization which must all work together to accomplish the mission to ultimately serve the consumer.
- We will treat each other kindly using common courtesies at a minimum.
- We will demonstrate pride in our environment and take personal responsibility in its cleanliness and care.
- We will always use person first language in all modes of communication when referring to customers with disabilities and their families.
- We recognize that trauma is pervasive, and we presume the possibility that any individual one encounters, whether a consumer, visitor, or staff member, may have a trauma history.

### Racial and Cultural Competency

- We affirm the existence and long history of Institutional and Systemic Racism.
- We affirm our commitment to racial and cultural equity for staff members that are Black and Indigenous People of Color (BIPOC) as well as to all LGBTQ+ and members with disabilities and strive to be a positive example to the community.
- We acknowledge that everyone has implicit biases about others with different racial and cultural backgrounds. We will provide training opportunities to educate everyone about Implicit Bias and provide strategies to understand how these biases effect attitudes and behavior that in turn impacts those we serve, their access to service and their service outcomes.

- We expect baseline cultural and racial competencies across all network staff members and all agency leadership and will hold ourselves accountable to the demonstration of such competencies.
- We will codify our commitments to racial and cultural competency in all work that we do, including agency policies, strategic planning and service and project implementation and evaluation.
- We will work to improve both the retention of and promotional pathways for BIPOC, LGBTQ+ and individuals with disabilities as staff members to grow a more diverse workforce at all levels of the organization.
- We will define key metrics to track our progress and publish the results both internally and externally.

## Integrity

- We will make business decisions based on the needs of the total organization rather than individual staff or unit specific wants.
- We will have the courage to share our opinions during the process of decision making and then demonstrate support and commitment to the final decision.
- We will work to ensure the complete, timely and accurate collection of data upon which critical decisions are based.
- We will be truthful and fair to each other and to all outside parties.
- We will avoid any real or perceived conflict of interest as an organization through statements of disclosure and adhere to SCCMHA policies.

## Public Stewardship

- We will make decisions about resource allocations and investments with an eye on the future to ensure services for Saginaw citizens with disabilities and their families.
- We are responsible for doing the best with all the resources with which we have been entrusted.
- We will ensure non-biased decisions in the referral of persons to specific service providers in our core manager role.
- We are committed to "best practice" in service and business design and delivery including evidence based practice whenever possible.
- We take responsibility for the leadership entrusted to us in supporting the needs of Saginaw citizens with disabilities.

## Collaboration

- We will work as a team to successfully meet organizational goals.
- We believe that the best solutions arise from the collective wisdom and action of varied stakeholders.
- We will build and nurture community partnerships and networks to achieve creative, efficient and flexible outcomes for consumers, their families and Saginaw citizens.
- We will foster productive relationships among staff members, units, departments and functions to achieve creative efficient and flexible outcomes.

## Customer Service Philosophy

- We will treat every person with whom we come in contact with including our colleagues as a valued customer.
- We respect each others time, individual deadlines and priorities.
- We return all phone calls, e-mail messages, and voice mail messages in a timely and friendly manner.
- We seek the input of those affected by our decisions and respect their opinions.
- We will treat consumers as if they could buy their mental health services from any organization but have chosen us.

## Effective Communication

- We will ensure no matter who you are or where you work, you will receive information necessary to do your job.
- We acknowledge our individual responsibility to stay informed.
- We will be active participants in communications that are: timely, honest, thoughtful, mutually beneficial, productive and courteous.
- We will always be ready to listen to and learn from others, and be willing to teach or to ask for assistance from others.
- We encourage the expression of critical thinking and will respect dissenting opinion, but when decisions are made we expect full and active support.

# Saginaw County Community Mental Health Authority

## Mission Statement

As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, SCCMHA actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.

## Vision Statement

A belief in potential

A right to dream

An opportunity to achieve

Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY

Recipient Rights Complaints Appeals

***PROVIDER INFORMATION:***

| | | |
|---|---|---|
| ***Provider Name:*** | ***Phone:*** | ***Fax:*** |
| ***Address:*** | | |
| ***City:*** | ***State:*** | ***Zip Code:*** |

I, _____, authorize the Saginaw County Community Mental Health Authority
**(PRINT FULL NAME)**
to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

**Please check the appropriate box below**

☐ I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties and give my permission for you to check with their county's Office of Recipient Rights: _____.

☐ I have not worked in the Mental Health field prior to my application for employment.

I, _____, release the Saginaw County Community Mental Health Authority
**(PRINT FULL NAME)**
and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

_____ _____ _____
*Applicant's Signature* *Date* *Applicant's Maiden Name (If Applicable)*

_____ _____ _____
*Witness Signature* *Date* *Applicant's Social Security Number*

_____
*Applicant's Home Address: Street and Number City State Zip Code*

**RIGHTS OFFICE USE ONLY**

A) The above applicant has the following Recipient Rights history:
Violation(s) of Abuse or Neglect according to:
**SCCMHA** ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO

B) The above applicant has the following Recipient Rights history:
Violation(s) of other Recipient Rights violations according to:
**SCCMHA** ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO

**By:** _____ **Date:** _____
**SCCMHA Recipient Rights Advisor or Officer**

Information from other counties was received from: **County & ORR Staff**: _____;
**County & ORR Staff**: _____; **County & ORR Staff**: _____;
Additional Forms may be used if there is a need to list more counties

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 1-14

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Credentialing and Recredentialing of SCCMHA Providers and Staff</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.06.03.01</td></tr>
<tr><td rowspan="2">Effective Date: 10/25/21</td><td>Date of Review/Revision: 9/2/22, 6/1/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Barbara Glassheim<br><br>Additional Reviewers:<br>Melynda Schaefer</td></tr>
<tr><td>Supersedes:<br>Credentialing of SCCMHA Providers and Staff Procedure 09.04.03.01 (10/1/08)</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

The purpose of this policy is to ensure that: (1) the service provider network is appropriately credentialed and recredentialed; (2) SCCMHA is in full compliance with statutory, funding, professional requirements, and (3) consumers have access to qualified providers.

**Policy:**

Statutory, funding requirements, as noted in SCCMHA referenced policies, require processes to address credentialing and recredentialing service provider network healthcare professionals, as well as background verifications of officers, employees and service provider contractors. SCCMHA intends to apply consistent procedures and ensure compliance in the proper credentialing as well as recredentialing of SCCMHA service delivery network providers, including applicable staff members and individual contractors or subcontractors.

SCCMHA seeks to ensure the competency of the service delivery network in the provision of specialty services and supports for mental health, developmental disability and substance use disorders treatment. Toward that goal, it is the policy of SCCMHA that certain credentialing and recredentialing activities will occur and be documented to ensure that all staff members and providers, in accordance with their assigned role in service delivery or business functions, obtain and maintain proper credentials for their job position and responsibilities as required by statute, policies and/or job description qualifications. SCCMHA and delegated service network contractors will conduct all credentialing and recredentialing processes in a nondiscriminatory manner in keeping with SCCMHA equal opportunity related policies. This policy also addresses temporary and provisional credentialing.

This policy additionally addresses the background check requirements of the SCCMHA system, including criminal background, federally excluded provider status, recipient rights and driver's license verifications.

This policy does not address any determinations of acceptable scope of practice of professional disciplines. Scope of practice standards are addressed by licensing or certification entities, and are included within the Michigan Medicaid Provider Manual for behavioral health and intellectual and developmental disability supports and services.

**Application:**

This policy applies to all service delivery programs, both direct operated and contractual, and to any SCCMHA staff members when a credential is indicated by job description. All employees and parties to signed service contracts with SCCMHA are subject to credentialing and recredentialing compliance in accordance with this policy.

**Standards:**

A. SCCMHA shall establish a credentialing committee which will be responsible for credentialing and recredentialing processes including:
    1. Monitoring of credentialing and recredentialing criteria set forth by federal, state, and SCCMHA as well as applicable professional standards in order inform relevant SCCMHA policies and practices.
    2. Developing and monitoring of adherence to established time lines for the credentialing/recredentialing process, including provider appeals of negative credentialing/recredentialing decisions.
    3. Determining, as needed, the utilization of participating providers to ensure all relevant information is incorporated in credentialing/recredentialing decisions.
    4. Ensuing contracted providers implement and adhere to SCCMHA's credentialing, and recredentialing process, including approval, suspension, or termination contracted providers.
    5. Granting temporary/provisional credentials based upon a specific community/consumer need at SCCMHA's sole discretion.

B. SCCMHA credentialing and recredentialing processes and procedures will be updated and documented as needed to meet state and federal credentialing policies and any other pertinent regulatory requirements.

C. Credentialing for applicable staff members or employees of contractors will occur at the time of initial employment through an employment application process; recredentialing will occur every two years thereafter.

D. Credentialing for contracted providers will include an initial completed provider application document; recredentialing will be conducted through the provider application renewal process and/or auditing process.

E. Credentialing/recredentialing will include obtaining a copy of the applicant's relevant credential documents, including diploma(s) as required by the respective job description.

F. Following completion of the initial application process, primary source verification activities will commence, and be conducted by authorized credentialing agents of SCCMHA.

G. The credentialing and recredentialing of individuals employed by or subcontracted by SCCMHA contracted service programs will be delegated to those contracted providers by SCCMHA.
    1. Delegation includes: compliance with this policy, conducting specific credentialing and recredentialing activities for applicable individuals, and establishing and maintaining credential file information and documents.

H. Credentialing and recredentialing will include primary source verification of educational and academic achievement status; official transcripts must be obtained directly from the specific institution where the highest level of degree(s) was (were) obtained by the individual from an accredited school (s), or an authorized centralized clearing house resource may be used for this purpose.
    1. Whenever applicable, verification of board certification and completion of any required internships/residency programs or other postgraduate training will be included.

I. A copy of licensure or registration will be obtained directly from the individual at the time of employment or contract initiation; subsequent direct verification with the State of Michigan will be conducted for both initial credentialing and recredentialing purposes related to professional licensure, registration or certifications.

J. Credentialing or recredentialing for licensure or registration will be documented by date and verified by the credentialing agent by signature or initial.

K. Credentialing and recredentialing proof documents will be maintained by SCCMHA for employees in the staff credential file in SENTRI and/or personnel/human resources file.

L. Credentialing and recredentialing proof documents for individual contractors by SCCMHA will be maintained in the contract management files by fiscal year of the contract status.

M. Credentialing and recredentialing proof documents of individuals who are employed by or subcontracted by SCCMHA contracted organizations, will be maintained in the human resource or contract files of that organization, and are subject to SCCMHA audit.

N. Credentialing files for contractors will be completed within 120 days from the start of the credentialing or recredentialing process.

O. Credentialing files for employees will be completed within 30 days from the start of the credentialing or recredentialing process.

P. All professionals who provide therapy or other professional clinical services within the SCCMHA network of services must be properly credentialed and recredentialed.

Q. The health care professionals addressed in this procedure to be credentialed include at minimum:
    1. Physicians (MDs or DOs), physician assistants
    2. Psychologists (fully licensed, limited license and temporary license)
    3. Social workers (licensed Master’s, licensed Bachelor’s, limited license and registered social work technicians)
    4. Licensed and limited licensed professional counselors
    5. Nurse practitioners, registered nurses, and licensed practical nurses
    6. Occupational therapists and occupational therapist assistants

7. Physical therapists and physical therapist assistants
8. Speech pathologists
9. Medical assistants

R. The SCCMHA Human Resource Department and SCCMHA contracted provider organizations must complete direct (primary) source verification for any other additional staff or subcontracted individuals who have other academic/professional backgrounds associated with the individual's stated application/resume information and job requirements at the highest level of education achieved relevant to the SCCMHA job or role function of the individual.
    1. Credentialing does not include verification of academic or other credentials obtained by the applicant when those credentials are not pertinent to the SCCMHA determined scope of service.

S. Credentialing of employees is initiated prior to employment, at the time of the conditional job offer, and is completed either prior to the first day of work or within 30 calendar days; recredentialing shall be conducted every two years.

T. SCCMHA will not discriminate against a health care professional solely on the basis of license, registration or certification. In addition, SCCMHA will not discriminate against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

U. SCCMHA policies prohibit either the employment of or contracts with individuals or any providers who are excluded from participation under either Medicare or Medicaid or who otherwise have Medicare or Medicaid sanctions
    1. This credentialing policy requires compliance with these federal requirements that prohibit such excluded providers, including officers, directors, significant purchasers, and board as well as contractor(s)' provider-level staff.

V. SCCMHA, according to network management and regulatory compliance policies, has procedures for reporting to appropriate authorities, such as MDHHS (Michigan Department of Health and Human Services), the regional PIHP (prepaid inpatient health plan), the provider's regulatory board or agency, the Attorney General, etc., any improper known provider or individual practitioner conduct which results in suspension or termination from the SCCMHA service network.
    1. SCCMHA's actions will be consistent with current state and federal requirements, including content contained within the MDHHS/PIHP and/or CMHSP contract for Medicaid Managed Specialty Supports and Services.

W. Oversight of the credentialing process is administratively assigned by SCCMHA CEO to the SCCMHA Medical Director.
    1. This oversight includes facilitation of credentialing committee meetings when necessary.

X. Participating providers involved in the credentialing process are those being credentialed as individuals where applicable, and those who are serving as agents of SCCMHA to conduct credentialing activities of subcontractors or employees.
    1. Participating providers also may provide feedback on the credentialing process at any time, including filing an appeal with SCCMHA in accordance with SCCMHA provider dispute and appeal procedures.

2. Individuals seeking to be credentialed are expected to provide accurate information upon which credentialing decisions will be based.

Y. Initial credentialing of applicants will include complete work history information via resume/vitae or employment application.

Z. The initial credentialing application, through employment application processes or provider contract application/initiation processes, will include a signature of the individual, date of application submission, and will attest to: lack of present illegal drug use; any history of loss of license and/or felony convictions; any history of loss or limitation of privileges or disciplinary action, or other state sanctions or limitations on licensure, registration or certification; and attestation by the applicant of the accuracy and completeness of the application.

AA. Recredentialing will include an update and/or verification of initial application information.

BB. The file will include any pertinent information used to determine if the provider met SCCMHA credentialing standards.

CC. Credentialing will not include any information regarding an applicant's status related to allegations or pending investigations in process associated with licensure or registration.

1. SCCMHA supports due process for all individual applicants in matters pertaining to unsubstantiated allegations of misconduct.

DD. SCCMHA allows for <u>temporary or provisional credentialing</u> of an individual for up to 150 days.

1. Temporary or provisional credentialing must include all items specified in the SCCMHA credentialing standards, including primary source verification requirements delineated in this procedure.
2. Missing documents will be required submission within 3 business days of request.
3. Oversight of temporary or provisional credentialing will be provided by the administrative director responsible for credentialing, on behalf of the credentialing committee, working with the appropriate credentialing agent.
4. Temporary or provisional credentialing of physicians requires the approval of the SCCMHA Medical Director.
5. Temporary credentialing will follow the established SCCMHA processes, including application and primary source verification.
6. A decision on temporary or provisional credentialing will be rendered as soon as possible, not to exceed 31 calendar days from the date of the initial application.
7. Staff will not be allowed to render services until credentialing is complete.

EE. Credentialing by contracted providers as delegated by SCCMHA is subject to SCCMHA review.

1. SCCMHA is responsible for the oversight of any delegated credentialing or recredentialing decisions within its service delivery network.
2. Delegated credentialing must adhere to SCCMHA policy and procedure.
3. SCCMHA retains the right to approve the credentialing or recredentialing conducted by a provider, or require discontinuation of service by individuals without the proper credentialed status.

4. Improper or insufficient credentialing practices of a contractor may be cause for contractual sanction(s) by SCCMHA, requiring a corrective action plan, and could be cause for contract suspension or termination.

FF. SCCMHA may allow deemed status for an individual or organization already credentialed by another PIHP and/or CMHSP for the same service(s) upon review of the appropriate and completed credentialing documentation.

1. SCCMHA will maintain this information in the appropriate provider's contract file.

GG. SCCMHA quality program requirements will be considered whenever relevant to credentialing processes.

1. The Director of Network Services, Public Policy & Continuing Education, in consultation with the Director of Care Management & Quality Systems and/or Supervisor of Quality Systems & Public Information, is responsible for service network quality oversight and network compliance with credentialing requirements.
    a. The credentialing processes of SCCMHA are part of the overall quality and compliance program structures, as well as human resource and contract management policies and procedures.

HH. SCCMHA beneficiary (consumer) concerns, which include grievances/complaints and appeals information, will be included in credentialing processes whenever deemed relevant by SCCMHA.

1. For purposes of this procedure, relevant coordination will occur between the SCCMHA Medical Director who has overall responsibility for credentialing and recredentialing oversight, the Director of Network Services, Public Policy & Continuing Education, who is administratively responsible for provider network management and credentialing/recredentialing, and the Supervisor of Recipient Rights, who is responsible for SCCMHA management of recipient grievance and appeals.

II. If an individual or organization is denied credentialing or recredentialing by SCCMHA, the individual or organization will be notified in writing by SCCMHA of this adverse credentialing decision within 30 calendar days of the decision.

1. The denial will include the reason(s) for the adverse decision.
    a. Reasons may include but are not limited to:
        1). Failure of the applicant to provide complete information as requested by the credentialing agent
        2). Inability of the SCCMHA credentialing agent to obtain proof of licensure or degree
        3). Presence of the applicant's name on a current list of sanctioned Medicaid or Medicare providers.
2. For providers with delegated credentialing/recredentialing authority, denials of individual or organizational providers will be reported to the Credentialing Committee by the appropriate credentialing agent immediately.

JJ. SCCMHA will continue to offer provider appeal and dispute resolution processes per contract language and related policy and procedure, in accordance with state and federal regulations.

KK. SCCMHA contract applications, employment applications, credentialing processes, and background checks for professionals, directors, officers and persons involved in significant purchasing, will ensure the verification that such parties are not listed as federally excluded.

1. For purposes of this policy, individuals defined as included in addition to applicable providers, are: SCCMHA Officers, Directors, Contracts & Properties Manager, Contract Management Assistant, Administrative Accounting Supervisor, and Accounting/Purchasing Assistant.

LL. Recipient Rights history checks will include Saginaw County if the person has worked in Saginaw County as well as all of the counties in which the individual has worked.

MM. Valid credentials are a condition of continued employment or contracting in the SCCMHA provider network.

**NN. Background Checks**

1. Background checks will be conducted for all individuals engaged in SCCMHA business, and include criminal background checks and recipient rights queries, as well as checks with federal exclusion/sanction sources and driver's license records for applicable positions.
2. Background checks for employees will be conducted by the Human Resources Department.
3. Background checks for individual contractors will be conducted by the Contracts & Properties Unit.
4. Background checks for SCCMHA Board officers will be conducted by the Administrator of Regulatory Compliance.
5. Background checks must be conducted by provider organizations/contractors for individual employees and subcontractors associated with SCCMHA services.
6. Background check documents will generally be maintained in appropriate human resource or contract files, including such files maintained by SCCMHA contracted providers.

**OO. Background Checks in Licensed Residential Settings**

1. The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members.
2. Effective April 1, 2006, all new hires, and existing employees (or contractors if applicable) as soon as the system allows, must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.

**PP. Criminal Background Re-Checks**

1. Effective October 1, 2015, all criminal background checks will be conducted every two years for all individuals in the SCCMHA service network who routinely work with consumers in direct service roles.
2. For persons who were hired prior to October 1, 2013, at least one criminal background re-check will have been conducted by October 1, 2015, and at least every two years thereafter.

**Definitions:**

**Credentialing** – the administrative process for reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

**Credentialing Agent** – Person authorized by SCCMHA, or by the contracted organizations to which SCCMHA delegates credentialing responsibility, who conducts and documents credentialing activities in compliance with this procedure.

**Credentialing Committee** – SCCMHA designated committee to oversee policy and procedures relative to credentialing of staff and providers. Members include: SCCMHA Medical Director, Director of Network Services, Public Policy & Continuing Education, Director of Human Resources, and Supervisor of Provider Network Auditing. Consultants to the committee include: SCCMHA Director of Care Management & Quality Systems, Executive Director of Clinical Services, Programs Manager of Contracts & Properties, and Administrator of Regulatory Compliance.

**Credential File** – Includes initial and recredentialing related documents, may be housed within contract and human resource files of SCCMHA and/or SCCMHA contractor organizations for each person credentialed and includes any primary source verification documents and any other information pertinent to SCCMHA credentialing requirements.

**Deemed Status** – SCCMHA acceptance of the credentialing decision of another PIHP for an individual or organizational provider; copies of the credentialing information will be requested and maintained by SCCMHA in the appropriate contract file.

**Direct (or Primary) Source Verification** – Securing proof from the actual source that issued the credential in order to ensure authentication.

**National Practitioner Databank (NPDB):** A web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers located at: https://www.npdb.hrsa.gov/.

**Primary Provider** – Contracted organization providing case management or supports coordination services associated with an integrated service team.

**Recredentialing** – the ongoing administrative process for updating, reviewing, verifying, and evaluating the qualifications and credentials to ensure individuals and organizations meet the necessary criteria to provide healthcare services.

**Verification** – Securing proof of authentication for an individual's credential(s).

**References:**

A. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Credentialing and Recredentialing Processes: Behavioral Health and Developmental Disabilities Administration, Provider Credentialing (michigan.gov)

B. Michigan Department of Health and Human Services PIHP/Regional PIHP CMSHP Contract – Provider Credentialing

C. Michigan Medicaid Provider Manual: MedicaidProviderManual.pdf (state.mi.us)
D. SCCMHA Employment Application
E. SCCMHA Employee Handbook Policy 301, Equal Employment Opportunity
F. SCCMHA Policy 05.06.01 – Network Management & Development
G. SCCMHA Policy 05.06.03 – Competency Requirements for the SCCMHA Provider Network
H. SCCMHA Policy 05.06.07 – Prohibited Affiliations
I. SCCMHA Policy 05.07.04 – Provider Appeals & Dispute Resolution
J. SCCMHA Policy 09.03.02 – Regulatory Compliance
K. SCCMHA Procedure 09.04.03.15 – Privileging of Practitioners in Evidence-Based Practices
L. SCCMHA Provider Credentialing Handbook

**Exhibits:**

A. Regulatory Compliance Verification Summary (sources)
B. Authorization to Disclose Employee Information & Release of Liability
C. A Word About Professional Licensure
D. Staff Credentials Certification Form
E. SCCMHA Credentialing Application
F. SCCMHA Re-Credentialing Application
G. SCCMHA ABA Credentialing Application

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| SCCMHA Board approves the credentialing policy/procedure per state and federal requirements. | SCCMHA Board |
| Designates SCCMHA Medical Director responsible for oversight of credentialing. Maintains Board of Directors/Officers background check documents in board files. | CEO |
| Serves as administrative staff member responsible for oversight; facilitates credentialing committee. | Director of Network Services, Public Policy & Continuing Education |
| Convenes as needed to provide administrative procedure and credentialing activity oversight; the committee delegates by policy or procedure the specific credentialing activities to be conducted on behalf of SCCMHA by credentialing agents. May review summary credentialing | SCCMHA Credentialing Committee Members: Director of Human Resources, Director of Network Services, Public Policy & Continuing Education, Medical Director, Provider Network Auditing Supervisor, Chief of Network Business Operations |

| | |
|---|---|
| information at the discretion of the committee members. | |
| Provide consultation to the Credentialing Committee on various credentialing related issues whenever applicable, such as: quality program, clinical services, Medicaid requirement changes, provider performance and regulatory compliance. | Key SCCMHA leadership staff members<br>Consultants: Executive Director of Clinical Services and Programs, Director of Care Management & Quality Systems and/or Supervisor of Quality Systems & Public Information, Manager of Contracts, Administrator of Regulatory Compliance and any others as indicated. |
| Authorized by the Credential Committee through SCCMHA policy and procedure to conduct necessary credentialing activities; responsible to ensure that credentialing file documents are obtained and maintained. | Credentialing Agents |
| Acts as a credentialing agent for SCCMHA. Conducts initial credentialing and recredentialing of network physicians associated with SCCMHA service delivery every two years; maintains a current physician credentialing roster and record which includes DEA, Medicaid ID number and licensure detail, as well as contact/location information. Medical Director review includes all network affiliated psychiatrists, and approval of all temporary or provisional credentialing of psychiatrists. Verifies and documents at the time of physician credentialing that psychiatrists have not been excluded for Medicare or Medicaid, and reviews excluded update lists from Michigan. | SCCMHA Medical Director or designee/ Credentialing Coordinator |
| Acts as a credentialing agent for SCCMHA. Conducts initial credentialing and recredentialing of employees every two years; conducts web-based verification academic status with National Student Clearinghouse as a condition of employment. Verifies educational degrees and licensure and/or certifications prior employment; obtains written proofs from direct sources within 3 weeks of | SCCMHA Provider Auditing Unit and/or Human Resources Department |

| | |
|---|---|
| employment start date. Re-verifies licensure or registration every two years for recredentialing purposes for applicable employees. Verifies rights background with the Office of Recipient Rights. Verifies and documents at time of pre-employment that staff have not been excluded for Medicare or Medicaid, and reviews excluded update lists from Michigan. | |
| Acts as a credentialing agent for SCCMHA. Verifies credentials of independent practitioners under direct contract with SCCMHA on every two years as part of the provider application renewal process; maintains credentialing and recredentialing proof document files of contracted individuals within SCCMHA provider contract records. Validates and documents every two years through the provider application process that organizational providers meet requirements to operate within the state and have not been excluded for Medicare or Medicaid, and reviews excluded update list from Michigan. May conduct random verifications of contract network personnel names as declared by providers in annual applications. Seeks rights verifications on individual contractors with the Recipient Rights Office. Verifies every two years through contract provider application process that organizational providers are licensed as necessary to operate within the state and have not been determined to be federally excluded. Includes verification of background checks and driver's license checks in contract renewal process. | Contract Management Unit |
| Conducts regulatory related background checks for all SCCMHA Board Officers, as requested by the CEO office for board records. Provides consultation for credentialing and background check regulations and associated funding/regulatory contract requirements. | Regulatory Compliance Administrator |

| | |
|---|---|
| Disseminates federal provider sanction notices and lists as well as verification sources as issued by regulatory sources to SCCMHA contract and human resources and other credentialing agents. | |
| Conducts recipient rights checks for staff and providers at initial employment or contract status as a condition of employment or contract. Maintains documentation on rights histories and assists with out of county verifications. | Recipient Rights Office |
| Provides query format for use by the network, and returns completed forms to the Human Resource office or contracted providers. May recommend (or require according to statute) specific sanctions upon substantiated recipient rights violations. Coordinates beneficiary information relevant to credentialing processes. | Provider Network Auditing Supervisor or Credentialing Coordinator |
| Oversees accuracy of individual credentials in SCCMHA information system. Consults with the various credentialing agents on acceptable documentation (human resources, contract management unit, medical director's office, contracting provider organizations) and other compliance details. Verifies retrospective compliance with SCCMHA delegated credentialing and recredentialing requirements as part of the provider network auditing process; reviews provider proof documents/files. Receives updates on contractor credentialing within 90 days for newly credentialed individuals. Maintains verification of compliance with SCCMHA credentialing procedure of providers within auditing files, including individuals who are employees or subcontracted. | Provider Network Auditing Unit |
| Conduct credentialing and recredentialing activities for applicable individuals as delegated by SCCMHA, and meet all | SCCMHA Service Provider Network Contractors – Primary and Hospital Service Providers |

| | |
|---|---|
| requirements associated with this delegation including documentation. Maintain credential file information subject to SCCMHA review. | |
| Notify the Contracts Manager or Human Resource Department immediately upon loss of licensure or change in credential status. | All individually credentialed providers/organizations with delegation responsibilities and professional employees |
| Ensure completion of recipient rights, background checks, and driver's license record checks. Provide feedback to SCCMHA for consideration in any credentialing process revisions. Maintain background file information subject to SCCMHA audit. Verify and document at time of pre-employment or pre-subcontract that individuals have not been excluded for Medicare or Medicaid. | All SCCMHA Provider Contractor Organizations |
| Provide feedback on the credentialing process. Provide individual source documents upon which credentialing activities will commence to determine employment or contract finalization status. | SCCMHA Service Provider Network Contractors/Subcontractors/Staff |

Exhibit A



**Regulatory Compliance**

**Regulatory Compliance Verification Summary**

| Source / Entity | Officers & Directors | Medicaid ID possessors | Licensed Clinicians | Non-Licensed Caregivers | All Other Entities |
|---|---|---|---|---|---|
| Excluded Parties List System (GSA) | Prior to relationship and periodically | **N.A.** | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly |
| List of Excluded Entities & Individuals (OIG) | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly |
| Consumer & Industry Services (Mich.) | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly | Prior to relationship and Monthly |
| NPDB | **N.A.** | Prior to relationship and biennial | Prior to relationship and biennial | **N.A.** | **N.A.** |
| HIPDB | **N.A.** | Prior to relationship and biennial | Prior to relationship and biennial | **N.A.** | **N.A.** |
| Mich. State Police | Optional | Prior to relationship and w/cause | Prior to relationship and w/cause | Prior to relationship and w/cause | Prior to relationship and w/cause |
| Office of Recipient Rights | Optional | Prior to relationship and w/cause | Prior to relationship and w/cause | Prior to relationship and w/cause | Prior to relationship and w/cause |
| Dept. of Motor Vehicles | Optional | Prior to relationship and w/cause | Prior to relationship and w/cause | Prior to relationship and w/cause | Prior to relationship and w/cause |

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY**

Recipient Rights Complaints Appeals

**PROVIDER INFORMATION:**

| | | |
|---|---|---|
| **Provider Name:** | **Phone:** | **Fax:** |
| **Address:** | | |
| **City:** | **State:** | **Zip Code:** |

I, _____, authorize the Saginaw County Community Mental Health Authority
**(PRINT FULL NAME)**
to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

**Please check the appropriate box below**

☐ I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties: _____.

**Provider is to contact the Rights Offices for the counties listed outside of Saginaw County.**

☐ I have not worked in the Mental Health field prior to my application for employment.

I, _____, release the Saginaw County Community Mental Health Authority
**(PRINT FULL NAME)**
and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

_____ _____ _____
*Applicant's Signature* *Date* *Applicant's Maiden Name (If Applicable)*

_____ _____ XXX-XX-_____
*Witness Signature* *Date* *Applicant's Social Security Number (Last 4 Digits Only)*

_____
*Applicant's Home Address: Street and Number City State Zip Code*

**RIGHTS OFFICE USE ONLY**

A) The above applicant has the following Recipient Rights history:
Violation(s) of Abuse or Neglect according to:
**SCCMHA** ☐YES ☐NO; **Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO;
**Name of County**: _____ ☐YES ☐NO

**By:** _____ **Date:** _____
**SCCMHA Recipient Rights Advisor or Officer**

**Reference**: Policy # 05.06.03Competency Requirements for the SCCMHA Provider Network
Authorization to Disclose Employee Information 8/10/22

Exhibit C

**A Word About Professional Licensure**

Proof of Licensure at Hire (where required)

SCCMHA job descriptions are generally written based on the minimum qualifications for positions/classifications within the SCCMHA network. If licensure is required, the individual must provide proof of licensure in order to apply for the specific position/classification. For example, if the position/classification requires a minimum of a 'limited license' then the individual must have proof of having obtained the limited licensure at the time of employment/job application. If the position requires a full license, then that is what is required at the time of application or hire. Any candidate who does not have the licensure, or otherwise does not meet the minimum qualifications, will not be considered.

Full or Limited Licensure

SCCMHA may elect to use a limited license or a full license as the minimum qualification, in keeping with Medicaid/MDCH requirements. For example, for case management positions within the SCCMHA network, one of the minimum qualifications according to the Medicaid QMHP definition is limited license social worker, so this minimum qualification is acceptable. For positions involved in therapy or the provision of treatment practices, SCCMHA has elected to require a full licensure (vs. limited licensure) at hire, as included in the Medicaid Mental Health Professional definition. When either SCCMHA or Medicaid requires a full licensure status, a limited license is not acceptable.

Job/Classification Title vs. Professional Licensure

With very few exceptions as so specified in certain job descriptions, even if licensure status is required, most professional position/classification titles are not specific to a certain licensure status or credential. For example, although Client Service Manager positions require (per Medicaid standards) a QMHP (Qualified Mental Health Professional) status - which includes social worker licensure as one possible means of qualification - the position/classification duties and responsibilities are that of a case manager, not a social worker, as other licensure or credentials could also meet the QMHP status minimum requirement. Another example is a position/classification that requires the professional to conduct individual or group therapy; generally these positions/classifications require a master's degree, but the specific type of licensure may vary and the job/classification title may not be specific to a certain licensure expectation.

Supervision of Limited Licensure Individuals

SCCMHA as an organization is supportive of the promotion of the completion of licensure for individuals where applicable, however, the oversight of specific licensure supervision, for any individual who might be hired in a position/classification who has a

limited licensure status is up to the individual, with the support of their supervisor, in securing their own arrangements for licensure supervision as needed. There is no prohibition by SCCMHA preventing any such arrangement to occur between an individual and their supervisor, and in fact work hours at SCCMHA are appropriate to use to meet or address licensure requirements; it is up to each individual limited licensure status professional, however, and their supervisor (or another professional if other than the supervisor) to make all specific arrangements and/or keep documentation. It is up to the supervisor or other individual who voluntarily agrees to provide licensure supervision to make any needed accommodations. This support of the supervisor in assisting persons to obtain licensure would be considered an appropriate professional courtesy. If any individual who is hired with a limited license as required by their position fails to obtain full licensure in the time frame allowed by statute, they could be subject to loss of their position of employment for failure to meet the minimum job qualifications, in the same manner that any individual might fail to obtain or retain the licensure needed in order to continue their employment/job status at SCCMHA if required by the job classification. All conditions or allowances related to salaried employees, HIPAA/confidentiality, work environment standards and other work requirements apply in any SCCMHA work settings when licensing supervision oversight activities are occurring.

April 2010

Exhibit D

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Staff Credentials Certification Form

**Please ensure that a copy of your resume is included for verification of items selected below.**

Staff Name:_____ Supervisor:_____ Date:_____

**CMHP - Child Mental Health Professional:**
Individual with specialized training**and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse; **OR** an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; **OR** an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**I meet the qualifications for CMHP based on the following:**

☐ I have transferred from another agency where I had CMHP status, **OR**

☐ I am an individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse.

☐ I am an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families.

☐ I am an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**QIDP - Qualified Intellectual Disability Professional:**
Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) **OR** one year of experience in treating or working with a person who has intellectual disability; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, **OR** a human services professional with at least a bachelor's degree in a human services field.

**I meet the qualifications for QIDP based on the following:**

☐ I have transferred from another agency where I had QIDP status, **OR**

☐ I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or human services professional with at least a bachelor's degree in a human services field.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**QMHP - Qualified Mental Health Professional**:
Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) **OR** one year of experience in treating or working with a person who has mental illness; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, **OR** a human services professional with at least a bachelor's degree in a human services field.

**I meet the qualifications for QMHP based on the following:**

☐ I have transferred from another agency where I had QMHP status, **OR**

☐ I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or a human services professional with at least a bachelor's degree in a human services field.

***Please Note the following are required for Supports Coordination and Targeted Case Management services***

- **If staff do not initially meet the certification requirements (CMHP, QIDP, or QMHP), their supervisor will need to co-sign all notes and assessments until the experience required to obtain the certification can be met.**
- **QIDP** professionals can perform **Supports Coordination** services.
- **QIDP & QMHP** professionals can perform **Targeted Case Management** services.
- **If an individual only has a bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.**

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**Verified by:**

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

^1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

* 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

**3 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

Exhibit E

# SCCMHA Application for Credentialing for Clinical Staff

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. Please complete the below sections according to your position/title requirements.

The following qualifications must be demonstrated in your application materials for us to accept your application:

- License: A current unrestricted, unconditional license to practice mental health and/or substance use disorder services in the State of Michigan.
- Certification (if applicable): Current certifications to provide specialized services as required by the State of Michigan.
- Board Certification (applies to physicians).
- Sanction Checks (OIG, SAM, Michigan Sanction Report). If using an agency these three must minimally be a part of the monthly check.
- Copy of Recipient Rights Check for each county the staff may have worked previously as well as Saginaw.
- Enrollment in CHAMPS
- National Practitioner Data Bank (NPDB) Check
- Criminal background check prior to hire and every 2 years during employment with the provider.
- For staff working with children, a Department of Health and Human Services (DHHS) Central Registry check must be completed.
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval.

If requesting Sentri access, please submit the Sentri request and full credentialing application at:
External Provider Sentri Add/Remove Staff (teamdynamix.com)

For your convenience, a checklist has been included on page 9 to ensure you attach all required documents for the application to be accepted.

***Failure to complete all required sections will result in the application being denied and returned for completion and will delay staff ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

If you have any questions related to the criteria identified above or questions about completing the application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or credentialing@sccmha.org.**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

| Section A: Staff Information-New Credentialing (attach copies) | |
|---|---|
| Name (Last, First, Middle): | Today's Date: |
| Other Names Used: | Email: |
| Position Title: | Date of Hire: |
| Organization Name: | Date of Birth: |
| Home Address: State: Zip:<br>City: Fax:<br>Phone: | License Type:<br>License #:<br>Date of CPR and First Aid (if applicable): |
| Gender: Choose an item. If Other: | Ethnicity: Choose an item. If Other: |
| Gender Identity: | Provide Direct Services: Yes No |
| National Provider Identifier (NPI): | Taxonomy Code: |
| Initial Background Check date: | Board Certified: Yes No |
| Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report): | NPDB Check date: |
| Supervise Staff: Yes No | |
| Please specify all fluent communicable languages, including sign language: Choose an item. If Other: | |
| Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): **Clinical Supervisor Name:**<br>**Licensure or Credential of Clinical Supervisor (**please attached licensure of this person**):**<br>**Start Date of Supervision:** **Phone Number of Clinical Supervisor:** | |

**Section B: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4.**

**License/Certification:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ MD | ☐ DO | ☐ RPH | ☐ LP | ☐ LPC | ☐ LMSW | | | |
| ☐ RPT | ☐ OTR | ☐ CCC-SLP | ☐ NP | ☐ LBSW | ☐ SATS | ☐ SATP | ☐ CPS-M | ☐ CPC-M |
| ☐ CPSS | ☐ CPC-R | ☐ CHES | ☐ DP-P | ☐ DP-C | ☐ CADC-M | ☐ CADC | ☐ CAADC | ☐ CCJP |
| ☐ DP-S | ☐ CCDP-D | ☐ CCDP | ☐ CCS | ☐ CCS-M | ☐ OTRL | ☐ QMHP | ☐ Other | |
| ☐ RN | ☐ SLP | ☐ LMFT | ☐ PTL | ☐ RD | ☐ LLBSW | ☐ LLPC | | |
| ☐ PA | ☐ QIDP | ☐ LLMFT | ☐ PTA | ☐ CMHP | ☐ LLMSW | | | |
| ☐ PSS | ☐ LLP | ☐ TLLP | ☐ CHW | ☐ CPP | ☐ QBHP | | | |

*Indicate all past and current licenses and certifications. Physicians – include Board Certifications*

| Certification/License Type | State/Province | Number | Expiration Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

| Section C: Please answer all questions in this section | |
|---|---|
| 1. Have you ever been dismissed from a hospital or behavioral healthcare organization staff? | ☐ Yes ☐ No |
| 2. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges? | ☐ Yes ☐ No |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

| | |
|---|---|
| 3. Have you ever voluntarily surrendered any privileges? | ☐ Yes ☐ No |
| 4. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges? | ☐ Yes ☐ No |
| 5. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered? | ☐ Yes ☐ No |
| 6. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications? | ☐ Yes ☐ No |
| 7. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization? | ☐ Yes ☐ No |
| 8. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment? | ☐Yes ☐ No |
| 9. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim? | ☐ Yes ☐ No |
| 10. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied? | ☐ Yes ☐ No |
| 11. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment? | ☐ Yes ☐ No |
| 12. Do you have any felony convictions? | ☐ Yes ☐ No |
| 13. If yes to felony question #12 when? and for what? Click or tap here to enter text. | |
| 14. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement. | Attached ☐ N/A ☐ |
| 15. Have you previously had any affiliation either by contract or employment with another Community Mental Health in Michigan? If so, list the CMH's here: Click or tap here to enter text. | ☐ Yes ☐ No |

| Section D: Statement of Ability to Perform | |
|---|---|
| 1. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action? | ☐ Yes ☐ No |
| 2. Are you currently engaged in the illegal use of controlled substances? | ☐ Yes ☐ No |
| 3. Are you licensed to provide services to children and adolescents? | ☐ Yes ☐ No |
| 4. Are you licensed to provide services to adults? | ☐ Yes ☐ No |

**Please check the box for all services you wish to provide (Case Management, Therapy, Psychiatry, etc.):**

☐ OT ☐PT ☐SLP ☐Dietary ☐Nursing ☐Prescriber ☐Therapy ☐Peer Supports

☐Case Management/Supports Coordinator I/DD ☐Case Management/Supports Coordinator MI ☐Other:

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Credential and Licensure Definitions

- CAADC: Certified Advanced Alcohol & Drug Counselor
- CADC: Certified Alcohol Drug Counselor
- CADC-M: Certified Alcohol Drug Counselor-Michigan
- CCC-SLP: Certificate of Clinical Competence in Speech-Language Pathology
- CCDP: Certified Co-occurring Disorders Professional
- CCDP-D: Certified Co-occurring Disorders Professional-Diplomate (Master's level only)
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- CCS: Certified Clinical Supervisor
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- CHES: Certified Health Education Specialist
- CHW: Community Health Worker
- CMHP: Certified Mental Health Professional
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- DP-P: Development Plan-Professional
- DP-S: Development Plan-Supervisor
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- LLBSW: Limited License Bachelor Social Worker
- LLMFT: Limited Licensed Marriage Family Therapist
- LMFT: Licensed Marriage Family Therapist
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- LMSW: Licensed Master Social Worker
- LLPC: Limited Licensed Professional Counselor
- LPC: Licensed Professional Counselor
- LLP: Limited License Psychologist
- LP: Licensed Psychologist
- MA: Medical Assistant
- MD: Doctor of Medicine
- NP: Nurse Practitioner
- OTRL: Occupational Therapist Registered License
- OTR: Occupational Therapist Registered
- PA: Physician Assistant
- PSS: Parent Support Partner
- PTA: Physical Therapist Assistant
- PTL: Physical Therapist License
- QBHP: Qualified Behavioral Health Professional
- QIDP: Qualified Intellectual Disability Professional
- QMHP: Qualified Mental Health Professional
- RD: Registered Dietician
- RN: Registered Nurse
- RPH: Registered Physician
- RPT: Registered Play Therapist
- SATP: Substance Abuse Treatment Practitioner
- SATS: Substance Abuse Treatment Specialist
- SLP: Speech Language Pathologist
- TLLP: Temporary Limited License Psychologist

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Staff Credentials Certification Form

## Please ensure that a copy of your resume is included for verification of items selected below.

Staff Name: Supervisor: Date:

**MHP - Child Mental Health Professional:**
Individual with specialized training**and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse; **OR** an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; **OR** an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**I meet the qualifications for CMHP based on the following:**

☐ I have transferred from another agency where I had CMHP status, **OR**

☐ I am an individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse.

☐ I am an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families.

☐ I am an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**QIDP - Qualified Intellectual Disability Professional:**
Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) **OR** one year of experience in treating or working with a person who has intellectual disability; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, **OR** a human services professional with at least a bachelor's degree in a human services field.

**I meet the qualifications for QIDP based on the following:**

☐ I have transferred from another agency where I had QIDP status, **OR**

☐ I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or human services professional with at least a bachelor's degree in a human services field.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**QMHP - Qualified Mental Health Professional:**
Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) **OR** one year of experience in treating or working with a person who has mental illness; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, **OR** a human services professional with at least a bachelor's degree in a human services field.

**I meet the qualifications for QMHP based on the following:**

☐ I have transferred from another agency where I had QMHP status, **OR**

☐ I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or a human services professional with at least a bachelor's degree in a human services field.

***Please Note the following are required for Supports Coordination and Targeted Case Management services***

- **If staff do not initially meet the certification requirements (CMHP, QIDP, or QMHP), their supervisor will need to co-sign all notes and assessments until the experience required to obtain the certification can be met.**
- **QIDP** professionals can perform **Supports Coordination** services.
- **QIDP & QMHP** professionals can perform **Targeted Case Management** services.
- **If an individual only has a bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.**

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**Verified by:**

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**^**1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

***** 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

******3 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Consent and Release of Liability

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true, correct and complete to the best of my knowledge and belief. I agree to promptly notify SCCMHA Credentialing Committee if there are any material changes in the information provided, whether prior to or after acceptance as a provider of services. I hereby authorize the release of any information from any source; including but not limited to, information from individuals, peers, customers, companies, institutions, agencies, data banks or references who may have information bearing on my moral and ethical qualifications and competence to carry out the privileges I have requested, and I authorize them to release such information as you require, including my prior disciplinary records, for purposes of verifying information obtained in the attached application or any re-application information without any obligation to give me written notice of such disclosure. I agree to hold SCCMHA and the informant harmless from any liability to me and/or my organization for providing such information.

I hereby further authorize SCCMHA to release any and all information related in any way to my professional practice to any person, entity or governmental agency which: (a) provides SCCMHA with an authorization signed by me; or (b) has a legal right to know under any state or Federal law. I agree to hold SCCMHA harmless from any liability for providing any such information as specified herein.

I release all parties from all liability from any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. I agree that any false information in support of my application may result in action up to and including dismissal from employment regardless of when discovered by SCCMHA. I release SCCMHA, the SCCMHA Credentialing Committee, individually and collectively, from any and all liability for any damages and/or causes of action associated with the SCCMHA credentialing and privileging process.

I hereby signify my willingness to appear for interviews with SCCMHA. I fully consent to the inspection of any and all records and documents pertinent to my application for appointment and/or privileges. If there is a doubt as to my competence, morals, or ethics, the burden shall be on me to resolve the same. I understand and agree that if SCCMHA determines that this application contains any significant misstatements, misrepresentations, or omissions, SCCMHA acceptance of this application for participation will be voidable at SCCMHA's sole discretion.

I understand and agree that: (a) I have the burden of producing all information required or requested by SCCMHA in connection with this application; (b) SCCMHA is under no obligation to complete the processing of this application until all information requested is provided; (c) SCCMHA has the sole discretion to determine whether or not I will be accepted as a participating provider of services; and (d) in the event that SCCMHA decides not to accept me, I may initiate administrative appeal procedures as defined in the instructions for completing the application and spelled out in the SCCMHA Credentialing Handbook.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of employment with SCCMHA.

I attest that I can perform the essential functions of the position with or without accommodations.

Applicant Signature:_____ Date:_____

Applicant Printed Name:_____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Application Checklist

## Please provide copies of the following required items:

☐ All applicable items on the application are complete and legible

☐ Copy of valid picture identification issued by a state or federal agency (e.g., driver's license or passport) for internal SCCMHA staff only.

☐ Copy of highest degree earned such as an official transcript or a verification through a primary source such as "National Student Clearing House"

☐ Copy of all current licenses and certifications to support services you wish to bill

☐ Copy of LARA check (Michigan licensing and regulatory affairs)

☐ Copy of current CV/Resume (this will be used to determine experience needed for certifications).

☐ Copy of initial background check

☐ Copy of sanctions checks completed: SAM/LEIE, MI, OIG, etc.

☐ Copy of National Practitioner Data Bank (NPDB) check (if newly licensed not necessary for initial credentialing will be necessary for staff at recredentialing) Please note date of graduation/completion of certification and date of licensed issued to justify no NPDB check.

If unable to provide, please submit the following:

1) Minimum five-year history of Professional Liability.
2) Disciplinary Status with regulatory board or agency
3) Medicare/Medicaid sanctions

☐ Copy of Recipient Rights Check for all counties worked in

☐ Copy of Department of Health and Human Services (DHHS) Central Registry Check for any staff working with children.

☐ Copy of National Practitioner Identification (NPI)

☐ Copy of Taxonomy Code

Submitted by: _____ Date: _____

Saginaw County Community Mental Health Authority

Exhibit F

# SCCMHA Application for Re-Credentialing for Clinical Staff

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. Please complete the below sections according to your position/title requirements. This application is required to be completed every two years. Any information missing from this application may require the application to be returned to the applicant for additional missing information and possible removal as a provider of services if information is not completed in a timely manner.

The following qualifications must be demonstrated in your application materials for us to accept your application:

- License: A current unrestricted, unconditional license to practice mental health and/or substance use disorder services in the State of Michigan.
- Certification (if applicable): Current certifications to provide specialized services as required by the State of Michigan.
- Board Certification (applies to physicians).
- Sanction Checks (OIG, SAM, Michigan Sanction Report). If using an agency these three must minimally be a part of the monthly check.
- National Practitioner Data Bank (NPDB) Check
- Most recent Criminal background check (completed every 2 years during employment with the provider.)
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.
- Proof documentation you have revalidated in CHAMPS (SCCMHA master's level clinicians or above, Psychologists, Speech Therapists, Occupational Therapists, Physical Therapists, and Dietitians billing for services under Medicaid Insurance).

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval.

If a staff person has been terminated due to credentialing concerns, please notify SCCMHA immediately so we can assist with next steps.

For your convenience, a checklist has been included on page 8 to ensure you attach all required documents for the application to be accepted.

***Failure to complete all required sections will result in the application being denied and returned for completion and will delay staff ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

If you have any questions related to the criteria identified above or questions about completing the application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or credentialing@sccmha.org.**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

| Section A: Staff Information-Re-Credentialing (attach copies) | |
|---|---|
| Name (Last, First, Middle): | Today's Date: |
| Other Names Used: | Email: |
| Position Title: | Date of Hire: |
| Organization Name: | Date of Birth: |
| Home Address: State: Zip:<br>City: Fax:<br>Phone: | License Type:<br>License #:<br>Date of CPR and First Aid (if applicable): |
| Gender: Choose an item. If Other: | Ethnicity: Choose an item. If Other: |
| Gender Identity: | Provide Direct Services: Yes No |
| National Provider Identifier (NPI): | Taxonomy Code: |
| Most Recent Background Check date: | Board Certified: Yes No |
| Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report): | Date of NPDB Check: |
| Supervise Staff: Yes No | CHAMPS revalidated: Date N/A |
| Please specify all fluent communicable languages, including sign language: Choose an item. If Other: | |
| Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): **Clinical Supervisor Name:**<br>**Licensure or Credential of Clinical Supervisor (**please attached licensure of this person**):**<br>**Start Date of Supervision:** **Phone Number of Clinical Supervisor:** | |

| Section B: Terminate Staff | |
|---|---|
| Date of Termination: | Was termination due to Sanction or License Concerns: Yes No |
| Cases Transferred: Yes No | Documentation and Signatures Completed: |

**Section C: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4.**

**License/Certification:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ☐ MD | ☐ DO | ☐ RPH | ☐ LP | ☐ LPC | ☐ LMSW | | | |
| ☐ RPT | ☐ OTR | ☐ CCC-SLP | ☐ NP | ☐ LBSW | ☐ SATS | ☐ SATP | ☐ CPS-M | ☐ CPC-M |
| ☐ CPSS | ☐ CPC-R | ☐ CHES | ☐ DP-P | ☐ DP-C | ☐ CADC-M | ☐ CADC | ☐ CAADC | ☐ CCJP |
| ☐ DP-S | ☐ CCDP-D | ☐ CCDP | ☐ CCS | ☐ CCS-M | ☐ OTRL | ☐ QMHP | ☐ Other | |
| ☐ RN | ☐ SLP | ☐ LMFT | ☐ PTL | ☐ RD | ☐ LLBSW | ☐ LLPC | | |
| ☐ PA | ☐ QIDP | ☐ LLMFT | ☐ PTA | ☐ CMHP | ☐ LLMSW | | | |
| ☐ PSS | ☐ LLP | ☐ TLLP | ☐ CHW | ☐ CPP | ☐ QBHP | | | |

*Indicate all past and current licenses and certifications. Physicians – include Board Certifications*

| Certification/License Type | State/Province | Number | Expiration Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

| Section D: Please answer all questions in this section | |
|---|---|
| 16. Have you ever been dismissed from a hospital or behavioral healthcare organization staff? | ☐ Yes ☐ No |
| 17. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges? | ☐ Yes ☐ No |
| 18. Have you ever voluntarily surrendered any privileges? | ☐ Yes ☐ No |
| 19. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges? | ☐ Yes ☐ No |
| 20. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered? | ☐ Yes ☐ No |
| 21. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications? | ☐ Yes ☐ No |
| 22. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization? | ☐ Yes ☐ No |
| 23. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment? | ☐Yes ☐ No |
| 24. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim? | ☐ Yes ☐ No |
| 25. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied? No | ☐ Yes ☐ |
| 26. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment? | ☐ Yes ☐ No |
| 27. Do you have any felony convictions? | ☐ Yes ☐ No |
| 28. If yes to felony question #12 when? and for what? Click or tap here to enter text. | |
| 29. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement. | Attached ☐ N/A ☐ |
| 30. Have you previously had any affiliation either by contract or employment with another Community Mental Health in Michigan? If so, list the CMH's here: Click or tap here to enter text. | ☐ Yes ☐ No |
| **Section E: Statement of Ability to Perform** | |
| 5. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action? | ☐ Yes ☐ No |
| 6. Are you currently engaged in the illegal use of controlled substances? | ☐ Yes ☐ No |
| 7. Are you licensed to provide services to children and adolescents? | ☐ Yes ☐ No |
| 8. Are you licensed to provide services to adults? | ☐ Yes ☐ No |

**Please check the box for all services you wish to provide (Case Management, Therapy, Psychiatry, etc.):**

☐ OT ☐PT ☐SLP ☐Dietary ☐Nursing ☐Prescriber ☐Therapy ☐Peer Supports

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SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

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- LPC: Licensed Professional Counselor
- LLP: Limited License Psychologist
- LP: Licensed Psychologist
- MA: Medical Assistant
- MD: Doctor of Medicine
- NP: Nurse Practitioner
- OTRL: Occupational Therapist Registered License
- OTR: Occupational Therapist Registered
- PA: Physician Assistant
- PSS: Parent Support Partner
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- RN: Registered Nurse
- RPH: Registered Physician
- RPT: Registered Play Therapist
- SATP: Substance Abuse Treatment Practitioner
- SATS: Substance Abuse Treatment Specialist
- SLP: Speech Language Pathologist
- TLLP: Temporary Limited License Psychologist

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Staff Credentials Certification Form

## Please ensure that a copy of your resume is included for verification of items selected below.

Staff Name: Supervisor: Date:

**CMHP - Child Mental Health Professional:**

Individual with specialized training**and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse; **OR** an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; **OR** an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**I meet the qualifications for CMHP based on the following:**

☐ I have transferred from another agency where I had CMHP status, **OR**

☐ I am an individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse.

☐ I am an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families.

☐ I am an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**QIDP - Qualified Intellectual Disability Professional:**

Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) **OR** one year of experience in treating or working with a person who has intellectual disability; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, **OR** a human services professional with at least a bachelor's degree in a human services field.

**I meet the qualifications for QIDP based on the following:**

☐ I have transferred from another agency where I had QIDP status, **OR**

☐ I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or human services professional with at least a bachelor's degree in a human services field.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**QMHP - Qualified Mental Health Professional:**
Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) **OR** one year of experience in treating or working with a person who has mental illness; **AND** is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, **OR** a human services professional with at least a bachelor's degree in a human services field.

**I meet the qualifications for QMHP based on the following:**

☐ I have transferred from another agency where I had QMHP status, **OR**

☐ I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, **AND** I am a licensed or limited licensed social worker, psychologist, or a human services professional with at least a bachelor's degree in a human services field.

***Please Note the following are required for Supports Coordination and Targeted Case Management services***

- **If staff do not initially meet the certification requirements (CMHP, QIDP, or QMHP), their supervisor will need to co-sign all notes and assessments until the experience required to obtain the certification can be met.**
- **QIDP** professionals can perform **Supports Coordination** services.
- **QIDP & QMHP** professionals can perform **Targeted Case Management** services.
- **If an individual only has a bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.**

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**Verified by:**

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**^**1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

***** 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

******3 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Consent and Release of Liability

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true, correct and complete to the best of my knowledge and belief. I agree to promptly notify SCCMHA Credentialing Committee if there are any material changes in the information provided, whether prior to or after acceptance as a provider of services. I hereby authorize the release of any information from any source; including but not limited to, information from individuals, peers, customers, companies, institutions, agencies, data banks or references who may have information bearing on my moral and ethical qualifications and competence to carry out the privileges I have requested, and I authorize them to release such information as you require, including my prior disciplinary records, for purposes of verifying information obtained in the attached application or any re-application information without any obligation to give me written notice of such disclosure. I agree to hold SCCMHA and the informant harmless from any liability to me and/or my organization for providing such information.

I hereby further authorize SCCMHA to release any and all information related in any way to my professional practice to any person, entity or governmental agency which: (a) provides SCCMHA with an authorization signed by me; or (b) has a legal right to know under any state or Federal law. I agree to hold SCCMHA harmless from any liability for providing any such information as specified herein.

I release all parties from all liability from any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. I agree that any false information in support of my application may result in action up to and including dismissal from employment regardless of when discovered by SCCMHA. I release SCCMHA, the SCCMHA Credentialing Committee, individually and collectively, from any and all liability for any damages and/or causes of action associated with the SCCMHA credentialing and privileging process.

I hereby signify my willingness to appear for interviews with SCCMHA. I fully consent to the inspection of any and all records and documents pertinent to my application for appointment and/or privileges. If there is a doubt as to my competence, morals, or ethics, the burden shall be on me to resolve the same. I understand and agree that if SCCMHA determines that this application contains any significant misstatements, misrepresentations, or omissions, SCCMHA acceptance of this application for participation will be voidable at SCCMHA's sole discretion.

I understand and agree that: (a) I have the burden of producing all information required or requested by SCCMHA in connection with this application; (b) SCCMHA is under no obligation to complete the processing of this application until all information requested is provided; (c) SCCMHA has the sole discretion to determine whether or not I will be accepted as a participating provider of services; and (d) in the event that SCCMHA decides not to accept me, I may initiate administrative appeal procedures as defined in the instructions for completing the application and spelled out in the SCCMHA Credentialing Handbook.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of employment with SCCMHA.

I attest that I can perform the essential functions of the position with or without accommodations.

Applicant Signature:_____ Date:_____

Applicant Printed Name:_____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Application Checklist

## Please provide copies of the following required items:

☐ All applicable items on the application are complete and legible.

☐ Copy of highest degree earned such as an official transcript or a verification through a primary source such as "National Student Clearing House." **(Applicable ONLY if an additional degree was obtained since initial credential application).**

☐ Copy of all current licenses and certifications to support services you wish to bill.

☐ Copy of LARA check (Michigan licensing and regulatory affairs)

☐ Copy of current CV/Resume **(Applicable ONLY if additional credentials are requested from the initial credential application.)** This will be used to determine experience needed for certifications.

☐ Copy of current background check.

☐ Copy of sanctions checks completed: SAM/LEIE, MI, OIG, etc.

☐ Copy of National Practitioner Data Bank (NPDB) check (necessary for staff at recredentialing). Please note date of graduation/completion of certification and date of licensed issued to justify no NPDB check.

If unable to provide, please submit the following:

4) Minimum five-year history of Professional Liability.
5) Disciplinary Status with regulatory board or agency
6) Medicare/Medicaid sanctions

☐ Copy of National Practitioner Identification (NPI)

☐ Copy of Taxonomy Code

☐ Proof Documentation CHAMPS was revalidated.

## SCCMHA Credentialing Coordinator will complete the following:

☐ Consumer concerns which include grievances and appeals information. (Obtained through Customer Service Dept.)

☐ SCCMHA Review of Quality Concerns form.

Submitted by: _____ Date: _____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Exhibit G

# Clinical Credentialing Application for Applied Behavioral Analysis (ABA)

As a Clinician/Staff within the Saginaw County Community Mental Health Authority (SCCMHA) Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network to perform and use special codes for billing services. Enclosed is an application for credentialing, along with related attachments required. Please complete the below sections according to your position/title requirements.

The following credentialing application is required to be completed for all ABA supervisors, which includes LP, LLP, QBHP's, BCaBA's, and BCBA's. ABA providers are also required to submit applications for OT, PT, Speech, and Recreational Therapists. Applications must be accompanied with proof documents to support the credential listed. Any proof documents or incomplete documents will result in nonpayment of services rendered by the applicant.

The following qualifications must be demonstrated in your application materials for us to accept your application:

- License: A current unrestricted, unconditional license to practice mental health and/or substance use disorder services in the State of Michigan.
- Certification (if applicable): Current certifications to provide specialized services as required by the State of Michigan.
- Sanction Checks (OIG, SAM, Michigan Sanction Report). If using an agency these three must minimally be a part of the monthly check.
- Copy of Recipient Rights Check for each county the staff may have worked previously as well as Saginaw.
- Enrollment in CHAMPS
- National Practitioner Data Bank (NPDB) Check
- Criminal background check prior to hire and every 2 years during employment with the provider.
- For staff working with children, a Department of Health and Human Services (DHHS) Central Registry check must be completed.
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval.

If requesting Sentri access, please submit the Sentri request and full credentialing application at:
External Provider Sentri Add/Remove Staff (teamdynamix.com)

For your convenience, a checklist has been included on page 8 to ensure you attach all required documents for the application to be accepted.

***Failure to complete all required sections will result in the application being denied and returned for completion and will delay staff ability to bill for services rendered using SCCMHA funding sources. Please submit proof documentation for each license/credential type.**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

If you have any questions related to the criteria identified above or questions about completing the application and/or attachments, please feel free to contact **Cassandra Ward at 989-272-7017 or credentialing@sccmha.org.**

| Section A: Staff Information-New Credentialing/Re-Credentialing (attach copies) | |
|---|---|
| Name (Last, First, Middle): | Today's Date: |
| Other Names Used: | Email: |
| Position Title: | Date of Hire: |
| Organization Name: | Date of Birth: |
| Home Address: State: Zip:<br>City: Fax:<br>Phone: | License Type:<br>License #:<br>Date of CPR and First Aid (if applicable): |
| Gender: Choose an item. If Other: | Ethnicity: Choose an item. If Other: |
| Gender Identity: | Provide Direct Services: Yes No |
| National Provider Identifier (NPI): | Taxonomy Code: |
| Initial Background Check date: | Board Certified: Yes No |
| Sanction Checks Date of completion? (OIG, SAM, MI Sanction Report): | NPDB Check date: |
| Supervise Staff: Yes No | Supervision occurring by (for ABA/TLLP only): |
| Please specify all fluent communicable languages, including sign language: Choose an item. If Other: | |
| Please indicate the person that will provide supervision for credentialing or Licensure (this is not administrative supervision but Clinical Supervision): **Clinical Supervisor Name:**<br>**Licensure or Credential of Clinical Supervisor (**please attached licensure of this person**):**<br>**Start Date of Supervision:** **Phone Number of Clinical Supervisor:**<br>**Email address of Clinical Supervisor:** | |

| Section B: Valid Certifications/Licenses (attach current copies) Please see acronym definitions on pg. 4. | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| **License/Certification:** | | | | | | | | |
| ☐ BCBA | ☐ BCaBA | ☐ CCC-SLP | ☐ CMHP | ☐ LMSW | ☒ LLP | ☐ LP | ☐ OTRL | ☐ OTR |
| ☐ COTA | ☐ PTA | ☐ PTL | ☐ QBHP* | ☐ QIDP | ☐ RBT | ☐ RD | ☐ RPT | ☐ SLP |
| | | | | | ☐ TTLP | ☐ Other | | |
| | | | | | | * If QBHP, please include the date of completion for 6th ABA class: | | |

*Indicate all past and current licenses and certifications.*

| Certification/License Type | State/Province | Number | Expiration Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

| Section C: Please answer all questions in this section | |
|---|---|
| 31. Have you ever been dismissed from a hospital or behavioral healthcare organization staff? | ☐ Yes ☐ No |
| 32. Have you ever had a hospital initiate suspension, restriction, dismissal or been refused or denied privileges? | ☐ Yes ☐ No |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

| | |
|---|---|
| 33. Have you ever voluntarily surrendered any privileges? | ☐ Yes ☐ No |
| 34. Have you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation of privileges? | ☐ Yes ☐ No |
| 35. Have any of your licenses or certifications been suspended, revoked, placed on probation or conditional status, restricted, or voluntarily surrendered? | ☐ Yes ☐ No |
| 36. Is any action currently pending to suspend, revoke, or restrict any of your licenses or certifications? | ☐ Yes ☐ No |
| 37. Have you been subject to any disciplinary proceedings by any local, state, or national professional organization? | ☐ Yes ☐ No |
| 38. Have any malpractice claims ever been filed against you, or to the best of your knowledge, are there any claims currently pending in regard to the practice of mental health or substance use treatment? | ☐Yes ☐ No |
| 39. Have any malpractice allegations involving your work been settled by you or your carrier prior to the filing of a claim? | ☐ Yes ☐ No |
| 40. Have you ever been denied professional liability insurance, had your insurance cancelled, or your renewal denied? | ☐ Yes ☐ No |
| 41. Have you ever been a defendant in any lawsuit in regard to the practice of health or substance use treatment? | ☐ Yes ☐ No |
| 42. Do you have any felony convictions? | ☐ Yes ☐ No |
| 43. If yes to felony question #12 when? and for what? Click or tap here to enter text. | |
| 44. You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement. | Attached ☐ N/A ☐ |
| 45. Have you previously had any affiliation either by contract or employment with another Community Mental Health in Michigan? If so, list the CMH's here: Click or tap here to enter text. | ☐ Yes ☐ No |

| Section D: Statement of Ability to Perform | |
|---|---|
| 9. Do you now, or have you had any physical condition, mental condition, or substance abuse condition (alcohol, illegal or prescription drugs) that has interfered with your ability to practice or perform clinical duties, or led to suspension, termination, or any other disciplinary action? | ☐ Yes ☐ No |
| 10. Are you currently engaged in the illegal use of controlled substances? | ☐ Yes ☐ No |
| 11. Are you licensed to provide services to children and adolescents? | ☐ Yes ☐ No |
| 12. Are you licensed to provide services to adults? | ☐ Yes ☐ No |

**Please check the box for all services you wish to provide:**

☐ ABA ☐ OT ☐PT ☐SLP ☐Dietary ☐Therapy

☐Other:

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Credential and Licensure Definitions

- BCBA: Board Certified Behavior Analyst
- BCaBA: Board Certified Assistant Behavior Analyst
- CCC-SLP: Certificate of Clinical Competence in Speech-Language Pathology
- CMHP: Certified Mental Health Professional
- LLP: Limited License Psychologist
- LP: Licensed Psychologist
- OTRL: Occupational Therapist Registered License
- OTR: Occupational Therapist Registered
- COTA: Certified Occupational Therapy Assistant
- PTA: Physical Therapist Assistant
- PTL: Physical Therapist License
- QBHP: Qualified Behavioral Health Professional
- RBT: Registered Behavioral Technician
- RD: Registered Dietician
- RPT: Registered Play Therapist
- SLP: Speech Language Pathologist
- TLLP: Temporary Limited License Psychologist

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Staff Credentials Certification Form

**Please ensure that a copy of your resume is included for verification of items selected below.**

Staff Name:_____ Supervisor:_____ Date:_____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**CMHP - Child Mental Health Professional:**
Individual with specialized training******and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse; **OR** an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; **OR** an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**I meet the qualifications for CMHP based on the following:**

- ☐ I have transferred from another agency where I had CMHP status, **OR**
- ☐ I am an individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse.
- ☐ I am an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families.
- ☐ I am an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

**QBHP – Qualified Behavioral Health Professional:**
Starting January 1, 2020 a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 whichever is the shorter time period. • Must be a physician or licensed practitioner (e.g. Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD **OR** • Hold a minimum of a master's degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:
1. Ethical considerations.
2. Definitions & characteristics and principles, processes & concepts of behavior.
3. Behavioral assessment and selecting interventions outcomes and strategies.
4. Experimental evaluation of interventions.
5. Measurement of behavior and developing and interpreting behavioral data.
6. Behavioral change procedures and systems supports.

**I meet the qualifications for QBHP based on the following:**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

☐ I have transferred from another agency where I had QBHP status, **OR**

☐ I am a physician or licensed practitioner (e.g. Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD

☐ I hold a minimum of a master's degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD, working within my scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level listed in the description above.

**MHP – Mental Health Professional:**

[Mental Health Code, Section 330.1100b(15)] - An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). NOTE: The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

**I meet the qualifications for MHP based on the following:**

☐ I have transferred from another agency where I had MHP status, **OR**

☐ I am a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). NOTE: The approved licensures for disciplines identified as a Mental Health Professional include the full, limited and temporary limited categories.

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for ABA services.

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**Verified by:**

| Staff Signature | Staff Printed Name | Date |
|---|---|---|

**^**1 Complete reporting and service requirements are determined by the Medicaid Provider Manual, HCPCS and CPT codes. CPT codes, descriptions, and two-digit modifiers only are Copyright American Medical Association. All rights reserved.

***** 2 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with individuals with intellectual or developmental disabilities as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

******3 Evidence of specialized training would include fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience. The time spent in fieldwork or internship can be counted toward the one-year experience requirement and must be documented by the student's supervisor or the program's coordinator for fieldwork/internships.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Consent and Release of Liability

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true, correct and complete to the best of my knowledge and belief. I agree to promptly notify SCCMHA Credentialing Committee if there are any material changes in the information provided, whether prior to or after acceptance as a provider of services. I hereby authorize the release of any information from any source; including but not limited to, information from individuals, peers, customers, companies, institutions, agencies, data banks or references who may have information bearing on my moral and ethical qualifications and competence to carry out the privileges I have requested, and I authorize them to release such information as you require, including my prior disciplinary records, for purposes of verifying information obtained in the attached application or any re-application information without any obligation to give me written notice of such disclosure. I agree to hold SCCMHA and the informant harmless from any liability to me and/or my organization for providing such information.

I hereby further authorize SCCMHA to release any and all information related in any way to my professional practice to any person, entity or governmental agency which: (a) provides SCCMHA with an authorization signed by me; or (b) has a legal right to know under any state or Federal law. I agree to hold SCCMHA harmless from any liability for providing any such information as specified herein.

I release all parties from all liability from any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. I agree that any false information in support of my application may result in action up to and including dismissal from employment regardless of when discovered by SCCMHA. I release SCCMHA, the SCCMHA Credentialing Committee, individually and collectively, from any and all liability for any damages and/or causes of action associated with the SCCMHA credentialing and privileging process.

I hereby signify my willingness to appear for interviews with SCCMHA. I fully consent to the inspection of any and all records and documents pertinent to my application for appointment and/or privileges. If there is a doubt as to my competence, morals, or ethics, the burden shall be on me to resolve the same. I understand and agree that if SCCMHA determines that this application contains any significant misstatements, misrepresentations, or omissions, SCCMHA acceptance of this application for participation will be voidable at SCCMHA's sole discretion.

I understand and agree that: (a) I have the burden of producing all information required or requested by SCCMHA in connection with this application; (b) SCCMHA is under no obligation to complete the processing of this application until all information requested is provided; (c) SCCMHA has the sole discretion to determine whether or not I will be accepted as a participating provider of services; and (d) in the event that SCCMHA decides not to accept me, I may initiate administrative appeal procedures as defined in the instructions for completing the application and spelled out in the SCCMHA Credentialing Handbook.

I understand and agree that the certifications, authorizations and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of employment with SCCMHA.

I attest that I can perform the essential functions of the position with or without accommodations.

Applicant Signature:_____ Date:_____

Applicant Printed Name:_____

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Application Checklist

## Please provide copies of the following required items:

☐ All applicable items on the application are complete and legible

☐ Copy of valid picture identification issued by a state or federal agency (e.g., driver's license or passport) for internal SCCMHA staff only.

☐ Copy of highest degree earned such as an official transcript or a verification through a primary source such as "National Student Clearing House"

☐ Copy of all current licenses and certifications to support services you wish to bill

☐ Copy of LARA check (Michigan licensing and regulatory affairs)

☐ Copy of current CV/Resume (this will be used to determine experience needed for certifications).

☐ Copy of initial background check. If a re-credential, please attach most recent background check.

☐ Copy of sanctions checks completed: SAM/LEIE, MI, OIG, etc.

☐ Copy of National Practitioner Data Bank (NPDB) check (if newly licensed not necessary for initial credentialing will be necessary for staff at recredentialing) Please note date of graduation/completion of certification and date of licensed issued to justify no NPDB check.

If unable to provide, please submit the following:

7) Minimum five-year history of Professional Liability.
8) Disciplinary Status with regulatory board or agency
9) Medicare/Medicaid sanctions

☐ Copy of Recipient Rights Check for all counties worked in.

☐ Copy of Department of Health and Human Services (DHHS) Central Registry Check for any staff working with children.

☐ Copy of National Practitioner Identification (NPI)

☐ Copy of Taxonomy Code

Submitted by: _____ Date: _____

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Adverse Credentialing Decision Appeal Process | **Chapter**: 05.06 - Provider Network Management | **Subject No**: 05.06.03.02 |
| **Effective Date**: 12/1/2019 | **Date of Review/Revision**: 6/1/20, 6/1/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Network Services, Public Policy & Continuing Education<br><br>**Authored By**: Jennifer Keilitz<br><br>**Additional Reviewers**: SCCMHA Credentialing Committee, Melynda Schaefer |

**Purpose:**
The purpose of this policy is to delineate a process for providers to appeal adverse (i.e., negative) credentialing decisions in order to ensure providers are afforded due process and opportunity to correct any erroneous information as well as to take appropriate steps needed to remedy deficiencies.

**Application:**
This policy applies to all providers currently in the SCCMHA Provider Network as well as to providers seeking to become empaneled.

**Policy:**
SCCMHA is committed to maintaining a diverse, highly qualified network of providers to meet the needs of consumers. Therefore, SCCMHA shall maintain a credentialing process in support of this goal. This process shall include, when possible, opportunity for providers to appeal adverse credentialing decisions made by the SCCMHA Credentialing Committee.

**Standards:**
A. Prospective SCCMHA Network providers may appeal adverse initial credentialing decisions.
   1. An adverse initial credentialing decision precludes empaneling in the SCCMHA Provider Network.
   2. This includes existing providers that wish to add staff and/or services that are not currently credentialed.

B. Existing SCCMHA Network providers may appeal adverse recredentialing decisions.

C. Professional providers whose SCCMHA Network participation is precluded or terminated due to license sanctions or disciplinary action, or exclusion from participation in Medicare, Medicaid or other federal healthcare programs, shall be offered an internal administrative review unless otherwise required by local, state or federal laws, regulations and requirements.

D. Providers shall be notified of the SCCMHA Credentialing Committee's adverse credentialing decision within thirty (30) calendar days of the Committee's decision in writing.
   1. Providers that fail to meet standards for credentialing or recredentialing shall be provided with information related to the factors for which they were found to be deficient.
   2. Written notifications of adverse decisions shall be sent for both initial credentialing and recredentialing reviews and shall include the following:
      a. Specific criteria, facts and circumstances that the SCCMHA Credentialing Committee considered in making its determination.
      b. The proposed effective date of the adverse credentialing decision.
      c. A summary of the basis for the SCCMHA Credentialing Committee's decision.
      d. When possible, information regarding steps the provider needs to take in order to remedy deficiencies.
      e. The provider's right to appeal the decision as well as request an appeal hearing.
         1). A summary of the provider's appeal rights shall be included in the notification letter.
         2). The time limit within which to submit an appeal and request a hearing shall be included in the notification letter.
      f. A description of the appeal process.

E. Providers shall have thirty (30) calendar days from the date of a negative credentialing decision to request an appeal.

F. Appeals must be made by submitting the request, in writing, to the Chair of the SCCMHA Credentialing Committee and include the following:
   1. Resolution of the deficiencies identified during the credentialing/recredentialing process by the SCCMHA Credentialing Committee.
   2. Relevant information related to the request for reconsideration of the adverse credentialing/recredentialing decision.
   3. Contact information (name, business address, email address, phone number) and name of the business entity if applicable.

G. Providers may request a hearing as part of the appeal process.
   1. The request for a hearing must be included in the provider's appeal letter.
   2. Providers may participate in an appeal hearing either telephonically or in-person.
   3. Providers may request that a representative, such as an attorney, be present at the hearing.

a. This request must be included in the provider's written appeal request letter.

H. Providers cannot appeal the length of an approved credentialing status.

I. Appeals shall be reviewed by the SCCMHA CEO and a committee appointed by the CEO and comprised of members of senior leadership as well as an independent consultant, none of whom are standing members of the SCCMHA Credentialing Committee.
   1. These individuals shall have the requisite experience and/or training related to the practitioner or agency under consideration.

J. All appeal decisions shall be rendered within fourteen (14) business days and shall be communicated via written notification to the provider within three (3) business days of the decision.

H. The decision of the appeal committee shall be considered final.

**Definitions:**

**Adverse (Negative) Credentialing Decision:** An SCCMHA Credentialing Committee decision to deny, suspend, or terminate a provider from the SCCMHA Provider Network on the basis of the Committee's determination that the provider does not meet SCCMHA credentialing criteria. Said criteria include competence, professional conduct, and exclusion from participation in Medicare, Medicaid or other federal healthcare programs, state or federal license sanction, or failure to maintain appropriate professional licensure.

**Provider:** Any individual or entity that is engaged in the delivery of healthcare services and is legally authorized to do so by the state in which the provider delivers the services. The term, "provider" includes both individual practitioners as well as organizational providers.

**References:**

**A.** NCQA MBHO (National Committee for Quality Assurance Managed Behavioral Healthcare Organization) Credentialing and Recredentialing Standards and Elements

**B.** Department of Health and Human Services Behavioral & Physical Health and Aging Services Administration Credentialing and Re-Credentialing Processes Effective: March 24, 2023.

C. SCCMHA Policy 05.06.03 – Competency Requirements for the SCCMHA Provider Network

D. SCCMHA Policy 05.07.04 – Network Service Provider Appeals & Dispute Resolution

E. SCCMHA Procedure 09.04.01.01 – Auditing Procedure

F. SCCMHA Procedure 09.04.03.01 – Credentialing and Recredentialing of SCCMHA Providers and Staff

G. SCCMHA Provider Credentialing Handbook

**Exhibits:**

**A.** Department of Health and Human Services Behavioral & Physical Health and Aging Services Administration Credentialing and Re-Credentialing Processes Effective: March 24, 2023.

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Sends written notification of adverse credentialing decision to provider within 30 calendar days. | SCCMHA Credentialing Committee |
| Submits written appeal letter to the SCCMHA Credentialing Committee Chair within 30 calendar days. | Provider |
| If desired, requests an appeal hearing. | Provider |
| Convenes an appeal committee. | SCCMHA CEO |
| Reviews the provider's appeal request.<br>Schedules and holds an appeal hearing at the provider's request within 7 days.<br>Renders an appeal decision within 14 days.<br>Communicates the appeal decision to the provider in writing within 3 days. | SCCMHA Appeal Committee |

**Exhibit A**

## Department of Health and Human Services
## Behavioral & Physical Health and Aging Services Administration

## CREDENTIALING AND RE-CREDENTIALING PROCESSES

## Effective: March 24, 2023

### A. Overview:

This policy covers credentialing, temporary/provisional credentialing, and re-credentialing processes for those individual practitioners and organizational providers directly or contractually employed by Prepaid Inpatient Health Plans (PIHPs), as it pertains to the rendering of specialty behavioral healthcare services within Michigan's Medicaid program. The policy does not establish the acceptable scope of practice for any of the identified providers or practitioners, nor does it imply that any service delivered by the providers or practitioners identified in the body of the policy is Medicaid billable or reimbursable. PIHPs are responsible for ensuring that each provider and/or practitioner, directly or contractually employed, meets all applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements. Please reference the applicable licensing statutes and standards, as well as the MPM should you have questions concerning scope of practice or whether Medicaid funds can be used to pay for a specific service.

PIHPs are required to use the uniform community mental health services credentialing program established by the department in accordance with Public Act 282 of 2020.

NOTE: The individual practitioner and organizational provider credentialing process contains two primary components: initial credentialing and re-credentialing. The Michigan Department of Health and Human Services (MDHHS) recognizes that PIHPs may have a process that permits initial credentialing on a provisional or temporary basis while required documents are obtained or performance is assessed. The standards that govern these processes are in the sections that follow.

### B. Credentialing Standards

1. The PIHP must have a written system in place for credentialing and re-credentialing
   organizational providers and individual practitioners included in the PIHP's provider network.

2. The PIHP must ensure:
   a. The credentialing and re-credentialing processes do not discriminate against:
      i. A health care professional, solely based on license, registration, or certification; or

ii. A health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

b. Monthly checks are completed for compliance with Federal requirements that prohibit employment or contracts with organizational providers and /or individual practitioners excluded from participation under either Medicare or Medicaid.

i. A complete list of Centers for Medicare and Medicaid Services (CMS) sanctioned providers and practitioners is available on their website at http://exclusions.oig.hhs.gov. A complete list of sanctioned providers and practitioners is available on the MDHHS website at www.michigan.gov/MDHHS. (Click on Providers, then click on Information for Medicaid Providers, then click on List of Sanctioned Providers). Evidence of monthly checks must be maintained in the organizational provider and individual practitioner credentialing file.

3. If the PIHP delegates to another entity any of the responsibilities of credentialing/re- credentialing or selection of organizational providers and/or individual practitioners that are required by this policy, the PIHP must retain the right to approve, suspend, or terminate from participation in the provision of Medicaid funded services, an organizational provider or individual practitioner selected by that entity, and meet all requirements associated with the delegation of PIHP functions. The PIHP is responsible for oversight regarding delegated credentialing or re-credentialing decisions.

4. Compliance with the standards outlined in this policy must be demonstrated through the PIHPs policies and procedures. Compliance will be assessed based on the PIHPs policies and standards in effect at the time of the credentialing/re-credentialing decision.

5. The PIHPs written credentialing policy must reflect the scope, criteria, timeliness, and process for credentialing and re-credentialing organizational providers and individual practitioners. The policy must be approved by the PIHPs governing body, and:
   a. Identify the PIHP administrative staff member and/or entity (e.g., credentialing committee) responsible for oversight and implementation of the process and delineate their role.
   b. Describe any use of participating providers or practitioners in making credentialing decisions.
   c. Describe the methodology to be used by PIHP staff members or designees to provide documentation that each credentialing or re-credentialing file was complete and reviewed prior to presentation to the credentialing committee for evaluation; and

d. Describe how the findings of the PIHPs Quality Assessment Performance Improvement Program (QAPIP) are incorporated into the re-credentialing process.

6. PIHPs must ensure that a complete and separate credentialing/re-credentialing file is maintained for each credentialed organizational provider and individual practitioner. Each file must include:
   a. The initial credentialing and all subsequent re-credentialing applications.
   b. Information gained through primary source verification; and
   c. Any other pertinent information used in determining whether the organizational provider and/or individual practitioner met or did not meet the PIHPs credentialing and recredentialing standards.

7. The PIHPs must maintain a written process for ongoing monitoring, and intervention, if appropriate, of organizational providers and/or individual practitioners as it relates to sanctions, complaints, and quality issues. This process must include, at a minimum, review of:
   a. Monthly Medicare/Medicaid sanction checks.
   b. Monthly State sanction checks
   c. Any limitations on licensure, registration, or certification.
   d. Beneficiary concerns which include appeals and grievances (complaints) information. e. Noted quality issues at the PIHP level.

## C. Credentialing Individual Practitioners:

The PIHP must have a written system in place for credentialing and re-credentialing individual practitioners included in their provider network who are not operating as part of an organizational provider. The PIHP must ensure that each direct-hire or contractually employed individual practitioner meets all background checks, applicable licensing, scope of practice, contractual, and Medicaid Provider Manual (MPM) requirements.

The PIHP must conduct a search that reveals information substantially similar to information
found on an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new direct-hire or contractually employed practitioner.

   a. ICHAT: https://apps.michigan.gov
   b. Michigan Public Sex Offender Registry: https://mspsor.com
   c. National Sex Offender Registry: http://www.nsopw.gov

1. Credentialing and re-credentialing must be conducted and documented for at least the following health care professionals:
   a. Physicians (M.D.s and D.O.s)
   b. Physician's Assistants
   c. Psychologists (Licensed, Limited License, and Temporary License)

d. Licensed Master's Social Workers
e. Licensed Bachelor's Social Workers
f. Limited License Social Workers
g. Registered Social Service Technicians
h. Licensed Professional Counselors
i. Nurse Practitioners
j. Registered Nurses
k. Licensed Practical Nurses
l. Occupational Therapists
m. Occupational Therapist Assistants
n. Physical Therapists
o. Physical Therapist Assistants
p. Speech Pathologists
q. Board Certified Behavior Analysts
r. Licensed Family and Marriage Therapists
s. Other behavioral healthcare specialists licensed, certified, or registered by the State.

**Initial Credentialing**

Policies and procedures for the initial credentialing of individual practitioners must require:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
    a. Lack of present illegal drug use.
    b. History of loss of license, registration, certification, and/or felony convictions.
    c. Any history of loss or limitation of privileges or disciplinary action.
    d. Attestation by the applicant of the correctness and completeness of the application.
    e. Attestation by the applicant that they are able to perform the essential functions of the position with or without accommodation.

2. An evaluation of the individual practitioner's work history for the prior five (5) years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.

3. Verification from primary sources of:
    a. Licensure or certification and in good standing.
    b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
    c. Official transcript of graduation from an accredited school and/or LARA license.

d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank

(HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:

i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement. ii. Disciplinary status with regulatory board or agency; and iii. Medicare/Medicaid sanctions.

e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a.), (b.), and (c.) above.

4. The PIHP must ensure that the initial credentialing of all individual practitioners applying for inclusion in the PIHP network must be completed within 90 calendar days of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the individual practitioner. Completion time is indicated when written communication is sent to the individual practitioner notifying them of the PIHP's decision.

**Temporary/Provisional Credentialing of Individual Practitioners**

Temporary or provisional credentialing of individual practitioners is intended to increase the available network of practitioners in underserved areas, whether rural or urban. PIHPs must have written policies and procedures to address granting of temporary or provisional credentials when it is in the best interest of Medicaid Beneficiaries that practitioners be available to provide care prior to formal completion of the entire credentialing process. Temporary or provisional credentialing must not exceed **150 days**.

The PIHP must have up to **31 days** from receipt of a complete application, accompanied by the minimum documents identified below, to render a decision regarding temporary or provisional credentialing:

1. A written application that is completed, signed, and dated by the individual practitioner and attests to the following elements:
   a. Lack of present illegal drug use.
   b. History of loss of license, registration, certification, and/or felony convictions.
   c. Any history of loss or limitation of privileges or disciplinary action.
   d. Attestation by the applicant of the correctness and completeness of the application.

2. An evaluation of the individual practitioner's work history for the prior five years. Gaps in employment of six (6) months or more in the prior five (5) years must be addressed in writing during the application process.

3. Verification from primary sources of:
    a. Licensure or certification and in good standing.
    b. Board Certification, or highest level of credentials attained, if applicable, or completion of any required internships/residency programs, or other postgraduate training.
    c. Official transcript of graduation from an accredited school and/or LARA license.
    d. National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all the following must be verified:
        i. Minimum five (5) year history of professional liability claims resulting in a judgment or settlement.
        ii. Disciplinary status with regulatory board or agency; and iii. Medicare/Medicaid sanctions.
    e. If the individual practitioner undergoing credentialing is a physician, then physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements of (a.), (b.), and (c.) above.

The PIHP's credentialing committee must review the information obtained and determine whether to grant provisional credentials. Following approval of provisional credentials, the process of verification, as outlined in this Section, should be completed.

**Re-credentialing Individual Practitioners**

The re-credentialing policies for physicians and other licensed, registered, or certified health care practitioners must identify written procedures that address the re-credentialing process and include requirements for each of the following:

1. Re-credentialing at least every two (2) years.
2. Submission of the current credentialing application.
3. An update of information obtained during the initial credentialing if applicable.
4. Primary Source Verification.
5. Refer to the Initial Credentialing section of this document for additional details.

**D. Credentialing and Re-Credentialing Organizational Providers:** For organizational providers included in the PIHP network:

1. The PIHP must validate and at least every two (2) years that:
    a. The organizational provider completes the current credentialing application.
    b. The organizational provider is licensed or certified and in good standing as necessary to operate in the State.
    c. The organizational provider is approved by an accredited body (if a provider is not accredited, the PIHP must perform an on-site quality assessment).

d. There are no malpractice lawsuits that resulted in conviction of criminal neglect or misconduct, settlements, and/or judgements within the last five (5) years.
e. The organizational provider is not excluded from participation in Medicare, Medicaid, or other Federal contracts.
f. The organizational provider is not excluded from participation through the MDHHS Sanctioned Provider list.
g. Current insurance coverage meeting contractual expectations is on file with the PIHP.
h. For solely community-based providers (e.g., ABA or CLS in private residences), an on-site review is not required, an alternative quality assessment is acceptable.
i. The contract between the PIHP and any organizational provider specifies the requirement that the organizational provider must credential and re-credential their direct employees, as well as subcontracted service providers and individual practitioners in accordance with the PIHPs credentialing/re-credentialing policies and procedures (which must conform to MDHHS credentialing process).

2. The PIHP must ensure that the initial credentialing of all organizational providers applying for inclusion in the PIHP network must be completed within 90 calendar days of application submission. The start time begins when the PIHP has received a completed signed and dated credentialing application from the organizational provider. Completion time is indicated when written communication is sent to the organizational provider notifying them of the PIHP's decision.

## E. Deemed Status:

Individual practitioners or organizational providers may deliver healthcare services to more than one (1) PIHP. A PIHP may recognize and accept credentialing activities conducted by any other PIHP in lieu of completing their own credentialing activities. In those instances where a PIHP chooses to accept the credentialing decision of another PIHP, they must maintain copies of the credentialing PIHPs decisions in the organizational provider and/or the individual practitioner's credentialing file.

## F. Notification of Adverse Credentialing Decision:

An individual practitioner or organizational provider that is denied credentialing or re-credentialing by the PIHP must be informed of the reasons for the adverse credentialing decision in writing by the PIHP within 30 days of the decision.

## G. Appeal of Adverse Credentialing Decision:

Each PIHP must have a written appeal process that is available when credentialing or recredentialing is denied, suspended, or terminated for any reason other than lack of need. The written appeal process must be consistent with applicable federal and state

requirements. The appeal process must be included as part of an adverse credentialing decision notification letter.

## H. Reporting Requirements:

The PIHP must have written procedures for reporting improper known organizational provider or individual practitioner conduct which could result in suspension or termination from the PIHPs provider network to appropriate authorities (i.e., MDHHS, the provider's regulatory board or agency, the Attorney General, etc.). Such written procedures must be consistent with current Federal and State requirements, including those specified in the MDHHS Medicaid Managed Specialty Supports and Services Contract.

## I. Definitions

**Individual Practitioner:** An individual who is engaged in the delivery of healthcare services and is legally authorized to do so by the State in which he/she delivers the services.

**National Practitioner Databank (NPDB) and the Healthcare Integrity and Protection Databank (HIPDB):** The U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Office of Workforce Evaluation and Quality Assurance, Practitioner Data Banks Branch is responsible for the management of the National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank. They can be located on the Internet at www.npdb-hipdb.hrsa.gov/.

**Organizational provider:** An entity that directly employs and/or contracts with individuals to provide health care services. Examples of organizational providers include, but are not limited to, community mental health services programs (CMHSPs); hospitals; nursing homes; homes for the aged; psychiatric hospitals, units, and partial hospitalization programs; substance abuse programs; and home health agencies.

**PIHP:** A PIHP is a Prepaid Inpatient Health Plan under contract with MDHHS to provide managed behavioral health services to eligible individuals.

| Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Specialty Behavioral Health Credentialing & Supervision Requirements | **Chapter**: 05 – Organizational Management | **Subject No**: 05.06.03.03 |
| **Effective Date**: 10/01/2022 | **Date of Review/Revision**: 6/1/23<br>**Supersedes**: | **Approved By**: Sandra M. Lindsey, CEO |
| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | | **Responsible Director:** Director of Network Services, Public Policy, & Continuing Education<br><br>**Authored By**: Mary Baukus<br><br>**Additional Reviewers**: Melynda Schaefer |

**Purpose:** To clarify the definition of various clinical provider professional qualifications and credentials and to define supervisory expectations and requirements.

**Application:** This policy applies to all service delivery programs, both direct operated and contractual, and to any SCCMHA staff members when one of the following credentials is indicated by job description or Medicaid billing code: Child Mental Health Professional (CMHP), Mental Health Professional (MHP), Qualified Behavioral Health Professional (QBHP), Qualified Intellectual Disability Professional (QIDP), Qualified Mental Health Professional (QMHP).

**Policy:**
SCCMHA seeks to ensure the competency of the service delivery network in the provision of specialty services and supports for mental health, developmental disability, and behavioral health treatment. Toward that goal, it is the policy of SCCMHA that certain qualifications be met per Medicaid requirements. Appropriate supervision and co-signing will occur and be documented as individuals work toward obtaining specific credentials. This process will help ensure that all staff members and providers, in accordance with their assigned role in service delivery or business functions, obtain and maintain proper credentials for their job position and responsibilities as required by statute, policies and/or job description qualifications.

**Standards:**

A. Supervisors will provide the necessary routine clinical supervision for individual staff as they work toward obtaining any of the following credentials: Child Mental Health Professional (CMHP), Mental Health Professional (MHP), Qualified Behavioral Health Professional (QBHP), Qualified Intellectual Disability Professional (QIDP), Qualified Mental Health Professional (QMHP).
    a. Routine supervision will be ongoing and will be documented in a supervision log.
    b. During the first year of experience for an individual working toward any of the afore mentioned credentials, progress notes and all assessments require a co-signature from the supervisor.
    c. This co-signature requirement is related to the specific experience for the credential they are working toward and is independent of their licensure status.
    d. Any staff who have already met the experience qualifications do not require the co-signature on their progress notes or assessments unless otherwise required.
    e. All staff need to comply with the credentialing process.
    f. Once staff have completed the necessary experience requirements, they should apply for credentialing.
B. See definitions for specific requirements for each credential.

**Definitions:**

***Child Mental Health Professional (CMHP)*** - Individual with specialized training and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, or registered nurse; or an individual with at least a bachelor's degree in a mental health-related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; or an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or BCaBA or Psychologist working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

***Mental Health Professional (MHP)*** [Mental Health Code, Section 330.1100b(15)] - An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family

therapist licensed or otherwise authorized to engage in the practice of marriage and family therapy under part 169 of the public health code (1978 PA 368, MCL 333.16901 to 333.16915). NOTE: The approved licensures for disciplines identified as a Mental Health Professional include the full, limited, and temporary limited categories.

**Qualified Behavioral Health Professional (QBHP)** – starting January 1, 2020 a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 whichever is the shorter time period.
• Must be a physician or licensed practitioner (e.g. Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD.
OR
• Hold a minimum of a master's degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:
1. Ethical considerations.
2. Definitions & characteristics and principles, processes & concepts of behavior.
3. Behavioral assessment and selecting interventions outcomes and strategies.
4. Experimental evaluation of interventions.
5. Measurement of behavior and developing and interpreting behavioral data.
6. Behavioral change procedures and systems supports.

**Qualified Intellectual Disability Professional (QIDP) -** Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of experience in treating or working with a person who has intellectual disability; AND
is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, OR a human services professional with at least a bachelor's degree in a human services field.

**Qualified Mental Health Professional (QMHP) -** Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) OR one year of experience in treating or working with a person who has mental illness; AND is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, OR a human services professional with at least a bachelor's degree in a human services field.

**References:**

A. Michigan Medicaid Provider Manual
B. SCCMHA Policy 05.06.03, Competency Requirements
C. SCCMHA Policy 05.06.03.01, Credentialing and Recredentialing of SCCMHA Providers and Staff
D. SFY 2023 Behavioral Health Code Charts and Provider Qualifications

**Exhibits:**

A. Excerpt of State of Michigan, Department of Health, and Human Services, SFY 2023 Behavioral Health Code Sets, Charts, and Provider Qualifications, Qualifications Crosswalk, and Information

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Determine which credential is required (if applicable) for each staff member. | 1. Supervisor |
| 2. Evaluate the previous experience of the staff member related to the specific credential needed. | 2. Supervisor and SCCMHA Credentialing Coordinator/Credentialing Committee |
| 3. If the individual staff member requires more experience before being able to be credentialed, provide the necessary supervision and co-signatures on documentation such as progress notes and assessments. | 3. Supervisor |
| 4. Document the routine supervision in a supervision log. | 4. Supervisor |
| 5. Once the staff member has met the experience requirements, assist the staff member in applying to receiving formal credentialing, following the credentialing process. | 5. Supervisor |
| 6. Submit supervision logs and any additional proof to the SCCMHA Credentialing Coordinator. | 6. Employee/Supervisor |
| 7. Make necessary changes to staff signatures in Sentri II and upload supporting documents. | 7. SCCMHA Credentialing Coordinator |

Exhibit A

| State of Michigan, Department of Health and Human Services<br>SFY 2023 Behavioral Health Code Sets, Charts, and Provider Qualifications Crosswalk Information | | | | |
|---|---|---|---|---|
| **CMHP (Child Mental Health Professional)** | **MHP (Mental Health Professional)** | **QBHP** | **QIDP** | **QMHP** |
| AF- Physician<br>AH - psychologist<br>HO - LMSW/LLMSW<br>HO - LPC/LLPC<br>HO - Marriage and Family therapist<br>TD - RN<br>HN - BA in MH field<br>HO - MA in MH field<br><br><u>For BHT/ABA:</u><br>HO - BCBA<br>HN - BcaBA | AF - physician<br>AH - psychologist<br>HO -LMSW/LLMSW<br>HO - LPC/LLPC<br>TD - RN<br>HO - Marriage or family therapist | AF - physician<br>SA - licensed practitioner (NP, PA, advanced practice RN)<br>AH - psychologist<br>HO - clinical social worker<br>HO - MA in MH<br>HO - BACB approved degree | AH - psychologist<br>AF - physician<br>HN -Educator with a degree in education<br>HO - social worker<br>HN - PT<br>HN - OT<br>HO - SLP<br>HO - Audiologist<br>HO - Behavior analyst<br>TD - RN<br>AE - Dietician<br>HN - Therapeutic recreation specialist<br>HO - LPC/LLPC<br>HN - HS professional with BA | AH - psychologist<br>AF - physician<br>HN -Educator with a degree in education<br>HO - social worker<br>HN - PT<br>HN - OT<br>HO - SLP<br>HO - Audiologist<br>HO - Behavior analyst<br>TD - RN<br>HN - Therapeutic recreation specialist<br>HO - LPC/LLPC<br>HO - LMFT/LLMFT<br>SA - PA<br>HN - HS professional with BA |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>Event Verification</td><td>Chapter: 05 -<br>Organizational Management</td><td>Subject No: 05.06.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/30/02</td><td>Date of Review/Revision:<br>6/29/07, 6/23/09, 5/11/12, 6/20/16, 1/5/18, 6/1/18, 5/23/19, 6/11/20, 6/1/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>Melynda Schaefer</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
This policy ensures that SCCMHA administers a plan of safeguards against fraudulent or erroneous claims which includes audit and contractual provisions for provider restitution to SCCMHA for claims not supported with required documentation.

**Policy:**
SCCMHA will implement a Quality Assurance Plan which ensures that all purchased and provided services are audited for confirmation of: consumer eligibility for Medicaid, MiChild, Healthy Michigan or SCCMHA general fund supported services, non-duplication, provision of a covered service, proper service code usage, supported by a person-centered plan and presence of service documentation. If any of these requirements are not met the Authority will seek immediate remedial action which may include repayment of funds.

**Application:**
This policy is applicable to all providers of the SCCMHA direct delivery service system, including direct board programs or units and contracted service providers.

**Standards:**
- A 5% random sample of all purchased and provided units of service will be conducted annually. Some categories of providers will have less than 5% depending on the type of provider.
- A larger sample of all purchased and provided units of service may be pulled if there are concerns with the initial random sample.
- All providers and services will be included in sample.
- 100% of audited purchased and provided services will meet requirements.

- Restitution or disciplinary action will be required for all unsupported claims of direct provided services.

**Definitions:**

Purchased Service: Any service paid for through claim or purchase of service to a panel or non-panel provider for covered services with any funds administered by SCCMHA under contract with the Michigan Department of Health and Human Services.

Provided Service: Any service administered by SCCMHA Board Operated or Provider Network with the use of funds received under contract with the Pre-Paid Inpatient Health Plan (PIHP) or other private third-party payer agreement.

Sample Frame: SCCMHA will define its Event Verification Sample Frame as 5% of all events across all providers unless otherwise stated in Event Verification procedure.

Random Sample: A computer generated selection of events by Provider and HCPC, Revenue or CPT Code or Code Category. The auditor then randomly picks the events to review from a full sample of events for a specific time frame.

Covered Service: Any service defined by the Michigan Department of Health and Human Services in the Medicaid Provider Manual as a required service in the Medicaid Benefit or other service defined in the SCCMHA contractual agreement.

Documentation: Documentation may be written or electronic and will correlate the service to the individual plan of service. Clinical documentation must identify the consumer, the provider, type of service provided along with the code, appropriate signatures, and date and time of service. Administrative records might include monthly occupancy reports, shift notes, medication logs, personal care and community living support logs, assessments, or other records.

Record Review: This method of audit includes administrative review of the consumer record.

Edit Check: This method of audit uses electronic data variance analysis to identify claim and event errors which are mutually exclusive (e.g.: a unit of outpatient therapy or a day of inpatient care.)

Consumer Signoff: This method of audit requires the consumer signature for verification of service delivery. The consumer signature will be confirmed against the consumer signature on the plan.

Consumer Interview: This method of audit is a follow up interview or survey that includes consumer verification of service delivery.

Direct Verification: This method of audit may be used to identify non-occurrence of billed services and is used to identify the exception rather than to confirm the occurrence of an event.

Advocacy Monitoring: This method of audit uses survey and report of advocacy organizations which confirms the presence of a consumer in a service.

**References:**
PIHP (Pre-Paid Inpatient Health Plan) Contract and related attachments
MDHHS Master Contract and related attachments
SCCMHA Policy 05.07.04 Network Service Provider Appeals and Dispute Resolution

**Exhibits:**
Exhibit A – Implementation of Audit Methods
Exhibit B – Table of Audit Methodology by Service Group

**Procedure:**

| ACTIONS | RESPONSIBLE |
|---|---|
| 1. SCCMHA shall adopt an annual plan for auditing contract purchased and direct provided services as documented in this procedure which ensures that funds are spent on covered services, identified in the plan, and supported by documentation. | 1. Chief Executive Officer |
| 2. The Event Verification Performance Indicator shall be the number of events reviewed by provider, by event code over the number of events substantiated. The performance standard is 100%. | 2. Director of Network Services, Public Policy & Continuing Education |
| 3. The Event Verification Plan shall include a table which defines methods of audit and criteria for each service activity group. | 3. Director of Network Services, Public Policy & Continuing Education |
| 4. Shall prepare and submit to the Management Team an annual schedule of reviews, which assign tasks of sampling, auditing, and reporting are followed, per program type. | 4. Provider Network Auditing Supervisor |
| 5. Shall review audit reports and request corrective action plans from non- | 5. Provider Network Auditing Supervisor and Provider Network Auditing staff |

| | |
|---|---|
| performing providers and shall notify providers of audit results and shall request corrective action plans within specified times. | |
| 6. Corrective actions might include but not be limited to: billing of provider for non-supported services or withholding of payment, repeat reviews, provider sanctions, suspension or termination and disciplinary action up to and including termination of staff directly employed. The management team will establish thresholds for each level of response by service activity group. | 6. Director of Network Services, Public Policy & Continuing Education |
| 7. Shall review the corrective action plans submitted by providers and shall accept or request modification and shall communicate to the provider the time expected for follow up review. | 7. Provider Network Auditing Supervisor and Provider Network Auditing staff |
| 8. Providers/staff may appeal restitution or disciplinary action by submission of documentation with evidence that the documentation was produced according to timeframe and an explanation of why the documentation was not available at the time of the audit. This appeal must be submitted within 30 days of the date of the findings letter and sent to the Provider Network Auditing Supervisor. | 8. Provider Network Auditing Supervisor |
| 9. If Provider is not satisfied with the decision made by the Provider Network Auditing Supervisor, the Provider can then submit a second level appeal to the Director of Network Services, Public Policy & Continuing Education. | 9. Director of Network Services, Public Policy & Continuing Education |
| 10. If Provider is not satisfied with the decision made by the Director of Network Services, Public Policy and Continuing Education; the Provider can then submit a third level appeal to the | 10. Director of Network Services, Public Policy & Continuing Education, SCCMHA CEO |

| | |
|---|---|
| Chief Executive Officer of SCCMHA. Please see Policy 05.07.04 Network Service Provider Appeals and Dispute Resolution | |
| 11. The Director of Network Services, Public Policy & Continuing Education shall provide the Compliance Administrator with a monthly summary of the number of event verification actions resulting in provider sanctions which shall be reviewed by the management team and Policy and Compliance Committee for the identification of trends and process improvement opportunities. | 11. Director of Network Services, Public Policy & Continuing Education, Compliance Administrator |
| 12. Providers will be informed of the Event Verification Procedure through the inclusion of this procedure in the Provider Manual. The Providers will be oriented to the procedure on initiation of the contract. | 12. Director of Network Services, Public Policy & Continuing Education, Contract Manager & Network Auditor staff |
| 13. Providers will be informed of site visits for the purpose of event verification by letter/ electronic mail at least seven days prior to the site visit. The provider will be informed of which records will be reviewed 24 hours prior to the site visit. | 13. Provider Network Auditing Supervisor and Network Auditor staff |

Exhibit A

## Implementation of Audit Methods

| Method | Where/Who | How |
|---|---|---|
| Edit Check | Billing Dept and Claims Processing | Use of event rules in claims processing and manual checks, error reports |
| Record Review | Auditors, Audit Support Staff, Clinical Staff | Visual check of records by audit support staff with review log |
| Customer Sign Off | Auditors, Audit Support Staff | Verification of consumer signature by SC/CSM/Wraparound/ Homebased therapist against signature on Individual Plan of Service. |
| Customer Interview | Auditors, Audit Support Staff, Clinical Staff | Survey by phone or letter. |
| Direct Verification | Received through chain of command to audit unit | Report of variance may come via complaint, RR complaint, report or suggestion may trigger audit |
| Advocacy Monitoring | Received through chain of command to audit unit | Report of variance may come via complaint, RR complaint, report or suggestion may trigger audit |

Exhibit B

## Table of Audit Methodology by Service Group

| Service Group | Method of Confirmation | Criteria for Edit Check | Criteria for Record Review |
|---|---|---|---|
| CM/SC/ACT/Children's Services | EC, RR, CI | Eligibility, Duplication, Authorization, Att/Rec/Loc. Error, Event Rule | ATP, Plan of Service, Assessment Document, Progress Note |
| Outpatient | EC, RR, CI | Eligibility, Duplication, Authorization, Att/Rec/Loc. Error, Event Rule | ATP, Plan of Service, Assessment Document, Progress Note |
| CCI | EC, RR, CI, DV | Eligibility, Duplication, Authorization, Event Rule | ATP, Plan of Service, Assessment Document, Progress Note |
| Specialized Residential | EC, RR, AM, DV | Eligibility, Duplication, Authorization, Att/Rec/Loc. Error, Event Rule | ATP, Occupancy Report, Medication Log, Menu, Shift Note, Individual Plan of Service, Schedules, Behavioral Treatment Plan, Payroll Records |
| Crisis Residential | EC, RR, DV | Eligibility, Duplication, Authorization, Event Rule | ATP, Plan of Service, Daily Progress Note, Discharge Summary |
| Inpatient | EC, RR, DV | Eligibility, Duplication, Authorization, Event Rule | ATP, Admission Summary, Plan of Service, Physician Note, Discharge Summary |
| Skill Building, SE, PSR | EC, RR, PV, DV | Eligibility, Authorization, Att/Rec/Loc. Error, Event Rule | ATP, Daily Attendance Log, Progress Note |
| Respite | | | Eligibility, Duplication, Authorization, Att/Rec/Loc. Error, Event Rule | ATP, Plan of Service if required, Progress Note for1:1, Referral for 1:1, |
| | One/one | EC, RR, CI, DV | | |
| | Group | EC, RR, CI, DV | | |

| Service Group | Method of Confirmation | Criteria for Edit Check | Criteria for Record Review |
|---|---|---|---|
| Special Outpatient, OT, PT, Psychologist, Psychiatrist, RD, RN, Speech, Supported Employment | EC, RR, DV | Eligibility, Duplication, Authorization, Att/Rec/Loc. Error, Event Rule | ATP, Referral, Assessment Document, Plan of Service, Progress Note, Order by Physician |
| Equipment | EC, RR, DV | Eligibility, Duplication, Authorization, Event Rule | ATP, Plan of Service, Exception Request Form, Invoice |
| Indigent Pharmacy | EC, DV | Eligibility, Authorization | ATP, Prescription |
| Family Support | EC, RR, CS, DV | Eligibility, Duplication, Authorization, Event Rule | ATP, Plan of Service, Progress Note |
| Supported Living/Community Living Supports | RR, CS, CI, DV | Eligibility, Duplications, Authorization, Event Rule | ATP, Plan of Service, Payroll/Time Sheets, Community Living Support Logs |

EC: Edit Check
RR: Record Review
CS: Customer Sign-off
CI: Customer Interview
DV: Direct Verification
AM: Advocacy Monitoring
Att.: Attendance (Face to face or not)
Rec.: Recipient Code (who was present for the contact)
Loc: Location of service

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**Purpose:**
It is the expectation that SCCMHA will ensure a competent network of service providers. SCCMHA specifies required instruction in specific areas for service delivery providers of mental health and substance use disorder services. When on-site audits and other compliance reviews of SCCMHA operations are conducted, proof of those required education standards for employees, staff and providers must be provided. In addition, the provision of ongoing education and competency testing ensures at a minimum, compliance with the State and Federal standards, and also the provision of appropriate and quality services that maintain and promote the health, safety, goal achievement, and health equity of persons served by the SCCMHA network.

**Policy:**
It is the policy of SCCMHA to have a continuing education program that meets State and Federal requirements, and ensures competent staff and provider network members. In order to ensure a properly instructed and competent provider and staff workforce, SCCMHA chooses to both directly provide as well as procure, as needed, a full complement of routine and ad hoc quality and comprehensive training opportunities. SCCMHA requires staff and provider network members to meet minimum education requirements, including some annual renewals, in accordance with the person's and/or programs' role or scope of service delivery. SCCMHA expects that staff and providers will demonstrate competency in these areas in the performance of their work on behalf of SCCMHA. SCCMHA may also require from time to time, staff and provider attendance at ad hoc education programs to either meet new or changed requirements, to refresh expertise, or to ensure the maintenance of competency in certain continuing education areas.

**Application:**
This policy applies to all staff and relevant members of the SCCMHA service provider Network. This policy pertains only to ongoing education; it does not address employee orientation, program specific in-services, or attendance at external conferences or workshops as approved by supervisors of employees, covered by other SCCMHA and/or HR policies and/or procedures, or such of any SCCMHA contractor.

**Standards:**
A. SCCMHA will establish minimum education standards for providers and staff by type, department or position; updates will be provided to staff and contractors as appropriate. Standards will be used to measure performance and compliance.
B. SCCMHA minimum continuing education standards will be established with input from SCCMHA supervisors and management, and approved by the SCCMHA Management Team and Continuing Education Committee.
C. SCCMHA will educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.
D. SCCMHA will ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
E. SCCMHA will publish education protocols of core required courses, to include course topic/title, values, identified outcomes/objectives, duration and frequency of course, competency test tool, summary of course content, criteria for successful completion, targeted audience, pre-requisites (if any) and educator qualifications.
F. SCCMHA provided courses will adhere to an established, published education plan and calendar. The education plan will be approved by the SCCMHA Continuing Education Committee and the SCCMHA Management Team.
G. SCCMHA provided courses will adhere to written education protocols for all continuing education areas routinely conducted.
H. Routine courses contained in the SCCMHA minimum education requirements will be offered at regular intervals and advertised with sufficient notice to staff and/or provider relevant audiences.
I. Education protocols will be kept current by SCCMHA staff and will be adopted by SCCMHA through Management Team review.
J. Ad hoc courses sponsored or provided by SCCMHA must have an established protocol; ad hoc courses must be reviewed by the Continuing Education Supervisor who will submit the courses to the SCCMHA Continuing Education Committee and the SCCMHA Management Team for approval.
K. Education protocols will include the course topic and definition, values, outcomes or objective(s), summary of content, criteria for completion, desired or intended audience, duration, and frequency.
L. All SCCMHA education offerings that award continuing education credits will include the following:
    a. Advance notice to the correct audience(s)
    b. Course posting (may be electronic) that includes:
        1. The ACE statement and provider number for social workers
        2. Number of continuing education clock hours

3. Presenter information
4. Educational goals and objectives
5. Written notice of CEUs granted
6. Contact information for filing a grievance
7. Accommodations for individuals with disabilities
8. How certificates will be awarded and time frames
9. Criteria for successful completion
10. Time frame
11. Location
12. Target audience
13. Clarification on RSVP and/or mandatory attendance requirements

c. Agenda with presenter(s) information and written goals and objectives
d. Handouts/Written Materials.
e. Sign-in sheet and sign out sheet.
f. Certificate awarding CE credits.
g. Sufficient allowance of time for audience question and answers.
h. Method or tool to assess attendee competency on the course topic post training session.
i. Follow-up by educator on any specific course topic or session issues.
j. Audience Evaluation to assess adherence to the written goals and objectives
k. Data entry to SCCMHA network services data base.

M. Handout materials for non-mandatory education sessions may be provided to absent audience members upon request at the discretion of SCCMHA.

N. Ad hoc courses will be evaluated for possible insertion into standing education programs. These must first be reviewed and approved by the SCCMHA CE Committee.

O. SCCMHA will make arrangements to record standing courses whenever feasible to accommodate staff and provider needs and has an established check- out system for staff and provider use.

P. SCCMHA will establish a periodic continuing education work group - composed of the Continuing Education Supervisor, SCCMHA Human Resources, Provider/Clinical program representatives, as well as representatives from Medical Services, consumer representative(s), and Social Work Consultant – to review continuing education procedures, coordination and standards.

Q. Providers who receive required education courses from sources other than SCCMHA must have approval from the designated continuing education unit staff or supervisors to meet minimum education requirements application; staff must have supervisory approval on external continuing education to meet minimum posted standards.

R. Providers may be offered the opportunity for some course offerings to 'test out' as proof of competency, in lieu of face-to-face attendance at an education session.

S. Participants may be offered reasonable opportunity for remedial education to ensure minimum competency level achievement.

T. SCCMHA will continue to seek to develop alternative and flexible methods of education offerings, including on-line and/or self-testing course formats when feasible as well as virtual format.

U. SCCMHA in 2019 started offering clinical staff the opportunity to obtain additional trainings through the Relias ® training platform. These do not replace the training

provided by SCCMHA that is specifically designed to support SCCMHA mission and vision statement. However, it is meant to offer additional training on topics where staff can develop additional skills to perform their work with consumers. SCCMHA also encourages staff to use the Improving MI Practices website https://www.improvingmipractices.org/online/ to gain knowledge and skills.

V. Provider network members and SCCMHA supervisors and staff will receive routine, quarterly reports of individual course completion and compliance with minimum education requirements.

W. SCCMHA provider network audits will include measurement of performance in education areas.

X. SCCMHA will require network providers to maintain at a minimum 95% compliance in education requirements.

Y. SCCMHA Contracts & Properties Management Unit may consider issuing a sanction to providers who fail to meet the minimum education compliance requirement.

Z. SCCMHA Network Services & Public Policy Department will routinely publish acknowledgements of network providers who consistently meet or exceed the minimum required education requirements.

AA. Consumer focused education will be planned by the Continuing Education Unit and/or the Customer Services Department and published to providers.

BB. Whenever feasible, SCCMHA will seek to obtain CEU and CAC credits to be available to participants of education offerings to meet professional continuing education requirements of staff and providers.

CC. For classroom-based courses, SCCMHA reserves the right to limit class audience size for optimal learning.

DD. SCCMHA will maintain for at least seven years in a secure location:

a. Names and resumes of continuing education supervisor and social work consultant
b. Participant name, profession, and license/certification/registration number as applicable to position
c. Course title, date, location and credits awarded
d. Course outline/syllabus and learning objectives
e. Course instructor's qualifications and professional affiliations
f. ADA requests and services provided
g. Grievances and resolutions
h. Course evaluations

EE. SCCMHA will implement all state and regional reciprocity standards to attempt to bring uniformity and consistency in providing introductory training of direct support staff and others involved in more than one CMHSP service.

**Definitions:**

For purposes of this policy, the following definitions apply:

Competency – Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond.

Continuing Education – May be standing education schedule or ad hoc; instruction programs specifically designed to meet certain standards and promote minimum level of competency.

Credentialing – Affirming the background and qualifications and/or education and course record of an individual; may be direct-source verification.

Development – The ongoing enhancement of an individual's knowledge and expansion or refinement of their skills in existing or new areas of expertise.

In-Service - Department or program specific offerings that promote advancement of staff knowledge on a specific topic, including adherence to policies and procedures.

Orientation – Acquainting an individual employee with their position duties, environment and resources to perform their job through proper introductions to supervisors and co-workers and SCCMHA policies and practices; may be department specific and/or broad to the scope of SCCMHA.

**References:**
Improving MI Practices Website: https://www.improvingmipractices.org/online/
SCCMHA Education Protocols Manual (most current version)
SCCMHA Minimum Education Requirements
SCCMHA Competency Requirements for the SCCMHA Provider Network Policy
SCCMHA HR policies as applicable
*MDHHS Prepaid Inpatient Health Plans, Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency* policy April 2014
Network Providers Background Verification & Credentialing Procedure & Plan
SCCMHA Provider Participation Agreement
Relias® training platform.
U.S. Department of Health and Human Services Office of Minority Health, National Standards for Culturally and Linguistically Appropriate Services (CLAS) in Health and Health Care

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approve SCCMHA annual continuing education program/plan, standing education protocols and minimum education requirements for SCCMHA network and staff. | SCCMHA Management, Service Management Teams, & Continuing Education Committee (as documented in minutes) |

| | |
|---|---|
| Approve and develop ad hoc courses and in-services to meet needs; ensure qualifications of instructors. | SCCMHA Continuing Education Supervisor |
| Ensure staff and self-schedule of attendance/completion of required courses and monitor staff adherence to minimum education requirements. | Supervisors and Directors |
| Assure arrival on time as continuing education cannot allow late arrivals and offer CE's. Any late arrivals to classes will be turned away at the security desk. | Staff and Supervisors |
| Oversee Continuing Education Unit functions and development of continuing education schedules, protocols and resources. | SCCMHA Director of Network Services, Public Policy, & Continuing Education |
| Chairs Continuing Education Committee | SCCMHA Continuing Education Supervisor |
| Provides or coordinates all standing education offerings and materials. Ensures record keeping of course attendance and competency tests. Develops and refines education programs, protocols, and curricula. Provides consultation to providers and programs on continuing education issues. | SCCMHA Continuing Education Supervisor |
| Meets on a quarterly and ad hoc basis as needed to review and provide feedback on SCCMHA continuing education program structure and goals. | Continuing Education Committee |
| Provides input on continuing education issues and needs for the SCCMHA system and makes suggestions for improvement. | Quality Governance Committee<br>SCCMHA Supervisors<br>SCCMHA Provider Network Members<br>Continuing Education Committee |

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**Purpose:**
The purpose of this policy is to establish protocols for the development and implementation of quality continuing education courses for social workers.

**Policy:**
It is the policy of SCCMHA to ensure social workers have access to quality continuing educational opportunities that meet the Michigan Board of Social Work standards for Continuing Education Credits. Licensed social workers in Michigan are required to complete forty-five (45) clock hours (which is the equivalent of forty-five (45), sixty 60-minute blocks of time) hours of approved continuing education every three years to maintain a valid license including two (2) hours of pain management training, five (5) hours of ethics, three (3) hours of Implicit Bias, and two (2) hours in Human Trafficking.

**Application:**
This policy applies to all SCCMHA staff and network service providers holding a State of Michigan social work license (i.e., LBSW, LMSW). Effective July 1, 2005, the provisions of Michigan P.A. 61 of 2004 went into effect. These engendered significant amendments to the regulation of the practice of social work in the State of Michigan and made the following title changes: (1) Registered Social Work Technicians became Registered Social Service Technicians; (2) Registered Social Workers became Licensed Bachelor's Social Workers; (3) Certified Social Workers became Licensed Master's Social Workers.

**Standards:**
A. SCCMHA will, at its discretion, offer continuing education courses relevant to current social work theory, methods, and practices.

B. SCCMHA sponsored continuing education courses shall reflect empirical research and best practices.
C. The development, assessment and review of all SCCMHA sponsored continuing education courses will be implemented by the Continuing Education Committee comprised of the Director of Network Services & Continuing Education, the Continuing Education Supervisor and the Social Work Consultant, and others as applicable.
D. Target licensure categories will be identified on all publications promoting SCCMHA continuing education courses.
E. SCCMHA continuing education courses shall be planned in response to the educational needs of social workers in Michigan and meet relevant professional guidelines. Input from social workers and experts in the field will be sought in order to ensure accurate assessment of the quality of learning activities is made.
F. SCCMHA will make every effort feasible to secure social work credits for required and optional courses offered, but cannot guarantee SCCMHA offerings will be able to meet all social work licensure requirements.
G. SCCMHA adheres to NASW (National Association of Social Workers) guidelines pertaining to any limits or standards for CEs obtained via face-to-face, and/or on-line learning modalities.

**Definitions:**
**Continuing Education (CE)** is education oriented toward maintenance, improvement or enhancement of social work practice.

**References:**
A. SCCMHA Continuing Education Program Policy
B. HR policies as applicable
C. Michigan P.A. 61 of 2004 **(https://www.michigan.gov/documents/mdch/mdch_sw_swpracticechangesduetolicensure_216184_7.pdf)**
D. **NASW Standards for Continuing Professional Education (https://www.socialworkers.org/LinkClick.aspx?fileticket=qrXmm_Wt7jU%3d&portalid=0)**
E. **ACE CE Handbook https://www.aswb.org/ace/ace-handbook/**

**Exhibits:**
Exhibit A – SCCMHA Continuing Education Attendance Sign-in/Sign-Out Sheet
Exhibit B – SCCMHA Participant Evaluation Form
Exhibit C – SCCMHA Certificate of Completion
Exhibit D – SCCMHA Training Announcement

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Research, assess and review continuing education courses relevant to social work theory, methods and best practices. | SCCMHA Director of Network Services & Continuing Education, Continuing Education Supervisor, Social Work Consultant. |
| Develop and sponsor relevant continuing education courses. | Trainer in coordination with Continuing Education Supervisor and/or Social Work Consultant. |
| Approve SCCMHA continuing education work plan annually | Service Management, Management Teams, & Continuing Education Committee |
| Ensure educational offerings include advance notice to appropriate audiences. | Continuing Education Supervisor and Continuing Education Unit clerical support staff |
| Ensure training announcement publications include clarity on time, location, target audience, fees if any, special accommodations, credits awarded. | Continuing Education Supervisor |
| Ensure training offerings have written protocols and a written agenda that summarizes content and desired outcomes. | Continuing Education Supervisor |
| Submit appropriate materials to the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) to ensure SCCMHA can offer CEs for credit. | Continuing Education Supervisor |
| Ensure training offerings adhere to written protocols and stated agenda. | Continuing Education Supervisor |
| Ensure that verification of attendance is maintained with sign-in/sign-out signatures of enrollees. | Continuing Education Supervisor |

| | |
|---|---|
| Ensure training evaluations and/or competency exams (post-tests) are completed by attendees as a requirement of receiving course credit. | Continuing Education Supervisor and/or presenter. |
| Provide training certificate to attendees upon successful completion of each course within thirty (30) days of course completion. | Continuing Education Supervisor and clerical support staff. |
| Maintain permanent records of each individual's participation (based on time attendance) are made by entering the name of the attendee, training title, date and course hours into training data base within one week of course completion. | Continuing Education Clerical Support |
| Monitor accuracy of training data base. | Continuing Education Supervisor |
| Maintain data of CEs earned by SCCMHA network staff. | Continuing Education Clerical Support and Continuing Education Supervisor |
| Oversee submission of CE activity reports to SCCMHA network staff, Human Resources Department, Supervisors, and other units and departments as required. | Continuing Education Supervisor |
| Provide CE documentation to SCCMHA network staff for submission to Michigan Department of Community Health Licensing Board for individual Social Work License renewal. | Continuing Education Supervisor |
| Maintain own file of CE proofs, which is subject to audit upon request and at the sole discretion of the state licensing office. | Individual staff and providers |

Exhibit A

**Course Title:**
**Course Date:** **Course Time:**
**Course Location:**
**Presenter Name:**
**Credit Hours Earned:** CE: **Other:**
**Co-Sponsored Program:** No

**Certificate of Completion Awarded:** End of Course

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ACE ASWB approved continuing education

**Important Notice**: In order for participants to receive certificates of credit, the participant must sign in and sign out, attend the full continuing education session and complete a course evaluation. Certificates not issued on the day of the training session will be processed and mailed or emailed to the participant within 30 days. Identification may be requested.

| | Name | Department | Sign In- Signature | Sign In- Time | Sign Out- Signature | Sign Out- Time |
|---|---|---|---|---|---|---|
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
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| 18 | | | | | | |
| 19 | | | | | | |

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## Saginaw County Community Mental Authority- Participant Evaluation

SCCMHA is interested in learning about your experience with this course. To receive CE credit and to help us maintain quality education courses, please answer the following questions.

**Name of course:** **Date** **Time:**

**Instructor:**

**Location:**

Please rate each of the following by placing an X in the area that best represents your learning experience.

| **I. Course Objectives** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
|---|---|---|---|---|---|
| Please rate how well the course objectives were met. | | | | | |
| 1. Objective | | | | | |
| 2. Objective | | | | | |
| 3. Objective | | | | | |
| 4. Objective | | | | | |
| **II. Appropriateness to education, experience and licensure level.** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
| 1. This course was appropriate for my educational, experience and licensure level. | | | | | |
| 2. This course was relevant to my current job duties. | | | | | |
| 3. I will be able to use this course in my current job. | | | | | |
| 4. The information reflected current practices. | | | | | |
| **III. Instructor Evaluation** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
| 1. The instructors were knowledgeable in the subject area. | | | | | |
| 2. The instructors presented the information clearly. | | | | | |
| 3. The instructors were effective in helping learners understand the material. | | | | | |
| 4. The instructors were effective in helping you understand the material. | | | | | |
| 5. The instructors were proficient in the use of technological equipment (eg. Power Point projector, DVD player). | | | | | |
| **IV. General Information/Accommodations** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
| 1. The written instructional materials were useful. | | | | | |
| 2. The audiovisual materials were effective in helping to learn the skills | | | | | |
| 3. The accommodations (location of the course, room comfort, accessibility) were **adequate**. | | | | | |
| 4. I was given instructions for requesting accommodations for disability/disabilities. **(see course announcement and agenda)** | | | | | |
| 5. The instructors provided contact information for learning consultation. | | | | | |
| 6. I was satisfied with the administration of the course overall. | | | | | |

Comments/Suggestions for improving this course:

**Thank you for your participation in this training**

Exhibit C



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CERTIFICATE OF CREDIT

TWO (2) SOCIAL WORK CONTINUING EDUCATION CREDIT HOURS
AND ONE (1) MCBAP CREDIT HOURS ARE AWARDED TO:

SAMPLE

SOCIAL WORKER LICENSE NUMBER: _ _ _ _ _ _ _ _ _ _ _ _ _

FOR SUCCESSFUL COMPLETION OF THE EDUCATIONAL SESSION:

**TRAINING TITLE**

DATE OF TRAINING

ALBERT & WOODS PROFESSIONAL DEVELOPMENT & BUSINESS CENTER
1 GERMANIA PLATZ, SAGINAW, MI 48602

PRESENTED BY: NAME OF PRESENTER, CREDENTIALS

Alecia Schabel, LBSW, Continuing Education Supervisor

Month Day, Year
Date

MSHN
Mid-State Health Network

*Saginaw County Community Mental Health Authority, provider # 1135, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Saginaw County Community Mental Health Authority maintains responsibility for this course. ACE provider approval period: June 14, 2019 – June 14, 2022. Social workers completing this course receive two (2) continuing education credits.*

ACE
ASWB approved continuing education

PLEASE DO NOT TURN THIS IN TO SCCMHA'S CONTINUING EDUCATION DEPARTMENT.
YOUR CREDIT WILL AUTOMATICALLY BE ENTERED AFTER THE TRAINING IS COMPLETE.

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Exhibit D

*Saginaw County Community Mental Health Authority Presents*

## Name of Training

Presented by: John Doe

**Friday, March 8th 2019 | 2:30pm – 4:30pm**

Albert & Woods Professional Development and Business Center, Room 117
1 Germania Platz, Saginaw, MI 48602

Saginaw County Community Mental Health Authority

Continuing Education

**Who Should Attend**

Beginning, intermediate, and advanced level social workers and clinicians, nurses, medical assistants, behavioral health consultants, and anyone interested in learning ___

**Continuing Education Credits**

2 Social Work Continuing Education credits and 1 Child Diagnostic Continuing Education Credit will be awarded.

**About This Training**

This training for mental health professionals will examine the dynamics of ___.

**Learning Objectives**

Upon completion of the training, participants will be able to:

1. Provide a brief overview of ___
2. Define ___
3. Identify ___

**Agenda:**

| | |
|---|---|
| 2:15pm – 2:30pm | Welcome, Sign in |
| 2:30pm – 4:30pm | Intersections of Relationship Violence and Human Trafficking Training |
| 4:30pm – 4:45pm | Sign out, turn in evaluations |

**About the Presenter:**

John Doe

Prevention Education Coordinator, Underground Railroad, Inc.

John recently received his MPH from CMU after receiving his undergraduate degree in Health Science from SVSU. He has worked as an Educator for Underground Railroad, Inc for almost 5 years, delivering over 100 educational presentations to community members, specifically youth, regarding the prevention of violence against women.

**How to Register**

This training is free of charge but **advance registration is required** as space is limited. Email registrations@sccmha.org or contact 989-797-3445 to register. SCCMHA staff must have supervisor approval to attend this training.

**Accommodations**

Please let us know if you are in need of any special accommodations such as mobility assistance, interpreters, etc. at the time of registration. We will make every attempt to honor your special needs request.

Please note: The HVAC system is designed to maintain an overall average temperature by zone. There may be individual areas that fall outside of that average temperature. For those types of areas, the key is to dress appropriately if cool, and if warm we can provide fans.

**To receive 2 Social Work and 1 Child Diagnostic continuing education credits participants must:**

Sign in before the start of the training
Be present for the entire training
Complete a course evaluation

Sign out at the end of the training

**Late notice**

The training will begin promptly at 2:30pm as identified in the agenda. Credit will **not** be given for arrivals **any minute** past the start time. There are no exceptions to this.

**Certificates**

Certificates will be awarded within 30 days of the training. Social workers are responsible for manually writing in license numbers. Attendees spending excessive time out of the room or engaging in activities not associated with the training as determined by the instructor or monitor may not receive credit. No partial credit will be given.

*Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602*

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ACE
ASWB approved continuing education

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:<br>SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.06.06.02</td></tr>
<tr><td rowspan="2">Effective Date:<br>3/27/07</td><td>Date of Review/Revision:<br>6/6/12, 5/15/14, 4/3/16, 6/13/17, 6/13/18, 5/23/19, 9/10/19, 6/8/20, 5/4/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>Continuing Education Supervisor, Alecia Schabel</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**

It is required by Adult Foster Care Licensing that Adult Foster Care Home licensees, administrators and direct care staff complete educational requirements as specified in R 400.14201, R 400.14203 and R 400.14204 of the Department of Human Services *Licensing Rules for Adult Foster Care Small Group Homes for 12 or Less* effective May 24, 1994. Areas of required staff education include: personal care, supervision, and protection of residents; handling emergency situations; reporting requirements; first aid; cardiopulmonary resuscitation; resident rights; safety and fire prevention; prevention and containment of communicable diseases. In addition, the licensee and administrator must annually complete no less than 16 hours of Department of Human Services approved training that is relevant to the licensee's admission policy and program statement.

OCAL or the Department of Health and Human Services & Office of Children & Adult Licensing does not directly provide training for licensees. However, education and training for homes licensed for persons who have a mental illness, developmental disability, physical disability or the aged must be designated or approved by the Department of Human Services. OCAL offers a web site where licensees may purchase approved training in limited geographical areas. MDHHS Group Home Curriculum Training is considered one of the Department approved training curricula.

SCCMHA core values indicate support of all citizens with disabilities in the community regardless of service provider's contractual affiliation with SCCMHA. SCCMHA intends

to ensure some level of resources are made available to general AFC licensees at no cost, as room in the classroom is available.

**Policy:**
It is the policy of SCCMHA to offer a continuing education and training program that meets Federal and State requirements and provides opportunities for general adult foster care licensees, licensee designees and direct care staff to gain professional skills that will contribute to a safe, humane environment and will promote hope, recovery and a life like everyone else.

It is also the policy of SCCMHA that providers of service to people with mental health disorders, developmental disabilities and co-occurring disorders in Saginaw County have access to quality education and training opportunities. Providers of service with a contractual agreement with SCCMHA will be given priority in situation where training resources are limited. Providers of service with no contractual agreement with SCCMHA will be offered education and training opportunities when openings are available.

**Application:**
This policy applies to general Adult Foster Care Small Group Homes in Saginaw County who serve individuals diagnosed with a mental illness, developmental disability or co-occurring disorder. This policy pertains only to ongoing training and education; it does not address employee orientation, resident-specific in-services or home policies and procedures.

**Standards:**
A. SCCMHA will prioritize education and training opportunities for network service providers in obligation to the contractual agreement with the Michigan Department of Mental Health as a PIHP for the Managed Specialty Supports & Services Program.
B. Priority level for education and training opportunities will be as follows:
    1. First priority will be given to network providers holding a valid contract with SCCMHA.
    2. The second priority level will include Saginaw County AFC providers serving individuals enrolled in an SCCMHA services program but not holding a valid contract with SCCMHA.
    3. The third priority level will include Saginaw County providers serving individuals with a developmental disability, mental illness or co-occurring disorder but not enrolled in an SCCMHA services program nor holding a valid contract with SCCMHA.
    4. Fourth priority will be given to Out of County AFC providers.
C. SCCMHA will limit education and training opportunities to Saginaw County licensees and licensee designees holding a valid Adult Foster Care license. Individuals applying for an Adult Foster Care license or waiting on a license approval will not be eligible for SCCMHA education and training until a license is granted by OCAL- DHS.
D. SCCMHA will provide training and education that have published education protocols that include course topic/title, values, identified outcomes/objectives, duration and frequency of course, competency test tool, summary of course content, criteria for

successful completion, targeted audience, pre-requisites, and educator/trainer qualifications.

E. SCCMHA provided courses will adhere to an established, published education plan and calendar. The education plan will be developed by the SCCMHA Continuing Education Committee and approved by the SCCMHA Management Team.
F. SCCMHA provided courses will adhere to written education protocols for all continuing education courses routinely conducted.
G. Routine Courses contained in the SCCMHA minimum education requirements will be offered at regular intervals and advertised with sufficient notice to staff and/or provider relevant audiences.
H. Routine Courses will include core competencies required by State of Michigan Department of Human Service Office of Children and Adult Licensing as well as core competencies required by SCCMHA contractual agreement for specialized residential care. These routine competencies will include:
    a) Rights of Recipients
    b) Cardiopulmonary resuscitation and First Aid (offered together only)
    c) Introduction to Residential Services: Reporting Requirements, Personal Care, Supervision and Protection
    d) Environmental Emergencies and Fire Safety
    e) Basic Health: vital signs, Prevention and containment of communicable disease (offered together only)
    f) Basic Medications
    g) Nutrition and Food Safety
    h) Working with people Culture of Gentleness and Crisis Response
I. Education protocols will be kept current by SCCMHA staff and will be adopted by SCCMHA through Management Team and Continuing Education Committee review.
J. Ad hoc courses sponsored or provided by SCCMHA must have an established protocol; approval for ad hoc courses must come from the designated SCCMHA Management Team member.
K. Education protocols will include the course topic and definition, values, outcomes or objective(s), summary of content, criteria for completion, desired or intended audience, duration, and frequency.
L. Ad hoc courses will be evaluated for possible insertion into standing education programs.
M. SCCMHA will establish a periodic continuing education committee - composed of the Continuing Education Supervisor, **Director of Network Services & Continuing Education, the Continuing Education Supervisor,** SCCMHA Human Resources, Network Services Provider Auditing, Provider/Clinical program representatives, consumer representative(s), and Social Work Consultant and others as applicable. to review continuing education procedures, coordination and standards.
N. As determined and approved by the SCCMHA Continuing Education Supervisor on an individual basis, providers may be offered the opportunity for some course offerings to be "self-study" with a comprehensive test as proof of competency in lieu of face-to-face attendance at an education session. If a "self-study" course may be substituted

due to limited calendar availability, providers should note live training follow up may be required with the next available course.

O. Providers are to complete each training course and pass a competency test with a score of 80% or higher. Providers are able to re-test up to 2 additional times with some testing room accommodations, if necessary. If the test is failed a 3rd time, staff will need to wait 6 months and re-take the course.
   **staff will not be able to work alone with consumers if they fail one or more of these courses: Rights of Recipients; Cardiopulmonary resuscitation and First Aid; Reporting Requirements; Environmental Emergencies and Fire Safety; Care and Supervision; Prevention and containment of communicable disease; Health and vital signs; Medications; Nutrition; and Working with people with disabilities*.
P. All providers are required to take SCCMHA Orientation to Training prior to registering for any other courses. Trainees not following the SCCMHA rules and expectation may be asked to leave at the trainer's discretion.
Q. SCCMHA will record trainee involvement in SCCMHA training and education courses including course title, date of attendance, competency test score, pass/fail, and credit hours of course.
R. SCCMHA will provide the licensee with routine monthly and quarterly reports of individual course completion. For providers who may need immediate proof of attendance, trainees are to be given a training tracker form. Trainees will be responsible for giving the training tracker form to the trainer for a signature at the end of each training. The signature does not verify a passed training.
S. For classroom-based courses, SCCMHA reserves the right to limit class audience size for optimal learning.

**Definitions:**
For purposes of this policy, the following definitions apply:

Competency – Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond.

Continuing Education – May be standing education schedule or ad hoc; instruction programs specifically designed to meet certain standards and promote minimum level of competency.

In-Service – Department or program specific offerings that promote advancement of staff knowledge on a specific topic, including adherence to policies and procedures.

Orientation – Acquainting an individual employee with their position duties, environment and resources to perform their job through proper introductions to supervisors and co-workers and facility policies and practices.

Service Provider – Department of Human Services Office of Children & Adult Licensing (DHS – OCAL) Adult Foster Care licensee or in the case of corporations, licensee designee.

**References:**
SCCMHA Education Protocols Manual (most current version)
SCCMHA Continuing Education Program Policy and Procedure
Licensing Rules for Adult Foster Care Small Group Homes

**Exhibits:**
Exhibit A: Registration Form
Exhibit B: Program Guidelines for All Training Attendees

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approve SCCMHA annual continuing education program/plan, standing education protocols and minimum education requirements for SCCMHA network and staff. | SCCMHA Management, Services Management Teams & Continuing Education Committee (as documented in minutes) |
| Approve and develop ad hoc courses and in-services to meet needs; ensure qualifications of instructors. | SCCMHA Continuing Education Committee<br>SCCMHA Directors and Supervisors |
| Oversee Continuing Education Unit functions and development of continuing education schedules, protocols, and resources. | SCCMHA Director of Network Services & Continuing Education |
| Provides or coordinates all standing education offerings and materials. Ensures record keeping of course attendance and competency tests. Develops and refines education programs, protocols, and curricula. Provides consultation to providers and programs on continuing education issues. Chairs Continuing Education Committee. | SCCMHA Continuing Education Supervisor and Trainers |
| Meets on ad hoc basis as needed to review and provide feedback on SCCMHA continuing education program structure and goals. | Continuing Education Committee |
| Provides input on continuing education issues and needs for the SCCMHA system and makes suggestions for improvement. | SCCMHA Supervisors<br>SCCMHA Provider Network Members<br>Continuing Education Committee |

Exhibit A

**Direct Care Registration Form**

| If Not LR Direct Care, Please Indicate Staff Type: | Provider Name: | |
|---|---|---|
| Autism CLS RESPITE SIP SD | Supervisor / Home Manager Name: | |
| ☐ ☐ ☐ ☐ ☐ | Date Requested: | |
| **Staff Information** | For accurate transcript records, please be sure spelling is correct. | For SCCMHA Use Only |
| Last Name | | |
| First Name | | |
| Hire Date | | |
| Termination Date | | |
| Has staff worked for other SCCMHA providers?<br><br>If yes, please list other provider(s)/other home name(s) | | |
| **Name of Class** | **Date Of Class** | |
| Orientation | | |
| Cultural Awareness | | |
| Recipient Rights | | |
| Blood Borne Pathogens | | Covered in Basic Health |
| Working with People 1 | | |
| Working with People 2 | | |
| Verbal De-Escalation/Physical Intervention for Protection | | |
| Basic Health with Blood Borne Pathogens | | |
| Basic Medications | | |
| Introduction To Residential Services and PCP | | |
| First Aid & CPR | | |
| Person Centered Planning | | Covered in Intro to Res. |
| Safety & Communication Class ( NFS, EE/FS, EOT, LEP) | | |
| Basic Meds Renewals | | Renewals Only |

9/2019

Exhibit B

## PROGRAM GUIDELINES FOR *ALL* TRAINING ATTENDEES

1. I understand that class begins at 9:00 a.m. If I come in after 9:10 a.m., I will not be able to attend that class.

2. I understand that if I return to class late from **break** or **lunch**, the door will be locked and I will not be able to re-join the class.

3. I understand that class runs until the times indicated on the training schedule. If I need to leave early for any reason I will have to make the entire class up in a future training cycle.

4. I understand that there is no smoking on any Saginaw County Community Mental Health Authority (SCCMHA) property. I agree to smoke only in my vehicle with the windows rolled up and the doors closed or off the premises.

5. I agree to conduct myself in a professional manner while in SCCMHA buildings/on SCCMHA property. This includes but is not limited to:

    a. Keeping my voice at a low volume when in the public areas of the building including the front lobby;
    b. Showing respect to staff and others using SCCMHA services;
    c. Showing respect to instructors and fellow students.
    d. Not playing excessively loud music in the parking lot.

6. I understand that no form of intimidation is allowed or tolerated in the classroom or SCCMHA property. Any display of verbal or physical intimidation toward anyone while attending group home training will result in immediate expulsion from classes.

7. I understand that I may not use my personal mobile phone during class. Use includes but not limited to: checking/reading texts, sending texts, checking and sending emails and voice mails, making phone calls, playing games, accessing the web or having the phone out. Use includes holding the phone in one's lap, in an open purse or bag so that it can be viewed or concealed in books, papers or any other items. Please note, that phone use in the bathroom or hallway during class is also prohibited.

8. I understand that if there is a personal emergency situation that must be monitored during class hours, I will talk to the trainer(s) before class starts to make arrangements for SCCMHA Continuing Education Department (CE) clerical staff or supervisor to be contacted to deliver messages.

9. I understand that sleeping during class is not allowed. Sleeping is defined as eyes closed and/or head down **or** a hat or hood covering the eyes to prevent trainers from determining if eyes are closed. Sleeping in class will result in being asked to leave the class.

10. I agree to return all training materials on the day they are due.

11. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs.

12. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full, modification of the training will not be allowed.

13. Students may not bring children or pets with them during classes that they are scheduled to attend at SCCMHA facilities. At no time are children or pets permitted to be left unattended, in the building or in a vehicle on SCCMHA property. NO EXCEPTIONS.

*By signing this document, I acknowledge that I have read and understood the program rules and expectations presented in the above information. I understand that failure to comply with program guidelines may result in expulsion from this training program.*

| _____ | _____ | _____ |
|---|---|---|
| Printed Name | Signature of Trainee | Date |

Revised September 2019 (*all other versions of this document are void)*

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Continuing Education Virtual Training</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.06.06.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>8/1/20</td><td>Date of Review/Revision:<br>1/10/22, 5/4/23</td><td rowspan="2">Approved By:<br>Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td><td>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Alecia Schabel<br><br>Additional Reviewers:<br>Tim Hogan, Matt Nagy & Valerie Toney, Service Management Team</td></tr>
</table>

**Purpose:**
The purpose of this policy is to establish protocols for the development and implementation of quality continuing education virtual training courses.

**Policy:**
It is the policy of SCCMHA to ensure all staff have access to quality virtual continuing educational training opportunities which meet State and Federal requirements, and ensures competent staff and provider network members.

**Application:**
This policy applies to all SCCMHA staff and network providers who engage in virtual training.

**Standards:**
- SCCMHA will, at its discretion, offer virtual continuing education courses relevant to State and Federal requirements.
- SCCMHA virtual continuing education courses shall be planned in response to the needs of staff not able to attend live training.
- SCCMHA Continuing Education Unit staff will monitor all virtual training sessions
- SCCMHA Staff and Network providers will follow appropriate virtual training guidelines:

**1) Requirements for all staff:**

- All staff should do a test run of equipment to be used during the training session to assure the camera is working, the audio is working, and staff have knowledge of how to log into and use the virtual training platform.
- SCCMHA will set up demonstration (demo) sessions for staff to test their equipment to assure everything is working and staff can get the most out of the virtual training session.
- All staff must log in 15 minutes prior to staring the training session to ensure they have access to the training session and all equipment is functioning well.
- Please be sure staff follow all directives once the training is complete.
- If participants attempt to participate after class starts, the participant will not be able to attend class.
- Any participant re-joining a virtual training late from break or lunch will not be able to re-join the class.
- If a participant logs out of the virtual class early, the participant will not obtain credit for the virtual class.
- All participants are expected to treat virtual trainings as they would any in class training, to minimize distraction for other participants in the class. This includes:
  - Dressing appropriately
  - Using appropriate discussion methods, the trainers advise to use
  - Keeping the video screen on during the entire class. If disrupted more than 15 minutes you may not be allowed to receive credit for the training.
  - No sleeping
  - No playing with children or pets
  - No eating or drinking
  - Not driving or in a moving vehicle
- All participants are expected to be fully engaged in the virtual training and are not allowed to use other technology such as cell phones, computers, etc. while participating in virtual training.
- Participants that have personal a personal emergency situation that must be monitored during the virtual training will notify the trainer(s) prior to the start of the training to discuss.
- Any system failures (loss of internet, loss of audio/video, etc.) must be called into the Continuing Education Unit at 989-797-3445 within 15 minutes of loss.
- If trainers notice non-participation they will first attempt to gain the attention of the participant via participation options in the virtual training platform. If the participant does not respond, the trainer will remove the participant from the virtual training.
- All participants need to be tolerant and understanding that all participants learn differently and should be respectful of all other participants.

- Staff are responsible for obtaining any required documents from the continuing education unit prior to the virtual class.

**2) Additional Requirements for Direct Care Staff:**

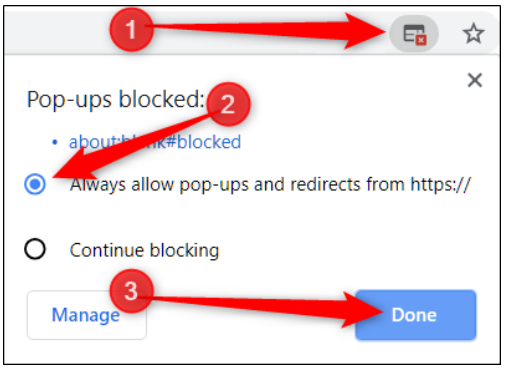
- All new direct care staff must read and sign the online orientation training and pass the test. This includes direct care staff from Residential, community living supports and skill building programs.
- Must pass all aspects of the training including any hands-on requirements as directed by the trainer(s). Participation is required: *voting polls, questions, hand raising, discussion sessions, break out rooms, etc.*
- Testing only allowed once it has been verified the participant was active the entire training.
- Direct Care staff can only fail a test 2 times then the participant will need to re-take the training in its entirety per SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff 05.06.06.02

**3) Additional Requirements for Professional Staff:**

- Professional Staff Only: If the trainer or moderator of the virtual class is unable to hear or see you we will NOT be able to offer credit or CE credits. ACE, the company we engage with to offer Continuing Education Credits for Social Workers, requires audio and visual engagement for CE credits to be issued.
- Staff interested in obtaining a certificate for CE's (for those trainings that offer CE's); there will be an evaluation link issued by the trainer you are required to complete PRIOR to CEs being issued. If we do not receive this evaluation, you will not receive Social Work CEs.

**Turn pop-ups on or off**

1. On your computer, open **Chrome**.
2. At the top right, click More. Settings.
3. Under "Privacy and security," click Site settings.
4. Click **Pop-ups** and redirects.
5. At the top, turn the setting to Allowed or Blocked.




**Definitions:**
ZoomPro® – is a registered software product that SCCMHA is using as a virtual training platform
Virtual training prerequisites – *Online Orientation to Training; Virtual Training Participant Guidelines; virtual Demo Testing*
Virtual Demo Testing – 1-hour time to test audio & visual functions on training devices

**References:**
A. 05.06.06 SCCMHA Continuing Education Program
B. 05.06.06.01 SCCMHA Continuing Education Credits for Social Workers
C. ACE Handbook https://www.aswb.org/wp-content/uploads/2018/10/ACE-Handbook-FINAL.pdf
D. SCCMHA Zoom Troubleshooting Support Documents https://www.sccmha.org/intranet/continuing-education/online-training-support-documents.html
E. Human Resources policies as applicable

**Exhibits:**
Exhibit A – SCCMHA Virtual Training Participant Guidelines Professional Staff
Exhibit B – SCCMHA Virtual Training Participant Guidelines DC (Direct Care) Staff
Exhibit C – Zoom Audio Visual Power Point

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approval to offer virtual training | SCCMHA Management Team |
| Seek out and secure virtual training platform | Chief Information Officer & Chief Quality and Compliance Officer |
| Develop and facilitate virtual training using a standard SCCMHA Logo template | SCCMHA Continuing Education Supervisor or designee<br>Contracted Trainer |
| Virtual training announcement | SCCMHA Continuing Education Supervisor |

| | |
|---|---|
| Provide all virtual training registration confirmation notices:<br>• Prerequisite information<br>• Virtual Training links | Continuing Education Specialist<br><br>SCCMHA Continuing Education Unit<br>Continuing Education Specialist |
| Offer Virtual training platform device support | SCCMHA Continuing Education Unit and SCCMHA Information Systems Unit |
| Complete virtual training prerequisites<br>• Direct Care staff: Online Orientation, Online Demo Testing (Exhibit C), Online Training Participant Guidelines (Exhibit B) | SCCMHA Staff and Network Provider staff |
| Zoom® Account Set up:<br>• Enable video and audio capabilities<br>• Enter the same first and last name given at registration during the Zoom® Log in process | SCCMHA Staff and Network Provider staff |
| During training:<br>• Log in PRIOR to start of training<br>• Video screen is kept on at all times, all staff are monitored the entire training<br>• No disruptions: no *other* technology used during training (cellphones, tablets, computers etc.)<br>• If late to re-join the online training from **break** or **lunch** participant will not be able to re-join the class.<br>• If there is a personal emergency situation that must be monitored during class hours, trainee will notify the trainer(s) before class starts to discuss<br>• Must pass all aspects of the training including any hands-on requirements as directed by the trainer(s). Participation is required: *voting polls, questions, hand raising, discussion sessions, break out rooms, etc.* | SCCMHA Staff and Network Provider staff |

| | |
|---|---|
| • Any system failures (loss of internet, loss of audio/video, etc.) must be called into the Continuing Education Unit at 989-797-3445 within 15 minutes of loss.<br>• Testing only allowed once it has been verified the participant was active the entire training.<br>• Direct Care staff only: Can only fail a test 2 times then the participant will need to re-take the training in its entirety per SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff 05.06.06.02 | |
| Monitor staff sign in, participation, testing, evaluation and sign out<br>Ensure training offerings adhere to written protocols and stated agenda. | SCCMHA Continuing Education Unit Designated Staff: Continuing Education Supervisor; Trainers; and/or Continuing Education Assistant |
| Ensure competency exams (post-tests) are completed by attendees as a requirement of receiving course credit. | SCCMHA Continuing Education Unit Designated Staff: Continuing Education Supervisor; Trainers; and/or Continuing Education Assistant |
| Professional Staff only: Provide training certificate to attendees upon successful completion of each course within thirty (30) days of course completion. | SCCMHA Continuing Education Assistant |
| Maintain permanent records of each individual's participation are made by entering the name of the attendee, training title, date and course hours into training data base within three days of course completion. | SCCMHA Continuing Education Unit clerical support staff and/or Trainers. |

Exhibit A

# VIRTUAL TRAINING
# PROGRAM GUIDELINES FOR PROFESSIONAL TRAINING ATTENDEES

1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly. Staff initial
2. I understand that class begins at the Start Time on the training announcement. If I attempt to participate after that time, I will not be able to attend the class. Staff initial
4. I understand that if I am late to re-join the virtual training from **break** or **lunch** I will not be able to re-join the class. Staff initial
5. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time. Staff initial
6. I understand I am participating in an virtual training and must conduct myself as I would during a live training. Staff initial
   This includes but is not limited to:
   a. Dressing appropriately.
   b. Using appropriate discussion methods the trainers advise to use
   c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
   d. Ensuring your training space is private with no interruptions
8. I understand that I may not use any other technology during virtual training Staff initial
9. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss. Staff initial
10. I understand that sleeping during virtual is not allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options virtual. If I do not respond I will be removed from the virtual training. Staff initial
11. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs Staff initial
12. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed. Staff initial
13. Students may not have children or pets with them in their training space while participating in virtual training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating. Staff initial
14. When I complete an virtual training, I will also need to complete an virtual training evaluation. Staff initial

*By signing this document, I acknowledge that I have read and understood the program rules and expectations presented in the above information regarding virtual training. I understand that failure to comply with program guidelines may result in removal from the virtual training.*

| | | |
|---|---|---|
| **Printed Name** | **Signature of Trainee** | Click to enter a date.<br>**Date** |

| | |
|---|---|
| **Trainee Phone Number** | **Email address to be used to send additional training information if necessary** |

PLEASE KEEP THIS PHONE NUMBER HANDY: 989-797-3445. If you are experiencing any technical difficulties and cannot communicate with one of the virtual monitors, please contact the Continuing Education Department.

Exhibit B

# VIRTUAL TRAINING
# PROGRAM GUIDELINES FOR ALL TRAINING ATTENDEES

1. I have read and completed the online Orientation training and passed the test. _____ (NEW staff initial only. N/A for veteran staff)
   Staff initial
2. Myself or my Home Manager has completed a test-run of the training equipment I will use. _____
   Staff initial
3. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly. _____
   Staff initial
4. I understand that class begins at 9:00 a.m. If I attempt to participate after 9:10 a.m., I will not be able to attend the class. I am responsible for any information I miss after the class start time *(ex. Information shared between 9:00a-9:10a).* _____
   Staff initial
5. I understand that if I am late to re-join the online training from **break** or **lunch** I will not be able to re-join the class. _____
   Staff initial
6. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up in a future training cycle. _____
   Staff initial
7. I understand I am participating in an online training and must conduct myself as I would during a live training. _____
   Staff initial
   This includes but is not limited to:
   a. Dressing appropriately. I have read page 6 of the Training Participation Manual
   b. Using appropriate discussion methods the trainers advise to use
   c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
   d. Ensuring your training space is private with no interruptions
8. I understand that no form of intimidation is allowed or tolerated in the online classroom. Any display of verbal or physical intimidation toward anyone while attending direct care training will result in immediate expulsion from classes. _____
   Staff initial
9. I understand that I may not use any other technology during online training. Use includes but not limited to: checking/reading texts, sending texts, checking and sending emails and voice mails, making phone calls, playing games, accessing the web or having the phone out. Use includes holding the phone so that it cannot be viewed by the trainer. _____
   Staff initial
10. I understand that if there is a personal emergency situation that must be monitored during class hours, I will have my Home Manager notify the trainer(s) before class starts to discuss. _____
    Staff initial
11. I understand that sleeping during online is not allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options online. If I do not respond I will be removed from the online training. _____
    Staff initial
12. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs. _____
    Staff initial
13. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed. _____
    Staff initial
14. Students may not have children or pets with them in their training space while participating in online training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating. _____
    Staff initial
15. When I complete an online training, I will also need to pass a training test. I am agreeing I will be taking the test on my own without the help of others. _____
    Staff initial

*By signing this document, I acknowledge that I have read and understood the program rules and expectations presented in the above information regarding online training. I understand that failure to comply with program guidelines may result in expulsion from this training program.*

| _____ | _____ | _____ | _____ |
|---|---|---|---|
| Printed Name | Signature of Trainee | Date | Trainee Phone Number |

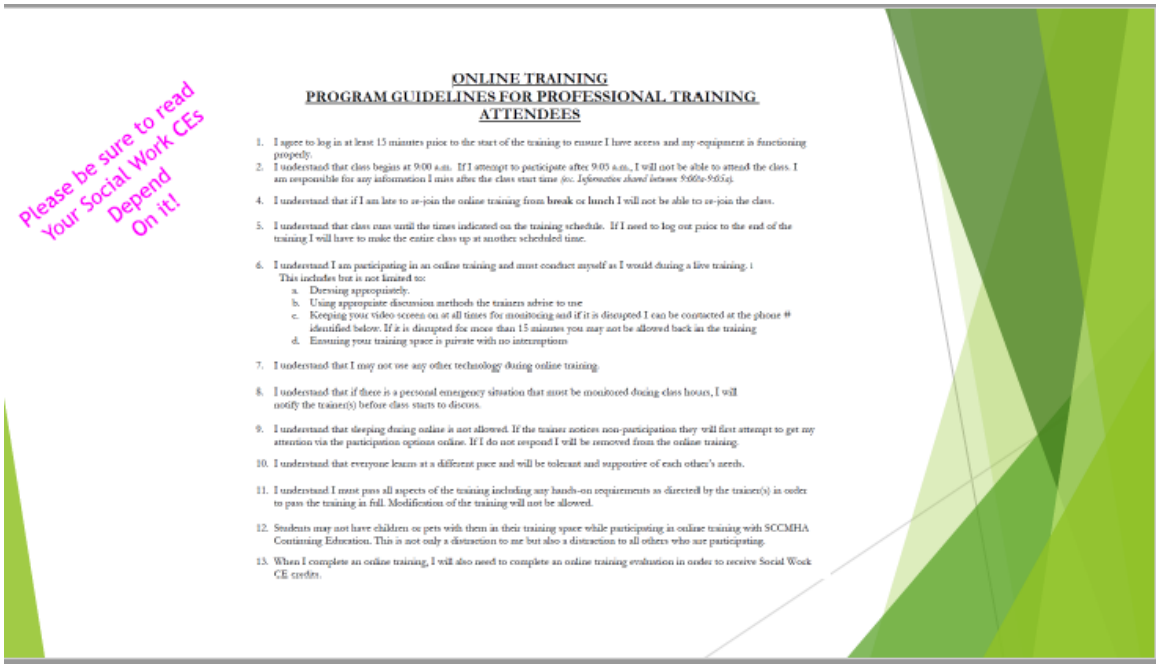
_____

Email address to be used to send training link

Revised May 2020 (*all other versions of this document are void*) This must be signed and submitted prior to registration of any training(s)

Exhibit C


Zoom Audio/Video Testing and Troubleshooting


Please be sure to read
Your Social Work CEs
Depend
On it!
ONLINE TRAINING
PROGRAM GUIDELINES FOR PROFESSIONAL TRAINING ATTENDEES
1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly.
2. I understand that class begins at 9:00 a.m. If I attempt to participate after 9:05 a.m., I will not be able to attend the class. I am responsible for any information I miss after the class start time (ex. Information shared between 9:00a-9:05a).
4. I understand that if I am late to re-join the online training from break or lunch I will not be able to re-join the class.
5. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time.
6. I understand I am participating in an online training and must conduct myself as I would during a live training. This includes but is not limited to:
a. Dressing appropriately.
b. Using appropriate discussion methods the trainers advise to use
c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
d. Ensuring your training space is private with no interruptions
7. I understand that I may not use any other technology during online training.
8. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss.
9. I understand that sleeping during online is not allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options online. If I do not respond I will be removed from the online training.
10. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs.
11. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed.
12. Students may not have children or pets with them in their training space while participating in online training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating.
13. When I complete an online training, I will also need to complete an online training evaluation in order to receive Social Work CE credits.

## Useful Zoom Information

Bug report - PECFAS Zoom test with SCCMHA

I. Zoom being used in a web browser without installed client software

A. Zoom loading in browser only works best in Chrome and not Internet Explorer or Edge.

B. Users are not able to see Polls

1. Will host files on Apprecots' Google Drive and will share links for those who can't See shared files in Chat window

C. Some report not being to access files shared in Chat window

1. Will host files on Apprecots' Google Drive and will share links for those who can't See shared files in Chat window.

2. Sending or receiving files is not available in web version.

D. Fewer features in web version compared to installed version

1. See: Zoom client vs. web comparison

2. Screen sharing on Microsoft Edge requires Windows 10 Pro or Enterprise. It is not supported on Windows 10 Home. If you are running Windows 10 Home and need to share your screen, we recommend using Chrome or Firefox. Screen sharing is not supported on Safari.

3. Joining computer audio on Safari is only available for webinar attendees.

4. Local recording not supported in web version. Can record to the Cloud.

5. Gallery view is not available in web version.

II. Zoom clients

A. SCCMHA staff **not using updated Zoom client (5.0.4) experience issues** with audio and video

B. If SCCMHA staff are in the same room, there will be echo/distortion unless one person mutes themselves.

C. It's recommended that users use installed Zoom client as opposed to browser-only for the best functionality.

D. Co-hosts cannot vote on polls. If they want to answer polls, the host will temporarily need to revoke co-host status and make them co-host again once they answer.

E. Often when an attendee is in the waiting room, Zoom will list them by device name or domain (e.g. Galaxy 10).

F. When an attendee calls in over the phone, only their phone number is listed. They'll need to (or host/co-host) rename themselves.

1. Host/co-host can remove them temporarily to waiting room and rename, then admit them back into the meeting

## Is your Microphone, Speakers and/or Camera not Working?

From SCCMHA IS Department:

Competing A/V Applications : Make sure that you ***do not have any other A/V applications open***. The applications may be competing to use them. If this happens, "EXIT" all A/V applications on your phone and computer such as DOXY or Skype for Business. Re-enter your meeting. If the issue is not resolved then restart your computer.

For SCCMHA Staff ONLY—Within a Remote Session: If your mic is greyed out or the camera is not enabled, another possible culprit could be that you are trying to use Doxy, Skype or Zoom when ***logged into a remote session***. If you have joined a meeting and realize that you are in the Remote session, EXIT the application and then sign out of your remote session. Select your the application from the local machine and continue to join from there.

Settings: Sometimes the issue is merely that your microphone, speakers and Camera are muted, inactivated or not enabled. You should also ***check your settings*** and ensure they enabled.

Work-a-round: If you are still unable to hear, speak or see during the meeting, then use the ***combination of your mobile phone and computer.*** To do this, exit the meeting on your computer and join the meeting from your mobile phone while placing the call on speaker. Then, join from your computer and click the "Don't join Audio" option.

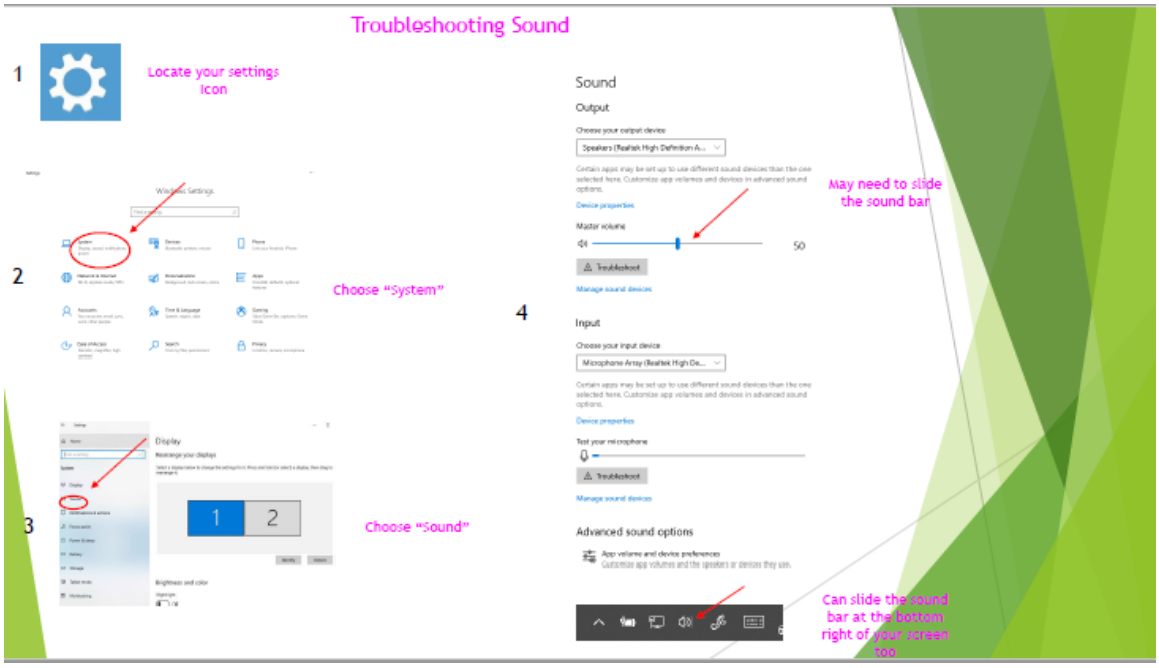
Please ***do not wait to contact*** your IT department or SCCMHA IS Department for direction. If Continuing Education does not hear from you within 15 minutes of possible disruption, you will be removed from the training.

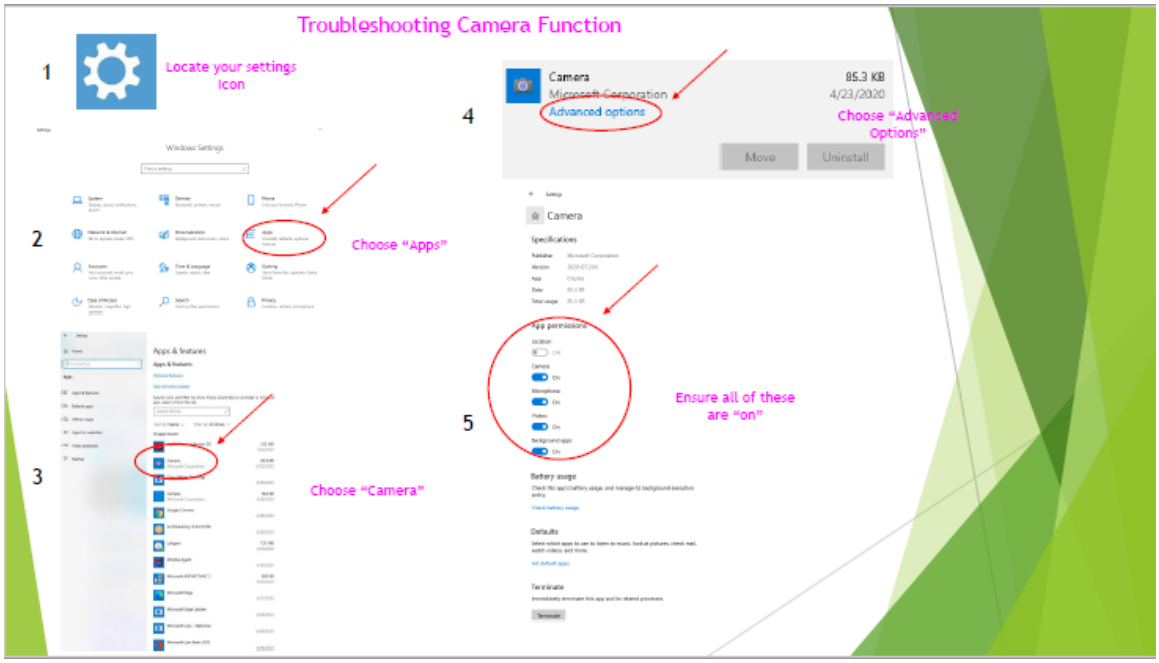
SCCMHA IS Department:

989-797-3577

SCCMHA Continuing Education Department:

989-797-3445


Troubleshooting Sound
1
Locate your settings Icon
2
Choose "System"
3
Choose "Sound"
4
May need to slide the sound bar
Can slide the sound bar at the bottom right of your screen too
Sound
Output
Input
Advanced sound options


Troubleshooting Camera Function
1
Locate your settings Icon
2
Choose "Apps"
3
Choose "Camera"
4
Choose "Advanced Options"
5
Ensure all of these are "on"
Camera
Advanced options
Move
Uninstall

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Reciprocity and Portability of Training for Staff</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.06.06.05</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/1/11</td><td>Date of Review/Revision:<br>5/15/14, 4/5/16, 5/30/17, 6/13/18, 8/22/19, 7/7/21, 10/11/21, 4/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>Alecia Schabel</td></tr>
<tr><td>Supersedes:<br>05.06.10</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
This Reciprocity and Portability of Training for Staff Policy serves to establish consistency in approving training of staff seeking employment. This procedure should also help reduce administrative costs by avoiding redundant training and duplication of effort, particularly for those providers that contract with multiple Community Mental Health Service Programs (CMHSPs) or staff that are seeking additional skill development.

**Policy:**
As a practical and responsible approach to simplifying administrative process and bringing greater uniformity to Michigan's CMHSP's service delivery system, SCCMHA adopted a standard of training portability and reciprocity. On May 30, 2006, Saginaw County Community Mental Health Authority (SCCMHA) declared cooperation with the MACMHB (now Community Mental Health Association of Michigan) Reciprocity and Portability standard in a letter to the MACMHB President. In April 2014, SCCMHA reviewed the *MDHHS Prepaid Inpatient Health Plans (PIHP), Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency* policy to incorporate necessary changes into the existing Reciprocity Policy to reflect current standards of MDHHS. In January of 2015, SCCMHA reviewed the Mid-State Health Network (MSHN) Service Provider Reciprocity Policy effective January 6, 2015, to incorporate any additional requirements. Effective March 2021 SCCMHA Continuing Education Unit requested and received notice from STGW (State Training Guidelines Workgroup) that ~~-~~25 trainings for Direct Care Staff are considered vetted and approved trainings for reciprocity throughout the state of Michigan. This means staff ~~that~~

may move to other parts of the state can have current trainings accepted so as not to repeat the same trainings in other counties.

**Application:**
This procedure applies to the SCCMHA provider network Staff providing services to consumers of Saginaw County.

**Standards:**

A. SCCMHA will use and accept any Direct Care Staff curricula approved and endorsed by Michigan Department of Health and Human Services when proof of training can be validated.
    a. Proof of approved training is supplied by the State Training Guidelines Workgroup (STGW) on the Improving My Practices (IMP) website (www.improvingmipractices.org) See Exhibit B
    b. SCCMHA will consider a minimum of one year of uninterrupted service as valid training standing for Direct Care Staff.
    c. SCCMHA will require through provider participation agreement that new and untrained Direct Care Staff working in residential facilities located in Saginaw County "participate in the Direct Care Staff curriculum provided to all Authority participating provider's staffing free of charge through the Authority's Continuing Education Unit".
    d. SCCMHA Continuing Education Unit will be responsible to review external Direct Care Staff training records for portability which will be reviewed using the STGW IMP website.
    e. When a Direct Care Staff has completed the required introductory training, SCCMHA will electronically send providers monthly curriculum reports with completion dates for each training.
    f. SCCMHA will email or mail via U.S. Postal Services, copies of training reports to Direct Care Staff to their private address upon request.
    g. Full time College Students who are seeking Direct Care employment within the SCCMHA network may qualify to have college classes substitute some required trainings.
        i. Must have a medical major (*nursing, PA, NP, MD*)
        ii. Only classes already completed and passed will be considered.
        iii. Introduction to Residential Services, Basic Health, Basic Medication, Nutrition and Food Safety training can be considered as substitutions.
        iv. Recipient Rights training can transferred from any other Michigan CMH in good standing., SCCMHA does accept CPI, Safety-Care as Verbal De-Escalation/Physical Intervention for Safety training. A 40 Hour BT Certificate will meet Working with People requirements for BTs working in respite care-Working with People training will not be allowed to be substituted. Other than what is outlined above, these trainings are required to be completed live at the SCCMHA training center.

B. SCCMHA will require that certain skill sets, and core trainings are subject to renewal and/or recertification as outlined in the SCCMHA Mandatory Minimum Training Requirements Grid for Board Operated and Contracted Providers. Whenever possible, expedited alternatives will be considered including but not limited to length of direct service in a similar role, length of time since the last validated training, curricula content, written employer recommendations, testing out for competency in relevant training areas, abbreviated training, self-study packets and small group training for plans of correction or non-compliance findings. SCCMHA will consider a minimum of one year of uninterrupted service as valid training standing.
C. SCCMHA will consider CPR and First Aid fully portable as long as Staff presents current certification cards from a MDHHS approved curriculum or presents an official training transcript. When an official transcript is offered in place of certification cards, the training may be subject to verification with the Authorized Provider by the Continuing Education Assistant or Supervisor.
    a. SCCMHA only recognizes CPR and First Aid training as provided by a certified American Heart Association or American Red Cross provider.
D. SCCMHA has determined that Recipient Rights training is portable when conducted by a Rights Advisor in good standing as determined by the SCCMHA Director of Office of Recipient Rights.
    a. Via online MDHHS Community Mental Health Program Assessments
E. SCCMHA Continuing Education Supervisor will maintain written protocols for training programs that include the scope of the training, content summary, class objectives, length of training, mode of training, competency requirements, intended audience, frequency offered, prerequisites, trainer qualifications, and renewal requirements. These tools are located on the SCCMHA G drive in the Network Services training folder. These are updated as required and reviewed at least every two years for any updates and changes.
F. The goal of all training conducted by SCCMHA will be to ensure staff competency rather than measurement of number of classroom hours.
G. Portability will not apply to training that addresses individual plans of service for the people being served; residential facility orientation; information about the people being served including but not limited to medications, health status, and information on how to best work with the person; and medication return demonstrations with the Home Manager or Registered Nurse.
H. Portability will not apply to training activities mandated by accrediting or licensing bodies and when these mandated trainings are in conflict with the Reciprocity and Portability standard, the accrediting or licensing body will prevail.
I. SCCMHA will maintain documentation of all training history as it relates to required training minimum standards and any provided Staff training history. Training records will include:
    a. Staff member's name
    b. Course name
    c. Date of training,
    d. Indication of completed, fail, audit, or no show
    e. Credit hours

f. Clock hours
g. Renewal date
h. Provider name and address
i. Report date
j. Verification statement including SCCMHA contact information

J. SCCMHA will maintain in an electronic record, the name of the trainer that conducted each class held at SCCMHA and will make the information available upon request.

K. For Clinical staff, with continuing education requirements, SCCMHA continuing education unit endorses the ability for staff to increase skill set beyond basic required training. Such continuing education may be able to count for renewal training and continuing education requirements. For staff with continuing education requirements the following must occur to obtain credit for annual renewal trainings:
    a. For trainings on Relias ® staff can print the transcript and note the annual training requirement they would like obtain credit. SCCMHA continuing education will review the description of the training to assure it meets the standards if it is not obvious. i.e. training on engagement of consumers to develop a person centered plan may be able to count for continuing education credits for licensure as well as annual person centered planning renewal.
    b. For conference attendance staff should submit a copy of the conference proof of attendance for the specific session and maintain copies of the agenda or training materials in case there is need to verify the content of the training. Please note on the training proof the annual training renewal staff request to obtain credit.
    c. Other trainings staff should submit proof of training attendance and content materials for acceptance as proof of training. Staff should note the annual training they wish to obtain credit.

L. SCCMHA will maintain a training record for every network provider of service, including Direct Care Staff, and will record approved external training in the staff member's training record and store the electronic record.

M. SCCMHA will maintain an electronic copy of training proofs supplied by external providers including tests, sign-in sheets, training summary spread sheets, certificates, and training transcripts for no less than seven (7) years.

N. SCCMHA will provide each Direct Care provider with Staff's monthly or quarterly training summary reports at the end of each SCCMHA training cycle, within 10 business days of the completion of the training cycle for direct care staff and close of the month for all other providers.

~~O.~~ SCCMHA will make training reports available to Any Provider and other CMHSPs upon request. Reports will be sent electronically whenever possible. SCCMHA will make every attempt to respond to requests within two (2) business days.
    a. SCCMHA Board Operated internal clinical staff and their supervisors have access to their individual training records at any time.

**Definitions:**

External Provider: for purposes of this procedure, external provider is defined as every primary or secondary service delivery program, provider or unit outside of SCCMHA direct operated programs and individual employees of SCCMHA. This includes secondary provider programs which provide additional supports and services, including residential and other community support services for SCCMHA consumers, as authorized by primary service providers such as case management and support coordination.

Portability: When a home manager, provider, administrator, or other authorized person provides evidence of current training under an MDHHS approved curriculum, that individual may be hired to provide personal care, supervision and community living services under the jurisdiction of the cooperating CMHSP without repeating certain courses of the introductory training process. Introductory training is considered portable when:

1) It is based on a MDHHS approved or endorsed curriculum. Identified and approved by the State Training Guidelines Workgroup (STGW) on the Improving My Practices (IMP) website.
2) Documented in a training report or transcript issued by the agency that conducted the training.
3) Is current as defined by training taken within 6 months for persons who have not been employed as Direct Care Staff within the most recent 6-month period; persons who have worked as a Direct Care Staff within the most recent 12-month period.

Reciprocity: Cooperating provider agency recognizes and accepts approved training provided by other cooperating provider agencies.

**References:**


1. MACMHB May 26, 2006, Practice Standard: Introductory Training of Direct Support Staff Who Provide Personal Care and Community Living Supports Reciprocity and Portability Agreement. Updated Regional Entity CEO Group Memorandum of Agreement signed 5/16/19.
2. SCCMHA Continuing Education Program Policy: 05.06.06
3. SCCMHA Mandatory Minimum Training Requirements Grid for Board Operated and Contracted Providers.
4. SCCMHA Provider Participation Agreement
5. State Training Guidelines Workgroup on the Improving My practices website. www.improvingMIpractices.com
6. SCCMHA Education Protocols Manual
7. Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Reciprocity Standards Revision Date July 29, 2020.
8. MSHN Service Provider Reciprocity Policy.
9. CMHSP Rights Systems: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4901-161467--,00.html
10. State Training Guidelines Workgroup (STGW) Implementation Training Guide https://www.improvingmipractices.org/application/files/6415/6622/3114/Training_Reciprocity_Implementation_Guide_Final_Version_07-01-19.pdf

**Exhibits:**
Exhibit A: Regional Entity CEO Group Memorandum of Agreement signed 5/16/19
Exhibit B: Example of Statewide Training Guidelines on the Improving My Practices Website

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Remain vigilant for STGW and IMP website approved curricula updates and updated content for the curriculum. | SCCMHA Continuing Education Supervisor |
| Review Staff training proof documents from network providers and determine if the curriculum used for training is either meets the minimum training standards. | SCCMHA Continuing Education Supervisor or designee |
| Approve, develop, acquire or make available, courses and in-services that will help ensure Staff are competent in specific and general evidence-based practices. | SCCMHA Continuing Education Committee and SCCMHA Continuing Education Supervisor |
| Oversee the development of monthly training schedule. | SCCMHA Continuing Education Supervisor |
| Develop the Direct Care Staff Group Home Curriculum Training monthly schedule. While developing the calendar, the online Outlook training room calendar should be referred to. A training room will be reserved by specific date & time for each training in the Direct Care Staff Group Home Curriculum. A specific trainer will be identified for each Direct Care Staff Group Home training. Once development of the training calendar is complete, it is forwarded on to the Continuing Education Specialist. | SCCMHA Certified Trainers |
| Edit, publish, and distribute the Direct Care Staff Group Home Curriculum Training monthly training schedule to the residential provider network. | SCCMHA Continuing Education Specialist |

| | |
|---|---|
| Establish minimum training requirements for all SCCMHA Board Operated and Network Providers including Direct Care Staff in coordination with MSHN requirements. | SCCMHA Continuing Education Committee |
| Approve minimum training requirements for all SCCMHA Board Operated and Network Providers. | SCCMHA Management and Service Management Team & SCCMHA Continuing Education Committee |
| Provide residential service providers with supplemental training material to enhance Direct Care Staff's professional skills. | SCCMHA Certified Trainer, SCCMHA Continuing Education Supervisor, SCCMHA Continuing Education Specialist |
| Maintain current and accurate electronic training records for SCCMHA provider network Staff and provide copies of training records, transcripts and certificates as requested on a regular basis. | SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk and SCCMHA Trainers |
| Respond promptly to requests for proof of training, training records and transcripts from CMHSPs and other cooperating provider agencies. | SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk, SCCMHA Continuing Education Supervisor |
| Maintain categorized files of classroom training and in-service sign-in sheets and paper copies of training proof documents for no less than seven (7) years. | SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk<br>SCCMHA Continuing Education Supervisor |
| Verify external training records and certificates submitted directly to the Continuing Education Unit by Direct Care Staff with the training provider. | Continuing Education Supervisor, SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk |

Exhibit A

## Regional Entity CEO Group

| Willie Brooks | Joseph Sedlock | Bradley Casemore |
|---|---|---|
| *Vice Chair* | *Chair* | *Spokesperson* |

MEMORANDUM OF AGREEMENT

The Michigan Regional Entity/Pre-Paid Inpatient Health Plans (PIHPs) adopt and agree to use the attached Training Reciprocity Implementation Guide for Direct Support Professionals, and each agrees to honor the credentialing decisions of the other PIHPs related to training of Direct Support Professionals provided the PIHP has followed the policies, procedures and standards in the attached Training Reciprocity Implementation Plan.

The goal and purpose of adopting these protocols and related templates, tools and documents is to achieve statewide consistency in the application of workforce training, to provide for reciprocal recognition of training-related credentialing, to reduce duplication of effort across the system, to increase workforce availability, portability and mobility, and to comply with the terms of the MDHHS Reciprocity Policy.

By adopting this Implementation Guide and the related protocols, templates, tools and documents, the PIHP agrees to ensuring that regional systems comport with the Statewide system as described in the documents attached to this memorandum of agreement and that the tools, processes, and protocols adopted by the PIHPs are used exclusively for Direct Support Professional Training Reciprocity effective October 1, 2018.

PIHPs acknowledge that contracting arrangements with organizations that employ Direct Support Professionals vary across the state. Similarly, training requirements often vary according to local problems and needs. However, the PIHPs agree to recognize and honor and provide credit for documented trainings received anywhere in the State which meet the guidelines of the State Training Guidelines Workgroup, which have been developed for this purpose.

Michigan's PIHPs agree to implement this policy across the providers in their jurisdiction. Where an individual provides documentation of training that complies with the policies, procedures and standards of this Implementation Guide, additional training shall not be required. PIHPs and/or CMHSPs may require additional training in topics or content not covered by this Implementation Guide In all cases, PIHPs, CMHSPs and others that contract with employers of Direct Support Professionals reserve the right to conduct competency assessment and to require training where competency is in question or is not established.

Tim Kangas, Ph.D.
Northcare Network

Brad Casemore,
Southwest Michigan Behavioral Health

Eric Kurtz,
Northern Michigan Regional Entity

James Colaianne,
CMH Partnership of Southeast Michigan

Greg Hofman,
Lakeshore Regional Entity

Joseph Sedlock,
Mid-State Health Network

Jim Johnson
Region 10 PIHP

Dave Pankotai
Macomb County CMH

Willie Brooks,
Detroit/Wayne Mental Health Authority

Annette Downey,
Oakland Community Health Network

Exhibit B

Example Only, visit [www.improvingmipractices.org/resources/advisory-groups/statewide-training-guidelines-work-group-stgw](www.improvingmipractices.org/resources/advisory-groups/statewide-training-guidelines-work-group-stgw) for the complete list

| PIHP Region | CMHSP | Provider | Name of Vetting Tool | Name of Training | Date Submitted to STG | Date Approved by STG | Approval Expiratio | Status | Notes |
|---|---|---|---|---|---|---|---|---|---|
| * | | The American Red Cross | CPR | CPR | NA | | | Approved | Red Cross Training for CPR is approved by STGW |
| * | | The American Red Cross | First Aid | First Aid | NA | | | Approved | Red Cross Training for First Aid is approved by CPR |
| * | | American Heart Association | CPR | CPR | NA | | | Approved | American Heart Association CPR Training is approved by STGW |
| * | | American Heart Association | First Aid | First Aid | NA | | | Approved | American Heart Association First Aid Training is approved by STGW |
| Macomb County CMH Services | MCCMH | NA | Behavior and Crisis Intervention | Behavior and Crisis Inter | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Building Natural Supports | Natural Supports | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Crisis Planning | Crisis Planning | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Documentation Skills | Documentation Skills | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Emergency Preparedness | Emergency Preparednes | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Food Safety | Food Safety | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Health and Wellness | Health | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Human Relationships | Human Relationships | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Intro to Human Services | Intro to Human Services | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Medications | Medication Administrat | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Nutrition | Nutrition | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Person Centered Planning | Person Centered Planni | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Philosophy and Current Trends | Philosophy and Current | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Suicide Risk and Intervention | Suicide Risk and Interve | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |
| Macomb County CMH Services | MCCMH | NA | Teaching New Skills and Life Ski | Teaching New Skills and | 11/6/2020 | 2/12/2021 | 2/12/2024 | Approved | NA |

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Continuing Education (CE) Appeal Process</td><td>Chapter: 05.06 - Provider Network Management</td><td>Subject No: 05.06.06.06</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/1/2019</td><td>Date of Review/Revision:<br>6/17/20, 1/10/22, 6/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>SCCMHA CE Supervisor</td></tr>
<tr><td>Supersedes:<br>09.04.02.04 – Continuing Education Grievance (7/24/06)<br>05.06.11 – Continuing Education Appeal Process</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to delineate the process by which participants who are dissatisfied with continuing education (CE) courses offered by Saginaw County Community Mental Health Authority (SCCMHA) can file a complaint.

**Application:**
This policy applies to registered participants in continuing education courses provided by SCCMHA.

**Policy:**
SCCMHA is fully committed to conducting its Continuing Education program in accordance with all applicable licensing and regulatory requirements and will comply with all responsibilities to be nondiscriminatory in activities, program content and treatment of program participants. While SCCMHA goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, occasional issues may arise which require intervention and/or action. This policy shall serve as a means to document, track and address grievances lodged by participants in Continuing Education courses offered by SCCMHA.

**Standards:**
A. SCCMHA shall provide high quality Continuing Education opportunities in an effort to ensure practitioners maintain up-to-date knowledge and are thus able to provide consumers with effective services and supports.
   1. SCCMHA shall endeavor to provide social workers in the SCCMHA provider network with opportunities to receive required CEs in accordance with Michigan's social work licensing regulations.

B. SCCMHA shall solicit feedback regarding CE courses in order to ensure the needs and expectations of participants as well as those of the organization are being met (see Exhibit C).

C. All SCCMHA course and training announcements shall include the following statement: *Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602.*

D. SCCMHA shall respond to participants' concerns regarding the quality of CE courses, including but not limited to, complaints pertaining to course content, speaker(s)/trainer(s), materials, facilities, accommodations, refund requests, and non-receipt of certificates.

1. Participants may submit a formal grievance to the Continuing Education Supervisor on the SCCMHA Continuing Education Complaint Form (found in Exhibit A) within 14 days following the date of the course.
    a. For multi-day courses, the form must be submitted within 14 days of the last date of the course.
    b. Complaint Forms that do not adhere to this timeframe shall be reviewed at the discretion of the Continuing Education Supervisor in consultation with the Social Work Consultant.
2. Participants may contact the Continuing Education Supervisor or Social Work Consultant via phone or email to lodge an informal complaint.
    a. Informal complaints shall be documented and tracked using the Complaint Log (found in Exhibit B) as well as copies of any emails or transcribed voice mails that are available.
3. Participants may include an informal complaint as part of the feedback form for the course (found in Exhibit C) that must be submitted at the end of each course in order for the participant to receive a certificate of attendance and continuing education credits.

E. The SCCMHA Continuing Education Grievance Committee shall review and respond in writing to complaints within 30 days of receipt of a complaint.

1. The Continuing Education Grievance Committee shall be comprised of the following members of the SCCMHA Continuing Education Committee:
    a. Social Work Consultant
    b. Director of Network Services, Public Policy & Continuing Education
    c. Continuing Education Supervisor
    d. Director of Human Resources (for complaints filed by SCCMHA employees)
    e. Others as deemed necessary to assist in the resolution of the complaint

F. The Continuing Education Supervisor shall maintain all documentation regarding grievances including but not limited to complaint forms and complaint logs (found in Exhibit B).

1. Documentation shall include a record of all actions taken to address each grievance that has been filed.
2. Records of complaints shall be retained for a minimum of seven years.

**Definitions:**

**Association of Social Work Boards (ASWB):** A nonprofit organization composed of and owned by the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces. ASWB owns and maintains the social work licensing examinations that are used to test a social worker's competence to practice ethically and safely. The association's services include the **ACE (Approved Continuing Education)** program for approved continuing education. SCCMHA is an ACE-approved Continuing Education provider.

**Continuing Education:** Trainings and course work designed to sustain and enhance workforce performance and promote professional development.

**Grievance:** A complaint initiated by a participant or former participant regarding a continuing education course including, but not limited to, course content, speaker(s)/trainer(s), materials, facilities, accommodations, refund requests, and non-receipt of certificates.

**References:**

A. ACE Handbook (April 1, 2019 with Addendum of August 2022): ACE: Approved Continuing Education - Association of Social Work Boards (aswb.org)
B. Association of Social Work Boards (ASWB): https://www.aswb.org/
C. Michigan Department of Licensing and Regulatory Affairs (LARA): Social Work – General Rules Part 5: R 338.2961 License renewals; continuing education requirements (http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/1771_2017-094LR_AdminCode.pdf)
D. SCCMHA Policy 05.06.06 – Continuing Education Program
E. SCCMHA Policy 05.06.06.01 – Continuing Education Credits for Social Workers

**Exhibits:**

A. Continuing Education Complaint Form
B. Continuing Education Complaint Log
C. SCCMHA Continuing Education Participant Evaluation Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Submits a written complaint to the Continuing Education Supervisor within 14 days of the training | Complainant |
| Reviews the complaint and forwards copies to the Continuing Education Grievance Committee | Continuing Education Supervisor |
| Convenes and adjudicates the complaint. | Continuing Education Grievance Committee |
| Sends a written response to the complainant within 30 days of receipt of the complaint. | Continuing Education Grievance Committee |

| | |
|---|---|
| Records the complaint and disposition in the Continuing Education Complaint Log<br>Takes corrective action as warranted. | Continuing Education Supervisor |
| Maintains copies of all complaints and logs in a secure area | Continuing Education Supervisor |
| Reviews complaints in aggregate on a quarterly basis as part of the Continuing Education Unit's quality improvement (QI) efforts | Continuing Education Supervisor |

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## CONTINUING EDUCATION COMPLAINT FORM

**Name: _____**
**Phone: _____**

**Name of Course/Training: _____**
**Date(s) of Course/Training: _____**

**Description of complaint:**

| |
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**Please attach any additional pages and relevant materials as needed.**

**Signature: _____ Date: _____**

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***For Office Use Only***

**Committee Meeting Summary:**

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**Signatures of Committee Members:**
**Name: _____ Date: _____**
**Name: _____ Date: _____**
**Name: _____ Date: _____**

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## CONTINUING EDUCATION COMPLAINT LOG

| COMPLAINANT | DATE RECEIVED | DISPOSITION DATE |
|---|---|---|
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Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

ACE

**Saginaw County Community Mental Authority**
**Participant Evaluation**

SCCMHA is interested in learning about your experience with this course.
To receive CE credit and to help us maintain quality education courses, please answer the following questions.

**Name of course:** **Date** **Time:**

**Instructor:**
**Location:**

Please rate each of the following by placing an X in the area that best represents your learning experience.

| **I. Course Objectives** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
|---|---|---|---|---|---|
| Please rate how well the course objectives were met. | | | | | |
| 1. Objective | | | | | |
| 2. Objective | | | | | |
| 3. Objective | | | | | |
| **II. Appropriateness to education, experience and licensure level.** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
| 1. This course was appropriate for my educational, experience and licensure level. | | | | | |
| 2. This course was relevant to my current job duties. | | | | | |
| 3. I will be able to use this course in my current job. | | | | | |
| 4. The information reflected current practices. | | | | | |
| **III. Instructor Evaluation** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
| 1. The instructors were knowledgeable in the subject area. | | | | | |
| 2. The instructors presented the information clearly. | | | | | |
| 3. The instructors were effective in helping learners understand the material. | | | | | |
| 4. The instructors were effective in helping you understand the material. | | | | | |
| 5. The instructors were proficient in the use of technological equipment (e.g. Power Point projector, DVD player). | | | | | |
| **IV. General Information/Accommodations** | **Excellent** | **Good** | **Adequate** | **Poor** | **N/A** |
| 1. The written instructional materials were useful. | | | | | |
| 2. The audiovisual materials were effective in helping to learn the skills | | | | | |
| 3. The accommodations (location of the course, room comfort, accessibility) were **adequate**. | | | | | |
| 4. I read the training announcement regarding how to request accommodations for disability/disabilities if I needed them. | | | | | |
| 5. The instructors provided contact information for learning consultation. | | | | | |
| 6. I was satisfied with the administration of the course overall. | | | | | |

Comments/Suggestions for improving this course:

**Thank you for your participation in this training!**

<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Provider Network Documentation</td><td>Chapter: 05.06 – Provider Network Management</td><td>Subject No: 05.06.09</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/15/10</td><td>Date of Review/Revision:<br>4/30/12, 6/25/14, 3/15/16, 1/5/18, 8/28/19, 6/8/20, 6/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
To provide guidance to Saginaw County Community Mental Health Authority (SCCMHA) provider network, including SCCMHA employees on documentation expectations.

**Policy:**
To assure staff are documenting appropriately and professionally in the consumer records. All documents should be focused or should pertain to the consumer and relevant to the consumer plan. Documentation is important to assure appropriate payment for services rendered, to document the care given to the consumer while receiving SCCMHA services, to justify the continued need for services by SCCMHA, and is a means of communication for all staff involved in the care and treatment of a consumer.

**Application:**
This policy pertains to all SCCMHA provider network staff when they are documenting in consumer records.

**Standards:**
1. The consumer record is a communication tool. It is also a source for data collection regarding an individual's health and progress toward achieving his/her goals and desired outcomes.
2. Documentation is a permanent record of your intervention or services.
3. All consumer records can be subpoenaed into court and should be considered legal documents. Accurate and complete documentation allows you to defend yourself in case of any legal situations. It may help you to remember what happened during treatment several years back.

4. It is expected that all documentation be completed as soon as possible after services are rendered but not more than 5 days after a service is provided or rendered. Documentation should then be placed in the consumer record.
5. Documentation should be accurate and reflect actual data gathered during the date of service including the date of service. Any inaccuracies could be viewed as fraud.
6. Documentation helps to implement accurate billing by use of start and stop times and designation of face to face contacts.
7. It is expected that everyone reviews what s/he has written to make sure it makes sense and will it make sense to someone else that may review the record.
8. Use FACTS not JUDGEMENTS. Use DESCRIPTIVE not EVALUATIVE writing. Descriptive writing tells what you actually see, hear or physically feel. Descriptive writing relates what you experience, what you observe and what you know to be a FACT. Evaluative writing tells how you interpret or evaluate events. Evaluative writing gives your opinion and judgment.
9. When documenting, in a consumer's chart, do not use another consumer's name.
10. Incident reports are not subject to Freedom of Information Act (FOIA) requests and should not be a part of the consumer record. Incident reports however should follow the same documentation rules as outlined above.
11. Documentation provides a means for the clinician to document inappropriate action or behavior by the consumer or family, to verify safety issues or barriers that would support restricted outreach or office visits.
12. Documents ***should <u>NOT</u>*** include the following:
    a. Alleged criminal or illegal activity. The key word here is alleged. If it is not factual with a primary source to verify the information it does not belong in the record.
    b. Text messages from anyone including family members.
    c. Clinician opinion about a consumer's family, other clinicians/co-workers, AFC provider, employer. Opinions about anyone are not appropriate documentation in a progress note.
    d. E mails from other professionals involved with the consumer.
    e. Clinician's opinion about the consumer's level of genuine motivation and ability to achieve recovery. Remember everyone has the ability to achieve recovery.
    f. Statements about the clinician's personal reaction, beliefs or behavior. Remember you are not the consumer.
    g. Any reference to the assigned staff's schedule, caseload or personal convictions.

13. All progress notes ***should*** include the following:
    a. Should be objective.
    b. State facts.
    c. Be focused on the consumer and should use the consumer name.
    d. Be clear and concise.
    e. Be Accurate.
    f. Written in complete sentences.
    g. Should be easy to understand.

h. Should have the date, time service was provided, and signature and title of person providing the service.
i. Should use only approved abbreviations or write out the word. (*abbreviations can be interpreted in different ways depending on the reader of the document*)
j. Should be descriptive, this writing relates to what you experience, observe and what you know to be a fact about the consumer.
k. Should report what you observe and not what you think.
l. Should report each goal/objective attempted, reviewed, or monitored, and report the results.
m. Should describe what occurred during treatment sessions. Anyone, such as another therapist or clinician, should be able to tell that the treatment plan is being followed and services are being directed toward the goals of the treatment plan.
n. Should be written in such a way that anyone reading the progress notes will know exactly what the consumer is working on without knowing or having read the consumer plan.
o. Should reflect the scope of services of the professional staff providing the services.
p. Should be brief but should include a description of the major events or topics discussed, specific interventions used, your observations and assessments of the consumers' status, and any plans you have for the next visit. Can include input from consumer as well.
q. Should be written in person first language.
r. Should be written in objective outcome measures and use of quantitative and qualitative terms when possible.
    i. Example: Consumer attended 4 out of 5 medication reviews.
    ii. Example: Consumer actively participated in group.
s. Should use language and terms specific to treatment modality.
    i. Example: Jim currently describes himself being motivated to move from the Contemplation state into the Action stage of change.
    ii. Example: When Deb became frustrated in the session she took some time and practiced the mindfulness techniques from the group.

**Hard copy documents:**

14. When completing hard copy documents, these should be completed in blue or black ink. <u>Do not use</u> felt markers or pencils.
15. Write out the complete date; month, day and year.
16. All documents should include the consumer name and consumer identification number (ID number).
17. Write the time you are documenting and include a.m. or p.m.
18. Sign your full name (first and last) and your title, and degree and/or license if applicable.
19. When completing hard copy documents, draw a line through any unused space between the end of your entry and your signature so that what you write cannot be altered.

20. When completing hard copy documents, it is important for staff to use the standard method for correcting errors. The method is:

    Draw one line through the error (others should be able to see what was written originally), then initial and date the error and write what should have been written above the crossed-out item. Write out® should never be used in a consumer record.

**Electronic Documents:**

21. All electronically signed documents must include the credentials of the staff performing the work.
22. When correcting errors in the SCCMHA electronic medical record the process is: For security, personnel, and liability reasons, once an electronic document is signed, it is considered complete and not changeable. The Change function allows for the limited correction of errors such as misspellings, poor grammar, etc. It should not be used to make wholesale changes or additions to information. Please see the attached document - Changing a signed document in Sentri II for more details on how to correct errors in the electronic medical record.

There are a couple of recommended note formats that staff can use when doing progress notes:

SMART note format: (Usually used by case holders)

**Specific**: What exactly are we going to do with or for whom?
**Measurable**: Is it measurable and can we measure it? How would we measure it?
**Achievable:** Can we get done in the proposed timeframe/in this political climate for this amount of money?
**Relevant:** Will this objective lead to the desired results?
**Time-framed**: When will this objective be accomplished?

SOAP notes format: (Usually used by medical staff)

**Subjective**: What did the consumer say or do?
**Objective**: What did you observe or do for the consumer?
**Assessment:** What conclusion was made based on the two items above?
**Plan:** What is your plan for treatment? Any action needed by clinician, staff, or consumer prior to next contact? Is there follow up needed?

DAP or D(R)AP: Many use this format for Psychotherapy notes.

**Description:** Information about who was involved, where and when a significant event occurred; the description of an issue of personal importance discussed by the consumer and how s/he experienced the event.
**Response**: Refers to the response the clinician does to the consumer issue.
**Assessment**: What is your understanding of the events?
**Plan:** What is your plan for future treatment? Are there topics to follow up on? Are there actions that need to be taken by the consumer?

Documents should be kept based on the legal requirements noted by the state.

**Instructions to Supervisors for documents left unsigned by staff:**

1. **Review at least monthly the unsigned document list and remind staff to please sign.**
2. **Request staff to complete and sign the document.**
    a. **If document is on the unsigned document list and staff has not signed supervisor to take appropriate action with staff.**
3. **If document was submitted in error request document deletion from Sentri**
4. **If staff unable to sign documents:**
    a. **Supervisor to review document and if okay that service was provided and document is complete then supervisor to sign**
    b. **If supervisor is not sure the document is accurate, supervisor should mark the document unable to sign. This will take off the unsigned documents list. Please make sure the service has not been billed to SCCMHA.**
5. **Internal services are not submitted for reimbursement or reporting until signed by staff.**
6. **External providers will have a review by SCCMHA auditing unit at least annually if not more often to assure any unsigned documents have not been submitted for payment to SCCMHA. SCCMHA auditing unit will follow the Event Verification Procedure for this review.**

**Definitions:**

Subpoena - is a writ issued by a government agency that has authority to compel testimony by a witness or production of evidence, the agency most often a court, under a penalty for failure.

Fraud

- Intentional deception resulting in injury to another person.
- Imposter: a person who makes deceitful pretenses.
- Something intended to deceive; deliberate trickery intended to gain an advantage.

FOIA- Freedom of Information Act- the U.S. Freedom of Information Act (FOIA) is a law ensuring public access to U.S. government records. This act allows for the full or partial disclosure of previously unreleased information and documents controlled by the United States Government.

**References:**

Case Manager Manual (written by Barb Glassheim)
The University of New Mexico Department of Psychology Clinic, (2006). Orientation manual: Progress notes and psychotherapy notes. Retrieved from http://www.unm.edu/~clinic/Procedures/Forms/Progress%20notes%20and%20psychotherapy%20notes.doc
SCCMHA Group home curricula on documentation.
Notes from Ethics Trainings completed by Nancy Johnson LMSW of SCCMHA

**Exhibits:**
Exhibit A – Documentation Do's and Don'ts.
Exhibit B - Changing a signed document in Sentri II

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Will record contacts and services provided to SCCMHA consumers.<br><br>Will be reminded that all consumer records are legal documents and should be treated in such a manner.<br><br>Will assure all services performed and billed to consumer insurances or consumer, will have proof of services rendered. | All providers of services |
| Document health and safety concerns; assist consumers with needs; observe and report risk concerns to appropriate treatment team members. | Secondary Providers |
| Assesses the consumers to determine the supports/services necessary to support the consumer to achieve their identified outcome(s). | Case Holders |
| Monitors the implementation of the plan of service to determine if the services promised are being provided at the duration and amount.<br><br>Monitors effectiveness of services to help the consumer achieve identified outcome(s).<br><br>Then documents the findings in the consumer record. | Case Holders |
| Monitors the services provided to assure that the consumer is satisfied with the services. Then documents the information in the consumer record. | Case Holders |
| Monitors the specialized residential setting monthly to assure that the purchased services are being provided at the duration and amount required and that the intensity of service continues to be needed. Then documents the information in the consumer record. | Case Holders |
| Ensures that Consumer information is maintained in a secure and confidential manner within designated secure location(s). | Medical Records staff<br>Case Holders |
| Ensures proper placement of documentation in the Consumer record. | Medical Records Supervisor<br>Medical Records Clerks<br>All service providers |
| Submits documents to the Consumer Record according to guidelines, policy, and procedure. | All service providers |

| | |
|---|---|
| All employees responsible for adding information to a consumer's medical chart shall ensure that such information is accurate, truthful and complete.<br>Any change to a consumer's record which amounts to an addition, correction or deletion will contain documentation of the action taken, including the date on which the action was taken and identification of the individual making the change. | All service providers<br><br>Case Holders |
| Disposes of consumer information according to guidelines set by the state and destroyed as required by HIPAA. | All service providers |

Exhibit A

# Documentation Do's and Don'ts

Adapted in part from SCCMHA Direct Care Staff Curriculum training and Ethics Trainings completed by Nancy Johnson

| Use | Instead of: |
|---|---|
| Tom cleaned his room, took out the trash, went to the store with staff, put groceries away, and helped clean up after dinner. | Tom stayed busy today. |
| Glenda was pacing, asking other consumers to move out of her way when they walked by, could not sit down for longer than 5 minutes then started pacing again. | Consumer was agitated today. |
| Regina did not want to come out of her room, staff did get her to come to the table for dinner but she did not want to eat her dinner, after dinner she went straight back to her room without wanting to watch Wheel of Fortune on T.V. which is her favorite show. Contacted her case manager and left a message on her voice mail at 6:15 pm tonight. | Consumer was depressed today. |
| Mark made his bed this am, helped staff prepare lunch, helped clear the dishes after lunch, assisted staff in taking the garbage out to the garage. Staff were able to easily direct him into productive tasks as listed above. | Consumer was good today. |
| Staff checked on Molly every hour throughout the night. Molly slept all night except she got up about 3:15 am to use the bathroom and asked staff for a drink of water. She drank the water and went back to bed. Staff checked on her about 3:45 am and Molly was again sleeping. | Consumer slept all night no problems. |
| Edward worked on his sensory program before dinner, ate all of his dinner, then completed his speech program after dinner, had a bath, watched, Jeopardy, Wheel of Fortune and two and half men, then said he was tired and went to bed at 9:00 pm. Staff did hourly bed checks until the end of shift at 11:00 pm. | Consumer did all programs, ate everything, went to bed at 9:00 no problems. |
| Rhonda requires a diabetic diet. Staff offered her the preferred foods that are on her diet plan. Rhonda ate these items but then wanted to have a piece of cake. Staff explained to her that this was not on her meal plan but Rhonda insisted on having the cake. Staff monitored Rhonda for | Consumer refused to eat meal given; another meal given to consumer was fine the rest of the night. |

| | |
|---|---|
| any signs and symptoms of elevated blood sugar. Asked Rhonda if we could take her blood sugar level before she went to bed and she allowed us to do so, her blood sugar was 110 at 9:00 pm. Staff asked oncoming midnight shift to monitor Rhonda throughout the night due to the addition of cake to her diet this evening. | |
| This case manager saw Jonnie in his Life Skills class. He was doing folding clothes. I asked him if he had a minute to talk and he said he did. We discussed his programs at Community Ties and he said he liked them. Asked if he liked his sensory program. Talked with staff about how he was doing. Reviewed data at the program and he is participated in all the goals implemented. May need to discuss next steps for him to move toward more independence. | Saw consumer at program seems to be doing well. No problems noted by staff. |
| Went to visit Roy at consumer AFC home. He was in the living room watching T.V. Asked if he would show me his room so I could check on the issue of his untidiness. The room was tidy. The staff report he does need to have prompts to keep his clothes picked up but he does not need as many prompts. Roy said that he continues to like the living arrangements. This case manager asked him if he assists with any other tasks besides cleaning his room and he reported he does not. When asked if he would like to he said sure but then did not know what he would like to do. Case Manager suggested a few things he could do and asked that he think about these and we would discuss further at next visit. Checked menu and refrigerator to see if home had everything in the home for the next two days. Reviewed progress notes, resident funds, and personal care logs. Spoke with staff about the many blanks on the medication log and that I was concerned that he may not be getting his medications as he is supposed to. This writer will follow up with the Home provider/Home Manager. | Face to face home visit with consumer is doing well. Will see again in one month. |
| Face to face visit at the consumer AFC home. Spoke with Maddy and she reported she had to go to the doctor yesterday. This Case Manager asked the home staff why Maddy had to go to the doctor. Staff reported she fell yesterday | Face to face home visit consumer doing well, staff reported consumer had to go the doctor but no overall concern noted by the doctor. |

| | |
|---|---|
| when she went to get up from the breakfast table. Staff wanted to make sure she had not broken anything. X-rays taken and nothing appeared broken on the x-rays. Staff to monitor and also ice her knee and leg throughout the day. Maddy stated she felt okay and that the she was not in any pain. Case Manager asked if the doctor suggested any medication for pain and they reported that Tylenol would be fine. Maddy reported she likes living at the AFC. Case manager reviewed progress notes, medication logs, personal care logs, and resident fund sheets. | |
| REFERENCE NOTE: The consumer told this case manager he wants to move from the current AFC Home. Case Manager discussed the consumer's current Court Order with him. | Consumer tells this case manager he wants to move from the AFC and this case manager told him he could not. |
| OBSERVED BY NOTE: The nurse walked into the room and observed consumer pulling out his IV. | The client pulled his IV out. |
| REPORTED BY NOTE**:** The responding officer reported that consumer was unresponsive at the scene. | Consumer was unresponsive at the scene. |
| DOCUMENTED BY NOTE: Consumer has been attending AA groups. This was documented with a copy of a signed list of meetings. | Consumer is attending AA groups. |
| INFORMATION CONFIRMED BY NOTE: John reports he has been approved for SSI. This was confirmed by a telephone message from the staff at Social Security. | John now has SSI. |
| WRITTEN REPORTS INDICATE NOTE: Helen has had an increase in acting out behaviors that put other residents at risk. Written incident reports outline the date, time and nature of the incidents. | Helen has an increase in acting out behavior. |
| APPEARS THAT NOTE: I have made several attempts to contact David. I went past his last know residence on Nov 23 and it appears that he moved out. | David moved from current residence. |
| LABS INDICATE NOTE: According to the home provider David has had 2 seizures this week. Labs indicate his valporic acid level is low. | David had two seizures which indicates his valporic acid is low. |
| INFORMATION SUPPORTED BY NOTE: Jenny reports increased anxiety. She is | Jenny is concerned she may be homeless. |

| | |
|---|---|
| concerned that she may be homeless. Her concern is supported by information from the inpatient therapist who indicated at Team Meeting that Jenny's husband is refusing to allow her to return to the home. | |
| I CONFIRMED WITH NOTE**:** Dan reports that he will be off probation in 30 days. He states that he will no longer be required to participate in group or provide random UDS. I confirmed this information with his agent. | Dan reports he will no longer have to participate in group. |
| ALLEGES: The AFC provider alleges that consumer returned to the home on November 23 intoxicated. Consumer denies the allegation. | |

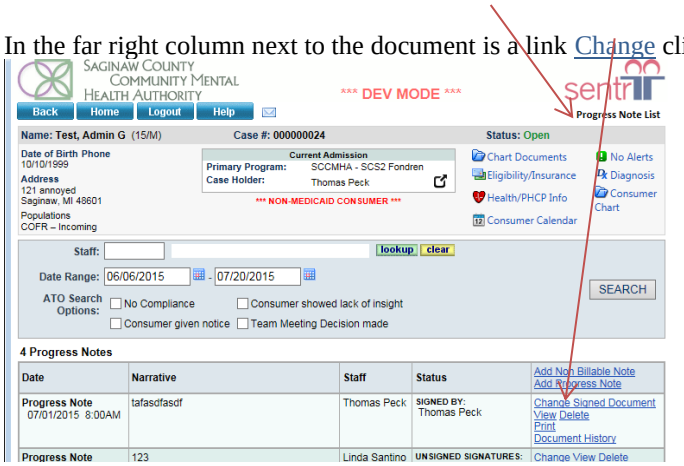
Exhibit B

# Changing a signed document in Sentri II

*The example used here is a Progress Note, but the process is the same for most documents in Sentri II*

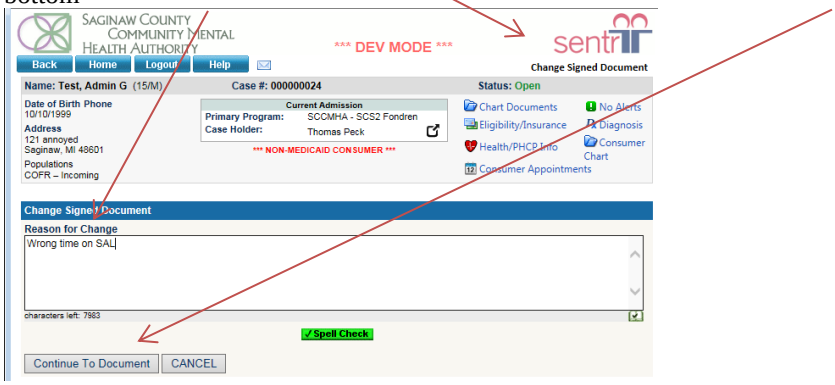
Go to the list page. This is the screen where the documents are listed. In the upper right hand corner, under the logo will name the page. In this example it is **Progress Note List**

In the far right column next to the document is a link Change click on that link.




This opens the **Change Signed Document** page.

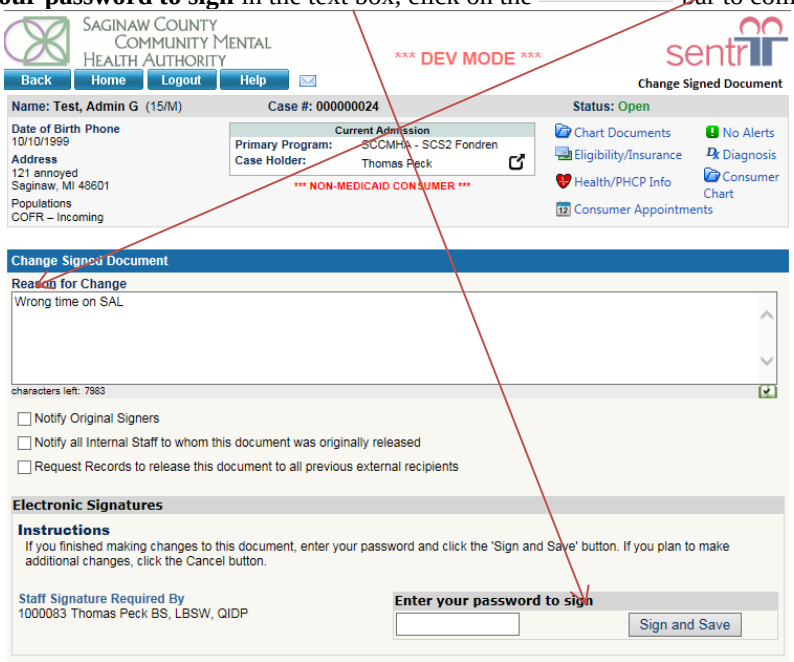
Enter the **Reason for Change** into the adjoining text box and hit the Continue To Document bar at the screen bottom




This opens the **Amend Progress Note** page.

Make any changes to the narrative or documentation, and click on the Save button

This opens the **Change Signed Document** page final Screen. Update the **Reason for Change** if needed. **Enter your password to sign** in the text box, click on the Sign and Save bar to complete the Change request.



<table>
<tr><th colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Network Service Provider Appeals & Dispute Resolution</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.07.04</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/1/07</td><td>Date of Review/Revision:<br>1/10/08, 6/25/09, 8/10/11, 6/7/12, 6/3/14, 5/6/16, 6/13/17, 6/1/18, 5/22/19, 7/1/20, 6/24/21, 6/26/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Additional Reviewers:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this policy is to:

- To enhance customer service and communications with the provider network
- To provide for a fair, equitable and clear process for resolving provider disputes.
- To offer providers a clear pathway for appeal processes for SCCMHA business decisions.
- To promote a mechanism for satisfactory provider dispute resolution.
- To structure dispute processes for providers.
- To provide for best business practices in provider network relations.

This policy is intended to assist providers in resolving disputes and other complaints that are not addressed to the provider's satisfaction through normal business activities and interactions with Saginaw County Community Mental Health Authority (SCCMHA.) This policy is intended to promote quality customer service and positive provider relations for members of the provider network of the Saginaw County Community Mental Health Authority service network, and to ensure provider appeal processes related to SCCMHA business issues.

**Policy:**
The Saginaw County Community Mental Health Authority seeks to furnish all of its provider network members with a venue for provider disputes, disagreements or unresolved concerns to be responded to by SCCMHA. The policy of SCCMHA is to promote, whenever feasible, mutually satisfying outcomes to conflicts, concerns, or problems that any provider network members may experience in business relationships

and other aspects of services to consumers of the SCCMHA system. Examples of provider disputes covered by the policy might include but are not limited to claim payment denials, service delivery pre-authorizations, cost settlement or related reimbursement problems; real or perceived performance assessment or contract compliance concerns; un-businesslike treatment by SCCMHA; fairness or equity issues; communication problems; and SCCMHA provider performance audit, outcome measurement or monitoring appeals.

**Application:**
This policy applies to all contracted and purchase of service providers, including hospital, residential, agency and varied community-based consumer service providers. This policy applies to any provider business interactions and contractual issues or concerns. On a limited basis this policy applies to SCCMHA direct operated programs as so noted.

This policy **does not apply** to the following situations:

- SCCMHA direct operated programs, except for provider network management related provisions as noted in this policy.
- Provider concerns regarding another provider.
- Consumer generated concerns about services or treatment from the provider network.
- Subcontractor business disputes.
- Recipient Rights related complaints, recommendations, or corrective action plans.
- Vendors or service providers not current in a service contract relationship with SCCMHA.
- Employee or individual level of provider/practitioner, except when the individual provider is the same as the direct contractor of SCCMHA.

**Standards:**

A. All SCCMHA service provider programs will be offered the same opportunities to resolve disputes and arrive at mutually agreeable outcomes with the Saginaw County Community Mental Health Authority as specified in this policy.
B. Disputes shall be documented in writing with information regarding the nature of the concern, as well as constructive, preliminary efforts made by both parties to seek to resolve the issue and outcome(s), including persons contacted and any correspondence.
C. Generally, a provider is expected to appeal a SCCMHA decision of finding within 30 days of the written issuance of the SCCMHA report or communication to the provider.
D. SCCMHA will respond to any such dispute resolution requests filed by the provider promptly in writing, generally within 30 calendar days, unless otherwise specified by SCCMHA policy or procedure. If for appropriate reasons an extension is needed, SCCMHA will so notify the provider. SCCMHA will seek to respond promptly to verbal or written provider disputes.
E. Provider network members and SCCMHA personnel are advised to make every effort to resolve concerns or problems at informal levels prior to the use of the formal

process outlined in this policy; it is expected that informal efforts to resolve the dispute will have occurred prior to the submission of a formal, written dispute requesting SCCMHA intervention, and that most disputes may be satisfactorily resolved at that level. Informal disputes are generally at the level of the immediate and routine SCCMHA contact level.

F. Dispute resolution requests may be made regarding any interaction or interface with SCCMHA personnel, but generally should involve issues that have a negative impact on the provider, such as issues that detrimentally effect provider efficiency or effectiveness in SCCMHA business interactions.

G. Provider network members are expected to maintain and proactively provide to consumers SCCMHA specific written customer service complaint or recipient rights grievance procedure that may be utilized by consumers or others regarding consumer treatment or services for persons enrolled in provider programs funded or referred by SCCMHA. This must be provided at the initiation of services to the consumer/guardian and family as well as at regular intervals, thereafter, suggested annually or when the treatment plan is updated.

H. SCCMHA Customer Service and/or Office of Recipient Rights information will be taken into consideration by SCCMHA in the dispute process when these offices or their matters are involved.

I. Outcomes of dispute resolutions filed by members of the provider network will be taken into consideration by SCCMHA in the development or revision of SCCMHA policies and procedures.

J. Nothing in this policy precludes a provider from registering an informal or formal concern to SCCMHA; this could be in regard to SCCMHA customer service or communications, or any matter of provider concern.

K. Lack of current provider authorizations for service for secondary providers should be taken up with the primary provider chain of command or with the Care Management Unit of SCCMHA which will assist with Courtesy Authorizations as appropriate.

L. SCCMHA supervisors and/or directors involved in aspects of network management or other provider service network business activities will seek to work jointly, whenever applicable, to resolve informal or formal disputes presented by providers. SCCMHA supervisors will offer provider clarification on dispute or appeal procedures and promote provider use of dispute appeal levels.

M. This policy is not intended to be used in conjunction with any unions and/or their specific members; those persons should refer to their respective collective bargaining agreements for how to proceed with any individual, specific disputes as appropriate.

N. This policy is in no manner intended to supplant the ability of a provider from seeking remedy through legal actions; for contractual providers, contract language addresses agreed upon arbitration procedures for any controversy or claim arising from the contractual relationship.

O. Provider disputes will be tracked by SCCMHA for trending review purposes.

P. Claims appeals will not be considered if the provider failed to submit a claim; all claim appeals must include the reason code from the denial and any related attachments for consideration.

Q. Non-panel providers will have standing under this policy, except for contractual disputes.

S. All provider disputes will be submitted directly by, or with the full approval of, the person responsible for the provider contract terms and conditions.

Generally, there are several typical types of disputes which could be anticipated in the SCCMHA and service provider relationship. Below indicates those typical dispute areas, who receives and responds to the first level of dispute, and who receives and responds to the second level of dispute:

| Type of Dispute | First Level of Dispute/Appeal | Second Level of Dispute/Appeal |
|---|---|---|
| Provider Network Audit Outcomes | Provider Network Auditing Supervisor | Director of Network Services, Public Policy & Continuing Education |
| Contractual Business Disputes | Contracts & Properties Manager | Chief of Network Business Operations |
| Continuing Education Disputes | Continuing Education Supervisor | Director of Network Services, Public Policy & Continuing Education |
| Claims Payment | Claims Supervisor | Chief of Network Business Operations |
| Services Authorization | Care Management Supervisor | Chief of Network Business Operations |

The third level of dispute appeal for providers would be the SCCMHA CEO office. The CEO, at her/his sole discretion may appoint a dispute committee if indicated to resolve a dispute; any such appointed committee would include community stakeholder members, including appropriate service customer(s) and representative service provider(s). While there is nothing to preclude a provider from speaking to the SCCMHA board in their public comment forum or in writing to the board, by policy, the SCCMHA Board of Directors will not respond to provider disputes.

**Definitions:**

PROVIDER – for purposes of this policy, is defined as a service delivery program or unit. For contractors, the provider may be an individual if the contract holder is the individual. An individual employee of SCCMHA is not considered a stand-alone provider. Separate service programs directly operated by SCCMHA are each considered program providers by each department or unit, and as such are members of the SCCMHA service provider network.

SECONDARY PROVIDERS – SCCMHA provider programs which provide additional supports and services, including residential and other community support services for SCCMHA consumers, as authorized by PRIMARY service providers (case management, supports coordination, wraparound facilitators, and home-based therapists)

NON-PANEL PROVIDER – Any service provider without a current, signed provider participation agreement, such as for the purchase of emergency or non-routine services needed by a consumer or consumers.

SCCMHA direct operated programs should most often follow their internal chain of command or procedural process for any immediate disputes or concerns; appeals regarding SCCMHA directed service programs relative to outcomes of provider audit, training compliance, service authorizations or other service provider monitoring outcomes and/or provider program sanctions would be covered by this policy, with program notice inclusion to the specific overseeing Director, and/or supervisor. The appropriate Director may be consulted to determine if the concern would be covered by this policy.

Provider concerns regarding another network provider member should be directed to SCCMHA administration through the SCCMHA Network Services & Public Policy Department; however, such issues are not addressed formally by this policy. Any disputes between SCCMHA mutual providers that are unable to be resolved by the providers through their normal course of business should be referred to SCCMHA administration's attention. SCCMHA requests to be notified regarding such providers disputes pertaining to mutual SCCMHA business. Depending upon the nature of such a dispute, SCCMHA may seek to mediate the dispute between provider network members at the sole discretion of SCCMHA. Generally, disputes between SCCMHA direct operated programs and SCCMHA contracted providers are jointly addressed by the SCCMHA Executive Director of Clinical Services; SCCMHA Chief of Network Business Operations, and the SCCMHA Director of Network Services, Public Policy & Continuing Education.

Vendors or other providers registered with SCCMHA for potential service provision or who have submitted a bid (solicited or unsolicited) for services who are not currently providing service on behalf of SCCMHA as defined in a written agreement, have no standing under this policy and are not eligible to file dispute resolution requests with SCCMHA under this policy. This policy will not be used for disputes related specifically to competitive bid notices or outcomes. Concerns of bidders may be directed informally to the SCCMHA Director of Network Services, Public Policy & Continuing Education for response.

A subcontractor of a SCCMHA provider who has a business dispute with the direct contractor/provider also does not have standing under this policy; in this circumstance the subcontractor's recourse should be to file grievances directly with the contracting provider company. Providers of SCCMHA are expected to provide and inform any subcontractors of a process to hear disputes and settle grievances should they arise. SCCMHA provider contractual agreements require express written approval of SCCMHA for subcontracting of purchased services.

Consumer concerns are generally handled by either SCCMHA Customer Services or Recipient Rights Office, through informal or formal complaint or grievance processes, depending upon the nature of the concern and other variables of the specific circumstance. Provider information is made available to consumers upon request through Customer Services per SCCMHA policy.

**References**:
Internal: SCCMHA Policy 05.06.01 Network Management & Development Policy
SCCMHA Procedure 09.04.01.01 Provider Network Auditing Procedure
SCCMHA Procedure 09.03.01.05 Courtesy Authorization Initiation
SCCMHA Rights, Responsibilities & Ethics policies
SCCMHA Policy 05.06.11 Continuing Education (CE) Appeal Process
SCCMHA Procedure 09.04.03.01 Credentialing of SCCMHA Providers & Staff
SCCMHA Provider Contract

External: MDHHS PIHP Contract
Balanced Budget Act

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Seeks to resolve dispute verbally and/or at routine contact interfaces. | Provider & SCCMHA contact person(s) |
| Requests written dispute consideration in written letter or memo format, including efforts made to resolve dispute to date. | Provider at provider's discretion |
| Responds to first level written dispute. | Assigned Supervisor/Director |
| Responds to second level dispute in writing. | Assigned Director, or Chief |
| Tracks SCCMHA provider disputes or appeals. | Assigned Administrative Assistant |
| Reviews a final level of appeals when indicated. Appoints dispute resolution committee when indicated or desired. | CEO |

<table>
<tr><td colspan="3">Policy and Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Agency Forms</td><td>Chapter: 08 - Management of Information</td><td>Subject No: 08.04.08</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/11/07</td><td>Date of Review/Revision:<br>3/8/17, 3/1/18, 2/25/19, 3/30/20, 3/11/21, 4/29/22, 4/6/23</td><td rowspan="3">Approved By:<br>Sandra M. Lindsey, CEO<br><br>Responsible Director:<br>Executive Director of Clinical Services<br><br>Authored By:<br>Allison Kalmes-Hadd<br><br>Additional Reviewers:<br>Clinical Directors, Jennifer Keilitz, Jen Kreiner</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

**Purpose:**
The purpose of this Policy is to regulate the creation, approval, and implementation of generated documents and forms used by the Agency.

**Application:**
All SCCMHA staff and personnel.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority that forms created for use by SCCMHA will adhere to the standards set forth in this policy.

**Standards:**
Staff will only use the most current and approved SCCMHA forms.

All documents created by staff in the conduct of regular business must use the most current, approved formats. These include any document or form that contains any indication that it has been created by SCCMHA. This would include use of the Agency logo, departmental logo, "Saginaw County Community Mental Health Authority", "SCCMHA", "CMH", "Saginaw County Mental Health" or any other initials, acronym or language that could be construed as having been generated by the agency or personnel.

A form must be approved for use by the Director of the department where the form will be used. If use will be by more than one department, then the form must be approved for use from each Director of each affected department.

Forms must have a date in the lower margin of the form. When an update to a form occurs, then this date will be updated as well. Staff will use only the most recent version of a form as indicated in the lower margin of the form. Previous blank versions of the form, either electronic or paper, is to be removed from personal drives.

Forms that will be scanned into Sentri (the electronic record) will include the Document Type in the lower margin to indicate where in the Scanned Documents section it may be found.

Forms must be maintained in an electronic version and stored either in a designated folder on the agency G: Drive or designated section of the agency website or both.

Copies of forms may be maintained by staff on their personal drives (H: Drive) but it is contingent upon that staff to assure use of the most recent version of the form.

Any hard-copy versions of forms will be maintained as directed by each Department Director. Electronic versions of hard-copy forms will be stored on the G: Drive in the Agency Forms folder or a sub-folder of Agency Forms or on the website in a designated location. Maintenance of this folder on the G: Drive will be coordinated by the Executive Director of Clinical Services or designee.

When applicable, a form that is related to a policy or procedure should be attached as an Exhibit to that policy or procedure.

Forms created by SCCMHA Departments for use by secondary service providers will adhere to these standards for creation and review.

Forms created by individual staff for their personal use, such as for a tickler file, monitoring, coordinating care, etc. should not be entered into the consumer record without prior approval by the Department Director.

Forms that will be uploaded or scanned into the consumer record (Sentri) must include the following:

- Name and/or Sentri ID number
- Date of the document – either date signed, or date indicated on the form
- The title to be used for the Notes section of the scanned document if different from the title of the document
- The **Document Type** from the list in Sentri
- The name of the staff submitting the document

**Definitions:**
Forms are standardized templates used for documenting, recording or conducting agency business or affairs.

E-forms are those forms that can be stored, modified and/or shared in an electronic manner.

Hard-copy versions are those forms that are printed forms that do not allow for modification of format.

G: Drive is the agency electronic document storage area accessible to staff with access to the agency computer system. Access to certain folders may be limited to designated personnel.

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Approves forms to be utilized | Department Directors |
| Placement of approved electronic hard-copy documents within the Agency Forms on the G: Drive | Administrative Assistant to the Executive Director of Clinical Services |
| Organization of the Clinical Forms on G: Drive in Agency Forms folder | Administrative Assistant to the Executive Director of Clinical Services |
| Other Departments may maintain folders for electronic documents in Agency Forms and these will be monitored by the Director of that Department or a designee | Department Director |
| Staff will use only the most recent version of a form as indicated in the lower margin of the form. Previous blank versions of the form, either electronic or paper, is to be removed from personal drives. | Staff |

| Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Auditing | **Chapter**: 09.04.01 - Auditing | **Subject No**: 09.04.01.01 |
|  **Provider Network Auditing** | | |
| **Effective Date**:<br>10/1/04 | **Date of Review/Revision**:<br>9/21/04, 11/18/05, 9/21/06, 7/3/07, 2/1/08, 6/23/09, 1/5/11, 3/30/12, 4/16/14, 6/10/16, 5/7/19, 5/11/20, 3/24/21, 10/11/22, 6/1/23<br><br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Director of Network Services Public Policy & Continuing Education<br><br>**Reviewed By**: Melynda Schaefer |

**Purpose:**
To provide guidance to service providers on the provider performance audit process of Saginaw County Community Mental Health Authority (SCCMHA).

**Application:**
SCCMHA Network Providers, both contracted and board operated programs.

**Policy:**
Formal Audits are required for all service areas on an annual basis. SCCMHA conducts audits of all service provider programs to meet Michigan Department of Health and Human Services (MDHHS) contractual requirements for annual provider performance measurement. The MDHHS requirement is as follows: "***The (PIHP) conducts performance reviews annually and more often for all providers in the provider network. These reports and any provider comments are contained in files available for review. Written reports of findings are prepared and shared with providers for comments and plans of correction are submitted by the providers, as necessary. Provider performance reports are available for review by individuals, families, advocates and the public." MDHHS also has required SCCMHA to "implement and monitor plans for increasing the use of consumers and family members in monitoring the performance of network providers."***

Audits are conducted to ensure the provider network is meeting a minimum set of standards. Audit standard content is based upon written policy and/or contractual requirements known by and given to the provider. The goal of annual audits is to demonstrate system improvement in the performance of network providers. Audit content is based on SCCMHA policies and any other requirements of providers with consistent standards for each distinct service area, per MDHHS, Mid-State Health Network (MSHN), SCCMHA's pre-paid inpatient health plan (PIHP) and other regulatory requirements.

Audit outcomes may result in network quality improvement goals for individual providers, provider groups and/or the SCCMHA network. Provider input on the audit process is always welcomed at any time.

SCCMHA has made a commitment to having consumers involved with aspects of the agency business. One of these areas is the audit process. SCCMHA invites representative consumers to participate in the audit process. SCCMHA seeks to have a minimum of one consumer involved in each type of service audit during each annual audit process. Consumer observations and input will be documented and whenever possible consumer suggestions for audit process involvement will be implemented.

**Standards:**
Each provider program or site within the Network of SCCMHA providers, including board operated will have an annual audit or event verification audit at minimum. Each provider will be audited against general audit items, per their SCCMHA contract and a standard set of program specific areas. Audit scores will be published by SCCMHA.

It is the responsibility of the provider to ensure all documents are available at the time of the audit. Auditors will accept documents for the audit up to the time they leave the premises unless mutually agreed upon at the time of the audit by the provider and the auditor.

**Definitions:**
**Annual Audit:**
Audit performed to review Provider Performance against established standards.
This audit occurs annually and also includes an event verification and a review of training reports to verify compliance.
**Ad Hoc Audit:**
Audit performed outside the planned annual audit cycle for causes such as: contract compliance issues, previously low audit score, or quality of care is questionable. This audit may be planned or unplanned. This audit may also include an event verification and a review of training reports to verify compliance.
**Provider Termination Audit:**
Audit performed due to one provider leaving and a new provider taking over the same program. This also refers to an audit that takes place at contract end. This audit may also include an event verification once the contract is ended.
**Event Verification Audit:**

Audit performed to verify the provider has proof documents to support claims or reported services submitted to SCCMHA for payment. The events are randomly selected for review. The sample size varies by provider type. Training reports are reviewed to verify compliance for the program in addition to citations received from the previous annual audit for the program.

**Follow up Audit:**

Audit performed when a provider scores below 80% on their annual audit. Follow-Up audits review the areas of the audit that were cited on the annual audit. If the provider scores between 70%-79%, the provider will receive a follow-up audit in the next six (6) months. If the provider scores below 70% the provider will receive a follow-up audit in the next months (4) months and then another follow-up will occur seven (7) months post the annual audit to ensure the plan of corrections implemented are being followed. Training reports are reviewed to verify compliance standards and an event verification can be completed if the provider received a citation in this area during the annual audit.

**Corrective Action Plan (CAP):**

Response completed by Network Provider to address audit deficiencies found during an audit. This plan is submitted within SCCMHA's electronic Sentri II system or other means as noted in the audit report. Providers may have to submit proof of changes that the program has come into compliance in the designated areas. Plan of correction must be reviewed by the auditor who conducted the audit and then submitted to the Provider Network Auditing Supervisor for final approval.

**Sanction:**

Refers to any negative consequence generally applied when a provider does not follow policy, procedure, or contract language and is noted to be of a serious nature or a continued concern. Types should vary to fit the nature of the non-compliance. Sanctions could include payment withhold, repayment, discontinuation of referrals, discontinuation of services or contract cancellation.

**References:**

SCCMHA Network Services Data Base Procedure
SCCMHA contract with Michigan Department of Health and Human Services (MDHHS)
SCCMHA contract with Mid-State Health Network (MSHN)
SCCMHA Competency Requirements for the SCCMHA Provider Network Policy
SCCMHA Network Development and Management Policy
SCCMHA Event Verification Policy

**Exhibits:**

Exhibit A – Audit Files and Organization Details
Exhibit B - Provider Record Review Questionnaire new will attach to email
Exhibit C- Volunteer and Student Application
Exhibit D – Student -Volunteer Background Check Release Form
Exhibit E - Consumer Confidentiality Statement
Exhibit F - Consumer Questionnaire.
Exhibit G – Consumer Brochure for Audit Recruitment

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **General:** | |
| 1. Audit tools will be developed and approved. Reviewed annually and revised as needed. | 1. SCCMHA Provider Network Auditing Supervisor and approval of SCCMHA Service Management Team |
| 2. An auditing schedule will be organized each fiscal year with staff assignments attached to the audit schedule. This schedule may be subject to change based on other factors explained later in the procedure. | 2. SCCMHA Provider Network Auditing Supervisor with approval of SCCMHA CEO |
| 3. Notifies auditors of the tentative schedule for the audit year. | 3. SCCMHA Provider Network Auditing Supervisor |
| 4. Auditors will be given a list of consumers interested in being involved in auditing of Network Providers. | 4. SCCMHA Provider Network Auditing Supervisor |
| 5. Discusses with auditors which audits consumers will be involved with as part of SCCMHA Contract requirements. A consumer should be involved in at least one audit per audit type per year when possible. Also, assures that consumers participating in audits have had the appropriate orientation and background checks required by SCCMHA policy. Attached are some of the documents used as part of the orientation of consumers. | 5. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| **Pre-Audit:** | |
| 6. All providers have a specific training curriculum, which is considered their training minimum standards requirements. Auditors print current copy of trainings listed in the SCCMHA training curriculum data base within Sentri II. Compare with SCCMHA Training Grid attached to Competency Requirements for SCCMHA Provider Network policy. These are also located on the SCCMHA website. | 6. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 7. Each provider will be notified in writing or via email two (2) weeks or more in advance of a routine annual | 7. SCCMHA Provider Network Auditing |

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| audit. (Exceptions to this time frame include Ad Hoc, Follow up, and Termination audits) A notification letter will be mailed, or emailed to audit site manager and to the corporate contact/contract person along with:<br>a. Provider checklist/ audit tool to be used from the SCCMHA Auditing data base.<br>b. Provider list of trainings required which shows the staff and staff trainings we have currently in the SCCMHA Network Services Training Data Base/Sentri II. | Supervisor, SCCMHA Auditors, SCCMHA Network Providers |
| 8. Auditors will discuss with provider at the first contact the need for the following items:<br>a. Date of audit that both parties mutually agreed to.<br>b. List of Documents to submit prior to the audit in order to decrease the amount of on-site time needed to complete the audit.<br>c. Suggest provider submit any needed changes on the Trainings Report sent with audit notice to the Continuing Education Unit prior to the day of the audit, as the auditors will score the providers training report the day before the on-site audit review.<br><br><u>For Licensed Residential</u>:<br>a. List of staff working presently in the home or with SCCMHA consumers. Auditors will then check the list of staff given by the provider against the SCCMHA training curriculum report in Sentri II data base. Forward list of any termination dates to the SCCMHA Continuing Education Unit for entry into the training data base.<br>b. List of current SCCMHA consumers residing in the home. | 8. SCCMHA Auditors, Provider Network Auditing Supervisor, SCCMHA Network Providers |
| 9. Auditors will export a sample of the events billed by the provider for the specified audit period. For events paid by General Fund, auditor will follow up with primary worker to find out the status of Medicaid application for the time period covered for the random sample.<br><br>Some providers, due to the way they bill for services and the number of consumers served by the provider, may have a lesser sample of events reviewed for | 9. SCCMHA Provider Network Auditing Supervisor SCCMHA Auditors, SCCMHA Financial Intake Specialist |

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| event verification unless errors have been found then additional events will be exported for review. Those providers are:<br>a. Hospital audits - SCCMHA will take 5% of services billed or 40 consumers whichever is less.<br>b. Skill Building - SCCMHA will take 5% of services billed or 20 consumers whichever is less.<br>c. Outpatient - SCCMHA will have 5% of services billed or 20 consumers whichever is less.<br>d. Pharmacy - SCCMHA will have 5% of services billed or 100 consumers which ever is less. | |
| 10. Conduct the pre-audit portion of the auditing checklist which includes reviewing of the contract file for:<br>a. Any compliance issues with the provider<br>b. Any accreditations<br>c. Any reports submitted to Director of Contract and Properties<br>d. Review Sentri for consumer Individual Plan of Service, progress notes, and for specialized residential audit; review licensed residential authorization or clinical determination, periodic reviews and addendums.<br>For Licensed Residential:<br>a. Check the MDHHS LARA website to verify license type, effective and expiration dates, facility type, etc. Also, check for the last inspection report and any special investigations that have occurred.<br>b. SCCMHA Quality of Life reports, noting any concerns to follow up during the audit.<br><br>Check with SCCMHA Office of Recipient Rights for:<br>a. Any issues from SCCMHA Recipient Rights Office.<br>b. Any grievances filed.<br>c. Review Sentri for incident reports filed by the provider. Check for trends and problem areas for the provider.<br><br>Review of audit files for:<br>a. Last year audit and problems noted during last audit for follow up during this audit. | 10. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |

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| b. Any correspondence since last audit. | |
| 11. Call or email the provider the day prior to the audit to confirm time of audit and give provider the specific list of the names of consumer files needed to perform either the annual audit or the event verification audit (can be two days prior depending on the number of charts the provider needs to have available for review). Consumer names can be sent through encrypted email via Sentri II or faxed. | 11. SCCMHA Provider Network Auditing Supervisor SCCMHA Auditors, SCCMHA Network Providers |
| **On Site:** | |
| 12. Auditor then visits the site where he/she will sit down with persons involved with the audit and explain the audit process, what is expected of provider during the process and what assistance auditor will need of the provider. This process is called the entrance interview. Ask for a tour of the facility, and complete audit checklist items as well as event verification process (see event verification procedure). | 12. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 13. Sit down with provider prior to leaving the audit to explain strengths of the provider, audit findings, and areas that were lacking. This gives the provider the opportunity to ask questions as well as provide additional information that might have been missed during the audit process. This process is called the exit interview. | 13. SCCMHA Provider Network Auditing Supervisor, SCCMHA Auditors, and SCCMHA Provider Network |
| *** Please note: Auditors will accept documents up to the time they leave the premises, unless mutually agreed upon between the provider and the auditor prior to leaving the premises. | |
| 14. Send Provider Audit/Site Visit/Provider Record Review Questionnaire via email for provider to email back to Auditing Supervisor with the final audit report.<br>Upon request, a postage paid envelope can be provided. | 14. SCCMHA Provider Network Auditing Supervisor, SCCMHA Auditors, and SCCMHA Network Providers |
| **Post Site visit:** | |

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| 15. Audit data is then entered into SCCMHA Sentri II System.<br><br>a. All audit items will have a brief description of what auditor found or reviewed to obtain the score noted on the audit. Scoring is based on a 2-point scale. The scale is as follows:<br><br>Score 2 = 95 % or higher<br>Score 1 = 76 % - 94%<br>Score 0 = 75% or less<br><br>b. If a citation is given a recommendation has to be noted. This recommendation should include how the provider can obtain compliance with the standard and the specific policy/procedure the provider needs to follow for compliance.<br>c. A repeat citation in any area will automatically result in a 0 score, or non-compliance, in that area. This indicates provider has not made the necessary changes to obtain compliance given in the previous audit report. However, if auditor finds the recommendation has been followed, but a new concern arises in that same area, provider will receive the appropriate score based on the above scale.<br>d. Audit Findings will include a basic description of the facility, the location of the facility, and any pre-audit findings. This will also include any areas that were of particular significance either positive or negative findings.<br>e. Provider strengths will include anything auditors feel the provider is doing particularly well that was noted during the audit. These might also be areas that qualify for a Certificate of Excellence to be completed.<br>f. Recommendations will include any additional items not already noted in the database as part of the audit tool. Recommendations will also include any specific policies/procedures that the provider needs to review for compliance standards.<br>g. Event Verification should include number of events reviewed, number of consumers reviewed, and number of event discrepancies found in the Annual Audit Report. | 15. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |

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| h. Summary should include due date of corrective action plan and notice to the provider that audit scores will be shared with the SCCMHA Board of Directors and the provider network.<br>i. All proof documents obtained to complete the audit should be scanned in the SCCMHA G drive under the provider file in the appropriate year folder. Auditing no longer maintains paper files. | |
| 16. Event Verification Letter is sent under a separate cover only if there are discrepancies noted during the audit. Information from event verification will be recorded on a separate spread sheet tracking the Event Verification reviews that have been completed. This report is due at the end of the fiscal year for annual reporting. | 16. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 17. If provider audit score is:<br><u>80%- 99%</u> a written corrective action plan is needed.<br><u>70%-79%</u> a written corrective action plan is needed and an onsite follow up audit will occur within 6 months of annual audit date. This will be noted in the audit Summary Report sent to the provider. This audit may be announced or unannounced depending on the nature of the citations from the audit.<br><u>69% or below</u> a written corrective action plan is needed and an onsite follow up audit will occur within 4 months then again within 7 months of annual audit date. This will be noted in the audit Summary Report sent to the provider. These follow up audits may be announced or unannounced depending on the nature of the citations from the audit. | 17. SCCMHA Provider Network Auditing Supervisor, SCCMHA Auditors, and SCCMHA Provider Network. |
| 18. Follow-up audits may be scheduled for other reasons as well. If provider has a significant number of repeat citations from last audit. Provider will receive a follow up audit to assure provider has implemented their plan of correction and any cited areas are addressed. If there are significant training problems a follow-up audit may be scheduled. If provider has several multiple year repeat citations (for example a 2nd | 18. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |

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| year citation indicates Provider has been cited initially and then twice after that for same area). | |
| 19. A report is emailed back to Provider within 30 days of audit completion. Any delay in audit report being sent should be noted in the Audit Findings and provider notified. The audit report will include:<br>a. Audit Report which includes audit narrative and the audit score.<br>b. Trainings Minimum Standard Curriculum Report as listed in the SCCMHA Training Sentri II Data Base.<br>c. Any attachments listed in the report.<br>d. Audit Questionnaire. | 19. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 20. Auditor to enter a date in Sentri II system to request a Corrective Action Plan response from the provider. Sentri II system generates an automatic email notice that is sent to the provider and auditor as a reminder of the Corrective Action Plan due date. Auditor can also make notation in personal tickler file or on personal calendar of when Corrective Action Plan is due back to assure proper follow through by the provider. | 20. SCCMHA Provider Network Auditing Supervisor, SCCMHA Auditors |
| 21. Provider is given a deadline to respond to the audit with a corrective action plan noted in SCCMHA Sentri II System. The deadline is typically within 30 days of the completion of the report. May be longer depending on the volume of deficiencies or a mutually agreed upon date with the auditor. This plan of correction will be submitted electronically in the SCCMHA Sentri II system. | 21. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors, SCCMHA Provider Network |
| 22. Audit sent date is then entered into the SCCMHA Sentri II system. | 22. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 23. Provider is expected to respond to the audit with a written plan of correction in the SCCMHA Sentri II system by the date indicated on the audit letter. | 23. SCCMHA Provider Network |
| **Appeal:**<br>24. Provider has the right to appeal audit results, within 30 days of audit report, by doing the following: | 24. SCCMHA Provider Network, SCCMHA |

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| a. Send a written letter to SCCMHA Provider Network Auditing Supervisor who will review and respond to the appeal in writing back to the provider.<br>b. If the provider is not satisfied with the decision from this first appeal the provider can make a second appeal to the Director of Network Services and Public Policy.<br>c. If provider wishes to complete a third appeal, then a letter can be sent to the SCCMHA CEO, who may assign a committee to review the appeal. All decisions made at this level are final.<br>d. See Provider Dispute Resolution Policy for further details. | Provider Network Auditing Supervisor, SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA CEO |
| **Corrective Action Plan:** | |
| 25. Once the written corrective action plan is received from the provider, each audit item will be addressed as to whether the corrective action plan submitted is accepted for the item. Any additional suggestions can be made at this time. The assigned auditor approves the acceptable plan and then submits the report to the Provider Network Auditing Supervisor for final approval. An automated notice indicating the corrective action plan has been approved will be sent to the provider via the SCCMHA Sentri II system to the provider's email. | 25. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 26. If a plan of correction is not accepted, the provider will receive an automated email from SCCMHA Sentri system indicating the plan of correction has not been accepted and further response is needed from the provider. This may occur several times until the plan of correction is accepted. | 26. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 27. If provider does not respond, a follow up phone call, email or letter will be made to the provider. At that point, the auditor and provider will discuss a deadline for a response. If provider needs assistance with the response, the auditor will discuss the concerns with the provider and guide provider through the process. The provider will still need to submit a plan of correction via the SCCMHA Sentri II system. | 27. SCCMHA Provider Network Auditing Supervisor, SCCMHA Auditors, and SCCMHA Network Providers |

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| 28. If the provider chooses not to respond to the initial contact then a follow-up phone call will be made. If the provider chooses not to respond to that follow up phone call within two weeks, an additional telephone call will be made along with a certified letter mailed to the provider requesting a response to the corrective action plan within two weeks. If the provider chooses not to respond to the certified letter the provider will receive a written contract noncompliance notice. Notices to provider need to be within 2 months of when the plan of correction is due. | 28. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors |
| 29. Auditor will notify Provider Network Auditing Supervisor of lack of response on the part of the provider. Auditor will indicate dates and method (i.e. Email, telephone certified letter) of contacts. Provider Network Auditing Supervisor will in turn notify The Director of Network Services and Public Policy of the need for a contract noncompliance or sanction notice to the provider. | 29. SCCMHA Auditor, Provider Network Auditing Supervisor, and Director of Network Services and Public Policy |
| 30. A contract noncompliance notice is then mailed to the provider with a deadline to respond. | 30. SCCMHA Provider Network Auditing Supervisor and Director of Network Services Public Policy, & Continuing Education. |
| **Ad Hoc Audits:**<br>31. Ad Hoc audits may occur when a concern that comes to the attention of SCCMHA, that may indicate issues of:<br>a. Consumer Care.<br>b. Recipient Right issues.<br>c. An on-site follow-up is necessary based on prior audit score.<br>d. Business practice concerns.<br>e. Event verification concerns.<br>f. Policy/ Procedure concerns. | 31. SCCMHA Provider Network Auditing Supervisor and Director of Network Services, Public Policy, & Continuing Education |
| **Termination Audit:**<br>32. A provider Termination audit may be completed when a program is being transitioned from one provider to a new provider. This audit is completed prior to the new provider taking over. When | 32. SCCMHA Provider Network Auditing |

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| applicable, the expectation is that the new provider will respond to the audit to make sure the areas of concern do not continue to happen. Or a termination audit will be completed when a contract ends. | Supervisor and SCCMHA Auditors |
| 33. Audit scores will be published annually to the SCCMHA Board of Directors and the Provider Network to show how providers are doing within the overall SCCMHA Provider Network. | 33. SCCMHA Director of Network Services, Public Policy & Continuing Education |
| 34. At least annually the following items will be reviewed and approved.<br>a. The Audit Process<br>b. Audit Tools<br>c. Audit Triggers<br>d. Provider input<br>e. Consumer input<br>f. Audit feedback<br>g. Goals for the Provider Network<br>h. Audit Policies/Procedures | 34. SCCMHA Provider Network Auditing Supervisor, SCCMHA Auditors, SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA Service Management Team, and approved by SCCMHA CEO |

Exhibit A

Audit Files and Organization Details if needed. All information is located in the SCCMHA G Drive under Network Services /Auditing folder.

## *Audit Information File*

Section 1: Audit Reports / Data

This section should include:

- Final Audit report
- Final Audit Letter
- Final Audit Score Card
- Audit Preparation List
- Consumer Listing Form (Licensed Residential)
- Staff Listing
- Any information that is gathered as proof for the audit obtained during the audit
- Provider's response to Audit Corrective Action Plan is located in Sentri 2
- Auditor's corrective action response to provider plan is located in Sentri 2

Section 2: Correspondence

This section includes (most recent should be on top):

- Any other type of incoming or outgoing correspondence with provider
- Memos to/from providers
- Licensing Reports
- Quality of Life and Advocacy Reports.
- Documentation of correspondence with the provider
- Contract Sanction Letters

Section 3: Pre-Audit Data

This section includes any data relating to the pre-audit preparation process, specifically but not limited to:

- Audit notification letter with enclosures
- Recipient Rights responses/comments
- Case Manager responses/comments (when applicable)
- Any information that is used as proof for the audit obtained prior to the audit such as provider policies, staff schedules or anything that pertains to the pre-audit list.

Section 4: Training Reports

This section includes any training that the provider and/or staff have completed to ensure compliance with the standard requirements for their program, specifically but not limited to:

- Training Curriculum Reports
- Internal Transcripts
- Case Holder Required Trainings (if applicable)
- Children's Treatment and Diagnostic training (if applicable)

Section 5: Credentials
This section should include, specifically but not limited to:

- Credentialing documentation required for staff according to their job title (Degrees, Diploma, Licenses, Certifications, etc.)

Section 6: Policies
This section includes policies and procedures the program operates within per their contract with SCCMHA:

- Providers Policies and Procedures that are used to train staff and serve consumers

## *Event Verification Folder*

The Event Verification folder includes:

- Notification letter if one sent separate from Annual Audit Notification
- Claims Listing with several tabs labeled as:
    - Total events and consumers pulled (this is the original)
    - Use on audit/Random Sample
    - Discrepancies (if any)
- List of consumer names that will be reviewed for the event verification (this list is the list sent to provider prior to audit)
- Final Event Verification Letter to Provider
- Be sure to sign event verification document.
- Routing Form completed prior to sending to Finance for any adjustments
- Information from finance about payment or withholding.
- Copies of proof documents from provider for claims billed
    - APPEALS FOLDER (Sub folder in Event Verification folder)
    - Provider 1st level appeal information
    - Provider 2nd level appeal information
    - Provider 3rd level appeal information

Exhibit B

Saginaw County Community Mental Health Authority

## SCCMHA Provider Audit - Quality Survey Questionnaire

Thank you for your cooperation in Saginaw County Community Mental Health Authority's (SCCMHA) annual audit process. The audit process is required by the Department of Consumer and Industry Services as part of our contract, and by the Michigan Mental Health Code.
We would like to hear your comments on how you feel the audit process went and what we could do to improve our process to make future audits go as efficiently as possible. Please take a few minutes to answer the questions listed below, by marking each question as YES or NO. Thank you for your time, your input is important to us.

1) Did you receive sufficient documentation at the beginning of your audit to prepare you for the overall process? YES ☐ NO ☐
   a. Please list any additional documentation you feel would be beneficial for your audit preparation process: _____.

2) Was an overview of the audit process given at the start of your audit?
   YES ☐ NO ☐

3) Do you feel as though you were given sufficient time for preparation throughout the process of your audit?
   YES ☐ NO ☐

4) Were your scheduling needs considered when arranging a date for your audit meeting?
   YES ☐ NO ☐

5) Did the auditor(s) arrive to the scheduled meeting at the agreed upon time?
   YES ☐ NO ☐

6) Was a discussion regarding audit expectations given at the time of your scheduled audit meeting?
   YES ☐ NO ☐

7) Did you find you were given opportunities to ask questions throughout the audit process?
   YES ☐ NO ☐

8) Did you receive sufficient answers to each question asked throughout the process of your audit?
   YES ☐ NO ☐
   a. Would you like someone to reach out to you for assistance regarding any areas you still have questions or concerns? YES ☐ NO ☐

9) Did the auditor(s) do a satisfactory job of explaining areas of concern so that you understood expectations for corrections?

YES ☐ NO ☐

10) Do you feel you received timely responses to your communications throughout the audit process?

YES ☐ NO ☐

11) Did you find the auditing staff to be friendly and courteous during your communications throughout the auditing process, including any emails sent, phone calls made, and during your exit interview?

YES ☐ NO ☐

12) Do you feel your improvements since the last annual audit were recognized within your annual audit/report?

YES ☐ NO ☐

13) Did the overall audit process meet your expectations?

YES ☐ NO ☐

a. Do you have any suggestions for improvement? _____

_____.

14) Are there any changes to the audit process that would help you feel more confident/comfortable in achieving the score you feel you deserve? YES ☐ NO ☐

a. If yes, please list those your suggestions here _____

_____.

15) Were there any areas during the audit that stuck out to you as areas you would like to receive more in-depth training? YES ☐ NO ☐

a. If yes, please list those areas here: _____.

Any additional comments: _____

_____.

Name of Provider (optional): _____

Name of person filling out form (optional): _____

Date of Exit Interview/Meeting: _____

Please return this questionnaire via email to mschaefer@sccmha.org. Thank-you.

AKH 5/5/21 Reviewed 9/2021

Exhibit C

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**VOLUNTEER / STUDENT-INTERN APPLICATION AND AGREEMENT**

A person with a disability or handicap requiring accommodation for completing the application process should notify the Human Resource Office at (989) 797-3472 as soon as possible.

It is the policy of SCCMHA to afford equal opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap.

**PERSONAL INFORMATION** _____ Date of Application

_____
Name (first, middle, last)

_____
Present Address (street, city, state, zip code)

_____
Home Telephone (or number you can be reached at) Social Security Number

_____ _____
Volunteer/Student-Intern Position Applied For Date Available for Volunteer Assignment

_____
Name of School the Student is Currently Attending Beginning and Ending Dates of Internship

**EDUCATIONAL HISTORY**

| | High School | College | Post Graduate |
|---|---|---|---|
| Circle highest grade completed | 9 10 11 12 | 1 2 3 4 | 5 6 7 8 |

**ADDITIONAL INFORMATION**

1. Are you at least 18 years old? Yes_____ No _____

2. Have you ever been convicted of a felony, which has not been annulled, expunged or sealed by the court? (A "Yes" answer will not automatically disqualify you.)

   Yes _____ No _____ Are there any felony charges pending against you? Yes _____ No _____

   If yes to either question above, please explain conviction: when, where and disposition:

   _____

   _____

   Under what name: _____

G:\Human Resource Department\HR Forms\100-Pre-Employment\HR 101-Volunteer and Student Application
HR 101 (2/04)

**Complete the following only if the position requires a driver's license:**

Drivers license number: _____

Has your driver's license ever been revoked or suspended? Yes _____ No _____

If yes, for what reason: _____

List any moving violations during the last three (3) years: _____

**Please initial next to each to acknowledge having read and understood the statement.**

1. _____ I affirm that the information provided on this application (and accompanying resume and notes, if any) is true and complete. I also agree than any false information, misrepresentations, or omissions – oral or written – may disqualify me from further consideration for the SCCMHA Volunteer/Student Program and may result in dismissal if discovered at a later date.

2. _____ I authorize SCCMHA to investigate all statements contained in this application, including records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and SCCMHA) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.

3. _____ I understand that a test for illegal use of drugs may be part of the application process.

4. _____ I understand that any position may be contingent on the satisfactory result of a post-offer medical examination, which may include a test for illegal drugs.

5. _____ I hereby attest that I am presently not using any illegal drugs and/or substances.

6. _____ I understand that as a participant in this program, I am not considered an employee of SCCMHA, and consequently am not entitled to the pay and benefit programs normally associated with being a SCCMHA employee.

7. _____ I understand that SCCMHA will not provide liability insurance to me during this period of being a Volunteer/Student-Intern or indemnify me with respect to professional liability claims arising pursuant to my activities at SCCMHA.

8. _____ I will follow and comply with all applicable policies, rules and regulations.

9. _____ I will keep all data information collected from consumers, families and staff confidential and will use data and information for health care and educational purposes only. I understand that the consumer's record is the property of SCCMHA, and will not take, copy, or divulge the contents of any consumer's record, except in the course of my tasks or function at SCCMHA.

10. _____ I understand that Volunteers/Students will respect the rights of the consumers as documented in the Michigan Mental Health Code P.A. 258 of 1974, as amended.

11. ____ I agree to complete all mandatory training as required by SCCMHA policy.

12. ____ I understand that Volunteers are not to be left alone with consumers under and circumstances nor are they permitted to provide any personal care services to Consumers.

13. ____ I understand that accepting gifts or gratuities for favors or special treatment in providing services is prohibited, unless it is of very nominal value and/or has been determined to have special meaning to the consumer.

14. ____ I understand that SCCMHA may, in its sole discretion, terminate my assignment/internship with SCCMHA at any time in the even I violate SCCMHA policies or conduct myself in an inappropriate manner with a SCCMHA consumer.

Date: _____ Signature: _____

G:\Human Resource Department\HR Forms\100-Pre-Employment\HR 101-Volunteer and Student Application
HR 101 (2/04)

**In Case of Emergency, contact:** _____

Address: _____

Phone: _____

---

**For SCCMHA use only**

This applicant for the SCCMHA Volunteer/Student Internship Program has been approved.

This assignment/internship is to begin on or about _____, and will conclude no later than _____.

During this Volunteer's /Student's time with SCCMHA, he/she will be assigned to the following service unit: _____.

The Volunteer/Student will report to the following supervisor:_____.

The Student's faculty representative is _____, and may be contacted at _____.

G:\Human Resource Department\HR Forms\100-Pre-Employment\HR 101-Volunteer and Student Application
HR 101 (2/04)

Exhibit D

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## BACKGROUND CHECK RELEASE FORM

It is required that all student interns and volunteers at Saginaw County Community Mental Health Authority must have a background check. Please complete the information requested below and sign below to release Saginaw County Community Mental Health Authority to obtain information regarding any statements contained on this form and the SCCMHA Student/Volunteer Application. This information may include former employers, police departments or other references or sources concerning you.

_____ _____ _____
Last Name Initial First Name

_____
Date of Birth

_____ _____
Sex Ethnicity

_____ _____
Signature Date

**All information obtained on this form will be kept strictly confidential and will be retained in your student internship/volunteer file in the Human Resource Department at Saginaw County Community Mental Health Authority.**

Exhibit E

| SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY | **CONFIDENTIALITY AGREEMENT FOR CONSUMER QUALITY IMPROVEMENT** | **Recipient Rights Complaints Appeals** |
|---|---|---|

## CONFIDENTIAL INFORMATION

Information concerning consumers and their families is confidential. SCCMHA is responsible for safeguarding the confidentiality of this information. Any and all information concerning any consumer or consumer's family may only be discussed in the performance of necessary job duties relating to the consumer. Confidential information must never be discussed with or disclosed to any other persons without prior authorization.

## CONFIDENTIALITY OF CONSUMER RECORDS

The consumer's record is the property of SCCMHA. All SCCMHA employees, temporary employees, and volunteers have a legal and ethical responsibility to protect the record and the information it contains. Violations of SCCMHA policies or legal precedents relating to the release of consumer information, consumer right of privacy, or release of privileged information can result in legal and/or disciplinary action against the individual(s) who violates such policies or legal precedents. Employees will not take, copy, or divulge contents of any consumer's record, except in the course of SCCMHA care of that consumer or in the evaluation of a record as it relates to designated individual's duties or functions.

In the event an employee, whose job duties require interaction with consumer records, discovers or reasonably should discover, that he/she has a potential conflict with a particular consumer's record (e.g., such as a family relationship with that consumer), the employee has the obligation to immediately bring such potential conflict to their supervisor's attention. The supervisor will then take such action as necessary to prevent the employee's interaction with that consumer's record.

| | |
|---|---|
| **NAME** | **DATE** |
| **WITNESS** | **DATE** |

Exhibit F

TO: Consumer Representative(s)
FROM: Ginny Reed, Director of Network Services & Public Policy
Date: March 19, 2003
Re: **SCCMHA Provider Audit Participation**

Thank you so much for agreeing to assist SCCMHA with the monitoring of provider services to consumers. Your participation will greatly assist us in not only meeting our goal of direct consumer involvement in this process, but will also provide us with the unique perspective that only persons who have been or are direct recipients of services have to offer.

The lead or assigned auditor for the type of audit that you will participate in will schedule a time and day convenient for you. It is anticipated that your presence will be needed for several hours. The audit will be conducted at the program site to be audited. The lead auditor will have conducted some preliminary work in preparation for the audit and can familiarize you with the tool to be used in the audit process. If you need special accommodations, such as transportation, just let the auditor know. You will be paid a consumer meeting stipend for your time, simply fill out the form and submit this to the auditor as well.

A portion of the audit you may wish to focus on is the area of consumer involvement and input. You may wish to inquire of specific consumers their general satisfaction with the services or provide any feedback to you they wish to provide. Be sure to document this specific feedback on the attached form. We would also appreciate any comments you could provide for our improvement of the process, including the involvement of consumers. Your observations and comments here would be most helpful to SCCMHA in the continual improvement of this process. Since you may be privy to confidential information by being involved in an audit process you need to understand your obligations in keeping any and all consumer related information confidential; you will also be asked to sign a SCCMHA confidentiality agreement for this purpose. If you have questions at any time do not hesitate to contact me at 989-797-3493. Again, thank you so much for your time and participation.

Consumer Representative Name: _____
Lead Auditor Signature: _____
Audit Type: _____ Date of Audit: _____
Name of Provider/Program Site: _____

| | |
|---|---|
| 1. | Feedback obtained from audit site visit, observations, service recipient direct feedback, etc. |
| | |
| 2. | Suggestions for improvement of audit process, including consumer input. |
| | |
| 3. | Other comments: |
| | |

Exhibit G

## OUR MISSION:

The mission of the Network Services and Public Policy Department of SCCMHA is to develop a sufficient and competent provider network to meet system consumer needs; to implement and refine a network management plan and program; to continually educate and train network providers about SCCMHA requirements; to monitor, address, improve and recognize provider performance to ensure quality of services and supports; and to promote consistency and fairness in provider relations.

## WHO ARE WE?

The Network Services & Public Policy Department of SCCMHA is responsible for service provider network monitoring, all contractual and purchased services and SCCMHA provided training. The Auditing Unit conducts annual provider or program audits of all SCCMHA services and programs to ensure that the network meets SCCMHA and MDHHS standards. Audit outcomes are reported through SCCMHA quality and compliance systems as well as to MDHHS. The Continuing Education Unit provides core required training and issues staff training summary reports to supervisors and providers. The Contracts and Properties Management Unit is responsible for the management of service contracts and leases as well as the procurement of provider services to meet consumer and system needs.

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY
500 Hancock Street
Saginaw, Michigan 48602
Phone (989) 797-3400
Fax (989) 498-4219
Network Services Fax

# SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# NETWORK SERVICES & PUBLIC POLICY DEPARTMENT

# PROVIDER NETWORK AUDITING UNIT

*Consumer Recruitment*

Bringing all the parts together to build an effective team!



# Network Services Auditing Unit

## *Purpose of this brochure:*

The purpose of this brochure is to give a brief overview of SCCMHA's Auditing Unit, and to seek involvement of consumers in the auditing process.

## *Types of Audits:*

Clubhouse; Community Living Supports; Crisis; Enhanced Health; Licensed Residential; Outpatient; Supports Coordination; Case Management; Skill Building; and Hospital and Quality of Life visits.

## *How can you Help?*

SCCMHA Mission: As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, SCCMHA actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.
Here at SCCMHA we are aware that all consumers may not be able to perform the same tasks on every audit. We strive to make sure that we are always mindful of consumer confidentiality when including consumers on audits. It is important to discuss with the lead auditor prior to going on audits your confidence level in performing the tasks. Our mission statement at SCCMHA says it best: **Belief in Potential, a Right to Dream, and an Opportunity to Achieve**. It is your choice and your comfort level that we want to ensure. Depending on your time you can be involved an hour on up to eight hours. We would like to know your time commitment.
The list below is an example of some items that consumers may feel that they would like to assist with at the audit site.
Consumers are reimbursed for their time.

1. Do a physical plant inspection to see if there are any health and/or safety hazards.
2. Check to make sure there are no consumer full names visible in common areas of the facility.
3. Review consumer records for certain items.
4. Review staff files for certain items.
5. Review goals of the consumer IPOS

For Specialized Residential settings:

-Look over consumer activity calendar.
-Look over consumer task lists.
-Check out the emergency evacuation procedure.
-Look through the emergency kit for contact information and emergency supply list.
-Is the License for the home posted, current, what population does the home serve?

- Talk with consumers in this home about the care they receive. Things like outings, food, staff treatment, etc.

-Does the home have a home like atmosphere?

-Does the consumer's personal space allow for their own belongings?

-Do consumers have their own personal care items? Razors, toothpaste, deodorant, toothbrushes, shampoo, etc.

*To ask questions, or submit your Name for involvement please contact:*

***Melynda Schaefer***

***989-797-3491***

| Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**:<br>Event Verification | **Chapter**: 09.04.01 - Auditing | **Subject No**: 09.04.01.02 |
|  **Provider Network Auditing** | | |
| **Effective Date**:<br>9/1/04 | **Date of Review/Revision**:<br>11/17/05, 3/15/06, 8/9/06, 7/3/07, 2/1/08, 7/1/09, 7/8/10, 10/27/11, 5/2/16, 2/5/18, 4/26/19, 6/1/20, 2/3/22, 6/1/23<br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Jennifer Keilitz<br><br>**Reviewed By**:<br>Melynda Schaefer |

**Purpose:**
To provide steps to service providers on the Event Verification process of Saginaw County Community Mental Health Authority (SCCMHA).

**Application:**
SCCMHA Network Providers both contractors and board operated programs.

**Policy:**
SCCMHA as part of the contract requirements with Michigan Department of Health and Human Services (MDHHS) will conduct an on-site annual audit on all providers within the network. This audit may include Event Verification only. The Network Services Auditing Unit may opt to do an event verification audit in lieu of a full annual audit given the provider score on last annual audit. All contract terminations will have an event verification audit.

**Standards:**
Each provider within the Network of SCCMHA providers, including board operated, will have a full annual audit or event verification audit at minimum.

**Definitions:**
**Annual Audit:** An annual review of Provider Performance against established standards. This audit also includes an event verification.

**Ad Hoc Audit:** Audit conducted outside the planned annual audit cycle for cause such as: contract compliance issues, previously low audit score, or quality of care is questionable. This audit may be planned or unplanned.

**Provider Termination Audit:** Audit conducted due to one provider leaving and a new provider taking over the same program. This also refers to an audit that takes place at contract end.

**Event Verification Audit:** Audit conducted that verifies the provider has proof documents to support claims or reported services submitted to SCCMHA for payment. The events are randomly selected for review. The sample size varies by provider type.

**Medicaid Event Verification Audit (MEV):** This audit type is reserved for audits completed by Mid-State Health Network (MSHN) the Pre-Paid Inpatient Health Plan (PIHP) for Saginaw, as part of their contract with the state of Michigan. These reviews look at the Medicaid services paid through MSHN only.

**Follow-Up Audit:** Audit conducted when a provider scores below 80% on their annual audit. Follow-Up audits review the areas of the audit that were cited on the annual audit. If the provider scores between 70%-79%, the provider will receive a follow-up audit in the next six (6) months. If the provider scores below 70% the provider will receive a follow-up audit in the next months (4) months and then another follow-up will occur seven (7) months post the annual audit to ensure the plan of corrections implemented are being followed.

**Corrective Action Plan (CAP):** Response completed by Network Providers to address audit deficiencies found during an audit. Depending on the type of audit performed, this plan is submitted within SCCMHA's electronic Sentri 2 system or by other methods as noted in the audit report.

**References:**

SCCMHA contract with MDHHS
Mid-State Health Network (MSHN) the PIHP contract with MDHHS
Competency Requirements for the SCCMHA Provider Network Development and Management

**Exhibits:**

Exhibit A - Event Reconciliation Routing Form
Exhibit B – Sample Claims Listing
Exhibit C – Total SAL Listing by Staff

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **General:** | |
| 1. An auditing schedule will be organized each fiscal year with staff assignments attached to the audit schedule and approved by CEO. This schedule may be subject to change based on other factors explained later in the procedure. | 1. SCCMHA Provider Network Auditing Supervisor with approval of CEO |
| 2. Notifies auditors of the tentative schedule for the audit year. | 2. SCCMHA Provider Network Auditing Supervisor |
| 3. Notifies Provider Network Auditing Supervisor of new or terminated providers on the network provider panel. | 3. SCCMHA Contracts Department |
| 4. Based on provider score on last annual audit, provider may be able to by pass the annual audit process by having an event verification audit only. This is up to the discretion of SCCMHA. | 4. SCCMHA Provider Network Auditing Staff |
| 5. All Event Verification Audits will include a review of audit citations from last Annual audit and training requirements. | 5. SCCMHA Provider Network Auditing Staff |
| **Pre-Audit:** | |
| 6. Will review audit citations from last annual audit. This information will be reviewed as part of the audit, to follow up on concerns from last audit as well as complete the Event Verification audit. | 6. SCCMHA Provider Network Auditing Staff, SCCMHA Network Providers |
| 7. Each provider will be notified at minimum two (2) weeks in advance of an event verification audit. | 7. SCCMHA Provider Network Auditing Staff, and SCCMHA Network Providers |
| 8. Ad Hoc event verification audits may be warranted and these may not require a two-week notice. Ad Hoc audits can be prompted from a number of sources.<br>a. SCCMHA Finance Department notes concerns/questions about claims submitted by provider. | 8. SCCMHA Provider Network Auditing Staff, SCCMHA Network Providers, SCCMHA Finance Department, SCCMHA Care Management, and SCCMHA Clinical Services Departments |

| | |
|---|---|
| b. SCCMHA Clinical Services Department notes concerns/questions about claims submitted by provider.<br>c. SCCMHA Care Management Department notes concerns/questions about claims submitted by provider.<br>d. SCCMHA Provider Network Services Department notes concerns or questions about claims submitted by provider. | |
| 9. All end of contracts will have a Provider Termination event verification audit. | 9. SCCMHA Provider Network Auditing Staff, and SCCMHA Contracts Manager |
| 10. During an end of contract event verification audit, SCCMHA Finance Department will be asked to let Auditing Unit know when the billing from the provider has been entered so that a true final random sample of events can be pulled for the provider audit. SCCMHA Accounting Supervisor will be asked to hold final payment to provider pending the final results of the event verification. | 10. SCCMHA Provider Network Auditing Staff, SCCMHA Finance Department |
| 11. Billed services are stored in SCCMHA Data System. Services are pulled from the SCCMHA Data System for the random sample based on codes in the provider contract. | 11. SCCMHA Provider Network Auditing Staff |
| 12. A random sample of 5% of events billed by provider will be pulled using SCCMHA Data Source. This sample of events will be used to check primary source documentation at provider location to assure provider claims match documentation of services rendered. | 12. SCCMHA Provider Network Auditing Staff |
| 13. Some providers, due to the way they bill for services and the number of consumers served by the provider, may have a lesser sample of events reviewed for event verification unless errors have | 13. SCCMHA Provider Network Auditing Staff, and SCCMHA Network Providers |

| | |
|---|---|
| been found then additional events will be reviewed. Those providers are:<br>a. Hospital audits- SCCMHA will take 5% of services billed or 40 consumers whichever is less.<br>b. Skill Building –SCCMHA will take 5% of services billed or 20 consumers whichever is less.<br>c. Outpatient- SCCMHA will have 5% of services billed or 20 consumers whichever is less.<br>d. Pharmacy- SCCMHA will have 5% of services billed or 100 consumers which ever is less.<br>e. All 1:1 staffing will have a review of 100% of events.<br><br>If errors are found with the above categories then one consumer will be added to the sample for each error found.<br><br>Auditing staff can choose to complete a full review of all events submitted to SCCMHA. | |
| 14. Will contact provider to schedule a date for the audit that works well for the provider as well as the auditor. | 14. SCCMHA Provider Network Auditing Staff, and SCCMHA Network Providers |
| 15. Will discuss with provider at the first contact the need for the following items:<br>a. A review of consumer files to verify billings submitted by provider to SCCMHA.<br>b. A follow up on previous annual audit citations.<br>c. If training was an issue during the last audit, review a current list of staff that work with SCCMHA consumers and proof of trainings sent to SCCMHA Continuing Education Unit.<br>d. If no training in SCCMHA Network Training Database (besides Hospitals and out of county providers) the | 15. SCCMHA Provider Network Auditing Staff, and SCCMHA Continuing Education Supervisor |

| | |
|---|---|
| auditor will need to obtain a full list of staff that work with SCCMHA consumers to compare with SCCMHA Provider Network Competency Policy. | |
| 16. Will forward the list of staff given by the provider or request provider to submit a list to the SCCMHA Continuing Education Unit to update the SCCMHA training data base. | 16. SCCMHA Provider Network Auditing Staff |
| 17. Will call or email the provider the day prior to the audit to confirm time of audit and give provider the specific list of the consumers needed to perform the event verification audit (can be two to three days prior depending on the number of charts the provider needs to have available for review). Due to documentation containing consumer PHI, the information can be sent via fax or encrypted e mail. Never send consumer information via e mail without being encrypted. Also make sure when faxing, the provider has a secure fax. | 17. SCCMHA Provider Network Auditing Staff and SCCMHA Provider Network |
| **On Site:** | |
| 18. Visits the site where he/she will sit down with persons involved with the audit and explain the audit process and what is expected of provider during the audit process. Ask for a tour of the facility, and complete event verification process in addition to other audit areas. | 18. SCCMHA Provider Network Auditing Staff, and SCCMHA Provider Network. |
| 19. A check of Provider documentation is completed to verify there is proof to support the billings/claims submitted by the provider.<br>a. For licensed residential 3 documents are checked (1) progress notes or data collection sheets, (2) Personal Care logs and (3) Medication logs. | 19. SCCMHA Provider Network Auditing Staff and SCCMHA Provider Network |

| | |
|---|---|
| b. For Community Living Support Providers auditors will be looking for the CLS Provider Progress Note.<br>c. Auditors will look for documents to be dated/signed, the date of the billing within the random sample indicates the service was provided on that date. For example, if the provider states an Intake Assessment was completed then auditor will look for an Intake Assessment completed for the date indicated on the billing.<br><br>Please note per for providers paid through Medicaid or Medicare funding all documents for as proof of services be kept for (10) years following discharge. Provider is required to keep all documents for a total of ten (10) years after the consumer is no longer residing at the residence. After the two (2) years on the premises the provider can store the documentation in a secure and safe environment if these documents can not be stored at the premises. The provider is required to have a Record Retention policy to state how records will be kept. For all other providers MDHHS requires documentation to be stored in a safe and secure way and protected from any damage for ten (10) years. SCCMHA requires consumer Protected Health Information to be kept ten (10) years after the consumer no longer receives services. | |
| 20. Will sit down with provider prior to leaving the audit to explain audit findings and areas that were lacking. This gives the provider the opportunity to ask questions as well as provide additional information that might have been missed during the audit process. Auditor will give provider a time frame as to when to expect a report from auditor. | 20. SCCMHA Provider Network Auditing Staff and SCCMHA Provider Network |

| | |
|---|---|
| 21. Must have all documents present prior to auditing staff leaving the premises. | 21. SCCMHA Provider Network |
| 22. Auditing Staff may choose to give provider additional time to locate documents not found. A dead line will be set prior to leaving the audit. Provider is expected to submit information to auditor by agreed upon deadline. | 22. SCCMHA Provider Network Auditing Staff and SCCMHA Provider Network |
| 23. Will give Provider Audit/Site Visit/Provider Record Review Questionnaire along with postage paid envelope to have Provider mail back. Auditor may also ask provider to fill out electronically and send the questionnaire back electronically. | 23. SCCMHA Provider Network Auditing Staff and SCCMHA Provider Network |
| **Post Site visit:** | |
| 24. Any information gathered from Provider on training needs to be forwarded to SCCMHA Continuing Education Supervisor to evaluate if training provided meets the SCCMHA expectations. | 24. SCCMHA Provider Network Auditing Staff |
| 25. All items that were cited on previous audit will be reviewed at the time of the event verification audit and auditor will note provider's progress toward achievement to the standard. | 25. SCCMHA Provider Network Auditing Staff |
| 26. Event Verification letter should include number of events reviewed, number of consumers reviewed, number of events found and any discrepancies found with event verification process. The letter will also include responses to #24 above and where the provider is with overall training minimum standards if this was not a citation on previous full audit. | 26. SCCMHA Provider Network Auditing Staff |
| 27. If no discrepancies are noted, then a letter will be sent to the provider | 27. SCCMHA Provider Network Auditing Staff |

| | |
|---|---|
| indicating such along with any items from #25 above. | |
| 28. If discrepancies are found with events billed and the provider has a current contract any repayment will be taken from a future remittance advice. If the audit is an end of contract audit then a deduction will be taken from the provider's final payment. Letter to be cc'd to Accounting Supervisor. The Accounting Supervisor will be given additional information spelled out in the Event Reconciliation portion of this procedure. | 28. SCCMHA Provider Network Auditing Staff and Director of Finance |
| 29. A report is sent to the Provider within 30 days of audit completion which indicates audit results. Any delay in audit report being sent should be noted in the letter. | 29. SCCMHA Provider Network Auditing Staff |
| 30. Event Verification numbers will be recorded on Event Verification spread sheet for end of year reporting. | 30. SCCMHA Provider Network Auditing Staff |
| 31. To determine the Medicaid dollars lost or other funding dollars lost SCCMHA Auditing staff will check the Fund source on the claim or SAL pulled to assure consumer has Medicaid. SCCMHA Auditing Staff will also check fund source used to pay for the services. This can be found on the claims listing. Auditors track this information on the Event Verification spreadsheet. | 31. SCCMHA Provider Network Auditing Staff |
| 32. If a response is needed by the Provider then a deadline is given to respond to the audit with a written corrective action plan. The deadline is typically within 30 days of the completion of the report. May be longer depending on the volume of deficiencies. | 32. SCCMHA Provider Network Auditing Staff |
| **Post Letter Sent:** | |

| | |
|---|---|
| 33. Will enter a date in Sentri to request a Corrective Action Plan response from the provider. Sentri system generates an automatic email notice that is sent to the provider and auditor as a reminder of the Corrective Action Plan due date. Auditing staff can also make notation in personal tickler file or on personal calendar if a Corrective Action Plan is due back to assure proper follow through by the provider. | 33. SCCMHA Provider Network Auditing Staff |
| 34. Audit sent date is then entered into the SCCMHA Auditing Module in Sentri. | 34. SCCMHA Provider Network Auditing Staff |
| 35. Provider is expected to respond to the audit with a written plan of correction when indicated on the audit letter. This is completed in the electronic Sentri 2 system. | 35. SCCMHA Provider Network Auditing Staff and SCCMHA Provider Network |
| 36. Once the written corrective action plan is received from the provider, auditor can make any additional suggestions or comments at this time. | 36. SCCMHA Provider Network Auditing Staff |
| 37. If further response is needed from the provider a new deadline for the additional response is set with the provider. Provider receives an update via email regarding the corrective action response. This email is sent to the same people on the cc list of the original audit letter. | 37. SCCMHA Provider Network Auditing Staff |
| 38. If provider does not respond by the deadline, a follow up phone call or e-mail will be made to the provider within a couple of days of when the corrective action plan was due from the provider. At that point the auditor and provider will discuss another deadline for a response. If provider needs assistance with the response, the auditor will sit down with the provider and guide provider through the process. | 38. SCCMHA Provider Network Auditing Supervisor |

| | |
|---|---|
| The provider will still need to submit a written plan of correction. | |
| 39. If the provider chooses not to respond to the initial letter then a follow up phone call will be made. If the provider chooses not to respond to that follow up phone call within two weeks, an additional telephone call or e mail will be made along with a certified letter mailed to the provider requesting a response to the corrective action plan within two weeks. If the provider chooses not to respond to the certified letter the provider will be referred to contracts for contract non-compliance. Board Operated providers will be sent to the Director of Network Services and Public Policy. | 39. SCCMHA Provider Network Auditing Supervisor and Director of Network Services, Public Policy & Continuing Education. |
| 40. A contract non-compliance letter is then mailed to the provider with a deadline to respond. | 40. SCCMHA Contracts Manager and SCCMHA Provider Network Auditing Supervisor |
| **Termination of Contract:** | |
| 41. In the case of Contract Terminations, the SCCMHA Contracts Manager will notify SCCMHA Provider Network Auditing Supervisor of the termination of contract. An Event Verification termination audit will be scheduled with the provider. | 41. SCCMHA Provider Network Auditing Supervisor and SCCMHA Contracts Manager |
| 42. SCCMHA Director of Finance will be contacted to hold final payment to provider pending the results of the event verification. At this same time Finance will be asked to let auditing know when the billing for the provider has been entered so that a true final random sample of events can be pulled for the provider. | 42. SCCMHA Provider Network Auditing Supervisor and SCCMHA Director of Finance |
| 43. The same process for Annual Event Verification will be followed. | 43. SCCMHA Provider Network Auditing Staff |

| | |
|---|---|
| **Appeal:**<br>44. Provider has the right to appeal audit results, within 30 days of audit report, by doing the following:<br>a. Send a letter to SCCMHA Provider Network Auditing Supervisor who will review and respond to the appeal in writing back to the provider.<br>b. If the provider is not satisfied with the decision from this first appeal the provider can make a second appeal to the Director of Network Services, Public Policy & Continuing Education.<br>c. If provider wishes to appeal a third time, then a letter can be sent to the SCCMHA CEO who may assign a committee to review the appeal. All decisions made at this level are final. | 44. SCCMHA Provider Network Auditing Supervisor, SCCMHA Director of Network Services, Public Policy & Continuing Education, and SCCMHA CEO |
| **Event Reconciliation process:**<br>45. If discrepancies found in the Event Verification process; an Event Reconciliation Routing Form will be sent along with any supporting data needed and a copy of the letter to the assigned Claims Processor to be able to adjust the claims. | 45. SCCMHA Provider Network Auditing Staff, and SCCMHA Claims Processor |
| 46. The routing form will then be forwarded onto the SCCMHA Chief of Network Business Operations to make changes in the reporting information to the state and to make the necessary changes in the SCCMHA system. Once the routing form has been to all departments then it will be forwarded back to the SCCMHA Provider Network Auditing Supervisor to be filed in Network Services Provider Event Verification file to close the loop on the process. | 46. SCCMHA Claims Processor, SCCMHA Chief of Network Business Operations, and SCCMHA Provider Network Auditing Supervisor |
| 47. If deficiencies are noted and the provider still has a contract with SCCMHA then a copy of the event | 47. SCCMHA Director of Finance |

| | |
|---|---|
| verification letter along with a routing form will be sent to the Director of Finance. A deduction will be taken from provider next payment. | |
| 48. If deficiencies are noted and the provider no longer has a contract with SCCMHA then a copy will be sent to the Director of Finance. Letter to provider to be sent certified mail. | 48. SCCMHA Director of Finance, and SCCMHA Provider Network Auditing Staff |

Exhibit A

# SCCMHA Event Reconciliation Routing Form

See SCCMHA Departmental Procedure Chapter 9, Event Reconciliation Procedure for further clarification

**Purpose:** To ensure the accuracy of the service data record maintained, expensed/paid, and state reported thereof by SCCMHA.

**Initiation date:** This form to be started with any audits completed from March 30, 2012 by Network Services Auditing Department.

**Event Reconciliation Routing Procedure:**
Step #1 – Auditor completes audit of provider. If discrepancies are found this form is to be completed.

Paperwork sent to Finance must include the following:

Date:

| Recipient Name | Recipient Case # | Date of Service to be adjusted/ deleted | Units of Service | Units to be deleted (D)/ Adjusted (A) | Claim number | Service Code | Service Code Change to | Fund Source | Amount Billed |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | |

*Internal SAL* adjustment required? ☐ YES ☐ No

*External Claim* adjustment required? ☐ YES ☐ No

This is a result of an appeal? ☐ YES ☐ No

Provider Name: ___ Total Dollar Amount $_
Date Audit Completed:

Description / Comments (Attach any documentation to be considered in verification):

Auditor Signature: _____ Date: _____

*Signatures below indicate step completed in the reconciliation process.*

Step #2 – Auditor forwards routing form to Chief of Network Business Operations:
Finance Department with holds over payment amount from future Provider Claims or requests refund:

Chief of Network Business Operations Signature: _____Date: _____
Step #3 – Chief of Network Business Operations forwards routing form back to Auditing Supervisor.

Revised 6/2010 JJK, 3-30-2012 JJK, 3-7-2014 JJK 6/8/17 JJK, 2/23/2022 MS, 2/1/23 MS

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 6/3/2010
User Id: KTROUP

# Claims Listing

10/1/2008 to 9/30/2009

**100129 Residential Services Inc.**

| Service Start Date | Service End Date | Charge Amount | Service Code | Units | Amount Paid | Fund Source | In Plan? | Provider Doc? |
|---|---|---|---|---|---|---|---|---|
| **80002238 JOHN Q. DOE** | | | | | | | | |
| **Claim Number 1323944** | | **$231.00** | | **2** | **$231.00** | | | |
| 7/31/2009 | 7/31/2009 | $224.70 | H2016 TG | 1 | $224.70 | 990 | | |
| 7/31/2009 | 7/31/2009 | $6.30 | T1020 | 1 | $6.30 | 970 | | |
| **Claim Number 1332835** | | **$7,161.00** | | **62** | **$7,161.00** | | | |
| 8/1/2009 | 8/31/2009 | $6,965.70 | H2016 TG | 31 | $6,965.70 | 990 | | |
| 8/1/2009 | 8/31/2009 | $195.30 | T1020 | 31 | $195.30 | 970 | | |
| **Claim Number 1348131** | | **$6,930.00** | | **60** | **$6,930.00** | | | |
| 9/1/2009 | 9/30/2009 | $6,741.00 | H2016 TG | 30 | $6,741.00 | 990 | | |
| 9/1/2009 | 9/30/2009 | $189.00 | T1020 | 30 | $189.00 | 970 | | |

**Total Events: 6**
**Total Consumers: 1**

Auditor's Signature

Page: 1

Exhibit C




Report Date: 6/14/2010
User ID: KTROUP

10/1/2008 to 9/30/2009

# Total SAL Listing by Staff & Consumer w/ Rates (Charges > $0)

**Consumer: DOE, JOHN Q. 80002238**

**Staff: Jane Relapse**

| Start Date Time | End Date Time | Date Entered | Code | Code Descr | Units | Charge | Fund Source | Note Signed | Proof Doc | Discrepancy Amount |
|---|---|---|---|---|---|---|---|---|---|---|
| 10/10/2008 1600 | 10/10/2008 1610 | 11/30/2008 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 11/7/2008 1100 | 11/7/2008 1110 | 11/30/2008 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 12/19/2008 1400 | 12/19/2008 1415 | 2/3/2009 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 1/28/2009 1600 | 1/28/2009 1620 | 2/3/2009 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 4/27/2009 1600 | 4/27/2009 1615 | 7/20/2009 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 6/27/2009 1440 | 6/27/2009 1500 | 9/24/2009 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 7/25/2009 1550 | 7/25/2009 1610 | 9/24/2009 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| 8/14/2009 1115 | 8/14/2009 1130 | 10/4/2009 | H0032 | MH SERVICE PLAN DEV. NON- | 1 | 77.25 | 970 | Yes | | |
| | | | | **Total:** | 8 | 618 | | | | |

| Network Services & Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Quality of Life Visits | **Chapter**: 09.04.01 - Auditing | **Subject No**: 09.04.01.04 |
|  **Provider Network Auditing** | | |
| **Effective Date**: 9/10/09 | **Date of Review/Revision**: 9/10/09, 7/30/10, 7/3/12, 6/2/14, 5/2/16, 5/19/17, 6/13/18, 1/2/20, 2/3/22, 6/1/23<br><br>**Supersedes**: | **Approved By**: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**: Jennifer Keilitz<br><br>**Reviewed By**: Melynda Schaefer |

**Purpose:**
To ensure the safety and well being of consumers who reside in licensed residential settings as well as other community living settings. As part of SCCMHA Residential Watch program, SCCMHA auditing unit, with the assistance of consumers, will conduct Quality of Life visits in settings funded by SCCMHA.

**Policy**:
It is the policy of SCCMHA to visit service providers offering residential services at least once each year, twice each year, when able. The intent is to improve the quality of life for residents being served by in settings funded by SCCMHA.

**Application:**
This procedure applies to all licensed residential and community living supports provider programs under contract with SCCMHA.

**Standards:**
A. It is the belief of SCCMHA that on-site visitation and monitoring to detect early identification of key risk factors may prevent more serious provider noncompliance as well as reduce any compromise in the well being of consumers who are placed in residential settings.

B. SCCMHA intends to provide systematic support to providers and consumers associated with residential settings with emphasis on settings under contract with SCCMHA.
C. For General AFC homes we would offer as an option as a means of quality improvement.
D. Quality of Life visits will be conducted twice a year for each home as assigned by Residential Watch Committee. In lieu of Quality of Life Visits, SCCMHA may conduct Home and Community Based (HCBS) Waiver Reviews to assure compliance in these areas.
E. Quality of Life visits will be conducted using a standard format to document findings.
F. It is the intent that Quality of Life visits will be conducted primarily by consumers.
G. Consumers involved with Quality of Life visits will be subject to the same orientation process as SCCMHA volunteers. This process includes the need for a TB test, background check and orientation.

**Definitions:**

Licensed Residential Providers/Contractors: are those that hold an Adult Foster Care License with special certification with the Michigan Department of Health and Human Services and are currently serving individuals who are consumers of SCCMHA services as part of a Specialized Residential Contract.

General AFC Providers: are those that hold an Adult Foster Care License with the Michigan Department of Health and Human Services and are currently serving individuals who are receiving services through SCCMHA but do not have a contract with SCCMHA for Specialized Services.

Community Living Supports settings- Housing options where the provider and the land lord are the same.

**References:**

SCCMHA Policy 09.04.03.07 Residential Provider Watch Program

**Exhibits:**

Exhibit A - Quality of Life Visit form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. SCCMHA will solicit consumers to assist with Quality of Life visits. | 1. SCCMHA Provider Network Auditing Supervisor or Designee |
| 2. Will screen and discuss the importance of confidentiality of consumers and any findings at the provider site. | 2. SCCMHA Provider Network Auditing Supervisor or Designee |
| 3. Consumers will go through the SCCMHA volunteer orientation process. | 3. SCCMHA Provider Network Auditing Supervisor or Designee |

| | |
|---|---|
| 4. SCCMHA will train consumers on how to conduct Quality of Life visits. | 4. SCCMHA Provider Network Auditing Supervisor or Designee |
| 5. Will develop a schedule of visits, at least once per year, twice per year as able, to allow for multiple visits to be completed on one day as well as to take into consideration the location of providers. | 5. SCCMHA Provider Network Auditing Supervisor or Designee |
| 6. Will work with consumers until consumers feel comfortable with what they are doing for the Quality of Life visits. | 6. SCCMHA Provider Network Auditing Supervisor or Designee |
| 7. Will review all Quality of Life visits for any concerns. | 7. SCCMHA Provider Network Auditing Supervisor or Designee |
| 8. Will forward a copy of completed Quality of Life visit forms to the provider affiliated with the facility, including Home Manager, Program Director, and other applicable Supervisory staff. | 8. SCCMHA Provider Network Auditing Supervisor or Designee |
| 9. Will forward a copy of the completed Quality of Life visit forms to the case holders affiliated with consumers residing at the facility. | 9. SCCMHA Provider Network Auditing Supervisor or Designee |
| 10. Will make necessary changes as noted in the quality of life reports. | 10. Licensed Residential Providers/Contractors and General AFC Providers |
| 11. Will report any concerns from the Quality of Life visits to Residential Watch Committee or other entities as needed for follow up such as Recipient Rights, Contracts, or Clinical. | 11. SCCMHA Provider Network Auditing Supervisor or Designee |
| 12. Any follow up completed will be reported at the Residential Watch Committee. | 12. SCCMHA Provider Network Auditing Supervisor or Designee |
| 13. Residential Watch Committee will make recommendations as to actions or | 13. SCCMHA Provider Network Auditing Supervisor, Residential Watch Committee members |

| | |
|---|---|
| further steps that need to be taken based on the findings.<br><br>14. Quality of Life reports are filed in the SCCMHA Auditing files.<br><br>15. Will review Quality of Life reports as part of auditing process to assure provider is addressing any concerns noted.<br><br>16. Will complete HCBS reviews in lieu of Quality of Life Visits as necessary. | 14. SCCMHA Provider Network Auditing Supervisor or Designee<br><br>15. SCCMHA Provider Network Auditors<br><br>16. Residential Coordinator and Provider Network Auditor |

Exhibit A




# Quality of Life Home Visit Report

Date of Visit: _____ Time of Visit: _____ QOL Auditor Name(s): _____

Group Home Name: _____Address: _____
Service Provider: _____ Number of Staff Present: ____
Names of Staff on Duty: _____
Number of Residents Living at this home: __ Men ___ Women __ Other _____
Name of Resident Interviewed: _____ Staff Assisting Interview: _____

**Review of Exterior of Home**

1. Does the exterior of the home appear to be clean and well kept? (Does it need to be repainted or resided? Is there trash or litter in the front or back yard?)

_____
_____
_____

2. Are the grass, plants, flowers, etc. being maintained?

_____
_____
_____

3. Are egress locations (doors, windows, walkways, etc.) clear from obstructions?

_____
_____
_____

**Resident Feedback**

1. What were the residents doing when you arrived?

_____
_____
_____

2. How does the resident interviewed make meaningful choices in his/her life (large and small)?

_____
_____
_____

3. How does the resident decide when to go to bed and get up?

_____
_____

4. Does the consumer that you're talking to have at least one activity of his/her choice outside the home per week? Examples of the activity? If no what would they like to do?

_____
_____
_____

5. Are there residents that stay home during the day (do not attend a skill build program, supported employment program or clubhouse)? What things do they do when they stay home all day? Do they go anywhere?

_____
_____
_____

6. Does the resident connect with friends and relatives outside of the group home setting? If so, what kind of activities do they do?

_____
_____
_____

7. Does the individual participate in activities with other group home residents? List examples.

_____
_____
_____

8. Does the individual like where he/she lives? What are likes & dislikes of the group home setting?

_____
_____
_____

9. Does the home do any type of exercise? What types?

_____
_____
_____

10. How often does the home eat fast food or got out to a restaurant a week?

_____
_____
_____

11. How does the individual gain access to his/her money?

_____

_____
_____

12. What were the staff doing when you arrived?

_____
_____
_____

**Volunteer Feedback**

13. Do consumers in this home participate in Day Activity Programming? ☐ Yes ☐ No

If yes, do you see an activity calendar posted specifically for Day Activity Programming activities?

☐ Yes ☐ No

If yes, do you see additional outings occurring not as part of the Day Activity Programming? ☐ Yes ☐ No

_____
_____
_____
_____

14. Is the dietary menu posted, and did it match the account of what consumers ate? ☐ Yes ☐ No

_____
_____

15. Is consumer input being given for menu choices and options? ☐ Yes ☐ No

_____
_____

16. What snacks are being offered by the home? Are healthy choices included? Where are snacks listed?

_____
_____
_____

17. Does the home have information about healthy eating posted, such as MyPlate? Do the menus appear to be offering healthy choices, including fruits and vegetables with each meal?

_____
_____
_____

18. Are there grocery items to match menu for the next two days? ☐ Yes ☐ No

_____

19. Is there fresh milk (not powdered) in the refrigerator? ☐ Yes ☐ No

_____

20. Are there thermometers placed in all of the refrigerators and freezers in the home? Do they appear to be within the correct amounts? (Below 40 degrees for refrigerators; below 0 for freezers so that food is frozen solid)

☐ Yes ☐ No

_____

21. Are there fresh fruits and vegetables available? ☐ Yes ☐ No

_____

22. Are there sheets, mattress pads, pillows, and blankets on the beds? ☐ Yes ☐ No

_____

23. Are there soap, towels, and toilet paper available in the bathroom? ☐ Yes ☐ No

_____

24. Where are personal care items being stored? Are they properly labeled with consumer initials? ☐ Yes ☐ No

_____

25. Is the medication cupboard locked? ☐ Yes ☐ No

_____

26. Are medications being stored separately? (Orals and topicals should not be in the same drawer) ☐ Yes ☐ No

_____

27. Is there a communication book for staff, and is it up to date? ☐ Yes ☐ No

28. Are there current copies of each consumer's plan easily available for staff to review? ☐ Yes ☐ No

29. Is the living area free from health and safety hazards? ☐ Yes ☐ No

30. Are hallways clear and free of health and safety risks? ☐ Yes ☐ No

31. Is the kitchen area free of health and safety risks? ☐ Yes ☐ No

32. Is the residence a "*home"?* ☐ Yes ☐ No

33. Does the overall residence appear clean, well maintained, and organized? ☐ Yes ☐ No

34. What is the diversity of consumers in the home?

35. Are there any additional comments or issues that need to be addressed?

Quality of Life Auditor Signature

Distribution: 1 Copy SCCMHA, 1 Copy Owner/Administrator
2/07, revised JRM 2012, AK 2016, MS 2023

| Network Services and Public Policy Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Residential Placement Committee | **Chapter**: 09.04 - Auditing | **Subject No**: 09.04.01.06 |
|  **Provider Network Auditing** | | |
| **Effective Date**: 5/1/12 | **Date of Review/Revision**: 6/2/14, 5/2/16, 2/6/18, 8/22/19, 6/28/21, 9/20/22, 6/1/23<br>**Supersedes**: | **Approved By**: Jennifer Keilitz, Network Services, Public Policy & Continuing Education<br>**Authored By**: Jennifer Keilitz<br>**Reviewed By**: Melynda Schaefer |

**Purpose:**
To provide guidance to staff about placement options for consumers of Saginaw County Community Mental Health Authority (SCCMHA) Services. The primary purpose is to ensure there is adequate specialized housing to accommodate consumers served by SCCMHA. This committee can be utilized as a means of seeking assistance from others to keep a consumer in a residential placement that may be in jeopardy. This committee can also be utilized to provide input about placement options for persons served by SCCMHA.

**Policy:**
It is the policy of SCCMHA to assure consumers have housing in the least restrictive setting to meet the consumer needs. As the committee members review referrals for placement this must be kept in mind during the review of the consumer needs as noted in the consumer electronic health record.

**Application:**
All SCCMHA board operated and contracted primary teams seeking residential placement for consumers of SCCMHA services.

**Standards:**
None

**Definitions:**

*Case Holder*: The person listed in the consumer electronic health record (Sentri) as the person responsible for coordination of consumer care, and planning.

*Specialized Residential Settings:*
Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services.

There are two types of Specialized Residential Settings:
One type is adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from community mental health and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. Staff working in the home are required to have completed specialized group home training. The contract rate paid for each consumer is designated in the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The home is expected to follow the individual plan of service developed through the person-centered planning process. These homes are usually owned by the provider. These homes must have awake staff 24 hours a day in order to receive Medicaid funding through SCCMHA.

The second type is homes in which SCCMHA contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted number of full-time equivalents or FTE's being utilized to meet the needs of consumers. SCCMHA owns these homes and contracts with a company to provide staffing and general maintenance of the homes. These homes provide 24-hour awake supervision. Staff working in the home are required to have completed specialized group home training. The home is expected to follow the individual plan of service developed through the person-centered planning process.

Considerations for specialized residential settings: The needs of the consumer must go beyond the typical needs of the person served in a general adult foster care home. The home must have an adequate number of trained staff to safely meet the needs of the consumer as outlined in their plan of service. Persons placed into specialized residential settings typically have increased personal care needs or exhibit behavioral symptoms that require regular intervention.

**References:**
SCCMHA Policy 03.02.07 Residential Services
SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program

**Exhibits:**
Exhibit A – Consumer Specific Residential Placement Review Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|

| | |
|---|---|
| The Residential Placement Committee will be made up of the following members: Chairperson of the Residential Placement Committee (which is also Chairperson of the Residential Watch Committee), Director of Services for Persons with Mental Illness, Director of Services for Persons with IDD, Care Management Supervisor, Provider Network Auditing Supervisor, Residential Coordinator and Provider Network Auditor, Recipient Rights Supervisor, Contracts Manager, Executive Director of Clinical Services, and Director of Network Services, Public Policy & Continuing Education, OBRA/PASARR and Enhanced Health Services. | Residential Watch Committee Chair/Residential Placement Committee Chair, Director of Services for Persons with Mental Illness, Director of Services for Persons with IDD, Care Management Supervisor, Contracts Manager, Provider Network Auditing Supervisor, Residential Coordinator and Provider Network Auditor, Recipient Rights Supervisor, Executive Director of Clinical Services, and Director of Network Services, Public Policy & Continuing Education, OBRA/PASARR and Enhanced Health Services. |
| An email, encrypted email, voice mail, or message inside sentri to the Residential Placement committee works best or fax (providers outside SCCMHA cannot send consumer info via the internet unless encrypted) should be sent to the Residential Placement Committee Chair person that includes who the person is that is in need of placement and a synopsis of the needs of the consumer that would require a specialized placement for the consumer that could not be provided in a general AFC. Where the consumer lives currently and why this placement is not working for the consumer. | Case Holder |
| Prior to the referral to the Residential Placement Committee Chair, all progress notes and other documentation needs to be up to date. This will allow the committee to decide on the most up to date information available and may be critical to making the best decision possible for the consumer. | Case Holder |
| The Residential Placement Committee Chairperson will review the request, and ask any clarifying questions of the case | Residential Placement Committee Chair (Residential Coordinator), case holder, other committee members |

| | |
|---|---|
| holder. The Residential Placement Committee Chairperson will send the case holder the Consumer Specific Residential Placement Review Form for completion. Upon receipt of the completed form, the Residential Placement Committee Chairperson will forward the information onto other committee members for input and suggestions for possible placements. | |
| The Residential Placement Committee will review the case presented within 7-10 working days. | Residential Placement Committee |
| The Residential Placement Committee Chairperson will gather input from the committee members and forward the determination along to the case holder within 7-10 working days. If an Out of County placement or a Heightened Scrutiny setting is being pursued, the Residential Placement Committee Chairperson will obtain approval from the Executive Clinical Director. | Residential Placement Committee Chair |
| The case holder will provide follow up to the Residential Placement Committee Chair about the placement and how the consumer is adjusting to the new placement within 30 days of the placement. | Case Holder |

Exhibit A




**Residential Placement Committee:**
**Consumer Specific Residential Placement Review Form**

| | |
|---|---|
| **Consumer Name:** | |
| **Provider Name:** | |
| **Form submission Date:** | |

| | | Data Points | SCCMHA Responsible Person |
|---|---|---|---|
| Current Location / Per Diem | * | | Residential Coordinator |
| Clinical Support Documentation Completed (IPOS/Beh. Support Plan/Assessment) | * | | Primary Case Holder |
| Medicaid/GF Status | * | | Primary Case Holder |
| Placement Recommendation (# of Licensed Beds if AFC) | * | | Residential Coordinator |
| Residential Placement Committee Support | * | | Res Placement Chairperson |
| In-County Placement ruled out by Residential Coordinator or Clinical Director | * | | Residential Coordinator |
| Enhanced Staffing defined (Total weekly enhanced hours, which days, how many hours daily, 1:1, 2:1, etc...) | * | | Primary Case Holder |
| Per diem/competitive rate supported by DC funded staffing hours | * | | Contracts Manager |
| HCBS compliant / Onsite SCCMHA Tour completed | * | | Residential Coordinator |
| If new provider, contract action form completed | | | Director of NS&PP, Cont. Ed, EHS |
| If new provider, MSHN provider application completed | | | Contracts Manager |
| Individual Home Demographics form completed by licensee | | | Contracts Manager |
| Admission Date | | | Primary Case Holder |
| Primary Case Manager notified of provider setup for residential auth module request | | | Contracts Manager |
| Provider Orientation | | | Director of NS&PP, Cont. Ed, EHS |
| IPOS/BSP In-service | | | Primary Case Holder |

*** = Minimal Required data to request Residential Placement Committee recommendations, approval required by Kristie Wolbert , Jen Keilitz, Matt Briggs**

SCCMHA Executive Director of Clinical Services is the only person approved to bypass this form with Emergency Placement approval
**ONCE FORM IS COMPLETE PLEASE SEND TO RESIDENTIAL COORDINATOR**

| Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Distribution of Training Reports | **Chapter**: 09.04.02 - Continuing Education | **Subject No**: 09.04.02.02 |
|  **Continuing Education** | | |
| **Effective Date**:<br>5/3/06 | **Date of Review/Revision**<br>1/17/07, 5/19/17, 6/13/18, 8/14/19, 4/16/20, 1/10/22, 5/4/23<br><br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Alecia Schabel<br><br>**Reviewed By**:<br>Tim Hogan |

**Purpose:**
To provide the SCCMHA workforce and Network providers with a record of the status of their trainings that are required by SCCMHA, State and Federal guidelines, accrediting bodies and continuing education needed for licenses and certifications.

**Policy:**
It is the policy of SCCMHA that SCCMHA employees and the SCCMHA Provider Network will be provided training opportunities that fulfil the requirements of the governing and accrediting bodies as well as create a competent workforce and receive information that accurately reports the status of training fulfillment, compliance, and training needs.

**Application:**
SCCMHA Provider Network.

**Standards:**
Continuing Education Unit will send monthly curriculum requirement reports to contracted direct care providers and quarterly curriculum reports to the respective SCCMHA internal or contracted clinical Supervisor.

- 1st Quarter Reports will be distributed in April
- 2nd Quarter Reports will be distributed in July
- 3rd Quarter reports will be distributed in October

- 4th Quarter reports will be distributed in January (of the new year)

Continuing Education Unit Staff will run Curriculum requirement reports via Sentri "DW Training Reports: SQL Server Reporting Services".

**Definitions:**
*Training Transcript-* A report that chronologically lists all trainings taken at SCCMHA and from external sources and includes information needed for licensing and credentialing.

*Curriculum Requirements Report-* A report that alphabetically lists the training curriculum required for a job title or job category and details the name of the course, date the course was taken, status of the course (complete, expired, incomplete), number of credits, clock hours and renewal date.

**References:**
None

**Exhibits:**
Exhibit A: Training Transcript
Exhibit B: Curriculum Requirements Report

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Monthly Training Reports**<br>After the last day of each training cycle of direct care Curriculum Training, confirm with the Continuing Education Specialist and trainers that all class attendance has been updated in the Sentri II Training Module.<br>Once confirmed all SCCMHA sponsored and external training proof data entry received by last date of the reporting cycle has been entered, go to Reports and Downloads, DW – Training Reports, Curriculum Required External by Staff, choose the desired External Provider, choose Active/Inactive staff, choose Active for Training, choose All Staff in the Staff field, choose View Report, choose Open Report, choose Save Report then name and save a PDF copy of the report at G: Network Services Dept. – Training – Reports – Monthly | Continuing Education Clerk/Typist or Continuing Education Unit Staff |

| | |
|---|---|
| Curriculum Reports in a folder identified by year and month.<br>Send each provider a copy of the home/program's report electronically.<br>Continuing Education, Auditing and Contracts staff have access to the reports in the folder. | |
| **Professional Trainings Internal**<br>Once confirmed SCCMHA sponsored and external training proof data entry received by last date of the reporting cycle has been entered~~,~~ go to Reports and Downloads, DW-Training Reports, Choose Curriculum Required Internal by Supervisor, Choose the individual supervisor, Training status is set as Active by default, Department Status choose active, Select Department drop down, choose select all, Staff Status select active, Staff drop down, select All Staff. Choose View Report, choose Open Report, choose Save Report then name and save a PDF copy of the report at G: Network Services Dept. – Training – Reports – Quarterly Distribution of Required Training Reports in a folder identified by year, month and supervisor. Send each supervisor and director a copy of their team's required training reports including the supervisor or director's own required training report. | Continuing Education Assistant |
| Review of training reports to assure staff are on target and monitor staff that need required training. Reviews training reports with staff. | Program Supervisors |
| **Professional Trainings Contracted**<br>Once confirmed SCCMHA sponsored and external training proof data entry received by last date of the reporting cycle has been entered, go to Reports and Downloads, DW-Training Reports, Choose Curriculum Required External by Staff, Choose the program name, | Continuing Education Assistant |

| | |
|---|---|
| Training status is set as Active by default, Department Status choose active/inactive, Select Staff drop down, choose select all, Staff Dept Status select active. Choose View Report, choose Open Report, choose Save Report then name and save a PDF copy of the report at G: Network Services Dept. – Training – Reports – Quarterly Distribution of Required Training Reports in a folder identified by year, month, and name of program.<br>Send each contracted program designated contact a copy of their team's required training reports including the supervisor's own required training report. | |
| Review of training reports to assure staff are on target and monitor staff that need required training. Reviews training reports with staff. | Contracted Program Supervisors |
| **Transcript Requests**<br>A training transcript is requested by an SCCMHA employee, network staff, auditor, supervisor, Director or Human Resources.<br>Confirm the date parameters for the requested training transcript. Go to Training Management Reports in the Sentri II Training Module. Go to Print Transcript. Use the Look Up button under Participant to find the employee or staff's name. Ensure the Active Only button is unchecked. Put in the persons first and last name. Click the Search button. Click Select at the right of the person's name. Select the date range for the report. Choose Generate PDF File. Click on the envelope icon at the top of the report page. Open the report. Email the report by clicking on the envelope icon or save the report by clicking on the electronic file icon. | Continuing Education Supervisor or Designee |

Exhibit A

**Saginaw County Community Mental Health Authority**
**Internal Transcript**

PROVIDER [redacted]

NAME [redacted]

PERIOD COVERED 1/1/2017 to 8/25/2017

| Course Name | Attendance Date | Status | Training Hours | CE Clock Hours Earned |
|---|---|---|---|---|
| **2017** | | | | |
| Case Management Core Skills Training: Introduction to Case Management and Overview of Case Management Resource Manual | 01/31/2017 | Completed | 0.00 | 4.00 |
| Recipient Rights/Recipient Rights for Professional Staff | 03/27/2017 | Completed | 0.00 | 3.00 |
| Case Management Core Skills Training: Entitlements/Benefits and Community Resources | 03/28/2017 | Late Cancellation | 0.00 | 3.00 |
| Limited English Proficiency<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 1.00 | 1.00 |
| Regulatory Compliance Training<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 0.50 | 0.50 |
| HIPAA Privacy<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 1.00 | 1.00 |
| HIPAA Security- Effective 4/20/2005<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 1.00 | 1.00 |
| Appeals and Grievances<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 2.00 | 2.00 |
| Self Determination Training<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 0.50 | 0.00 |
| Person Centered Planning and Natural Supports<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 1.00 | 1.00 |
| Environment of Care (Health Management/Bloodborne Pathogens/Infection Control, Emergency Management, Fire Safety, Safety Management, Security Management/Workplace Violence Prevention) and Healthcare Integration<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 0.00 | 0.00 |
| Blood borne Pathogens/Infection Control<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 1.00 | 1.00 |
| Advance Directives<br>- Completion Verified by Continuing Education Department | 03/29/2017 | Completed | 2.00 | 2.00 |
| Child Diagnostic - Supporting Brain Development in Traumatized Children and Youth - 2.00 Child Diagnostic Contact Hours.<br>-External Transcript Course | 05/05/2017 | Completed | 2.00 | 2.00 |
| Child Diagnostic - The Risk and Prevention of Maltreatment of Children with Disabilities - 1.00 Child Diagnostic Contact Hours.<br>-External Transcript Course | 05/05/2017 | Completed | 1.00 | 1.00 |
| Child Diagnostic - Immigration and Child Welfare - 1.00 Child Diagnostic Contact Hour.<br>-External Transcript Course | 05/05/2017 | Completed | 1.00 | 1.00 |
| Child Diagnostic - Understanding the Effects of Maltreatment on Brain Development - 1.00 Child Diagnostic Contact Hour.<br>-External Transcript Course | 05/05/2017 | Completed | 1.00 | 1.00 |
| Child Diagnostic - Bullies, Victims, and Bystanders: From Prevalence to Prevention - 4.00 Child Diagnostic Contact Hours.<br>-External Transcript Course | 05/13/2017 | Completed | 4.00 | 4.00 |

**Total Number of Courses:** 18 **Total Training Hours:** 19.00 **Total CE Clock Hours:** 28.50

Printed: 05/25/2017 1:48:24PM

Page 1 of 2

Exhibit B

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Curriculum Required Internal for Supervisor

Report Date: [redacted]
User Id: [redacted]

[redacted]

[redacted] Support Coordination Services1

Training Status: Active

*Job Title: Mental Health Therapist* *Hire Date:* [redacted]

Staff Status: Active

***Curriculum: SCCMHA Case Holders***

Dept Status: Active

| Course | Complete Date | Completion Status | Credits | Clock Hours | Renewal Date |
|---|---|---|---|---|---|
| 9-Touch Preventing Readmissions and Teach Back Communication Technique | 3/18/2019 | Completed | 2.00 | 2.00 | |
| Advance Directives | 2/19/2019 | Completed | 0.00 | 2.00 | |
| Appeals and Grievances | 3/10/2020 | Completed | 0.00 | 2.00 | 3/10/2021 |
| Compliance Program and False Claims Information/HIPAA Training | 3/10/2020 | Completed | 0.00 | 0.50 | 3/10/2021 |
| Co-Occurring Disorders | 7/18/2019 | Completed | 1.00 | 1.00 | |
| Environment of Care (Emergency Management, Fire Safety, Blood Borne Pathogens/Infection Control, Safety Management, and Security Management) | 3/10/2020 | Completed | 0.00 | 1.25 | 3/10/2021 |
| Ethics of Touch | 2/19/2019 | Completed | 0.00 | 1.00 | |
| Integrated Health Care | 3/10/2020 | Completed | 0.00 | 1.00 | 3/10/2021 |
| Intro to Cultural Awareness - Embracing Diversity and Military Culture Training | 3/10/2020 | Completed | 0.00 | 0.50 | 3/10/2021 |
| Limited English Proficiency | 3/10/2020 | Completed | 0.00 | 1.00 | 3/10/2021 |
| Live Workplace Violence | 5/8/2019 | Completed | 0.00 | 1.00 | |
| Mental Health Ambassador Training | 2/19/2019 | Completed | 0.00 | 1.00 | |
| Motivational Interviewing Basics Skills Assessment Step 2 | 10/3/2019 | Completed | 0.00 | 0.75 | |
| Motivational Interviewing Basics Step 1 | 10/3/2019 | Completed | 15.00 | 15.00 | |
| ***Motivational Interviewing Competency Step 3 (Video Observation)*** | | ***Incomplete*** | | | |
| Non-Violent Psychological Verbal De-Escalation (NAPPI) | 6/18/2019 | Completed | 2.00 | 3.00 | |
| Overview of Evidence-Based Practices | 4/23/2019 | Completed | 2.00 | 2.00 | |
| Person Centered Planning and Natural Supports | 3/10/2020 | Completed | 0.00 | 1.00 | 3/10/2021 |
| Recipient Rights/Recipient Rights for Professional Staff | 3/10/2020 | Completed | 0.00 | 3.00 | 3/10/2021 |
| Self Determination Training | 3/10/2020 | Completed | 0.00 | 0.50 | 3/10/2021 |
| Sentri | 2/20/2019 | Completed | 3.00 | 3.00 | |
| SOGI Demographic Data Training | 10/9/2019 | Completed | 0.00 | 1.50 | |
| The Stepping Stones of Positive Behavior Supports | 10/30/2019 | Completed | 7.50 | 7.50 | |
| Trauma-Informed Care | 4/23/2019 | Completed | 2.00 | 1.00 | |

| | |
|---|---|
| Trainings Completed: | 23 |
| Total Required Training: | 24 |
| Compliance: | 96% |
| Total Credits: | 34.50 |
| Total Hours: | 52.50 |

| Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: SCCMHA Contracted Provider Training Orientation | **Chapter**: 09.04 – Continuing Education | **Subject No**: 09.04.02.03 |
| Continuing Education | | |
| **Effective Date**:<br>June 1, 2020 | **Date of Review/Revision**:<br>1/10/22, 4/26/23 | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy and Continuing Education |
| | **Supersedes**: | **Authored By**:<br>Alecia Schabel, Continuing Education Supervisor |

**Purpose:**
To best support new Saginaw County Community Mental Health Authority (SCCMHA) contracted providers in navigating training requirements.

**Application:**
All new SCCMHA contracted providers with training requirements.

**Policy:**
None

**Standards:**
1. SCCMHA Contracts & Properties Manager identifies training requirements during New Provider Orientation and Contract review.
2. Training Requirement review located on SCCMHA website
3. Contracted provider submits completed training information from outside sources. CEU will review and approve or deny.
4. All new staff will need to be identified prior to training registration.
5. If staff are required to take CPR/First aid Training: These fill up very quickly at SCCMHA training facility –providers can take this anywhere in the community as long as it is an American Heart Association (AHA) or American Red Cross (ARC) certified course. The course cannot just simply "*follow the AHA guidelines*", the card or certificate must state AHA or ARC approved course. *Please Note* For those required to take Pediatric CPR and First Aid: it must be a

pediatric course. Prior to staff taking an outside course, check with SCCMHA Continuing Education Unit to ensure the course is accepted.

6. Behavior Technicians completing 40 Hours of Registered Behavior Technician Training: SCCMHA does not offer this training within Continuing Education. Autism agencies typically use a system called: Relias® for this.
7. SCCMHA will notify contracted providers of Training Announcements via email to the primary agency training contact.
8. The designated training staff as noted on the contract application, will receive a monthly or quarterly training report via email.
9. Contracted providers notify SCCMHA CEU of new and/or terminated staff.
10. Contracted provider will notify SCCMHA Continuing Education if/when the training contact person changes.

**Definitions:**
Continuing Education Unit = CEU

**References:**
SCCMHA Policy and Procedure 05.06.06.02 Training Policy for General Licensees Licensee Designee
SCCMHA Policy and Procedure 09.04.02.02 Distribution of Training Reports
SCCMHA Training Requirements https://www.sccmha.org/userfiles/filemanager/33656/

**Exhibits:**
Exhibit A - Training Registration form
Exhibit B – Virtual Training Program Guidelines
Exhibit C - Training Announcement

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Identification of a primary training contact within the new provider operations in order to connect with the SCCMHA Continuing Education Supervisor to set up a time for Continuing Education Training Requirement Orientation | SCCMHA Contracts & Properties Manager |
| If a contracted provider has a source for annual trainings, SCCMHA may be able to accept the training in order to eliminate any duplication. Ex: *Blood Borne Pathogens (BBP)/ Cultural Diversity (CD), HIPAA, Regulatory Compliance, etc.*<br>The Continuing Education Unit will need to review the sources of the training and have these on file. Once approved, | SCCMHA Contracted Provider<br>SCCMHA Continuing Education Supervisor |

| | |
|---|---|
| contracted provider can send CEU training proofs: a training transcript or other proof of training with the staff name, training title and date completed identified. Those trainings will be entered within the SCCMHA database. | |
| Provider holds the burden of proof of the completed training if/when audited, by SCCMHA, Mid-State Health Network (MSHN) or Michigan Department of Health and Human Services (MDHHS). | SCCMHA Contracted Provider |
| All new staff will need to be identified prior to training registration with required staff information *(see Exhibit A Registration form).* This information can be called into 989-797-3445 or emailed to registrations@sccmha.org*:*<br>DC Staff only: Have staff complete the SCCMHA online Orientation quiz. This must be completed before provider submits registrations for the staff to attend training. *(see Program Guideline form Exhibit B )* | SCCMHA Contracted Provider |
| CPR/First aid Training: must be American Heart Association or American Red Cross approved training. | |
| Autism Providers: 40 Hours of Registered Behavior Technician Training Certificate of completion or transcript with the 40-hour completion identified. | |
| SCCMHA sends Training Announcements (*See Exhibit* C) via email to the primary agency training contact | |
| Training Requirement Reports: See SCCMHA Policy and Procedure 09.04.02.02 *Distribution of Training Reports*<br>The designated training staff as noted on the contract application, will receive a | SCCMHA Continuing Education Unit<br>SCCMHA Contracted Provider |

| | |
|---|---|
| monthly or quarterly training report via email. This will need to be reviewed with staff. If you notice any errors, please contact the Continuing Education Assistant with the identified concern. ***If you notice you have staff not identified on the report, please contact registrations@sccmha.org* | |
| New and/or Terminated Staff: Send an email to: registrations@sccmha.org identifying staff first and last name, hire date or termination date and name of provider | SCCMHA Contracted Provider |
| Notification to SCCMHA Continuing Education if/when the training contact person changes. | SCCMHA Contracted Provider |

Exhibit A

## DIRECT CARE REGISTRATION FORM

| Enter STAFF Job Title - If not checked below: | | Provider Name: | |
|---|---|---|---|
| LR Direct Care | CLS | Supervisor / Home Manager Name: | |
| ☐ | ☐ | Date Requested: | |
| RESPITE | SD | | |
| ☐ | ☐ | | |
| **Staff Information** | | For accurate transcript records, please be sure spelling is correct. | For SCCMHA Use Only |
| Last Name | | | |
| First Name | | | |
| Hire Date | | | |
| Termination Date | | | |
| For New Staff. Name Other Saginaw County Providers Staff Has Worked For: | | SCCMHA must have the names of previous SCCMHA providers your staff has worked for. This may eliminate the need for this staff to complete training(s). This also ensures accuracy in training records. If you do not have this information, check with this staff before completing this form. | |
| **Name of Class** | | **Date Of Class** | |
| Introduction To Residential Services | | | |
| Recipient Rights Training | | | |
| Basic Health (includes Blood Borne Pathogens/Infection Control Training) | | | |
| Basic Meds | | | |
| Working with People (Culture of Gentleness and Crisis Response) | | | |
| Physical Intervention for Protection/Verbal De-Escalation | | | |
| CPR/First Aid | | | |
| Basic Meds Renewals | | | Renewals Only |
| | | | |
| | | | |
| | | | |
| If Online Training "Orientation" quiz is required for your staff type,this must be completed at the time you submit your registration request(s) | | | |
| This is a requirement for LR Direct Care, CLS, Respite , SD, SCCMHA CTN/CTS and SCCMHA Transportation staff. | | | |
| Email your completed registrations forms to registrations@sccmha.org or Fax your completed forms to 989-498-4219 | | | |

*Updated: 8/11/2022*

Exhibit B

**VIRTUAL TRAINING PROGRAM GUIDELINES**

1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly
2. I understand that class begins at the Start Time on the training announcement. If I attempt to participate after that time, I will not be able to attend the class.
4. I understand that if I am late to re-join the virtual training from **break** or **lunch** I will not be able to re-join the class.
5. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time.
6. I understand I am participating in a virtual training and must conduct myself as I would during a live training. This includes but is not limited to:
    a. Dressing appropriately.
    b. Using appropriate discussion methods the trainers advise to use
    c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
    d. Ensuring your training space is private with no interruptions
    e. I will not be driving or in any form of moving transportation while participating in a virtual training.
9. I understand that I may not use any other technology during virtual training
10. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss.
10. I understand that sleeping during virtual is **not** allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options virtual. If I do not respond I will be removed from the virtual training.
11. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs
12. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed.
13. Training participants may not have children or pets with them in their training space while participating in virtual training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating.
14. When I complete a virtual training, I will also need to complete an virtual training evaluation.

*By registering for and receiving confirmation of registration of training, I acknowledge that I have read and understand the program rules and expectations presented in the above information regarding virtual training. I understand that failure to comply with program guidelines may result in expulsion from the virtual training.*

Exhibit C

*Saginaw County Community Mental Health Authority Presents:*

## Non-Violent Psychological Verbal De-Escalation (NAPPI)

*Non-Clinical*

Presented by:

**DATE | TIME**

Albert & Woods Professional Development and Business Center
1 Germania Platz, Saginaw, MI 48602

**Who Should Attend**

Clubhouse Staff, Drop-In Staff, Customer Service, Peer Support Specialists, Parent Support Partners, Autism Behavior Technicians, Community Living Support Staff, Respite Staff and Self-Determination Staff (Fiscal Intermediary)

**About this training**

NAPPI has been in use at facilities whose programs have been approved by JCAHO, COA, Medicare, and CARF. NAPPI International has worked with the Office of Technical Assistance of the NASMHPD on their restraint and seclusion elimination initiative to provide trauma-informed care in a non-coercive, nonviolence treatment milieu. The goal is create environments where restraints are unnecessary, assaults are unknown, and where everyone feels safe. That requires giving skills to respond to positive behaviors, intervene with unwanted behaviors, and having confidence and ability to safely stop physical harm when necessary.

NAPPI is one of the first programs with content addressing Trauma-informed Care. In 2012 the course content was reviewed to address the growing understanding of the vulnerabilities or triggers of trauma survivors. The traditional service delivery approaches may exacerbate these triggers, but by using knowledge of trauma informed care one can be more supportive and avoid re-traumatization.

**Learning Objectives**

At the conclusion of this training, participants will:

1- Recognize how to keep people safer in 3 ways: Emotionally, physically, and avoid re-traumatization
2- Apply skills learned on the agenda
3- Describe how to stay safe and have fun

**Agenda:**

| | |
|---|---|
| 15 minutes before start time | Welcome and sign in |
| Half hour | Making a Clear Request, Offering Choices & SMART Principles |
| 2 and one half hour | Lalemond Red Scale & Lalemond Green Scale, Defusing Techniques, Verbal Skills Practice & Generating Cooperation |

**About the Presenter:**

**How to Register**

This training is free of charge but **advance registration is required** as space is limited. Email registrations@sccmha.org or contact 989-797-3445 to register. SCCMHA staff must have supervisor approval to attend this training. *PLEASE BE SURE TO CHOOSE 1 Training Date which best accommodates your schedule.*

**Accommodations**

Please let us know if you are in need of any special accommodations such as mobility assistance, interpreters, etc. at the time of registration. We will make every attempt to honor your special needs request.

Please note: The HVAC system is designed to maintain an overall average temperature by zone. There may be individual areas that fall outside of that average temperature. For those types of areas, the key is to dress appropriately if cool, and if warm we can provide fans.

**To receive course completion credit, participants must:**

Sign in **before** the start of the training
Be present for the **entire** training

**Late notice**

The training will begin promptly at the times identified in the agenda. Credit will **not** be given for arrivals **any minute** past the start time. There are no exceptions to this.

| Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Fee-Based Continuing Education Trainings | **Chapter**: 09.04.02 - Continuing Education | **Subject No**: 09.04.02.09 |
| Continuing Education | | |
| **Effective Date**:<br>6/1/20 | **Date of Review/Revision**:<br>3/24/21, 1/10/22, 4/26/23<br><br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Alecia Schabel, CE Supervisor<br><br>**Reviewed By**:<br>Tim Hogan |

**Purpose:**

A. To provide SCCMHA Continuing Education Unit a means to sustain ongoing costly trainings for the community.
B. To provide a mechanism for Continuing Education Unit and Finance Department to standardize a process in working collaboratively.
C. To provide a consistent procedure for Continuing Education and Finance staff to keep record of money received.

**Policy:**

It is the policy of SCCMHA Continuing Education Unit will charge a fee for professional trainings in which Social Work Continuing Education Credits (CEs) are offered to non-contracted community partners. See Continuing Education Credits policy 05.06.06.01.

**Application:**

This applies to community partners not under contract with SCCMHA and SCCMHA retirees who wish to obtain training through SCCMHA training resources.

**Standards:**

A. Fees are based on number of continuing education credits offered:
    1. 1-1.5 CEs $25
    2. 2-2.5 CEs $35
    3. 3-5.5 CEs $50

4. 6-6.5 CEs $75
5. 7+ CEs $100
6. ALL SCCMHA EMPLOYEES (not contracted) Retirees $10 FLAT RATE
7. Mental Health First Aid Trainings $30
8. Group Rate Public Service Mental Health First Aid Training $500
    a. Group of 15 or more

B. SCCMHA Continuing Education Unit is responsible for ensuring trainings available to non-contracted community partners are announced with an accurate process for registering and how to pay for the training.
C. SCCMHA Continuing Education Unit is responsible for collecting payments from training registrants.
    a. Payments can be collected one of 4 methods:
        i. credit card by phone, email or fax registration
        ii. PayPal link on SCCMHA website
        iii. by check via United States Postal Service
        iv. cash or check the day of a training
D. Non-contracted Community Partner will be registered into the training database and the payment information will be forwarded to Continuing Education staff.
E. A cash log is kept in the Continuing Education front office.
F. Continuing Education Unit is to send the designated Cost Accountant in the Finance department a cash log for all credit card, check or cash received for fee-based trainings by the Continuing Education department.
G. Finance department will run all (non-PayPal) credit card payments and submit a receipt to the Continuing Education Unit.
H. The Finance Department will email or mail a credit card receipt for non-PayPal payments to the participant as per the request on the registration form.
I. Participants who pay cash or check for trainings the day of the event will do so at the training sign in table.
J. A Petty Cash box is kept, locked, within the Continuing Education Unit for cash payments needing change. See Continuing Education Trainings Petty Cash Procedure
K. Participants can request a refund within 72 hours of the training date as identified on the training registration form. If the training is cancelled due to SCCMHA determination a full refund is issued or transferred to another training date is issued.

**Definitions:**

*Professional Trainings*: clinically based trainings which offer social work continuing education credits.

*Non-Contracted Community Partners*: Members of Saginaw County who have an interest in Saginaw County Community Mental Health Authority education

*SCCMHA Board Operated staff:* Those who are employed directly by Saginaw County Community Mental Health Authority

**References:**

SCCMHA Continuing Education Credits policy 05.06.06.01

SCCMHA Continuing Education Trainings Petty Cash Procedure 09.02.04.02

**Exhibits:**

Exhibit A - Training Announcement w/non-contracted Community Partner Registration form

Exhibit B - SCCMHA Cash Receipts Log

Exhibit C - Example of non-PayPal "paid" receipt for non-contracted Community Partners

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| SCCMHA Continuing Education is responsible for ensuring trainings available to non-contracted community partners are announced with an accurate process for registering and paying. | Continuing Education Supervisor |
| SCCMHA Continuing Education is responsible for collecting payments from training registrants. The preferred advance payment method is the Continuing Education Secure PayPal. | Continuing Education Specialist and/or Continuing Education Typist |
| Taking credit card numbers, expiration date and security code by phone at the time of registration; by email registration or fax registration | Continuing Education Specialist and/or Continuing Education Typist |
| Receiving checks via USPS | Continuing Education Specialist |
| Non-contracted Community Partner will be registered into the training database and the payment information will be forwarded to the Continuing Education Typist | Continuing Education Unit Assistant and/or Continuing Education Typist |
| If the training registrant pays the day of the event: registrant is to complete a registration form *(if one has not already been completed*). Continuing Education Staff are responsible for collecting payments prior to start of the training from registrants and issuing change if needed. Continuing Education Staff taking payments will mark the registration form with a "paid" stamp. Once training sign in is complete, designated Continuing Education staff will submit the registration form for the paying | Continuing Education Specialist |

| | |
|---|---|
| registrant to the Continuing Education Specialist. Continuing Education Specialist will scan and file registration form .pdf in the training specific folder on the G drive. Continuing Education Specialist will scan a copy of the check with identifying account numbers blacked out or a copy of thecash log (submitted to finance) and save this in the training specific payments folder on the G drive. A copy of the registration form with a "paid" stamp will serve as the designated receipt. The Continuing Education Typist will ensure the Continuing Education Assistant has the final copy of the registration form/receipt prior to the end of the training that day which will then be hand delivered to the registrant upon completion & sign out of the training. | |
| A cash log is completed for all daily incoming credit card, check and/or cash payments. | Continuing Education Typist or Continuing Education Specialist |
| Any and all forms of payment are submitted to the designated Cost Accountant in the Finance department. All cash, check and/or credit card transactions are logged onto one form daily. | Continuing Education Typist |
| Running all non-PayPal credit card payments and submitting a receipt to the Continuing Education Unit. A credit card receipt is to be emailed, sent or faxed to the registrant as per the request on the registration form. | Cost Accountant in the Finance department |
| Copy of Receipt and registration form with payment information is filed in the Continuing Education Registration Receipt Binder. Any and all credit card identifying information is blacked out. | Continuing Education Typist |

**Exhibit A**

*Saginaw County Community Mental Health Authority Presents:*

# AIMS Screening and Testing

Presented by: Brandon Luedtke, PA-C

**Thursday, May 4, 2023 | 3:30pm – 5:00pm**

Online – Virtual (Interactive)

Zoom Pro

Saginaw County Community Mental Health Authority

Continuing Education

**Course Description**

This training will educate professionals about the underappreciated side effects of extrapyramidal symptoms (EPS) and tardive dyskinesia (TD) caused by certain medications, the troubling impairments of these side effects to the patient, and current guidelines on treating these side effects.

**Who Should Attend**

Mental health professionals working with adults, who have a mental illness and take certain medications, including beginning, intermediate, and advanced level social workers and clinicians, nurses, medical assistants, behavioral health consultants, and anyone interested in learning about tardive dyskinesia and the Abnormal Involuntary Movement Scale (AIMS).

***Participants must be sure to review the Virtual Training Program Guidelines on page 2*

**Continuing Education Credits**

1.5 Social Work Continuing Education credits and 1.5 MCBAP Credit hours will be awarded. A $25 registration fee will apply for Community Professionals not contracted with SCCMHA. **Non-Contracted Community Partners please see the registration form on page 4.** ***All Participants*** *are* ***REQUIRED*** *to complete the Training Evaluation through the Survey Monkey training link immediately upon completion of the virtual training in order to receive credit for the training. You will have a 30-minute window to complete the evaluation or contact SCCMHA Continuing Education Unit with evaluation completion concerns.* As we have availability, seats will be released to professionals within the community after the *identified registration close date*.

**Course Goals**

Participants will gain an understanding of how testing is performed for TD using the Abnormal Involuntary Movement Scale [AIMS]. This live, virtual course will offer participants interaction via voting polls, chatting, private and small group breakout sessions and verbal exchanges using audio & video services.

## About the Presenter:

Brandon Luedtke

Brandon Luedtke has been a physician assistant since 2018, practicing solely in the field of psychiatry. He graduated from Central Michigan University for both his bachelor's degree in exercise physiology and master's degree in physician assistant studies. He oversees clinical care for patients within the Saginaw County Community Mental Health provider network, List Psychological Services, as well as clinical oversight within North Shores crisis residential unit in Oscoda, Mi. He is a fellow of the American Academy of Physician Assistants and Michigan Academy of Physician Assistants.

**Learning Objectives**

Upon completion of the training, participants will be able to:

1. Describe extrapyramidal symptoms (EPS)
2. Define Tardive Dyskinesia (TD)
3. Describe the potential impact of TD on consumers
4. Identify medications that can cause TD
5. Identify treatment choices
6. Describe how to administer the AIMS

**Agenda:**

| | |
|---|---|
| 3:15pm – 3:30pm | Sign in & Virtual Troubleshooting |
| 3:30pm – 3:40pm | Extrapyramidal Symptoms (EPS) |
| 3:40pm – 3:50pm | Tardive Dyskinesia (TD) |
| 3:50pm – 4:00pm | Potential Impact of TD |
| 4:00pm – 4:10pm | Break |
| 4:10pm – 4:25pm | Medications that Cause TD |
| 4:25pm – 4:40pm | Treatment Choices |
| 4:40pm – 5:00pm | Administering AIMS |
| 5:00pm – 5:15pm | Sign out & Complete Evaluation |

***All Participants** are **REQUIRED** to sign in 15 minutes to the start of the virtual training to ensure equipment is working properly and work through any troubleshooting.*

**How to Register/Accommodations**

This training is free of charge for SCCMHA staff and contracted network providers: **you must register no later than 4.24.23.** *Non-contracted Professional Community Partners a $25 registration fee will apply. Please see registration form on page 4.* All sessions will take place via Zoom Virtual meetings. Meeting address will be distributed with registration confirmation.

**Advance registration is required** as space is limited. Email registrations@sccmha.org or contact 989-797-3445 to register. SCCMHA staff must have supervisor approval to attend this training. Please let us know if you need any special accommodations such as mobility assistance, interpreters, etc. at the time of registration. We will make every attempt to honor your special needs request.

**Late notice**

The training will begin promptly at **3:30pm** as identified in the agenda. Credit will **not** be given for arrivals **any minute** past the start time and participants will **not** be allowed into the virtual training room. There are no exceptions to this.

**To receive 1.5 Social Work and 1.5 MCBAP continuing education credits participants must:**

1. Sign in **before** the start of the training session.
2. Be present for the **entire** session.
3. Complete a course evaluation at the end of the training session.

**Certificates:**

A certificate with total CE's earned for the course will be provided within 30 days of the final session. Social workers are responsible for manually writing in license numbers. Attendees spending excessive time out of the room or engaging in activities not associated with the training as determined by the instructor or monitor may not receive credit. No partial credit will be given.

# VIRTUAL TRAINING PROGRAM GUIDELINES

1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly
2. I understand that class begins at the Start Time on the training announcement. If I attempt to participate after that time, I will not be able to attend the class.
3. I understand that if I am late to re-join the virtual training from **break** or **lunch** I will not be able to re-join the class.
4. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time.
5. I understand I am participating in a virtual training and must conduct myself as I would during a live training. This includes but is not limited to:
    a. Dressing appropriately.
    b. Using appropriate discussion methods, the trainers advise to use
    c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
    d. Ensuring your training space is private with no interruptions
    e. I will not be driving or in any form of moving transportation while participating in a virtual training due to Michigan Distracted Driving Laws. https://www.michigan.gov/msp/0,4643,7-123-72297_64773_22760-238359--,00.html
6. I understand that I may not use any other technology during virtual training
7. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss.
8. I understand that sleeping during virtual is <u>not</u> allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options virtual. If I do not respond I will be removed from the virtual training.
9. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs.
10. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed.
11. Training participants may not have children or pets with them in their training space while participating in virtual training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating.
12. When I complete a virtual training, I will also need to complete a virtual training evaluation.

*By registering for and receiving confirmation of registration of training, I acknowledge that I have read and understand the program rules and expectations presented in the above information regarding virtual training. I understand that failure to comply with program guidelines may result in expulsion from the virtual training.*

**<u>TRAINING REGISTRATION for Non-Contracted Community Partners:</u>**

To register, please complete the information on the form below and email to registrations@sccmha.org **We highly encourage payment securely via PayPal here: https://www.sccmha.org/resources/sccmha-community-partner-training.html**

If not paying by credit card *promptly* send payment (checks made payable to: Saginaw County Community Mental Health Authority). If you do not have access to email, fax this form to 989-498-4219, call 989-797-3445 or mail this completed form to the address below.

***CANCELLATIONS must be made within 72 business hours prior to the training date in order to receive a refund****

Continuing Education CE Registration Fee
500 Hancock Street
Saginaw, MI 48602

| Course Type | AIMS Screening & Testing | | |
|---|---|---|---|
| Training Date(s) | 5.4.23 | | |
| Course Fee: | $25.00 | | |
| Name | | | |
| Phone Number | | | |
| Email Address | | | |
| Occupation/ Employer Name | | | |
| Employer Address | | | |
| Social Work CEs Requested: | ☐ Yes | ☐ No | |
| Brief description of why you're enrolling in the course: Click or tap here to enter text. | | | |

*Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602*

*Saginaw County Community Mental Health Authority, provider # 1135, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Saginaw County Community Mental Health Authority maintains responsibility for this course. ACE provider approval period: June 14, 2022 – June 14, 2025. Social workers completing this course receive one and one half (1.5) continuing education credits.*

ACE
ASWB approved continuing education

**Exhibit B**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

## SCCMHA Cash Receipts Log

| DATE CHECK WAS RECEIVED | DATE OF CHECK | CHECK # | AMOUNT | NAME ON CHECK |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | Total | $0.00 | |

*To be completed by individual completing the log:*

Signature: _____ Date: _____

Department _____

*To be completed by SCCMHA Finance Department:*

*Signature verifies that actual cash receipts received by finance reconcile to the information detailed on this log.*

Signature: _____ Date: _____

Department _____

**disregard the title "Check" - use these columns for whatever the type of payment is coming in: cash, credit card or check*

*In the "NAME ON CHECK" section please identify: Participant Name, Training Name and Training Date*

**Exhibit C**

Continuing Education CE Registration Fee
500 Hancock Street
Saginaw, MI 48602

| | | | |
|---|---|---|---|
| Course Type | AIMS Screening & Testing | | |
| Training Date(s) | 5.4.23 | | |
| Course Fee: | $25.00 | | |
| Name | Example Smith | | |
| Phone Number | XXX | | |
| Email Address | XXX | | |
| Occupation/ Employer Name | XXX | | |
| Employer Address | XXX | | |
| Social Work CEs Requested: | ☒ Yes | ☐ No | |
| Brief description of why you're enrolling in the course: XXX | | | |

*Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602*

Receipt
Paid Amt: $ 25.00
Date: 5.4.2023
PAID IN FULL

<table>
<tr><td colspan="3">Network Services & Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Distribution of Network Services Communications</td><td>Chapter: 09.04.03 – Network Services</td><td>Subject No: 09.04.03.05</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/1/06</td><td>Date of Review/Revision:<br>8/21/06, 6/26/07, 7/6/09, 6/21/10, 5/31/11, 5/30/12, 4/25/14, 4/6/16, 6/13/17, 6/20/18, 6/15/20, 1/10/22, 2/10/22, 6/6/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>Matt Briggs, Alecia Schabel</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To clearly define the individuals who will receive copies of various Network Services and Public Policy publications.

**Policy:**
To forward Network Services and Public Policy publications as appropriate to both internal SCCMHA employees and to contract providers.

**Application:**
For reference by Network Services and Public Policy.

**Standards:**
None

**References:**
09.04.01.01 – Auditing procedure
09.04.01.02 – Event Verification procedure

**Exhibits**:
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Distribution of the **"SCCMHA Provider Network Newsletter"** as a means of information sharing via electronic distribution to the following individuals: | NSPP Administrative Assistant |
| 1) All contracted SCCMHA service providers will be sent an electronic copy of the newsletter to both the legal and the provider site. | |
| Reminders: Individuals participating in Self Determination should NOT receive a copy of the newsletter. Non-service providers should NOT receive a copy of the newsletter. Other CMH's should NOT receive a copy of the newsletter. | NSPP Administrative Assistant |
| 2) Final provider newsletter is posted to the SCCMHA website. | NSPP Administrative Assistant or other designee |
| 3) All SCCMHA staff will be emailed the newsletter and will have access to newsletters up to one year prior on the SCCMHA website. | NSPP Administrative Assistant or other designee |
| 4) All external parties will have access to the "SCCMHA Provider Newsletter" on the SCCMHA website. | |
| Distribution of the **"Network Services Provider Manual"** or provider manual updates to the following individuals: | |
| 1) All contracted SCCMHA service providers will have access to "Network Services Provider Manual" on the SCCMHA website as of 2020 and are responsible for the content with their initial contract or contract renewal. It is the responsibility of the contract signatory to assure all sites within the contract and the staff providing services are aware of the content within the "Network Services Provider Manual". | NSPP Administrative Assistant or other designee<br><br>NSPP Contracts Management Unit |
| 2) The "Network Services Provider Manual" can be accessed by SCCMHA staff through the SCCMHA website. | Provider Contract Signee |
| | NSPP Administrative Assistant |

| | |
|---|---|
| 3) Provider will be updated regularly, minimally every 6 months, and up to quarterly updates will be posted on the SCCMHA website. | |
| Distribution of the **"SCCMHA Service Provider Network Directory"**. This document is printed on yellow paper and is a complete list of all current SCCMHA service providers by service category.<br>1) All internal and external case managers/support coordinators receive a hard copy of this directory whenever updated.<br>2) Hard copies of this directory are distributed to the following SCCMHA departments/groups whenever it is revised: Network Services and Public Policy, Management Team, Finance, Access and Customer Services & Recipient Rights.<br>3) A copy of this Directory is also published on the SCCMHA Website. | Contract Management Assistant |
| Distribution of the **"SCCMHA Residential Home Manager Resource Manual"** will be accessible to the following individuals via the SCCMHA Website and SCCMHA issued flash drive.<br>1) Home Managers from SCCMHA contracted residential providers who attend Home Manager training at SCCMHA.<br>2) SCCMHA Provider Network Auditors<br>3) Other appropriate SCCMHA staff as determined by the Director of Network Services and Public Policy & Continuing Education | NSPP Continuing Education Supervisor |
| An electronic copy of the **"SCCMHA Training Protocols Manual"** will be available on G: drive in the Network Services & Public Policy folder to the following individuals.<br>1) Network Services and Public Policy staff<br>2) SCCMHA Leadership Team<br>Hard copies of individual sections will be sent electronically to any SCCMHA network provider upon request. | NSPP Continuing Education Unit |
| When available in Sentri II, distribution of Network Services and Public Policy, Continuing Education unit **required training reports** will be sent to the | NSPP Continuing Education Unit |

| | |
|---|---|
| following individuals every January, April, July and October. Please see NSPP procedure 09.04.02.02 for specific detail.<br>1) All SCCMHA Contracted Service Providers All SCCMHA supervisors and directors. | |
| Licensed AFC/Residential, Community Living Supports (CLS), Respite, Crisis Residential, Self Determination through the Fiscal Intermediary, and Skill Building Providers:<br>1) Required training reports will be sent monthly. | NSPP Continuing Education Unit |
| Distribution of Network Services and Public Policy, Continuing Education unit **Training Calendars** will be published monthly and distributed/posted no less than two weeks before the start of the training cycle. | NSPP Continuing Education Unit |
| Distribution of Network Services and Public Policy, Continuing Education unit **Training Calendars and Professional Training Announcements** will be as follows.<br>1) Training calendars will be published on the SCCMHA intranet under Continuing Education then Training Education and Forms section.<br>2) Training calendars will be emailed to all providers to the address listed in the Provider Management section in Sentri II or other identified contacts provided to SCCMHA Continuing Education Unit. In addition, a training calendar will be emailed to the Community Ties South and Community Ties North Supervisors, Self Determination Coordinators, Transportation Supervisor and Human Resources.<br>3) A Professional Training Announcement and a "Monthly Professional Training Opportunities" will be broadcast by email in the SCCMHA listserve to all clinical teams for the SCCMHA network as well as Clinical Supervisors and members of the Service Management Team. | NSPP Continuing Education Unit |

| Network Services & Public Policy Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Consumer Access to Network Service Provider Information | **Chapter**: 09 - Department Procedures | **Subject No**: 09.04.03.06 |
| **Network Services & Public Policy** | | |
| **Effective Date**:<br>1/1/06 | **Date of Review/Revision**:<br>6/12/12, 6/3/14, 5/6/16, 6/1/17, 6/13/18, 3/1/19, 2/4/22, 6/6/23<br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Jennifer Keilitz<br><br>**Reviewed By**:<br>Tim Ninemire |

**Purpose:**
MDHHS contractual requirements of PIHPs, including federal external quality review standards, indicate the need for a written procedure on how SCCMHA as a CMHSP with delegated responsibilities will provide consumer access to provider information.

**Policy:**
SCCMHA consumers of services and supports from the provider network have a right to have access to provider performance and contact information.

**Application:**
This procedure applies to all SCCMHA Network Service Providers, contractual and SCCMHA operated programs.

**Standards:**
A. SCCMHA routinely publishes provider performance information through the issuance of provider audit score summaries in newsletters and other public reports.
B. SCCMHA maintains a provider network data base through the Network Services & Public Policy Department. This data base includes the contact information, languages spoken, and whether or not they are accepting new referrals.
C. SCCMHA publishes routine provider directories made available to the public.
D. The Customer Services Department of SCCMHA is the contact location for consumers seeking service provider related information.

E. SCCMHA will provide new consumers of services with contact information for the provider network upon admission to SCCMHA services.
F. SCCMHA will make specific provider performance available on the SCCMHA Website.
G. SCCMHA updates provider information through an annual provider application process.
H. SCCMHA will issue annual surveys to network providers on limited English resources within the network.

**Definitions:**
None

**References:**
SCCMHA Network Management & Development Policy
SCCMHA Customer Service Policy
MDHHS PIHP and CMHSP contract requirements

**Exhibits**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Publishes provider information and maintains provider data base information. Updates provider application and Limited English information annually. Provides specific provider data or information to consumers through Customer Service when requested or indicated. Updates SCCMHA Provider information routinely with Mid-State Health Network PIHP for regional consumer access. | Network Services & Public Policy Department |
| Assist consumers to access provider network information upon admission to SCCMHA services and upon their request. Includes provider information access notice in consumer publications. Receives quarterly reports on provider data by service type. | Customer Service Department |

<table>
<tr><th colspan="3">Network Services & Public Policy Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Residential Provider Watch Program</td><td>Chapter: 09 - Department Procedures</td><td>Subject No: 09.04.03.07</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/26/06</td><td>Date of Review/Revision:<br>6/3/09, 7/15/10, 6/11/12, 6/2/14, 8/1/15, 1/4/16, 4/7/16, 6/13/17, 6/13/18, 3/1/19, 6/28/21, 9/20/22, 6/1/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>Melynda Schaefer & Ashley Volz</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To ensure the safety and well being of consumers who reside in licensed residential settings.

**Policy:**
SCCMHA desires to institute a preventative watch status program for residential provider settings so that higher risk situations will rise to appropriate levels of proactive system monitoring and decision-making.

**Application:**
This procedure applies to all licensed residential and CLS provider programs under contract with SCCMHA and residential providers not under contract with SCCMHA.

**Standards:**
A. It is the responsibility of three departments of SCCMHA to provide coordinated oversight in residential settings: Network Services & Public Policy through the Contract Management, Continuing Education and Auditing Units, Clinical Services & Programs through Supports Coordination and Case Management Services; and the Office of Recipient Rights.
B. It is the belief of SCCMHA that a watch program based on early identification of key risk factors may prevent more serious provider noncompliance as well as reduce any compromise in the well being of consumers who are placed in residential settings.
C. SCCMHA intends to provide systematic support to providers and consumers associated with residential settings with emphasis on settings under contract with SCCMHA.

D. A provider may be identified as observed or noted by any SCCMHA program staff or other providers based on any of the following areas of risk:

1. SCCMHA Ended Contract /Home Closing- Such as home closing due to poor performance or provider ending contract due to poor performance. The concerns are staff exiting and no staff to supervise consumers. This situation will require a high priority until all consumers are moved.
2. Home Cleanliness and/or Safety – such as disrepair or non-hygienic or cluttered environmental conditions
3. Consumer/Staff Interactions – such as any disrespect (verbal or non-verbal) or lack of choices or seeking consumer input.
4. Individual Plan of Service (IPOS) Adherence – such as lack of individualized focus or follow-through with each consumer's plan
5. Consumer Medical & Physical Health – such as lack of attendance to consumer medical appointments or appropriate response to physical health maintenance or concerns
6. Nutrition – limited food or poor menu plans
7. Medication - Lack of consistent compliance to proper documentation of medication errors in the form of written incident reports or serious violation of medication policies and procedures
8. Consumer Hygiene – such as inappropriate clothing or personal cleanliness
9. Consumer Funds – such as potential misuse due to poor recordkeeping or reported suspicious practices.
10. Response to SCCMHA – such as provider not responding timely to audit, recipient rights, clinical staff or administrative communications
11. Business Practices – such as staff not being paid or risk of business disruption
12. Provider Practices – such as not adhering to policies, poor business practices, mishandling of home funds
13. Main provider for the home is not in the home, due to extended illness, removal, etc. This includes the home manager.
14. Staffing Level or Coverage – such as insufficient staff or scheduling/coverage
15. Change in Home Manager or new management – new management or new home manager assigned to the home can cause some changes in consumer acceptance and changes in the overall atmosphere of the home. New management may need an additional level of support and training to keep the facility running smoothly.
16. Significant staff turn over- can change the atmosphere at the home. Some staff that consumers liked may no longer be working with the consumers and know how to interpret nonverbal cues by consumers.
17. Other – other risk factors including those that may be provider specific

**Definitions:**

Specialized Licensed Residential Providers/Contractors are those that hold an Adult Foster Care License with the State of Michigan and are currently serving individuals who are consumers of SCCMHA services as part of a Specialized Residential Contract.

CLS Providers: are those Providers/Contractors that hold a contract with SCCMHA to provide services to consumers in the consumer's own home or apartment and also provide the community living supports (CLS) support staffing.

Licensed Residential Providers: are those providers that do not have a Specialized Licensed Residential Contract with SCCMHA but do provide room and board services and may provide low level supports in the areas of personal care and community living that do not require additional staffing to perform those supports.

**References:**
None

**Exhibits:**
Exhibit A - SCCMHA Residential Provider Watch Checklist. (This checklist is a sample and may be changed based on specific areas of concern for the provider being watched.)

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. A bi-monthly Residential Watch Committee is convened with membership from various areas to get input on various aspects and various views of situations that arise. | 1. Members consist of Residential Coordinator and Provider Network Auditor (chair), Provider Network Auditing Supervisor, Chief of Network Business Operations, Continuing Education Supervisor or designee, Representative from Case Management and/or Supports Coordination Programs, Director of Network Services, Public Policy & Continuing Education, OBRA/PASARR and Enhanced Health Services or designee, Executive Director of Clinical Services and Programs or designee(s), and Quality Projects and Reporting Specialist or other quality program representative, and Director of Office of Recipient Rights or designee. |
| 2. Provider risk factor(s) is(are) noted and reported by any SCCMHA Member | 2. Case Management or Supports Coordination, Auditing Unit or Contract Management, Continuing Education, Office of Recipient Rights staff, and/or Contract Provider. |
| 3. Risk information is reviewed, and decision is made regarding seriousness of the risk conditions, with an appropriate consumer monitoring and provider watch plan determined including review date(s). | 3. Executive Director of Clinical Services & Programs and Director of Network Services, Public Policy & Continuing Education, OBRA/PASARR and Enhanced Health Services. |

| | |
|---|---|
| a. Low Priority will mean a monthly monitoring with some focus areas and a report back to committee.<br>b. Medium Priority frequency of monitoring is more than monthly but less than weekly with Residential Watch form being filled out.<br>c. High Priority is weekly monitoring by Clinical, Rights, Contracts, and Auditing. | |
| 4. Provider will be informed of Monitoring depending on circumstances. | 4. Provider Network Auditing Supervisor, or Chief of Network Business Operations |
| 5. Monitoring program is implemented. | 5. Case Management/Supports Coordinator (or Supervisors), Provider Network Auditing Supervisor or Staff, Chief of Network Business Operations and/or Recipient Rights staff. |
| 6. If indicated, alternative consumer placement options are explored. Either as an immediate or possible option depending on circumstances. | 6. Executive Director of Clinical Services & Programs, Case Management/ Supports Coordination staff and supervisors and Chief of Network Business Operations. |
| 7. Provider Watch Plan is reviewed to determine outcomes and further action if necessary. | 7. Executive Director of Clinical Services & Programs and Director of Network Services, Public Policy & Continuing Education, OBRA/PASARR and Enhanced Health Services. |
| 8. Watch Committee will maintain a tracking system of historical tracking of information on providers. | 8. Residential Watch Committee Chair. |

Exhibit A




# SCCMHA
# RESIDENTIAL PROVIDER WATCH CHECKLIST

| | | | |
|---|---|---|---|
| Home Name: | Reason for Watch: | | |
| Address: | | | |
| Date of Monitoring: | Time of Monitoring: | | |
| List all Staff Present: | | | |
| Name of Licensee/Corp: | | | |
| Number of Residents in the home at the home during your visit: | | | |
| Number of Residents in Wheelchairs present: | | | |
| **1)** Did you ask the residents what food they had for the last meal (list specifically under comments)? | | Y | N |
| **2)** Is the menu posted? | | Y | N |
| **3)** If the menu is posted, did it match the account of what they ate? | | Y | N |
| **4)** If the typed menu does not match what residents said they ate, was there a handwritten substitution? | | Y | N |
| **5)** Do the groceries in the house match the menu posted for the next two days? | | Y | N |
| **6)** Is there milk purchased from a store (not powdered milk)? | | Y | N |
| **7)** Was there more than one staff working (make sure to list the names of the staff present above)? | | Y | N |
| **8)** Are there fresh fruits available for residents | | Y | N |
| **9)** Are there fresh vegetables available for the residents? | | Y | N |
| **10)** Are there Sheets and Mattress Pads on the Beds? | | Y | N |
| **11)** Are there Blankets on the beds? | | Y | N |
| **12)** Is there Soap and Towels available in the Bathrooms? | | Y | N |
| **13)** Are there health and safety hazards that put consumers at risk? Please note below | | Y | N |
| **14)** Are Medications prescribed by physician being given? | | Y | N |
| **15)** Are the Medication cupboards locked? | | Y | N |
| **16)** If the monitoring took place after 8:00 p.m., were residents already in bed (list the number of residents in bed during the monitoring in the comments section)? | Y | N | NA |
| **17)** Are the Resident Fund sheets accurate and up to date? | | Y | N |
| **18)** Is there a communication book for staff available? | | Y | N |
| **19)** If yes, is the communication book up to date? | | Y | N |
| **20)** Upon review of the communication book, were there incidents that should have been documented in an Incident Report? | | Y | N |
| **21)** If yes, is there a copy of the Incident Report on file in the home? | | Y | N |
| **22)** | | | |

**COMMENTS/OBSERVATIONS:**

| |
|---|
| |
| |

SCCMHA Staff: _____ Dated: _____

This form should be forwarded to Auditing Supervisor in Network Services no later than _____.

<table>
<tr><th colspan="3">Network Services and Public Policy Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Movement of Consumers to Residential Settings</td><td>Chapter: 09 – Department Procedures</td><td>Subject No: 09.04.03.10</td></tr>
<tr><td colspan="3">Network Services and Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>7/1/07</td><td>Date of Review/Revision:<br>6/13/17, 6/28/07, 3/1/19, 2/17/22, 6/6/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy, and Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>Ashley Volz, Melynda Schaefer</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To provide guidance to Case Managers, Support Coordinators and residential service providers when moving consumers to various residential settings.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to ensure that there is a smooth transition for consumers and other parties involved when a move is made to a residential setting.

**Application:**
SCCMHA Provider Network Supports Coordinators & Case Managers, Residential Providers in the SCCMHA Provider Network.

**Standards:**
To ensure least restrictive setting for all consumers and to assist with possible options, when seeking specialized residential services, it is important to reach out to the residential placement referrals distribution list inside Sentri II. The Residential placement liaison will review the request, ask for any additional information and then reach out to the residential placement committee for suggestions or approval for residential placement. This committee keeps track of openings and tracks any referrals already made to the committee to avoid disappointment by the consumer or others close to the consumer when a placement has already been promised to another consumer. Keep in mind that moving is a significant change in anyone's life. Moves are very stressful and can be disconcerting to anyone. The best way to cope with a move is to

make the transition slowly. Whenever possible, consumer, guardian, and family should visit potential placement options. Consumer should consider things important to him/her and ask about those things at each place. Consumers, families, guardians, or others natural supports assisting the consumer may want to utilize the checklist in the residential directory as a guide when considering what is important to the consumer in a residential placement.

If consumer has to move in an emergency situation it is always helpful for the consumer to have a familiar face at the new place on the date of placement, especially upon arrival to the new place. This person should be the case manager or support coordinator. There will be paperwork that needs to be filled out by the Case Manager or Support Coordinator if the person is moving to an Adult Foster Care setting.

When moving to a more restrictive or lesser restrictive setting, the consumer assessment and individual plan of service (IPOS) will need to be updated prior to the move and the IPOS will need to be in-serviced to the staff that will be implementing the IPOS.

**Definitions:**
Emergency Move- A move requiring a consumer to move from a setting due to poor living conditions, end of contract, loss of license, consumer danger to others in the facility, movement to less restrictive setting.
Case Holder- The primary worker assigned to the consumer in the Sentri II system. This person can be a therapist, case manager, supports coordinator, wraparound facilitator, or home-based therapist.

**References:**
Saginaw County Community Licensed Residential Provider Directory located on SCCMHA Website.
SCCMHA Residential Vacancy List (This list includes Specialized Residential and general AFC vacancies.)
SCCMHA Policy 03.02.07- Residential Services

**Exhibits:**
Exhibit A - Checklist for Moving Consumers into Licensed Residential Settings

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Consumer or Guardian wants a move from one facility to another.** | |
| 1. Case holder will reach out to the residential placement committee inside Sentri II and give some information about the consumer:<br>• Current living arrangement and what is not working, including unmet needs in current living arrangement. | 1. Case Holder |

| | |
|---|---|
| • List services and supports (including behavioral interventions) that were tried but did not adequately address the need(s).<br>• Recommendations from latest interdisciplinary team meeting or Clinical Risk committee<br>• Consumer and/or guardian input, including guardianship status.<br>• Is consumer on a court order?<br>• List previous AFC settings consumer has resided.<br>• Current medical concerns and date of last PCP appointment. | |
| 2. Residential Placement chairperson will gather any additional information from consumer chart and make any recommendations based on further review of previous placements, and information gleaned from the consumer chart. | 2. Residential Placement Committee Chairperson |
| 3. Residential Placement Committee asks any additional questions and makes recommendations for potential move of the consumer. Based on search AFC vacancy list updated weekly by Network Services and Public Policy. The list is located on the SCCMHA website for reference by the committee. | 3. Residential Placement Committee |
| 4. Visit potential settings to ensure consumer will like the setting. | 4. Consumer, Guardian, Family, Case Holder |
| 5. Provide 30-day notice to current provider. | 5. Consumer, Guardian, Family, Case Holder |
| 6. Follow "Checklist for Moving Consumers into Licensed Residential Settings" attached to this procedure. | 6. Case Holder |
| 7. The following should have an action plan to assure a smooth move:<br>a. Transportation of the consumer from one facility to the new facility.<br>b. How Medications will be transitioned to the new home. (Please note medications should follow the consumer as his/her | 7. Consumer/Guardian/Case Holder and Provider |

| | |
|---|---|
| insurance has paid for the medications.)<br>c. Transfer of consumer's personal belongings, personal funds, and SSI room and board will be transitioned to the new facility (room and board may be prorated).<br>d. Review special adaptive equipment or any special accommodations for the consumer that will be needed to accommodate consumer's current needs. Case Holder to set up any in-services that are needed prior to the consumer's move.<br>e. Sign AFC Assessment Paperwork<br>f. Assure rental agreement is signed by consumer/guardian. | |
| **30-day written notice of discharge given by Consumer/ Provider.** | |
| 8. Follow steps 1, 2, 4, 5, 6, and 7 above. | 8. Case Holder, Consumer, Guardian, Provider |
| **Emergency Movement of a consumer due to Contract Revocation:** | |
| 9. Follow steps 1, 4, and 5 above.<br><br>Because this will already be a stressful move, the Case Holder needs to be involved in the movement of the consumer as much as possible. At minimum the Case Holder needs to be present at the place the consumer will be moving, so the consumer has a familiar face at the location especially if the consumer will be dropped off after attending a day program or clubhouse setting. | 9. Case Holder, Consumer, Guardian, Provider |
| The Case Holder should be at the new facility to assist with any problems with missing items such as medications or consumer belongings, and to ensure the new staff is set up to be in-serviced on any special adaptive equipment for the consumer if necessary. | Case Holder, Consumer, Guardian, Provider |
| **Emergency Move of consumer due to licensing Revocation:** | |

| | |
|---|---|
| Follow steps 1, 4, 6, and 7 above. | Case Holder, Consumer, Guardian, Provider |
| **Move with advanced notice:** | |
| Follow steps 1, 2, 3, 4, 5, 6, and 7 above. | Case Holder, Guardian, Provider |
| **Movement of consumer into Community Living Supports:** | |
| Movement of consumers into community living supports requires some additional considerations. | |
| Follow steps 1-7 above:<br>a. Make sure consumer or guardian signs a rental agreement with the provider.<br>b. Utilities need to be in the consumer's name.<br>c. Mail needs to be switched over.<br>d. Secure furnishings and kitchen ware for consumer if provider does not provide these items.<br>e. Do Independent Living Checklist with consumer to ascertain what the consumer needs will be in the independent setting.<br>f. Secure any supports needed by consumer based on the Independent Living Checklist. | Case Holder, Consumer, Guardian, Provider |

Exhibit A

# Checklist for moving consumers into Licensed Residential Facilities

**It is the philosophy of SCCMHA to encourage consumers to reside in the least restrictive and most supportive setting** AFC placement is the most restrictive type of setting offered and should be a last resort after considering or attempting other options such as CLS support for independent living and SIP.

The following checklist is to assist in assuring that the necessary steps are completed for placement into an AFC Home, Specialized or General. **Prior to any move, the Case Worker should consult with their Supervisor.**

**PRIOR TO MOVE-IN, the Case Worker should:**

- ☐ Obtain approval for the move from individual with authority to approve the move (consumer, guardian, court order, Supervisor, etc.) NOTE: Any out-of-county moves require the approval of the Director of Clinical Services.
- ☐ Determine level of staffing needed by the consumer and review potential placements based on that staffing level.
- ☐ Review list(s) of potential homes, contacting home and discussing needs regarding placement. You cannot provide specific or identifiable information to the home at this point.
- ☐ Determine appropriateness of placement including, if needed, touring home, reviewing Incident Reports regarding home, other potential concerns with home
- ☐ Obtain signed *Release of Information* to provide information, and discuss consumer needs with the potential home. These documents should be pertinent to the placement and must include:
  - ☐ Person-Centered Plan (PCP)
  - ☐ Annual Assessment
  - ☐ Other documents that would be a factor in determining placement.
- ☐ Discusses these placement factors with the home (the consumer and/or guardian if applicable)
  - ☐ Accommodations the consumer may require, including work, family, program.
  - ☐ Staffing and equipment needs for personal care and health and safety issues
  - ☐ Home rules and regulations
  - ☐ Additional charges the home assesses on the consumer for services (such as transportation, shopping for items, etc.)
  - ☐ If this is a Specialized Residential placement, determine if temporary intensive staffing will be required to assist with transition and request prior to consumer move-in.
  - ☐ Any restrictions for other consumers that might impact consumer. If so these items need to be discussed with the consumer and consumer/guardian acceptance of the restrictions via Life Choices Form.
- ☐ Discuss the placement with consumer/guardian.
- ☐ Have consumer and/or guardian tour the new home and met new provider and staff.
- ☐ Determine approval of move by home and consumer or guardian.
- ☐ Discuss with the home any special transitioning accommodations for the move such as: visits to the home to get comfortable with the environment, overnight stays prior to move, visits by staff to the previous setting.
- ☐ Set move-in date
- ☐ Notify current residence if required (may need 30-day notice if under contract with SCCMHA)
- ☐ If attending a work or day program or clubhouse, directly contact to notify of change of address and ridership. (Community Ties will also require a *Change of Ridership* form completed).
- ☐ Update Annual Assessment if significant changes such as needing more care, more restrictive environment, etc
- ☐ **If this is a new Specialized Residential Placement**:
  - ☐ Enter a Residential Budget in Sentri
  - ☐ Start the Person-Centered Planning process within seven (7) days of move-in:
- ☐ **If moving from one Specialized Residential setting to another**
  - ☐ Update the PCP using a Periodic Review. Include
  - ☐ Changes in needs
  - ☐ Requirements for the home to provide to the consumer
  - ☐ Terminate the Residential Budget for the previous home
  - ☐ Enter a Residential Budget for the new placement
- ☐ **If moving from more restrictive setting to a lesser restrictive setting,** start the Person-Centered Planning process within seven (7) days of move-in.
- ☐ Inform home of appointments, current pharmacy, physician.
- ☐ Request provider to prepare any forms Case Worker will need to sign. These are listed below.
- ☐ A form BCAL 3947 Physical/Health Care Appraisal-available from Michigan Department of Human Services (DHS)-is required within 90 days **prior** to move. If this is an emergency placement then the provider has 30 days after placement to get a Physical/Health Care Appraisal completed by the Primary Care Physician or Nurse. (Emergency placement is defined in the *DHS Licensing Rule Books*)
- ☐ Obtain documentation of a current TB test

# Checklist for moving consumers into Licensed Residential Facilities

**ON DATE OF MOVE: Case Worker:**

- ☐ Provide home with additional documents, including
  - ☐ Guardianship Papers (if applicable)
  - ☐ Medications dosages and times (copies of physician's orders are needed)
  - ☐ Medical information to new provider
  - ☐ PCP indicating home's responsibilities and services to provide
  - ☐ Crisis Plan
  - ☐ Personal Care/Community Living Supports information
- ☐ Provide home with the list of scheduled medical appointments. These appointments should include: eye, hearing, dental, neurology, psychiatrist, therapy and primary care physician etc. as they pertain.
- ☐ For ASAP (old MPS/Model Payments), end date the old placement and start the new placement.
- ☐ Assure consumer mail will be forwarded to new placement.
- ☐ Provide information for the home to complete the AFC assessment plan (BCAL 3265), and sign as the agency designee.
- ☐ Provide information for the home to complete the Resident Care Agreement (BCAL 3266) with guardian or consumer.
- ☐ Send DHS 3471 to:
  1. Social Security Administration
     611 East Genesee
     Saginaw, MI 48607
  2. Guardianship Services (if consumer Guardian) fax to 755-3104
  3. Michigan Department of Human Services
     P.O. Box 5070
     411 E. Genesee, Saginaw, MI 48605

Review with home the items and frequency that the Case Worker will be monitoring the home using the **Licensed Residential Setting Checklist & Worksheet** and other areas including:

- ☐ Checking for health and safety concerns
- ☐ Reviewing the physical condition of the home
- ☐ Asking consumer about meals
- ☐ Checking menu items to see if it matches posted menu
  - ☐ Checking availability, expiration, status, freshness, of groceries (two days menu)
  - ☐ Checking consumers access to fresh fruits/vegetables and snacks
  - ☐ Checking Medication Logs for accuracy: new medications started, Rx matches from last doctor appointment, allergy information present, signatures current,
  - ☐ Observing the security of medication storage, dispensing of medications (including preparation, safety and documentation).
  - ☐ Reviewing Resident Fund Sheets to match current money consumer has with items on fund sheet and reviewing receipts, how funds are dispersed to consumer, and if consumer verifies getting funds.
  - ☐ Checking additional costs or charges to consumer. Home is not allowed to charge for meals that are part of Room and Board (i.e. breakfast, lunch, dinner), certain transportation or shopping, basic personal care items, toothpaste, toilet tissue, deodorant, laundry detergent, etc.
- ☐ Reviewing communication logs including assuring incident reports written as necessary
- ☐ Reviewing progress notes
  - ☐ Checking incident reports that were written.
- ☐ Reviewing with home trends that indicate a need to change PCP
- ☐ Reviewing recurrent behavioral concerns including: possible causes for behaviors and need for referral for Behavior services.
- ☐ Reviewing other trends or new needs for equipment or other physical environment modifications
- ☐ Reviewing results of any recent medical appointments for concerns or changes in consumer medical condition that might require change in PCP.
- ☐ Reviewing for any Enhanced Health Issues
- ☐ Initialing & dating reviewed reports

**ON DATE OF MOVE: Home**

- ☐ Must have Physical/Health Care Appraisal (BCAL 3947) completed no more than 90 days prior to move.
- ☐ Make sure copies of Person Centered Plan, Adequate Action Notice, Consent forms, Crisis Plan, Guardianship Papers, Personal Care/Community Living Supports information
- ☐ Complete the Resident Care Agreement and AFC Assessment Plan is complete.
- ☐ Complete the Resident ID Record (BCAL 3483) which is required by FIA/licensing regulations.
- ☐ Review Recipient Rights and House Rules with consumer.
- ☐ Start and sign Resident Funds Part I and Part II (BCAL 2318 & BCAL 2319)
- ☐ Create Weight Record form (BCAL 3485)
- ☐ If applicable, create Seizure Log

| Network Services & Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Consumer Leadership Roles | **Chapter**: 09 - Department Procedures | **Subject No**: 09.04.03.11 |
| **Network Services & Public Policy** | | |
| **Effective Date**:<br>August 1, 2010 | **Date of Review/Revision**:<br>6/13/17, 3/1/19, 2/4/22, 6/6/23<br><br>**Supersedes**: | **Approved By**:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>**Authored By**:<br>Jennifer Keilitz<br><br>**Reviewed By**:<br>Tim Ninemire |

**Purpose:**
The purpose of this procedure is to 1) define consumer leadership roles and opportunities, 2) establish this expectation throughout the service delivery network, 3) clarify the method of performance measurement, and 4) promote the continual expansion of meaningful opportunities for consumer leadership roles and experiences.

**Policy:**
As part of the goal to acquire true community membership for persons with disabilities and partnership with key stakeholders, SCCMHA network of provider programs and service sites are expected to define, develop, and encourage regular consumer leadership roles within their organizations and operations.

**Application:**
This procedure applies to all SCCMHA services programs and sites including purchased, contracted services in the provider network. This procedure does not apply to individual contractors of SCCMHA.

**Standards:**
A. Consumer leadership roles may include primary and secondary consumers.
B. All providers who operate program sites are expected to make leadership opportunities available to primary and/or secondary consumers at the program level.
C. Leadership roles may be unpaid/voluntary time or may or may not include a specific stipend for time spent involved in the leadership opportunity, especially if others are paid for such roles, however, these are <u>not</u> employment roles.

D. Roles may be a regular, ongoing involvement, or they may be an annual or ad hoc opportunity, and may vary from several or numerous hours per year.
E. Examples of consumer roles are not limited to, but could include: 1) serving on an advisory or governing board or committee of the organization or program; 2) participation in program quality reviews or quality improvement projects; 3) involvement in the interviewing of job candidates for staff positions; 4) facilitating or assisting to facilitate regular resident home meetings; or 5) family member or alumni resident involvement in operations, such as facilitating an activity of interest for the site; 6) consultation or participation in a specific project or problem-solving activity of the program site.
F. Consumer participation in satisfaction surveys or individual or panel interviews relative to their individual service experience, including through external audits (SCCMHA, MDHHS or other surveyors) is not included in this definition or process.
G. Consumer leadership involvement should be reflective of the diversity and populations of the service program or site.
H. Programs will integrate primary and secondary consumer leadership feedback in quality improvement plans and processes.
I. The volume of opportunities should be reflective of the size of the program; for example, larger programs or organizations should have more than one role available to primary or secondary consumers for meaningful involvement.
J. While direct operated programs of SCCMHA are under the organizational operation of SCCMHA, they are encouraged to develop program specific leadership or advisory roles.
K. SCCMHA will seek to collect data and review performance of provider programs in keeping with this expectation of providers.

**Definitions:**
Primary Consumer: An individual who is a current or past direct recipient of SCCMHA services and supports.
Secondary Consumer: An individual who is a family member or guardian of a primary consumer.
Ad Hoc: Roles that may be short-term or time limited and deal with a specific purpose, subject, project or goal/outcome.

**References:**
SCCMHA Policy: Consumer Involvement & Leadership Opportunities
SCCMHA Procedure: Primary and Secondary Consumer Committee Member Stipend Payment
MDCH Application for Renewal & Recommitment 2009

**Exhibits**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Establish policy and procedure. | Director of Network Services, Public Policy & Continuing Education and Director of Customer Services/Recipient Rights Office |
| Communicate expectations to providers. | Director of Network Services, Public Policy & Continuing Education and Supervisor of Provider Network Auditing |
| Collect data and measure provider performance through audits. | Provider Network Auditors |

<table>
<tr><td colspan="3">Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Protocol for Secondary Provider Assistance</td><td>Chapter: 09 - Department Procedures Network Service and Public Policy</td><td>Subject No: 09.04.03.13</td></tr>
<tr><td colspan="3">Network Services and Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>6/2/14</td><td>Date of Review/Revision:<br>6/13/17, 5/4/16, 6/13/18, 3/1/19, 5/28/21, 2/4/22, 6/6/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>None</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
The purpose of this procedure is to establish the protocol and steps required for secondary providers to obtain resolution for consumer needs. Often secondary providers find that it is difficult to make changes with consumer care and care plans because secondary providers do not generate these documents as part of the services they provide. Secondary providers need a process to assure care needs are addressed and changed as the needs of consumers change. The purpose of this procedure is to give secondary providers a method to resolve issues that arise during the course of providing care to consumers and to decrease the risk to providers for not following a consumer care plan or providing services the secondary provider is ill equipped to provide to consumers.

**Policy:**
Saginaw County Community Mental Health Authority (SCCMHA) and Network Providers strive to provide the best possible services to consumers. To assure all consumers are receiving services and supports as needed and to provide tools and supports to secondary providers to provide those services and supports. As an agency we realize that certain providers of services have regular contact with consumers and may know the needs and strengths of consumers better than the case holders. Though every effort is made to have these persons involved in the planning process sometimes it is not possible and therefore consumer plans may not be as accurate about consumer's strengths and needs as the plans could be. We also understand that consumer needs change over time and sometimes more rapidly than anticipated during the planning process. Because of these circumstances consumer plans may need to be changed or amended to accurately

reflect the consumer needs and what services and supports are necessary for secondary providers to perform their duties as noted in the individual plan of service (IPOS).

**Application:**
All SCCMHA Network Providers including board operated providers.

**Standards:**

1. When a secondary provider identifies a need for a plan update or needed equipment, the secondary provider should notify the case holder for the consumer as soon as the need is identified.

2. All concerns regarding consumers should be directed to the individual consumer case holder.

3. When resolution cannot be obtained after two (2) contacts to the individual consumer case holder then the supervisor of the case holder will be contacted. Secondary providers are encouraged to use Sentri II messaging to communicate consumer's needs. This keeps track of communication and is compliant with HIPAA regulations. Provider is also encouraged to email the case holder indicating a message is in Sentri II, which gives the case holder an alert about the message.

4. When resolution cannot be obtained after two (2) contacts to the supervisor then a contact to the director of the program will be made. The director of the program will ask for details of contacts previously made. Directors for each program can be located on the staff page of the SCCMHA website under Network Services/ Provider Manual & Directories/Primary Provider Directory Provider Manual & Directories : Saginaw County Community Mental Health Authority (sccmha.org).

5. In circumstances where the consumer safety is at risk the provider may need to make the contacts sooner to the supervisor and director in order to assure consumer safety.

6. Circumstances where this procedure might apply:
    a. Consumer IPOS does not match the current services the consumer needs.
    b. Consumer IPOS does not include information that is critical to the care of the consumer.
    c. Details in the consumer IPOS do not give a clear picture of the services and supports the secondary provider should provide.
    d. Consumer has progressed and no longer requires the services noted in the IPOS.
    e. Consumer needs an assistive device to increase or maintain independence or promote safety.
    f. Provider requires paperwork to be completed to be able to complete his or her job as a provider of services.

*** Please note that if a provider needs assistance with a consumer authorization for services the procedure for authorizations should be followed. See SCCMHA Procedure 09.03.01.01 Request for Authorization Review.

**Definitions:**
**Case Holder:** The assigned worker to a consumer as identified in Sentri 2. Includes case managers, support coordinators, home based therapists, therapists, wraparound facilitators in the Provider Network including staff employed with Board Operated services.

**Secondary Provider**: External contracted provider or internal provider who does not manage the consumer case and is not identified in the Sentri II system as the case holder for the consumer (i.e. AFC homes, those providing respite or community living supports (CLS), health services providers, ABA providers, etc.)

**References:**
09.03.01.01 Request for Authorization Review
09.03.01.05 Courtesy Authorization Initiation

**Exhibits:**
Exhibit A - SCCMHA Primary Provider Contact Information

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Secondary Provider identifies a need for a change in consumer IPOS or some other need for a consumer. These could include the following:<br><br>a. Consumer IPOS does not match the current services the consumer needs.<br>b. Consumer IPOS does not include information that is critical to the care of the consumer.<br>c. Details in the consumer IPOS do not give a clear picture of the services and supports the secondary provider should provide.<br>d. Consumer has progressed and no longer requires the services noted in the IPOS.<br>e. Consumer needs an assistive device to increase or maintain independence or promote safety.<br>f. Provider requires paperwork to be completed to be able to complete his or her job as a provider of services. | 1. Secondary Provider |

| | |
|---|---|
| 2. Secondary Provider contacts case holder to discuss the needs and requests a timeline as to when a resolution could be expected. Typical time is two weeks. Secondary provider is encouraged to use Sentri II messages to communicate consumer's needs. This keeps track of the communication and is compliant with HIPAA regulations. | 2. Secondary Provider and Case Holder |
| 3. **If the matter is a consumer safety issue the provider may need to contact the case holder more frequently and work through the steps faster in order to assure consumer safety. | 3. Secondary Provider |
| 4. Secondary Provider gives case holder reasonable amount of time to address or waits the expected timeline and completes an additional telephone call and requests a timeline as to when the resolution could be expected. | 4. Secondary Provider and Case Holder |
| 5. If the request still is not resolved after second attempt the secondary provider contacts the case holder supervisor to discuss the issue and requests a timeline for expected resolution. | 5. Secondary Provider and Case Holder Supervisor |
| 6. Secondary Provider gives supervisor a reasonable amount of time to address or waits the expected timeline and completes an additional telephone call and requests a timeline as to when the resolution could be expected. Typically, is two weeks unless additional time is agreed upon due to waiting for processing or authorizations, etc. | 6. Secondary Provider and Case Holder Supervisor |
| 7. Secondary Provider keeps track of these contacts dates times and conversations. | 7. Secondary Provider |
| 8. If still no resolution, then secondary provider is to contact the Director of the program. The Director will ask for dates and times of the contacts. | 8. Secondary Provider and Director of the program |

Exhibit A

# SCCMHA Primary Provider Directory

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**Kristie Wolbert, SCCMHA Executive Director of Clinical Services**
Email: Kristie.Wolbert@sccmha.org
Phone: (989) 797-3528

**Allison Kalmes-Hadd, Administrative Assistant**
Email: Allison.Kalmes-Hadd@sccmha.org
Phone: (989) 797-3503

**John Burages, SCCMHA Director of Services for Persons with Mental Illness**
Email: John.Burages@sccmha.org
Phone: (989) 272-7360

**SCCMHA Community Support Services**
Team #1: Sara Anani, Supervisor
Email: Sara.Anani@sccmha.org
500 Hancock Street
Saginaw, MI 48602
Phone: (989) 797-3459
Fax: (989) 272-0285
Service Provided: Adult case management, peer support, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English Only

**SCCMHA Community Support Services**
Team #2: Steve Gonzales, Supervisor
Email: Natibidad.Gonzales@sccmha.org
500 Hancock Street
Saginaw, MI 48602
Phone: (989) 797-3414
Fax: (989) 272-0285
Service Provided: Adult case management, peer support, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English & Spanish

**Charlotte Fondren, SCCMHA Director of Services for Persons with IDD**
Email: Charlotte.Fondren@sccmha.org
Phone: (989) 797-3535

**SCCMHA Support Coordination Services**
Team #1: Kelley Feltman, Supervisor
Email: Kelley.Feltman@sccmha.org
1040 N. Towerline Rd.
Saginaw, MI 48601
Phone: (989) 797-3530
Fax: (989) 754-7829
Service Provided: Supports coordination, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English Only

**SCCMHA Support Coordination Services**
Team #2: Aisleen Morr, Supervisor
Email: Aisleen.Morr@sccmha.org
1040 N. Towerline Rd
Saginaw, MI 48601
Phone: (989) 797-3438
Fax: (989) 754-7829
Service Provided: Supports coordination, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English Only

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

500 Hancock Street
Saginaw, MI 48602
Phone: 989.797.3400

***All Languages are available to all SCCMHA program sites through Interpretalk.**

SCCMHA Website:
www.sccmha.org
TTY: (989) 797-3460

**A belief in Potential**
**A right to Dream**
**An Opportunity to Achieve**

Updated 6/12/2023

**Erin Nostrandt, SCCMHA Director of Children's Services**
Email: Erin.Nostrandt@sccmha.org
Phone: (989) 272-0263 x1263

**SCCMHA Family Services Unit**
Team #1: Jennifer Stanuszek, Supervisor
Email: Jennifer.Stanuszek@sccmha.org
3875 Bay Rd., Suite 7N
Saginaw, MI 48603
Phone: (989) 797-3434
Fax: (989) 797-3523
Service Provided: Home-based services, children's crisis, psychiatry, therapy & parent support partner, PLL, PMTO, PTC
Referral Status: Accepting Referrals
Language Capabilities: English Only

**SCCMHA Family Services Unit**
Team #2: Vacant, Supervisor
Email:
3875 Bay Rd., Suite 7N
Saginaw, MI 48603
Phone: (989) 272-7010
Fax: (989) 797-3523
Service Provided: Home-based services, children's crisis, psychiatry, therapy & parent support partner, PLL, PMTO & PTC
Referral Status: Accepting Referrals

**SCCMHA Wraparound Program Services**
Team #1: Wardene Talley, Supervisor
Email: Wardene.Talley@sccmha.org
1040 North Towerline Rd
Saginaw, MI 48601
Phone: (989) 797-3562
Fax: (989) 754-7829
Service Provided: Facilitation and planning interventions, support/safety planning, community team & parent support partner
Referral Status: Accepting Referrals
Language Capabilities: English

**SCCMHA Wraparound Program Services**
Team #2: Hannah Rousseau, Supervisor
Email: Hannah.Rousseau@sccmha.org
1040 North Towerline Rd
Saginaw, MI 48601
Phone: (989) 797-3497
Fax: (989) 754-7829
Service Provided: Facilitation and planning interventions, support/safety planning, community team & parent support partner
Referral Status: Accepting Referrals
Language Capabilities: English

**SCCMHA Autism Program Services**
Team #1: Amanda Elliott, Supervisor
Email: Amanda.Elliott@sccmha.org
1040 North Towerline Rd
Saginaw, MI 48601
Phone: (989) 272-7381
Fax: (989) 272-0293
Service Provided: Supports coordination/applied behavior analysis for children ages 0-21 years
Referral Status: Accepting Referrals
Language Capabilities: English Only

**SCCMHA Transition Age Youth (TAY) Program Services**
Team #1: Hannah Rousseau, Supervisor
Email: Hannah.Rousseau@sccmha.org
1040 North Towerline Rd
Saginaw, MI 48601
Phone: (989) 797-3497
Fax: (989) 754-7829
Service Provided: Case management, peer support & therapy
Referral Status: Accepting Referrals
Language Capabilities: English and American Sign Language

**Jacqueline Kiss-Wilson, Director, Training & Treatment Innovations, Inc.**
Email: jkwilson@ttinc.org

**Site Supervisors**
Tanya Waple, CCO
Email: twaple@ttiinc.org
Phone: (248) 917-2619

**Training & Treatment Innovations**
Ashley Thornton-Conway, Adult Case Management Supervisor
Email: aconway@ttiinc.org
3665 Bay Rd.
Saginaw, MI 48603
Phone: (989) 799-6542
Fax: (989) 799-6681
Service Provided: Adult case management, peer support, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English Only

**Training & Treatment Innovations**
Jason Garlick, ACT Supervisor
Email: jgarlick@ttiinc.org
3665 Bay Rd.
Saginaw, MI 48603
Phone: (989) 717-7290
Fax: (989) 799-6867
Service Provided: Assertive community treatment
Referral Status: Accepting Referrals
Language Capabilities: English Only
Website: www.ttiinc.org

**Saginaw Psychological Services, Inc.**
Nathalie Menendes, CEO
Barbara Goss, COO
Email: bgoss@sagpsych.com
Phone: 989-799-2100 X 325

**Saginaw Psychological Services, Inc.**
Moregan Lamarr, CMH Therapy Supervisor
Email: mlamarr@sagpsych.com
2100 Hemmeter Rd.
Saginaw, MI 48603
Phone: (989) 799-2100 x 329
Service Provided: Peer Support, Therapy & Psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English, Spanish, French, German, American Sign Language
Website: www.sagpsych.com

**Saginaw Psychological Services, Inc.**
Tania Leachman, Adult Case Management Supervisor
Email: tleachman@sagpsych.com
Heather Usakowski, Adult Case Management Supervisor
Email: husakowski@sagpsych.com
2072 Hemmeter Rd.
Saginaw, MI 48603
Phone: (989) 401-7826
Fax: (989) 401-7830
Service Provided: Adult case management, peer support, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English, Spanish, French, German, American Sign Language
Website: www.sagpsych.com

**Saginaw Psychological Services, Inc.**
Destiny Reikowsky, Child Case Management Supervisor
Email: dreikowsky@sagpsych.com
2100 Hemmeter Rd.
Saginaw, MI 48603
Phone: (989) 799-2100
Fax: (989) 799-2637
Service Provided: Child case management, psychiatry, therapy & parent support partner
Referral Status: Accepting Referrals
Language Capabilities: English, Spanish, French, German, American Sign Language
Website: www.sagpsych.com

**Disability Network of Mid-Michigan**
Kelly Pelong, Director
Email: pelong@dnmm.org; Phone: (989) 835-2495 x207
1705 S. Saginaw Road
Midland, MI 48640

Shannon Soper, Independent Living Manager
Email: soper@dnmm.org
Phone: (989) 325-2996
1605 Concentric
Saginaw, MI 48604

**Disability Network of Mid-Michigan - CSM I/DD**
Kristi Siminski, CSM I/DD Supervisor
Email: siminski@dnmm.org
Phone: (989) 225-4407
1605 Concentric
Saginaw, MI 48604
Saginaw Office Fax: (989) 401-5057
Service Provided: CSM I/DD
Referral Status: Accepting Referrals
Language Capabilities: English Only
Website: www.dnmm.org

**Disability Network of Mid-Michigan - IF**
Kevin Griffith, Associate Director
Email: griffith@dnmm.org
1605 Concentric
Saginaw, MI 48604
Phone: (989) 835-4041 ext. 203
Referral Fax: (989) 835-8121
Service Provided: Independent facilitation
Referral Status: Accepting Referrals
Language Capabilities: English Only
Website: www.dnmm.org

**Westlund Guidance Clinic**
Yolanda Bellinger, Chief Clinical Officer
Email: Ybellinger@svrcindustries.com
Phone: (989) 793-4790 x216
919 Veterans Memorial Pkwy,
Saginaw, MI 48601

**Westlund Guidance Clinic**
Brianna Renno, Director
Email: brenno@svrcindustries.com
203 S. Washington Ave.
Saginaw, MI 48607
Phone: (989) 793-4790
Fax: (989) 793-1641
Service Provided: Children case management, therapy & psychiatry, applied behavior analysis & parent support partner
Referral Status: Accepting Referrals
Language Capabilities: English & Spanish
Website: www.westlundguidanceclinic.com

**Westlund Guidance Clinic**
Shana Filkins, Clinical Supervisor
Email: sfilkins@svrcindustries.com
203 S. Washington Ave.
Saginaw, MI 48607
Phone: (989) 297-5521
Fax: (989) 793-1641
Service Provided: Children case management, therapy & psychiatry, applied behavior analysis & parent support partner
Referral Status: Accepting Referrals
Language Capabilities: English & Spanish
Website: www.westlundguidanceclinic.com

**Hope Network**
Alena Clinkston, Clinical Director of Services
Email: Aclinkston@hopenetwork.org
Chris Luter, Supervisor
Email: cluter@hopenetwork.org
Beverly Glaza, Supervisor
Email: bglaza@hopenetwork.org
1320 N. Michigan Ave., Suite 5
Saginaw, MI 48602
Phone: (989) 401-9015
Fax: (989) 401-9018
Service Provided: Adult case management, therapy, peer support & psychiatry
Referral Status: Accepting Referral
Language Capabilities: English Only
Website: www.hopenetwork.org

**Hope Network - CSM I/DD**
Alena Clinkston, CSM I/DD Supervisor
Email: Aclinkston@hopenetwork.org
1320 N. Michigan Ave., Suite 5
Saginaw, MI 48602
Phone: (989) 401-9015
Fax: (989) 401-9018
Service Provided: CSM I/DD, therapy, peer support & psychiatry
Referral Status: Accepting Referral
Language Capabilities: English Only
Website: www.hopenetwork.org

**Case Management of Michigan**

Carri Timmons, Executive Director
Email: carri@cmmi.biz
5340 Holiday Terrace STE 9
Kalamazoo, MI 49009
Phone: (269) 381-4446
Fax: (269) 381-4457
Service Provided: Adult case management, therapy & psychiatry
Referral Status: Accepting Referrals
Language Capabilities: English Only
Website: www.cmmi.biz

<table>
<tr><td colspan="3">Network Services & Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Bayside Boutique Emergency Consumer Need Payment Authorization</td><td>Chapter: 09.04.03 – Network Services</td><td>Subject No: 09.04.03.14</td></tr>
<tr><td colspan="3">Network Services and Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>2/19/2015</td><td>Date of Review/Revision:<br>6/13/17, 6/13/18, 3/1/19, 1/7/20, 5/28/21, 2/4/22, 6/6/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>Jim Nesbit, Tanya Waple, Kristie Wolbert</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To provide an opportunity for a consumer to obtain material goods in a situation when all other community resources are not able to meet the need.

Unrestricted funds can be used for this purpose, upon approval, about once per month, up to the limit of available restricted funds from Network Services and Public Policy business unit.

**Application:**
All SCCMHA Network Providers including board operated providers.

**Policy:**
None

**Standards:**
None

**Definitions:**
None

**References:**
None

**Exhibits:**
Exhibit A – Bayside Boutique Authorization Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. Case Holder identifies a consumer who has emergency material need that is beyond consumer budget and is not able to be addressed via another community resource. | 1. Case Holder |
| 2. Case Holder contacts Executive Director of Clinical Services or Director of Network Services, Public Policy & Continuing Education, or designee via e-mail or phone call to request authorization to take consumer shopping at the Bayside Lodge Boutique. | 2. Case Holder |
| 3. Progress note in Sentri is created to indicate that contact has been made and approval has been given. | 3. Case Holder |
| 4. Executive Director of Clinical Services, Director of Network Services, Public Policy & Continuing Education or designee authorizes the use of unrestricted funds at a cap of $100 to be used for this purpose. | 4. Director of Clinical Services, Director of Network Services, Public Policy & Continuing Education, or designee. |
| 5. Case Holder takes consumer shopping at the Bayside Lodge Boutique to make purchases. | 5. Case Holder and consumer |
| 6. Consumer makes purchases with a dollar limit of $100. | 6. Consumer with Case Holder |
| 7. Bayside Boutique authorization form is obtained from the G drive or the Clubhouse supervisor and completed. | 7. Case Holder |
| 8. Clubhouse supervisor or designee signs to verify that goods were received and purchased by consumer. | 8. Clubhouse supervisor |
| 9. Form is turned in to Executive Director of Clinical Services or Director of Network Services, Public Policy & Continuing Education with receipt for authorization. | 9. Case Holder |
| 10. Expenditure is authorized from | 10. Executive Director of Clinical Services |

| | |
|---|---|
| unrestricted funds. | or Director of Network Services, Public Policy & Continuing Education |
| 11. A purchase order or P.O. is created to cover expenditure. Use business unit 983. | 11. Executive Director of Clinical Services or Director of Network Services, Public Policy & Continuing Education, or designee |
| 12. Bayside is reimbursed for purchases made by the consumer. | 12. SCCMHA Finance Department |

Exhibit A

# Bayside Boutique Authorization Form

| Item Name | Quantity | Price | Total |
|---|---|---|---|
| | | | |
| | | | |
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| | | | |
| | | | |
| | | | |
| | | **Total:** | |

**Approvals**

Bayside Supervisor or Designee Date

SCCMHA Director Date

<table>
<tr><td colspan="3">Network Services & Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Provider Orientation</td><td>Chapter: 09 - Contracts</td><td>Subject No: 09.04.04.04</td></tr>
<tr><td colspan="3">  Contracts & Property Management</td></tr>
<tr><td>Effective Date:<br>June 1, 2007</td><td>Date of Review/Revision:<br>5/11/07, 6/23/09, 5/24/10, 9/8/10, 3/28/12, 4/2/14, 4/4/16, 5/31/17, 6/18/18<br>Supersedes:</td><td>Approved By:<br>Jennifer Keilitz, Interim Manager of Network Services<br><br>Written By:<br>Matt Briggs<br><br>Reviewed By:<br>Jennifer Keilitz, Alecia Schabel</td></tr>
</table>

**Purpose:**
To outline the process used to orientate newly contracted SCCMHA Network Service Providers to the SCCMHA organization.

**Policy:**
To provide all new service providers under contract with SCCMHA an adequate orientation of SCCMHA's mission and vision and orientation relating to their contractual specific service array(s).

To provide an initial, provider-friendly face-to-face contact to welcome each new provider to the SCCMHA network and to answer any questions or concerns they may have regarding their contractual service requirements.

To inform new providers of SCCMHA documentation requirements, as well as, discuss and possibly demonstrate the use of SCCMHA's clinical web-based information system and financial billing system.

To establish basic familiarity with SCCMHA various programs and contractual services to ensure consumer coordination of care.

New provider orientation will be facilitated by the SCCMHA Contracts & Properties Manager, in close collaboration with the Interim Manager of Network Services, Provider Network Auditing Supervisor, and Continuing Education Unit Supervisor. Each new provider will be given a provider orientation packet including all or some of following items based on their service array(s):

A. Agency Holiday Calendar Listing
B. SCCMHA Telephone Directory
C. Network Provider Manual CD
D. Network Provider Manual Table of Contents
E. Instruction on how to obtain a sign-on to SCCMHA's clinical web-based information system
F. HCFA1500 Professional or UB92 Institutional Claims Submission Form
G. Medicaid Fraud & Abuse Pamphlet
H. Recipient Rights Booklet
I. Incident Report Form
J. Provider Application
K. Pre-Audit Checklist
L. Person Centered Plan Review
M. W9 – Tax payer Identification Form
N. National Provider Identification
O. HIPAA Privacy/Security Packets/Tests
P. Key SCCMHA Contacts List
Q. Listing of Clinical Service Teams
R. Service Provider Network Directory
S. SIP/Community Living Supports/Respite Weekly Documentation Log

**Standards:**
All new service providers living or occupying corporate offices within Saginaw County will have a Provider Orientation completed prior to their service delivery start date or as soon as possible thereafter.

All new service providers (Excluding one-time service delivery out of network providers) living or not occupying a corporate office within Saginaw County will have a Provider Orientation completed no longer than 45-days after their service delivery start date.

New contract providers will be in-serviced using a provider orientation schedule/checklist (See Exhibit A). The provider orientation schedule/checklist will be signed off by the provider upon completion of the orientation and housed within the provider's SCCMHA contract file.

The provider orientation schedule/checklist will be reviewed and updated at a minimum annually by the Network Services leadership team.

**Reference:**
Provider Orientation Folder/Packet

**Exhibits:**
Exhibit A: SCCMHA Provider Orientation Schedule/Checklist

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. A provider orientation meeting will be scheduled with each new provider within the time frames outlined in the standards section above. | 1. Contracts & Properties Management Assistant |
| 2. Each new provider will be given a provider orientation packet at their orientation meeting. | 2. Contracts & Properties Manager |
| 3. The SCCMHA Provider Orientation Schedule/ Checklist will be reviewed with each new provider at their orientation meeting. | 3. Contracts & Properties Manager |
| 4. The SCCMHA Provider Orientation Schedule/Checklist will be signed off by the provider upon completion of their orientation | 4. SCCMHA Network Provider Representative |
| 5. The SCCMHA Provider Orientation Schedule/Checklist will be filed in the provider's SCCMHA contract file. | 5. Network Services Contracts & Properties Management Unit |
| 6. The SCCMHA Provider Orientation Schedule/Checklist will be reviewed and updated at a minimum annually by the NS&PP leadership team. | 6. Contracts & Properties Manager, Interim Manager of Network Services, Provider Network Auditing Supervisor, Continuing Education Unit Supervisor |

**Exhibit A**

## Saginaw County Community Mental Health Authority
## FY18 Provider Orientation Schedule/Checklist

| | Check | Comments |
|---|---|---|
| SCCMHA Overview / Facts / Mission | | |
| Visitor Check-in for Buildings | | |
| Location of Rights Office (Customer Service Drop Box) | | |
| Building Policies (Cell phone / Latex Free) | | |
| Agency Holidays (Attachment) | | |
| SCCMHA Telephone Directory (Attachment) | | |
| SCCMHA Website (Community Partners Tab / Newsletters / Manuals / Training Schedules / SENTRI Sign-on) www.sccmha.org | | |
| Network Provider Manual CD (Attachment) / Table of Contents Overview (Attachment) | | |
| Service Provider Network Directory | | |
| SCCMHA Referral Process | | |
| Case Managers (MI)/Supports Coordinator's (DD) roles | | |
| Authorizations / Courtesy Auth requests | | |
| Billing / Payment / EOB process (HCFA1500 / UB92 Attachment) | | |
| Medicaid Fraud & Abuse (Attachment) | | |
| Provider Application (Keep SCCMHA informed) | | |
| Criminal background, OIG, and Recipient Rights Background Checks | | |
| W9 or 1099's - tax reporting | | |
| National Provider Identification (NPI#) | | |
| Accreditation / License / Liab. Ins / Auto / WC | | |
| Service Codes & Medicaid Definitions | | |
| Contract Training Req. / Classes / Reports / Manuals | | |
| Copy of most current Training Calendar | | |
| Recipient Rights Booklet (Attachment) | | |
| Incident Reporting (Attachment) | | |
| HIPAA Privacy / Security (Email Caution) | | |
| Contract Termination / Change Notice / Transition | | |
| Auditing Tool & Process (Scoring) / CAP's | | |
| Pre-Audit Checklist (Attachment) / Audit Frequency | | |
| Person Centered Plan Review (Attachment) | | |
| Expectation for documentation / Weekly CLS Log | | |
| | | |
| Additional Items for Residential Providers: | | |
| Special Certification MI / DD | | |
| Home Manager Training / Info Guide (Attachment) | | |
| CLS-Personal Care Logs / LOA days | | |
| Progress notes / Shift notes / Med Logs | | |
| Residential Staffing Patterns | | |
| Residential Physical Plant Inspections | | |
| Residential Transfer Checklist (Attachment) / Transition Plan | | |
| SIP-rental agreements / Staffing variations | | |
| All of the above has been reviewed | | Signature _____ Date:_____ |

<table>
<tr><th colspan="3">Network Services and Public Policy Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Entry and Uploading of Credentials, Privileges, and Certifications into Sentri II</td><td>Chapter: 09.04.05 Department Procedures-Network Services</td><td>Subject No: 09.04.05.01</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>3/24/2021</td><td>Date of Review/Revision:<br>6/1/2023</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Monique Taylor-Whitson<br><br>Reviewed By:<br>Melynda Schaefer & Cassandra Ward</td></tr>
<tr><td>Supersedes:<br>09.04.03.01.01</td></tr>
</table>

**Purpose:**
To provide the precise procedure for entering and uploading credentials, privileges, and certifications into the electronic staff profile within Sentri II for both board-operated and contracted providers.

**Application:**
SCCMHA Provider Network, both board-operated and contracted providers.

**Policy:**
It is the policy of SCCMHA to ensure all providers both board-operated and contracted have completed the required credentialing and privileging process that has been approved by the SCCMHA Credentialing Committee. This procedure is explained in the SCCMHA Credentialing Handbook, and completion of the SCCMHA Credentialing application initiates the process, also see the Credentialing and Recredentialing of SCCMHA Providers and staff procedure 05.06.03.01. Verified credentials are then required to be entered and uploaded into the Sentri II electronic staff file. Authenticating credentials, and certifications is a delegated function to SCCMHA per contract with Michigan Department of Health and Human Services (MDHHS) and Prepaid Inpatient Health Plan (PIHP) Mid-State Health Network (MSHN).

**Standards:**

A. Each provider both board-operated and contracted are required to submit their credentialing, and certification documents to the Credentialing Coordinator to ensure these documents are entered and uploaded into the Sentri II electronic staff file.
B. The initial process of reviewing, approving, and entering in credentials, and certifications is required for providers/staff before services are to be provided to SCCMHA consumers and billed to Medicaid/Medicare and/or commercial insurances.
C. For recredentialing purposes- credentials, and certification documents are required to be resubmitted every two years.
D. Once the updated credentials, and certifications are submitted, the Credentialing Coordinator completes a review of these updates and enters the appropriate documentation into the staff Sentri II profile, with supporting documents attached.
E. SCCMHA Human Resource department provides proof documentation of credentials, and certifications for board operated staff that will provide billable services to SCCMHA consumers and require Sentri II access to the Credentialing Coordinator.
F. Contracted providers designated human resources departments submit credentialing application via the SCCMHA workflow or email to the Credentialing Coordinator , prior to rendering services to SCCMHA consumers or obtaining Sentri II access.
G. In each process, the Credentialing Coordinator then reviews the documentation submitted to ensure compliance for all credentials, and certifications submitted per the staff type. Credentialing Coordinator then submits the application to the appropriate member of the Credentialing Committee for verification of provisional approval until a final review occurs from the Credentialing Committee. This provisional approval will not exceed 150 days.
H. The Credentialing Coordinator notifies the designated human resources department in writing of the provisional approval.
I. Credentialing applications and supporting documentation are then presented to the Credentialing Committee monthly for a final review and approval. After the Credentialing Committee has approved the staff's credentialing application with supporting documents, the entire application is returned to the Credentialing Coordinator for filing, entry of credentials and uploading into Sentri II.
J. The provider/staff are notified that they have a final approval by the Credentialing Coordinator.
K. To ensure the most accurate information is reflected within the Sentri II staff profile, the Credentialing Coordinator enters the current credentials, and certifications within the credentialing application into Sentri II in the staff's profile. The specific documents needed to reflect proof documentation of compliance are uploaded.
L. This process is completed, by selecting the attachment under the licensure, or certification category and uploading or scanning the supporting document into the file. Then selecting the support documentation category in the drop-down menu and entering in the date of expiration on the licensure.

**Definitions:**

**Credentialing:** The process by which a healthcare payer formally assesses a provider's qualifications and competency based on demonstrated competence.

**Provider:** Any individual or entity that is engaged in the delivery of healthcare services and is legally authorized to do so by the state in which the provider delivers the services. This term is used interchangeably to describe individual practitioners and organizational providers.

**Recredentialing:** The process of updating and re-verifying a provider's qualifications and competency based on demonstrated competence.

**Credentialing Committee:** Responsible for oversight of the process of provider credentialing and recredentialing. The SCCMHA Credentialing Committee makes decisions regarding participation of initial applicants at the time of credentialing and their continued participation at the time of recredentialing.

**Credentialing Committee Chair:** Person authorized by SCCMHA to conduct reviews of credentialing applications, provide provisional approvals, and ensure compliance with this procedure.

**Sentri II:** SCCMHA Electronic Health Record, where both consumer health and provider credentials, privileges, and certifications are stored.

**Staff Type:** The particular job category or field of services a staff person works in, where they are practicing in a skilled profession for which special education or licensing is required.

**References:**
SCCMHA Contract with Michigan Department of Health and Human Services (MDHHS)
SCCMHA Contract with Mid-State Health Network (MSHN)
SCCMHA Credentialing Handbook

SCCMHA Competency Requirements for the SCCMHA Provider Network Policy: 05.06.03
SCCMHA Network Development and Management Policy: 05.06.01
SCCMHA Credentialing and Recredentialing of SCCMHA Providers and Staff procedure: 05.06.03.01
SCCMHA Network Services Data Base Procedure
Department of Health and Human Services Behavioral & Physical Health and Aging Services Administration Credentialing and Re-Credentialing Processes

**Exhibits:**
**Exhibit A:** Screen shot of staff profile with licensure entered with effective and expiration dates.
**Exhibit B:** Screen shot of the uploading process for supporting proof documents.

**Exhibit C:** Screen shot of upload being attached to the current licensure for the staff profile.

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Credentials and privileges submitted to the Credentialing Coordinator. | Human Resources or designated credentialing staff at the provider agencies. |
| Reviews the credentialing documents and supporting documents and assures needed documents are included. | Credentialing Coordinator |
| Provides provisional approval to provider once credentialing application has been approved by designated Credentialing Committee member.. | Credentialing Coordinator |
| Credentialing applications are reviewed for accuracy and compliance to ensure the MDHHS and MSHN standards are being met. | SCCMHA Credentialing Committee |
| Provides final approval or denial of credentials based on information given. | SCCMHA Credentialing Committee |
| Notifies provider of final approval or denial based on Credentialing Committee Review. | Credentialing Coordinator |
| Enters the current credential, and certification within the credentialing application. | Credentialing Coordinator |
| Uploads the supporting proof documents to the staff's profile in Sentri II. This process is done, by selecting the attachment tab under the licensure, privilege, or certification category and uploading or scanning the supporting document into the file for that particular area. | Credentialing Coordinator |

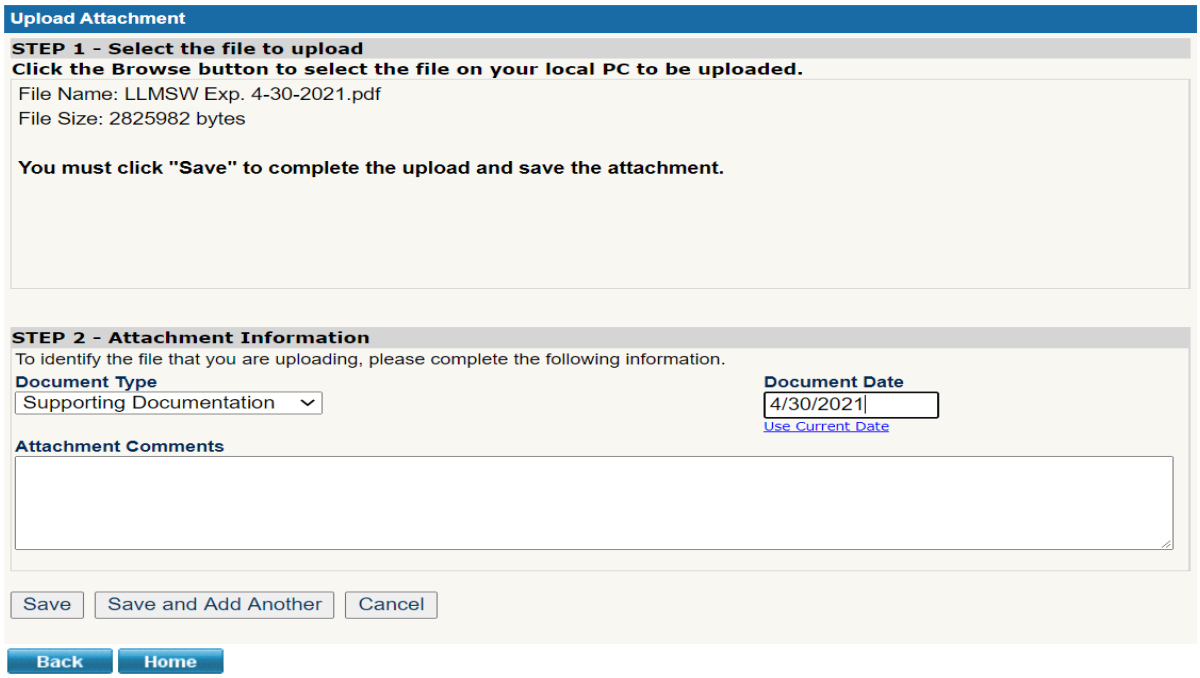
## Exhibit A:

| Staff Name | Staff ID |
|---|---|
| Monique Taylor-Whitson | 1013384 |

**6 Credentials**

| Type | Effective Dates | Credentials | Add Signature Credentials Add License Add Degree Add Pin Add Taxonomy Add Billing Exclusion Add Certification Add Privilege |
|---|---|---|---|
| PIN - National Provider ID (NPI) | 08/29/2019 - | [redacted] | Change View Delete |
| 0 Attachments | | | |
| License - LIMITED LICENSE MSW (LLMSW) | 07/01/2019 - 04/30/2021 | [redacted] | Change View Delete |
| Attachments: No Attachments Exist — Scan Attachment — Upload Attachment | | | |
| Signature Credentials | 02/07/2012 - 05/31/2019 | BA | Change View Delete |
| 0 Attachments | | | |
| Signature Credentials | 06/01/2019 - 04/30/2021 | MSW, LLMSW | Change View Delete |
| 0 Attachments | | | |
| Degree - Bachelors of Arts (BA) | 05/01/2006 - | | Change View Delete |
| 0 Attachments | | | |
| Degree - Master of Social Work (MSW) | 05/17/2019 - | | Change View Delete |
| 0 Attachments | | | |

## Exhibit B:


Upload Attachment
STEP 1 - Select the file to upload
Click the Browse button to select the file on your local PC to be uploaded.
File Name: LLMSW Exp. 4-30-2021.pdf
File Size: 2825982 bytes
You must click "Save" to complete the upload and save the attachment.
STEP 2 - Attachment Information
To identify the file that you are uploading, please complete the following information.
Document Type
Supporting Documentation
Document Date
4/30/2021
Use Current Date
Attachment Comments
Save
Save and Add Another
Cancel
Back
Home

## Exhibit C:

| Staff Name | Staff ID |
|---|---|
| Monique Taylor-Whitson | 1013384 |

**6 Credentials**

| Type | Effective Dates | Credentials | Add Signature Credentials Add License Add Degree Add Pin Add Taxonomy Add Billing Exclusion Add Certification Add Privilege |
|---|---|---|---|
| PIN - National Provider ID (NPI) | 08/29/2019 - | [redacted] | Change View Delete |
| 0 Attachments | | | |
| License - LIMITED LICENSE MSW (LLMSW) | 07/01/2019 - 04/30/2021 | [redacted] | Change View Delete |

**Attachments**

| Date / Type | Notes | Details | Scan Attachment Upload Attachment |
|---|---|---|---|
| 04/30/2021 Supporting Documentation | | Uploaded By: Monique Taylor-Whitson on 08/11/2020 10:34:36 Uploaded File Name: LLMSW Exp. 4-30-2021.pdf | Change View Delete Download |

| | | | |
|---|---|---|---|
| Signature Credentials | 02/07/2012 - 05/31/2019 | BA | Change View Delete |
| 0 Attachments | | | |
| Signature Credentials | 06/01/2019 - 04/30/2021 | MSW, LLMSW | Change View Delete |
| 0 Attachments | | | |
| Degree - Bachelors of Arts (BA) | 05/01/2006 - | | Change View Delete |
| 0 Attachments | | | |
| Degree - Master of Social Work (MSW) | 05/17/2019 - | | Change View Delete |
| 0 Attachments | | | |

<table>
<tr><td colspan="3">Network Services & Public Policy Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Tracking of Credentials for Staff Electronic Signatures</td><td>Chapter: 09.04.05 – Network Services</td><td>Subject No: 09.04.05.02</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>9/21/16</td><td>Date of Review/Revision:<br>2/5/18, 1/2/20, 10/12/21, 6/1/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Jennifer Keilitz<br><br>Reviewed By:<br>Melynda Schaefer & Cassandra Ward</td></tr>
<tr><td>Supersedes:<br>09.04.03.09</td></tr>
</table>

**Purpose:**
To ensure all staff credentials are tracked in Sentri to allow for the electronic signature of staff to be shown on electronically signed documents.

**Policy:**
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that all persons providing care and treatment for individuals with disabilities served by the SCCMHA provider network, including DCO's will be properly credentialed. It is further the policy of SCCMHA that all documents including electronically generated documents include staff signatures and staff credentials as part of the electronic signature.

**Application:**
This procedure applies to all service delivery programs, both board operated (SCCMHA) and contracted network providers including Designated Collaborating Organizations (DCO's), and to any staff members who provide services that are recorded in the consumer electronic medical record and need to be signed electronically. This also applies to any services that are billed by SCCMHA to other funding sources where signatures and credentials are required.

**Standards:**
A. Each employer, including SCCMHA, and DCO's will verify credentials of position applicants, including proper licensure if required.

B. Individuals with credentials required by job description must maintain such status without any lapse. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately. All employers, including SCCMHA, and DCO's will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.
C. SCCMHA and other provider network organizations, including DCO's must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.
D. SCCMHA and other provider network organizations including DCO's will assure staff are recredentialed every two years.
E. SCCMHA and other provider network organizations including DCO's will assure staff maintain good standing with Licensing and Regulatory Affairs (LARA) by performing a check of the LARA website every two years.
F. Each staff person will with a license will be credentialed through the SCCMHA Credentialing Committee.
G. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.
H. Staff will receive notification via Sentri 30 days prior to any licenses or credentials coming due in Sentri. This is sent as a reminder to staff to assure they complete any requirements that are necessary for license renewal.
I. All licenses will have a history recorded in sentri.

**Definitions:**
Sentri: SCCMHA's electronic health record for all consumer files served by SCCMHA board operated and Contracted Network Providers.
DCO: Designated Collaborating Organization- a formal relationship with a provider to provide services for a Certified Community Behavioral Health Clinic (CCBHC) care.

**References:**
SCCMHA Policy 09.04.03.01 Credentialing of SCCMHA Providers and Staff
MDHHS Medicaid Provider Manual
Michigan CCBHC Demonstration Handbook.

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Board Operated Programs/SCCMHA:** Will verify credentials and licensure at hire to assure the credentials and licensures match those required by the job posted. | SCCMHA Human Resources |
| | SCCMHA Human Resources |

| | |
|---|---|
| Verifies credentials using a primary source verification method and keeps proof in the staff employment record. | SCCMHA Human Resources |
| Verifies licenses on Michigan.gov website and keeps proof in staff employment record. | SCCMHA Credentialing Coordinator |
| The Credentialing Coordinator meets with staff on orientation day and has them complete the credentialing application and gather proof documents. | SCCMHA Credentialing Coordinator |
| Updates Sentri in the Credentials section of the staff file. | SCCMHA Credentialing Coordinator |
| Notifies staff if a copy of the actual license or credential has not been received by the expiration date. | SCCMHA Credentialing Coordinator |
| Updates any renewal licenses or credentials so that all history is kept for possible audit. | SCCMHA Credentialing Coordinator |
| Assures staff maintains appropriate credentials and licensure as required by the position and as required by the scope of work performed. | SCCMHA Credentialing Coordinator |
| Updates licensure and credentials as required to assure electronic signatures show staff's appropriate credentials. | SCCMHA Board Operated staff members and SCCMHA Human Resources |
| Adds NPI or National Practitioners Identification number into Sentri. | SCCMHA Human Resources, and SCCMHA Information Systems Staff |
| Staff name changes are submitted to Human Resources for required changes. | |
| Staff name changes are forwarded to SCCMHA training unit as well as SCCMHA Information Systems staff for updates in Sentri. | |

| | |
|---|---|
| **Contracted Network Providers including DCO's:**<br>Will verify credentials and licensure at hire to assure the credentials and licensures match those required by the job. | Contracted Network Providers & DCO's |
| Verifies credentials using a primary source verification method and keeps proof in the staff employment record. | Contracted Network Providers & DCO's |
| Verifies licenses on the Michigan.gov website and keeps proof in staff employment record. | Contracted Network Providers & DCO's |
| Completes a credentialing application for review by SCCMHA Credentialing Committee and submits to the SCCMHA Credentialing Coordinator via the SCCMHA workflow and/or credentialing@sccmha.org email Staff are to use the SCCMHA workflow if requesting a Sentri login for new staff. | Contracted Network Providers & DCO's |
| Enters staff names into Sentri and creates temporary sign on upon notification that completed credentialing application was submitted. This notification is done through the SCCMHA workflow. | SCCMHA Information Systems Staff |
| SCCMHA Credentialing Coordinator enters credentials to Sentri to assure signature includes proper credentials. Information needed is:<br>a. Degree of person such as Bachelor of Science degree, Bachelor of Arts degree, Master of Social Work degree these will be entered with the effective date of the actual date the degree was obtained or if not given as the hire date.<br>b. Effective date of license or credential<br>c. Expiration date of license<br>d. Full License Number<br>e. Billing License Number | SCCMHA Credentialing Coordinator |

| | |
|---|---|
| f. NPI number when applicable<br>g. Other credentials, licenses, certifications, privileges to be added such as CADC, etc.<br>h. If multiple licenses or credentials what order preference. Degree will always be first, License will always be second. | |
| Will add licensure and/or credentials, certifications, privileges and National Practitioners Identification (NPI) number for contract staff in Sentri. | SCCMHA Credentialing Coordinator |
| Ensures staff maintains appropriate credentials and licensure as required by the position and as required by the scope of work performed. | Contracted Network Providers |
| Monitors staff credentials and assures all credentials are noted on staff electronically signed documents. | Contracted Network Providers & DCO's |
| Submits renewal credentialing application and supporting documents to SCCMHA Credentialing Coordinator for updates to SCCMHA Sentri.<br>Adds renewal licenses, credentials, certifications, privileges, etc. to staff credentials area in Sentri every two years. | Contracted Network Providers & DCO's<br>SCCMHA Credentialing Coordinator |
| If staff person obtains a new license or credential that negates the current one in the system, an expiration date for the old will be entered. The date prior to the new credential effective date, will be used as the end date. | SCCMHA Credentialing Coordinator |
| Staff name changes are forwarded to SCCMHA training unit as well as SCCMHA Information Systems staff for updates in Sentri. | Contracted Network Providers & DCO's |

<table>
<tr><td colspan="3">Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject:<br>Privileging of Practitioners in Evidence-Based Practices</td><td>Chapter: 09.04.05 – Network Services</td><td>Subject No: 09.04.05.03</td></tr>
<tr><td colspan="3">Network Services and Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>5/26/16</td><td>Date of Review/Revision:<br>6/6/17, 6/20/18, 8/22/19, 11/22/19, 1/7/20, 4/14/21, 3/9/22, 5/16/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy, & Continuing Education<br><br>Authored By:<br>Mary Baukus, Barbara Glassheim<br><br>Reviewed by:<br>EBP Leadership Team, Melynda Schaefer</td></tr>
<tr><td>Supersedes:<br>09.04.03.15</td></tr>
</table>

**Purpose:**
In an effort to maintain consistent standards for Evidence-Based Practices (EBPs), a procedure is needed to outline the process of privileging practitioners of those EBPs that best suit the needs of the consumers with whom they are working, as well as demonstrate that those practitioners are properly trained and certified in those practices.

**Policy:**
SCCMHA seeks to ensure competency and proper training of staff who are practicing EBPs within the SCCMHA provider network. Consumers have the right to the highest standard of care needed to treat their individual specialized needs. Proper monitoring of practitioners to ensure that they are trained and skilled in these specialized practice areas helps to maintain quality and consistent care across all teams and providers. This procedure addresses the privileging application process, the need for continued privileging, and ongoing oversight of EBPs within SCCMHA.

**Application:**
This procedure applies to all service delivery programs including direct operated and contractual and applies to any SCCMHA staff member and contract provider when an EBP is indicated within their scope of practice. All employees and parties with signed service contracts with SCCMHA are subject to privileging and re-privileging compliance with this procedure.

**Standards:**

A. SCCMHA will have an established Evidence-Based Practice and Trauma-Informed Care Coordinator (TIC) and EBP Leadership Team, whose role will be to review, provide oversight, and update privileging and re-privileging of related EBPs as needed for the SCCMHA organization and network.

B. SCCMHA privileging procedures will be updated as needed based on each EBP specific guidelines for privileging.

C. The privileging process will be conducted annually.

D. Privileging for providers will include an initial review based on team members privileging application and specific training reports provided to the EBP/TIC Coordinator.
   1. The supervisor will then be given the EBP Privileging form.
   2. It is the responsibility of the program supervisor to complete the information on this form regarding staff EBP training.
      a. The supervisor will return the completed form and necessary proof documents to the Evidence-Based Practice and Trauma-Informed Care Coordinator.

E.

G. The EBP Leadership Team will review the completed EBP privileging forms as needed.

H. Oversight of the privileging process shall be assigned to the Director of Network Services, Public Policy, and Continuing Education and Evidence-Based Practice and Trauma-Informed Care Coordinator.

I. The privileging process will include all contract providers and SCCMHA staff.

J. Participating providers involved in the privileging process shall include practitioners who are providing direct services to consumers.
   1. Participating providers may also provide feedback on the privileging process at any time, including filing an appeal to SCCMHA in accordance with SCCMHA provider dispute and appeal procedures.
   2. Practitioners seeking to be privileged in a particular EBP shall be expected to provide accurate information upon which privileging decisions will be based.

K. Accurate records of required supervision, training, and applicable fidelity reviews shall be kept by individual staff members to maintain privilege within a specific Evidence-Based Practice.

L. Program supervisors will be responsible for providing needed supervision to those in the privileging process, reporting progress or lack of progress to the Evidence-Based Practice and Trauma-Informed Care Coordinator.

M. Program supervisors will also declare any non-Evidence-Based Practices their teams are providing, including but not limited to best practices, promising practices, emerging practices, and non-researched practices.

N. The Evidence-Based Practice and Trauma-Informed Care Coordinator, in direct consultation with the Director of Network Services, Public Policy, and Continuing Education, as well as the Evidence-Based Practice Leadership Team, will oversee

privileging and re-privileging of staff in accordance with SCCMHA policies and procedures.

O. The EBP/TIC Coordinator, or Designee, will be responsible for initial review and processing of privileging verification forms as well as the periodic review of forms.

P. The SCCMHA Continuing Education Unit will be the record holder of all EBP training in the SCCMHA SENTRI II training database.

APPEAL Process:

Staff shall have the right to appeal any decision about privileging of Evidence Based Practices in accordance with the following:

A. Submit written documentation of the appeal and any additional proof documentation that may not have been considered during the approval process and any reasons that should be taken into consideration. To the SCCMHA Evidence Based Practice and Trauma Informed Care Coordinator.
B. The Evidence Based Practice and Trauma Informed Care Coordinator will bring the information to the Evidence Based Practice Leadership Team for review and decision.
C. Written notification of decision will go back to the staff appealing the decision.
D. A staff who wishes to further appeal this decision can submit an appeal to the SCCMHA CEO or designee for final decision.

**Definitions**:

**Evidence-Based Practice (EBP):** A clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals or outcomes. The term "evidence-based" practice refers to a clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals or outcomes. An evidence-based practice is comprised of three components: (1) the highest level of scientific evidence; (2) the clinical expertise of the practitioner; and (3) the choices, values, and goals of the consumer.

**Privileging**: Processes of formal recognition and attestation that a practitioner is both qualified and competent. Privileging defines a practitioner's scope of practice and the clinical services he or she may provide. Privileging is based on demonstrated competence and is a data driven process.

**References:** SCCMHA Policy 02.03.09 – Evidence Based Practice

**Exhibits:**

A. Privileging Verification Form

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| Appoints SCCMHA administrative staff member responsible for oversight of privileging. | CEO or designee |
| New clinical staff are to complete a privileging verification form. Contact the EBP/TIC Coordinator for the latest version. | Supervisor/Contract Provider |
| Completed privileging applications and supporting documentation will be sent to the EBP/TIC Coordinator. | Supervisor/Contract Provider |
| Follows up with staff/supervisor as needed to obtain the necessary privileging documents. | EBP/TIC Coordinator |
| Maintains privileging documents and verification forms.<br>Serves as administrative staff member Responsible for oversight, facilitates Evidence-Based Practice Leadership Team<br>Acts as the privileging agent for SCCMHA | EBP/TIC Coordinator; Director of Network Services, Public Policy, and Continuing Education; Program supervisor |
| Conducts periodic privileging of network providers associated SCCMHA EBP service delivery | EBP/TIC Coordinator |
| The privileging process is repeated every year. | EBP/TIC Coordinator |
| Provides or maintains record of required supervision and training hours<br>Completes Documentation of EBPs for Privileging on the Documentation for EBP Privileging verification form | Program Supervisor, Continuing Education Supervisor and SCCMHA provider, contractor, and individual staff members |
| Maintain full EBP training records on EBP Providers. | SCCMHA Continuing Education Department/Contract Providers |
| Maintains records of privileged staff | Evidence-Based Practice and Trauma-Informed Care Coordinator |

| | |
|---|---|
| Provides Updates to EBP/TIC Coordinator regarding any additional staff trained in an EBP. | Program Supervisor |
| Sends out privileging form for updates to each team on an annual basis or as needed. | SCCMHA Provider Network Auditing Supervisor, and Provider Network Auditing staff |
| Will consult with EBP/TIC Coordinator to assure staff are appropriately privileged in order to use specific codes related to EBP's or use of modifiers related to EBP's. | EBP/TIC Coordinator |

Exhibit A




## Documentation for EBP Privileging




**Program Name:**_____

**Program Supervisor:**_____ **Date:**_____

| Staff Name | Current Known EBPS (staff is already trained in the EBP) | Need EBP Training (staff is planning to train in the EBP or in process) | Privileged in (staff has previously met criteria to practice the EBP and still practices it) | Training documentation attached* | Modifier usage (if applicable) |
|---|---|---|---|---|---|
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**Please check all EBPs that staff of your program is currently providing:**

| | | | | |
|---|---|---|---|---|
| ☐Assertive Community Treatment (ACT) | ☐ Child Parent Psychotherapy | ☐Cognitive Behavior Therapy for Hoarding | ☐ Integrated Dual Disorder Treatment (IDDT) | ☐ Dialectical Behavior Therapy (DBT) |
| ☐ NADA Protocol | ☐ DBT-A | ☐ EMDR | ☐ Mindfulness/ Meditation | ☐ Mobile Response & Stabilization Services |
| ☐ Parenting Through Change (PTC) | ☐ Motivational Interviewing | ☐ Parent Management Training Oregon Model (PMTO) | ☐ Parent Support Partner (PSP) | ☐Peer support Specialist (PSS) |
| ☐ OTHER: _____ | ☐ Youth Peer Support Specialist | ☐ Seeking Safety (SS) | ☐ Dual Diagnosis Capable | ☐ Supported Employment (SE/IPS) |
| ☐ Permanent Supportive Housing | ☐ Trauma Focused Cognitive Behavior Therapy (TF-CBT) | ☐ Trauma Recovery Empowerment Model (TREM)_____ _____ Indicate version(s) | ☐ Whole Health Action Management (WHAM) | ☐ Wraparound |

*If specific documents, such as certificates, have been sent previously, they do not need to be sent again. For example, if ongoing training has been sent to the SCCMHA training department, it does not need to be sent again. If a new staff has recently been credentialed/privileged through the SCCMHA auditing department, the information does not need to be sent again but please indicate why it is not being sent. However, any documents that show ongoing training for the past year as required for specific EBP's should be sent if they have not been sent to Training or Auditing. If training has been sent previously, please indicate that it was sent and where it was sent.

Revised 02/06/2023

**Any additional information, or comments including other EBPs not mentioned in the boxes above:**

| |
|---|
| |

*Supervisor Signature* *Date*

*EBP/TIC Coordinator Signature* *Date*

<table>
<tr><td colspan="3">Network Services and Public Policy Procedure Manual<br>Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Insurance Credentialing of Fully Licensed Clinical Staff</td><td>Chapter: 09.04.05 Credentialing</td><td>Subject No: 09.04.05.04</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>10/13/22</td><td>Date of Review/Revision:<br>8/8/2023</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy, and Continuing Education<br><br>Authored By:<br>Jenna Brown, NSPP Administrative Assistant<br><br>Reviewed By:<br>Chief of Network Business Operations, Director of Finance</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

**Purpose:**
To guide SCCMHA Credentialing staff and fully licensed clinical staff on the credentialing process with commercial insurers.

**Application:**
This procedure is applicable to internal clinical staff that are fully licensed, external Certified Community Behavioral Health Clinic – Demonstration Site (CCBHC-D) Designated Collaborating Organizations (DCO) staff, and select contracted staff such as telemedicine doctors and therapists from vendors Array and Hospital Psychiatry.

**Policy:**
It is policy that a consumer's primary insurance must be billed prior to any Medicaid funds or other funding received from SCCMHA, with Medicaid being the payer of last resort and CCBHC-D funding used beyond Medicaid. As such, any internal or DCO staff billing CPT (Current Procedural Terminology) codes must be credentialed with commercial insurance companies to bill services for consumers with primary insurance.

**Standards:**
All fully licensed clinical staff will need to be credentialed with commercial insurances used by persons seeking services through SCCMHA, as deemed necessary by YEO & YEO medical billing vendor, in order to bill for consumer services provided.

**Definitions:**
CCBHC – Certified Community Behavioral Health Clinic – A facility designated to provide a comprehensive array of behavioral health services to anyone requesting mental health or substance use care, regardless of ability to pay and including those with a mild to moderate diagnosis.

DCO – Designated Collaborating Organizations – An entity that is not under the direct supervision of the CCBHC but is engaged in a formal relationship with the CCBHC and delivers services under the same requirements as the CCBHC.

CHAMPS – The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS Medicaid Management System.

NPPES – National Plan & Provider Enumeration System - The database used by NPI number holders and the Centers for Medicare and Medicaid Services.

PECOS – Provider Enrollment, Chain, and Ownership System - PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to submit and manage Medicare enrollment information securely and electronically.

CAQH – Coalition for Affordable Quality Healthcare - CAQH is a credentialing database that ensures healthcare organizations have updated information for credentialing and claims administration, while eliminating duplicative paperwork and administrative inquires.

CPT – Current Procedural Terminology – A procedural code set that assigns five-digit codes to medical, surgical, and diagnostic services rendered by providers to communicate uniform information about those services provided.

**References:**
MDHHS Medicaid Provider Manual – Section 1 – Introduction
Community Health Automated Medicaid Processing System (CHAMPS) (michigan.gov)
NPPES (hhs.gov)
Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) (hhs.gov)
CAQH ProView - Sign In

**Exhibits:**
Exhibit A - Insurance Credentialing Checklist for Fully Licensed Therapists and Prescribers (Internal Staff)
Exhibit B – Instructions for Completing Insurance Credentialing Checklist

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| 1. **Initiation** | |

| | |
|---|---|
| SCCMHA Credentialing staff will email the Insurance Credentialing Checklist and Instruction Guide to staff that need to be credentialed with commercial insurances. Please note, there are slightly different credentialing packets for internal staff, Array, InnovaTel, HNNP, WGC, and TTI. Each checklist details the specific information that is needed for each provider. | SCCMHA Credentialing Coordinator |
| External providers are responsible for communicating when there is a new fully licensed staff that will be working with CCBHC consumers and needs to be credentialed. External providers must also communicate when a credentialed staff leaves the organization. | CCBHC DCO Provider Supervisors |
| 2. **Checklist Completion**<br>Prior to completing the checklist, staff will need to review the instruction guide (see Exhibit B). Staff will need to fully complete the appropriate Insurance Credentialing Checklist (See Exhibit A) and send it to the credentialing staff listed on the checklist. All fields will need to be completed and all listed documents will need to be attached. | Fully Licensed Clinical Staff |
| 3. **CHAMPS**<br>If staff do not already have a CHAMPS account, Samantha Middleton at Yeo & Yeo will create one for them. They may leave this portion of the checklist blank.<br>*If staff would like to access the account Samantha creates for staff, they will need to set up their own login information after the account is created. | Samantha Middleton, Yeo & Yeo |
| If staff already have a CHAMPS account, they will need to log in to | Fully Licensed Clinical Staff |

| | |
|---|---|
| make sure their account information is correct. Then, they will either need to provide their username and password or give middletons2343 access to their profile. This account information will be held confidential. (See Exhibit B for screenshots). | |
| 4. **NPPES/PECOS**<br>If staff do not already have a NPPES/PECOS account, they will need to create one to obtain their NPI number.<br>If staff already have an account, they will need to log in to make sure their information is up to date. Staff will need to provide their username and password and have Samantha's email added to their account for Multi-Factor Authentication.<br>Staff will need to call Samantha at 989-797-1400 while completing their NPPES/PECO account to add her email. This will only take a few minutes. (See Exhibit B for screenshots). | Fully Licensed Clinical Staff |
| 5. **CAQH**<br>CAQH will be the lengthiest part of the credentialing process. If staff do not have an account, they will need to create one. | Fully Licensed Clinical Staff |
| All staff will need to upload their SCCMHA liability insurance to CAQH. Staff will be sent their insurance certificate by SCCMHA Credentialing Staff. | SCCMHA Credentialing Coordinator |
| SCCMHA Credentialing Staff will contact Julie Decker at Saginaw Bay Underwriters to obtain a new insurance certificate for the staff being credentialed. They will also | SCCMHA Credentialing Coordinator |

| | |
|---|---|
| contact Julie when a staff member needs to be removed from the insurance certificate.<br>Email: jdecker@sbuins.com | |
| CAQH will send staff quarterly emails to attest that their information is still the same or update their information. The CAQH profile must be attested to quarterly, or claims may be rejected.<br><br>At the end of every Fiscal year, before September 30th, all staff will need to update their liability insurance in CAQH.<br><br>As their licenses are renewed, staff will also need to update their license information in CAQH. | Fully Licensed Clinical Staff |
| 6. **Completion**<br>Upon completion of the checklist, Staff will email or fax it to the SCCMHA Credentialing Staff. | Fully Licensed Clinical Staff |
| The SCCMHA Credentialing Staff will send it by encrypted email to Samantha Middleton at Yeo & Yeo. | SCCMHA Credentialing Coordinator |
| Yeo & Yeo will upload any missing information/documents when finalizing the credentialing process. | Samantha Middleton, Yeo & Yeo |
| As providers are credentialed with Medicare and the Credentialing Coordinator is sent emails from PECOS to authorize the reassignment, forward these emails to the CEO's assistant to have the CEO sign into PECOS and approve the reassignment. | SCCMHA Credentialing Coordinator/ Executive Assistant to the CEO/ CEO |

**Exhibit A**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# SCCMHA Insurance Credentialing Checklist for Fully Licensed Therapists and Prescribers

5/25/2023

To ensure that you are best able to provide care within SCCMHA, we need your assistance in obtaining your personal information. This information is required to set you up in our systems and to ensure that we may submit services to insurance carriers for payment.

Staff Name and Title: Click or tap here to enter text.

Staff Specialties/Focus: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Agency/Programs staff is working for (if working in multiple programs please list all):
Click or tap here to enter text.

Anticipated Start Date: Click or tap here to enter text.

NPI number: Click or tap here to enter text. Enumeration date: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. Place of Birth: Click or tap here to enter text.

License Number(s): Click or tap here to enter text.

University Attended: Click or tap here to enter text.

Year of Graduation: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Social Security Number: Click or tap here to enter text.

**Council for Affordable Quality Healthcare (CAQH) is the healthcare industry's premier resource for self-reporting professional and practice information to health plans and healthcare organizations:**

CAQH Username: Click or tap here to enter text.
CAQH Password: Click or tap here to enter text.

**National Plan & Provider Enumeration System (NPPES) & Provider Enrolment, Chain and Ownership System (PECOS-used by Medicare) is used by CMS as a HIPAA mandate in assigning unique identifiers for health care providers:**
NPPES/PECOS Username: Click or tap here to enter text.
NPPES/PECOS Password: Click or tap here to enter text.
Initial that you added Samantha's email to your account and completed MFA _____.
(See attached instruction guide page 3)

**Community Health Automated Medicaid Processing System(CHAMPS) is the MDHHS web-based, rules-driver, real-time adjudication Medicaid Management System used in the State of Michigan:**
CHAMPS Username: Click or tap here to enter text.
CHAMPS Password: Click or tap here to enter text.
Or, instead of providing CHAMPS Username and Password, give middletons2343 access to your profile. Initial here if you provided middletons2343 access _____.
(See attached instruction guide page 2)

**Please include the following documents:**

- ☐ Print NPI Registry that includes Taxonomy Code and Enumeration date
- ☐ Copy of professional license
- ☐ Copy of diploma
- ☐ Copy of CV/resume
- ☐ Three (3) professional references (relationship, phone, email)
- ☐ Copy of driver license

I, _____, hereby authorize Saginaw County Community Mental Health Authority to release and keep my personal information active to any and all insurance companies that I am eligible to enroll in for reimbursement of services provided as a SCCMHA network provider. I will be responsible for keeping my information up to date in CAQH quarterly and when my license is renewed and in CHAMPS every two years or when my license is renewed.

If applicable to me based on my credentials, I consent to allow Saginaw County Community Mental Health Authority to link me as an individual provider to their group for billing of services coordinated between SCCMHA & my Employer.

Staff Signature: _____Date: _____

Please send completed checklists and following documents to credentialing@sccmha.org and jenna.brown@sccmha.org

**Exhibit B**

# Instructions for Completing Insurance Credentialing Checklist

SCCMHA has partnered with Yeo & Yeo to get staff credentialed with various, as-needed insurances instead of each staff member going through this time-consuming process themselves. The provided checklist will need to be completed for Yeo & Yeo to get you credentialed. All fields and listed documents will need to be completed and sent in. Yeo & Yeo has experience in credentialing many providers and has done so for others in our provider network. For your privacy and information protection, we have engaged in business associate agreements that include HIPAA requirements with Yeo & Yeo and their software vendor. It is important that you be credentialed with these insurances, under CCBHC, anyone entering services with CPT codes (codes without letters) will need to bill to commercial insurance prior to using any Medicaid funding. SCCMHA as a provider of Medicaid services needs to be payor of last resort. Kati Krueger from Yeo & Yeo will be our commercial biller. Samantha Middleton will be assisting with the credentialing process.

Please review this document prior to starting so that you can have all the information ready to start the process to save you time and frustration.

**Information you will need during the application process:**

- You will need to provide your personal NPI number. If you do not know your number, you can look it up here: https://npiregistry.cms.hhs.gov/
    - The NPI Enumeration date is the date you received your NPI number.
- Other information you will need when creating your accounts & filling out the practice location information.
    - SCCMHA NPI: 1689778953
    - SCCMHA Tax ID: 383192817
    - SCCMHA Taxonomy: 251S00000X

**When accessing / creating your accounts, you may need these numbers:**

- CHAMPS Help Desk Number: 1-800-292-2550
    - If you were not the one to create your CHAMPS account and you are locked out, you will most likely need to contact the CHAMPS Help Desk to reset your security questions and account.
- CAQH Help Desk: 1-888-599-1771
- NPPES/PECOS Help Desk: 1-866-484-8049

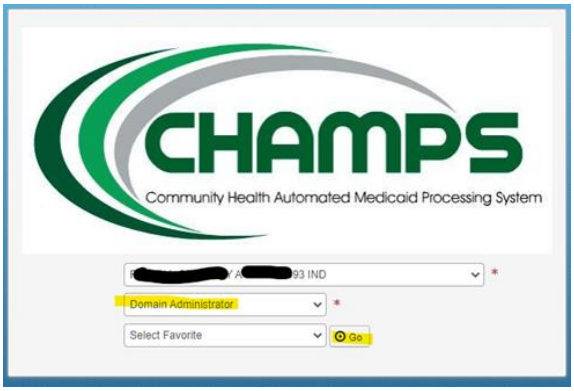
**You may also want the documents listed at the bottom of the attached checklist available when creating your accounts.**

## Creating Accounts

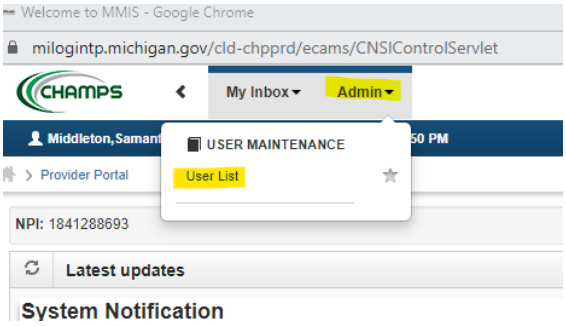
### CHAMPS

- If you are one of the few **not** already enrolled in CHAMPS, Yeo & Yeo will enroll you. Put "Not enrolled" in the username and password fields on the checklist.
- If you are already enrolled in CHAMPS, you can either give Yeo & Yeo your username and password or give **middletons2343** access to your profile. You can add her on this screen in CHAMPS:

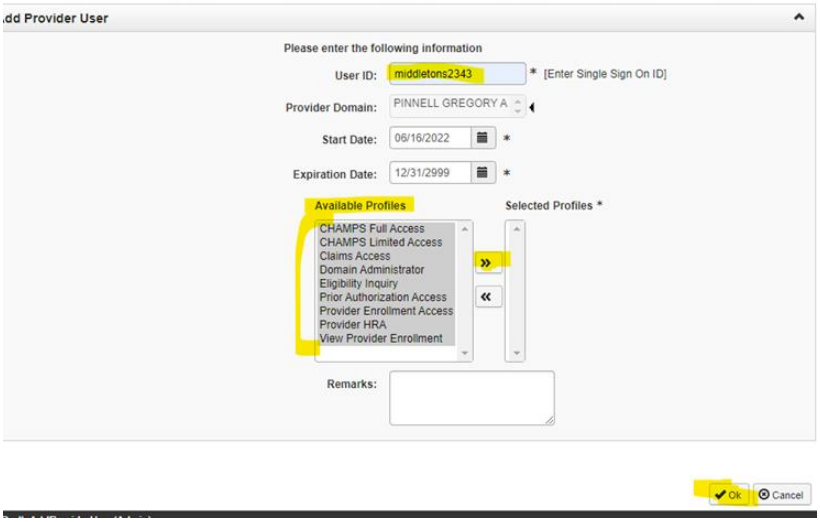
Once logged in to your CHAMPS profile, choose the following from the drop-down menus and click "go."




Then, in the top left corner of the screen, click "admin" then "User list."



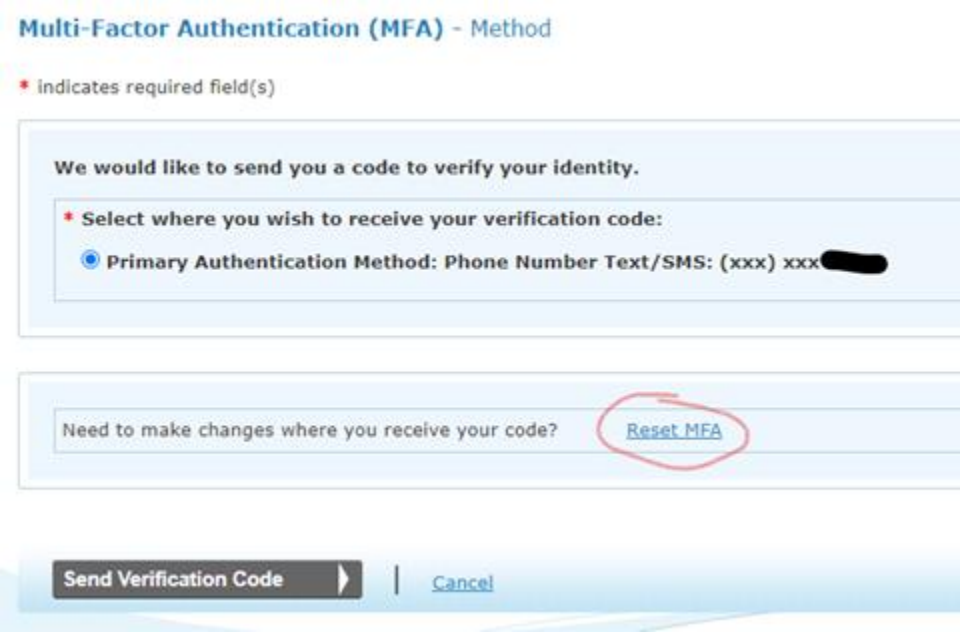

Then click "add" in the top left of the next screen. A window will pop up, where you will enter my user ID and select all of the available profiles. Click the arrow pointing to the right to add them. Then click "okay." Yeo & Yeo will now have access to your profile.



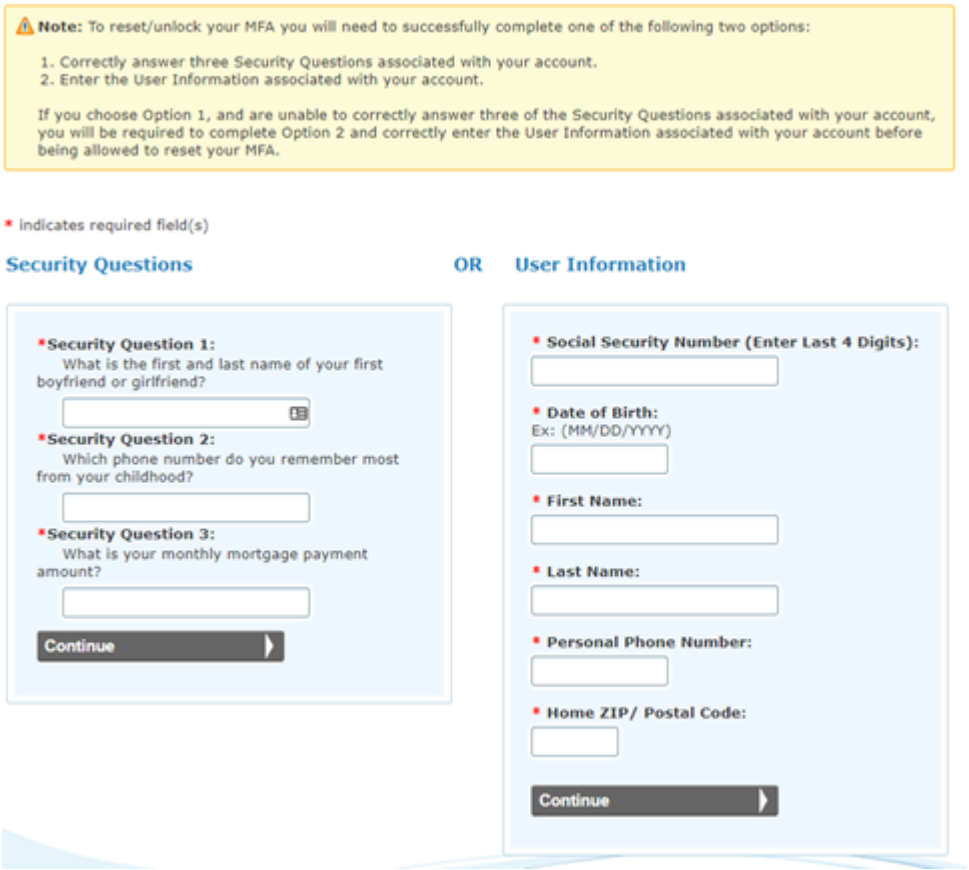

**NPPES/PECOS**

- NPPES and PECOS use the same username and password.
- If you do not have a NPPES/PECOS account, you will need to create one and provide your username and passwords.
    - It is necessary that you provide your username and password so Samantha can complete the credentialing process on your behalf and make any necessary updates over time.
    - Because of Multi-Factor Authentication for NPPES/PECOS, you will also need to add Samantha's email to your account, so she can login: sammid@yeoandyeo.com
        - To successfully add Samantha's email, you will need to email or call - to notify her that you are adding her email. This is because once you add her email, she will be sent a code that she will need to communicate to you within minutes to enter into your account. Samantha's phone number is 989-797-1400. See screen shots below:

Once you log in, you will either see a screen asking you to set up MFA for the first time -or- the screen showing where a validation code will currently be sent. If setting up for the first time, this is where you can add Samantha's email (let her know ahead so she can watch her email and forward the code to you.) If already set up, click "reset MFA:"




Then, choose one of the options on the next screen to change where the MFA code is sent to. From there the same process as above will follow.



**CAQH**

- You will need to complete the CAQH application, which may take up to two hours. While this seems like a lengthy process, CAQH contains all the information an insurance company needs to pull to have you credentialed. All insurance payers will gather your information from this site, so you do not have to provide this information to each one individually.
- The two items you will need to upload to CAQH are:
    - A release that will be downloaded from the site and needs your signature.
    - Liability insurance – You do not need to get your own liability insurance. Your employer will cover you under their liability insurance. They will need to provide you with a copy of the policy, with your name on it, to upload to your account.
- CAQH will send you a quarterly email to attest that there have been no changes in your information or make any necessary updates. Do not ignore these emails. If you do not attest quarterly, the insurance companies may start rejecting claims.

If you have any questions during this process, please contact your supervisor.

<table>
<tr><th colspan="3">Network Services Procedure Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Enrollment in CHAMPS (Community Health Automated Medicaid Processing System)</td><td>Chapter: 09.04.05 - Credentialing</td><td>Subject No: 09.04.05.05</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td>Effective Date:<br>3/6/18</td><td>Date of Review/Revision:<br>2/12/19, 2/10/20, 3/10/21, 10/10/22, 6/1/23<br>Supersedes:<br>09.06.00.08</td><td>Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education<br><br>Authored By:<br>Executive Director of Clinical Services<br><br>Reviewed By:<br>Provider Network Auditing Supervisor, Credentialing Coordinator, Human Resources, Director of Finance</td></tr>
</table>

**Purpose:**
To provide instruction on how and when to complete enrollment into CHAMPS (Community Health Automated Medicaid Processing System).

**Application:**
SCCMHA Board Operated and Network Clinical Staff

**Policy:**
All staff providing Medicaid services are required to enroll in CHAMPS prior to rendering and billing any services to Medicaid.

**Standards:**
All Master's level clinicians or above and Psychologists, Speech Therapists, Occupational Therapists, Physical Therapists, Dietitians, billing for services under Medicaid Insurance, must be enrolled in CHAMPS.
All external providers in the SCCMHA network will ensure master level staff are enrolled in CHAMPS.

**Definitions:**
None

**References:**
Credentialing and Recredentialing of SCCMHA Providers & Staff 05.06.03.01
Tracking of Credentials for Staff Electronic Signatures 09.04.05.02
Insurance Credentialing of Fully Licensed Clinical Staff 09.04.05.04

**Exhibits:**
None

**Procedure:**

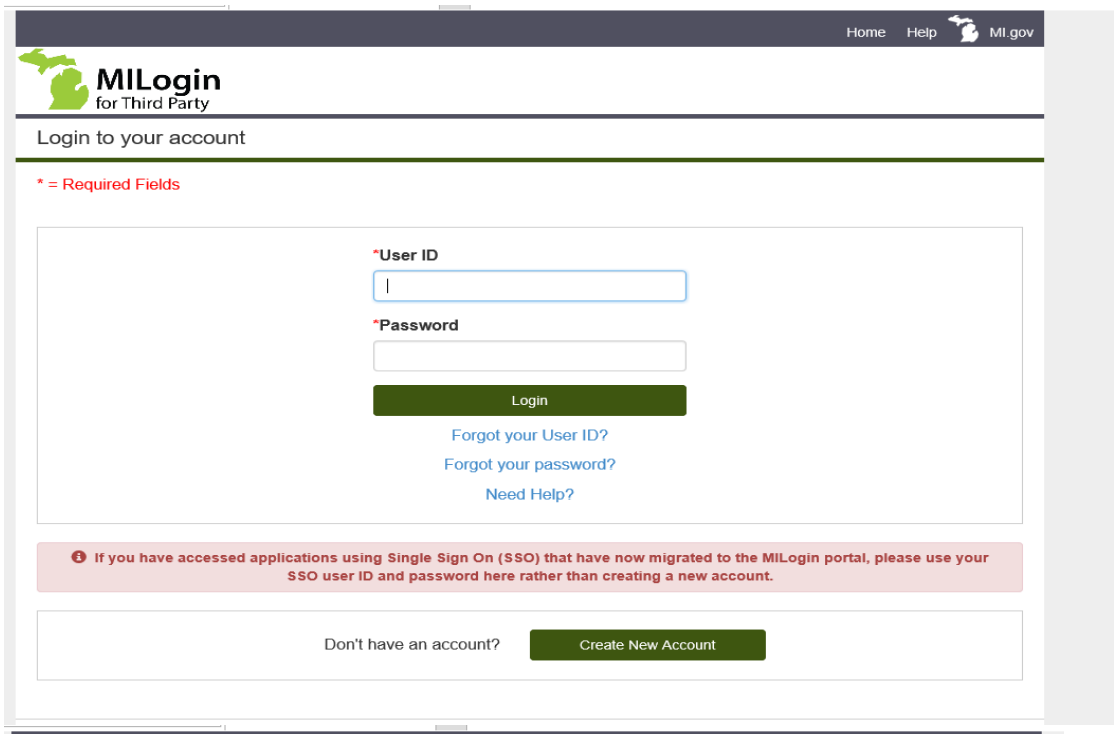
| ACTION | RESPONSIBILITY |
|---|---|
| 1. Notification from Human Resources of a new clinical staff is sent to Credentialing Coordinator | Human Resources staff |
| 2. Complete the enrollment process. SCCMHA Credentialing Coordinator will inform staff of the need to enroll and assist with any problem solving. | SCCMHA and Network Provider staff and SCCMHA Credentialing Coordinator |
| 3. Notify SCCMHA Billing of successful completion of the process email | SCCMHA and Network Provider staff |
| 4. Verification of Enrollment | Provider Network Auditing Supervisor |
| 5. Will ensure staff record includes enrollment in CHAMPS in order to bill for Medicaid services. | SCCMHA Billing Unit in the SCCMHA Finance Department |

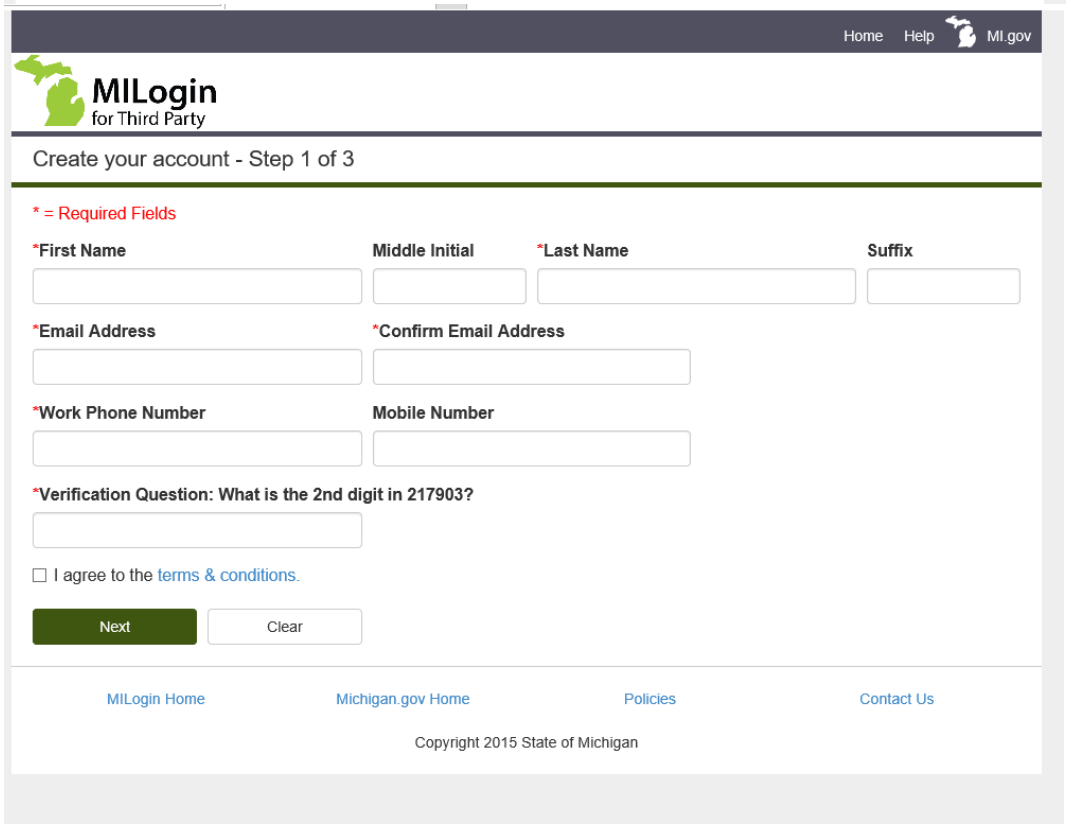
CHAMPS Instructions

Copy and paste this link to your browser:

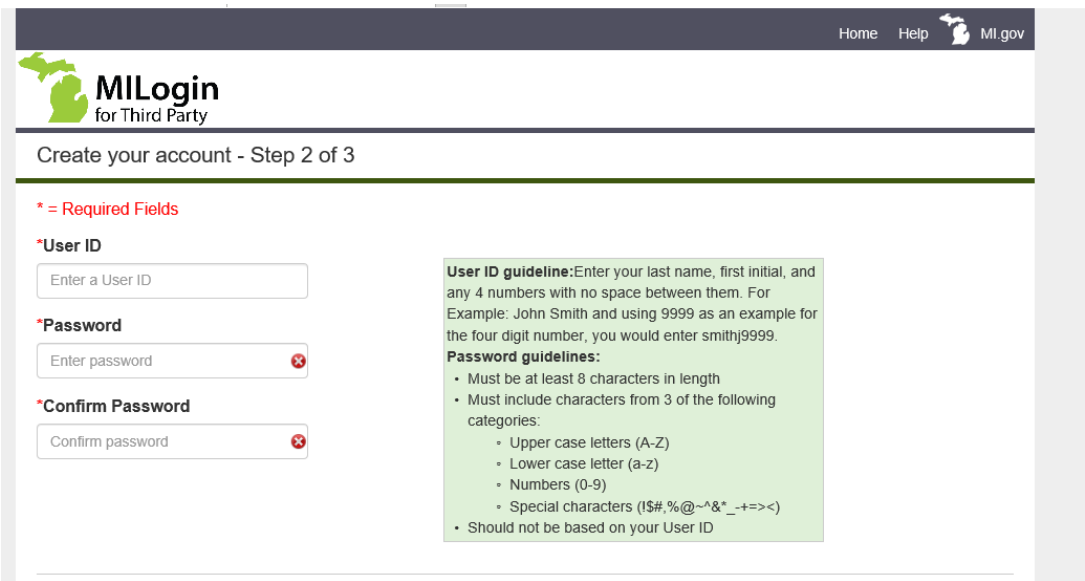
https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/

Click on Create New Account



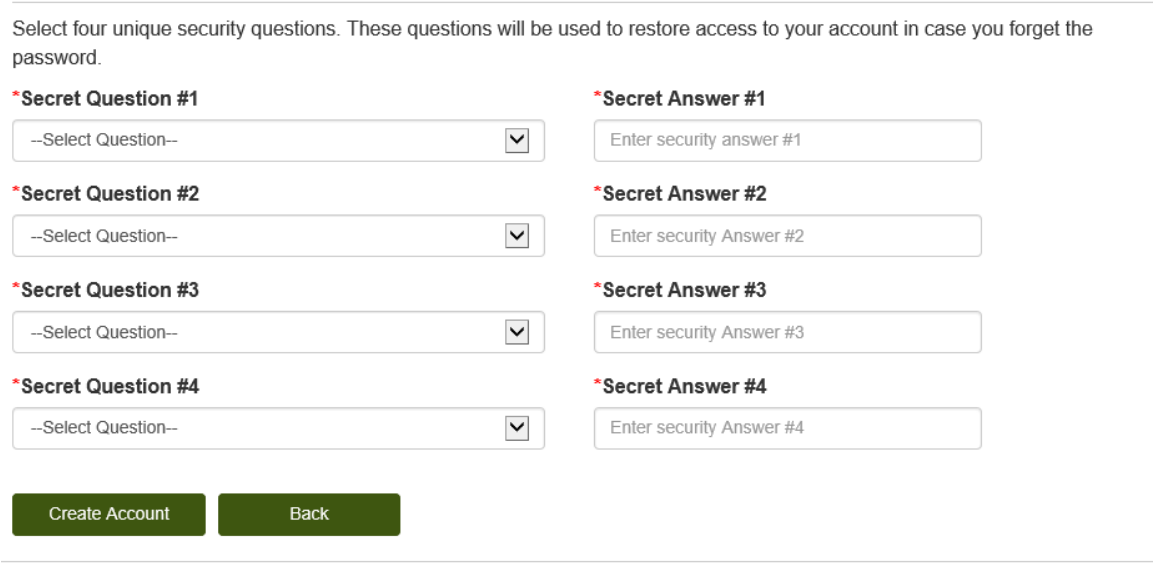




Fill in the above information and click next. NOTE: Your verification question may be different than others.

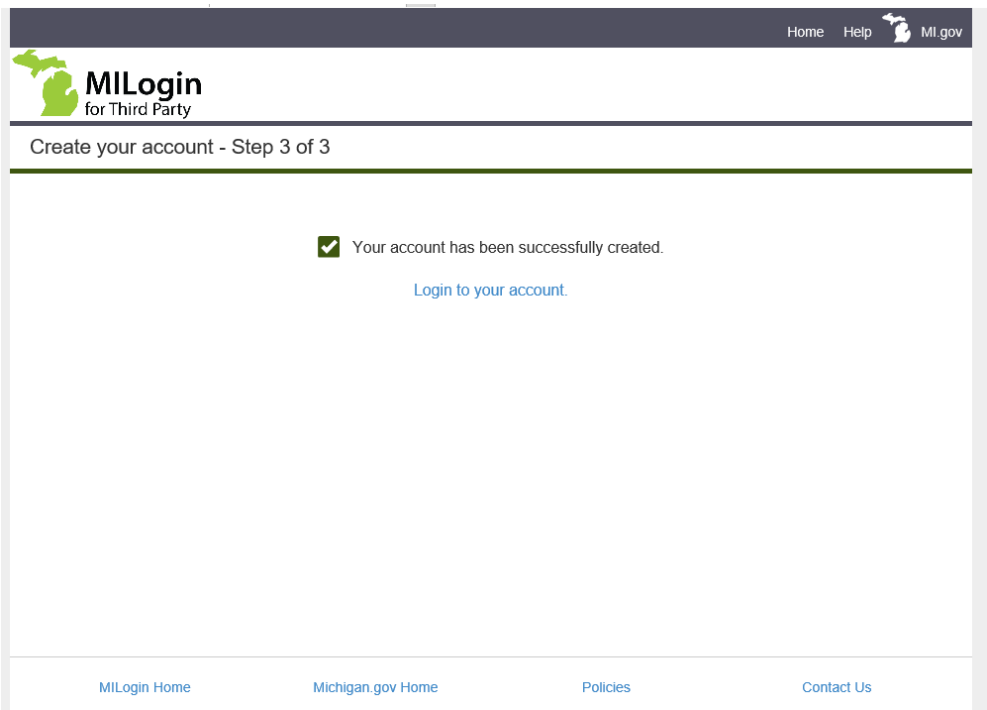



Complete the User Id and Password info

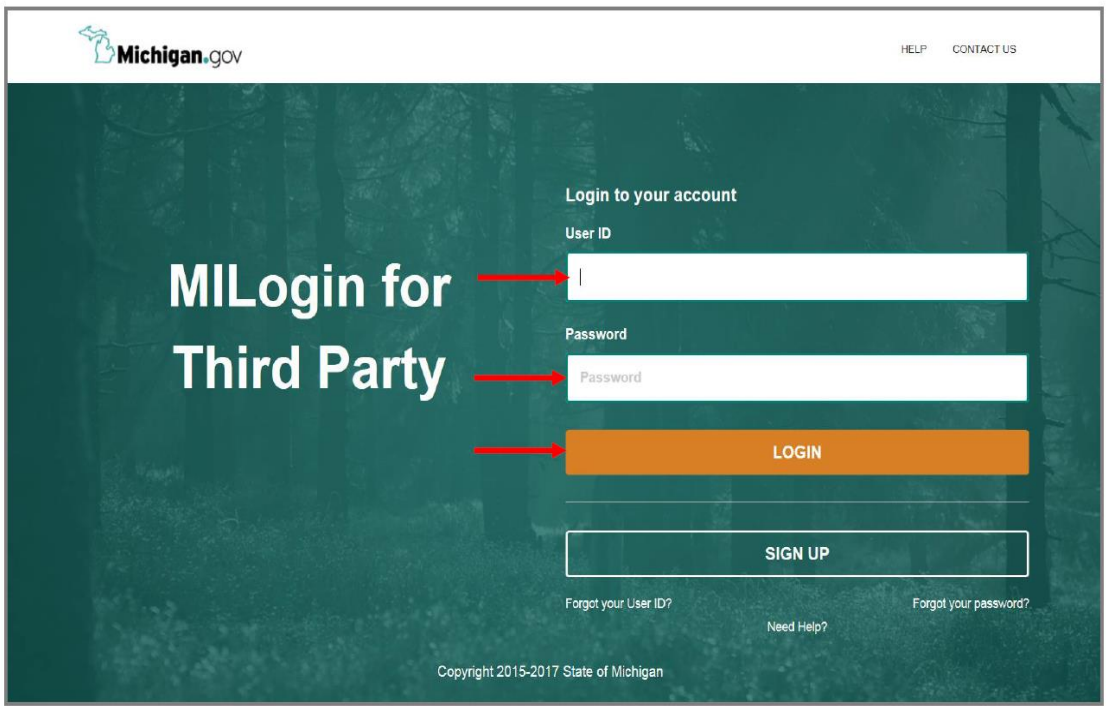
Select your personal security questions and answers (This is in case you forget your log on and password at a later date). Click create account.



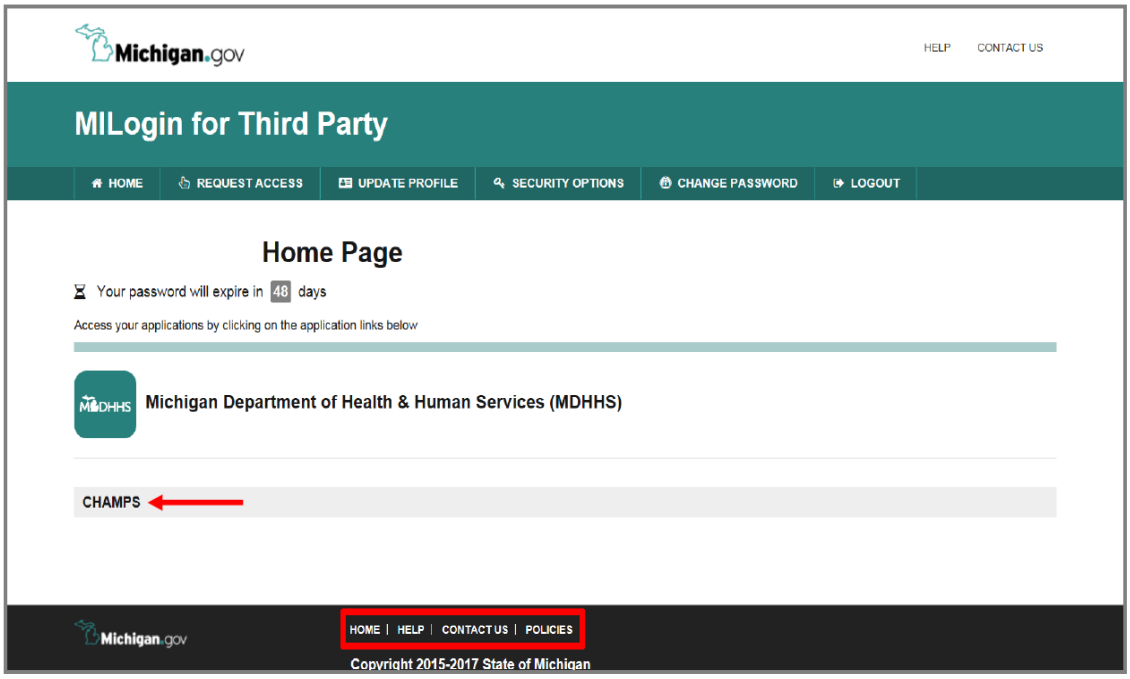

If you have been successful, you will see this screen



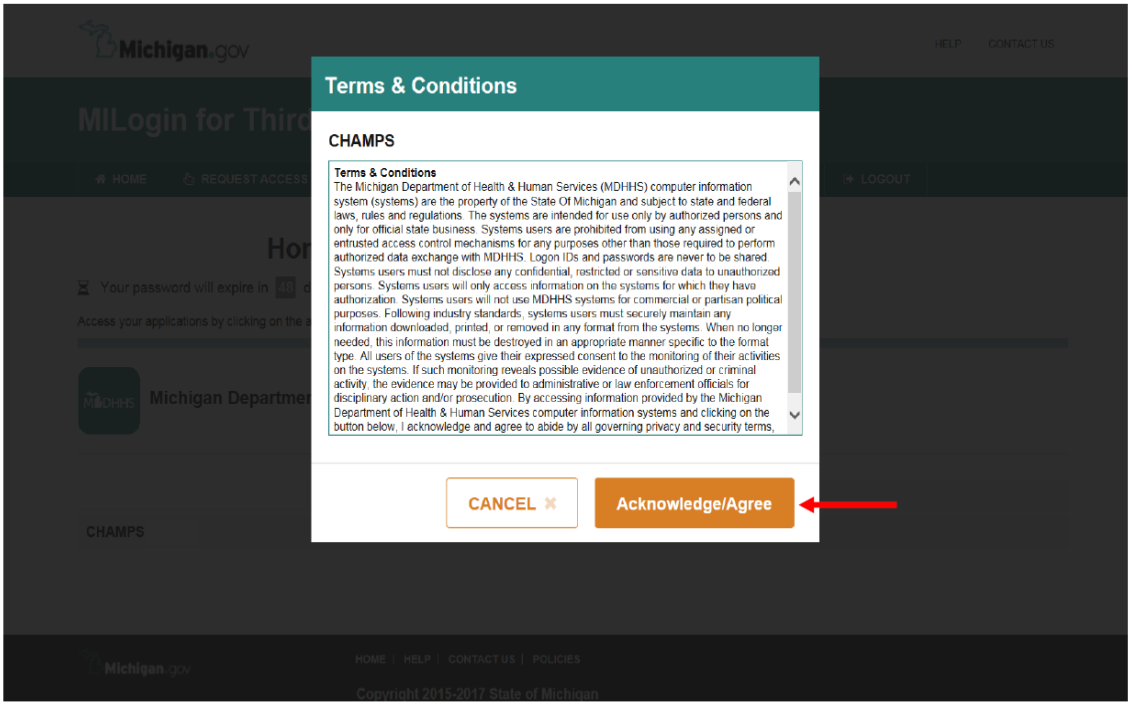

Log on to your account.




When you've logged on you will see this page.  Click on request access.

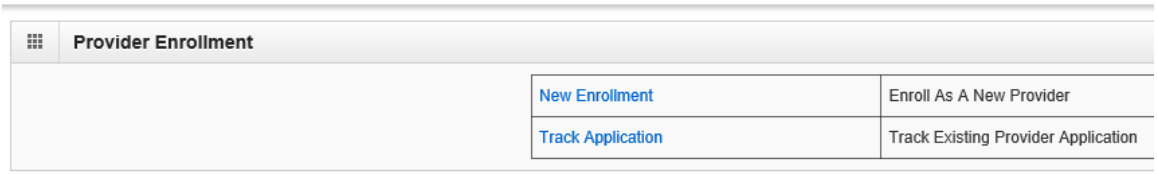



- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

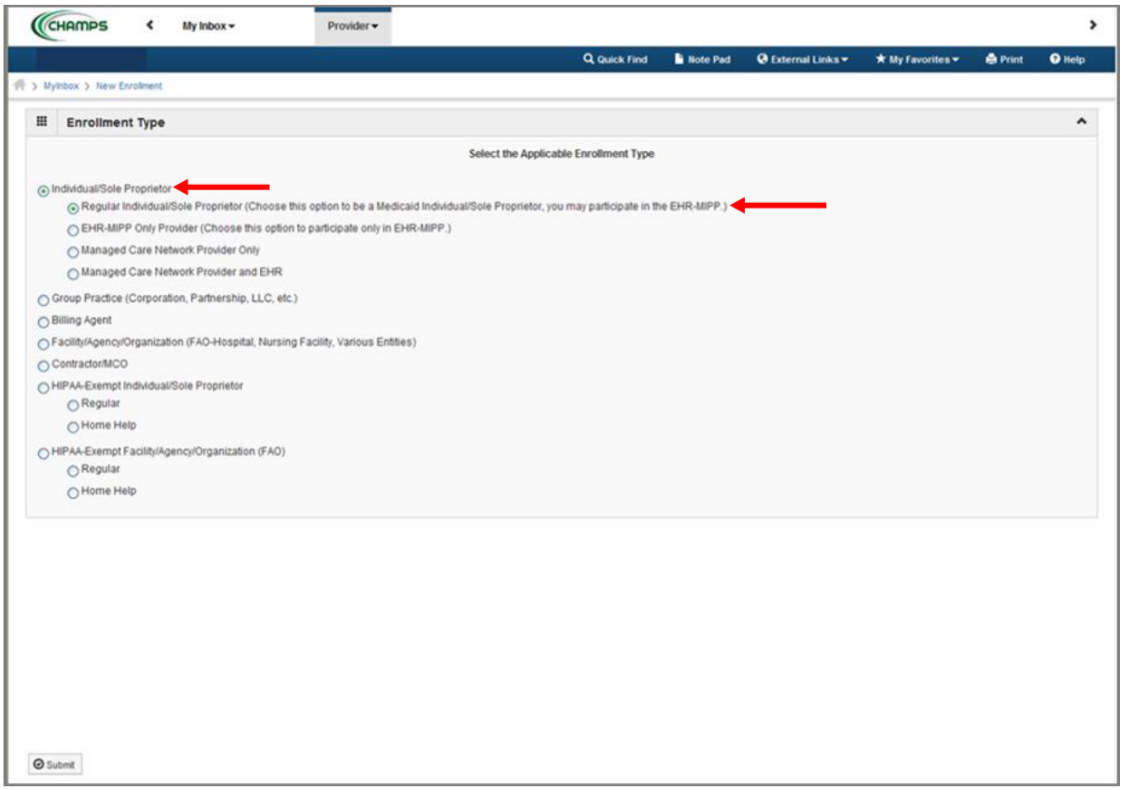



- Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS

Once you acknowledge/Agree, this screen will appear. Select New Enrollment (if you are starting the application for the first time).




Once you've hit submit an Enrollment screen should appear. It will have several "Steps" and you will have to complete each step - unless it is listed as an "optional" step. These steps and/or the wording in the steps may have changed a bit but I think you'll be able to figure them out. If not, contact Provider Support at 1-800-292-2550, they will walk you through this entire process.




- Select the appropriate Provider/Enrollment Type

***Choose:*** **Individual/Sole Proprietor, then click submit.**

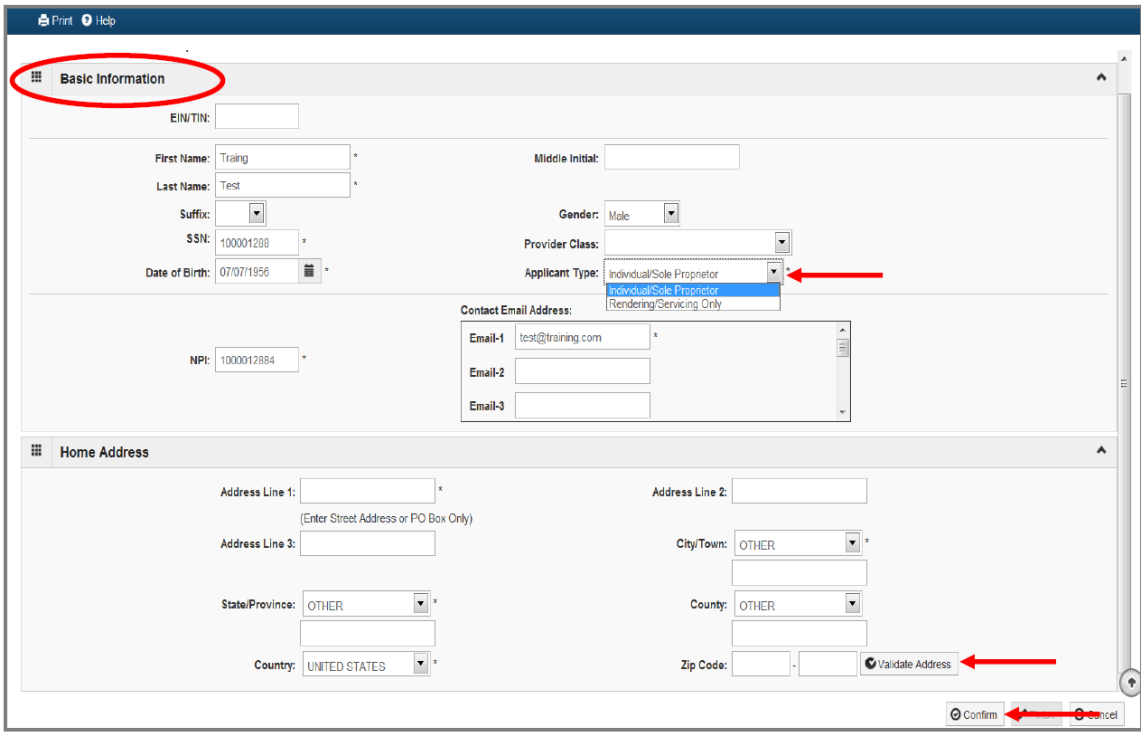
***Step 1: Provider Basic Information***

Select Render/Servicing Only on Applicant Type
Enter your NPI

Enter Home address in Line 1 & Zip code and four digits, then click validate address.

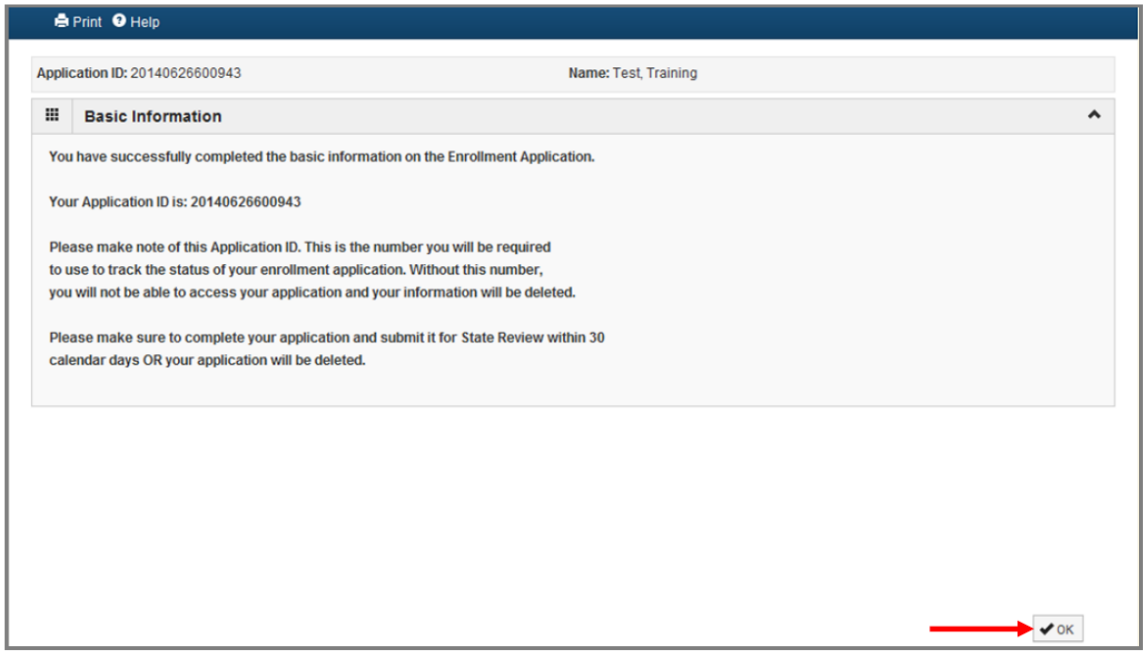
Please include the following email addresses:

Credentialing@sccmha.org, Melynda.Schaefer@sccmha.org and your own email address to help track the application.




Click Confirm.

**Copy down or Print Your Application ID is: 12345678901234. This will be needed later.**

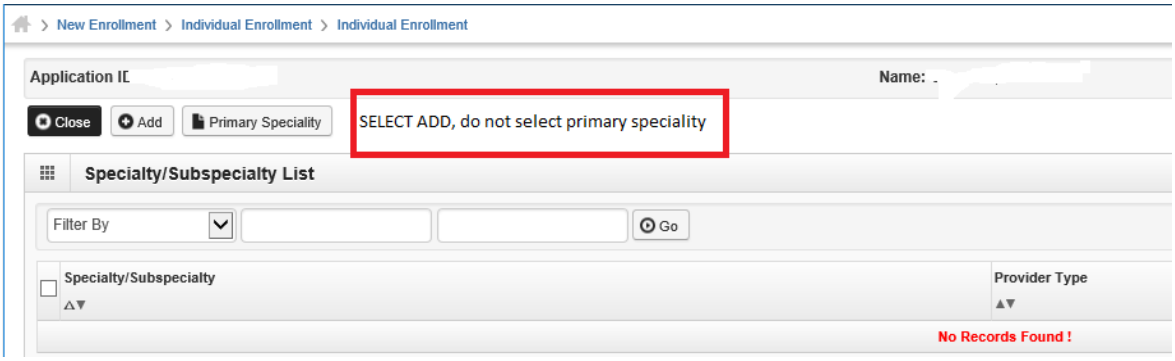



- After completing the basic information, select OK

---

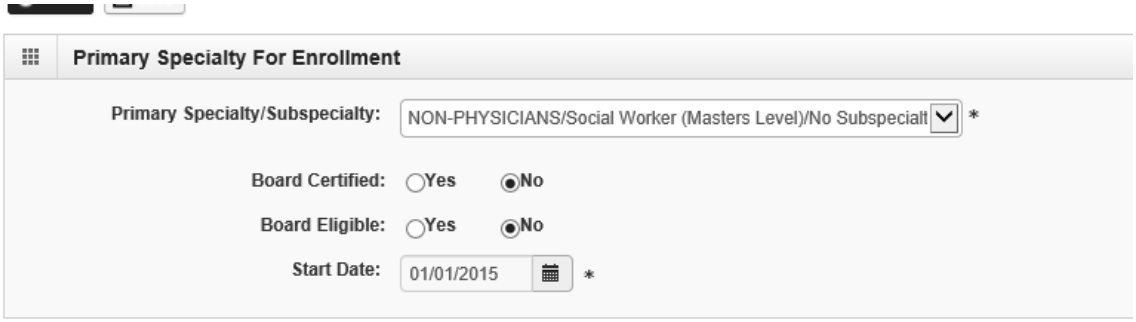
***Step 2: Specialties***

Select add
(Add primary specialty).



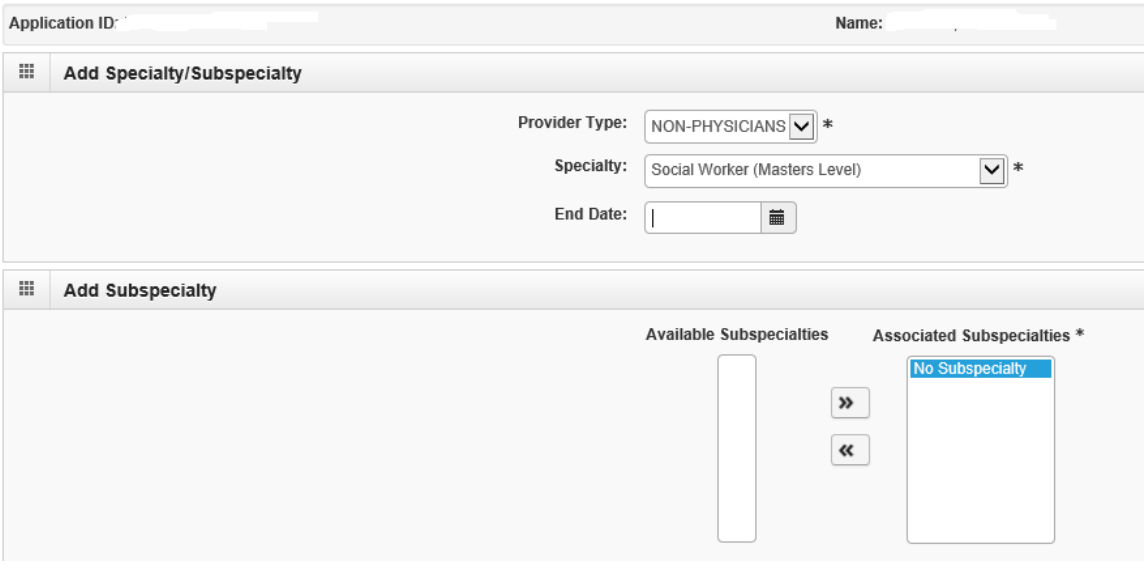

***SPECIALTY:***

Now click primary specialty, select your subspecialty. MSW and LMSW should be pre-populated. Do not worry about the start and end dates.




***SUBSPECIALTY:***

If MSW or LMSW select non-Physician in the drop down and specialty is Social Worker (Masters Level). Your end date is: 12-31-2999 (yes, the year should be 2999; if you select any other date; it will be necessary to revalidate each time the expiration date ends.




Please Note: No subspecialty needs to be in the right-hand column. Click SAVE on the top of the page (left hand side). Then click close. Then close again.

***Step 3:  Associate Billing Provider***

Select NPI, and enter the agency NPI number and confirm provider.  1689778953




You will need to add more NPI numbers by clicking add button and confirming each time.

SEDW is:  1467778167
CHW is: 1093031791

Click close when finished.

***Step 4:  License/Certification Section***

Click add, using the drop down select State Professional License and enter you license number to the right.  Enter the state your license is from, Michigan.  Enter your effective date of your license, click confirm (your end date will auto populate) and then ok and then click close.




***Step 5: Add Provider Controlling Interest/Ownership Details***

Optional step, disregard this step.

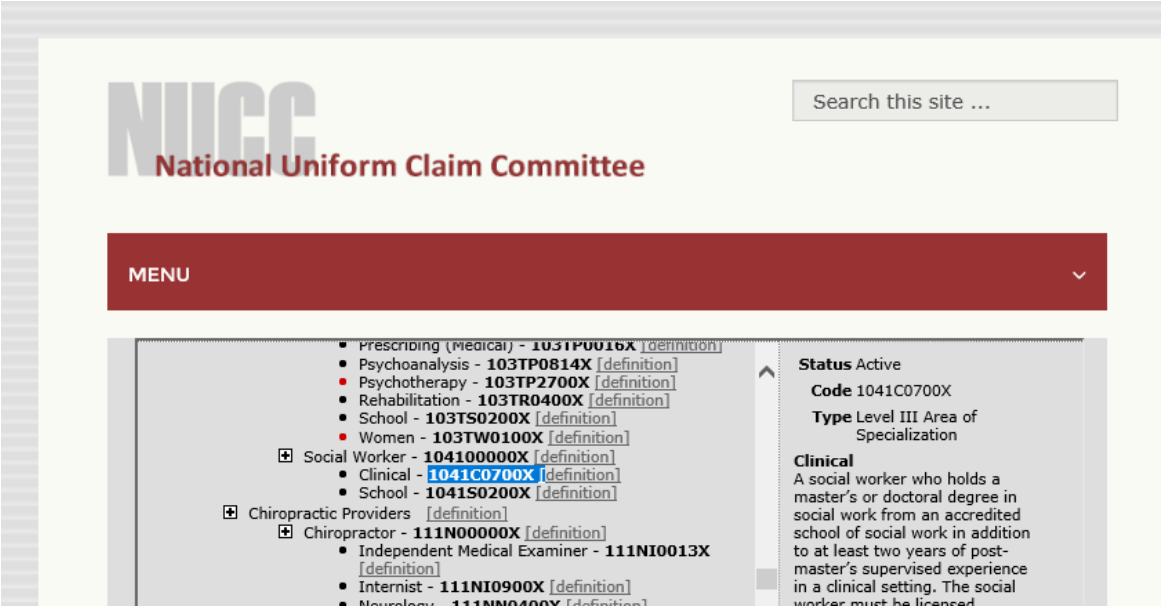
***Step 6: Add Taxonomy***

Click add, you can type in your Taxonomy code if you know it.

If you do not know it click on the triangle to the right of the taxonomy code box and that will take you out of the CHAMPS system and into the National Uniform Claim Committee page where you can look up the correct Taxonomy code.

Once you found the correct Taxonomy code you can just copy and paste it into the Taxonomy Code box in the CHAMPS system. Again, once you have finished this enter the "Start Date" and then click on "Confirm Taxonomy" button which populates the description of the taxonomy code you just entered and then click on Ok.

Again, if you have more than one taxonomy code click the "Add" button and repeat the same steps. Otherwise, click on "close" and this will take you back to the main menu.

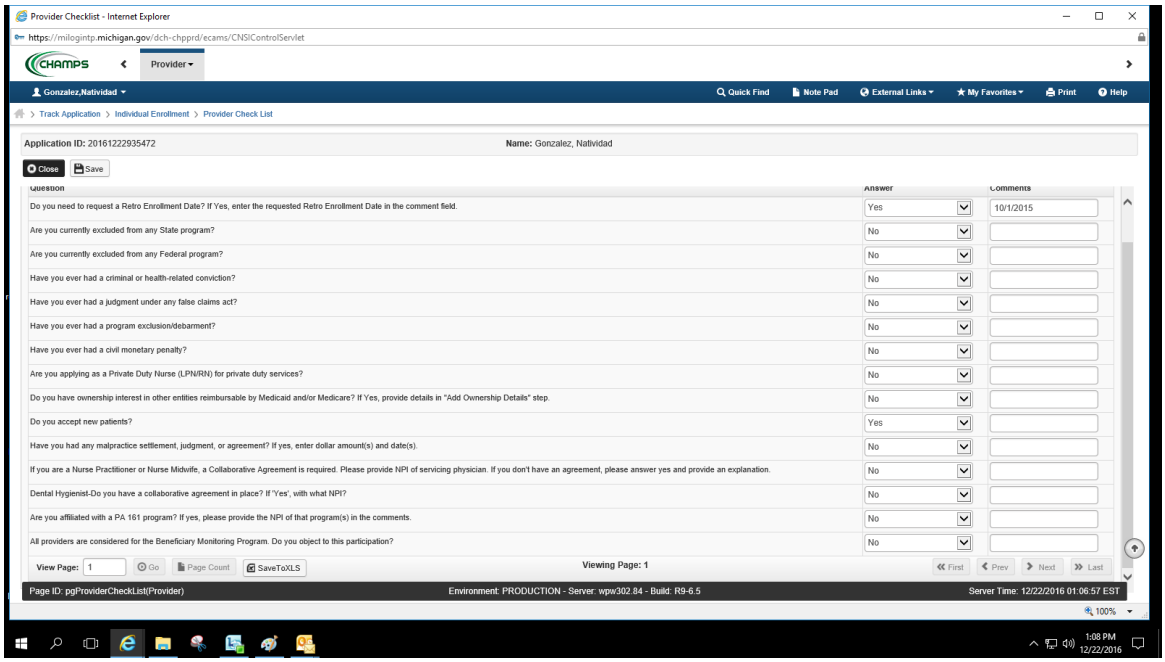



***Step 7: Associate MCO Plan***

Optional step, disregard this step.

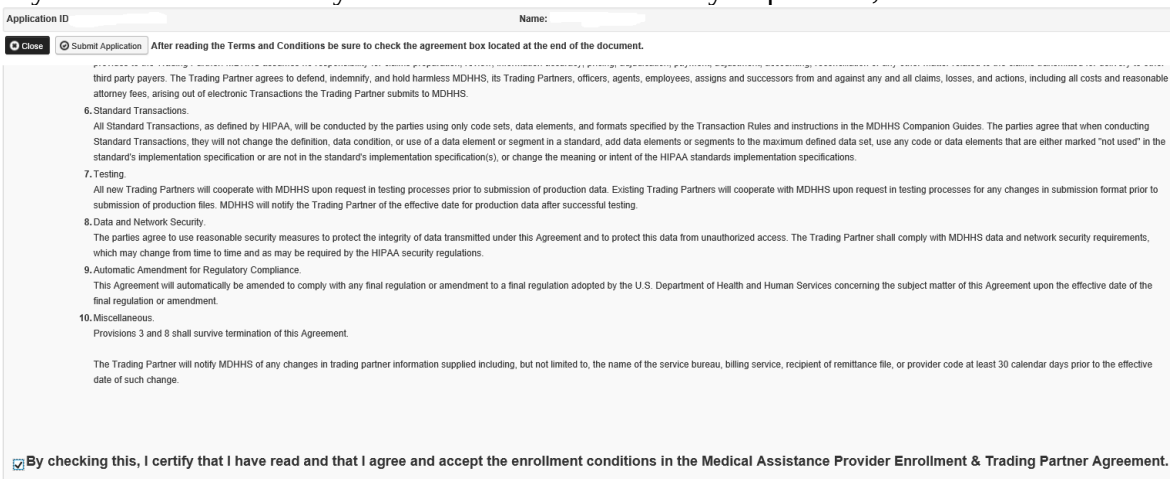
## ***Step 8: Complete Enrollment Checklist***

Respond to all questions. NOTE: Please retroactive your application one year prior to the date of this form. When completed, save and close. NOTE: Are you affiliated with PA 161? The answer should be no.




## ***Step 9: Submitting your application for review.***

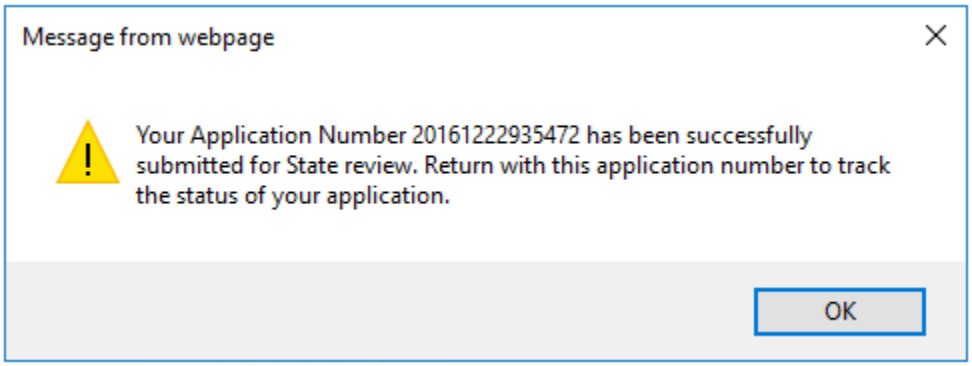
If you have entered all of your information as accurately as possible, click Next.




If you agree to the Terms and Conditions you need to click on the Electronic Signature box located at the bottom of the page

Once you have clicked on the "Submit Application" the application is now be sent to MDHHS Provider Enrollment to go thru the approval process.

At any time you can check the status of your application by using the 14 digit application ID provided in the message back you receive.




Click ok and close. You have successfully submitted your CHAMPS application for the State of Michigan.

You will receive a mailing to your home address, please copy and submit to HR.

In addition: Please send an email to Melynda.Schaefer@sccmha.org and credentialing@sccmha.org so we may add you to the billing module as a rendering provider for SCCMHA.

Thanks in advance!

<table>
<tr><th colspan="3">Network Services Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Applying for your NPI Number or Updating your NPI with NPPES/CMS</td><td>Chapter: 09.04</td><td>Subject No: 09.04.05.06</td></tr>
<tr><td colspan="3">Network Services and Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:<br>1/19/2021</td><td>Date of Review/Revision:<br>1/19/2021, 3/10/21, 6/1/23</td><td rowspan="2">Approved By:<br>Jennifer Keilitz, Director of Network Services, Public Policy, and Continuing Education<br><br>Authored By:<br>Credentialing Coordinator<br><br>Reviewed By: Credentialing</td></tr>
<tr><td>Supersedes:<br>09.06.00.14</td></tr>
</table>

**Purpose:**
To assist staff with applying for their National Provider Identifier (NPI) number or updating their contact information with NPPES.

**Application:**
All Saginaw County Community Mental Health (SCCMHA) staff submitting Service Activity Logs (SALs) or Network providers submitting claims for payment through SCCMHA.

**Policy:**
None

**Standards:**
None

**Definitions:**
**NPPES:** National Plan & Provider Enumerator System
**Taxonomy**: Administrative code set for identifying the provider type and area of specialization for health care providers.
**SALs:** Service Activity Logs

**References:**

09.02.08.05.04 NPI Provider Procedure – Finance

**Exhibits:**
None

**Procedure:**

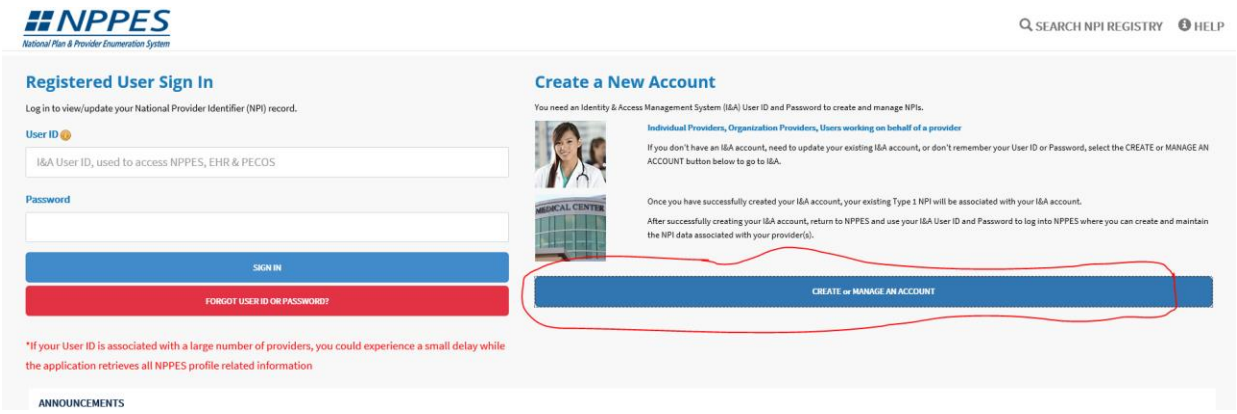
| ACTION | RESPONSIBILITY |
|---|---|
| 1. Staff or Provider is assigned to work and provide services to SCCMHA consumer. | 1. Staff and/or supervisor. |
| 2. Staff are required to apply for a National Provider Identifier (NPI) | 2. Staff |
| 3. Submission of NPI to Credentialing Coordinator for entry into SENTRI staff profile. | 3. Staff and Credentialing Coordinator |
| 4. If staff have an existing NPI and need to update your contact information. (Starts on page 21). | 4. Staff and Credentialing Coordinator |

Applying for your NPI number

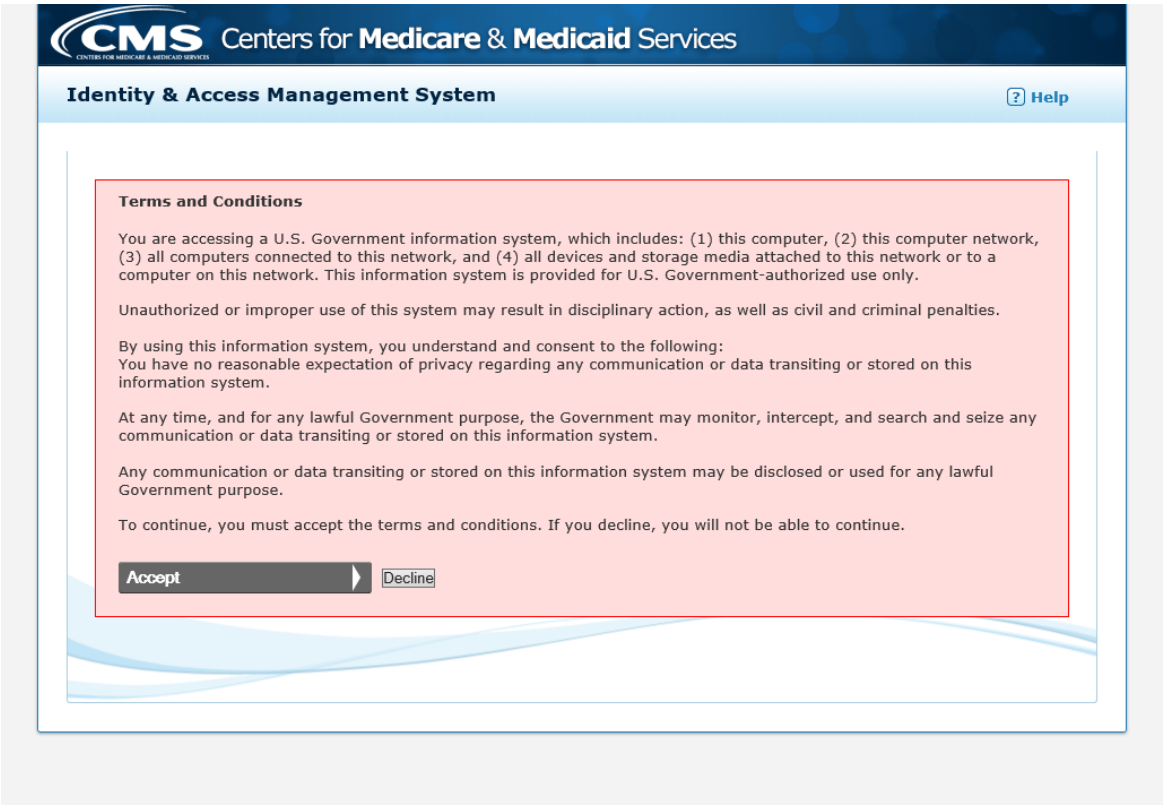
Website is: https://nppes.cms.hhs.gov/#/

Step 1:

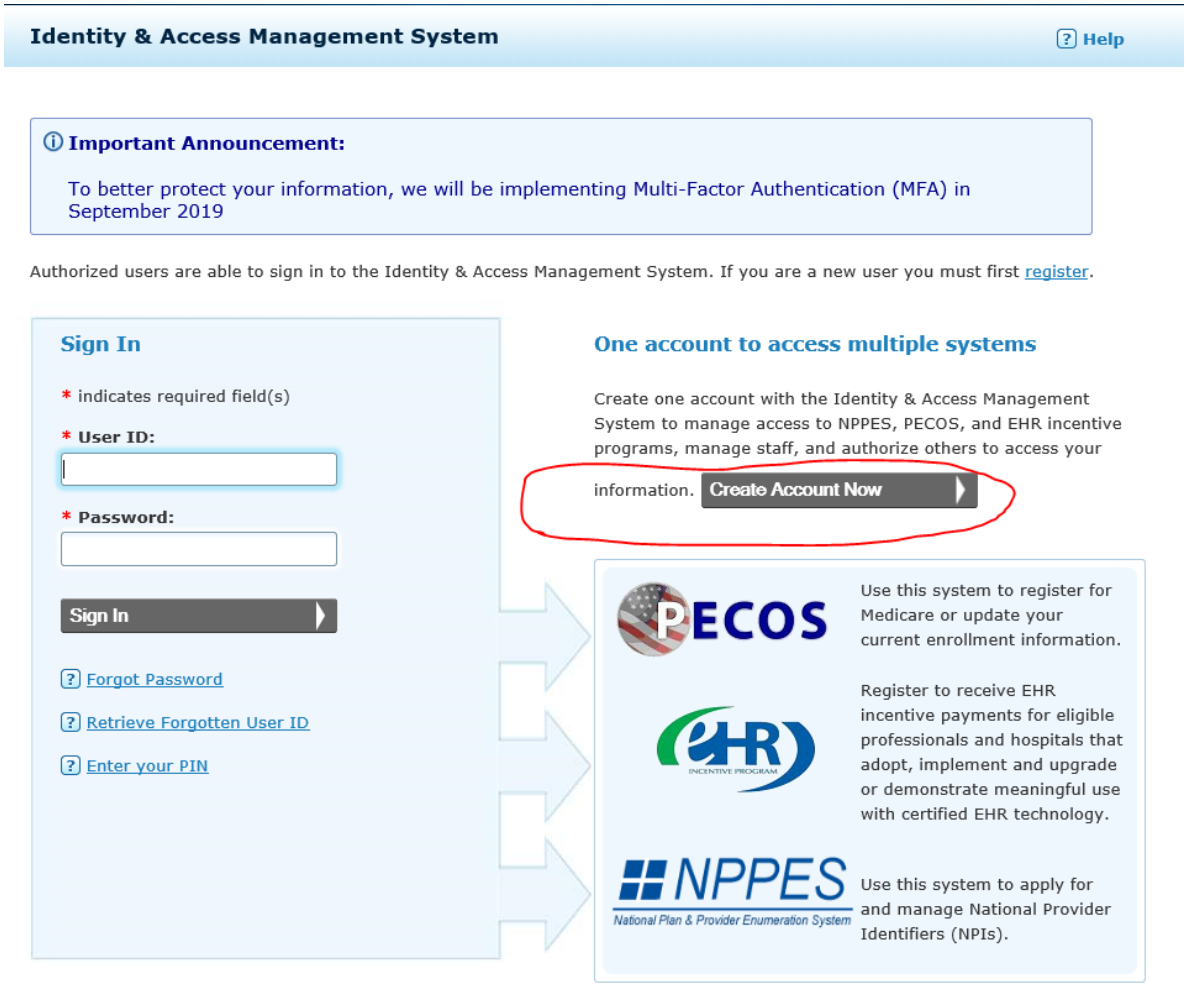
Create a new account



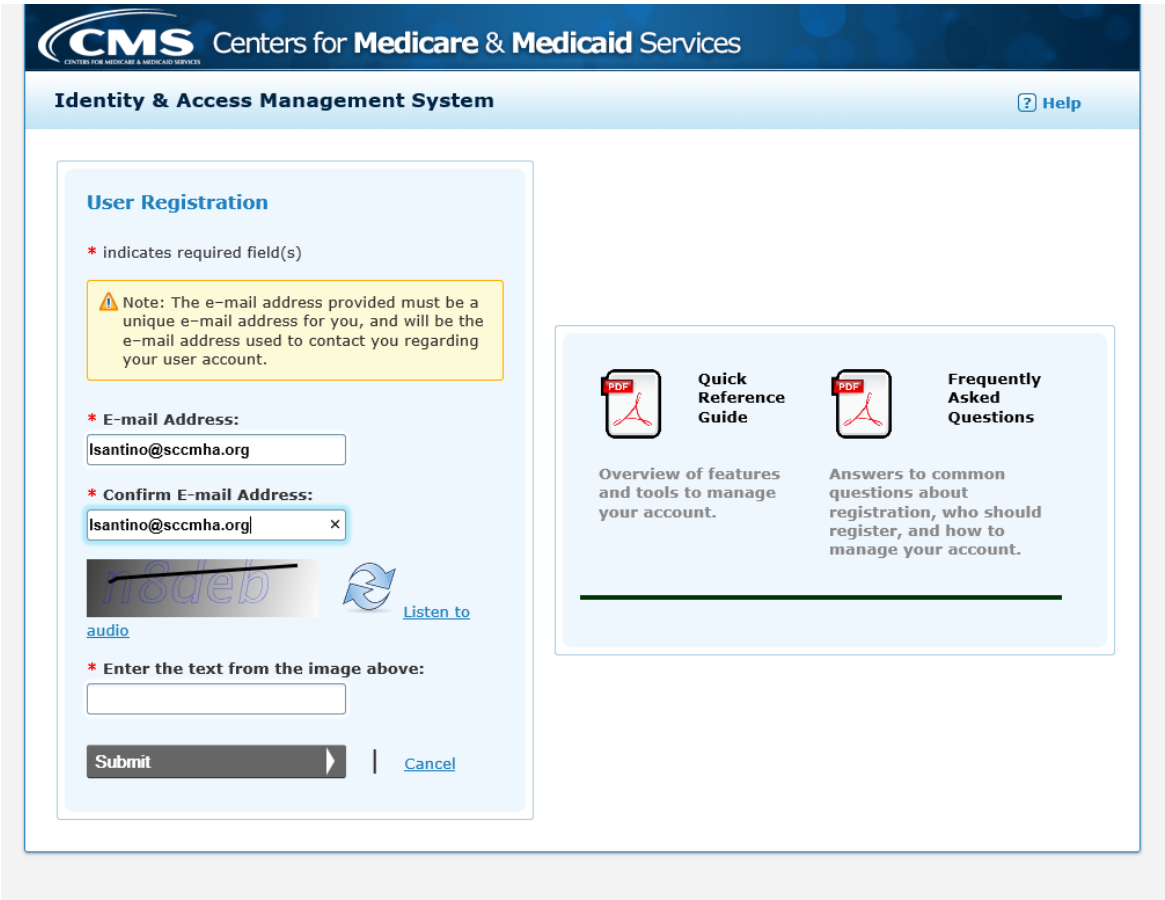

Accept and click the submit (arrow button)


CMS Centers for Medicare & Medicaid Services
Identity & Access Management System
Help
Terms and Conditions
You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
By using this information system, you understand and consent to the following:
You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.
At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.
To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.
Accept
Decline

Click on “Create Account Now” button



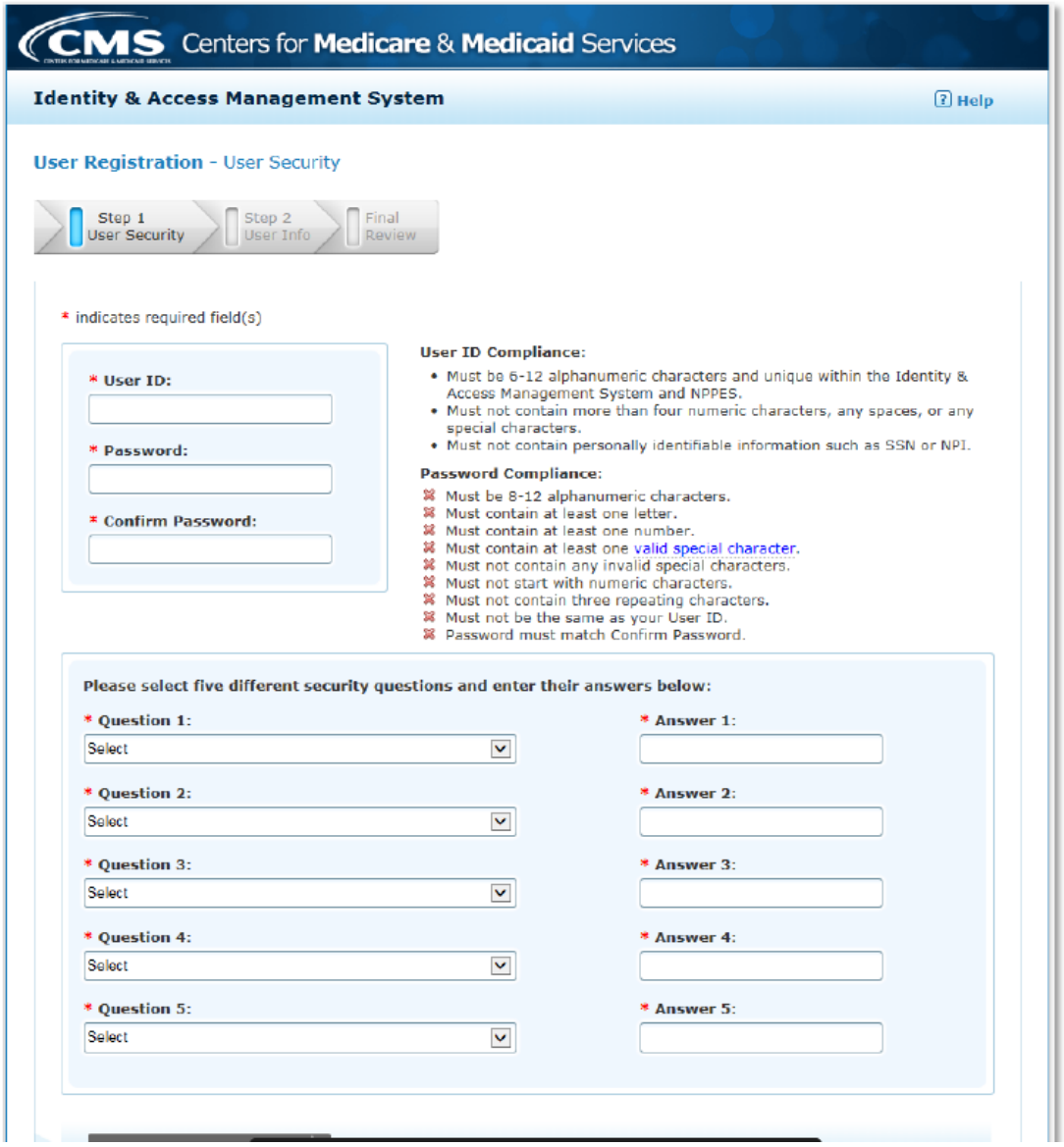
Enter your email address, the text in the image (yours will be different than mine) & submit



Enter the information required and click continue

*Identity & Access System Quick Reference Guide*

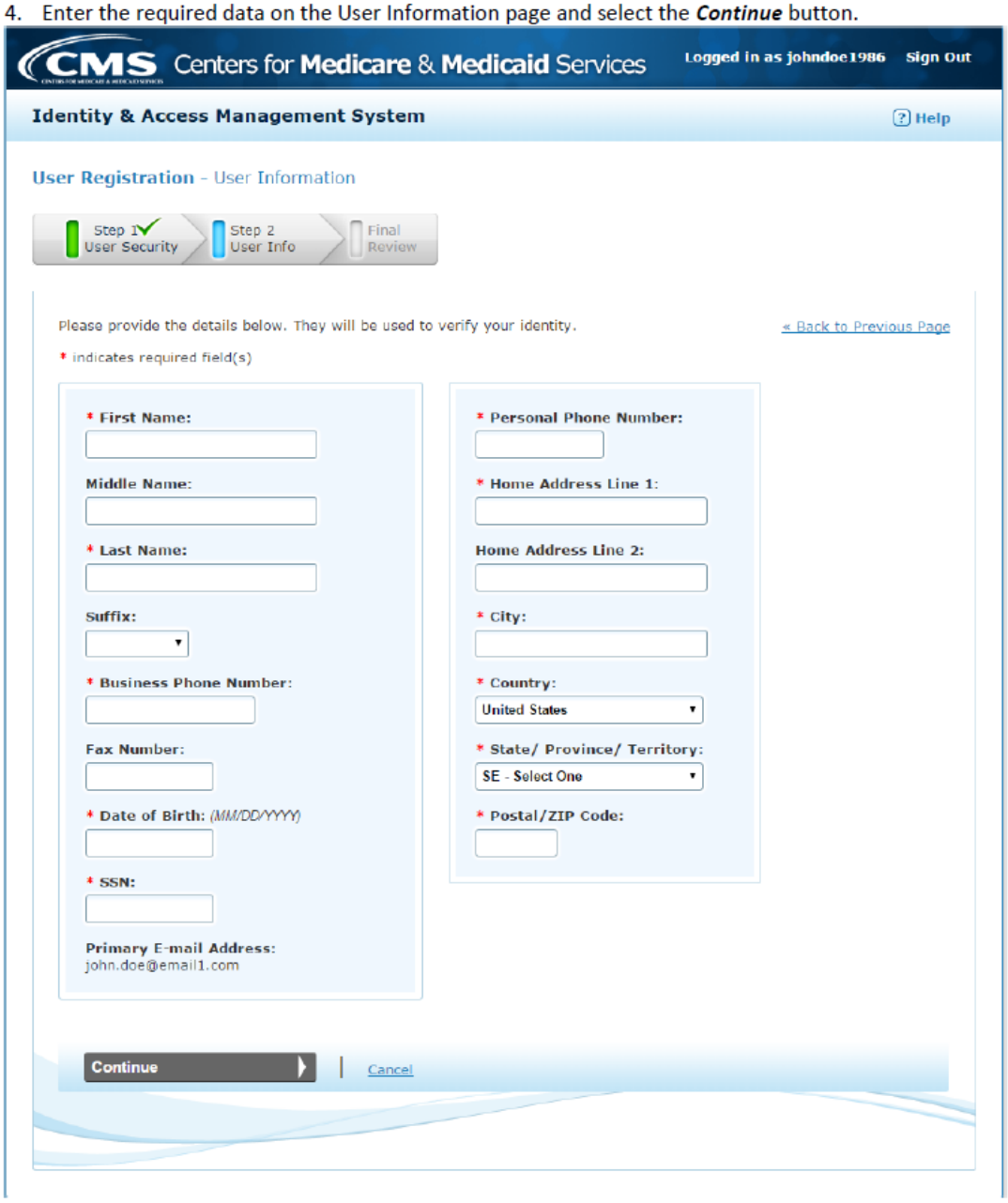
3. Enter the required data on the User Security page and select the ***Continue*** button. Security Questions and Answers cannot be duplicated. You must select 5 different questions, each having a unique answer (different from the other 4 answers).



Enter the required information and click continue

*Identity & Access System Quick Reference Guide*

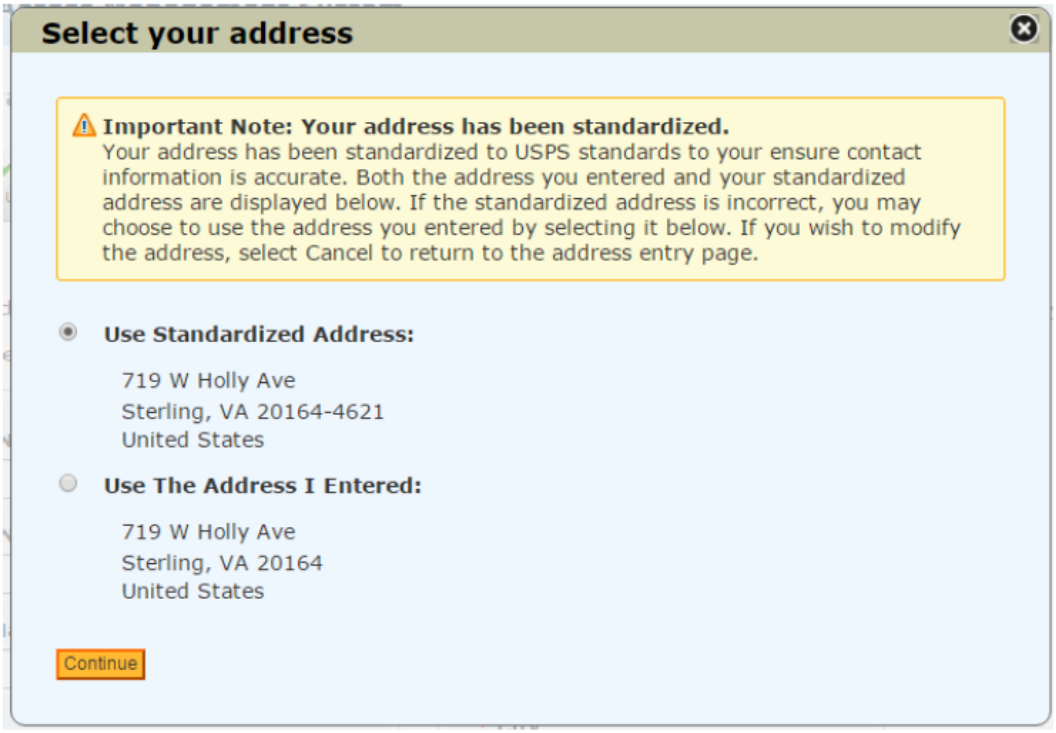
4. Enter the required data on the User Information page and select the ***Continue*** button.



It will request you standardized your address, please click “Use Standardized Address” bubble and click the Continue button



5. The system will attempt to standardize your address to meet USPS standards. If the standardized address is different from what you entered. The system will alert you. We encourage you to use the standardized address unless it is incorrect.



You will receive this message, click on “Continue to Homepage”.

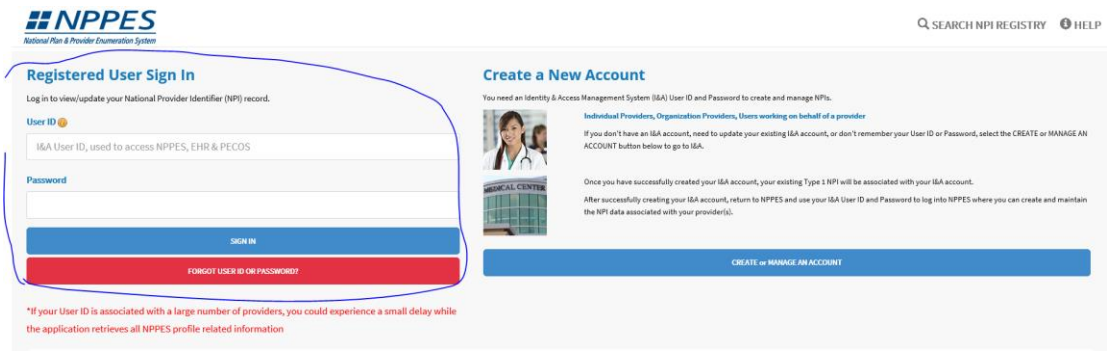
*Identity & Access System Quick Reference Guide*

6. Your registration is complete, select the ***Continue to Homepage*** button to be navigated to your I&A Home page.

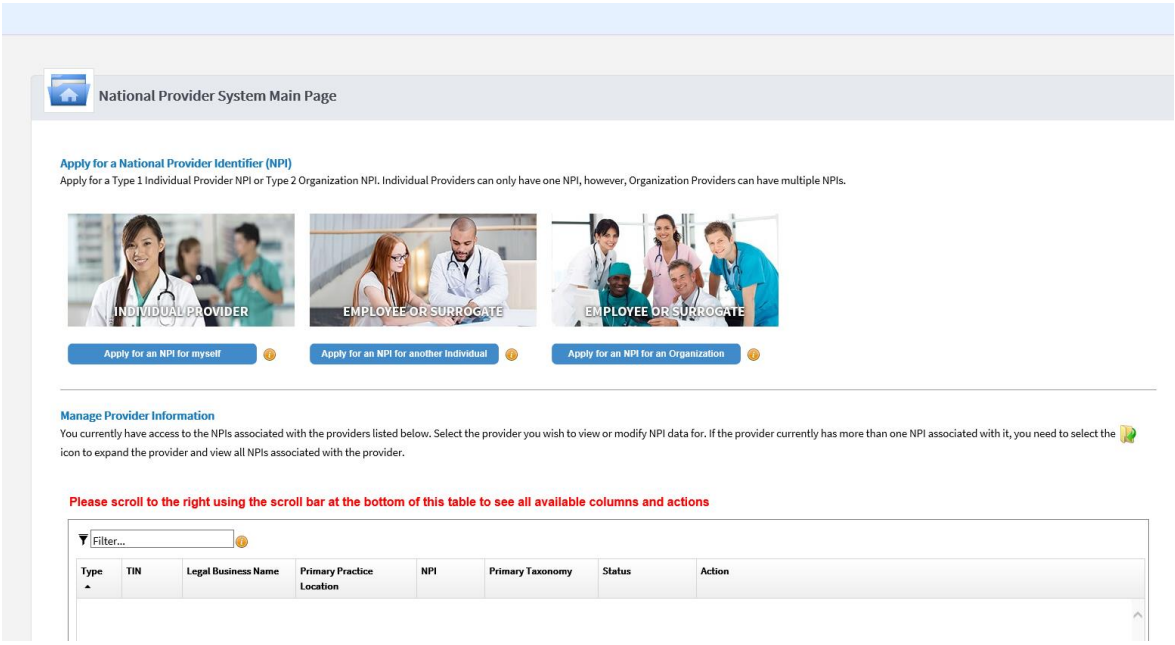


Step 2:

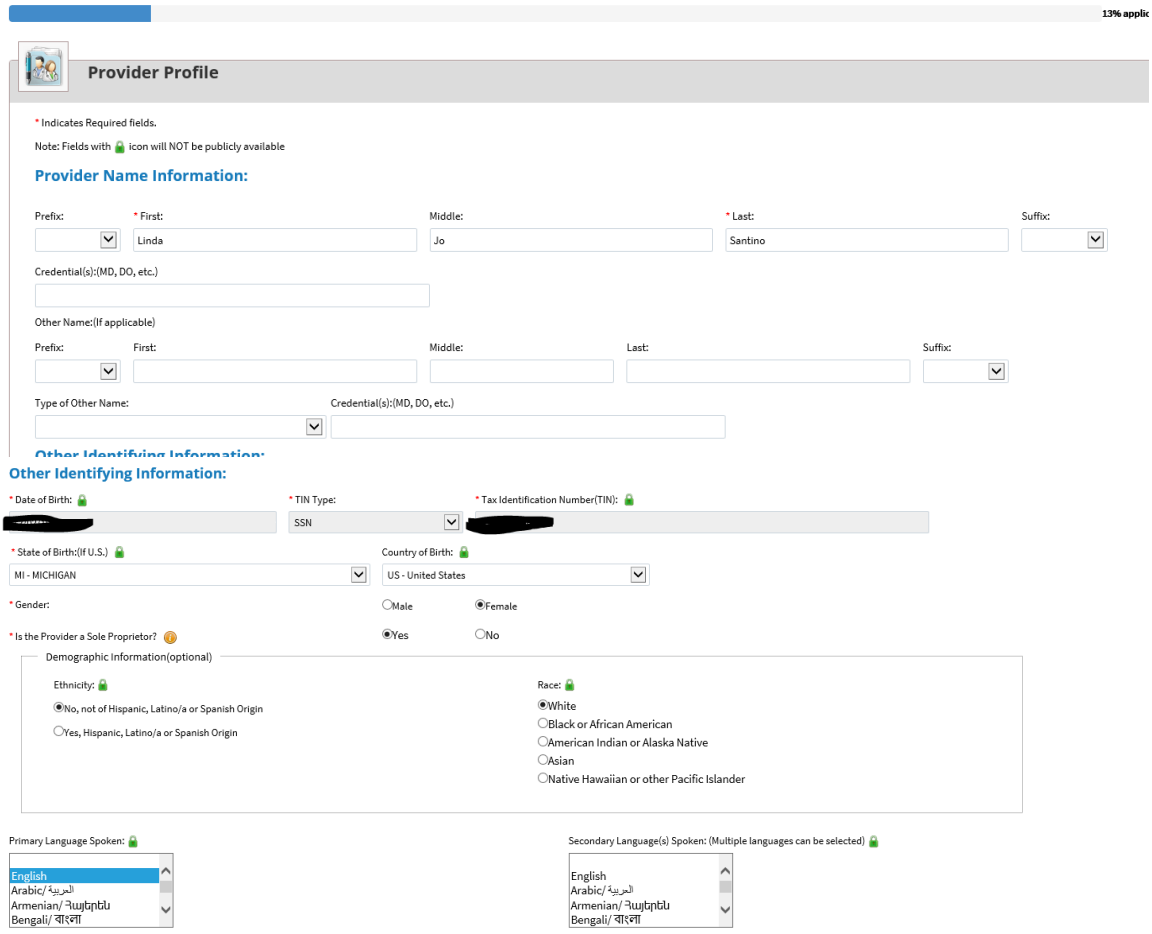
Log in using the user name and password you established



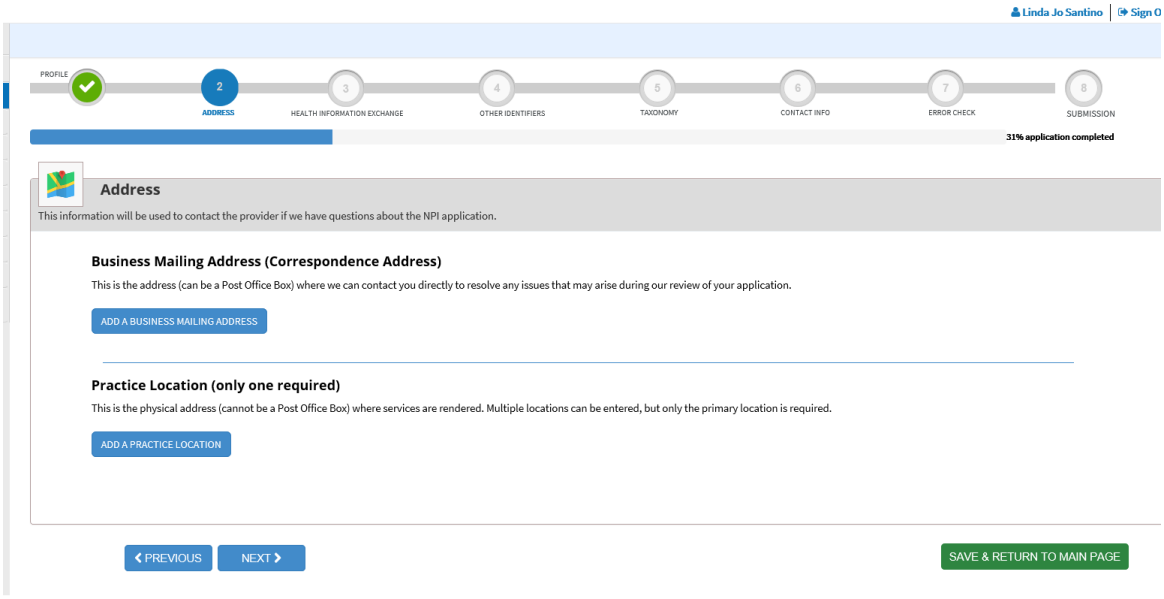

Click on **Apply for an NPI for myself**



You will need to provide the required information to verify your identification.



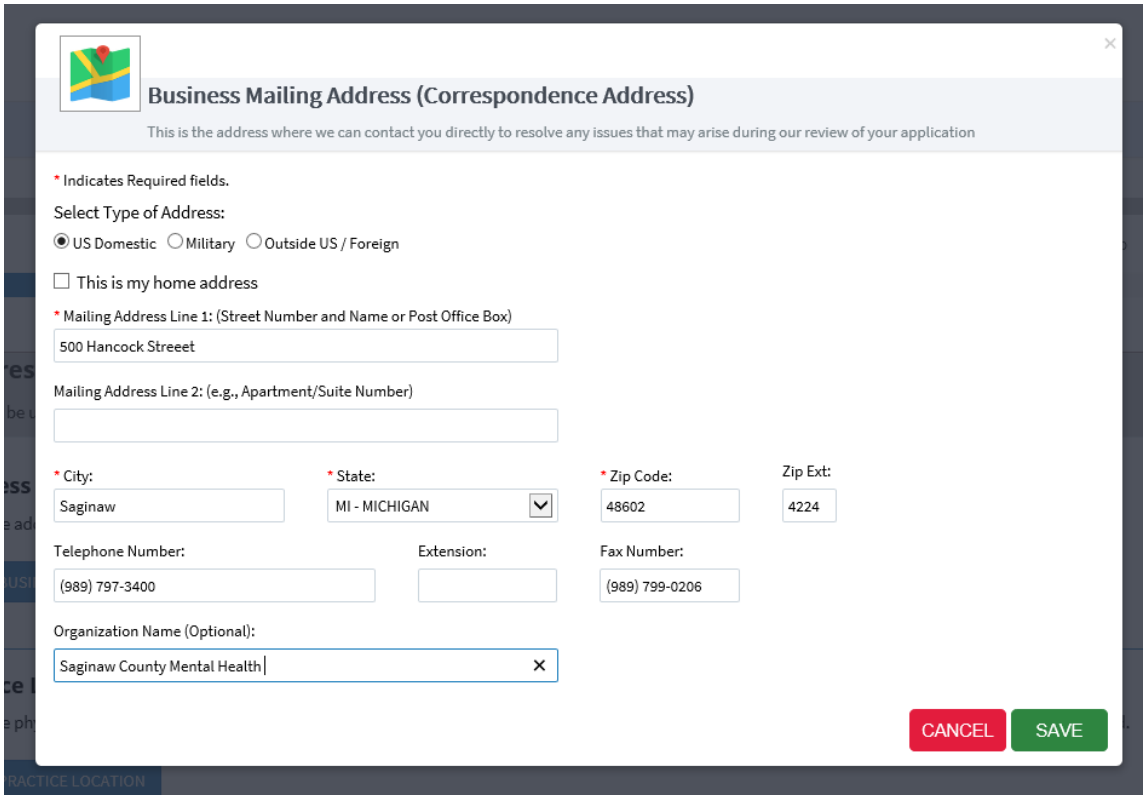
Click on Next, then you will need to add a business mailing address.



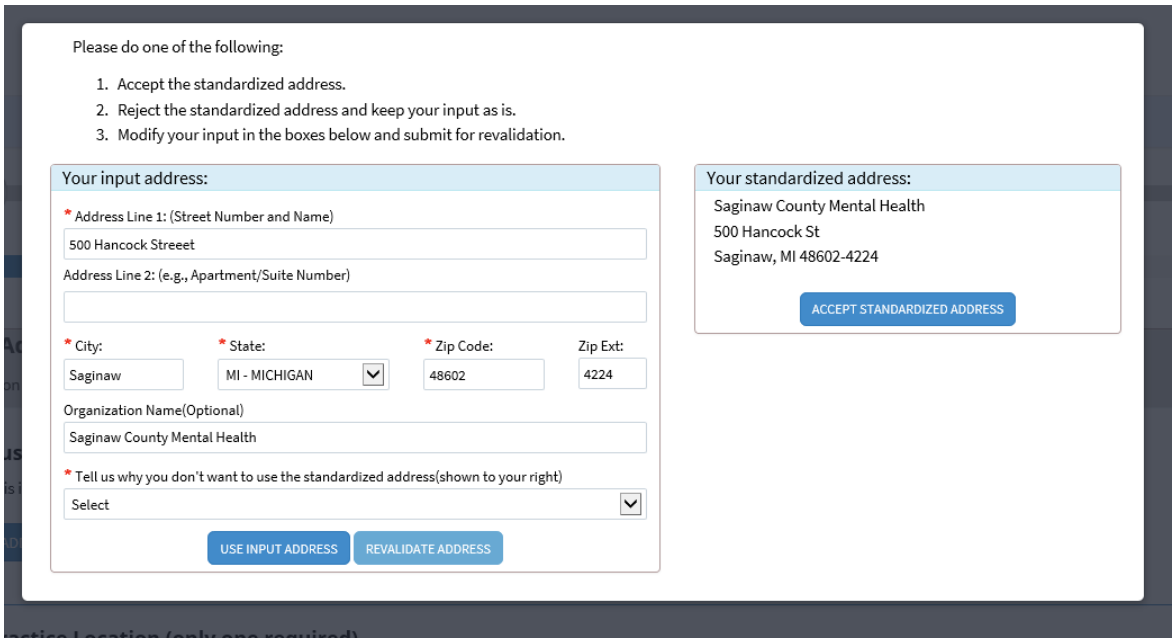

Use 500 Hancock Street, Saginaw MI 48602-4224

SCCMHA staff: I would suggest using the main switchboard phone number 989-797-3400 and fax 989-799-0206 as they will send information or call to verify your information here at SCCMHA, if they do not reach someone they may not issue your NPI number.

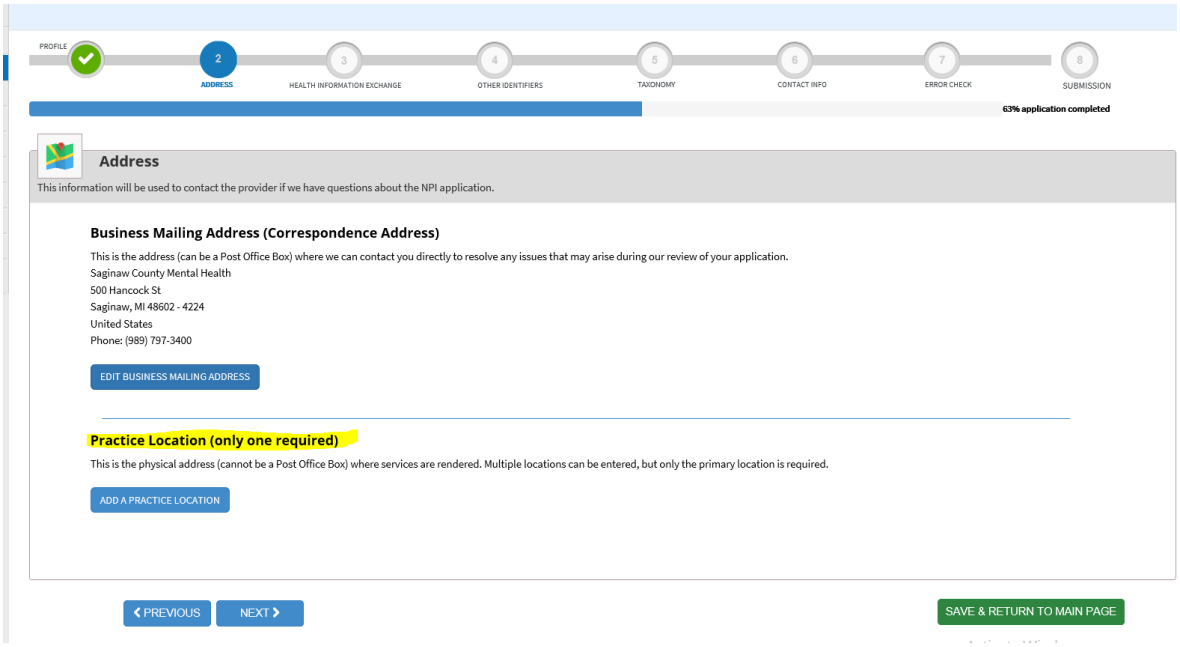
Provider staff:  Please use your main telephone and fax line for your agency as NPPES will send information or call to verify your information, if they do not reach someone, they may not issue your NPI number.



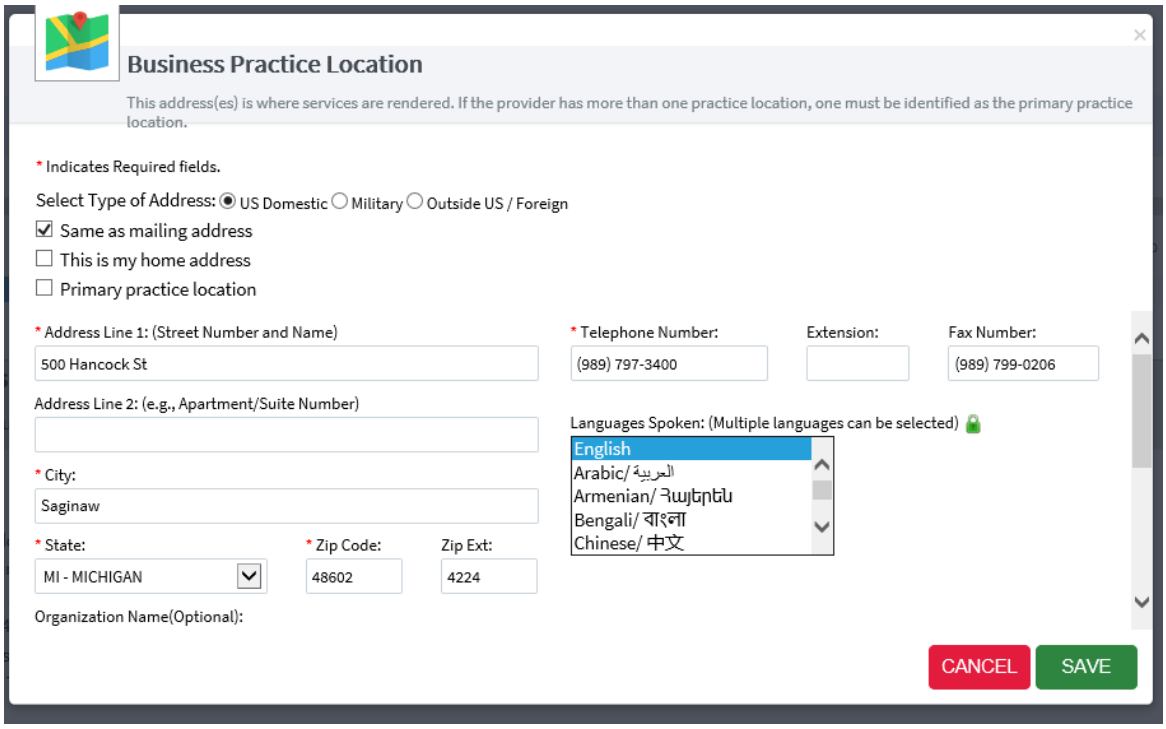

Again, select the standardized address



Now add your practice location (this will be the Hancock location for all SCCMHA staff)

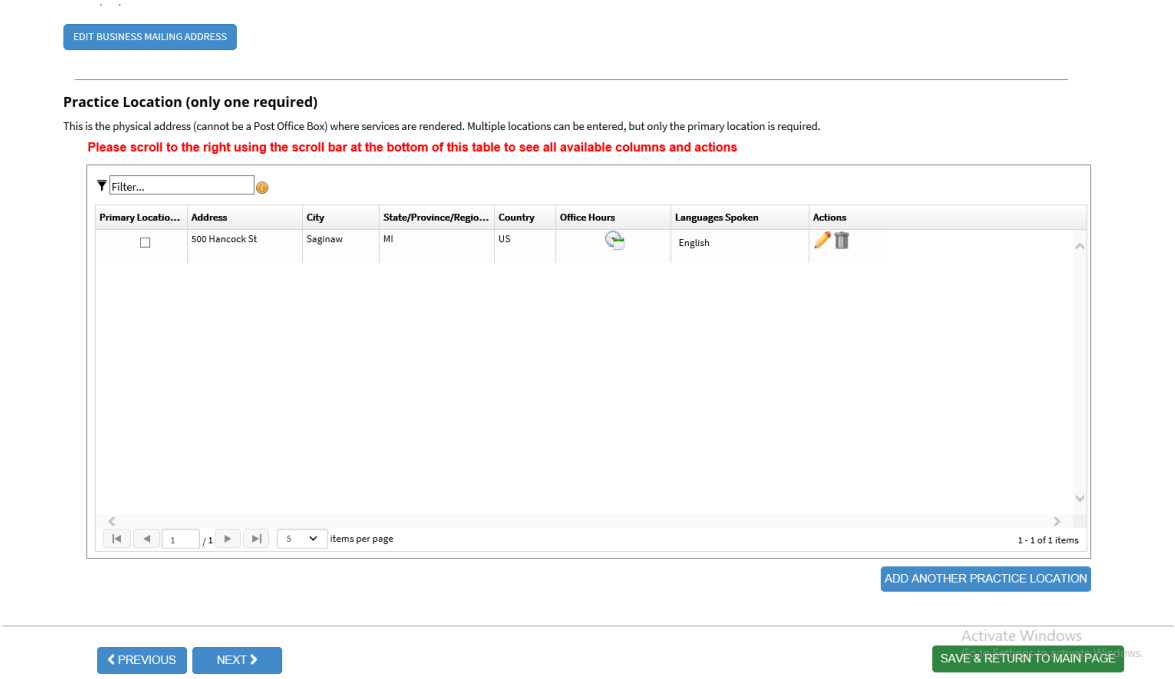



Click same as mailing address and Save.



Click Next to continue

-

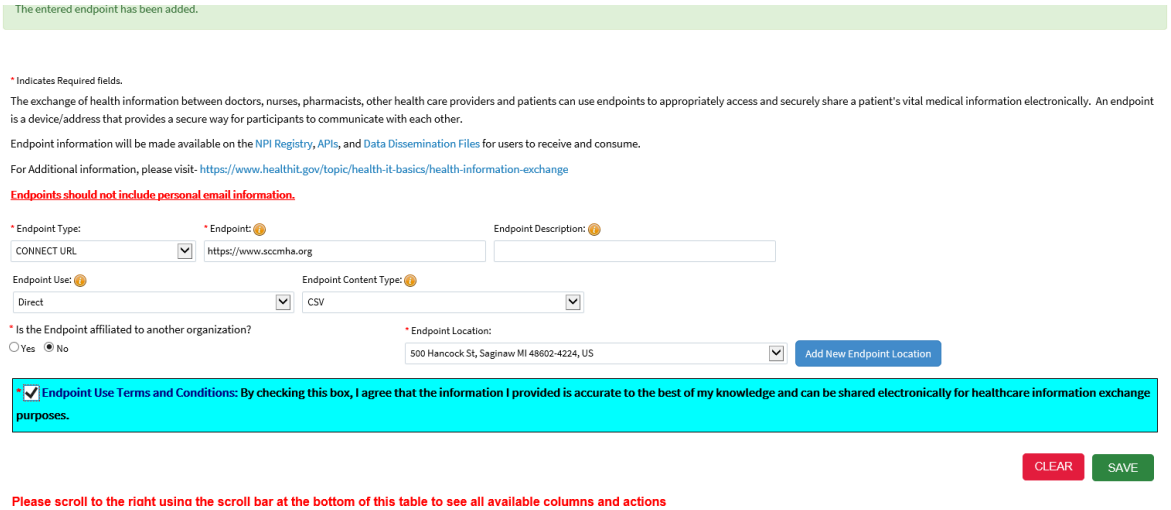



This is the Endpoint for Exchanging Health Care Information (optional)

Though it says optional, it is required to continue your application.

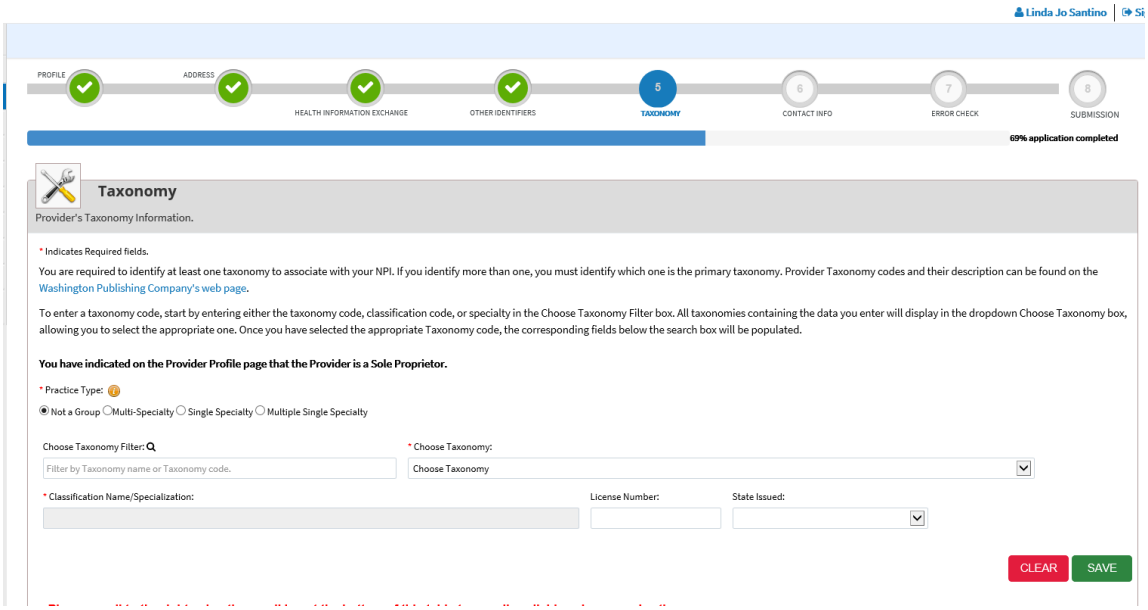
Please see the appropriate responses below.

Enter information, click Save and then Next.

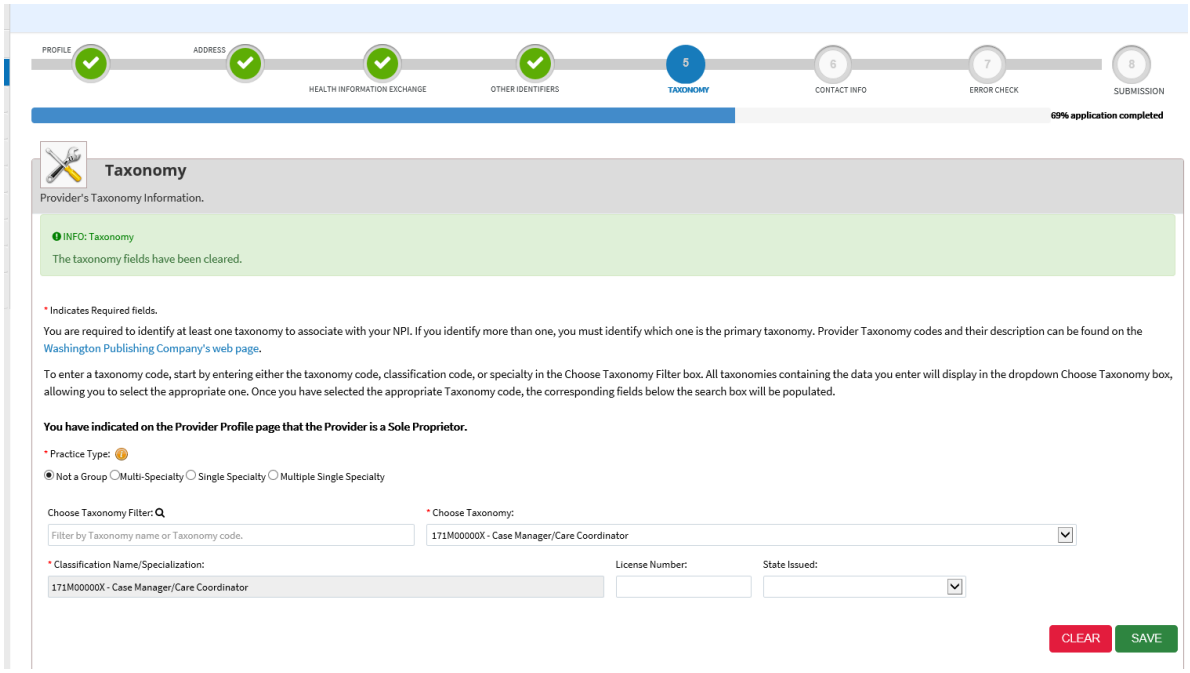


The next section is optional, please click next.

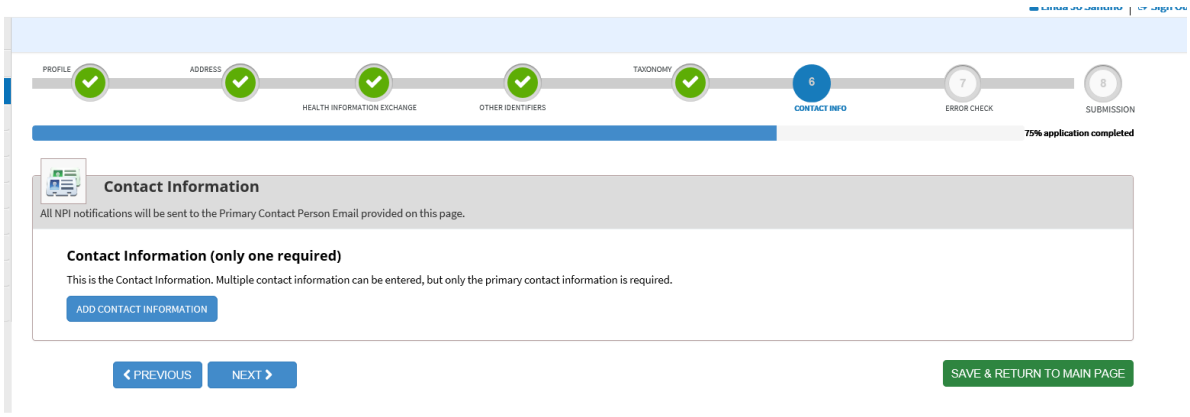
Enter taxonomy information, license number and State your license was issued in.



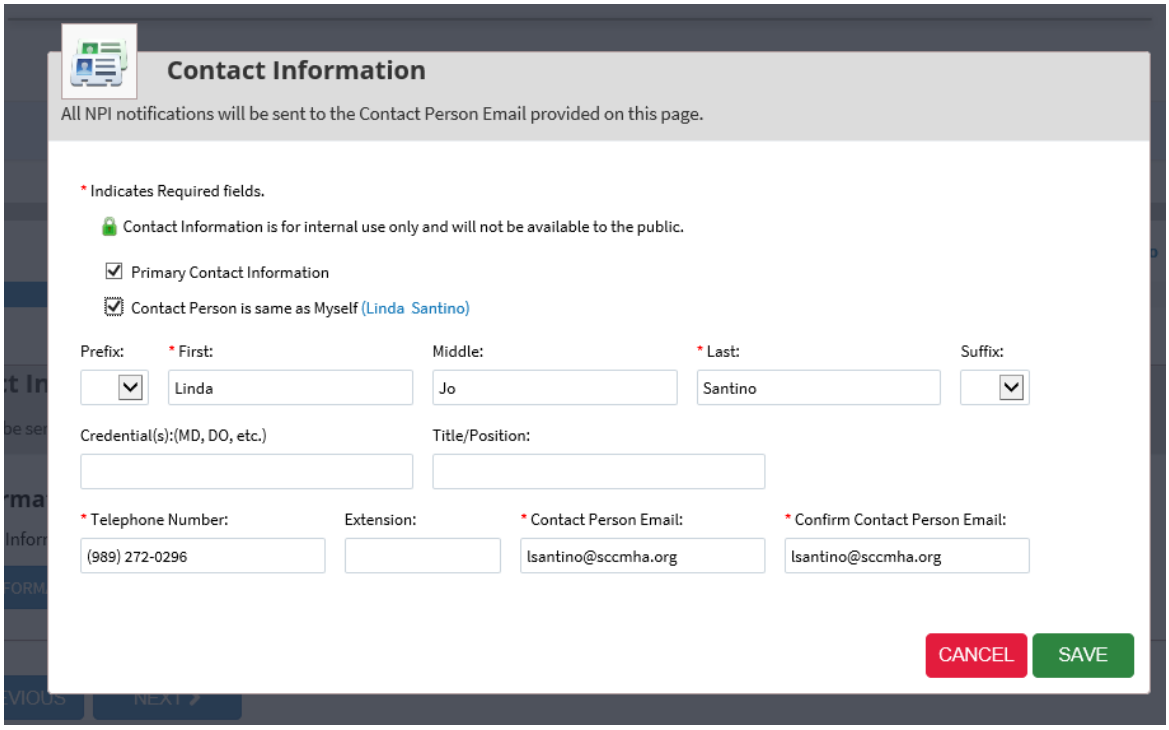
Once information is entered, click save and then next



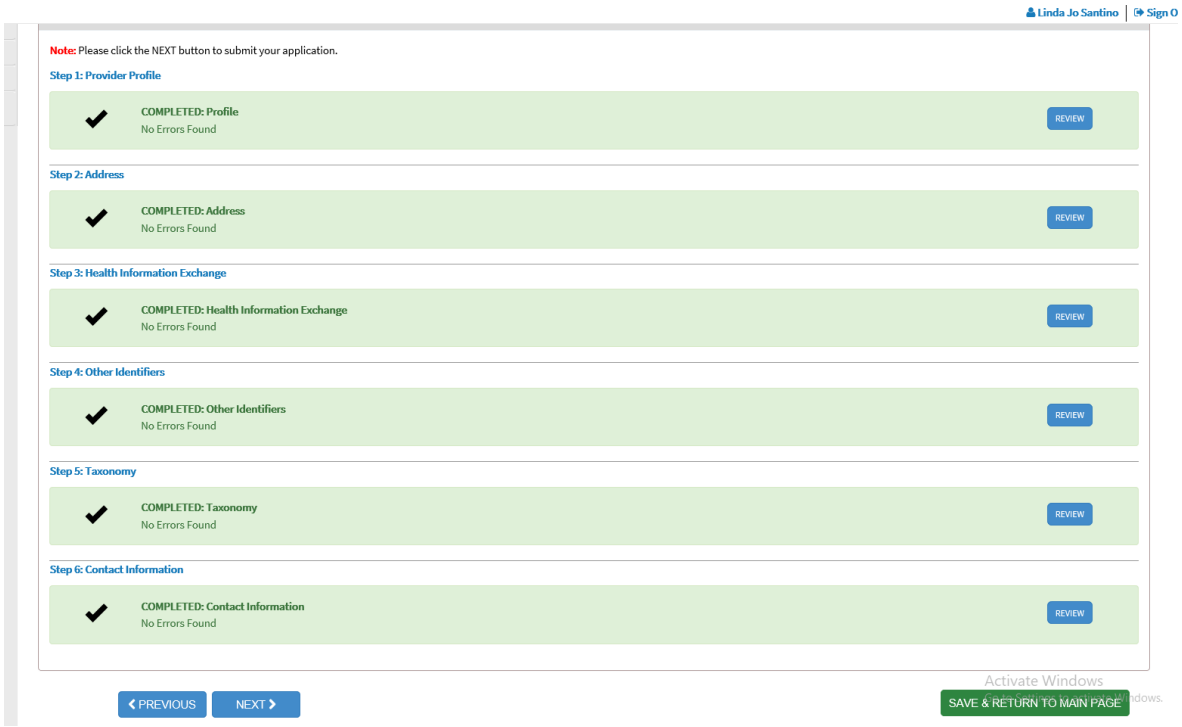

Add contact information, please use your contact information as they will be sending you an email with your NPI etc. to that email address.



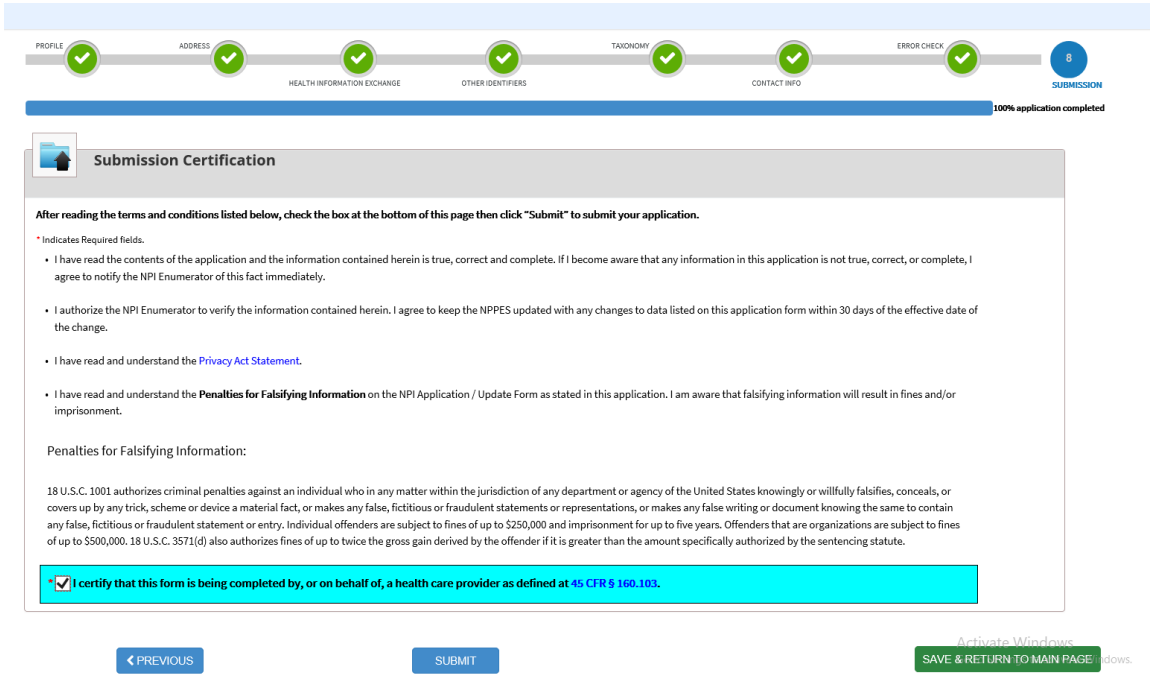
Enter info and click save and continue.



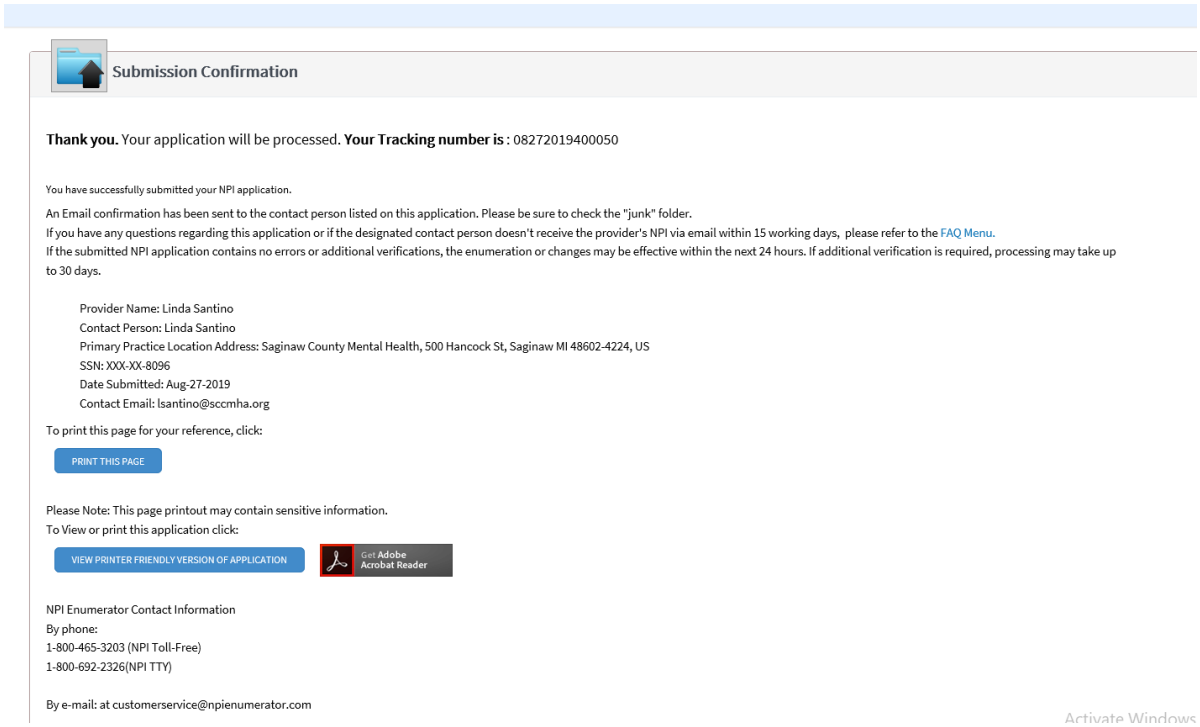

Review your information as needed, then click next.



Last is submission of your application for your NPI, click “I certify ….” And submit button.



Print this page for your record.  Your application number will be different.



Submission Confirmation

**Thank you.** Your application will be processed. **Your Tracking number is** : 08272019400050

You have successfully submitted your NPI application.

An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder.
If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days,  please refer to the FAQ Menu.
If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: Linda Santino
Contact Person: Linda Santino
Primary Practice Location Address: Saginaw County Mental Health, 500 Hancock St, Saginaw MI 48602-4224, US
SSN: XXX-XX-8096
Date Submitted: Aug-27-2019
Contact Email: lsantino@sccmha.org

To print this page for your reference, click:

PRINT THIS PAGE

Please Note: This page printout may contain sensitive information.
To View or print this application click:

VIEW PRINTER FRIENDLY VERSION OF APPLICATION  Get Adobe Acrobat Reader

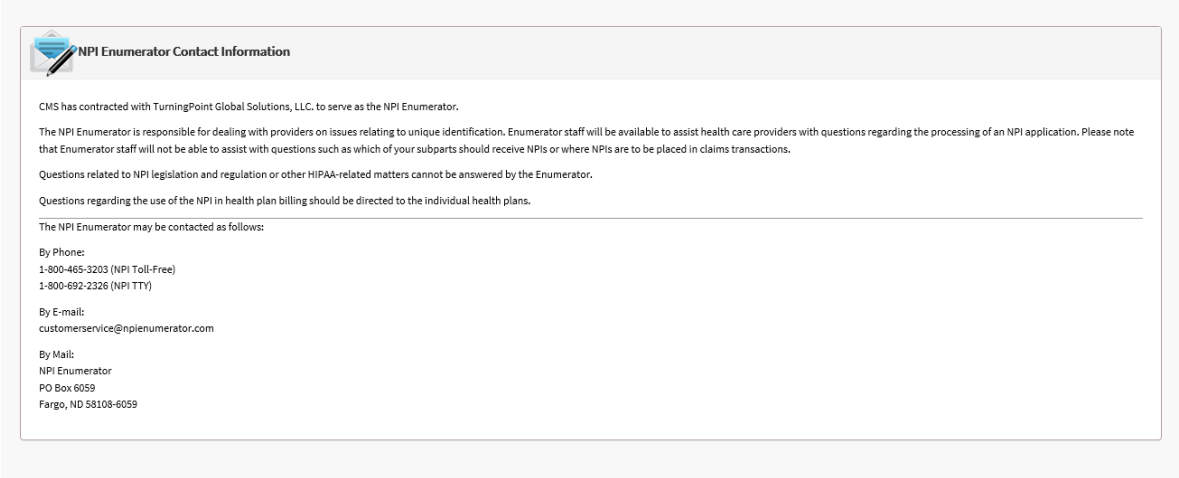
NPI Enumerator Contact Information
By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326(NPI TTY)

By e-mail: at customerservice@npienumerator.com

Activate Windows

You are done.

If you run into issues and have trouble completing your application or it errors suggesting you may already have a log in and password; please contact NPPES directly for help.



NPI Enumerator Contact Information

CMS has contracted with TurningPoint Global Solutions, LLC. to serve as the NPI Enumerator.

The NPI Enumerator is responsible for dealing with providers on issues relating to unique identification. Enumerator staff will be available to assist health care providers with questions regarding the processing of an NPI application. Please note that Enumerator staff will not be able to assist with questions such as which of your subparts should receive NPIs or where NPIs are to be placed in claims transactions.

Questions related to NPI legislation and regulation or other HIPAA-related matters cannot be answered by the Enumerator.

Questions regarding the use of the NPI in health plan billing should be directed to the individual health plans.

The NPI Enumerator may be contacted as follows:

By Phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

By E-mail:
customerservice@npienumerator.com

By Mail:
NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

**UPDATING YOUR INFO WITH NPPES**

To update your contact information or any changes with NPPES (if you already have an NPI number with NPPES). If your taxonomy code changed, please submit the changes using this form. **Mail this completed form to: NPI Enumerator, 7125 Ambassador Rd Ste 100, Windsor Mill MD 21244-2751**

Form Approved
OMB No. 0938-0931
Expires: 08/24

# NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

## INSTRUCTIONS FOR COMPLETING THE NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please PRINT or TYPE all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 3, 4, and 5 with complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. **Please note: Social Security Number (SSN) or IRS Individual Taxpayer Identification Number (ITIN) information should only be listed in block 18 or block 19 of this form. DO NOT report SSN or ITIN information in any other section of this application form.**

This application is to be completed by, or on behalf of, a health care provider or a subpart seeking to obtain an NPI. (See 45 CFR 162.408 and 162.410 (a) (1).

### SECTION 1: BASIC INFORMATION (This section is to identify the reason for submittal of this form and the type of entity seeking to obtain an NPI.)

**A. Reason for Submittal of this Form**

This section identifies the reason the health care provider is submitting this form. (Required)

**1. Initial Application**

If applying for a NPI for the first time check box #1, and complete appropriate sections as indicated in Section 1B for your entity type.

**2. Change of Information**

If changing information, check box #2, write your NPI in the space provided. See the instructions in Section 4, then sign and date the certification statement in Section 4A or 4B. All changes must be reported to the NPI Enumerator within 30 days of the change. Please ensure that your NPI is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form. Please note that some changes, such as a change to a health care provider's date of birth, require a photocopy of the health care provider's U.S. driver's license or birth certificate to be submitted along with the form for verification purposes.

**3. Deactivation**

If you are deactivating the NPI, check box #3. Record the NPI you want to deactivate, indicate the reason for deactivation, and complete Section 2. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary. Please note that deactivations due to death must be completed and signed in Section 4 by the Power of Attorney or Executor of the Will. In addition, a copy of the death certificate or obituary must accompany the completed signed form.

**4. Reactivation**

If you are reactivating the NPI, check box #4. Record the NPI you want to reactivate, provide the reason for reactivation, and complete Section 2. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for Section 4. Use additional sheets of paper if necessary.

**B. Entity Type** (Check only one box) (**Required** for initial applications)

- **Entity Type 1:** Individuals who render health care or furnish health care to patients; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists. Incorporated individuals may obtain NPIs for themselves (Entity Type 1 Individual) if they are health care providers and may obtain NPIs for their corporations (Entity Type 2 Organization). A sole proprietorship is an Entity Type 1 (Individual). (A sole proprietorship is a form of business in which one person owns all the assets of the business and is solely liable for all the debts of the business in an individual capacity. Therefore, sole proprietorships are not organization health care providers.) Note that sole proprietorships may obtain only one NPI. Sole proprietorships must report their SSNs (not EINs even if they have EINs). Virtually any health care provider could be a sole proprietorship, including most of the examples listed in Entity Type 2.
- **Entity Type 2:** Organizations that render health care or furnish health care supplies to patients; e.g., hospitals, home health agencies, ambulance companies, group practices, health maintenance organizations, durable medical equipment suppliers, pharmacies. Solely owned corporations that are health care providers obtain NPIs as Entity Type 2. If the organization is a subpart, check yes and furnish the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider.(A subpart is a component of an organization health care provider. A subpart may be a different location or may furnish a different type of health care than the organization health care provider. For ease of reference, we refer to that organization health care provider as the "parent".)

### SECTION 2: IDENTIFYING INFORMATION

**A. Individual *(includes Sole Proprietorships and Incorporated Individuals)***

**NOTE: An individual may obtain only one NPI, regardless of the number of taxonomies (specialties), licenses, or business practice locations he/she may possess. SSN or ITIN information should only be listed in block 18 or block 19, respectively, of this form. DO NOT report SSN and ITIN information in any other section of this form. A sole proprietorship is an individual.**

**Name Information**

1–6. Provide your full legal name. (Required first and last name) Do not use initials or abbreviations. If you furnish your SSN in block 18, this name must match the name on file with the Social Security Administration (SSA). The date of birth must also match that on the file with SSA.

**Other name information**

7–12. If you have used another name, including a maiden name, supply that "Other Name" in this area. *(Optional)* You may include multiple credentials.

13. Mark the check box to indicate the type of "Other Name" you used. (Required if 7–12 are completed)

14–16. Provide the date *(Required)*, State *(Required)*, and country *(Required, if other than U.S.)* of your birth. Do not use abbreviations other than United States (U.S.).

17. Indicate your gender. *(Required)*

18. Furnish your Social Security Number (SSN) for purposes of unique identification. (Optional) If you furnish your SSN, this name must match the name and date of birth on file with the Social Security Administration (SSA). If you do not furnish your SSN, processing of your application may be delayed because of the difficulty of verifying your identity via other means; you may also have difficulty establishing your proper identity with insurers from which you receive payments. If you are not eligible for an SSN, see item #19. **If you do not furnish your SSN, you must furnish 2 proofs of identity with this application form. Acceptable forms include: valid passport, birth certificate, a photocopy of your U.S. driver's license, State issued identification, or information requested in item 19. Visas and Employer Identification Cards are NOT acceptable.**

19. If you do not qualify for an SSN, furnish your IRS Individual Taxpayer Identification Number (ITIN) along with a photocopy of your U.S. driver's license, State issued ID, birth certificate or passport. **You may not report an ITIN if you have an SSN. Do not enter an Employer Identification Number (EIN) in the ITIN field. NOTE: Your valid passport, birth certificate, photocopy of the U.S. driver's license or State issued identification must accompany your ITIN. If you do not furnish the information requested in blocks 18 or 19, you must furnish 2 proofs of identity with this application form: valid passport, birth certificate, a valid photocopy of your U.S. driver's license or State issued identification. Visas and Employer Identification Cards are NOT acceptable.**

Examples of individuals who need ITINs include:

- Non-resident alien filing a U.S. tax return and not eligible for an SSN;
- U.S. resident alien *(based on days present in the United States)* filing a U.S. tax return and not eligible for an SSN;
- Dependent or spouse of a U.S. citizen/resident alien; and
- Dependent or spouse of a non-resident alien visa holder.

**B. Organizations *(includes Groups, Corporations and Partnerships)***

1–2. Provide your organization's or group's name (legal business name used to file tax returns with the IRS) and EIN (assigned by the IRS) (Required) Please Note: If you are applying for an NPI for a subpart and the subpart does not have its own EIN, please submit the LBN and EIN for the parent organization in Sections 2B1 and 2B2 and submit the subpart name in Section 2B3. If the subpart has its own LBN and EIN (separate from the parent's LBN and EIN), then the subpart should submit the subpart's LBN and EIN in Section 2B1 and 2B2. In both cases, the subpart should check 'Yes' to the subpart question in Section 1B2.

3. If your organization or group uses or previously used another name, supply that "Other Name" in this area. *(Optional)*

4. Mark the check box to indicate the type of "Other Name" used by your organization. *(D/B/A Name=Doing Business As Name.) (Required if 3 is completed.)*

**NOTE: A sole proprietorship does not complete this section; he/she completes Section A.**

## SECTION 3: ADDRESSES AND OTHER INFORMATION

**A. Correspondence Mailing Address Information (Required)**

This information will assist us in contacting you with any questions we may have regarding your application for an NPI or with other information regarding NPI. You must provide an address and telephone number where we can contact you directly to resolve any issues that may arise during our review of your application. Do not report your residential address in this section unless it is also your business mailing address.

**B. Business Practice Location Information (Required)**

Provide information on the address and telephone number of your primary practice location. If you have more than one practice location, select and enter the address of your "primary" location. Do not furnish information about additional locations on additional sheets of paper. Do not report your residential address in this section unless it is also your business practice location.

**C. Other Provider Identification Numbers (Optional)**

To assist health plans in matching your NPI to your existing health plan assigned identification number(s), you may wish to list the provider identification number(s) you currently use that were assigned to you by health plans. If you do not have such numbers, you are not required to obtain them in order to be assigned an NPI. Organizations should only furnish other provider identification numbers that belong to the organization; do not list identification numbers that belong to health care providers who are individuals who work for the Organizations. DO NOT report SSN, ITIN, or EIN information in this section of the form.

**D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information (Required)**

Provide your 10-digit taxonomy code. You must select a primary taxonomy code in order to facilitate aggregate reporting of providers by classification/specialization. If you need additional taxonomy codes to describe your type/classification/specialization, you may select additional codes. Information on taxonomy codes is available at **http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/**.

Furnish the provider's health care license, registration, or certificate number(s) (if applicable). If issued by a State, show the State that issued the license/certificate. The following individual practitioners are required to submit a license number. (If you are a resident or intern and do not have a license or certificate, you may select the Student in an Organization Health Care Education/Training Program taxonomy code.) *(If you are one of the following and do not have a license or certificate, you must enclose a letter to the Enumerator explaining why not):*

| | | | |
|---|---|---|---|
| Certified Registered Nurse Anesthetist | Clinical Psychologist | Nurse Practitioner | Physician/Osteopath |
| Chiropractor | Dentist | Optometrist | Podiatrist |
| Clinical Nurse Specialist | Licensed Nurse | Pharmacist | Registered Nurse |

You may use the same license, registration, or certification number for multiple taxonomies; e.g., if you are a physician with several different specialties. Do not include SSN, ITIN, EIN or NPI in this section. Do not list credentials as a taxonomy description, be specific.

**NOTE:** A health care provider that is an organization, such as a hospital, may obtain an NPI for itself and for any subparts that it determines need to be assigned NPIs. In some cases, the subparts have Provider Taxonomy Codes that may be different from that of the hospital and of each other, and each subpart may require separate licensing by the State (e.g., General Acute Care Hospital and Psychiatric Unit). If the organization provider chooses to include these multiple Provider Taxonomy Codes in a request for a single NPI, and later determines that the subparts should have been assigned their own NPIs with their associated Provider Taxonomy Codes, the organization provider must delete from its NPPES record any Provider Taxonomy Codes that belong to the subparts who will be obtaining their own NPIs. The organization provider must do this by initiating the Change of Information option on this form.

## SECTION 4: CERTIFICATION STATEMENT (Required)

This section is intended for the applicant to attest that he/she is aware of the requirements that must be met and maintained in order to obtain and retain an NPI. This section also requires the signature and date of signature of the "Individual" who is the type 1 provider, or the "Authorized Official" of the type 2 organization who can legally bind the provider to the laws and regulations relating to the NPI. See below to determine who within the provider qualifies as an Authorized Official. Review these requirements carefully.

**Authorized Official's Information and Signature for the Organization**

By his/her signature, the authorized official binds the organization provider/supplier to all of the requirements listed in the Certification Statement and acknowledges that the organization provider may be denied a National Provider Identifier if any requirements are not met. This section is intended for organization providers; not health care providers who are individuals. All signatures must be original. Stamps, faxed or photocopied signatures are unacceptable. You may include multiple credentials.

An authorized official is an appointed official with the legal authority to make changes and/or updates to the organization provider's status (e.g., change of address, etc.) and to commit the organization provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, direct owner of 5 percent or more of the organization provider being enumerated, or must hold a position of similar status and authority within the organization.

Only the authorized official(s) has the authority to sign the application on behalf of the organization provider.

By signing this application for the National Provider Identifier, the authorized official agrees to immediately notify the NPI Enumerator if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the NPI Enumerator of any changes to the information contained in this form within 30 days of the effective date of the change.

## SECTION 5: CONTACT PERSON (Required)

Please note that if a contact person is not provided, all questions about this application will be directed to the health care provider named in Section 2 or the authorized official named in Section 4, as appropriate. The contact person will receive the NPI notification once the health care provider has been assigned an NPI. You may include multiple credentials.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Form Approved
OMB No. 0938-0931
Expires: 08/24

# NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please **PRINT** or **TYPE** all information so it is legible. Use only blue or black ink. Do not use pencil. Failure to provide pages 3, 4 and 5 with complete and accurate information may cause your application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form. Information submitted on this application (except for Social Security Number, IRS Individual Taxpayer Identification Number, and Date of Birth) may be made available on the internet.

## SECTION 1: BASIC INFORMATION

**A. Reason for Submittal of this Form (Required)** *(Only provide one Reason for Submittal and/or NPI per form. Use additional forms if necessary.)*

1. ☐ Initial Application*
   *(*Denotes required field for initial application only.)*
2. ☐ Change of Information *(See instructions)*
   NPI: *(Required)* _____
   Only complete the appropriate sections with the information that is changing. If removing information, please indicate within the appropriate field(s) by writing 'Remove'.
3. ☐ Deactivation *(See Instructions)*
   NPI: *(Required)* _____
   Deactivation Reason: *(Check only one box) (Required)*
   ☐ Death ☐ Business Dissolved
   ☐ Other, Specify: *(See Instructions)* _____
4. ☐ Reactivation *(See Instructions)*
   NPI: *(Required)* _____
   Reactivation Reason: *(Required)* _____

**B. Entity Type** *(Check only one box) (Required for initial applications only) (See Instructions)*

1. ☐ An individual who renders health care. *(Complete Sections 2A, 3, 4A and 5 only)*
   - Is the individual a sole proprietor? *(See Instructions)* ☐ Yes ☐ No
2. ☐ An organization that renders health care. *(Complete Sections 2B, 3, 4B and 5 only)*
   - Is the organization a subpart? *(See Instructions)* ☐ Yes ☐ No
   - If yes, enter the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the "parent" organization health care provider:
     Parent Organization LBN: _____
     Parent Organization TIN: _____

## SECTION 2: IDENTIFYING INFORMATION

**A. Individuals** ***(includes Sole Proprietorships and Incorporated Individuals)***

| 1. Prefix *(e.g., Mr., Mrs.)* | 2. First* | 3. Middle | 4. Last* |
|---|---|---|---|
| | | | |

| 5. Suffix *(e.g., Jr., Sr.)* | 6. Credential *(e.g., M.D., D.O.)* |
|---|---|
| | |

Other Name Information *(If applicable. Use additional sheets of paper if necessary)*

| 1. Prefix *(e.g., Mr., Mrs.)* | 2. First | 3. Middle | 4. Last |
|---|---|---|---|
| | | | |

| 5. Suffix *(e.g., Jr., Sr.)* | 6. Credential *(e.g., M.D., D.O.)* |
|---|---|
| | |

13. Type of Other Name
☐ Former Name ☐ Professional Name ☐ Other

| 14. Date of Birth* *(mm/dd/yyyy)* | 15. State of Birth* *(U.S. only)* | 16. Country of Birth* *(If other than U.S.)* | 17. Gender* ☐ Male ☐ Female |
|---|---|---|---|
| | | | |

| 18. Social Security Number (SSN) *(See Instructions)* | 19. IRS Individual Taxpayer Identification Number (ITIN) *(See Instructions)* |
|---|---|
| | |

**B. Organizations** ***(includes Groups, Corporations and Partnerships) (Do not report an SSN in the EIN field.)***

| 1. Name* (Legal Business Name) | 2. Employer Identification Number* (EIN) |
|---|---|
| | |

| 3. Other Name (if applicable see instructions) | 4. Type of Other Name ☐ Former Legal Business Name ☐ D/B/A Name ☐ Other |
|---|---|
| | |

## SECTION 3: BUSINESS ADDRESSES AND OTHER INFORMATION

### A. Correspondence Mailing Address Information

(Do not report your residential address unless it is also your Business Mailing Address.)

1. Correspondence Mailing Address Line 1* *(Street Number and Name or P.O. Box)*

2. Correspondence Mailing Address Line 2 *(Address Information; e.g., Suite Number)*

| 3. City/Town* | 4. State/Territory* | 5. ZIP or Foreign Postal Code* | 6. +4 |
|---|---|---|---|
| | | | |

7. Correspondence Country Name *(if outside U.S.)*

| 8. Correspondence Telephone Number *(Include Area Code)* | 9. Extension | 10. Correspondence Fax Number *(Include Area Code)* |
|---|---|---|
| | | |

### B. Business Practice Location Information

(Do not report your residential address unless it is also your Business Practice Location.)

1. Business Primary Practice Location Address Line 1* *(Street Number and Name – P.O. Boxes Not Acceptable)*

2. Business Primary Practice Location Address Line 2 *(Address Information; e.g., Suite Number)*

| 3. City/Town* | 4. State/Territory* | 5. ZIP or Foreign Postal Code* | 6. +4 |
|---|---|---|---|
| | | | |

7. Business Country Name *(if outside U.S.)*

| 8. Business Telephone Number* *(Include Area Code)* | 9. Extension | 10. Business Fax Number *(Include Area Code)* |
|---|---|---|
| | | |

### C. Other Provider Identification Numbers (Use additional sheets of paper if necessary)

Do not include SSN, ITIN, EIN, NPI, any Medicare numbers, or any provider license numbers in this section. If you are removing identification numbers, please check the appropriate "Delete" box and provide 'Identification Number' and 'State/Territory where issued' information being deleted.

| | Delete | Identification Number | State/Territory where issued *(If applicable)* |
|---|---|---|---|
| Medicaid *(State information required)* | ☐ | | |
| Other (Non-Medicare), Specify: _____ | ☐ | | |

### D. Provider Taxonomy Code (Provider Type/Specialty) and License Number Information

Do not include SSN, ITIN, EIN or NPI in this section.

**Information on provider taxonomy codes is available at: **http://www.wpc-edi.com/reference/codelists/healthcare/health-care-provider-taxonomy-code-set/**.**

**See instructions for assistance with completing this section.** If you are removing taxonomy codes, please check the appropriate 'Delete' box and provide the 'Taxonomy Code' and 'State/Territory where issued' information being deleted.

| Taxonomy Code (list primary first) | Delete | License Number *(If applicable)* | State/Territory where issued *(If applicable)* |
|---|---|---|---|
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |
| | ☐ | | |

## Penalties for Falsifying Information on the National Provider Identifier (NPI) Application/Update Form

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly and willfully falsifies, conceals or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to 5 years. Offenders that are organizations are subject to fines of up to $500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

## SECTION 4: CERTIFICATION STATEMENT (See Instructions)

I, the undersigned, certify to the following:

- This form is being completed by, or on behalf of, a health care provider as defined at 45 CFR 160.103.
- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.
- I have read and understand the Privacy Act Statement.

**All signatures must be original and signed in ink. Applications with signatures deemed not original will not be processed. Stamped, faxed or copied signatures will not be accepted.**

### A. Individual Practitioner's Signature (Required for Type 1 Individuals ONLY.)

| 1. Practitioner's Signature (Required for Type 1 Individuals ONLY.)* *(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)* | 2. Date* *(mm/dd/yyyy)* |
|---|---|
| | |

### B. Authorized Official's Signature for the Organization (Required for Type 2 Organizations ONLY.)

| 1. Authorized Official's Signature (Required for Type 2 Organizations ONLY.)* *(First, Middle, Last, Jr., Sr., M.D., D.O., etc.)* | 2. Date* *(mm/dd/yyyy)* |
|---|---|
| | |

| 3. Prefix *(e.g., Mr., Mrs.)* | 4. First* | 5. Middle | 6. Last* |
|---|---|---|---|
| | | | |

| 7. Suffix *(e.g., Jr., Sr.)* | 8. Credential *(e.g., M.D., D.O.)* | 9. Title/Position* |
|---|---|---|
| | | |

| 10. Telephone Number* *(Include Area Code)* | 11. Extension |
|---|---|
| | |

## SECTION 5: CONTACT PERSON

### Contact Person's Information

Provide the name and telephone number of an individual who can be reached to answer questions regarding the information you furnished in this application. The contact person can be the health care provider. *(See Instructions)*

| 1. Prefix *(e.g., Mr., Mrs.)* | 2. First* | 3. Middle | 4. Last* |
|---|---|---|---|
| | | | |

| 5. Suffix *(e.g., Jr., Sr.)* | 6. Credential *(e.g., M.D., D.O.)* | 7. Title/Position |
|---|---|---|
| | | |

| 8. E-Mail Address | 9. Telephone Number* *(Include Area Code)* | 10. Extension |
|---|---|---|
| | | |

**For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: https://nppes.cms.hhs.gov. NPI web is a quick and easy way for you to get your NPI. Or send the completed signed application to: NPI Enumerator, 7125 Ambassador Rd. Ste 100 Windsor Mill, MD 21244**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. **Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact the NPI Enumerator at 1-800-465-3203.**

## Privacy Act Statement

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the National Provider Identifier (NPI), to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected will be entered into a new system of records called the National Provider System (NPS), HHS/HCFA/OIS No. 09-70-0008. In accordance with the NPPES Data Dissemination Notice (CMS-6060), published May 30, 2007, certain information that you furnish will be publicly disclosed. The NPPES Data Dissemination Notice can be found at **https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand/Downloads/NPPES_FOIA_Data-Elements_062007.pdf**.

Failure to provide complete and accurate information may cause the application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. (See the instructions for completing the NPI application/update form to find the information that is voluntary or mandatory.)

Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPS for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
   a. HHS, or any component thereof, or
   b. Any HHS employee in his or her official capacity; or
   c. Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee; or
   d. The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
7. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
8. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated data processing (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
9. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
10. Another Federal or State agency
    a. As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
    b. For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

| Information Systems Procedure Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Activation, Change, and Deactivation of Staff User Accounts | **Chapter**: 09 - Department Procedures | **Subject No**: 09.07.01.29 |
| **Effective Date**: 6/1/2019 | **Date of Review/Revision**: | **Approved By**: Steve Delong, Director of Information Systems<br><br>**Authored By**: Monique Taylor-Whitson and Jennifer Keilitz<br><br>**Reviewed By**: Dawn Garcia, Brett Lyon, Ben Pelkki, Alecia Schabel, Terri Enright, Fred Stahl |
| | **Supersedes**: 09.01.01 – HR procedure | |

**Purpose:**
The purpose of this procedure is to delineate the steps needed to activate and deactivate staff user accounts. As an agency, it is important for all to understand how staff accounts are created and closed so we can manage data flow of consumer information. All board operated and contracted providers are expected to follow this procedure to ensure consumer information is kept confidential.

**Application:**
This procedure applies to all SCCMHA board operated and contracted providers of SCCMHA who access consumer information via a user account.

**Policy:**
It is the policy of SCCMHA that all board operated and contracted providers will adhere to this procedure when activating and deactivating a user account to access consumer information. It is the responsibility of the Human Resources, Contracts, Information Systems, Training, and Auditing Units to complete the necessary processes, by obtaining information from SCCMHA Human Resources Department and from a designee of the contracted provider. Appropriate paperwork will be submitted in order to obtain access to Sentri 2.

**Standards:**
It is the standard of SCCMHA that the following procedure is completed when activating and deactivating user accounts to consumer information.

A. **It is important for all SCCMHA Board Operated staff as well as contracted providers understand there is a process that must be followed to assure**

**consumer confidentiality of information. This process may take a few days before staff receive a user name and password.**

B. Any new Job titles of Board Operated Staff will be communicated to Information Systems.
C. SCCMHA Board Operated staff user activation, change, and deactivation will occur by the Information Systems Department after notification from SCCMHA Human Resources via internal communication.
D. New SCCMHA Board Operated new staff activation will occur after all pre hire checks and orientation with Human Resources is completed.
E. Contractual external provider will request to add new hire as a user within the Sentri 2 electronic medical record by using the SCCMHA request form on the SCCMHA website (sccmha.org).
F. Contracts department to verify the provider and ensure a current contract is in place and complete any background checks of provider agency prior to any access to Sentri 2.
G. Contracts Unit to obtain of any contracted providers background data and billing information such as Background checks, Sanction checks, Codes for billing, provider fee, Federal ID, Medicare ID, and Provider NPI.
H. Contracts Unit assigns a specific user type in Sentri 2 when developing new contract.
I. Information Systems will create the user ID, once receiving verification from the Contracts Unit.
J. Information Systems will create staff job title, and this will inform the user permission type for Board Operated and Contracts.
K. Training Unit is notified of the new user and the type of services they will provide. Training unit assigns the new user's Job Title to the appropriate training curriculum, unless it already exists for Board Operated and Contracts.
L. Contractual external supervisor requesting the user login must submit credentials and staff NPI to Provider Network Auditing Supervisor to enter into the Sentri 2 on an ongoing basis.
M. Provider Network Auditing Supervisor periodically pulls licenses to ensure current licensure is in place for billing purposes.
N. Training department notifies Information Systems of any terminated contracted staff.
O. Information Systems terminates the user account which removes staff access.

**Definitions:**

CAFAS and PECFAS Software- A software package that is proprietary to the State of Michigan to house Children and Adolescent Functional Assessment Scale ® and Preschool and Early Childhood Functional Assessment Scale®.

CC360- also known as Care Connect 360 is a database used to house consumer information about medical conditions and appointments where consumer Medicaid or Medicare insurance was billed.

Great Plains- Accounting and Enterprise Resource Planning (ERP) software system used by SCCMHA finance for accounts payable/receivable.

Oasis Database- this is SCCMHA's Data Warehouse used to house all data in order to pull various reports.

ReQlogic- Is utilized to coordinate purchases. Mostly it has been utilized by IS and Maintenance in limited use. It provides an electronic approval process where small items can be purchase ordered as well as large capitol items can be routed all the way to the CEO.

Sentri 2- The Electronic Health Record used by SCCMHA to systematize the collection of patient and population electronically-stored health information in a digital format. These records can be shared across different health care settings.

User Account- an established relationship between a user and a computer, within a network or information service system; where a user name and password is provided to review confidential information within a secure database.

ZENITH-ICDP- Provides access to data from Care Connect 360. The system is currently paid for by MSHN. This data is delayed by up to 90 days of Medicaid billed / payment information with the only exclusion of SUD data. This system provides access to selected staff, information regarding physical health care utilized for care coordination and care alerts. It is very robust in providing analytics of this type of data.

Zultys Phones- Special telephone system that allows SCCMHA to statistically document phone calls using MX reports.

**References:**
None

**Exhibits:**
None

**Procedure:**

| ACTION | RESPONSIBILITY |
|---|---|
| **Activation of User Account for SCCMHA Employees:** | |
| Human Resources will notify IS systems analyst of any new Job titles created. | SCCMHA Human Resources and Systems Analyst. |
| After an employee is hired and Human Resources completes background checks and other pre-hire paperwork. Within 24 hours of staff orientation, SCCMHA Human Resources will send an excel spreadsheet that includes staff name, title, supervisor, start date and Department to the following: | SCCMHA Human Resources |

| | |
|---|---|
| 1. Training Supervisor- to assure staff person is added to training module in Sentri 2 and assigned a training curriculum.<br>2. Help desk- for determination of phone number, added to active directory, assigned an outlook e-mail and if access to Sentri 2, given a user name and password. | SCCMHA Continuing Education Supervisor<br><br>SCCMHA Help Desk |
| Will assign a phone number for the staff if staff requires a phone number. | Senior Systems and Application Administrator |
| Creates Phone System login if need for Zultys phones. | Senior Systems and Application Administrator |
| Creates Active Directory account. | Senior Network Administrator |
| Creates outlook e-mail account. | Senior Network Administrator<br>Or Help Desk Specialist |
| Will provide access to files on G: drive as necessary and as noted by the supervisor. | Senior Network Administrator<br>Or Help Desk Specialist |
| Will assign Sentri 2 sign on if necessary. Give access to other software as noted by the supervisor and job description such as Great Plains, and ReQlogic. | SCCMHA Senior Systems Analyst or SCCMHA System Analyst |
| Will obtain log on to Care Connect 360 (CC360) and Zenith from Director of Quality Systems and Care Management. | SCCMHA Senior Systems Analyst or SCCMHA System Analyst |
| Enters staff into ADP (payroll system) and eTime. | SCCMHA Human Resources |
| **Activation of User Accounts for External Contracted Agencies:** | |
| Contracted providers will have background checks, Sanction checks, Codes for billing, provider fee, Federal ID, Medicare ID, and Provider NPI, etc. prior to any access to Sentri 2. | SCCMHA Contracts Unit. |

| | |
|---|---|
| Contracted provider of new employee will select from the menu of security options to grant the user from SCCMHA website. | Contracted Provider |
| Sends request to SCCMHA Provider Network Auditing Supervisor for verification of credentials to assure appropriate billing. | SCCMHA Senior Systems Analyst or SCCMHA System Analyst |
| Determine if user requires a login. | SCCMHA Contracts Unit. |
| Creation of the Sentri 2 ID and assures user is not already in the system. | SCCMHA Senior Systems Analyst or SCCMHA System Analyst |
| Notify Training Unit of the new person. | SCCMHA Contracts Unit and SCCMHA Information Systems. |
| Credentials and NPI # are obtained and entered into the system. | Provider Network Auditing Supervisor receives information from employee's supervisor and enters in the information. |
| Enters the staff record and connects appropriate training curriculum. | SCCMHA Training Supervisor |
| Periodically reviews licenses to ensure current information is in the system. | SCCMHA Provider Network Auditing Supervisor. |
| Adding training reports in the system. | Provider Network Auditing Supervisor. |
| Reporting of terminating staff | SCCMHA Training Supervisor. |
| Terminating user account and restricting access. | SCCMHA Information Systems. |
| **Activation of User Accounts for time limited use such as external Auditors or other temporary employees for specific work:** | |
| SCCMHA Human Resources will add any temporary employee changes to the Activation/Deactivation/Change Spreadsheet and will distribute to | SCCMHA Human Resources |

| | |
|---|---|
| Continuing Education Supervisor, and Information Systems | |
| Will notify SCCMHA Information Systems about any needed access by auditors to consumer files the purpose and the length of time access will be necessary. | SCCMHA Auditing, SCCMHA Finance, SCCMHA Clinical |
| Will assure temporary staff training records are updated with new supervisor and/or new position title to assure curriculum requirements match new position and reports are sent to correct supervisor. | SCCMHA Continuing Education Supervisor |
| Will update active directory. | Senior Network Administrator |
| Will update outlook to reflect staff current job position and location. | Senior Network Administrator Or Help Desk Specialist |
| Will provide access to files on G:drive as necessary and as noted by the supervisor. | Senior Network Administrator Or Help Desk Specialist |
| Will update access to reflect current changes in the following:<br>1. Sentri 2 delete old access and enter new<br>2. CAFAS/PECFAS Software<br>3. ReQlogic<br>4. Great Plains | Senior Systems Analyst or System Analyst |
| Will assure set up of Zultys phone sign on if needed. | Senior Systems and Application Administrator |
| **Deactivation of User Accounts for SCCMHA Board Operated Employees:** | |
| Will notify SCCMHA Continuing Education, and Information Systems via Activation/Deactivation/Change excel spreadsheets. | SCCMHA Human Resources |
| Will enter term date in SCCMHA training module in Sentri. | SCCMHA Continuing Education Supervisor |
| Will deactivate phone and route all phone calls to the supervisor of the employee. | Senior Systems and Application Administrator |

| | |
|---|---|
| Will remove from active directory. | Senior Network Administrator |
| Will deactivate outlook e-mail unless given instruction to route e-mails to another person. | Senior Network Administrator<br>Or Help Desk Specialist |
| Will deactivate employee accounts in the following:<br>1. Sentri 2<br>2. Great Plains<br>3. ReQlogic<br>4. CAFAS/PECFAS<br>5. Zenith<br>6. CC360 | Senior Systems Analyst or System Analyst |
| IS will pull termination dates and activation dates from E-time and will be uploaded to Oasis. | SCCMHA Information Systems Department |
| **Please note that updates of termination dates can take up to 3 weeks depending on where in the cycle of payroll the person is terminated. | SCCMHA Database Administrator |
| **Deactivation of User Accounts for Contracted Providers:** | |
| Will notify SCCMHA Information Systems staff about any termination of staff via the use of the website form. | Contracted Providers |
| ****** Please note if provider feels immediate termination of access is necessary please call SCCMHA Help Desk.** | Contracted Providers |
| Will notify SCCMHA Contracts Unit of any termination of key staff such as home managers/ directors/ supervisors. | Contracted Providers |
| Will notify Information Systems of termination of key staff to deactivate any current accounts. | SCCMHA Contracts Unit |
| Will deactivate accounts in the following: | Senior Systems Analyst or System Analyst |

| | |
|---|---|
| 1. Sentri 2<br>2. CAFAS/PECFAS<br>3. Zenith<br>4. CC360 | |
| Will notify SCCMHA Training Unit of any terminated staff in order to modify training database to assure correct reports to contracted providers. | Contracted Providers or Senior Systems Analyst or System Analyst |
| _____ | _____ |
| **Deactivation of User Accounts for time limited use such as for Auditors or temporary employees for specific work:** | |
| Will notify SCCMHA Continuing Education, and Information Systems via Activation/Deactivation/Change excel spread sheets for temporary employees. | SCCMHA Human Resources |
| Will enter term date in SCCMHA training database. | SCCMHA Continuing Education Supervisor |
| Will deactivate phone and route all phone calls to the supervisor of the employee. | Senior Systems and Application Administrator |
| Change any access to folders on G:drive if no longer need access. | Senior Network Administrator<br>Or Help Desk Specialist |
| Will remove from active directory. | Senior Network Administrator |
| Will deactivate outlook e-mail unless given instruction to route e-mails to another person. | Senior Network Administrator<br>Or Help Desk Specialist |
| Will deactivate employee accounts in the following:<br>1. Sentri 2<br>2. Great Plains<br>3. ReQlogic<br>4. CAFAS/PECFAS<br>5. Zenith<br>6. CC360 | Senior Systems Analyst or System Analyst |

| Quality Systems Procedure or Plan Manual<br>Saginaw County Community Mental Health Authority | | |
|---|---|---|
| **Subject**: Agency Naming Convention Standardization | **Chapter**: 09 - Department Procedures | **Subject No**: 09.08.01.03 |
| Quality Assurance | | |
| **Effective Date**:<br>April 20, 2023 | **Date of Review/Revision**:<br><br>**Supersedes**:<br>09.03.05.03 | **Approved By**:<br>AmyLou Douglas, Chief Information Officer, Chief Quality and Compliance Officer<br><br>**Authored By**:<br>Holli McGeshick<br><br>**Additional Reviewers**:<br>LaDonna Presley & Business Intelligence Data Integrity Workgroup |

**Purpose:**
To ensure that all Saginaw County Community Mental Health Authority (SCCMHA) Sentri 2 Users are using standard naming conventions for data entry within the Sentri 2 Electronic Health Record (EHR) and Consumer Demographics.

**Policy:**
This policy serves as the SCCMHA standard for consistent naming convention guidelines for all Sentri 2 users keeping information within Sentri 2 organized and easy to process while assisting in analyzing large volumes of data for reporting purposes, correction of errors and applying Data Integrity principles as defined by the Business Intelligence Data Integrity Workgroup.

Data Integrity principles are designed to support and maintain data that is:

- Accurate
- Complete
- Secure
- Consistent
- Timely

**Application:**
All Sentri 2 users must be familiar with the policy and demonstrate competence in the requirements of the policy.

**Standards:**
All Sentri 2 users will learn the proper naming conventions and consistently apply these standards.

USPS Postal Addressing Standards are to be used for all addresses.

**Consumer Demographic Data:**

A. Data entry for the following fields should be consistent for every entry.
   a. First Name
      i. Title case
      ii. If two first names, use title case with one space between.
      iii. Use an apostrophe when applicable (A'niilah).
      iv. If using a hyphenated first name, separate using "-" without spaces in between (Carter-James).
      v. Capitalize appropriately for letters after the initial capital letter (MacKenzie, McKinley, NajUwa, etc.).
      vi. Do not enter nickname with first name; use "Aliases" field .
   b. Middle Name
      i. Title case
      ii. If there are two middle names, use title case with one space between.
      iii. Use an apostrophe when applicable (A'niilah).
      iv. If using a hyphenated middle name, separate using "-" without spaces in between (Carter-James).
      v. Capitalize appropriately for letters after the initial capital letter (MacKenzie, McKinley, NajUwa, etc.).
      vi. Do not enter nickname with first name; use "Aliases" field.
   c. Last Name
      i. Title case
      ii. Capitalize appropriately for letters after the initial capital letter (MacDonald, DeWitt, etc.).
      iii. Use an apostrophe when applicable (O'Donnell).
      iv. If using a hyphenated last name, separate using "-" without spaces in between (Smith-Jones).
   d. Suffix
      i. Jr, Sr, I, II, III, IV (no periods)
   e. Maiden Name
      i. See A.c.
   f. Aliases
      i. Enter an additional name that the consumer uses.
   g. Other Identifying Information
      i. Enter any additional information if needed. This is a free text box.
   h. SSN

i. Include dashes: 999-99-9999

i. Address
   i. No punctuation (commas, periods, number sign, or other non-alphanumeric characters.
   ii. No identifiers other than address or "homeless", do not enter "n/a", "none", apartment number, complex name, AFC home name, notes, or an alias.
   iii. Follow abbreviations for standard usage: ***See Exhibit A***

j. Address 2 (second line in address)
   i. See A.f.i. & A.f.iii.
   ii. Enter "Apartment ", "Suite ", or "Building" followed by the number or name (if applicable).
   iii. Enter "PO Box" (no periods) followed by the box number (if applicable).

k. City
   i. Title Case
   ii. No periods (i.e., St Louis)
   iii. Use hyphens when it is part of the city name

l. State
   i. Two-character standard abbreviation, capitalized

m. Zip
   i. 5-digit Zip Code followed by the 4-digit extension, separated by a "-" with no spaces: 99999-9999.
   ii. Zip Code lookup website: https://tools.usps.com/go/ZipLookupAction!input.action

n. Phone
   i. (999) 123-4567 Encapsulate the area code with parenthesis followed by a space between the area code and the exchange code.
   ii. (999) 123-4567 999 For numbers with an extension, add the extension at the end, prefaced by a space.

o. Alternate Phone
   i. See A.m.

p. Email
   i. someone@host.com

q. Date of Birth
   i. 01/01/2001 Sentri requires this format

r. Consumer Mailing Address (if different from Home Address)
   i. See A.f. - A.j., and Exhibit A

s. Consumer Contacts
   i. See A.a. - A.d.
   ii. If First Name and Middle Name are used, put both in First Name field with one space between.
   iii. If suffix applies, put last name, followed by the suffix in the Last Name field with one space between.

t. School: Name/Address
   i. Name: follow official name of school as listed; use Title Case
   ii. Address: See A.h. - A.l., and Exhibit A

**Staff Demographics:**

B. Data entry for the following fields should be consistent for every entry.
   a. First Name
      i. Title case
      ii. If two first names, use title case with one space between.
      iii. Use an apostrophe when applicable (A'niilah).
      iv. If using a hyphenated first name, separate using "-" without spaces in between (Carter-James).
      v. Capitalize appropriately for letters after the initial capital letter (MacKenzie, McKinley, NajUwa, etc.).
      vi. Do not enter nickname with first name; use "Aliases" field.
   b. Middle Name
      i. Title case
      ii. If there are two middle names, use title case with one space between.
      iii. Use an apostrophe when applicable (A'niilah).
      iv. If using a hyphenated middle name, separate using "-" without spaces in between (Carter-James).
      v. Capitalize appropriately for letters after the initial capital letter (MacKenzie, McKinley, NajUwa, etc.).
      vi. Do not enter nickname with first name; use "Aliases" field.
   c. Last Name
      i. Title case
      ii. Capitalize appropriately for letters after the initial capital letter (MacDonald, DeWitt, etc.).
      iii. Use an apostrophe when applicable (O'Donnell).
      iv. If using a hyphenated last name, separate using "-" without spaces in between (Smith-Jones).
   d. Suffix
      i. Jr, Sr, I, II, III, IV (no periods)
   e. SSN
      i. Include dashes: 999-99-9999
   f. Address
      i. No punctuation (commas, periods, number sign, or other non-alphanumeric characters.
      ii. No identifiers other than address or "homeless", do not enter "n/a", "none", apartment number, complex name, notes, or an alias.
      iii. Follow abbreviations for standard usage: ***See Exhibit A***
   g. Address 2 (second line in address)
      i. See A.f.i. & A.f.iii.
      ii. Enter "Apartment ", "Suite ", or "Building" followed by the number or name (if applicable).
      iii. Enter "PO Box" (no periods) followed by the box number (if applicable).
   h. City
      i. Title Case
      ii. No periods (i.e., St Louis)

iii. Use hyphens when it is part of the city name

i. State
   i. Two-character standard abbreviation, capitalized

j. Zip
   i. 5-digit Zip Code followed by the 4-digit extension, separated by a "-" with no spaces: 99999-9999.
   ii. Zip Code lookup website: https://tools.usps.com/go/ZipLookupAction!input.action

k. Phone
   i. (999) 123-4567 Encapsulate the area code with parenthesis followed by a space between the area code and the exchange code.
   ii. (999) 123-4567 999 For numbers with an extension, add the extension at the end, prefaced by a space.

l. Alternate Phone
   i. See A.m.

m. Email
   i. someone@host.com

n. Date of Birth
   i. 01/01/2001 Sentri requires this format

**Provider Address Demographics:**

a. Provider: Name/Address
   ii. Name: follow official name of school as listed; use Title Case
   iii. Address: See A.h. - A.l., and Exhibit A

**Provider Contracts Demographics:**

C. Data entry for the following fields should be consistent for every entry.

a. First Name
   i. Title case
   ii. If two first names, use title case with one space between.
   iii. Use an apostrophe when applicable (A'niilah).
   iv. If using a hyphenated first name, separate using "-" without spaces in between (Carter-James).
   v. Capitalize appropriately for letters after the initial capital letter (MacKenzie, McKinley, NajUwa, etc.).
   vi. Do not enter nickname with first name; use "Aliases" field.

b. Last Name
   i. Title case
   ii. Capitalize appropriately for letters after the initial capital letter (MacDonald, DeWitt, etc.).
   iii. Use an apostrophe when applicable (O'Donnell).
   iv. If using a hyphenated last name, separate using "-" without spaces in between (Smith-Jones).

c. Suffix
   i. Jr, Sr, I, II, III, IV (no periods)

d. SSN
    i. Include dashes: 999-99-9999
e. Address
    i. No punctuation (commas, periods, number sign, or other non-alphanumeric characters.
    ii. No identifiers other than address or "homeless", do not enter "n/a", "none", apartment number, complex name, notes, or an alias.
    iii. Follow abbreviations for standard usage: ***See Exhibit A***
f. Address 2 (second line in address)
    i. See A.f.i. & A.f.iii.
    ii. Enter "Apartment ", "Suite ", or "Building" followed by the number or name (if applicable).
    iii. Enter "PO Box" (no periods) followed by the box number (if applicable).
g. City
    i. Title Case
    ii. No periods (i.e., St Louis)
    iii. Use hyphens when it is part of the city name
h. State
    i. Two-character standard abbreviation, capitalized
i. Zip
    i. 5-digit Zip Code followed by the 4-digit extension, separated by a "-" with no spaces: 99999-9999.
    ii. Zip Code lookup website: https://tools.usps.com/go/ZipLookupAction!input.action
j. Phone
    i. (999) 123-4567 Encapsulate the area code with parenthesis followed by a space between the area code and the exchange code.
    ii. (999) 123-4567 999 For numbers with an extension, add the extension at the end, prefaced by a space.
k. Alternate Phone
    i. See A.m.
l. Email
    i. someone@host.com

**Definitions:**

A. **Data Integrity:** the overall accuracy, completeness, and consistency of data maintained by processes, rules, and standards developed by the SCCMHA Business Intelligence Data Integrity Workgroup.
B. **Sentri 2 EHR**: The Electronic Health Record system used by SCCMHA and their contracted provider network.
C. **Sentri 2 Users**: Users who access the Sentri EHR through a login and password
D. **Naming Convention**: a convention for filling in fields to ensure consistency throughout the system to assist with keeping information organized and searchable in the Sentri 2 EHR.

E. **Title Case:** Major words are capitalized, and most minor words are lowercase. For names, the first letter of each name is capitalized, with special exceptions given to names that contain more than one capital letter, such as McDonald, DeSoto, MacIntosh, O'Brien, etc. For these situations, follow the direction given by the responsible party.
F. **USPS:** United States Postal Service

**References:**

**https://apastyle.apa.org/style-grammar-guidelines/capitalization/title-case**

**Sentri -Help / Resources: Address Entry Instructions and Guideline**

**https://pe.usps.com/text/pub28/28apc_002.htm**

**https://pe.usps.com/text/pub28/28apc_003.htm**

**https://pe.usps.com/text/pub28/28apf.htm**

**Exhibits:**

Exhibit A – Address Standardization Guide
Exhibit B – Secondary Unit Designators

**Procedure:**
None

Exhibit A –

| **Address Standardization (No Commas, No Periods)** | |
|---|---|
| *Possible Variation* | *Standard Usage* |
| Street | St |
| Road | Rd |
| Avenue | Ave |
| Drive | Dr |
| Boulevard | Blvd |
| Court | Ct |
| P.O. Box | PO Box |
| Parkway | Pkwy |
| Suite | Ste |
| Place | Pl |
| Highway | Hwy |
| North | N |
| South | S |
| East | E |
| West | W |
| Center | Ctr |

Exhibit B –

| **Secondary Unit Designators** | |
|---|---|
| *Possible Variation* | *Standard Usage* |
| Apartment | Apt |
| Building | Bldg |
| Department | Dept |
| Floor | Fl |
| Lot | Lot |
| Penthouse | Ph |
| Room | Rm |
| Space | Spc |
| Stop | Stop |
| Suite | Ste |
| Trailer | Trlr |
| Unit | Unit |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:11:59 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Access

| | | |
|---|---|---|
| **Chart Review** | | |
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Access Center Provides Information | The access system provides information about, and help people connect as needed with, the SCCMHA's Customer Services Unit, peer supports specialists and family advocates; and local community resources, such as: transportation services, prevention programs, local community advocacy groups, self-help groups, service recipient groups, and other avenues of support, as appropriate. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs Access System Standards dated July 2008. |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Face Sheet | The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc. | Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| **Documentation** | | |
| Access Available 24/7 | The Access System is available 24 hours a day, seven days per week. This should include the availability of access for an interpreter for persons who are hearing impaired and those individuals with Limited English Proficiency. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs Access System Standards dated July 2008. |
| Access Reports | Access timeliness reports are completed (State reporting). Information for this item will be gathered from any sanction letters sent to the provider for issues with Access Timeliness reporting to the state. | SCCMHA Provider Manual, Tab 7 |
| Access Screening | The clinical screening for eligibility results in a written screening decision which addresses each of the following items: Identifying presenting problem and need for services and supports; Identification of the population group (DD, MI, SED, or SUD) that qualifies person for public mental health and substance use disorders and supports; Legal eligibility and priority criteria; Documentation of any emergent or urgent needs and how they were immediately linked for crisis service; Identification of screening disposition; Rationale for system admission or denial. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |

# Audit Checklist w/ Refs

## Audit Name: Access

| | | |
|---|---|---|
| Access System Accommodations Needs | The Access System has the ability to accommodate individuals who have special needs such as Limited English Proficiency, Diverse Cultural Backgrounds, Visual Impairments, Alternative Communication Needs, and Mobility Challenges. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Access System Crisis Calls | The Access System crisis or emergency telephone calls are immediately transferred to a qualified practitioner without requiring an individual to call back. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Access System Walk Ins | Individuals who walk in to the Access System are provided a timely and effective response to their requests for assistance. With in 30 minutes. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| CAFAS | The CAFAS is completed on all eligible children (between the ages of 7 and 17) at the time of assessment, quarterly, and at the time of closing. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| CAFAS/PECFAS | The CAFAS is completed on all eligible children (between the ages of 7 and 17) and PECAFAS (age prior to 7) at the time of assessment, quarterly, and at the time of closing. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Medical Director Oversight | The Medical Director is involved in the review and oversight of Access System policies and clinical practices. Documentation which demonstrates that the medical director has reviewed the access system policies and procedures. Also documentation of the medical director has reviewed and provided oversight to Access System clinical practices. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Medical or Psychiatric Advanced Directives | The Access System inquires as to the existence of any established medical or psychiatric advanced directives relevant to the provision of services. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Notification of Rights | All individuals have been given a summary of recipient rights including their rights to a person centered planning process and timely access to the pre planning process. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Outreach Services | There is regular and consistent outreach effort to commonly unserved and underserved populations such as Children and Families, Older Adults, Homeless Persons, Members of Ethnic, Racial, Linguistic, and Culturally Diverse Groups, Persons with Dementia, Pregnant Women. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Quality Improvement | There is monitoring of Access Center performance and implemented quality improvement measures in response to performance issues. There is evidence of quality improvement activities to improve Access System performance for any areas where Access System performance is below required levels. Evidence of monitoring telephone answering rates, call abandonment rates, and timeliness of appointments and referrals. | Medicaid Prepaid Inpatient Health Plans and Community Mental Health Services Programs; Access System Standards dated July 2008. |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs

## Audit Name: Access

| | | |
|---|---|---|
| **PCP Review** | | |
| Consents and Privacy Notices | Proper consents and privacy notices are given. | HIPAA |
| **Policies and Procedures** | | |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Staff Pre-hire screening | Provider has human resource procedures that address SCCMHA competencies for staff pre-hire screening. This should include Criminal Background checks and Recipient Rights checks, as well as licensing/credential checks, where applicable. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07Licensing lg. Group Rules R400.15 208 ; Licensing sm. Group Rules R400.14 208 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Pre-Audit Review** | | |
| Data Integrity | Reports pulled from Sentri for Consumer Demographics, Notes missing, Progress notes requiring your signature, unsigned progress notes, notes incomplete, Expired Ability to pay assessments, etc. are 95% compliant. | NO REFERENCE IN SYSTEM |
| **Staff File Review** | | |
| ANSA Training | All primary workers, working with adults with Mental Illnesses will have Adult Strengths and Needs Assessment training (ANSA). | SCCMHA policy on standardized assessment tool. |
| CAFAS or PECFAS Training | All staff have training in CAFAS if dealing with children age 7-17 or PECFAS if dealing with children younger. Training to be renewed every 2 years. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Children's Diagnostic and Treatment Services Certification | Each staff person has the minimum of 24 hours of training in Childrens Services to meet the Childrens Diagnostic criteria. | MDCH Childrens Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3 |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

# Audit Checklist w/ Refs

## Audit Name: ACT

**Chart Review**

| | | |
|---|---|---|
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Adequate Action Notice | There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record. | Mental Health Code 7121(2); 42 CFR 400 |
| Advance Notice of Adverse Action | There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003 |
| Assessments Annual | Annual Assessments/Update Assessments are completed. The assessment includes a complete Bio psychosocial and the reason for continuing stay meets the eligibility criteria. | Medicaid Manual, Recordkeeping; MDCH/ CMH PIHP Site Review Protocols, C.2.14 |
| Authorization Requests | Authorizations for consumer needed services are requested in a timely manner. | MDCH/CMH contract, section 3.0; SCCMHA Provider Manual, Policy 05.04.01 |
| Communications to Providers | There is evidence of ongoing or as needed communication with other key providers, including residential or other supports, schools, clubhouse, day program, and/or other community resources as appropriate. | MDCH PIHP Review Protocols Section E; Medicaid Manual, Mental Health and Substance Abuse, 2.1 |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Choice | The consumer has been offered choice of provider/staff. | MDCH PIHP Review Protocols B.7.3.2.; SCCMHA Policy 02.03.03; SCCMHA Policy 03.01.03; |
| Consumer Entitlements | Entitlements are obtained, and primary insurance reimbursements sought. (Medicaid, SSI, Bridgecard) For consumers living independently or in a Supported Living Situation the provider has assisted the consumer in obtaining a bridgecard for assistance with groceries. | Medicaid Manual, Mental Health and Substance Abuse, Section 1.3 |
| Consumer Face Sheet | The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc. | Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Consumer Record Organization | Program has a checklist or outline of consumer record organization/requirements. | Medicaid Ch. I Record Keeping |

# Audit Checklist w/ Refs

## Audit Name: ACT

| | | |
|---|---|---|
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Coordination with Other Team Members | There is appropriate coordination with other team members (PT, OT, Nursing, etc.) | SCCMHA Policy and Procedures |
| Crisis Service Coordination | There is evidence of crisis service coordination where appropriate. | SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b) |
| Disclosure Documentation | There is documentation of disclosures made from the record as required. | HIPAA |
| Documents | All appropriate documents are in the consumer file. | MDCH/CMH Contract, Section 6.8.1 |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| Documents in File Identify Consumer | All forms placed in consumer records identify consumer with name and medical record number. | PHP Review Protocols 6.2.3./ MDCH Sit Review Report & Plan of Correction 2002. |
| Face to Face Contacts | The record notes some frequency of face-to-face contacts with the consumer and follows the plan. For consumers that receive Model Payments from DHS, contacts need to be monthly at the home to assure the provider is following the case manager/ support coordinator order for services. For consumers that have a habilitation supports waiver, those consumers must be seen monthly in order for SCCMHA to receive reimbursement for the waiver. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 and 13.3 |
| Grievance and Appeals Information | Grievance and appeals information has been provided and explained to consumer/guardian. | SCCMHA Provider Manual, Policy 02.01.11 |
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. | MDCH PIHP Review Protocols G.2.1 |
| Health and Safety Issues Monitored | The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed. | Medicaid Manual, Mental Health and Substance Abuse 3.24 and 13.3 |
| Intake Paperwork | Intake paperwork is completed based on procedures in place. | Medicaid Manual, Recordkeeping |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Level of Care Change | Documentation (ACT, Intensive Case Management, Outpatient Case Management, Home-based services, Substance Abuse) is in place supporting level of care change. | SCCMHA Provider Manual, Service selection guidelines |
| Materials Archived | The record contains current materials and does not contain significant material that should be archived. (Refer to Medical Records Policy and Attachments) | SCCMHA Policy 08.04.01 |
| Medicaid Denial | There is proof that Medicaid benefits were denied for non-Medicaid consumers. | MHC 330.1814 |

# Audit Checklist w/ Refs

## Audit Name: ACT

| | | |
|---|---|---|
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Medication Documented | There is notation of client current medications in the file. This list should include both medical and psychotropic medications. | MDCH PHP Review Protocols G.3.4; Medicaid Manual, Mental Health and Substance Abuse, Record Keeping; SCCMHA Provider Manual Policy 02.02.16 |
| Medication Monitoring | There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.) | Medicaid Manual, Mental Health and Substance Abuse 3.15 |
| Mental Health Providers | Pertinent communications, including sharing of the PCP document occurs with other mental health providers. | Best Practice |
| PCP Development Time | A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. | Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06 |
| PCP Monitoring by Other Providers | There is evidence that the Case Manager/Supports Coordinator monitor the implementation of PCP by other providers. | MDCH/CMH Contract, Attachment 6.5.1.1 |
| PCP Pre-planning Activities | Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities). | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols C.1.2.; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-planning Cultural Accommodations | Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.8; MDCH/CMH contract, attachment 3.4.1.1 |
| PCP Pre-planning Documentation | Pre-planning meeting activities are properly documented. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.1; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Provided to Other Providers | There is evidence the PCP has been provided to other key providers (not including PHCP). | Best Practice |
| Physical Health Care and Nutritional Screening | Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse | SCCMHA Policy 03.02.01 Healthcare Integration |
| Primary Healthcare Coordination | There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests. | SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208 |

# Audit Checklist w/ Refs

## Audit Name: ACT

| | | |
|---|---|---|
| Psychiatric Involvement | There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted. | Medicaid Manual, 2.1 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Recovery | Each program has proof of the belief in recovery in their work. Provider can demonstrate in consumer charts this belief. (does not apply to persons with developmental disabilities) | SCCMHA Policy 02.03.05 Recovery |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Substance Abuse/Jail Assessment | There is evidence of Substance Abuse and/or Jail Assessment and coordination as appropriate. | PIHP Review Protocols B.15.1-B.16.6 |
| Supervisory Review | There is evidence in the consumer's chart that supervisory review took place. | Medicaid Manual, Ch. I, Recordkeeping |
| **Consumers** | | |
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate). | DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01 |
| Medicaid Applications | Program ensures Medicaid applications are completed for all persons. Proof of completion of Medicaid application was found. | SCCMHA Provider Participation Agreement Attachment A, Section D (2). |
| Review Mechanism | Program has mechanism to review and respond to consumer changes in level of need (review progress notes, updated PCP, referral for additional service). | MDCH PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Services Match Eligibility | Services being delivered match eligibility criteria. | SCCMHA Provider Manual, Policy 05.04.01 |
| **Documentation** | | |
| Accepts all referrals | Provider accepts all referrals that meet eligibility criteria as it relates to the program of service, as this service need only has one option open to consumers. | NO REFERENCE IN SYSTEM |
| Access Reports | Access timeliness reports are completed (State reporting). Information for this item will be gathered from any sanction letters sent to the provider for issues with Access Timeliness reporting to the state. | SCCMHA Provider Manual, Tab 7 |

# Audit Checklist w/ Refs

## Audit Name: ACT

| | | |
|---|---|---|
| ACT Physician Meets with ACT Team | Psychiatrist meets with ACT Team weekly and the program has documentation to support. | PHP Review Protocols B.4.3.5. / Plan of Correction 2002. |
| ACT Team Meetings | Team Meetings are held daily and documented. Who is present at the meetings and discussion points. | PHP Review Protocols B.4.3.5. /SCCMHA Corrective Action Plan to citations 2002 |
| Assertive Community Treatment (ACT) | Offers a wide array of clinical, medical, or rehabilitative svcs during face-to-face interactions to help individuals to live independently in the community. May include other mental health svcs defined in other programs. | Medicaid Ch. III, Covered Svcs, Pg. 11 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Multidisciplinary Team | ACT services are provided by all members of a mobile, multi-interdisciplinary team (all team members see all consumers unless there is a clinical reason to do otherwise) Team must include one Physician, on Health Care Professional, one RN, non professionals supervised by one of the above and supervision documented in the record. | PHP Review Protocols B.4.3.1. |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Team Meetings | ACT Team meetings are held daily. | PHP Review Protocols B.4.3.5. |

**Facility/Program Observation**

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| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |

# Audit Checklist w/ Refs

## Audit Name: ACT

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|---|---|---|
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| **PCP Review** | | |
| Accommodations | The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer. | PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2. |
| Assessments | Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP); or if the case manager has only a bachelor's degree but without the specialized training or experience they must be supervised by a QMHP or QMRP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional (CMHP). Services to children with developmental disabilities must be provided by a QMRP. | Medicaid Manual, Mental Health and Substance Abuse, 13.4 Staff Qualifications. |
| Changes in Consumer Needs | Changes in consumer needs are reflected in the person-centered plan. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.2.10. and C.5. |
| Community Involvement | There is evidence in PCP of efforts to promote consumer community inclusion and/or increase community involvement. | PIHP Review Protocols C.2.9./ MDCH Site Review Report & Plan of Correction 2002 |
| Conflict Resolution | There is evidence that the consumer has been provided with conflict resolution resource information. It is evident who should be contacted if dissatisfaction or concerns arise. | PIHP Review Protocols C.2.6. |
| Consents and Privacy Notices | Proper consents and privacy notices are given. | HIPAA |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| Consumer Crisis Plan | Consumer crisis plan development opportunity is documented. | Medicaid Manual, Mental Health and Substance Abuse 13.3; MDCH PIHP Site Review Protocols; C.2.13 |
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Consumer Meetings | There is evidence consumer meetings are held according to his/her choice, including where, when, and who. | PHP Review Protocols C.12.; SCCMHA Policy 02.03.03 |
| Consumer Orientation | The consumer's and/or family orientation to the program is documented in the record. | MDCH App for Participation page 32; 2.2.2 |
| Coordination of Service | Coordination of services are evident in plan. | Medicaid Ch. III ,13.3 |
| Frequency of Plan Review | The frequency of plan review for the individual consumer is specified. SC/CM determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and Scope (Face to face and Telephone) of Case management monitoring activities must reflect the intensity of the Beneficiary's Health and Welfare needs identified in the plan. | Mental Health Code 330.1714; Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |
| Goals are Monitored | There is evidence of goal monitoring against planned cycle for each consumer. | MDCH PIHP Site Review Protocols, B.14.3.3 |
| Natural Supports | Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes. | PIHP Review Protocols C.2.4. |
| PCP Assessment Based | The PCP is based upon an assessment of the person's strengths and weaknesses. | MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1 |
| PCP Consumer Copy | Consumer and/or family have been provided copy of his/her or their plan within 15 business days of the PCP Meeting (went into effect 7/20/2003). | PIHP Review Protocols C.3.; SCCMHA Policy 02.03.03 |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Designation | PCP designates the individual in charge of implementing the plan of service. | Medicaid Manual, General Information, |
| PCP Health and Safety | The recipient's health and safety is addressed routinely in each PCP. | MDCH App. For Participation pg 170 6a; Medicaid Manual, Mental Health and Substance Abuse, 3.3; PIHP Review Protocols C.2.4. |
| PCP Outcomes | Services and supports are based upon the desired outcomes and/or goals of the individual defined though a PCP process. | Medicaid Manual, General Information, Pg. 10; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Peer Support Specialists Advocate | Peer Support Specialists Services advocate for the full integration of individuals into communities of their choice and promoting the inherent value of those individuals to those communities. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists are Members of the Team | Provider assures Peer Support Specialists participate as full-fledged members of the multidisciplinary team. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Assist Consumers with Recovery | Peer Support Specialists staff assist consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers recovery/life goals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Function as Liaisons to Community | Peer Support Specialists Services function as liaisons to community resources, and assisting consumers in accessing and using such resources. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Provide a Range of Services | Peer Support Specialists provide a wide range of peer support services to consumers to assist them in regaining control over their lives, the recovery process, and attain personal goals of community membership, independence, and productivity. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Supervision | Peer Support Specialists are provided with supervision by appropriately licensed mental health professionals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Training | Peer Support Specialists receive standardized, accredited training (and are eligible for certification). Attend relevant seminars, meetings, and in-service training. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Work in Variety of Settings | Peer Support specialists work with consumers in a range of settings, including treatment offices, consumers' homes, hospitals, community settings, and transport vehicles. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists' Services offered | Peer Support Specialists' services are offered to all consumers. | SCCMHA Peer Support Services Fidelity Scale |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| Periodic Review Evidence | There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Provider Involvement | There is evidence of provider involvement in discharge planning as appropriate, for example, with hospitals. | Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Restrictive Plans | Restrictive plans have evidence of BTC (Behavior Treatment Committee) consultation. Restriction of movement or other restrictions are covered in the consumer plans and reviewed by the BTC for appropriate implementation based on State guidelines. | Medicaid Manual, Mental Health and Substance Abuse 3.3; SCCMHA Policy 03.02.06 Behavior Treatment Committee. |
| Specific Service Needs Addressed | The plan of care reflects specific consumer needs and involvements in all appropriate community or mental health services. | Medicaid Manual, Mental Health and Substance Abuse 3.24 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Procedure for Managing Risk | Provider has a policy and procedure on how they will manage high risk consumers. | SCCMHA Best Practice |
| Sentinel Event/ Critical Event Analysis | Providers have a Sentinel Event / Critical Event Analysis post a critical event. | SCCMHA Policy 05.06.01 Network Management and Development |
| Storage of Sample Medications On Site | Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site. | SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications. |
| **Pre-Audit Review** | | |
| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Data Integrity | Reports pulled from Sentri for Consumer Demographics, Notes missing, Progress notes requiring your signature, unsigned progress notes, notes incomplete, Expired Ability to pay assessments, etc. are 95% compliant. | NO REFERENCE IN SYSTEM |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| **Staff File Review** | | |
| ACT Training | All team staff must have basic knowledge of ACT programs and principles acquired through ACT specific training. | MDCH Ch. On Mental Health/Substance abuse Section 4 |
| ANSA Training | All primary workers, working with adults with Mental Illnesses will have Adult Strengths and Needs Assessment training (ANSA). | SCCMHA policy on standardized assessment tool. |
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Ratio of Staff | Team composition is sufficient in number to provide an intensive service array 24/7 and team size is based on a staff to consumer ratio of not more than 1:10. | PHP Review Protocols B.4.4.1. |
| Staff Qualifications for Case Mgr | A mental health case manager/ support coordinator must be a professional who possesses at least a bachelor's degree in a human services field typically associated with mental health, or an R.N. | Medicaid Manual, Mental Health and Substance Abuse, 13.4; MDCH PIHP Site Review Protocols, B.7.4.1 |

# Audit Checklist w/ Refs

## Audit Name: ACT

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| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

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| Grievance and Appeals Process | Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate. | Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Page 3; SCCMHA Provider Manual, Policy 02.01.11 |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

Report Date: 8/25/20238:45:25 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Autism Regional Reciprocity FY2022

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| AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS 1.1 | Beneficiaries IPOS addresses the needs.<br>A. As part of the IPOS, there is a comprehensive individualized ABA behavioral plan of care that includes specific targeted behaviors for improvement, along with measurable, achievable, and realistic goals for improvement.<br>B. The IPOS must address risk factors identified for the child and family, specify how the risk factor may be minimized and describe the backup plan for each identified risk. | Medicaid Provider Manual MHSA Section 18 |
| AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS 1.2 | Beneficiaries services and supports are provided as specified in the IPOS, including:<br>A. Amount<br>B. Scope<br>C. Duration | Medicaid Provider Manual MHSA Section 18 |
| AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS 1.3 | Beneficiaries BHT authorization was completed by Utilization Management (UM) staff who are free from conflict of interest as evidenced by documentation that the staff does not provide any other service to that beneficiary. | Medicaid Provider Manual MHSA Section 18 |
| AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS 1.4 | Beneficiaries ongoing determination of level of service (every six months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with ABLLS-R or VB-MAPP or other appropriate documentation of analysis (i.e. graphs, assessment reports, records of service, progress reports, etc.). | Medicaid Provider Manual MHSA Section 18; DCH Site Review Protocol for Autism Beneficiaries; Contract SOW III.h |
| AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS 1.5 | Beneficiaries whose average hours of ABA services during a quarter were within the suggested range for the intensity of service plus or minus a variance of 25%. | Medicaid Provider Manual MHSA Section 18; Regional Procedure – Autism Benefit Compliance Monitoring |
| AUTISM BENEFIT/APPLIED BEHAVIORAL ANALYSIS 1.6 | Observation Ratio: Number of Hours of ABA observation during a quarter are greater than or equal to 10% of the total service provided. | MSA 1559 Policy<br>SOW III.b. |
| Documentation/Reporting Requirements 2.1 | Transportation Logs include name of transporter and if ABA services were provided during transport. If ABA services are provided by BT, the name of the BT and name of transporter is included.<br>NOTE: Documentation requirement is designed to ensure a separation between the individual providing the transportation and the individual billing for direct ABA services. Provider must maintain a log of any transportation of consumers. | Contract; Statement of Work III.a |
| Documentation/Reporting Requirements 2.2 | Supervision Logs indicate date, duration, and content of supervision; supervision name and signature; staff name, client name | Contract; Statement of Work III.b |
| Documentation/Reporting Requirements 2.3 | Family Training Progress Notes include date, content, duration, and signature of family member receiving training and staff providing training. | Contract; Statement of Work III.c |

# Audit Checklist w/ Refs

## Audit Name: Autism Regional Reciprocity FY2022

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| Documentation/Reporting Requirements 2.4 | Social Skills Group Progress Notes indicate date, content, and duration of session, signature of BHT supervisors | Contract; Statement of Work III.d |
| Documentation/Reporting Requirements 2.5 | Group adaptive behavior progress note includes date, content, duration of session, and signature of technician providing the service. | Contract; Statement of Work III.e |
| Documentation/Reporting Requirements 2.6 | Telepractice services are pre-authorized in the IPOS and with MDHHS prior to service being rendered. | Contract; Statement of Work III.f |
| Documentation/Reporting Requirements 2.7 | ABA exposure adaptive treatment – double staffing notes include dated, duration of session, and signature of both rendering providers. | Contract; Statement of Work III.g |
| Documentation/Reporting Requirements 2.8 | Incident Reports are received in writing within 24 hours of an event. | Contract |
| General Administration 5.1 | Provider Maintains the following insurance policies:<br>• General Commercial Liability, with PAYOR listed as additionally insured<br>• Professional Liability insurance current<br>• Motor Vehicle Liability (if transporting consumers), with PAYOR listed as additionally insured<br>• Worker's Compensation | Contract (section 13) |
| General Administration 5.10 | Provider has a written system in place to ensure individuals transporting consumers hold a valid driver's license appropriate to the class of vehicle being operated | Medicaid Provider Manual – NEMT; Michigan Vehicle Code Act 300 of 1949 |
| General Administration 5.2 | Provider maintains a Compliance Plan which meets the following elements:<br>• Employee/contractor code of conduct<br>• Employee education program(s); training and education of the compliance officer and employees<br>• Communication processes between senior management and employees regarding compliance program; designation of compliance officer<br>• Guidance and reporting system<br>• Prompt investigation and complaint resolution processes<br>• Corrective action planning and implementation<br>• Data monitoring and evaluation | Contract (section 22 – Compliance Program), 42 CFR 438.608 |
| General Administration 5.3 | Provider has safeguards established that restrict the use or disclosure of information concerning Consumers. | Contract (section 21 – Consumer Medical Records)<br>Mental Health Code, Section 748, 748a, and 750 |
| General Administration 5.4 | Provider has a provision for the disposal of consumer protected health information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. | HITECH Act,<br>Contract (Section 22 - HIPAA) |

# Audit Checklist w/ Refs

## Audit Name: Autism Regional Reciprocity FY2022

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| General Administration 5.5 | Provider maintains a comprehensive individual service record system. | Contract (section 21 – Consumer Medical Records),<br>MDHHS Medical Services Administration (MSA) Policy Bulletin Chapter 1, the MDTMB Retention General Schedule #20 Community Mental Health Programs |
| General Administration 5.6 | Provider shall maintain a fully operational internal Quality Assessment and Performance Improvement Program | Contract section 24 – Quality Improvement Program, Site Reviews, Performance Monitoring |
| General Administration 5.7 | Evidence of Corrective Action in response to the MDHHS ASD Site Review. | Only applicable if Provider required corrective action as part of MDHHS CAP. |
| General Administration 5.8 | Provider has a written system in place for credentialing and recredentialing licensed health care professionals in accordance with BHDDA credentialing and recredentialing processes.<br><br>Policy/procedure ensures credentials are verified, by primary source, prior to employment. This includes criminal background and central registry checks (CR if working with minors/children) for any staff having direct access to consumers served. | Contract Section 17.d<br><br>P 7.1.1<br><br>Medicaid Provider Manual MHSA Section 18 BHT Service Provider Qualifications (See Behavior Technician, pgs. 8-9)<br><br>40-hour requirement documentation found: http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf |
| General Administration 5.9 | Provider has a written system in place to ensure that individuals are not included in any excluded or sanctioned provider lists (OIG, GSA/SAM and Michigan Sanction Provider database) and that monitoring occurs monthly. | MDHHS Credentialing Policy<br>MSHN Background Check and PSV Policy<br>Michigan Sanctioned Provider Site |
| Limited English Proficiency & Cultural Competence 6.1 | The provider has an administrative policy and procedure in place for identifying and assessing the language needs of individuals served, including: | MDHHS Contract 3.4<br>MSHN LEP Policy |
| Limited English Proficiency & Cultural Competence 6.2 | • The provider has a written policy and/or procedure on accessing oral interpretation services, free of charge to consumers. | MSHN LEP Policy |
| Limited English Proficiency & Cultural Competence 6.3 | • The provider notifies the consumer that oral interpretation is available for any language, and written information is available in prevalent languages; and how to access those services | MSHN LEP Policy |
| Limited English Proficiency & Cultural Competence 6.4 | • Written materials are available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency, as required by ADA | MSHN LEP Policy |
| Limited English Proficiency & Cultural Competence 6.5 | • The provider has available for consumers, copies of PIHP developed written information in prevalent non-English languages in its particular service area. | MDHHS Contract 6.3.2<br>MSHN LEP Policy |
| Limited English Proficiency & Cultural Competence 6.6 | • Provider developed written material (if any) must use easily understood language and format available in alternative formats and in an appropriate manner that takes into consideration the special needs of those who are visually limited or have limited reading proficiency | MDHHS Contract 3.6.2<br>MSHN LEP Policy |

# Audit Checklist w/ Refs

## Audit Name: Autism Regional Reciprocity FY2022

| | | |
|---|---|---|
| Limited English Proficiency & Cultural Competence 6.7 | The provider has a written policy or procedure on cultural diversity | MSHN Cultural Competency Policy |
| Limited English Proficiency & Cultural Competence 6.8 | Services are delivered in a culturally diverse manner to all consumers including those with limited English proficiency and diverse cultural and ethnic backgrounds. The provider:<br>• Demonstrates an ongoing commitment to linguistic and cultural diversity that ensures access and meaningful participation for all people in the service area<br>• Includes acceptance and response for the cultural values, beliefs and practices of the community<br>• Applies an understanding of the relationships of language and culture to the delivery of supports and services. | MSHN Cultural Competency Policy |
| PROVIDER QUALIFICATIONS/CREDENTIALING 4.1 | Provider follows a documented process consistent with State requirements for credentialing and re-credentialing of providers. Note: only evaluating provider qualifications (e.g. license) and does not include training requirements (refer to 4.4) | Medicaid Provider Manual MHSA Section 18 BHT Service Provider Qualifications (See Behavior Technician, pgs. 8-9)<br><br>40-hour requirement documentation found: http://www.michigan.gov/documents/autism/BHT-ABA_Services_Qualified_Providers_510149_7.pdf |
| PROVIDER QUALIFICATIONS/CREDENTIALING 4.2 | Credentials are verified, by primary source, prior to employment. This includes criminal background and central registry checks (CR if working with minors/children) for any staff having direct access to consumers served.<br><br>Note: central registry checks for childcare staff working with minor children (per ABA contract). | Public Act 218 of 1979, MCL 400.734 (b)<br>MSHN AFP response Section 2.4.5<br>PIHP Contract<br>MSHN Disqualified Provider Policy |
| PROVIDER QUALIFICATIONS/CREDENTIALING 4.3 | Prior to employment, the Provider verifies that the individual is not included in any excluded or sanctioned provider lists. The Provider shall search the OIG, GSA/SAM and Michigan Sanction Provider database monthly to capture exclusions and reinstatements that have occurred since the last search | MDHHS Credentialing Policy<br>MSHN Background Check Procedure<br>Michigan Sanctioned Provider Site |
| PROVIDER QUALIFICATIONS/CREDENTIALING 4.4 | Minimum training standards are met based on the MSHN regional training requirements and is documented in the staff file.<br><br>Note: all employee records must be in compliance, otherwise indicate No (i.e. no partial compliance) | Contract section 20 – Staffing and Training Requirements |
| PROVIDER QUALIFICATIONS/CREDENTIALING 4.5 | Individuals transporting consumers hold a valid driver's license appropriate to the class of vehicle being operated | Medicaid Provider Manual – NEMT; Michigan Vehicle Code Act 300 of 1949 |
| Recipient Rights 3.1 | Were rights books provided to consumers and readily available for review? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.10 | Were any exclusions to items able to be brought into the site (contraband) posted and visible to consumers and visitors? | Contract, section 21– Recipient Rights |

# Audit Checklist w/ Refs

## Audit Name: Autism Regional Reciprocity FY2022

| | | |
|---|---|---|
| Recipient Rights 3.11 | Were records and other confidential information secured and not open for public inspection? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.12 | Site review results did not result in identified health or safety concerns. | Contract, section 21– Recipient Rights |
| Recipient Rights 3.13 | Were appropriate accommodations made for persons with physical disabilities? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.14 | Documentation that staff received RR training within 30 days of hire was reviewed? | Contract Attachment G |
| Recipient Rights 3.2 | Did the rights books provide the correct information for contacting the appropriate Rights Office? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.3 | Are posters providing contact information for the Rights Office conspicuously posted and visible to consumers and staff? (not applicable to SIP sites) | Contract, section 21– Recipient Rights |
| Recipient Rights 3.4 | Did the posters provide the correct information for contacting the appropriate Rights Office? | Contract, section 21 – Recipient Rights |
| Recipient Rights 3.5 | The most current version of the Abuse and Neglect Reporting Posters are posted where staff can see them. | Contract, section 21 – Recipient Rights |
| Recipient Rights 3.6 | Were complaint forms readily available? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.7 | Were recipients aware of how to file a complaint? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.8 | Were staff aware of how to file a complaint? | Contract, section 21– Recipient Rights |
| Recipient Rights 3.9 | Were copies of Chapter 7 and 7A available? | Contract, section 21– Recipient Rights |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/2/2018 3:49:05 PM

User Id: JTOMASZEWSKI

# Audit Checklist w/ Refs

## Audit Name: Autism Support Services

**Chart Review**

| | | |
|---|---|---|
| Behavioral Outcome Measurement Tool | Consumers have ongoing determination of level of service (every 6 months) has evidence of measurable and ongoing improvement in targeted behaviors as demonstrated with such assessment tools as ABLLS-R or VB-MAPP. | DCH site review protocols for Autism Beneficiaries. |
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Coordination with Other Team Members | There is appropriate coordination with other team members (PT, OT, Nursing, etc.) | SCCMHA Policy and Procedures |
| Documents | All appropriate documents are in the consumer file. | MDCH/CMH Contract, Section 6.8.1 |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| PCP Development Time | A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. | Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |

**Documentation**

| | | |
|---|---|---|
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs

## Audit Name: Autism Support Services

| | | |
|---|---|---|
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| **Facility/Program Observation** | | |
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. Provider has a policy/procedure that indicates how records will be stored, how long, and how they will be disposed of after the date of retention has expired. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |
| **PCP Review** | | |
| Changes in Consumer Needs | Changes in consumer needs are reflected in the consumer treatment plan. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.2.10. and C.5. |

# Audit Checklist w/ Refs

## Audit Name: Autism Support Services

| | | |
|---|---|---|
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Face to Face Contacts Follow Plan | The consumer plan notes the frequency of face to face contacts by each service provider. The consumer record has proof of face to face contacts that match what is noted in the consumer plan. | Medicaid Manual, Mental Health and Substance Abuse, Autism Benefit. |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |
| Treatment Plan Assessment Based | The treatment plan is based upon an assessment of the person's strengths and weaknesses. | MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1 |
| Treatment Plan Outcomes | Services and supports are based upon the desired outcomes and/or goals of the individual defined though a treatment planning process. | Medicaid Manual, General Information, Pg. 10; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Treatment Plan Scope | Amount, duration, scope of services are supported by the consumer treatment plan (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If any of the consumers uses needles in the home there must be a needle stick protocol as part of the infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |

# Audit Checklist w/ Refs

## Audit Name: Autism Support Services

| | | |
|---|---|---|
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Pre-Audit Review** | | |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Case Managers/Supports Coordinator Communications | Verify through letters, correspondence, meeting minutes, review logs, surveys to supervisors/chairpersons, etc. (Contact Case Manager/Supports Coordinator for issues, comments, etc.) | NO REFERENCE IN SYSTEM |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| Behavior Support Staff Specific Training | The Behavior Support Staff or Behavioral Technicians have completed the Behavior Technician Training required to perform their duties. | 1915 iSPA Performance Measure 5 and Medicaid Provider Manual 19.7. |

# Audit Checklist w/ Refs

## Audit Name: Autism Support Services

| | | |
|---|---|---|
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Credentials Verified | Credentials are verified and match discipline and role assignment. | Medicaid Provider Manual |
| DHS Central Registry Checks | All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children. | SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. | SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing small Group; R400.15318 Licensing large Group; R4001438 Licensing Family Home |
| Oversight Supervision by BCBA | For every 10 hours of applied behavioral intervention the Behavioral Supports Assistant must have 1 hour of BCBA oversight supervision. | Medicaid Manual on Autism Services |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:14:12 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

**Chart Review**

| | | |
|---|---|---|
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Adequate Action Notice | There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record. | Mental Health Code 7121(2); 42 CFR 400 |
| Advance Notice of Adverse Action | There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003 |
| Assessments Annual | Annual Assessments/Update Assessments are completed. The assessment includes a complete Bio psychosocial and the reason for continuing stay meets the eligibility criteria. | Medicaid Manual, Recordkeeping; MDCH/ CMH PIHP Site Review Protocols, C.2.14 |
| Authorization Requests | Authorizations for consumer needed services are requested in a timely manner. | MDCH/CMH contract, section 3.0; SCCMHA Provider Manual, Policy 05.04.01 |
| Case Type | The consumer's case type(s) is/are identified as appropriate. | NO REFERENCE IN SYSTEM |
| Children's Crisis | There are crisis management procedures in place. (DD are handled by Supports Coordination). | NO REFERENCE IN SYSTEM |
| Collaborative Approach | There is an interagency collaborative approach to wraparound services. | MDCH/CMH Contract, Attachment 6.5.1.1 |
| Communications to Providers | There is evidence of ongoing or as needed communication with other key providers, including residential or other supports, schools, clubhouse, day program, and/or other community resources as appropriate. | MDCH PIHP Review Protocols Section E; Medicaid Manual, Mental Health and Substance Abuse, 2.1 |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Choice | The consumer has been offered choice of provider/staff. | MDCH PIHP Review Protocols B.7.3.2.; SCCMHA Policy 02.03.03; SCCMHA Policy 03.01.03; |
| Consumer Entitlements | Entitlements are obtained, and primary insurance reimbursements sought. (Medicaid, SSI, Bridgecard) For consumers living independently or in a Supported Living Situation the provider has assisted the consumer in obtaining a bridgecard for assistance with groceries. | Medicaid Manual, Mental Health and Substance Abuse, Section 1.3 |
| Consumer Face Sheet | The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc. | Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Consumer Record Organization | Program has a checklist or outline of consumer record organization/requirements. | Medicaid Ch. I Record Keeping |
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Coordination with Other Team Members | There is appropriate coordination with other team members (PT, OT, Nursing, etc.) | SCCMHA Policy and Procedures |
| Crisis Service Coordination | There is evidence of crisis service coordination where appropriate. | SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b) |
| Disclosure Documentation | There is documentation of disclosures made from the record as required. | HIPAA |
| Documents | All appropriate documents are in the consumer file. | MDCH/CMH Contract, Section 6.8.1 |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| Dually Diagnosed Children | Both mental health and substance abuse issues are addressed in the treatment plan, progress notes and delivered by appropriately credentialed staff. | NO REFERENCE IN SYSTEM |
| Face to Face Contacts | The record notes some frequency of face-to-face contacts with the consumer and follows the plan. For consumers that receive Model Payments from DHS, contacts need to be monthly at the home to assure the provider is following the case manager/ support coordinator order for services. For consumers that have a habilitation supports waiver, those consumers must be seen monthly in order for SCCMHA to receive reimbursement for the waiver. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 and 13.3 |
| Family Centered Planning | There is evidence of Family Centered planning and supports and service. | Medicaid Manual, Mental Health and Substance Abuse, Section 7.2 and Section 1.8 |
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. | MDCH PIHP Review Protocols G.2.1 |
| Health and Safety Issues Monitored | The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed. | Medicaid Manual, Mental Health and Substance Abuse 3.24 and 13.3 |
| Infant Mental Health | Infant Mental Health consumer is within the appropriate age range of 0-5. | Medicaid Manual, Mental Health and Substance Abuse, Section 7.2.A |
| Intake Paperwork | Intake paperwork is completed based on procedures in place. | Medicaid Manual, Recordkeeping |
| Intensive Children's Case Management | Documentation supports the need for multiple services, coordination and linking. | NO REFERENCE IN SYSTEM |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Level of Care Change | Documentation (ACT, Intensive Case Management, Outpatient Case Management, Home-based services, Substance Abuse) is in place supporting level of care change. | SCCMHA Provider Manual, Service selection guidelines |
| Materials Archived | The record contains current materials and does not contain significant material that should be archived. (Refer to Medical Records Policy and Attachments) | SCCMHA Policy 08.04.01 |
| Medicaid Denial | There is proof that Medicaid benefits were denied for non-Medicaid consumers. | MHC 330.1814 |
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Medication Documented | There is notation of client current medications in the file. This list should include both medical and psychotropic medications. | MDCH PHP Review Protocols G.3.4; Medicaid Manual, Mental Health and Substance Abuse, Record Keeping; SCCMHA Provider Manual Policy 02.02.16 |
| Medication Monitoring | There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.) | Medicaid Manual, Mental Health and Substance Abuse 3.15 |
| Mental Health Providers | Pertinent communications, including sharing of the PCP document occurs with other mental health providers. | Best Practice |
| Parent Advocate Identified in the Plan | The role of the parent advocate is identified in the consumer/family plan by amount, duration, frequency. The plan clearly identifies the purpose and expected outcomes for the service. The billings are consistent with the plan. | Medicaid Provider Manual 17.3.N Wraparound Services for Children and Adolescents; SED Waiver Site Review Protocol Report 2009. |
| PCP Development Time | A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. | Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06 |
| PCP Monitoring by Other Providers | There is evidence that the Case Manager/Supports Coordinator monitor the implementation of PCP by other providers. | MDCH/CMH Contract, Attachment 6.5.1.1 |
| PCP Pre-planning Activities | Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities). | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols C.1.2.; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-planning Cultural Accommodations | Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.8; MDCH/CMH contract, attachment 3.4.1.1 |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| PCP Pre-planning Documentation | Pre-planning meeting activities are properly documented. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.1; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-Planning Meetings | PCP Pre-Planning Meetings occur before a PCP meeting is originated. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.1.6.; SCCMHA Policy 02.02.06 |
| PCP Provided to Other Providers | There is evidence the PCP has been provided to other key providers (not including PHCP). | Best Practice |
| Physical Health Care and Nutritional Screening | Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse | SCCMHA Policy 03.02.01 Healthcare Integration |
| Primary Healthcare Coordination | There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests. | SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208 |
| Psychiatric Involvement | There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted. | Medicaid Manual, 2.1 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Staff Visitation to Schools/Coordination with Schools | Staff routinely visit schools to gather information about how the child is doing in the school environment as well as in the home. | NO REFERENCE IN SYSTEM |
| Substance Abuse/Jail Assessment | There is evidence of Substance Abuse and/or Jail Assessment and coordination as appropriate. | PIHP Review Protocols B.15.1-B.16.6 |
| Supervisory Review | There is evidence in the consumer's chart that supervisory review took place. | Medicaid Manual, Ch. I, Recordkeeping |
| Waiver Documentation | Documentation (assessments, etc.) is in file and includes waiver application for Children's Waiver. | MDCH PIHP Site Review Protocols, B.12.2.3 |
| Wraparound | Wraparound services involve the coordination and delivery of an intensive individualized life-domain based plan with evident involvement of other community agencies and a child and family team. | Medicaid Manual, Mental Health and Substance Abuse7.3N |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

**Consumers**

| | | |
|---|---|---|
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate). | DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01 |
| Medicaid Applications | Program ensures Medicaid applications are completed for all persons. Proof of completion of Medicaid application was found. | SCCMHA Provider Participation Agreement Attachment A, Section D (2). |
| Review Mechanism | Program has mechanism to review and respond to consumer changes in level of need (review progress notes, updated PCP, referral for additional service). | MDCH PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Services Match Eligibility | Services being delivered match eligibility criteria. | SCCMHA Provider Manual, Policy 05.04.01 |

**Documentation**

| | | |
|---|---|---|
| Access Reports | Access timeliness reports are completed (State reporting). Information for this item will be gathered from any sanction letters sent to the provider for issues with Access Timeliness reporting to the state. | SCCMHA Provider Manual, Tab 7 |
| CAFAS | The CAFAS is completed on all eligible children (between the ages of 7 and 17) at the time of assessment, quarterly, and at the time of closing. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| CAFAS/PECFAS | The CAFAS is completed on all eligible children (between the ages of 7 and 17) and PECAFAS (age prior to 7) at the time of assessment, quarterly, and at the time of closing. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Clinical Supervision | Home based services staff must receive weekly clinical supervision (one-on-one and/or group) to help them navigate the intense needs of the families receiving home-based services. Evidence of the provision of this clinical supervision must be recorded bia supervision logs, sign-in sheets, or other methods of documentation. | Medicaid Provider Manual on Home based services organizational structure. |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Core Skills Training | All primary workers have completed the Core Skills Case Management training. The training includes 12 modules provided by SCCMHA. | SCCMHA Mandatory training requirements. Policy for Competency Requirements for SCCMHA Network Providers. |
| Crisis Services | Crisis services are available through a centralized structure. | SCCMHA Provider Manual; Policy 05.04.01 |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Family Therapy | Therapy for client and family or other persons significant to the client for the purpose of improving the client/family function--not including individual psychotherapy or family planning counseling. | Medicaid Manual, Mental Health and Substance Abuse, Covered Services |
| Home Based Services | Home based services are provided to Individuals and families with multiple service needs that require access to an array of mental health services. Family unit is the focus of treatment. Services are provided at a minimum of 4 hours per month and auditors found proof of this occurrence in the consumer chart. | Medicaid Provider Manual, Mental Health and Substance Abuse, Covered Services and Home Based Services Section 7 |
| Intake Services | Intake services are available through a centralized structure. | SCCMHA Provider Manual, Policy 05.04.01 |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Staffing Ratios | Home Based Services due to the intensity of individual family needs. The worker-to-family ratio should not exceed 1:15 for a full-time | Medicaid Manual, Mental Health and Substance Abuse Section 7 |
| Wraparound Training | Wraparound Facilitators meet QMHP requirements; all staff performing Wraparound services meet MDCH's education and training requirements which includes the required 3 day wraparound training. | Medicaid Provider Manual; SED Waiver Site Review Protocol Report May 2009. |
| **Facility/Program Observation** | | |
| Accessibility | The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility. | SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| **PCP Review** | | |
| Accommodations | The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer. | PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2. |
| Assessments | Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP); or if the case manager has only a bachelor's degree but without the specialized training or experience they must be supervised by a QMHP or QMRP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional (CMHP). Services to children with developmental disabilities must be provided by a QMRP. | Medicaid Manual, Mental Health and Substance Abuse, 13.4 Staff Qualifications. |
| Changes in Consumer Needs | Changes in consumer needs are reflected in the person-centered plan. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.2.10. and C.5. |
| Community Involvement | There is evidence in PCP of efforts to promote consumer community inclusion and/or increase community involvement. | PIHP Review Protocols C.2.9./ MDCH Site Review Report & Plan of Correction 2002 |
| Conflict Resolution | There is evidence that the consumer has been provided with conflict resolution resource information. It is evident who should be contacted if dissatisfaction or concerns arise. | PIHP Review Protocols C.2.6. |
| Consents and Privacy Notices | Proper consents and privacy notices are given. | HIPAA |
| Consumer Crisis Plan | Consumer crisis plan development opportunity is documented. | Medicaid Manual, Mental Health and Substance Abuse 13.3; MDCH PIHP Site Review Protocols; C.2.13 |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Consumer Meetings | There is evidence consumer meetings are held according to his/her choice, including where, when, and who. | PHP Review Protocols C.12.; SCCMHA Policy 02.03.03 |
| Consumer Orientation | The consumer's and/or family orientation to the program is documented in the record. | MDCH App for Participation page 32; 2.2.2 |
| Coordination of Service | Coordination of services are evident in plan. | Medicaid Ch. III ,13.3 |
| Frequency of Plan Review | The frequency of plan review for the individual consumer is specified. SC/CM determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and Scope (Face to face and Telephone) of Case management monitoring activities must reflect the intensity of the Beneficiary's Health and Welfare needs identified in the plan. | Mental Health Code 330.1714; Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |
| Goals are Monitored | There is evidence of goal monitoring against planned cycle for each consumer. | MDCH PIHP Site Review Protocols, B.14.3.3 |
| Health and Safety Issues | The PCP reflects the identification of and attention to consumer health and safety issues. | Medicaid Manual, Mental Health and Substance Abuse, 13.3; PIHP Review Protocols C.2.4. |
| Natural Supports | Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes. | PIHP Review Protocols C.2.4. |
| PCP Assessment Based | The PCP is based upon an assessment of the person's strengths and weaknesses. | MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1 |
| PCP Consumer Copy | Consumer and/or family have been provided copy of his/her or their plan within 15 business days of the PCP Meeting (went into effect 7/20/2003). | PIHP Review Protocols C.3.; SCCMHA Policy 02.03.03 |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Home Based Assistants | Services provided by Home Based Assistants must be clearly identified in the IPOS. | PIHP Review Protocols B.3.5. |
| PCP Outcomes | Services and supports are based upon the desired outcomes and/or goals of the individual defined though a PCP process. | Medicaid Manual, General Information, Pg. 10; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Periodic Review Evidence | There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Provider Involvement | There is evidence of provider involvement in discharge planning as appropriate, for example, with hospitals. | Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Restrictive Plans | Restrictive plans have evidence of BTC (Behavior Treatment Committee) consultation. Restriction of movement or other restrictions are covered in the consumer plans and reviewed by the BTC for appropriate implementation based on State guidelines. | Medicaid Manual, Mental Health and Substance Abuse 3.3; SCCMHA Policy 03.02.06 Behavior Treatment Committee. |
| Specific Service Needs Addressed | The plan of care reflects specific consumer needs and involvements in all appropriate community or mental health services. | Medicaid Manual, Mental Health and Substance Abuse 3.24 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Competency Policy: Staff Pre-hire screening | Provider has human resource procedures that address SCCMHA competencies for staff pre-hire screening. This should include Criminal Background checks prior to hire and every two years after hire and Recipient Rights checks, as well as licensing/credential checks, where applicable. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07; Licensing large Group Rules R400.15 208; Licensing small Group Rules R400.14 208 |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Procedure for Managing Risk | Provider has a policy and procedure on how they will manage high risk consumers. | SCCMHA Best Practice |
| Sentinel Event/ Critical Event Analysis | Providers have a Sentinel Event / Critical Event Analysis post a critical event. | SCCMHA Policy 05.06.01 Network Management and Development |
| Storage of Sample Medications On Site | Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site. | SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications. |

**Pre-Audit Review**

| | | |
|---|---|---|
| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

| | | |
|---|---|---|
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Licenses Expired | Verify that there are no expired licenses/certifications. (Review Expirations Report from DB) | Contract Compliance |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| All staff have every two year Criminal Background checks. | All staff working with consumers have a criminal background check completed every two years. Proof of the background check is included in the staff file. | MSHN Provider Network Credentialing/Re-Credentialing Policy. |
| CAFAS or PECFAS Training | All staff have training in CAFAS if dealing with children age 7-17 or PECFAS if dealing with children younger. Training to be renewed every 2 years. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Children's Diagnostic and Treatment Services Certification | Each staff person has the minimum of 24 hours of training in Childrens Services to meet the Childrens Diagnostic criteria. | MDCH Childrens Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3 |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

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|---|---|---|
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| DHS Central Registry Checks | All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children. | SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| PCP/Treatment Plans | Home Based Assistants must be trained prior to implementation of consumer plan, | PIHP Review Protocols B.4.5./ MDCH Site Review Report & Plan of Correction 2003 |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Provider verifies sanctions for staff employed. | Provider has a method for checking for sanctions that impact the ability to bill Medicaid and/or Medicare. Office of Inspector General Checks (OIG) are completed or some method of checking for sanctions. Provider is able to provide proof of the monthly reviews at the time of the audit. | MSHN credentialing Policy. |
| Staff Qualifications for Case Mgr | A mental health case manager/ support coordinator must be a professional who possesses at least a bachelor's degree in a human services field typically associated with mental health, or an R.N. | Medicaid Manual, Mental Health and Substance Abuse, 13.4; MDCH PIHP Site Review Protocols, B.7.4.1 |
| Staff Qualifications for Children | Staff person is certified as QMHP (Qualified Mental Health Professional) for MI, QMRP (Qualified Mental Retardation Professional) for DD. Check to be sure staff have the number of training hours required for children's diagnostic. | MDCH PIHP Site Review Protocols, B.3.4.3 and B.3.4.4; Medicaid Manual , Mental Health and Substance Abuse, Section 1.6 |
| Staff Qualifications for Therapist | Staff Have appropriate qualifications to bill services being provided under Medicaid. | Medicaid Manual, Mental Health and Substance Abuse, Section 1.6; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |

# Audit Checklist w/ Refs

## Audit Name: Children's Case Management/Outpatient

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|---|---|---|
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

| | | |
|---|---|---|
| Grievance and Appeals Process | Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate. | Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Page 3; SCCMHA Provider Manual, Policy 02.01.11 |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:15:28 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

**Chart Review**

| | | |
|---|---|---|
| Appointments | Various appointments are kept (medical, dental, psychiatric, etc.). When missed, they are documented appropriately. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Consumer Entitlements | Entitlements are obtained, and primary insurance reimbursements sought. (Medicaid, SSI, Bridgecard) For consumers living independently or in a Supported Living Situation the provider has assisted the consumer in obtaining a bridgecard for assistance with groceries. | Medicaid Manual, Mental Health and Substance Abuse, Section 1.3 |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Document Accessibility | The provider will have access to items pertinent to providing care such as copy of service support plan, behavior treatment plan, health and safety sheet for the protection of the consumer receiving care. | SCCMHA Provider Manual Residential Services Policy 03.02.07; Guidelines for Respite; SCCMHA Self Determination Policy |
| Home Help and Expanded Home Help Through DHS | Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help and if necessary, Expanded Home Help from the Department of Human Services (DHS). The PIHP case Manager or supports coordinator must assist him/her in requesting Home Help or in filling out. Consumer plan reflects the amount of Home Help assistance is approved through DHS. | Medicaid Provider Manual 17.3.B. Community Living Supports |
| Management of Consumer Funds | Access to funds is given to consumers as written and addressed in PCP. (Provider adheres to their role as specified in the PCP). | SCCMHA Provider Manual, Policy 02.02.25 Recipient Rights Personal Property and Funds; Provider Participation Agreement, Page 8, Item 4.0, Compensation, Type A Spec. Res. Pg 1; Licensing sm. Group Rules R400.14 315 page 19 & 20; Licensing lg. Group Rules R400.15 315 page 15. |
| Medication Administration | There is evidence that physician-prescribed oral medication, injection, or topical medication treatment is administered to a client. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications. If there are controlled substances being administered the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting. Staff are aware of how to dispose of medications. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| ORR-Facility Initiates Contact with CM/SC When Appropriate | There is evidence of provider initiating contact with CM/SC when there are concerns or issues that need to be brought to the attention of CM/SC to make changes in consumer plan, referrals to other team members, or that may need to be followed up at next visit with consumer. | SCCMHA Provider Manual Person Centered Planning Policy; Residential Services Policy 03.02.07 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Training for PCP | Qualified staff are trained regarding all aspects of specific consumer's person centered plan, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, etc. | SCCMHA Provider Manual, SCCMHA Self Determination Policy |
| **Consumers** | | |
| Meal Preparation Assistance | Assistance to the consumer is provided in shopping, meal preparation, and cooking. If applicable | Medicaid Manual, Mental Health and Substance Abuse |
| Non-medical care | All necessary non-medical supplies are present, accessible and used as required or needed by the consumer.( examples: Band-aids, medicated shampoo, medicated lotions, eye drops, etc.) | Medicaid Manual, Mental Health and Substance Abuse; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| ORR-Access to Recipient Rights Booklets | Know Your Rights Booklets were available? | Mental Health Code 706; Mental Health code 755 (b)(5)( c) |
| ORR-Access to Recipient Rights Complaint Forms | Complaint forms are readily available? | Administrative Rule 7046 |
| ORR-Telephone Access | Consumers have access to a telephone to use at reasonable times. Telephone use/restrictions are posted in a conspicuous area. | Mental Health Code 726(3)(6) |
| **Documentation** | | |
| Activities and Recreation | Consumers are offered frequent opportunities for home and community activities and recreation. Activities should encourage social interaction, further growth through first hand experiences, social graces, and productive utilization of leisure time. Activities are age appropriate, dignified, and community integrated. There is an activity calendar for planned activities. | SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 317 page 22; Licensing Large Group Rules R400.15 317 page 16 |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| All Consumers Are Involved in Meaningful Activities | For those consumers not involved in a skill build program, supported employment or clubhouse, those consumers have a minimum of two to four different activities of their choice outside their home per week. | MDCH Improving Outcomes for Adults in the area of meaningful activities. |
| Case Manager Contact | There is evidence the Case Manager is overseeing implementation of the individual plan of service including supporting the beneficiary's dreams, goals, and desires for optimizing independence; promoting recovery; assisting in the development and maintenance of natural supports. | Medicaid Provider Manual Section 13; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Consumers Are Involved in Activities Outside the home | Adult consumers are engaged in meaningful activities that are meaningful to the consumer. The consumers are involved at a minimum of one activity of their choice outside their home per week. [activities can be individual-chosen classes, work, volunteering, socializing, recreating or specialty supports (e.g., skill building or clubhouse) outside the home; excludes medical appointments (MD, DO, PA, RN, DDS, OT, PT, or laboratory) and transportation] | MDCH requirement for Improving Outcomes in the area of Meaningful Life activities. |
| Coordination of Supports | There is evidence of communication between the direct care staff and other staff (if applicable), direct care staff and parent/guardian/SC/CM | Medicaid Manual, General Information |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Fire Exits | The home has a written fire evacuation plan in writing or reviewed yearly during the PCP process. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Liability Provisions | There are provisions in place for insuring against a range of liabilities. | Medicaid Manual, General Information |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Signed Rental Agreements | All consumers living in SIP have a signed rental agreement with the SIP provider. The rental agreement should not exceed the rate provider agreed upon in SCCMHA contract. Copy of rental agreement should be filed in consumer chart. Rental agreement should have appropriate signatures by guardian/payee if consumer not own guardian. The provider should have proof of receipt of rental monies that match the amount noted in the rental agreements. | SCCMHA Contract and Medicaid payment of services provided in SIP facilities. |
| Staff Work Schedules | Provider has proof documentation of staff work schedules. | SCCMHA Provider Participation Agreement Contract, Attachment A Staffing Pattern. |
| Staffing | The program design and budget is adequate enough to meet program needs which includes staffing. Staffing levels should reflect what provider agreed to in the SCCMHA contract. | SCCMHA Contract |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

**Facility/Program Observation**

| | | |
|---|---|---|
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dietary needs | The provider monitors the availability of food for the consumer to have nutritious meals daily. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Emergency Preparation | Provider can identify location of emergency supplies (EXAMPLE: bottled water, battery operated radio, diapers, insulin, flashlights, first aid kit, emergency food supply). If location is facility based, the site has a First aid kit available and accessible for staff or consumers. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Environmental Hazards | The provider monitors and/or address environmental hazards within the consumer's residence. ( example: broken windows, leaky roof, chemicals, toxic materials, sharps, etc) | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Facility Accommodations | The Provider provides and/or promotes an appropriate environment for the provision of services. (examples: Private sleeping area, own bed, resources necessary to complete personal care). | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| ORR-Individuality/Lifestyle | Personal lifestyles are maintained while respecting others in the home. Consumers are allowed to personalize their living quarters within reason. Independent decision making is allowed and providers promote growth and individuality. | SCCMHA Provider Manual, Residential Services |
| ORR-Other Counties Postings | There are other County or agency Recipient Rights postings other than Saginaw. Please list these for future reference by SCCMHA Office of Recipient Rights | SCCMHA Provider Manual Network Management Policy |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| ORR-Recipient Rights Posted | Current Rights Posters were conpicuously posted and visible to Staff and Recipients (unless SIP)? Include List of Counties available and name of Rights Staff. | Mental Health Code 330.1755(5)( c ) Medicaid Manual, General Information Pg. 3 |
| Personal Care Items Available | Basic supply of personal care items are available to the consumer, such as: bath soap, shampoo, toothpaste, deodorant and other items needed to complete consumer personal care. | SCCMHA Provider Manual Residential Services |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |
| Staff Absence Procedure | There is procedure available for covering staff absences. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| **Home Manager Questions** | | |
| Health and Wellness | Provider is supporting the health and wellness of consumers. Menus support the food pyramid with five fruits and vegetables per day. Exercise is discussed and promoted as part of the consumer daily or weekly routine. | SCCMHA Health and Wellness and Michigan Health and Wellness initiative. |
| **Log Books** | | |
| Supervision Documented | There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. | MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3 |
| **PCP Review** | | |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Provisions | PCP addresses Client's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. | Medicaid Manual, General Information, Pg 8; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |

**Policies and Procedures**

| | | |
|---|---|---|
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| ORR-Policies and Procedures | Provider has a copy of the current SCCMHA Recipient Rights Policies and Procedures and knows were to locate. | Mental Health Code 752 |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Vehicle Emergencies | Policies will include information about vehicle breakdown and vehicle accident procedure that is reviewed with staff at least annually. | MDCH Audit Review 2012 |

**Pre-Audit Review**

| | | |
|---|---|---|
| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Case Managers/Supports Coordinator Communications | Verify through letters, correspondence, meeting minutes, review logs, surveys to supervisors/chairpersons, etc. (Contact Case Manager/Supports Coordinator for issues, comments, etc.) | NO REFERENCE IN SYSTEM |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Consumer questionnaires | There are items that need follow up or discussion with provider from the Consumer questionnaires. There are items that are positives that the consumers had to say about the provider. | NO REFERENCE IN SYSTEM |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Eligibility | Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver--is in place) | CMH/MDCH Contract Section 1.2, SCCMHA Provider Manual 03.01.01 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Incident Reporting | Incident Reports are completed as needed and a copy is filed at SCCMHA. The incident reports are to be filed within 24-48 hours of the incident. (Contact Recipient Rights/Customer Service Supervisor) | SCCMHA Provider Manual, Type A & B Specialized Residential, Incident Reporting |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | Policy Standard I |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| DHS Central Registry Checks | All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children. | SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| ORR-Recipient Rights Annual Training | Staff have had approved Recipient Rights Training within the last year. | Mental Health Code 755(5)(F) |
| ORR-Recipient Rights Training | Do training records indicate that staff received RR training within 30 days of hire? | Mental Health Code 755(5)(f) |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Provider Vehicles | If transportation is provided or required there must be proof of valid driver's license, appropriate auto insurance coverage(100/300) and a reliable and safe means of transportation | SCCMHA Provider Manual Residential Services Policy 03.02.07 |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports--Corporate

| | | |
|---|---|---|
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

| | | |
|---|---|---|
| Direct Care Wage Increase | Was provider given a direct care wage increase during the year. If so is there proof at the site that staff the increase as noted in the SCCMHA contract. | SCCMHA Contract and Direct Care Wage increases as noted from the State of Michigan. |
| Emergency Notice | There is evidence of a protocol and/or understanding by support staff of who to call or notify if they call in, need work replacements, etc. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| ORR-Access to Incident Report Forms | Incident Report forms are readily available? | SCCMHA Provider Manual Recipient Rights Reporting Unusual or Unexpected Incidents Policy 02.02.10 |
| ORR-Use of Restraint or seclusion | From interviews with staff, Lead worker and consumers, consumers are not restrained, held down, or placed in seclusion. | Mental Health code 330.1740; SCCMHA Recipient Rights Restraint and Seclusion Policy 02.02.14 |
| Policy Awareness | The provider is familiar with the Provider manual and has proof of receiving the Providers manual. | SCCMHA contract with provider |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 2/24/202010:24:16 AM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports Individual/Respite

**Chart Review**

| | | |
|---|---|---|
| Appointments | Various appointments are kept (medical, dental, psychiatric, etc.). When missed, they are documented appropriately. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Document Accessibility | The provider will have access to items pertinent to providing care such as copy of service support plan, behavior treatment plan, health and safety sheet for the protection of the consumer receiving care. | SCCMHA Provider Manual Residential Services Policy 03.02.07; Guidelines for Respite; SCCMHA Self Determination Policy |
| Home Help and Expanded Home Help Through DHS | Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help and if necessary, Expanded Home Help from the Department of Human Services (DHS). The PIHP case Manager or supports coordinator must assist him/her in requesting Home Help or in filling out. Consumer plan reflects the amount of Home Help assistance is approved through DHS. | Medicaid Provider Manual 17.3.B. Community Living Supports |
| Management of Consumer Funds | Access to funds is given to consumers as written and addressed in PCP. (Provider adheres to their role as specified in the PCP). | SCCMHA Provider Manual, Policy 02.02.25 Recipient Rights Personal Property and Funds; Provider Participation Agreement, Page 8, Item 4.0, Compensation, Type A Spec. Res. Pg 1; Licensing sm. Group Rules R400.14 315 page 19 & 20; Licensing lg. Group Rules R400.15 315 page 15. |
| Medication Administration | There is evidence that physician-prescribed oral medication, injection, or topical medication treatment is administered to a client. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications. If there are controlled substances being administered the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting. Staff are aware of how to dispose of medications. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports Individual/Respite

| | | |
|---|---|---|
| Training for PCP | Qualified staff are trained regarding all aspects of specific consumer's person centered plan, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, etc. | SCCMHA Provider Manual, SCCMHA Self Determination Policy |
| **Consumers** | | |
| Meal Preparation Assistance | Assistance to the consumer is provided in shopping, meal preparation, and cooking. If applicable | Medicaid Manual, Mental Health and Substance Abuse |
| **Documentation** | | |
| Activities and Recreation | Consumers are offered frequent opportunities for home and community activities and recreation. Activities should encourage social interaction, further growth through first hand experiences, social graces, and productive utilization of leisure time. Activities are age appropriate, dignified, and community integrated. There is an activity calendar for planned activities. | SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 317 page 22; Licensing Large Group Rules R400.15 317 page 16 |
| Case Manager Contact | There is evidence the Case Manager is overseeing implementation of the individual plan of service including supporting the beneficiary's dreams, goals, and desires for optimizing independence; promoting recovery; assisting in the development and maintenance of natural supports. | Medicaid Provider Manual Section 13; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Coordination of Supports | There is evidence of communication between the direct care staff and other staff (if applicable), direct care staff and parent/guardian/SC/CM | Medicaid Manual, General Information |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Liability Provisions | There are provisions in place for insuring against a range of liabilities. | Medicaid Manual, General Information |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports Individual/Respite

| | | |
|---|---|---|
| Recipient Rights and Background Checks | Staff and contractors will have a recipient rights background check along with criminal background checks as part of their contract with SCCMHA. | SCCMHA Competency Policy |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| **Facility/Program Observation** | | |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Dietary needs | The provider monitors the availability of food for the consumer to have nutritious meals daily. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Environmental Hazards | The provider monitors and/or address environmental hazards within the consumer's residence. ( example: broken windows, leaky roof, chemicals, toxic materials, sharps, etc) | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Interior | The interior is maintained, including furnishings being safe, clean, and usable and in good repair. | SCCMHA Provider Manual, Housing Best Practice Guideline, Exhibit, Page 3; Licensing sm. Group Rules R400.14 403 page 24; Licensing lg. Group Rules R400.15 403 page 18; SCCMHA Out of Home Respite Guidelines, Page 5 |
| Personal Care Items Available | Basic supply of personal care items are available to the consumer, such as: bath soap, shampoo, toothpaste, deodorant and other items needed to complete consumer personal care. | SCCMHA Provider Manual Residential Services |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| **Home Manager Questions** | | |
| Health and Wellness | Provider is supporting the health and wellness of consumers. Menus support the food pyramid with five fruits and vegetables per day. Exercise is discussed and promoted as part of the consumer daily or weekly routine. | SCCMHA Health and Wellness and Michigan Health and Wellness initiative. |
| **PCP Review** | | |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports Individual/Respite

**Pre-Audit Review**

| | | |
|---|---|---|
| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Case Managers/Supports Coordinator Communications | Verify through letters, correspondence, meeting minutes, review logs, surveys to supervisors/chairpersons, etc. (Contact Case Manager/Supports Coordinator for issues, comments, etc.) | NO REFERENCE IN SYSTEM |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Consumer questionnaires | There are items that need follow up or discussion with provider from the Consumer questionnaires. There are items that are positives that the consumers had to say about the provider. | NO REFERENCE IN SYSTEM |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Eligibility | Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver--is in place) | CMH/MDCH Contract Section 1.2, SCCMHA Provider Manual 03.01.01 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Incident Reporting | Incident Reports are completed as needed and a copy is filed at SCCMHA. The incident reports are to be filed within 24-48 hours of the incident. (Contact Recipient Rights/Customer Service Supervisor) | SCCMHA Provider Manual, Type A & B Specialized Residential, Incident Reporting |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | Policy Standard I |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |

**Staff File Review**

| | | |
|---|---|---|
| DHS Central Registry Checks | All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children. | SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |

# Audit Checklist w/ Refs

## Audit Name: Community Living Supports Individual/Respite

| | | |
|---|---|---|
| Provider Vehicles | If transportation is provided or required there must be proof of valid driver's license, appropriate auto insurance coverage(100/300) and a reliable and safe means of transportation | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

| | | |
|---|---|---|
| Availability | Providers should be available within reason to provide services on demand. They must be available on weekends, holidays and summer vacation periods to meet consumer needs for services. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Policy Awareness | The provider is familiar with the Provider manual and has proof of receiving the Providers manual. | SCCMHA contract with provider |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 2/24/202010:31:15 AM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

**Chart Review**

| | | |
|---|---|---|
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Consumer Wellness | The Clubhouse supports and encourages physical wellness. This may include enhanced nutrition, weight loss, exercise, smoking cessation, and promoting wellness throughout the Clubhouse. Wellness opportunities occur both within the Clubhouse and through connects within community resources. | MDHHS Provider Medicaid Manual; SCCMHA Provider Manual 02.03.25 Philosophy of Care |
| Recovery | Each program has proof of the belief in recovery in their work. Provider can demonstrate in consumer charts this belief. (does not apply to persons with developmental disabilities) | SCCMHA Policy 02.03.05 Recovery |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Target Population | Clubhouse programs are appropriate for adults with a serious mental illness who wish to participate in a structured community with staff and peers and who desire to work on the goal areas reflected in the Core Psychiatric Rehabilitation Components. The beneficiary must be able to participate in, and benefit from, the activities necessary to support the program and it's members. | MDHHS Medicaid Provider Manual |

**Documentation**

| | | |
|---|---|---|
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

| | | |
|---|---|---|
| Holidays | Members may have access to the Clubhouse programming during times other than the work-ordered day, including evenings, weekends, and holidays (New Year's Eve, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day). Access during these times should be based on the needs of the Clubhouse community an decided by members and staff. Provider has proof of members discussion of which holidays the Clubhouse will be closed. | MDHHS Medicaid Provider Manual |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Non SCCMHA Consumer Person Centered Plans | Provider is responsible to develop Person Centered Plans on consumers that are not consumers of SCCMHA Services. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

| | | |
|---|---|---|
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Support Groups Held Outside Work Ordered Day | There is evidence of all Support Group meetings are held outside the work ordered day. | MDCH PHP Review Protocols. |
| TE Packet | Clubhouse program has evidence that 'X" numbers are engaged in TEP's | The International Standards for Clubhouse Programs |
| TEP Duration | Placements are "Transitional", ranging from three months to nine months. This allows as many members as possible to gain work experience. | The international Standards for Clubhouse Programs |
| TEP rate | Members are paid the prevailing wage rate but at least minimum wage, directly by the employer. | The International Standards for Clubhouse Programs |
| Variety of Paid work is offered | There is a variety of paid work offered beyond janitorial and fast food in the community. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| **Facility/Program Observation** | | |
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

| | | |
|---|---|---|
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |

**General**

| | | |
|---|---|---|
| Clubhouse Schedule | The program's structure and schedule identifies when the various program components occur, eg., ordered-day, vocational/educational. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Clubhouse Staffing | Clubhouse has staffing to supervise units within the PSR program. One full time clubhouse manager with minimum of Bachelor's degree. Other non degreed staff must have documented supervision. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Crisis Management | There are crisis management procedures in place. This information should be provided by the SC/CM, behavior specialist, parent, guardian or consumer. | Medicaid Manual, Mental Health and Substance Abuse |
| Follow Up Services for Work placement | There is communication with consumer and employer, possibly retraining, readjustment to work setting or intervention related to workplace social skills. | NO REFERENCE IN SYSTEM |
| Health and Safety | There are no behavioral, safety, health issues either for the individual or the clubhouse community that cannot be handled in a low staff to member program. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Informal Setting/Clubhouse Environment | Clubhouse is in a community location off-site of other services or if onsite has an established space that is non permeable to other agency staff and unique identifying features when possible: separate entrance; separate phone line; etc; | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Member activity and supports | Members are actively engaged and supported on a regular basis by program staff and member, in activities and tasks the member has chosen. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Member Driven Policies | There is evidence of policies being driven by Clubhouse Members. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Member Records | Clubhouse has current PCP and all supporting assessment on site in member records. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Person Centered Practice | The clubhouse program environment, staff/member interaction and clubhouse case records support person centered practice and principles of recovery. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Program Structuring | Both informal and formal structures exist which member can influence and shape program operations. (Members leading house/unit meetings; participating in internal/external advisory committees; exhibit sense of "ownership" | Medicaid Manual, Mental Health and Substance Abuse Section 5 |

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

| | | |
|---|---|---|
| Program Support/Maintenance and Development | Staff and members share equally the work of carrying out the units and services of the clubhouse | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| PSR/Clubhouse Enrollment | Documentation of DCH Medicaid enrollment with Current CMHSP or direct service provider | Medicaid Enrollment Site Review Indicators |
| Training for Consumers | Job training includes job tasks, job coaching, adjustment to work setting, job independence, vocational endurance, increase production rate workplace social skills, and regular communication with employers. | SCCMHA Provider Manual, SEP Guidelines, MDCH Guidelines for SEP, Page 2, Item D |
| Training for SEP | Job training includes job tasks, job coaching, adjustment to work setting, job independence, vocational endurance, increase production rate, workplace social skills, and regular communication with employers. | SCCMHA Provider Manual, SEP Guidelines, MDCH Guidelines for SEP, Page 2, Item D |
| **PCP Review** | | |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Competency Policy: Staff Pre-hire screening | Provider has human resource procedures that address SCCMHA competencies for staff pre-hire screening. This should include Criminal Background checks prior to hire and every two years after hire and Recipient Rights checks, as well as licensing/credential checks, where applicable. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07; Licensing large Group Rules R400.15 208; Licensing small Group Rules R400.14 208 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

| | | |
|---|---|---|
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |

**Pre-Audit Review**

| | | |
|---|---|---|
| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Clubhouse Accreditation | Verify that there is fidelity to the model of the evidence-based practice of Psychosocial Rehabilitation by ensuring the Clubhouse has acquired and maintained Clubhouse International accreditation. | MDHHS; Provider Medicaid Manual. |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Grievances Addressed | All grievances on file have been addressed--corrective action plan(s) in place. (Contact Recipient Rights/Customer Service Supervisor) | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.11.00 |

# Audit Checklist w/ Refs

## Audit Name: Clubhouse--PSR

| | | |
|---|---|---|
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | Policy Standard I |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice. | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |
| **Staff Questions** | | |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/2/2018 3:47:57 PM

User Id: JTOMASZEWSKI

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

**Chart Review**

| | | |
|---|---|---|
| Adequate Action Notice | There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record. | Mental Health Code 7121(2); 42 CFR 400 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Discharge Plan | Discharge plan identifies after care / follow up services with the identification and role of case manager documented for follow up / after care services. | MDHHS Site Review Protocol |
| Eligibility for Crisis Residential Unit Services | Crisis residential services are intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries experiencing an acute psychiatric crisis when clinically indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. Services are designed for a subset of beneficiaries who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital. The goal of crisis residential services is to facilitate reductions in the intensity of those factors that lead to crisis residential admission through a person-centered and recovery/resiliency-oriented approach. | MDHHS Medicaid Provider Manual |
| Entitlements Crisis Residential Unit Services | Entitlements are obtained and 3rd party reimbursements are sought. | SCCMHA Provider Manual |
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. Check to see if consumer has a DHHS worker (Ward of the State) as a guardian. If so, a copy of the guardianship documentation should be in the electronic health record. | MDHHS PIHP Review Protocols |
| Healthcare Appraisals | Provider will ensure Consumers have healthcare appraisals completed within 90 days prior to move to a facility and annually after move in. Appraisals include review of current symptoms, eval of bodily systems, vision/hearing screenings, lab wk, etc | SCCMHA Provider Manual, Type A,; Licensing sm. Group Rules R400.14 316 page 12 & 21; Licensing lg. Group Rules R400.15 316 page 16 |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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|---|---|---|
| Medication Administration | Trained Medication passers are identified for each shift, who know the Five Rights of Medication Administration and proper medication passing procedures. Medication Passers should be knowledgeable of where to find prescriptions, why clients are taking medications, and what to do in the event of refusals, etc. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Medication Documentation | Medication Administration Records (MAR) are filled out accurately by Staff, including comments for per requested need (PRN) medications, refusals, or other instances of Staff documentation. If there are controlled substances being administered, the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Medication Storage & Handling | There is evidence that physician-prescribed oral medication, injection, or topical medication treatments are securely stored. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. Provider does not have expired or compromised medications in with regular medications. Controlled substances are secured under a double-lock system. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Psychiatric Involvement | There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted. | Medicaid Manual, 2.1 |
| Recovery | Each program has proof of the belief in recovery in their work. Provider can demonstrate in consumer charts this belief. (does not apply to persons with developmental disabilities). SAMHSA defines Recovery as "a process of change through which individuals improve their health and wellness, live a self directed life, and strive to reach their full potential." The 10 guiding principles of recovery are: Hope, Person Driven, Many Pathways, Holistic, Peer Support, Relational, Culture, Addresses Trauma, Strengths/responsibility, and Respect. | SCCMHA Policy 02.03.05 Recovery and SAMHSA 2012. |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | MDHHS Provider Medicaid Manual; SCCMHA Provider Network Management 05.06.09 |
| Training for PCP | Qualified staff are trained regarding all aspects of specific consumer's person centered plan, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, etc. | SCCMHA Provider Manual, SCCMHA Self Determination Policy |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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| Treatment Program | An active treatment programing is provided. Provider implements programing to keep consumers engaged in treatment and moving toward discharge and recovery. Auditor finds evidence in the files that consumers are actively participating in treatment. | Medicaid Manual, sections 8.5.B, 8.5.C, 8.5.D |
| **Documentation** | | |
| Accepts all Referrals | Provider accepts all referrals that meet eligibility criteria as it relates to the program of service, as this service need only has one option open to consumers. Covered crisis residential services include: Psychiatric supervision, Therapeutic support services, Medication management/stabilization and education, Behavioral services, Milieu therapy, and Nursing services. | MDHHS Provider Medicaid Manual; SCCMHA Provider Contract |
| Consumer Fund Sheets | Consumer Fund sheets are kept up to date and available in the home. Consumers are not paying for items that are part of Room and Board payments. Bank statements match that of the consumer funds and deposits and withdrawals are consistent. Funds on hand match the fund sheets. Amount on hand does not exceed $200.00. Consumers have immediate access to their personal money if they choose. How do consumers have access to money after hours? Access to funds is given to consumers as written and addressed in PCP (Provider adheres to their role as specified in the PCP) Personal funds are documented and provider takes necessary steps to prevent mishandling. Provider will also record consumer First Choice gift cards and how these are used. | Licensing sm. Group Rules R400.14 315 page 19; Licensing lg. Group Rules R400.15 315 page 15 |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Coordination of Supports | There is evidence of communication between the direct care staff and other staff (if applicable), direct care staff and parent/guardian/SC/CM. | MDHHS Provider Medicaid Manual |
| Core Skills Training | All primary workers have completed the Core Skills Case Management training. The training includes 12 modules provided by SCCMHA. | SCCMHA Mandatory training requirements. Policy for Competency Requirements for SCCMHA Network Providers. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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|---|---|---|
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Fire Drills | Fire drills must be performed once per quarter per am, pm, and at least one of the drills being during sleeping hours. (Check fire drill logs) | Licensing certification rules R330 1803; Licensing sm. Group Rules R400.14 318 page 22; Licensing lg. Group Rules R400.15 318 page 17 |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Licensing Report and Survey | Licensing report and most recent survey are on file at the site and any issues are addressed. Check internet michigan.gov website for last survey. | Licensing Act 218 400.727 |
| Opportunities to Explore Crises | Individuals who are admitted to the crisis residential services must be offered the opportunity to explore and learn more about crises, substance abuse, identity, values, choices and choice -making, recovery and recovery planning. Recovery and recovery planning is inclusive of all aspects of life including relationships, where to live, training, employment, daily activities, and physical well-being. | MDHHS Provider Medicaid Manual |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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|---|---|---|
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Psychiatric Supervision of Crisis Residential Unit Services | Treatment services must be clinically-supervise by a psychiatrist. A psychiatrist need not be present when services are delivered, but must be available by telephone at all times. The psychiatrist shall provide psychiatric evaluation or assessments at the crisis residential home or at an appropriate location in the community. | MDHHS Provider Medicaid Manual |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Shift Notes/ Progress Notes | Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Provider completes daily documentation on each shift reflecting consumer participation in their plan. | SCCMHA Prov. Man., Type A & B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16 |
| Staff List/Organizational Chart | There is an Organizational Chart and or Staff listing for current staff. Provider shall make available at the facility or arrange to have on site at the time of audit. | Licensing small grp rules R400.14 103; Licensing large grp rules R400.15 103 page 2 |
| Staff Work Schedules | Provider has proof documentation of staff work schedules. | SCCMHA Provider Participation Agreement Contract, Attachment A Staffing Pattern. |
| Supervision of Crisis Residential Unit Services | The covered crisis residential services must be supervised on-site eight hours a day, Monday through Friday (and on call at all other times), by a mental health professional possessing at least a Master' s degree in human services and one year of experience providing services to beneficiaries with mental health illness, or a bachelor's degree in human services and at least two years of experience providing services to beneficiaries with serious mental illness. | MDHHS Provider Medicaid Manual |
| Vehicles Maintained | The vehicles are maintained, in good working order, and are safe for consumers. Do vehicles have emergency kit, emergency numbers etc. How does provider ensure consumers get to medical appointments, etc.? If provider does not have company vehicle how do they ensure staff vehicles are safe and staff have appropriate insurance coverage? There is a vehicle breakdown and vehicle accident policy that is reviewed with staff annually. | Licensing small group home rules R400.14 319 pg. 22; Licensing large group rules R400.15319 pg. 17; MDCH audit review 2012. |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

**Facility/Program Observation**

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|---|---|---|
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Adaptive Equipment | All durable medical equipment or assistive devices as ordered by PCP or physician are readily available and used as prescribed. If incontinence or other healthcare or behavioral concerns are apparent, clean bedding is supplied as needed. All equipment is safe and in good working order. | SCCMHA Provider Manual, Type A & Type B Spec. Residential, Guidelines, Page 5, Adaptive Equipment; Licensing sm. Group Rules R400.14 306 Page 15; Licensing lg. Group Rules R 400.15 306 Page 11 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Consumer Responsibilities | SCCMHA consumers will be encouraged to maintain their own personal living quarters and participate in day to day housekeeping. Tasks/procedures are posted. | SCCMHA Provider Manual, Type A Res. Pg 3, Type B Res. Pg 3, Physical Plant |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Homelike Atmosphere | The residential facility promotes a homelike atmosphere, i.e., pictures, plants, flowers, etc. | Best Practice |
| Licensure for Program | Licensure is posted on site and available for public inspection. (Indicates Specialized Certification for population that is being served in the home, MI or DD or both if consumers have both diagnosis). | Licensing sm. Group Rules R400.14 103 page 3; Licensing lg. Group Rules R400.15 103(4) page 2 |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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|---|---|---|
| Nutrition & Dietary | Providers will follow and utilize SCCMHA's Dietary Guidelines. Menus are written and posted at least one week in advance and kept for one calendar year. Routine cleaning schedule is maintained to ensure cleanliness. Foods are monitored for expiration dates and are disposed of properly. The temperature of the freezer is such that food is frozen solid, Refrigerator is below 40 degrees F, and water temperature is between 105-120. If the home has snacks built into the daily routine these are identified on the menus. | SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 313 page 19; Licensing lg. Group Rules R400.15 313 page 14. |
| Personal Care Items | Basic supply of personal care items are provided by licensee to the consumer, such as: bath soap, shampoo, toothpaste, and deodorant. Consumer has his/her own personal care items to use. | SCCMHA Provider Manual Residential Services; Licensing sm. Group Rules R400.14 314 page 14; Licensing lg. Group Rules R400.15 314 page 19. |
| Personal Possessions | Provider shall have a listing of all valuables that are accepted by the licensee for safekeeping. The list of valuables shall include a written description of the items, the date and signed by the licensee and resident. | SCCMHA Provider Manual, Tab 6, Type A Guidelines, Pg 5; Licensing sm. Group Rules R400.14 315 page 20; Licensing lg. Group Rules R400.5 315 page 15. |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |
| Staff Supervision | There is proper supervision of staff by trained personnel. No un-trained staff provides care to consumers without supervision. (check Staff schedules against progress notes etc.) | SCCMHA Provider Manual, Type A Res. Pg, 2, DCIS Specialized Certification Rules |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Supervision of Shift Change | There is proper supervision of consumers during shift changes. | Best Practice |
| **Home Manager Questions** | | |
| Emergency Preparedness | Two days of backup food is maintained onsite for emergencies and is consistent with consumer diet orders. Emergency kit available containing first aid kit, flashlight, battery operated radio, bottled water, adult incontinence briefs, etc. The home has a carbon monoxide detector. Emergency procedures in place for Driving Accident, Water Shortage, Emergency Shelter for Interim and Overnight with agreement for overnight stay with hotel or motel. | SCCMHA Provider Manual, Type A, Page 3; DCIS AFC Licensing rules R400.18313 (2) |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

| | | |
|---|---|---|
| Health and Wellness | Provider is supporting the health and wellness of consumers. Menus support the food pyramid with five fruits and vegetables per day. Exercise is discussed and promoted as part of the consumer daily or weekly routine. | SCCMHA Health and Wellness and Michigan Health and Wellness initiative. |
| **Log Books** | | |
| Supervision Documented | There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. | MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3 |
| **PCP Review** | | |
| Crisis Residential Unit Services PCP | The plan contains clearly stated goals and measurable objectives, derived from the assessment of immediate need, stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis. Identification of the activities designed to assist the beneficiary to attain his/her goals and objectives. Discharge plans, the need for aftercare/follow-up services, and the role of, and identification of, the case manager. | MDHHS Provider Medicaid Manual |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Peer Support Specialists Advocate | Peer Support Specialists Services advocate for the full integration of individuals into communities of their choice and promoting the inherent value of those individuals to those communities. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists are Members of the Team | Provider assures Peer Support Specialists participate as full-fledged members of the multidisciplinary team. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Assist Consumers with Recovery | Peer Support Specialists staff assist consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers recovery/life goals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Supervision | Peer Support Specialists are provided with supervision by appropriately licensed mental health professionals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Training | Peer Support Specialists receive standardized, accredited training (and are eligible for certification). Attend relevant seminars, meetings, and in-service training. | SCCMHA Peer Support Services Fidelity Scale |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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|---|---|---|
| Plan of Service Development Time | Services must be delivered according to an individual plan based on an assessment of immediate need. The plan must be developed within 48 hours of admission and signed by the beneficial if possible, the parent or guardian, psychiatrist, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary. If the beneficiary has an assigned case manager, the case manager must be involved in the treatment as soon as possible, and must also be involved in follow-up services. | MDHHS Medicaid Provider Manual |

**Policies and Procedures**

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| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. Provider has a policy/procedure that indicates how records will be stored, how long, and how they will be disposed of after the date of retention has expired. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Advance Directives | Staff are aware of any advance directives of consumers living in the facility. Provider has a procedure for determining if consumer has an advance directive and a method of informing staff what to do because the consumer has an advance directive. | SCCMHA Provider Manual Policy on Advanced Directives 03.02.14 |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

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|---|---|---|
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Medication Disposal | There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Ongoing Background Checks and Sanctions | As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Storage of Sample Medications On Site | Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site. | SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications. |
| Tornado Drills | The facility will have a procedure addressing what to do in case of a tornado. The facility will have at least one tornado drill per month during the months of April through September which is typically tornado season in Michigan. Provider will have proof documentation of occurrence of the drills. | SCCMHA Safety Procedures. |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

**Pre-Audit Review**

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| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Grievances Addressed | All grievances on file have been addressed--corrective action plan(s) in place. (Contact Recipient Rights/Customer Service Supervisor) | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.11.00 |
| Incident Reporting | Incident Reports are completed as needed and a copy is filed at SCCMHA. The incident reports are to be filed within 24-48 hours of the incident. (Contact Recipient Rights/Customer Service Supervisor) | SCCMHA Provider Manual, Type A & B Specialized Residential, Incident Reporting |
| Licensure/Accreditations | Gather Proper Licensing and accreditation documentations, ensure they are all current and Provider Specific and provider is in good standing. CARF, JACHO, COA, specialized residential licensing. Inpatient settings also need to have Substance Abuse licensure. (Review Contract File) | MHC (P.A. 258) MCL 330.1134 SCCMHA Provider Participation Agreement, section 3.7 |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | Policy Standard I |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

| | | |
|---|---|---|
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report. | SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network |
| **Staff File Review** | | |
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Medication Certification | All staff passing consumer medications have been certified 10 times by a staff member that has been certified by a SCCMHA Nurse or the nurse the provider has on staff. Re -Certification will occur every three years. This certification is to assure the provider/home manager is comfortable with staff passing medications. (not all staff must be certified but staff that are passing medications must be certified and at least one staff on shift must be certified). | SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings. |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Staff Job Descriptions on file | Job descriptions are on file. | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; Licensing sm. Group Rules R400.14 208 page 9; Licensing lg. Group Rules R400.15 208 page 7. |

# Audit Checklist w/ Refs

## Audit Name: Crisis Residential Services

| | | |
|---|---|---|
| Staff Training Records | Provider has training logs available at time of site visit with current information of completed trainings and certifications. | Licensing small grp rules R400.14 204 page 7; Licensing large grp rules R400.15 204 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |
| **Staff Questions** | | |
| Grievance and Appeals Process | Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate. | Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Pg 3; SCCMHA Provider Manual, Policy 02.01.11 |
| Staff Described Crisis Residential Unit Services PCP | Staff are able to describe each plan for consumers--dietary needs, restrictions, etc. Staff can identify the activities designed to assist the beneficiary to attain his/her goals and objectives. | MDHHS Provider Medicaid Manual |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/2/2018 3:39:16 PM

User Id: JTOMASZEWSKI

# Audit Checklist w/ Refs

## Audit Name: Crisis Staffing

| | | |
|---|---|---|
| **Documentation** | | |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| **Pre-Audit Review** | | |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| Annual Performance Reviews | Provider performs annual performance reviews on all staff. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Children's Diagnostic and Treatment Services Certification | Each staff person has the minimum of 24 hours of training in Children's Services to meet the Children's Diagnostic criteria. | MDCH Children's Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3 |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |

# Audit Checklist w/ Refs
## Audit Name: Crisis Staffing

| | | |
|---|---|---|
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Orientation of Job Duties | Provider completes an orientation of job duties prior to staff independent performance of the job. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Professional Liability Insurance | Staff have proof of the required professional liability insurance that is required as part of the SCCMHA contract. | SCCMHA Contract |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:15:59 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Crisis

| | | |
|---|---|---|
| **Chart Review** | | |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Coordination with other Agencies | There is coordination with substance abuse coordinating agency and providers as needed. | CMH/MDCH Contract Section 6.4.4, Medicaid Manual, Mental Health and Substance Abuse, Sections 8 and 2.1 |
| Coordination with SC/CM | There is evidence of coordination with SC/CM on open cases. | Medicaid Manual, Mental Health and Substance Abuse, Section 2.1; SCCMHA Provider Manual: Performance Guidelines for Enhanced Health Care Providers #4 |
| Notification of Admission to PHCP | The Primary Health Care Physician was notified of the consumer's admission. | SCCMHA Provider Manual Policy 03.02.01; DCH/CMH Contract Sections 6.8.3 and 6.4.4 |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Severity of Illness Criteria | The severity of Illness criteria matches the level of care need and the intensity of service. | DCH/CMH sections 3.2 and 3.3 |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| **Consumers** | | |
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate). | DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01 |
| **Documentation** | | |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |

# Audit Checklist w/ Refs

## Audit Name: Crisis

| | | |
|---|---|---|
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Physical Management | Physical management of volatile persons occurs as necessary, incident reports are filed appropriately, and there is proof of training. When physical management is used are the staff filling out the BTC IR Attachment form for each incident and are they filled out correctly? | SCCMHA Provider Manual, SCCMHA Guidelines for Behavioral Emergencies |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs

## Audit Name: Crisis

**Facility/Program Observation**

| | | |
|---|---|---|
| Accessibility | The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility. | SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |

**General**

| | | |
|---|---|---|
| Authorization and Screening | Initial authorization and inpatient screening and non-business hours authorization (+special for under 21) | Medicaid Ch. III, Section 8 |
| Availability 24/7 | Staff is available 24 hours, 7 days a week. | DCH/CMH Contract Section 3.1 Access Standards |
| Choice of Hospital | Choice of hospital and hospital diversions are offered to consumer and documented appropriately. | CMH/MDCH Contract Section 6.8.2.3, SCCMHA Provider Manual Consumerism Best Practice Guideline |
| Court Petitions | Probate Court Petitions are managed for involuntary inpatient placement. | MHC (P.A.258) MCL 330.1434 |
| Crisis Response and Intervention | Crisis management response and intervention is provided to presenting individuals. | DCH/CMH Contract Section 3.1 Access Standards |

# Audit Checklist w/ Refs

## Audit Name: Crisis

| | | |
|---|---|---|
| Hospital Coordination | Coordination occurs with hospital in tracking hospital responsiveness, admissions, and denials. | SCCMHA Hospital Provider Participation Agreement |
| Jail Diversion | Jail diversion activities pre and post-booking are provided as necessary. | DCH/CMH Contract Sections 6.8.4 and 6.8.4.1, Jail Diversion and Jail Diversion Practice Guideline; SCCMHA Provider Manual, 3.01.04 |
| Length of Stay | Inpatient length of stay (LOS) management occurs for inpatient consumers of 1-3 days. Consumer is referred to care management for episode of care/continuation of LOS approvals. | Medicaid Ch. III, Section 8.5.0 |
| Out of County Coordination | Out of county coordination and prior authorization for pre-admission screening occurs. | Medicaid Ch. III, Section 8 |
| Provider Response | There is a prompt response to hospitals and other providers. | DCH/CMH Contract Section 3.1 Access Standards |
| Second Opinion | A Second Opinion is available for Crisis consumers denied hospitalization 24/7. | MHC (P.A. 258) MCL 330.1705; Medicaid Ch. III, Section 8.2; PHIP Review Protocols B.10.1.5. |
| Services Availability | 24/7 face-to-face services are available. | DCH/CMH Contract Section 3.1 Access Standards |
| Timeliness Standards | Timeliness Standards are in place (3 hours for admission and screening decision). | DCH/CMH Contract Section 3.1 Access Standards |
| Timely Customer Response | Crisis services are provided to consumer in a timely manner. | DCH/CMH Contract Section 3.1 Access Standards |
| Transportation to Crisis | Transportation is arranged to crisis unit. | Medicaid Manual Section 3.23 |

**PCP Review**

| | | |
|---|---|---|
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Peer Support Specialists Advocate | Peer Support Specialists Services advocate for the full integration of individuals into communities of their choice and promoting the inherent value of those individuals to those communities. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists are Members of the Team | Provider assures Peer Support Specialists participate as full-fledged members of the multidisciplinary team. | SCCMHA Peer Support Services Fidelity Scale |

# Audit Checklist w/ Refs

## Audit Name: Crisis

| | | |
|---|---|---|
| Peer Support Specialists Assist Consumers with Recovery | Peer Support Specialists staff assist consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers recovery/life goals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Function as Liaisons to Community | Peer Support Specialists Services function as liaisons to community resources, and assisting consumers in accessing and using such resources. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Provide a Range of Services | Peer Support Specialists provide a wide range of peer support services to consumers to assist them in regaining control over their lives, the recovery process, and attain personal goals of community membership, independence, and productivity. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Supervision | Peer Support Specialists are provided with supervision by appropriately licensed mental health professionals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Training | Peer Support Specialists receive standardized, accredited training (and are eligible for certification). Attend relevant seminars, meetings, and in-service training. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Work in Variety of Settings | Peer Support specialists work with consumers in a range of settings, including treatment offices, consumers' homes, hospitals, community settings, and transport vehicles. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists' Services offered | Peer Support Specialists' services are offered to all consumers. | SCCMHA Peer Support Services Fidelity Scale |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |

# Audit Checklist w/ Refs

## Audit Name: Crisis

| | | |
|---|---|---|
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |

**Pre-Audit Review**

| | | |
|---|---|---|
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Eligibility | Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver--is in place) | CMH/MDCH Contract Section 1.2, SCCMHA Provider Manual 03.01.01 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |

# Audit Checklist w/ Refs

## Audit Name: Crisis

| | | |
|---|---|---|
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| Children's Diagnostic and Treatment Services Certification | Each staff person has the minimum of 24 hours of training in Children's Services to meet the Children's Diagnostic criteria. | MDCH Children's Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3 |
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

# Audit Checklist w/ Refs

## Audit Name: Crisis

**Staff Questions**

| | | |
|---|---|---|
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

Report Date: 8/25/20238:47:23 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Drop In FY2023

| | | |
|---|---|---|
| **Chart Review** | | |
| Consumer Files | The provider has consumer files available and include information such as emergency contact numbers, a consumer plan, and any other relevant information. | SCCMHA Provider Manual. |
| Drop in Center Rules | The provider has drop in center rules of conduct for all persons that attend the drop in center. These rules are given to each consumer as part of the orientation to the drop in center and are posted where all persons who attend can read. | Provider guidelines for Drop in Center. |
| Meet Criteria | All consumers meet criteria for services in the Drop In Center. Participants must be diagnosed with a serious mental illness, currently receiving or have received in the past treatment for mental illness, and must be at least 18 years or older. Those consumers living in AFC homes must attend as part of a goal driven plan and not just a location for consumers to be away from the AFC for the day. | SCCMHA procedure for Referral and Authorization of Drop-in services, 09.04.03.12. |
| Recovery | Each program has proof of the belief in recovery in their work. Provider can demonstrate in consumer charts this belief. (does not apply to persons with developmental disabilities) | SCCMHA Policy 02.03.05 Recovery |
| **Documentation** | | |
| Approval | The program has received MDHHS approval. | Medicaid Provider Manual for Mental Health and Substance Abuse; Under Programs Requiring Approval 1.5. |
| Board Members | All board members for the Drop-In Center must have had a through background check. | SCCMHA policies and Friends for Recovery Center Inc. Bylaws. |
| Board of Directors | All board of directors for the Drop-In Center are primary consumers. | Medicaid Manual for Mental Health and Substance Abuse under Drop-In centers. |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |

Report Date: 8/25/20238:47:23 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Drop In FY2023

| | | |
|---|---|---|
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Non Profit Status | The Drop-In center has applied or had 501(c)(3) status. | Medicaid Manual for Mental Health and Substance Abuse for Drop-In Center. |
| Opportunities to Learn and Share Coping Skills and Strategies | Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into a more active assistance and away from passive beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence. | Medicaid Provider Manual |
| Periodic Review of Incident Reports | Provider has a process in place to periodically review all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. Auditor will use specific trends in the home and request documentation that these were reviewed. | SCCMHA Provider Manual Policy on Competency Requirements; SCCMHA Policy 04.01.02 - Incident Reporting and Review |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Programming Includes Dimensions of Wellness | The daily schedule includes programs that address 8 dimensions of Wellness. | SCCMHA procedure for Referral and Authorization of Drop-in services, 09.04.03.12 |
| Quality Improvement/Program Evaluation | Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place. | MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Reporting to the Board | The drop in center staff have an obligation to report to the contractor agency as well as Saginaw County Community Mental Health Authority. The reporting should include but is not limited to Budget, overall Quality Improvement, and other necessary reporting. | Medicaid Manual for Drop in Center. |
| Vehicles Maintained | The vehicles are maintained, in good working order, and are safe for consumers. Do vehicles have emergency kit, emergency numbers etc. How does provider ensure consumers get to medical appointments, etc.? If provider does not have company vehicle how do they ensure staff vehicles are safe and staff have appropriate insurance coverage? There is a vehicle breakdown and vehicle accident policy that is reviewed with staff annually. | Licensing small group home rules R400.14 319 pg. 22; Licensing large group rules R400.15319 pg. 17; MDCH audit review 2012. |

Report Date: 8/25/20238:47:23 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Drop In FY2023

**Facility/Program Observation**

| | | |
|---|---|---|
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Confidentiality of Information and Records | Provider does not share Protected Health Information (PHI) with individuals without prior written consent. Provider demonstrates protection of individual's privacy. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to leaving any electronic records. | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment 400.712 |
| First Aid Kit | The program has a first aid kit available and is checked periodically to assure that all items are available when needed. | Best Practice. |
| Provider Responsiveness (Dignity and Respect) | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) Provider treats consumers with Dignity and Respect. Examples include, knocking on bedroom/bathroom doors before entering, speaking in person-first language, using minimum courtesies to greet individual's, offering choices and honoring preferences. Acceptable evidence is direct observation and/or responses from consumer interview. | Medicaid Manual; MMHC 330.1708 (4); SCCMHA Provider Manual; Licensing Sm. Group rules R400.14; Licensing Lg. Group rules R400.15 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has a method in place to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. Staff have been in-serviced on controls/shut off's for the following mechanical devices: water main/fire sprinkler shut offs, fire alarm panel, emergency contacts listed in your contract (County owned homes only), and electrical panel. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract |

# Audit Checklist w/ Refs
## Audit Name: Drop In FY2023

| | | |
|---|---|---|
| **Log Books** | | |
| Supervision Documented | There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. | MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3 |
| **PCP Review** | | |
| Healthy Choices | The program gears activities and routine daily schedule around healthy options and healthy food options. | Referral and Authorization of Drop-in Services Procedure 09.04.03.12 |
| IPOS Current | The IPOS is current, signed, on file, modified when indicated, and used by staff (IPOS should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | MDHHS Mental Health Code 330.1712 (1), Admin Rules R330.1276; Medicaid Manual, General Information; SCCMHA Policy 02.03.03 |
| IPOS Scope | Amount, duration, and scope of services are supported by the IPOS (What services, how often, and how long). Auditor will look to see if all services being provided are authorized. Auditor will look to see if all authorized services are being provided. This includes OT, PT, SLS, dietary, nursing, etc. Attendance at CTN/CTS/FFR/Bayside, medication reviews with the psych RN, Behavior Tracking logs, Sensory plans, SDAP, Positive Support Plans, One to One staffing, etc. Plans should list not only what services consumers should receive, but also need to include:<br>Who should provide the service; Specifics about what the service entails; How often it will be monitored & by who; How long the service will last. | SCCMHA Provider Manual; Medicaid Manual |
| Peer Support Specialists Advocate | Peer Support Specialists Services advocate for the full integration of individuals into communities of their choice and promoting the inherent value of those individuals to those communities. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists are Members of the Team | Provider assures Peer Support Specialists participate as full-fledged members of the multidisciplinary team. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Assist Consumers with Recovery | Peer Support Specialists staff assist consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers recovery/life goals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Function as Liaisons to Community | Peer Support Specialists Services function as liaisons to community resources, and assisting consumers in accessing and using such resources. | SCCMHA Peer Support Services Fidelity Scale |

# Audit Checklist w/ Refs
## Audit Name: Drop In FY2023

| | | |
|---|---|---|
| Peer Support Specialists Provide a Range of Services | Peer Support Specialists provide a wide range of peer support services to consumers to assist them in regaining control over their lives, the recovery process, and attain personal goals of community membership, independence, and productivity. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Supervision | Peer Support Specialists are provided with supervision by appropriately licensed mental health professionals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Training | Peer Support Specialists receive standardized, accredited training (and are eligible for certification). Attend relevant seminars, meetings, and in-service training. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists' Services offered | Peer Support Specialists' services are offered to all consumers. | SCCMHA Peer Support Services Fidelity Scale |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Emergency Procedures | Provider has emergency procedures that include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, Chemical, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) Provider to show evidence staff are initially and annually trained on Emergency Procedures. Provider to keep copy on-site and available for staff to review. | Medicaid Provider Manual; SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |

# Audit Checklist w/ Refs
## Audit Name: Drop In FY2023

| | | |
|---|---|---|
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDHHS App for Participation; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Vehicle Emergencies | Policies will include information about vehicle breakdown and vehicle accident procedure that is reviewed with staff at least annually. | MDCH Audit Review 2012 |
| **Pre-Audit Review** | | |
| Audit Entrance conference with provider either on date of audit or prior to the desk audit. | Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process. | SCCMHA Auditing Procedure |
| Audit Findings-previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. Auditor will list out areas where provider submitted a Corrective Action Plan (CAP). | SCCMHA Provider Manual, SCCMHA Policy 05.06.01 |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | Policy Standard I |

# Audit Checklist w/ Refs
## Audit Name: Drop In FY2023

| | | |
|---|---|---|
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| Initial and Ongoing Background Checks and Sanctions | As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks during the pre-hire screening and at least monthly thereafter. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review |
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

Report Date: 8/25/20238:47:55 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Enhanced Health Services 2023

**Chart Review**

| | | |
|---|---|---|
| Assessment Complete | Assessment is complete and documented for other disciplines (OT, PT, Speech, Psychologist, Dietician, Supported Employment Specialist). Assessment justifies the need for services an how these services will assist the consumer in reaching desired goals or outcomes. | SCCMHA Provider Manual: Performance Expectations for Enhanced Health Care Providers #5, #7; Medicaid Ch. III, Section 3.2 |
| Assessment Timely | Assessment/reassessment for other disciplines (PT, OT, Speech, Psychologist, Dietician, Supported Employment Specialist) is timely and meets standards. | SCCMHA Provider Manual: Performance Expectations for Enhanced Health Care Providers #5 |
| Authorized Assessment | When authorized, assures that assessment is completed in a timely manner. | Medicaid Ch. III, section 2.1; SCCMHA Provider Manual: Performance Guidelines for Enhanced Health Care Services #5, #7; Guidelines for Nursing Services |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Coordination with SC/CM | There is evidence of coordination with SC/CM on open cases. | Medicaid Manual, Mental Health and Substance Abuse, Section 2.1; SCCMHA Provider Manual: Performance Guidelines for Enhanced Health Care Providers #4 |
| Documentation of Treatment | There is documentation of treatment provided by other disciplines (PT, OT, Speech, Psychologist, Dietician)and matches the plan frequency for contacts and monitoring. | MDCH PHP Review Protocols Section G.3.6; Medicaid Ch III, Record Keeping |
| Education for Parent/Guardian | Education is provided to parent/guardian as needed. | MHC (P.A. 258) MCL 330.1711 |
| IPOS Current | The IPOS is current, signed, on file, modified when indicated, and used by staff (IPOS should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | MDHHS Mental Health Code 330.1712 (1), Admin Rules R330.1276; Medicaid Manual, General Information; SCCMHA Policy 02.03.03 |
| IPOS Scope | Amount, duration, and scope of services are supported by the IPOS (What services, how often, and how long). Auditor will look to see if all services being provided are authorized. Auditor will look to see if all authorized services are being provided. This includes OT, PT, SLS, dietary, nursing, etc. Attendance at CTN/CTS/FFR/Bayside, medication reviews with the psych RN, Behavior Tracking logs, Sensory plans, SDAP, Positive Support Plans, One to One staffing, etc. Plans should list not only what services consumers should receive, but also need to include:<br>Who should provide the service; Specifics about what the service entails; How often it will be monitored & by who; How long the service will last. | SCCMHA Provider Manual; Medicaid Manual |

# Audit Checklist w/ Refs
## Audit Name: Enhanced Health Services 2023

| | | |
|---|---|---|
| Occupational Therapy | Application of occupation-oriented or goal-oriented activity to achieve optimum functioning, to prevent dysfunction, and to promote health. SVCS must be prescribed by a physician and may be provided on an individual basis or on a group basis. | Medicaid MH/SA, Covered SVCS, Pg 19 |
| Physical Therapy | Activities are provided by a qualified physical therapist/assistant to determine the client's need for services and to recommend a course of treatment--prescribed by a physician. | Medicaid MH/SA, Covered SVCS, Pg 20 |
| Progress Notes Match | The progress notes of other disciplines (PT, OT, Speech, Psychologist, Dietician, therapist, supported employment specialists, etc.) match scope, intensity and duration as defined in plan. | Medicaid Manual, Mental Health and Substance Abuse |
| Signatures | Appropriate signatures and titles are evident on file documents including staff name and title; consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment. | MDHHS Provider Medicaid Manual; SCCMHA Provider Network Management 05.06.09 |
| Speech, Hearing, Language | Activities are provided by a speech pathologist or audiologist to determine the client's need for services and to recommend a course of treatment--referred by a physician. | Medicaid Ch. III, Covered Svcs, Pg 17 |
| **Documentation** | | |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. Providers are expected to collect and measure consumer satisfaction data through an appropriate methodology; outcome and measurement information must be available for SCCMHA review upon request. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Documents Current | Documents in the file are current. | NO REFERENCE IN SYSTEM |
| Emergency Procedures | Provider has emergency procedures that include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, Chemical, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) Provider to show evidence staff are initially and annually trained on Emergency Procedures. Provider to keep copy on-site and available for staff to review. | Medicaid Provider Manual; SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Quality Improvement/Program Evaluation | Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place. | MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01 |

# Audit Checklist w/ Refs
## Audit Name: Enhanced Health Services 2023

| | | |
|---|---|---|
| Shift Notes/Progress Notes | Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Documentation includes date, time, narrative reflecting consumer participation in their plan, signature and title of staff. Staff is to document when a consumer declines to participate in offered service. | SCCMHA Provider Manual; Type A & B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16 |
| Training on Consumer Individual Plan of Service | Beneficiary specific. Staff are trained regarding all aspects of specific consumer's Individual Plan of Service, including emergency procedures. Examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, Behavior Treatment Plans, Occupational Therapy Plans, Physical Therapy Plans, Speech Therapy Plans, etc. Provider needs to provide date of training, content, trainee and trainer names and titles. Auditor will look for proof the trainer was trained by qualified professional staff. | Medicaid Provider Manual; MSHN-SCCMHA Contract (Current FY); PIHP-MDHHS Contract (Current FY); CMHSP Staff Training Tool; SCCMHA Provider Manual |
| **Facility/Program Observation** | | |
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Confidentiality of Information and Records | Provider does not share Protected Health Information (PHI) with individuals without prior written consent. Provider demonstrates protection of individual's privacy. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to leaving any electronic records. | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment 400.712 |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Provider Responsiveness (Dignity and Respect) | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) Provider treats consumers with Dignity and Respect. Examples include, knocking on bedroom/bathroom doors before entering, speaking in person-first language, using minimum courtesies to greet individual's, offering choices and honoring preferences. Acceptable evidence is direct observation and/or responses from consumer interview. | Medicaid Manual; MMHC 330.1708 (4); SCCMHA Provider Manual; Licensing Sm. Group rules R400.14; Licensing Lg. Group rules R400.15 |

# Audit Checklist w/ Refs
## Audit Name: Enhanced Health Services 2023

| | | |
|---|---|---|
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct is to outline expectations for employees and include standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS Contract & Regional PIHP (MSHN)/CMHSP Contract (current year) and SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Emergency Procedures | Provider has emergency procedures that include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, Chemical, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) Provider to show evidence staff are initially and annually trained on Emergency Procedures. Provider to keep copy on-site and available for staff to review. | Medicaid Provider Manual; SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |

# Audit Checklist w/ Refs
## Audit Name: Enhanced Health Services 2023

| | | |
|---|---|---|
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDHHS App for Participation; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |

**Pre-Audit Review**

| | | |
|---|---|---|
| Audit Entrance conference with provider either on date of audit or prior to the desk audit. | Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process. | SCCMHA Auditing Procedure |
| Audit Exit Conference with provider on final date of audit. | Meet with the provider to discuss findings, highlighting good points, as well as, areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Audit Findings-previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. Auditor will list out areas where provider submitted a Corrective Action Plan (CAP). | SCCMHA Provider Manual, SCCMHA Policy 05.06.01 |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Data Integrity | Reports pulled from Sentri for Consumer Demographics, Notes missing, Progress notes requiring your signature, unsigned progress notes, notes incomplete, Expired Ability to pay assessments, etc. are 95% compliant. | NO REFERENCE IN SYSTEM |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report. | SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network |

# Audit Checklist w/ Refs
## Audit Name: Enhanced Health Services 2023

**Staff File Review**

| | | |
|---|---|---|
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Credentials Verified | Credentials are verified and match discipline and role assignment. | Medicaid Provider Manual |
| Initial and Ongoing Background Checks and Sanctions | As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks during the pre-hire screening and at least monthly thereafter. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review). Staff to have completed Blood Borne Pathogens (Infection Control/Universal Precautions), Recipient Rights, and basic First Aid before working with consumers. | Medicaid Manual, General Info. Pg. 3; Waiver rules; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

| | | |
|---|---|---|
| Repeat Citations | Auditor will review all citations from the previous audit. Auditor will look for evidence that citations have been corrected. Any repeat citations should be listed in this section. | SCCMHA Auditing Procedure |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/2/2018 3:45:56 PM

User Id: JTOMASZEWSKI

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

**Chart Review**

| | | |
|---|---|---|
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Adequate Action Notice | There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record. | Mental Health Code 7121(2); 42 CFR 400 |
| Advance Notice of Adverse Action | There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003 |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Choice | The consumer has been offered choice of provider/staff. | MDCH PIHP Review Protocols B.7.3.2.; SCCMHA Policy 02.03.03; SCCMHA Policy 03.01.03; |
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Disclosure Documentation | There is documentation of disclosures made from the record as required. | HIPAA |
| Documents | All appropriate documents are in the consumer file. | MDCH/CMH Contract, Section 6.8.1 |
| Documents in File Identify Consumer | All forms placed in consumer records identify consumer with name and medical record number. | PHP Review Protocols 6.2.3./ MDCH Sit Review Report & Plan of Correction 2002. |
| Face to Face Contacts | The record notes some frequency of face-to-face contacts with the consumer and follows the plan. For consumers that receive Model Payments from DHS, contacts need to be monthly at the home to assure the provider is following the case manager/ support coordinator order for services. For consumers that have a habilitation supports waiver, those consumers must be seen monthly in order for SCCMHA to receive reimbursement for the waiver. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 and 13.3 |
| Grievance and Appeals Information | Grievance and appeals information has been provided and explained to consumer/guardian. | SCCMHA Provider Manual, Policy 02.01.11 |
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. | MDCH PIHP Review Protocols G.2.1 |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

| | | |
|---|---|---|
| Medication Monitoring | There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.) | Medicaid Manual, Mental Health and Substance Abuse 3.15 |
| PCP Development Time | A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. | Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06 |
| Physical Health Care and Nutritional Screening | Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse | SCCMHA Policy 03.02.01 Healthcare Integration |
| Primary Healthcare Coordination | There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests. | SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208 |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Supervisory Review | There is evidence in the consumer's chart that supervisory review took place. | Medicaid Manual, Ch. I, Recordkeeping |
| **Consumers** | | |
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate). | DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01 |
| Services Match Eligibility | Services being delivered match eligibility criteria. | SCCMHA Provider Manual, Policy 05.04.01 |
| **Documentation** | | |
| Access Reports | Access timeliness reports are completed (State reporting). Information for this item will be gathered from any sanction letters sent to the provider for issues with Access Timeliness reporting to the state. | SCCMHA Provider Manual, Tab 7 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

| | | |
|---|---|---|
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| **Facility/Program Observation** | | |
| Accessibility | The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility. | SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085 |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

**PCP Review**

| | | |
|---|---|---|
| Accommodations | The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer. | PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2. |
| Assessments | Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP); or if the case manager has only a bachelor's degree but without the specialized training or experience they must be supervised by a QMHP or QMRP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional (CMHP). Services to children with developmental disabilities must be provided by a QMRP. | Medicaid Manual, Mental Health and Substance Abuse, 13.4 Staff Qualifications. |
| Conflict Resolution | There is evidence that the consumer has been provided with conflict resolution resource information. It is evident who should be contacted if dissatisfaction or concerns arise. | PIHP Review Protocols C.2.6. |
| Consents and Privacy Notices | Proper consents and privacy notices are given. | HIPAA |
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |
| Natural Supports | Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes. | PIHP Review Protocols C.2.4. |
| PCP Assessment Based | The PCP is based upon an assessment of the person's strengths and weaknesses. | MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1 |
| PCP Consumer Copy | Consumer and/or family have been provided copy of his/her or their plan within 15 business days of the PCP Meeting (went into effect 7/20/2003). | PIHP Review Protocols C.3.; SCCMHA Policy 02.03.03 |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

| | | |
|---|---|---|
| PCP Pre-planning Activities | Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities). | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols C.1.2.; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-planning Cultural Accommodations | Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.8; MDCH/CMH contract, attachment 3.4.1.1 |
| PCP Pre-planning Documentation | Pre-planning meeting activities are properly documented. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.1; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-Planning Meetings | PCP Pre-Planning Meetings occur before a PCP meeting is originated. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.1.6.; SCCMHA Policy 02.02.06 |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Periodic Review Evidence | There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 |

**Policies and Procedures**

| | | |
|---|---|---|
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Competency Policy: Staff Pre-hire screening | Provider has human resource procedures that address SCCMHA competencies for staff pre-hire screening. This should include Criminal Background checks prior to hire and every two years after hire and Recipient Rights checks, as well as licensing/credential checks, where applicable. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07; Licensing large Group Rules R400.15 208; Licensing small Group Rules R400.14 208 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

| | | |
|---|---|---|
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If any of the consumers uses needles in the home there must be a needle stick protocol as part of the infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Procedure for Managing Risk | Provider has a policy and procedure on how they will manage high risk consumers. | SCCMHA Best Practice |
| Sentinel Event/ Critical Event Analysis | Providers have a Sentinel Event / Critical Event Analysis post a critical event. | SCCMHA Policy 05.06.01 Network Management and Development |
| Storage of Sample Medications On Site | Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site. | SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications. |
| **Pre-Audit Review** | | |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Data Integrity | Reports pulled from Sentri for Consumer Demographics, Notes missing, Progress notes requiring your signature, unsigned progress notes, notes incomplete, Expired Ability to pay assessments, etc. are 95% compliant. | NO REFERENCE IN SYSTEM |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |

# Audit Checklist w/ Refs

## Audit Name: Enhanced Outpatient Services

| | | |
|---|---|---|
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| ANSA Training | All primary workers, working with adults with Mental Illnesses will have Adult Strengths and Needs Assessment training (ANSA). | SCCMHA policy on standardized assessment tool. |
| CAFAS or PECFAS Training | All staff have training in CAFAS if dealing with children age 7-17 or PECFAS if dealing with children younger. Training to be renewed every 2 years. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Provider verifies sanctions for staff employed. | Provider has a method for checking for sanctions that impact the ability to bill Medicaid and/or Medicare. Office of Inspector General Checks (OIG) are completed or some method of checking for sanctions. Provider is able to provide proof of the monthly reviews at the time of the audit. | MSHN credentialing Policy. |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

# Audit Checklist w/ Refs
## Audit Name: Family Support Subsidy

**Chart Review**

| | | |
|---|---|---|
| Income Verification | Family Support Subsidy Coordinator has proof of verification of income for the family. | Family Support Subsidy Program Coordinator Manual |
| Appropriate Documents Present | Client chart has appropriate documents included such as: Copy of child's birth Certificate; Michigan Income Tax Return; Proof of child's social security number; Family Support Subsidy Program Application; Written Certification from the public school district which states the child is recommended for a diagnosis of Cognitive Impairment, Severe Multiple Impairment, or Autism. The school has verified the child has been placed in a program that meets the requirements of the subsidy law and if cognitive impairment; the school has verified in writing the level of impairment is within the severe range. | Family Support Subsidy Program Coordinator Manual |
| Child Resides in Family Home | The child must reside in the family home. If the child resides out of the home in a publicly supported residential setting for more than a total of 15 days during each of 2 consecutive calendar months for reasons other than physical health care the child is not eligible and can re apply in any month following the month the child became ineligible. | Family Support Subsidy Program Coordinator Manual |
| Meets Criteria | The child meets eligibility criteria for Family Support Subsidy of Autistic Impaired and receiving special education in 1 of the following: Programs for students with autism spectrum disorder; Programs for students with severe cognitive impairment (CI); Programs for students with severe multiple impairments (SXI). | Family Support Subsidy Program Coordinator Manual Administrative Rules for Special Education R 340.175, R 340.1758(1), R 340.1748, R 340.1705, R 340.1714. |
| Meets Income Requirements | The family meets income requirements as verified on recent income tax return. If parents are separated also need a copy of the biological parent's W-2 form or end of the year check stub. Taxable income of more than $60,000.00 is not eligible for this program. | Family Support Subsidy Program Coordinator Manual |
| Renewal Application and Documents Present | The client chart has appropriate renewal documents present in the chart. These documents include, renewal application, Michigan Income Tax Return (MI 1040), School verification of eligibility. | Family Support Subsidy Program Coordinator Manual |

**Staff Questions**

| | | |
|---|---|---|
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/2/2018 3:42:57 PM

User Id: JTOMASZEWSKI

# Audit Checklist w/ Refs

## Audit Name: Shelter Plus Care

**Chart Review**

| | | |
|---|---|---|
| Assessments Completed | An ongoing assessment is completed for supportive services required by the individuals of the program. | Section 453 of the McKinney-Vento Act |
| Clients Served | For the clients served by this program, the clients are those that are identified in the approved grant agreement. | Housing and Urban Development (HUD) Standards; SCCMHA Policy 09.08.02.01 Criteria; SCCMHA Policy 09.08.02.03 Referral/Application, Screening and Eligibility Criteria. |
| Documentation of Disabilities and Income | The client files have adequate documentation to support the homeless individual's disabilities and income for program acceptance. | Housing and Urban Development (HUD) Standards; SCCMHA Policy 09.08.02.01 Eligibility Criteria; SCCMHA Policy 09.08.02.03 Referral/Application, Screening and Eligibility Criteria. |
| Rent Calculation | The rents being charged are accurately calculated. The client files include the supporting documentation used in preparing the rent calculation forms. | Housing and Urban Development (HUD) Standards. |
| Rental Rates | The clients records show the amount of monthly/yearly rent. In reviewing these rents against documented comparable rents in the area, the rents are reasonable. | Housing and Urban Development (HUD); SCCMHA Policy 09.08.03.05 Rent Reasonableness. |
| Rents Evaluated Annually | There is proof in the consumer records that rents are re-examined at least annually. | Housing and Urban Development (HUD) Standards; SCCMHA Policy 09.08.04.04 Annual Recertification. |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Supportive Services | The Supportive Services are appropriate and adequate to the special needs of the clients. | 24 CFR 582.5 Definitions, Supportive Services; |

**Documentation**

| | | |
|---|---|---|
| Administrative Expenditures | The administrative costs are within the 8 percent cap, are what is allowable in the grant or program requirements. | 24 CFR 582.105(e)(1) |
| Housing Inspections | For any units inspected, the habitability standards were met and there was evidence that the appropriate entity inspects the units annually. | Housing and Urban Development (HUD) Standards; SCCMHA Policy 09.08.03.03 Housing Inspection and Quality; SCCMHA Policy 09.08.04.04 Annual Recertification. |
| Person on Board of Directors | There is at least one homeless person or a formerly homeless person participating on the Board of Directors or other equivalent policy-making entity. | Housing and Urban Development (HUD) Standards; SCCMHA Policy 02.01.03 Consumer Involvement and Leadership; SCCMHA Policy 09.08.06.06 Consumer Participation. |
| Proof of Homelessness | The client files reviewed show adequate proof that the individuals or families were homeless prior to receiving rental assistance. | Housing and Urban Development (HUD) Standards; SCCMHA Policy 09.08.02.01 Eligibility Criteria; SCCMHA Policy 09.08.02.03 Referral/Application, Screening and Eligibility Criteria. |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |

# Audit Checklist w/ Refs
## Audit Name: Shelter Plus Care

| | | |
|---|---|---|
| Termination of Housing Assistance Payments | Is there evidence staff are following the termination of assistance payments and due process for termination? | Housing and Urban Development (HUD) Standards; SCCMHA Policy 09.08.05.01 Termination of Housing Assistance; SCCMHA Policy 09.08.05.02 Housing Appeals and Grievance Procedure; SCCMHA Policy 02.01.11.02 Local Appeal. |
| **Pre-Audit Review** | | |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| **Staff File Review** | | |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Audit Checklist w/ Refs
## Audit Name: Inpatient

**Chart Review**

| | | |
|---|---|---|
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Children's Inpatient Family Involvement | The family is involved throughout the stay. | SCCMHA Provider Participation Agreement section 1.5 |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Crisis Service Coordination | There is evidence of crisis service coordination where appropriate. | SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b) |
| Discharge Planning | The discharge planning is initiated upon admission. | Department of Mental Health Admin rules pg 81 (m), Medicaid Ch. III, section 8.5.D |
| Discharge Planning Coordination | The discharge planning shows evidence of coordination with case management, Primary Health Care Provider, and/or other county resources and an appointment is scheduled within 14 days with appropriate party. | SCCMHA Provider Participation Agreement Attachment A, section c(3) SCCMHA Provider Contract (3) (d) |
| Discharge with Meds | Consumers are discharged with medication with a 2-4 week supply or prescription. Follow up appointment scheduled with SCCMHA psychiatrist. | SCCMHA Provider Participation Agreement, Attachment A, section (3) (f) |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| Entitlements | Entitlements are obtained, and 3rd party reimbursements sought (Medicaid). | SCCMHA Provider Participation Agreement Attachment A, sections D(2) and D(3) |
| Family Involvement | Consumers have involvement of families and significant others in their planning process as well as the discharge process. | SCCMHA Provider Participation Agreement section 1.5 |
| Information Programs | There are information programs available to help consumers and families understand diagnosis, use of medication, risks and benefits of treatment. | SCCMHA Provider Manual Consent for Treatment Section 06.02.07.00 |
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Post Hospitalization | Post hospitalization services are promoted/arranged as appropriate. | SCCMHA Provider Participation Agreement, Attachment A section C (3) |
| Service Standard | Services include active treatment 7 days a week including evenings. | Medicaid Ch. III, sections 8.5.B, 8.5.C |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |

# Audit Checklist w/ Refs

## Audit Name: Inpatient

| | | |
|---|---|---|
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Substance Abuse | Substance abuse issues are addressed appropriately in the treatment plan. | SCCMHA Provider Participation Agreement, section 1.5; Medicaid Manual, Mental Health and Substance Abuse, 8.5.A |
| Training for PCP | Qualified staff are trained regarding all aspects of specific consumer's person centered plan, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, etc. | SCCMHA Provider Manual, SCCMHA Self Determination Policy |
| Treatment Program | An active treatment programing is provided. Provider implements programing to keep consumers engaged in treatment and moving toward discharge and recovery. Auditor finds evidence in the files that consumers are actively participating in treatment. | Medicaid Manual, sections 8.5.B, 8.5.C, 8.5.D |
| **Consumers** | | |
| Medicaid Applications | Program ensures Medicaid applications are completed for all persons. Proof of completion of Medicaid application was found. | SCCMHA Provider Participation Agreement Attachment A, Section D (2). |
| **Documentation** | | |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Cooperation | Evidence of collaboration with others providing services. | Medicaid Manual, General Information |
| Coordination of Supports | There is evidence of communication between the direct care staff and other staff (if applicable), direct care staff and parent/guardian/SC/CM | Medicaid Manual, General Information |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |

# Audit Checklist w/ Refs

## Audit Name: Inpatient

| | | |
|---|---|---|
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Refusal Rates. | Refusal rate and related rationales are reasonable. Provider will not have a refusal rate of greater than 10% of referrals. Provider to track refusal rates as well as SCCMHA will track refusal rates. Auditors will request from SCCMHA Crisis Department Supervisor the refusal rates for provider and discuss with both Crisis Supervisor and Provider about the rate of refusal. | SCCMHA Contract 2(e) Refusal of Admissions |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Response to Admissions Timely | Provider response timely to SCCMHA on admissions. | SCCMHA Provider Participation Agreement Attachment A, Section C(2) |
| Supervision of Staff | There is regularly scheduled supervision of staff on the job by qualified supervisory personnel. | AFP Requirements |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Audit Checklist w/ Refs
## Audit Name: Inpatient

**Facility/Program Observation**

| | | |
|---|---|---|
| Accessibility | The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility. | SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Licensure for Inpatient | Licensure is posted or available on site (DCIS for MH required, CSAS for SA optional). | SCCMHA Provider Participation Agreement Section 3.7; MHC (P.A. 258) MCL 330.1134 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |

**PCP Review**

| | | |
|---|---|---|
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |

# Audit Checklist w/ Refs

## Audit Name: Inpatient

| | | |
|---|---|---|
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |

# Audit Checklist w/ Refs

## Audit Name: Inpatient

| | | |
|---|---|---|
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Pre-Audit Review** | | |
| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Eligibility | Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver--is in place) | CMH/MDCH Contract Section 1.2, SCCMHA Provider Manual 03.01.01 |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Licensure/Accreditations | Gather Proper Licensing and accreditation documentations, ensure they are all current and Provider Specific and provider is in good standing. CARF, JACHO, COA, specialized residential licensing. Inpatient settings also need to have Substance Abuse licensure. (Review Contract File) | MHC (P.A. 258) MCL 330.1134 SCCMHA Provider Participation Agreement, section 3.7 |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | Policy Standard I |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| **Staff File Review** | | |
| Children's Inpatient Program Qualifications | Program is under the direction of a Board Eligible/Certified Child Psychiatrist. | MHC (P.A. 258) MCL 330.1143a |

# Audit Checklist w/ Refs

## Audit Name: Inpatient

| | | |
|---|---|---|
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Staff Qualifications | Staff are qualified and meet requirements for multidisciplinary inpatient milieu (MD, RN, MSW, COTA, MA, LLP, etc.) Necessary licenses are current. Staff should have appropriate substance abuse credentials to work with person with co occuring disorders. | SCCMHA Provider Participation Agreement, section 1.5 |
| Supervision by Psychiatrist | A designated and board eligible/certified psychiatrist (MD or DO) supervises the program unit. | SCCMHA Provider Participation Agreement section 1.5 and attachment A section c; SCCMHA Provider Manual 05.01.04 (Psychiatric Supervision Policy) |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Logs PM & UP | There are staff training logs for physical management and universal precautions. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |
| **Staff Questions** | | |
| Grievance and Appeals Process | Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate. | Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Pg 3; SCCMHA Provider Manual, Policy 02.01.11 |

# Audit Checklist w/ Refs

## Audit Name: Inpatient

| | | |
|---|---|---|
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

Report Date: 8/25/20238:49:53 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Licensed Residential Modified FY2023

| | | |
|---|---|---|
| Compliance | Does the facility have full HCBS Compliance? Evidence may include direct observation, individual and provider interviews, and policies and procedures for the facility. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Repeat Citations | Auditor will review all citations from the previous audit. Auditor will look for evidence that citations have been corrected. Any repeat citations should be listed in this section. | SCCMHA Auditing Procedure |
| **Chart Review** | | |
| Care Coordination | There is evidence of communication between the provider and other identified support persons within the individual plan of service. Supports include but not limited to case holder, parent, guardian, nurse, etc. Initial and ongoing communication is occurring as needed to address any concerns that may prevent services from being delivered as indicated in the individual plan of service. Acceptable evidence is documentation (log book) showing the communication between the provider and other individuals. | MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Care Coordination 02.03.23 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Consumer Health and Safety | Provider has a direct responsibility to assist consumers with daily health care needs and take steps to decrease health and safety risk factors, as well as communicate to primary providers about consumer health and safety related issues and to coordinate care. Attention to health and safety includes monitoring of physical living settings and spaces, and appropriate alerts, referrals or interventions, according to healthy home standards including but not limited to mold, fire and pest prevention. | MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Continuum of Care 03.02.06 |
| Continuum of Care | Does the residence offer a continuum of care? Does the setting offer all services in house? Acceptable evidence is direct observation, consumer interviews, updated IPOS, activity logs, and progress notes. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Healthcare Appraisals | Provider will ensure Consumers have healthcare appraisals completed within 90 days prior to move to a facility and annually after move in. Appraisals include review of current symptoms, eval of bodily systems, vision/hearing screenings, lab wk, etc | SCCMHA Provider Manual, Type A,; Licensing sm. Group Rules R400.14 316 page 12 & 21; Licensing lg. Group Rules R400.15 316 page 16 |
| IPOS Current | The IPOS is current, signed, on file, modified when indicated, and used by staff (IPOS should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | MDHHS Mental Health Code 330.1712 (1), Admin Rules R330.1276; Medicaid Manual, General Information; SCCMHA Policy 02.03.03 |

# Audit Checklist w/ Refs

## Audit Name: Licensed Residential Modified FY2023

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| IPOS Scope | Amount, duration, and scope of services are supported by the IPOS (What services, how often, and how long). Auditor will look to see if all services being provided are authorized. Auditor will look to see if all authorized services are being provided. This includes OT, PT, SLS, dietary, nursing, etc. Attendance at CTN/CTS/FFR/Bayside, medication reviews with the psych RN, Behavior Tracking logs, Sensory plans, SDAP, Positive Support Plans, One to One staffing, etc. Plans should list not only what services consumers should receive, but also need to include:<br>Who should provide the service; Specifics about what the service entails; How often it will be monitored & by who; How long the service will last. | SCCMHA Provider Manual; Medicaid Manual |
| Life Choices Documentation | Do all individuals have a completed Life Choices Documentation Form on file. Are there any restrictions listed? If yes, is the restriction outlined in the IPOS? Acceptable evidence is direct observation. | MDHHS New Waiver Rules; HCBS Readiness Site Visit Tool; SCCMHA Provider Manual; SCCMHA Policy 02.03.03 - Person Centered Planning |
| Medical/Dental/Psychiatric Logs and Documentation | Health/dental status of consumer is monitored ensuring scheduled medical, dental, and clinical appts are made in a timely manner, that the consumer attends appts and that resulting reports, Rx, Evals, etc. are secured and implemented. Various appointments are kept (medical, dental, psychiatric, etc.). When missed, they are documented appropriately. | SCCMHA Provider Manual, Type A, Pg 4; Licensing sm grp rules R400.14 310; Licensing lg grp rules R400.15 310. |
| Personal Care/Logs | Each recipient's personal care, daily living, and hygiene needs are met including eating/feeding, toileting, bathing, grooming, dressing, ambulation, and assistance with self-administered medications and are documented in appropriate logs. Provider is completing daily personal care logs for each consumer on the SCCMHA Personal Care and Community Living Supports Log. Acceptable evidence is responses from individual interviews, progress notes, and personal care logs. | MDHHS New Waiver Rules; HCBS Readiness Site Visit Tool; SCCMHA Provider Manual; SCCMHA Policy 03.02.07 - Residential Services |
| Signatures | Appropriate signatures and titles are evident on file documents including staff name and title; consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment. | MDHHS Provider Medicaid Manual; SCCMHA Provider Network Management 05.06.09 |
| Training on Consumer Individual Plan of Service | Beneficiary specific. Staff are trained regarding all aspects of specific consumer's Individual Plan of Service, including emergency procedures. Examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, Behavior Treatment Plans, Occupational Therapy Plans, Physical Therapy Plans, Speech Therapy Plans, etc. Provider needs to provide date of training, content, trainee and trainer names and titles. Auditor will look for proof the trainer was trained by qualified professional staff. | Medicaid Provider Manual; MSHN-SCCMHA Contract (Current FY); PIHP-MDHHS Contract (Current FY); CMHSP Staff Training Tool; SCCMHA Provider Manual |

Report Date: 8/25/20238:49:53 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Licensed Residential Modified FY2023

**Documentation**

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|---|---|---|
| Activities and Recreation | Consumers are offered frequent opportunities for home and community activities and recreation. Activities should encourage social interaction, further growth through first hand experiences, social graces, and productive utilization of leisure time. Activities are age appropriate, dignified, and community integrated. There is an activity calendar for planned activities. | SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 317 page 22; Licensing Large Group Rules R400.15 317 page 16 |
| Incident Reporting and Review | Auditor will ensure provider is submitting all completed IR's to the SCCMHA Quality department within 24 hours of the incident. The number submitted to SCCMHA should match the number in the home. Auditor will ensure the provider has a process in place to periodically review all incident reports to look for trends, problem areas, and possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. Auditor will use specific trends in the home and request documentation these were reviewed. | SCCMHA Provider Manual Policy on Competency Requirements; SCCMHA Policy 04.01.02 - Incident Reporting and Review |
| Meaningful Activities Outside of Residence | All consumers will be offered regular opportunity (at least 2x per week) to engage in activities of their choice outside of their home. Outside the home excludes skill build program, supported employment or clubhouse, medical appointments (MD, DO, PA, RN, DDS, OT, PT, or laboratory tests). Adult consumers are engaged in meaningful activities that are meaningful to the consumer. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Shift Notes/Progress Notes | Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Documentation includes date, time, narrative reflecting consumer participation in their plan, signature and title of staff. Staff is to document when a consumer declines to participate in offered service. | SCCMHA Provider Manual; Type A & B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16 |

**Pre-Audit Review**

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| Audit Entrance conference with provider either on date of audit or prior to the desk audit. | Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process. | SCCMHA Auditing Procedure |

# Audit Checklist w/ Refs

## Audit Name: Licensed Residential Modified FY2023

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| Audit Exit Conference with provider on final date of audit. | Meet with the provider to discuss findings, highlighting good points, as well as, areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Audit Findings-previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. Auditor will list out areas where provider submitted a Corrective Action Plan (CAP). | SCCMHA Provider Manual, SCCMHA Policy 05.06.01 |
| Incident Report Submission | Auditor will check to see that provider is submitting completed incident reports (IR's) to SCCMHA Quality Department within 24 hours of the incident. Auditor will document the number of IR's submitted to SCCMHA and note any trends and patterns. | Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); SCCMHA Provider Manual, SCCMHA Policy 04.01.02 - Incident Reporting and Review |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report. | SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network |
| **Staff File Review** | | |
| Staff Training Records | Provider has training logs available at time of site visit with current information of completed trainings and certifications. | Licensing small grp rules R400.14 204 page 7; Licensing large grp rules R400.15 204 |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review). Staff to have completed Blood Borne Pathogens (Infection Control/Universal Precautions), Recipient Rights, and basic First Aid before working with consumers. | Medicaid Manual, General Info. Pg. 3; Waiver rules; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

Report Date: 8/25/20238:50:35 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Licensed Residential FY2023

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| Access to Food | Do individuals have access to food at any time? If individuals do not have access to food at any time, has the individual agreed to restrictions in their Individual Plan of Service (IPOS)? Evidence may include observation and/or interview with individual and/or provider. Evidence may also include choices offered during the Person Centered Planning (PCP) Process and documentation within the IPOS and individual Sentri record. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Access to Laundry | Do individuals have full access to the laundry area without restrictions? If no, is this addressed in a positive support / behavior plan and individual plan of service? Acceptable evidence is direct observation, and/or interview with individual and/or provider. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Appropriate Locks on Bathroom Doors | Do all bathrooms have appropriate privacy locks? Acceptable evidence is direct observation. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Appropriate Locks on Bedroom Doors | Do all bedrooms have appropriate keyed locks? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Bathroom Access | Do all individuals have full access to the bathroom? Can individuals access the bathroom at any time? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation and response from consumer interview. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Common Areas | Do individuals have full access to the comfortable seating / common areas without restrictions? Can individuals access common areas whenever they want? If not, is this addressed in the Individual Plan of Service (IPOS)? Acceptable evidence is direct observation, responses from individual and/or provider interview, and review of the IPOS. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Communication Access | Do individuals have access to freely communicate with individuals outside of the residential setting? Auditor will look for unimpeded access to a telephone that can be used in a private space. Does the individual have unimpeded access to their mail? Does the provider provide postage? Does the setting have internet for consumer use? Does the residence allow visitors without restrictions on hours and times? Acceptable evidence is direct observation, responses from individual interview, and review of the individual plan of service. | MMHC 330.1726 Communication by mail and telephone; visits; MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Compliance | Does the facility have full HCBS Compliance? Evidence may include direct observation, individual and provider interviews, and policies and procedures for the facility. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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| Dining and Eating Options | Can individuals choose where they want to eat? Can individuals choose to eat alone or with others? Can individuals choose what time they want to eat? If no, is this addressed in Positive Support/Behavior Plan and Individual Plan of Service? Acceptable evidence is direct observation, responses from consumer interview, and review of the individual plan of service. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Kitchen and Dining Access | Do individuals have full access to the kitchen and dining areas without restrictions? Can individuals reach and use the home's appliances as they need? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation, responses from consumer interview, and review of the individual plan of service. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Menu Options | Can individuals choose what they eat and drink? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is responses from consumer interview, consumer meetings, and review of the individual plan of service. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Personal Care | If an individual needs help with personal care, is it done in privacy? Each recipient's personal care, daily living, and hygiene needs are met including eating/feeding, toileting, bathing, grooming, dressing, ambulation, and assistance with self-administered medications and are documented in appropriate logs. Provider is completing daily personal care logs for each individual on the SCCMHA Personal Care and Community Living Supports Log. Acceptable evidence is responses from individual interviews, progress notes, and personal care logs. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Personal Care Items | Basic supply of personal care items are provided by licensee to the consumer, such as: bath soap, shampoo, toothpaste, and deodorant. Consumer has his/her own personal care items to use. Personal Care items should be labeled individually with consumer initials. | SCCMHA Provider Manual Residential Services; Licensing small. Group Rules R400.14 314 page 14; Licensing large. Group Rules R400.15 314 page 19. |
| Personal Possessions | Provider shall have a listing of all valuables that are accepted by the licensee for safekeeping. The list of valuables shall include a written description of the items, the date and signed by the licensee and resident. Documentation should show items that were disposed of and how items were disposed. | SCCMHA Provider Manual Licensed Residential, Licensing small. Group Rules R400.14 315; Licensing large. Group Rules R400.5 315 |
| Privacy Barriers | Is the inside of the residence free from cameras, visual monitors, audio monitors and alarms? If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is direct observation, responses from consumer interviews, and review of the individual plan of service. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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| Private Space | Do staff have a place to talk about individuals' personal issues in a private place? Do individuals have an area in the home to meet privately? Acceptable evidence is direct observation and/or interview with individual and/or provider. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Repeat Citations | Auditor will review all citations from the previous audit. Auditor will look for evidence that citations have been corrected. Any repeat citations should be listed in this section. | SCCMHA Auditing Procedure |
| Storage for Personal Items | Do individuals have a place to store and secure personal belongings? Acceptable evidence is direct observation and responses from consumer interviews. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |

**Chart Review**

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| Care Coordination | There is evidence of communication between the provider and other identified support persons within the individual plan of service. Supports include but not limited to case holder, parent, guardian, nurse, etc. Initial and ongoing communication is occurring as needed to address any concerns that may prevent services from being delivered as indicated in the individual plan of service. Acceptable evidence is documentation (log book) showing the communication between the provider and other individuals. | MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Care Coordination 02.03.23 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Complaints | Is information about filing a complaint provided in a way the individual can use and understand? Do individuals know who to call to file an anonymous complaint? Acceptable evidence is observations and interviews with individual and provider. Recipient Rights information should be available in every setting. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Consumer Health and Safety | Provider has a direct responsibility to assist consumers with daily health care needs and take steps to decrease health and safety risk factors, as well as communicate to primary providers about consumer health and safety related issues and to coordinate care. Attention to health and safety includes monitoring of physical living settings and spaces, and appropriate alerts, referrals or interventions, according to healthy home standards including but not limited to mold, fire and pest prevention. | MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Continuum of Care 03.02.06 |
| Continuum of Care | Does the residence offer a continuum of care? Does the setting offer all services in house? Acceptable evidence is direct observation, consumer interviews, updated IPOS, activity logs, and progress notes. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Entitlements LR | Entitlements are obtained, and 3rd party reimbursements sought. (Medicaid cards, SSI, {for county owned homes only-Bridgecard/foodstamps}) | SCCMHA Provider Manual, Provider Participation Agreement, Page 8, Item 4.0, Compensation, Type A Spec. Res. Pg 1 |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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| Guardianship/Legal Paperwork | Guardianship papers are in the file and match stated consumer status. Check to see if consumer has a DHHS worker (Ward of the State) as a guardian. If so, a copy of the guardianship documentation should be in the electronic health record. | MDHHS PIHP Review Protocols; Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20) |
| Healthcare Appraisals | Provider will ensure Consumers have healthcare appraisals completed within 90 days prior to move to a facility and annually after move in. Appraisals include review of current symptoms, eval of bodily systems, vision/hearing screenings, lab wk, etc | SCCMHA Provider Manual, Type A,; Licensing sm. Group Rules R400.14 316 page 12 & 21; Licensing lg. Group Rules R400.15 316 page 16 |
| House Rules and Program Handbooks | Verify the provider does not have House Rules. Is there a provider handbook? If yes, verify there are not any restrictions in program handbook. | MMHC 330.7199; MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit; SCCMHA Provider Manual |
| IPOS Current | The IPOS is current, signed, on file, modified when indicated, and used by staff (IPOS should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | MDHHS Mental Health Code 330.1712 (1), Admin Rules R330.1276; Medicaid Manual, General Information; SCCMHA Policy 02.03.03 |
| IPOS Scope | Amount, duration, and scope of services are supported by the IPOS (What services, how often, and how long). Auditor will look to see if all services being provided are authorized. Auditor will look to see if all authorized services are being provided. This includes OT, PT, SLS, dietary, nursing, etc. Attendance at CTN/CTS/FFR/Bayside, medication reviews with the psych RN, Behavior Tracking logs, Sensory plans, SDAP, Positive Support Plans, One to One staffing, etc. Plans should list not only what services consumers should receive, but also need to include:<br>Who should provide the service; Specifics about what the service entails; How often it will be monitored & by who; How long the service will last. | SCCMHA Provider Manual; Medicaid Manual |
| Leave of Absence | Provider insures that consumer's have all needed medications, treatments and personal items necessary for proper care during any periods of absence from the home. For consumers with guardians, the provider will obtain prior authorization from the guardian before allowing an individual to remove consumer from the residence. | SCCMHA Provider Manual, Type A Res. Pg 3 |
| Life Choices Documentation | Do all individuals have a completed Life Choices Documentation Form on file. Are there any restrictions listed? If yes, is the restriction outlined in the IPOS? Acceptable evidence is direct observation. | MDHHS New Waiver Rules; HCBS Readiness Site Visit Tool; SCCMHA Provider Manual; SCCMHA Policy 02.03.03 - Person Centered Planning |
| Medical/Dental/Psychiatric Logs and Documentation | Health/dental status of consumer is monitored ensuring scheduled medical, dental, and clinical appts are made in a timely manner, that the consumer attends appts and that resulting reports, Rx, Evals, etc. are secured and implemented. Various appointments are kept (medical, dental, psychiatric, etc.). When missed, they are documented appropriately. | SCCMHA Provider Manual, Type A, Pg 4; Licensing sm grp rules R400.14 310; Licensing lg grp rules R400.15 310. |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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| Medication Administration | Trained Medication passers are identified for each shift, who know the Five Rights of Medication Administration and proper medication passing procedures. Medication Passers should be knowledgeable of where to find prescriptions, why clients are taking medications, and what to do in the event of refusals, etc. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Medication Documentation | Medication Administration Records (MAR) are filled out accurately by Staff, including comments for per requested need (PRN) medications, refusals, or other instances of Staff documentation. If there are controlled substances being administered, the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Medication Storage & Handling | There is evidence that physician-prescribed oral medication, injection, or topical medication treatments are securely stored. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. Provider does not have expired or compromised medications in with regular medications. Controlled substances are secured under a double-lock system. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Personal Care/Logs | Each recipient's personal care, daily living, and hygiene needs are met including eating/feeding, toileting, bathing, grooming, dressing, ambulation, and assistance with self-administered medications and are documented in appropriate logs. Provider is completing daily personal care logs for each consumer on the SCCMHA Personal Care and Community Living Supports Log. Acceptable evidence is responses from individual interviews, progress notes, and personal care logs. | MDHHS New Waiver Rules; HCBS Readiness Site Visit Tool; SCCMHA Provider Manual; SCCMHA Policy 03.02.07 - Residential Services |
| Signatures | Appropriate signatures and titles are evident on file documents including staff name and title; consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment. | MDHHS Provider Medicaid Manual; SCCMHA Provider Network Management 05.06.09 |
| Training on Consumer Individual Plan of Service | Beneficiary specific. Staff are trained regarding all aspects of specific consumer's Individual Plan of Service, including emergency procedures. Examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, Behavior Treatment Plans, Occupational Therapy Plans, Physical Therapy Plans, Speech Therapy Plans, etc. Provider needs to provide date of training, content, trainee and trainer names and titles. Auditor will look for proof the trainer was trained by qualified professional staff. | Medicaid Provider Manual; MSHN-SCCMHA Contract (Current FY); PIHP-MDHHS Contract (Current FY); CMHSP Staff Training Tool; SCCMHA Provider Manual |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

**Consumers**

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| Ability to Choose Provider and Staff Services | Do individuals pick the agency who provides their residential services and supports? Do individuals pick the direct support workers who provide their services and supports? Acceptable evidence is observation and/or interviews with individual and/or provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Changes in Services and Supports | Can individuals change their services and supports as they wish? Acceptable evidence is documentation and interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Choice of Residence, Room, and Roommate Preference; New Housing Request | Did the individual choose to live at this residential setting? Did the individual pick their housemate (s)? Do they have a roommate? Are they happy with their housemates and/or roommates? Has the individual been provided with information on how to request new housing? Acceptable evidence is documentation and interviews with the provider and individual. Evidence may include choices offered during the Person Planning Planning process and documentation within the Individual Plan of Service. This also includes documentation in the pre-plan and/or visits to the home prior to moving in. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Clothing | Can individuals choose what clothes to wear? Acceptable evidence is interviews with individual and/or provider. Evidence may also include documentation completed for the individual by staff in the home. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Community Involvement and Inclusion | Do individuals live and receive services and supports in a setting where there is regular (more than once per week) opportunity for community involvement/contact with people not receiving services? Is the provider responsive to the needs of the individual? (language, cultural, etc.) Acceptable evidence is documentation (progress notes/activity logs) and interviews with individual and provider. List examples of such occurrences (i.e., grocery shopping, community events, medical appointments). | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit; SCCMHA Provider Manual policy on Inclusion 02.03.02 |
| Leaving the Residence, Inside and Outside Access | Can individuals choose to come and go from the home when they want? Can individuals move inside and outside the home when they want? If no, how are resident's freedoms preserved with these restrictions? Is this addressed in a Positive Support/Behavior Plans? Acceptable evidence is responses from individual and/or provider interview, progress notes, and documentation within the Individual Plan of Service and Positive Support/Behavior Plan. | MMHC 330.1774 Freedom of Movement; MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit; SCCMHA Provider Manual |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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| Legal Activities | Are residents allowed to participate in legal activities (voting, Rated R movies, etc.)? Acceptable evidence is interviews with individual and provider. Evidence may also include documentation (progress notes/activity logs) completed for the individual by staff in the home. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Personal Funds | Do individuals have access to and choice/control over their personal funds? Acceptable evidence is documentation and interviews with individual and provider. Fund sheets are kept up to date and available in the home. Individuals are not paying for items that are part of Room and Board payments. Bank statements match that of the individual funds and deposits and withdrawals are consistent. Funds on hand match the fund sheets. Amount on hand does not exceed $200.00. Individuals have immediate access to their personal money if they choose. How do individuals have access to money after hours? Access to funds is given to individuals as written and addressed in IPOS (Provider adheres to their role as specified in the IPOS). Personal funds are documented and provider takes necessary steps to prevent mishandling. Provider will also record individual First Choice gift cards and how these are used. | Licensing sm. Group Rules R400.14 315 page 19; Licensing lg. Group Rules R400.15 315 page 15. MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Personal Schedule | Do individuals arrange and control their personal schedule of daily appointments and activities? Acceptable evidence is interviews with individual and/or provider and documentation (progress notes/activity logs/calendars) of the individuals daily schedule. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| **Documentation** | | |
| Activities and Recreation | Consumers are offered frequent opportunities for home and community activities and recreation. Activities should encourage social interaction, further growth through first hand experiences, social graces, and productive utilization of leisure time. Activities are age appropriate, dignified, and community integrated. There is an activity calendar for planned activities. | SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 317 page 22; Licensing Large Group Rules R400.15 317 page 16 |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. Providers are expected to collect and measure consumer satisfaction data through an appropriate methodology; outcome and measurement information must be available for SCCMHA review upon request. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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| Fire and Tornado Drill Documentation | Fire drills must be performed once per quarter per am, pm, and at least one of the drills being during sleeping hours. The facility will have at least one tornado drill per month during the months of April through September which is typically tornado season in Michigan. Provider will have proof documentation of occurrence of the drills. | SCCMHA Provider Manual; Licensing sm. Group Rules R400.14 and Licensing lg. Group Rules R400.15 |
| Incident Reporting and Review | Auditor will ensure provider is submitting all completed IR's to the SCCMHA Quality department within 24 hours of the incident. The number submitted to SCCMHA should match the number in the home. Auditor will ensure the provider has a process in place to periodically review all incident reports to look for trends, problem areas, and possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. Auditor will use specific trends in the home and request documentation these were reviewed. | SCCMHA Provider Manual Policy on Competency Requirements; SCCMHA Policy 04.01.02 - Incident Reporting and Review |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Licensing Report and Survey | Licensing report and most recent survey are on file at the site and any issues are addressed. Check internet michigan.gov website for last survey. | Licensing Act 218 400.727 |
| Meaningful Activities Outside of Residence | All consumers will be offered regular opportunity (at least 2x per week) to engage in activities of their choice outside of their home. Outside the home excludes skill build program, supported employment or clubhouse, medical appointments (MD, DO, PA, RN, DDS, OT, PT, or laboratory tests). Adult consumers are engaged in meaningful activities that are meaningful to the consumer. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc., such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDHHS App for Participation; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

| | | |
|---|---|---|
| Quality Improvement/Program Evaluation | Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place. | MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01 |
| Shift Notes/Progress Notes | Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Documentation includes date, time, narrative reflecting consumer participation in their plan, signature and title of staff. Staff is to document when a consumer declines to participate in offered service. | SCCMHA Provider Manual; Type A & B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16 |
| Staff List/Organizational Chart (including provision for 24/7) | Auditor will look for a staff list/organization chart for current staff including provision for 24/7 on-call. Provider to have in writing who is immediately available to respond in emergency situations and the method of contact, i.e. cellphone and current number. | SCCMHA Provider Manual; Licensing Small grp rules; Licensing Large grp rules. |
| Vehicles Maintained | The vehicles are maintained, in good working order, and are safe for consumers. Do vehicles have emergency kit, emergency numbers etc. How does provider ensure consumers get to medical appointments, etc.? If provider does not have company vehicle how do they ensure staff vehicles are safe and staff have appropriate insurance coverage? There is a vehicle breakdown and vehicle accident policy that is reviewed with staff annually. | Licensing small group home rules R400.14 319 pg. 22; Licensing large group rules R400.15319 pg. 17; MDCH audit review 2012. |
| **Facility/Program Observation** | | |
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Adaptive Equipment | All durable medical equipment or assistive devices as ordered by PCP or physician are readily available and used as prescribed. If incontinence or other healthcare or behavioral concerns are apparent, clean bedding is supplied as needed. All equipment is safe and in good working order. | SCCMHA Provider Manual, Type A & Type B Spec. Residential, Guidelines, Page 5, Adaptive Equipment; Licensing sm. Group Rules R400.14 306 Page 15; Licensing lg. Group Rules R 400.15 306 Page 11 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

| | | |
|---|---|---|
| Community Access | Is accessible transportation available for individuals to make trips to the community (accessible transportation means having transportation services going where and when one wants to travel). If public transit is limited or unavailable, do individuals have another way to access the community? Acceptable evidence includes observation of accessible vehicles, as well as provider supplied evidence that vehicles and employees are accessible for transportation as well as information related to other means of transportation. Evidence shall be provided in providers policies as to how individuals have access to the community. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Community Contact | Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services? Acceptable evidence is direct observation, consumer interviews, provider interviews, updated individual plan of service, and activity logs. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Complaints | Are individuals aware of how to file a complaint? Do individuals know who to call to file an anonymous complaint? Is information about filing a complaint provided in a way the individual can use and understand? Acceptable evidence is observations and interviews with individual and provider. Recipient Rights information should be available in every setting (ORR posting on wall in common area and Know Your Rights booklets with complaint forms included). | MMHC; MDHHS New Waiver Rules; HCBS Readiness Site Visit Tool |
| Confidentiality of Information and Records | Provider does not share Protected Health Information (PHI) with individuals without prior written consent. Provider demonstrates protection of individual's privacy. Records or other confidential information are not open for public inspection. All paper documents are in locked file cabinets. Any electronic records are password protected and staff log out prior to leaving any electronic records. | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment 400.712 |
| Consumer Responsibilities | SCCMHA consumers will be encouraged to maintain their own personal living quarters and participate in day to day housekeeping. Tasks/procedures are posted. | SCCMHA Provider Manual, Type A Res. Pg 3, Type B Res. Pg 3, Physical Plant |
| Environmental Modifications | Any needed environmental modifications have been made. Provider has ensured proper follow-through of any necessary modifications (request is made through Case Manager/Supports Coordinator who forwards request on to clinical director). | Medicaid Ch III Cov svc for persons with DD pg 58 |
| Homelike Atmosphere | The residential facility promotes a homelike atmosphere, i.e., pictures, plants, flowers, etc. | Best Practice |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

| | | |
|---|---|---|
| Individuals With or Without Disabilities | Can people with different types of disabilities and individuals without disabilities live in the home? Acceptable evidence is direct observation and responses from individual and provider interview. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Licensure for Program | The current license, whether regular, provisional, or temporary, shall be posted in the home and shall be available for public inspection. (Indicates Specialized Certification for population that is being served in the home, MI or DD or both if consumers have both diagnosis). | Licensing sm. Group Rules R400.14 103 page 3; Licensing lg. Group Rules R400.15 103(4) page 2 |
| Nutrition & Dietary | Providers will follow and utilize SCCMHA's Dietary Guidelines. Menus are written and posted at least one week in advance and kept for one calendar year. Routine cleaning schedule is maintained to ensure cleanliness. Foods are monitored for expiration dates and are disposed of properly. The temperature of the freezer is such that food is frozen solid, Refrigerator is below 40 degrees F, and water temperature is between 105-120. If the home has snacks built into the daily routine these are identified on the menus. | SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 313 page 19; Licensing lg. Group Rules R400.15 313 page 14. |
| Provider Responsiveness (Dignity and Respect) | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) Provider treats consumers with Dignity and Respect. Examples include, knocking on bedroom/bathroom doors before entering, speaking in person-first language, using minimum courtesies to greet individual's, offering choices and honoring preferences. Acceptable evidence is direct observation and/or responses from consumer interview. | Medicaid Manual; MMHC 330.1708 (4); SCCMHA Provider Manual; Licensing Sm. Group rules R400.14; Licensing Lg. Group rules R400.15 |
| Residence Location | Is the residence located away from multiple homes/settings (for people with disabilities)? Are the individual's services delivered in a setting that is separate from or outside of the building and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities or Institute for Mental Disease (IMD)? Are the individual's services delivered in a setting that is separate from a residential school or child caring institution? Acceptable evidence is direct observation and responses from individual and provider interview. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

| | | |
|---|---|---|
| Site Accessibility/Barriers | Is the home physically accessible to all individuals? Is the home free of fences, gates, locked doors, or other ways to block individuals from entering or exiting certain areas of their home/grounds? If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is direct observation and responses from consumer interview. Is the home physically accessible to all individuals (i.e. grab bars, shower chairs, wheel chair ramps, etc.). Acceptable evidence is direct observation and/or interview with individual and/or provider. | MDHHS New Waiver Rules; HCBS Readiness Site Visit Tool |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Supervision of Shift Change | There is proper supervision of consumers during shift changes. | Best Practice |
| **Home Manager Questions** | | |
| Emergency Preparedness | Two days of backup food is maintained onsite for emergencies and is consistent with consumer diet orders. Emergency kit available containing first aid kit, flashlight, battery operated radio, bottled water, adult incontinence briefs, etc. The home has a carbon monoxide detector. The telephone number for poison control center is readily available to staff and consumers. Provider should have 4 gallons of water available at all times in case of water shortage. There is a provision for Emergency Shelter for Interim and Overnight with agreement for overnight stay with hotel or motel. Provider has documentation that all staff are trained in emergency preparedness with a review of all procedures occurring at least annually. | SCCMHA Provider Manual, Specialized Residential Services Policy; AFC Licensing rules R400.18313 (2) |
| Health and Wellness | Provider is supporting the health and wellness of consumers. Menus support the food pyramid with five fruits and vegetables per day. Exercise is discussed and promoted as part of the consumer daily or weekly routine. | SCCMHA Health and Wellness and Michigan Health and Wellness initiative. |
| Supervision Documented | There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. Auditor will be looking to see that home manager is reviewing progress notes. Also looking to make sure CSM, OT, PT, Speech, Behaviorist, and Nurse are observing staff implementing the plan. | MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3 |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

**Policies and Procedures**

| | | |
|---|---|---|
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. Provider has a policy/procedure that indicates how records will be stored, how long, and how they will be disposed of after the date of retention has expired. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Advance Directives | Staff are aware of any advance directives of consumers living in the facility. Provider has a procedure for determining if consumer has an advance directive and a method of informing staff what to do because the consumer has an advance directive. | SCCMHA Provider Manual Policy on Advanced Directives 03.02.14 |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct is to outline expectations for employees and include standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS Contract & Regional PIHP (MSHN)/CMHSP Contract (current year) and SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Emergency Procedures | Provider has emergency procedures that include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, Chemical, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) Provider to show evidence staff are initially and annually trained on Emergency Procedures. Provider to keep copy on-site and available for staff to review. | Medicaid Provider Manual; SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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|---|---|---|
| Medication Disposal | There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDHHS App for Participation; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre-Hire Screening | Provider completes a pre-hire screening which includes, background check, sanction checks, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Vehicle Accident and Breakdown Policy | Policies will include information about vehicle breakdown and vehicle accident procedure that is reviewed with staff at least annually. Should include procedures staff will follow in the event either of these emergencies occurred, like assuring consumer safety, calling 911, and contacting a supervisor. | Licensing sm. Group Rule; Licensing lg. Group Rules; SCCMHA Best Practice |
| **Pre-Audit Review** | | |
| Audit Entrance conference with provider either on date of audit or prior to the desk audit. | Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process. | SCCMHA Auditing Procedure |
| Audit Exit Conference with provider on final date of audit. | Meet with the provider to discuss findings, highlighting good points, as well as, areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Audit Findings Other | Review Contract file. Provider has current contract with SCCMHA, or is in the process of renewing contract. Are there are plans of correction from Contract Compliance? Are there Compliance Notes? If there are Compliance Notes, document the responses. Check internet michigan.gov website for last licensing survey and any investigative reports. Note the date of the last survey and report. | SCCMHA Provider Participation Agreement; SCCMHA Provider Manual |

Report Date: 8/25/20238:50:35 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Licensed Residential FY2023

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|---|---|---|
| Audit Findings-previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. Auditor will list out areas where provider submitted a Corrective Action Plan (CAP). | SCCMHA Provider Manual, SCCMHA Policy 05.06.01 |
| Case Managers/Supports Coordinator Communications | Verify through letters, correspondence, meeting minutes, review logs, surveys to supervisors/chairpersons, etc. (Contact Case Manager/Supports Coordinator for issues, comments, etc.) | NO REFERENCE IN SYSTEM |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Eligibility | Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver--is in place) | Medicaid Provider Manual, SCCMHA Provider Manual 03.01.01 |
| Incident Report Submission | Auditor will check to see that provider is submitting completed incident reports (IR's) to SCCMHA Quality Department within 24 hours of the incident. Auditor will document the number of IR's submitted to SCCMHA and note any trends and patterns. | Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); SCCMHA Provider Manual, SCCMHA Policy 04.01.02 - Incident Reporting and Review |
| Licensure/Accreditations/Licenses Expired | Gather Proper Licensing and accreditation documentation, ensure they are all current and provider specific, and ensure provider is in good standing. CARF, JACHO, COA, and specialized residential licensing. Inpatient settings also need to have Substance Abuse licensure. (Review Contract File) | MMHC (P.A. 258) MCL 330.1134; Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); Contract Compliance; SCCMHA Provider Participation Agreement |
| Notifications | Has Provider received any notifications from MDHHS or MSHN? | MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit |
| Quality of Life and Advocacy Reports | Quality of Life Reports (check contract files or previous audit file). | NO REFERENCE IN SYSTEM |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | MMHC 330.1755 Office of recipient rights; establishment by community mental health services program and hospital; SCCMHA Provider Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report. | SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

**Staff File Review**

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|---|---|---|
| Initial and Ongoing Background Checks and Sanctions | As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks during the pre-hire screening and at least monthly thereafter. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review |
| Medication Certification | All staff passing consumer medications have been certified 10 times by a staff member that has been certified by a SCCMHA Nurse or the nurse the provider has on staff. Re -Certification will occur every three years. This certification is to assure the provider/home manager is comfortable with staff passing medications. (not all staff must be certified but staff that are passing medications must be certified and at least one staff on shift must be certified). | SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings. |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Staff Job Descriptions on file | Job descriptions are on file. | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; Licensing sm. Group Rules R400.14 208 page 9; Licensing lg. Group Rules R400.15 208 page 7. |
| Staff Training Records | Provider has training logs available at time of site visit with current information of completed trainings and certifications. | Licensing small grp rules R400.14 204 page 7; Licensing large grp rules R400.15 204 |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review). Staff to have completed Blood Borne Pathogens (Infection Control/Universal Precautions), Recipient Rights, and basic First Aid before working with consumers. | Medicaid Manual, General Info. Pg. 3; Waiver rules; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

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|---|---|---|
| Direct Care Wage Increase | Was provider given a direct care wage increase during the year. If so is there proof at the site that staff the increase as noted in the SCCMHA contract. | SCCMHA Contract and Direct Care Wage increases as noted from the State of Michigan. |

# Audit Checklist w/ Refs
## Audit Name: Licensed Residential FY2023

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|---|---|---|
| Staff Described Plan/Staff Identification | Staff is able to describe each plan for consumer--goals, dietary needs, restrictions, etc. Staff can identify each consumers case holder and other involved professionals. Auditor to document the name of the staff that provided the information. | MDHHS Site Review Protocols; AFC Small Group rules R400.14206 (2); Large Group rules R400.15201 (8) (c). |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:22:31 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: MUTT

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|---|---|---|
| **Documentation** | | |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Travel Vouchers | All Travel Vouchers for the team are verified and signed by the MUTT supervisor and coded to the correct business unit. | SCCMHA contract. |
| **Pre-Audit Review** | | |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| Annual Performance Reviews | Provider performs annual performance reviews on all staff. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Children's Diagnostic and Treatment Services Certification | Each staff person has the minimum of 24 hours of training in Childrens Services to meet the Childrens Diagnostic criteria. | MDCH Childrens Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3 |

# Audit Checklist w/ Refs

## Audit Name: MUTT

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|---|---|---|
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| DHS Central Registry Checks | All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children. | SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Orientation of Job Duties | Provider completes an orientation of job duties prior to staff independent performance of the job. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Professional Liability Insurance | Staff have proof of the required professional liability insurance that is required as part of the SCCMHA contract. | SCCMHA Contract |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:22:57 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: OBRA

**Chart Review**

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|---|---|---|
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Adequate Action Notice | There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record. | Mental Health Code 7121(2); 42 CFR 400 |
| Advance Notice of Adverse Action | There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003 |
| Assessments Annual | Annual Assessments/Update Assessments are completed. The assessment includes a complete Bio psychosocial and the reason for continuing stay meets the eligibility criteria. | Medicaid Manual, Recordkeeping; MDCH/ CMH PIHP Site Review Protocols, C.2.14 |
| Communications to Providers | There is evidence of ongoing or as needed communication with other key providers, including residential or other supports, schools, clubhouse, day program, and/or other community resources as appropriate. | MDCH PIHP Review Protocols Section E; Medicaid Manual, Mental Health and Substance Abuse, 2.1 |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Choice | The consumer has been offered choice of provider/staff. | MDCH PIHP Review Protocols B.7.3.2.; SCCMHA Policy 02.03.03; SCCMHA Policy 03.01.03; |
| Consumer Entitlements | Entitlements are obtained, and primary insurance reimbursements sought. (Medicaid, SSI, Bridgecard) For consumers living independently or in a Supported Living Situation the provider has assisted the consumer in obtaining a bridgecard for assistance with groceries. | Medicaid Manual, Mental Health and Substance Abuse, Section 1.3 |
| Consumer Face Sheet | The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc. | Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Consumer Record Organization | Program has a checklist or outline of consumer record organization/requirements. | Medicaid Ch. I Record Keeping |

# Audit Checklist w/ Refs

## Audit Name: OBRA

| | | |
|---|---|---|
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Coordination with Other Team Members | There is appropriate coordination with other team members (PT, OT, Nursing, etc.) | SCCMHA Policy and Procedures |
| Crisis Service Coordination | There is evidence of crisis service coordination where appropriate. | SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b) |
| Disclosure Documentation | There is documentation of disclosures made from the record as required. | HIPAA |
| Documents | All appropriate documents are in the consumer file. | MDCH/CMH Contract, Section 6.8.1 |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| Documents in File Identify Consumer | All forms placed in consumer records identify consumer with name and medical record number. | PHP Review Protocols 6.2.3./ MDCH Sit Review Report & Plan of Correction 2002. |
| Face to Face Contacts | The record notes some frequency of face-to-face contacts with the consumer and follows the plan. For consumers that receive Model Payments from DHS, contacts need to be monthly at the home to assure the provider is following the case manager/ support coordinator order for services. For consumers that have a habilitation supports waiver, those consumers must be seen monthly in order for SCCMHA to receive reimbursement for the waiver. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 and 13.3 |
| Grievance and Appeals Information | Grievance and appeals information has been provided and explained to consumer/guardian. | SCCMHA Provider Manual, Policy 02.01.11 |
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. | MDCH PIHP Review Protocols G.2.1 |
| Health and Safety Issues Monitored | The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed. | Medicaid Manual, Mental Health and Substance Abuse 3.24 and 13.3 |
| Intake Paperwork | Intake paperwork is completed based on procedures in place. | Medicaid Manual, Recordkeeping |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Level of Care Change | Documentation (ACT, Intensive Case Management, Outpatient Case Management, Home-based services, Substance Abuse) is in place supporting level of care change. | SCCMHA Provider Manual, Service selection guidelines |
| Materials Archived | The record contains current materials and does not contain significant material that should be archived. (Refer to Medical Records Policy and Attachments) | SCCMHA Policy 08.04.01 |
| Medicaid Denial | There is proof that Medicaid benefits were denied for non-Medicaid consumers. | MHC 330.1814 |

# Audit Checklist w/ Refs

## Audit Name: OBRA

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| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Medication Documented | There is notation of client current medications in the file. This list should include both medical and psychotropic medications. | MDCH PHP Review Protocols G.3.4; Medicaid Manual, Mental Health and Substance Abuse, Record Keeping; SCCMHA Provider Manual Policy 02.02.16 |
| Medication Monitoring | There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.) | Medicaid Manual, Mental Health and Substance Abuse 3.15 |
| Mental Health Providers | Pertinent communications, including sharing of the PCP document occurs with other mental health providers. | Best Practice |
| PCP Development Time | A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. | Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06 |
| PCP Monitoring by Other Providers | There is evidence that the Case Manager/Supports Coordinator monitor the implementation of PCP by other providers. | MDCH/CMH Contract, Attachment 6.5.1.1 |
| PCP Pre-planning Activities | Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities). | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols C.1.2.; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-planning Cultural Accommodations | Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.8; MDCH/CMH contract, attachment 3.4.1.1 |
| PCP Pre-planning Documentation | Pre-planning meeting activities are properly documented. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.1; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-Planning Meetings | PCP Pre-Planning Meetings occur before a PCP meeting is originated. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.1.6.; SCCMHA Policy 02.02.06 |
| PCP Provided to Other Providers | There is evidence the PCP has been provided to other key providers (not including PHCP). | Best Practice |
| Physical Health Care and Nutritional Screening | Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse | SCCMHA Policy 03.02.01 Healthcare Integration |

# Audit Checklist w/ Refs

## Audit Name: OBRA

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|---|---|---|
| Primary Healthcare Coordination | There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests. | SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208 |
| Psychiatric Involvement | There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted. | Medicaid Manual, 2.1 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Substance Abuse/Jail Assessment | There is evidence of Substance Abuse and/or Jail Assessment and coordination as appropriate. | PIHP Review Protocols B.15.1-B.16.6 |
| Supervisory Review | There is evidence in the consumer's chart that supervisory review took place. | Medicaid Manual, Ch. I, Recordkeeping |
| **Consumers** | | |
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate). | DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01 |
| Medicaid Applications | Program ensures Medicaid applications are completed for all persons. Proof of completion of Medicaid application was found. | SCCMHA Provider Participation Agreement Attachment A, Section D (2). |
| Review Mechanism | Program has mechanism to review and respond to consumer changes in level of need (review progress notes, updated PCP, referral for additional service). | MDCH PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Services Match Eligibility | Services being delivered match eligibility criteria. | SCCMHA Provider Manual, Policy 05.04.01 |
| **Documentation** | | |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |

# Audit Checklist w/ Refs

## Audit Name: OBRA

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| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |

# Audit Checklist w/ Refs

## Audit Name: OBRA

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| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| **Facility/Program Observation** | | |
| Accessibility | The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility. | SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |

# Audit Checklist w/ Refs

## Audit Name: OBRA

**PCP Review**

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|---|---|---|
| Accommodations | The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer. | PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2. |
| Assessments | Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP); or if the case manager has only a bachelor's degree but without the specialized training or experience they must be supervised by a QMHP or QMRP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional (CMHP). Services to children with developmental disabilities must be provided by a QMRP. | Medicaid Manual, Mental Health and Substance Abuse, 13.4 Staff Qualifications. |
| Changes in Consumer Needs | Changes in consumer needs are reflected in the person-centered plan. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.2.10. and C.5. |
| Community Involvement | There is evidence in PCP of efforts to promote consumer community inclusion and/or increase community involvement. | PIHP Review Protocols C.2.9./ MDCH Site Review Report & Plan of Correction 2002 |
| Conflict Resolution | There is evidence that the consumer has been provided with conflict resolution resource information. It is evident who should be contacted if dissatisfaction or concerns arise. | PIHP Review Protocols C.2.6. |
| Consents and Privacy Notices | Proper consents and privacy notices are given. | HIPAA |
| Consumer Crisis Plan | Consumer crisis plan development opportunity is documented. | Medicaid Manual, Mental Health and Substance Abuse 13.3; MDCH PIHP Site Review Protocols; C.2.13 |
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Consumer Meetings | There is evidence consumer meetings are held according to his/her choice, including where, when, and who. | PHP Review Protocols C.12.; SCCMHA Policy 02.03.03 |
| Coordination of Service | Coordination of services are evident in plan. | Medicaid Ch. III ,13.3 |
| Frequency of Plan Review | The frequency of plan review for the individual consumer is specified. SC/CM determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and Scope (Face to face and Telephone) of Case management monitoring activities must reflect the intensity of the Beneficiary's Health and Welfare needs identified in the plan. | Mental Health Code 330.1714; Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |

# Audit Checklist w/ Refs

## Audit Name: OBRA

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|---|---|---|
| Goals are Monitored | There is evidence of goal monitoring against planned cycle for each consumer. | MDCH PIHP Site Review Protocols, B.14.3.3 |
| Natural Supports | Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes. | PIHP Review Protocols C.2.4. |
| PCP Assessment Based | The PCP is based upon an assessment of the person's strengths and weaknesses. | MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1 |
| PCP Consumer Copy | Consumer and/or family have been provided copy of his/her or their plan within 15 business days of the PCP Meeting (went into effect 7/20/2003). | PIHP Review Protocols C.3.; SCCMHA Policy 02.03.03 |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Designation | PCP designates the individual in charge of implementing the plan of service. | Medicaid Manual, General Information, |
| PCP Health and Safety | The recipient's health and safety is addressed routinely in each PCP. | MDCH App. For Participation pg 170 6a; Medicaid Manual, Mental Health and Substance Abuse, 3.3; PIHP Review Protocols C.2.4. |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Periodic Review Evidence | There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Provider Involvement | There is evidence of provider involvement in discharge planning as appropriate, for example, with hospitals. | Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Restrictive Plans | Restrictive plans have evidence of BTC (Behavior Treatment Committee) consultation. Restriction of movement or other restrictions are covered in the consumer plans and reviewed by the BTC for appropriate implementation based on State guidelines. | Medicaid Manual, Mental Health and Substance Abuse 3.3; SCCMHA Policy 03.02.06 Behavior Treatment Committee. |
| Specific Service Needs Addressed | The plan of care reflects specific consumer needs and involvements in all appropriate community or mental health services. | Medicaid Manual, Mental Health and Substance Abuse 3.24 |

# Audit Checklist w/ Refs

## Audit Name: OBRA

**Policies and Procedures**

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|---|---|---|
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Sentinel Event/ Critical Event Analysis | Providers have a Sentinel Event / Critical Event Analysis post a critical event. | SCCMHA Policy 05.06.01 Network Management and Development |

# Audit Checklist w/ Refs

## Audit Name: OBRA

**Pre-Audit Review**

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| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Data Integrity | Reports pulled from Sentri for Consumer Demographics, Notes missing, Progress notes requiring your signature, unsigned progress notes, notes incomplete, Expired Ability to pay assessments, etc. are 95% compliant. | NO REFERENCE IN SYSTEM |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |

**Staff File Review**

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| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |

# Audit Checklist w/ Refs

## Audit Name: OBRA

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|---|---|---|
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Staff Qualifications for Case Mgr | A mental health case manager/ support coordinator must be a professional who possesses at least a bachelor's degree in a human services field typically associated with mental health, or an R.N. | Medicaid Manual, Mental Health and Substance Abuse, 13.4; MDCH PIHP Site Review Protocols, B.7.4.1 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

**Staff Questions**

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| Grievance and Appeals Process | Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate. | Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Page 3; SCCMHA Provider Manual, Policy 02.01.11 |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

Report Date: 8/25/20238:51:21 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Skill Building FY2022

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|---|---|---|
| Medication Certification | All staff passing consumer medications have been certified 10 times by a staff member that has been certified by a SCCMHA Nurse or the nurse the provider has on staff. Re -Certification will occur every three years. This certification is to assure the provider/home manager is comfortable with staff passing medications. (not all staff must be certified but staff that are passing medications must be certified and at least one staff on shift must be certified). | SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings. |
| Ongoing Background Checks and Sanctions | As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks at least monthly. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Staff Job Descriptions on file | Job descriptions are on file. | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; Licensing sm. Group Rules R400.14 208 page 9; Licensing lg. Group Rules R400.15 208 page 7. |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |
| **Chart Review** | | |
| Center-based skill building only | Activities for Daily Living (ADL) services increase and/or maintain daily living skills. | Medicaid Manual, Mental Health and Substance Abuse Section 5 |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Medication Administration | Trained Medication passers are identified for each shift, who know the Five Rights of Medication Administration and proper medication passing procedures. Medication Passers should be knowledgeable of where to find prescriptions, why clients are taking medications, and what to do in the event of refusals, etc. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |

# Audit Checklist w/ Refs
## Audit Name: Skill Building FY2022

| | | |
|---|---|---|
| Medication Documentation | Medication Administration Records (MAR) are filled out accurately by Staff, including comments for per requested need (PRN) medications, refusals, or other instances of Staff documentation. If there are controlled substances being administered, the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Medication Storage & Handling | There is evidence that physician-prescribed oral medication, injection, or topical medication treatments are securely stored. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. Provider does not have expired or compromised medications in with regular medications. Controlled substances are secured under a double-lock system. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Training on Consumer Individual Plan of Services | Qualified staff are trained regarding all aspects of specific consumer's Individual Plan of Service, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, Behavior Treatment Plans, Occupational Therapy Plans, Physical Therapy Plans, Speech Therapy Plans, etc. | MSHN-SCCMHA Contract (Current FY); PIHP-MDHHS Contract (Current FY); CMHSP Staff Training Tool; SCCMHA Provider Manual |
| **Documentation** | | |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |

# Audit Checklist w/ Refs

## Audit Name: Skill Building FY2022

| | | |
|---|---|---|
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Periodic Review of Incident Reports | Provider has a process in place to periodically review all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. Auditor will use specific trends in the home and request documentation that these were reviewed. | SCCMHA Provider Manual Policy on Competency Requirements; SCCMHA Policy 04.01.02 - Incident Reporting and Review |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Quality Improvement/Program Evaluation | Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place. | MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Shift Notes/ Progress Notes | Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Provider completes daily documentation on each shift reflecting consumer participation in their plan. | SCCMHA Prov. Man., Type A & B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16 |

# Audit Checklist w/ Refs
## Audit Name: Skill Building FY2022

**Facility/Program Observation**

| | | |
|---|---|---|
| Accessibility | Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting. | Home and Community Based Services Medicaid Manual Requirements. |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |
| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |

**General**

| | | |
|---|---|---|
| Community Based skill building only | Services are designed to obtain employment, teach functional activities of daily living, job skills, and promote community participation. | SCCMHA Provider Manual, SEP Guidelines, SCCMHA Tech. Req for SEP & Skill Building, Page 4 |

# Audit Checklist w/ Refs
## Audit Name: Skill Building FY2022

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|---|---|---|
| Community Resources | The provider has contacts with businesses, churches, human service agencies, civic groups and other community organizations to facilitate the development of employment and community skill building opportunities and placement of individuals in jobs in surrounding county and potentially surrounding areas. | AFP Requirements |
| Consumer Choice Involvement | Consumers are actively engaged and supported by program staff and members in the activities and tasks that they have chosen. | NO REFERENCE IN SYSTEM |
| Schedule | A predetermined schedule is set up, typically in group modalities. | Medicaid Ch. III, General Info., Pg 9 |
| Skill Development | The provider will have the skills necessary to develop, implement, monitor and document employment related goals for individual customers. | AFP Requirements |
| **Log Books** | | |
| Supervision Documented | There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. | MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3 |
| **PCP Review** | | |
| IPOS Current | The IPOS is current, signed, on file, modified when indicated, and used by staff (IPOS should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | MDHHS Mental Health Code 330.1712 (1), Admin Rules R330.1276; Medicaid Manual, General Information; SCCMHA Policy 02.03.03 |
| IPOS Scope | Amount, duration, scope of services are supported by the IPOS (What services, how often, and how long). All authorizations match what is prescribed. | SCCMHA Provider Manual; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |

# Audit Checklist w/ Refs
## Audit Name: Skill Building FY2022

| | | |
|---|---|---|
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| Medication Disposal | There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications. | Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Tornado Drills | The facility will have a procedure addressing what to do in case of a tornado. The facility will have at least one tornado drill per month during the months of April through September which is typically tornado season in Michigan. Provider will have proof documentation of occurrence of the drills. | SCCMHA Safety Procedures. |

Report Date: 8/25/20238:51:21 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Skill Building FY2022

**Pre-Audit Review**

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| Audit Entrance conference with provider either on date of audit or prior to the desk audit. | Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process. | SCCMHA Auditing Procedure |
| Audit Exit Conference with provider on final date of audit. | Meet with the provider to discuss findings, highlighting good points, as well as, areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Incident Reporting | Incident Reports are completed as needed and a copy is filed at SCCMHA. The Incident Reports are to be filed within 24 hours of the incident. (Submit to SCCMHA Quality Department) | Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); SCCMHA Provider Manual, SCCMHA Policy 04.01.02 - Incident Reporting and Review; |
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | MMHC 330.1755 Office of recipient rights; establishment by community mental health services program and hospital; SCCMHA Provider Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report. | SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network |

**Staff Questions**

| | | |
|---|---|---|
| Direct Care Wage Increase | Was provider given a direct care wage increase during the year. If so is there proof at the site that staff the increase as noted in the SCCMHA contract. | SCCMHA Contract and Direct Care Wage increases as noted from the State of Michigan. |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 8/1/2018 4:23:39 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

**Chart Review**

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|---|---|---|
| 3803 Model Payments | 3803s are completed/current. | SCCMHA Provider Manual, Provider Participation Agreement, Page 5, Item 3.9.1, Claims Submittal |
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Adequate Action Notice | There is a copy of Adequate Action Notice to appeal the Person/Family Centered Plan in the consumer record. | Mental Health Code 7121(2); 42 CFR 400 |
| Advance Notice of Adverse Action | There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003 |
| Assessments Annual | Annual Assessments/Update Assessments are completed. The assessment includes a complete Bio psychosocial and the reason for continuing stay meets the eligibility criteria. | Medicaid Manual, Recordkeeping; MDCH/ CMH PIHP Site Review Protocols, C.2.14 |
| Authorization Requests | Authorizations for consumer needed services are requested in a timely manner. | MDCH/CMH contract, section 3.0; SCCMHA Provider Manual, Policy 05.04.01 |
| Children's Waiver | Children's Waiver is in effect and specific to the Child based on criteria. Must be Developmentally Disabled, under age 18, GAF Score of 50 or below, Resides with Birth/Adoptive Parents and/or legal guardian or foster care with permanency plan to return home within 1 month of placement. | PIHP Review Protocols B.12.1.1.-B.12.1.3.; Medicaid Manual, Mental Health and Substance Abuse, 14.2 |
| Children's Waiver Plan | All assessments are current within 12 months or within 6 months of annual waiver certification. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols B.12.4.2. |
| Children's Waiver Plan with Family | Planning took place with family, needs, desires, and goals were discussed. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols B.12.4.3. |
| Children's Waiver Structure | Services provided in family home and in community. Category of Care Decision Guide is used to determine amount of publicly funded hourly care. All requests for durable equipment and home modifications are submitted to DCH for approval. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols B.12.2.1.-B.12.2.7.; Medicaid Ch. III, 14.1 and 14.3 |
| Communications to Providers | There is evidence of ongoing or as needed communication with other key providers, including residential or other supports, schools, clubhouse, day program, and/or other community resources as appropriate. | MDCH PIHP Review Protocols Section E; Medicaid Manual, Mental Health and Substance Abuse, 2.1 |
| Confidentiality Statement for Substance Abuse Treatment | Those consumers served for Substance Use Treatment will have a signed confidentiality statement that meets the federal guidelines for substance abuse. Any consumer that recieves group therapy as part of the Co Occuring Disorder Group (COD) must have been given this statement and signed that they have been explained and understand it's contents. | 42 CFR 2.1 to 2.67. SCCMHA policy 02.02.30 Recipient Rights Substance Abuse. |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

| | | |
|---|---|---|
| Consumer Choice | The consumer has been offered choice of provider/staff. | MDCH PIHP Review Protocols B.7.3.2.; SCCMHA Policy 02.03.03; SCCMHA Policy 03.01.03; |
| Consumer Entitlements | Entitlements are obtained, and primary insurance reimbursements sought. (Medicaid, SSI, Bridgecard) For consumers living independently or in a Supported Living Situation the provider has assisted the consumer in obtaining a bridgecard for assistance with groceries. | Medicaid Manual, Mental Health and Substance Abuse, Section 1.3 |
| Consumer Face Sheet | The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc. | Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping |
| Consumer Health | The promotion of consumer health is evident. Provider ensures that any medical concerns or issues are addressed or monitored. | SCCMHA Provider Manual, Policy, 03.02.01; PIHP Review Protocols E.3. and E.3.1. |
| Consumer Record Organization | Program has a checklist or outline of consumer record organization/requirements. | Medicaid Ch. I Record Keeping |
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Coordination with Other Team Members | There is appropriate coordination with other team members (PT, OT, Nursing, etc.) | SCCMHA Policy and Procedures |
| Crisis Service Coordination | There is evidence of crisis service coordination where appropriate. | SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b) |
| Disclosure Documentation | There is documentation of disclosures made from the record as required. | HIPAA |
| Documents | All appropriate documents are in the consumer file. | MDCH/CMH Contract, Section 6.8.1 |
| Documents Complete | Documents are complete and are signed by the appropriate parties (assessments, progress notes, discharge documents). | SCCMHA Provider Participation Agreement, section 5.0 |
| Documents in File Identify Consumer | All forms placed in consumer records identify consumer with name and medical record number. | PHP Review Protocols 6.2.3./ MDCH Sit Review Report & Plan of Correction 2002. |
| Face to Face Contacts | The record notes some frequency of face-to-face contacts with the consumer and follows the plan. For consumers that receive Model Payments from DHS, contacts need to be monthly at the home to assure the provider is following the case manager/ support coordinator order for services. For consumers that have a habilitation supports waiver, those consumers must be seen monthly in order for SCCMHA to receive reimbursement for the waiver. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 and 13.3 |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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|---|---|---|
| Grievance and Appeals Information | Grievance and appeals information has been provided and explained to consumer/guardian. | SCCMHA Provider Manual, Policy 02.01.11 |
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. | MDCH PIHP Review Protocols G.2.1 |
| Health and Safety Issues Monitored | The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed. | Medicaid Manual, Mental Health and Substance Abuse 3.24 and 13.3 |
| Home Help and Expanded Home Help Through DHS | Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help and if necessary, Expanded Home Help from the Department of Human Services (DHS). The PIHP case Manager or supports coordinator must assist him/her in requesting Home Help or in filling out. Consumer plan reflects the amount of Home Help assistance is approved through DHS. | Medicaid Provider Manual 17.3.B. Community Living Supports |
| Intake Paperwork | Intake paperwork is completed based on procedures in place. | Medicaid Manual, Recordkeeping |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Level of Care Change | Documentation (ACT, Intensive Case Management, Outpatient Case Management, Home-based services, Substance Abuse) is in place supporting level of care change. | SCCMHA Provider Manual, Service selection guidelines |
| Materials Archived | The record contains current materials and does not contain significant material that should be archived. (Refer to Medical Records Policy and Attachments) | SCCMHA Policy 08.04.01 |
| Medicaid Denial | There is proof that Medicaid benefits were denied for non-Medicaid consumers. | MHC 330.1814 |
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Medication Documented | There is notation of client current medications in the file. This list should include both medical and psychotropic medications. | MDCH PHP Review Protocols G.3.4; Medicaid Manual, Mental Health and Substance Abuse, Record Keeping; SCCMHA Provider Manual Policy 02.02.16 |
| Medication Monitoring | There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.) | Medicaid Manual, Mental Health and Substance Abuse 3.15 |
| Mental Health Providers | Pertinent communications, including sharing of the PCP document occurs with other mental health providers. | Best Practice |
| ORR-Recipient Rights Notification | There is evidence in the chart that consumers have been notified of rights. Upon start of service and periodically during the time services are provided to the recipient. SCCMHA has defined periodically to be annually. | Mental Health Code 755(5)(b); Medicaid Manual, General Info.; Licensing sm. Group Rules R400.14 304 page 14; Licensing lg. Group Rules R400.15 304 page 10 |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

| | | |
|---|---|---|
| PCP Development Time | A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release. The individual plan of services shall consist of a treatment plan, a support plan, or both. A treatment plan shall establish meaningful and measurable goals with the recipient. The individual plan of services shall address, as either desired or required by the recipient, the recipient's need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation. The plan shall be kept current and shall be modified when indicated. | Mental Health Code 330.1712 Sec. 712 (1); PIHP Review Protocols C.1.2.; SCCMHA Policy 02.02.06 |
| PCP Monitoring by Other Providers | There is evidence that the Case Manager/Supports Coordinator monitor the implementation of PCP by other providers. | MDCH/CMH Contract, Attachment 6.5.1.1 |
| PCP Pre-planning Activities | Pre-planning meeting includes all activities of consumer choice (where, when, who, what and an independent facilitator was offered for planning activities). | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols C.1.2.; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-planning Cultural Accommodations | Pre-Planning shows evidence of any appropriate cultural accommodations of the consumer. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.8; MDCH/CMH contract, attachment 3.4.1.1 |
| PCP Pre-planning Documentation | Pre-planning meeting activities are properly documented. | Medicaid Manual, Mental Health and Substance Abuse; MDCH PIHP Review Protocols, C.2.1; MDCH/CMH Contract, Attachment 3.4.1.1 |
| PCP Pre-Planning Meetings | PCP Pre-Planning Meetings occur before a PCP meeting is originated. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.1.6.; SCCMHA Policy 02.02.06 |
| PCP Provided to Other Providers | There is evidence the PCP has been provided to other key providers (not including PHCP). | Best Practice |
| Physical Health Care and Nutritional Screening | Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse | SCCMHA Policy 03.02.01 Healthcare Integration |
| Primary Healthcare Coordination | There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests. | SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208 |
| Program Staff Visitation | There is evidence in the residential record that the SC/CM/ACT program staff visit the site, advise on PCP changes, etc. | SCCMHA Provider Manual, Specialized Residential Care Guidelines for Providers |
| Psychiatric Involvement | There is evidence of psychiatric involvement and consultation where needed. Appropriate follow through noted. | Medicaid Manual, 2.1 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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|---|---|---|
| Recovery | Each program has proof of the belief in recovery in their work. Provider can demonstrate in consumer charts this belief. (does not apply to persons with developmental disabilities) | SCCMHA Policy 02.03.05 Recovery |
| Services Documented | Services are provided appropriately and documented. | Dept of Mental Health Admin Rules pg 6 R330.1053; Medicaid Manual, General Information for Providers; SCCMHA Provider Manual Residential Services Policy 03.02.07; Provider Participation Agreement |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Substance Abuse/Jail Assessment | There is evidence of Substance Abuse and/or Jail Assessment and coordination as appropriate. | PIHP Review Protocols B.15.1-B.16.6 |
| Supervisory Review | There is evidence in the consumer's chart that supervisory review took place. | Medicaid Manual, Ch. I, Recordkeeping |
| **Consumers** | | |
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, LOCUS, CAFAS, and PECAFAS as appropriate). | DCH/CMH Contract Sections 3.2 and 3.3; SCCMHA Policy 03.01.01 |
| Medicaid Applications | Program ensures Medicaid applications are completed for all persons. Proof of completion of Medicaid application was found. | SCCMHA Provider Participation Agreement Attachment A, Section D (2). |
| ORR-Access to Recipient Rights Booklets | Know Your Rights Booklets were available? | Mental Health Code 706; Mental Health code 755 (b)(5)( c) |
| ORR-Access to Recipient Rights Complaint Forms | Complaint forms are readily available? | Administrative Rule 7046 |
| Review Mechanism | Program has mechanism to review and respond to consumer changes in level of need (review progress notes, updated PCP, referral for additional service). | MDCH PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Services Match Eligibility | Services being delivered match eligibility criteria. | SCCMHA Provider Manual, Policy 05.04.01 |
| **Documentation** | | |
| Access Reports | Access timeliness reports are completed (State reporting). Information for this item will be gathered from any sanction letters sent to the provider for issues with Access Timeliness reporting to the state. | SCCMHA Provider Manual, Tab 7 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. | Medicaid Manual, Recordkeeping |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Core Skills Training | All primary workers have completed the Core Skills Case Management training. The training includes 12 modules provided by SCCMHA. | SCCMHA Mandatory training requirements. Policy for Competency Requirements for SCCMHA Network Providers. |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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|---|---|---|
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Job Descriptions on site | Job descriptions are available and are on file at provider location. | Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207 |
| Periodic Review of Incident Reports | Provider has a process in place to review periodically all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. | SCCMHA Provider Manual Policy on Competency Requirements |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Program Areas | Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month. | MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02 |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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|---|---|---|
| Provision for 24/7 | Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access. | RFP; SCCMHA Provider Manual; Licensing Rule 400.14206 |
| Quality Improvement | Provider has specific initiated or given goals/measures. | SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01, Page 1; DCH/CMH Contract Section 6.7.1 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| **Facility/Program Observation** | | |
| Accessibility | The building/program site is accessible to all consumers who receive services. There are not items that impede the consumers from moving freely in common areas of the facility. | SCCMHA Provider Manual, Housing Best Practice Policy 02.03.06; Certification of Specialized Programs Rules R.330.1085 |
| Assistance to Consumers | Consumers are offered assistance as requested or indicated. | SCCMHA Provider Manual Policy 02.01.01 Accommodations |
| Confidentiality of Privacy | Provider demonstrates protection of individual's privacy. | SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10 |
| Confidentiality of Records | Records or other confidential information are not open for public inspection? | Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10. |
| Dignity and Respect | Consumers are treated with dignity and respect | Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305 |
| ORR-Other Counties Postings | There are other County or agency Recipient Rights postings other than Saginaw. Please list these for future reference by SCCMHA Office of Recipient Rights | SCCMHA Provider Manual Network Management Policy |
| ORR-Recipient Rights Posted | Current Rights Posters were conpicuously posted and visible to Staff and Recipients (unless SIP)? Include List of Counties available and name of Rights Staff. | Mental Health Code 330.1755(5)( c ) Medicaid Manual, General Information Pg. 3 |
| Provider Responsiveness | Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.) | Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02 |
| Record Retention | Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. | Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies. |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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| Site Maintained | The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, organized, and free of hazards. Proof documents available such as preventative maintenance logs. | SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing sm. Group Rules R400.14 403 Page 24 & R400. 14 209 Page 10 Licensing lg. Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Att. B |
| Supervision | The program offers supervision of consumers in a safe and secure environment. | SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| **PCP Review** | | |
| Accommodations | The plan of care reflects unique cultural, sensory, communication or handicap accommodation needs of the consumer. | PIHP Review Protocols C.2.7. and C.2.8.; Coordinating Agency Site Visit Protocol R.2. |
| Assessments | Assessments are completed by qualified mental health professional (QMHP), mental retardation professional (QMRP); or if the case manager has only a bachelor's degree but without the specialized training or experience they must be supervised by a QMHP or QMRP who does possess the training or experience. Services to a child with serious emotional disturbance must be provided by a QMHP who is also a child mental health professional (CMHP). Services to children with developmental disabilities must be provided by a QMRP. | Medicaid Manual, Mental Health and Substance Abuse, 13.4 Staff Qualifications. |
| Changes in Consumer Needs | Changes in consumer needs are reflected in the person-centered plan. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols C.2.10. and C.5. |
| Community Involvement | There is evidence in PCP of efforts to promote consumer community inclusion and/or increase community involvement. | PIHP Review Protocols C.2.9./ MDCH Site Review Report & Plan of Correction 2002 |
| Conflict Resolution | There is evidence that the consumer has been provided with conflict resolution resource information. It is evident who should be contacted if dissatisfaction or concerns arise. | PIHP Review Protocols C.2.6. |
| Consents and Privacy Notices | Proper consents and privacy notices are given. | HIPAA |
| Consumer Crisis Plan | Consumer crisis plan development opportunity is documented. | Medicaid Manual, Mental Health and Substance Abuse 13.3; MDCH PIHP Site Review Protocols; C.2.13 |
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Consumer Meetings | There is evidence consumer meetings are held according to his/her choice, including where, when, and who. | PHP Review Protocols C.12.; SCCMHA Policy 02.03.03 |
| Consumer Orientation | The consumer's and/or family orientation to the program is documented in the record. | MDCH App for Participation page 32; 2.2.2 |
| Coordination of Service | Coordination of services are evident in plan. | Medicaid Ch. III ,13.3 |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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| Frequency of Plan Review | The frequency of plan review for the individual consumer is specified. SC/CM determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the beneficiary. Frequency and Scope (Face to face and Telephone) of Case management monitoring activities must reflect the intensity of the Beneficiary's Health and Welfare needs identified in the plan. | Mental Health Code 330.1714; Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Goals are Measurable | Goals are stated in measurable terms. | Mental Health Code 330.1712(1); MDCH PIHP Site Review Protocols, B.12.4.1 |
| Goals are Monitored | There is evidence of goal monitoring against planned cycle for each consumer. | MDCH PIHP Site Review Protocols, B.14.3.3 |
| Natural Supports | Natural supports at varied levels are assessed in the assessment and plan, and are developed if needed. Plan or preplanning documents include discussion about family, friends or others (community at large, neighbors, church, etc.) who do now, or could be asked in the future, to support the person in achieving desired outcomes. | PIHP Review Protocols C.2.4. |
| PCP Assessment Based | The PCP is based upon an assessment of the person's strengths and weaknesses. | MDCH/CMH Contract, attachment 3.4.1.1; Medicaid Manual, Mental Health and Substance Abuse, section 7.1 |
| PCP Consumer Copy | Consumer and/or family have been provided copy of his/her or their plan within 15 business days of the PCP Meeting (went into effect 7/20/2003). | PIHP Review Protocols C.3.; SCCMHA Policy 02.03.03 |
| PCP Consumer Input | Choice/preferences of individuals are sought, noted, and responded to as part of the consumer plan. It is evident the consumer was involved and consumer requests discussed and addressed in the consumer plan. | MDCH App for participation page 174 Individual indicators; DCH/CMH Contract Section 6.8.2.3; SCCMHA Provider Manual Policy on Consumerism 02.03.01 and Policy on Inclusion 02.03.02 |
| PCP Current | The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals). | Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information; |
| PCP Designation | PCP designates the individual in charge of implementing the plan of service. | Medicaid Manual, General Information, |
| PCP Health and Safety | The recipient's health and safety is addressed routinely in each PCP. | MDCH App. For Participation pg 170 6a; Medicaid Manual, Mental Health and Substance Abuse, 3.3; PIHP Review Protocols C.2.4. |
| PCP Outcomes | Services and supports are based upon the desired outcomes and/or goals of the individual defined though a PCP process. | Medicaid Manual, General Information, Pg. 10; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| PCP Scope | Amount, duration, scope of services are supported by PCP (What services, how often, and how long). | SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3 |
| Peer Support Specialists Advocate | Peer Support Specialists Services advocate for the full integration of individuals into communities of their choice and promoting the inherent value of those individuals to those communities. | SCCMHA Peer Support Services Fidelity Scale |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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| Peer Support Specialists are Members of the Team | Provider assures Peer Support Specialists participate as full-fledged members of the multidisciplinary team. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Assist Consumers with Recovery | Peer Support Specialists staff assist consumers in identifying their personal recovery goals, setting objectives for each goal, and determining interventions to be used based on consumers recovery/life goals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Function as Liaisons to Community | Peer Support Specialists Services function as liaisons to community resources, and assisting consumers in accessing and using such resources. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Provide a Range of Services | Peer Support Specialists provide a wide range of peer support services to consumers to assist them in regaining control over their lives, the recovery process, and attain personal goals of community membership, independence, and productivity. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Supervision | Peer Support Specialists are provided with supervision by appropriately licensed mental health professionals. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Training | Peer Support Specialists receive standardized, accredited training (and are eligible for certification). Attend relevant seminars, meetings, and in-service training. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists Work in Variety of Settings | Peer Support specialists work with consumers in a range of settings, including treatment offices, consumers' homes, hospitals, community settings, and transport vehicles. | SCCMHA Peer Support Services Fidelity Scale |
| Peer Support Specialists' Services offered | Peer Support Specialists' services are offered to all consumers. | SCCMHA Peer Support Services Fidelity Scale |
| Periodic Review Evidence | There is evidence of periodic review of effectiveness of the plan, including consumer satisfaction. | Medicaid Manual, Mental Health and Substance Abuse, 3.24 |
| Provider Involvement | There is evidence of provider involvement in discharge planning as appropriate, for example, with hospitals. | Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Restrictive Plans | Restrictive plans have evidence of BTC (Behavior Treatment Committee) consultation. Restriction of movement or other restrictions are covered in the consumer plans and reviewed by the BTC for appropriate implementation based on State guidelines. | Medicaid Manual, Mental Health and Substance Abuse 3.3; SCCMHA Policy 03.02.06 Behavior Treatment Committee. |
| Specific Service Needs Addressed | The plan of care reflects specific consumer needs and involvements in all appropriate community or mental health services. | Medicaid Manual, Mental Health and Substance Abuse 3.24 |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Health and Safety Policy | A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards. | MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12 |
| Human Resources Policy | Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions. | SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5 |
| Infection Control Plan | There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy. | SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure |
| ORR-Policies and Procedures | Provider has a copy of the current SCCMHA Recipient Rights Policies and Procedures and knows were to locate. | Mental Health Code 752 |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Procedure for Managing Risk | Provider has a policy and procedure on how they will manage high risk consumers. | SCCMHA Best Practice |
| Sentinel Event/ Critical Event Analysis | Providers have a Sentinel Event / Critical Event Analysis post a critical event. | SCCMHA Policy 05.06.01 Network Management and Development |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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| Storage of Sample Medications On Site | Provider has a policy and procedure for storing, a method to inventory, dispensing, and disposing of sample medications kept on site. | SCCMHA Policy 05.01.01 Managing and Dispensing of Sample Medications. |

**Pre-Audit Review**

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| Audit Findings Other | There are plans of correction from Contract Compliance. (Review Contract file) | SCCMHA Provider Participation Agreement |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Compliance Notices | Do they exist and if so what responses were. (Review Contract file) | SCCMHA Best Practice |
| Consumer Participation in Audit | A consumer must be involved in at least one audit per category of audits. | SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02 |
| Contracts | Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB) | SCCMHA Provider Manual, Policy 02.02.06 |
| Data Integrity | Reports pulled from Sentri for Consumer Demographics, Notes missing, Progress notes requiring your signature, unsigned progress notes, notes incomplete, Expired Ability to pay assessments, etc. are 95% compliant. | NO REFERENCE IN SYSTEM |
| Entrance conference with provider on date of audit. | Sit down with provider to go over how the audit process will take place and what the expectation is of the provider during the visit. | SCCMHA Auditing Procedure |
| Exit Conference with provider on date of audit. | Talk to provider about what your findings were, highlight good points as well as areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |
| Training for New Employees | Verify that any new employees have been added as a trainee to SCCMHA DB to verify/track required trainings. Review Training Records Report from DB. Provider should make sure SCCMHA training database is up to date. A copy of the current trainings in the SCCMHA database is attached to your audit notice.<br><br>(deleted because new training database does not allow you to add new employees until they have training) | SCCMHA Provider Policy Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |

**Staff File Review**

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| ANSA Training | All primary workers, working with adults with Mental Illnesses will have Adult Strengths and Needs Assessment training (ANSA). | SCCMHA policy on standardized assessment tool. |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

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| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| ORR-Recipient Rights Annual Training | Staff have had approved Recipient Rights Training within the last year. | Mental Health Code 755(5)(F) |
| ORR-Recipient Rights Training | Do training records indicate that staff received RR training within 30 days of hire? | Mental Health Code 755(5)(f) |
| Provider Completes Reference Checks | Providers are verifying references as a part of their pre hire screening and there is proof in the staff files. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Provider verifies sanctions for staff employed. | Provider has a method for checking for sanctions that impact the ability to bill Medicaid and/or Medicare. Office of Inspector General Checks (OIG) are completed or some method of checking for sanctions. Provider is able to provide proof of the monthly reviews at the time of the audit. | MSHN credentialing Policy. |
| Staff Qualifications for Case Mgr | A mental health case manager/ support coordinator must be a professional who possesses at least a bachelor's degree in a human services field typically associated with mental health, or an R.N. | Medicaid Manual, Mental Health and Substance Abuse, 13.4; MDCH PIHP Site Review Protocols, B.7.4.1 |
| Training for Accommodations | Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. | MDCH PIHP Site Review Report 2004; SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

# Audit Checklist w/ Refs

## Audit Name: Supports Coord/Case Mgmt

**Staff Questions**

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|---|---|---|
| Grievance and Appeals Process | Provider is aware of where to direct Medicaid consumer with grievance and appeals process as appropriate. | Mental Health Code 330.1754(6)(f); Medicaid Manual, General Info., Pg 3; SCCMHA Provider Manual, Policy 02.01.11 |
| ORR-Access to Incident Report Forms | Incident Report forms are readily available? | SCCMHA Provider Manual Recipient Rights Reporting Unusual or Unexpected Incidents Policy 02.02.10 |
| Staff Knowledge, Skills, Experience | Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs. | Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5 |

Report Date: 8/25/20238:52:01 AM

User Id: JBROWN

# Audit Checklist w/ Refs

## Audit Name: Supported Employment FY2023

**Chart Review**

| | | |
|---|---|---|
| Care Coordination | There is evidence of communication between the provider and other identified support persons within the individual plan of service. Supports include but not limited to case holder, parent, guardian, nurse, etc. Initial and ongoing communication is occurring as needed to address any concerns that may prevent services from being delivered as indicated in the individual plan of service. Acceptable evidence is documentation (log book) showing the communication between the provider and other individuals. | MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Care Coordination 02.03.23 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Consumer Record includes employment | If a consumer is employed the information is updated in the consumer demographic in the consumer record. | SCCMHA Policy 08.04.01 Consumer Records |
| Individualized Job Search | Employment Specialists make employer contacts aimed at making a good job match based on consumer's preferences (relating to what each person enjoys and their personal goals) and needs (including experience, ability, symptomatology, health, etc.) rather than the job market (i.e., those jobs that are readily available). An individualized job search plan is developed and updated with information from the vocational assessment/profile form and new job/educational experiences. | Supported Employment Fidelity Scale. |
| IPOS Scope | Amount, duration, and scope of services are supported by the IPOS (What services, how often, and how long). Auditor will look to see if all services being provided are authorized. Auditor will look to see if all authorized services are being provided. This includes OT, PT, SLS, dietary, nursing, etc. Attendance at CTN/CTS/FFR/Bayside, medication reviews with the psych RN, Behavior Tracking logs, Sensory plans, SDAP, Positive Support Plans, One to One staffing, etc. Plans should list not only what services consumers should receive, but also need to include:<br>Who should provide the service; Specifics about what the service entails; How often it will be monitored & by who; How long the service will last. | SCCMHA Provider Manual; Medicaid Manual |
| Signatures | Appropriate signatures and titles are evident on file documents including staff name and title; consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment. | MDHHS Provider Medicaid Manual; SCCMHA Provider Network Management 05.06.09 |
| Supported Employment Disclosure | Employment specialists provide clients with accurate information and assist with evaluating their choices to make an informed decision regarding what is revealed to the employer about having a disability. | MMHC 330.1748 Confidentiality; Supported Employment Fidelity Scale |

# Audit Checklist w/ Refs
## Audit Name: Supported Employment FY2023

| | | |
|---|---|---|
| Supported Employment Documentation | The documentation in the consumer record by the Supported Employment Specialist is reflective of the phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before stepping down to less intensive employment support from another mental health practitioner. Auditor will look to ensure documentation is timely and complete. | Medicaid Manual; SCCMHA Policy 08.04.01 Consumers Records. |
| Vocational Assessment | Initial vocational assessment occurs over 2-3 sessions and is updated with information from work experiences in competitive jobs. A vocational profile form that includes information about preferences, experiences, skills, current adjustments, strengths, personal contacts, etc., is updated with each new job experience. Aims at problem solving using environmental assessments and accommodations. Sources of information include the client, treatment team, clinical records, and with the client's permission, from family members and previous employers. Auditor will check to ensure when authorized, the assessment is completed in a timely manner. | Supported Employment Fidelity Scale; MSHN Supported Employment Practice Guideline |
| **Documentation** | | |
| Consumer Satisfaction | Consumer satisfaction is sought and action is taken to promote consumer satisfaction. Providers are expected to collect and measure consumer satisfaction data through an appropriate methodology; outcome and measurement information must be available for SCCMHA review upon request. | SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development. |
| Plan of Correction from Last Audit | Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider. | SCCMHA Auditing Procedure. |
| Quality Improvement/Program Evaluation | Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place. | MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01 |
| Repeat Citations | Provider has evidence that previous citations have been corrected from the last annual audit. | SCCMHA Auditing Procedure. |
| Supported Employment Caseload Size | Supported Employment Specialists have individual employment caseloads. The Maximum caseload for any full-time employment specialist is 20 or fewer consumers. | Supported Employment Fidelity Scale. |
| Supported Employment Specialist Integration | Each employment specialist is attached to one or two mental health treatment teams from which at least 90% of the specialist's caseload is comprised. | Supported Employment Fidelity Scale |
| Supported Employment Specialist Supervisor | The Supported Employment unit is led by a supported employment team leader. Employment specialists' skills are developed and improved through outcome-based supervision. All five key roles of the employment supervisor are present. | Supported Employment Fidelity Scale. |

# Audit Checklist w/ Refs
## Audit Name: Supported Employment FY2023

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|---|---|---|
| Supported Employment Specialists are Vocational Generalists | Supported Employment Specialist carries out all phases of employment service, including intake, engagement, assessment, job placement, job coaching, and follow-along supports before stepping down to less intensive employment support from another mental health practitioner. | Supported Employment Fidelity Scale. |
| Supported Employment Specialists Collaborate | The Supported Employment Specialists and Vocational Rehabilitation counselors have frequent contact for the purpose of discussing shared clients and identifying potential referrals. | Supported Employment Fidelity Scale. |
| Supported Employment Specialists Services | Supported Employment Specialists staff provide only employment services. | Supported Employment Fidelity Scale. |
| Supported Employment Specialists Team Member Contact | The Supported Employment Specialists actively participate in weekly mental health treatment team meetings (not replaced by administrative meetings) that discuss individual clients and their employment goals with shared decision-making. Employment specialist's office is in close proximity to (or shared with) their mental health treatment team members. Documentation of mental health treatment and employment services is integrated in a single client chart. Employment specialists help the team think about employment for people who haven't yet been referred to supported employment services. | Supported Employment Fidelity Scale. |
| Supported Employment Vocational Unit | At least 2 full-time employment specialists and a team leader comprise the employment unit. They have weekly client-based group supervision following the supported employment model in which strategies are identified and job leads are shared. They provide coverage for each other's caseload when needed. | Supported Employment Fidelity Scale. |
| Supported Employment Zero Exclusion Criteria | All clients interested in working have access to supported employment services regardless of job readiness factors, substance abuse, symptoms, history of violent behavior, cognition impairments, treatment non-adherence, and personal presentation. These apply during supported employment services too. Employment specialists offer to help with another job when one has ended, regardless of the reason that the job ended, or number of jobs held. If VR has screening criteria, the mental health agency does not use them to exclude anybody. Clients are not screened out formally or informally. | Supported Employment Fidelity Scale |
| Transportation | Transportation provided from the beneficiary's place of residence to the site of the supported employment service, among the supported employment sites if applicable, and back to the beneficiary's place of residence. | Medicaid Manual, Covered Supports and Services, MSHN Practice Guideline |

**Facility/Program Observation**

| | | |
|---|---|---|
| Disposal of consumer PHI | Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch. | Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract. |

# Audit Checklist w/ Refs
## Audit Name: Supported Employment FY2023

| | | |
|---|---|---|
| Supported Employment Postings | There are displays of written postings (e.g., brochures, bulletin boards, posters) about employment and supported employment services. | Supported Employment Fidelity Scale. |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Policies and Procedures for Accommodations | The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated). | MDHHS App for Participation; SCCMHA Provider Manual, Accommodations Policy 02.01.01 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Pre-Audit Review** | | |
| Audit Entrance conference with provider either on date of audit or prior to the desk audit. | Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Review tool, if requested. Ensure the provider understands deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process. | SCCMHA Auditing Procedure |
| Audit Exit Conference with provider on final date of audit. | Meet with the provider to discuss findings, highlighting good points, as well as, areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire. | SCCMHA Auditing Procedure |

# Audit Checklist w/ Refs
## Audit Name: Supported Employment FY2023

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|---|---|---|
| Recipient Rights Corrective Action | Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction). | MMHC 330.1755 Office of recipient rights; establishment by community mental health services program and hospital; SCCMHA Provider Manual |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB). Any new staff must be added in the training report. | SCCMHA Provider Manual; Competency Requirements for the SCCMHA Provider Network |
| **Staff File Review** | | |
| Credentialing of Professionals | Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required. Checks must include information about any sanctions against Medicaid and Medicare which would exclude billing under these payers. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed. Credentialing and re-credentialing are conducted and documented for the following health care professionals: Physicians (MDs or DOs), physician assistants, psychologists (licensed, limited license, or temporary license), social workers (licensed master's, licensed bachelor's, limited license, or registered social service technicians), licenses professional counselors, nurse practitioners, registered nurses, or licensed practical nurses, occupational therapists or occupational therapist assistants, physical therapists or physical therapist assistants, speech pathologists. | HSAG Audit Requirements; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; SCCMHA Policy 09.04.03.01 Network Providers Background Verification & Credentialing Procedure & Plan |
| Initial and Ongoing Background Checks and Sanctions | As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks during the pre-hire screening and at least monthly thereafter. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review). Staff to have completed Blood Borne Pathogens (Infection Control/Universal Precautions), Recipient Rights, and basic First Aid before working with consumers. | Medicaid Manual, General Info. Pg. 3; Waiver rules; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Report Date: 2/21/20204:52:39 PM

User Id: MTAYLOR-WHITSON

# Audit Checklist w/ Refs

## Audit Name: Wraparound

**Chart Review**

| | | |
|---|---|---|
| Ability to Pay Assessment | There is evidence of Ability to Pay Assessment determination. The ATP is current (within 12 months) | MHC 330.1802-330.1812; SCCMHA Provider Manual Procedure 11.03.01 (Ability to Pay) |
| Advance Notice of Adverse Action | There is evidence of Advance Notice when consumer services are going to be reduced or discontinued. Services are continued for at least 10 days to allow consumer right to appeal and are continued if consumer chooses to appeal. | Medicaid Manual, Mental Health and Substance Abuse; PIHP Review Protocols D.3.7. / MDCH Site Review Report & Plan of Correction 2003 |
| Authorization Requests | Authorizations for consumer needed services are requested prior to services provided. Check to see if services listed in the plan are currently authorized. Check to see that services with authorizations are also listed in the plan. | MDHHS/PIHP contract, section 3.0; SCCMHA Provider Manual, Policy 05.04.01; MDHHS SED Waiver Site Review |
| Consent to Treatment | There is a copy of the Informed Consent to Treatment in consumer records. (this will be located on the signature page if staff have marked on the form as notifying consumer) | SCCMHA Provider Manual Policy Recipient Rights Consent to Treatment 02.02.08 |
| Consumer Face Sheet | The consumer face sheet or demographics contains current information. Auditor will be looking for current information in the consumer demographic area of the medical record and that items match what is found in other parts of the chart. Such as consumer residential living arrangement, primary care physician, employment status, medical conditions, DD proxy measures, etc. | Medicaid Manual, Mental Health and Substance Abuse, Recordkeeping |
| Coordination of Benefits | Program ensures coordination of benefits for all persons served. Primary providers are expected to assist individuals served in obtaining and maintaining benefit eligibility, including facilitation of capitated fund applications, associated renewals and spend down/deductible management and ability to pay renewals. | SCCMHA Provider Manual Policy 11.02.01 (COB); SCCMHA Policy 05.06.01 Network Management and Development. |
| Crisis Service Coordination | There is evidence of crisis service coordination where appropriate. | SCCMHA Provider Participation Agreement Attachment A, section (2), (a) and (b) |
| Disclosure Documentation | There is documentation of disclosures made from the record as required. Does the chart reflect information being shard with entities such as DHHS, Court System, Schools, Family members other than guardian/parent, etc. | HIPAA , Waiver Site Review Report |
| Documents Complete | Documents are complete by the appropriate parties (assessments, progress notes, discharge documents). | Provider Medicaid Manual |
| Documents in File Identify Consumer | All forms placed in consumer records identify consumer with name and medical record number. | PHP Review Protocols 6.2.3./ MDCH Sit Review Report & Plan of Correction 2002. |
| Face to Face Contacts Follow Plan | The consumer plan notes the frequency of face to face contacts by each service provider. The consumer record has proof of face to face contacts that match what is noted in the consumer plan. | Medicaid Manual, Mental Health and Substance Abuse, Autism Benefit. |

# Audit Checklist w/ Refs

## Audit Name: Wraparound

| | | |
|---|---|---|
| Guardianship Papers | Guardianship papers are in the file and match stated consumer status. Check to see if consumer has a DHHS worker (Ward of the State) as a guardian. If so, a copy of the guardianship documentation should be in the electronic health record. | MDHHS PIHP Review Protocols |
| Health and Safety Issues Monitored | The record demonstrates that health and safety issues for the specific consumer are being consistently and continually monitored and addressed. | Medicaid Manual, Mental Health and Substance Abuse 3.24 and 13.3 |
| Laboratory Procedures | There is evidence of appropriate laboratory procedures relative to medication management. | MDCH PIHP Review Protocols, G.3.1, G.3.2, G.3.3; Medicaid Manual, Recordkeeping |
| Medicaid Denial | There is proof that Medicaid benefits were denied for non-Medicaid consumers. | MHC 330.1814 |
| Medication Consent | There is evidence of psychotropic medication consent in the file. The informed consents are updated yearly. | Mental Health Code 330.1719; SCCMHA Provider Manual Policy 02.02.16 and 02.02.08; PIHP Review Protocols G.3.4. |
| Medication Monitoring | There is evidence of appropriate medication monitoring by the physician in the file (such as documentation of progress, side effects, lab tests, etc.) | Medicaid Manual, Mental Health and Substance Abuse 3.15 |
| Monitoring by Other Providers | There is evidence that the Wraparound Coordinator monitors the implementation of the plan by other providers. This can be through the regular meetings with the family. | MDCH/CMH Contract, Attachment 6.5.1.1 |
| Parent Advocate Identified in the Plan | The role of the parent advocate is identified in the consumer/family plan by amount, duration, frequency. The plan clearly identifies the purpose and expected outcomes for the service. The billings are consistent with the plan. | Medicaid Provider Manual 17.3.N Wraparound Services for Children and Adolescents; SED Waiver Site Review Protocol Report 2009. |
| Physical Health Care and Nutritional Screening | Providers are completing a Physical Health Care and Nutritional Screening on each consumer at intake and again yearly if the consumer does not have involvement with psychiatrist or nurse | SCCMHA Policy 03.02.01 Healthcare Integration |
| Primary Healthcare Coordination | There is evidence of primary health care coordination as appropriate (PHCP). Health Care Coordination Notice is completed per SCCMHA Policy and Primary Care Physician is notified of Psychiatric Hospitalizations, change of class of medication, and adverse reactions to medications as well as abnormal laboratory tests. | SCCMHA Provider Participation Agreement Section 3.17; SCCMHA Policy 03.02.01; PIHP Review Protocols E.3. and E.3.1.; Coordinating Agency Site Visit Protocol L.1.; SCCMHA Policy 03.02.01 Health Care Integration; B.B.A. 438.208 |
| Recipient Rights Reporting | There is evidence of rights reporting by staff as appropriate. | SCCMHA Provider Manual Tab 8 - Summary of Abuse and Neglect Reporting Requirements; MHC (P.A 258) MCL 330.1776; SCCMHA Policy 02.02.10 Recipient Rights Reporting Unusual or Unexpected Incidents |
| Staff Visitation to Schools/Coordination with Schools | Staff routinely visit schools to gather information about how the child is doing in the school environment as well as in the home. | NO REFERENCE IN SYSTEM |
| Strength and Cultural Discovery | A Strengths, Needs and Cultural Discovery is completed for each member of the family, and for the family as a whole. | SED Waiver Site Review, Wraparound fidelity to the model. |

# Audit Checklist w/ Refs
## Audit Name: Wraparound

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|---|---|---|
| Strength and Cultural Discovery as Part of the Plan | Results of the Strengths, Needs and Cultural Discovery are incorporated into the Plan of Service. The plan should include planned interventions and strategies and incorporate individual and family strengths and culture. | SED Waiver Site Review, Wraparound Fidelity to the Model. |
| Strength and Cultural Discovery Life Domains | The Strengths Needs and Cultural Discovery is holistic and crosses life domain areas. The documentation should address skills, abilities, values, traditions, interests, preferences and all life domains. A needs assessment across life domain areas is completed as part of this process. Needs are prioritized by the family and the chart clearly identifies the family priorities. The team has developed an action plan that identifies alternative strategies to meet identified needs and these are noted in the plan. | SED Waiver Site Review, Wraparound Fidelity to the Model. |
| **Consumers** | | |
| Consumer Eligibility | Consumers served meet eligibility criteria for service area, including primary and secondary diagnoses and co-occurring disorders, symptomology, and level of care/acuity of need criteria (includes residency, hospital history, DX, CAFAS) (SED Waiver consumers CAFAS of 90 or greater is needed for children age 12 or younger or 120 or greater for children age 13 to 18). | DHHS/PIHP Contract; SCCMHA Policy 03.01.01; MDHHS SED Waiver Site Review |
| **Documentation** | | |
| CAFAS/PECFAS | The CAFAS is completed on all eligible children (between the ages of 7 and 17) and PECAFAS (age prior to 7) at the time of assessment, quarterly, and at the time of closing. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Claims/Service Activity Logs | Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan. | Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review |
| Coordination with Other Services | There is appropriate coordination with other team members (PT, OT, Nursing, psychiatrist, supported employment specialists, Housing Resource Staff, Schools, DHHS, Court System, etc.) | SCCMHA Policy and Procedures. |
| Emergency Procedures | Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. The telephone number for poison control center is readily available to staff or consumers. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc. (For residential, there is provision for evacuation and alternate housing if needed for a few hours or if needed for overnight or longer, with a written agreement with hotel/motel.) | SCCMHA Provider Manual, BHRMC Policy, Page 3, Licensing Rules R400.14318 Licensing sm. Group; R400.15318 Licensing lg. Group; R4001438 Licensing Family Home |
| Family Choice Assurance | Parent is informed of available options and chooses waiver services instead of psychiatric hospitalization; parent is aware of choices between / among qualified service providers. | SED Waiver Site Review Protocols. |

# Audit Checklist w/ Refs

## Audit Name: Wraparound

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|---|---|---|
| Family Therapy | Therapy for client and family or other persons significant to the client for the purpose of improving the client/family function--not including individual psychotherapy or family planning counseling. | Medicaid Manual, Mental Health and Substance Abuse, Covered Services |
| Monthly Contacts | The consumer is in need of, and receives, at least one SED waiver service per month. | SED Waiver Site Review Protocol |
| Privacy Notices | Consumer and/or parent/guardian were given privacy notices at intake and/or orientation. | HIPAA |
| Proof of Evidence Based Practices | Provider delivers evidence based practices and provider has proof of staff training in evidence based practices. | SCCMHA Evidence Based Practices Policy |
| Supervisory Review of Wraparound Team | Wraparound Supervisor will provide individualized clinical supervision and coaching to the Wraparound staff weekly based on their individual needs and experience, and maintain a supervision log. Supervision logs will be available at site reviews and re-enrollment. | Medicaid Manual |
| Wraparound Team | The child, youth, or family chooses who participates on the wraparound team. This is evidenced by plan paperwork, meeting minutes, case file notes. Attendance at the team meetings is documented and evidence is in the consumer chart. | SED Waiver Site Review, Wraparound Fidelity to the Model. |
| **PCP Review** | | |
| Community Team | The Community Team reviews the plan and the budget regularly. The Community Team reviews the budget initially, every 6 months and at graduation. Crisis and safety plans are reviewed more frequently as appropriate to the family needs. Auditors will look for signatures and dates on the budget and the plan. | SED Waiver, Wraparound Fidelity to the Model. |
| Consumer Goals and Objectives | The consumer or family goals and objectives reflect dreams and desires of the consumer and/or family and are written in the consumer's and/or family's own words when possible. Consumer and/or family participates on an ongoing basis in discussions of his/her plans, goals, and status. | PIHP Review Protocols C.2.10.; Medicaid Manual, Mental Health and Substance Abuse, 13.3 |
| Family Mission Statement | A mission statement is developed or articulated for each wraparound team. Evidence should be noted in the consumer plan as well as in the meeting minutes. | SED Waiver Wraparound Fidelity to the Model. |
| Frequency of Wraparound Plan Review | The frequency of plan review for the individual consumer is specified. Wraparound Coordinators determine on an ongoing basis, if the services specified in the plan have been delivered, and if they are adequate to meet the needs/wants of the consumer. Frequency and Scope (Face to Face and Telephone) of Wraparound Coordinators monitoring activities must reflect the intensity of the Consumers Health and Welfare needs identified in the plan. | Mental Health Code 330.1714; Medicaid Manual, MDHHS SED Waiver Site Review |

# Audit Checklist w/ Refs

## Audit Name: Wraparound

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|---|---|---|
| Graduation Summary | A graduation summary identifies overall progress on outcomes and transition to other services / supports. The child / youth and his/her family have identifiable connection to the community as part of the graduation summary. The Community Team agreed with or to the graduation plan. Auditor will be looking for a graduation summary and signature of the community team members on the graduation plan. | SED Waiver, Wraparound Fidelity to the Model. |
| Health and Safety Issues | The plan reflects the identification of and attention to consumer health and safety issues. Including coordination with primary care physician. | Medicaid Manual; MDHHS SED Waiver Site Review |
| Level of Care Change | Documentation in chart reflects changes in consumer need and the plan is adjusted to reflect those changes in needs and/or conditions. | SCCMHA Provider Manual, Service selection guidelines; MDHHS SED Waiver Site Review |
| Natural Supports in Wraparound Plan | The wraparound plan contains strategies for interventions that pertain to natural supports and other community resources in addition to billable services. People that support the child and family across various areas of their lives are identified such as family, friends, neighbors, professionals, school personnel, etc. Along with names the plan should show who these persons are in relation to the family. | SED Waiver, Wraparound Fidelity to the Model. |
| Outcomes are Measurable | Outcomes are measurable and method of measurement is identified for each outcome. Auditor will be looking for how the family agreed to measure the outcomes in the plan as well as proof of measurement. | SED Waiver, Wraparound Fidelity to the Model. |
| Outcomes are Monitored | Outcomes are monitored and evaluated at least monthly by the Child and Family TEam and by the Community Team at least every 6 months. Auditor will be looking for team meeting minutes, and Community Team 6 month review format. | SED Waiver, Wraparound Fidelity to the Model. |
| Plan Scope | Type, amount, durations, scope, duration, and frequency of services are supported by the plan. (What services, how often, and how long). | Medicaid Manual; MDHHS SED Waiver Site Review; SCCMHA Provider Manual; Consumerism Best Practice Guideline |
| Services Requiring Physician Prescription | Services requiring physician signed prescription follow Medicaid Provider Manual requirements. (Evidence: Physician-signed prescriptions for OT, PT, and Private Duty Nursing (PDN) services are in the file and include a date, diagnosis, specific service or item description, start date and the amount or length of time the service is needed). | Medicaid Manual, MDHHS SED Waiver Site Review |
| Signatures | Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.) | Medicaid Manual, General Information for Providers, Recordkeeping |
| Transition Planning | A transition plan is developed and it outlines how the family will continue to get their needs met after the child / youth is off the SED waiver. | SED Waiver, Wraparound Fidelity to the Model. |

# Audit Checklist w/ Refs
## Audit Name: Wraparound

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| Updates to Plan and Budget | The Plan and budget are updated to reflect new interventions and services. Flexible funds are used as a last resort and community outreach is done to meet some needs of the child and family. Auditor will review progress notes, meeting minutes, plan, budget, and Community Team authorization of the budget (should occur at least annually). | MDHHS SED Waiver Site Review; Wraparound Fidelity to the Model. |
| Wraparound Crisis / Safety Plan | Worries, concerns and potential crisis / safety areas are identified and planned. The plan identifies both proactive and reactive steps or interventions. The interventions are culturally relevant and strength-based. All team members have a defined role in implementing the crisis / safety plan. Auditor will look for evidence on the crisis / safety plan document. | SED Waiver, Wraparound Fidelity to the Model. |
| **Policies and Procedures** | | |
| Code of Conduct | Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol. | MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Competency Policy: Orientation Training | Provider has human resource procedures that address SCCMHA competencies for Orientation/training. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07 |
| Competency Policy: Performance Monitoring | Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum. | Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| Pre Hire Screening | Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol. | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Pre-Audit Review** | | |
| Audit Findings--previous year | Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review. | SCCMHA Provider Manual, Policy 05.06.01 |
| Training Records | Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB) | SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03 |
| **Staff File Review** | | |
| CAFAS or PECFAS Training | All staff have training in CAFAS if dealing with children age 7-17 or PECFAS if dealing with children younger. Training to be renewed every 2 years. | SCCMHA Provider Manual, Policy 03.01.01 and Policy 05..04.01 |
| Children's Diagnostic and Treatment Services Certification | Each staff person has the minimum of 24 hours of training in Childrens Services to meet the Childrens Diagnostic criteria. | MDCH Childrens Diagnostic and Treatment Services Certification Interpretive Guidelines; SCCMHA Provider Manual Tab 3 |

# Audit Checklist w/ Refs

## Audit Name: Wraparound

| | | |
|---|---|---|
| DHS Central Registry Checks | All persons working with children of SCCMHA services will have a background check that includes DHS Central Registry for any substantiated abuse or neglect charges against children. | SCCMHA policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Initial Wraparound Training | Wraparound Coordinators are required to have a Bachelors Degree, and be a Child Mental Health Professional (CMHP) or supervised by a CMHP according the MDHHS Michigan PIHP/CMHSP qualifications. Must complete three day Wraparound training completed within 90 days of hire. | MDHHS Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes; MDHHS SED Waiver Site Review |
| Job Descriptions on file | Job Descriptions are on file | SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network. |
| Ongoing Credential Checks | Provider will complete monthly sanction checks, which include minimally SAM, LEIE, MI MDHHS, OIG. Provider will also monitor staff licenses for currency and to assure proper license for services provided. | Medicaid Manual; MDHHS SED Waiver Site Review; PIHP Contract |
| Ongoing Wraparound Training | Wraparound Coordinators are required to complete a minimum of two MDHHS Wraparound trainings per calendar year. Wraparound Coordinators will demonstrate proficiency in facilitating the Wraparound process, as monitored b their supervisor and Community Team. | MDHHS Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes; MDHHS SED Waiver Site Review |
| Training Minimum Standards | Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review) | Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b) |
| Wraparound Supervisor Training | The Supervisor for the wraparound staff meets criteria as a qualified mental health professional and has completed MDHHS required training. Documentation reviewed must reflect MDHHS three-day Wraparound new facilitator training within 90 days of hire, and one additional MDHHS supervisory training in their first year of supervision. Initial training must occur prior to reporting Medicaid encounters, if Supervisor will work directly with families and children. Supervisors must attend two MDHHS Wraparound trainings annually, one of which shall be a Wraparound Supervisor training. | MDHHS Michigan PIHP/CMHSP Provider Qualifications Per Medicaid Services & HCPCS/CPT Codes; MDHHS SED Waiver Site Review |
| Wraparound Training | Wraparound Facilitators meet QMHP requirements; all staff performing Wraparound services meet MDCH's education and training requirements which includes the required 3 day wraparound training. | Medicaid Provider Manual; SED Waiver Site Review Protocol Report May 2009. |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| Section 1: Pre-Audit General Review- Policies/Procedures | | | | | | |
| 1.1 | FI has a signed contract with the CMHSP's. | SD Policy/Practice Guideline, IV.B; FI Technical Requirement, II. | CMHSP - signed contract | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.2 | FI submitted an acceptable plan of correction from previous audits to CMHSP's. | Monitoring & Evaluation Policy/Procedure | CMHSP - accepted CAPs from previous audits | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.3 | FI has submitted proof of financial solvency to CMHSP's. | Contract, 4.2 | CMHSP - most current financial audit | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.4 | FI has furnished proof of authority to conduct business in the State of Michigan. | Contract, 4.1 | FI - article of incorporation, LLC, etc. | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.5 | Does FI have any sanctions or non-compliance notices with any CMHSP's? | Contract, 39 | CMHSP - official documentation of non-compliance or sanctions | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.6 | Monthly Expense Reports with valid claims are submitted timely to the CMHSP and the consumer.<br>(no later than 30 days after the end of each calendar month) | Contract, SoW 5.2 | CMSHP - validation of timely claims submission FI: Evidence of monthly reports being sent to SD participant | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.7 | FI processes payroll and pays other invoices in a timely and accurate manner as measured by receipt of check late or checks being reissued. | Contract (SoW 2.3.5) | FI - Payroll journal/report | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |
| 1.8 | Contract reconciliation was completed for previous FY per contract requirements (If applicable) | Contract (SoW 2.2.5.1) | Monthly reconciliation acceptable if required by FI, Annual reconciliation | CMHSP Reviewers to confirm and respond. No action needed by FI. | | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 1.9 | FI assures accommodation of physical and communication limitations for consumers. | Contract/Agreement 13.3 | FI - Policies/ Procedure; Documentation about accessibility | | | |
| 1.10 | FI assures equal access for people with diverse cultural backgrounds and/or limited English Proficiency. FI can demonstrate a commitment to linguistic and cultural competence including applying understanding of the relationships of language and culture to the delivery of services. | Contract Section 38 | Policies, Procedures | | | |
| 1.11 | FI notifies CMHSP's when FI staff becomes aware of an issue related to a program consumers' responsibilities (e.g. untimely timesheet filing, unresponsive to requests for required forms, etc.) and/or any incidences of financial fraud/abuse or a program consumer's inability to perform required tasks. | Contract Section 23, MDHHS Self Determination Technical Advisory IV.B | FI - Policy/Procedure | | | |
| 1.12 | FI has developed comprehensive Policies and Procedures that document all FI tasks, including all applicable Federal and State forms and documents internal controls for each FI task. | MDHHS Self Determination Technical Advisory IV.A | FI - Policy/Procedure | | | |
| 1.13 | Consumer Record Retention policy (keep documents for at least 7 years) including maintenance and disposal of current and archived program consumer, staff, and FI files onsite in a secure and confidential manner as required by Federal and state Rules and Regulations. (e.g. program records are kept in a secure dry safe place with restricted access, using a password protected computer system) | Contract 11.4 | FI - Policy/Procedure | | | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 1.14 | FI provider notifies CMHSP of any event or information that raises questions regarding the Health and Safety of any consumer receiving services under the CMHSP and provider agreement | Contract, 22.1 | FI - Policy/Procedure | | | |
| 1.15 | FI provider complies with all recipient rights rules and policies and implements remedial action for substantiated allegations of rights violation | Contract, 22 | FI - Policy/Procedure | | | |
| 1.16 | FI complies with grievance procedures for receiving, processing, and resolving promptly and any and all complaints, disputes, and grievances | Contract, 22 | FI - Policy/Procedure | | | |
| 1.17 | FI provider shall procure, pay the premium on, keep and maintain liability insurance covering act, omissions, and negligence of the provider and in appropriate amounts;<br>1. Workers compensation, when and as required by law<br>2. Employers liability, when and as required by law<br>3. PROFESSIONAL LIABILITY COVERAGE (ERRORS & Omissions of not less than $1,000,000 per occurrence<br>4. General liability insurance (occurrence basis only) of not less than $1,000,000 per occurrence and/or otherwise as allowed by contract<br>5. Employee dishonesty bond, limits of $500,000 per occurrence (if applicable - SCCMHA) | Contract, Section 16 | Insurance policy/certificate of insurance | | | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 1.18 | FI has an effective procedure in place to monitor compliance with staff training requirements as evidenced by review of staff records. | Contract 2.4.16 | FI - Policy/Procedure | | | |
| 1.19 | FI will notify the employer, the consumer's primary clinician, and CMHSP's Self Determination Coordinator when non-compliance with training requirements are identified. | Contract 2.4.16 | FI - Policy/Procedure | | | |
| 1.20 | In coordination with CMHSP, FI has a standard orientation protocol for consumers (Please attach a copy of orientation protocol and related materials). | Contract 2.2.7 | FI - Policy/Procedure | This will include role of FI/consumer and general overview of processes. | | |
| 1.21 | In coordination with CMHSP, FI provides consumers with resources that guide them through the process of selecting qualified staff. | Contract 2.2.12 | FI - Policy/Procedure | | | |
| 1.22 | In coordination with CMHSP, FI provides a sample job interview format for consumers. | Contract 2.2.9 | FI - Policy/Procedure | | | |
| 1.23 | In coordination with CMHSP, FI notifies consumers of training requirements at enrollment and when CMHSP's provide written notice of training requirement updates. | Contract 2.4.16 | FI - Policy/Procedure | | | |
| 1.24 | In coordination with CMHSP, FI assists the consumers in understanding reporting, invoice processing, and documentation responsibilities. | Contract 2.2.11 | FI - Policy/Procedure | | | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 1.25 | FI evaluates all orientation materials and its standard orientation protocol regularly to ensure accuracy and compliance with standards. | Contract 2.2.12 | FI - Policy/Procedure | | | |
| 1.26 | FI distributes, collects, and processes program consumer enrollment and staff employment packets in a timely and accurate manner. | Contract 2.2.13 | FI - Policy/Procedure | | | |
| 1.27 | FI assists consumers with understanding legal developments that affect their roles and responsibilities as employer. | Contract 2.2.14 | FI - Policy/Procedure | | | |
| 1.28 | FI assists each consumer with the use and understanding of his/her individual budget as requested or needed. | Contract 2.2.15 | FI - Policy/Procedure | | | |
| 1.29 | Financial, Service, and Consumer data is maintained by FI. | Contract 2.4, MDHHS Self Determination Technical Advisory IV.A | FI - Policy/Procedure | | | |
| 1.30 | FI Completed all necessary documentation required for employees/employers required by federal and state regulations (i.e. IRS forms, federal and state tax forms, homeland security forms, etc.) | Contract | Policies, Procedures, File documentation/employee completed packets | | | |
| 60 | | 0 | **Total Score** | | **0** | 0 |
| **Section 1: Pre-Audit General Review- Policies/Procedures Findings and Corrective Action** | | | | | | |
| **Strengths:** | | | | | | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| Findings: | | | | | | |
| Recommendations: | | | | | | |
| Section 2: Staff Training Review (Score auto fills from SD Employee Chart Summary tab) | | | | | | |
| 2.1 | Infection Control/Blood Borne Pathogens – Due within 30 days of hire and annually | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |
| 2.2 | First Aid– Due within 30 days of hire and current certification thereafter as required by training entity (i.e. American Red Cross) | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to ensure that First Aid training was completed timely and renewed timely and current. Training entity requirements vary across CMHSPs | 0 | |
| 2.3 | Recipients Rights Training – Due within 30 days of hire and annually | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 2.4 | Environmental Safety– Due within one year of hire | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | This training is required only initially. Ensure that training was completed timely if hired in last 2 years. If hired more than 2 years ago- verify training has been completed. | 0 | |
| 2.5 | Limited English Proficiency Training – Due within 90 days of hire and annually | MSHN Training Grid-Contract Attachment, Contract- | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |
| 2.6 | HIPAA Privacy & Security Training- Due within 30 days of hire and annually | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |
| 2.7 | Person Centered Planning (Consumer Plan) – Due within 30 days of hire and annually | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 2.8 | Non-Physical Intervention and De-escalation – Due within 90 hire. | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | This training is required only initially. Ensure that training was completed timely if hired in last 2 years. If hired more than 2 years ago- verify training has been completed. *CMHSPs vary in the training format. | 0 | |
| 2.9 | Cultural Competency – Due within one year of hire and annually | MSHN Training Grid-Contract Attachment, Contract- Section 38 | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |
| 2.10 | Corporate & Regulatory Compliance – Due within 90 days of hire and annually | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | Reviewer to review last 2 years of training as applicable. If hired more than 2 years ago, ensure that the last 2 completed trainings were completed and within required timeframes. | 0 | |
| 2.11 | Trauma Informed Care- within first 90 days of hire | MSHN Training Grid-Contract Attachment | FI - Staff Training Records, Evidence of training requirements (orientation packet) | This training is required only initially. Ensure that training was completed timely if hired in last 2 years. If hired more than 2 years ago- verify | 0 | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| | | | | training has been completed. | | |
| 22 | | 0 | 0 | | 0 | 0 |
| Section 2 Staff Training: Findings and Corrective Action | | | | | | |
| Strengths: | | | | | | |
| Findings: | | | | | | |
| Recommendations: | | | | | | |
| Section 3: SD Staff File Review (Auto fill from SD Employee Chart Summary Tab) | | | | | | |
| 3.1 | FI maintains a copy of the employment agreement between Consumer and Employee. | Contract (SOW) 2.4.9 | Staff Files | | 0 | |
| 3.2 | Provider Agreement on file (defines roles of CMH, Employer and Employee) | Contract (SOW) 2.4.12 | Staff Files | | 0 | |
| 3.3 | Documentation that the employee is 18 years or older (e.g. state issued ID) | Medicaid Manual | Staff Files | | 0 | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 3.4 | Criminal background check is conducted prior to hire. | Contract (SOW) | Staff Files | Many FI's mail a packet for completion to an employee. The employee mails the packet back and upon verifying the FI has all paperwork they then run background check. Make sure check was prior to first day of work. | 0 | |
| 3.5 | Criminal background check is completed at minimum, every other year. | Contract (SOW) 2.4.10, 2.4.17; MSHN Policy | Staff Files | Verify dates of last 2 background checks to ensure did not exceed 1 year. | 0 | |
| 3.6 | If conviction on criminal background check, a criminal background waiver is on file with FI. | MSHN Disqualified Provider Policy | Staff Files | | 0 | |
| 3.7 | Copy of automobile insurance if the employee transports consumers. (Documentation required at initial hiring) | Contract (SoW 2.4.20) | Staff Files | Reviewer to ensure that upon hire a copy of the insurance was collected. | 0 | |
| 3.8 | Copy of valid driver's license if the employee transports consumer? To verify current driving status. | Contract (SoW 2.4.21) | Staff Files | | 0 | |
| 3.90 | At the time of hire, employee release to authorize annual driver's license checks signed by the employee | Contract (SOW) | Staff Files | | 0 | |
| 3.10 | Copy of a signed job description, pay rate information, and employment hiring (termination) information. | MDHHS Self Determination Technical Advisory | Staff Files | description and pay rate information have been found in employee agreements. | 0 | |
| 3.11 | Employee file contains Federal W4, Michigan W4, I-9 d supporting documentation. | Contract (SOW) 2.4.8 | Staff Files | | 0 | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| 3.12 | Unemployment claims are on file, if applicable. | Contract (SOW) 2.4.20 | Staff Files | | 0 | |
| 3.13 | Workers Comp claims are on file, if applicable. | Contract (SOW) 2.4.14 | Staff Files | | 0 | |
| 3.14 | Timesheets and supporting documentation is received. | Contract (SOW) 2.3.4 | Staff Files | Timesheet hours vs. work evidence of work completed by employee | 0 | |
| 3.15 | Timesheet is mathematically correct. | Contract (SOW) 2.3.4 | Staff Files | Sample timesheets to ensure correct | 0 | |
| 3.16 | Timesheet has proper signatures (employee as well as consumer/guardian). | Contract (SOW) 2.3.4 | Staff Files, sample timesheets | | 0 | |
| 3.17 | Pay rate is verified. | Contract (SOW) 2.3.4 | Staff Files, sample timesheets and pay rate documents | Sample pay check summary to verify pay rate amount reflects amount in employee agreement. | 0 | |
| 3.18 | Payroll amount paid is verified. | Contract (SOW) 2.3.4 | Staff Files- payment documentation and timesheets | Sample pay check summary to verify that amount pay rate amount is what was paid (hourly) to employee | 0 | |
| 3.19 | FI has proof of payroll tax information and matches the requirements set forth by state and federal government. | Contract (SOW) 2.4 | Staff Files | | 0 | |
| | | 0 | 0 | | 0 | #DIV/0! |
| **Section 3: SD Staff File Findings and Corrective Action** | | | | | | |
| **Strengths:** | | | | | | |

| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| Findings: | | | | | | |
| Recommendations: | | | | | | |
| Section 4: SD Participant File Review (Score auto fills from SD Participant Chart Summary) | | | | | | |
| 4.1 | Each consumer has an annual self-determination budget. | MDHHS Self Determination Policy and Practice Guideline | Budget | | 0 | |
| 4.2 | Consumers have a revised self-determination budget, if applicable. | MDHHS Self Determination Policy and Practice Guideline | Budget | | 0 | |
| 4.3 | FI ensures a Worker's Compensation insurance policy is in effect for each participant . | Contract 6.4 | Insurance policy | | 0 | |
| 4.4 | FI has a separate FEIN specifically to file the IRS forms 2678 and selected Federal tax forms on program consumer's behalf. | Contract 2.4.6 | FI - Policy/Procedure and copy of FEIN | | 0 | |
| 4.5 | If over/under 10% of budget, highlighted | MDHHS Fiscal Intermediary Technical Requirement IV.A | Monthly budgets | | 0 | |
| 4.6 | Individual Budgets – compare authorizations versus expenditures | MDHHS SD/ Fiscal Intermediary Technical Requirement IV.A | Monthly Budgets | | 0 | |
| 32 | | 0 | 0 | | 0 | 0 |
| Section 4: SD Participant File Findings and Corrective Action | | | | | | |

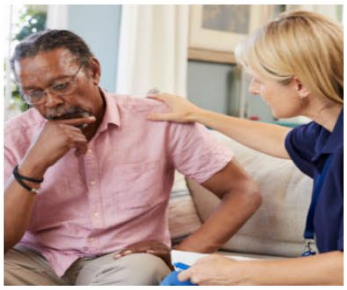
| # | STANDARD | Basis/Source | Evidence of Compliance could include: | Reviewer Guidelines | Compliance Score (0, 1, 2, NA) | Evidence Found: |
|---|---|---|---|---|---|---|
| Strengths: | | | | | | |
| Findings: | | | | | | |
| Recommendations: | | | | | | |
| Section 5: Quality Improvement, Performance Indicators and Objectives, Consumer Assessment and Outcomes Studies | | | | | | |
| 5.1 | Are there repeat findings from previous audit(s)? | Contract | Previous Year Reviews Final reports | | | |
| 5.2 | FI obtains and evaluates consumer feedback, experience and satisfaction with the receipt of FI services, has alternative methods for collecting this information (i.e. more than mail surveys), and uses feedback to make improvements to systems, policies, and procedures. | MDHHS Fiscal Intermediary Technical Requirement | Site review, evidence of feedback mechanism, interview with FI explaining processes. | | | |
| 4 | | 0 | Total Score | | 0 | 0 |
| Section 5: QI, Performance Indicators and Objectives, Consumer Assessment and Outcome Studies Summary of Findings and Corrective Action | | | | | | |
| Strengths: | | | | | | |
| Findings: | | | | | | |
| Recommendations: | | | | | | |

# Booklets & Brochures

# YOUR RIGHTS

## When Receiving Mental Health Services in Michigan






Rights Is Everybody's Business

MDHHS 2023

MDHHS
Michigan Department of Health & Human Services

*Office of Recipient Rights*

# TABLE OF CONTENTS


**SECTION I: GENERAL RIGHTS**

Notice…. 2
Competency…. 2
Consent…. 2
Dignity and Respect…. 3
Freedom from Abuse and Neglect…. 3
Fingerprinting, Photographing, Audio and Video Recording, and Use of One-Way Glass…. 4
Confidentiality…. 4
Access to Your Records…. 5
Privileged Information…. 5
Environmental Rights…. 5
Civil Rights…. 5
Federal Rights Related Laws…. 6
Michigan Rights Related Laws…. 7

**SECTION II: TREATMENT RIGHTS**

Treatment and Support…. 8
Person-Centered Planning…. 9
Questions You May Want to Ask About Your Plan…. 10
Questions You May Want to Ask About Your Medication…. 11
Mediation….12

**SECTION III: RIGHTS REGARDING ADMISSION AND DISCHARGE TO A PSYCHIATRIC HOSPITAL/UNIT**

Admission Process…. 12
Voluntary Admission…. 12
Involuntary Admission…. 12
Court Hearings…. 13
Periodic Review…. 14
Rights of Minors…. 14

**SECTION IV: ACCESS RIGHTS**

Mail, Telephone, Visits…. 15
Entertainment Material, Information, and News…. 15
Religion…. 15
Personal Property…. 15
Labor…. 16
Freedom of Movement…. 16

**SECTION V: THE COMPLAINT AND APPEAL PROCESS**

Filing a Recipient Rights Complaint…. 17
Investigating Your Complaint…. 17
Appeal Rights…. 18

**SECTION VI: ADVOCACY ORGANIZATIONS**…. 19

**SECTION VII: INFORMATION FOR PERSONS RECEIVING TREATMENT UNDER THE FORENSIC PROVISIONS OF THE MENTAL HEALTH CODE**…. 20

# SECTION I: GENERAL INFORMATION ABOUT RIGHTS

*When you receive mental health services your rights are protected by Michigan's Mental Health Code and by many Federal and State Laws. Staff are responsible to act in a manner that protects your rights when they provide services to you. If you do not understand your rights, or if you have questions about your treatment, you should ask staff. If you believe that your rights have been violated, you should tell the Rights Advisor/Officer at the location where you are receiving services. This booklet provides information about the rights granted to you by the Mental Health Code when you are receiving mental health services.*

## Notice

*Mental Health Code Sections 706, 706a*

When you make a request for, or begin to receive, mental health services, you are to be given information about the rights guaranteed in Chapters 7 and 7A of the Code. This booklet meets that requirement and provides you a summary of the information and rights contained in those chapters. A complete copy of Chapters 7 and 7A will be available for review at each service site.

If you receive services from a community mental health services program, you, or your family, should also be given a pamphlet containing information regarding available resources, advocacy and support groups, and other relevant information, including how to contact Disability Rights Michigan (DRM).

## Competency

*Mental Health Code Section 702*

Just because you receive mental health treatment or services does not mean that you are incompetent. You still have the right to have a driver's license, marry and divorce, make a will, buy, and sell property, manage your own affairs, and decide most things about your life. You will be treated as competent unless a court has decided that you are legally incompetent and has appointed a guardian for you.

A guardian is authorized by a judge to make certain decisions for you. For some people, a guardian makes major decisions; for others, the guardian decides only those specific things listed in a court order. If you have a guardian and you think you should be able to make more decisions for yourself, or if you think you don't need a guardian, or that you need a different guardian, then you, or someone on your behalf, may go to the court and ask (petition) for a change of guardianship.

## Consent

*Mental Health Code Section 100 a [17]; Administrative Rule 330.7003*

You must give **INFORMED CONSENT** in order to receive treatment or to have confidential information about you

provided to others by the agency from which you are receiving services. In order to be able to give informed consent you must have:

- **COMPETENCY** (see pg. 2)
- **COMPREHENSION**
  You must be able to understand what the personal implications of providing consent will be based upon the information given to you.
- **KNOWLEDGE**
  You must be told about the risks, benefits, and available alternatives to a course of treatment or medication.
- **UNDERSTANDING**
  You must be able to reasonably understand the information you are given including the risks, benefits, available options or alternatives, or other consequences.

Your decision to provide consent must be **VOLUNTARY**. You should not be forced or pressured into a decision. Unless you are a minor or have a guardian, the choice you make should be your and yours only. This consent must either:

- Be in writing and signed by you, your legal representative, or
- Be your verbal agreement which is witnessed and documented in your record by someone who is not the person asking for your consent at the time. Only you (the recipient) can give verbal consent.

## Dignity and Respect

*Mental Health Code Section 704, 711*

The law requires all mental health service providers to assure that you are treated with dignity and respect. Examples of staff not showing respect include calling you names, making fun of you, teasing, or harassing you.

Your FAMILY MEMBERS also have the right to be treated with dignity and respect. In addition, they must be given:

- An opportunity to provide information about you to your treating professionals.
- An opportunity to request, and receive, general education information about the nature of mental disorders, medications, and their side effects, and information about available support services, advocacy groups, financial assistance, and coping strategies.




## Freedom from Abuse and Neglect

*Mental Health Code Section 722; Administrative Rule 330.7001, 7035*

**WHEN RECEIVING MENTAL HEALTH SERVICES YOU HAVE THE RIGHT NOT TO BE PHYSICALLY, SEXUALLY, OR OTHERWISE ABUSED AND YOU HAVE THE RIGHT NOT TO BE NEGLECTED.**

ABUSE AND NEGLECT MAY TAKE MANY FORMS. SOME EXAMPLES:RE

- IF A STAFF PERSON MAKES ANY PHYSICAL CONTACT WITH YOU FOR SEXUAL PURPOSES.

- IF YOU ARE SEXUALLY HARASSED.
- IF STAFF CAUSE YOU TO BE INJURED IN ANY WAY, OR USE UNREASONABLE FORCE IN A PHYSICAL MANAGEMENT SITUATION, OR CAUSE YOU EMOTIONAL HARM.
- IF YOUR FUNDS ARE MISUSED.
- IF YOUR FUNDS/POSSESSIONS ARE USED BY STAFF OR USED FOR SOMEONE ELSE.
- IF STAFF ARE VERBALLY ABUSIVE TO YOU.
- IF STAFF FAIL TO DO SOMETHING THEY ARE SUPPOSED TO DO WHEN THEY ARE CARING FOR YOU, OR IF THEY DO SOMETHING THEY SHOULDN'T DO AND IT RESULTS IN HARM TO YOU OR HAS THE POTENTIAL TO HARM YOU.

***IF YOU FEEL THAT YOU HAVE BEEN ABUSED OR NEGLECTED, OR IF YOU THINK ANOTHER RECIPIENT HAS BEEN SUBJECTED TO ABUSE OR NEGLECT, YOU SHOULD REPORT IT IMMEDIATELY TO THE RIGHTS OFFICE AND TO A STAFF PERSON.***

## Fingerprints, Photographs, Audiotape, Videotape, and Use of One-Way Glass

*Mental Health Code Section 724*

**You have the right not to be fingerprinted, photographed, recorded on audio or video, or viewed through a one-way glass unless you or your legal representative agree in writing.**

- If someone wants to photograph, or record (via video or audio) you for educational, informational, social or treatment purposes, that person must obtain your permission. If you object, it will not be done.
- When they are no longer needed, or upon discharge, any fingerprints, photographs, audio, or video recordings in your record must either be destroyed or given to you.
- Video surveillance may be conducted **in a psychiatric hospital** for purposes of safety, security, and quality improvement. Video surveillance may only be conducted in common areas such as hallways, nursing station areas, and social activity areas within the psychiatric unit. Video surveillance recordings taken in common areas shall not be used for treatment or therapeutic purposes. You be notified if surveillance is being used.

While doing an investigation to determine if your rights were violated, the Rights Officer/Advisor may need to take your picture. This will be kept in your confidential records maintained in the Rights Office.

## Confidentiality

*Mental Health Code Section 748, 946*

**You have the right to have information about your mental health treatment kept private.** Information about you and your treatment cannot be given to anyone except as required or allowed by law. Listed here are examples of when confidential information may be released:

- If a law or a court order requires your records be released.
- If you, or your legal representative, consents.
- If needed to get benefits for you, or to get reimbursement for cost of treatment.
- If you need follow up care, or in order to provide care to you
- If it is needed for research or statistical purposes, with certain safeguards regarding identification.

- If you die and your surviving spouse or other close relative needs the information to apply for and receive benefits.
- If you tell your mental health professional that you are going to harm another person, he/she may have to notify the police and the person who you threaten to harm.



## Access to Your Record

***Mental Health Code Section 748***

**You have the right to see your treatment record.** Upon request, you or your legal representative may read or get a copy of all or part of your record. There may be a charge for the cost of copying.

If you are an adult and the court has not judged you incompetent (appointed a guardian for you), information entered in your record may not be withheld from you *under any circumstances.*

If you are denied access to your record, you, or someone on your behalf, may appeal the decision to withhold information. Contact your rights officer/advisor for information about the agency's appeal process.

If you (or your legal representative) believe(s) your record contains incorrect information, you or they may place a statement in your record which corrects that information. You may not remove what is already in the record.

## Privileged Information

*Mental Health Code Section 750*

Information that is shared between you and a mental health professional (your psychiatrist, psychologist or social worker) cannot be shared in court, or any proceedings related to court, unless you indicate that it is okay, or if the mental health professional tells you in advance that the information could be used in court (i.e., for guardianship proceedings or for hearings related to involuntary treatment).

## Environmental Rights

***Mental Health Code Section 708***

**You have the right to treatment in a place which is clean and safe**

If you are receiving services from a residential program, the place where you live must have good lighting, enough heat, fresh air, hot and cold water, a bathroom with privacy, personal storage space. It should also be free from unpleasant smells.

## Civil Rights

***Mental Health Code Section 704; Administrative Rule 330.7009***

Your civil rights are protected even though you are receiving mental health services. You have the right to an education, the right register and to vote*, and the right not to be discriminated against because of age, color, height, national origin, sex, religion, race, weight or due to a physical or mental disability. Michigan law prohibits discrimination: based on race, religion, color, national origin, age, sex, disability, genetic information, marital status, familial status, height, weight, and arrest record.

**** If you are receiving treatment in an inpatient psychiatric facility, or are a resident of a group home, the staff must inquire if you wish to vote and, if you do, they must make arrangements for you to be transported to a voting location or make it possible for you to get an absentee ballot.***

If you believe that your civil rights have been violated during the course of your treatment, you can file a complaint with the Office of Recipient Rights. You may also file a complaint with the Michigan Department of Civil Rights. If you feel that any of your civil rights have been violated *by an employer, landlord, or business*, you may file a discrimination complaint with either the Michigan Department of Civil Rights, or the U.S. Office for Civil Rights. *Note: To file with either of these agencies you must write to them within 180 days of the time the alleged discrimination occurred. If you are still not satisfied, you may also sue in the State Circuit Court or Federal District Court.*

## Michigan Department of Civil Rights

Capital Tower Building 110 W. Michigan Avenue, Suite 800, Lansing, MI 48933 VOICE: 800-482-3604, FAX: 517-241-0546, TTY: 517-241-1965, or email: MDCR-INFO@michigan.gov To file a complaint online: https://dtmb.state.mi.us/MDCRRequestforService/RequestComplaint.

## Office for Civil Rights, U.S. Department of Health and Human Services

233 N. Michigan Ave., Suite 240, Chicago, IL 60601 Chicago, IL 60601 VOICE 800-368-1019, FAX 202-619-3818, TDD 800-537-7697 or email: ocrmail@hhs.gov or file a complaint online: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

*Note: To file with either of these agencies you must write to them within 180 days of the time the alleged discrimination occurred. If you are still not satisfied, you may also sue in the State Circuit Court or Federal District Court.*

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*FEDERAL LAWS*

**As a person with a mental disability, you may have additional protections under the following laws:**

*Americans with Disabilities Act (ADA)*
*Fair Housing Amendments Act*
*Individuals with Disabilities Act (IDEA)*
*Elliot Larsen Civil Rights Act*
*Civil Rights of Institutionalized Persons Act (CRIPA)*
*Health Insurance Portability & Accountability Act (HIPAA)*
*Section 504 of the Rehabilitation Act*
*Michigan Disability Civil Rights Act*

ADA Compliant

***Title II of the Americans with Disabilities Act (ADA)***

Title II of the ADA prohibits discrimination on the basis of disability by public entities. It states that people with disabilities cannot be denied services or participation in programs or activities that are available to people without disabilities. If you feel your rights under Title II have been violated by state or local governmental agencies, you may file a complaint with the Department of Justice. This must be done within 180 days from the date of discrimination. For more information, or to file a complaint, contact the U.S. Department of Justice, Civil Rights Division, Disability Rights Section, 950 Pennsylvania Avenue, NW, 4CON 9th Floor, Washington, D.C. 20530. You may also call VOICE: 800-514-0301, TTY: 800-514-0383, or file a complaint online at https://civilrights.justice.gov/report/ , or email: ADA.complaint@usdoj.gov.

***Title III of the Americans with Disabilities Act (ADA)***

Title III of the ADA requires that public accommodations such as restaurants, hotels, grocery stores, retail stores, etc., as well as privately owned transportation systems, be accessible to individuals with disabilities. If

you feel your rights under Title II have been violated, you may file a complaint with the Department of Justice. In certain circumstances cases may be referred to a mediation program sponsored by the Department. See the address and phone numbers given above. Title III may also be enforced through a private lawsuit.

***Civil Rights of Institutionalized Persons Act***

Under the Civil Rights of Institutionalized Persons Act, the Attorney General may initiate a civil rights lawsuit when there is reasonable cause to believe that the conditions are significant enough to subject residents to serious harm and they are part of a pattern or practice of denying residents' constitutional or federal rights including Title II of the ADA and Section 504 of the Rehabilitation Act. To bring a matter to the attention of the Department of Justice, contact the U.S. Department of Justice, Civil Rights Division, 950 Pennsylvania Ave NW, Washington, D.C. 20530, VOICE: 877-218-5228 FAX: 202-514-0212, or email: Special.Litigation@usdoj.gov

***Fair Housing Amendments Act***

The Fair Housing Amendments Act prohibits discrimination by direct providers of housing, such as landlords and real estate companies as well as other entities, such as municipalities, banks or other lending institutions and homeowners' insurance companies. If you feel your rights under this Act have been violated, you may file a complaint with the U.S. Department of Housing and Urban Development, Office of Fair Housing and Equal Opportunity (FHEO). For more information on filing a complaint, contact the Office of Fair Housing and Equal Opportunity, Detroit Field Office, McNamara Federal Building, 477 Michigan Avenue, Detroit, Michigan 48226. VOICE: 313-226-5611, FAX: 313-226-5611, TTY: 313-226-6899, or file a complaint online: https://portalapps.hud.gov/FHEO903/Form903/Form903Start.action

***Health Insurance Portability & Accountability Act (HIPAA)***

The HIPAA Privacy Rule regulates the use and disclosure of the information your provider gathers and retains regarding your condition and treatment. Protected Health Information (PHI) is any information held by the provider that concerns health status, provision of health care, or payment for health care that can be linked to an individual. Providers must disclose PHI to the individual within 30 days upon request. They also must disclose PHI when required to do so by law such as reporting suspected child abuse to state child welfare agencies. A provider may disclose PHI to facilitate treatment, payment, or health care operations without a patient's expressed written authorization. Any other disclosures of PHI require the provider to obtain written authorization from the individual for the disclosure. In some instances, the mental health code is more protective of health information than HIPAA. Please see your Rights Advisor for more information.

If you feel that your HIPAA rights have been violated you may file a complaint with the U.S. Department of Health and Human Services by sending your complaint to: Centralized Case Management Operations, U.S. Department of Health and Human Services, 200 Independence Avenue, S.W., Room 509F HHH Bldg. Washington, D.C. 20201 or sending an email to: OCRComplaint@hhs.gov. You will need to submit a Health Information Privacy Complaint Form Package available online at: https://www.hhs.gov/hipaa/filing-a-complaint/complaint-process/index.html. You may also use the online complaint portal by going online to: https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf

***MICHIGAN LAWS***

***Individuals with Disabilities Education Act***

Under the Individuals with Disabilities Education Act, a parent who disagrees with the proposed IEP, can request a due process hearing from the Michigan Department of Education. To make this request contact the Michigan Department of Education, Office of Special Education, 608 West Allegan Street Lansing, Michigan 48933, VOICE: 517-241-7075, FAX: 517-241-7075, TTY: 517-241-7142 or email mde-ose@michigan.gov. Assistance with disputes about and IEP can also be obtained from the Michigan Department of Education Office of Special Education Mediation Services by calling 833-543-7178, by going online at www.MIKIDS1st.org or email: info@miKids1st.org. The state agency's decision can also be appealed to a state or federal court. For more information about this act and your rights, contact the Office of Special Education and Rehabilitative Services, U.S. Department of Education, 400 Maryland Ave., SW, Washington, DC 20202-7100, VOICE: 202-245-7459.

***Section 504 of the Rehabilitation Act***

Under Section 504 of the Rehabilitation Act, no qualified individual with a disability in the United States shall be excluded from, denied the benefits of, or be subject to discrimination under any program or activity that either receives federal financial assistance or is conducted by any executive agency or the U.S. Postal Service. If you feel that you have been discriminated against by an agency receiving federal money based on disability, you can file a 504 complaint with an appropriate agency by contacting the Office of Civil Rights, U.S. Department of Education, 400 Maryland Ave. SW, Washington, DC 20202-1100, VOICE: 800-421-3481, FAX: 202-245-8392, TDD: 800-877-8339, or email: OCR@ed.gov. You may file a complaint online at https://ocrcas.ed.gov/. Additional information is available online at: www.ed.gov/ocr.

***Elliott Larsen Civil Rights Act and Persons with Disabilities Civil Rights Act***

- If you are a recipient who believes that you have been discriminated against in your job because of your race, gender, marital status, etc., you are protected under Michigan's “Elliott Larsen Civil Rights Act”.
- If you believe you have been discriminated against based upon disability, you are protected under Michigan’s “Persons with Disabilities Civil Rights Act”.

For information regarding either of these laws, or to file a complaint, contact the Michigan Department of Civil Rights, 110 W. Michigan Avenue, Suite 800, Lansing, Michigan 48933, VOICE: 1-800-482-3604, or email: MDCR-INFO@michigan.gov. Online information is available at: www.michigan.gov/mdcr.

# SECTION II: TREATMENT RIGHTS IN ALL MENTAL HEALTH SETTINGS

## Treatment and Support

***Mental Health Code Section 705, 707- 719, 744; Administrative Rule 7029, 7135***

You have the right:

- To be told why you are being treated and what your treatment is.
- To participate in the development of your plan of service and to involve family members, friends, advocates, and professionals of your choice in the development process. Justification for the exclusion of a person of your choice must be documented in your case record.

- To have your plan of service developed within seven days of commencement of services or before discharge or release if you are hospitalized less than seven days.
- To choose, within certain limitations, the physician or other mental health professionals to provide services for you, if you receive services from a community mental health services program or a licensed hospital.
- To be informed of your progress, both orally and in writing, at reasonable intervals and in a manner appropriate to your condition.
- To not have surgery unless consent is obtained from at least one of the following:
    - You, if you are over 18 years old and do not have a guardian for medical purposes,
    - If you are under 18 years of age, your parent with legal and physical custody,
    - Your guardian who has legal authority to consent to surgery,
    - A representative authorized to give consent under a durable power of attorney or another advance directive.

    *OR*

    - If your life is threatened and there is not time to obtain consent, surgery may be performed without consent after the medical necessity for the procedure has been documented and the documentation has been entered into your record.
    - Surgery is necessary, no appropriate person can be found to give consent, and the probate court consents to the surgery.
- To be given notice of available family planning and health information services and, if you ask, to have staff provide referral assistance to providers of these services. Your receipt of mental health services does not depend in any way on requesting or not requesting family planning or health information services.
- To have staff help you get treatment by spiritual means if you request it.
- To receive treatment in a place where you have as much freedom as your condition allows.
- To not have electroconvulsive therapy (ECT) or other procedures intended to produce convulsions or coma, unless consent is obtained from:
    - You, if you are over 18 years old and do not have a guardian for medical purposes,
    - If you are under 18 years of age, your parent with legal and physical custody,
    - Your guardian who has legal authority to consent to ECT,
    - A representative specifically authorized to consent to ECT under a durable power of attorney or another advance directive.
- To receive a second opinion if you have been denied services by making a request to the Executive Director of the Community Mental Health Services Program.




## Person-Centered Planning

***Mental Health Code Section 712***

The Mental Health Code requires a person-centered approach to the planning, selection, and delivery of the supports, services, and/or treatment you receive from the public mental health system (community mental health programs, their service providers, and licensed psychiatric hospitals.

**What is person-centered planning?**

Person-centered planning means the treatment you receive will be made up of activities which you think will help you, or which you assist in developing, and which meet your goals. This process will determine the supports you want or need to achieve your desired future. The staff involved in your treatment will encourage feedback from you about these supports, the progress you have made, and any changes you think would make your treatment more effective.

There are four basic parts in the person-centered process:

- **Identifying the future you desire.**
  It is up to you to choose the individuals who will help identify your future and help you plan for it. You will be a part of deciding what information is, or is not, shared at the meeting. You will be able to choose, within reason, the times and place you want to have meetings to plan your treatment, to decide the content of the meetings and how long they will be.

- **Planning the future you desire.**
  Meetings which are held to plan for your future will attempt to discover what is important to you, to share information about your abilities, strengths, and skills, to learn about your needs and to decide which of your desired goals will be achieved in the short term and which will need to be long-term. Then, you and the support team will determine the strategies for achieving these goals.

- **Finding the supports and services it will take to achieve your desired future.**
  You will be able to use the resources in your network of family, friends, your community, and the public mental health system which might be available to assist in achieving your desired outcomes. You will be able to choose, from available resources, the supports and services to be delivered, and help decide who will do what, when, and how.

- **Getting regular feedback on your treatment.**
  It is important for you to receive feedback on your progress. This should be done on a regular basis (weekly or monthly). Your case manager (supports coordinator) should review how services are being delivered, ask about your satisfaction with their delivery, and tell you about your progress toward your desired outcomes. The information you provide should be used to make any necessary changes in the supports and services you receive.

You should also have the opportunity to formally express your opinion about supports and services you receive so that improvements in service delivery can be made for everyone.

In addition, you always have the right to make formal complaints about how your supports and services were delivered or about any of the people who might have provided them. Contact your Rights Officer/Advisor if you would like to do this.




## Questions You May Want to Ask About Person-Centered Planning

*Who must attend the person-centered planning meeting?*

You, and your supports coordinator (case manager).

*Who also might be included?*

You may want to invite family members, co-workers, friends, a teacher, coach, staff, and other people who know you well and with whom you feel comfortable sharing personal information. Your supports coordinator (case manager) may also suggest inviting a nurse, physical therapist, or direct care staff, who has information to help in planning and decision making.

*What kinds of outcomes are discussed?*

"Outcomes" may include:

Having positive relationships with family members,
Participating in community activities and events,
Doing what you find meaningful and productive with your day, (such as going to school, work, volunteering),
Living in a place alone or having assistance from people you choose.

*Are there limits to person-centered planning?*

Person-centered planning does not guarantee that the supports, services, and/or treatment nor the amount of them you might like to have can be provided by the public mental health system. What is actually provided by the public mental health system will depend upon the available resources (such as funding and staffing), rules and regulations that govern the program or funding system, and/or the judgment of the program administrator(s) as to feasibility, appropriateness, and safety of such support, service, or treatment.



## Questions You May Want to Ask About Your Medication

If you are given medication by your doctor, you will need to take it according to his/her instructions. Listed below are some questions you may want to ask of the doctor or nurse so that you can have the information you need to make it as effective as possible.

- Why do I have to take this medicine?
- What will happen if I do not take it?
- Can I be treated without medication?
- Before I begin taking any medicine or even if I am not taking medicine, can I have a second opinion?
- What is the name of the medicine prescribed for me?

- How is it supposed to make me feel? What are the side effects of the medicine? Will it affect any other medical or physical problems I have?
- Are there side effects I should report immediately?
- Is it similar to or different from the medicine I was taking before this?
- How much should I take? How many times a day? What time of day? Before or after meals?
- What would happen if I took too much?
- Is it all right if I drink alcohol or beer when taking this medicine? Is there any food or drink I should avoid?
- Are there other medicines I should avoid when taking this medicine?
- Will this medicine affect my interest and/or my ability to participate in sex?
- How long will I need to take this medicine?
- If I take this medicine for a long time, what can it do to me?
- What is tardive dyskinesia (TD)? Can I get TD from taking this medicine? Can something be done to avoid this?

**For women in childbearing years:**

- Will this affect my menstrual periods?
- Should I take birth control pills while taking this medicine?
- If I get pregnant while taking this medicine, could it have any effect on my baby?
- Should I take it while nursing?
- Should I drive or operate machinery while taking this medicine?
- Is there anything else I should know about this medicine?
- How often will you review with me what the medicine is doing?
- How soon will I need to take this medicine?

## Mediation (This section applies only to persons receiving services from a CMH)

*Mental Health Code Section 1206a*

If you have a dispute related to your service planning or the services provided by a Community Mental Health Services Program (CMHSP) or a contracted service provider of a CMHSP, you have the right to mediation.

- You have the right to request mediation at any time.
- You or your individual representative must be notified of your right to request and access mediation at the time services or supports are initiated and at least annually after that.
- If you have requested a local dispute resolution, a local appeal, or a state Medicaid fair hearing, you also have the right to request mediation at the same time.
- Mediation is handled by a mediation agency, not the CMHSP.
- The CMHSP and its contracted service providers are required to participate in mediation.

# SECTION III: YOUR RIGHTS WHEN YOU ARE BEING ADMITTED OR DISCHARGED FROM A PSYCHIATRIC HOSPITAL OR UNIT

## Admission Process

If you are admitted to a psychiatric hospital or unit, **you have the right:**

- To make at least two phone calls.

- To have a physical and mental examination within 24 hours after you are admitted, and again at least once a year.

***VOLUNTARY:*** *Mental Health Code Sections 410-420*

If you present yourself at a place for screening, the staff of that unit must complete their examination of you within two (2) hours unless there is a documented medical reason for the delay. If the screening unit denies your request for hospitalization, you may request a second opinion from the community mental health services program.

If you are admitted to a psychiatric hospital or unit on a **VOLUNTARY BASIS** (you admit yourself), or you are admitted by application of your guardian (if they have been granted that authority and with your agreement) you have the right:

- To have all of your rights verbally explained, including the right to object to treatment and to have a copy of your application for hospitalization.
- To give written notice of your intent to leave the hospital.
  After you put your request in writing, you must be discharged within three (3) days (excluding Sunday and holidays). However, if the hospital director determines you require treatment and petitions the court for your involuntary admission you must remain in the hospital until a determination is made about your treatment by the court.
- To be discharged when treatment is complete or when you no longer need the services.

***INVOLUNTARY:*** *Mental Health Code Sections 423-450; 498*

*If the police take you into protective custody and bring you to a place for screening or if you present yourself, the staff of that unit must complete their examination of you within two (2) hours unless there is a documented medical reason for the delay. If the screening unit denies the request, you may* request *a second opinion from the community mental health services program.*

Once you are brought to the hospital, you have the following rights:

- To be asked if you wish to be admitted as a voluntary patient.
- To a copy of the petition saying you require treatment and to copies of reports by the doctors who examine you.
- To a written statement explaining that you will be examined by a psychiatrist within 24 hours after you are admitted and explaining all of your rights, including the right to:
  - A full court hearing.
  - Be represented by an attorney.
  - Be present at the hearing.
  - A jury trials.
  - An independent clinical examination.
- To have staff, if you wish, notify your family of your admission to the hospital.
- To be examined by a psychiatrist who will determine whether you need to remain hospitalized. (Second certification).

- To refuse medication before your court hearing unless a physician decides you are in immediate risk of harming yourself or others. If you agree to medication or treatment before the court hearing, this does not mean that you are agreeing to the hospitalization.

Within 72 hours (this does not include Sundays and holidays) after a petition and clinical certification have been filed with the court, you have:

- The right to a deferral conference with the following:
  - your appointed legal counsel,
  - a treatment team member assigned by the hospital director,
  - a designated community mental health worker,
  - an individual of your choice.

This conference will be scheduled by the hospital. At this conference, the team (some members may participate remotely) will share the plan, including:

- The proposed plan of service in the hospital.
- The proposed plan of service in the community.
- The nature and possible consequences of the involuntary hospitalization process.
- The right to request that your court hearing be "deferred" (delayed) temporarily for 60 or 180 days. You will be treated as a voluntary patient during this time; however, you have the right to demand a hearing at any time during the "deferral" period.
- If you are brought back to the hospital during the deferral period, you *will not* be offered a voluntary application upon arrival at the hospital. A demand for hearing will be filed with the court.

***COURT HEARINGS:*** *Mental Health Code Sections 452; 463*

**If you are the subject of a petition, you have the following rights regarding court hearings:**

- To have your court hearing promptly, but not more than seven days (this does not include Sundays or holidays) after the court receives the petition and two certifications.
- To be present at all court hearings. During this hearing, you have the right to be represented by an attorney. If you cannot afford an attorney, the court will appoint one for you. Your attorney must consult with you, in person, at least 24 hours before the time set for your court hearing. (You may choose to waive the right to attend your hearing by signing a waiver witnessed by your legal counsel and filed with the court.)
- To have the hearing held at the hospital whenever possible, rather than court *(Sec. 456)*
- To demand a jury trial.
- To present documents and witnesses and to cross examine witnesses.
- To obtain, at public expense, if necessary, an independent clinical evaluation by a physician, psychiatrist, or licensed psychologist of your choice. (You must request this before the first scheduled hearing or at the first scheduled hearing before the first witness`s has been sworn.)
- To a copy of the court order.

As a court-ordered recipient, **YOU DO NOT HAVE THE RIGHT TO REFUSE TREATMENT.** However, you do have the right to ask questions about your treatment, participate in the development of your plan of service, and discuss it with your doctor or other mental health professionals. If you think your treatment is not helping, you may ask for a review of your treatment plan.

***PERIODIC REVIEW:*** *Mental Health Code Sections 482; 485a*

If you have a court order for continuing involuntary treatment, whether in a hospital or as an outpatient, you have the right to regular, adequate, and prompt reviews of your status. These reviews must be done six (6) months from the date of the court order and every six (6) months from there on. Results of these reviews must be provided to you within five days from the time they are made part of your record and you must be informed of your right to petition for discharge.

If you object to the conclusions of the periodic review, you have the right to a hearing. In addition to that hearing, you may petition the court for discharge from the program once within each 12-month period from the date of the original order. If, after any of these hearings, the court determines that you no longer require treatment, you will be discharged.

## Rights of Minors

*Mental Health Code Section 498m*

If you are a minor, between 14 and 17, you have the right to ask for, and receive, outpatient mental health services (not including psychotropic medication or pregnancy termination referral services) without the consent or knowledge of your parent or guardian. These services are limited to 12 sessions or 4 months for each request.

If you are a minor between 14 and 17, you may write to the court within 30 days of your admission to object to your being hospitalized. You may do so again within 30 days from the time you receive a written review from the clinical staff regarding your need for continued hospitalization.

If you are a minor of any age and have been hospitalized for more than 7 days, you may inform a hospital staff person of your desire to object to your hospitalization. Staff are required to assist you in properly filing your objection to the hospitalization. If no one does this, then ask to see the Rights Advisor who will help get someone to assist you. If you are re-hospitalized for longer than 10 days under a combined hospitalization/alternative treatment order, you must be notified of your right to file an objection to your hospitalization. If you do object, the court must schedule a hearing to determine whether you continue to require treatment.

### LIMITATIONS

The Mental Health Code guarantees that persons receiving services in a hospital or residential setting shall be assured that some basic rights will be protected. These rights may be limited due to the nature of your treatment. If limitations are imposed, you (or your legal representative) must agree to them as part of your plan of service. General restrictions (visiting hours, telephone usage, access to property) can be established for inpatient settings. Revised HCBS rules do not allow restrictions to be enforced in residential settings.

# SECTION IV: ACCESS RIGHTS

## Mail

*Mental Health Code Section 726*

**You have the right to receive and send mail without anyone else opening or reading it**. If you have no income, and if you ask, you will be given writing materials and a reasonable number of stamps.

## Telephone

*Mental Health Code Section 726*

**You have the right to talk on the phone in private.** If you have no income, a reasonable amount of funds will be provided so that you can use the telephone.

## Visitors

*Mental Health Code Section 715, 726, 748; Administrative Rule 7135*

**You have the right to see visitors of your choice.** You can ask to see your own doctor (if you have one) or visit with your minister, priest, rabbi, or spiritual counselor at reasonable times. You have the right to talk with your attorney, a court, or others, about legal matters without any limitations and at any time.

## Entertainment Materials, Information and News

*Mental Health Code Section 704; Administrative Rule 7139*

**You have the right** to watch television, have a newspaper provided, buy magazines, and books of your own choice, unless limited by your plan of service or as generally restricted by program rules.

## Religion

*Mental Health Code Section 704*

**You have the right to practice your religion or faith.** You cannot be forced to go to a religious event if you do not want to, nor can you be required to listen to or watch religious programs on radio or TV.

## Personal Property

*Mental Health Code Section 728; Administrative Rule 7009*

You have the right to:

- Wear your own clothes and keep your own things.
- Inspect your personal property at reasonable times.
- Have a receipt given to you, and to a person you designate, for your property held by the facility. Unless it is illegal, this property must be returned to you when you are discharged.
- Have a reasonable amount of space to store your personal belongings.

- Not have your belongings searched unless this is part of your plan of service or unless there is a good reason; to watch if your belongings are searched; and to have the reason for the search written in your record.

Your plan of service may further limit this right for the following reasons:

- To protect property, you may have brought with you from theft, loss, or destruction.
- To prevent you from physically hurting yourself or others.

You (and your legal representative) should be given the reason for the limitation and the date it expires.

## Labor

*Mental Health Code Section 736*

You have the right to:

- Be paid for work you agree to do if you are offered work. However, you will not be paid for personal housekeeping chores (such as making your own bed) or work which is part of a small group living arrangement.
- Not have more than half of any money you earn used to pay for your treatment.

These rights may be limited:

- If the U.S. government says you need someone to handle money you receive from Social Security and has assigned you a representative payee, or
- If you have a conservator or guardian who has the authority to limit how you spend your money.

## Freedom of Movement

*Mental Health Code Sections 740, 742, 744*

Freedom of movement is a right, not a privilege. This right cannot be limited or restricted more than is necessary to provide mental health services to you, to prevent you from injuring yourself or others, or to prevent substantial property damage. If you are admitted by order of a criminal court or are transferred from a jail or prison, appropriate security precautions may be taken. If there are limitations on your freedom of movement, the expected length and the reasons for them must be written into your record. The limitations must be removed when the reasons for them no longer exist.

If you are in a psychiatric hospital or licensed child caring institution, you may only be put in a locked room (seclusion) to keep you from physically hurting others. If you are a resident in an inpatient or residential setting, you may only be physically restrained if facility licensure rules allow in order to keep you from physically hurting yourself or others.

# SECTION V: THE RECIPIENT RIGHTS COMPLAINT AND APPEAL PROCESS

## Filing a Recipient Rights Complaint

*Mental Health Code Section 776*

If you believe that **any right listed in this booklet has been violated**, you, or someone on your behalf, should file a recipient rights complaint. You may do this by calling or visiting the Rights Office, or by completing a recipient rights complaint form and returning it to the Rights Office. Copies of the rights complaint form are available wherever you receive services, from your local rights office, or online at the Office of Recipient Rights website: www.michigan.gov/recipientrights; click on the link "Recipient Rights Complaint Form". The name and telephone number of the Rights Officer/Advisor for this agency can be found on the back of this booklet and on the ORR website. This information must also be clearly posted in the place you are receiving treatment.

If you need help writing your complaint your Rights Officer/Advisor can assist you; however, you may also contact one of the advocacy organizations listed in Section VI of this book for assistance. Staff at the place where you receive service may assist you.

## Investigating Your Complaint

*Mental Health Code Section 776*

Within five (5) business days after receiving your complaint, the Rights Office will send you a letter indicating that your complaint was received and providing a copy of the complaint. This letter will also tell you what the Rights Office will do with your complaint.

If the Rights Office investigates your complaint, a decision will be made whether your rights have been violated and, recommendations will be given as to appropriate action the Agency/Hospital should take to correct the violation. This process should take no longer than 90 days after your complaint was received. You will get a written status report every 30 days until completion of the investigation. When the investigation is complete, the Rights Office will submit a Report of Investigative Findings to the Agency/Hospital Director. Within 10 business days after receiving this report, the Director must provide you with a written Summary Report.

The Summary Report will tell you about the investigation, let you know if the Rights Office determined your rights were violated, and tell you about any recommendations made by the Rights Office. If it is determined that there was a rights violation, this report will also tell you what action the Director has taken, or will take, to resolve your complaint. It will also provide you with information regarding the appeal process. If the action has not been completed when you receive the Summary Report, a follow-up letter will be provided indicating either the action was completed or that a different action was taken.

## Appeal Rights

*Mental Health Code Sections 784-786*

**Local Appeals Committee Review**

Upon receipt of the Summary Report, you may file an appeal if:

- You are not satisfied with the **findings of the Rights Office**
- You disagree with the **action taken or proposed by the provider.**
- You think the Rights Office **did not start or finish** the investigation in a **timely** manner.

Your appeal must be in writing and received by the local appeals committee within 45 days from the time you receive the Summary Report. Information on how to file your appeal will be given to you in the Summary Report. If you want help writing your appeal, your Rights Officer/Advisor can assist you; you may also contact one of the advocacy organizations listed in Section VII of this book for assistance. Within five (5) business days after receiving your appeal, the appeals committee will review it to see if it meets the requirements, and will notify you, in writing, whether or not your appeal was accepted. This committee then has 25 days to review the case file provided by the Rights Office and make a decision on your appeal. You will receive their written decision no later than ten days after their meeting.

**Second Level Appeal - Findings**

If your appeal was based upon your belief that the investigative findings of the Rights Office were not consistent with the facts or relevant laws, rules, policies, or guidelines, and you are not satisfied with the decision of the local appeals committee, you have 45 more days to file a written appeal to the next level. This should be sent to: MDHHS -Level 2 Appeal, DHHS-Appeals, PO Box 30807, Lansing, MI 48909. Information on this process will be provided in the response from the local appeals committee. If you are not satisfied with the answer from the Level 2 Appeal, you may file an appeal with the Circuit Court in the county where you live (or with the Ingham County Circuit Court). You only have 21 days to do this and may need to hire an attorney to help you. Your appeal to the Circuit Court will be based on the entire record of your appeal which was put together by the Second Level Appeal reviewer.

**Second Level Appeal – Action Taken**

There is no second level of appeal if your appeal to the local committee had to do with the action taken, or not taken, as a result of your complaint. In this case, if you are not satisfied with the decision of the local appeals committee, you may file a new complaint against the person who issued the Summary Report.

## SECTION VI: ADVISORY ORGANIZATIONS THAT CAN ASSIST YOU

The following organizations are available to assist you in protecting your rights as a recipient of mental health services:

**Michigan Disability Rights Coalition** https://mymdrc.org/
3498 East Lake Lansing Road, Suite #100,
East Lansing, MI 48823
VOICE: 800-578-1269 or 517-333-2477 FAX: 517-333-2677 email: info@mymdrc.org

**Disability Rights Michigan** (formerly Michigan Protection & Advocacy Service) www.drmich.org
4095 Legacy Parkway
Lansing, MI 48911
VOICE: 800-288-5923 or 517-487-1755 FAX: 517-487-0827 TTY: 517-374-4687

**Deaf C.A.N. (Deaf Community Advocacy Network)** www.deafcan.org
2111 Orchard Lake Road, #101
Sylvan Lake, MI. 48320
VOICE: 248-332-3331 FAX: 248-332-7334 TTY: 248-332-3323

# SECTION VII: INFORMATION FOR PERSONS RECEIVING TREATMENT UNDER THE FORENSIC PROVISIONS OF THE MENTAL HEALTH CODE.

***Incompetent to Stand Trial (IST)***

Mental Health Code Sections 2020 -2044

If you are admitted to a hospital on an IST (Incompetent to Stand Trial) Order you are under the jurisdiction of the criminal court, not the probate court system. The IST order means that the court has determined that, due to your mental condition, you are unable to understand the nature and object of the proceedings against you or of assisting in your defense in a rational manner. This order may be valid for up to 15 months during which time you will receive psychiatric treatment. Reevaluation of your competence will be done by your treating psychiatrist every 90 days and a report will be submitted to the criminal court.

***Not Guilty by Reason of Insanity (NGRI)***

Mental Health Code Section 2050

If you are found to be not guilty of a criminal charge due to reasons of insanity (Not Guilty by Reason of Insanity (NGRI), you will be sent to the Center for Forensic Psychiatry, for a period of not more than 60 days, so that you can be evaluated, and a determination made as to whether you are a person who requires mental health treatment. If the Center determines that you do require mental health treatment, the court may direct the prosecutor to file a petition for involuntary hospitalization. If this occurs, you will have a hearing in a probate court to determine if you will be involuntarily hospitalized (See Section III of this book). You will have to stay at the Forensic Center until the probate court hearing. If a petition for involuntary hospitalization is not filed, the prosecutor will notify the Center and you shall be discharged.

*To deny people their rights is to challenge their very humanity.*

*Nelson Mandela*

**TO LEARN MORE ABOUT YOUR RIGHTS**
**ASK YOUR RIGHTS ADVISOR:**

MDHHS
Michigan Department of Health & Human Services
***Office of Recipient Rights***

*Michigan Department Health and Human Services*
*Office of Recipient Rights*
*Grand Tower Building*
*Lansing, MI. 48909*
*Authorized by: P.A. 258 of 1974, as amended*

## Expedited Appeal

If you believe your Medicaid Fair Hearing or Local Appeal request is an emergency, you may ask for an Expedited Appeal. The Expedited Appeal, if accepted, must be completed within 72 hours. You will receive a letter explaining the decision.

## Medicaid Grievance

A Grievance may be about something you are not happy with related to the services you are receiving. This might be about the quality of care you are receiving or about your relationship with the staff providing the service. You may file a Grievance anytime you are not happy with something related to your services. Once you have filed the Grievance, the SCCMHA Appeals Coordinator has 90 days to make a decision about your Grievance and will send you a letter explaining the decision.

## Non-Medicaid Grievance

(Local Dispute Resolution Process)

You may request a Non-Medicaid Grievance if you are unhappy with the services you are receiving. To request a Grievance you may ask your support staff, their supervisor, or contact Customer Service.

The final decision of the Non-Medicaid Grievance process is made by the SCCMHA Appeals Coordinator. This process will be completed within 60 calendar days and you will be notified of the decision in writing. If you are not happy with the result of the Non-Medicaid Grievance, you may request a review from the Michigan Department of Health and Human Services.

If you have any questions about the Appeals and Grievances process, please contact Customer Service at (989) 797-3452.

**Kentera Patterson**

**Appeals Coordinator**

**(989) 797-3467**

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

**Main Facility**
500 Hancock, Saginaw, Michigan 48602

**Phone**
(989) 797-3400
Toll Free 1-800-258-8678
Michigan Relay 711

**24 Hour Mental Health Emergency Services**
(989) 792-9732
Toll Free: 1-800-233-0022

www.sccmha.org

CS Approved June, 2019

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

# Appeals and Grievances

# Appeals and Grievances

## You are protected

If you are receiving services from Saginaw County Community Mental Health Authority (SCCMHA) or one of our service providers, you may file a complaint or an Appeal or Grievance. You may file a complaint if:

- Your request for treatment was denied
- Your services were reduced
- Your services were discontinued
- Your services were suspended
- You don't agree with your Individual Plan of Service (IPOS)

You may file a request for an Administrative Fair Hearing if you have Medicaid, file a Local Appeal, follow the Grievance process, or you may file a Recipient Rights Complaint. You have the right to have your concerns resolved fairly and quickly. You may file a complaint through any of the processes mentioned above. and Your complaints (other than a Medicaid Fair Hearing) may be received verbally or in writing.

## Second opinions

If you have been denied a psychiatric hospitalization of SCCMHA services, you have the right to request a second opinion. You may ask the following people for help with a second opinion:

- Crisis staff (regarding the denial of hospitalization)
- Your support staff (Case Manager, Support Coordinator, Therapist) or their supervisor

- OR -

- Contact Customer Service, Mon - Fri, 8am - 5pm at (989) 797-3452 or Toll Free 1-800-258-8678

## Changes in services

SCCMHA is required to give you written notice when significant changes are made to your services, and at the time of your Person Centered Planning meeting. This written notice will explain your right to request an Administrative Fair Hearing or Local Appeal. You have 120 days to file a request for an Administrative Fair Hearing. You have 60 days to request a Local Appeal. The request for an Administrative Fair Hearing must be in writing and must be signed by you or your representative. If you request an Administrative Fair Hearing before your services are scheduled to change, you may continue to receive the services until the hearing decision is made. Please note you could be charged for these services if the decision is not in your favor.

## Help in filing an Appeal or Grievance

Everyone at SCCMHA wants you to receive the services you need. You may contact your support staff (or their supervisor) or Customer Service for help with filing an Appeal or Grievance; or with any questions you may have.

## Do you have Medicaid insurance?

If you have Medicaid insurance, you have the right to request an Administrative Fair Hearing, Local Appeal or a Grievance. These processes are described in the following sections.

## Medicaid Administrative Fair Hearing process

When the Michigan Office of Hearing and Rules (MOHR) receives your request for an Administrative Fair Hearing, you will be notified of the hearing date and time. If the MOHR does not schedule a hearing, they will notify you of the reason.

Most hearings are scheduled to occur by phone with an administrative law judge. However, you do have the right to request that the judge hold the hearing in person. You may also request that someone else represent you at the hearing. You need to complete this request in writing to the address below:

Michigan Office of Hearings and Rules

(MOHR)

P.O. Box 30763

Lansing, Michigan 48909

Phone: (877) 833-0870

## Local Appeal

A Local Appeal may be about the services you are receiving being reduced, suspended or stopped. If this happens, you will get a written notice. The notice will list the date your services will change. You may also file a Local Appeal if you are not happy with your Individual Plan of Service (IPOS). To ask for a Local Appeal, fill out a Customer Service Complaint Form or contact Customer Service to assist you. You have 60 days (from the date on the written notice) to ask for a Local Appeal. If you request a Medicaid Local Appeal before your services are scheduled to change, you may continue to receive the services until the appeal decision is made. Please note you could be charged for these services if the decision is not in your favor. The SCCMHA Appeals Coordinator will make a decision about your appeal within 30 days if you have Medicaid insurance and within 45 days if you do not have Medicaid insurance. You have the right to review your case file before and during the appeal process. A letter will be sent to you explaining the decision.

Saginaw County
Community Mental
Health Authority









# Customer Service Handbook

**Main Number (989) 797-3400**

**Toll-free 1-800-258-8678**

**Crisis Intervention 1-800-233-0022**

**www.sccmha.org**

# We are Here to Serve You


500 Hancock Street
Saginaw, MI 48602


1 Germania Platz
Saginaw, MI 48602



17940 Lincoln Road
New Lothrup, MI 48460


3830 Lamson Street
Saginaw, MI 48601


2723 State Street
Saginaw, MI 48602


1901 Maple Street
Saginaw, MI 48602


1040 N. Towerline Road
Saginaw, MI 48601


3875 Bay Road
Saginaw, MI 48603

## *Welcome to Saginaw County Community Mental Health Authority (SCCMHA)*

We are your local agency for community mental health services, and a member of the Mid-State Health Network (MSHN), a family of community mental health and substance use disorder providers joined together to give you access to quality care.

Your handbook has been prepared for you to provide important information about the services available to residents of Saginaw County, how to request services and your rights and responsibilities as a customer of community mental health services. We believe it is important that customers of community mental health services have information available that will help them make informed choices about the services and supports they will receive.

In addition to the information covered in your handbook, customers have the right to information such as:

- how to access primary health care and community services
- the names, locations and telephone numbers of non-English speaking mental health providers
- SCCMHA's Annual Reports, board minutes and meeting schedules, board member lists and organizational charts
- Mid-State Health Network structure and operations

Keep your handbook in a place where you can find it easily. This handbook contains the answers to most of the questions you may have and we have included phone numbers in case you need to ask questions. This handbook can be made available in languages other than English or in other formats (such as audio) free of charge. SCCMHA also welcomes requests for translations of our documents to better serve residents of Saginaw County. Each year we will offer you a replacement handbook at your person centered planning meeting. Sometimes during the year there may be big changes in the handbook. You may request another copy of the handbook or the information listed above at any time. We will offer you a new handbook if this happens. You may also contact Customer Service for a handbook.

If you have additional questions about the contents of your handbook or if you need any assistance, we encourage you to contact the SCCMHA Customer Service office at (989) 797-3452 or Toll-free 1-800-258-8678. Customer Service is available Monday – Friday 8:00 a.m. to 5:00 p.m. with the exception of holidays. After-hours appointments are available upon request.

# Directory

**24-Hour Emergency Services Crisis Intervention Services:**
- (989) 792-9732
- Toll-free 1-800-233-0022

**Non-Emergency General Service Questions and Insurance Coverage Main Numbers:**
- (989) 797-3400
- Toll-free 1-800-258-8678

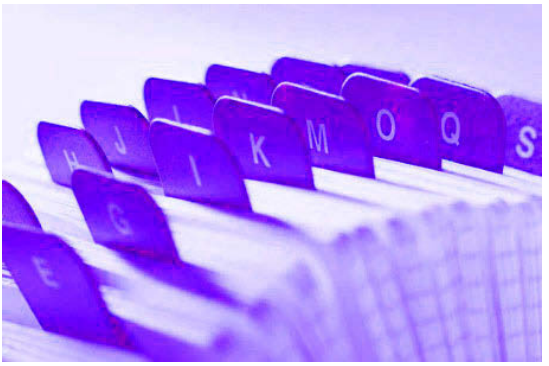
**Customer Service Office**
**Hours: Monday – Friday: 8:00 a.m. to 5:00 p.m.**
- (989) 797-3452
- Toll-free 1-800-258-8678

**Recipient Rights**
- (989) 797-3452

**Michigan Relay Service**
- 711

**NAMI (Alliance on Mental Illness)**
- (517) 485-4049

**ACMH (Association for Children's Mental Health)**
- (517) 336-7222



# SCCMHA Mission Statement

*As the public manager of supports and services for citizens with mental illness, developmental disabilities and chemical dependency and their families, SCCMHA actively strives to develop a system of care and a community that values and embraces the potential and contributions of all individuals with disabilities.*

# SCCMHA Vision Statement

*A belief in potential*

*A right to dream*

*An opportunity to achieve*

## Language Assistance

**English:** ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-258-8678 (Michigan Relay TTY: 7-1-1).

**Albanian:** KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 1-800-258-8678 (TTY: 7-1-1).

**Arabic:** ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-258-8678 (رقم هاتف الصم والبكم 7-1-1)

**Bengali:** লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-800-258-8678 (TTY: 7-1-1)।

**Chinese:** 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-258-8678 TTY：7-1-1）。

**German:** ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-258-8678 (TTY: 7-1-1).

**Italian:** ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-258-8678 (TTY: 7-1-1).

**Japanese:** 注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-800-258-8678 (TTY: 7-1-1）まで、お電話にてご連絡ください。

## Language Assistance

**Korean:** 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-258-8678 (TTY: 7-1-1) 번으로 전화해 주십시오.

**Polish:** UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-258-8678 (TTY: 7-1-1).

**Russian:** ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-258-8678 (телетайп: 7-1-1).

**Serbo-Croatian:** OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-258-8678 (TTY- Telefon za osobe sa oštećenim govorom ili sluhom: 7-1-1).

**Spanish:** ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-258-8678 (TTY: 7-1-1).

**Syriac:** ܙܘܗܪܐ: ܐܢ ܐܚܬܘܢ ܟܐ ܡܬܡܠܠܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܡܨܝܬܘܢ ܕܦܘܠܚܢܐ ܕܬܘܪܓܡܐ ܕܠܫܢܐ ܡܓܢܝܬܐ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 1-800-258-8678 (TTY: 7-1-1)

**Tagalong:** PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-258-8678 (TTY: 7-1-1).

**Vietnamese:** CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-258-8678 (TTY: 7-1-1).

## Table of Contents


| TOPIC | PAGE NO. |
|---|---|
| Language Assistance, Accessibility & Accommodations | 10 |
| Non-Discrimination | 11 |
| Reporting Fraud, Waste and Abuse | 12 |
| Welcome to Mid-State Health Network (MSHN) | 14 |
| Behavioral Health Provider Directory | 16 |
| Local Provider Directory | 31 |
| Accessing Services | 32 |
| Accessing Substance Use Services | 33 |
| Emergency and After-Hours Access to Services | 34 |
| Customer Service | 36 |
| Grievances & Appeals Processes<br>▪ Grievances<br>▪ Local Appeals<br>▪ Second Opinions<br>▪ Benefit Continuation<br>▪ State Medicaid Fair Hearing | <br>39<br>40<br>41<br>41<br>42 |
| Behavioral Health Mediation Services Program | 43 |
| Non-Medicaid Consumer Protections | 44 |
| Coordination of Care | 45 |
| Person-Centered Planning, Advance Directives, Crisis Plan, and Self-Determination | 46 |
| Recovery & Resiliency | 51 |
| Life and Wellness | 52 |
| Co-Occurring Concerns | 54 |
| Your Responsibilities | 56 |
| Recipient Rights | 57 |
| Confidentiality & Family Access to Information | 60 |
| Service Authorization (includes Out of Network) | 61 |

## Table of Contents


| TOPIC | PAGE NO. |
|---|---|
| Payment for Services | 63 |
| Medicaid Specialty Supports and Service Array | |
| ▪ Medicaid Specialty Supports and Services Descriptions | 65 |
| ▪ Services for Persons with Behavioral Health Needs (Medicaid) | 65 |
| ▪ Services Available for Habilitation Supports Waiver and Children's Waiver Participants | 70 |
| ▪ Services for Persons with Substance Use Disorders (Medicaid) | 71 |
| ▪ Other State Plan Services | 73 |
| ▪ Local Michigan Department of Health and Human Services (MDHHS) Offices | 75 |
| ▪ Medicaid and Healthy Michigan Plan Services | 75 |
| ▪ Medicaid Fee for Service and Services Not Covered by Medicaid & Healthy Michigan | 78 |
| Services for Persons without Health Insurance | 79 |
| Handbook Acronyms | 81 |
| Specialty Programs | |
| ▪ Children's Home and Community Based Services Waiver (CWP) | 82 |
| ▪ Habilitation Support Waiver (HSW) | 83 |
| ▪ Serious Emotional Disturbance Waiver (SEDW) | 83 |
| ▪ Autism Benefit | 84 |
| ▪ Family Support Subsidy (FSS) | 85 |
| Behavioral Health and Substance Use Disorder Glossary | 87 |
| Index | 95 |
| MSHN Veteran Navigator | 96 |
| Community Resource Referrals (211) | 98 |
| Links to Helpful Behavioral Health and SUD Websites | 96 |
| Advocacy Organizations | 100 |
| Your Input is Valued | 102 |

## Language Assistance, Accessibility, and Accommodations

### Language Assistance

If you are a person who does not speak English as your primary language and/or who has a limited ability to read, speak or understand English, you may be eligible to receive language assistance.

If you are a person who is deaf or hard of hearing, you can utilize the Michigan Relay Center (MRC) to reach your provider within the Mid-State Health Network (MSHN) provider network. You may also contact your Community Mental Health (CMH), your substance use disorder (SUD) provider, your MSHN services provider, or even the MSHN main office. Please call 7-1-1 and ask MRC to connect you to the number you are trying to reach.

If you need a qualified interpreter for sign language or a non-English speaking language for either phone conversations or face-to-face appointments with a CMH or SUD provider, contact your local customer service office as listed on pages 37 and 38, as soon as possible so that one will be made available. Interpreters are available at no cost to you for both phone and in person communication.

All materials shall be available in the languages appropriate to the people served within the PIHP's area for specific Non-English Language that is spoken as the primary language by more than 5% of the population in the PIHP's region. Such materials shall be available in any language alternative to English as required by the Limited English Proficiency Policy Guidance (Executive Order 13166 of August 11, 2002 Federal Register Vol. 65, August 16, 2002). Written information in other formats (large print, audio, accessible electronic formats, Braille) may also be available.

### Accessibility and Accommodations

In accordance with federal and state laws, all buildings and programs within the MSHN region are required to be physically accessible to all individuals with qualifying disabilities. Any individual who receives emotional, visual or mobility support from a service animal such as a dog will be given access, along with the service animal, to all buildings and programs for MSHN providers. If you need more information or if you have questions about accessibility or service/support animals, contact your local customer service office as listed on pages 37 and 38.

If you need to request an accommodation on behalf of yourself or a family member or a friend, you can contact your local customer service office as listed on pages 37 and 38. You will be told how to request an accommodation (this can be done over the phone, in person and/or in writing) and you will be told who at the provider location is responsible to handle accommodation requests.

## Non-Discrimination

In providing behavioral healthcare services, MSHN and its provider network are required to comply with all applicable Federal civil rights laws and does not discriminate based on race, color, national origin, age, disability or sex. MSHN and its providers do not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

If you believe that the community mental health and/or substance use disorder provider has discriminated in any way based upon race, color, national origin, age, disability, or sex, you can file a grievance with the customer service office by contacting your local customer service office as listed on pages 37 and 38.

If you are a person who is deaf or hard of hearing and would like to file a grievance, you may contact your local customer service office as listed on pages 37 and 38. MI Relay Service can also assist in connecting you to your local customer service office by calling 7-1-1. You can file a grievance in person, by mail, fax or email. If you need help in filing a grievance, customer service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

You may also file a grievance electronically through the Office for Civil Rights Complaint Portal.

Complaint Portal is available at ocrportal.hhs.gov/ocr/portal/lobby.jsf

You may also file a grievance by mail or phone at:

**U.S. Department of Health and Human Services**
**200 Independence Avenue, SW**
**Room 509F, HHH Building Washington, D.C. 20201**
**Toll-free: (800) 368-1019**

## Reporting Fraud, Waste and Abuse

Fraud, waste and abuse uses up valuable Michigan Medicaid funds needed to help children and adult access health care. Everyone can take responsibility by reporting fraud and abuse. Together we can make sure taxpayer money is used for people who really need help.

**Examples of Medicaid Fraud:**

- Billing for medical services not actually performed
- Providing unnecessary services
- Billing for more expensive services
- Billing for services separately that should legitimately be one billing
- Billing more than once for the same medical service
- Dispensing generic drugs but billing for brand-name drugs
- Giving or accepting something of value (cash, gifts, services) in return for medical services, (i.e., kickbacks)
- Falsifying cost reports

**Or When Someone:**

- Lies about their eligibility
- Lies about their medical condition
- Forges prescriptions
- Sells their prescription drugs to others
- Loans their Medicaid card to others

**Or When a Health Care Provider Falsely Charges For:**

- Missed appointments
- Unnecessary medical tests
- Telephoned services

## Reporting Fraud, Waste and Abuse

If you think someone is committing fraud, waste or abuse, you may report it to Corporate Compliance. You may report your concerns to the local CMHSP/SUD Provider Compliance Officer or to the MSHN Compliance Officer. The report can be made by phone/voicemail, email, in person or in writing. You can also make your report anonymously by using the MSHN Compliance Hotline at (844) 793-1288. To make a report to your local CMHSP/SUD Provider please contact the local CMHSP/SUP Provider customer services who can connect you to the local Compliance Officer.

**Your report will be confidential, and you may not be retaliated against.**

You may also report concerns about fraud, waste and abuse directly to Michigan's Office of Inspector General (OIG):

Online: www.michigan.gov/fraud

Call: 855-MI-FRAUD (643-7283)
(voicemail available for after hours)

Send a Letter:
Office of Inspector General
PO Box 30062
Lansing, MI 48909

When you make a complaint, make sure to include as much information as you can, including details about what happened, who was involved (including their address and phone number), Medicaid identification number, date of birth (for beneficiaries), and any other identifying information you have. The reporting of fraud, waste or abuse may be made anonymously.

## Welcome to Mid-State Health Network

The Mid-State Health Network (MSHN) manages public behavioral health and substance use disorder services for a twenty-one county region. It is the **Pre-Paid Inpatient Health Plan** (PIHP) for persons with Medicaid and Healthy Michigan Plan (HMP). Additional information regarding MSHN's services, provider network and other consumer related materials can be found on the website at: www.midstatehealthnetwork.org.

**What is a Pre-Paid Inpatient Health Plan?**

Under contract with the Michigan Department of Health and Human Services (MDHHS), MSHN contracts with local Community Mental Health (CMH) participants and Substance Use Disorder (SUD) providers to secure behavioral health and SUD services needed in each county. Each year, MSHN distributes Medicaid and Healthy Michigan Plan (HMP) funds to address unmet needs in our twenty-one county region. This is one of the benefits of being in partnership with similar organizations.

### Organized Health Care Arrangement (OHCA)

MSHN, along with its CMH participants, formed an Organized Health Care Arrangement (OHCA). This type of arrangement allows for sharing of information between the participants, regarding enrollees, for the purpose of health care coordination. For more information about the OHCA, please contact your local CMH or MSHN Customer Service.

### Our Mission

The mission of MSHN is to ensure access to high-quality, locally-delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members.

### Our Vision

The vision of MSHN is to continually improve the health of our communities through the provision of premiere behavioral healthcare and leadership. MSHN organizes and empowers a network of publicly-funded community partnerships essential to ensure quality of life while efficiently and effectively addressing the complex needs of the most vulnerable citizens in our region.

## Regional Community Mental Health and Substance Use Disorder Provider Directory

To best meet your needs, MSHN has a provider network consisting of twelve CMHs and many Substance Use Disorder (SUD) providers. The CMHs are listed within this directory. A list of current SUD providers will be provided as part of the handbook. You may also refer to MSHN's website at www.midstatehealthnetwork.org or ask your local CMH or SUD provider for a paper list.

## Satisfaction Surveys

MSHN obtains feedback on services provided from individuals served. This may be completed through organizational assessments or surveys. The information is used to improve the quality of the services and supports provided to individuals served. You may review the most current MSHN results at:
*https://www.midstatehealthnetwork.org/consumers-resources/quality-compliance/satisfaction-surveys*

## Quality Reports

The MSHN Quality Assessment and Performance Improvement Program (QAPIP) Annual Report includes the information on quality improvement activities and performance measures related to access to treatment, quality of care, and outcomes of services provided. You may review the most current MSHN Quality Report at:
*https://midstatehealthnetwork.org/consumers-resources/quality-compliance/compliance-reports*

## Printed Materials Request

If you would like any information or materials found on the MSHN website in paper form, please contact your local customer service office, substance use disorder provider, or MSHN Customer Service toll-free at (844) 405-3094. Copies will be provided free of charge and within 5 business days of your request.

**Mid-State Health Network** ***(MSHN)***
**(Region 5 PIHP for 21 county region)**
***503 W. Ionia Street, Suite F, Lansing, MI 48933***
***Toll-free (844) 405-3094 or (517) 253-7525***
***www.midstatehealthnetwork.org***
***Joseph P. Sedlock, Chief Executive Officer***
***Zakia Alavi, MD, Chief Medical Officer***
***Bruce Springer, MD, Medical Director for SUD***
***Dan Dedloff, Customer Service and Rights Manager***



**Bay-Arenac Behavioral Health** ***(BABH)***
**(Arenac and Bay Counties)**
***201 Mulholland, Bay City, Michigan 48708***
***Toll-free (800) 327-4693 or (989) 895-2300***
***www.babha.org***
***Chris Pinter, Chief Executive Officer***
***Roderick Smith, MD, Medical Director***
***Melissa Prusi, Recipient Rights Officer***
***Kim Cereske, Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**
201 Mulholland
Bay City, MI 48708
Toll-free: (800) 448-5498

**Emergency Services/Crisis Services**
***(Available 24 hours a day, 7 days a week, including holidays)***
201 Mulholland
Bay City, MI 48708
Toll-free: (800) 327-4693
Phone: (989) 895-2300

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at McLaren Hospital-Bay Region in Bay City or Ascension Standish Hospital in Standish.

**Customer Service**
909 Washington Ave., Suite 3
Bay City, MI 48708
Toll-free: (888) 482-8269
Phone: (989) 497-1302

**Recipient Rights**
909 Washington Ave., Suite 3
Bay City, MI 48708
Toll-free: (800) 327-4693
Phone: (989) 895-2317

***Community Mental Health for Central Michigan* (CMHCM)**
**(Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties)**
***301 S. Crapo, Mt. Pleasant, MI 48858***
***Toll-free (800) 317-0708 or (989) 772-5938***
***www.cmhcm.org***
***Bryan Krogman, Executive Director***
***Angela Pinheiro, MD, Medical Director***
***Jane Gilmore, Recipient Rights Officer***
***Emily Shaffer, Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

301 South Crapo
Mt. Pleasant, MI 48858

Toll-free: (800) 317-0708
Phone: (989) 772-5938

**Emergency Services/Crisis Services (listed by county)**
***(Available 24 hours a day, 7 days a week, including holidays)***

**Clare County**

789 N. Clare Avenue
Harrison, MI 48625

Toll-free: (800) 317-0708
Phone: (989) 539-2141

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Clare.

**Isabella County**

301 South Crapo
Mt. Pleasant, MI 48858

Toll-free: (800) 317-0708
Phone: (989) 772-5938

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at McLaren Central Michigan or MyMichigan Medical Center - Mount Pleasant.

(Continued on Next Page)

## *Community Mental Health for Central Michigan*
## Clare, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties

**Gladwin County**
655 E. Cedar Street
Gladwin, MI 48624
Toll-free: (800) 317-0708
Phone: (989) 426-9295

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Gladwin.

**Mecosta County**
500 South Third Street
Big Rapids, MI 49307
Toll-free: (800) 317-0708
Phone: (231) 796-5825

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Health.

**Midland County**
218 Fast Ice Drive
Midland, MI 48642
Toll-free: (800) 317-0708
Phone: (989) 631-2320

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MyMichigan Medical Center - Midland.

**Osceola County**
4473 220th Avenue
Reed City, MI 49677
Toll-free: (800) 317-0708
Phone: (231) 832-2247

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Health.

**Customer Service**
301 S. Crapo, Suite 100
Mt. Pleasant, MI 48858
Toll-free: (800) 317-0708
Phone: (989) 772-5938

**Recipient Rights**
301 S. Crapo, Suite 100
Mt. Pleasant, MI 48858
Toll-free: (800) 317-0708
Phone: (989) 772-5938

**Community Mental Health Authority of Clinton, Eaton, and Ingham Counties** ***(CMHA-CEI)***
**(Clinton, Eaton, and Ingham Counties)**
***812 East Jolly Road, Lansing, Michigan 48910***
***Toll-free (877) 333-8933 or (517) 346-8200***
***www.ceicmh.org***
***Sara Lurie, Chief Executive Officer***
***Jennifer Stanley, MD, Medical Director***
***Joyce Tunnard, Recipient Rights Director***
***Joyce Tunnard, Customer Service Director***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**
812 East Jolly Road, Suite 108
Lansing, MI 48910
Toll-free: (888) 800-1559
Phone: (517) 346-8318

**Emergency Services/Crisis Services**
**Offers Walk-In or call services *24 hours a day, 7 days a week, including holidays.***
812 East Jolly Road
Lansing, MI 48910
Toll-free: (800) 372-8460
Phone: (517) 346-8460

**Emergency services are for those in immediate crisis who cannot wait for an appointment. Contact us to get directions to Crisis Services at the CMH Building. Crisis services provides crisis intervention, assessment, and screening for voluntary and involuntary hospitalization.**

**Customer Service**
812 East Jolly Road, Suite 108
Lansing, MI 48910
Toll-free: (877) 333-8933
Phone: (517) 346-8244

**Recipient Rights**
812 East Jolly Road, Suite 108
Lansing, MI 48910
Toll-free: (877) 333-8933
Phone: (517) 346-8249

**Gratiot Integrated Health Network** ***(GIHN)***
**(Gratiot County)**
***608 Wright Ave, Alma, MI 48801***
***Toll-free (800) 622-5583 or (989) 463-4971***
***www.gihn-mi.org***
***Michelle Stillwagon, Chief Executive Officer***
***Sunil Rangwani, MD, Medical Director***
***Rachel MacGregor, Recipient Rights Officer***
***Allison Bond, Customer Service***

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

608 Wright Avenue
Alma, MI 48801

Toll-free: (800) 622-5583
Phone: (989) 463-4971

**Emergency Services/Crisis Services**
***(Available 24 hours a day, 7 days a week, including holidays)***

608 Wright Avenue
Alma, MI 48801

Toll-free: (800) 622-5583
Phone: (989) 463-4971

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at MidMichigan Medical Center - Gratiot.

**Customer Service**

608 Wright Avenue
Alma, MI 48801

Toll-free: (800) 622-5583
Phone: (989) 466-4192

**Recipient Rights**

608 Wright Avenue
Alma, MI 48801

Toll-free: (800) 622-5583
Phone: (989) 466-4112

**Huron Behavioral Health (HBH)**
**(Huron County)**
***1375 R. Dale Wertz Drive, Bad Axe, MI 48413***
***Toll-free (800) 356-5568 or (989) 269-9293***
***www.huroncmh.org***
***Tracey Dore, Chief Executive Officer***
***Yolanda Edler, MD, Medical Director***
***Catherine Jaskowski, Recipient Rights Officer***
***Kim Cereske, Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay Center at 7-1-1 for assistance.

**Access to All Services**
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
Toll-free: (800) 448-5498

**Emergency Services/Crisis Services**
***(Available 24 hours a day, 7 days a week, including holidays)***
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
Toll-free: (800) 356-5568
Phone: (989) 269-9293

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Huron Medical Center (Bad Axe), Scheurer Family Medical Center (Pigeon), or Harbor Beach Community Hospital (Harbor Beach).

**Customer Service**
909 Washington Ave., Suite 3
Bay City, MI 48708
Toll-free: (888) 482-8269
Phone: (989) 497-1302

**Recipient Rights**
1375 R. Dale Wertz Drive
Bad Axe, MI 48413
Toll-free: (800) 356-5568
Phone: (989) 269-9293

## The Right Door for Hope, Recovery and Wellness
**(Ionia County)**
***375 Apple Tree Dr., Ionia, MI 48846***
***Toll-free (888) 527-1790 or (616) 527-1790***
***www.rightdoor.org***
***Kerry Possehn, Chief Executive Officer***
***Joel Sanchez, MD, Medical Director***
***Jennifer Morgan, Recipient Rights Officer***
***Jennifer Morgan, Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

### Access to All Services
375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

### Emergency Services/Crisis Services
***(Available 24 hours a day, 7 days a week, including holidays)***
375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Sparrow Hospital, United Memorial Hospital, or Carson City Hospital.

### Customer Service
375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

### Recipient Rights
375 Apple Tree Drive
Ionia, MI 48846

Toll-free: (888) 527-1790
Phone: (616) 527-1790

**LifeWays**
**(Hillsdale and Jackson Counties)**
***Hillsdale County: 25 Care Drive, Hillsdale, MI 49242***
***Jackson County: 1200 N. West Avenue, Jackson, MI 49202***
***Toll-free (800) 284-8288 or (517) 789-1200***
***www.lifewaysmi.org***
***Maribeth Leonard, Chief Executive Officer***
***Aleksandra Wilanowski, MD, Medical Director***
***Ashlee Griffes, Recipient Rights Officer***
***Carly Coxon, Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services (listed by county)**

**Hillsdale County:**
25 Care Drive
Hillsdale, MI 49242
Toll-free: (800) 284-8288
Phone: (517) 789-1200

**Jackson County:**
1200 N. West Avenue
Jackson, MI 49202
Toll-free: (800) 284-8288
Phone: (517) 789-1200

**Emergency Services/Crisis Services (listed by county)**
**(Available 24 hours a day, 7 days a week, including holidays)**

**Hillsdale County:**
25 Care Drive
Hillsdale, MI 49242
Toll-free: (800) 284-8288
Phone: (517) 789-1200

After business hours, contact the Emergency Services/Crisis Services phone number above or go to Hillsdale Community Health Center Emergency Department (HCHC).

(Continued on Next Page)

## LifeWays
## (Hillsdale and Jackson Counties)

**Jackson County:**
1200 N. West Avenue
Jackson, MI 49202

Toll-free: (800) 284-8288
Phone: (517) 789-1200

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the Henry Ford Allegiance Health Emergency Department.

**Customer Service**
1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 780-3332

**Recipient Rights**
1200 N. West Avenue
Jackson, MI 49202

Toll-free: (866) 630-3690
Phone: (517) 789-1237



**Montcalm Care Network (MCN)**
**(Montcalm County)**
***611 N. State St., Stanton, MI 48888***
***Toll-free (800) 377-0974 or (989) 831-7520***
**Montcalmcare.net**
***Tammy Warner, Executive Director***
***Razvan Adam, MD, Medical Director***
***Angela Loiselle, Recipient Rights Officer***
***Milessa Leach, Customer Service***

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7520

**Emergency Services/Crisis Services**
***(Available 24 hours a day, 7 days a week, including holidays)***

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7520

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Sheridan Community Hospital.

**Customer Service**

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831- 7541

**Recipient Rights**

611 N. State St.
Stanton, MI 48888

Toll-free: (800) 377-0974
Phone: (989) 831-7556

**Newaygo County Mental Health** ***(NCMH)***
**(Newaygo County)**
***1049 Newell Street, P.O. Box 867, White Cloud, MI 49349***
***Toll-free (800) 968-7330 or (231) 689-7330***
***www.newaygocmh.org***
***Carol Mills, Executive Director***
***Bruce Baker, MD, Medical Director***
***Jill McKay, Recipient Rights Officer***
***Andrea Fletcher, Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

1049 Newell Street
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

**Emergency Services/Crisis Services**
***(Available 24 hours a day, 7 days a week, including holidays)***

1049 Newell Street
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Spectrum Gerber Memorial Hospital.

**Customer Service**

1049 Newell Street, P.O. Box 867
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

**Recipient Rights**

1049 Newell Street, P.O. Box 867
White Cloud, MI 49349

Toll-free: (800) 968-7330
Phone: (231) 689-7330

**Saginaw County Community Mental Health Authority**
***(SCCMHA)***
**(Saginaw County)**
***500 Hancock, Saginaw, MI 48602***
***Toll-free (800) 258-8678 or (989) 797-3400***
***www.sccmha.org***
***Sandra Lindsey, Chief Executive***
***Ali Ibrahim, MD, Medical Director***
***Tim Ninemire, Recipient Rights Officer***
***Kentera Patterson, Customer Service***

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 258-8678
Phone: (989) 797-3559

**Emergency Services/Crisis Services**
***(Available 24 hours a day, 7 days a week, including holidays)***

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 233-0022
Phone: (989) 792-9732

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Covenant Hospital or St. Mary's Hospital.

**Customer Service**

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 258-8678
Phone: (989) 797-3452

**Recipient Rights**

500 Hancock
Saginaw, MI 48602

Toll-free: (800) 258-8678
Phone: (989) 797-3452

**Shiawassee Health and Wellness (SHW)**
**(Shiawassee County)**
***1555 Industrial Drive, Owosso, MI 48867***
***Toll-free (800) 622-4514 or (989) 723-6791***
***www.shiabewell.org***
***Lindsey Hull, Chief Executive Officer***
***Martha Hashimoto, MD, Medical Director***
***Andrea Andrykovich, Recipient Rights Officer***
***Andrea Andrykovich, Customer Service***

Languages spoken other than English: Spanish; Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-6791

**Emergency Services/Crisis Services**

***(Available 24 hours a day, 7 days a week, including holidays)***

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-6791

After business hours, contact the Emergency Services/Crisis Services phone number above or go to the emergency department at Owosso Memorial Healthcare.

**Customer Service**

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-6791

**Recipient Rights**

1555 Industrial Drive
Owosso, MI 48867

Toll-free: (800) 622-4514
Phone: (989) 723-0725

**Tuscola Behavioral Health System (TBHS)**
**(Tuscola County)**
**323 N. State Street, Caro, MI 48723**
**Toll-free (800) 462-6814 or (989) 673-6191**
**www.tbhsonline.com**
**Sharon Beals, Chief Executive Officer**
**Usha Movva, MD, Medical Director**
**Syndi Neeb, Recipient Rights Officer**
**Kim Cereske, *Customer Service***

Languages spoken other than English: Interpreters available at no charge for all languages.

For those with hearing impairment, please call the Michigan Relay at 7-1-1 for assistance.

**Access to All Services**

323 N. State Street
Caro, MI 48723

Toll-free: (800) 462-6814
Phone: (989) 673-6191

**Emergency Services/Crisis Services**
**(Available 24 hours a day, 7 days a week, including holidays)**

1332 Prospect Avenue
Caro, MI 48723

Toll-free: (800) 462-6814
Phone: (989) 673-6191

After business hours, contact the Emergency Services/Crisis Services phone number above or go to nearest hospital emergency room.

**Customer Service**

909 Washington Avenue, Suite 3
Bay City, MI 48708

Toll-free: (888) 482-8269
Phone: (989) 497-1302

**Recipient Rights**

323 N. State Street
Caro, MI 48723

Toll-free: (800) 462-6814
Phone: (989) 673-6191

## Local Provider Directory

Each local community mental health and SUD provider has developed a unique provider system to meet the specific local needs of its community. You can request the list at any time by contacting your local customer service office as listed on pages 37 and 38.

This local provider directory has been created to help you make an informed decision in selecting a service provider. This directory includes information about the providers which includes, at a minimum, the provider name, address, telephone number, website address, the services provided, hospital affiliation(s), whether they are accepting new enrollees, cultural and linguistic capabilities, any non-English languages they provide services in (including American Sign Language), days and hours of operation, whether the provider's office/facility has accommodations for people with physical disabilities.

Please note: the availability of specific specialty service providers will vary depending on individual provider capacity and possibly the type of funding that is used for your services.



**We are ready to walk beside you on your journey through recovery toward a self-determined life!**

## Accessing Services

Accessing behavioral health and substance use disorder services and supports through your local community mental health (CMH) and/or substance use disorder (SUD) provider is just a phone call away. Each CMH and SUD provider has a location to serve you. To access services, please call your local access center listed beginning on page 17.

When you call, one of our friendly access staff will ask you questions that will help determine if you are eligible for services. They will ask you where you live and for you to describe what is happening in your life to need services. You will also be asked about your insurance and your income.

Together, you and the access staff will determine your next step:

- If the situation you describe is an emergency, you will be directed to immediate help.
- If your situation is not an emergency and you may be eligible for services, we will make arrangements for an assessment/screening to be completed.
- If you are not eligible for services at your community mental health and/or SUD provider, we will help you identify community resources that may be available through your local 2-1-1 as described on page 97.
- If you have private insurance, you may be directed to use one of your insurer's providers before receiving services from your local community mental health services programs and/or SUD provider (if eligible).

If you can't call, just walk in. When you visit us, it is a good idea to bring your insurance card(s) and proof of income with you. We're here to help you when you need it. In addition, each CMH has staff available **24 hours, 365 days/year** to respond to crises that require immediate attention. A crisis hotline may be reached within your county by calling the local emergency services at the phone number listed beginning on page 17.

## Accessing Substance Use Services

**"No Wrong Door"**

1. Community Mental Health Service Provider

- Screening and referral for substance use services and supports is available through your local community mental health (CMH) provider **24-hours a day, seven days a week, 365 days a year** by calling your local access center listed beginning on page 17.

2. Substance Use Disorder Service Provider

- Individuals can also call the substance use treatment provider of their choice directly for screening, scheduling, and/or referral.
- For a list of current SUD providers, please refer to MSHN's website at www.midstatehealthnetwork.org or you may ask your CMH or SUD provider for a list.
- No referral or "prior auth" from MSHN is necessary to start substance use services.

3. Mid-State Health Network (MSHN)

- MSHN's Utilization Management Department is available Monday to Friday, 8:00 am to 5:00 pm at (844) 405-3095 for questions about benefits or services.
    - Note: It is not required to call MSHN to start substance use treatment services.

## Emergency and After-Hours Access to Services

### Emergency Services

A "behavioral health emergency" is when a person is experiencing symptoms and behaviors that can reasonably be expected in the near future to lead to harm for him/herself or another individual, or because of his/her inability to meet his/her basic needs is at risk of harm, or the person's judgment is so impaired that he or she is unable to understand the need for treatment and that their condition is expected to result in harm to him/herself or another individual in the near future. You have the right to receive emergency services at any hospital or emergency care setting, at any time, **24-hours a day**, **seven days a week**, without prior authorization for payment of care.

If you have a behavioral health emergency, you should seek help right away. At any time during the day or night, call your local behavioral health emergency services department as listed beginning on page 17. You may also go to your local hospital emergency room or call "9-1-1" if you are having a behavioral health emergency.

If you have a substance use disorder emergency, you should seek help right away. At any time during the day or night, you may go to your local hospital emergency room or call "9-1-1" if you are having a substance use disorder emergency.



## Emergency and After-Hours Access to Services

Please note: If you utilize a hospital emergency room, there may be healthcare services provided to you as part of the hospital treatment that you receive for which you may be billed and may be responsible for the fee depending on your insurance status. These services may not be part of the community mental health or SUD providers' emergency services you receive. Customer Service can answer questions about such bills by calling your local office as listed on pages 37 and 38.

### Aftercare (Post-Stabilization) Services

After you receive emergency behavioral health care and your condition is under control, you may receive behavioral health services to make sure your condition continues to improve. Examples of post-stabilization services are crisis residential, case management, outpatient therapy, and/or medication reviews. Prior to the end of your emergency-level care, your local community mental health agency will help you to coordinate your post-stabilization services.





## Customer Service

Customer Service representatives are available at both community mental health and the SUD providers to assist you with questions and/or concerns about the services you receive or feel you should receive. We can assist you with filing a complaint and can provide you with information about eligibility, processes, behavioral health or SUD concerns, community resources, and much more. You will be offered a handbook annually. Additional information will be provided any time there is significant change at least **30 days** before the intended effective date. You may also request this information or information about our provider network and Board of Directors whenever you wish. If you have a hearing impairment, you may choose one of the ways below to reach us:

- Call Michigan Relay Center by dialing "7-1-1" and then ask to be connected to the number you are trying to reach
- Call Sorenson Video Relay at (866) 327-8877 or CALL.SVRS.TV from any videophone. If you do not currently have Sorenson Video Relay Service and would like to apply for free equipment and services, go to www.sorensonvrs.com

If you speak a language other than English, please contact your local community mental health or SUD provider Customer Service office, as listed on pages 37 and 38, who will assist you in obtaining a language interpreter.

You may contact Customer Service , by phone, in person, or by mail. To learn of your customer service office hours of operation and how to access your customer service office after business hours, please contact your local customer service office as listed on pages 37 and 38.

## Customer Service

| Community Mental Health Customer Service | Phone Number |
|---|---|
| Bay-Arenac Behavioral Health (Arenac, Bay) | (989) 497-1302 or Toll-free (888) 482-8269 |
| Community Mental Health Authority of Clinton-Eaton-Ingham Counties (Clinton, Eaton, Ingham) | (517) 346-8244 or Toll-free (877) 333-8933 |
| Community Mental Health for Central Michigan (Clare, Gladwin, Isabella, Mecosta, Midland, Osceola) | (989) 772-5938 or Toll-free (800) 317-0708 |
| Gratiot Integrated Health Network (Gratiot) | (989) 466-4192 or Toll-free (800) 622-5583 |
| Huron Behavioral Health (Huron) | (989) 497-1302 or Toll-free (888) 482-8269 |
| The Right Door for Hope, Recovery and Wellness (Ionia) | (616) 527-1790 or Toll-free (888) 527-1790 |
| LifeWays (Hillsdale, Jackson) | (517) 780-3332 or Toll-free (866) 630-3690 |
| Mid-State Health Network (MSHN) | (517) 657-3011 Toll-free (844) 405-3094 |
| Montcalm Care Network (Montcalm) | (989) 831-7520 or Toll-free (800) 377-0974 |

## Customer Service

| Community Mental Health Customer Service | Phone Number |
|---|---|
| Newaygo County Mental Health (Newaygo) | (231) 689-7330 or Toll-free (800) 968-7330 |
| Saginaw County Community Mental Health Authority (Saginaw) | (989) 797-3452 or Toll-free (800) 258-8678 |
| Shiawassee Health and Wellness (Shiawassee) | (989) 723-6791 or Toll-free (800) 622-4514 |
| Tuscola Behavioral Health Systems (Tuscola) | (989) 497-1302 or Toll-free (888) 482-8269 |



## Grievances and Appeals Process

You will be given detailed information about grievance and appeal processes when you first start services and then again annually. You may ask for this information at any time by contacting the customer service office as listed on pages 37 and 38.

### Grievances

You have the right to say that you are unhappy with your services or supports or the staff who provide them, by filing a "grievance." You can file a grievance *any time* by calling, visiting, or writing to the customer service office as listed on pages 37 and 38. Assistance is available in the filing process by contacting the customer service office. In most cases, your grievance will be resolved within **90 calendar days** from the date your provider receives your grievance.

- There is no time limit on when you can file a grievance.
- You have the right to file an Appeal of an Adverse Benefit Determination and a Grievance regarding other service complaints at the same time.
- A provider may file a grievance on your behalf (with verified consent by you/ your legal representative).
- If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than **90 calendar days**.
- A State Fair Hearing can be requested if the CMH and/or SUD Provider fails to resolve the grievance and provide notice of the resolution within **90 calendar days** of the date of the grievance request.

### Grievance Extensions

In most cases, your grievance will be resolved within **90 calendar days** from the date your provider receives your grievance. Your provider may extend the time for resolving your grievance by **14 calendar days** if you request an extension, or if your provider can show that additional information is needed and the delay is in your best interest. Your grievance will be resolved as quickly as your health condition requires and no later than the date the extension expires. You have the right to file a grievance if you disagree with the extension and you may do so by contacting your local customer service office listed on pages 37 and 38.

## Local Appeals

You will be given notice when a decision is made that denies your request for services or reduces, suspends or terminates the services you already receive. This notice is called an "Adverse Benefit Determination". You have the right to request a local appeal verbally or in writing when you do not agree with the decision. You have to ask to appeal the decision within **60 calendar days** for a standard appeal or **10 calendar days** for an expedited appeal from the effective date on the Adverse Benefit Determination. You may ask for an appeal by contacting your customer service office listed on pages 37 and 38.

In most cases, your standard appeal will be completed in **30 calendar days**. If you request and meet the requirements for an expedited appeal, a decision will be made within **72-hours**.

Important things to know:

- You may ask for assistance from Customer Service to file an appeal.
- You will have the chance to provide information in support of your appeal, and to have someone speak for you regarding the appeal if you would like. All comments, documents, records, and other information submitted by you or your representative will be taken into account at whatever point it is submitted in the appeal process.
- Your appeal will be handled by someone who has the appropriate clinical expertise to make an informed decision but not by anyone who was involved in any previous level of review or decision making, nor a subordinate of any such individual.
- You may ask to look over the information used in making the appeal decision.
- If you file an appeal, you will receive an acknowledgment letter. You will also receive a disposition (decision) letter in no more than **30 calendar days** for standard appeals and **72 hours** for an expedited appeal.

## Appeal Extension

Your provider may extend the time for resolving your appeal by **14 calendar days** if you request an extension, or if your provider can show that additional information is needed and the delay is in your best interest. You have the right to file a grievance if you disagree with the extension and you may do so by contacting your local customer service office listed on pages 37 and 38.

## Second Opnion, Benefit Continuation

### Second Opinions

If you were denied access to community mental health services, or if you were denied psychiatric inpatient hospitalization after specifically requesting this service, the Michigan Mental Health Code allows you the right to ask for a Second Opinion.

- If you have been denied community mental health services, a second opinion will be completed upon request.
- If a request for psychiatric inpatient hospitalization was denied, a second opinion will be completed within **3 business days**, excluding Sundays and Holidays, of making a request.

### Benefit Continuation

If you are receiving a Michigan Medicaid service that is reduced, terminated or suspended before your current service authorization, and you file your appeal within **10 calendar days** (as instructed on the Notice of Adverse Benefit Determination) or by the effective date upon the Notice, you may continue to receive your same level of services while your local appeal is pending. You will need to state in your appeal request that you are asking for your service(s) to continue.

If your benefits are continued and your appeal is denied, you will also have the right to ask for your benefits to continue while a State Fair Hearing is pending if you make the request to your provider within **10 calendar days**. You will need to state in your State Fair Hearing request that you are asking for your service(s) to continue.

If your benefits are continued, you can keep getting the service until one of the following happens: 1) you withdraw the appeal or State Fair Hearing request; 2) all entities that got your appeal decide "no" to your request; or 3) the active authorization expires or the authorization service limits are met.

NOTE: If your benefits are continued because you used this process, you may be required to repay the cost of any services that you received while your appeal was pending if the final resolution upholds the denial of your request for coverage or payment of a service.

## State Medicaid Fair Hearing

A fair hearing is an impartial review by a state level administrative law judge. Medicaid enrollees can ask for a state fair hearing only after receiving the Notice of Appeal Denial stating that the service decision you appealed has been upheld. However, if your provider fails to adhere to the notice and timing requirements, you will be deemed to have exhausted the local appeal process and you can request a State Fair Hearing at that time. You have **120 calendar days** from the date on the Notice of Appeal Denial letter to request a State Fair Hearing.

A State Fair Hearing form will be provided with the Notice of Appeal Denial letter. You can contact your local customer service office listed on pages 37 and 38 to ask for assistance in completing the form. After completing the form, mail or fax it to:

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES**
**PO BOX 30763**
**LANSING MI 48909**
**Fax: 517-763-0146**

You can request a hearing to be conducted quickly by calling:
toll-free (877) 833-0870.

You may choose to have another person represent you or participate in the hearing. This person can be anyone at least 18 years of age of your choice, including a service provider and/or an attorney. Your guardian or legal representative can represent you but a copy of the court order naming the person as your guardian must be included with hearing request or a hearing will not be given.

A hearing will be scheduled and you and/or your representative have the right to present facts to support your case during the hearing.

If the administrative law judge reverses the original decision and services were not active while the appeal was pending, your provider must authorize or provide the service(s) promptly, and as quickly as your health condition requires but no later than 72 hours from the date the decision is received. If you received the service(s), your provider is required to pay for the service(s) you received.

## Behavioral Health Mediation Services Program

The Michigan Behavioral Health Mediation Services program gives you access to a neutral, independent mediation professional to resolve problems related to your experience with your Community Mental Health (CMH) services.

What is Mediation?

In mediation, a neutral third-party mediator guides individuals through a confidential information sharing and decision-making process. The mediator ensures that all parties have a voice and that there is a power balance at the table. The mediators will work to reach a resolution agreeable to the individuals involved.

Benefits of Mediation

- It provides a safe space to share concerns.
- It's an impartial process where parties have an equal voice.
- It's confidential.
- You do not lose any other due process rights (i.e., local appeal, grievance/complaint, etc.).

How Much Does It Cost?

Mediation is free to all parties receiving mental health services from a CMH. Mediation services are paid for by a Michigan Department of Health and Human Services (MDHHS) grant.

How to request Mediation?

Mediation services are administered by the Oakland Mediation Center (OMC).

1. Contact the OMC at 844-3-MEDIATE or email behavioralhealth@mediation-omc.org.
2. A Mediation Specialist is available Monday through Friday from 9 am to 5 pm and will confirm your eligibility.
3. If eligible, the Specialist will refer your case to your local Community Dispute Resolution Program (CDRP) center.
4. A staff member from the CDRP will contact you and your CMH to schedule an intake to understand the concerns.
5. After the intake, a CDRP mediator will schedule a mediation session within 10 business days.

**Call 844-3-MEDIATE or go to www.mediation-omc.org with any questions.**

## Non-Medicaid Consumer Protections

For individuals receiving non-Medicaid services the following consumer protections are available to you.

### Grievance

If you are unhappy with services and supports and it is not related to an appeal, you have the right to file a "grievance". You can file a grievance *any time* by calling, visiting, or writing to the customer service office as listed on pages 37 and 38. If you file a grievance, you will receive an acknowledgment letter. You will also receive a disposition letter no later than **60 calendar days** after filing a grievance.

### Appeals

Consumers without Medicaid will be given notice after your request for services is denied. Active consumers with a person-centered plan and authorizations will receive notice at least **30 calendar days** before the action goes into effect when services are reduced, suspended or terminated.

You have the right to request a local appeal by contacting your local CMH customer service office listed on pages 37 and 38. You must request the local appeal within **30 calendar days** from the date of the notice. You will receive a letter acknowledging your appeal request. You will receive a final disposition letter within **45 calendar days** after your appeal request.

You may file for a **State Alternative Dispute Resolution** if you are unhappy with the outcome of your local appeal. You have **10 calendar days** from receiving the written local appeal decision letter to file for a MDHHS Alternative Dispute Resolution.

You may file a request to appeal the local decision by writing to:

**Michigan Department of Health and Human Services**
**Division of Program Development, Consultation, and Contracts**
**Bureau of Community Mental Health Services**
**Attn: Request for DHHS Level Dispute Resolution**
**Elliott-Larsen Building**
**320 S. Walnut**
**Lansing, MI 48913**

## Coordination of Care

To improve the quality of services, we want to coordinate your care with the medical provider(s) who care for your physical health.

If you are also receiving substance use disorder treatment, your behavioral health care should be coordinated with those services. Being able to coordinate with all providers involved in treating you improves your chances for recovery, relief of symptoms, improved functioning, and prevention of medication interactions. Therefore, you are encouraged to sign a "Release of Information" so that information can be shared with all of your providers. Subject to the limitations of the federal and state regulations, claims information available to MSHN, your CMHs and/or SUD providers regarding your physical health and behavioral health care can be accessed and utilized without your authorization. Access and use of information can occur for purposes such as payment, treatment, healthcare coordination, and population health analysis. If disclosure exceeds the reasons specified by MSHN, your CMHs, SUD providers and/or subcontracted providers are required to inform you of disclosures, per confidentiality and notice of privacy requirements. For more information on confidentiality see page 60.

If you do not have a medical doctor and need one, contact your support staff or local customer service office as listed on pages 37 and 38. The staff will assist you in finding a medical provider.



## Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

### Person-Centered Planning/Individualized Treatment Planning

The process used to design your individual plan of behavioral health and SUD supports, service, or treatment is called "Person-Centered Planning (PCP)." PCP is your right protected by the Michigan Mental Health Code. The Michigan Department of Health and Human Services, Bureau of Substance Abuse, and Addiction Service refers to the planning process as "Individualized Treatment Planning."

The process begins when you determine whom, besides yourself, you would like at the planning meetings, such as family members or friends, and what staff from your community mental health and/or SUD provider you would like to attend. You will also decide when and where the planning meetings will be held. Finally, you will decide what assistance you might need to help you participate in and understand the meetings.

During the person-centered/individualized treatment planning meeting, you will be asked what your hopes and dreams are, and will be helped to develop goals or outcomes you want to achieve. The people attending this meeting will help you decide what supports, services or treatment you need, who you would like to provide this service, how often you need the service, and where it will be provided. You have the right, under federal and state laws, to a choice of providers.

After you begin receiving services, you will be asked from time to time how you feel about the supports, services or treatment you are receiving and whether changes need to be made. You have the right to ask at any time for a new person-centered/individualized treatment planning meeting if you want to talk about changing your plan of service.

## Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

You have the right to "independent facilitation" of the person-centered planning process. This means that you may request that someone other than the support staff conduct your planning meetings. You have the right to choose from available independent facilitators.

Children under the age of 18 with intellectual/developmental disabilities, serious emotional disturbance, and SUD also have the right to person-centered planning. However, person-centered planning must recognize the importance of the family and the fact that supports and services impact the entire family. The parent(s) or guardian(s) of the children will be involved in pre-planning and person-centered planning using "family-centered practice" in the delivery of supports, services and treatment to their children.

**Topics Covered during Person-Centered Planning:**

During person-centered planning, you will be told about psychiatric advance directives, a crisis plan, and self-determination (see the descriptions below). You have the right to choose to develop any, all or none of these options.

(Continued on Next Page)



## Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

### Advance Directives

Adults have the right, under Michigan law (42 CFR 422.128), to a psychiatric advance directive ("Advance Directives"). A psychiatric advance directive is a tool for making decisions before a crisis in which you may become unable to make a decision about the kind of treatment you want and the kind of treatment you do not want. This lets other people, including family, friends, and service providers, know what you want when you cannot speak for yourself.

Advance Directives are special instructions for a medical or behavioral health emergency. You make this plan before anything happens.

Sometimes in a medical or behavioral health emergency, a person cannot talk or give informed consent. So, before anything happens, you agree to let another person make medical or behavioral health decisions for you in such a situation. Then, if you are unable to tell what you want done and qualified professionals determine that you are unable to do so, the person that you chose to be your advocate will tell the doctors or others the type of care you want. You can change your wishes or patient advocate at any time, as long as you are of sound mind, by updating the appropriate legal forms. The decision to have any type of advance directive, if one at all, is completely up to you.

If you would like more information on advance directives, please speak with your support staff or contact your local customer service office as listed on pages 37 and 38. There are forms available for both types of advance directives. A copy of the form should be kept in your medical/behavioral health records, at your doctor's office, in your home, and with your patient advocate.

If you do not believe you have received appropriate information regarding advance directives from MSHN, your community mental health provider or substance use disorder provider, or you feel that your provider did not follow your advance directive, please contact your local customer service office as listed on pages 37 and 38.

(Continued on Next Page)

## Crisis Plan

You also have the right to develop a "crisis plan." A crisis plan is intended to give direct care if you begin to have problems in managing your life or you become unable to make decisions and care for yourself. The crisis plan would give information and direction to others about what you would like done in the time of crisis. Examples are friends or relatives to be called, preferred medicines, or care of children, pets, or bills.

## Natural Supports

A natural support is someone that may help you with a variety of tasks and are people that you know that are not paid to help you. Your friends and family are natural supports, and we want you to use and obtain help from as many people as possible to make your life better. While you do have support from your community mental health provider and substance use disorder provider, we want to help you improve your life without having to rely on paid staff. This will allow you to become more independent and able to function in your everyday life. Identifying natural supports is an important step in the journey to recovery and to a self-determined life.

(Continued on Next Page)



## Person-Centered Planning, Advance Directives, Crisis Planning, and Self-Determination

### Self-Determination

Self-determination is an option for payment of medically necessary services you might request if you are receiving behavioral health services in Michigan. It is a process that would help you to design and exercise control over your own life by directing a fixed amount of dollars that will be spent on your authorized supports and services, often referred to as an "individual budget." You would also be supported in your management of providers, if you choose such control. If you would like more information about self-determination, please speak with your support staff or your local customer service office as listed on pages 37 and 38.



## Recovery and Resiliency

Recovery is a journey of healing and transformation enabling a person with a mental illness and/or intellectual/developmental disability: and/or a substance use disorder to live a meaningful life in a community of his or her choice while striving to achieve his or her potential.

Recovery is our guiding principle when providing services to empower individuals on their journey toward wellness. Recovery is an individual journey that follows different paths and leads to different locations. Your path to recovery and wellness is a journey because it is about the lifelong process that you enter into; it is not a destination. Recovery is unique to each individual and can truly only be defined by the individual themselves. What might be recovery for one person may be only part of the process for another.

Recovery may also be defined as wellness. Behavioral health and/or substance use disorder supports and services help people living with a mental illness and/or intellectual/developmental disability and/or substance use disorder in their recovery journeys. The person-centered planning process is used to identify the supports needed for individual recovery.

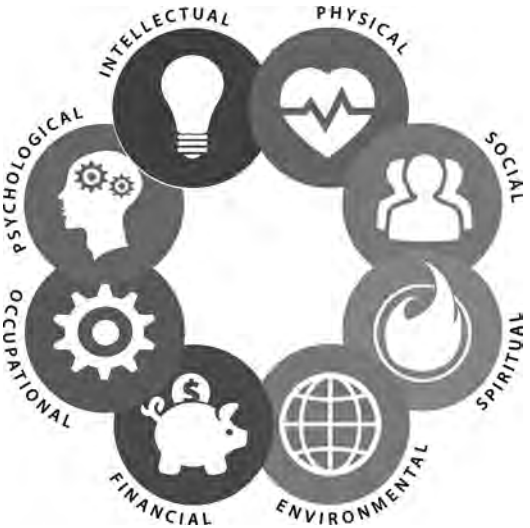
In recovery, there may be relapses or setbacks. A relapse is not a failure, rather a challenge or an opportunity. If a relapse is prepared for, and the tools and skills that have been learned throughout the recovery journey are used, a person can overcome and come out a stronger individual. It takes time, and that is why ***Recovery*** is a process that will lead to a future that holds days of pleasure and the energy to persevere through the trials of life.

**Resiliency** and development are the guiding principles for children with serious emotional disturbance. Resiliency is the ability to "bounce back" and is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

## Life and Wellness

Wellness means overall well-being. It incorporates the mental, emotional, physical, financial, occupational, intellectual, environmental, and spiritual aspects of a person's life. Each aspect of wellness can affect overall quality of life, so it is important to consider all aspects of health. This is especially important for people with behavioral health and substance use disorder problems because wellness directly relates to the quality and longevity of your life.

What makes us well differs from person to person. As you read this, see how the eight Dimensions of Wellness apply to you:




| | |
|---|---|
| **Emotional/ Psychological:** Coping effectively with life and creating satisfying relationships | Be aware of your feelings; express feelings to others; learn coping mechanisms to overcome troubling emotions; do meditation, yoga, relaxation, or deep breathing; use humor; get a pet |
| **Financial:** Satisfaction with current and future financial situations | Make conscious decisions regarding spending money and budgeting; plan and prepare for future circumstances |

**(Adapted from Substance Abuse and Mental Health Services Administration [SAMHSA] Wellness Initiative)**

| | |
|---|---|
| **Social:** Developing a sense of connection, belonging, and a well developed support system | Make short list of family, friends, and peers who are supportive and positive; make at least one connection per day with a friend or family member by calling, emailing, visiting, or reaching out by social media; join a book club; volunteer |
| **Spiritual:** Expanding our sense of purpose and meaning in life | This can mean different things to different people such as religion/church or nature. For many people, spirituality can provide meaning and purpose in their lives |
| **Occupational:** Personal satisfaction and enrichment derived from one's work | We don't always think about our jobs or careers as part of our overall health. Personal satisfaction and a sense of purpose often enters one's life through work or school or volunteering |
| **Physical:** Recognizing the need for physical activity, diet, sleep, and nutrition | Stay active! Take the stairs, walk instead of drive, or join a local sports league; make healthy food choices; sleep is as important as diet and exercise; see your primary care doctor regularly; stay informed about your medications and ask your doctor about possible side effects; don't smoke; avoid the use and abuse of substances, such as alcohol, drugs, and caffeine |
| **Intellectual:** Recognizing creative abilities and finding ways to expand knowledge and skills | Creative and stimulating activities add another dimension to wellness. Learning new things and pursuing personal interests are part of a healthy lifestyle such as finding new hobbies, taking school classes, taking community education courses, reading, writing poetry, painting, scrap booking, doing arts/crafts |
| **Environmental:** Good health by occupying pleasant, stimulating environments that support well-being | Find pleasing surroundings that encourage good physical and mental health, such as rooms with light, rooms with soothing colors, soothing music, or soothing indoor waterfall |

## Co-Occurring Concerns

Many people think of behavioral health issues and substance use issues as being separate illnesses. However, behavioral health and substance use disorder conditions often co-occur. In other words, individuals with substance use conditions often have a behavioral health condition at the same time and vice versa, according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Further, co-occurring issues also can lead to medical/physical health conditions such as liver conditions, high blood pressure, neurological issues, or pain, etc.

According to the Behavioral Health Evolution, some of the more common behavioral health disorders that co-occur with substance use disorder include: Mood-related disorders (such as Major Depression or Bi-Polar Depression), Severe Mental Illness (such as Schizophrenia or Schizo-affective Disorder), and Anxiety-Related Disorders (Post Traumatic Stress Disorder, Panic Disorder, Social Anxiety, Generalized Anxiety or Obsessive-Compulsive Disorder). Individuals with behavioral health issues often use substances to feel better. Using alcohol or other drugs not only fails to repair the behavioral health disorder but also prevents a person from developing effective coping skills...and also interferes with medications prescribed for behavioral health conditions.

For more information, contact your local community mental health and/or substance use disorder provider.

**Resources:**

**www.samhsa.gov**

**www.bhevolution.org/public/cooccurring_overview.page**

**www.helpguide.org/articles/addiction/substance-abuse-and-mental-health.htm**

## Co-Occurring Concerns

Symptoms of substance use disorders may mask symptoms of behavioral illness and vice versa according to the Behavioral Health Evolution. This, combined with denial, often make it difficult to diagnose a co-occurring disorder. According to SAMHSA there are many consequences of undiagnosed, untreated, or under treated co-occurring disorders including higher likelihood of experiencing:

- Homelessness
- Jail
- Medical illnesses
- Suicide
- Early death
- Frustration with lack of treatment progress
- Difficulty with social relationships
- Impaired work/school performance

Dealing with substance use disorders or behavioral health disorders is never easy; however, it is even more challenging if they occur together. SAMHSA reports that Integrated Treatment, treatment that addresses behavioral and substance use conditions at the same time, leads to better outcomes, such as:

- Reduced substance use
- Improved psychiatric symptoms and functioning
- Decreased hospitalization
- Increased housing stability
- Fewer arrests
- Improved quality of life
- Healthy relationships
- Job and income retention

***There is hope! Combined treatment is the best for your road to recovery!***

## Your Responsibilities

You can assist us with the best quality care by:

- Making every effort to keep scheduled appointments and arrive on time. If you will be delayed, we ask that you contact your staff person to inform them and to explore if it is still feasible to attend. If you cannot keep an appointment for any reason, we ask that you contact your staff person at least **24 hours** in advance so that we can use this time for another individual. We will assist you in rescheduling your appointment for the earliest available date. Please inform your support staff of any barriers that you are encountering in attending appointments, such as transportation, appointment times, childcare, staff/customer rapport, sensitive topic, etc., so he/she may help brainstorm options to address these barriers
- Letting us know of a change in name, address, phone number, emergency contact, or insurance coverage
- Providing complete information regarding any medications being prescribed by other medical professionals or any medications being taken over the counter (including herbal supplements). Let us know what medications you are taking, why you are taking it/them, the proper way to take it/them, and possible side effects of that medication. Take your medications as prescribed. Tell your support staff and/or psychiatrist how medications are affecting you (whether good or bad)
- Participating in your care. Help develop your Person-Centered Plan or Treatment Plan
- Expressing your opinions, concerns, or suggestions in a helpful manner so we can know how best to help
- Engaging in behavior that demonstrates courtesy and respect towards staff and other clients. Aggression, threats, and abusive language including hate speech may be grounds for termination from treatment.

## Recipient Rights

### Your Rights

You have rights when receiving public behavioral health services and/or public substance use disorder services. You have the right to get the care you need, which means you should expect to:

- Receive behavioral health and substance use disorder services without discrimination
- Be provided meaningful access to LEP language assistance services, including but not limited to, oral and written translation
- Know the credentials of your service provider
- Know the details about your behavioral health and substance use disorder services
- Know what you can expect from program staff during your sessions
- Have things explained to you so that you understand and receive information and services in a language you understand. Interpreters are available free of charge
- Be treated with respect and with due consideration for your dignity and privacy
- Receive information on available treatment options and alternatives, presented in a manner appropriate to your condition and ability to understand
- Know what your responsibilities are while you are receiving services
- Have the option to seek a second opinion (this standard does not apply to SUD Community Grant services)
- Participate in decisions regarding your care, including the option to refuse care, without penalty, unless it is court ordered, or will endanger you or others
- Receive the information listed in this handbook at least once a year or when requested
- Know who to contact if you think your rights have been violated

## Recipient Rights

**You also have the following Rights and Responsibilities:**

- A right to receive information about the organization, its services, its practitioners and providers and member rights and responsibilities
- A right to be treated with respect and recognition of your dignity and right to privacy
- A right to participate with practitioners in making decisions about your health care
- A right to a candid discussion of appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- A right to voice complaints or appeals about the organization or the care it provides
- A right to make recommendations regarding the organization's member rights and responsibilities policy
- A responsibility to supply information (to the extent possible) that the organization and its practitioners and providers need in order to provide care
- A responsibility to follow plans and instructions for care that you have agreed to with your practitioners
- A responsibility to understand your health problems and participate in developing mutually agreed-upon treatment goals, to the degree possible

**Your Rights for Behavioral Health Services:**

Every person who receives public behavioral health services has certain rights. The Michigan Mental Health Code protects some rights. Some of your rights include:

- The right to be free from abuse and neglect
- The right to confidentiality
- The right to be treated with dignity and respect
- The right to treatment suited to condition

More information about your many rights is contained in the booklet titled "Your Rights" and/or "Know Your Rights" brochure. You will be given this booklet and have your rights explained to you when you first start services, and then once again every year. You can also ask for this booklet at any time. This recipient rights information is also available in other languages and formats.

## Recipient Rights

**Your Rights for Substance Use Disorder Services:**

If you receive substance use disorder services, you have rights protected by the Public Health Code. These rights will be explained to you when you start services and again every year you are involved with services. You can find more information about your rights while getting substance use disorder services in the "Know Your Rights" pamphlet.

**Freedom from Retaliation:**

If you use public behavioral health or substance use disorder services, you are free to exercise your rights, and to use the rights protection system without fear of retaliation, harassment, or discrimination. In addition, under no circumstances will the public behavioral health system use seclusion or restraint as a means of coercion, discipline, convenience, or retaliation.

**If You Think Your Rights Have Been Violated:**

You may file a Recipient Rights complaint *any time* if you think staff violated your rights. You can make a Recipient Rights complaint either orally or in writing.

You may contact your local community mental health services program to talk with a Recipient Rights Officer with any questions you may have about your rights or to get help to make a complaint in relation to services. You can contact the Office of Recipient Rights at the phone number listed for your community mental health services program listed beginning on page 17 or your local customer service office as listed on pages 37 and 38.

If you have a recipient rights concern in relation to substance use disorder services, you may call your substance use disorder provider. Ask to talk with its recipient rights advisor. You can ask any questions you may have about your substance use disorder service rights. You can also get help to make a complaint. You may also call the MSHN SUD Recipient Rights Consultant at (517) 657-3011 or toll-free (844) 405-3094.

## Confidentiality and Family Access to Information

You have the right to have information about your behavioral health and substance use disorder (SUD) treatment kept private. You also have the right to look at your own clinical records or to request and receive a copy of your records. You have the right to ask us to amend or correct your clinical record if there is something with which you do not agree. Please remember, though, your clinical records can only be changed as allowed by applicable law. Generally, information about you can only be given to others with your permission. However, there are times when your information is shared in order to coordinate your treatment or when it is required by law.

Family members have the right to provide information to MSHN, your CMH and/or your SUD provider about you. However, without a Release of Information signed by you, MSHN, your CMH and/or your SUD provider may not give information about you to a family member. For minor children under the age of 18 years, parents/guardians are provided information about their child and must sign a release of information before information can be shared with others. If you receive SUD services, you have rights related to confidentiality specific to SUD services.

Under HIPAA (Health Insurance Portability and Accountability Act), you will be provided with an official Notice of Privacy Practices from your community mental health services program and/or SUD provider. This notice will tell you all the ways that information about you can be used or disclosed. It will also include a listing of your rights provided under HIPAA and how you can file a complaint if you feel your right to privacy has been violated.

If you feel your confidentiality rights have been violated, you can call the Recipient Rights Officer and/or Recipient Rights Advisor where you receive services.

## Service Authorization

When you first come to us, we will talk with you to figure out what we can do to help you. Together we will figure out what services will help you get better. We will approve those services, and then you can receive them. This is called prior authorization.

Services you request must be authorized or approved by your community mental health provider or substance use disorder provider. They may approve all, some, or none of your requests. You will receive notice of a decision within **14 calendar days** after you have requested the service during person-centered planning, or within **72 hours** if the request requires a expedited (quick) decision.

All services must be medically necessary. Substance use disorder services may be urgent or non-urgent, whereas behavioral health services may be emergent, urgent, or routine. This means that the services to be provided are needed to assure appropriate assessment and treatment of your condition. Services that are considered ineffective, experimental, or inappropriate will not be approved.

If you are referred to a community mental health agency or substance use disorder provider by the access center, you no longer have to obtain authorization from your community mental health provider or substance use disorder provider. The provider will contact the authorizing agency for further authorization on your behalf.

If you have other insurance that may cover your services, we may refer you to your insurance company for assistance. The insurance company will determine the amount and type of service(s) for which you are eligible, based on your coverage. Please contact your local customer service office listed on pages 37 and 38 if you need assistance contacting your insurance company.

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## Service Authorization (includes Out of Network)

Any decision that denies a service you request or denies the amount, scope or duration of the service that you request will be made by a health care professional who has appropriate clinical expertise in treating your condition. Authorizations are made according to medical necessity. If you should disagree with a decision, you may ask for a second opinion (for behavioral health only) from a network provider, or arrangements will be made for you to obtain a second opinion from outside the network, at no cost to you.

If you do not agree with a decision that reduces, suspends or terminates a service, you may file a local appeal (for behavioral health and SUD services.) Please refer to the local appeal section in this handbook on page 40.

If you are not receiving approved medical services as quickly as needed, you can get help. Call your local customer service office as listed on pages 37 and 38. They will help you get the treatment services you need. The customer service office may also help you file a grievance. A grievance is a way to complain about what is wrong with the staff, services, and/or supports you are or are not getting.

Please note, we do not use any type of physician or other financial incentive plans to limit the services available to you. MSHN assures that compensation to individuals or entities that conduct utilization management activities is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any Medicaid enrollee. Please contact your local customer service office listed on pages 37 and 38 if you have other questions.

### Out-of-Network Providers

There may be times where there are no providers in our network that are able to provide you with a service that you need. If the service is a covered benefit of this plan, and it is medically necessary, the community mental health or substance use disorder provider in your county will work with you to find a provider outside its network to adequately and timely provide the service. This will be at no cost to you. If you need out-of-network care or have other questions, contact your local customer service office as listed on pages 37 and 38.

## Payment for Services

At the time of your first scheduled visit with your provider, you will meet with an agency staff person who will review with you the financial and insurance information you have been asked to bring and will establish your Ability to Pay (ATP).

If you are enrolled in Medicaid and meet the criteria for the specialty behavioral health services the total cost of your authorized behavioral health treatment will be covered. No fees will be charged to you. Some members will be responsible for "Cost sharing". This refers to money that a member has to pay when services or drugs are received. You might also hear terms like "deductible, spend-down, copayment, or coinsurance," which are all forms of "cost sharing". Your Medicaid benefit level will determine if you will have to pay any cost-sharing responsibilities. If you are a Medicaid beneficiary with a deductible ("spend-down"), as determined by the State, you may be responsible for the cost of a portion of your services.

Should you lose your Medicaid coverage, your provider may need to re-evaluate your eligibility for services. A different set of criteria may be applied to services that are covered by another funding source such as General Fund, Block Grant, or a third party payer.

If you are uninsured or do not have enough insurance coverage, we will help you apply for Medicaid through the local MDHHS office. If you need help with the application, please call your local customer service office as listed on pages 37 and 38; they will assist you and/or link you to someone that can help you. You can also get help at your local MDHHS office. If you are denied Medicaid and would like to appeal the decision, MDHHS has an appeal processes that you will be asked to follow. Please contact your local customer service office listed on pages 37 and 38 if you have any questions.

If Medicare is your primary payer, your provider will cover all Medicare cost-sharing consistent with coordination of benefit rules.

## Medicaid Specialty Supports and Services Descriptions

Note: If you are a Medicaid enrollee and have a serious mental illness, or serious emotional disturbance, or intellectual/developmental disabilities, and/or substance use disorder, you may be eligible for some of the Medicaid Specialty Supports and Services listed below. Please call your local access center as listed beginning on page 17 for more information.

Before services can start, you will take part in an assessment to find out if you are eligible for services. It will also identify the services that can best meet your needs. *You need to know that not all people who come to us are eligible, and not all services are available to everyone we serve.* If a service cannot help you, your Community Mental Health will not pay for it. Medicaid will not pay for services that are otherwise available to you from other resources in the community.

During the person-centered planning process, you will be helped to figure out the medically necessary services that you need and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services. You will receive an individual plan of service that provides all of this information.

**Note: the Michigan Medicaid Provider Manual contains complete definitions of the following services as well as eligibility criteria and provider qualifications.**

The Michigan Medicaid Provider Manual can be accessed at: www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

Customer Service staff can help you access the manual and/or information from it. Call your local Customer Service office as listed on pages 37 and 38.

## Medicaid Specialty Supports and Service Array

NOTE: In addition to meeting medically necessary criteria, services listed below marked with an asterisk (*) require a doctor's prescription.

### Services for Persons with Behavioral Health Needs (Medicaid)

**Assertive Community Treatment (ACT)** provides basic services and supports essential for people with serious mental illness to maintain independence in the community. An ACT team will provide behavioral health therapy and help with medications. The team may also help access community resources and supports needed to maintain wellness and participate in social, educational and vocational activities. ACT may be provided daily for individuals who participate.

**Assessment** includes a comprehensive psychiatric evaluation, psychological testing, substance use disorder screening, or other assessments conducted to determine a person's level of functioning and behavioral health treatment needs. Physical health assessments are not part of this PIHP service.

***Assistive Technology** includes adaptive devices and supplies that are not covered under the Medicaid Health Plan, HMP, other insurance, or community resources. These devices help individuals to better take care of themselves, or to better interact in the places where they live, work, and play.

**Behavior Treatment Review** may be available if a person's illness or disability involves behaviors that they or others who work with them want to change. In this case, their individual plan of services may include a plan that talks about the behavior. This plan is often called a "behavior treatment plan." The behavior treatment plan is developed during person-centered planning and then is approved and reviewed regularly by a team of specialists to make sure that it is effective and dignified, and continues to meet the person's needs.

**Behavioral Treatment Services/Applied Behavior Analysis (ABA)** are services for children under 21 years of age with Autism Spectrum Disorders (ASD).

**Clubhouse Programs** are programs where members (customers) and staff work side by side to operate the clubhouse and to encourage participation in the greater community. Clubhouse programs focus on fostering recovery, competency, and social supports, as well as vocational skills and opportunities.

**Community Inpatient Services** are hospital services used to stabilize a behavioral health condition in the event of a significant change in symptoms, or in a behavioral health emergency. Community hospital services are provided in licensed psychiatric hospitals and in licensed psychiatric units of general hospitals.

**Community Living Supports (CLS)** are activities provided by paid staff that help adults with either serious mental illness or developmental disabilities live independently and participate actively in the community. Community Living Supports may also help families who have children with special needs (such as developmental disabilities or serious emotional disturbance).

**Crisis Interventions** are unscheduled individual or group services aimed at reducing or eliminating the impact of unexpected events on behavioral health and well-being.

**Crisis Residential Services** are short-term alternatives to inpatient hospitalization provided in a licensed residential setting.

**Early Periodic Screening, Diagnosis and Treatment (EPSDT)** EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under the age of 21 years, as specified in Section 1905(a)(4)(B) of the Social Security Act (the Act) and defined in 42 U.S.C. § 1396d(r)(5) and 42 CFR 441.50 or its successive regulation.

The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible.

Health plans are required to comply with all EPSDT requirements for their Medicaid enrollees under the age of 21 years. EPSDT entitles Medicaid and Children's Health Insurance Program (CHIP) enrollees under the age of 21 years, to any treatment or procedure that fits within any of the categories of Medicaid-covered services listed in Section 1905(a) of the Act if that treatment or service is necessary to "correct or ameliorate" defects and physical and mental illnesses or conditions.

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This requirement results in a comprehensive health benefit for children under age 21 enrolled in Medicaid In addition to the covered services listed above, Medicaid must provide any other medical or remedial care, even if the agency does not otherwise provide for these services or provides for them in a lesser amount, duration, or scope (42 CFR 441.57).

While transportation to EPSDT corrective or ameliorative specialty services is not a covered service under this waiver, the PIHP must assist beneficiaries in obtaining necessary transportation either through the Michigan Department of Health and Human Services or through the beneficiary's Medicaid health plan.

***Enhanced Pharmacy** includes doctor ordered non-prescription or over-the-counter items (such as vitamins or cough syrup) necessary to manage your health condition(s) when a person's Medicaid Health Plan or other insurance does not cover these items.

***Environmental Modifications** are physical changes to a person's home, car, or work environment that are of direct medical or remedial benefit to the person. Modifications ensure access, protect health and safety, or enable greater independence for a person with physical disabilities. Note that other sources of funding must be explored first, before using Medicaid funds for environmental modifications.

**Family Support and Training** provides family-focused assistance to family members relating to and caring for a relative with serious mental illness, serious emotional disturbance, or intellectual/developmental disabilities. Family Skills Training is education and training for families who live with and or care for a family member who is eligible for the Children's Waiver Program.

**Fiscal Intermediary Services** help individuals manage their service and supports budget and pay providers if they are using a "self-determination" approach.

**Health Services** include assessment, treatment, and professional monitoring of health services of behavioral conditions that are related to or impacted by a person's behavioral health condition. A person's primary doctor will treat any other health conditions they may have.

**Home-Based Services for Children and Families** are provided in the family home or in another community setting. Services are designed individually for each family, and can include things like behavioral health therapy, crisis intervention, service coordination, or other supports to the family.

**Housing Assistance** is assistance with short-term, transitional, or one-time-only expenses in an individual's own home that his/ her resources and other community resources could not cover.

**Intensive Crisis Stabilization** (also available to HMP) is another short-term alternative to inpatient hospitalization. Intensive crisis stabilization services are structured treatment and support activities provided by a behavioral health crisis team in the person's home or in another community setting.

**Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)** provide 24-hour intensive supervision, health and rehabilitative services and basic needs to persons with developmental disabilities.

**Medication Administration** is when a doctor, nurse, or other licensed medical provider gives an injection, or an oral medication or topical medication.

**Medication Review** is the evaluation and monitoring of medicines used to treat a person's behavioral health condition, their effects, and the need for continuing or changing their medicines.

**Mental Health Therapy and Counseling for Adults, Children and Families** includes therapy or counseling designed to help improve functioning and relationships with other people.

**Nursing Home Mental Health Assessment and Monitoring** includes a review of a nursing home resident's need for and response to behavioral health treatment, along with consultations with nursing home staff.

***Occupational Therapy** includes the evaluation by an occupational therapist of an individuals' ability to do things in order to take care of themselves every day, and treatments to help increase these abilities.

**Partial Hospital Services** include psychiatric, psychological, social, occupational, nursing, music therapy, and therapeutic recreational services in a hospital setting, under a doctor's supervision. Partial hospital services are provided during the day – participants go home at night.

**Peer-Delivered and Peer Specialist Services** Peer-delivered services such as drop-in centers are entirely run by customers of behavioral health services. They offer help with food, clothing, socialization, housing, and support to begin or maintain behavioral health treatment. Peer Specialist Services are activities designed to help persons with serious mental illness in their individual recovery journey and are provided by individuals who are in recovery from serious mental illness. Peer Mentors help people with developmental disabilities. Partners in Parenting help children with serious emotional disturbance and their families.

**Personal Care in Specialized Residential Settings** assists adults with a mental illness or a intellectual/developmental disability with activities of daily living, self-care and basic needs, while they are living in a specialized residential setting in the community.

***Physical Therapy** includes the evaluation by a physical therapist of a person's physical abilities (such as the ways they move, use their arms or hands, or hold their body), and treatments to help improve their physical abilities.

**Prevention Service Models** (such as Infant Mental Health, School Success, etc.) use both individual and group interventions designed to reduce the likelihood that individuals will need treatment from the public behavioral health system.

**Respite Care Services** provide short-term relief to the unpaid primary caregivers of people eligible for specialty services. Respite provides temporary alternative care, either in the family home, or in another community setting chosen by the family.

**Skill-Building Assistance** includes supports, services and training to help a person participate actively at school, work, volunteer, or community settings, or to learn social skills they may need to support themselves or to get around in the community.

## Medicaid Specialty Supports and Service Array

***Speech and Language Therapy** includes the evaluation by a speech therapist of a person's ability to use and understand language and communicate with others or to manage swallowing or related conditions, and treatments to help enhance speech, communication or swallowing.

**Substance Use Disorder Treatment Services** (descriptions within the *Services for Persons with Substance Use Disorders - Medicaid* section on page 72).

**Supports Coordination or Targeted Case Management** is a service in which a Supports Coordinator or Case Manager helps write an individual plan of service and makes sure the services are delivered. His or her role is to listen to a person's goals, and to help find the services and providers inside and outside the local community mental health services program that will help achieve the goals. A supports coordinator or case manager may also connect a person to resources in the community for employment, community living, education, public benefits, and recreational activities.

**Supported/Integrated Employment Services** provide initial and ongoing supports, services and training, usually provided at the job site, to help adults who are eligible for behavioral health services find and keep paid employment in the community.

**Transportation** may be provided to and from a person's home in order for them to take part in a non-medical Medicaid covered service.

**Treatment Planning** assists the person and those of his/her choosing in the development and periodic review of the individual plan of services.

**Wraparound Services for Children and Adolescents** with serious emotional disturbance and their families that include treatment and supports necessary to maintain the child in the family home.

## Services Available Only for Habilitation Supports Waiver (HSW) and Children's Waiver Participants

Some Medicaid enrollees are eligible for special services that help them avoid having to go to an institution for people with intellectual/developmental disabilities or a nursing home. These special services are called the Habilitation Supports Waiver and the Children's Waiver. In order to receive these services, people with intellectual/developmental disabilities need to be enrolled in either of these "waivers." The availability of these waivers is very limited. People enrolled in the waivers have access to the services listed above as well as those listed here:

**Goods and Services** (for HSW enrollees) is a non-staff service that replaces the assistance that staff would be hired to provide. This service, used in conjunction with a self-determination arrangement, provides assistance to increase independence, facilitate productivity, or promote community inclusion.

**Non-Family Training** (for Children's Waiver enrollees) is customized training for the paid in-home support staff who provide care for a child enrolled in the Waiver.

**Out-of-Home Non-Vocational Supports and Services** (for HSW enrollees) is assistance to gain, retain or improve in self-help, socialization or adaptive skills.

**Personal Emergency Response Devices** (for HSW enrollees) help a person maintain independence and safety, in their own home or in a community setting. These are devices that are used to call for help in an emergency.

**Prevocational Services** (for HSW enrollees) include supports, services and training to prepare a person for paid employment or community volunteer work.

**Private Duty Nursing** (for HSW enrollees) is individualized nursing service provided in the home, as necessary to meet specialized health needs.

**Specialty Services** (for Children's Waiver enrollees) are music, recreation, art, or massage therapies that may be provided to help reduce or manage the symptoms of a child's mental health condition or intellectual/developmental disability. Specialty services might also include specialized child and family training, coaching, staff supervision, or monitoring of program goals.

### Services for Persons with Substance Use Disorders (Medicaid)

The substance use disorder treatment services listed below are covered by Medicaid and HMP. Please refer to the list of current SUD providers within your handbook. You may also refer to MSHN's website at www.midstatehealthnetwork.org or ask your local CMH or SUD provider for a list.

**Access, Assessment and Referral (AAR)** determines the need for substance use disorder services and will assist in getting to the right services and providers.

**Intensive Outpatient (IOP or EOP)** is a service that provides more frequent and longer counseling sessions each week and may include day or evening programs.

**Medication Assisted Treatment (MAT) (such as Methadone and Suboxone)** is provided to people who have heroin or other opiate dependence. The treatment consists of opiate substitution monitored by a doctor as well as nursing services and lab tests. This treatment is usually provided along with other substance use disorder outpatient treatment.

**Outpatient Treatment** includes therapy/counseling for the individual, and family and group therapy in an office setting.

**Peer Recovery and Recovery Support Service** are services to support and promote recovery and prevent relapse through supportive services that result in the knowledge and skills necessary for one's recovery.

**Residential Treatment** is intensive therapeutic services which include overnight stays in a staffed licensed facility.

**Sub-Acute Detoxification** is medical care in a residential setting for people who are withdrawing from alcohol or other drugs.

## Other State Plan Services

If you receive Medicaid, you may be entitled to other medical services not listed above. Services necessary to maintain your physical health are provided or ordered by your primary care doctor. If you receive Community Mental Health services, your local community mental health services program will work with your primary care doctor to coordinate your physical and behavioral health services. If you do not have a primary care doctor, your local community mental health services program and/or Substance use disorder provider will help you find one.

Note: **Home Help Program** is another service available to Medicaid enrollees who require in-home assistance with activities of daily living, and household chores. In order to learn more about this service, you may call the local Michigan Department of Health and Human Services' (MDHHS)* number listed on page 73 or contact your local customer service office as listed on pages 36 and 37 for assistance.

## Local Michigan Department of Health & Human Services (MDHHS) Offices

*You can also contact MDHHS in your county in relation to Medicaid Fee for Service questions.

| COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES (MDHHS) OFFICE | PHONE NUMBER |
|---|---|
| Arenac County MDHHS | (989) 846-5500 |
| Bay County MDHHS | (989) 895-2100 |
| Clare County MDHHS | (989) 539-4260 |
| Clinton County MDHHS | (989) 224-5500 |
| Eaton County MDHHS | (517) 543-0860 |
| Gladwin County MDHHS | (989) 426-3300 |
| Gratiot County MDHHS | (989) 875-5181 |
| Hillsdale County MDHHS | (517) 439-2200 |
| Huron County MDHHS | (989) 269-9201 |
| Ingham County MDHHS | (517) 887-9400 |
| Ionia County MDHHS | (616) 527-5200 |
| Isabella County MDHHS | (989) 772-8400 |
| Jackson County MDHHS | (517) 780-7400 |
| Mecosta County MDHHS | (231) 796-4300 |
| Midland County MDHHS | (989) 835-7040 |
| Montcalm County MDHHS | (989) 831-8400 |
| Newaygo County MDHHS | (231) 689-5500 |
| Osceola County MDHHS | (231) 796-4300 |
| Saginaw County MDHHS | (989) 758-1100 |
| Shiawassee County MDHHS | (989) 725-3200 |
| Tuscola County MDHHS | (989) 673-9100 |

## Medicaid Specialty Supports and Service Array

### Medicaid Health Plan Services

Most Medicaid enrollees also have a health plan for medical services. If you are enrolled in a Medicaid Health Plan (MHP), the following kinds of health care services are available to you when your medical condition requires them.

- Ambulance
- Chiropractic
- Doctor visits
- Family planning
- Health check ups
- Hearing aids
- Hearing and speech therapy
- Home Health Care
- Immunizations (shots)
- Lab and X-ray
- Nursing Home Care
- Medical supplies
- Medicine
- Mental health (limit of 20 outpatient visits)
- Physical and Occupational therapy
- Prenatal care and delivery
- Surgery
- Transportation to medical appointments
- Vision

There may be some coverage rules and/or co-pays for such services. For further information, you can contact the health plan directly for more information about the services listed above. To contact your health plan, please call your MHP listed beginning on page 75. If you are not enrolled in a health plan or do not know the name of your health plan, you can contact your local customer service office as listed on pages 36 and 37 for assistance.

**Aetna Better Health of Michigan**
1333 Gratiot, Suite 400, Detroit, MI 48207
(866) 316-3784
aetnabetterhealth.com/Michigan

**Blue Cross Complete of Michigan**
100 Galleria Officentre, Suite 210
Southfield, MI 48034
(800) 228-8554
www.mibluecrosscomplete.com/

**Harbor Health Plan**
3663 Woodward Avenue, Suite 120
Detroit, MI 48201
(844) 427-2671
www.harborhealthplan.com

**McLaren Health Plan**
G-3245 Beecher Road, Flint, MI 48532
(888) 327-0671
www.mclarenhealthplan.org

**MeridianHealth**
1 Campus Martius, Suite 700
Detroit, MI 48226
(888) 437-0606
www.mhplan.com

**HAP Midwest Health Plan**
PO Box 2578, Detroit, MI 48202
(888) 654-2200
www.midwesthealthplan.com

**Molina Healthcare of Michigan**
880 W. Long Lake Rd., Ste. 600 Troy, MI 48098
(888) 898-7969
www.molinahealthcare.com

**Priority Health**
1231 E. Beltline NE, Grand Rapids, MI 49525
(800) 942-0954
www.priorityhealth.com

**Total Health Care**
3011 W. Grand Blvd., Suite 1600, Detroit, MI 48202
(313) 871-2000 or (800) 826-2862
thcmi.com/

**United Healthcare Community Plan**
26957 Northwestern Highway, Suite 400
Southfield, MI 48033
(800) 903-5253
www.uhccommunityplan.com

**Upper Peninsula Health Plan**
853 W. Washington Street, Marquette, MI 49855
(906) 225-7500 or (800) 835-2556
www.uphp.com

**Note: Names and contact information for Medicaid Health Plans may change. Please see the (MDHHS) website for current information at: *michigan.gov/documents/mdch/MHP_Service_Area_Listing_326102_7.pdf***

## Medicaid Fee for Service

Some Medicaid enrollees do not have a health plan but instead are covered through the fee for service program. This may include persons with a Medicaid deductible.

You can obtain additional information regarding the fee for service program, other state plan services or cost sharing by contacting your local Michigan Department of Health and Human Services (MDHHS) listed on page 73 or Michigan Department of Health and Human Services Beneficiary Helpline at (800) 642-3195.

## Services Not Covered by Medicaid and Healthy Michigan:

- Services that are covered by another insurance program
- Services for which you are determined to be ineligible by the Access Center
- Psychological evaluation per court order (except for guardianship or if needed to provide care)



## Services for Persons without Health Insurance

***Note:*** *If you are a Michigan resident and have a serious mental illness, serious emotional disturbance, intellectual/developmental disability and/or substance use disorder, you may be eligible for some of the services listed below.*

Before services can be started, you will take part in a screening to find out if you are eligible for services. It will also identify the services that can best meet your needs. *You need to know that not all people who request services are eligible, and not all services are available to everyone we serve.* If a service cannot help you, your CMH and/or SUD provider will not pay for it. Your county CMH provider and/or SUD provider will also not pay for services that are available to you from other resources in the community.

During the person-centered or treatment planning process, you will be helped to figure out the services that you need and the sufficient amount, scope and duration required to achieve the purpose of those services. You will also be able to choose who provides your supports and services, although availability may vary depending on individual provider capacity and possibly type of funding that is used for your services. You will receive an individual plan of service that provides all of this information.

## Services for Persons with Behavioral Health Needs

A person with a serious mental illness, serious emotional disturbance, or intellectual/developmental disability may be able to get help from their local county community mental health agency for the following:

- Crisis stabilization and response
- Assessment and service planning
- Linking and coordinating to access services
- Specialized mental health treatment and support
- Prevention and advocacy services

## Services for Persons without Health Insurance

### Services for those with Substance Use Needs

Persons with substance use disorders may be able to get help with the following substance use disorder services:

- Detoxification
- Residential treatment
- Outpatient counseling
- Opioid replacement therapy and prevention

### Possible Wait Lists:

Community Mental Health must serve the people with the most serious problems first and give care to the people who need it most. Substance use disorder provider must serve certain populations first. The providers may use a waiting list to keep track of those who are next to receive service.

If you are put on a waiting list for the help you need, we will find other ways to help you while you wait. When it is your turn, you will get services. To learn more about services for persons without health insurance, please call your local SUD provider or MSHN's Utilization Management at (844) 405-3095.



## Handbook Acronyms

| Acronym | An abbreviation formed from initial letters of other words |
|---|---|
| **AAR** | Access, Assessment & Referral |
| **ACT** | Assertive Community Treatment |
| **CLS** | Community Living Supports |
| **CMH** | Community Mental Health |
| **CMHSP** | Community Mental Health Service Program |
| **DD** | Developmental Disability |
| **DPH** | Department of Public Health |
| **FDA** | Federal Food and Drug Administration |
| **FSS** | Family Support Subsidy |
| **HIPAA** | Health Insurance Portability and Accountability Act |
| **HMP** | Healthy Michigan Plan |
| **HSW** | Habilitation Supports Waiver |
| **IOP** | Intensive Outpatient |
| **ICF/IID** | Intermediate Care Facility for Individuals with Intellectual Disabilities |
| **LARA** | Michigan Department of Licensing and Regulatory Affairs |
| **MAHS** | Michigan Administrative Hearings System |
| **MAT** | Medication Assisted Treatment |
| **MDHHS** | Michigan Department of Health and Human Services |
| **MHP** | Medicaid Health Plan |
| **MRC** | Michigan Relay Center |
| **MSHN** | Mid-State Health Network: the name for the new region in which your county belongs |
| **PCP** | Person-centered Plan or Primary Care Physician |
| **PIHP** | Pre-paid Inpatient Health Plan |
| **SAMHSA** | Substance Abuse and Mental Health Services Administration |
| **SED** | Serious Emotional Disturbance |
| **SPMI** | Severe and Persistent Mental Illness |
| **SUD** | Substance Use Disorder |

## Specialty Programs

Within the community mental health system, there are specialized services and programs available to specified populations with particular needs:

### Children's Home and Community Based Services Waiver (CWP):

The Children's Waiver Program (CWP) is an authorized 1915(c) program that allows individual with developmental disabilities to receive an array of home and community-based services that assist with living in the community. The CWP provides services that are enhancements or additions to regular Medicaid coverage to children up to age 18 who are enrolled. To be found eligible, the child must meet the following: have a developmental disability (as defined by Michigan law), be less than 18 years of age, be in need of habilitation services, reside with birth or legally adoptive parent(s) or with a relative who has been named the legal guardian under State of Michigan law, be at risk of being placed into an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) because of the intensity of care and lack of needed support, must be at or below Medicaid income and asset limits when viewed as a family of one (parent's income is waived), and intellectual or functional limitations indicate that the child would be eligible for health, habilitative, and active treatment services provided at the ICF/IID level of care. Covered CWP services include Community Living Supports, Enhanced Transportation, Environmental Accessibility Adaptations (EAAs), Specialized Medical Equipment and Supplies, Family Training, Non-Family Training, Fiscal Intermediary, Specialty Services (recreation therapy, music therapy, art therapy), Respite Care, and Overnight Health and Safety Support. For most individuals, enrollment in the CWP becomes a pathway to Medicaid. If you would like more information about CWP, please contact your local CMH staff/ Access Center or customer services as listed beginning on page 16.

### Habilitation Supports Waiver Individuals with Developmental Disabilities (HSW):

The Habilitation Support Waiver (HSW) is an authorized 1915(c) program that allows individual with developmental disabilities to receive an array of home and community-based services that assist with living in the community. To be eligible for the HSW, an individual must have a developmental disability (as defined by

Michigan law), be Medicaid-eligible, reside in a community setting (with less than 13 residence beds), choose to participate in HSW services, and would require an Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID) level of care if not for the HSW services. Individuals enrolled in HSW must receive at least one habilitative service each month. Habilitative services include Community Living Supports, Out-of-Home Non-Vocational Habilitation, Prevocational Services, and Supported Employment. Other services covered under the HSW include Enhanced Pharmacy, Enhanced Medical Equipment and Supplies, Environmental Modifications, Family Training, Goods and Services, Personal Emergency Response System, Private Duty Nursing, Respite Care, Fiscal Intermediary, Non-Family Training, and Overnight Health and Safety Support. If you would like more information about HSW, please contact your local CMH staff/ Access Center or customer services as listed beginning on page 16.

**Serious Emotional Disturbance Waiver (SEDW):**

The Serious Emotional Disturbance Home and Community Based Services Waiver (SEDW) is an authorized 1915(c) program available to children up to 21 years of age with serious emotional disturbances (SED) and who meet state child psychiatric hospital level of care. Eligible participants must reside with their birth or adoptive family or have a plan to return to their birth or adoptive home or reside with a legal guardian or reside in a foster home with a permanency plan or be age 18 and older and live independently with supports. Individuals must demonstrate serious functional limitations that impair their ability to function in the community, be under the age of 18 when approved, and have a primary SEDW qualifying diagnosis  The SEDW allows for enhancement of or additions to Medicaid state plan covered services including but not limited to Wraparound Service (required), Community Living Supports (CLS), Respite Care, Family and Non-Family Home Care Training, Family Support and Training, Child Therapeutic Foster Care (CTFC), Therapeutic Overnight Camp, Transitional Services, Therapeutic Activities (Recreation, Music, and Art Therapies), Choice Voucher, Overnight Health and Safety Support (OHSS) and other specialty services. If you would like more information about SEDW, please contact your CMH staff/Access Center or customer services as listed beginning on page 16.

**Behavioral Health Treatment (Autism Benefit):**

Behavioral Health Treatment (BHT), including Applied Behavior Analysis (ABA), provides services to children under 21 years of age with Autism Spectrum Disorders (ASD) as required by the Early Periodic Screening, Diagnostic and Treatment (EPSDT) benefit. Autism is characterized by impaired social interactions, problems with verbal and nonverbal communication, repetitive behaviors, and/or severely limited activities and interests. The goals of treatment for ASD are to improve core deficits in communication, social interactions, and restricted behaviors. Changing these fundamental deficits can benefit children by developing greater functional skills and independence.

ABA is a recommended treatment service for children with ASD. This treatment has been researched for over 30 years and is endorsed by the United States Surgeon General. ABA treatment services can be used to address skill development and behaviors relevant to children diagnosed with Autism Spectrum Disorders. ABA treatment services commonly address, but not limited to, language, social, and communication skills, following instructions, peer interactions, following daily routines, self-help and daily living skills, and behavior challenges.

Medical necessity and recommendation for BHT services are determined by a physician or other another licensed practitioner who is qualified and experienced in diagnosing ASD. Treatment is based on the child's age and developmental level, the presence of other disorders or complex medical conditions, how severe the child's ASD symptoms are, and the adaptive behavior deficits identified through the person centered planning process. If you would like more information about BHT/Autism Benefit, please contact your local CMH staff/Access Center or customer services as listed beginning on page 16.

For those with state regulated private health insurance plans please contact your private insurance carrier for more information related to coverage of autism treatment.

**Family Support Subsidy (FSS):**

## Specialty Programs

The Family Support Subsidy is a program offered by the state of Michigan to assist families caring for children with severe disabilities in their homes. The subsidy can pay for special expenses that the family has while caring for such special needs children. This financial support may help prevent or delay placement of a child outside the home or will help return the child back to the home from a placement. Payment is just over $200 per month and is the same for all families/children.

Families may be eligible for this program if:

- They have a child under 18 years of age in the home who has been recommended by a local or intermediate school district (ISD) multidisciplinary team with an eligibility criteria of:
  - Cognitive impairment (CI) (must be in severe range of functioning as determined for local ISD)
  - Severe multiple impairment (SXI) or
  - Autism spectrum disorder (ASD) (must be in classification receiving special education in such classification or in a program designed for severe CI or SXI)
- Taxable income for the family cannot exceed $60,000 per year
- Other criteria may apply

Please contact your local community mental health Access Center or customer service office as listed beginning on page 16 for more information. The application and annual renewal process include but are not limited to provision of school documents, birth certificates and tax documents.

## Behavioral Health & Substance Use Disorder Glossary

The *Guide to Services* has some words that are not always easy to understand. The "Glossary" section defines some of these words. You may want to refer to the "Glossary" section while reading the *Guide to Services* to help you to better understand each section.

**Access:** The entry point to the Prepaid Inpatient Health Plan (PIHP), sometimes called an "access center," where Medicaid and HMP enrollees and uninsured/underinsured individuals call or go to request behavioral health services and/or substance use disorder services.

**Adverse Benefit Determination:** (also called a Notice of Benefit Determination) A decision that adversely impacts a Medicaid beneficiary's claim for services due to:

- Denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit.
- Reduction, suspension, or termination of a previously authorized service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within **14 calendar days** from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within **72 hours** from the date of receipt of a request for expedited service authorization.
- Failure to provide services within **14 calendar days** of the start date agreed upon during the person centered planning and as authorized by the PIHP.
- Failure of the PIHP to act within **30 calendar days** from the date of a request for a standard appeal.
- Failure of the PIHP to act within **72 hours** from the date of a request for an expedited appeal.
- Failure of the PIHP to provide disposition and notice of a local grievance/complaint within **90 calendar days** of the date of the request.

**Amount, Duration, and Scope:** Terms to describe how much, how long, and in what ways the Medicaid services that are listed in a person's individual plan of service will be provided.

**Appeal:** A review of an Adverse Benefit Determination.

**Behavioral Health:** Includes not only ways of promoting well-being by preventing or intervening in mental illness such as depression or anxiety, but also has as an aim preventing or intervening in substance abuse or other addictions. For the purposes of this handbook, behavioral health will include intellectual/developmental disabilities, mental illness and substance use disorders in both adults and children.

**Beneficiary:** An individual who is eligible for and enrolled in the Medicaid program in Michigan.

**CMHSP:** An acronym for Community Mental Health Services Program. There are 46 CMHSPs in Michigan that provide services in their local areas to people with mental illness and developmental disabilities. May also be referred to as CMH.

**Cultural Competency:** Is an acceptance and respect for difference, a continuing self assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of minority populations.

**Customer:** Customer includes all Medicaid eligible individuals located in the defined service area who are receiving or may potentially receive covered services and supports. The following terms may be used within this definition: clients, recipients, beneficiaries, consumers, individuals, individuals served, and Medicaid Eligible.

**Deductible (or Spend Down):** A term used when individuals qualify for Medicaid coverage even though their countable incomes are higher than the usual Medicaid income standard. Under this process, the medical expenses that an individual incurs during a month are subtracted from the individual's income during that month. Once the individual's income has been reduced to a state-specified level, the individual qualifies for Medicaid benefits for the remainder of the month. **Medicaid applications and deductible determinations are managed by the Michigan Department of Health and Human Services – independent of the PIHP service system.**

**Durable Medical Equipment:** Any equipment that provides therapeutic benefits to a person in need because of certain medical conditions and/or illnesses. Durable Medical Equipment (DME) consists of items which:

- are primarily and customarily used to serve a medical purpose;
- are not useful to a person in the absence of illness, disability, or injury;
- are ordered or prescribed by a physician;
- are reusable;
- can stand repeated use, and
- are appropriate for use in the home.

**Emergency Services/Care:** Covered services that are given by a provider trained to give emergency/crisis services and needed to treat a behavioral emergency.

**Excluded Services:** Health care services that your health insurance or plan doesn't pay for or cover.

**Flint 1115 Demonstration Waiver** The demonstration waiver expands coverage to children up to age 21 years and to pregnant women with incomes up to and including 400 percent of the federal poverty level (FPL) who were served by the Flint water system from April 2014 through a state-specified date. This demonstration is approved in accordance with section 1115(a) of the Social Security Act, and is effective as of March 3, 2016 the date of the signed approval through February 28, 2021. Medicaid-eligible children and pregnant women who were served by the Flint water system during the specified period will be eligible for all services covered under the state plan. All such persons will have access to Targeted Case Management services under a fee for service contract between MDHHS and Genesee Health Systems (GHS). The fee for service contract shall provide the targeted case management services in accordance with the requirements outlined in the Special Terms and Conditions for the Flint Section 1115 Demonstration, the Michigan Medicaid State Plan and Medicaid Policy.

**Grievance:** Expression of dissatisfaction about any matter other than an adverse benefit determination or recipient rights complaint. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness or a provider or employee, or failure to respect beneficiary's rights regardless of whether remedial action is requested. Grievance includes a beneficiary's right to dispute an extension of time proposed by the PIHP to make an authorization decision.

**Grievance and Appeal System:** The processes the PIHP implements to handle the appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

**Habilitation Services and Devices:** Health care services and devices that help a person keep, learn, or improve skills and functioning for daily living.

**Health Insurance:** Coverage that provides for the payments of benefits as a result of sickness or injury. It includes insurance for losses from accident, medical expense, disability, or accidental death and dismemberment.

**Health Insurance Portability and Accountability Act of 1996 (HIPAA):** This legislation is aimed, in part, at protecting the privacy and confidentially of patient information. "Patient" means any recipient of public or private health care, including behavioral health care services.

**Healthy Michigan Plan:** Is an 1115 Demonstration project that provides health care benefits to individuals who are: aged 19-64 years; have income at or below 133% of the federal poverty level under the Modified Adjusted Gross Income methodology; do not qualify or are not enrolled in Medicare or Medicaid; are not pregnant at the time of application; and are residents of the State of Michigan. Individuals meeting Health Michigan Plan eligibility requirements may also be eligible for behavioral health services. The Michigan Medicaid Provider Manual contains complete definitions of the available services as well as eligibility criteria and provider qualifications. The Manual may be accessed at:
***www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf***

Staff can help you access the manual and/or information from it.

**Home Health Care:** Is supportive care provided in the home. Care may be provided by licensed healthcare professionals who provide medical treatment needs or by professional caregivers who provide daily assistance to ensure the activities of daily living (ADLs) are met.

**Hospice Services:** Care designed to give supportive care to people in the final phase of a terminal illness and focus on comfort and quality of life, rather than cure. The goal is to enable patients to be comfortable and free of pain, so that they live each day as fully as possible.

**Hospitalization:** A term used when formally admitted to the hospital for skilled behavioral services. If not formally admitted, it might still be considered an outpatient instead of an inpatient even if an overnight stay is involved.

**Hospital Outpatient Care:** Is any type of care performed at a hospital when it is not expected there will be an overnight hospital stay.

**Intellectual Disability (ID) / Developmental Disability (DD):** Is defined by the Michigan Mental Health code as either of the following: (a) If applied to a person older than five years, a severe chronic condition that is attributable to a mental or physical impairment or both, and is manifested before the age of 22 years; is likely to continue indefinitely; and results in substantial functional limitations in three or more areas of the following major life activities: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, and economic self- sufficiency; and reflects the need for a combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are of lifelong or extended duration; (b) If applied to a minor from birth to age five, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in a developmental disability.

**Individuals with Limited English Proficiency (LEP)**: Individuals who cannot speak, write, read, or understand the English language at a level that permits them to interact effectively with health care providers and social service agencies.

**Limited English Proficient (LEP):** Means potential enrollees and enrollees who do not speak English as their primary language and who have a limited ability to read, write, speak, or understand English may be LEP and may be eligible to receive language assistance for a particular type of service, benefit, or encounter.

**MDHHS:** An acronym for Michigan Department of Health and Human Services. This state department, located in Lansing, oversees public-funded services provided in local communities and state facilities to people with mental illness, intellectual/developmental disabilities and substance use disorders.

**Medically Necessary:** A term used to describe one of the criteria that must be met in order for a beneficiary to receive Medicaid or HMP services. It means that the specific service is expected to help the beneficiary with his/her mental health, intellectual/developmental disability or substance use (or any other medical) condition. Some services assess needs and some services help maintain or improve functioning. PIHPs are unable to authorize (pay for) or provide services that are not determined as medically necessary for you.

**Michigan Mental Health Code:** The state law that governs public mental health services provided to adults and children with mental illness, serious emotional disturbance and intellectual/developmental disabilities by local community mental health services programs and in state facilities.

**MIChild:** A health care program for children who are under age 19 administered by the MDHHS. It is for the low-income uninsured children of Michigan's working families. MIChild has a higher income limit than U-19 Medicaid. There is only an income test. There is a $10 per family monthly premium for MIChild. The $10 monthly premium is for all the children in one family. The child must be enrolled in a MIChild health and dental plan to receive services. Beneficiaries receive a comprehensive package of health care benefits including vision, dental, and mental health services. Contact your local customer service office as listed on pages 36 and 37 for more information.

**MSHN:** An acronym for Mid-State Health Network, the PIHP for a region of 12 community mental health agencies and substance use disorder providers in 21 counties.

**Network:** Is a list of the doctors, other health care providers, and hospitals that a plan has contracted with to provide medical care/services to its members.

**Non-Participating Provider:** A provider or facility that is not employed, owned, or operated by the PHIP/CMHSP and is not under contract to provide covered services to members.

**Participating Provider:** Is the general term used for doctors, nurses, and other people who give you services and care. The term also includes hospitals, home health agencies, clinics, and other places that provide health care services; medical equipment; mental health, substance use disorder, intellectual/ developmental disability, and long term supports and services. They are licensed or certified to provide health care services. They agree to work with the health plan, accept payment and not charge enrollees an extra amount. Participating providers are also called network providers.

**Physician Services:** Refers to the services provided by an individual licensed under state law to practice medicine or osteopathy.

**PIHP:** An acronym for Prepaid Inpatient Health Plan. A PIHP is an organization that manages the Medicaid mental health, developmental disabilities, and substance abuse services in their geographic area under contract with the State. There are 10 PIHPs in Michigan and each one is organized as a Regional Entity or a Community Mental Health Services Program according to the Mental Health Code.

**Post-stabilization Care Services:** As defined in 42 CFR 438.114(a), covered specialty services specified in this Contract that are related to an emergency medical condition and that are provided after a beneficiary is stabilized in order to maintain the stabilized condition, or, under the circumstances described in 42 CFR 438.114(e), to improve or resolve the beneficiary's condition.

**Preauthorization:** Approval needed before certain services or drugs can be provided. Some network medical services are covered only if the doctor or other network provider gets prior authorization. Also called Prior Authorization.

**Premium:** An amount to be paid for an insurance policy, a sum added to an ordinary price or charge.

**Prescription Drugs:** Is a pharmaceutical drug that legally requires a medical prescription to be dispensed. In contrast, over-the-counter drugs can be obtained without a prescription.

**Prescription Drug Coverage:** Is a stand-alone insurance plan, covering only prescription drugs.

**Primary Care Physician:** A doctor who provides both the first contact for a person with an undiagnosed health concern as well as continuing care of varied medical conditions, not limited by cause, organ system, or diagnosis.

**Primary Care Provider:** A health care professional (usually a physician) who is responsible for monitoring an individual's overall health care needs.

**Provider:** Is a term used for health professionals who provide health care services. Sometimes, the term refers only to physicians. Often, however, the term also refers to other health care professionals such as hospitals, nurse practitioners, chiropractors, physical therapists, and others offering specialized health care services.

**Provider Network:** Refers to all Behavioral Health Providers and SUD providers that are directly under contract with the MSHN PIHP to provide services and/or supports through direct operations or through subcontractors.

**Recovery:** A journey of healing and change allowing a person to live a meaningful life in a community of their choice, while working toward their full potential.

**Rehabilitation Services and Devices:** Health care services that help a person keep, get back, or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt, or disabled. These services may include physical and occupational therapy and speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

**Resiliency:** The ability to "bounce back." This is a characteristic important to nurture in children with serious emotional disturbance and their families. It refers to the individual's ability to become successful despite challenges they may face throughout their life.

**SED:** An acronym for Serious Emotional Disturbance, and as defined by the Michigan Mental Health Code, means a diagnosable mental, behavioral or emotional disorder affecting a child that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and has resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school or community activities.

**Serious Mental Illness:** Is defined by the Michigan Mental Health Code to mean a diagnosable mental, behavioral or emotional disorder affecting an adult that exists or has existed within the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent Diagnostic and Statistical Manual of Mental Disorders; and that has resulted in function impairment that substantially interferes with or limits one or more major life activities.

**Skilled Nursing Care:** Skilled nursing care and rehabilitation services provided on a continuous, daily basis, in a skilled nursing facility. Examples of skilled nursing facility care include physical therapy or intravenous (IV) injections that a registered nurse or a doctor can give.

**Specialist:** A health care professional whose practice is limited to a particular area, such as a branch of medicine, surgery, or nursing; especially, one who by virtue of advanced training is certified by a specialty board as being qualified to so limit his or her practice.

**Specialty Supports and Service:** A term that means Medicaid/HMP-funded mental health, developmental disabilities and substance use disorder supports and services that are managed by the Pre-Paid Inpatient Health Plans.

**State Fair Hearing:** A state level review of enrollees' disagreements with CMHSP, or PIHP denial, reduction, suspension or termination of Medicaid services. State administrative law judges who are independent of the Michigan Department of Health and Human Services perform the reviews.

**Substance Use Disorder (SUD):** Is defined in the Michigan Public Health Code to mean the taking of alcohol or other drugs at dosages that place an individual's social, economic, psychological, and physical welfare in potential hazard or to the extent that an individual loses the power of self-control as a result of the use of alcohol or drugs, or while habitually under the influence of alcohol or drugs, endangers public health, morals, safety, or welfare, or a combination thereof.

**Urgent Care:** Care for a sudden illness, injury, or condition that is not an emergency but needs care right away. Urgently needed care can be obtained from out-of-network providers when network providers are unavailable.

# Index


| | |
|---|---|
| Accessing Services | 31 |
| Advocacy Organizations | 98 |
| Behavioral Health & Substance Use Disorder Glossary | 84 |
| Community Resource Referrals (211) | 95 |
| Confidentiality & Family Access to Information | 58 |
| Co-Occurring Concerns | 52 |
| Coordination of Care | 43 |
| Customer Service | 35 |
| Emergency and After-Hours Access to Services | 33 |
| Grievance and Appeals Processes | 38 |
| Handbook Acronyms | 79 |
| Language Assistance, Accessibility & Accommodations | 10 |
| Life and Wellness | 50 |
| Links to Helpful Behavioral Health and Substance Use Disorder Websites | 96 |
| Medicaid Specialty Supports and Service Array | 62 |
| Medicaid Health Plan Services | 73 |
| Non-Discrimination | 11 |
| Payment for Services | 61 |
| Person-Centered Planning | 44 |
| Recipient Rights | 55 |
| Recovery & Resiliency | 49 |
| Service Authorization | 59 |
| Services for Persons without Health Insurance | 77 |
| Specialty Programs (Children's Waiver, Habilitation Support Waiver, Serious Emotional Disturbance Waiver, Autism Benefit, Family Support Subsidy) | 80 |
| Table of Contents | 8 |
| Welcome to Mid-State Health Network (MSHN) Provider Network & Directory | 14 |
| Your Responsibilities | 54 |

## MSHN Veteran Navigator

Mid-State Health Network (MSHN) is committed to ensuring that veterans, active-duty service members, and military families across MSHN's 21 county region have access to quality behavioral health care and substance use disorder (SUD) services.

We recognize that often veterans feel that a fellow veteran will best understand what they are going through. To offer that support, MSHN has a Veteran Navigator (VN) who will join alongside a veteran to offer support, guidance, and referrals for services. The VN will provide a confidential pathway for veterans and military families to communicate their concerns and answer questions in a non-judgmental conversation with the goal of identifying what the veteran needs and accessing quality behavioral health and substance use disorder treatment services. The VN can also assist the veteran in connecting to eligible benefits, community-based resources, and assistance with a warm hand off and follow up to other services such as:

- Employment, housing and other basic needs;
- Coordination of care support;
- Veteran-specific issues like connecting to VA Service Officers, military discharge support and/or obtaining military records.

**Contact the MSHN Veteran Navigator at:**

**517-483-2742**

**www.midstatehealthnetwork.org**

## Community Resource Referrals

If you are looking for a certain resource in your community to meet one of your needs, talk to your local CMH, SUD provider, or Customer Service. They can help you find what you need such as housing, public benefits, respite, transportation, healthcare or utility assistance. Below is a list of places that can help you find what you need in your home community. Look for your county in the list below and then contact that agency for assistance.

| COUNTY | COMMUNITY RESOURCE |
|---|---|
| Arenac, Bay, Clare, Gladwin, Gratiot, Huron, Isabella, Midland, Saginaw, and Tuscola Counties | 2-1-1 of Northeast Michigan<br>Dial "2-1-1" within your service area or<br>1-888-636-4211 or 1-989-835-2211outside your service area<br>www.211nemichigan.org |
| Mecosta, Newaygo, and Osceola Counties | C.A.L.L. 2-1-1 Community Access Line of the Lakeshore<br>Dial "2-1-1" within your service area or<br>1-231-733-1155 or<br>1-877-211-5253 outside your service area<br>www.call-211.org |
| Ionia and Montcalm Counties | HandsOn Battle Creek 2-1-1 Michigan Dial "2-1-1" within your service area or<br>1-269-565-4159 or 1-800- 250-5628<br>outside your service area<br>www.handsonbc.org |
| Clinton, Eaton, Hillsdale, Ingham, Jackson and Shiawassee Counties | 2-1-1 of Central Michigan c/o LifeWays<br>Dial "2-1-1" within your service area<br>or 1-866-561-2500<br>outside your service area<br>www.centralmichigan211.org |

**Please note that community resource directories are available online for many counties within the state of Michigan at: www.mi211.org.**

## Links To Helpful Behavioral Health and Substance Use Disorder Websites

Following are state and national websites that are known to be reputable and to have good up-to-date information. Many of these sites have mental health and substance use disorder related fact sheets that may be downloaded free of charge.

Adult Children of Alcoholics
www.adultchildren.org

Alcoholics Anonymous
www.aa.org

American Association of Suicidology
www.suicidology.org

American Psychiatric Association
www.psychiatry.org

Autism Alliance of Michigan
www.autismallianceofmichigan.org

Autism Society of America
www.autism-society.org

Center for Parent Information and Resources
www.parentcenterhub.org

Cocaine Anonymous
www.ca.org

Children of Parents with Mental Illness
www.copmi.net

Children and Adults with Attention Deficit Disorder (CHADD)
www.chadd.org

Al-anon and Ala-teen
www.al-anon.alateen.org

American Academy of Child and Adolescent Psychiatry
www.aacap.org

American Psychological Association
www.apa.org

Anxiety and Depression Association of America
www.adaa.org

Bipolar Children
www.bpchildren.com

## Links To Helpful Behavioral Health and Substance Use Disorder Websites

Depression and Bipolar Support Alliance
www.dbsalliance.org

Marijuana Anonymous
www.marijuana-anonymous.org

Michigan Assistive Technology Program
www.copower.org/assistive-tech

Narcotics Anonymous
www.na.org

National Alliance on Mental Illness (NAMI)
www.nami.org

National Dissemination Center for Children with Disabilities (NICHCY)
www.parentcenterhub.org

National Institute of Mental Health
www.nimh.nih.gov

National Mental Health America
www.nmha.org

National Suicide Prevention Lifeline
www.suicidepreventionlifeline.org

Postpartum Support International (PSI)
www.postpartum.net

Stop A Suicide Today
www.StopASuicide.org

Stop Bullying
www.stopbullying.gov

Substance Abuse and Mental Health Services Administration
www.samhsa.gov

Suicide Prevention Resource Center
www.sprc.org

U.S. Department of Veterans Affairs
www.mentalhealth.va.gov

WebMD
www.webmd.com

## Advocacy Organizations

Agencies that may be able to help you problem solve.

**ARC Michigan**
1325 S. Washington Avenue
Lansing, MI 48910
(800) 292-7851 or arcmi.org

**Association for Children's Mental Health**
6017 W. St. Joseph Highway., Suite #200
Lansing, Michigan 48917
(517) 372-4016 or www.acmh-mi.org

**Autism Society of Michigan**
395 E Main Street
Bannister, MI 48807
(517) 882-2800 or www.autism-mi.org

**Michigan Statewide Independent Living Counsel**
PO Box 71
Middleville, MI 49333
(833) 808-7452 or www.misilc.org

**Disability Network**
1476 Haslett Road
Haslett, MI 48840
(517) 339-0539 or www.dnmichigan.org

**Epilepsy Foundation of Michigan**
25200 Telegraph Road, Suite 110
Southfield, MI 48033
Toll-free (800) 377-6226 or
www.epilepsymichigan.org

## Advocacy Organizations

**Michigan Disability Rights Coalition**
3498 E. Lake Lansing Road, Suite 100
East Lansing, MI 48823
(800) 578-1269 or www.copower.org

**Disability Rights Michigan**
4095 Legacy Parkway, Suite 500
Lansing, MI 48911
(800) 288-5923 or www.drmich.org

**Michigan Relay Service**
Hamilton Relay
Voice/TTY: 844-578-6563
Fax: 402-694-5110
Email: mirelay@hamiltonrelay.com
hamiltonrelay.com/michigan/index.html

**National Alliance on Mental Illness - Michigan (NAMI)**
401 S. Washington, Suite 104
Lansing, MI 48933
(517) 485-4049 or www.namimi.org

**National Parent Helpline**
(855) 427-2736
www.nationalparenthelpline.org

**National Suicide Prevention Lifeline**
(800) 273-8255
www.suicidepreventionlifeline.org

**United Cerebral Palsy-Michigan**
1325 S. Washington Avenue
Lansing, MI 48910
(517) 203-1200 or www.ucpmichigan.org

## Your Input is Valued

MSHN, your local CMH provider, and your local SUD provider have designed ways for you to share your experiences and/or provide feedback on how we may improve our services.

From time to time, we will seek your feedback about services that you have received. The information you provide is very important to let us know what is working and what is not. The results are used to make informed decisions about our services and processes. Please take advantage of these opportunities and be honest in your feedback.

Periodically there are groups of people who meet to provide feedback about their satisfaction, the effectiveness, and the efficiency of our services. Members of these groups may include individuals receiving mental health/substance use disorder services (or those who have in the past), family members, advocates, community members, and/or service providers. Below are two examples of groups you may get involved with, and there may be more as needed. There may be other opportunities for involvement. Contact your local customer service office on pages 36 and 37 for more information.

## Consumer Advisory Council

The Consumer Advisory Council is a group of individuals living with a mental illness and/or intellectual/developmental disability and/or substance use disorder (as a primary or secondary customer) who provide feedback and guidance for community mental health services and supports policies, processes, and service delivery. There may be opportunities for participation in work groups with a more specific focus.

## Recipient Rights Advisory Committee

The Recipient Rights Advisory Committee (RRAC) is a group of people who meet regularly and serve in an advisory capacity to the provider's Recipient Rights Offices. As with most committees and councils, meeting times are subject to change due to staff availability, holidays, etc. It is a good idea to call ahead before attending your first meeting to ensure you will be at the right place at the right time.

# Learning Links

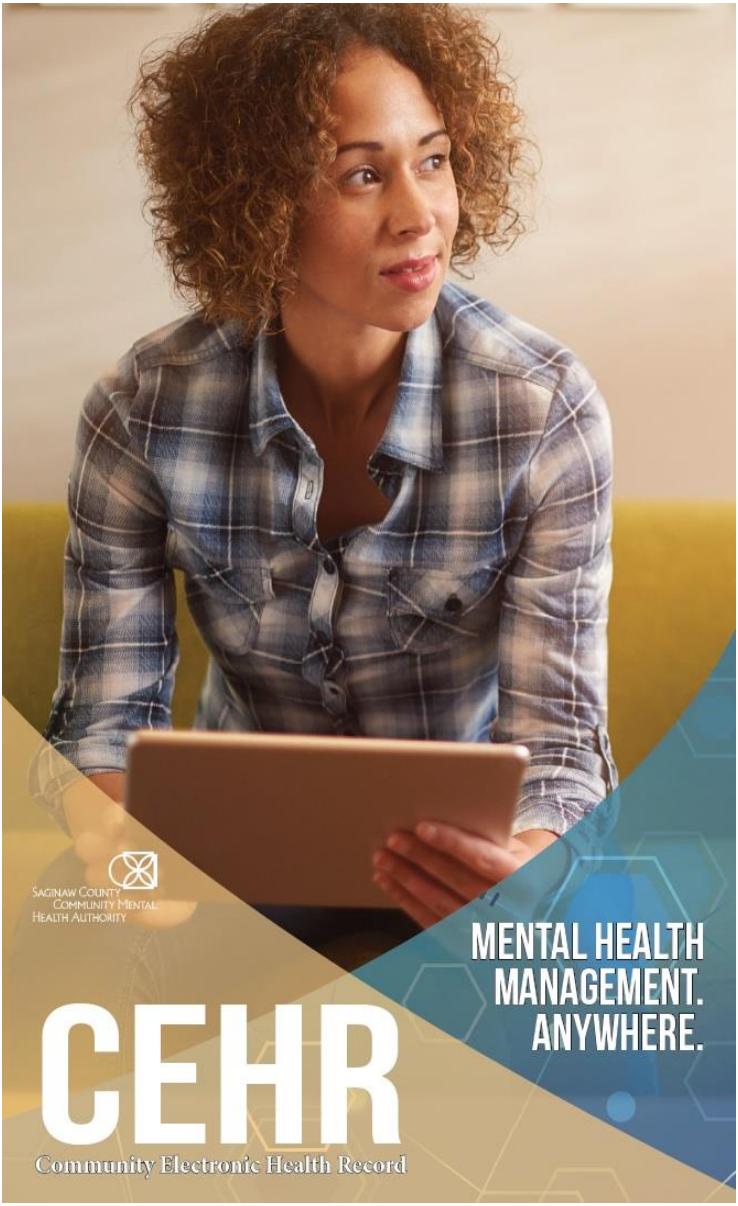
The Learning Links program has been a valuable part of the SCCMHA experience since 1998. The Learning Links programs are usually held at the SCCMHA 1901 Maple Street (Supported Employment) building and they are on the 2nd and 4th Tuesday of every month at 10:00 a.m. At times, the subject has to be changed due to the availability of the presenters, so you might want to call ahead of time to make sure you know what the topic is going to be.

For questions about Learning Links or to be added to the mailing list, please contact Customer Service at (989) 797-3452 or Toll Free 1-800-258-8678.



**Examples of topics regularly presented:**

**Arts & Crafts**
**Healthy Eating**
**Summer Activities**
**Healthy Activities**
**Watching Movies**
**Survival and Self Defense**
**STARS (Public Transportation)**
**Wellness & Recovery**
**Mental Health History**
**First Aid / CPR**




**If You are interested in learning more about the consumer portal so you can talk with your Case Manager electronically please call Customer Service at (989) 797-3452**

## Notes

## Notes

## Notes

## Notes

## Notes

# My Important Names and Numbers

**Please fill this out and keep it in an easy place to find.**

**Emergency Services / Crisis Center:**
Location:_____
Phone Number: _____

**My case manager / support coordinator is:**
Name: _____
Location:_____
Phone Number: _____

**My therapist is:**
Name: _____
Location:_____
Phone Number: _____

**My psychiatrist is:**
Name: _____
Location:_____
Phone Number: _____

**My medical doctor is:**
Name: _____
Location:_____
Phone Number: _____

**My pharmacy is:**
Location:_____
Phone Number: _____

**I am allergic to:** _____
_____

**In case of emergency, call:**
Name: _____
Phone Number: _____

Name: _____
Phone Number: _____

## Consumer Leadership Opportunities

In order to more effectively implement the principles of self-determination and make sure the consumer is at the center of everything we do, Saginaw County Community Mental Health Authority has a variety of opportunities for consumers to participate in leadership positions. We would ask that you consider one of them.

As a member of one of these teams, you would be working with our skilled and dedicated staff, other service providers and partners and current and former consumers of SCCMHA services.

For more information about these opportunities, please contact us at (989) 797-3452.



# Saginaw County Community Mental Health Authority

Main Facility
500 Hancock, Saginaw, Michigan 48602
Phone
(989) 797-3400
Toll Free 1-800-258-8678
Michigan Relay 711

24-Hour Mental Health Emergency Services
(989) 792-9732
Toll Free: 1-800-233-0022
www.sccmha.org

**Member of**

MSHN
Mid-State Health Network

**January 2023**