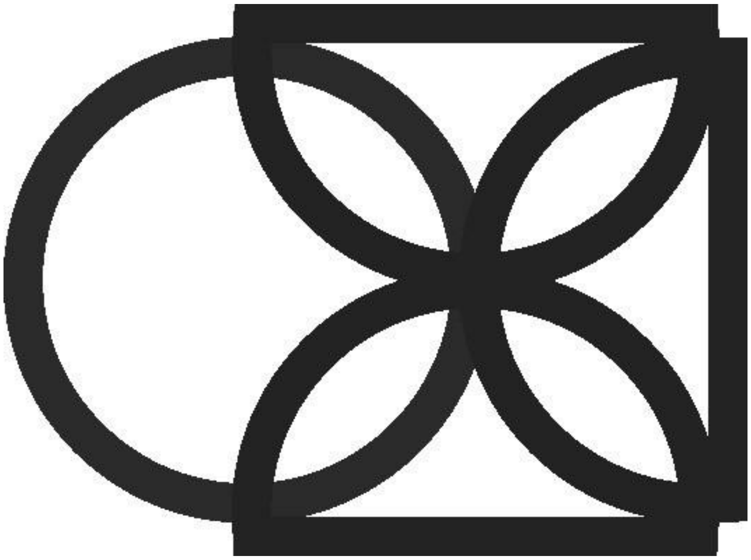
Saginaw County Community Mental Health Authority (SCCMHA)

Network Services Provider Manual



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Jan. Update
Fiscal Year 2022

Provider Manual Update- January 2022
Included are the updated policies and procedures since the FY2022 Provider Manual

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised	Licensed Residential/Crisis Residential	Enhanced Health Services/Autism (speech, behavioral, ot)	Inpatient	Crisis/CAI/MUTT	Primary Providers (Supports Coordination/Case Management/Primary/ACT/Autism/ Wraparound/Integrated Care)	Community Living Supports/ CLS Per Diem/Respite Services	Skill Build/Supported Employment/Clubhouse/Drop-In	Fiscal Intermediaries/Pharmacy/LEP
11	**Tab 1 Introduction to SCCMHA**											
12	N/A	Network Services Organizational Chart	New Provider Network Auditing Supervisor, Provider Network Auditors, and Auditing Typist Clerk.	1/11/2022	X	X	X	X	X	X	X	X
N/A	**Tab 2 Eligibility & Care Management - No Updates**											
N/A	**Tab 3 Services & Protocols - No Updates**											
13	**Tab 4 Service Delivery**											
14	02.03.03	Person Centered Planning	Added Language: Consumers should be offered the ability to create a Crisis Plan, Psychiatric Advanced Directive or a Wellness Recovery Action Plan. The goal of a crisis plan, psychiatric advanced directive or a wellness recovery action plan it to help the consumer and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse. Discussion with the consumer about this type of planning should occur: 1) After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc. 2) After a series of crisis intervention contacts. A series here is defined as three or more. 3) After treatment for SUD in a residential treatment facility. 4) As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.	10/25/2021	X	X	X	X	X	X	X	X

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
38	02.03.03B	Family Centered Practice	Added following language: The IPOS should be developed with the family in mind and should be understandable by the family with minimal jargon or language. The IPOS should have person first language. All persons eligible for services through SCCMHA and SCCMHA contracted network will have a IPOS developed. A family receiving services through the SCCMHA intake process will have a preliminary plan that addresses any crisis needs as well as any needs as the family meets with their assigned case holder and other team members to develop a comprehensive IPOS. The plan should be developed within 45 days of the assignment to a case holder. When a person is in a crisis situation, that situation should be stabilized before the PCP process is used to plan the life the family desires to have. Consumers should be offered the ability to create a Crisis Plan, Psychiatric Advanced Directive, or a Wellness Recovery Action Plan. The goal of a crisis plan, psychiatric advanced directive or a wellness recovery action plan it to help the consumer and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse. Discussion with the consumer about this type of planning should occur: 1. After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc. 2. After a series of crisis intervention contacts. A series here is defined as three or more. 3. After treatment for SUD in a residential treatment facility. 4. As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order. In order to assure an understanding of not only the technical process but also the ‘spirit’ and intent of Person-Centered Planning, annually, the Clinical Supervisor will shadow each assigned Case Holder	10/25/2021	X	X	X	X	X	X	X	

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
			through at least one consumer's PCP Process using the PCP Fidelity Checklist (Exhibit C) to train and assess that Case Holder's understanding of the PCP Process. The results of this tool will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist. PCP Fidelity Checklists will be available for review by the SCCMHA Auditing team at the time of annual site reviews. Changed the definition of case holder to be consistent with the Person Centered Planning policy. Added 3 Exhibits: Exhibit A - Chart of Elements/strategies, Exhibit B - Person Centered Planning Process-Fidelity Checklist, Exhibit C - IPOS Workflow and Activities									
52	02.03.09	Evidence-Based Practices (EBPs)	Added additional language to align with CCBHC. Added CCBHC reference.	9/1/2021	X	X	X	X	X	X	X	
72	02.03.09.10	Substance Use Disorder Services	This policy now includes CCBHC. "Developmentally appropriate" added to policy language. Recovery Oriented System of Care (ROSC) added to definitions. MDHHS CCBHC Handbook and SAMHSA CCBHC Criteria added to the Reference section.	10/6/2021	X	X	X	X	X	X	X	
81	02.03.09.41	Eye Movement Desensitization and Reprocessing (EMDR)	New Policy	9/8/2021					X			
86	02.03.09.42	Mindfulness	New Policy	12/9/2021					X			
N/A	03.02.01	Health Care Integration	Discontinued									
89	03.02.17	Medication Management in Licensed Residential Settings	Added Physician assistants to the list of prescribers (only had physicians and nurse practitioners). Added language: Over-the-counter medications that do not require a physician's order (such as ibuprofen) must be identified on a non-emrgent medication form signed by a physician or PA and reviewed annually or whenever a prescribed medication is added to avoid any contraindication.	1/10/2022	X	X	X	X	X		X	

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
122	03.02.20	Medication Review	The title should be Medication Review (singular) rather than reviews (plural). Added Reviewer: Genoa Healthcare Pharmacist Changed regime to regimen in the policy section. Standard C: Added " network" providers. Added 1. Case Holders shall inquire about medication changes at every contact with the consumer (e.g., "Have there been any changes to your medications since we last met?" "Are you taking any new medications [over-the-counter or prescribed] or dietary supplements?"). Amended Standard E.1.: SCCMHA Network psychiatrists/prescribers shall review all medications prescribed by other physicians/prescribers as well as over-the-counter medications and any dietary supplements the consumer is taking. Added Definitions: Licensed Pharmacist: An individual licensed under the Michigan Public Health Code to engage in the practice of pharmacy, which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering, and use of drugs and related articles for the prevention of illness, and the maintenance and management of health. Practice of pharmacy includes the direct or indirect provision of professional functions and services associated with the practice of pharmacy. Professional functions associated with the practice of pharmacy include the following: (a) The interpretation and evaluation of the prescription. (b) Drug product selection. (c) The compounding, dispensing, safe storage, and distribution of drugs and devices. (d) The maintenance of legally required records. (e) Advising the prescriber and the patient as required as to contents, therapeutic action, utilization, and possible adverse reactions or interactions of drugs. Medication Check: For purposes of this policy, a Medication Check is conducted during each consumer contact by a Case Holder and consists of asking the consumer whether they have had a changes to their medication regimen since their last contact with the Case Holder. This includes over-the-counter medications and dietary supplements. Medication Reconciliation: The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency,	7/24/2021	X	X	X	X	X	X	X	

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
			and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider. Amended Definition: Medication Review: According to the Michigan Medicaid Provider Manual, a medication review consists of evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications. Added Reference G: SCCMHA Policy 10.01.01.01 – Care Transitions. Updated the Procedure to include all responsible parties for each step. Amended Exhibit A, Laboratory Testing Protocol, to clarify it refers to psychotropic meds. Amended Exhibit D, Guide to E/M Codes for Billing footnote: An AIMS should be done on any person who, while on psychiatric medications of any type, develops abnormal and/or involuntary movements. A referral to the primary care physician/provider should be made to, at a minimum, further evaluate and consult with the treating psychiatrist regarding any further recommendations. Amended Exhibit F, Protocol for Laboratory Orders.									
150	03.02.29	Closure/Discharge Criteria	This policy has been edited extensively and reformatted. The Policy section now has a policy statement. Standards related to CCBHC have been added. Additional references have been included. Outdated Exhibit was replaced with 2 up-to-date forms.	9/23/2021				X	X			

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
163	03.02.30	Use of PRN Psychotropic Medications in Mental Health Settings	The entire policy has been reformatted and rewritten. New standards added: A. PRN medications shall be used as a last resort to manage deleterious behaviors. 1.Behavior treatment plans shall be considered first-line interventions for harmful behaviors. B.1. Case Holders shall be required to enumerate failures to respond to behavioral treatment(s) prior to initiating a request for consideration of PRN medications for behavior management. Exhibit C added: BTC Medication and Off-Label Use chart	9/3/2021			X		X			
192	03.02.37	Prescribing Controlled Substances	Using Teach-Back was added to Standard A and the SCCMHA Teach-Back Policy added as a reference along with the policy number of the PMP compliance. Policy.	10/18/2021		X	X		X			
198	03.02.46	Whole-Person Care	New policy that replaces 10.01.02 - Health Home Services.	11/2/2021		X			X			
260	05.01.04	Psychiatric Supervision & SCCMHA Medical Director Role	SUD added to the Policy statement section. Application section now refers to the entire SCCMHA network. Reworded Standards C, H, R, S. Standard O.1. additional training topics (diagnosis and assessment of intellectual/developmental disabilities, substance use disorders, mental illness, and severe emotional disturbance). Added HIPAA compliant teleconference as an option to Standard Q.1. Added other prescribers to Standard U.	10/11/2021	X	X		X	X	X	X	
264	06.01.01	Health Literacy	No significant changes made. The only changes are references to Exhibits A and B within the Standards.	10/12/2021	X	X	X	X	X		X	
277	09.04.02.11	Home Manager Vital Sign and Medication Competency Evaluation	Review only.	1/10/2022	X							
290	09.06.00.12	Consumer Clinical Team Orientation	Exhibits Updated.	11/8/2021					X			
N/A	10.01.02	Health Home Services	Discontinued									
N/A	**Tab 5**	**Regulatory Management/HIPAA Compliance - No Updates**										
N/A	**Tab 6**	**Recipient Rights - Customer Service - Appeals & Grievance - No Updates**										
N/A	**Tab 7**	**Claims Processing - No Updates**										
295	**Tab 8**	**Network Services**										

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
296	05.06.03	Competency Requirements for the SCCMHA Provider Network	Updates based on MSHN audit CAP: For consumers receiving services in bordering states, credentialing and recredentialing processes will ensure that network providers residing and providing services meet all applicable licensing and certification requirements within their state. 3. Licensure checks will be completed every year (two years as part of the re-credentialing process and the non recredentialing year) to assure no sanctions have been noted by Licensing and Regulatory Affairs (LARA) and to assure the license is still active. Took out references to supports coordinators. Added time limits based on NCQA guidelines for Credentialing for document dates and proofs such as NPDB, verification of degrees, etc. Under standards A 8 added item e: Residential Providers who are required to complete fingerprinting as part of their licensing requirements do not need to complete background checks every two years as the fingerprinting has a “rapback” process that will notify providers of any concerns noted for employees working for them. Under standards A 15 added c: All providers receiving funding from SCCMHA, including residential, community living supports and respite, must minimally complete monthly sanction checks for List of Excluded Individuals and Entities (LEIE) Search the Exclusions Database | Office of Inspector General (hhs.gov), System Award Management (SAM) database SAM.gov and the State of Michigan Sanction list MDHHS - List of Sanctioned Providers (michigan.gov). Under standards B added item 11: Any staff that is not fully licensed or does not have the appropriate credentials to provide services in accordance with Michigan Medicaid Manual or other licensing body will be required as part of their credentialing process to document who will provide supervision of the staff person until full licensure or credentialing is obtained. Until such credentials or full licensure is obtained an appropriately credentialed or licensed individual will oversee and co-sign documents.	10/25/2021	X	X	X	X	X	X	X	X

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
			The above item change is in keeping with the standards for CCBHC. Added additional references. Added Credentialing documents as exhibits.									
317	05.06.03.01	Credentialing and Recredentialing of SCCMHA Providers and Staff	New to the Provider Manual	10/25/2021	X	X	X	X	X	X	X	X
335	05.06.06	SCCMHA Continuing Education Program	Standard B updated to: SCCMHA minimum continuing education standards will be established with input from SCCMHA supervisors and management, and approved by the SCCMHA Management Team and Continuing Education Committee. Added to the list of alternatives virtual training.	1/10/2022	X	X		X	X	X	X	X
341	05.06.06.01	Continuing Education Credits for Social Workers	Removed reference in G about self study. SCCMHA is not approved for self study CE's.	1/10/2022					X			
350	05.06.06.04	Continuing Education Virtual Training	Changed test run to Demonstration (demo) sessions are required for all staff completing a virtual training. •All participants are expected to treat virtual trainings as they would any in class training, to minimize distraction for other participants in the class. This includes: •Dressing appropriately •Using appropriate discussion methods, the trainers advise to use •Keeping the video screen on during the entire class. If disrupted more than 15 minutes you may not be allowed to receive credit for the training. •No sleeping •No playing with children or pets •No eating or drinking •Not driving or in a moving vehicle	1/10/2022	X	X	X	X	X	X	X	X
361	05.06.06.05	Reciprocity and Portability of Training for Staff	Added to item E the following language: These tools are located on the SCCMHA G drive in the Network Services training folder. These are updated as required and reviewed at least every two years for any updates and changes. Updates to references and updated links to some of the websites and documents.	10/11/2021	X	X	X	X	X	X	X	X
370	05.06.06.06	Continuing Education Appeal Process	Updated ACE Handbook link.	1/10/2022	X	X	X	X	X	X	X	
377	09.04.02.02	Distribution of Training Reports	Review only.	1/10/2022	X	X		X	X	X	X	X

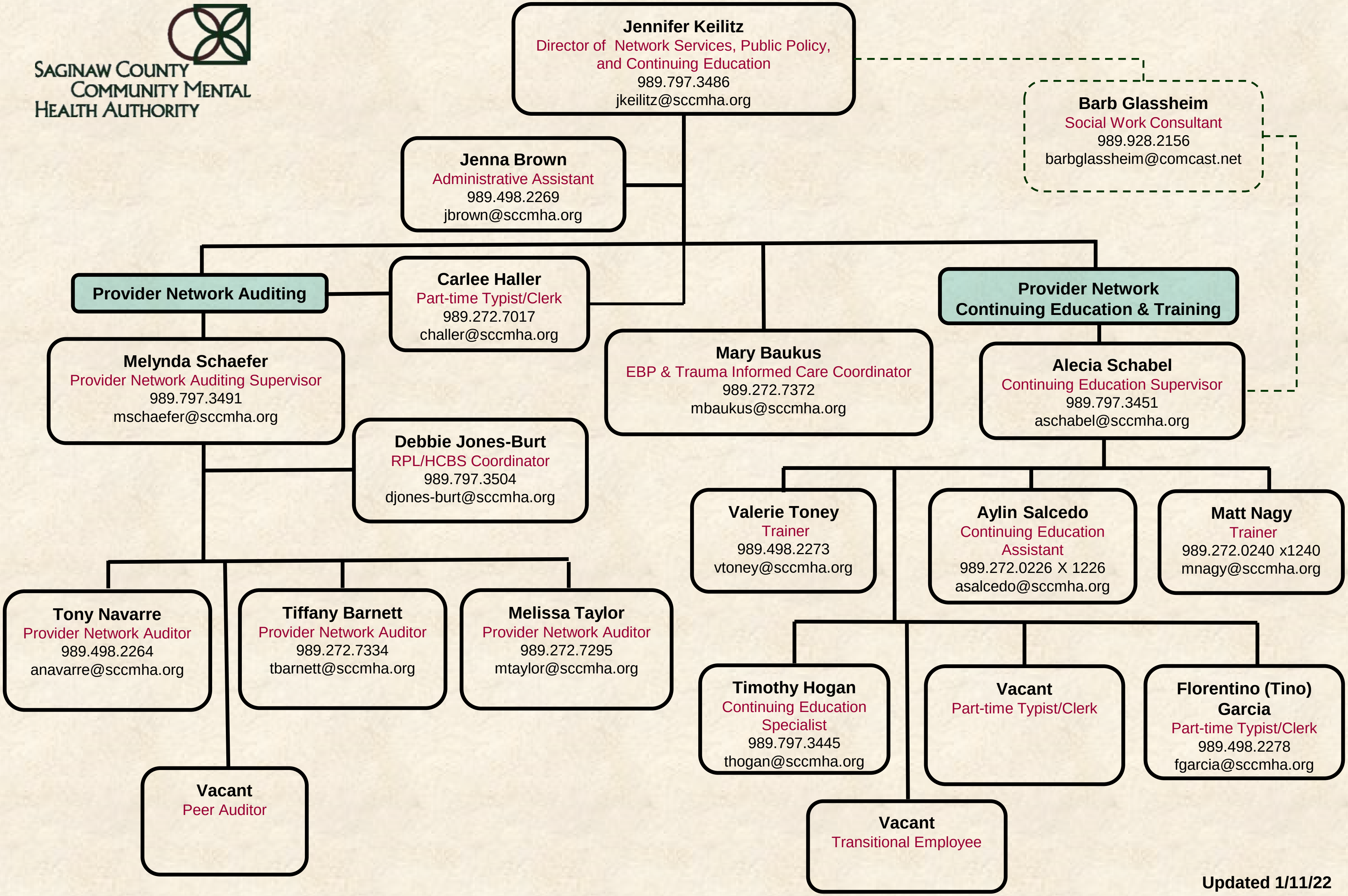
Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised								
383	09.04.02.03	SCCMHA Contracted Provider Training Orientation	Minor changes throughout. Added Exhibit B2.	1/10/2022	X	X		X	X	X	X	X
391	09.04.02.09	Fee-Based Continuing Education Trainings	New to the Provider Manual.	1/10/2022		X	X		X			
399	09.04.03.05	Distribution of Network Services Communications	Updated the frequency of Licensed Residential report distribution (monthly).	1/10/2022	X	X	X	X	X	X	X	X
403	09.04.03.09	Tracking of Credentials for Staff Electronic Signatures	Updated language of DCO's, including the privileging piece required by the network. Included Language about LARA checks annually by providers. Included Language about recredentialing every two years.	10/12/2021	X	X	X	X	X	X	X	X
408	N/A	SCCMHA Audit Checklist- Licensed Residential	A few questions were combined and the references in the third column were updated throughout.	1/28/2022	X							
N/A	**Booklets and Brochures - No Changes**											

Tab 1

Introduction to SCCMHA

NETWORK SERVICES ORGANIZATIONAL STRUCTURE

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY



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Updated 1/11/22

Tab 4

Service
Delivery

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Person-Centered Planning	**Chapter**: 02 - Customer Services and Recipient Rights	**Subject No**: 02.03.03
Effective Date: December 1, 2002	**Date of Review/Revision**: 5/6/09, 6/30/10, 5/14/12, 5/22/14, 4/7/16, 7/12/16, 3/30/17, 3/1/18, 10/26/18, 3/26/19, 6/8/20, 10/25/21	**Approved By**: Sandra M. Lindsey, CEO
	Supersedes:	**Responsible Director:** Director of Network Services & Continuing Education
Saginaw County Community Mental Health Authority		**Authored By**: Kristie Wolbert **Additional Reviewers**:

Purpose:
To establish person-centered planning practice guidelines as the values and principles underlying person-centered planning.

Policy:
As established in the Michigan Mental Health Code, all consumers receiving on-going services from Saginaw County Community Mental Health Authority have the right to utilize the Person-Centered Planning (PCP) in the development of the consumer’s Individual Plan of Service (IPOS). The use of this process will be based on the services provided without regard to the age, disability, race, color, religion, gender, sexual orientation, gender identity or expression, national origin, legal status, or residential setting.

PCP is a way for people to plan their lives in their communities, set the goals that they want to achieve, and develop a plan for how to accomplish them. PCP is required by state law (the Michigan Mental Health Code (the Code)) and federal law (the Home and Community Based Services (HCBS) Final Rule and the Medicaid Managed Care Rules) as the way that people receiving services and supports from the community mental health system plan how those supports are going to enable them to achieve their life goals. The process is used to plan the life that the person aspires to have, considering various options—taking the individual’s goals, hopes, strengths, and preferences and weaving them into plans for the future. Through PCP, a person is engaged in decision-making, problem solving, monitoring progress, and making needed adjustments to goals and supports and services provided in a timely manner. PCP is a process that involves support and input from those people who care about the person doing the planning. The PCP process is used any time an individual’s goals, desires, circumstances, choices, or needs change. While PCP is the required planning approach for mental health and I/DD services provided by the CMHSP system, PCP can include planning for other public supports and privately-funded services chosen by the person.

Application:
All providers, board operated and contracted, of the Saginaw County Community Mental Health Authority network.

Standards:

PCP is an individualized process designed to respond to the unique needs and desires of each person. Through the PCP process, a person and those he or she has selected to support him or her:

1. Focus on the person's life goals, interests, desires, choices, strengths and abilities as the foundation for the PCP process.

2. Identify outcomes based on the person's life goals, interests, strengths, abilities, desires and choices.

3. Make plans for the person to achieve identified outcomes.

4. Determine the services and supports the person needs to work toward or achieve outcomes including, but not limited to, services and supports available through the community mental health system.

5. After the PCP process, develop an Individual Plan of Services (IPOS) that directs the provision of supports and services to be provided through the community mental health services program (CMHSP).

PCP focuses on the person's goals, while still meeting the person's basic needs [the need for food, shelter, clothing, health care, employment opportunities, educational opportunities, legal services, transportation, and recreation as identified in the Code]. As appropriate for the person, the PCP process may address Recovery, Self-Determination, Positive Behavior Supports, Treatment of Substance Abuse or other Co-Occurring Disorders, and Transition Planning as described in the relevant MDHHS policies and initiatives.

PCP focuses on services and supports needed (including medically necessary services and supports funded by the CMHSP) for the person to work toward and achieve their personal goals.

For minor children, the concept of PCP is incorporated into a family-driven, youth-guided approach (see the MDHHS Family-Driven and Youth-Guided Policy and Practice Guideline). The needs of the child are interwoven with the needs of the family, and therefore supports and services impact the entire family. As the child ages, services and supports should become more youth-guided especially during transition into adulthood. When the person reaches adulthood, his or her needs and goals become primary.

There are a few circumstances where the involvement of a minor's family may be not appropriate:

1. The minor is 14 years of age or older and has requested services without the knowledge or consent of parents, guardian or person in loco parentis within the restrictions stated in the Code.
2. The minor is emancipated.
3. The inclusion of the parent(s) or significant family members would constitute a substantial risk of physical or emotional harm to the minor or substantial disruption of the planning process. Justification of the exclusion of parents shall be documented in the clinical record.

Every person is presumed competent to direct the planning process, achieve his or her goals and outcomes, and build a meaningful life in the community.

Every person has strengths, can express preferences, and can make choices

The person's choices and preferences are honored. Choices may include: the family and friends involved in his or her life and PCP process, housing, employment, culture, social activities, recreation, vocational training, relationships and friendships, and transportation. Individual choice must be used to develop goals and to meet the person's needs and preferences for supports and services and how they are provided.

The person's choices are implemented unless there is a documented health and safety reason that they cannot be implemented. In that situation, the PCP process should include strategies to support the person to implement their choices or preferences over time.

Every person contributes to his or her community, and has the right to choose how supports and services enable

Through the PCP process, a person maximizes independence, creates connections, and works towards achieving his or her chosen outcomes.

A person's cultural background is recognized and valued in the PCP process. Cultural background may include language, religion, values, beliefs, customs, dietary choices and other things chosen by the person. Linguistic needs, including ASL interpretation, are also recognized, valued and accommodated.

The following elements are essential to the successful use of the PCP process with a person and the people invited by the person to participate.

1. **Person-Directed.** The person directs the planning process (with necessary supports and accommodations) and decides when and where planning meetings are held, what is discussed, and who is invited.

2. **Person-Centered.** The planning process focuses on the person, not the system or the person's family, guardian, or friends. The person's goals, interests, desires, and choices are identified with a positive view of the future and plans for a meaningful life in the community. The planning process is used whenever there are changes to the person's needs or choices, rather than viewed as an annual event.

3. **Outcome-Based.** The person identifies outcomes to achieve in pursuing his or her goals. The way that progress is measured toward achievement of outcomes is identified.

4. **Information, Support and Accommodations.** As needed, the person receives complete and unbiased information on services and supports available, community resources, and options for providers, which are documented in the IPOS. Support and accommodations to assist the person to participate in the process are provided. The person is offered information on the full range of services avail-able in an easy-to-understand format.

5. **Independent Facilitation.** Individuals have the information and support to choose an independent facilitator to assist them in the planning process. See Section II below.

6. Pre-Planning. The purpose of pre-planning is for the person to gather the information and resources necessary for effective PCP and set the agenda for the PCP process. Each person must use pre-planning to ensure successful PCP. Pre-planning, as individualized for the person's needs, is used anytime the PCP process is used.

> The following items are addressed through pre-planning with sufficient time to take all needed actions (e.g. invite desired participants):
>
> a. When and where the meeting will be held.
>
> b. Who will be invited (including whether the person has allies who can provide desired meaningful support or if actions need to be taken to cultivate such support).
>
> c. Identify any potential conflicts of interest or potential disagreements that may arise during the PCP for participants in the planning process and making a plan for how to deal with them. (What will be discussed and not discussed.
>
> d. The specific PCP format or tool chosen by the person to be used for PCP.
>
> e. What accommodations the person may need to meaningfully participate in the meeting (including assistance for individuals who use behavior as communication).

f. Who will facilitate the meeting.

g. Who will take notes about what is discussed at the meeting.

7. **Wellness and Well-Being**. Issues of wellness, well-being, physical health and primary care coordination support needed for the person to live the way he or she want to live are discussed and plans to address them are developed. People are allowed the dignity of risk to make health choices just like anyone else in the community (such as, but not limited to, smoking, drinking soda pop, eating candy or other sweets). If the person chooses, issues of wellness and well-being can be addressed outside of the PCP meeting.
PCP highlights personal responsibility including taking appropriate risks. The plan must identify risks and risk factors and measures in place to minimize them, while considering the person's right to assume some degree of personal risk. The plan must assure the health and safety of the person. When necessary, an emergency and/or back-up plan must be documented and encompass a range of circumstances (e.g. weather, housing, support staff).

8. **Participation of Allies**. Through the pre-planning process, the person selects allies (friends, family members and others) to support him or her through the PCP process. Pre-planning and planning help the person explore who is currently in his or her life and what needs to be done to cultivate and strengthen desired relationships.

To assure consumer involvement in the process, consumers will be asked by their assigned Case Holder to complete the Choice Document (see exhibit below) during the pre-planning aspect of the Individual Plan of Service.

Consumers should be offered the ability to create a Crisis Plan, Psychiatric Advanced Directive, or a Wellness Recovery Action Plan.

The goal of a crisis plan, psychiatric advanced directive or a wellness recovery action plan it to help the consumer and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse.

Discussion with the consumer about this type of planning should occur:

1) After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc.
2) After a series of crisis intervention contacts. A series here is defined as three or more.
3) After treatment for SUD in a residential treatment facility.
4) As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.

All agency and network staff, at all levels of the organizations (including secretaries, administrators, psychiatrists, janitors, etc.), shall have training in person-centered planning concepts and philosophy within 30 days of hire and annually thereafter.

Additionally, Case Holders will be evaluated at least annually on their knowledge and utilization of the process for their caseloads. This will be part of the annual performance evaluation.

The SCCMHA Customer Service Staff will complete a survey of a sampling of consumers who have recently had their Person-Centered Planning Pre-Planning Meeting. The sampling will include at least 50 consumers per month and will include every member of the SCCMHA Provider Network.

- The results of the surveys will be collected and shared with the Quality Governance Committee on a quarterly basis.

Whenever feasible, consumers should be involved in providing person-centered planning training as co-presenters.

Person-Centered/family planning training should be available and open to consumers, family members and the general public.

To assure an understanding of not only the technical process but also the 'spirit' and intent of Person-Centered Planning, annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist to train and assess that Case Holder's understanding of the PCP Process. The results of this tool will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist.

Definitions:

Person-Centered Planning: means a process for planning and sup-porting the individual receiving services that build upon the individual's capacity to engage in activities that promote community life and that honor the individual's preferences, choices, and abilities. [MCL 330.1700(g)]

Case Holder: Case Managers, Supports Coordinators, Therapists, Wrap Coordinators and other staff who provide case management or coordination of care for a consumer

References:

The Michigan Mental Health Code
MDHHS Person-Centered Planning Policy (June 5, 2017)
MDHHS Person-Centered Planning Policy and Practice Guideline (3/15/2011)

Exhibits:

Exhibit A - Chart of Elements/strategies
Exhibit B – Choice Document

Exhibit C – Person Centered Planning Process-Fidelity Checklist
Exhibit D –IPOS Workflow and Activities

Procedure:

ACTION	RESPONSIBILITY
Provides leadership through policy that requires staff training on Person/family Centered Planning at all levels of the organization and network.	CEO Executive Director of Clinical Services Director of Network Services, Public Policy & Continuing Education
Provides leadership through policy that requires staff and network adherence to Person/family Centered Planning policy and practices.	CEO Executive Director of Clinical Services Director of Network Services, Public Policy & Continuing Education
Assures that training is made available on a regular basis to new staff and contractors as well as consumers and family members and that, when possible, consumers are involved in providing the training, co-presenters.	CEO Executive Director of Clinical Services Director of Network Services, Public Policy & Continuing Education SCCMHA Training Unit Supervisor of Customer Services
Case Holder evaluation of utilization of Person-Centered Plan is conducted at least annually as part of staff performance evaluation	Clinical Supervisor
Assures that all decisions involving a consumer are made utilizing the concepts of person/family centered planning.	SCCMHA Network
Person/family centered planning processes begin when the individual makes a request to the agency. The first step is to find out from the individual the reason for his/her request for assistance. During this process the individual needs and valued outcomes are identified rather than requests for a specific type of service. The attached Chart of Elements/Strategies can be used by staff to determine how to proceed based upon the person's/family's wants and needs.	SCCMHA Centralized Access and Intake Staff/Family Guide
Before a person/family centered planning meeting is initiated, a pre-planning	Case Holder/Parent/guardian when applicable

meeting occurs and all decisions are documented. In the pre-planning the individual chooses: ♦ Dreams, goals, desires and any topics which he/she would like to talk about at the meeting. ♦ Topics he/she does not want discussed at the meeting. ♦ Who to invite and who will be responsible for inviting those individuals. ♦ Where and when the meeting will be held. ♦ Who will facilitate the meeting? The consumer must be given choices including the option for independent facilitation. ♦ Who will be responsible for recording the meeting? ♦ Whether the adult consumer is interested in participating in self-determination	
The person/family centered planning meeting is held and directed according to the choices made by the individual/family during the pre-planning meeting.	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests
Each consumer shall be given opportunities to express his/her needs and desired outcomes. Accommodations will be made as necessary to maximize the individual's ability for self-expression. Sensitivity to cultural and linguistic (styles of communication) responsiveness will be practiced.	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests
Each consumer is given the opportunity to develop a crisis plan to assist the individual in and those around the person recognize when the consumer is regressing in their recovery and assist the person while they are healthy to make decisions about their care when they are feeling unwell or unable to make decisions about their care.	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests Customer services

During the meeting, the consumer is the focal point of conversation. The consumer will be addressed directly in the style of communication that they prefer and is understandable by all participants. Simple and clear language will be used to assure understanding of all participants. The consumer will be empowered to make decisions regarding his/her care. The professionals involved will act as consultants to the consumer rather than primary decisions makers.	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests Customer services
Potential support and/or treatment options identified by the consultants/staff to meet the expressed needs/desires of the individual/family will be presented to, discussed with and approved by the individual/family. All participants should maintain a positive focus on the consumer's abilities. The consumer's choices and preferences about his/her supports and services should always be given primary consideration in planning. Issues and concerns that the individual or others have about the consumer's health, welfare and safety should be shared with the consumer/family as he/she makes choices. Care will be taken to include access to high quality physical health needs as well as behavioral health. In addition, social services, housing, educational systems, and employment opportunities to facilitate wellness and recovery of the whole person.	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests Customer services
Throughout the planning process, the resources and supports that are already available to the consumer including natural/community supports will be identified. The planning team should consider how these natural supports could be utilized to help the consumer/family reach his/her dreams and desires. If the consumer has no natural supports, the team	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests Customer services

will discuss how such supports will be developed.	
Consumers are encouraged and supported to reach their highest potential. To the extent possible, the individual shall be given the opportunity for experiencing the options available prior to making a choice/decision. This is particularly true for individuals who have limited life experiences in the community with respect to housing, work and other domains.	Consumer Facilitator Case Holder Parent/guardian when applicable Family members and other invited guests Customer services
Person/family centered planning is a dynamic process. Consumers have the opportunity to reconvene any or all of the planning processes whenever he/she wants or needs. Consumers with dual diagnosis of MI/SUD will have periodic reviews of their PCP completed every 120 days.	Consumer Case Holder
Consumers/families are provided with ongoing opportunities to provide feedback on how he/she feels about the service, support and/or treatment he/she receives and his/her progress toward attaining varied outcomes. Information is collected and changes are made in response to the consumer's/family's feedback.	Consumer Case Holder
Once all parties have agreed to all elements of the Person-Centered Plan, the plan will be submitted to the departmental supervisor for approval, as well as Care Management for approval of authorization of requested services. The Person-Centered Plan is effective on the date which the required supervisor signs the plan.	Case Holder Clinical Supervisor Care Management

Each consumer is provided with a copy of his/her person/family centered plan within 15 business days after the meeting.	Case Holder
The SCCMHA Customer Service Staff will complete a survey of a sampling of consumers who have recently had their Person Centered Planning Pre-Planning Meeting. The sampling will include at least 50 consumers per month and will include every member of the SCCMHA Provider Network. ➢ The results of the surveys will be collected and shared with the Quality Governance Committee on a quarterly basis.	SCCMHA Customer Service Staff
Annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist to train and assess that Case Holder's understanding of the PCP Process. The results of this checklist will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist.	Clinical Supervisor Case Holder

EXHIBIT A

The following chart of elements/strategies can be used by the person representing the CMHSP, depending upon what the individual wants and needs.

Three possible situations are:

1. **The individual expresses a need that would be considered urgent or emergent.**

When an individual is in an urgent/emergent situation, the goal is to get the individual's crisis situation stabilized. Following stabilization, the individual and CMHSP will explore further needs for assistance and if required, proceed to a more in-depth planning process as outline below. It is this type of situation where and individual's opportunity to make choices may be limited.

2. **The individual expresses a need or makes a request for support, services and/or treatment in a single life domain and/or of a short duration.**

A life domain could be any of the following:

- ♦ Daily activities
- ♦ Social relationships
- ♦ Finances
- ♦ Work
- ♦ School
- ♦ Legal and Safety
- ♦ Health
- ♦ Family and relationships

3. **The individual expresses multiple needs that involve multiple life domains for support(s), service(s) or treatment of an extended duration.**

The following chart represents the elements/strategies that can be used depending on the kinds of needs expressed by the individual.

Elements/Strategies	Urgent/ Emergency (< 7 days)	Short Duration (≥ 7 days)	Extended Duration
The individual expresses his/her needs and/or desires. Accommodations for communication will be made to maximize his/her ability for expression.	X	X	X
The individual's preferences, choices and abilities are respected.	X	X	X
Potential issues of health and safety are explored and discussed, to determine if there is a role for other clinicians to provide additional information or opinions.	X	X	X
As a result of health or safety concerns or court-ordered treatment, limitations may exist for individual choice. However, opportunities for individuals to express their perceived needs can occur and opportunities to make choices among limited options can be given.	X	X	X
Person-centered planning includes pre-planning activities. These activities result in the determination of whether in-depth treatment or support planning is necessary and if so, to determine and identify the people and information that need to be assembled for successful planning to take place.		X	X
All planning meeting(s) are scheduled at a time and location convenient to the individual and persons the individual chooses to have participate.	***Should ask at 1st meeting!***	X	X
In collaboration with the RMHA, the individual identifies strategies and supports, services and/or treatment needed to achieve desired outcomes.		X 330.1209a	X
Exploration of the potential resources for supports and services to be included in the individual's plan are to be considered in this order: • The individual. • Family, friends, guardian, and significant others. • Resources in the neighborhood and community. • Publicly-funded supports and services available for all citizens. • Publicly-funded supports and services provided under the auspices of the MDCH and CMH Services Programs.		X	X
Regular opportunities for individuals to provide feedback are available.		X	X
The individual's support network is explored with that person to determine who can best help him/her plan. The individual and the people he/she selects together define the individual's desired future, and develop a plan for achieving desired outcomes. For persons with dementia or other organic impairments, this should include the identification of spouses or other primary care givers who are likely to be involved in treatment or support plan implementation.			X
The process continues during the planning meeting(s) at which the individual and, where necessary, others he/she has selected who know him/her well talk about the desired future and outcomes concentrating on the life domains previously identified as needing change.			X

EXHIBIT B

SCCMHA Funded Licensed Residential Setting

Name: ______________________________ Date:______________________

The Home and Community Final Rule (HCBS) of Medicaid tells SCCMHA to help you to live your life as you would like to live it. This includes assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

Birth Date: _____________ Case: ______________ Name of home: ________________

You have the right to choose the home you live in from various options. **Given the choices available to you at this time, is your current home where you choose to live?**	Yes ☐	No ☐
You also have the right to choose your roommate from available options. **Given the choices available to you at this time, are you happy with your current roommate?**	Yes ☐	No ☐

If at any time you are not happy with the home you live in or your roommate, you can notify your worker: ______________________________ , phone: ___________________ to help you to find out about the choices available.

If you live in a place that you do not own or rent, and have staff present, then please answer these questions:			
The Resident Care Agreement (BCAL-3266) that I (or my guardian) signed, also included a document known as "Summary of Resident Rights: Discharges and Complaints".	Yes ☐	No ☐	Don't know ☐
My bedroom door is lockable from the inside.	Yes ☐	No ☐	
I am able to furnish and decorate my room the way that I want to.	Yes ☐	No ☐	
I set my own schedule (For example: I go to bed when I want to, bathe when I want to, etc.).	Yes ☐	No ☐	
I have access to food at any time.	Yes ☐	No ☐	
I can have visitors whenever I want to.	Yes ☐	No ☐	
I have a place to securely lock up my possessions.	Yes ☐	No ☐	

I receive privacy while doing or receiving personal care.	Yes ☐	No ☐	

***If you answered “no” to any of the above, these should be looked at through the PCP process until resolved.**

____

Signature of Person Receiving Services or Legal Representative
Date

Non-Residential Settings

Name: ____ Date: ____________________

Birth Date: ____________ Case: _____________ Program: _______________________________

The Home and Community Final Rule (HCBS) of Medicaid tells SCCMHA to help you to live your life as you would like to live it. This includes assisting you with your choices about where to live, work, and being part of our community. We must treat you just like any person would be treated. The HCBS Final Rule says that we do this through the Person-Centered Planning Process. This form is to help us know about your choices.

Saginaw County Community Mental Health provides a full range of work and job options including supports to seek employment.

If I want to become employed, I can contact my worker - ______________________________ Phone:__________________ to help me find a program to help me find a job.

I am aware about the options available to help me to become part of my community and to develop skills: Supported Employment; Community Ties; Guardian Angels; SVRC, Community Living Supports; Bay Side Lodge; Friends for Recovery; etc.), and chose to attend the program listed above.	Yes ☐	No ☐	Don't know ☐
I am aware that I can make changes at anytime by contacting the worker listed above.	Yes ☐	No ☐	
I am able to choose the hours and days that I attend.	Yes ☐	No ☐	
If I need help with personal care, I receive it in a private place.	Yes ☐	No ☐	
The amount of time I get to go out into the community while I attend this program meets my needs and choices.	Yes ☐	No ☐	
The amount of time I spend with people without disabilities while I attend this program meets my needs and choices.	Yes ☐	No ☐	
My lunch break is scheduled the same as other people working on my job.	Yes ☐	No ☐	
I am OK with the employee benefits I receive.	Yes ☐	No ☐	☐N/A (I am not an employee)
I am happy with the type of work I do for my employer.	Yes ☐	No ☐	☐N/A

			(I am not an employee)

***If you answered "no" to any of the above, these should be looked at through the PCP process until resolved.**

____

____

Signature of Person Receiving Services or Legal Representative
Date

EXHIBIT C

PERSON-CENTERED PLANNING PROCESS – Fidelity Checklist

Staff Member:____________________ Review Date:__________ ID:____________ Supervisor:______
____

The supervisor will shadow the staff through the PCP process by observation, which include attending meetings (with consumer permission), reviewing written documentation, and through interview or discussion with the consumer and natural supports. The supervisor will then review these findings with the staff and include findings on the annual performance review.

Indicator	Adherence*	Recommendations or Suggestions:
1. The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions.	☐2 ☐1 ☐0	
2. The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams.	☐2 ☐1 ☐0	
3. Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.	☐2 ☐1 ☐0	
4. The person uses, when possible, natural and community supports.	☐2 ☐1 ☐0	
5. The person has meaningful choices, with decisions based on his or her experiences.	☐2 ☐1 ☐0	
6. Planning is collaborative, recurring, and involves an ongoing commitment to the person.	☐2 ☐1 ☐0	
7. The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints.	☐2 ☐1 ☐0	
8. The person is satisfied with his or her activities, supports, and services.	☐2 ☐1 ☐0	
9. Person is viewed as an unique and valued individual, not only as a client or a consumer of services.	☐2 ☐1 ☐0	
10. Planning meetings are a celebration of the consumer	☐2 ☐1 ☐0	
11. The Person-Centered Planning process and subsequent documentation belong to the person	☐2 ☐1 ☐0	
12. Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants.	☐2 ☐1 ☐0	

Additional Comments or Notes:

*2 – Displays fidelity to the factors of the indicator; 1 – Displays partial fidelity but needs to improve on various factors, 0 – Did not meet fidelity and needs to improve on all factors

Fidelity Indicators and Factors

Fidelity Indictors are the numbered states that reflect the values of the Person-Centered Planning Process.
Fidelity Factors are the bulleted statements regarding some of the elements or factors that would be shown in the Indicator

1. **The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions.**
    - The person and advocates participated in planning and discussions where decisions are made.
    - A diverse group of people, invited by the person, assisted in planning and decision-making.

2. **The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams.**
    - The person's dreams, interests, preferences, strengths, and capacities are explicitly acknowledged and consequently their plan drives activities and supports.
    - Supports are individualized and do not rely solely on preexisting models.
    - Supports result in goals and outcomes that are meaningful to the person.
    - Goals are defined by the person with a focus on attaining the life they envision for themselves in the community

3. **Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.**
    - The person has friends, and increasing opportunities to form other natural community relationships.
    - The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
    - The person has the opportunity to be a contributing member of the community.
    - The person can access community-based housing and work if desired.
    - The person is an engaged member within their community.

4. **The person uses, when possible, natural and community supports.**
    - With the person's consent, the support of family members, neighbors and co-workers is encouraged.
    - The person makes use of typical community and generic resources whenever possible.

5. **The person has meaningful choices, with decisions based on his or her experiences.**
    - The person has opportunities to experience alternatives before making choices.
    - The person makes life-defining choices related to home, work and relationships.
    - Opportunities for decision-making are part of the person's everyday routine.

6. **Planning is collaborative, recurring, and involves an ongoing commitment to the person.**
    - Planning activities occur periodically and routinely. Lifestyle decisions are revisited.

- A group of people who know, value, and are committed to serving the person remain involved.

7. **The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints**.
    - Funding of supports and services is responsible to personal needs and desires, not the reverse.
    - When funding constraints require supports to be prioritized or limited, the person or advocates make the decisions.
    - The person has appropriate control over available economic resources.

8. **The person is satisfied with his or her activities, supports, and services.**
    - The person expresses satisfaction with his or her relationships, home, and daily routines.
    - Areas of dissatisfaction result in tangible changes in the person's life situation.

9. **Person is viewed as a unique and valued individual, not only as a client or a consumer of services.**

    - Person-first language is used
        - Refrain from terms like:
            - Non-verbal
            - Low functioning
            - He's a runner, scratcher
            - Non-compliant
            - The "collective we": How are we doing today?
    - Preferred name and gender preferences used
    - Staff understands the background, history of the person
    - Staff are sincere and genuine in interactions with the person.
    - Interactions adhere to the person's preferences and desires such as respecting someone's belongings, personal space wheelchair, privacy, etc..
    - The person's contribution was valued as shown by listening without interrupting, and giving time to respond to a comment or a question.
    - Discussions and documentation are in plain language
    - Motivational Interviewing was used by the staff to obtain a deeper understanding and knowledge of the person and the person's goals, desires, wishes, and dreams

10. **Planning meetings are a celebration of the consumer**
    - Discussions were positive, future oriented
    - Consumer was encouraged to participate and control the process
    - Consideration was given for consumer's culture, trauma history, desires, dreams, aspirations
    - Strengths are highlighted - the focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The person was involved in making decisions regarding the meeting, including:
        - Who would attend or not attend
        - Location, date, time of meeting
        - Who would lead, facilitate and/or take notes
        - What was to be discussed and what was not to be discussed
    - Staff allowed consumer time to think and to respond
    - Multiple sources were used to obtain information to obtain a fuller picture of the consumer

- Choices were offered to the individual regarding the services and supports the individual receives and from whom.

11. **The Person-Centered Planning process and subsequent documentation belong to the person**

- Plans, schedules, and routines are flexible to the direction of the person
- An environment of choice prevails throughout the process
  - Strength-focused
  - Maximum self-sufficiency and independence is promoted
  - Real opportunities are created
  - Respectfulness prevails
- The approach used was supportive of the person rather than directed by the staff
  - Consumer was provided the necessary information and support to ensure the individual directs the process to the maximum extent possible

12. **Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants.**

EXHIBIT D

IPOS Workflow and Activities

Pre-planning (60 days prior to IPOS expiration)

1. Case Holder (CH) reviews of information from previous year
    a. Chart Review: Periodic Reviews, Progress Notes, Medication Reviews, Incident Reports
    b. Personal notes or information not in chart
2. CH and consumer and (others) complete tools to help develop consumer goals
3. CH and consumer and (others):
    a. Complete the Choice Document with the consumer
    b. Determine need or want for Enhanced Health Services (EHS)
        i. Submit authorization for EHS
    c. Determine need or want for Community Living Supports
4. CH meets with consumer to complete the Pre-Plan form
5. Planning meeting set up (send invites, arrange location, etc.) is completed by parties designated in Pre-Plan
6. CH completes Assessment in Sentri prior to Planning Meeting
7. CH enters proposed IPOS goals in Sentri prior to Planning Meeting

Planning Meeting

8. At the Planning Meeting, the team
    a. Reviews the current strengths of the consumer from the various community and SCCMHA provide supports, services and/or programs
    b. Adds, Reviews and/or revises (if needed) the proposed goals
    c. 15 day copy “clock” starts from date of planning meeting

Post Planning Meeting

9. CH completes the Planning meeting fields in Sentri (may be done after the planning meeting based on notes)
10. CH Simultaneously submits IPOS for
    a. Supervisor Review, revision (if required) and approval
    b. Submit Authorizations in Sentri, revision (if required) and approval
11. CH signs IPOS after Supervisor and authorization approvals
12. CH sends completed IPOS copy to guardian (if applicable) or consumer for signature
    a. CH documents date sent in Sentri on IPOS form
    b. CH documents consumer/guardian signature date on IPOS form
    c. CH assures that the signed Signature Page scanned
13. CH Review IPOS with programs and services
    a. CH documents any in-service(s) on Sentri on PCP Header
14. CH monitors plan
    a. Assures that programs and services are being provided per the IPOS

b. Monitors progress towards goal achievement as indicated in the IPOS
c. Reviews goals per agreed time frames indicated on the IPOS

<table>
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Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject:
Family Centered Practice</td><td>Chapter: 02 -Customer Services & Recipient Rights</td><td>Subject No: 02.03.03 B</td></tr>
<tr><td rowspan="2">Effective Date:
7/1/07</td><td>Date of Review/Revision:
6/18/07, 7/22/08, 5/6/09, 6/30/10, 5/9/12, 5/22/14, 4/7/16,3/30/17, 3/1/18, 4/3/20, 3/30/21, 10/25/21</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO
Responsible Director:
Executive Director of Clinical Services
Authored By:
Stacey Farrell
Additional Reviewers:
Wardene B. Talley</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">Saginaw County Community Mental Health Authority</td></tr>
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Purpose:
The purpose of this policy is to define family centered practice and give direction as to how to achieve family centered practice.

Policy:
Saginaw County Community Mental Health Authority (SCCMHA) providers are required to utilize a family centered approach to service delivery and planning process for children and families regardless of age, disability, race, color, religion, gender, sexual orientation, gender identity or expression, national origin, or residential setting.

Application:
The entire SCCMHA network of providers.

Standards:
Family Centered practice is a planning and service delivery process that:

- Recognizes that parents play a unique and essential role in the lives of their minor children and have the greatest influence on the child’s health, growth and development.
- Recognizes that enhancing parenting competence and confidence is the best avenue to achieving better outcomes for children.
- Is family specific, individualized by culture, strengths, concerns, and resources of each family.
- Continues to build self-empowerment within parents, children and youth.
- Promotes resiliency by developing interventions that increase abilities and skills in children, youth and families, while reducing risk factors and enhancing protective factors.

- Promotes a child/youth's ability to assume more choice and leadership as he/she matures and develops in preparation for adulthood.

Staff coordinating the planning process will adhere to the following principles when implementing family centered practice:

- Partnerships are developed with parents, children, youth and other caregivers.
- Mutual respect and honesty exist between all partners.
- Planning and services are individualized, family driven and youth guided.
- Family strengths and individual strengths are discovered, acknowledged and built upon.
- Family culture and linguistics (styles of communication) are acknowledged and respected.
- Parenting skill and confidence are strengthened.

The emphasis of family centered practice is to shift over the child's life from supporting parents to make decisions for and on behalf of the child to supporting youth to make his or her own decisions, in the context of their family's values, culture and beliefs.

Providers of services to children and families are required to develop a plan of service utilizing a family centered approach. With families and children, the essential elements of person-centered planning has been slightly modified to take into consideration that one is working with a family. These modified **essential elements** are:

1. The child, youth and family have an opportunity to reconvene any or all of the planning process whenever he/she, they want or need.
2. The child, youth and family determine who should be involved in the planning meeting.
3. The family is provided with the option of choosing external independent facilitation of their meeting unless they are receiving short term outpatient therapy or a single service.
4. The family will identify the goals, dreams, aspirations and desires for their child and for their family. The child and youth will also have the opportunity to express goals, dreams, aspirations and desires which will be presented to, discussed with and approved by the individual/family.
5. Before a family centered meeting is initiated, a pre-planning meeting with the family occurs. In the pre-planning meeting the child, youth and family chooses:
    a. Strengths, dreams, goals, aspirations and desires and any topics they want to address or plan for at the meeting
    b. Topics they do not want discussed at the meeting
    c. Who to invite
    d. Where and when the meeting will be held
    e. Who will facilitate
    f. Who will record the meeting
6. All potential support and/or treatment options are identified and discussed with the child and family.

7. Health and safety needs are identified in partnership with the child and family. Services are coordinated with primary health care providers and other allied health professionals or systems working with the child.
8. The child, youth and family are provided an opportunity to develop crisis and safety plans which describes what each family member should do during a crisis.
9. The child, youth and family are given ongoing opportunity to express needs, desires and preferences and to make choices.
10. The child, youth and family are provided opportunities to give feedback on the impact of their services, the progress they are making toward outcomes and the plan is modified based on this feedback. Once all parties have agreed to all elements of the Individual Plan of Service, the plan will be submitted to the departmental supervisor for approval. The Individual Plan of Service (IPOS) is effective on the date which the required supervisor signs the plan.
11. The child, youth and family are provided a copy of their Individual Plan of Service within 15 business days of their meeting.

The IPOS should be developed with the family in mind and should be understandable by the family with minimal jargon or language. The IPOS should have person first language.

All persons eligible for services through SCCMHA and SCCMHA contracted network will have a IPOS developed. A family receiving services through the SCCMHA intake process will have a preliminary plan that addresses any crisis needs as well as any needs as the family meets with their assigned case holder and other team members to develop a comprehensive IPOS.

The plan should be developed within 45 days of the assignment to a case holder. When a person is in a crisis situation, that situation should be stabilized before the PCP process is used to plan the life the family desires to have.

The goal of a crisis plan, is to help the consumer/ family and their allies identify signs when the consumer is heading for a relapse or needs additional supports. This type of planning is to divert crisis intervention or hospitalization or residential treatment and to prevent relapse.

Discussion with the consumer/family about this type of planning should occur:

1. After a hospitalization when the consumer is healthy enough to discuss or discuss with the consumer guardian, caregivers etc.
2. After a series of crisis intervention contacts. A series here is defined as three or more.
3. After treatment for SUD in a residential treatment facility.
4. As the consumer is discussing a lesser restrictive treatment setting such as step down from an Alternative Treatment Order, or a Court Order.

All agency and network staff, at all levels of the organizations (including secretaries, administrators, psychiatrists, janitors, etc.), shall have family-centered practice training within 30 days of hire.

Whenever feasible, consumers should be involved in providing family-centered planning training as co-trainers.

Person-Centered/family planning training should be available and open to consumers, family members and the general public.

In order to assure an understanding of not only the technical process but also the 'spirit' and intent of Person-Centered Planning, annually, the Clinical Supervisor will shadow each assigned Case Holder through at least one consumer's PCP Process using the PCP Fidelity Checklist (Exhibit C) to train and assess that Case Holder's understanding of the PCP Process. The results of this tool will be used as part of the annual evaluation and to train areas for skill improvement. Additional shadowing may occur as deemed needed based on the results of the Fidelity Checklist. PCP Fidelity Checklists will be available for review by the SCCMHA Auditing team at the time of annual site reviews.

Definitions:

Child: For purposes of this policy, a child is defined as a minor age birth to 12.

Youth: For purposes of this policy a youth is defined as a minor age 13 to 18.

Family: For purposes of this policy, family is whoever the family defines to be their family.

Case Holder: Case Managers, Supports Coordinators, Therapists, Wrap Coordinators and other staff who provide case management or coordination of care for a consumer

References:

MDHHS Family- Driven and Youth-Guided Policy and Practice Guideline (July 29, 2020).
SCCMHA Policy 02.03.03- Person-Centered Planning
Certified Community Behavioral Health Clinics (CCBHC) Criteria

Exhibits:

Exhibit A - Chart of Elements/strategies
Exhibit B - Person Centered Planning Process-Fidelity Checklist
Exhibit C - IPOS Workflow and Activities

Procedure:

ACTION	RESPONSIBILITY
Provides leadership through policy that requires staff training on Person/family Centered Planning at all levels of the organization and network.	CEO Executive Director of Clinical Services Director of Network Services, Public Policy & Continuing Education
Provides leadership through policy that requires staff and network adherence to	CEO Executive Director of Clinical Services

Person/family Centered Planning policy and practices.	Director of Network Services, Public Policy & Continuing Education
Assures that training is made available on a regular basis to new staff and contractors as well as consumers and family members and that, when possible, consumers are involved in providing the training.	CEO Executive Director of Clinical Services Director of Network Services, Public Policy & Continuing Education SCCMHA Training Unit Supervisor of Customer Services
Assures that all decisions involving a child, youth and family are made utilizing family centered practices.	SCCMHA Network of providers
Schedules a pre-planning meeting in preparation for the family centered planning meeting and assures that the essential elements of a pre-planning meeting are met.	Case Holder Consumer/Youth/Families
Schedules and coordinates the family centered planning meeting according to the choices made by the family during the pre-planning meeting.	Case Holder Consumer/Youth/Families
Develops the family's plan of service and all of the family outcomes under the name of the identified child. This is with the exception of situations where services to other family members will be provided without the identified child present (medication reviews, respite therapy). In those situations, a single service plan must also be entered for that person. If another family member is going to receive a variety of services and it is expected to be long term a full plan should be developed for them with the outcomes matching those of the first child as it is the family's plan.	Case Holder Consumer/Youth/Families
Once all parties have agreed to all elements of the Individual Plan of Service, authorizations will be submitted to Care Management for approval.	Case Holder Clinical Supervisor

Provides the family with a copy of their plan of service within 15 business days of the meeting.	Case Holder
Completes quarterly periodic reviews along with updating of CAFAS/PECFAS/DECA assessments.	Case Holder
Consumer/youth/family or staff can request to reconvene any or all of the planning processes whenever desired, wanted or needed.	Case Holder Consumer/youth/family
Provides the family, youth and/or child opportunity to provide feedback regarding how they feel about services and modifies the plan of service based on that feedback.	Case Holder
Provides regular feedback regarding progress toward outcomes.	Case Holder Consumer/youth/family

EXHIBIT A

The following chart of elements/strategies can be used by the person representing the CMHSP, depending upon what the individual wants and needs.

Three possible situations are:

1. **The individual expresses a need that would be considered urgent or emergent.**

   When an individual is in an urgent/emergent situation, the goal is to get the individual's crisis situation stabilized. Following stabilization, the individual and CMHSP will explore further needs for assistance and if required, proceed to a more in-depth planning process as outline below. It is this type of situation where and individual's opportunity to make choices may be limited.

2. **The individual expresses a need or makes a request for support, services and/or treatment in a single life domain and/or of a short duration.**

   A life domain could be any of the following:
   - ♦ Daily activities
   - ♦ Social relationships
   - ♦ Finances
   - ♦ Work
   - ♦ School
   - ♦ Legal and Safety
   - ♦ Health
   - ♦ Family and relationships

3. **The individual expresses multiple needs that involve multiple life domains for support(s), service(s) or treatment of an extended duration.**

The following chart represents the elements/strategies that can be used depending on the kinds of needs expressed by the individual.

Elements/Strategies	Urgent/ Emergency (< 7 days)	Short Duration (≥ 7 days)	Extended Duration
The individual expresses his/her needs and/or desires. Accommodations for communication will be made to maximize his/her ability for expression.	X	X	X
The individual's preferences, choices and abilities are respected.	X	X	X
Potential issues of health and safety are explored and discussed, to determine if there is a role for other clinicians to provide additional information or opinions.	X	X	X
As a result of health or safety concerns or court-ordered treatment, limitations may exist for individual choice. However, opportunities for individuals to express their perceived needs can occur and opportunities to make choices among limited options can be given.	X	X	X
Person-centered planning includes pre-planning activities. These activities result in the determination of whether in-depth treatment or support planning is necessary and if so, to determine and identify the people and information that need to be assembled for successful planning to take place.		X	X
All planning meeting(s) are scheduled at a time and location convenient to the individual and persons the individual chooses to have participate.	***Should ask at 1st meeting!***	X	X
In collaboration with the RMHA, the individual identifies strategies and supports, services and/or treatment needed to achieve desired outcomes.		X 330.1209a	X
Exploration of the potential resources for supports and services to be included in the individual's plan are to be considered in this order: · The individual. · Family, friends, guardian, and significant others. · Resources in the neighborhood and community. · Publicly-funded supports and services available for all citizens. · Publicly-funded supports and services provided under the auspices of the MDCH and CMH Services Programs.		X	X
Regular opportunities for individuals to provide feedback are available.		X	X
The individual's support network is explored with that person to determine who can best help him/her plan. The individual and the people he/she selects together define the individual's desired future, and develop a plan for achieving desired outcomes. For persons with dementia or other organic impairments, this should include the identification of spouses or other primary care givers who are likely to be involved in treatment or support plan implementation.			X
The process continues during the planning meeting(s) at which the individual and, where necessary, others he/she has selected who know him/her well talk about the desired future and outcomes concentrating on the life domains previously identified as needing change.			X

EXHIBIT B

PERSON-CENTERED PLANNING PROCESS – Fidelity Checklist

Staff Member:_____________________________________ Review Date:__________

ID:_______________________

Supervisor:________________

The supervisor will shadow the staff through the PCP process by observation, which include attending meetings (with consumer permission), reviewing written documentation, and through interview or discussion with the consumer and natural supports. The supervisor will then review these findings with the staff and include findings on the annual performance review.

Indicator	Adherence*	Recommendations or Suggestions:
1. The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions.	☐2 ☐1 ☐ 0	
2. The person’s routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams.	☐2 ☐1 ☐ 0	
3. Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.	☐2 ☐1 ☐ 0	
4. The person uses, when possible, natural and community supports.	☐2 ☐1 ☐ 0	
5. The person has meaningful choices, with decisions based on his or her experiences.	☐2 ☐1 ☐ 0	
6. Planning is collaborative, recurring, and involves an ongoing commitment to the person.	☐2 ☐1 ☐ 0	
7. The person’s opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints.	☐2 ☐1 ☐ 0	
8. The person is satisfied with his or her activities, supports, and services.	☐2 ☐1 ☐ 0	
9. Person is viewed as an unique and valued individual, not only as a client or a consumer of services.	☐2 ☐1 ☐ 0	
10. Planning meetings are a celebration of the consumer	☐2 ☐1 ☐ 0	
11. The Person-Centered Planning process and subsequent documentation belong to the person	☐2 ☐1 ☐ 0	
12. Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants.	☐2 ☐1 ☐ 0	

Additional Comments or Notes:

*2 – Displays fidelity to the factors of the indicator; 1 – Displays partial fidelity but needs to improve on various factors, 0 – Did not meet fidelity and needs to improve on all factors

Fidelity Indicators and Factors

Fidelity Indictors are the numbered states that reflect the values of the Person-Centered Planning Process.
Fidelity Factors are the bulleted statements regarding some of the elements or factors that would be shown in the Indicator

1. **The person and people important to him or her are included in lifestyle planning, and have the opportunity to express preferences, exercise control and make informed decisions.**
   - The person and advocates participated in planning and discussions where decisions are made.
   - A diverse group of people, invited by the person, assisted in planning and decision-making.

2. **The person's routine and supports are based upon his or her interests, preferences, strengths, capacities and dreams.**
   - The person's dreams, interests, preferences, strengths, and capacities are explicitly acknowledged and consequently their plan drives activities and supports.
   - Supports are individualized and do not rely solely on preexisting models.
   - Supports result in goals and outcomes that are meaningful to the person.
   - Goals are defined by the person with a focus on attaining the life they envision for themselves in the community

3. **Activities, supports, and services foster skills to achieve personal relationships, community inclusion, dignity and respect.**
   - The person has friends, and increasing opportunities to form other natural community relationships.
   - The person has a presence in a variety of typical community places. Segregated services and locations are minimized.
   - The person has the opportunity to be a contributing member of the community.
   - The person can access community-based housing and work if desired.
   - The person is an engaged member within their community.

4. **The person uses, when possible, natural and community supports.**
   - With the person's consent, the support of family members, neighbors and co-workers is encouraged.
   - The person makes use of typical community and generic resources whenever possible.

5. **The person has meaningful choices, with decisions based on his or her experiences.**
   - The person has opportunities to experience alternatives before making choices.
   - The person makes life-defining choices related to home, work and relationships.

- Opportunities for decision-making are part of the person's everyday routine.

6. **Planning is collaborative, recurring, and involves an ongoing commitment to the person.**
    - Planning activities occur periodically and routinely. Lifestyle decisions are revisited.
    - A group of people who know, value, and are committed to serving the person remain involved.

7. **The person's opportunities and experiences are maximized, and flexibility is enhanced within existing regulatory and funding constraints**.
    - Funding of supports and services is responsible to personal needs and desires, not the reverse.
    - When funding constraints require supports to be prioritized or limited, the person or advocates make the decisions.
    - The person has appropriate control over available economic resources.

8. **The person is satisfied with his or her activities, supports, and services.**
    - The person expresses satisfaction with his or her relationships, home, and daily routines.
    - Areas of dissatisfaction result in tangible changes in the person's life situation.

9. **Person is viewed as a unique and valued individual, not only as a client or a consumer of services.**

    - Person-first language is used
        - Refrain from terms like:
            - Non-verbal
            - Low functioning
            - He's a runner, scratcher
            - Non-compliant
            - The "collective we": How are we doing today?
    - Preferred name and gender preferences used
    - Staff understands the background, history of the person
    - Staff are sincere and genuine in interactions with the person.
    - Interactions adhere to the person's preferences and desires such as respecting someone's belongings, personal space wheelchair, privacy, etc..
    - The person's contribution was valued as shown by listening without interrupting, and giving time to respond to a comment or a question.
    - Discussions and documentation are in plain language
    - Motivational Interviewing was used by the staff to obtain a deeper understanding and knowledge of the person and the person's goals, desires, wishes, and dreams

10. **Planning meetings are a celebration of the consumer**
    - Discussions were positive, future oriented
    - Consumer was encouraged to participate and control the process
    - Consideration was given for consumer's culture, trauma history, desires, dreams, aspirations
    - Strengths are highlighted - the focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The focus of meetings were on the consumer's interests, and talents while also considering how to actively use these strengths
    - The person was involved in making decisions regarding the meeting, including:

  - Who would attend or not attend
  - Location, date, time of meeting
  - Who would lead, facilitate and/or take notes
  - What was to be discussed and what was not to be discussed
- Staff allowed consumer time to think and to respond
- Multiple sources were used to obtain information to obtain a fuller picture of the consumer
- Choices were offered to the individual regarding the services and supports the individual receives and from whom.

11. **The Person-Centered Planning process and subsequent documentation belong to the person**

- Plans, schedules, and routines are flexible to the direction of the person
- An environment of choice prevails throughout the process
  - Strength-focused
  - Maximum self-sufficiency and independence is promoted
  - Real opportunities are created
  - Respectfulness prevails
- The approach used was supportive of the person rather than directed by the staff
  - Consumer was provided the necessary information and support to ensure the individual directs the process to the maximum extent possible

12. **Strategies were included for solving disagreement within the process, including clear conflict of interest guidelines for all planning participants.**

EXHIBIT C

IPOS Workflow and Activities

Pre-planning (60 days prior to IPOS expiration)

1. Case Holder (CH) reviews of information from previous year
    a. Chart Review: Periodic Reviews, Progress Notes, Medication Reviews, Incident Reports
    b. Personal notes or information not in chart
2. CH and consumer and (others) complete tools to help develop consumer goals
3. CH and consumer and (others):
    a. Complete the Choice Document with the consumer
    b. Determine need or want for Enhanced Health Services (EHS)
        i. Submit authorization for EHS
    c. Determine need or want for Community Living Supports
4. CH meets with consumer to complete the Pre-Plan form
5. Planning meeting set up (send invites, arrange location, etc.) is completed by parties designated in Pre-Plan
6. CH completes Assessment in Sentri prior to Planning Meeting
7. CH enters proposed IPOS goals in Sentri prior to Planning Meeting

Planning Meeting

8. At the Planning Meeting, the team
    a. Reviews the current strengths of the consumer from the various community and SCCMHA provide supports, services and/or programs
    b. Adds, Reviews and/or revises (if needed) the proposed goals
    c. 15 day copy “clock” starts from date of planning meeting

Post Planning Meeting

9. CH completes the Planning meeting fields in Sentri (may be done after the planning meeting based on notes)
10. CH Simultaneously submits IPOS for
    a. Supervisor Review, revision (if required) and approval
    b. Submit Authorizations in Sentri, revision (if required) and approval
11. CH signs IPOS after Supervisor and authorization approvals
12. CH sends completed IPOS copy to guardian (if applicable) or consumer for signature
    a. CH documents date sent in Sentri on IPOS form
    b. CH documents consumer/guardian signature date on IPOS form
    c. CH assures that the signed Signature Page scanned
13. CH Review IPOS with programs and services
    a. CH documents any in-service(s) on Sentri on PCP Header

14. CH monitors plan
    a. Assures that programs and services are being provided per the IPOS
    b. Monitors progress towards goal achievement as indicated in the IPOS
    c. Reviews goals per agreed time frames indicated on the IPOS

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Evidence-Based Practices (EBPs)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09</td></tr>
<tr><td rowspan="2">Effective Date:
5/1/06</td><td>Date of Review/Revision:
4/21/07, 9/2/08, 5/18/09, 4/2/12, 5/9/14, 11/14/14, 4/5/16, 6/13/17, 4/10/18, 4/9/19, 11/12/19, 6/1/20, 2/10/21, 9/1/21</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

Responsible Director:
Director of Network Services, Public Policy, & Continuing Education

Authored By:
Mary Baukus, Barbara Glassheim

Additional Reviewers:
EBP Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

Purpose:
To promote the use of services and supports for consumers that exemplify the highest level of scientific evidence and take into consideration the clinical expertise of the practitioner as well as the choices, values and goals of the consumer.

Policy:

A. SCCMHA is committed to implementing and sustaining evidence-based practices (EBPs) while shifting resources away from ineffective or less effective services and supports based on the following beliefs and values:
   1. Judicious use of evidence-based services and supports can lead to optimal functioning for consumers and their families, which, in turn, can promote independence and satisfactory participation as full citizens in community life.
   2. Consumers and their families have a right to be educated about optimal treatments and supports and to make informed decisions regarding receipt of interventions and services.
   3. In an era of shrinking resources and increasing demand, investing in practices that have been proven effective, and moving away from those that have not, makes sound fiscal sense.

B. It is the policy of SCCMHA that all providers will offer services and supports to consumers and their families that are well-grounded in science and have demonstrated to produce beneficial outcomes in order to provide the most optimal opportunities for recovery, resilience, and participation in community life.
   1. Treatments are provided that are appropriate for the consumer's phase of life and development, specifically considering what is appropriate for children,

adolescents, transition age youth, and older adults, as distinct groups for whom life stage and functioning may affect treatment.

  a. Specifically, children and adolescents are treated using a family/caregiver-driven, youth guided and developmentally appropriate approach that comprehensively addresses family/caregiver, school, medical, mental health, substance abuse, psychosocial, and environmental issues.
  b. When treating older adults, the individual consumer's desires, and functioning are considered, and appropriate evidence-based treatments are provided.
  c. When treating individuals with developmental or other cognitive disabilities, level of functioning is considered, and appropriate evidence-based treatments are provided.

2. These treatments are delivered by staff with specific training in treating the segment of the population being served.

C. SCCMHA shall endeavor to ensure the availability of all SCCMHA-endorsed EBPs to consumers as resources permit.

D. All EBPs shall be delivered in a trauma-informed manner. Please see policy 02.03.14 for more information on trauma-unformed services.

Application:

This policy applies to all SCCMHA-funded providers of mental health, developmental disability, and substance use disorder treatment and prevention services and supports.

Standards:

A. SCCMHA shall adopt evidence-based practices in order to provide optimal opportunities for consumers and their families to achieve recovery, build resiliency, and foster opportunities for consumers to fully participate in community life.

B. SCCMHA-funded programs shall incorporate evidence-based practices into their repertoires and monitor fidelity to those practice models.

  1. Practitioners shall adhere to evidence-based protocols when appropriate and warranted; consumer choice and need shall govern the selection of services and supports.
  2. Staff and supervisors shall identify potential practices/treatments/interventions to meet heretofore unmet consumer needs.
  3. Staff and supervisors shall verify the evidence base of potential practices/treatments/interventions prior to submitting a request for approval of their use to the EBP Leadership Team.

C. Practitioners shall seek to become privileged in the EBP(s) they employ and maintain that status on an ongoing basis in accordance with SCCMHA policy.

D. Supervisors shall provide coaching, mentoring and guidance to staff and monitor practices for fidelity to the model.

  1. Supervisors shall, in conjunction with staff, help identify EBP training needs.
  2. Supervisors shall review relevant reports with staff to help identify consumers appropriate for referral to a specific EBP.

    3. Supervisors shall review relevant outcome reports with staff to develop improvement plans that can be implemented as needed.

E. SCCMHA shall provide support for the implementation and maintenance of EBPs through an EBP Leadership Team.
    1. The EBP Leadership Team shall be comprised of the SCCMHA EBP/TIC Coordinator, SCCMHA Executive Director of Clinical Services and Programs, SCCMHA Chief of Health Services & Utilization Management, SCCMHA Director of Network Services, Public Policy, & Continuing Education, SCCMHA Director of Services for Persons with Mental Illness, SCCMHA Director of Services for Persons with Intellectual and Developmental Disabilities, SCCMHA Director of Children's Services, SCCMHA SUD Coordinator, and two contractual consultants with expertise in EBPs on an ad hoc basis.

F. Evidence-based practice implementation and ongoing maintenance activities shall be monitored by the EBP Leadership Team with regular ongoing reporting throughout the system, including quality improvement activities.
    1. Adoption of practices/intervention/programs shall require a review of the relevant scientific literature to determine the level of evidence that supports the practice as well as the approval of the relevant SCCMHA or contract agency Director.
        a. Providers shall inform the EBP/TIC Coordinator and/or member of the SCCMHA EBP Leadership Team of the implementation of additional practices.
    2. Assessment tools such as ANSA, CAFAS, PECFAS, and DECA shall be used as appropriate to create reports to measure outcomes for each active EBP.
    3. Outcomes for each active EBP will be reviewed at least once yearly.
    4. Adaptations to SCCMHA-endorsed EBPs shall be based on consumer needs, reviewed by the appropriate clinical supervisor/director, and communicated to the SCCMHA EBP/TIC Coordinator/EBP Leadership Team.

  5. SCCMHA shall, whenever possible, provide ongoing evidence-based practice support, training and education to providers.
    1. The SCCMHA EBP Leadership Team shall endeavor to conduct fidelity reviews of practices that are not reviewed by other entities (e.g., the Michigan Fidelity Assistance Support Team [MIFAST]).
        a. Fidelity reviews conducted under the auspices of the SCCMHA EBP Leadership Team shall include the General Organizational Index (GOI) as well as practice-specific fidelity scales (found in Exhibits A and B).
        b. The SCCMHA EBP/TIC Coordinator shall provide notification of all impending fidelity reviews to the leadership of the agency/relevant SCCMHA Director, along with program staff supervisors, prior to conducting a fidelity review.
        c. Although not compulsory because fidelity reviews are part of quality improvement and meant to be educational in nature, it is nonetheless expected that agencies and programs will respond in

writing to fidelity reviews, and, in particular, indicate how items that indicate significant drift from the model will be addressed.

6. All fidelity reviews that are conducted for SCCMHA network providers shall be centralized through the SCCMHA EBP/TIC Coordinator.
    1. All fidelity reviewers must contact the SCCMHA EBP/TIC Coordinator prior to scheduling a review.
    2. SCCMHA network agency staff shall immediately forward all notifications of all impending fidelity reviews to the SCCMHA EBP/TIC Coordinator and inform external reviewers (e.g., MiFAST) of this policy – i.e., that no fidelity reviews may be scheduled directly by any SCCMHA network agency staff without the involvement of the SCCMHA EBP/TIC Coordinator.

Definitions:

Evidence-Based Practice (EBP): A clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals or outcomes when implemented to fidelity. An evidence-based practice is comprised of three components: (1) the highest level of scientific evidence; (2) the clinical expertise of the practitioner; and (3) the choices, values and goals of the consumer.

Evidence-Based Treatment (EBT): Treatment that is backed by scientific evidence – i.e., has been proven effective through rigorous research methodologies. EBTs are manualized interventions for specific disorders and populations that have been shown to be effective through controlled research.

Fidelity: The level of adherence to the original model as specified in written materials, typically a manual, or by researchers. The degree of fidelity to the model affects outcomes; research has demonstrated that the level adherence to the model strongly affects the ability to achieve the desired outcomes.

Levels of Evidence: The strength of evidence for any given practice is referred to as the level of evidence. The term, *levels of evidence*, refers to a ranking system used in the evidence-based practice literature to describe the strength of the results measured in a clinical trial or research study. The design of the study (such as a case report for an individual patient or a double-blinded randomized controlled trial) and the endpoints measured (such as survival or quality of life) affect the strength of the evidence. Levels of evidence range from I-IV:

Ia — Evidence from Meta-analysis of Randomized Controlled Trials
Ib — Evidence from at least one Randomized Controlled Trial
IIa — Evidence from at least one well designed controlled trial which is not randomized
IIb — Evidence from at least one well designed experimental trial
III — Evidence from case, correlation, and comparative studies.
IV — Evidence from a panel of experts

Recovery: A process of learning to approach each day's challenges, overcome one's disabilities, acquire skills, live independently and contribute to society. The process is supported by those who instill hope and a belief in self-efficacy. The recovery framework is characterized by shared decision-making in which consumers and providers are full partners in the treatment process. Providers are a source of hope, affirmation, and education and collaborate with consumers and their support systems (e.g., family) in a manner that fosters opportunity for choice and building resilience. In an evidence-based organizational culture, practitioners are professionals with expertise who convey information to consumers about the various options available to them to work on their goals and objectives. Consumers determine what will work for themselves based on their own perspectives.

Resilience: The ability to weather stresses, both large and small, bounce back from trauma and get on with life, learn from negative experiences and translate them into positive ones, gather the strength and confidence to change directions when a chosen path becomes blocked or nonproductive. It encompasses strengths that function as protective factors to enable one to withstand adversity and maintain well-being. Supporting protective factors helps prevent the negative impact of stress and adversity and promotes health.

References:

A. Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics, Updated May 2016, [CCBHC-Criteria-Updated-May-2016 (samhsa.gov)]
B. Michigan Department of Community Health. (2005). *Transforming Mental Health Care In Michigan: A Plan For Implementing Recommendations Of The Michigan Mental Health Commission*:
C. SCCMHA Network Services and Public Policy Procedure 09.04.03.15 – Privileging of Practitioners in Evidence-Based Practices.
D. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports
E. Substance Abuse and Mental Health Services Administration (SAMHSA) Evidence-Based Practices KITs
F. United States Public Health Service Office of the Surgeon General. (1999). *Mental Health: A report of the Surgeon General*: http://www.surgeongeneral.gov/library/mentalhealth/home.html

Exhibits:

A. General Organizational Index (GOI) – Dartmouth Psychiatric Research Center
B. GOI Protocol – Dartmouth Psychiatric Research Center

Procedure:

ACTION	RESPONSIBILITY
1. Identifies unmet consumer needs.	1. Staff/Supervisor
2. Secures information about potential EBPs	2. Staff/Supervisor
3. Submits request or new practice or modification/adaptation of current practice to meet consumer needs	3. Staff/Supervisor
4. Seeks to obtain/maintain privileges to deliver EPB(s)	4. Practitioner
5. Provides coaching and guidance to maintain fidelity to practice(s)	5. Supervisor

6. Reviews EBPs	6. SCCMHA EBP Leadership Team
7. Monitors fidelity to EBP models; conducts reviews of practices not reviewed by another entity (e.g., MiFAST)	7. SCCMHA Fidelity Monitoring Team
8. Coordinates external fidelity reviews	8. SCCMHA EBP/TIC Coordinator
9. Notifies agency/department leadership of impending fidelity review to be conducted by the SCCMHA Fidelity Monitoring Team.	9. SCCMHA EBP/TIC Coordinator
10. Responds in writing to any fidelity issues/drift noted in fidelity reviews conducted by the SCCMHA Fidelity Monitoring Team	10. SCCMHA funded providers of mental health and intellectual and developmental disability services
11. Provides oversight of ongoing system-wide efforts designed to implement and maintain fidelity to evidence-based practices	11. SCCMHA EBP Leadership Team
12. Assess/review fidelity efforts	12. SCCMHA EBP Leadership Team
13. Reviews implementation of new evidence-based practices	13. SCCMHA EBP Leadership Team
14. Reviews adaptations to SCCMHA-endorsed EBPs	14. SCCMHA EBP Leadership Team
15. Conveys progress to relevant SCCMHA quality teams	15. SCCMHA EPB leadership Team/EBP/TIC Coordinator
16. Reviews requests for the adoption of additional practices	16. SCCMHA EBP Leadership Team

Exhibit A

General Organizational Index (GOI) Scale

	1	2	3	4	5
G1. Program Philosophy. The program is committed to a clearly articulated philosophy consistent with the specific evidence-based model, based on the following 5 sources: 1. Program leader 2. Senior staff (e.g., executive director, psychiatrist) 3. Practitioners providing the EBP 4. Clients and / or families receiving EBP 5. Written materials (e.g., brochures)	No more than 1 of the 5 sources shows clear understanding of the program philosophy OR All sources have numerous major areas of discrepancy	2 of the 5 sources show clear understanding of the program philosophy OR All sources have several major areas of discrepancy	3 of the 5 sources show clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have one major area of discrepancy	4 of the 5 sources show clear understanding of the program philosophy OR Sources mostly aligned to program philosophy, but have one or two minor areas of discrepancy	All 5 sources display a clear understanding and commitment to the program philosophy for the specific EBP
***G2. Eligibility / Client Identification.** All clients with severe mental illness in the community support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for the EBP using standardized tools or admission criteria consistent with the EBP. Also, the agency tracks the number of eligible clients in a systematic fashion.	=20% of clients receive standardized screening and / or agency DOES NOT systematically track eligibility	21%-40% of clients receive standardized screening and agency systematically tracks eligibility	41%-60% of clients receive standardized screening and agency systematically tracks eligibility	61%-80% of clients receive standardized screening and agency systematically tracks eligibility	>80% of clients receive standardized screening and agency systematically tracks eligibility
***G3. Penetration.** The maximum number of eligible clients are served by the EBP, as defined by the ratio: # clients receiving EBP # clients eligible for EBP	Ratio = .20	Ratio between .21 and .40	Ratio between .41 and .60	Ratio between .61 and .80	Ratio > .80

*These two items coded based on all clients with SMI at the site or sites were the EBP is being implemented; all other items refer specifically to those receiving the EBP.

__________ Total # clients in target population

__________ Total # clients eligible for EBP		% eligible:		____%

__________ Total # clients receiving EBP		penetration rate:	____

	1	2	3	4	5
G4. Assessment. Full standardized assessment of all clients who receive EBP services. Assessment includes history and treatment of medical / psychiatric / substance use disorders, current stages of all existing disorders, vocational history, and existing support network, and evaluation of biopsychosocial risk factors.	Assessments are completely absent or completely non-standardized	Pervasive deficiencies in two of the following: Standardization, Quality of assessments, Timelines, Comprehensiveness	Pervasive deficiencies in one of the following: Standardization, Quality of assessments, Timelines, Comprehensiveness	61%-80% of clients receive standardized, high quality assessments at least annually OR Information is deficient for one or two assessment domains	>80% of clients receive standardized, high quality assessments, the information is comprehensive across all assessment domains, and updated at least annually
G5. Individualized Treatment Plan. For all EBP clients, there is an explicit, individualized treatment plan *related to the EBP* that is consistent with assessment and updated every 3 months.	=20% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months	21%-40% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months	41%-60% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months. OR Individualized treatment plans updated every 6 months for all clients	61%-80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months	>80% of clients served by EBP have an explicit individualized treatment plan, *related to the EBP*, updated every 3 months
G6. Individualized Treatment. All EBP clients receive individualized treatment meeting the goals of the EBP.	=20% of clients served by EBP receive individualized services meeting the goals of the EBP	21%-40% of clients served by EBP receive individualized services meeting the goals of the EBP	41%-60% of clients served by EBP receive individualized services meeting the goals of the EBP	61%-80% of clients served by EBP receive individualized services meeting the goals of the EBP	>80% of clients served by EBP receive individualized services meeting the goals of the EBP
G7. Training. All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) *within 2 months of hiring*. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent)	=20% of practitioners receive standardized training annually	21%-40% of practitioners receive standardized training annually	41%-60% of practitioners receive standardized training annually	61%-8-% of practitioners receive standardized training annually	>80% of practitioners receive standardized training annually
G8. Supervision. EBP practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in the particular EBP. The supervision should be client-centered and explicitly address the EBP model and its application of *specific client situations.*	=20% of practitioners receive supervision	21%-40% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision on an informal basis	41%-60% of practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision monthly	61%-80% of EBP practitioners receive weekly structured client-centered supervision OR All EBP practitioners receive supervision twice a month	>80% of EBP practitioners receive structured weekly supervision, focusing on specific clients, in sessions that *explicitly address the EBP model and its application*

	1	2	3	4	5
G9. Process Monitoring. Supervisors and program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.	No attempt at monitoring process is made	Informal process monitoring is used at least annually	Process monitoring is deficient on 2 of these 3 criteria: (1) Comprehensive & standardized; (2) Completed every 6 months; (3) Used to guide program improvements OR Standardized monitoring done annually only	Process monitoring is deficient on 1 of these 3 criteria: (1) Comprehensive & standardized; (2) Completed every 6 months; (3) Used to guide program improvements	Standardized comprehensive process monitoring occurs at least every 6 months and is used to guide program improvements
G10. Outcome Monitoring. Supervisors / program leaders monitor the outcomes for EBP clients every 3 months and share the data with EBP practitioners. Monitoring involves a standardized approach to assessing a key outcome related to the EBP, e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	No outcome monitoring occurs	Outcome monitoring occurs at least once a year, but results are not shared with practitioners	Standardized outcome monitoring occurs at least once a year, and results are shared with practitioners	Standardized outcome monitoring occurs at least twice a year, and results are shared with practitioners	Standardized outcome monitoring occurs quarterly and results are shared with EBP practitioners
G11. Quality Assurance (QA). The agency has a QA Committee or implementation steering committee with an explicit plan to review the EBP, or components of the program, every 6 months.	No review or no committee	QA committee has been formed, but no reviews have been completed	Explicit QA review occurs less than annually OR QA review is superficial	Explicit QA review occurs annually	Explicit review every 6 months by a QA group *or steering committee for the EBP*
G12. Client Choice Regarding Service Provision. All clients receiving EBP services are offered choices; the EBP practitioners consider and abide by client preferences for treatment when offering and providing services.	Client-centered services are absent (or all EBP decisions are made by staff)	Few sources agree that type and frequency of EBP services reflect client choice	Half sources agree that type and frequency of EBP services reflect client choice	Most sources agree that type and frequency of EBP services reflect client choice OR Agency fully embraces client choice with one exception	All sources agree that type and frequency of EBP services reflect client choice

Exhibit B

General Organizational Index (GOI)
-Item Definitions and Scoring-

G1. Program Philosophy

Definition: The program is committed to a clearly articulated philosophy consistent with the *specific* evidence-based practice (EBP), based on the following 5 sources:

- Program leader
- Senior staff (e.g., executive director, psychiatrists)
- Practitioners providing EBP
- Consumers and/or family members (depending on EBP focus)
- Written materials (e.g., brochures)

Rationale: In psychiatric rehabilitation programs that truly endorse EBPs, staff members at all levels embrace the program philosophy and practice it in their daily work.

Sources of Information:

Overview: During the course of a site visit, fidelity assessors should be alert to indicators of program philosophy consistent with or inconsistent with the EBP including observations from casual conversations, staff and consumer activities, etc. Statements that suggest misconceptions or reservations about the practice are negative indicators, while statements that indicate enthusiasm for and understanding of the practice are positive indicators. The intent of this item is to gauge the understanding of and commitment toward the practice. It is not necessary that every element of the practice is currently in place (this is gauged by the EBP-specific fidelity scale), but rather whether all those involved are committed to implementing a high fidelity EBP.

The practitioners rated for this item **are limited to those implementing this practice**. Similarly, the consumers rated are those receiving the practice.

a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Consumer interview
e) Written material review (e.g., brochure):

- Does the site have written materials on the EBP? *If no written material, then item is rated done one scale point (i.e., lower fidelity).*
- Does the written material articulate program philosophy consistent with EBP?

Item Response Coding: The goal of this item is *not* to quiz every staff worker to determine if they can recite every critical ingredient. The goal is to gauge whether the understanding is generally accurate and not contrary to the EBP. If, for example, a senior staff member says, "most of our consumers are not work ready," then that would be a red flag for the practice of supported employment. If all sources show evidence of a clear understanding of the program philosophy, the item is coded as a "5". For a source type that is based on more than one person (e.g., Practitioner interviews) determine the majority opinion when rating that source as endorsing or not endorsing a clear program philosophy. Note: If no written material, then count that source as being unsatisfactory.

Difference between a major and minor area of discrepancy (needed to distinguish between a score of "4" and a score of "3"): An example of a minor source of discrepancy for ACT might be larger caseload sizes (e.g., 20-1) or some brokering of services. An example of a major discrepancy would be if the team seldom made home visits or if the psychiatrist was uninvolved in the treatment team meetings.

G2. Eligibility/Consumer Identification

Definition:

For EBPs implemented in a mental health center: All consumers in the community support program, crisis consumers, and institutionalized consumers are screened using standardized tools or admission criteria that are consistent with the EBP.

For EBPs implemented in a service area: All consumers within the jurisdiction of the services area are screened using standardized tools or admission criteria that are consistent with the EBP. For example, in New York, county mental health administrations are responsible for identifying consumers who will be served by assertive community treatment programs.

- The *target population* refers to all adults with severe mental illness (SMI) served by the provider agency (or service area). If the agency serves consumers at multiple sites, then **assessment is limited to the site or sites that are targeted for the EBP.** If the target population is served in discrete programs (e.g., case management, residential, day treatment, etc.), then ordinarily all adults with SMI are included in this definition.
- *Screening* will vary according to the EBP. *The intent is to identify any and all for who could benefit from the EBP.* For Integrated Dual Disorder Treatment and Assertive Community Treatment, the admission criteria are specified by the EBP and specific assessment tools are recommended for each. For Supported Employment, all consumers are invited to receive the service because all are presumed eligible (although the program is intended for consumers at the point they express interest in working). The screening for Illness Management & Recovery includes an assessment of the skills and issues addressed by this EBP. For Family Psychoeducation, the screening includes the assessment of the involvement of a family member or significant other. In every case, the program should have an explicit, systematic method for identifying the eligibility of every consumer.
- Screening typically occurs at program admission, but for a program that is newly adopting an EBP, there should be a plan for systematically reviewing consumers already active in the program.

Rationale: Accurate identification of consumers who would benefit most from the EBP requires routine review for eligibility, based on criteria consistent with the EBP.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Chart review
e) (Where applicable) County mental health administrators. If eligibility is determined at the service area level (e.g., the New York example), then the individuals responsible for this screening should be interviewed.

Item Response Coding: **This item refers to all consumers with SMI in the community support program or its equivalent at the site(s) where the EBP is being implemented;** it is not limited to the consumers receiving EBP services only. Calculate this percentage and record it on the fidelity rating scale in the space provided. If 100% of these consumers receive standardized screening, the item would be coded as a "5."

G3. Penetration

Definition: *Penetration* is defined as the percentage of consumers who have access to an EBP as measured against the total number of consumers who could benefit from the EBP. Numerically, this proportion is defined by:

$$\frac{\textbf{\# of consumers receiving an EBP}}{\textbf{\# of consumers eligible for the EBP}}$$

As in the preceding item, the numbers used in this calculation are specific to the site or sites where the EBP is being implemented.

Rationale: Surveys have repeatedly shown that persons with SMI often have a limited access to EBPs. The goal of EBP dissemination is not simply to create small exclusive programs but to make these practices easily accessible within the public mental health system.

Sources of Information:

The calculation of the penetration rate depends of the availability of the two statistics defining this rate.

- Numerator: The number receiving the service is based on a roster of names maintained by the program leader. Ideally, this total should be corroborated with service contact sheets and other supporting evidence that the identified consumers are actively receiving treatment. As a practical matter, agencies have many conventions for defining "active consumers" and dropouts, so that it may be difficult to standardize the definition for this item. The best estimate of the number actively receiving treatment should be used.
- Denominator: If the provider agency systematically tracks eligibility, then this number is used in the denominator. (See rules listed above in G2 to determine target population before using estimates below.) If the agency does not, then the denominator must be estimated by multiplying the total target population by the corresponding percentage based on the literature for each EBP. According to the literature, the estimates should be as follows:
    - Supported Employment – 60%
    - Integrated Dual Disorders Treatment – 40%
    - Illness Management & Recovery – 100%
    - Family Psychoeducation – 100% (some kind of significant other)
    - Assertive Community Treatment – 20%

  Example for calculating denominator: Suppose you don't know how many consumers are eligible for supported employment (i.e., the community support program has not surveyed the consumers to determine those who are interested). Let's say the community support program has 120 consumers. Then you would estimate the denominator to be:
  120 x .6 = 72

Item Response Coding: Calculate this ratio and record it on the fidelity scale in the space provided. If the program serves >80% of eligible consumers, the item would be coded as a "5".

G4. Assessment

Definition: All EBP consumers receive standardized, high quality, comprehensive, and timely assessments.

Standardization refers to a reporting format that is easily interpreted and consistent across consumers.

High quality refers to assessments that provide concrete, specific information that differentiates between consumers. If most consumers are assessed using identical words, or if the assessment consists of broad, non-informative checklists, then this would be considered low quality.

Comprehensive assessments include: history and treatment of medical, psychiatric, and substance use disorders, current stages of all existing disorders, vocational history, any existing support network, and evaluation of biopsychosocial risk factors.

Timely assessments are those updated at least annually.

Rationale: Comprehensive assessment/re-assessment is indispensable in identifying target domains of functioning that may need intervention, in addition to the consumer's progress toward recovery.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview:
d) Chart review

Item Response Coding:
If >80% of consumers receive standardized, high quality, comprehensive, and timely assessments, the item would be coded as a "5".

G5. Individualized Treatment Plan

Definition: For all EBP consumers, there is an explicit, individualized treatment plan (even if it is not called this) related to the EBP that is consistent with assessment and updated every 3 months*. "Individualized" means that goals, steps to reaching the goals, services/ interventions, and intensity of involvement are unique to this consumer. Plans that are the same or similar across consumers are not individualized. One test is to place a treatment plan without identifying information in front of the supervisor and see if they can identify the consumer.*

Rationale: Core values of EBP include individualization of services and supporting consumers' pursuit of their goals and progress in their recovery at their own pace. Therefore, the treatment plan needs ongoing evaluation and modification.

Sources of Information:

Note: This item and the next are assessed together; i.e., follow up questions about specific treatment plans with question about the treatment.

a) Chart review (treatment plan)
b) Program leader interview
c) Practitioner interview
d) Consumer interview
e) Team meeting/supervision observation, if available

Item Response Coding: If >80% of EBP consumers have an explicit individualized treatment plan that is updated every 3 months, the item would be coded as a 5. IF the treatment plan is individualized but updated only every 6 months, then the item would be coded as a 3.

G6. Individualized Treatment

Definition: All EBP consumers receive individualized treatment meeting the goals of the EBP. "*Individualized*" treatment means that steps, strategies, services/interventions, and intensity of involvement are focused on *specific* consumer goals and are unique for each consumer. Progress notes are often a good source of what really goes on. Treatment could be highly individualized despite the presence of generic treatment plans.

An example of a low score on this item for Integrated Dual Disorders Treatment: a consumer in the engagement phase of recovery is assigned to a relapse prevention group and constantly told he needs to quit using, rather than using motivational interventions.

An example for a low score on this item for Assertive Community Treatment: the majority of progress notes are written by day treatment staff who see the consumer 3-4 days per week, while the Assertive Community Treatment team only sees the consumer about once per week to issue his check.

Rationale: The key to the success of an EBP is implementing a plan that is individualized and meets the goals for the EBP for each consumer.

Sources of Information:
a) Chart review (treatment plan).
b) Practitioner interview
c) Consumer interview

Item Response Coding: If >80% of EBP consumers receive treatment that is consistent with the goals of the EBP, the item would be coded as a 5.

G7. Training

Definition: All new practitioners receive standardized training in the EBP (at least a 2-day workshop or its equivalent) within 2 months of hiring. Existing practitioners receive annual refresher training (at least 1-day workshop or its equivalent).

Rationale: Practitioner training and retraining are warranted to ensure that evidence-based services are provided in a standardized manner, across practitioners and over time.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview.
d) Review of training curriculum and schedule, if available.
e) Practitioner interview.

Item Response Coding: If >80% of practitioners receive at least yearly, standardized training for [**EBP area**], the item would be coded as a "5".

G8. Supervision

Definition: EBP practitioners receive structured, weekly supervision from a practitioner experienced in the particular EBP. The supervision can be either group or individual, but CANNOT be peers-only supervision without a supervisor. The supervision should be consumer-centered and explicitly address the EBP model and its application to *specific consumer situations.*

Administrative meetings and meetings that are not specifically devoted to the EBP do not fit the criteria for this item. The *consumer-specific* EBP supervision should be at least one hour in duration each week.

Rationale: Regular supervision is critical not only for individualizing treatment, but also for ensuring the standardized provision of evidence-based services.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Team meeting/supervision observation, if available.
e) Supervision logs documenting frequency of meetings.

Item Response Coding: If >80% of practitioners receive weekly supervision, the item would be coded as a “5”.

G9. Process Monitoring

Definition: Supervisors/program leaders monitor the process of implementing the EBP every 6 months and use the data to improve the program. Process monitoring involves a standardized approach, e.g., use of a fidelity scale or other comprehensive set of process indicators. An example of a process indicator would be systematic measurement of how much time individual case managers spend in the community versus in the office. Process indicators could include items related to training or supervision. The underlying principle is that whatever is being measured is related to implementation of the EBP and is not being measured to track billing or productivity.

Rationale: Systematic and regular collection of process data is imperative in evaluating program fidelity to EBP.

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Review of internal reports/documentation, if available

Item Response Coding: If there is evidence that standardized process monitoring occurs at least every 6 months, the item would be coded as a “5”.

G10. Outcome Monitoring

Definition: Supervisors/program leaders monitor the outcomes of EBP consumers every 3 months and share the data with EBP practitioners in an effort to improve services. Outcome monitoring involves a standardized approach to assessing consumers.

Rationale: Systematic and regular collection of outcome data is imperative in evaluating program effectiveness. Effective programs also analyze such data to ascertain what is working and what is not working, and use the results to improve the quality of services they provide.

The key outcome indicators for each EBP are discussed in the implementation resource kits. A provisional list is as follows:

- Supported Employment – competitive employment rate
- Integrated Dual Disorders Treatment – substance use (such as the Stages of Treatment Scale)
- Illness Management & Recovery – hospitalization rates; relapse prevention plans; medication compliance rates
- Family Psychoeducation – hospitalization and family burden
- Assertive Community Treatment – hospitalization and housing

Sources of Information:
a) Program leader interview, b) Senior staff interview and c) Practitioner interview
d) Review of internal reports/documentation, if available

Item Response Coding: If standardized outcome monitoring occurs quarterly and results are shared with EBP Practitioners, the item would be coded as a "5".

G11. Quality Assurance (QA)

Definition: The agency's QA Committee has an explicit plan to review the EBP or components of the program every 6 months. The steering committee for the EBP can serve this function. Good QA committees help the agency in important decisions, such as penetration goals, placement of the EBP within the agency, hiring/staffing needs. QA committees also help guide and sustain the implementation by reviewing fidelity to the EBP model, making recommendations for improvement, advocating/promoting the EBP within the agency and in the community, and deciding on and keeping track of key outcomes relevant to the EBP.

Rationale: Research has shown that programs that most successfully implement evidence-based practices have better outcomes. Again, systematic and regular collection of process and outcome data is imperative in evaluating program effectiveness.

Sources of Information:
a) Program leader interview
b) QA Committee member interview

Item Response Coding: If agency has an established QA group or steering committee that reviews the EBP or components of the program every 6 months, the item would be coded as a "5".

G12. Consumer Choice Regarding Service Provision

Definition: All consumers receiving EBP services are offered a reasonable range of choices consistent with the EBP; the EBP practitioners consider and abide by consumer preferences for treatment when offering and providing services.

Choice is defined narrowly in this item to refer to services provided. This item does not address broader issues of consumer choice, such as choosing to engage in self-destructive behaviors.

To score high on this item, it is not sufficient that a program offers choices. The choices must be consonant with EBP. So, for example, a program implementing supported employment would score low if the only employment choices it offered were sheltered workshops.

A *reasonable range of choices* means that EBP practitioners offer realistic options to consumers rather than prescribing only one or a couple of choices or dictating a fixed sequence or prescribing conditions that a consumer must complete before becoming eligible for a service.

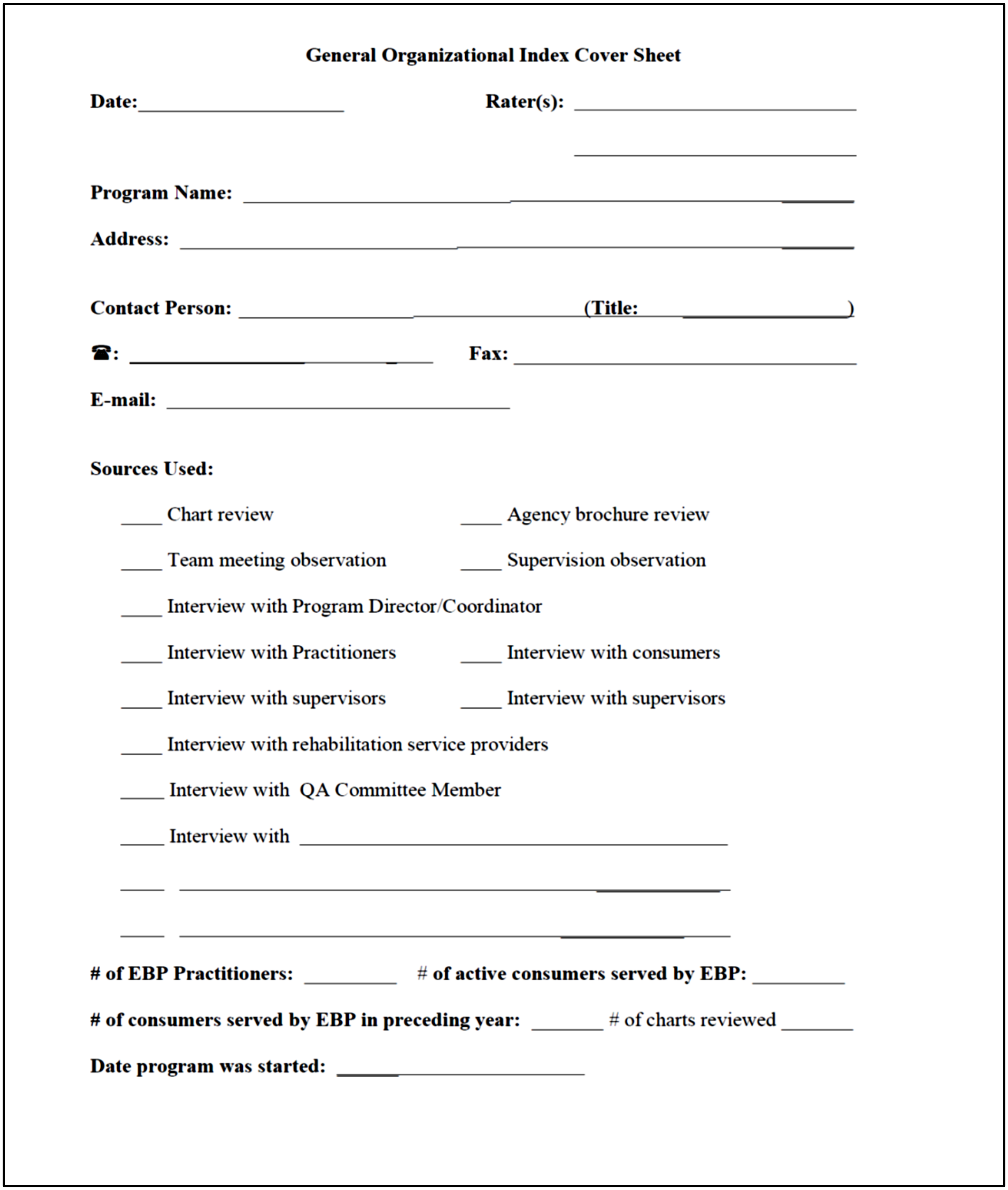
Sample of Relevant Choices by EBP:

- Supported Employment
    - *Type of occupation*
    - *Type of work setting*
    - *Schedules of work and number of hours*
    - *Whether to disclose*
    - *Nature of accommodations*
    - *Type and frequency of follow-up supports*
- Integrated Dual Disorders Treatment
    - *Group or individual interventions*
    - *Frequency of DD treatment*
    - *Specific self-management goals*
- Family Psychoeducation
    - *Consumer readiness for involving family*
    - *Who to involve*
    - *Choice of problems/issues to work on*
- Illness Management & Recovery
    - *Selection of significant others to be involved*
    - *Specific self- management goals*
    - *Nature of behavioral tailoring*
    - *Skills to be taught*
- Assertive Community Treatment
    - *Type and location of housing*
    - *Nature of health promotion*
    - *Nature of assistance with financial management*
    - *Specific goals*
    - *Daily living skills to be taught*
    - *Nature of medication support*
    - *Nature of substance abuse treatment*

Rationale: A major premise of EBP is that consumers are capable of playing a vital role in the management of their illnesses and in making progress towards achieving their goals. Providers accept the responsibility of getting information to consumers so that they can become more effective participants in the treatment process.

Sources of Information:
a) Program leader interview
b) Practitioner interview
c) Consumer interview
d) Team meeting/supervision observation
e) Chart review (especially treatment plan)

Item Response Coding: If all sources support that type and frequency of EBP services always reflect consumer choice, the item would be coded as a “5”. If agency embraces consumer choice fully, except in one area (e.g., requiring the agency to assume representative payee-ships for all consumers), then the item would be coded as a “4”.



General Organizational Index Cover Sheet

Date:____________________ **Rater(s):** ____________________________

____

Program Name: ____

Address: ____

Contact Person: ________________________________ **(Title:** _________________**)**

☎: ______________________________ **Fax:** __________________________________

E-mail: __________________________________

Sources Used:

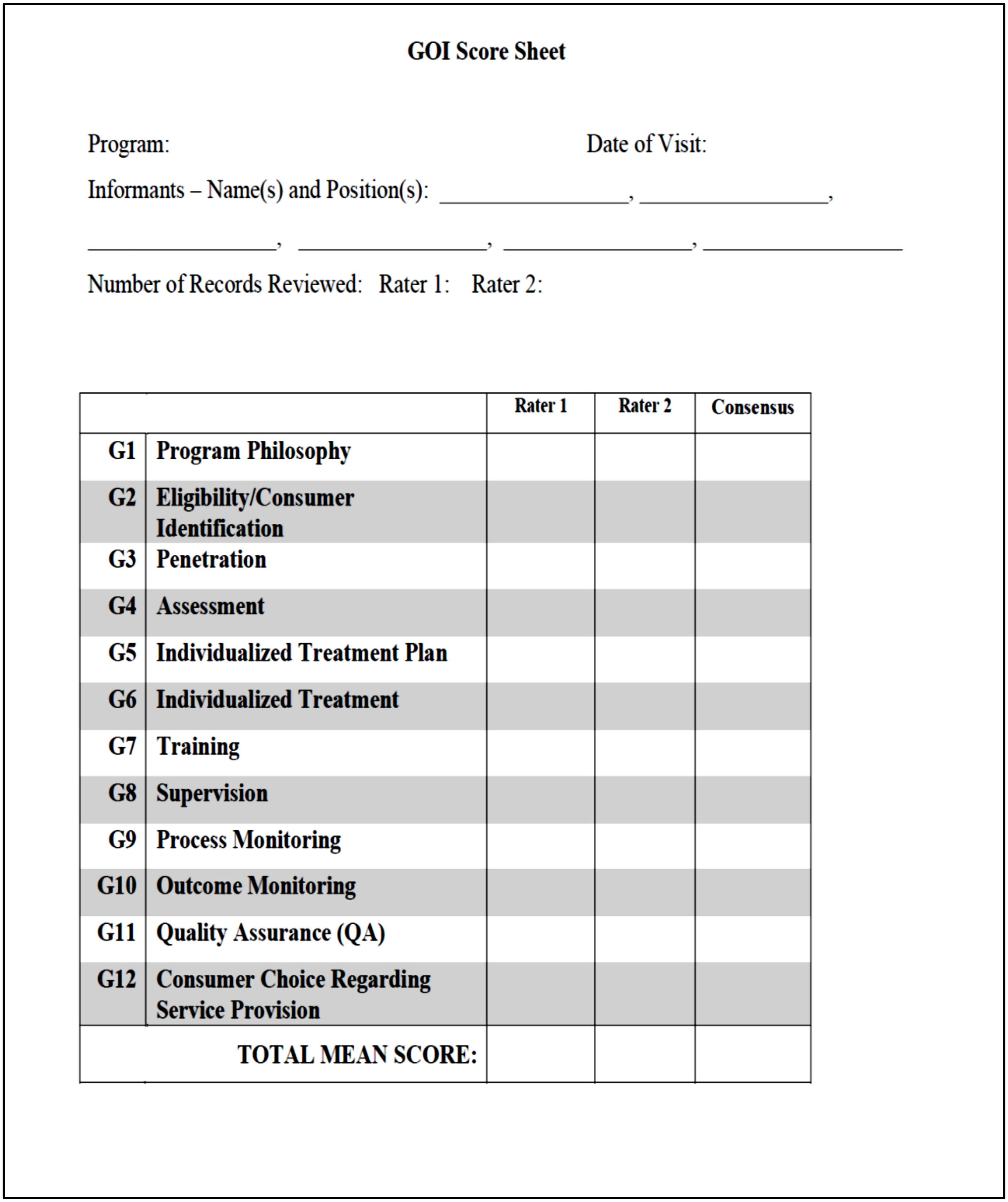
____ Chart review
____ Team meeting observation
____ Interview with Program Director/Coordinator
____ Interview with Practitioners
____ Interview with supervisors
____ Interview with rehabilitation service providers
____ Interview with QA Committee Member
____ Interview with ____
____ ____
____ ____

____ Agency brochure review
____ Supervision observation
____ Interview with consumers
____ Interview with supervisors

# of EBP Practitioners: _________ **# of active consumers served by EBP:** _________

# of consumers served by EBP in preceding year: _______ # of charts reviewed _______

Date program was started: ________________________



GOI Score Sheet

Program: Date of Visit:

Informants – Name(s) and Position(s): ________________, ________________,

________________, ________________, ________________, ________________

Number of Records Reviewed: Rater 1: Rater 2:

		Rater 1	Rater 2	Consensus
G1	**Program Philosophy**			
G2	**Eligibility/Consumer Identification**			
G3	**Penetration**			
G4	**Assessment**			
G5	**Individualized Treatment Plan**			
G6	**Individualized Treatment**			
G7	**Training**			
G8	**Supervision**			
G9	**Process Monitoring**			
G10	**Outcome Monitoring**			
G11	**Quality Assurance (QA)**			
G12	**Consumer Choice Regarding Service Provision**			
	TOTAL MEAN SCORE:			

Policy and Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Substance Use Disorder Services	**Chapter**: 02 - Customer Service & Recipient Rights	**Subject No**: 02.03.09.10
Effective Date: October 1, 2008	**Date of Review/Revision**: 1/1/08, 6/22/09, 6/11/12, 6/5/14, 5/9/16, 7/1/16, 9/28/16, 2/2/17, 3/28/17, 6/13/17, 6/1/18, 6/12/19, 11/18/20, 10/6/21	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Chief of Health Services & Utilization Management **Authored By**: Barbara Glassheim **Additional Reviewers**: SUD Coordinator, SCCMHA Service Management Team
	Supersedes:	

Purpose:
The purpose of this policy is to guide the development, management, delivery and oversight of substance use disorder (SUD) prevention and treatment services and supports as well as to ensure the availability of such services and supports for Medicaid, Healthy Michigan Plan (HMP), CCBHC (Certified Behavioral Health Clinic), and any other appropriate beneficiaries are managed within an overall integrated system of specialty services and supports adhere to the requirements of the Michigan Department of Health & Human Services (MDHHS) and the Regional PIHP (Pre-paid Inpatient Health Plan), Mid-State Health Network (MSHN) and CCBHC criteria.

Policy:
The Saginaw County Community Mental Health Authority, as the Saginaw CMHSP (Community Mental Health Services Program) and CCBHC, is responsible for ensuring continual access for individuals with behavioral health needs, including adults, children and their families whose primary concern, and/or any behavioral health need, is related to a substance use issue or disorder. SCCMHA serves as a 24/7/365 access point for any such potential consumers, as a CMHSP and on behalf of Mid-State Health Network (MSHN) regional Prepaid Inpatient Health Plan (PIHP).

It is the policy of SCCMHA to seek to ensure: (1) high quality, culturally competent, developmentally appropriate service delivery; (2) the use of appropriate evidence-based practice treatment models; (3) compliance with relevant federal, state and regional requirements; and (4) local community needs are assessed and met.

Application:
This policy applies to all access points and core service areas in the SCCMHA provider network, including direct operated and contracted provider programs.

Standards:

A. SCCMHA will use standardized, validated screening and assessment tools support the accurate determination of SUD treatment and service need(s).
  1. The American Society of Addiction Medication (ASAM) Criteria shall be used to determine SUD treatment placement/admission and/or continued stay needs.

B. The SCCMHA provider network shall obtain and maintain competence in the provision of treatment and support to consumers with SUDs.

C. SCCMHA Providers shall obtain and maintain co-occurring disorders (COD) enhanced competence as well as the ability to appropriately treat primary substance use disorders.
  1. Providers shall secure any necessary certifications, licensure as well as relevant training and continuing education regarding SUD screening, assessment, prevention, and treatment.

D. SCCMHA providers shall serve as added access points to ensure there is ‘no wrong door’ for the identification of potential consumers in need of SUD services.

E. SCCMHA will use Screening, Brief Intervention and Referral to Treatment (SBIRT) and will encourage the use of SBIRT by local primary care providers.

F. SCCMHA shall include SUDs as part of its integrated care service delivery.

G. SCCMHA will maintain, at minimum, an active referral and coordination relationships with community substance use disorder providers.
  1. Written care coordination agreements shall be maintained with SUD providers including, but not limited to, those with contracts with Mid-State Health Network regional PIHP for purchase of services.

H. A full continuum of SUD services and supports shall be provided to eligible consumers.
  1. Services and supports shall include:
    a. Access Management
    b. Prevention Programs and services
    c. Early Intervention services
    d. Acute Care (including medical detoxification and withdrawal monitoring)
    e. Subacute Detoxification treatment
    f. Outpatient Treatment
    g. Intensive Outpatient Treatment
    h. Recovery Support services
    i. Group Therapy
    j. Integrated Co-occurring Disorders Treatment (IDDT)
    k. Residential programs
    l. Case Management
    m. Medication Assisted Treatment (MAT) including methadone maintenance therapy, buprenorphine, naloxone

I. Services provided to persons with SUDs shall, when feasible, adhere to evidence-based practices.
   1. Fidelity reviews shall be conducted on a regular basis in order to ensure adherence to evidence-based practice models.

J. SUD services shall be provided at locations and times that are in accordance with acceptable time and distance standards to facilitate access and continued engagement of vulnerable populations and thus maximize the potential to achieve positive outcomes.
   1. Office-based services shall be located within 60 minutes/60 miles in rural areas, and 30 minutes/30 miles in urban areas, from the beneficiary's residence.
   2. Consumers shall be provided with resources for transportation to medically necessary appointments as needed.
   3. Priority for admission shall be given to the following populations in accordance with state and federal requirements:
      a. Pregnant, using injection drugs
      b. Pregnant, using drugs
      c. Individual using an injection drug
      d. Parents at risk of losing custody of their children
      e. All others

K. SCCMHA will make training and continuing education opportunities available for all SUD treatment panel members to ensure services and supports are provided in accordance with current evidence-based practice models.
   1. SCCMHA shall welcome input from all providers, including those who are not credentialed SUD providers, regarding ongoing educational needs to adequately serve persons with SUD.

L. SCCMHA will appoint an SUD Coordinator to serve as the lead contact person and consultant for all matters relative to local CMHSP SUD services and supports.
   1. This position shall serve as a liaison to MSHN and as a resource for local providers, under the direction of the SCCMHA Chief of Health Services & Utilization Management and the SCCMHA Service Management Team.

M. Peer services, including recovery coaches, will be promoted and included in the delivery of SUD prevention, intervention and treatment services.

N. Recovery Oriented System of Care approaches will be utilized in SUD treatment services and programs.

O. Selection of SUD treatment and prevention service panel providers will be based upon open public procurement procedures and practices in accordance with state and federal standards and regional guidance where applicable.

P. SCCMHA will include SUDs in all network needs assessment and planning efforts.

Q. SUD provider treatment and prevention service panel network members are subject to SCCMHA and/or MSHN site visits or review on a regular basis, including programmatic/service requirements and retrospective event verification review.

R. Screening and assessment for SUDs shall be embedded in all SCCMHA access and crisis service provision and documented in the electronic health record.

S. In accordance with SCCMHA standards, SUD services will be provided through an individualized, person-centered treatment plan for each individual served, with the plan and progress documented in the electronic medical record.

T. SCCMHA and local SUD leadership will meet on a periodic basis to ensure effective management, oversight and coordination of SUD services at the regional and local levels.

U. SUD providers will immediately notify SCCMHA, as well as MSHN as appropriate, of any urgent or serious service delivery or management issues.
   1. SCCMHA will maintain current information on provider panel changes, provider selection processes, service delivery changes and regional directives.

V. SCCMHA will ensure that appropriate confidentiality is maintained for persons receiving SUD services as required by state and federal statutes including 42 CFR.

W. SUD services will be delivered in a culturally and linguistically sensitive, developmentally appropriate and trauma-informed manner in accordance with the unique needs of each individual served.

Definitions:

Priority Populations: Pregnant women who are using injectable drugs, pregnant women who are drug users, individuals who are using injectable drugs and parents who are at risk of losing their children under the Child Protection Laws. Michigan law extends priority populations status to men. As defined by 45 CFR Part 96 and Michigan Public Act 368.

Recovery Oriented System of Care (ROSC): Michigan's recovery-oriented system of care supports an individual's journey toward recovery and wellness by creating and sustaining networks of formal and informal services and supports. The opportunities established through collaboration, partnership and a broad array of services promote life enhancing recovery and wellness for individuals, families and communities. (MDHHS: Adopted by the ROSC Transformation Steering Committee, September 30, 2010) The goal of treatment extends beyond abstinence or symptom management to helping people achieve a full, meaningful life in the community. Prior treatment is not viewed as a predictor of poor treatment outcomes and is not used as grounds for denial of treatment. People are not discharged from treatment for relapsing or confirming their diagnosis. Post treatment continuing care services are an integrated part of the service continuum rather than an afterthought. Focus is on all aspects of the individual and the environment, using a strength-based perspective and emphasizing assessment of recovery capital. (MDHHS)

References:

A. Glassheim, B. (2007). *A Guide of Evidence-Based Practices for Substance Use Disorders.* Saginaw County Community Mental Health Authority. Saginaw, MI. (https://www.sccmha.org/userfiles/filemanager/288/)

B. CMHSP Contracts, including attachments and references.

C. Michigan Department of Health and Human Services. *Medicaid Provider Manual*. MDHHS. Lansing, MI. (https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html).

D. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration. (October 1, 2021). *MI Certified Community Behavioral Health Clinic (CCBHC) Handbook, Version 1.2*.

E. *Saginaw County's First Responders Guide for Behavioral Health Interventions*: https://www.sccmha.org/userfiles/filemanager/12403/.

F. SAMHSA. (2016*). Criteria for the Demonstration Program to Improve Community Mental Health Centers and to Establish Certified Community Behavioral Health Clinics*. (https://www.samhsa.gov/sites/default/files/programs_campaigns/ccbhc-criteria.pdf)

G. SCCMHA Substance Use Disorder Treatment Provider Memorandum of Understanding.

Exhibits:

A. SCCMHA Crisis Follow Up Plan

B. MDCH Treatment Policy #12

Procedure:

ACTION	RESPONSIBILITY
Manages SUD service array and service delivery in Saginaw County via selected network panel providers.	MSHN
Purchases and manages Medicaid/HMP and non-Medicaid services, addresses key regulatory functions delegated by the PIHP and participates in regional planning and oversight.	SCCMHA/MSHN
Executes contractual agreements and MOUs and provide mutual and specific executive leadership.	SCCMHA CEO
Serves as SCCMHA Liaison/Contract Manager and SUD Liaison to the Regional PIHP. Strengthens and establish collaboration among community and support the efforts of coalitions using a comprehensive approach by the Behavioral Health Continuum of Care to expand Mental Health and Prevention efforts.	SCCMHA SUD Coordinator
Deliver substance use disorder treatment and prevention services within scope of work and requirements and maintain compliance with contractual/agreement areas.	SCCMHA Primary Provider Teams and MOU SUD Providers
Provides continuing SUD/COD education planning services for provider network.	SCCMHA Continuing Education Supervisor

Coordinates crisis and access services, including between MSHN and SCCMHA. Ensures adequate screening for substance use/misuse and co-occurring disorders, including level of care determination and appropriate access to detox services. Provides links services and supports via warm handoff when feasible to facilitate access and engagement. Adhere to screen and eligibility standards to ensure referrals to SUD care providers are appropriate.	SCCMHA Crisis Intervention Services and Central Access & Intake (CAI) Supervisors
In accordance with the SCCMHA Crisis Follow Up Plan standards (Attachment A), follows up with individuals within two (2) business days to verify service needs have been met and to re-engage with referral connections. Completed documentation in REMI and Sentri including clinical and demographic information. Generates call logs to document adherence to the two (2) business days standard for referral connections. Screens individuals in accordance with access timelessness standards and links them to services and supports within 2 business days to reduce barriers to treatment assuring to assess for priority populations. Ensures that all individuals seeking services are treated in a welcoming and consumer-centered manner. Screens and admits priority populations in accordance to Treatment Policy #12 page 8 of 12 October 1, 2010. (see Attachment B)	CAI
Provide leadership, oversight and consultation on contract, data, information system management, regulatory, quality, rights, customer service, financial and clinical areas, in collaboration with MSHN as appropriate.	SCCMHA Contract & Properties Manager, Director Network Services, Public Policy & Continuing Education, Director of Information Systems, Compliance Administrator, CIO & Quality and Compliance Officer, Director of Customer Services & Recipient Rights, Director of Financial Services, and Director of Clinical Services & Programs,

	and Director of Enhanced Health & Integration.

Exhibit A

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Saginaw County Community Mental Health Authority
Crisis Follow – Up Plan— 24-Hour Phone 792-9732

Client's Name ____________________________________ Sentri # ______________________

Specific Stipulations

_____ I will not do anything to harm myself or others.

_____ I will talk to friends, family and / or support people about my concerns.

_____ I will call the crisis line at **792-9732** or have someone else call for me as needed.

_____ I will go to the emergency room before hurting myself or others.

_____ I will contact my therapist or case manager by ______________________________________.

_____ I will contact my psychiatrist by ____.

_____ I will take my medications as prescribed.

_____ I will stay with friends, relatives, and / or _________________________ until my mental health is stable.

_____ Arrangements have been made for me to go to Crisis Residential Treatment Program. I will go there safely at a designated time.

_____ I do not have access to weapons.

_____ I will follow-up with _______________________________________ on ____________________.

_____ **General Safety Guidelines (Only Applicable if Checked)**

Medications: Keep all medications stored and locked in a secure area. This includes medications that have been prescribed by a doctor as well as over-the-counter drugs.
Firearms: It is best not to keep firearms in your home. If you must have firearms, keep them unloaded and locked-up.
Sharps: Keep all sharp objects locked in a drawer—Including items such as... knives, razor blades, scissors, etc.
Alcohol/Other Drugs: The consumption of alcohol, misuse of prescribed / over-the-counter drugs, and use of substances increase the risk of suicide. Do not use substances.

I fully understand the above, was not coerced into signing, agree with the stipulations, and intend to be compliant.

Client____ Date _______________

Parent/Guardian/Staff____________________________________ Date _______________

Clinician____ Date _______________

Telephone number for follow-up call: ____________________________ or ______________________

Disposition of follow-up call: ____

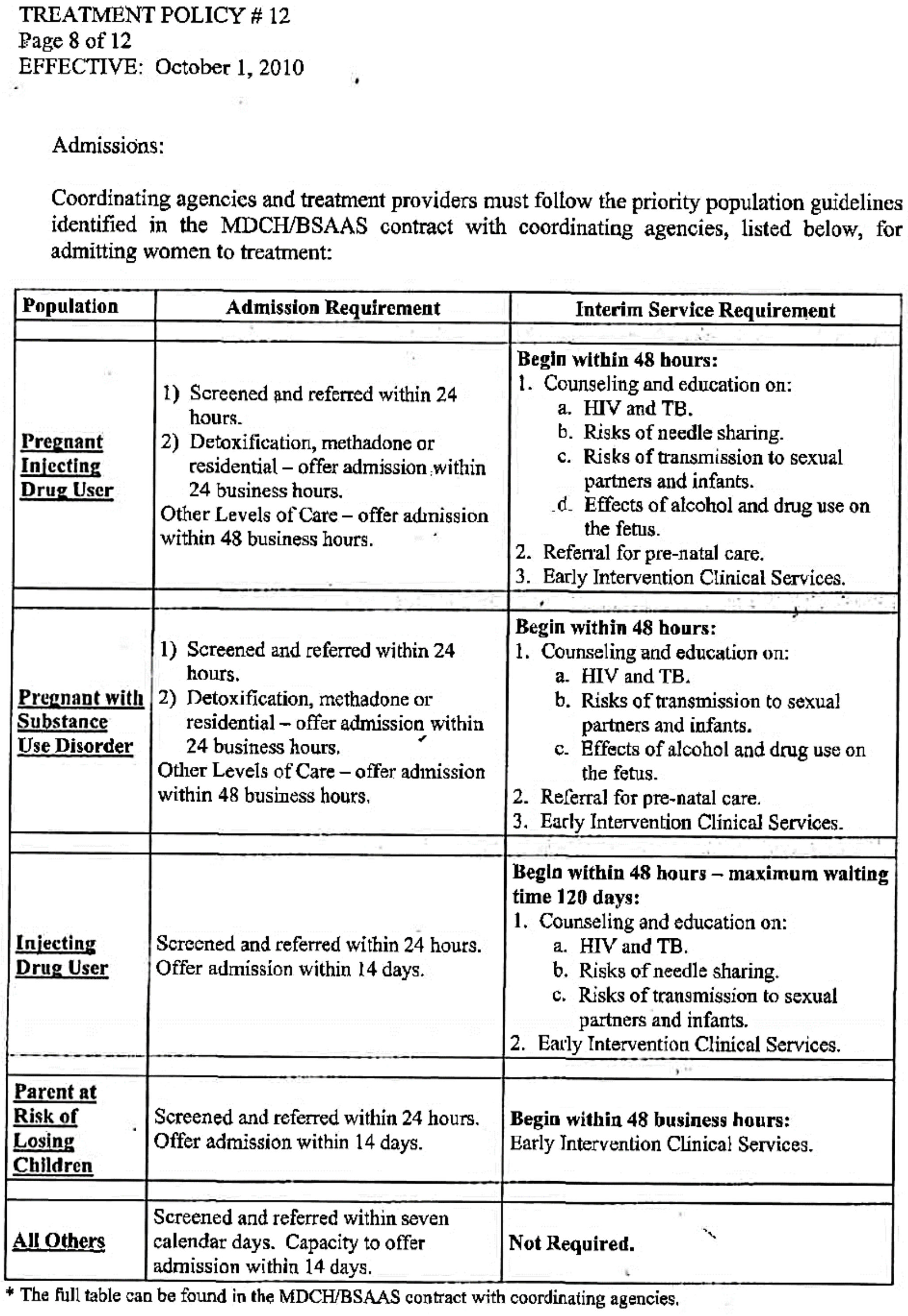
____

Clinician: ____ Date: ______________________

Entered in Sentri? **YES** ☐ **NO** ☐

500 HANCOCK ST. • SAGINAW, MI • 48602 • PHONE: 989-792-9732 • HANCOCK FAX: 989-797-3477 • COVENANT FAX: 989-583-4252
6-7-16 mef

Exhibit B



TREATMENT POLICY # 12
Page 8 of 12
EFFECTIVE: October 1, 2010

Admissions:

Coordinating agencies and treatment providers must follow the priority population guidelines identified in the MDCH/BSAAS contract with coordinating agencies, listed below, for admitting women to treatment:

Population	**Admission Requirement**	**Interim Service Requirement**
Pregnant Injecting Drug User	1) Screened and referred within 24 hours. 2) Detoxification, methadone or residential – offer admission within 24 business hours. Other Levels of Care – offer admission within 48 business hours.	**Begin within 48 hours:** 1. Counseling and education on: a. HIV and TB. b. Risks of needle sharing. c. Risks of transmission to sexual partners and infants. d. Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early Intervention Clinical Services.
Pregnant with Substance Use Disorder	1) Screened and referred within 24 hours. 2) Detoxification, methadone or residential – offer admission within 24 business hours. Other Levels of Care – offer admission within 48 business hours.	**Begin within 48 hours:** 1. Counseling and education on: a. HIV and TB. b. Risks of transmission to sexual partners and infants. c. Effects of alcohol and drug use on the fetus. 2. Referral for pre-natal care. 3. Early Intervention Clinical Services.
Injecting Drug User	Screened and referred within 24 hours. Offer admission within 14 days.	**Begin within 48 hours – maximum waiting time 120 days:** 1. Counseling and education on: a. HIV and TB. b. Risks of needle sharing. c. Risks of transmission to sexual partners and infants. 2. Early Intervention Clinical Services.
Parent at Risk of Losing Children	Screened and referred within 24 hours. Offer admission within 14 days.	**Begin within 48 business hours:** Early Intervention Clinical Services.
All Others	Screened and referred within seven calendar days. Capacity to offer admission within 14 days.	**Not Required.**

* The full table can be found in the MDCH/BSAAS contract with coordinating agencies.

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Eye Movement Desensitization and Reprocessing (EMDR)</td><td>Chapter: 02 – Customer Services & Recipient Rights</td><td>Subject No: 02.03.09.41</td></tr>
<tr><td rowspan="2">Effective Date:
09/08/21</td><td>Date of Review/Revision:</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

Responsible Director:
Director of Network Services Public Policy & Continuing Education

Authored By: Mary Baukus

Additional Reviewers:
Jay McRae, EBP Leadership Team</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2"></td></tr>
</table>

Purpose:
The purpose of this policy is to specify the use of Eye Movement Desensitization and Reprocessing (EMDR)**.**

Policy:

A. SCCMHA recognizes that the experience of trauma is the rule rather than the exception among consumers served by the public mental health system.
B. Consumers who have been found to have experienced trauma shall be offered opportunities to participate in trauma-specific, evidence-based interventions.
C. SCCMHA shall, resources permitting, offer Eye Movement Desensitization and Reprocessing (EMDR) for individuals who have experienced trauma and are being served by SCCMHA-funded providers.

Application:
This policy applies to the SCCMHA-funded provider network.

Standards:

A. EMDR treatment shall be offered to consumers who have a history of trauma.
B. Providers who deliver EMDR shall receive SCCMHA-approved training and be privileged to provide EMDR in accordance with SCCMHA policy.
C. EMDR shall be delivered in accordance with fidelity to the model.

D. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the GOI (Global Organization Index) as a guide.
    1. The Evidence-Based Practice and Trauma-Informed Care Coordinator and the Director of Network Services, Public Policy, & Continuing Education will facilitate quarterly meetings for Supervisors of EBP Teams, including EMDR when appropriate, to discuss fidelity monitoring.
    2. When EMDR is actively being offered, the Adult Strengths and Needs Assessment (ANSA) will be used as a tool to examine outcomes with reports reviewed at least yearly (or as is appropriate for how frequently EMDR is occurring) for EMDR participants.

E. Treatment Description
    a. EMDR therapy combines different elements to maximize treatment effects. A full description of the theory, sequence of treatment, and research on protocols and active mechanisms can be found in F. Shapiro (2001) Eye movement desensitization and reprocessing: Basic principles, protocols, and procedures (2nd edition) New York: Guilford Press.
    b. EMDR therapy involves attention to three time periods: the past, present, and future. Focus is given to past disturbing memories and related events. Also, it is given to current situations that cause distress, and to developing the skills and attitudes needed for positive future actions. With EMDR therapy, these items are addressed using an eight-phase treatment approach.
        i. Phase 1: The first phase is a history-taking session(s). The therapist assesses the consumer's readiness and develops a treatment plan. Consumer and therapist identify possible targets for EMDR processing. These include distressing memories and current situations that cause emotional distress. Other targets may include related incidents in the past. Emphasis is placed on the development of specific skills and behaviors that will be needed by the consumer in future situations.
            1. Initial EMDR processing may be directed to childhood events rather than to adult-onset stressors or the identified critical incident if the consumer had a problematic childhood. Consumers generally gain insight on their situations; the emotional distress resolves and they start to change their behaviors. The length of treatment depends upon the number of traumas and the age of PTSD onset. Generally, those with single event adult-onset trauma can be successfully treated in under 5 hours. Multiple trauma victims may require a longer treatment time.
        ii. Phase 2: During the second phase of treatment, the therapist ensures that the consumer has several different ways of handling emotional distress. The therapist may teach the consumer a variety of imagery and stress reduction techniques the consumer can use during and between sessions. A goal of EMDR therapy is to produce rapid and

effective change while the consumer maintains equilibrium during and between sessions.

iii. Phases 3-6: In phases three to six, a target is identified and processed using EMDR therapy procedures. These involve the consumer identifying three things: 1. The vivid visual image related to the memory; 2. A negative belief about oneself; 3. Related emotions and body sensations.
    1. In addition, the consumer identifies a positive belief. The therapist helps the consumer rate the positive belief as well as the intensity of the negative emotions. After this, the consumer is instructed to focus on the image, negative thought, and body sensations while simultaneously engaging in EMDR processing using sets of bilateral stimulation. These sets may include eye movements, taps, or tones. The type and length of these sets is different for each consumer. At this point, the EMDR consumer is instructed to just notice whatever spontaneously happens.
    2. After each set of stimulation, the clinician instructs the consumer to let their mind go blank and to notice whatever thought, feeling, image, memory, or sensation comes to mind. Depending upon the consumer's report, the clinician will choose the next focus of attention. These repeated sets with directed focused attention occur numerous times throughout the session. If the consumer becomes distressed or has difficulty in progressing, the therapist follows established procedures to help the consumer get back on track.
    3. When the consumer reports no distress related to the targeted memory, they are asked to think of the preferred positive belief that was identified at the beginning of the session. At this time, the consumer may adjust the positive belief if necessary, and then focus on it during the next set of distressing events.

iv. **Phase 7:** In phase seven, closure, the therapist asks the consumer to keep a log during the week. The log should document any related material that may arise. It serves to remind the consumer of the self-calming activities that were mastered in phase two.

v. **Phase 8:** The next session begins with phase eight. Phase eight consists of examining the progress made thus far. The EMDR treatment processes all related historical events, current incidents that elicit distress, and future events that will require different responses

Definitions:

Trauma: A psychologically distressing event that is outside the range of usual human experience, often involving a sense of intense fear, terror or helplessness that creates significant and lasting damage to a person's mental, physical, and emotional growth. According to SAMHSA (2014), trauma results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or

life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.
EMDR (Eye Movement Desensitization and Reprocessing): A psychotherapy that enables people to heal from the symptoms and emotional distress that are the result of disturbing life experiences. Repeated studies show that by using EMDR therapy people can experience the benefits of psychotherapy that once took years to make a difference. It is widely assumed that severe emotional pain requires a long time to heal. EMDR therapy shows that the mind can in fact heal from psychological trauma much as the body recovers from physical trauma. The brain's information processing system naturally moves toward mental health. If the system is blocked or imbalanced by the impact of a disturbing event, the emotional wound festers and can cause intense suffering. Once the block is removed, healing resumes. Using the detailed protocols and procedures learned in EMDR therapy training sessions, clinicians help clients activate their natural healing processes.

References:

A. EMDR Institute, Inc. What is EMDR? - EMDR Institute - EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY
B. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
C. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

A. EMDR Session Notes

Procedure:

None

Exhibit A

EMDR Session Notes

Clinician:____________________________

Client Initials:____________________________________Date:____/____/______

Presenting symptom: ____

Treatment Session: (circle one): First Reevaluation

Session #______

EMDR Treatment:

Target: (circle one): Past Present Future _________________________________

Negative Cognition/Belief: ____

Positive Cognition/Belief: ____

VoC: (circle one) 1 2 3 4 5 6 7

Emotions: ____

SUD: (circle one) 0 1 2 3 4 5 6 7 8 9 10

Body Location: ____

Session Outcome/Target Memory Status: (circle one) Completed Unfinished

SUD: (circle one) 0 1 2 3 4 5 6 7 8 9 10

VoC: (circle one) 1 2 3 4 5 6 7

Closure: If needed (check)

[ ] Grounding/Breathing [ ] Secure Place [ ] Container [ ] EMD

Client Stability when leaving session: Poor Fair Good Excellent

Treatment Notes:

Additional Interventions Planned:

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Mindfulness	**Chapter**: 02 – Customer Services & Recipient Rights	**Subject No**: 02.03.09.42
Effective Date: 12/09/2021	**Date of Review/Revision**:	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Director of Network Services, Public Policy, & Continuing Education **Authored By**: Mary Baukus **Additional Reviewers**: EBP Leadership Team
	Supersedes:	

Purpose: The purpose of this policy is to specify the use of mindfulness.

Application: This policy applies to the SCCMHA-funded provider network.

Policy:

A. SCCMHA shall, resources permitting, offer Mindfulness.
B. Mindfulness is now being scientifically examined and has been found to be a key element in stress reduction, emotional regulation, and overall happiness.
C. Mindfulness is a promising practice that SCCMHA has decided to adopt as a practice. There is much research about the efficacy of mindfulness for a variety of symptoms and diagnoses.
D. Mindfulness can be delivered face-to-face, in-person, or via telehealth technology.
E. Mindfulness can be offered in individual contacts or in group settings and is appropriate for ages 3 and up.
F. Mindfulness will be provided in a trauma-informed manner.

Standards:

A. Mindfulness is the practice of purposely focusing one’s attention on the present moment and accepting it without judgment.
B. Mindfulness may be delivered by peers, case managers, therapists, or other clinical professionals; there is no requirement for a degree or licensure.
C. All persons wishing to implement this promising practice should be familiar with Mindfulness and be able to demonstrate having completed training that included information on Mindfulness. Refresher trainings should be completed on an annual basis.

D. SCCMHA reserves the right to credential providers to conduct this practice as well as monitor the practice for fidelity to the model.

E. Mindfulness includes:

  a. Mindful breathing: This is a practice where individuals use the breath as the object of attention to which we return every time we notice that the mind has wandered. It is most practiced with attention centered on the breath, without any effort to change the breathing.

    i. There are four postures which are suggested to practice mindful breathing: standing, sitting, reclining, and walking. Sitting and lying down are the best postures for beginners.

  b. The basics of Mindfulness Practice that the practitioner uses as a guide for the individuals served, when facilitating mindfulness includes:

    i. **Set aside some time.** One does not need a meditation cushion or bench, or any sort of special equipment to access one's mindfulness skills—but one does need to set aside some time and space.

    ii. **Observe the present moment as it is.** The aim of mindfulness is not quieting the mind or attempting to achieve a state of eternal calm. The goal is simple: we're aiming to pay attention to the present moment, without judgment.

    iii. **Let one's judgments roll by.** When we notice judgments arise during our practice, we can make a mental note of them, and let them pass.

    iv. **Return to observing the present moment as it is.** Our minds often get carried away in thought. That's why mindfulness is the practice of returning, again and again, to the present moment.

    v. **Be kind to one's wandering mind.** Don't judge oneself for whatever thoughts crop up, just practice recognizing when one's mind has wandered off, and gently bring it back.

  c. Mindfulness activities. Activities may include:

    i. Mindfulness meditation
    ii. Yoga
    iii. Coloring
    iv. Body relaxation/scan
    v. Walking
    vi. Crafts
    vii. Any variety of activities that require focus on the present moment.

Definitions:

Mindfulness: The practice of being aware of one's body, mind, and feelings in the present moment, thought to create a feeling of calm: Mindfulness can be used to alleviate feelings of anxiety and depression.

References:

A. DBT Institute of Michigan (2014) *Dialectical Behavior Therapy (DBT) Mindfulness Activities Guide*

B. Getting Started with Mindfulness - Mindful: https://www.mindful.org/meditation/mindfulness-getting-started/
C. MINDFULNESS | definition in the Cambridge English Dictionary: https://dictionary.cambridge.org/us/dictionary/english/mindfulness
D. SCCMHA Policy 02.03.09 – Evidence-Based Practices (EPBs)
E. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits: None

Procedure: None

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Medication Management in Licensed Residential Settings	**Chapter**: 03 - Continuum of Care	**Subject No**: 03.02.17
Effective Date: 8/12/05	**Date of Review/Revision**: 8/12/05, 8/21/06, 3/19/07, 6/18/07, 1/5/09, 6/30/09, 1/25/10, 5/22/12, 6/4/13, 6/5/14, 4/5/16, 9/13/17, 6/1/18, 8/18/19, 5/1/20, 1/10/22	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Network Services, Public Policy & Continuing Education
	Supersedes:	
		Authored By: Jennifer Keilitz **Additional Reviewers**: CE Committee, Residential Watch Committee, Trainers

Purpose:
The medication related service component for residential settings as defined by the Michigan Department of Health and Human Services (MDHHS) and Michigan Medicaid Program requirements, includes "assisting the beneficiary to perform the following: assistance with self-administered medications" and "assistance, support and/or training the beneficiary with reminding, observing, and/or monitoring of medications."

The purposes of this policy include the following:

A. To ensure residential compliance with state and other requirements.
B. To provide clear and comprehensive expectations for residential providers on SCCMHA procedures in medication related service in the home setting.
C. To ensure best practice and uniform medication related procedures in the SCCMHA network.
D. To prevent and minimize medication errors.
E. To minimize clinical and system risk related to medication use.
F. To define the role of the residential service provider regarding medication assistance and compliance of consumers served.
G. To promote accountability and responsibility of all staff in the chain of medication management and oversight.
H. To promote the five rights of medication compliance: right person, right medication, right dose, right time and right route.
I. To ensure trained, competent staff are involved in medication assistance and oversight.
J. To ensure that all reasonable precautions are taken by staff with the use of medications by residents.

K. To ensure that consumers in licensed residential settings receive correct ordered medication and appropriate oversight and monitoring related to medication use, and reactions.

Policy:

Many persons who receive SCCMHA funded specialized residential services, also are receiving assistance with medication adherence. Furthermore, varied medication management for multiple persons in a home setting with multiple staff, including changing medications and changing staff, requires that homes follow uniform procedures and maintain proper controls and oversight. It is the policy of SCCMHA that uniform medication procedures are necessary and will be followed in licensed residential settings that provide specialized services to adults with serious mental illness and intellectual and developmental disabilities on behalf of SCCMHA.

Application:

This policy applies to Licensed Residential Providers under contract with SCCMHA for specialized residential services.

Standards:

A. Residential staff including the Home Manager will submit consumer prescriptions and discontinued medication orders to the pharmacy in a timely manner.
    1. Staff must obtain appropriate authorization and written documentation for any new or discontinued medication orders.
    2. Depending on the date that the medication was discontinued, staff must be aware that the Medication Administration Record (MAR) provided by the pharmacy may include the discontinued medication.
    3. Staff must carefully compare the prescriptions to the medication orders and compare the medications to the prescriptions and the medication record at the start of each medication cycle or each time a medication is added, changed or discontinued.
    4. Staff must carefully transcribe orders to the consumer medication administration record.
    5. Staff must take routine proper precautions to ensure correct medication and dosage is given to and taken by consumers.

B. No prescribed medications may be given in a licensed residential setting without a signed physician’s order or prescription.
    1. Only a prescribing physician, physician assistant. or nurse practitioner may adjust or change a medication order.
    2. Over-the-counter medications that do not require a physician’s order (such as ibuprofen) must be identified on a non-emergent medication form signed by a physician and reviewed annually or whenever a prescribed medication is added to avoid any contraindication. Over the counter medications must be secured, as with other medications, and documented when given as needed according to the manufacturer’s instructions and cautions, including interactions with other medications.

C. Residential providers will maintain official complete, accurate and current medication records for all consumers, including over-the-counter and prescriptions for other health needs, as well as consumer allergies and any special instructions; complete orders/prescriptions will also be maintained on file.

D. Residential staff will keep current, accurate, clear and complete records of all medications given to each individual consumer, including date, time, involved staff, consumer, dosage and any special instructions
    1. If a correction must be made in the record, staff should draw a line through the incorrect information, note the correct information, and initial and date the correction.
    2. Records must be kept in ink.
    3. Staff should routinely ensure that medication labels, physician's orders and medication records match.

E. Any SCCMHA medication related procedures and policies regarding medication management will be reviewed and approved by the SCCMHA Medical Director, in consultation with the Director of Enhanced Health and Integration and the assigned lead Pharmacist.
    1. Provider procedures regarding medication practices in the home must be available for SCCMHA review upon request.
    2. SCCMHA or the pharmacy can assist with any concerns regarding medication procedures

F. Any and all medication errors, refusals and disposals (including expelled or suspected expelled medicines) will be documented and reported in writing, including to SCCMHA in incident reports in a timely manner.
    1. The only exception for incident report filing would be anticipated medication refusals that have been specifically and proactively addressed in the individual's written person-centered plan (IPOS).
    2. Whenever a trend of medication refusal or expelling develops with a specific individual, the home provider should seek SCCMHA consultation for management by contacting the primary case holder.
        a. Chronic refusals of medications should be addressed in a written positive support plan or behavior treatment plan.
    3. Lack of consistent compliance with proper documentation of medication errors in the form of written incident reports or serious violation of medication policies and procedures will result in appropriate level of discipline for any involved staff by the provider and will be subject to any necessary sanctions determined by SCCMHA.

G. Residential home managers will oversee medication practices, management, compliance and controls in the home and review and promptly address any staff or home patterns of medication errors for corrective and/or preventative action.

H. Any medication related questions are expected to be directed in a timely manner to the physician or nurse practitioner, pharmacy or primary case holder personnel by the home staff.
    1. Lack of clarity by home staff is not an acceptable reason to either simply withhold medications or make assumptions about how to proceed with any specific medication assistance to consumers.
    2. Physician, physician assistant, or nurse practitioner and pharmacy clarifications should be immediately sought and documented by the home

staff so that the proper, intended medication/dosage may be given in a timely manner.

3. Actual or possible conflicts in physician orders should also be immediately resolved by home staff by contact with the physician, physician assistant, or nurse practitioner and documented in consumer home record.

I. Primary Case Holder staff will monitor assigned consumer medication adherence and response during routine monitoring visits.

1. The psychiatrist, physician, physician assistant, and nurse practitioner will monitor medication adherence and response as well as side effects during medication reviews.

2. A nursing assessment authorization will be requested by a case holder when a consumer transitions from one setting of care and returns to their home, i.e., hospitalization, nursing home etc. The assessment will include a medication reconciliation. This information will be used to validate the current medication regime post transition of care for the home manager. Medication reconciliation may include training or education for new prescriptions or changes in medications post discharge.

3. Nursing assessments authorized by SCCMHA, will require a plan of care, which will be included in the Individual Plan of Service (IPOS).

- The plan will identify the impact of new or existing health related issues upon the psychiatric diagnosis.
- The assessment will include a medication reconciliation.
- The plan of care will specify goals to be achieved for a period not to exceed 3 months, including the duration and frequency of monitoring of those goals by the entire treatment team.

J. Used needles must be disposed of in a proper, tamperproof container in the home, and then through a proper, permanent disposal method.

K. Medications must be properly stored in a locked, cool, dry, organized location.

1. Medications that require refrigeration must be stored in a secure container in a refrigerator location that is not readily accessible to non-authorized persons.

2. Internally delivered medications (such as oral pills, liquids and injectables) and externally delivered medications (applied topically to the skin or body, such as creams and eye drops) should have storage separation to prevent contamination of internally delivered medications.

L. Routine, daily medications will be prescribed and filled in 31 or 30 calendar day increments by the SCCMHA pharmacy provider, depending upon the consumer’s insurance coverage and the number of days in a particular month.

M. Providers will adhere to an appropriate, documented procedure for home staff disposal of any and all discontinued or unused out of date medications. The preference is to follow CDC guidelines for discarding discontinued or unused medications.

1. This should include a documented witness who signs along with the person who is disposing of the medications.

N. Providers will maintain specific documented records regarding narcotics and other controlled substances; the pharmacy provides a log for this purpose.

    1. Missing medications that are also controlled substances must be reported to the appropriate local law enforcement agency as required by law.

O. Whenever physician orders are phoned into the pharmacy, the home must obtain an order from the pharmacy, physician, physician assistant, or nurse practitioner.
    1. Home personnel may not accept verbal orders for medication changes.

P. All management of medications, including assistance to individuals in taking their medications, will follow proper, consistent home procedures and be documented by all staff involved in medication practices.

Q. The re-labeling of original medication containers by home staff is not permitted.
    1. Residential staff managing medications for consumers will verify current medication regimens through medication records that are kept current and accurate.
    2. Home staff may contact the pharmacy for possible relabeling. If pharmacy is unable to relabel the medication, home staff may need to obtain a new physician order to obtain the proper dosage of medication.

R. For consumers who participate in routine, daily vocational activities outside of the home or in the community, whenever possible, medication will be taken in the home setting and managed by the home staff.
    1. If needed, the home may request, and the pharmacy will provide, special out-of-home medication packaging with advance notice.
    2. SCCMHA Transportation Services WILL NOT transport medications to day programs.

S. PRN (i.e., per requested need/as needed) medications will be documented and frequency of such use will be reported to the physician, physician assistant, or nurse practitioner; trends should be noted and addressed.

T. Some prescribed medications require specific and legal informed consents by the consumer or guardian.
    1. Such consent documents, when applicable, will be noted in the consumer record.

U. Persons receiving Clozaril/clozapine or FazaClo must use the SCCMHA pharmacy to ensure proper monitoring of this medication regimen unless distinct exceptions are agreed to by SCCMHA.

V. Laboratory services as requested by the physician or nurse practitioner must be promptly facilitated by the residential provider for the consumer and any results delivered directly to the home or consumer must be provided to the physician or nurse practitioner in a timely manner.

W. Training, written competency testing and one observable medication administration will be provided by SCCMHA CEU trainers relative to medication use and side effects for direct care staff and home managers.
    1. Staff must have specific, minimum medication training that meets SCCMHA requirements and observed by the home manager as competent to provide medication assistance to consumers.
    2. Home managers will receive competency evaluation by a SCCMHA Nurse(s).

    a. Competency Evaluations of direct care staff should include at least ten (10), or more if deemed necessary, documented medication demonstration occurrences observed by the Home Manager and documented on a Medication & Vital Sign Administration Evaluation Form.

3. Staff who demonstrate patterns of medication errors should be directed to receive additional training and/or re- evaluation.
4. Staff may not participate in medication assistance in the home unless they are properly evaluated on competency in medication administration.
5. It is the home manager's responsibility to ensure that staff are properly trained in medication management and are following home and SCCMHA requirements.
6. SCCMHA strongly recommends that new home managers directly re-evaluate their staff to ensure competency and that all home managers evaluate new staff, even if they have been certified or evaluated elsewhere in the past.
7. It is recommended that a minimum of five (5) documented medication demonstrations occur when a staff person is coming from another home.
8. Staff must be evaluated in medication administration within ninety (90) days from employment. Unless home manager feels the person needs additional training time.
    a. The home manager may use discretion about the length of time to certify/ evaluate staff if there is concern the staff person is not ready to administer medications independently.
9. Every three (3) years staff must attend medication renewal classes and be evaluated by the home manager which includes five (5) documented medication demonstration occurrences.
10. If there is a break in direct care employment longer than twelve (12) months, Basic Medications training and re- evaluation must also occur.
11. Home managers from residential facilities outside of Saginaw County must attend Home Manager Vital Sign and Medication Competency Evaluation and will be evaluated by the SCCMHA Nurse(s)
12. SCCMHA Nurse(s) has a training suppository mannequin that will be used for rectal suppository and enema evaluation. -At the New Home Manager Vital Sign and Medication Competency Evaluation and Home Manager 3-year renewal, a Registered Nurse will demonstrate and evaluate the home managers in the class room setting. The home managers will then evaluate their staff in the home. Home Manager will request a suppository mannequin through a check-out system either at A.) the conclusion of Home Manager Vital Sign and Medication Competency Evaluation or B.) at the time of their choosing by contacting a SCCMHA nurse. The home manger will evaluate their staff at least one time with the use of the mannequin.

***PLEASE NOTE: prior to the rectal suppository training staff must have the 10 oral certifications completed.

X. Each residential staff member will provide to individual consumers only the medications they have directly prepared and documented for that person in order to prevent and minimize medication errors and maintain the integrity of the medication assistance procedure.

Y. Co-pays will not be a barrier in meeting immediate medication needs of consumers.
  1. SCCMHA will review and approve requests for financial hardship co-pay coverage for appropriate consumers as needed for psychotropic medications.
  2. Financial hardship declarations made by consumers may be provided to the pharmacy at the time the prescription is being filled.
    a. Co-pay coverage by SCCMHA is then subject to further SCCMHA confirmation based on the person’s individual financial circumstance.
  3. SCCMHA will treat consumers fairly with regard to co-pay coverage assistance when needed.

Z. Although SCCMHA is not responsible for covering the cost of medications relative to medical needs, SCCMHA requests that difficulties in obtaining health medications be brought to the attention of SCCMHA for assistance.
  1. Home managers and primary case holders are expected to collaborate in these circumstances to ensure that all medications prescribed, including medications related to physical health, are received by the consumers.

AA. Consumers have the right to decline medications.
  1. Home staff should immediately seek assistance on both medication errors as well as declinations, since implications with many medications could have serious health risks for individuals.

BB. Additional and enhanced medication training is recommended, especially for home managers, relative to the specific medication needs of the consumers served.
  1. Residential provider programs or sites are encouraged to establish specific levels of advanced training in the area of medications beyond the minimum training provided by SCCMHA to promote the medication competence of residential services.

CC. Home managers and residential staff must coordinate medication changes upon hospital admissions and discharges for consumers.
  1. Home staff should ensure the hospital has complete and accurate medication information upon admission.
  2. Home staff must also ensure they are clear about which medications will be continued, which medications will be discontinued and which medications will be newly prescribed upon hospital discharge, as part of obtaining any and all written discharge instructions.
  3. Whenever indicated, pharmacy, nurse practitioner or physician(s) clarification should be sought regarding medications upon discharge.

DD. Medication reactions of a serious nature indicate the need for emergency medical attention.
  1. Home staff are obligated to ensure the proper medical attention is received as soon as possible in a crisis situation.

EE. Injectable medication procedures for individual consumers must be taught by the prescribing source.

Definitions:

Licensed Residential Settings include SCCMHA contractors that have an Adult Foster Care (AFC) license with the State of Michigan. Licensed Residential setting services are composed of both personal care and community living supports according to MDHHS and Medicaid requirements.

Specialized Residential Programs refer to those that have a specific certification along with the AFC license which is required for SCCMHA funding; all licensed residential providers under contract with SCCMHA are considered Specialized Residential Programs.

Contraindications: Any symptom or circumstance indicating the (possible) inappropriateness of a form of treatment otherwise advisable.

Controlled Substance: Any medication/narcotic that has been deemed addictive by class by the federal government and requires specific documentation tracking and a police report when missing.

Medication Error: Any incident regarding medication including any of the following: 1) the proper medication is present in the home but it has an expired date; 2) medication was refused or expelled (or is suspected by staff to have been expelled) by the consumer; 3) a dosage of medication was missed/not given; 4) the wrong dosage of medication was given – any dosage that is either too high or too low; 5) medication was given at the wrong time – either too late or too early; 6) medication became contaminated, such as dropped on the floor or packaging was tampered with or compromised; 6) inappropriate medication was taken by consumer, such as consumer being in the community and reports taking something or is found to have taken or is suspected of taking inappropriate medication; and 7) any missing supply of consumer medication.

References:

A. Michigan Medical Assistance Manual – Substance Abuse & Mental Health Chapter
B. Michigan Licensing Rules, R 400.14312 Resident Medications
C. SCCMHA Policy 04.01.02 – Incident Reporting and Review
D. SCCMHA Procedure – 09.04.03.07 Residential Provider Watch Program
E. SCCMHA Policy – 05.06.06 SCCMHA Continuing Education Program
F. SCCMHA Policy – Care Transitions
G. SCCMHA Policy 10.01.01 – Hospital Discharge Planning
H. SCCMHA Training Protocols Manual, *Basic Medications*
I. SCCMHA Home Manager Resource Manual (Medications & Pharmacy sections)
J. Residential Direct Care Staff Preliminary Training materials
K. SCCMHA (or provider) medical record medication related forms
L. SCCMHA Minimum Training Requirements Summary
M. SCCMHA Incident Report Form
N. Pharmacy Event Report
O. Narcotic Record Sheet

Exhibits:

Exhibit A: Summary of who home staff should contact regarding medication issues
Exhibit B: Medication Administration Return Demonstration Medication & Vital Sign Administration Evaluation Form

Exhibit C:	Pharmacy Overview of Medication Packaging/Cycles
Exhibit D:	SCCMHA General Procedure for Preparing Medication/Medication Tip Sheet (laminated version to be posted in the home for staff use)
Exhibit E:	Medication Administration Record Documentation/Profiling Medication Dosage Tip Sheet (laminated version to be posted in the home for staff use) updated – replace with attachment
Exhibit F:	Medication Certification Decision Guide
Exhibit G:	Simulation Skill Sheet –
Exhibit H:	Missed Medication Tip Sheet
Exhibit I:	Return Demonstration Tip Sheet *Medication & Vital Sign Administration Evaluation Form*
Exhibit J:	Rectal Suppository and Enema Procedure

Procedure:

ACTION	RESPONSIBILITY
Directs all medication dispensing and cycles as scheduled with homes and fills ordered prescriptions; alerts providers and SCCMHA to any medication related concerns. Provides consultation to specific consumers, staff and providers when requested or indicated. Provides quality management and improvement data to SCCMHA regarding medications and system issues. Manages indigent and patient assistance programs for psychotropic medications. Receives requests from consumers with financial hardships for co-pay coverage consideration by SCCMHA. Provides daily dose punch card packaging for the home medications and related home orientation; will provide special packaging for medications as requested. Works with providers to ensure medication dispensing schedule meets consumer needs. Adheres to pharmacy legal requirements.	Pharmacy
Approves SCCMHA policies relative to medication management and oversees system compliance. Alerts physicians or nurse practitioner, staff and providers to any medication related issues of potential system concern.	Medical Director
Conduct individual medication related assessments and reviews; prescribe	Network Psychiatrists, Physicians Assistants, or Nurse Practitioners

needed medication through written orders. Order and review results of needed laboratory procedures according to SCCMHA Policy.	
Monitor individual medication response and reactions. Receive feedback from consumers/families/staff and providers on medication outcomes. Consult with home providers and staff as appropriate and respond to staff, home or pharmacy requests relative to medication issues.	Residential Providers/Direct Care Staff, Primary Record Holders
Reviews medication policy and procedure and medication error information from SCCMHA system incident reports and related data; recommends preventative actions and quality improvements.	Health Care Integration Committee, & Residential Watch Committee
Participate in required medication training and maintain proper medication skills certification according to SCCMHA policy.	Residential Providers/Direct Care Staff (including Home Managers)
Adhere to home and SCCMHA procedures regarding medication management.	Residential Providers/Direct Care Staff (including Home Managers)
Ensure individuals keep physician appointments.	Residential Providers/Direct Care Staff (including Home Managers)
Submit consumer prescriptions and discontinued medication orders to pharmacy for medications in a timely manner.	Residential Providers/Direct Care Staff (including Home Managers)
Obtain appropriate authorization and written documentation for any new or discontinued medication orders.	Residential Providers/Direct Care Staff (including Home Managers)
Carefully transcribe orders to consumer medication record documents.	Residential Providers/Direct Care Staff (including Home Managers)
Take routine proper precautions to ensure correct medication and dosage is given to and taken by consumers.	Residential Providers/Direct Care Staff (including Home Managers)

Use proper hygiene when giving medications and accurate measuring tools when giving liquid medicines.	Residential Providers/Direct Care Staff (including Home Managers)
Document medication given to individuals, including any related observed changes, side effects, declinations and errors.	Residential Providers/Direct Care Staff (including Home Managers)
Complete a written incident report each and every time a medication error occurs as soon as noted, regardless of which staff are involved.	Residential Providers/Direct Care Staff (including Home Managers)
Report or seek consultation on specific medication concerns for individuals promptly, including any consumer questions, whenever indicated.	Residential Providers/Direct Care Staff (including Home Managers)
Notify case manager/supports coordinator of medication changes, errors or problems, including medication coverage or physician appointment needs.	Residential Providers/Direct Care Staff (including Home Managers)
Respond immediately to any medication related emergencies.	Residential Providers/Direct Care Staff (including Home Managers)
Adhere to medication disposal procedures.	Residential Providers/Direct Care Staff (including Home Managers)
Maintain proper control of all medications, including controlled substances.	Residential Providers/Direct Care Staff (including Home Managers)
Notify the pharmacy of any consumer address changes, including both new and moving residents.	Residential Providers/Direct Care Staff (including Home Managers)
Attend medication review appointments with individuals and facilitate mutual two-way communication between the home and physician staff regarding medication related issues of concern during and/or between medication review sessions.	Residential Providers/Direct Care Staff (including Home Managers), & Primary Case Holders

Ensure comprehension of orders at end of medication reviews and or inpatient discharges and ask any questions of the physician if indicated.	Residential Providers/Direct Care Staff (including Home Managers)
Provide critical required oversight of all aspects of home management of medication, including control and thorough and accurate documentation and reporting.	Home Managers
Supervises direct care staff in all aspects of medication skill competence and policy compliance in the home.	Home Managers
Initiates and implements any home or staff needed corrective action plans relative to medication procedures or performance in a timely manner.	Home Managers
Reviews home trends and practices and seeks to continually implement quality improvements to prevent medication errors and associated risks.	Home Managers
Ensures that staff members have accurate information regarding possible side effects for medications taken by consumers.	Home Managers
Reinforces to all staff that all medication errors are to be promptly and accurately reported in a written incident report to SCCMHA with **no** exceptions.	Home Managers
Maintains proper medication training and skill evaluations for staff and self; directly supervises and accurately evaluates home staff through demonstration of medication competency.	Home Managers
Serves as lead communication resource to SCCMHA and seeks medication related clarifications whenever indicated.	Home Managers
Ensures that the home has sufficient procedures and staffing coverage to attend	Home Managers

to medication issues, including proactive filling of prescriptions.	
Receives orientation from pharmacist and consultation as requested.	Home Managers
Ensures missing narcotics are properly reported; seeks SCCMHA assistance as needed.	Home Managers
Conduct nursing assessments for identified persons. Visit consumers in their home and provide individual home or consumer consultation as needed and relates to the consumer plan.	Nursing Staff
Provide administrative consultation to SCCMHA on medication related training and procedures. Report any observations of training needs to Residential Watch Committee and/or Continuing Education Unit	Nursing Staff
Participates in the SCCMHA monitoring process of homes and identifies any medication adherence concerns.	Primary Case Holders
Ensures home has current PCP, including any medication related and health content.	Primary Case Holders
Coordinates services and responds to home needs and requests to meet consumer needs. Participates in SCCMHA monitoring of medication procedure compliance in homes and identifies any areas of concern to SCCMHA supervisors or administration. Communicates with consumer treatment team on medication and health concerns and coordinates same with the prescribing physician. Assists the home staff or manager in problem solving on medication issues or concerns.	Primary Case Holders
Provides Basic medication training, related written competency testing and	Continuing Education Unit

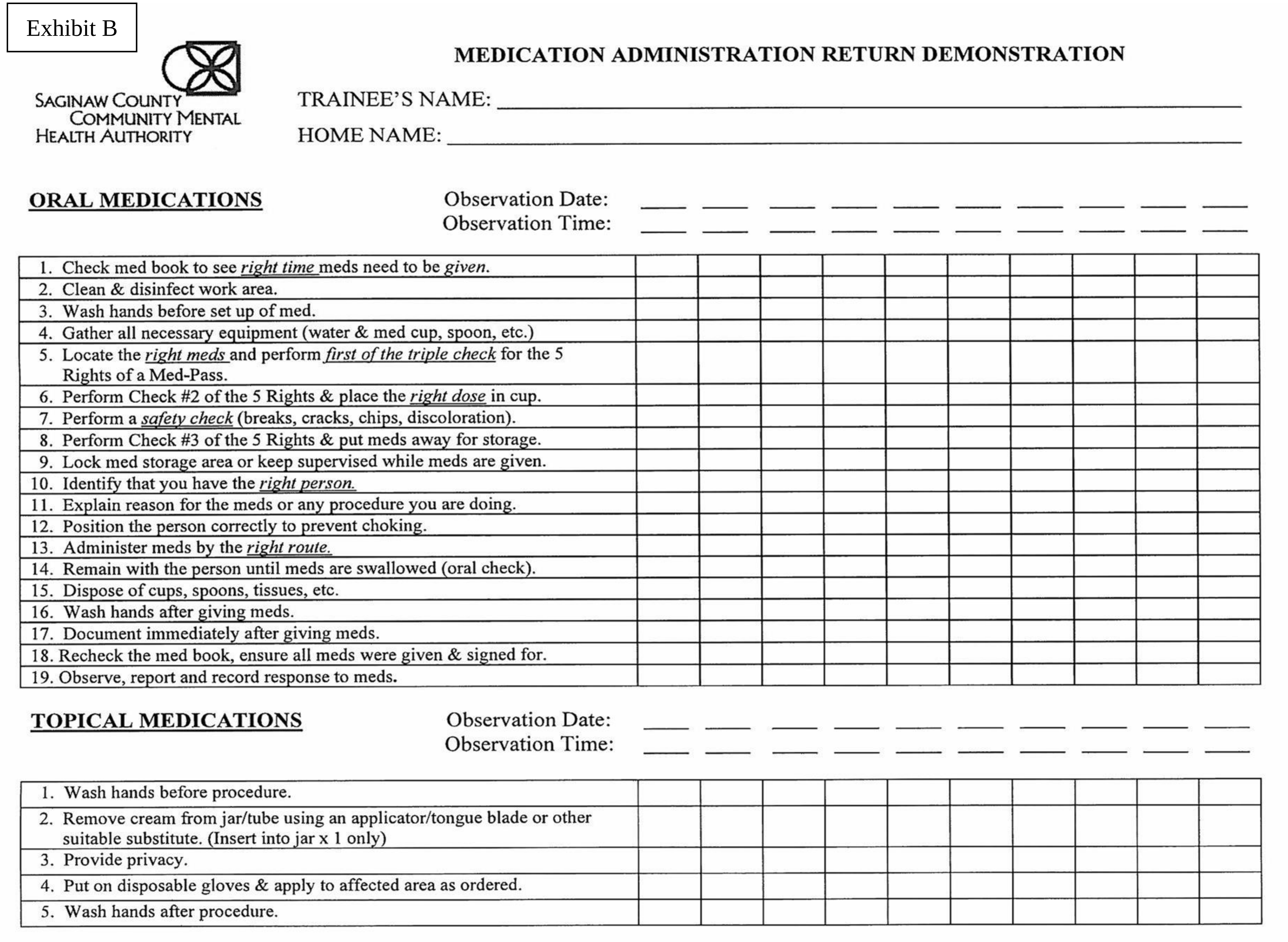
one observable medication administration. Provide training records and reports. Provides consultation to home managers on staff medication competencies on an individual basis as requested or indicated.	
Evaluates home managers on medication and vital competency.	SCCMHA Nurse(s)
Arranges enhanced medication specific learning opportunities sponsored by SCCMHA which are open to staff and providers.	Continuing Education Supervisor
Determine and address serious at-risk situations for consumers in homes relative to medication compliance. Recommend and direct appropriate system actions as indicated to ensure consumer safety.	Executive Director of Clinical Services & Programs Director of Network Services, Public Policy & Continuing Education and Director of Recipient Rights
Reviews medication administration records as part of the annual on-site audit process and follow-up. Participates in the SCCMHA medication related compliance performance monitoring of home providers. Issues provider site sanctions whenever appropriate.	Auditing Unit/Network Services & Public Policy Department
Investigates, issues reports and recommends actions pertaining to any consumer rights violations, which include any appropriate medication issues. Routinely reviews incident reports, including medication related matters.	Recipient Rights Unit

Exhibit A

The following is a summary of who the home staff should contact regarding medication issues:

WHO TO CONTACT FOR ↓	**Physician, Physician Assistant, or Nurse Practitioner**	**Pharmacist**	**Case Manager/Supports Coordinator**	Examples:
Prescription Order		X	X	Cannot read; want to confirm accuracy; obtain copy of order.
Insufficient Medications		X	X	Out (or will soon be out) of needed medication supply.
Medication Side Effect	X or	X	X	Observation of consumer symptoms and behavior of potential concern.
Medication Error	X and		X	Too many, too little, wrong dosage or no medications given as ordered, including when.
Consumer Medication Refusal			X	Resident refuses or expels (or may have expelled) medications.
Medication Contraindications	X and	X		Conflicting physician orders, duplicate medication orders.
Laboratory	X			Results of lab tests to report.
Unfunded Medications			X	Client has medication needs (including general health) but no funds to cover cost or co-pay.

Exhibit B



Saginaw County
Community Mental
Health Authority

MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: ______________________________

HOME NAME: ______________________________

ORAL MEDICATIONS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Check med book to see *right time* meds need to be *given*.										
2. Clean & disinfect work area.										
3. Wash hands before set up of med.										
4. Gather all necessary equipment (water & med cup, spoon, etc.)										
5. Locate the *right meds* and perform *first of the triple check* for the 5 Rights of a Med-Pass.										
6. Perform Check #2 of the 5 Rights & place the *right dose* in cup.										
7. Perform a *safety check* (breaks, cracks, chips, discoloration).										
8. Perform Check #3 of the 5 Rights & put meds away for storage.										
9. Lock med storage area or keep supervised while meds are given.										
10. Identify that you have the *right person.*										
11. Explain reason for the meds or any procedure you are doing.										
12. Position the person correctly to prevent choking.										
13. Administer meds by the *right route.*										
14. Remain with the person until meds are swallowed (oral check).										
15. Dispose of cups, spoons, tissues, etc.										
16. Wash hands after giving meds.										
17. Document immediately after giving meds.										
18. Recheck the med book, ensure all meds were given & signed for.										
19. Observe, report and record response to meds.										

TOPICAL MEDICATIONS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands before procedure.										
2. Remove cream from jar/tube using an applicator/tongue blade or other suitable substitute. (Insert into jar x 1 only)										
3. Provide privacy.										
4. Put on disposable gloves & apply to affected area as ordered.										
5. Wash hands after procedure.										

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: ____

HOME NAME: ____

NOSE DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands and provide privacy before procedure.										
2. Instruct consumer to gently blow their nose to clear nasal passage.										
3. Position consumer w/head tilted back, provide tissue for drainage										
4. Draw medicine into dropper, checking dropper for chips/cracks.										
5. Avoid touching dropper against nostrils or any other surface.										
6. Administer correct amount of drop(s) in correct nostril(s).										
7. Replace dropper and secure it.										
8. Encourage consumer to remain in this position for a few minutes.										
9. Wash hands after procedure.										

EAR DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands and provide privacy before procedure.										
2. Shake medication if indicated on directions.										
3. Position consumer w/affected ear up.										
4. Draw medicine into dropper.										
5. Avoid touching the dropper against ear or any other surface.										
6. Pull affected ear up & back to allow drops to run into ear canal.										
7. Administer correct amount of drop(s) into correct ear(s).										
8. Replace dropper & secure it.										
9. May place cotton to ensure medicine does not drain out, remove it within 15 minutes.										
10. Keep head tilted for a few minutes.										
11. Wash hands after procedure.										

EYE DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands, provide privacy & apply disposable gloves before procedure.										
2. Have consumer tilt head back, stabilize head for safety.										

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: ______________________________

HOME NAME: ______________________________

3. Provide 2 tissues, one for each eye to avoid contamination.										
4. Caution against rubbing eye, pat excess drainage w/tissue.										
5. Draw medicine into the dropper.										
6. With index finger, pull lower lid down to form a pocket.										
7. Place dropper as close to eye as possible without touching it or any other surface, prevent back flow or medicine into bulb.										
8. Administer one-drop at a time into the "pocket" of lid. (Never directly on the eyeball.) Allow the consumer to blink between drops to avoid overfilling the pocket". Overfilling causes the medication to run out and the consumer doesn't receive benefit of the full dosage.										
9. Replace dropper and secure it.										
10. Remove gloves and wash hands.										

**Same technique for eye ointments. Be certain to squeeze a small "ribbon" to the edge of the eye lid, starting at the inner corner and working to the outer corner.*

ELIXERS (LIQUID MEDICATIONS)

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Place cap on counter upside down to avoid contamination.										
2. Pour medicine away from the label, place label in your palm.										
3. Pour medicine at eye level and double check on flat surface. (i.e.) Place cup on counter top to re-read measurement.										
4. If measuring less than 5 ccs, use a syringe. Never insert syringe into the bottle.										

RECTAL SUPPOSITORIES

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Remove suppository from storage, gather equipment, gloves and water soluble lubricant. (i.e.) K-Y jelly.										
2. Wash hands.										
3. Provide privacy (close curtains/doors) and adequate lighting.										
4. Explain procedure.										

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

MEDICATION ADMINISTRATION RETURN DEMONSTRATION

TRAINEE'S NAME: ____________________

HOME NAME: ____________________

5. Instruct/assist person to remove undergarments, lie on left side with right leg bent toward stomach. Be certain to expose only the area required. Cover upper and lower body as needed.										
6. Apply disposable gloves.										
7. Remove suppository from wrapper, lubricate your finger & rectal opening.										
8. Lift upper buttock to expose rectal opening.										
9. Insert suppository w/finger past the anal sphincter 1-inch.										
10.Hold buttocks together for a few minutes to avoid expulsion.										

11. Instruct person to remain lying down for 10-15 minutes.										
12. Remove gloves and wash your hands.										

**For vaginal, use same procedure but position lying on back with knees bent, identify vaginal opening, insert 2 inches.*

RETURN DEMONSTRATION

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Demonstrates minimal competency at this time.										
2. Need to observe procedure in the work setting-then may pass medications with supervision prior to independent med-pass.										
3. Need to repeat medication class & return demo.										

RETURN DEMONSTRATION COMPLETE

____
Trainee Signature Date Completed

____
Home Manager Date Completed

Please attach comments on an additional sheet if necessary

Rev. 3/9/09 kst, 11/3/06 ph

Exhibit C

500 Hancock, Suite 100, Saginaw MI 48602
Phone 989.793.3130
Fax 989.793.3133

TO: ##########

FROM: GENOA HEALTHCARE

DATE: ##########

RE: Overview of “cycle dates” and packaging of medications

Welcome to Genoa Healthcare, we thought it would be a good idea to send out a review of our processes involving cycle dates and how the medications are packaged. Please take time to read through this document as it is intended to clarify some of the most frequently asked questions. Please share with all appropriate staff members in the home and feel free to call us with any questions.

Each home is assigned a “cycle date” on which they are supposed to start administering their monthly medications. Each month 7-10 business days before the home’s cycle date, the home manager or med coordinator sends Genoa Healthcare their reorder request form. This form contains a list of each patient and the routine and as needed medications the home will need for the upcoming month. It is the home’s responsibility to make sure they ask for everything they need in the appropriate quantities to avoid excess deliveries and possibly extra charges. Genoa Healthcare will then fill and package the medications and deliver to the home two days in Advance of the cycle date to allow the home time to check in the order and make sure everything they asked for is there. This also allows the home time to ask any questions or get any clarification they may need before the cycle starts. It is possible that the order may be accompanied by an incomplete order form. This form serves to alert the home of any medications that are not included in the order and a reason why. Most of the time this is due to a no refill situation or the medication requires a prior authorization to the insurance by the physician or nurse practitioner. In both cases Genoa Healthcare will notify the physician or nurse practitioner and wait for a resolution.

While checking in the order, the home may notice some of the labels are highlighted on the portion that says “no refills”. This is to alert the home staff that there are no refills left on that particular medication and the home has a month before the next cycle to schedule doctor appointments etc. to make sure new prescriptions are acquired. When processing your order, if the home requests a medication that has no refills left, Genoa Healthcare will contact the home to see if a new prescription is in the home. If there is not a new prescription, Genoa Healthcare will contact the physician or nurse practitioner and try and obtain the new prescription.

It is expected that once the cycle date arrives and the home starts using the new medications that they start by punching out the bubble that corresponds to the beginning of the cycle date. For example, if a homes cycle date is the 9th of the month, they will start their new cycle using bubble number 9 on the morning of August 9th. They will proceed to follow the calendar up to bubble 31 which corresponds to August 31st and then continue with bubble 1 corresponding to September 1st and end on bubble 8 which would correspond to September 8th. The new order for the next month will arrive at the home no later than September 7th and the home will start using the new supply of medications on September 9th.

Genoa Healthcare will always try to dispense enough days supply of medications with the cycle to match the number of days in that particular month (unless there is not enough tablets or capsules left on the prescription and the physician or nurse practitioner won’t refill it or if insurance constraints don’t allow us to bill for a 31 day supply).

Throughout the month a home might receive a new prescription from the physician or nurse practitioner. This should be forwarded to the pharmacy and we will dispense enough to get up to the next cycle date. For example, if the cycle date is the 9th and we receive a new prescription on the 2nd, we will dispense medications packaged in bubbles 2-8 so the new medication stays on track with the rest of the cycle. The only time a new order will not be packaged according to the date will be new orders received throughout the month that do not have refills. These will be packaged in the whole amount written for and therefore the patient only pays one co pay.

There are a few exceptions where a medication will not be packaged according to the date. Clozaril is only dispensed every 1, 2, or 4 weeks and will be packaged in bubbles 1-7, 1-14 or 1-28 respectively. School doses are divided up into two cards. One is packaged 1-11 which the home uses on the weekends when the patient is home from school and the other card is packaged 12-31 for when the patient is at school. PRN or as needed doses are packaged in the amount the doctor or nurse practitioner wrote for and will be used by the home on an as needed basis. As mentioned above, new orders with no refills will just be filled as is and packaged accordingly without regards to dates. Every other day medications will be packaged in odd numbered bubbles. The last exception to packaging would be medications with defined stops like antibiotics or pain medications or any short term medication. If the doctor writes for Amoxicillin 500mg take one capsule three times a day for 7days (which is 21 doses), pharmacy will package in one card in bubbles 1-21. Some homes prefer that these short term medications be packaged in traditional vials so the numbering on the bubble packs does not confuse home staff.

The homes are provided with MAR (medication administration records) on a monthly basis. The home is responsible for writing in new orders that may arise throughout the month as pharmacy cannot print out a new MAR every time there is a change. New MARs are printed out around the 20th of each month and are sent out by the first of the month so any new orders that may come in after the 20th may not appear on the MAR until the next time around.

If you have any questions please call the pharmacy for clarification or if you'd like to set up an in-service. Our normal hours of operation are Monday thru Friday 8:30am to 5:30pm.

Thanks, Genoa Healthcare Staff

Exhibit D

GENERAL PROCEDURE FOR PREPARING MEDICATION

1. Check each person's medication record to see if he/she is scheduled to receive medication on your shift. **Check the person's record to make sure there have been no medication changes**.

2. Prepare **one person's medication at a time.**

3. Select the medication administration record according to the time and day medications are to be given.

4. Clean off the work area.

5. Wash your hands using proper hand washing technique.

6. **Before the container is taken from the storage area** compare the label of the medication container with the medication record.
   Ensure accuracy by checking:
   - The right **person**
   - The right **medication**
   - The right **dose**
   - The right **time**
   - The right **route**

7. **Before the medication is removed** from the container compare the label of the medication container with the medication record
   Again check:
   - The right **person**
   - The right **medication**
   - The right **dose**
   - The right **time**
   - The right **route**

8. Remove the medication from the container according to **time** and **date** and into a medication cup.

9. **Before the medication is returned** to the storage area compare the label of the medication container with the medication record
   Do the third check of:
   - The right **person**
   - The right **medication**
   - The right **dose**
   - The right **time**
   - The right **route**
10. Write your **first name initial** in the appropriate box on the medication record to indicate the medication was taken from the container.

11. Follow special instructions written on the label or attached to the container (e.g. shake, warm, do not take with milk).

12. Offer the medication to the person. Offer water with oral medications. Observe the person to ensure he/she has swallowed the medication.
13. Sign your **last name initia**l in the appropriate box on the medication record to indicate the medication was given.
14. Wash your hands using proper hand washing technique before assisting the next person with his/her medications.

Medication “Nevers”

1. **NEVER** give a person any medication that has not been prescribed by a person licensed to prescribe.
2. **NEVER** use a medication ordered for one person to treat another.
3. **NEVER** give a medication to one person from another person’s prescription bottle.
4. **NEVER** pour medication from one bottle to another or relabel a bottle.
5. **NEVER** force a medication.
6. **NEVER** give a medication without an order.
7. **NEVER** give out a medication you did not “set up”.
8. **NEVER** change a pharmacy label.
9. **NEVER** return an unused dose of medication to the bottle.
10. **NEVER** cut an unscored tablet.
11. **NEVER** leave medication cabinets unlocked or medications unattended.
12. **NEVER** call medications “candy”.
13. **NEVER** take a telephone medication order from a physician or NP.
14. **NEVER** mix medications together unless directed to do so by the prescriber.

When NOT to Give Medications

1. If the **medication record is missing**.
2. If there is **not a legible pharmacy label**.
3. Person exhibits a **dramatic change** in status: seizures, unconsciousness, difficulty breathing or any other change that appears to be life threatening.
4. If you have **any doubt** that you have the right person, medication, dose, time or right route, get assistance from your supervisor before giving the medication.
5. If the **person declines** to take the medication. Offer the medication in a positive way, explain the importance but never force the person to take the medication. He/she has the right to refuse. Notify your supervisor and immediately document the incident.

Frequently Used Abbreviations

Q = every
d = day
h = hour
b.i.d. = twice a day
t.i.d. = three times a day
q.i.d. = four times a day
h.s. = bedtime
p.r.n. = as needed

mg. = milligrams
PO = by mouth
X = times
ml = milliliter
cc= cubic centimeter
X = times
PO = by mouth

Exhibit E

Medication Administration Record Documentation

It is important that any person using or reviewing the Medication Administration Record understand exactly what has occurred. It is also important for staff to comply with rules that may vary between regulatory agencies. For this to happen, **documentation** must be consistent across the SCCMHA provider network.

The most important thing that must happen is that the med passer must document on the back of the MAR anything out of the routine.

This includes:

- Medication Refusal
- Hospitalization
- Leave of Absence
- Physician's Order to Hold the Medication

Using abbreviations such as H, R, LOA, P, hosp may differ between homes and between corporations. To avoid misunderstanding and miscommunication, the following should take place when anything but a routine med pass occurs.

Medication Refusal: Staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR, explains the refusal. Staff must also complete an incident report and per Licensing Rule 312 (4) (f), "Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given". *It is important that the health care professional knows that the medication is not being received by the person. This has a major impact on the person's treatment and well-being.*

Holding a Medication: After receiving a physician's order to hold a medication, staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR, provides a complete explanation of the reason the medication was held. The home must maintain the physician's order in the person's record.
If the doctor orders the medication to be held for a number of days, staff should STOP the medication for those days then START the medication as described in profiling medications.

Hospitalization and Leave of Absence: Staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR provides a detailed explanation.

Medication was late, missed, or not passed using the five rights: Staff put his or her initials in the appropriate box on the MAR, circles his or her initials and on the back of the MAR provide a detailed explanation. Staff must also complete an incident report and per Licensing Rule 312 (4) (f), "Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given".

Program: Use the letter **P** to indicate the person was at Skill Building Program during the time the medication would have been given in the home.

Follow these simple rules:

1. For anything other than a routine med pass using the five rights, initial the appropriate box, circle the initials and provide a detailed explanation on the back of the MAR.
2. Follow the appropriate incident report procedure and notify the appropriate health care professional for medication refusals and medication errors.
3. Maintain copies of prescriptions, physician orders and all other health care related documents in the home.
4. Avoid using abbreviations including H, LOA, R and hosp on the MAR. Simply initial the MAR, circle the initials and provide an explanation on the back of the MAR.

Dawn Estrada January 2012

Profiling Medication Dosage Tip Sheet

When a medication is ordered for a specific number of days, staff must calculate the date and time that the last dose of medicine will be administered. This is called profiling. Remember: you are **not counting** the number of **days**; you **are counting** the number of **doses**.

1. To find the number of **doses** of a medication, multiply the number of times the medication is given each day by the number of days for which it is prescribed. This number will give you the number of doses that the person will take. (Use a calculator if you have doubts).
   Example: The directions say take three times a day for 10 days. 3 x 10 = 30. The person will take 30 doses of the medication.

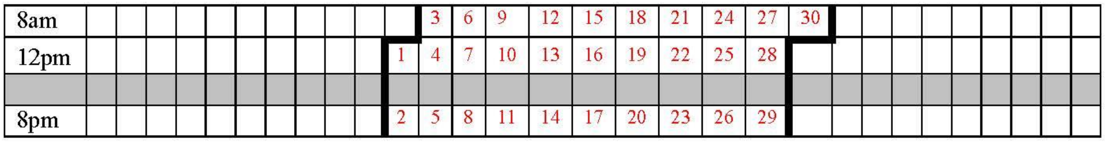
2. Once the medication is in the home, compare the medication container label with the physician's order. If they do not match, contact the pharmacy immediately. If they do match, continue.

3. First, transcribe the medication onto the person's Medication Administration Record. Information must include:
   1. Name of the medication
   2. Strength of the medication
   3. Dose of the medication
   4. Route of the medication
   5. Time the medication is to be given

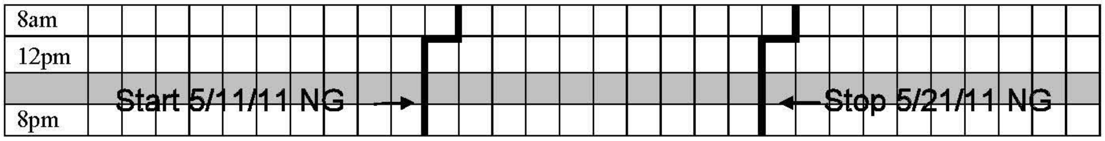
4. Compare what you transcribed on the Medication Administration Record to the medication container label. If they do not match, STOP and find the error. X out the transcription and start over if necessary.

5. Determine the time the first dose of medication will start.
   Example: The medication is picked up from the pharmacy and is in the home at 11:30am. The person is to take the medicine three times a day for ten days. You have documented on the Medication Administration Record that the person will take the medication at 8:00am, 12:00pm and 8:00pm. The first dose will start at 12:00pm.

6. Find the correct date and start time and draw a line on the top and outer **left** side of the box. Continue drawing the line on the outer left side of the 8:00 pm box. Start counting doses at 12:00 pm (1) , 8:00 pm (2) , then go to the next day and count 8:00am (3), 12:00 pm (4), 8:00pm (5) all the way to 30 doses. You will end on 8:00 am on the 11th day. Draw a line on the outer **right** side of the 8:00 am box, the bottom of the 8:00 am box and continue the line down the right side of the 12:00 pm and 8:00 pm boxes. You have outlined or profiled 30 doses of the medication.



7. Write **Start**, the start date and your initials just outside the line. Write **Stop**, the date and your initials on the outside of the ending line.



8. Whenever a medication is started or stopped, remember to alert other staff by documenting the changes in the communication log. Staff must also verbally inform incoming staff of medication changes.

Dawn Estrada January 2012

Exhibit F

Medication Certification Guide

1. The ultimate goal is to ensure that the people who live in the home receive their medications accurately and safely every time by staff who demonstrate competence and knowledge about the medications, the person and the route that the medication is given.

2. The purpose of ten supervised medication demonstrations is to build and strengthen the staff's knowledge and ability to assist the person with his or her medication with 100% accuracy every time medications are given. Only with supervised practice can a person develop the expertise required to safely and skillfully assist with medications.

3. Supervised medication demonstrations include only those routes that are used during the time period the return demonstration takes place. If no one is prescribed nasal spray, that route cannot be "checked off".

4. One supervised demonstration is defined as the staff person performing three checks of the five rights for the medications during one time period. For example, one staff giving consumers their 8:00 AM medications would be considered one return demonstration. Giving consumers their 12:00 PM medications would be considered return demonstration number two.

5. The goal is not to get all ten return demonstrations completed in the shortest time period possible so that there is a certified med passer in the home. The goal is to supervise medication passing enough times and over a long enough period of time that the home manager is sure that the staff has acquired and integrated medication skills that are unsurpassed.

6. The staff being supervised must practice putting his or her initials on the MAR as taught in the SCCMHA Basic Medications training; the med passer's first initial is put on the MAR after the second check of the five rights when the medication is placed into the medication cup. The second initial of the med passer's name is placed on the MAR after it has been ensured that the consumer has swallowed the medication. Licensing, Office of Recipient Rights and SCCMHA Auditors need to be able to look at the MAR and know at a glance who is a trained med passer and who is being observed. Therefore, the home manager must initial the med pass somewhere near the staff person's initials or otherwise indicate on the MAR that the person has completed a supervised med pass. To keep consistency across the network, the use of separate forms is discouraged.

7. We recognize that some routes are extremely difficult to conduct ten supervised med passes. The SCCMHA Continuing Education Unit has purchased a training mannequin that will be used for rectal suppository and enema certification. An SCCMHA Registered Nurse will certify the home manager during Home Manager training or Home Manager renewal training and the Home Manager will

then certify their staff by scheduling the use of the mannequin with the SCCMHA Registered Nurse and completing at least one certification using the mannequin.

**** PLEASE NOTE- Staff must have completed the 10 oral certifications prior to certification of rectal suppositories or enemas.

8. For return demonstrations for elixirs, the Home Manager could consider asking their pharmacy for an empty elixir bottle with a label that is intended for training purposes. Fill the elixir bottle with water and supervise staff in “passing” the liquid medication to another staff, ensuring the triple check of the five rights and the procedure as written. The pharmacy can also supply a blank MAR for transcribing and staff initialing. This way, staff can complete part of the return demonstrations in between actual prescribed elixir times.

9. For other routes including eye drops, ear drops, and nasal spray, there is a good chance that not every staff will be certified in these routes if the mediation is prescribed for a limited number of days. There is no rule requiring every staff be certified in every route within a certain time period. Make it a goal to get a core group of staff certified then work with other staff as time permits.

10. Home Managers are encouraged to use creativity in scheduling staff to complete the return demonstrations. Some ideas include:

    a. Temporarily adjust staff schedules to overlap medication times.
    b. Divide the return demonstrations between two staff during one time period. For example, supervise one staff passing medications for three consumers for 8:00 AM meds and another staff passing medications for three other consumers for 8:00 AM meds.
    c. Take advantage of times such as staff meetings and in-services and schedule the meeting time adjacent to a time when meds will need to be passed. Complete a return demonstration while the person is in the home for the meeting or in-service.

11. Staff successfully completing the Medication Three Year Renewal are expected to have five supervised medication return demonstrations. This is to make certain that staff continue to follow the procedure for medication administration as outlined in the Medication for Residential Settings policy. By signing the contract with SCCMHA, it is agreed that staff will follow the medication policy as written.

12. Staff moving to a different group home within the company should have one supervised medication return demonstration. Additionally, staff should be in-serviced on the medications in the home including the classification of each medication and what the medication is used for. If the Home Manager feels that the transferring staff is not performing to the standards as written, the Home Manager can require additional supervised return demonstrations and/or ask that

the person go back through Basic Medications class. Staff moving from another company should have five (5) supervised medication return demonstrations if there has been less than a 12 month break in employment. If more than a 12-month break, the employee must attend group home training as a new employee.

13. The Home Manager is the only individual who can conduct the return demonstrations. If the Home Manager has to be away from the home for an extended period such as for sick leave or maternity leave, SCCMHA Continuing Education Unit should be contacted to discuss alternatives.

14. Veteran staff who were checked off by a Registered Nurse as part of their Basic Medication class do not need to complete 10 additional supervised return demonstrations with the Home Manager. These individuals DO need to complete three-year renewal classes with 5 return demonstrations as written in the policy. SCCMHA Continuing Education Supervisor may be able to supply a copy of the original transcript if required by Auditing.

15. If the Home Manager fails the three-year renewal class, the home manager will not be authorized to conduct return demonstrations

Exhibit G

Medication Return Demonstration Guide

This guide contains suggestions to help the Home Manger conduct medication return demonstrations for routes other than oral. The minimum number of return demonstrations for each route is 10 demonstrations over a period of several days. The goal is for staff to safely practice the medication administration skills that will help ensure that medications will be administered to people with 100% accuracy every time. A staff person should not be certified to administer any medication until the Home Manager is confident that the staff person is competent to administer medications independently.

Route	Suggestion
Eye Drops	Purchase ophthalmic saline preparations that are used for rinsing the eye. The ophthalmic preparation must be sterile and must be discarded by the expiration/use by date. *If the tip of the bottle touches the eye or any other surface, discard immediately and use a new, uncontaminated bottle.* ***NEVER use tap water or any liquid or solution that is not ophthalmic approved.*** Method: Simulate administering eye drops using sterile ophthalmic saline preparation with a staff person or home manager acting as the consumer. Follow the written procedure for administering eye drops using the three checks of the five rights. A minimum of 10 simulations over a period of several days should be conducted.
Ear Drops/Nose Drops	Ask pharmacy for an empty medication bottle with a dropper. Simulate administering ear drops and nose drops to another staff or Home Manager. *Do not use any liquid or any other substance in the dropper bottle.* Staff are simulating the procedure of drawing up medication into a dropper using the three checks of the five rights and then simulating the written procedure for ear drops and for nose drops. A minimum of 10 simulations over a period of several days should be conducted.
Topical Medications	Use a name brand hand /body lotion or cream. Check to see if the staff member or Home Manger is allergic or sensitive to any of the ingredients in the lotion or cream. Hypoallergenic does not mean that the product is allergy proof. Simulate approaches that could likely be prescribed including over the counter body lotion prescribed for dry skin and lotion in a jar to simulate applying a topical medication using the written procedure for topical medications. Staff should be observed a minimum of 10 times over a period of several days to watch for adherence to the three checks of the five rights as well as adherence to the written procedure for topical medications.
Rectal Suppositories	One of the SCCMHA Registered Nurses must come to the home to meet with the staff person. The staff person will simulate rectal suppositories using the suppository mannequin that the RN will supply for the return demonstration. The RN will certify the staff competent to administer rectal suppositories when she/he is confident that the staff can follow the three checks of the five rights and follow the written procedure for rectal suppositories.
Elixirs/Liquid Medication	Ask pharmacy for an empty elixir medication bottle. The home must have medication cups available for use for the simulation. Fill the medication bottle with water or other liquid safe for consumption. Simulate pouring liquid medication into a medication cup and administering to another staff or Home Manager using the three checks of the five rights. Staff should be observed a minimum of 10 times over a period of several days to watch for adherence to the three checks of the five rights as well as following the written procedure for liquid medication.

If a mediation route is not routinely administered, staff should participate in a refresher return demonstration with the Home Manager if/when that route is prescribed before administering the medication to a consumer. A route would be considered routine if it is part of the regular daily, weekly or monthly procedure.

A minimum of 5 return demonstrations for each route used in the home is required for the three year renewal.

DEstrada 01/2015

Exhibit H

Missed Medication Tip Sheet

FACT: Not administering medication as it is prescribed can result in serious and sometimes life-threatening consequences.

FACT: Licensing Rule 312 (4) (f) states “Contact the appropriate health care professional if a medication error occurs or when a resident refuses prescribed medication or procedures and follow and record the instructions given”.

FACT: An incident report must be completed whenever a medication error or refusal occurs. Licensing must be notified along with the Office of Recipient Rights.

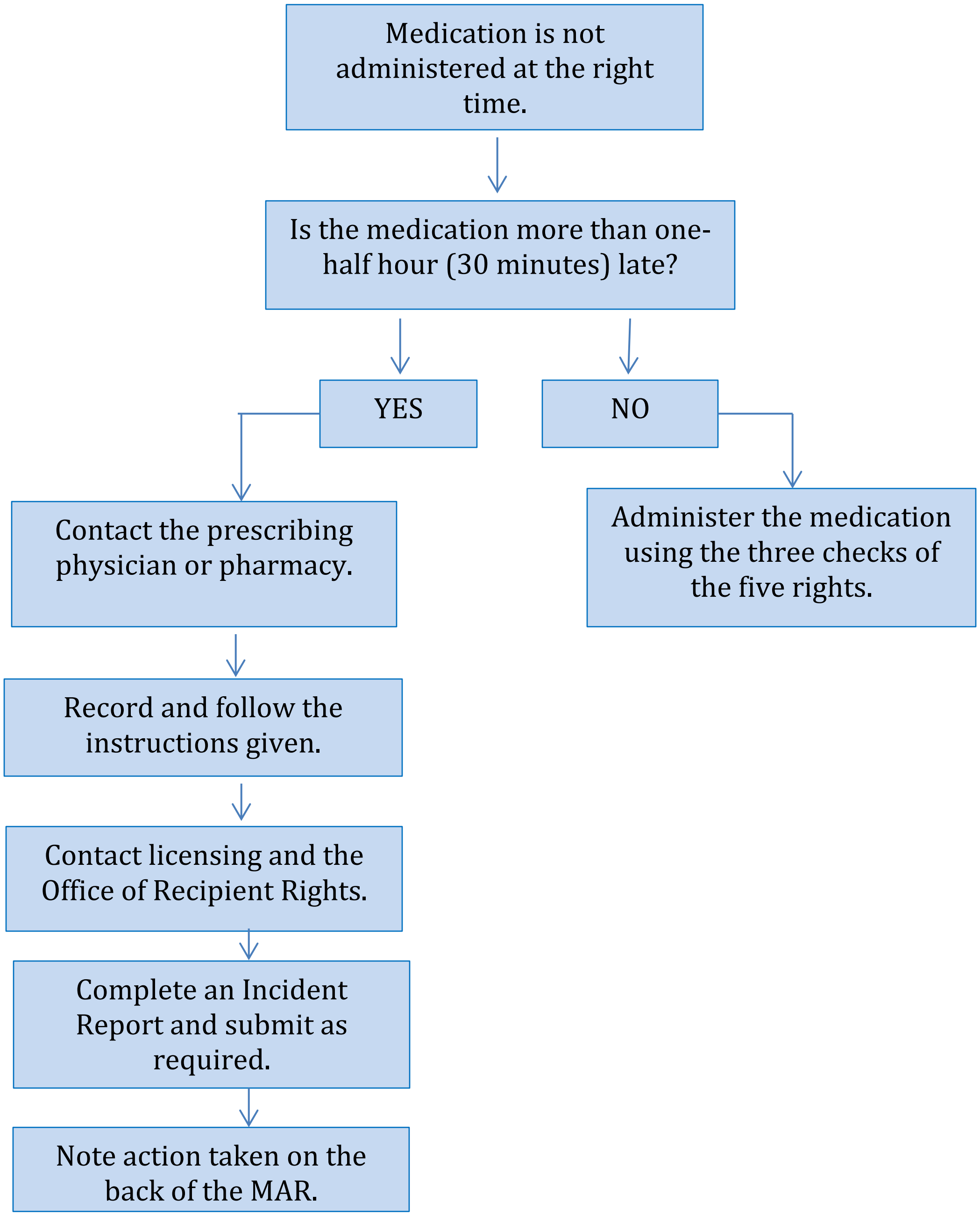

Medication is not administered at the right time.
Is the medication more than one-half hour (30 minutes) late?
YES
NO
Contact the prescribing physician or pharmacy.
Record and follow the instructions given.
Contact licensing and the Office of Recipient Rights.
Complete an Incident Report and submit as required.
Note action taken on the back of the MAR.
Administer the medication using the three checks of the five rights.

Exhibit I

Return Demonstration Tip Sheet

New Hire – never worked in LR Facility	Minimum of 10 occurances of observed medication passes after successful completion of Recipient Rights, Basic Health, and Basic Meds. Only routes currently used in the home must be observed. Other routes may be simulated over time. There is no time frame for simulations but keep in mind: • At least one med passer per shift must be checked off for each route currently in use in the home. • Staff must have a minimum of 10 occurances of observed medication passes for that route. • Staff will receive an overview on administration of rectal suppositories by an SCCMHA Registered Nurse in the Basic Medications Training. Home Managers will certify their staff with use of the training mannequin at least one time.
Active staff transfer within the company	Recommended at least one observed medication pass of each route used in the home. Home Manager must determine if more observation is needed before certifying the staff to administer meds.
Active staff hired from another company within the county – less than 12 months break in employment	Minimum of 5 occurances of observed medication pass of each route used in the home. Home Manager must determine if more observation is needed before certifying the staff to administer meds.
Staff hired from another company within the county with 12 months or more break in employment or staff hired from within the company with 12 months or more break in employment or staff hired from another county regardless of employment status.	Must be considered a new hire and follow the guidelines for New Hire – never worked in LR Facility.

Other

- The R.N. does not have to certify Home Managers nor do Home Managers "work under" the R.N.'s license. New Home Managers are required to take Home Manager Competency Training with the SCCMHA Trainers. At the end of this competency training, Home Managers are tested on the ability to follow the medication pass protocols and observe their direct care staff. Home Managers repeat this training no less than every three years.

Exhibit J

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Rectal Suppository and Enema Step by Step Procedure

RECTAL SUPPOSITORIES

1. Remove suppository from storage, gather equipment, gloves and water-soluble lubricant.
2. Wash hands.
3. Provide privacy in consumer's bedroom; (close curtains/doors) and ensure adequate lighting.
4. Explain what was ordered & why, explain procedure.
5. Place protective pad on bed.
6. Instruct/assist person to remove undergarments, position on left side with upper or right leg flexed over the lower / left leg toward the waist.
7. Cover the individual to provide privacy & only expose the buttocks & anal areas.
8. Apply Clean, non-sterile gloves.
9. Remove suppository from package, lubricate the rounded tip of the suppository, your index finger and you may lubricate the rectal opening. (Lubricant reduces friction and aids ease of insertion.)
10. Lift upper buttock to expose rectal opening. The individual should be encouraged to take a deep breath during insertion as this relaxes the anal sphincter.
11. Using gloved index finer insert the suppository, with rounded tip toward the person, into the rectum. (Move toward the umbilics.) Be certain to guide the suppository along the wall of the rectum, about 1-inch past the anal sphincter.
12. Remove finger & Wipe clean the area.
13. Hold Buttocks together for a few minutes to avoid expulsion.
14. Instruct the person to remain lying on the left side for 10-15 minutes.
15. Remove gloves being certain they are turned inside out & discard.
16. Wash Hands.
17. The Glycerin Suppository draws water into the intestine, resulting in bowel movement generally within 15–60 minutes.

ENEMAS

1. Follow preparation in steps 1-8 above.
2. Remove enema from package and remove the tip of the nozzle; you may add Lubricant.
3. Lift the upper buttock to expose the rectal opening & holding the nozzle gently, insert the tip into the anal canal.
4. Slowly squeeze the contents of the bottle until all have been deposited.
5. While continuing to squeeze the bottle (this helps to avoid any re-entry of contents), gently withdraw the nozzle.

*Assess the person for diarrhea or active rectal bleeding as rectal medications are contraindicated in these situations.
*For vaginal, use same procedure but position lying on back with knees bent, identifying vaginal opening, insert 2 inches.

Policy and Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Medication Review	**Chapter**: 03- Continuum of Care	**Subject No**: 03.02.20
Effective Date: 10/1/08	**Date of Review/Revision**: 4/30/12, 5/8/13, 6/9/14, 4/7/15, 5/2/16, 2/10/17, 4/11/17, 6/12/17, 3/7/18, 6/20/18, 7/26/18, 2/26/19, 6/12/19, 11/13/20, 7/24/21	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Chief of Health Services & Utilization Management **Authored By:** Barbara Glassheim **Additional Reviewers**: SCCMHA Medical Director, Service Management Team, Genoa Healthcare Pharmacist
	Supersedes: Medication Reviews	

Purpose:
The purpose of this policy is to delineate the expectations for medication reviews, during which consumers are evaluated, assessed, and monitored for therapeutic response, potential side effects, and the need to continue the current pharmacotherapy, or change the prescribed medication regimen, to encourage a resolution or prevention of targeted symptoms or behaviors. The purpose of this policy is also to define the expectations of the type and how often laboratory tests should be ordered, drawn, and reviewed for consumers of SCCMHA services.

Policy:
Prescribers within the SCCMHA Provider Network shall adhere to the standards set forth in this policy in order to provide consumers with optimum care while conducting medication reviews.

Application:
This policy applies to all prescribers in the SCCMHA Provider Network.

Standards:

A. The SCCMHA Network of licensed prescribers shall adhere to this policy by evaluating and monitoring consumers of SCCMHA services who are receiving medications prescribed by SCCMHA network licensed prescribers in order to ensure safety and efficacy of the medications.
   1. The frequency of said reviews shall depend upon the degree of severity of the consumer’s disability/disorder, whether multiple medications are provided, or when other contraindications exist.

    2. Medication reviews shall be conducted every 3 months at a minimum.
    3. Upon request, a consumer who is stable may be seen every 3-6 months.
        a. This shall be reflected in medication review notes.
    4. If needed, a consumer may be seen on a more frequent basis.

B. SCCMHA policies and procedures will consistently seek to promote the health, well-being and safety of persons served.

C. All SCCMHA network providers and staff members have a responsibility to observe, monitor, support, document, report and/or address health conditions and risks to consumers.
    1. Case Holders shall inquire about medication changes at every contact with the consumer (e.g., "Have there been any changes to your medications since we last met?" "Are you taking any new medications [over-the-counter or prescribed] or dietary supplements?").
        a. Case Holders shall document medication and dietary supplement changes they learn of in a progress note and send a copy of the note to the nurse.
        b. The nurse shall inform the prescriber (psychiatrist or PA) of the change(s).

D. An RN/LPN/PA/NP/MA or licensed pharmacist shall review with the consumer all medications they are taking, including over-the-counter medications, and document this information in the electronic medical record as a Medication Reconciliation prior to medication reviews conducted by a psychiatrist, RN, NP, or PA.

E. Primary health care coordination will be promoted and documented by SCCMHA network providers.
    1. SCCMHA Network psychiatrists/prescribers shall review *all* medications prescribed by other physicians/prescribers as well as over-the-counter medications and any dietary supplements the consumer is taking.

F. Adverse and allergic reactions to medications or other medical treatments will be reported to the prescribing psychiatrist/practitioner by the appropriate provider and highlighted in the consumer's electronic health record.

G. All known and suspected allergies will be recorded in the medical record at intake and as they arise.
    1. Follow-up shall be provided by a nurse or the psychiatrist.
    2. If evidence develops to suggest otherwise, lists of allergies shall be revised.
        a. Lists of allergies shall be reviewed or updated as indicated.

H. Psychiatrists/prescribers will check the Michigan Automated Prescription System (MAPS) for medications being prescribed elsewhere for the consumers.
    1. A link to MAPS can be found in the Medication Review section of the SCCMHA electronic health record.

I. Treatments for acute or chronic health conditions (other than behavioral health conditions) will be directed by the consumer's primary care provider.
    1. Case Holders shall obtain information regarding chronic health conditions from the consumer's PCP and forward them to the nurse to add to the diagnosis section of the EHR.

J. SCCMHA treatment team members document information in the electronic health record in a timely and accurate manner.

    1. Documentation of mental health conditions will be specific to each individual consumer as needed.

K. The treating psychiatrist will be briefed by treatment team members regarding consumer specific health conditions and related instructions prior to service provision.

L. All treatment team members are expected to be observant regarding any health changes experienced by consumers, including discomfort and unusual or abnormal signs or symptoms.
    1. Team members shall document and seek assistance or treatment as appropriate to the urgency or seriousness of the symptoms.

M. While services and supports are provided by the entire treatment team, medication issues are addressed by the treating psychiatrist or on-call nurse, in case of emergency.
    1. In the absence of the psychiatrist, an RN/LPN, licensed physician assistant, nurse practitioner, under their scope of practice and under the supervision and delegation of a physician, may conduct a medication review and AIMS testing and consult with the psychiatrist by phone regarding medication issues as needed once an initial psychiatric evaluation has been performed by the designated treating psychiatrist.

       NOTE: The American Psychiatric Association (APA) discourages accepting the inpatient psychiatric evaluation as beginning of outpatient treatment, unless the doctor is the same for both the hospital and outpatient setting as the consumer may present differently at the time of inpatient psychiatric treatment from post discharge to community psychiatry.

Definitions:

Adverse Reaction: Any harmful effect on the body of therapeutic drugs, drugs of abuse or the interaction of two or more pharmacologically active agents within a short time span; drugs most likely to create adverse reactions include hypnotics, central nervous system stimulants, antidepressants, tranquilizers, and muscle relaxants. Any adverse reaction is any harmful, unintended effect of the medication, diagnostic test or therapeutic intervention.

Allergic Reaction: An unfavorable physiologic response to an allergen to which a person has previously been exposed; the response may be characterized by a variety of symptoms, and may be immediate or delayed.

Allergy: A hypersensitive state acquired through exposure to a particular allergen, re-exposure bringing to light an altered capacity to react; allergies may be classified as immediate and delayed.

Extrapyramidal Side Effects (EPS): Physical symptoms, including tremor, slurred speech, akathisia, dystonia, anxiety, distress, paranoia, and bradyphrenia, that are primarily associated with improper dosing of or unusual reactions to neuroleptic (antipsychotic) medications.

Health Risk Condition: A condition that potentially compromises the consumer's personal safety or health if not addressed.

Health or Safety Concern: Any situation or circumstance that causes a consumer or other involved persons to express a need to change a current pattern of behavior or health practice, based upon their observation that the consumer has evidenced specific risk.

Licensed Pharmacist: An individual licensed under the Michigan Public Health Code to engage in the practice of pharmacy, which includes the encouragement of safety and efficacy in the prescribing, dispensing, administering, and use of drugs and related articles for the prevention of illness, and the maintenance and management of health. Practice of pharmacy includes the direct or indirect provision of professional functions and services associated with the practice of pharmacy. Professional functions associated with the practice of pharmacy include the following: (a) The interpretation and evaluation of the prescription. (b) Drug product selection. (c) The compounding, dispensing, safe storage, and distribution of drugs and devices. (d) The maintenance of legally required records. (e) Advising the prescriber and the patient as required as to contents, therapeutic action, utilization, and possible adverse reactions or interactions of drugs.

Licensed Practical Nurse (LPN): A person who has graduated from an accredited school of nursing and has become licensed to provide basic nursing care under the supervision of a physician or registered nurse.

Medical Assistant (MA): A person who verifies patient information by interviewing patient; recording medical history; confirming purpose of visit. Prepares patients for examination by performing preliminary physical tests; taking blood pressure, weight, and temperature; reporting patient history summary.

Medication Check: For purposes of this policy, a Medication Check is conducted during each consumer contact by a Case Holder and consists of asking the consumer whether they have had a changes to their medication regimen since their last contact with the Case Holder. This includes over-the-counter medications and dietary supplements.

Medication Reconciliation: The process of identifying the most accurate list of all medications that the patient is taking, including name, dosage, frequency, and route, by comparing the medical record to an external list of medications obtained from a patient, hospital, or other provider.

Medication Review: According to the Michigan Medicaid Provider Manual, a medication review consists of evaluating and monitoring medications, their effects, and the need for continuing or changing the medication regimen. A physician, physician assistant, nurse practitioner, clinical nurse specialist, registered nurse, licensed pharmacist, or a licensed practical nurse assisting the physician may perform medication reviews. Medication review includes the administration of screening tools for the presence of extra pyramidal symptoms and tardive dyskinesia secondary to untoward effects of neuroactive medications.

Nurse Practitioner (NP): A registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.

Physician Assistant (PA): An individual who has graduated from a physician assistant educational program that is accredited by the Commission on Accreditation of Allied Health Education Programs; or has passed the national certification examination that is administered by the National Commission on Certification of Physician Assistants; and is licensed by the State to practice as a physician assistant. PAs perform services under the

general supervision of a physician. (The supervising physician need not be physically present when the PA is performing the services unless required by State law; however, the supervising physician must be immediately available to the PA for consultation.).
Psychiatrist: A licensed medical doctor (MD) or doctor of osteopathy (DO) with appropriate residency training and a certificate of completion.
Registered Nurse (RN): A nurse who is currently licensed to practice in the State where he or she practices and is authorized to perform the services of a clinical nurse specialist in accordance with State law
Wellness: A proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education.

References:

A. Michigan Automated Prescription System (MAPS): https://www.michigan.gov/lara/0,4601,7-154-89334_72600_72603_55478---,00.html
B. Michigan Medicaid Provider Manual: https://www.michigan.gov/mdhhs/0,5885,7-339--87572--,00.html
C. SCCMHA Policy 03.02.01 – Health Care Integration
D. SCCMHA Policy 09.09.04.05 – AIMS Testing
E. SCCMHA Policy 09.06.04.06 Medication Reviews by Non-Physician Health Care Professionals
F. SCCMHA Policy 09.06.04.08 – Consent to Treat with Medications
G. SCCMHA Policy 10.01.01.01 – Care Transitions

Exhibits:

A. Copy of medication review from the electronic health record for person with a developmental disability
B. Copy of medication review from the electronic health record for person with a mental illness
C. Laboratory Testing Protocol
D. Guide to E/M Codes for Billing
E. Body Mass Index (BMI) and Table
F. Protocol for Tracking Laboratory Orders

Procedure:

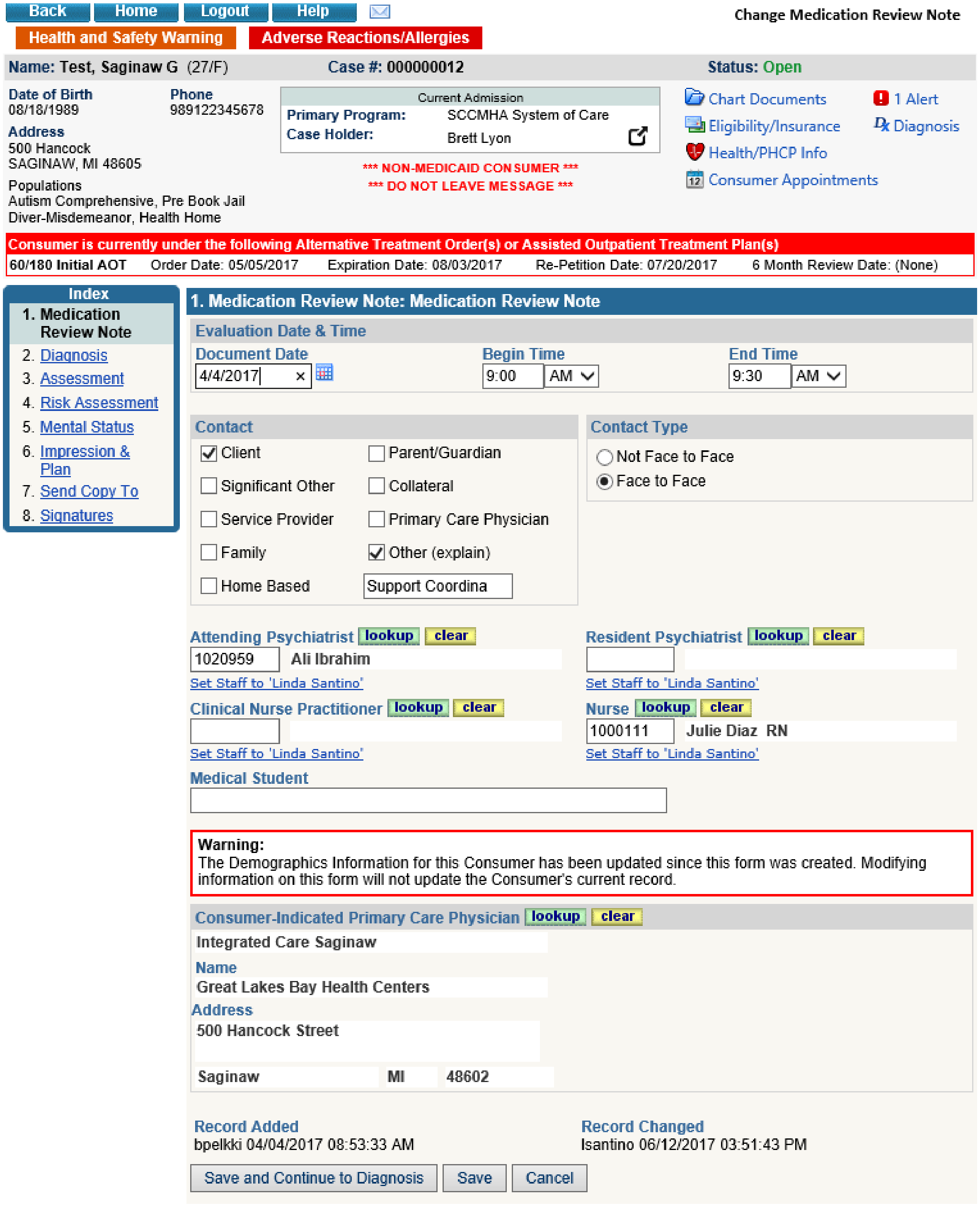
ACTION	RESPONSIBILITY
Logs into the electronic health record for the specific consumer. Meets with the consumer per appointment or per request for urgent medication review. Reviews with the consumer past medications used, their effectiveness, side effects experienced and any past allergic or adverse reactions, if applicable. Asks the consumer about current or past co-existing medical conditions (including	Designated Medication Reviewer (RN/LPN/PA/NP/MA/licensed pharmacist)

potential for pregnancy), other prescription or over the counter medications used, including herbal supplements. Documents the name of the medication, dosage, frequency, instructions for use and the prescribing physician.	
Enters the consumers' additional physical medical issues/medication information in the electronic medication record as a medication reconciliation at each visit.	
Ascertains whether client is using drugs or alcohol and further evaluates for potential misuse issues if needed during the medication review or at any time.	Interdisciplinary Team Member
Addresses family planning issues with consumers of child bearing age and prescribes medications in accordance with specific needs/concerns of the consumer. If pregnancy is suspected or identified, coordinates care with the consumer's general health care provider to determine needs and safety of medication. Reviews the current needs of the consumer, their current medications, and uses consumer feedback to determine the consumer's understanding of the need for medication.	Psychiatrist or Designated Licensed Practitioner
Conducts an assessment to ensure that medication is being taken as prescribed, if there is relief of the targeted symptoms, and if there are any adverse side effects being experienced. Medication changes will be made accordingly.	Psychiatrist or Designated Licensed Medication Reviewer
Reviews current laboratory tests, noting any specific drug levels for medications as noted on the Laboratory Testing Protocol (Exhibit D). Orders specific lab work as needed to ensure safe practice and monitoring of the client.	Psychiatrist/NP/PA

May request the clinic RN/LPN or MA to complete the lab form and advise the RN/LPN or Medical assistant of the labs needed.	Psychiatrist
Enters the medication refills, changes or discontinuation of medications into the Sentry E-Prescribing system; may provide the consumer with a copy of the sent prescriptions.	Psychiatrist/NP/PA
May direct the RN/LPN/Nursing Staff or Medical A to provide the consumer with a copy of the prescription(s) sent by the psychiatrist or confirm that the prescription(s) were sent to the pharmacy through Surescripts.	Psychiatrist
Reviews any medication changes with the consumer/guardian/care provider to ensure understanding, adherence and safety. Documents the details and findings of the medication review in the electronic health record in the Medication Review Note section.	Psychiatrist/NP/PA
Completes as much information as s/he is able and adds narrative comments as needed to provide additional details, or consumer specific statements. NOTE: Documentation in the electronic health record shall include: consumer name; case number; date; relevant consumer statements indicating response or lack of response to current treatment; medications currently taken by the consumer; medication adjustments or changes with reason for change indicated; adverse side effects observed or reported; impression of consumer's mental status; recommendations/instructions; labs or special testing needed; diagnostic impression and plan.	Psychiatrist

Follows up with additional medication education, medication consents, laboratory orders, vital signs, weight. Document this follow-up in the electronic health record. If an ordered laboratory report has not been received within 30 days, enters a Chart Note that the lab has not been received. Notifies the Case Holder to read the progress note that the laboratory report has not been received using the “sent copy to” function in the electronic health record progress note.	RN/LPN/MA
After reviewing the record, contacts the consumer to offer means of assistance in obtaining necessary laboratory reports.	Case Holder

Exhibit A


Back
Home
Logout
Help
Health and Safety Warning
Adverse Reactions/Allergies
Chart Documents
1 Alert
Eligibility/Insurance
Diagnosis
Health/PHCP Info
Consumer Appointments
lookup
clear
Save and Continue to Diagnosis
Save
Cancel

Change Medication Review Note

Name: Test, Saginaw G (27/F) **Case #:** 000000012 **Status:** Open

Date of Birth 08/18/1989
Phone 989122345678
Address
500 Hancock
SAGINAW, MI 48605

Populations
Autism Comprehensive, Pre Book Jail Diver-Misdemeanor, Health Home

Current Admission
Primary Program: SCCMHA System of Care
Case Holder: Brett Lyon

*** NON-MEDICAID CONSUMER ***
*** DO NOT LEAVE MESSAGE ***

Consumer is currently under the following Alternative Treatment Order(s) or Assisted Outpatient Treatment Plan(s)

60/180 Initial AOT Order Date: 05/05/2017 Expiration Date: 08/03/2017 Re-Petition Date: 07/20/2017 6 Month Review Date: (None)

Index

1. Medication Review Note
2. Diagnosis
3. Assessment
4. Risk Assessment
5. Mental Status
6. Impression & Plan
7. Send Copy To
8. Signatures

1. Medication Review Note: Medication Review Note

Evaluation Date & Time

Document Date: 4/4/2017
Begin Time: 9:00 AM
End Time: 9:30 AM

Contact

☑ Client
☐ Parent/Guardian
☐ Significant Other
☐ Collateral
☐ Service Provider
☐ Primary Care Physician
☐ Family
☑ Other (explain)
☐ Home Based
Support Coordina

Contact Type

○ Not Face to Face
● Face to Face

Attending Psychiatrist: 1020959 Ali Ibrahim
Set Staff to 'Linda Santino'

Resident Psychiatrist:
Set Staff to 'Linda Santino'

Clinical Nurse Practitioner:
Set Staff to 'Linda Santino'

Nurse: 1000111 Julie Diaz RN
Set Staff to 'Linda Santino'

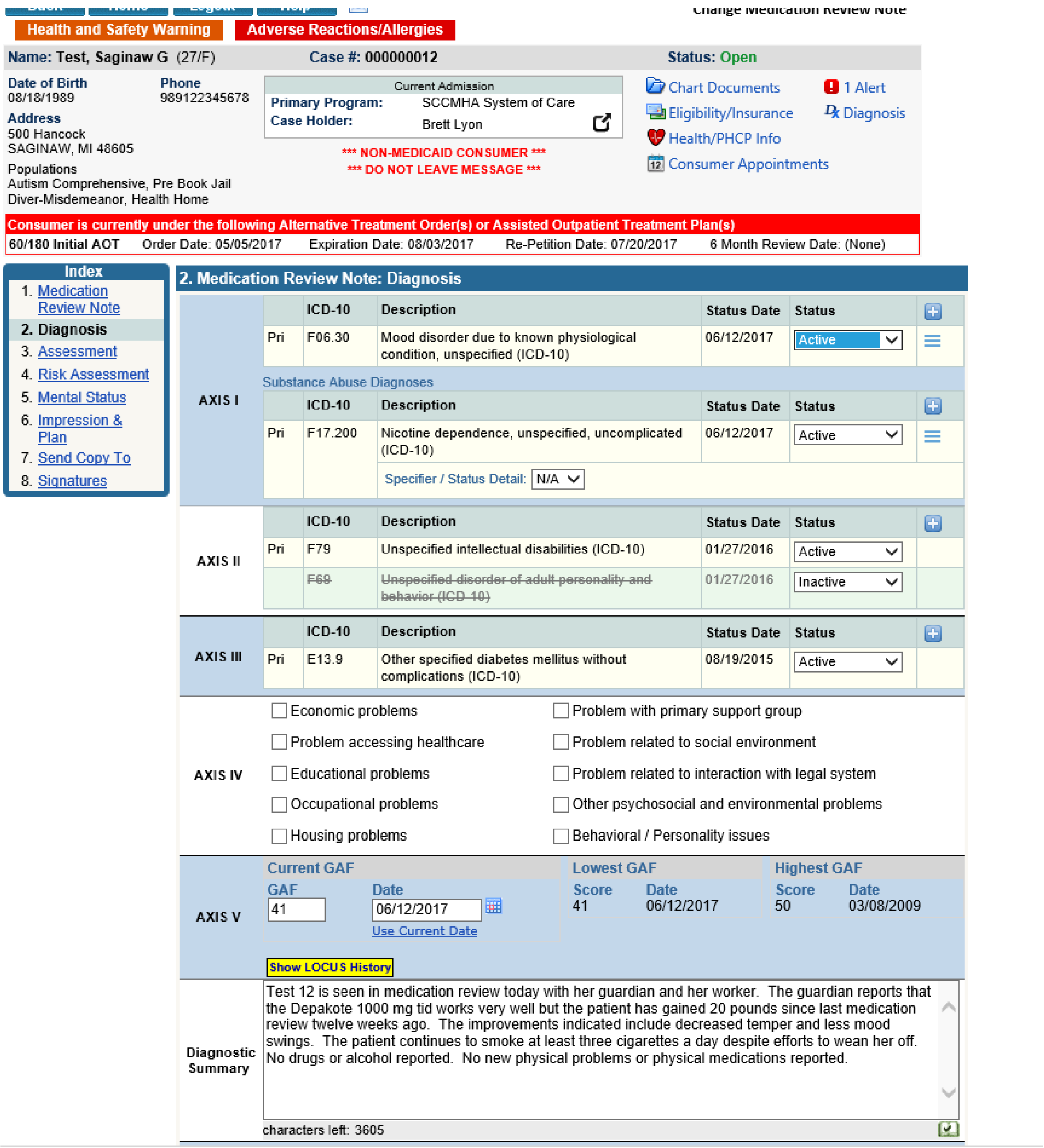
Medical Student:

Warning:
The Demographics Information for this Consumer has been updated since this form was created. Modifying information on this form will not update the Consumer's current record.

Consumer-Indicated Primary Care Physician
Integrated Care Saginaw
Name
Great Lakes Bay Health Centers
Address
500 Hancock Street
Saginaw MI 48602

Record Added
bpelkki 04/04/2017 08:53:33 AM

Record Changed
lsantino 06/12/2017 03:51:43 PM



Change Medication Review Note

Name: Test, Saginaw G (27/F) **Case #:** 000000012 **Status:** Open

Date of Birth 08/18/1989
Phone 989122345678
Address
500 Hancock
SAGINAW, MI 48605
Populations
Autism Comprehensive, Pre Book Jail Diver-Misdemeanor, Health Home

Current Admission
Primary Program: SCCMHA System of Care
Case Holder: Brett Lyon

*** NON-MEDICAID CONSUMER ***
*** DO NOT LEAVE MESSAGE ***

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8. Signatures

2. Medication Review Note: Diagnosis

AXIS I

	ICD-10	Description	Status Date	Status
Pri	F06.30	Mood disorder due to known physiological condition, unspecified (ICD-10)	06/12/2017	Active

Substance Abuse Diagnoses

	ICD-10	Description	Status Date	Status
Pri	F17.200	Nicotine dependence, unspecified, uncomplicated (ICD-10)	06/12/2017	Active
		Specifier / Status Detail: N/A		

AXIS II

	ICD-10	Description	Status Date	Status
Pri	F79	Unspecified intellectual disabilities (ICD-10)	01/27/2016	Active
	~~F69~~	~~Unspecified disorder of adult personality and behavior (ICD-10)~~	01/27/2016	Inactive

AXIS III

	ICD-10	Description	Status Date	Status
Pri	E13.9	Other specified diabetes mellitus without complications (ICD-10)	08/19/2015	Active

AXIS IV

☐ Economic problems
☐ Problem accessing healthcare
☐ Educational problems
☐ Occupational problems
☐ Housing problems
☐ Problem with primary support group
☐ Problem related to social environment
☐ Problem related to interaction with legal system
☐ Other psychosocial and environmental problems
☐ Behavioral / Personality issues

AXIS V

Current GAF		Lowest GAF		Highest GAF	
GAF	Date	Score	Date	Score	Date
41	06/12/2017	41	06/12/2017	50	03/08/2009

Use Current Date

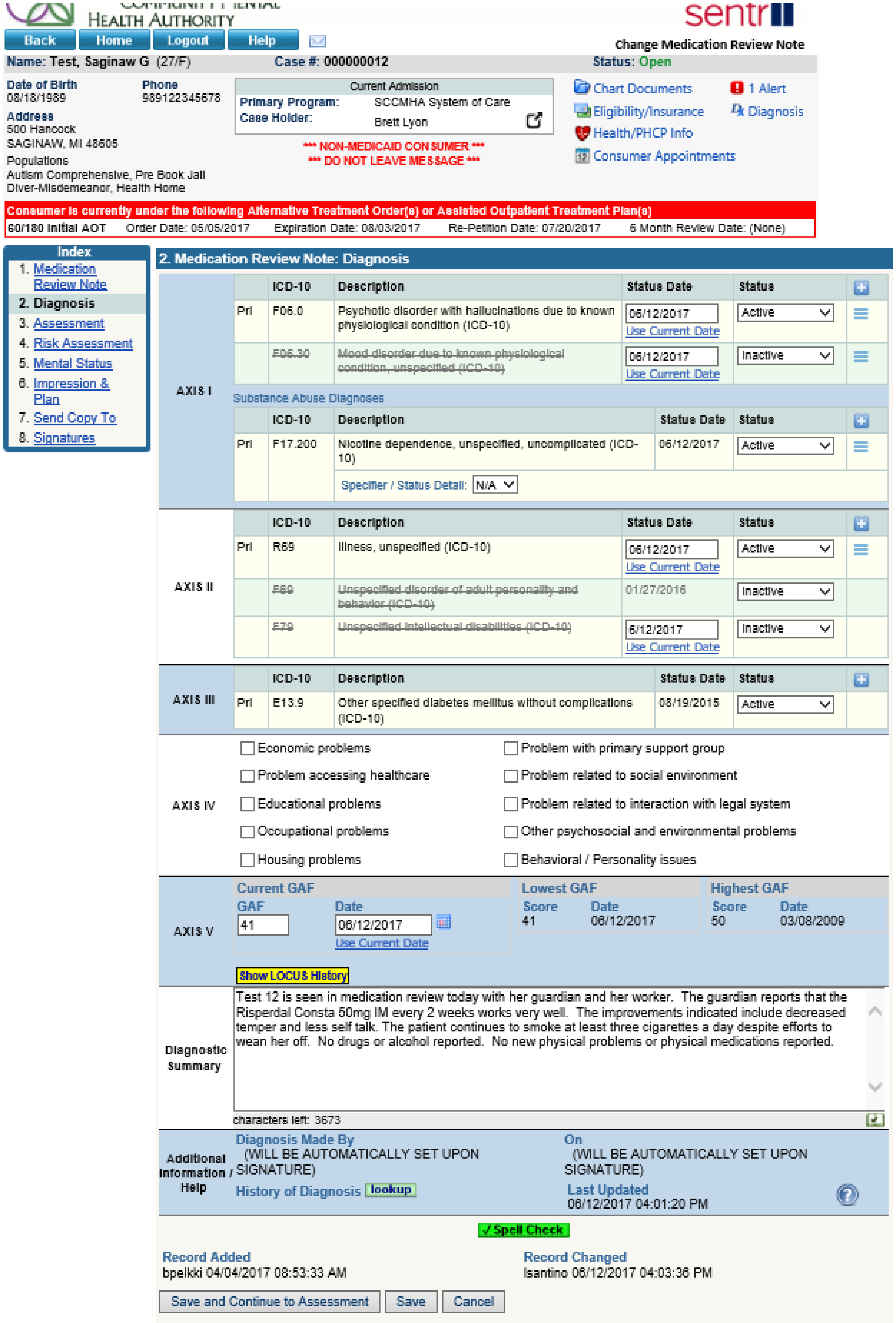
Show LOCUS History

Diagnostic Summary

Test 12 is seen in medication review today with her guardian and her worker. The guardian reports that the Depakote 1000 mg tid works very well but the patient has gained 20 pounds since last medication review twelve weeks ago. The improvements indicated include decreased temper and less mood swings. The patient continues to smoke at least three cigarettes a day despite efforts to wean her off. No drugs or alcohol reported. No new physical problems or physical medications reported.

characters left: 3605

Exhibit B



Change Medication Review Note

Name: Test, Saginaw G (27/F) **Case #:** 000000012 **Status:** Open

Date of Birth
08/18/1989

Phone
989122345678

Address
500 Hancock
SAGINAW, MI 48605

Populations
Autism Comprehensive, Pre Book Jail Diver-Misdemeanor, Health Home

Current Admission
Primary Program: SCCMHA System of Care
Case Holder: Brett Lyon

*** NON-MEDICAID CONSUMER ***
*** DO NOT LEAVE MESSAGE ***

Consumer is currently under the following Alternative Treatment Order(s) or Assisted Outpatient Treatment Plan(s)

60/180 Initial AOT Order Date: 05/05/2017 Expiration Date: 08/03/2017 Re-Petition Date: 07/20/2017 6 Month Review Date: (None)

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4. Risk Assessment
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8. Signatures

2. Medication Review Note: Diagnosis

AXIS I

	ICD-10	Description	Status Date	Status
Pri	F06.0	Psychotic disorder with hallucinations due to known physiological condition (ICD-10)	06/12/2017 Use Current Date	Active
	~~F06.30~~	~~Mood disorder due to known physiological condition, unspecified (ICD-10)~~	06/12/2017 Use Current Date	Inactive

Substance Abuse Diagnoses

	ICD-10	Description	Status Date	Status
Pri	F17.200	Nicotine dependence, unspecified, uncomplicated (ICD-10)	06/12/2017	Active

Specifier / Status Detail: N/A

AXIS II

	ICD-10	Description	Status Date	Status
Pri	R69	Illness, unspecified (ICD-10)	06/12/2017 Use Current Date	Active
	~~F69~~	~~Unspecified disorder of adult personality and behavior (ICD-10)~~	01/27/2016	Inactive
	~~F79~~	~~Unspecified intellectual disabilities (ICD-10)~~	6/12/2017 Use Current Date	Inactive

AXIS III

	ICD-10	Description	Status Date	Status
Pri	E13.9	Other specified diabetes mellitus without complications (ICD-10)	08/19/2015	Active

AXIS IV

☐ Economic problems
☐ Problem accessing healthcare
☐ Educational problems
☐ Occupational problems
☐ Housing problems
☐ Problem with primary support group
☐ Problem related to social environment
☐ Problem related to interaction with legal system
☐ Other psychosocial and environmental problems
☐ Behavioral / Personality issues

AXIS V

Current GAF		Lowest GAF		Highest GAF	
GAF	Date	Score	Date	Score	Date
41	06/12/2017 Use Current Date	41	06/12/2017	50	03/08/2009

Show LOCUS History

Diagnostic Summary

Test 12 is seen in medication review today with her guardian and her worker. The guardian reports that the Risperdal Consta 50mg IM every 2 weeks works very well. The improvements indicated include decreased temper and less self talk. The patient continues to smoke at least three cigarettes a day despite efforts to wean her off. No drugs or alcohol reported. No new physical problems or physical medications reported.

characters left: 3673

Additional Information / Help

Diagnosis Made By
(WILL BE AUTOMATICALLY SET UPON SIGNATURE)

On
(WILL BE AUTOMATICALLY SET UPON SIGNATURE)

History of Diagnosis lookup

Last Updated
06/12/2017 04:01:20 PM

✓Spell Check

Record Added
bpelkki 04/04/2017 08:53:33 AM

Record Changed
lsantino 06/12/2017 04:03:36 PM

Exhibit C

Laboratory Testing Protocol

This document is to serve as a guideline for all providers working with Consumers of SCCMHA services.

All consumers that are going to be placed on psychotropic medications should have the following baseline items:

1. Body Mass Index (BMI) as a standard of care =Height, weight, also (if possible every 3 months) include measure of waist circumference.

Measure of waist circumference is the best indicator of metabolic syndrome.

2. Comprehensive Metabolic Panel which includes: Glucose, Urea Nitrogen, Creatinine, Calcium, (electrolytes) Sodium, Potassium, Chloride, Carbon Dioxide, (hepatic function tests), Total Protein, Albumin, Total Bilirubin, Alkaline Phosphatase, AST, ALT, and GFR estimated
3. Lipid Panel which includes: Triglycerides, Total Cholesterol, HDL Cholesterol, LDL Cholesterol
4. HgbA1c (this is covered by Medicaid **every 6 months**)
5. TSH, T-3 total, T4 free
6. CBC with differential

** Items 2-6 should be completed unless available from Primary Care Physician, Hospital stay, or Emergency Room and was completed within the last 90 days.

For Children, in addition to the above it is also recommended:

1. Ceruloplasmin under age 18 to rule out potential for Wilson's Disease
2. Serum Lead under age 18 to rule out toxicity
3. Carnitine level and an AcylCarnitine: Carnitine ratio if under age 12, prior to starting Depakote

EKG should be completed at Baseline and as indicated for anyone:

1. With history of cardiac problems/abnormalities, or known heart disease unless a copy of an EKG was completed within the last 6 months and an okay from the primary care physician has been obtained for starting medications
2. On anyone starting Lithium, Clonidine, Tricyclic antidepressants, thioridazine/Mellaril or pimozide/Orap.
3. On anyone with history of syncope, particularly with exercise.
4. On anyone with history of exercise-induced chest pain.
5. On anyone with sudden death in family member at a young age or during exercise.
6. On anyone with family history of cardiac abnormalities (structural or electrical).
7. On Children/adolescents/adults who meet any of the guideline indicators as noted above when considering stimulants for ADHD.
8. Anyone with acute cardiac symptoms should be referred to Emergency room for immediate evaluation at any time during treatment.
9. Anyone who develops symptoms of cardiac instability during treatment – i.e., High Blood Pressure, Shortness of Breath on exertion, palpitations should be referred to Primary Care Physician.

Drug screen and Serum Alcohol Screen* should be completed at Baseline for everyone and as needed.

*Quest Laboratory requires two codes be ordered to get both of these.

VDRL (RPR)/HIV/Hepatitis panel: Should be completed at baseline for victims of sexual abuse, individuals with IV drug abuse, or as indicated during the course of treatment.

Any females of child bearing years, at minimum should be asked if there is a potential risk of pregnancy before starting any medications. **Pregnancy test** should be completed before starting Depakote, Carbamazepine, or Lithium on females of childbearing age regardless of report except if person has had a total hysterectomy.

With risperidone and typical Antipsychotics (haloperidol, thioridazine, fluphenazine, Clozapine, etc.) monitor **prolactin** when menstrual irregularity, cessation of menses, breast tenderness, breast enlargement, breast discharge, or lactating.

Medications that are considered safe and have no known complications and do not need laboratory testing unless the psychiatrist deems necessary are: Lexapro, or Celexa.

Consumers should have a **Comprehensive Metabolic Panel, HgbA1c, Lipid Profile, TSH, T-3 Total, T4 free, and CBC with differential annually** along with Follow up laboratory tests as follows (please have copy go to the family physician).

Exhibit D	**Blood Pressure and Heart Rate**	**BMI and Waist Circumference every visit**	**AIMS Test Required every 3 months**	**Drug level**	**EKG**	**CBC /w diff**	**Lipid Profile overnight fasting**	**UA**	**TSH, T3, T4**	**Vitamin D level**	**Electrolytes/ Creatinine**	**Hgb A1C**	**Hepatic Function Panel**	**Other Laboratory Tests**
Abilify/ Aripiprazole (Maintena/ Aristada -IM Long Acting)		X	X				q 6 months, After stable then Annual or PRN					Baseline and q 3 months		
Adderall	Blood pressure and heart rate at baseline, after dose increase, then periodically	Height & weight in pediatric age group at baseline, then periodically												
Amitriptyline/Elavil	Blood Pressure and Pulse in Pediatric patients if dose is greater than 3 mg/kg/ day for children	X		q 3 months, after stable then Annual or PRN if concerns develop	Baseline then Annual									
Ativan													If prolonged treatment	

Buspar/ buspirone	X													
Catapress/ Clonidine		X		Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN	Baseline						Creatinine at baseline			
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Celexa					If does is greater than 40 mg per day. Also, if patient is a risk of prolongation.									
Clozaril/ Clozapine		X	X			Weekly for 6 months, then q 2 weeks for 6 months, then q 4 weeks thereafter if WNLs. If 3000-3500 twice weekly until in acceptable range. Follow registry protocol for other abnormal test results	q 6 months, After stable then Annual or PRN				Potassium and magnesium at baseline and periodically as needed	Baseline and q 3 months		Prolactin Level if with menstrual irregularity, cessation of Menses, breast tenderness / enlargement, breast discharge or lactating

Concerta	Blood pressure and heart rate at baseline, after dose increase, then periodically	Height & weight in pediatric age group at baseline, then periodically				CBC w/ diff,,Platelet annually if prolonged treatment								
Cymbalta	At baseline and periodically										Creatinine at baseline			
Dalmane/ flurazepam													Liver function test if prolonged treatment	
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Depakote/ Valproic Acid		X		Within one month after start, monthly until level reached, q 3 months, After level reached, then q 6 months after stable or PRN		Baseline, q 3 months Platelet count or coagulation test at baseline and before planned surgery							Baseline AST and ALT q 3 months or PRN	**Ammonia** level when change in Mental status **Pregnancy** test if of childbearing years or risk of

														pregnancy
Doxepin	X													
Effexor	Blood pressure monitoring regularly										Creatinine at baseline		Lipid panel if long term treatment	
Fanapt											Potassium and Magnesium at baseline if at risk with electrolyte disturbance (on diuretic or other Blood Pressure Meds) then periodically	Baseline if with diabetes risk Factors then periodically		
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
fluphenazine						CBC frequently during initial treatment if with preexisting leukopenia or neutropenia history					BUN and Creatinine		Liver function tests as needed	Ophthalmology exams if prolonged

														treatment
Geodon/ Ziprasidone		X	X		Baseline if with cardiac risk		q 6 months, After stable then Annual or PRN				Potassium and Magnesium at baseline if at risk and if on diuretic	Baseline and q 3 months		
Haldol Decanoate/ Haloperidol		X	X											Prolactin Level if with menstrual irregularity, cessation of Menses, breast tenderness / enlargement, breast discharge or lactating
Intune/ Tenex/ Guanfacine	Baseline and after dose increase	X			If there is a family history or consumer notes cardiac complaints	Annual	Annual	Annual	Annual		Annual	Annual	Annual	
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests

Invega / Paliperidone **(Sustenna/ Trinza – IM long acting)**		X	X				q 6 months, After stable then Annual or PRN				Creatinine at baseline	Baseline and q 3 months		
KapVay	Baseline and after each dose increase and periodically	X									Creatinine at baseline			
Klonopin													If long term treatment	
Lamictal											Creatinine at baseline			Ophthalmology exams if prolonged treatment
Latuda											Creatinine at baseline	Baseline if diabetic risk factors		
Lithium/ Eskalith/ Lithobid		X	X	Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN	Baseline and Annual	q 3 months, After stable q 6 months		q 3 months, After stable then q 6 months	TSH Annual		q 6 months, After stable then Annual or PRN			Pregnancy test if of childbearing years or risk of pregnancy
Loxitane/ Loxapine		X	X			Baseline							Baseline	

	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Luvox/ fluvoxamine	**X**													
Mellaril/ **Thioridazine**		X	X		Baseline and Annual						Potassium at baseline and every dose change then periodically			
Moban/ Molindone		X	X											
Neurontin/ **Gabapentin**		X						Baseline			Creatinine at baseline q 6 months			
Orap/ Pimozide		X	X		Baseline and periodically						Potassium at baseline and periodically			
Paxil											Creatinine at baseline			
Pristiq	Blood Pressure	X					Baseline				Creatinine at baseline			
Prolixin Decanoate/ Fluphenazine		X	X								BUN and Creatinine at baseline		Baseline	Prolactin Level if with menstrual irregularity, cessation of Menses, breast tenderness / enlarge

														ment, breast discharge or lactating
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Quillivant XR **Methylpheniodate**	Blood Pressure and heart rate at baseline and after dose increase then periodically.	Height and Weight in pediatric patients at baseline and periodically				CBC with Diff and platelet count annually if prolonged treatment.								
Remeron/ mitazapine	X													
Rexulti/ Brexpiprazole	Blood Pressure and heart rate at baseline and periodically		X			CBC w/diff frequently during initial treatment if with or history of leukopenia or neutropenia	Fasting glucose lipid panel at baseline and periodically							
Risperdal/ Risperidone		X	X				q 6 months After stable then Annual or PRN				Creatinine at baseline	Baseline and q 3 months		Prolactin Level if with menstrual irregula

														rity, cessation of Menses, breast tenderness / enlargement, breast discharge or lactating
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Ritalin	Blood Pressure and heart rate at baseline and after dose increase then periodically.	Height and Weight in pediatric patients at baseline and periodically				CBC with Diff and platelet count annually if prolonged treatment.								
Saphris/ Asenapine		X	X									Baseline if presents with diabetes risk factor then periodically	Baseline	

Seroquel/ Quetiapine	Baseline in children and adolescents then periodically (hypotension)	X	X				Baseline, q 6 months After stable then Annual or PRN					Baseline and q 3 months		
Straterra	In pediatric patients at baseline, after dose increase, and periodically	X										q 6 months. and PRN if GI Distress or itching		
Symmetrel											Creatinine at baseline			Dermatologic exams as needed
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Tegretol/ Carbamazepine		X		Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN		q 3 months, After stable then Annual or PRN	Baseline	Baseline			BUN at baseline		Baseline	Pregnancy test if of childbearing years or risk of pregnancy

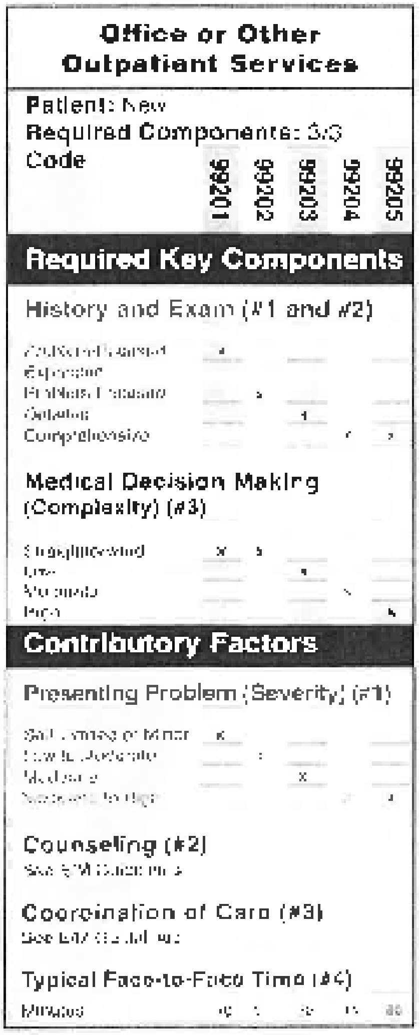
Thorazine						CBC frequently during initial treatment if pre-existing leukopenia or if drug induced leukopenia/ neutropenia history								Ophthalmology exams if prolonged treatment
Topamax/ Topiramate	Baseline and periodically	X									Bicarbonate and creatinine at baseline and q 6 months			
Tricyclic Anti-depressant		X		Within one month after start, monthly until level reached, q 3 months after level reached, then q 6 months after stable or PRN	Baseline and Annual									
Trifluoperzaine						CBC frequently during initial treatment if pre-existing leukopenia or if drug induced leukopenia/ neutropenia history.								Ophthalmology exams if prolonged treatment
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests
Trileptal/ Oxcarbazepine		X									Creatinine and Sodium at baseline and q 6 months			

Trintellix/ **Vortioxetine**														**Monitor for worsening of depression/suicidality**
Valium													Liver Function tests if prolonged treatment	
Viibryd/ **Vilazodone**														**Monitor for worsening of depression/suicidality**
Vistaril											Creatinine at baseline			
Vraylar/ **Cariprazine**	Blood Pressure and Heart Rate		X			CBC frequently during initial treatment if pre-existing leukopenia or if drug induced leukopenia/ neutropenia history.	Fasting glucose lipid panel at baseline and periodically							
	Blood Pressure and Heart Rate	BMI and Waist Circumference every visit	AIMS Test Required every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitamin D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laboratory Tests

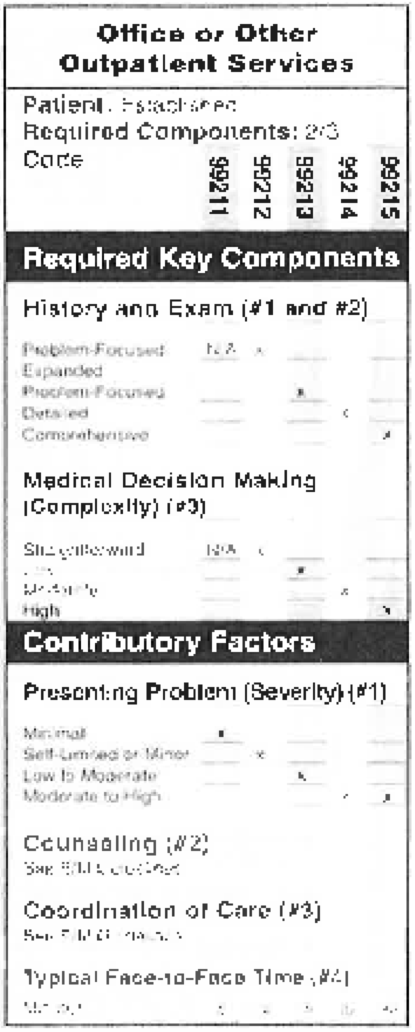
Vyvanse	Blood Pressure and Heart Rate				X									
Wellbutrin											Creatinine at baseline then in elderly patient continue periodically			
Zyprexa/ Symbyax/ Olanzapine		X	X				q 6 months, After stable then Annual or PRN					Baseline and q 3 months	If significant Hepatic disease	

Medications that do not need any laboratory testing: **Ambien, Benadryl, Buspirone, Cogentin, Lexapro, Prozac, Trazadone, Zoloft, Cabergoline.**

- An AIMS should be done on any person who, while on psychiatric medications of any type, develops movements. A referral to the primary care physician/provider should be made to, at a minimum, further evaluate and consult with the treating psychiatrist regarding any further recommendations.



Office or Other Outpatient Services					
Patient: New					
Required Components: 3/3					
Code	99201	99202	99203	99204	99205
Required Key Components					
History and Exam (#1 and #2)					
Problem-Focused	x				
Expanded Problem Focused		x			
Detailed			x		
Comprehensive				x	x
Medical Decision Making (Complexity) (#3)					
Straightforward	x	x			
Low			x		
Moderate				x	
High					x
Contributory Factors					
Presenting Problem (Severity) (#1)					
Self-Limited or Minor	x				
Low to Moderate		x			
Moderate			x		
Moderate to High				x	x
Counseling (#2) See E/M Guidelines					
Coordination of Care (#3) See E/M Guidelines					
Typical Face-to-Face Time (#4)					
Minutes	10	[illegible]	30	45	60



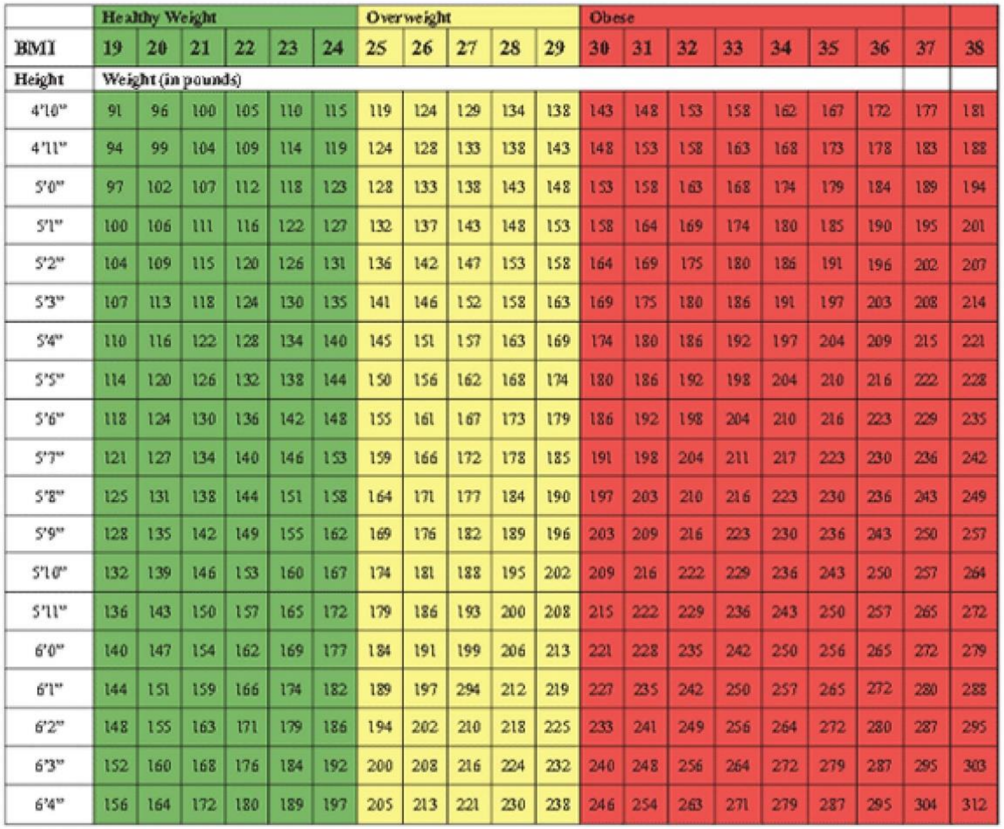
Office or Other Outpatient Services					
Patient: Established					
Required Components: 2/3					
Code	99211	99212	99213	99214	99215
Required Key Components					
History and Exam (#1 and #2)					
Problem-Focused	N/A	x			
Expanded Problem-Focused			x		
Detailed				x	
Comprehensive					x
Medical Decision Making (Complexity) (#3)					
Straightforward	N/A	x			
Low			x		
Moderate				x	
High					x
Contributory Factors					
Presenting Problem (Severity) (#1)					
Minimal	x				
Self-Limited or Minor		x			
Low to Moderate			x		
Moderate to High				x	x
Counseling (#2) See E/M Guidelines					
Coordination of Care (#3) See E/M Guidelines					
Typical Face-to-Face Time (#4)					
Minutes	[illegible]	[illegible]	[illegible]	[illegible]	40

Exhibit E

Saginaw County
Community Mental
Health Authority

Adult Body Mass Index (B M I)

Wellness



	Healthy Weight						Overweight					Obese								
BMI	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38
Height	Weight (in pounds)																			
4'10"	91	96	100	105	110	115	119	124	129	134	138	143	148	153	158	162	167	172	177	181
4'11"	94	99	104	109	114	119	124	128	133	138	143	148	153	158	163	168	173	178	183	188
5'0"	97	102	107	112	118	123	128	133	138	143	148	153	158	163	168	174	179	184	189	194
5'1"	100	106	111	116	122	127	132	137	143	148	153	158	164	169	174	180	185	190	195	201
5'2"	104	109	115	120	126	131	136	142	147	153	158	164	169	175	180	186	191	196	202	207
5'3"	107	113	118	124	130	135	141	146	152	158	163	169	175	180	186	191	197	203	208	214
5'4"	110	116	122	128	134	140	145	151	157	163	169	174	180	186	192	197	204	209	215	221
5'5"	114	120	126	132	138	144	150	156	162	168	174	180	186	192	198	204	210	216	222	228
5'6"	118	124	130	136	142	148	155	161	167	173	179	186	192	198	204	210	216	223	229	235
5'7"	121	127	134	140	146	153	159	166	172	178	185	191	198	204	211	217	223	230	236	242
5'8"	125	131	138	144	151	158	164	171	177	184	190	197	203	210	216	223	230	236	243	249
5'9"	128	135	142	149	155	162	169	176	182	189	196	203	209	216	223	230	236	243	250	257
5'10"	132	139	146	153	160	167	174	181	188	195	202	209	216	222	229	236	243	250	257	264
5'11"	136	143	150	157	165	172	179	186	193	200	208	215	222	229	236	243	250	257	265	272
6'0"	140	147	154	162	169	177	184	191	199	206	213	221	228	235	242	250	256	265	272	279
6'1"	144	151	159	166	174	182	189	197	294	212	219	227	235	242	250	257	265	272	280	288
6'2"	148	155	163	171	179	186	194	202	210	218	225	233	241	249	256	264	272	280	287	295
6'3"	152	160	168	176	184	192	200	208	216	224	232	240	248	256	264	272	279	287	295	303
6'4"	156	164	172	180	189	197	205	213	221	230	238	246	254	263	271	279	287	295	304	312

http://www.nhlbi.nih.gov/health/public/heart/other/amer-indian_risk/sec5/lose_weight.htm

Use this table to help you complete the consumer demographic section of SENTRI.

- First find consumer height, then weight.
- Then find the BMI above.
- Those whose score falls into the first two sections should be marked as "not present" under the section regarding obesity.
- Those who have a score of "30" or above should be marked as "medical diagnosis of obesity or Body Mass Index (BMI) >30."

Exhibit F

Protocol for Tracking Laboratory Orders

SCCMHA Policy 03.20.20 – Medication Review requires that persons receiving psychiatric medication services have at least an annual blood test as part of monitoring the prescribed medication. The following protocol will be used to assure that every attempt is made at obtaining this vital information.

1. The provider orders the needed test(s).
2. The medical assistant or nurse assures that the consumer/caregiver has the written order for the test.
    a. The medical assistant or nurse documents an order was given as part of the usual notation in a medication review in the consumer's electronic health record.
    b. A copy of the order is kept in the consumer's electronic health record.
3. Received laboratory results that are abnormal are reviewed by the medical assistant or nurse.
    a. The medical assistant or nurse shares the abnormal results with the provider.
    b. The abnormal results are signed or initialed by the reviewer(s), dated and scanned into the consumer's electronic health record.
    c. Normal laboratory results arrive electronically to the consumer's charts and the providers are sent a notification that they need to be reviewed and signed electronically.
4. Review of labs:
    a. If a laboratory report has not been received within 30 days:
        i. The medical assistant or nurse enters a progress note indicating that the lab has not been received.
        ii. Using the discussion function in SENTRI, the medical assistant or nurse notifies the case holder that lab results have not been received.
    b. The case holder reviews the progress note and contacts the consumer/family to offer assistance to the consumer in fulfilling the lab order.
    This assistance can include:
        i. Educating the consumer about the importance of obtaining the lab testing.
        ii. Resolving or removing barriers to attaining lab tests such as coordinating transportation, obtaining copies of lost lab orders, etc.
        iii. Obtaining copies of lab results through other providers if the test contains needed information.
        iv. The case holder documents in a progress note any actions or steps taken to assist the consumer/family.
5. If the consumer refuses to participate in the lab order process:
    a. The staff to whom the refusal has been expressed indicates on a copy of the order that the consumer has refused.
    b. The copy of the refused order will be scanned into the electronic health record.

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Closure/Discharge Criteria	**Chapter**: 03 - Continuum of Care	**Subject No**: 03.02.29
Effective Date: January 05, 2015	**Date of Review/Revision**: 5/5/16, 3/14/17, 5/14/18, 9/10/19, 12/8/20, 9/23/21	**Approved By**: Sandra M. Lindsey, CEO
	Supersedes:	
		Responsible Director: Chief of Health Services & Utilization Management **Authored By**: Vurlia Wheeler, Jennifer Keilitz, Linda Santino, Kristie Wolbert **Additional Reviewers**: Service Management Team, Barbara Glassheim

Purpose:
The purpose of this policy is to set forth the criteria and process for the closure/discharge of a consumer from active SCCMHA Services.

Policy:
Case holders shall adhere to the standards set forth in this policy for discharges/case closures: according the person-centered plan; consumer withdrawal from services against professional advice; consumer death; relocation to another county, with the exception of consumers who are enrolled in the SCCMHA CCBHC (Certified Behavior Health Clinic); voluntary withdrawal from services; or other reasons enumerated in the standards below.

Application:
This policy applies to the entire SCCMHA Provider Network.

Standards:

A. An SCCMHA consumer's case will be closed from active status when the consumer is no longer eligible for services or withdraws from services.
   1. Eligibility criteria shall include the presence of a funding source for services.

B. All consumer case closures/discharges require supervisory approval.

C. There must be documentation in the consumer's electronic health record to support any of the case closure/discharge criteria enumerated in this policy.

D. A consumer's case may be closed or the consumer may be discharged from services in accordance with their person-centered plan (i.e., the consumer successfully achieved the goals outlined in their person-centered plan and the case holder has assisted the consumer to prepare for closure/discharge or transition from one level of care to another during the termination phase of an episode of care.) and with the consumer's participation in discharge/transition planning.

1. The consumer and the case holder shall have worked together to ensure that mandated paperwork is completed, follow-up appointments are made, and the necessary natural supports and community resources are in place.
2. The consumer and the case holder shall have identified various types of natural support systems are in place with an awareness of the important role family, friends, and colleagues play in the recovery of mental illness and substance use disorders and continued independence or (re)habilitation.
3. The consumer and the case holder shall have consulted with mental health (including substance use disorder treatment)/medical providers to ensure continuity of effective treatment modalities and/or the establishment of new community supports through referrals at closure/discharge.
4. The consumer and the case holder shall have identified relevant sources of community resources/supports such as medication management, support groups, stable housing, natural supports, and entitlements.
   a. The case holder shall have facilitated involvement with community agencies whenever warranted and feasible.
5. The consumer and the case holder shall have ensured the availability of adequate alternative services to support the consumer's continued recovery or (re)habilitation.
   a. Resources to meet the consumer's needs, such health and safety, transportation, day care, food, clothing, housing, medication and support groups shall have been identified.
7. The consumer shall have shown improved role functioning as indicated by standardized functional assessment tools such as the LOCUS, PECFAS, CAFAS, DECA, ANSA, etc.
8. The consumer shall have met criteria by program or service as noted in SCCMHA program manuals.
9. The case holder shall have ensured timely and proper follow-up on closure/discharge referrals, support systems and services established and maintained.
10. In accordance with CCBHC criteria, the case holder shall follow up with the consumer post discharge to make sure the consumer was able to maintain appointments and connect to any needed community resources.

E. A consumer's case shall be closed when the consumer withdraws from services against professional advice (i.e., the consumer has been seen by a case holder following a referral from the SCCMHA Central Access and Intake Unit and an intake packet has been completed by a treatment team clinician, but the consumer does not keep appointments or respond to follow-up efforts).

1. The case holder will place two telephone calls to the consumer in order to provide outreach and attempt to engage the consumer in services.
2. The case holder will then conduct a home visit as part of outreach and re-engagement into services.

    3. The case holder shall then generate and send, via certified mail, a Notice of Adverse Benefit Determination (Exhibit A) to the consumer.

F. A consumer’s case may be closed due to the consumer’s failure to attend their initial meeting with the case holder without the consumer’s disclosure of a change in residence and significant others’/family’s lack of knowledge of the consumer’s current residence or whereabouts.

G. A consumer’s case shall be closed upon the death of the consumer (a sentinel event that will be handled in accordance with agency policy and protocol).

H. A consumer’s case may be closed due to lack of benefit from treatment based on a clinical determination by the interdisciplinary treatment team assigned to the consumer.

I. A consumer shall be discharged and their case closed as a result of their voluntary choice not to participate in an SCCMHA-funded program.

J. A consumer’s case may be closed following a demonstrable inability to adhere to program standards of care and agency policies.
    1. Interdisciplinary treatment teams shall make every effort to help consumers adhere to their treatment regimens and agency/program policies.

K. A consumer shall be discharged once they no longer demonstrate a need for services and supports provided by SCCMHA.

L. A consumer shall be discharged when they no longer meet eligibility criteria for services.

M. A consumer may be discharged and their case closed when they relocate to another as a planned move initiated by the consumer or their legal guardian.
    1. Consumers who are enrolled in the SCCMHA CCBHC shall have the option to continue to be served by the SCCMHA irrespective of a move out of the county.
    2. Case holders shall help consumers who wish to move out of the county and be served in their new county of residence get connected with services and supports in new county of residence in order to ensure continuity of care.
    3. Case holders who are unaware of consumer moves shall review the Medicaid look-up in the electronic health record to locate the consumer’s current address and generate in a letter of Notice of Adverse Benefit Determination Sentri II (Exhibit A) and send it via certified mail to the consumer.

N. A consumer’s case may be closed administratively because the program or service is no longer available through SCCMHA.
    1. Administrative terminations shall be implemented in accordance with the consumer’s Recipient Rights and Appeals and Grievances procedures including the right to appeal the decision (see Exhibit B).

Definitions:

Case Holder: The staff member assigned in the electronic health record to monitor services, including the therapist, wraparound worker, Central Access and Intake worker, or case manager, and supports coordinator.

Program: A group of treatment modalities provided by an interdisciplinary treatment team.

Service: A treatment modality that is provided by an interdisciplinary treatment team.

References:

A. Exit Criteria found in SCCMHA Program Manuals for SCCMHA Team under SCCMHA Procedures.
B. SCCMHA Policy 02.01.11 – Medicaid Appeals
C. SCCMHA Policy 02.01.11.02 – Local Appeals
D. SCCMHA Policy 04.01.03 – Sentinel Event
E. SCCMHA Policy 05.01.02 – Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status

Exhibits:

A. Notice of Adverse Benefit Determination (Sentri II EHR)
B. Request for Hearing form (Medicaid enrollees) – DCH-0092

Procedure:

ACTION	RESPONSIBILITY
Assure all appropriate contacts have been made to attempt to engage the consumer in services. Document all attempts to engage a consumer in services in the consumer's electronic health record.	Case Holder and Case Holder Supervisor
Prior to consideration of closure/ discharge from SCCMHA services, discusses the case with their supervisor to assure all appropriate steps have been taken prior to closure/discharge of a consumer from SCCMHA Services.	Case Holder
Assure all appropriate referrals and follow up appointments have been made to assist the consumer with continued recovery and (re)habilitation.	Case Holder and Case Holder Supervisor
Create in Sentri II a letter of Notice of Adverse Benefit Determination and mail the letter to the consumer.	Case Holder and Case Manager Supervisor
Assure the appropriate amount of time has elapsed prior to the closure/discharge of consumer in the electronic health record (Sentri).	Case Holder and Case Manager Supervisor
Enter into electronic medical record (Sentri) the reason for Closure/Discharge which include: **Reason for Discharge**	Case Holder and Case Manager Supervisor

According to Plan

The outcomes and dreams in the Person-Centered Plan have been substantially met and the consumer/family no longer desires or requires additional services

Referred to Primary Care Physician and/or other community agencies and natural supports for services

Consumer/Family relocated out of service area and appropriate referrals and linkages have been made

Transfer to Nursing Home

Not according to Plan

Consumer/family withdrew their consent for services and all appropriate attempts to offer ongoing services have been made

Consumer/family missed scheduled appointments, does not respond to follow up contact by staff, or can't be located

Consumer/Family relocated out of service area without appropriate referrals in place

Other

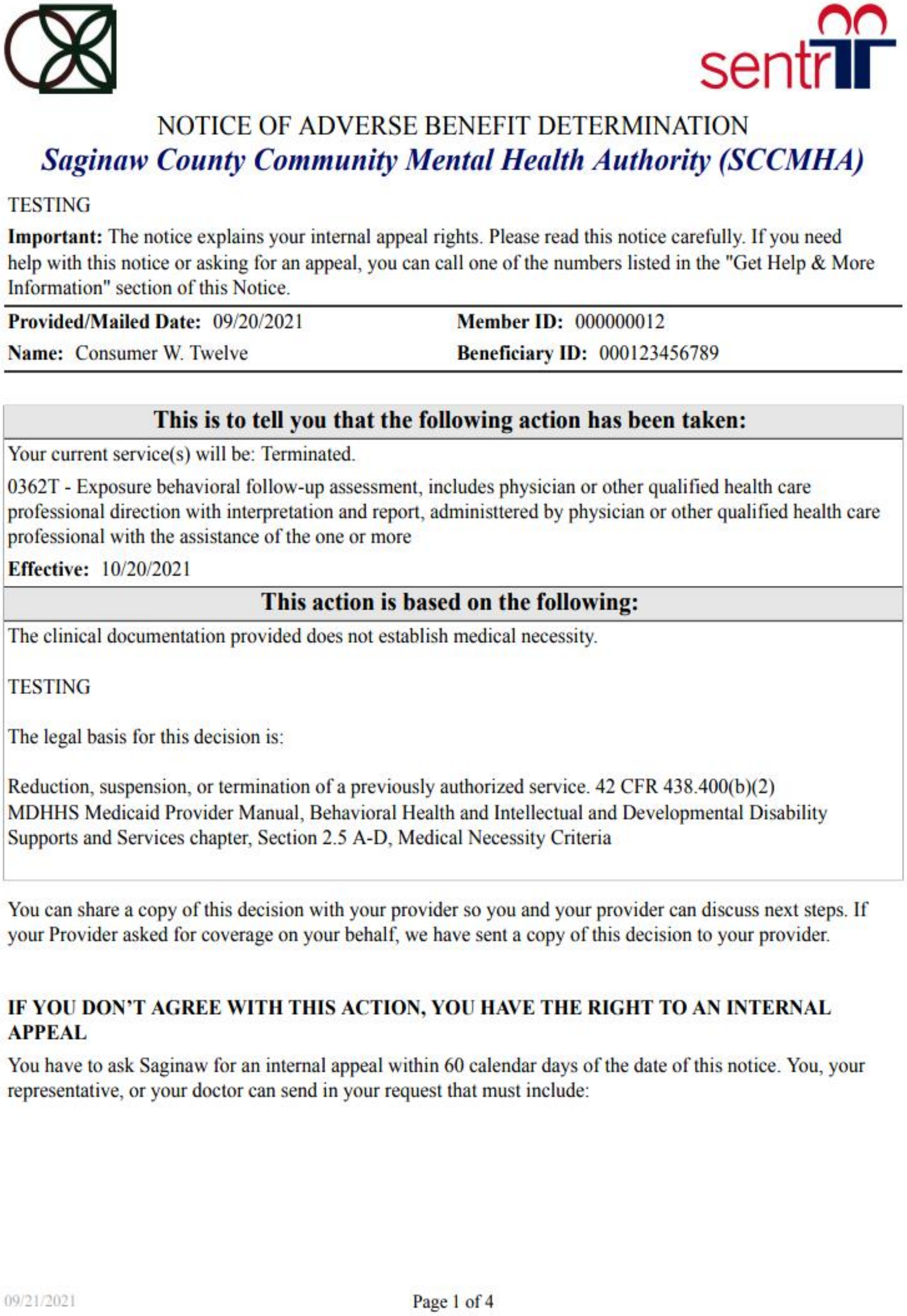
Consumer incarcerated in prison or a long-term jail sentence

Consumer no longer meets criteria

Transferred to State Institution

Consumer deceased Date of Death (if known):

Exhibit A



NOTICE OF ADVERSE BENEFIT DETERMINATION

Saginaw County Community Mental Health Authority (SCCMHA)

TESTING

Important: The notice explains your internal appeal rights. Please read this notice carefully. If you need help with this notice or asking for an appeal, you can call one of the numbers listed in the "Get Help & More Information" section of this Notice.

Provided/Mailed Date: 09/20/2021	**Member ID:** 000000012
Name: Consumer W. Twelve	**Beneficiary ID:** 000123456789

This is to tell you that the following action has been taken:

Your current service(s) will be: Terminated.

0362T - Exposure behavioral follow-up assessment, includes physician or other qualified health care professional direction with interpretation and report, administtered by physician or other qualified health care professional with the assistance of the one or more

Effective: 10/20/2021

This action is based on the following:

The clinical documentation provided does not establish medical necessity.

TESTING

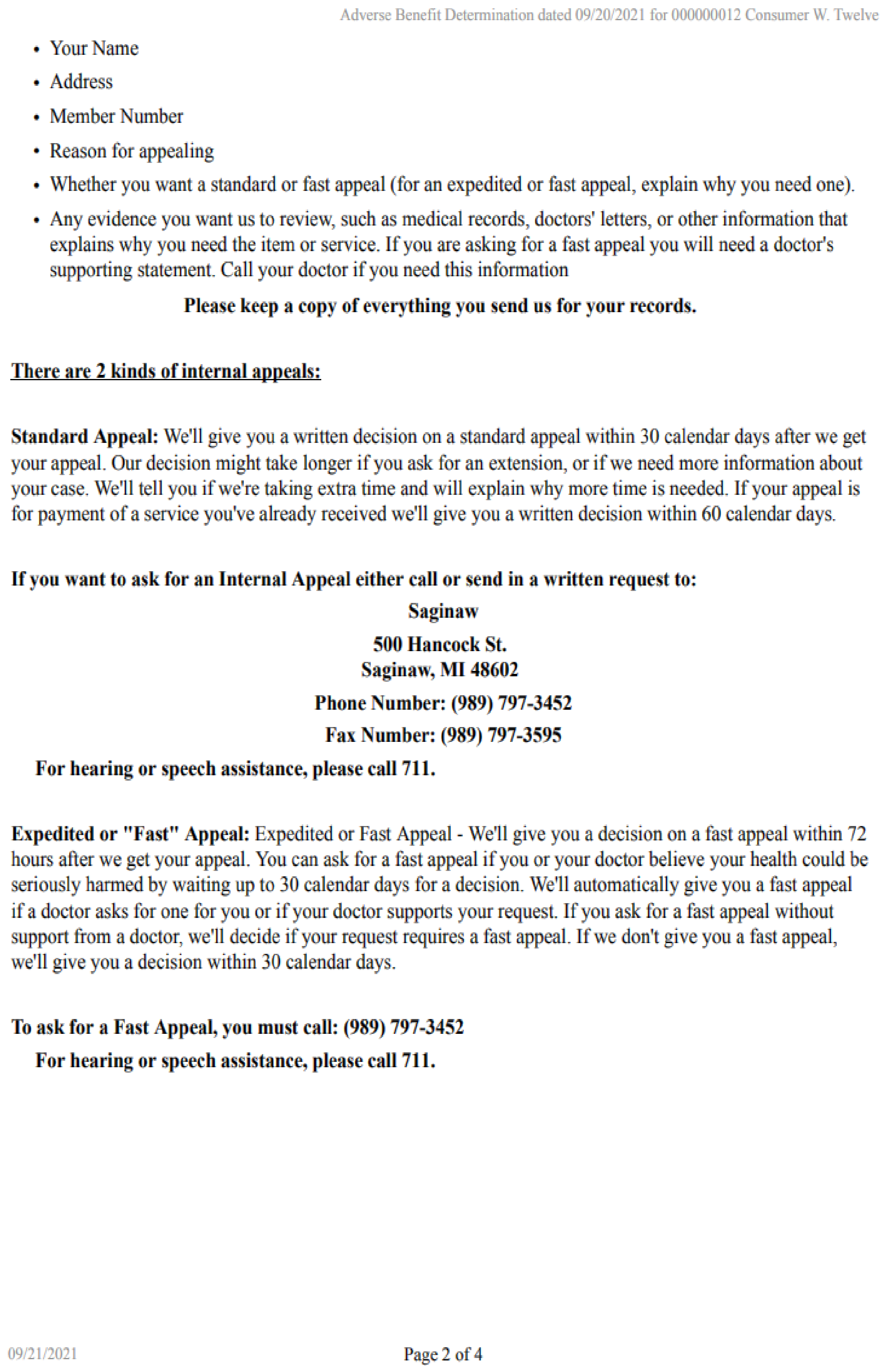
The legal basis for this decision is:

Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2)
MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual and Developmental Disability Supports and Services chapter, Section 2.5 A-D, Medical Necessity Criteria

You can share a copy of this decision with your provider so you and your provider can discuss next steps. If your Provider asked for coverage on your behalf, we have sent a copy of this decision to your provider.

IF YOU DON'T AGREE WITH THIS ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL

You have to ask Saginaw for an internal appeal within 60 calendar days of the date of this notice. You, your representative, or your doctor can send in your request that must include:



- Your Name
- Address
- Member Number
- Reason for appealing
- Whether you want a standard or fast appeal (for an expedited or fast appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, doctors' letters, or other information that explains why you need the item or service. If you are asking for a fast appeal you will need a doctor's supporting statement. Call your doctor if you need this information

Please keep a copy of everything you send us for your records.

There are 2 kinds of internal appeals:

Standard Appeal: We'll give you a written decision on a standard appeal within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed. If your appeal is for payment of a service you've already received we'll give you a written decision within 60 calendar days.

If you want to ask for an Internal Appeal either call or send in a written request to:

Saginaw

500 Hancock St.
Saginaw, MI 48602

Phone Number: (989) 797-3452

Fax Number: (989) 797-3595

For hearing or speech assistance, please call 711.

Expedited or "Fast" Appeal: Expedited or Fast Appeal - We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request. If you ask for a fast appeal without support from a doctor, we'll decide if your request requires a fast appeal. If we don't give you a fast appeal, we'll give you a decision within 30 calendar days.

To ask for a Fast Appeal, you must call: (989) 797-3452

For hearing or speech assistance, please call 711.

CONTINUATION OF SERVICE DURING AN INTERNAL APPEAL

If you are receiving a Michigan Medicaid service and you file your appeal within 10 calendar days of this Notice of Benefit Determination (09/30/2021), you may continue to receive your same level of services while your internal appeal is pending. You have the right to request and receive benefits while the internal appeal is pending, and should submit your request to Saginaw.

> Your benefits for that service will continue if you request an internal appeal within **10 calendar days** from the date of this notice or from the beginning of the intended effective date of the proposed adverse action whichever is later.

IF YOU WANT SOMEONE ELSE TO ACT FOR YOU

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at (989) 797-3452 to learn how to name your representative. For hearing or speech assistance, call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You'll need to mail or fax this statement to us. Keep a copy for your records.

ACCESS TO DOCUMENTS

You and/or your authorized representative are entitled to reasonable access to and a free copy of all documents relevant to your appeal any time before or during the appeal. You must submit the request in writing.

WHAT HAPPENS NEXT?

- If you ask for an internal appeal and we continue to deny your request for coverage or payment of a service, we will send you a written Notice of Appeal Denial. If the service is covered by Michigan Medicaid, you can ask for a Medicaid State Fair Hearing.
- The Notice of Appeal Denial will give you additional information about the State Fair Hearings process and how to file the request.
- If you do not receive a notice or decision about your internal appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Office of Administrative Hearings and Rules.

Get Help & More Information

If you need additional help or additional information about our decision and the internal appeal process, please call

Saginaw Customer Service Department

(989) 797-3452

For hearing or speech assistance, please call 711 for assistance.

Our hours of operation are Mon-Fri 8a-5p Except for holidays

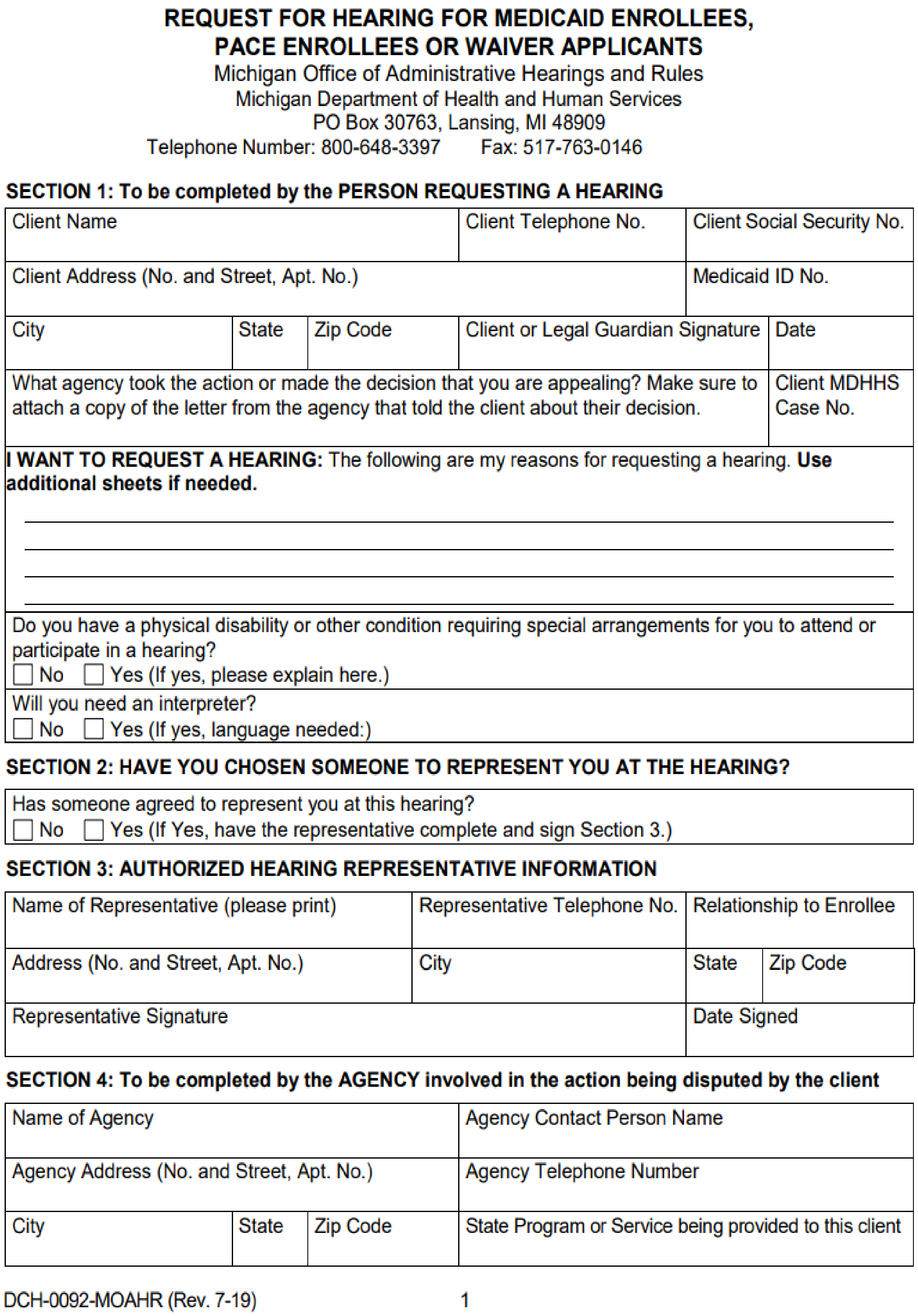
You can also visit our website at www.sccmha.org

Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line: 1-800-642-3195. TTY users call 1-866-501-5656 or 1-800-975-7630 (if calling from an internet based phone service).

The legal basis for this decision is 42 CFR 440.230(d), Michigan's Mental Health Code, Public Act 258, and/or applicable policy found in the Medicaid Provider Manual, Mental Health and Substance Abuse Services. These provide the basic legal authority for us to place appropriate limits on a service based on such criteria as medical necessity or on utilization control procedures.

Section 1557 of the Patient Protection and Affordable Care Act prohibits discrimination based on race, color, national origin, sex, age, or disability.

Exhibit B



REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS

Michigan Office of Administrative Hearings and Rules
Michigan Department of Health and Human Services
PO Box 30763, Lansing, MI 48909
Telephone Number: 800-648-3397 Fax: 517-763-0146

SECTION 1: To be completed by the PERSON REQUESTING A HEARING

Client Name			Client Telephone No.	Client Social Security No.
Client Address (No. and Street, Apt. No.)				Medicaid ID No.
City	State	Zip Code	Client or Legal Guardian Signature	Date
What agency took the action or made the decision that you are appealing? Make sure to attach a copy of the letter from the agency that told the client about their decision.				Client MDHHS Case No.

I WANT TO REQUEST A HEARING: The following are my reasons for requesting a hearing. **Use additional sheets if needed.**

____

____

____

____

Do you have a physical disability or other condition requiring special arrangements for you to attend or participate in a hearing?
☐ No ☐ Yes (If yes, please explain here.)

Will you need an interpreter?
☐ No ☐ Yes (If yes, language needed:)

SECTION 2: HAVE YOU CHOSEN SOMEONE TO REPRESENT YOU AT THE HEARING?

Has someone agreed to represent you at this hearing?
☐ No ☐ Yes (If Yes, have the representative complete and sign Section 3.)

SECTION 3: AUTHORIZED HEARING REPRESENTATIVE INFORMATION

Name of Representative (please print)	Representative Telephone No.	Relationship to Enrollee	
Address (No. and Street, Apt. No.)	City	State	Zip Code
Representative Signature		Date Signed	

SECTION 4: To be completed by the AGENCY involved in the action being disputed by the client

Name of Agency			Agency Contact Person Name
Agency Address (No. and Street, Apt. No.)			Agency Telephone Number
City	State	Zip Code	State Program or Service being provided to this client

DCH-0092-MOAHR (Rev. 7-19) 1

REQUEST FOR HEARING FOR MEDICAID ENROLLEES, PACE ENROLLEES OR WAIVER APPLICANTS INSTRUCTIONS

A hearing is an impartial review of a decision made by the Michigan Department of Health and Human Services or one of its contract agencies that a client believes is wrong.

This form is to ask for a hearing if you are a Medicaid enrollee, or a PACE enrollee, or a Medicaid waiver applicant when the action has been taken by MDHHS or one of its contract agencies. You can also send in your signed hearing request in writing on any paper. This form is also available online at: www.michigan.gov/mdhhs >> Assistance Programs >> Medicaid >> Program Resources >> Michigan Office of Administrative Hearings and Rules for the Department of Health and Human Services or www.michigan.gov/LARA >> Bureau List >> Michigan Office of Administrative Hearings and Rules >> Benefit Services Hearings.

Do not use this form to appeal an action

- Taken by a Medicaid, Healthy Michigan Plan or MI Health Link health plan, Community Mental Health Services Program / Prepaid Inpatient Hospital Plan (CMHSP/PIHP), Healthy Kids Dental health plan, or MI Choice Waiver Agency. You must go through their internal appeals process first before you ask for a MDHHS-5617-MOAHR, Request for State Fair Hearing form. This form is also available online at the links above.
- Related to program eligibility, cash assistance, food assistance, or other assistance programs. Use the DHS-18, Request for Hearing form available online at www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Forms and Applications >> Other, or go to www.michigan.gov/documents/FIA-Pub18_14356_7.pdf to download the form.

GENERAL INSTRUCTIONS

- Read ALL instructions before completing the attached form.
- Complete Section 1 using the name of the client (even if the client has a guardian or is a minor).
- Complete Sections 2 & 3 only if the client wants someone to represent them at the hearing.
- Complete Section 4 if the agency who took the action you are appealing did not fill this out.
- Attach a copy of the notice or letter from the Agency that told the client about the change that is being appealed.
- Please make a copy for your records.
- Questions can be answered by calling toll free: **800-648-3397**.
- After the form is completed, mail or fax page 1 to:

MICHIGAN OFFICE OF ADMINISTRATIVE HEARINGS AND RULES
MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES
PO BOX 30763
LANSING MI 48909
Fax 517-763-0146

- The client may choose to have another person represent them at a hearing.
  - This person can be anyone the client chooses but must be at least 18 years of age.
  - The client must give this person written permission to represent them.
  - The client may give written permission by checking yes in Section 2 and having the person who is representing them complete Section 3. The client must still complete and sign Section 1.
  - The client's guardian or conservator may represent them. A copy of the court order naming the guardian or conservator must be included with this request.

Completion: Is Voluntary.

Michigan Department of Health and Human Services (MDHHS)
Please note if needed, free language assistance services are available.
Call 877-833-0870 (TTY users call TY: 711).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 877-833-0870 (TTY 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم -877-833 0870 (رقم هاتف الصم والبكم:-TTY 711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 877-833-0870 (TTY 711)
Syriac (Assyrian)	ܙܘܗܪܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܟܐ ܡܨܝܬܘܢ ܕܦܠܚܝܬܘܢ ܒܚܠܡܬܐ ܕܗܝܪܬܐ ܒܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ 877-833-0870 (TTY 711)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 877-833-0870 (TTY 711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 877-833-0870 (TTY 711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 877-833-0870 (TTY 711)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-877-833-0870 (TTY 711)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 877-833-0870 (TTY 711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 877-833-0870 (TTY 711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 877-833-0870 (TTY 711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。877-833-0870（TTY 711）まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 877-833-0870 (телетайп 711).
Serbo-Croatian	OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 877-833-0870 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 877-833-0870 (TTY 711).

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), [TTY number—if covered entity has one], 517-335-6146 (Fax), [Email]

You can also file a civil rights complaint with the responsible federal agency.

If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at: U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD) Complaint forms are available at https://bit.ly/2IKsHMS.	If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by: Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form. To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410 Fax: 202-690-7442; or Email: program.intake@usda.gov

MDHHS is an equal opportunity provider.

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Use of PRN Psychotropic Medications in Mental Health Settings	**Chapter**: 03 - Continuum of Care	**Subject No**: 03.02.30
Effective Date: 1/21/16	**Date of Review/Revision**: 3/15/17, 7/28/17, 3/1/18, 6/12/19, 12/10/20, 4/26/2021, 9/3/21	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Chief of Health Services & Utilization Management **Authored By**: Barbara Glassheim **Additional Reviewers**: SCCMHA Medical Director, SCCMHA BTC Chair
	Supersedes:	

Purpose:
The purpose of this policy is to delineate the use of PRN (i.e., as needed) medications in mental health settings in accordance with MDHHS regulations, which stipulate the need for community mental health programs to ensure consumers are not exposed to the administration of unnecessary psychotropic drugs and that may result of the prescription of PRN medications.

Policy:
PRN medications shall only be permitted in the presence of a clear, well-articulated, medical/clinical rationale for the need to treat explicit, potentially harmful psychiatric symptoms that cannot be adequately addressed via alternative means such as psychosocial/behavioral intervention(s) – e.g., Positive Behavior Support (PBS).

Application:
This policy applies to all licensed prescribers and settings within the SCCMHA service delivery network.

Standards:
A. PRN medications shall be used as a last resort to manage deleterious behaviors.
    1. Behavior treatment plans shall be considered first-line interventions for harmful behaviors.

B. PRN medications shall not be used to control or ameliorate potentially harmful behaviors in the absence of a valid psychiatric diagnosis and without a review by the SCCMHA Behavior Treatment Plan Review Committee (BTC).

   1. Case Holders shall be required to enumerate failures to respond to behavioral treatment(s) prior to initiating a request for consideration of PRN medications for behavior management.
   2. Case Holders shall submit a completed Recurring Behavior of Concern Checklist to the Chair of the BTC (Exhibit A).
   3. The SCCMHA BTC shall conduct a review of all PRN medications prescribed for managing and/or controlling behavior(s) (Exhibit B).

C. PRN medications administered in response to harmful behavior(s) that are unrelated to a psychiatric condition shall be considered emergency interventions.

D. Medications prescribed by SCCMHA network licensed psychiatrists to consumers in outpatient settings shall be used to promote consumers' health, safety and well-being.
   1. Maintenance prescriptions for PRN medications for more than three (3) months shall require the psychiatric practitioner to weigh the benefits of continued treatment against the risks of long-term use.
      a. The psychiatric practitioner shall document the basis of their decision in accordance with the continued benefits of prescribing or discontinuing the medication.

E. Prescription medications shall only be administered with a valid, signed physician's order.
   1. Only the prescribing physician may adjust or change a medication order.
   2. Medication dosages shall be monitored by the prescribing practitioner.

F. PRN medications shall be permitted only if the prescriber documents a very clear rationale and description of the target symptoms of a diagnosed mental illness for which the medication is being prescribed.
   1. The clinical/medical reason for the use of the specific PRN medication(s) shall be documented in the section of the SENTRI Electronic Health Record (EHR) titled *Medication Review* and shall include the following information:
      a. The condition(s) under which and when the PRN medication(s) will be administered.
      b. The minimum interval between doses.
      c. The maximum dose allowed within a twenty-four (24) hour period.

G. A review of medications previously prescribed and clinical response to those medications shall be conducted and documented in the EHR as part of the justification for current prescription(s).

H. PRN medications will be prescribed for not more than ninety (90) days to ensure that the prescriber reviews and only renews PRNs with significant justification, such as emotionally distressing, extreme behavior that interferes with important aspects of the consumer's life and that could result in significant self or other harm.

I. The use of PRN medications for the purpose of achieving management or control of seriously aggressive, self-injurious or other such potentially deleterious behavior that places an individual or others at risk of physical harm shall adhere to the Michigan Department of Health and Human Services (MDHHS) requirements set forth in the July 29, 2020 *Technical Requirement for Behavior Treatment Plans* (see Reference A).

J. All SCCMHA providers and staff members shall observe, monitor, support, document, report and/or address health conditions and risk with consumers who are receiving PRN medications in accordance with the scope of their practice.

K. All treatment team members are expected to be observant regarding any mental health changes for all consumers, including discomfort and unusual or abnormal signs or symptoms, and to document and seek assistance or treatment as appropriate to the urgency or seriousness of the symptoms.

L. Treatment of psychiatric conditions or mental health issues shall be the responsibility of the entire treatment team.
   1. Medication issues shall be under the purview of the treating psychiatrist.

M. Official, complete, accurate and current PRN medication records for all consumers will be maintained and made available for review by the treatment team.

N. When a PRN medication is administered for behavioral reasons in the consumer's home, staff/family shall have implemented a behavior support or treatment plan which details the steps that are to be taken before a PRN medication is dispensed.
   1. The plan shall have been reviewed by the SCCMHA BTC (Behavior Treatment Committee) for either approval, denial, or further recommendations prior to implementation unless administered due to exigent circumstances (i.e., crisis intervention) and the individual had not exhibited the behavior creating the crisis or there was insufficient time to develop a specialized intervention plan to reduce the behavior causing the crisis.
   2. Ongoing documentation (including ABC charting) must occur outlining what steps were taken before the PRN medication was given, the time the medication was given, the effects of PRN medication(s) on the consumer's behavior and on the target symptoms.
      a. Data derived from ABC charting shall be shared with the prescriber and be made available at each appointment.
      b. Data derived from ABC charting shall be used to complete incident reports.
         1). Incident reports shall include actions taken in sequential order both prior to the administration of a PRN medication as well as subsequent to its administration and include the outcomes of each action taken.

O. PRN medications shall never be used as a means of punishment, for the convenience of staff, or as a substitute for other appropriate treatment.

Definitions:

Antecedent-Behavior-Consequence (ABC) Chart: A direct observation tool that can be used to collect information about the events that are occurring within a consumer's environment. "A" refers to the antecedent, or the event or activity that immediately precedes a problem behavior. The "B" refers to observed behavior, and "C" refers to the consequence, or the event that immediately follows a response.

Allergy: A hypersensitive state acquired through exposure to a particular allergen, re-exposure bringing to light an altered capacity to react; allergies may be classified as immediate and delayed.

Allergic Reaction: An unfavorable physiologic response to an allergen (i.e., a substance that causes an allergic reaction) to which a person has previously been exposed; the response may be characterized by a variety of symptoms and may be immediate or delayed.

Adverse Reaction: Any harmful effect on the body of therapeutic drugs, drugs of abuse or the interaction of two or more pharmacologically active agents within a short time span. Drugs most likely to create adverse reactions include hypnotics, central nervous system stimulants, antidepressants, tranquilizers, and muscle relaxants. Any adverse reaction is any harmful, unintended effect of the medication, diagnostic test or therapeutic intervention.

Case Holder: The designated staff member responsible for assuring assessment, person-centered plan, monitoring, etc., occurs in accordance with SCCMHA policy.

Health or Safety Concern: Any situation or circumstance that causes a consumer or other involved person(s) to express a need to change a current pattern of behavior or health practice, based upon their observation that the consumer has evidenced specific risk.

Health Risk Condition: A condition that potentially compromises a consumer's personal safety or health if not addressed.

Medication Administration: The direct application of a medication by mouth (orally), inhalation, ingestion, transdermal patch, suppository or any other means to the body of a person.

Psychotropic Medications: Anti-anxiety/hypnotic, antipsychotic and antidepressant classes of drugs.

Registered Nurse (RN): A nurse who has graduated from a nursing program and met the requirements outlined by a state-authorized licensing body to obtain a nursing license.

Nurse Practitioner (NP): An advanced practice registered nurse and a type of mid-level practitioner. NPs are trained to assess patient needs, order and interpret diagnostic and laboratory tests, diagnose disease, formulate and prescribe treatment plans.

Physician Assistant (PA): A type of mid-level health care provider that may diagnose illnesses, develop and manage treatment plans, prescribe medications, and may serve as a principal healthcare provider.

Pro Re Nata (PRN): As needed (Latin).

Psychiatrist: A licensed physician a MD or DO degree, appropriate residency training and certificate of completion.

Wellness: A proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education.

References:

A. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration. (July 29, 2020). *Technical Requirement for Behavior Treatment Plans*. MDHHS: **https://www.michigan.gov/documents/mdhhs/Technical_Requirement_for_Behavior_Treatment_Plans_P-1-4-1_638408_7.pdf**.

B. *Michigan Medicaid Provider Manual* (MDHHS): **https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf**.

C. SCCMHA Policy 03.02.08 – Behavioral Interventions

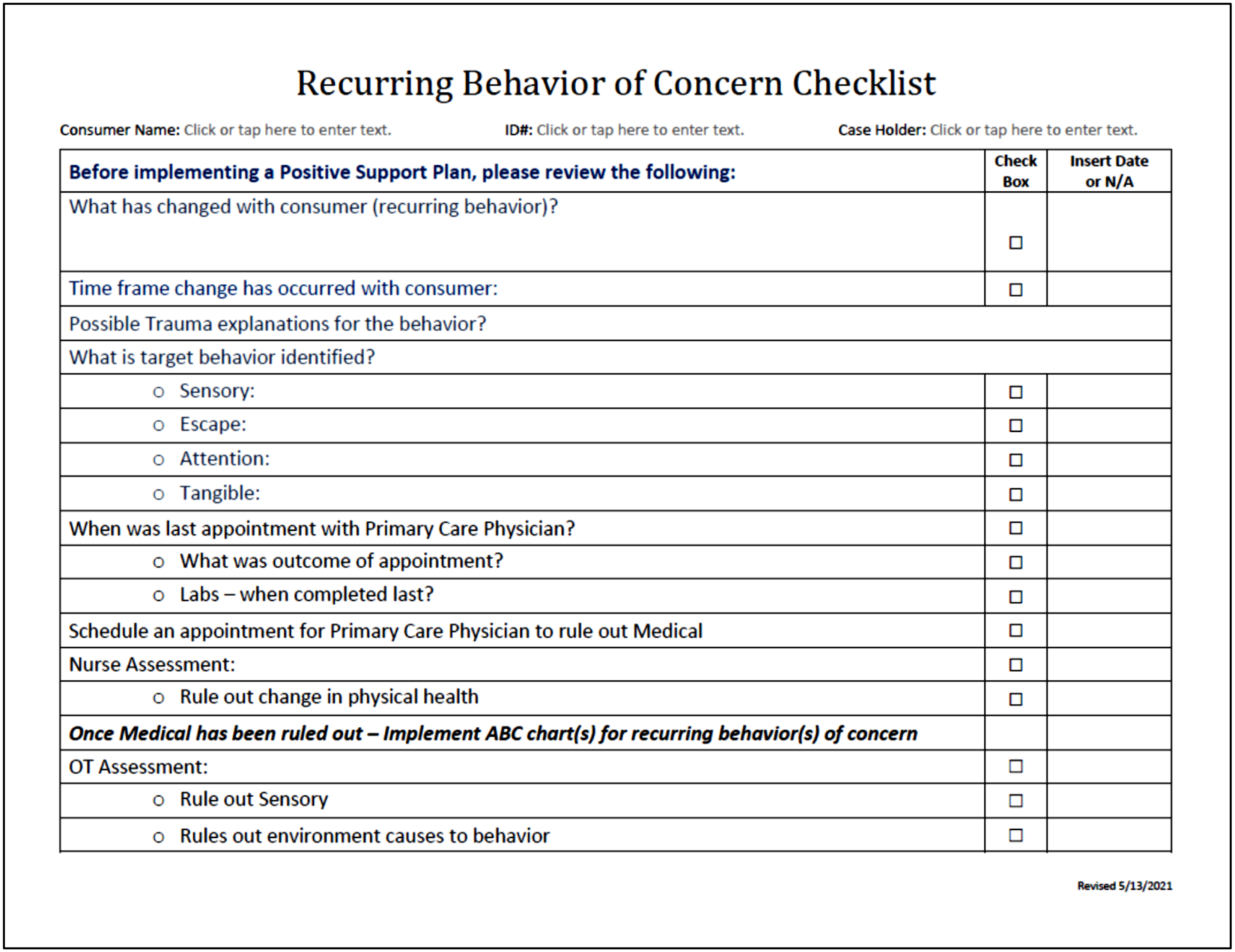
D. SCCMHA Policy 03.02.09 – Behavior Treatment Plan Review Committee (BTPRC)

E. SCCMHA Policy 03.02.10 – Clinical Risk Committee
F. SCCMHA Policy 03.02.20 – Medication Review
G. SCCMHA Policy 03.02.27 – Behavior Treatment Plans (BTPs)

Exhibits:

A. Recurring Behavior of Concern Checklist
B. SCCMHA PRN and/or Medication Review form
C. BTC Medication and Off-Label Use chart

Exhibit A



Recurring Behavior of Concern Checklist

Consumer Name: Click or tap here to enter text. **ID#:** Click or tap here to enter text. **Case Holder:** Click or tap here to enter text.

Before implementing a Positive Support Plan, please review the following:	**Check Box**	**Insert Date or N/A**
What has changed with consumer (recurring behavior)?	☐	
Time frame change has occurred with consumer:	☐	
Possible Trauma explanations for the behavior?		
What is target behavior identified?		
○ Sensory:	☐	
○ Escape:	☐	
○ Attention:	☐	
○ Tangible:	☐	
When was last appointment with Primary Care Physician?	☐	
○ What was outcome of appointment?	☐	
○ Labs – when completed last?	☐	
Schedule an appointment for Primary Care Physician to rule out Medical	☐	
Nurse Assessment:	☐	
○ Rule out change in physical health	☐	
Once Medical has been ruled out – Implement ABC chart(s) for recurring behavior(s) of concern		
OT Assessment:	☐	
○ Rule out Sensory	☐	
○ Rules out environment causes to behavior	☐	

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PT Assessment:	☐	
○ Exercises and equipment to help regain or improve physical ability	☐	
○ Assist with improving/enhancing body mechanics	☐	
Dietary Assessment:	☐	
○ Rule out need of modification of diet	☐	
Speech Assessment:	☐	
○ Improve on speech and ability to understand & express language, including nonverbal language	☐	
○ Rule out swallowing disorder	☐	
○ Rule out communication barrier	☐	
Evidence of prior interventions for challenging behavior (list):		
Once all the above have been ruled out and ABC charts have been collected:		
Prepare a Positive Support Plan (if needed, request Psychological Consultation)	☐	
Request Functional Behavioral Assessment (if restrictive or intrusive interventions are needed)	☐	

Click or tap to enter a date.

Click or tap to enter a date.

X

Case Holder Signature

X

Unit Supervisor Signature

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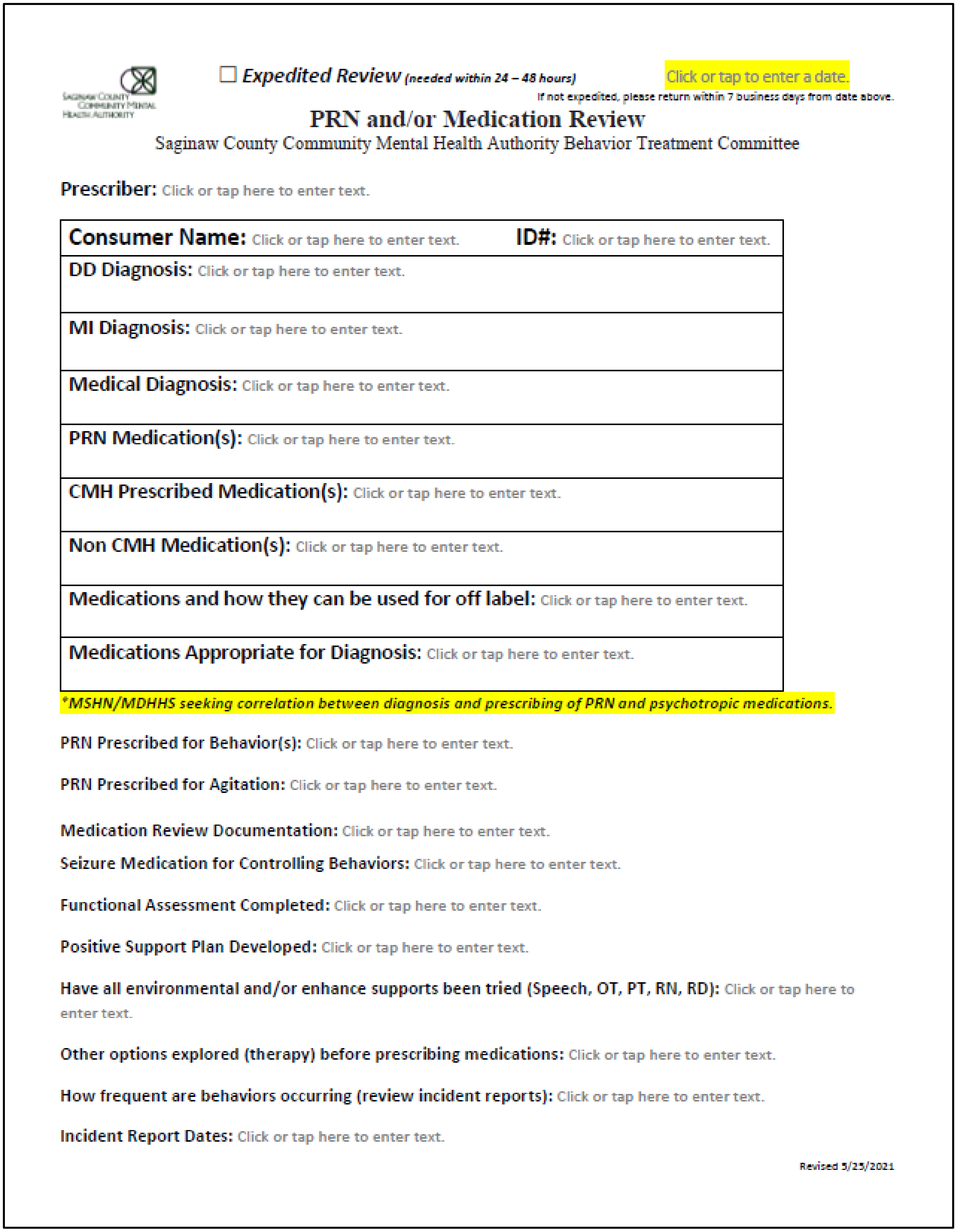
Exhibit B



Saginaw County Community Mental Health Authority

☐ *Expedited Review* ***(needed within 24 – 48 hours)*** Click or tap to enter a date.

If not expedited, please return within 7 business days from date above.

PRN and/or Medication Review

Saginaw County Community Mental Health Authority Behavior Treatment Committee

Prescriber: Click or tap here to enter text.

Consumer Name: Click or tap here to enter text. **ID#:** Click or tap here to enter text.

DD Diagnosis: Click or tap here to enter text.

MI Diagnosis: Click or tap here to enter text.

Medical Diagnosis: Click or tap here to enter text.

PRN Medication(s): Click or tap here to enter text.

CMH Prescribed Medication(s): Click or tap here to enter text.

Non CMH Medication(s): Click or tap here to enter text.

Medications and how they can be used for off label: Click or tap here to enter text.

Medications Appropriate for Diagnosis: Click or tap here to enter text.

MSHN/MDHHS seeking correlation between diagnosis and prescribing of PRN and psychotropic medications.

PRN Prescribed for Behavior(s): Click or tap here to enter text.

PRN Prescribed for Agitation: Click or tap here to enter text.

Medication Review Documentation: Click or tap here to enter text.

Seizure Medication for Controlling Behaviors: Click or tap here to enter text.

Functional Assessment Completed: Click or tap here to enter text.

Positive Support Plan Developed: Click or tap here to enter text.

Have all environmental and/or enhance supports been tried (Speech, OT, PT, RN, RD): Click or tap here to enter text.

Other options explored (therapy) before prescribing medications: Click or tap here to enter text.

How frequent are behaviors occurring (review incident reports): Click or tap here to enter text.

Incident Report Dates: Click or tap here to enter text.

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Additional Information: Click or tap here to enter text.

Prescriber Feedback on PRN and/or Medication(s):

☐Current medications are at the fewest number of medications, are ≤ standard dosages for optimum functioning, are not considered intrusive, and are being prescribed to address specific diagnoses consistent with DSM 5

☐Attempts to lower the number and dosage have occurred in the past and I have determined they are currently at an acceptable maintenance level

☐Consumer is currently undergoing medication titration

☐Medications will be reduced in number to eliminate multiple classes (list medications to be phased out below)

☐PRN medications for behavior have been reviewed any changes have noted below

Prescriber Comments: Click or tap here to enter text.

***REQUIRED:** Prescriber's justification for prescribing medications that are NOT diagnosis specific:

Click or tap here to enter text.

Click or tap to enter a date.

X

Prescriber Signature

Section below to be filled out by BTC Chairperson/Designee:

Sent to Recipient Rights: ☐ Acknowledged & Reviewed

BTC Reviewed PRN and/or Medication(s) on Click or tap to enter a date.

☐ **Approved** ☐ **Denied** **Review at BTC Meeting:** Click or tap to enter a date.

Rational indicating that this plan requires immediate/continued implementation due to a current emergent situation that would be present if the restriction were to be immediately removed: Click or tap here to enter text.

Committee Feedback/Next Steps: Click or tap here to enter text.

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Exhibit C

Medication	Classification	Medication Usage	Off-label Usage
Anxiety Disorder			
Ativan (Lorazepam)	Anxiety	Anxiety disorder, short term relief of symptoms of anxiety, anxiety associated with depressive symptoms. Insomnia due to anxiety or transient stress.	Treatment of alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation (IV administration only) antiemetic for chemotherapy; rapid tranquilization of agitated pt., status epilepticus in children
Atarax (Hydroxyzine, Vistaril)	Antihistamine/anxiety/agitation,	Antiemetic, treatment of anxiety/agitation, antipruritic, prevention of nausea, anxiety preoperatively, vomiting postoperatively	
Buspar (Buspirone)	Anxiety	Management of anxiety disorders. Short-term relief of symptoms. Smoking cessation, depression and seasonal affective disorder, substance abuse	Augmenting medication for antidepressants
Effexor (Venlafaxine)	Antidepressant	Treatment of depression. Treatment of generalized anxiety disorder (GAD), social anxiety disorder (SAD), treatment of panic disorder, with or without agoraphobia	Treatment of ADHD, obsessive-compulsive disorder(OCD), hot flashes, diabetic neuropathy, PTSD
Paxil (Paroxetine)	Antidepressant, antiobsessive-complusive, antianxiety	Treatment of Major Depressive (MDD), treatment of panic disorder, obsessive-compulsive (OCD), Treatment of social anxiety disorder (SAD), generalized anxiety disorder (GAD), premenstrual dysphoric disorder (PMDD), PTSD	Social anxiety in children, self-injurious behavior, treatment of depression and OCD in children
Serax (Oxazepam)	Sedative/hypnotic/antianxiety	Anxiety, alcohol withdrawal	Insomnia
Trazodone (Desyrel)	Antidepressant	Treatment of major depressive disorder (MDD)	

Medication	Classification	Medication Usage	Off-label Usage
Valium (Diazepam)	Antianxiety/skeletal muscle relaxant/anticonvulsant	Short-term anxiety symptoms, relief of acute alcohol withdrawal, adjunct relief of acute musculoskeletal conditions, treatment of seizures	Treatment of panic disorder, short-term relief of spasticity in children with cerebral palsy, sedation for mechanically vented patients in ICU
Xanax (Alprazolam)	Anxiety	Management of generalized anxiety disorder (GAD), short-term relief of symptoms, panic disorder with or without agoraphobia, anxiety associated with depression	Anxiety in children, preoperative anxiety
Attention-Deficit Hyperactivity Disorder (ADHD)			
Amphetamine (Adzenys XR-ODT, Dyanavel XR)	CNS Stimulate	ADHD, Narcolepsy and obesity	
Atomoxetine (Strattera)	Psychotherapeutic agent	ADHD	
Clonidine (Catapres, Kapvay)	Antihypertensive, antiadrenergic agents	Treatment of hypertension alone or in combination with other hyperactive agents. Kapvay treatment of ADHD	Opioid or nicotine withdrawal, prevention of migraine headaches, treatment of diarrhea in diabetes mellitus, treatment of dysmenorrhea, menopausal flushing, alcohol dependence, glaucoma, Clozapine-induced sialorrhea, Tourette's syndrome, insomnia in children
Desipramine (Norpramin)	Antidepressant	Depression	Chronic pain, insomnia, anxiety
Dexmethylphenidate (Focalin, Focalin XR)	CNS Stimulate, psychostimulant	ADHD	
Dextoamphetamine (Dexedrine, ProCentra, Zenzedi)	CNS Stimulate	Narcolepsy, ADHD	
Guanfacine (Intuniv)	Antihypertensive, antiadrenergic agents	ADHD and anxiety in children	
Lisdexamfetamine (Vyvanse)	CNS Stimulate	ADHD, moderate to severe binge eating disorder (BED)	
Methylphenidate (Aptensio XR, Concerta, Cotempla XR-ODT, Daytrana, Focalin, Focalin XR, Jornay PM, Metadate CD, Methylin, Quillivant XR, Ritalin)	CNS Stimulate	ADD, ADHD, narcolepsy (except Concerta, Metadate CD Ritalin LA)	
Mixed amphetamine (dextroamphetamine and	CNS Stimulate	Treatment of narcolepsy (immediate release only), treatment of ADHD	

Medication	Classification	Medication Usage	Off-label Usage
amphetamine salts) (Adderall, Adderall XR, Mydayis)			
Bipolar Disorder			
Abilify (Aripiprazole)	Atypical antipsychotic agent	Schizophrenia, bipolar, adjunct treatment of major depressive disorder. Treatment of irritability associated with autism in children 6-17 years. Tourette disorder	
Depakote (Depakene, Valproic Acid)	Anticonvulsant/ antimanic/antimigraine	Monotherapy/adjunct therapy complex seizures, simple and complex absence seizures. Adjunctive therapy of multiple seizures including absence seizures. Treatment of manic episodes with bipolar, prophylaxis of migraine headaches	Refractory status epilepticus, diabetic neuropathy. Mood stabilizer for behaviors in dementia
Geodon (Ziprasidone)	Atypical antipsychotic	Schizophrenia, acute agitation in patients with schizophrenia. Treatment of acute mania or mixed episodes associated with bipolar disorder with or without psychosis. Maintenance treatment of bipolar as adjunct to lithium or valproic acid	Major Depressive disorder (adjunct to antidepressants)
Invega (Paliperidone)	Atypical antipsychotic	Treatment of schizophrenia and schizoaffective disorder	Treatment of irritability associated with autism disorder
Lamictal (Lamotrigine)	Anticonvulsant	Adjunct therapy in adults and children age 2years of age and older with generalized tonic-clonic seizures, partial seizures and generalized seizures of Lennox-Gastaut syndrome. Conversion to monotherapy in adults treated with another enzyme-inducing antiepileptic drug (Depakote, Carbamazepine,	

Medication	Classification	Medication Usage	Off-label Usage
		Phenobarbital or primidone as the single antiepileptic drug) Long term treatment of bipolar disorder. Treatment of patients 2 years and older with primary generalized tonic-clonic seizures	
Latuda (Lurasidone)	Atypical antipsychotic	Treatment of schizophrenia in adults and adolescents (13-17 years) Treatment of depression associated with bipolar I disorder as monotherapy children 10 and older and as adjunct therapy with lithium or Depakote	
Lithium (Lithobid)	Antimanic	Management of bipolar disorder. Treatment of mania in patients with bipolar disorder.	Augmenting agent for depression
Risperidone (Risperdal)	Atypical antipsychotic	Treatment of schizophrenia, irritability/aggression associated with autistic disease in children. Treatment of acute mania associated with bipolar disorder (monotherapy in children and adults; in combination with lithium or Depakote)	Tourette syndrome, PTSD and major depression
Saphris (Asenapine)	Atypical antipsychotic	Bipolar I disorder and schizophrenia	
Seroquel (Quetiapine)	Atypical antipsychotic	Schizophrenia, acute manic episodes associated with bipolar. Maintenance treatment of bipolar disorder as an adjunct to lithium or Depakote. Treatment of acute depressive episodes associated with bipolar disorder.	Delirium in critically ill, psychosis/agitation related to Alzheimer dementia. Treatment of autism, treatment-resistant obsessive-compulsive disorder
Symbyax (Olanzapine/fluoxetine)	Antidepressant	Treatment of depressive episodes associated with bipolar I disorder and treatment of treatment-	

Medication	Classification	Medication Usage	Off-label Usage
		resistant bipolar depression. Maintenance treatment bipolar I disorder	
Tegretol (Carbamazepine)	Anticonvulsant	Treatment of partial seizures, generalized tonic-clonic seizures, mixed seizure patterns, pain relief of trigeminal, glossopharyngeal neuralgia. Acute and mixed episodes associated with bipolar disorder	Neuropathic pain in critically ill patients
Trileptal (Oxcarbazepine)	Anticonvulsant	Monotherapy, adjunct therapy in treatment of partial seizures in adult. Monotherapy in children 4 years and older, adjunctive therapy in children 2 years and older	Treatment of neuropathic pain and bipolar disorder
Zyprexa (Olanzapine)	Atypical antipsychotic	Schizophrenia, acute mania associated with bipolar I	Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder
Depressive Disorder			
SSRIs			
Celexa (Citalopram)	Antidepressant	Treatment of unipolar major depression	Treatment of alcohol abuse, diabetic neuropathy, obsessive-compulsive disorder, smoking cessation, GAD, panic disorder
Lexapro (Escitalopram)	Antidepressant	Treatment of major depressive disorder, general anxiety disorder	Seasonal affective disorder (SAD) in children and adults, pervasive developmental disorders, vasomotor symptoms associated with menopause
Paxil (Paroxetine)	Antidepressant	Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without	Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism

Medication	Classification	Medication Usage	Off-label Usage
		agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine)	
Prozac (Fluoxetine)	Antidepressant, antiobsessive-compulsive, antianxiety	Major depression disorder, panic disorder, obsessive-compulsive, social anxiety disorder, generalized anxiety disorder, premenstrual dysphoric, post traumatic disorder	Social anxiety in children, self-injurious behavior, treatment of depression and OCD in children
Zoloft (Sertraline)	Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct	Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder	Eating disorders, bulimia nervosa, generalized anxiety disorder
SNRIs			
Cymbalta (Duloxetine)	Antidepressant	Major depression, management of pain associated with diabetic neuropathy or chronic musculoskeletal, generalized anxiety, fibromyalgia	Treatment stress urinary incontinence in women
Effexor XR (Venlafaxine)	Antidepressant	Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia	Treatment ADHD, obsessive-compulsive, hot flashes, diabetic neuropathy, PTSD
Fetzima (Levomilnacipran)	Antidepressant	Major depression	Anxiety
Pristiq (Desvenlafaxine)	Antidepressant	Depression	Generalized anxiety, social anxiety, panic attacks
TCAs			
Elavil (Amitriptyline)	Antidepressant	Treatment of unipolar, major depression	Neuropathic pain, related to diabetic neuropathy or postherpetic neuralgia, migraine, depression in children, PTSD
Pamelor (Nortriptyline)	Antidepressant	Unipolar major depression	Adjunct therapy for smoking cessation, myofascial pain, postherpetic pain, orofacial pain, chronic pain, irritable bowel syndrome
MAOIs			
Emsam (Selegiline)	Antiparkinson, antidepressant	Adjunct to levodopa/carbidopa in	ADHD, early Parkinson disease

Medication	Classification	Medication Usage	Off-label Usage
		treatment of Parkinson, major depression	
Nardil (Phenelzine)	Antidepressant	Depression and anxiety disorder	used off-label as a second- or third-line agent for anxiety disorders such as panic disorder and social anxiety disorder
Other			
Remeron (Mirtazapine)	Antidepressant	Major depressive disorder	
Trazodone (Oleptro)	Antidepressant	Major depressive disorder	Insomnia
Trintellix (Vortioxetine)	Antidepressants	Major depressive disorder	
Wellbutrin (Bupropion)	Antidepressant, smoking cessation aid	Major depression disorder, seasonal affective disorder,	ADHD in children and adults, depression with bipolar disorder
Viibryd (Vilazodone)	Antidepressant	Major depressive disorder	
Seizure Disorder			
Brivaracetam (Briviact)	Anticonvulsant	Monotherapy or adjunct therapy in the treatment of partial-onset seizures in pts 4 years and older with epilepsy	
Carbamazepine (Tegretol)	Anticonvulsant	Tx of partial seizures with complex symptomatology, generalized tonic-seizures, mixed seizure patterns, pain relief of trigeminal, glossopharyngeal neuralgia, acute manic and mixed episodes associated with bipolar	Neuropathic pain in critically ill pts
Clobazam (Onfi)	Anticonvulsant	Adjunctive treatment of seizures associated with Lennox-Gastaut syndrome in pts 2 years of age and older	Catamenial epilepsy, epilepsy
Clonazepam (Klonopin)	Anticonvulsant, antianxiety	Adjunct in TX of Lennox-Gastaut syndrome (petit mal variant epilepsy) akinetic, myoclonic seizures, absence seizures (petit mal) unresponsive to succinimides, tx panic disorder	Burning mouth syndrome, REM sleep behavior disorder, essential tremor
Clorazepate (Tranxene)	anxiolytic, anticonvulsant, sedative, hypnotic, and skeletal muscle relaxant properties	Anxiety, acute alcohol withdrawal, seizures	Insomnia

Medication	Classification	Medication Usage	Off-label Usage
Diazepam (Valium)	Antianxiety, anticonvulsant, skeletal muscle relaxant properties	Short term relief anxiety symptoms, relief acute alcohol withdrawal, adjunct for relief of acute musculoskeletal conditions, seizures	Tx panic disorder, short-term tx of spasticity in children with cerebral palsy, sedation for mechanically vented pts in ICU
Eslicarbazepine (Aptiom)	Anticonvulsant, dibenzazepine anticonvulsant	Tx partial-onset seizures in pts 4 years and older	
Ethosuximide (Zarontin)	Anticonvulsant, anti-epileptic agent	Absence seizure, epilepsy	
Ezogabine (Potiga)	Anticonvulsant, anti-epileptic agent	Tx of partial-onset seizures in adults 18 years and older	
Fosphenytoin (Cerebyx)	Anticonvulsant	Status epilepticus	
Gabapentin (Neurontin)	Anticonvulsant, antineuralgic	Adjunct tx of partial seizures in children 3 years or older, management of postherpetic neuralgia, tx moderate to severe primary restless legs syndrome	Tx of neuropathic pain, diabetic peripheral neuropathy, vasomotor symptoms, fibromyalgia, postoperative pain adjunct
Lacosamide (Vimpat)	Anticonvulsant	Monotherapy or adjunctive therapy for tx of partial-onset seizures in pts 4 years and older	
Lamotrigine (Lamictal)	Anticonvulsant	Adjunctive therapy in adults & children 2 years and older with generalized tonic-clonic seizures, partial seizures, generalized seizures of Lennox-Gastaut syndrome, long term tx bipolar, tx of pts 2 years and older with primary generalized tonic-clonic seizures	
Levetiracetam (Keppra)	Anticonvulsant	Adjunctive therapy partial onset, myoclonic, and/or primary generalized tonic-clonic seizures	
Lorazepam (Ativan)	Antianxiety, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, anti-tremor	Anxiety disorder, short-term relief of symptoms of anxiety, anxiety associated with depressive symptoms, insomnia due to anxiety or transient stress	Tx alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation, antiemetic for chemotherapy; rapid tranquilization of agitated pt, status epilepticus in children

Medication	Classification	Medication Usage	Off-label Usage
Midazolam (Versed)	Sedative, anxiolytic	Sedation, anxiolytic, amnesia before procedure or induction of anesthesia, conscious sedation before diagnostic/radiographic procedure, acute tx of seizure clusters	Anxiety, status epilepticus, conscious sedation
Oxcarbazepine (Trileptal)	Anticonvulsant	Partial seizures in adults, monotherapy in children 4 years and older	Tx of neuropathic pain, bipolar disorder
Perampanel (Fycompa)	Anticonvulsant	Tx seizures in adults and children, partial onset seizures that may or may not develop into general seizures who have epilepsy	Pain management
Phenobarbital	Anticonvulsant	Management of generalized tonic-clonic (grand mal) seizures, partial seizures, control of acute seizure episodes (status epilepticus)	Tx of alcohol withdrawal, sedative/hypnotic withdrawal
Phenytoin (Dilantin)	Anticonvulsant	Management of generalized tonic-clonic (grand mal) seizures, partial seizures, status epilepticus, prevention of seizures following head trauma/neurosurgery	Prevention of early post-traumatic seizures following traumatic brain injury
Pregabalin (Lyrica)	Anticonvulsant, antineuralgic, analgesic	Adjunctive therapy in tx of partial onset seizures, management of neuropathic pain associated with diabetic peripheral neuropathy or spinal cord injury, management of postherpetic neuralgia, fibromyalgia	
Primidone (Mysoline)	Anticonvulsant	Management of psychomotor, generalized tonic-clonic (grand mal) and focal seizures	Tx essential tremor
Rufinamide (Banzel)	Anticonvulsant	Adjunctive therapy to prevent or control seizures associated with Lennox-Gastaut syndrome	

Medication	Classification	Medication Usage	Off-label Usage
Tiagabine (Gabitril)	Anticonvulsant	Adjunctive therapy tx of partial seizures in adults and children 12 years or older	
Topiramate (Topamax)	Anticonvulsant	Monotherapy tx of partial onset or primary generalized tonic-clonic seizures in pts 2 years and older, adjunctive therapy partial onset, primary generalized tonic-clonic seizures or seizures associated with Lennox-Gastaut syndrome in pts 2 years and older, prevention of migraine headache in pts 12 years and older	Neuropathic pain, diabetic neuropathy, prophylaxis of cluster headaches, infantile spasms
Valproic acid (Depakote)	Anticonvulsant, antimanic, antimigraine	Monotherapy/adjunctive therapy of complex partial seizures, simple and complex absence seizures, adjunctive therapy of multiple seizures including absence seizures, tx manic episodes with bipolar disorder, prophylaxis of migraine headaches	Refractory status epilepticus, diabetic neuropathy, mood stabilizer for behaviors in dementia
Vigabatrin (Sabril)	Anti-epileptic	Monotherapy infantile spasms, adjunctive therapy to treat complex partial seizures in adult and children	
Zonisamide (Zonegran)	Anticonvulsant	Adjunctive therapy in tx of partial seizures in adults, children older than 16 years with epilepsy	Bipolar disorder
Insomnia			
Benzodiazepine receptor agonists			
Eszopiclone (Lunesta)	Hypnotic	Insomnia	
Zaleplon (Sonata)	Sedative-Hypnotic	Insomnia	
Zolpidem (Ambien)	Sedative-Hypnotic	Insomnia	
Benzodiazepines			
Estazolam	Sedative-Hypnotic	Insomnia	

Medication	Classification	Medication Usage	Off-label Usage
Flurazepam (Dalmante)	Anxiolytic, anticonvulsant, sedative, hypnotic, and skeletal muscle relaxant properties	Sleep initiation and maintenance disorders	
Lorazepam (Ativan)	Anxiolytic, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, anti-tremor	Anxiety disorders, short term relief of symptoms of anxiety, anxiety associated with depressive symptoms, insomnia due to anxiety or transient stress, status epilepticus, sedation	Tx of alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation, antiemetic for chemotherapy, rapid tranquilization of agitated pt, status epilepticus
Temazepam (Restoril)	Benzodiazepine	Insomnia	
Melatonin receptor agonist			
Ramelteon (Rozerem)	Sedative-hypnotic	Insomnia	
Orexin receptor antagonist			
Suvorexant (Belsomra)	Nonbarbiturate hypnotic	Insomnia	
Multiple Sclerosis (MS)			
Alemtuzumab (Lemtrada)	Monoclonal antibodies	Chronic lymphocytic leukemia and multiple sclerosis	
Daclizumab (Zinbryta)	Monoclonal antibodies	Multiple sclerosis	
Dalfampridine (Ampyra)	Potassium channel blocker	Multiple sclerosis	
Dimethyl fumarate (Tecfidera)	Nrf2 activators	Multiple sclerosis	
Fingolimod (Gilenva)	Sphingosine I-phosphate receptor	Multiple sclerosis	
Glatiramer (Copaxone)	Immunomodulators	Multiple sclerosis	
Interferon beta-1a (Avonex, Rebif)	Interferon	Multiple sclerosis	
Interferon beta-1b (Betaseron, Extavia)	Interferon	Multiple sclerosis	
Mitoxantrone (Novantrone)	Antitumor antibiotic	Multiple sclerosis, prostate cancer, certain types of leukemia	
Natalizumab (Tysabri)	Monoclonal antibodies	Crohn's disease & multiple sclerosis	
Ocrelizumab (Ocrevus)	Monoclonal antibodies	Multiple sclerosis	
Peginterferon beta-1a (Plegridy)	Immunomodulators	Multiple sclerosis	
Siponimod (Mayzent)	Sphingosine I-phosphate receptor	Multiple sclerosis	
Teriflunomide (Aubagio)	Pyrimidine synthesis inhibitor	Multiple sclerosis	
Obsessive Compulsive Disorder (OCD)			
Anafranil (Clomipramine)	Antidepressant	Tx of obsessive-compulsive disorder	Depression, panic attacks
Celexa (Citalopram)	Antidepressant	Treatment of unipolar major depression	Treatment of alcohol abuse, diabetic neuropathy, obsessive-compulsive disorder, smoking cessation, GAD, panic disorder

Medication	Classification	Medication Usage	Off-label Usage
Lexapro (Escitalopram)	Antidepressant	Treatment of major depressive disorder, general anxiety disorder	Seasonal affective disorder (SAD) in children and adults, pervasive developmental disorders, vasomotor symptoms associated with menopause
Luvox (Fluvoxamine)	Antidepressant	Major depression, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric, panic disorder with or without agoraphobia, treatment of resistant or bipolar I (with Olanzapine)	Fibromyalgia, PTSD, Raynaud's phenomena, social anxiety, selective mutism
Paxil (Paroxetine)	Antidepressant	Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine)	Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism
Zoloft (Sertraline)	Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct	Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder	Eating disorders, bulimia nervosa, generalized anxiety disorder
Panic Disorder			
Alprazolam (Ativan)	Anxiolytic, sedative-hypnotic, antiemetic, skeletal muscle relaxant, amnesiac, anticonvulsant, anti-tremor	Anxiety disorder, short-term relief of symptoms of anxiety, anxiety associated with depressive symptoms, insomnia due to anxiety or transient stress	Tx alcohol withdrawal, psychogenic catatonia, partial complex seizures, agitation, antiemetic for chemotherapy; rapid tranquilization of agitated pt, status epilepticus in children
Clonazepam (Klonopin)	Anticonvulsant, antianxiety	Adjunct in tx of Lennox-Gastaut syndrome (petit mal variant epilepsy) akinetic, myoclonic seizures, absence	Burning mouth syndrome, REM sleep behavior disorder, essential tremor

Medication	Classification	Medication Usage	Off-label Usage
		seizures (petit mal) unresponsive to succinimides, tx panic disorder	
Effexor (Venlafaxine)	Antidepressant	Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia	Treatment ADHD, obsessive-compulsive, hot flashes, diabetic neuropathy, PTSD
Paxil (Paroxetine)	Antidepressant	Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine)	Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism
Zoloft (Sertraline)	Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct	Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder	Eating disorders, bulimia nervosa, generalized anxiety disorder
Posttraumatic Stress Disorder PTSD)			
Abilify (Aripiprazole)	Atypical antipsychotic	Tx schizophrenia, bipolar, adjunct treatment in major depressive disorder, tx of irritability associated with autism in children 6-17 years old, Tourette's disorder	Schizoaffective, depression with psychotic features, aggression, bipolar disorder (children), conduct disorder (children) psychosis/agitation related to Alzheimer's dementia
Elavil (Amitriptyline)	Antidepressant	Treatment of unipolar, major depression	Neuropathic pain, related to diabetic neuropathy or postherpetic neuralgia, migraine, depression in children, PTSD
Celexa (Citalopram)	Antidepressant	Treatment of unipolar major depression	Treatment of alcohol abuse, diabetic neuropathy, obsessive-compulsive disorder, smoking cessation, GAD, panic disorder
Depakote (Valproic Acid)	Anticonvulsant, antimanic, antimigraine	Monotherapy/adjunctive therapy of complex partial	Refractory status epilepticus, diabetic neuropathy, mood

Medication	Classification	Medication Usage	Off-label Usage
		seizures, simple and complex absence seizures, adjunctive therapy of multiple seizures including absence seizures, tx manic episodes with bipolar disorder, prophylaxis of migraine headaches	stabilizer for behaviors in dementia
Effexor (Venlafaxine)	Antidepressant	Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia	Treatment ADHD, obsessive-compulsive, hot flashes, diabetic neuropathy, PTSD
Geodon (Ziprasidone)	Atypical Antipsychotic	Tx schizophrenia, acute agitation in pts with schizophrenia, tx of acute mania or mixed episodes associated with bipolar with or without psychosis	Major depressive (adjunct to antidepressant)
Inderal (Propranolol)	Antihypertension, antianginal, antiarrhythmic, antimigraine	Tx of angina pectoris, supraventricular arrhythmias, ventricular tachycardia, symptomatic tx of obstructive hypertrophic, cardiomyopathy, tx of proliferating infantile hemangioma requiring systemic therapy, migraine headache prophylaxis, pheochromocytoma, prevention of MI	Adjunct tx for anxiety, tremor due to Parkinson's disease, alcohol withdrawal, aggressive behavior, schizophrenia, antipsychotic induced akathisia, variceal hemorrhage, acute panic
Lamictal (Lamotrigine)	Anticonvulsant	Adjunctive therapy in adults & children 2 years and older with generalized tonic-clonic seizures, partial seizures, generalized seizures of Lennox-Gastaut syndrome, long term tx bipolar, tx of pts 2 years and older with primary generalized tonic-clonic seizures	
Lexapro (Escitalopram)	Antidepressant	Treatment of major depressive disorder, general anxiety disorder	Seasonal affective disorder (SAD) in children and adults, pervasive developmental

Medication	Classification	Medication Usage	Off-label Usage
			disorders, vasomotor symptoms associated with menopause
Minipress (Prazosin)	Alpha-1 blocker	Treats high blood pressure	Treat nightmares of PTSD, anxiety, stress
Nardil (Phenelzine)	Antidepressant	Depression and anxiety disorder	Used off-labeled as a second or third line agency for anxiety
Paxil (Paroxetine)	Antidepressant	Major depression disorder, obsessive-compulsive, binge eating and vomiting in moderate to severe bulimia nervosa, premenstrual dysphoric disorder (PMDD), panic disorder with or without agoraphobia, treatment of resistant or bipolar I depression (with Olanzapine)	Treatment of fibromyalgia, PTSD, Raynaud's phenomena, social anxiety disorder, selective mutism
Prozac (Fluoxetine)	Antidepressant, antiobsessive-compulsive, antianxiety	Major depression disorder, panic disorder, obsessive-compulsive, social anxiety disorder, generalized anxiety disorder, premenstrual dysphoric, post traumatic disorder	Social anxiety in children, self-injurious behavior, treatment of depression and OCD in children
Risperdal (Risperidone)	Antimanic, Atypical antipsychotic	Tx of schizophrenia, irritability/aggression associated with Autistic children, tx of acute mania associated with bipolar	Tourette's' syndrome, PTSD, major depressive disorder
Seroquel (Quetiapine)	Atypical antipsychotic	Tx of schizophrenia, acute manic episodes associated with bipolar, maintenance tx bipolar disorder as an adjunct to lithium or Depakote, tx of acute depressive episodes associated with bipolar disorder	Delirium in critically ill, psychosis/agitation related Alzheimer's, treatment of Autism, treatment resistant obsessive-compulsive
Tofranil (Imipramine)	Antidepressant	Tx of depression and nerve pain	Tx of bedwetting of children 6 years and older, tx of PTSD, general anxiety, depression that occurs with anxiety
Topamax (Topiramate)	Anticonvulsant	Monotherapy tx of partial onset or primary	Neuropathic pain, diabetic neuropathy, prophylaxis of

Medication	Classification	Medication Usage	Off-label Usage
		generalized tonic-clonic seizures in pts 2 years and older, adjunctive therapy partial onset, primary generalized tonic-clonic seizures or seizures associated with Lennox-Gastaut syndrome in pts 2 years and older, prevention of migraine headache in pts 12 years and older	cluster headaches, infantile spasms
Zoloft (Sertraline)	Antidepressant, anxiolytic, obsessive-compulsive disorder adjunct	Major depression disorder, panic disorder, obsessive-compulsive, PTSD, premenstrual dysphoric, general anxiety disorder	Eating disorders, bulimia nervosa, generalized anxiety disorder
Zyprexa (Olanzapine)	Atypical antipsychotic	Schizophrenia, acute mania associated with bipolar I	Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder
Psychotic Disorders			
Abilify (Aripiprazole)	Atypical antipsychotic	Tx schizophrenia, bipolar, adjunct treatment in major depressive disorder, tx of irritability associated with autism in children 6-17 years old, Tourette's disorder	Schizoaffective, depression with psychotic features, aggression, bipolar disorder (children), conduct disorder (children) psychosis/agitation related to Alzheimer's dementia
Clozaril (Clozapine)	Atypical antipsychotic	Management of severely ill schizophrenic pts who have failed to respond to other antipsychotic therapy, tx of recurrent suicidal behavior in schizophrenia or schizoaffective	Schizoaffective, bipolar, childhood psychosis, obsessive-compulsive, agitation related to Alzheimer's disease
Fanapt (Iloperidone)	Atypical antipsychotic	Acute treatment of schizophrenia	
Geodon (Ziprasidone)	Atypical Antipsychotic	Tx schizophrenia, acute agitation in pts with schizophrenia, tx of acute mania or mixed episodes associated with bipolar with or without psychosis	Major depressive (adjunct to antidepressant)

Medication	Classification	Medication Usage	Off-label Usage
Haldol (Haloperidol)	Antipsychotic, antiemetic, antidyskinetic	Schizophrenia, Tourette's disorder, severe behavioral problems in children with combative explosive hyperexcitability without immediate provocation, management of psychotic disorder, short-term of hyperactive children	Treatment of nonschizophrenia psychosis, psychosis, alcohol dependence, psychosis/agitation related to Alzheimer's dementia, emergency sedation of severely agitation/psychotic pts
Invega (Paliperidone)	Atypical antipsychotic	Treatment of schizophrenia and schizoaffective disorder	Treatment of irritability associated with autism disorder
Latuda (Lurasidone)	Atypical antipsychotic	Treatment of schizophrenia in adults and adolescents (13-17 years) Treatment of depression associated with bipolar I disorder as monotherapy children 10 and older and as adjunct therapy with lithium or Depakote	
Loxapine (Adasuve)	Antipsychotic (1st generation)	Tx of acute treatment of agitation associated with schizophrenia or bipolar I	Tx of irritability with adolescents with Autism as add on therapy
Mellaril (Thioridazine)	Phenothiazine	Schizophrenia, can help to prevent suicide in people who are likely to harm themselves, reduce aggression and desire to hurt others	
Navane (Thiothixene)	Antipsychotic of the thioxanthene series	Schizophrenia and psychosis with bipolar	
Nuplazid (Pimavanserin)	Atypical antipsychotic	Tx of Parkinson's disease psychosis	Being researched for treatment of Alzheimer's disease psychosis, schizophrenia, agitation, and major depressive disorder
Prolixin (Fluphenazine)	Antipsychotic (1st generation)	Schizophrenia, management of manifestations of psychotic disorders	Manage chronic tic disorders and Huntington disease for control of abnormal movements and chorea
Rexulti (Brexpiprazole)	Atypical antipsychotic	Schizophrenia depression, adjunct treatment for depression	Borderline personality disorder, bipolar disorder
Risperdal (Risperidone)	Antimanic, Atypical antipsychotic	Tx of schizophrenia, irritability/aggression associated with Autistic	Tourette's' syndrome, PTSD, major depressive disorder

Medication	Classification	Medication Usage	Off-label Usage
		children, tx of acute mania associated with bipolar	
Saphris (Asenapine)	Atypical antipsychotic	Bipolar I disorder and schizophrenia	
Seroquel (Quetiapine)	Atypical antipsychotic	Tx of schizophrenia, acute manic episodes associated with bipolar, maintenance tx bipolar disorder as an adjunct to lithium or Depakote, tx of acute depressive episodes associated with bipolar disorder	Delirium in critically ill, psychosis/agitation related to Alzheimer dementia. Treatment of autism, treatment-resistant obsessive-compulsive disorder
Thorazine (Chlorpromazine)	Antipsychotic (1st generation)	Schizophrenia, psychotic disorders, manic phase of bipolar, severe behavioral problems in children, nausea and vomiting, anxiety before surgery, intractable hiccups, acute intermittent Porphyria	Migraine headache, treatment of dementia
Vraylar (Cariprazine)	Atypical antipsychotic	Schizophrenia, bipolar mania, bipolar depression	Psychosis/agitation associated with dementia
Zyprexa (Olanzapine)	Atypical antipsychotic	Schizophrenia, acute mania associated with bipolar I	Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder
Schizophrenia			
Abilify (Aripiprazole)	Atypical antipsychotic	Tx schizophrenia, bipolar, adjunct treatment in major depressive disorder, tx of irritability associated with autism in children 6-17 years old, Tourette's disorder	Schizoaffective, depression with psychotic features, aggression, bipolar disorder (children), conduct disorder (children) psychosis/agitation related to Alzheimer's dementia
Clozaril (Clozapine)	Atypical antipsychotic	Management of severely ill schizophrenic pts who have failed to respond to other antipsychotic therapy, tx of recurrent suicidal	Schizoaffective, bipolar, childhood psychosis, obsessive-compulsive, agitation related to Alzheimer's disease
Fanapt (Iloperidone)	Atypical antipsychotic	Acute treatment of schizophrenia	
Geodon (Ziprasidone)	Atypical Antipsychotic	Tx schizophrenia, acute agitation in pts with schizophrenia, tx of acute	Major depressive (adjunct to antidepressant)

Medication	Classification	Medication Usage	Off-label Usage
		mania or mixed episodes associated with bipolar with or without psychosis	
Haldol (Haloperidol)	Antipsychotic, antiemetic, antidyskinetic	Schizophrenia, Tourette's disorder, severe behavioral problems in children with combative explosive hyperexcitability without immediate provocation, management of psychotic disorder, short-term of hyperactive children	Treatment of nonschizophrenia psychosis, psychosis, alcohol dependence, psychosis/agitation related to Alzheimer's dementia, emergency sedation of severely agitation/psychotic pts
Invega (Paliperidone)	Atypical antipsychotic	Treatment of schizophrenia and schizoaffective disorder	Treatment of irritability associated with autism disorder
Latuda (Lurasidone)	Atypical antipsychotic	Treatment of schizophrenia in adults and adolescents (13-17 years) Treatment of depression associated with bipolar I disorder as monotherapy children 10 and older and as adjunct therapy with lithium or Depakote	
Loxapine (Adasuve)	Antipsychotic (1st generation)	Tx of acute treatment of agitation associated with schizophrenia or bipolar I	Tx of irritability with adolescents with Autism as add on therapy
Mellaril (Thioridazine)	Phenothiazine	Schizophrenia, can help to prevent suicide in people who are likely to harm themselves, reduce aggression and desire to hurt others	
Navane (Thiothixene)	Antipsychotic of the thioxanthene series	Schizophrenia and psychosis with bipolar	
Nuplazid (Pimavanserin)	Atypical antipsychotic	Tx of Parkinson's disease psychosis	Being researched for treatment of Alzheimer's disease psychosis, schizophrenia, agitation, and major depressive disorder
Prolixin (Fluphenazine)	Antipsychotic (1st generation)	Schizophrenia, management of manifestations of psychotic disorders	Manage chronic tic disorders and Huntington disease for control of abnormal movements and chorea
Rexulti (Brexpiprazole)	Atypical antipsychotic	Schizophrenia depression, adjunctive treatment for depression	Borderline personality disorder, bipolar disorder

Medication	Classification	Medication Usage	Off-label Usage
Risperdal (Risperidone)	Antimanic, Atypical antipsychotic	Tx of schizophrenia, irritability/aggression associated with Autistic children, tx of acute mania associated with bipolar	Tourette's' syndrome, PTSD, major depressive disorder
Saphris (Asenapine)	Atypical antipsychotic	Bipolar I disorder and schizophrenia	
Seroquel (Quetiapine)	Atypical antipsychotic	Tx of schizophrenia, acute manic episodes associated with bipolar, maintenance tx bipolar disorder as an adjunct to lithium or Depakote, tx of acute depressive episodes associated with bipolar disorder	Delirium in critically ill, psychosis/agitation related to Alzheimer dementia. Treatment of autism, treatment-resistant obsessive-compulsive disorder
Thorazine (Chlorpromazine)	Antipsychotic (1st generation)	Schizophrenia, psychotic disorders, manic phase of bipolar, severe behavioral problems in children, nausea and vomiting, anxiety before surgery, intractable hiccups, acute intermittent Porphyria	Migraine headache, treatment of dementia
Vraylar (Cariprazine)	Atypical antipsychotic	Schizophrenia, bipolar mania, bipolar depression	Psychosis/agitation associated with dementia
Zyprexa (Olanzapine)	Atypical antipsychotic	Schizophrenia, acute mania associated with bipolar I	Prevention of chemotherapy induced nausea/vomiting. Acute treatment of delirium. Treatment of anorexia nervosa, Tourette syndrome, tic disorder

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Prescribing Controlled Substances	**Chapter**: 03 – Continuum of Care	**Subject No**: 03.02.37
Effective Date: 2/14/19	**Date of Review/Revision**: 6/12/19, 10/5/20, 10/18/21	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Chief of Health Services & Utilization Management **Author:** Barbara Glassheim **Additional Reviewers**: SCCMHA Service Management Team, Medical Director
	Supersedes:	

Purpose:

The purpose of this policy is to ensure SCCMHA’s compliance with statutes enacted by the Michigan Legislature in response to concerns regarding the misuse of controlled substances. These statutes impose specific requirements on prescribers who prescribe controlled substances and on pharmacists who fill those prescriptions.

Policy:

Background:

According to the State of Michigan, prescription drug misuse is a serious problem and drug overdose deaths have been on the rise across the state. Two types of prescription drugs are the leading cause of misuse. These are painkillers (opioids) and tranquilizers (benzodiazepines). Opioids include both illegal drugs, such as heroin, and prescription pain medicines. Common opioids used to treat pain include oxycodone, hydrocodone, morphine, methadone, and codeine.

A development in the opioid crisis has been the increase of synthetic opioids. Synthetic opioids are chemically manufactured drugs. Synthetic opioids that are appearing across Michigan include fentanyl and carfentanil. These drugs are far more powerful and deadly than other opioids. Synthetic opioids are often mixed with heroin. Heroin users are often unaware that these powerful drugs are mixed into their heroin. Synthetic opioids have been contributing to the increase in overdose deaths (per Reference E.).

Policy:

In an effort to promote the health and well-being as well as assure the safety of persons served, licensed prescribers within the SCCMHA provider network shall refrain from prescribing opioids to consumers and adhere to the standards for prescribing controlled substances delineated in this policy.

Application:
This policy applies to all licensed prescribers within the SCCMHA service delivery network.

Standards:

A. Before a controlled substance is prescribed to a consumer in an outpatient setting[1], the prescriber shall provide the following to the consumer and their family as indicated and with the consent of the adult consumer:
   1. Education regarding the controlled substance.
   2. Instructions regarding how to properly dispose of an expired, unused, or unwanted controlled substance.
   3. Information regarding the penalties for distribution of a controlled substance in Michigan.

      NOTE: In Michigan, a guilty conviction for manufacturing, creating, delivering, or possessing with intent to manufacture, create, or deliver a controlled substance may result in a felony.
   4. Require the consumer to enter into a controlled substance use contract that stipulates the frequency, circumstances, and parameters around the criteria for the prescriber to prescribe, and continue prescribing, the controlled substances as well as the reasons and rationale when the prescriber will no longer prescribe the controlled substance (see Exhibit A and Exhibit B).
   5. Review the SCCMHA Controlled Substance Agreement with the consumer and ensure the consumer understands the agreement using Teach-Back.

B. SCCMHA will uphold sanctions that the State of Michigan imposes on prescribers who fail to provide adult consumers as well as minors and their guardians with proper education regarding the risks of misuse.

C. A licensed prescriber shall not prescribe a controlled substance listed in Schedules II – V unless the prescriber has a bona-fide prescriber-patient relationship with the consumer as defined in relevant legislation (PA 101 of 2018) which includes the following conditions:
   1. The prescriber has reviewed the consumer's medical or clinical records and completed a full assessment of the consumer's medical history and current medical condition, including a relevant medical evaluation of the consumer conducted in person or via telehealth.
   2. The prescriber has created and maintained records of the consumer's condition in accordance with medically accepted standards.

D. If the prescriber provides a controlled substance, the prescriber shall provide follow-up care to the consumer to monitor the efficacy of the use of the controlled substance as a treatment of the consumer's medical condition.
   1. If the prescriber is unable to provide follow-up care, they shall refer the consumer to the consumer's primary care provider for follow-up care.

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[1] This requirement does not apply if the controlled substance is prescribed for use in an inpatient setting.

a. If the consumer does not have a primary care provider, the prescriber shall refer the consumer to a licensed prescriber who is geographically accessible to the consumer.

Definitions:

Bona-Fide Prescriber-Patient Relationship: A relationship in which the provider has ongoing responsibility for the assessment, care, and treatment of a patient's medical condition and where the provider has reviewed the consumer's medical or clinical records and completed a full assessment of the consumer's medical history and current medical condition, including a relevant medical evaluation of the consumer conducted in person or via telehealth and maintains records of the consumer's condition in accordance with medically accepted standards.

Drug Schedules: According to the DEA (US Drug Enforcement Administration), drugs, substances, and certain chemicals used to make drugs are classified into five (5) distinct categories or schedules depending upon the drug's acceptable medical use and the drug's abuse or dependency potential. The abuse rate is a determinate factor in the scheduling of the drug; for example, Schedule I drugs have a high potential for misuse and the potential to create severe psychological and/or physical dependence. As the drug schedule changes (i.e., Schedule II, Schedule III, etc.), so does the abuse potential. Schedule V drugs represent the least potential for abuse.

Schedule I drugs, substances, or chemicals are defined as drugs with no currently accepted medical use and a high potential for abuse. Examples of Schedule I drugs include: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), 3,4-methylenedioxymethamphetamine (ecstasy), methaqualone, and peyote.

Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Examples of Schedule II drugs include: Combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin.

Schedule III drugs, substances, or chemicals are defined as drugs with a moderate to low potential for physical and psychological dependence. Schedule III drugs abuse potential is less than Schedule I and Schedule II drugs but more than Schedule IV. Examples of Schedule III drugs include: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, and testosterone.

Schedule IV drugs, substances, or chemicals are defined as drugs with a low potential for abuse and low risk of dependence. Examples of Schedule IV drugs include: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, and Tramadol.

Schedule V drugs, substances, or chemicals are defined as drugs with lower potential for abuse than Schedule IV and consist of preparations containing limited quantities of certain narcotics. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes. Examples of Schedule V drugs include: cough preparations with less than 200 milligrams of codeine or per 100 milliliters (Robitussin AC), Lomotil, Motofen, Lyrica, and Parepectolin.

Michigan Automated Prescription System (MAPS): Michigan's prescription drug monitoring program (PDMP) which is administered by the Department of Licensing and Regulatory Affairs (LARA). MAPS is a software tool that provides prescribers and dispensers with real-time prescription data and analytics regarding controlled substances and Schedules II – V drugs that have been dispensed. MAPS assists clinicians in making informed decisions and provides resources to better assess a patient's risk for a substance use disorder.

Prescribers: Physicians, dentists, physician assistants, and nurse practitioners who prescribe controlled substances. Prescribers of controlled medications must register with the DEA (Drug Enforcement Administration) as well as comply with applicable state licensure laws.

References:

A. Public Act 247 of 2017: http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2017-PA-0247.pdf
B. Public Act 249 of 2017: http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2017-PA-0249.pdf
C. Public Act 101 of 2018: http://www.legislature.mi.gov/documents/2017-2018/publicact/pdf/2018-PA-0101.pdf
D. SCCMHA Policy 03.02.38 – Prescription Monitoring Program Compliance
E. SCCMHA Policy 02.03.09.39 – Teach-Back
F. State of Michigan OUD information and resources: https://www.michigan.gov/opioids/

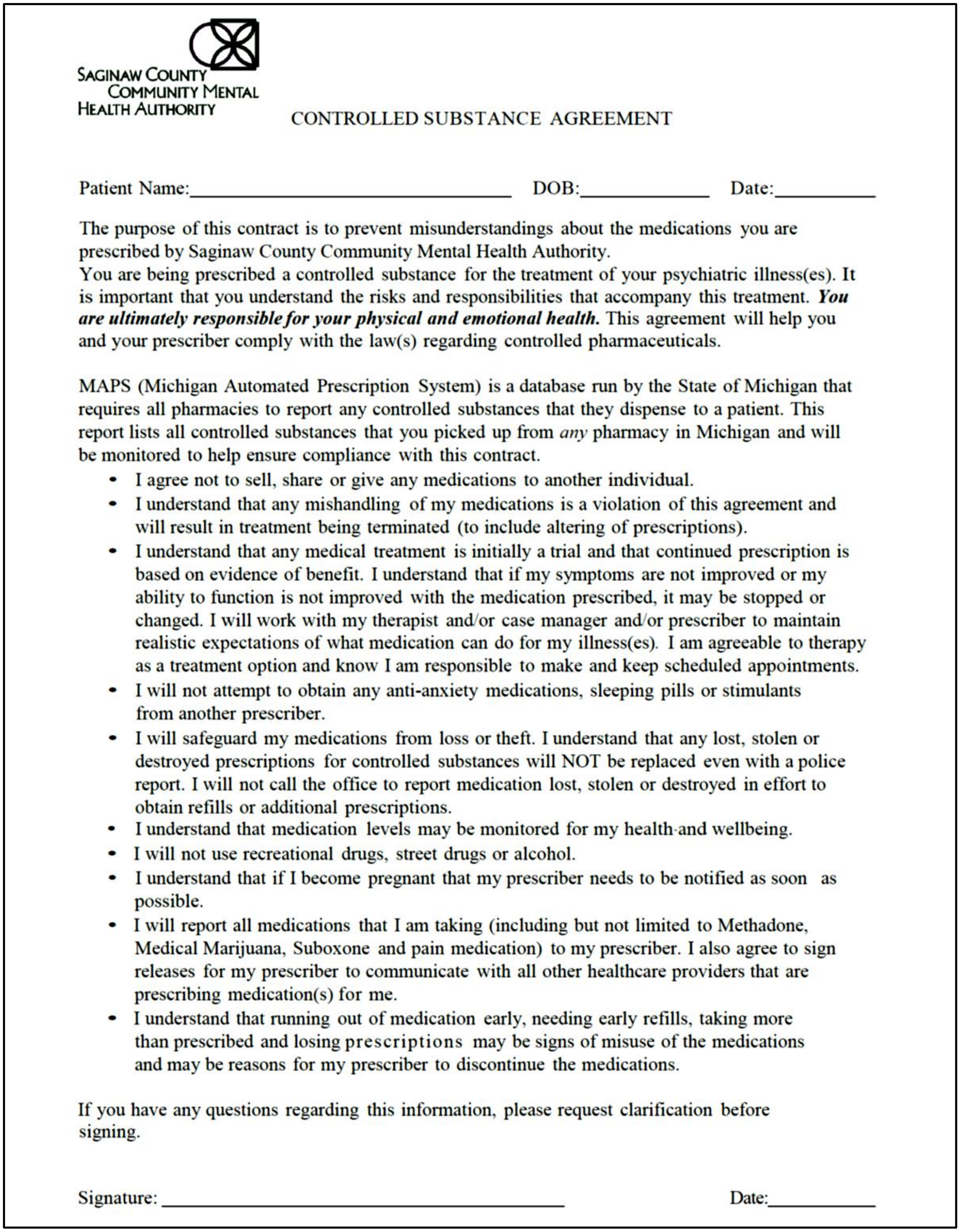
Exhibits:

A. SCCMHA Controlled Substance Agreement – Adult
B. SCCMHA Controlled Substance Agreement – Child/Adolescent

Procedure:

None

Exhibit A



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

CONTROLLED SUBSTANCE AGREEMENT

Patient Name:________________________________ DOB:____________ Date:__________

The purpose of this contract is to prevent misunderstandings about the medications you are prescribed by Saginaw County Community Mental Health Authority.
You are being prescribed a controlled substance for the treatment of your psychiatric illness(es). It is important that you understand the risks and responsibilities that accompany this treatment. ***You are ultimately responsible for your physical and emotional health.*** This agreement will help you and your prescriber comply with the law(s) regarding controlled pharmaceuticals.

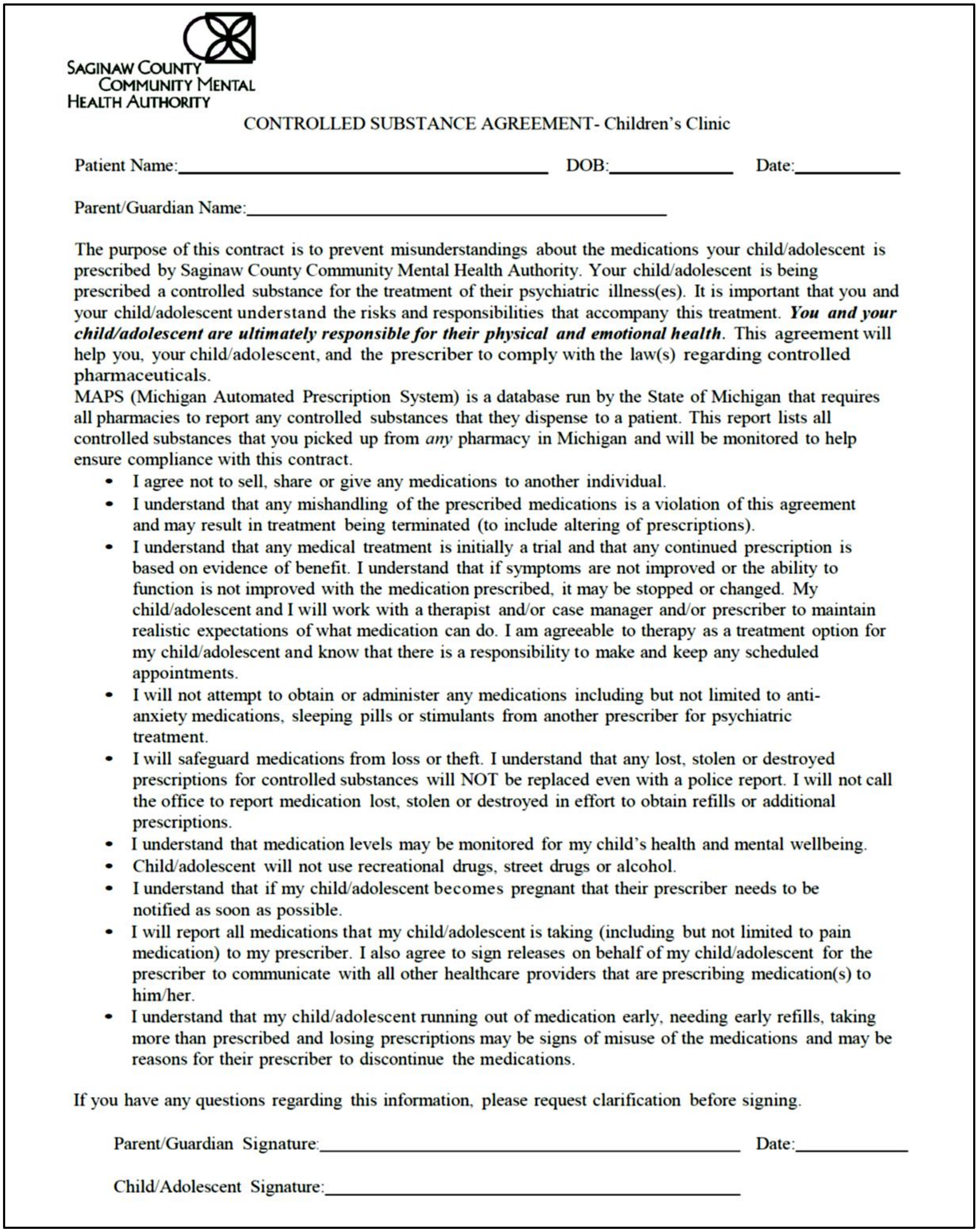
MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of my medications is a violation of this agreement and will result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that continued prescription is based on evidence of benefit. I understand that if my symptoms are not improved or my ability to function is not improved with the medication prescribed, it may be stopped or changed. I will work with my therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do for my illness(es). I am agreeable to therapy as a treatment option and know I am responsible to make and keep scheduled appointments.
- I will not attempt to obtain any anti-anxiety medications, sleeping pills or stimulants from another prescriber.
- I will safeguard my medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my health and wellbeing.
- I will not use recreational drugs, street drugs or alcohol.
- I understand that if I become pregnant that my prescriber needs to be notified as soon as possible.
- I will report all medications that I am taking (including but not limited to Methadone, Medical Marijuana, Suboxone and pain medication) to my prescriber. I also agree to sign releases for my prescriber to communicate with all other healthcare providers that are prescribing medication(s) for me.
- I understand that running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for my prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Signature: ______________________________________ Date:__________

Exhibit B



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

CONTROLLED SUBSTANCE AGREEMENT- Children's Clinic

Patient Name:______________________ DOB:__________ Date:__________

Parent/Guardian Name:______________________

The purpose of this contract is to prevent misunderstandings about the medications your child/adolescent is prescribed by Saginaw County Community Mental Health Authority. Your child/adolescent is being prescribed a controlled substance for the treatment of their psychiatric illness(es). It is important that you and your child/adolescent understand the risks and responsibilities that accompany this treatment. ***You and your child/adolescent are ultimately responsible for their physical and emotional health***. This agreement will help you, your child/adolescent, and the prescriber to comply with the law(s) regarding controlled pharmaceuticals.

MAPS (Michigan Automated Prescription System) is a database run by the State of Michigan that requires all pharmacies to report any controlled substances that they dispense to a patient. This report lists all controlled substances that you picked up from *any* pharmacy in Michigan and will be monitored to help ensure compliance with this contract.

- I agree not to sell, share or give any medications to another individual.
- I understand that any mishandling of the prescribed medications is a violation of this agreement and may result in treatment being terminated (to include altering of prescriptions).
- I understand that any medical treatment is initially a trial and that any continued prescription is based on evidence of benefit. I understand that if symptoms are not improved or the ability to function is not improved with the medication prescribed, it may be stopped or changed. My child/adolescent and I will work with a therapist and/or case manager and/or prescriber to maintain realistic expectations of what medication can do. I am agreeable to therapy as a treatment option for my child/adolescent and know that there is a responsibility to make and keep any scheduled appointments.
- I will not attempt to obtain or administer any medications including but not limited to anti-anxiety medications, sleeping pills or stimulants from another prescriber for psychiatric treatment.
- I will safeguard medications from loss or theft. I understand that any lost, stolen or destroyed prescriptions for controlled substances will NOT be replaced even with a police report. I will not call the office to report medication lost, stolen or destroyed in effort to obtain refills or additional prescriptions.
- I understand that medication levels may be monitored for my child's health and mental wellbeing.
- Child/adolescent will not use recreational drugs, street drugs or alcohol.
- I understand that if my child/adolescent becomes pregnant that their prescriber needs to be notified as soon as possible.
- I will report all medications that my child/adolescent is taking (including but not limited to pain medication) to my prescriber. I also agree to sign releases on behalf of my child/adolescent for the prescriber to communicate with all other healthcare providers that are prescribing medication(s) to him/her.
- I understand that my child/adolescent running out of medication early, needing early refills, taking more than prescribed and losing prescriptions may be signs of misuse of the medications and may be reasons for their prescriber to discontinue the medications.

If you have any questions regarding this information, please request clarification before signing.

Parent/Guardian Signature:______________________ Date:__________

Child/Adolescent Signature:______________________

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

<table>
<tr><td>Subject: Whole-Person Care</td><td>Chapter: 03 – Continuum of Care</td><td>Subject No: 03.02.46</td></tr>
<tr><td rowspan="2">Effective Date: 11/02/21</td><td>Date of Review/Revision:</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO
Responsible Director:
Chief of Health Services & Utilization Management
Authored By: Colleen Sproul, Barbara Glassheim
Additional Reviewers:
SCCMHA Service Management Team</td></tr>
<tr><td>Supersedes: 10.01.02 – Health Home Services</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

Purpose:
The purpose of this policy is to delineate the services and supports provided by SCCMHA which are designed to improve consumer outcomes by addressing whole-person health care needs through the provision of comprehensive, integrated behavioral health (mental health and substance use disorder) treatment, general health care, and care coordination and management services as well as improve the consumer's experience of care, improve population health, and reduce the per capita cost of health care spending.

Application:
This policy applies to all SCCMHA-funded providers and programs.

Policy:
Background:

More than one in four Americans have multiple (two or more) concurrent chronic health conditions or chronic illnesses. Chronic health conditions include physical health illnesses such as diabetes, heart disease and hypertension as well as mental health conditions such as severe mental illnesses, substance use disorders, dementia and other cognitive disorders, and intellectual/developmental disabilities. The prevalence of multiple chronic health conditions increases with age and is substantial among older adults, even though many Americans with multiple chronic health conditions are under the age of sixty-five. As the number of chronic conditions in an individual increase, the risk of mortality, poor functional status, unnecessary hospitalizations, adverse drug events, duplicative tests, and conflicting medical advice all increase as well.

In addition to the above statistics, it has been well-documented that adults with severe mental illness (SMI) have significantly higher mortality rates and die, on average, twenty-five years earlier than their counterparts in the general population. Those with substance use disorders experience even shorter life spans. Furthermore, their deaths are frequently attributable to preventable or treatable health conditions such as diabetes, heart disease and hypertension. Mortality increases substantially when adults with SMI have a co-occurring substance use disorder. Additionally, behavioral health treatment approaches can contribute to high risk health conditions. An example is second generation antipsychotic medications (SGAs) which are highly associated with weight gain, diabetes, abnormal cholesterol levels and metabolic syndrome.

The State of Michigan made a commitment to implementing **Medicaid Health Homes** in 2014-2015 through a State Plan Amendment in response to Section 1945 within Title XIX of the Social Security Act of the Affordable Care Act of 2010, which allowed States to amend their state plan amendments to provide care coordination services through Health Homes for individuals with multiple chronic health conditions.

The focus of the Michigan health home model, initiated on July 1, 2014, was targeted toward Medicaid beneficiaries with SMI. The health home promoted a model of service delivery made up of six components – (1) comprehensive care management; (2) care coordination; (3) health promotion; (4) comprehensive transitional care from inpatient to other settings, including follow-up; (5) individual and family support services; and (6) referral to community and social support services (each of which are described in the standards below) to provide care management and coordination services centered on the integration of behavioral and physical health objectives, with the expressed intention to transform the way care teams organize and coordinate care. Additionally, it was intended that this change involved the coordination of population health data and information in care management, the use of health information technology and the use of evidence-based care management guidelines.

The Protecting Access to Medicare Act (PAMA) of 2014 requires the establishment of demonstration programs to improve community behavioral health services and funded as part of Medicaid. PAMA specifies criteria for **Certified Community Behavioral Health Clinics (CCBHCs)**. These criteria fall into six areas: (1) staffing, (2) availability and accessibility of services, (3) care coordination, (4) scope of services, (5) quality and other reporting, and (6) organizational authority.

In 2020 SCCMHA[1] began to participate in a two-year SAMHSA (Substance Abuse and Mental Health Services Administration) expansion grant-funded opportunity to transform into a CCBHC. And, in 2021, SCCMHA began to participate in a two-year CCBHC MDHHS (Michigan Department of Health and Human Services) SAMHSA demonstration grant-funded opportunity that includes a key element for sustainability of CCBHCs: enhanced reimbursement via a value-based prospective payment system with performance incentives. CCBHC builds on the foundation of the health home components and expands access to services for eligible populations.

In keeping with CCBHC criteria, SCCMHA serves all consumers with mental illness, substance use disorders, and severe emotional disturbance as well as those with an intellectual/developmental disability and co-occurring mental illness and/or substance use disorder with a focus on whole health and comprehensive access to a full range of medical, behavioral and supportive services. SCCMHA also provides the nine types of CCBHC core services: (1) crisis mental health services including a 24-hour mobile crisis team, emergency crisis intervention, and crisis stabilization; (2) screening, assessment, and diagnosis including risk assessment; (3) patient-Centered treatment planning, including risk assessment and crisis planning; (4) outpatient mental health and substance use disorder services; (5) outpatient clinic primary care screening and monitoring of key health indicators and health risk; (6) targeted case management; (7) psychiatric rehabilitation services; (8) peer support, counselor services, and family support services; and (9) intensive community-based mental health care for members of the armed forces and veterans.

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[1] SCCMHA's efforts to integrate behavioral health and general health care began several years ago and these efforts were subsequently supported by federal and state funding from grants. SCCMHA applied to SAMHSA for a PBHCI (Primary and Behavioral Health Care Integration) grant in 2012 and was awarded funds in 2014. SCCMHA was part of a SAMHSA award to MDHHS by SAMHSA for a PIPBHC (Promoting Integration of Primary and Behavioral Health Care) grant along with CMHSPs in Barry and Shiawassee counties in 2018.

In an effort to address the above-noted health disparities using the Health Home and CCBHC models, SCCMHA focuses on whole-person-centered care through comprehensive population management that addresses all stages of health and disease with the goal of maximizing the consumer's current functionality and preventing the development of additional chronic conditions and their complications.

Overall, SCCMHA seeks to provide self-management support to empower consumers to self-manage their care, collaborate with providers, and to maintain their health. SCCMHA helps consumers to become engaged in their own care by assessing their level of activation and addressing deficits through self-management support strategies that include both education, coaching and motivational interviewing.

In addition, SCCMHA has worked to redesign the care system that consumers interact with by forming interdisciplinary treatment teams that are characterized by established roles, effective communication, and mechanisms for coordinating care between members of the team in a seamless manner.

Care coordination, a central component of the SCCMHA delivery system, is a key strategy for ensuring that consumers do not "fall through the cracks". Consumers most likely to benefit from care coordination include those living with a mental health and/or substance use disorder with higher utilization of services and those living with multiple comorbid conditions. Complex care management within the SCCMHA service delivery structure focuses upon consumer activation and education along with disease management. The interdisciplinary treatment team assesses each consumer's level of ability to engage in their own self-care and provides ongoing monitoring of the consumer's participation in and response to treatment. Specific team members such as RNs (registered nurses), PTs (physical therapists), MAs (medical assistants), OTs (occupational therapists), Speech and Language Therapists, RDs (registered dieticians), CHWs (community health workers), and peers, along with the rest of the team (e.g., psychiatrists, case managers, therapists, employment specialists, housing specialists, etc.) utilize their unique skills and training to enhance comprehensive whole-health care service delivery.

Policy:

The SCCMHA service array shall include comprehensive care management for consumers with complex comorbidities, care coordination, health promotion, comprehensive transitional care, individual and family support services and referrals to community and social support services provided in a manner that is based upon the unique needs and conditions of each consumer served. Furthermore, services shall be provided in a person/family-centered, developmentally appropriate, trauma-informed, recovery-oriented, culturally/linguistically competent manner and in accordance with nationally accepted standards as described below using shared decision-making approaches to empower consumers and their families.

Standards:

A. **Population served:** SCCMHA shall serve consumers with a mental health condition, substance use disorder, severe emotional disturbance, intellectual/developmental disability and one or more chronic health conditions as well as those who are at risk of developing a chronic health condition.
   1. Individuals seeking eligibility for SCCMHA services shall be screened at intake (per the Eligibility Assessment and Determination for Consumers Requesting SCCMHA Services policy – 09.06.07.01) and triaged based upon acuity of need.
   2. Consumers shall be identified for whole-person care services at the time of admission through the use of population health data stratification (derived from Care Connect 360 and ZENITH-ICDP[2]) as well as through quality improvement initiatives.
      a. Consumers' claims data shall be reviewed at admission using Care Connect 360 data, which generates individualized encounter data profiles, which group similar diagnoses for Emergency Department (ED) and inpatient utilization, in addition to pharmacy, primary and specialty care, and psychiatric services

B. **Other populations served:** SCCMHA shall serve children and youth with a serious emotional disorder as well as individuals with an intellectual/developmental disability who have a co-occurring mental health and/or substance use diagnosis.
   1. Incorporating the same identification methodology above, children and youth are identified for participation in whole-person care with the goal to improve primary care engagement and connectivity, increased adherence to EPSDT services including immunizations and to address the prevalence of obesity in this group.

C. A **health assessment** shall be completed for each consumer served which shall include appropriate **testing to monitor health status**.
   1. Consumers who elect to participate in whole-person care shall be assessed for self-identified chronic health conditions, level of activation and overall rating of their health status
   2. All enrollees shall be offered baseline, six month and annual health testing and screening.
   3. Consumers shall be assessed at initial enrollment for chronic health conditions identified through existing databases (Care Connect 360 or ZENITH-ICDP) in addition to the identified chronic health conditions within the initial assessment (in the EHR).
      a. Baseline **health metrics** shall be taken at this appointment, which include six-month and annual health testing.
         1). Testing at baseline for adults shall include CLIA waived administration of HbA1c, lipid panel, blood pressure, BMI, waist circumference, and carbon monoxide levels.

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[2] ICDP = Integrated Care Delivery Platform

        2). Testing at baseline for children shall include blood pressure, weight, height and waist circumference.
        3). A nurse or MA shall administer biometrics at regular intervals or at least every six months as well as annual lipid panel and HbA1c tests for adults.
    b. **Health literacy** score, self-assessment of overall health, current perception of level of pain, as well as the establishment of a consumer identified wellness goal, shall be part of the initial and annual assessments.
    c. Information shall be shared with primary care providers and documented within the appropriate electronic health records (EHRs).
    d. Based upon the overall health status of the consumer, a nurse or other general health care professional shall review the assessment and make recommendations to the consumer's interdisciplinary treatment team, including the consumer's case holder, for wellness education, nutritional support or initiate a referral to the Enhanced Health Services department for assessment.
    e. Consumers shall be encouraged to make an appointment with their primary care provider.
        1). SCCMHA shall schedule appointments with the on-site primary care provider via that provider's s HER scheduling module.
    f. If the consumer identifies a primary care physician other than SCCMHA's on-site provider, the RN or Medical Assistant (MA) shall contact the provider with the information gathered in the assessment and, with the consumer's or guardian's consent, share the wellness goal(s) established by the consumer.

4. A **Personal Health Review** shall be conducted at the time of admission into specialty services and documented in the EHR.
    a. Consumers presenting with multiple chronic health conditions shall be immediately referred to the SCCMHA Health Home and Wellness Center for outreach and engagement.
        1). Case holders shall be apprised at the time of admission to recognize the need for management of identified chronic health conditions within the Person-Centered Plan.
    b. Adult consumers shall be assessed for the following chronic health conditions: hypertension, obesity, diabetes, COPD/asthma, kidney function/disease. (See Exhibit H)
    c. A personal health review shall be conducted and routine screening for obesity and elevated blood pressure shall be provided to children/adolescents. (See Exhibit I)

        d. The **Patient Stress Questionnaire**[3] shall be administered to adult consumers along with screening for suicidality (PHQ-9) and the DAST-10 (Drug Abuse Screening Test) and AUDIT-C as indicated as well as the CTAC Trauma Screening Checklist, GAD-7 for anxiety, and the Columbia-Suicide Severity Rating Scale .
        e. Adolescent consumers shall be administered a PHQ-A to screen for depression, the CRAFFT+N to screen for substance use issues, the CTAC Trauma Screening Checklist, and the ASQ for suicidality.
    5. **Medication reconciliation** shall be performed at the time of intake, at each six-month biometric testing, and as part of comprehensive transitional care.
       NOTE: Medication reconciliation is required as part of the **9-Touch** protocol after hospital inpatient discharge (Care Transition Policy).

D. SCCMHA shall ensure that each consumer has a **comprehensive care plan** that includes the provision of services that are quality-driven, cost effective, culturally appropriate, trauma-informed, person-/family centered, developmentally appropriate, and evidenced-based.

    1. An interdisciplinary team shall develop a **care plan** that is guided by the consumer and includes person-centered health goals or a **"wellness goal"** that incorporates self-management objectives.
    2. The assessment and consumer **wellness goal** shall determine recommendations to the consumer.
    3. SCCMHA shall provide access to **community and social support services** as a focus within the person-centered plan, including access to the clubhouse and the wellness-focused SCCMHA-funded Drop-In Center to further support adult individuals in their overall **recovery** goals.
    4. The **person-centered plan** shall address the general (i.e., physical health) needs as well as behavioral health needs, and shared with the consumer and the consumer's identified primary physical health care provider.
        a. Ongoing monitoring of the person-centered plan shall be conducted and updates shall be made as needed or on an annual basis at a minimum by the case holder (per SCCMHA policy 02.03.03).
    5. The consumer's **cultural preferences** shall be taken into consideration with the overall goal of health care integration that is achieved by informing and coordinating all care with the consumer's identified physical health providers.

E. **Care coordination** services shall be provided to each consumer that include, but are not limited to: an individualized plan of care; prevention and health promotion; general healthcare; mental health and substance use disorder treatment; linkages to community support and social services; employment; housing; educational systems comprehensive care management for consumers with complex comorbidities; transitional care from the hospital to the community;.

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[3] The Patient Stress Questionnaire is adapted from PHQ-9 (Patient Health Questionnaire), GAD7 Scale (Generalized Anxiety Disorder), PC-PTSD (Primary Care PTSD Screen) and AUDIT (Alcohol Use Disorders Identification Test).

1. **Communication** as part of **care coordination** will occur at the time of transition between inpatient and outpatient care, changes in level of care and with outpatient care providers in accordance with SCCMHA Policy 10.01.01.01 – Care Transitions which outlines the “9-Touch” approach and specifies a series of assessment, face-to-face meetings, medication reconciliation and other transition of care activities specific to hospital discharge back to home or community.
2. **Care coordination with consumer’s primary care physician** shall be initiated to ensure that consumers have access to hospital and specialty medical care.
    a. As part of the person-centered planning process (in accordance with SCCMHA policies 0.3.02.01 and 02.03.03), the consumer’s overall health and nutrition status will be reviewed and a determination made as to whether there are issues to bring to the attention of the primary health care provider.

    b. In close communication with identified physical health providers, interdisciplinary treatment team members shall monitor and assess consumer health for acuity and exacerbation of identified chronic health conditions or for life-threatening conditions that require immediate attention.

    NOTE: SCCMHA staff is trained to immediately contact emergency transportation to transport a consumer to the nearby emergency room for care for consumers who report or present with symptoms that indicate a medical crisis.

    d. Care coordination shall be provided in conjunction with case holders and physical health providers to ensure that consumers follow up with referrals to specialty medical providers and follow consumers for three weeks post hospital discharge with the 9-Touch protocol that utilizes face-to-face visits to assess recovery from treatment.

    e. The **physician assigned by the Medicaid Health Plan (MHP)** will be indicated in the electronic health record as the Primary Health Care Physician for the consumer.

        1). Each consumer will be routinely asked to update or identify the name of their primary care physician (in accordance SCCMHA policy).

        2). Each consumer will be requested to consent to allow for SCCMHA to coordinate care with the identified primary health care provider if consent is not present or current for that provider.

        3). Consumers who do not identify a primary care physician at the time of intake shall be recommended to select the physical health provider co-located at SCCMHA and contact their MHP to inform the MHP of their selection.

    4). The absence of a primary care provider shall be indicated as a health and safety concern in the consumer's Individual Plan of Service.
    5). If the consumer prefers to select from other available physicians, the consumer shall be provided education on how to contact their MHP to identify a primary care provider.

F. SCCMHA service delivery shall encompass **continuing care strategies**, including care coordination and transitional care from the hospital to the community as well as the full array of SCCMHA and community-based services and supports.
  1. **Comprehensive transitional care** from inpatient to other settings, including follow-up, shall encompass a set of actions that are designed to ensure the coordination and continuity of health care, and consider the consumer's goals, preferences and clinical status.
    a. Activities shall include (but not be limited to):
      1). Receiving notification of discharges and admissions from hospitals and other care facilities.
      2). Performing outreach to consumers to ensure appropriate follow-up after transition.
      3). Reviewing discharge summaries.
      4). Conducting medication reconciliation.
      5). Assessing a consumer's risk status to reduce avoidable readmissions.
    b. **Admissions, discharges and transfers (ADTs)** transmitted through the **HIE** (health information exchange) shall be reviewed twice daily for the purpose of tracking all admissions, discharges and transfers.
      1). Consumers who transition from one setting to another shall be assessed for level of care based upon diagnoses.
      2). Interdisciplinary treatment teams shall be notified of consumer activity.
      3). Interdisciplinary treatment teams shall meet to determine the level of support needed by the consumer and their natural support system to ensure that the consumer is provided adequate and appropriate support and follow-up for smooth transitions of care that optimize the potential for positive outcomes.

G. The interdisciplinary treatment team shall ensure that a **full array of services** is available and coordinated.
  1. Any **gaps** in treatment shall be identified and services outside of SCCMHA shall be arranged when necessary.
    a. Any **gaps in behavioral health treatment** shall be identified and services outside of SCCMHA shall be arranged when necessary in conjunction with the case holder.

        b. Any **gaps in physical health care** shall be identified through ongoing assessment and communicated to the consumer's primary care provider.
            1). Activities shall include, but not be limited to:
                a). Ensuring follow-up with specialist and ancillary provider referrals initiated by the primary care physician for routine or post hospitalization care.
                b). Securing referrals from the consumer's primary care physician for PT, OT and Speech and Language Therapy assessment when indicated.
                c). Assisting consumers in obtaining DME (durable medical equipment) or a script for DME from the prescribing provider.
                d). Assisting the consumer in accessing or securing referrals for community provided health education classes.
                e). Assisting the consumer in accessing dental care.
                f). Providing navigation assistance to consumers who request assistance in managing their health care.
    2. All referrals and follow-up conducted to ensure the efficacy of those referrals shall be documented in the consumer's HER.

H. SCCMHA shall offer services that include **prevention and health promotion**, general healthcare, mental health and substance use disorder treatment, and linkages to long-term care services and other community supports and resources.
    1. **Health education**, especially education that focuses upon management of chronic health conditions, shall be targeted to consumers and their families when appropriate.
        a. This education shall include teaching the consumer about how to manage their mental and physical health, pursue recovery and wellness including exercise, diet and nutrition.
        b. Classes for diabetes, hypertension, asthma, smoking/tobacco/vaping cessation, safe sex, and managing high cholesterol shall be provided or made available to consumers in accordance with need and identified health goals.
        c. Approaches for educating consumers shall be predicated on the administration of a health literacy evaluation (Exhibit E) and engagement of consumers as well as their family or support systems, consider reading and numeracy comprehension, learning styles and other factors that may impact the ability to understand and follow a plan of care.
    2. **Health promotion** activities shall include the provision of health education to the consumer (and their identified family member[s] when appropriate) that is specific to the consumer's chronic illness or needs as identified in the assessment.
    3. SCCMHA shall help consumers access the following health and wellness activities and programs:

    a. Smoking cessation program
    b. Journey for Control Diabetes classes
    c. Drop-In Blood Pressure Clinics
    d. DIMENSIONS: Tobacco Free Program
    e. Peer walking appointments
    f. Nutritional assessment and education
    g. Weight Loss Class and Mindful Eating
    h. Diabetes education classes
    i. SCCMHA-sponsored Consumer Health Fairs
    j. Education that focuses on self-management of hypertension
    k. Yoga
    l. SCCMHA's Learning Links programs for consumers
    m. WHAM (Whole Health Action Management) provided by the Friends for Recovery Drop-In Center
    n. myStrength^{TM}
    o. Auricular Acupuncture (National Acupuncture Detoxification Association (NADA) Acupuncture)
  4. One-to-one educational sessions shall also be made available to consumers who prefer individual support.
  5. SCCMHA shall provide access to interventions for consumers, as clinically indicated, in order to improve and support personal health goals, including, but not limited to:
    a. Cognitive Behavior Therapy
    b. Integrated Dual Disorders Treatment groups (for co-occurring mental health and substance use disorders)
    c. TREM (Trauma Recovery and Empowerment Model) groups
    d. DBT (Dialectical Behavior Therapy)
    e. FPE (Family Psychoeducation)
    f. Motivational Enhancement Therapy
    g. Medication Assisted Treatment (MAT)
    h. Seeking Safety
    i. Ask Me 3
    j. 5 A's
    k. SBIRT/YSBIRT (Screening, Brief Intervention, Referral to Treatment)

I. **Individual and family support services** provided by SCCMHA shall include the coordination of access to and delivery of services that support effective management of chronic conditions.

J. **Referral to community and social support services**[4] by SCCMHA shall include, but not be limited to, the establishment of referral and follow-up procedures in order to ensure that consumers in need of community-based social support services are assisted to overcome access or service barriers in a manner that fosters the development of self-efficacy and builds self-management skills.

  1. Referrals to community and social support shall entail facilitating access to support assistance for individuals to address medical, behavioral,

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[4] It is well established that by addressing the social determinants of health, overall health is improved.

educational, social and community issues that may impact overall health and address **social determinants of health (SDOH)** as needed.

    a. SCCMHA shall develop collaborative relationships with community and/or social support services.
    b. The Saginaw Community Care HUB shall provide a central referral registry and contract with Community Care Agencies (CCAs) that employ Community Health Workers (CHWs).
        1). CHWs shall be available to assist consumers in addressing relevant SDOH as well as the systems that are in place to deal with acute illnesses and chronic health conditions.
    c. Consumers shall be offered and encouraged to join in peer support organizations, self-help groups, senior centers, exercise facilities and other community-based programs based upon their preferences.
    d. **Transportation** shall be provided to overcome attendance barriers.

2. All referrals and follow-up conducted to ensure the efficacy of those referrals shall be documented in the consumer's HER.

K. **Disease management services** shall be individualized and target identified chronic illnesses provided through the use of consumer level claims data encounters.

L. SCCMHA shall endeavor to maintain a close collaboration in a partly **integrated system** or level 4[5] Health Home and Wellness Center whereby mental health and health care providers share the same site and have some shared systems, such as scheduling and charting, as well as regular face-to-face interactions among primary care and SCCMHA behavioral health providers, coordinated treatment plans for patients with complex needs, and a basic understanding of each other's roles and culture[6].

1. While job descriptions outline **roles and responsibilities** that align with professional scope of practice, **interdisciplinary treatment team** members shall present their services as a team without designation of role to the consumer in order to offer the consumer their own **"wellness" team** which is focused upon the consumer's overall health and wellness as well as on the provision of support for the consumer's health improvement efforts from anyone on the team.
2. **Primary health care** shall be provided **on-site** at SCCMHA's main location in the Health Home and Wellness Center.
    a. The designated PCP (primary care provider) shall provide a primary care practitioner, nurse (RN) and medical assistant (MA) three days per week to the SCCMHA Health Home and Wellness Center through a Memorandum of Understanding (MOU).
    b. SCCMHA consumers may opt to receive care at this co-located physical health clinic by identifying this PCP as their primary care provider to their Managed Care Organization.

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[5] The level of integration is most aptly described by Doherty, McDaniel and Baird (1995, 1996) who proposed the first classification for integrated health care by identifying five levels of collaboration and integration.

[6] "We are a team in the care of consumers" best describes the level of care integration at this time (Collins, et.al., 2010; Peek, 2007; Reynolds, 2006: Seaburn, Lorenz, Gunn, Gawinski & Mauksch, 1996; Strohsal, 1998).

3. The consumer's **primary care provider** shall be considered part of the team as is the case holder, peer support specialist (PSS), wellness specialist, behavioral health consultant, physical therapist (PT), occupational therapist (OT), registered dietician (RD), RN, and, in some cases, a Community Health Worker (CHW) along with the psychiatrist, case manager, and therapist.
4. Health Home and Wellness Center team members shall conduct a "huddle" each day before the clinic opens to review consumer information, including behavioral health diagnosis, risk level, recent ED admissions and overdue annual labs, including information related to a consumer's physical health care appointments within the co-located physical health care provider clinic.
5. Consumers shall receive **behavioral health care** based upon their specific needs in the initial assessment and/or when presenting for psychiatric inpatient care.
    a. **Behavioral health care** shall be provided to consumers through the SCCMHA specialty Medicaid benefit and their services shall be complimented by the presence of a Behavioral Health Consultant (BHC) who shall be present during on-site PCP clinic hours.
    b. Consumers enrolled with the on-site primary health care clinic shall have the assistance of a fully licensed master's social worker (LMSW) who provides behavioral health consultation during primary care visits.
        1). While it is the express purpose of the BHC to address needs of consumers in real time during an office visit with brief interventions and follow up as needed, the BHC shall maintain direct contact with the consumer's case holder and shall coordinate necessary support if the consumer presents with immediate needs.
    c. Psychiatrists and other SCCMHA practitioners, including complimentary providers such as OT, PT, RD, the SCCMHA Health Educator, peer support specialists, and wellness coaches shall be located within the same physical space as the physical health clinic and interact with consumers who are physically present within the SCCMHA Health Home and Wellness Center.
6. SCCMHA shall staff an **on-site laboratory** for lab draws for both psychiatric and primary care physician providers as well as house a full-service **pharmacy** which is located on the same floor within close proximity of Health Home and Wellness Center.

M. The Health Home and Wellness Center shall provide services during **core business hours**, 8:00 a.m. – 6:00 p.m. five days per week and shall coordinate these hours with the on-site physical health provider that provides services between 8:30 a.m. – 4:45 p.m. three days per week.
1. Health Home and Wellness center personnel and complimentary staff shall be available during core business hours and conduct care coordination and wellness services five days per week.

    a. **Walk-ins** without a prior appointment shall be welcomed into the Health Home and Wellness Center.

2. Additional resources shall be made available through the designated primary care provider's other clinics with walk-in capacity that are located within the vicinity of SCCMHA.
3. SCCMHA shall provide twenty four-hour, seven-day per week response to consumers with emergency health care needs including mental health and substance use disorder treatment access.
    a. Case holders shall serve as the initial point of contact when a consumer is requesting access to Health Home and Wellness Center services outside of core business hours, 8:00 a.m. – 6:00 p.m. Monday through Friday.
4. SCCMHA-employed psychiatric providers, including mid-level practitioners, shall be located within a few steps of the physical health clinic and shall be available during core business hours for consultation with the on-site primary care provider or behavioral health services.
    a. Health Home and Wellness Center staff shall be available during core business hours and can be reached by case holders to arrange or secure access to health care services or primary care visits for the consumers they serve.
5. Consumers may contact Health Home and Wellness Center staff directly by telephone to arrange for **wellness consultation** and may schedule appointments in conjunction with their psychiatrist visit or medication reviews, therapy appointments, prescription pick-up, or for laboratory services (which are all located on the same floor in one location).
6. SCCMHA staff shall access the PCP's EHR for the purpose of advance scheduling, same day scheduling of physician office appointments at the PCP clinic, and viewing scheduled physical health appointments.
    a. Health Home and Wellness Center staff shall routinely review case management scheduled appointments and psychiatric appointments to connect with consumers who have either no-showed their appointments with the Health Home and Wellness Center or PCP practitioner or who are due for follow up appointments or services.
7. SCCMHA's front desk staff shall aid in scheduling consumers who are scheduled for a physician office visit and are able to schedule follow up visits upon conclusion of their visit.
8. **Outbound phone calls** to consumers for appointment reminders, no-show follow-up, and wellness checks shall be performed as part of comprehensive care management that includes reporting of blood sugar and blood pressure readings, monitoring exercise activity, food logs and assistance with transportation to provider appointments and community and social supports.
    a. Frequent outbound telephone calls shall be initiated to consumers to follow up with lab value results, emergency room encounters, coordination of **transportation** to and from physical health provider

appointments including specialist providers as well as dentists and optometrists.

1). The Health Home and Wellness Center Specialist shall place reminder calls to consumers who are either enrolled or would benefit from enrollment in self-management classes such as diabetes, smoking cessation and nutritional education.

    a). The Health Home and Wellness Center Specialist shall reach out to consumers who are registered as well as contact potential consumers and their case holders to assess their interest in participating.

N. **Health information technology (HIT)** shall be used to inform and facilitate the work of the Health Home and Wellness Center and to guide quality improvement efforts.

1. Data shall be used at the population and individual levels to inform clinical decision-making, provide feedback to clinicians and consumers, as well as to deliver reminders to providers and consumers.
2. Information shall be gathered to identify consumers who are at greater risk of morbidity and mortality due to multiple chronic health conditions, hospitalizations, and re-admissions at the time of eligibility determination and throughout their enrollment in SCCMHA specialty benefit services.
3. Clinical decision-making, care plan development, and quality improvement activities shall be informed by ongoing surveillance and data mining of two Medicaid claims databases populated by the State of Michigan.
    a. SCCMHA shall utilize available clinical information systems, **ZENITH-ICDP** and **Care Connect 360**, which capture and report population-level data for the purpose of clinical decision-making and care coordination for SCCMHA adult consumers with chronic health conditions.

       NOTE: This data is organized at the aggregate and individual level with the intention of optimizing individual outcomes and influencing quality improvement.

       NOTE: Claims data is aggregated for the purpose of grouping chronic health conditions to inform clinical decision-making.
    b. SCCMHA shall collect and analyze data obtained through Care Connect 360 which includes medical and behavioral health claims data that provide summaries of consumer institutional encounters.
    c. SCCMHA shall utilize notification of admissions, discharges and transfers (ADTs) for SCCMHA consumers which are communicated twice daily through the ZENITH-ICDP site and transmitted via the Health Information Exchange (HIE).

       NOTE: Individual consumers are identified with their chronic health conditions, including behavioral health conditions.

NOTE: Risk status is calculated by ZENITH-ICDP using a predictive modeling tool, LACE, and it is noted within the consumer profile.

NOTE: The reason for admission is documented and LACE scoring is used to predict the level of risk a consumer has for readmission to the hospital.

1). This data shall be reviewed by the Supervisor of Clinical Practice and other team members for the purpose of identifying consumers who may be at risk of hospital readmission.
    - a). Consumers who are at high risk shall be identified and assigned to a nurse who coordinates with the consumer's case holder to ensure the transition of care using the 9-Touch protocol for that consumer.
    - b). Consumers who are identified as admitted to a hospital inpatient setting shall be assessed by a nurse for transition of care protocols and care coordination to ensure that the consumer successfully transitions from inpatient care back to their home or to the community.
    - c). Interventions and assessments shall be documented within the electronic health record.
    - d). Additional data (from Care Connect 360 and ZENITH-ICDP) shall also be reviewed at the time of admission into SCCMHA's services.

4. Interdisciplinary treatment teams shall utilize SCCMHA's **electronic health record** for the purpose of viewing and documenting physical and behavioral health information collected in the chart documents.
    - a. Information regarding health indicators, health education and health promotion activities, individual contacts and overall risk status shall be used to inform clinical decision making.
        - 1. Health metrics are captured in SCCMHA's EHR in the "Vitals" section. Information collected includes blood pressure, lipid panel, A1c, BMI, waist circumference and CO levels.

O. SCCMHA shall provide **cross-system, bi-directional** primary care and behavioral health **staff training** on integrated care as well as foster greater awareness and understanding of both mental illness, substance use disorder and physical health issues that impact consumers as well as the cultures of both primary and behavioral health care. Trainings may include, but not be limited to the following:

1. Consumer Health (physical health conditions)
2. Taking Care of Yourself (physical and emotional health conditions)
3. Understanding Disabilities
4. Understanding Medications
5. Integrated Treatment of Co-occurring Mental Health & Substance Use Disorders

    6. Modifying Approaches and Medications Used to Treat the Disease of Opiate Addiction
    7. PTSD and Substance Abuse Disorder
    8. The Medical Aspects of Behavioral Health and the Role of Behaviorism in Recovery
    9. Trauma 101
    10. Virtual Hallucinations
    11. CBT for Hoarding Disorder
    12. Mental Health Ambassador Training
    13. Mental Health First Aid

P. SCCMHA shall engage in **quality improvement (QI) activities** with Performance Improvement Projects (PIPs) reported to the SCCMHA Board of Directors.
    1. SCCMHA shall conduct surveys of **consumer satisfaction** in order to inform care processes and ascertain areas for improvement (see Exhibit H).
    2. Performance Improvement Projects shall include diabetes screening for consumers taking second generation antipsychotics (SGAs) and blood pressure monitoring for consumers with uncontrolled hypertension.
    3. SCCMHA will use population health methodologies to stratify consumers for prioritization of interventions, work flow improvements and aligning resources.
    4. SCCMHA will actively initiate **PDSA** (Plan-Do-Study-Act) cycles to process information and data.

Q. SCCMHA will collaborate with its PCP partner to implement and **maintain shared plans of care**.

R. SCCMHA shall make the option of **telehealth** visits available to consumers who wish to meet virtually.

Definitions:

9-Touch Protocol: A model which assesses for successful care coordination and team planning of transition from hospital to home that specifies a series of assessment, face-to-face meetings, medication reconciliation and other transition of care activities specific to hospital discharge back to home or community. The protocol also includes assessment of supports, and adherence to medical discharge directions, understanding of medical conditions, and arranging follow-up care post discharge.

Auricular Acupuncture: A standardized 1- to 5-point auricular needling protocol that is delivered in a group setting as part of a treatment program for substance use disorders as well as other behavioral health conditions (e.g., PTSD, depression, stress).

"Better Together": SCCMHA, with the support of SCCMHA Human Resources and the Health Home team, develop, staff and promote a wellness education and awareness program that includes lunch and learns, screening clinics and educational sessions that focus upon consumer and SCCMHA employee wellness. These opportunities are open to both consumers and employees of SCCMHA. "Better Together" identifies topical health issues or themes and develops learning opportunities to support self-management. Based upon population health data from Care Connect 360, "Better Together" 2016 focused upon uncontrolled hypertension due to its prevalence as the leading chronic health condition among SCCMHA consumers.

Care Coordination: Care management activities that include the implementation of the care plan through appropriate linkages, referrals, coordination and follow-up to needed services and support.

Chronic Illnesses: Conditions that last a year or more and require ongoing medical attention and/or limit activities of daily living.

Community Health Worker: A frontline public health worker who is a trusted member of and/or has an unusually close understanding of the community served. This trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services and improve the quality and cultural competence of service delivery. A CHW also builds individual and community capacity by increasing health knowledge and self-sufficiency through a range of activities such as outreach, community education, informal counseling, social support and advocacy. (American Public Health Association Community Health Worker Section, 2009)

Comprehensive Care Management: The identification, assessment and monitoring of populations likely to benefit from Health Home services

Culture: The beliefs, customs, social norms, and material traits of a racial, religious, or social group. It affects the group members' viewpoints: how they act; how they think; and how they see themselves in relation to the rest of the world Culture is also defined as a particular society that has its own beliefs, ways of life, art, etc. or a way of thinking, behaving, or working that exists in a place or organization (such as a business). Culture is transmitted through language, symbols, and rituals. Cultural differences can be manifested in help-seeking behaviors, language and communication styles, symptom patterns and expressions, nontraditional healing practices, and the role and desirability of an intervention or treatment.

Ethnicity: A population or group having a common cultural heritage that is distinguished by customs, characteristics, language, and common history.

Diversity: Differences in geographic location (rural, urban), sexual orientation, age, religion or spiritual practice, socioeconomic status, and physical and mental capacity.

Family of Choice: *S*upportive friendship networks that function as family, often due to rejection or lack of disclosure to the biological family. Persons an individual sees as significant in his or her life. It may include none, all, or some members of his or her family of origin as well as include individuals such as significant others or partners, friends, coworkers, etc.

Health Home: A healthcare delivery approach to improve consumer outcomes by addressing whole-person health care needs through the provision of comprehensive, integrated behavioral health (mental health and substance use disorder), medical, care coordination and management services.

Health Literacy: The ability to read, understand and act upon health information. Health literacy has been shown to be critical to good patient care and positive health outcomes; when patients lack the ability to understand and act upon medical information, it can put their health at risk.

LACE Index: A tool that identifies individuals who are at risk for hospital readmission or death within thirty days of discharge. It incorporates four parameters: "**L**" stands for length of stay of the index admission; "**A**" stands for acuity of admission; "**C**" stands for comorbidities of patients; and "**E**" stands for the number of Emergency Department visits within the last six months. LACE scores range from 1–19. A score of 0 – 4 = Low; 5 – 9 = Moderate; and a score of ≥ 10 = High risk of readmission.

Metabolic Syndrome: A cluster of conditions including increased blood pressure, high blood sugar, excess body fat around the waist, and abnormal cholesterol or triglyceride levels that occur together thereby increasing risk of heart disease, stroke and diabetes.

myStrength™: An evidence-based web-based application that is suitable for both adults and adolescents. myStrength™ assists individuals with decision support for a wide range of behavioral health and substance use disorders including comprehensive resources on parenting, nutrition and mindfulness. myStrength™ is a confidential and free service to consumers who have internet access.

Patient Protection and Affordable Care Act (PPACA): Passed by Congress and signed into law by the President in March 2010, this law provides a variety of approaches intended to improve health care system of the United States.

PDSA Cycle: Testing a change by developing a plan to test the change (Plan), carrying out the test (Do), observing and learning from the consequences (Study), and determining what modifications should be made to the test (Act).

Social Determinants of Health (SDOH): The conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems.

References:

A. Doherty, W., McDaniel, S., Baird, M. (1996). Five Levels of Primary Care/Behavioral Healthcare Collaboration. *Behavioral Healthcare Tomorrow 5(5):* 25-7. (https://www.researchgate.net/publication/13135683_Five_Levels_of_Primary_CareBehavioral_Healthcare_Collaboration)
B. MSA Bulletin 14-23 (Michigan Department of Community Health) May 30, 2014: *Introduction of Health Homes in Selected Counties of Grand Traverse, Manistee and Washtenaw*.
C. SCCMHA Policy 02.03.03 – Person-Centered Planning
D. SCCMHA Policy 02.03.09.40 – SBIRT/YSBIRT
E. SCCMHA Policy 03.02.45 – Interdisciplinary Treatment Teams
F. SCCMHA Policy 10.01.01 – Hospital Discharge Planning
G. SCCMHA Policy 10.01.01.01 – Care Transitions
H. The Newest Vital Sign (NVS) – Pfizer: www.pfizerhealthliteracy.com
I. The Patient Protection and Affordable Care Act (PPACA, P.L. 111-148), as amended by the Health Care and Education Reconciliation Act of 2010 (HCERA, P.L. 111-152), and collectively referred to as the Affordable Care Act of 2010 (ACA).

Exhibits:

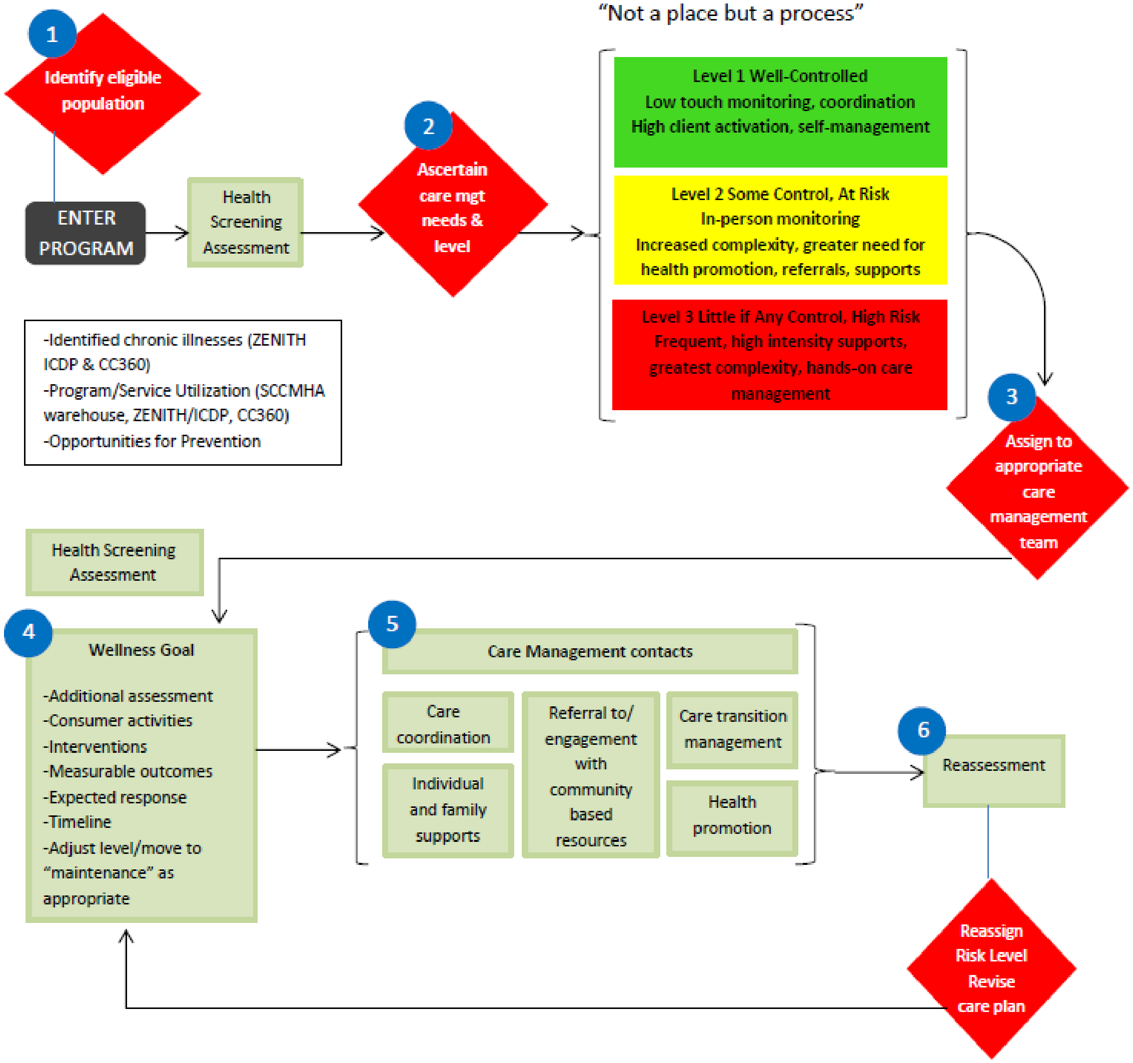
A. Health Home Flow Charts
B. Four Quadrant Model
C. Example of ZENITH-ICDP information
D. Consumer Fact Sheet
E. Newest Vital Sign (NVS)

F. Stress Questionnaire
G. Consumer Satisfaction Survey
H. Personal Health Review – Adult
I. Personal Health Review - Children
J. Adult NOMs
K. Child NOMs
L. Ask Me 3
M. The 5 A’s

Exhibit A

Health Home

"Not a place but a process"



1 **Identify eligible population**

ENTER PROGRAM

Health Screening Assessment

2 **Ascertain care mgt needs & level**

Level 1 Well-Controlled
Low touch monitoring, coordination
High client activation, self-management

Level 2 Some Control, At Risk
In-person monitoring
Increased complexity, greater need for health promotion, referrals, supports

Level 3 Little if Any Control, High Risk
Frequent, high intensity supports, greatest complexity, hands-on care management

-Identified chronic illnesses (ZENITH ICDP & CC360)
-Program/Service Utilization (SCCMHA warehouse, ZENITH/ICDP, CC360)
-Opportunities for Prevention

3 **Assign to appropriate care management team**

Health Screening Assessment

4 Wellness Goal

-Additional assessment
-Consumer activities
-Interventions
-Measurable outcomes
-Expected response
-Timeline
-Adjust level/move to "maintenance" as appropriate

5 Care Management contacts

Care coordination

Individual and family supports

Referral to/ engagement with community based resources

Care transition management

Health promotion

6 Reassessment

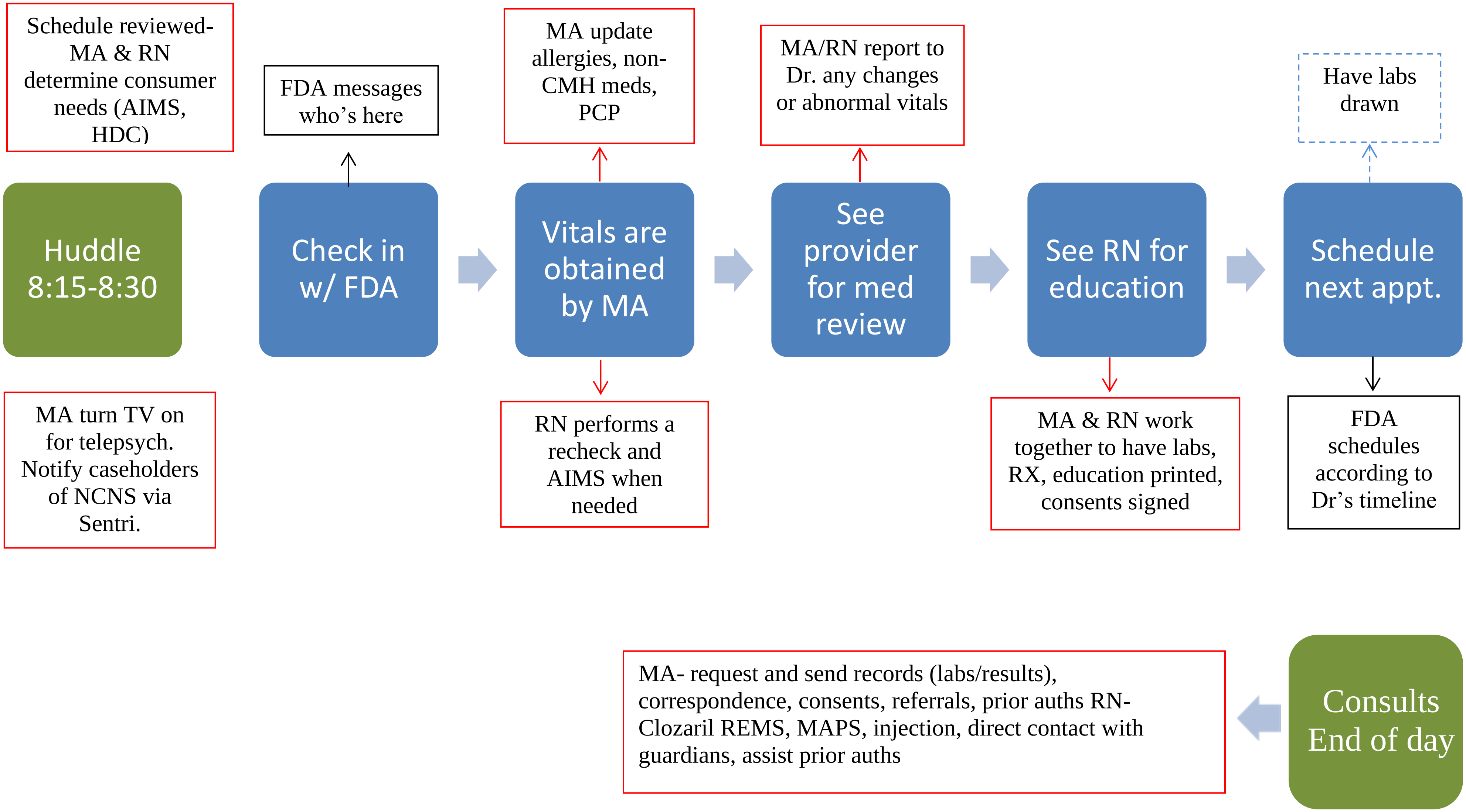
Reassign Risk Level Revise care plan

Risk factors- not on all-inclusive list
-Age
-Gender
-Presence of specific chronic illnesses and levels of control
-Asthma
-Diabetes
-Respiratory disease
-Cardiac disease
-Seizure
-Neurological Disease
-Hepatitis C
-HIV
-Second Generation Antipsychotic
-Serious mental illness
-Substance abuse disorder
-Utilization
-#ER visits or hospitalization over specified period
-#ER visits or hospitalizations for a specific chronic /condition
-Payer
-Family income
-Homelessness
-Other social or environmental risks

Data Sources- not an all-inclusive list
-Assessment findings
-Claims data, ADTs, Care Alerts (ZENITH/ICDP)
--Medication data
-Screening results
-Patient/family interviews

The Assessment
-Standardized instruments
-Motivational interviewing and EBP
-History and physical

Other RN duties: call in RX refills, Care Alerts, 9-Touch, PIPBHC assessments, Personal Health Reviews
Other MA duties: schedule 'other' appointments (PCP, EKG) prior auths, keeps lab & vital rooms clean- including controls, use ICDP, lab draws



Huddle 8:15-8:30

Schedule reviewed- MA & RN determine consumer needs (AIMS, HDC)

MA turn TV on for telepsych. Notify caseholders of NCNS via Sentri.

Check in w/ FDA

FDA messages who's here

Vitals are obtained by MA

MA update allergies, non-CMH meds, PCP

RN performs a recheck and AIMS when needed

See provider for med review

MA/RN report to Dr. any changes or abnormal vitals

See RN for education

MA & RN work together to have labs, RX, education printed, consents signed

Schedule next appt.

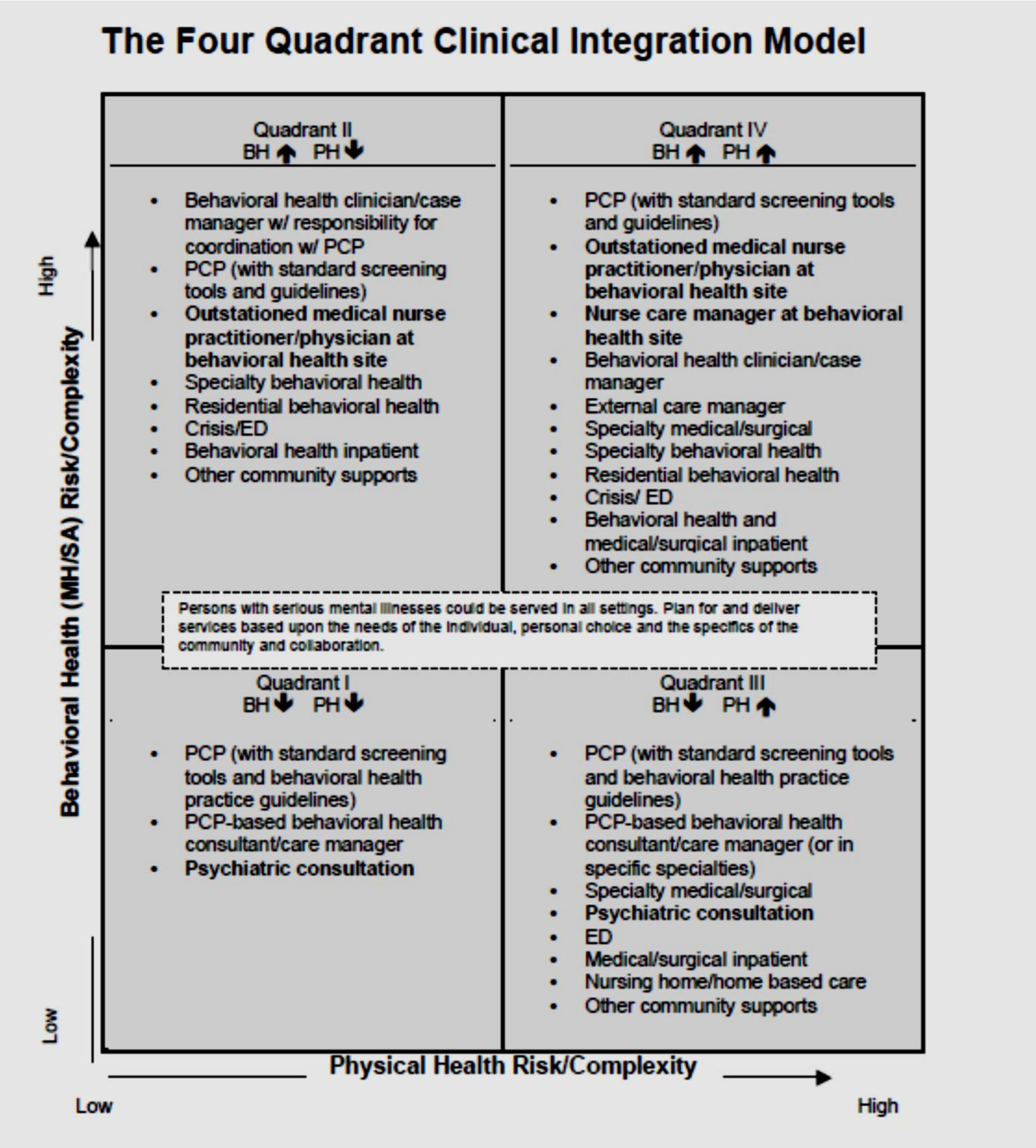
Have labs drawn

FDA schedules according to Dr's timeline

Consults End of day

MA- request and send records (labs/results), correspondence, consents, referrals, prior auths RN- Clozaril REMS, MAPS, injection, direct contact with guardians, assist prior auths

Exhibit B



The Four Quadrant Clinical Integration Model

Quadrant II
BH ↑ PH ↓

- Behavioral health clinician/case manager w/ responsibility for coordination w/ PCP
- PCP (with standard screening tools and guidelines)
- **Outstationed medical nurse practitioner/physician at behavioral health site**
- Specialty behavioral health
- Residential behavioral health
- Crisis/ED
- Behavioral health inpatient
- Other community supports

Quadrant IV
BH ↑ PH ↑

- PCP (with standard screening tools and guidelines)
- **Outstationed medical nurse practitioner/physician at behavioral health site**
- **Nurse care manager at behavioral health site**
- Behavioral health clinician/case manager
- External care manager
- Specialty medical/surgical
- Specialty behavioral health
- Residential behavioral health
- Crisis/ ED
- Behavioral health and medical/surgical inpatient
- Other community supports

Persons with serious mental illnesses could be served in all settings. Plan for and deliver services based upon the needs of the individual, personal choice and the specifics of the community and collaboration.

Quadrant I
BH ↓ PH ↓

- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager
- **Psychiatric consultation**

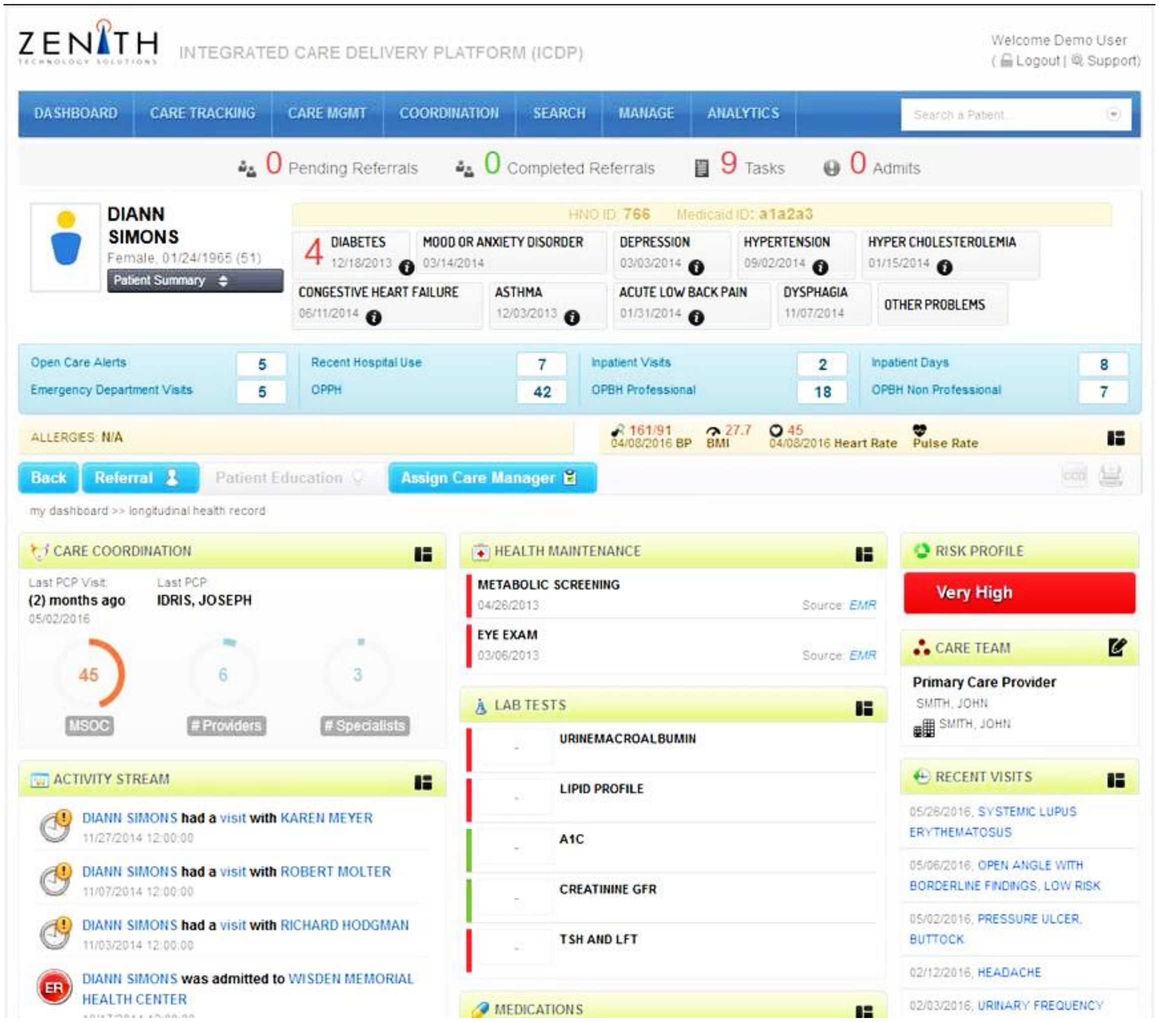
Quadrant III
BH ↓ PH ↑

- PCP (with standard screening tools and behavioral health practice guidelines)
- PCP-based behavioral health consultant/care manager (or in specific specialties)
- Specialty medical/surgical
- **Psychiatric consultation**
- ED
- Medical/surgical inpatient
- Nursing home/home based care
- Other community supports

Behavioral Health (MH/SA) Risk/Complexity
High
Low
Physical Health Risk/Complexity
Low
High

Exhibit C

ZENITH-ICDP Information Example


ZENITH TECHNOLOGY SOLUTIONS
INTEGRATED CARE DELIVERY PLATFORM (ICDP)
Welcome Demo User
(Logout | Support)
DASHBOARD
CARE TRACKING
CARE MGMT
COORDINATION
SEARCH
MANAGE
ANALYTICS
Search a Patient...
Patient Summary
Back
Referral
Patient Education
Assign Care Manager
CCD
MSOC
# Providers
# Specialists

0 Pending Referrals   0 Completed Referrals   9 Tasks   0 Admits

DIANN SIMONS
Female, 01/24/1965 (51)

HNO ID: 766   Medicaid ID: a1a2a3

4
DIABETES 12/18/2013	MOOD OR ANXIETY DISORDER 03/14/2014	DEPRESSION 03/03/2014	HYPERTENSION 09/02/2014	HYPER CHOLESTEROLEMIA 01/15/2014
CONGESTIVE HEART FAILURE 06/11/2014	ASTHMA 12/03/2013	ACUTE LOW BACK PAIN 01/31/2014	DYSPHAGIA 11/07/2014	OTHER PROBLEMS

Open Care Alerts	5	Recent Hospital Use	7	Inpatient Visits	2	Inpatient Days	8
Emergency Department Visits	5	OPPH	42	OPBH Professional	18	OPBH Non Professional	7

ALLERGIES: N/A

161/91 04/08/2016 BP   27.7 BMI   45 04/08/2016 Heart Rate   Pulse Rate

my dashboard >> longitudinal health record

CARE COORDINATION

Last PCP Visit: (2) months ago 05/02/2016   Last PCP: IDRIS, JOSEPH

45 MSOC   6 # Providers   3 # Specialists

ACTIVITY STREAM

DIANN SIMONS had a visit with KAREN MEYER
11/27/2014 12:00:00

DIANN SIMONS had a visit with ROBERT MOLTER
11/07/2014 12:00:00

DIANN SIMONS had a visit with RICHARD HODGMAN
11/03/2014 12:00:00

DIANN SIMONS was admitted to WISDEN MEMORIAL HEALTH CENTER

HEALTH MAINTENANCE

METABOLIC SCREENING
04/26/2013   Source: EMR

EYE EXAM
03/06/2013   Source: EMR

LAB TESTS

-	URINEMACROALBUMIN
-	LIPID PROFILE
-	A1C
-	CREATININE GFR
-	TSH AND LFT

MEDICATIONS

RISK PROFILE

Very High

CARE TEAM

Primary Care Provider
SMITH, JOHN
SMITH, JOHN

RECENT VISITS

05/26/2016, SYSTEMIC LUPUS ERYTHEMATOSUS

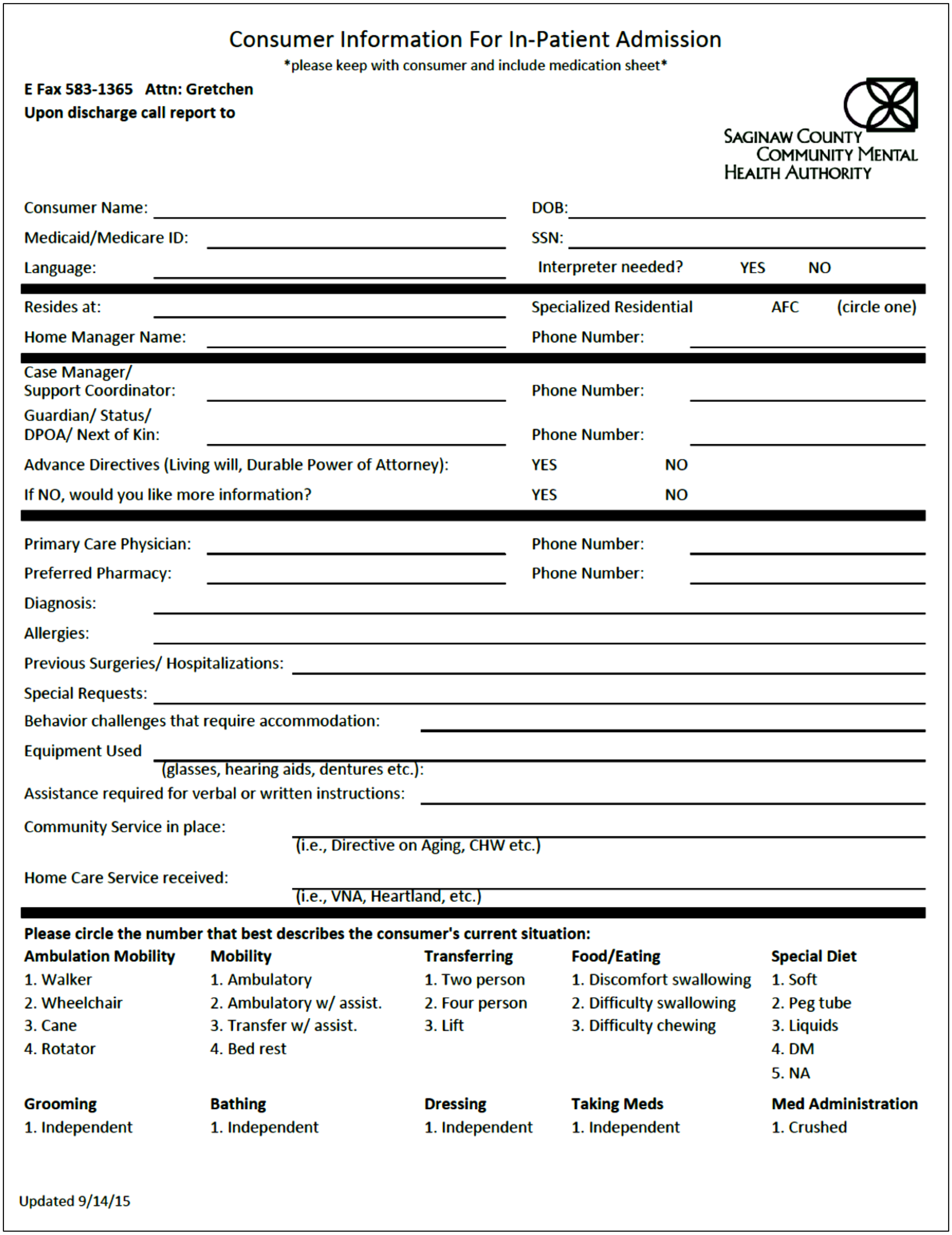
05/06/2016, OPEN ANGLE WITH BORDERLINE FINDINGS, LOW RISK

05/02/2016, PRESSURE ULCER, BUTTOCK

02/12/2016, HEADACHE

02/03/2016, URINARY FREQUENCY

Exhibit D



Consumer Information For In-Patient Admission

please keep with consumer and include medication sheet

E Fax 583-1365 Attn: Gretchen

Upon discharge call report to

Saginaw County
Community Mental
Health Authority

Consumer Name: ____________________ DOB: ____________________

Medicaid/Medicare ID: ____________________ SSN: ____________________

Language: ____________________ Interpreter needed? YES NO

Resides at: ____________________ Specialized Residential AFC (circle one)

Home Manager Name: ____________________ Phone Number: ____________________

Case Manager/ Support Coordinator: ____________________ Phone Number: ____________________

Guardian/ Status/ DPOA/ Next of Kin: ____________________ Phone Number: ____________________

Advance Directives (Living will, Durable Power of Attorney): YES NO

If NO, would you like more information? YES NO

Primary Care Physician: ____________________ Phone Number: ____________________

Preferred Pharmacy: ____________________ Phone Number: ____________________

Diagnosis: ____________________

Allergies: ____________________

Previous Surgeries/ Hospitalizations: ____________________

Special Requests: ____________________

Behavior challenges that require accommodation: ____________________

Equipment Used (glasses, hearing aids, dentures etc.): ____________________

Assistance required for verbal or written instructions: ____________________

Community Service in place: ____________________ (i.e., Directive on Aging, CHW etc.)

Home Care Service received: ____________________ (i.e., VNA, Heartland, etc.)

Please circle the number that best describes the consumer's current situation:

Ambulation Mobility	**Mobility**	**Transferring**	**Food/Eating**	**Special Diet**
1. Walker	1. Ambulatory	1. Two person	1. Discomfort swallowing	1. Soft
2. Wheelchair	2. Ambulatory w/ assist.	2. Four person	2. Difficulty swallowing	2. Peg tube
3. Cane	3. Transfer w/ assist.	3. Lift	3. Difficulty chewing	3. Liquids
4. Rotator	4. Bed rest			4. DM
				5. NA
Grooming	**Bathing**	**Dressing**	**Taking Meds**	**Med Administration**
1. Independent	1. Independent	1. Independent	1. Independent	1. Crushed

Updated 9/14/15

Consumer Information For In-Patient Admission

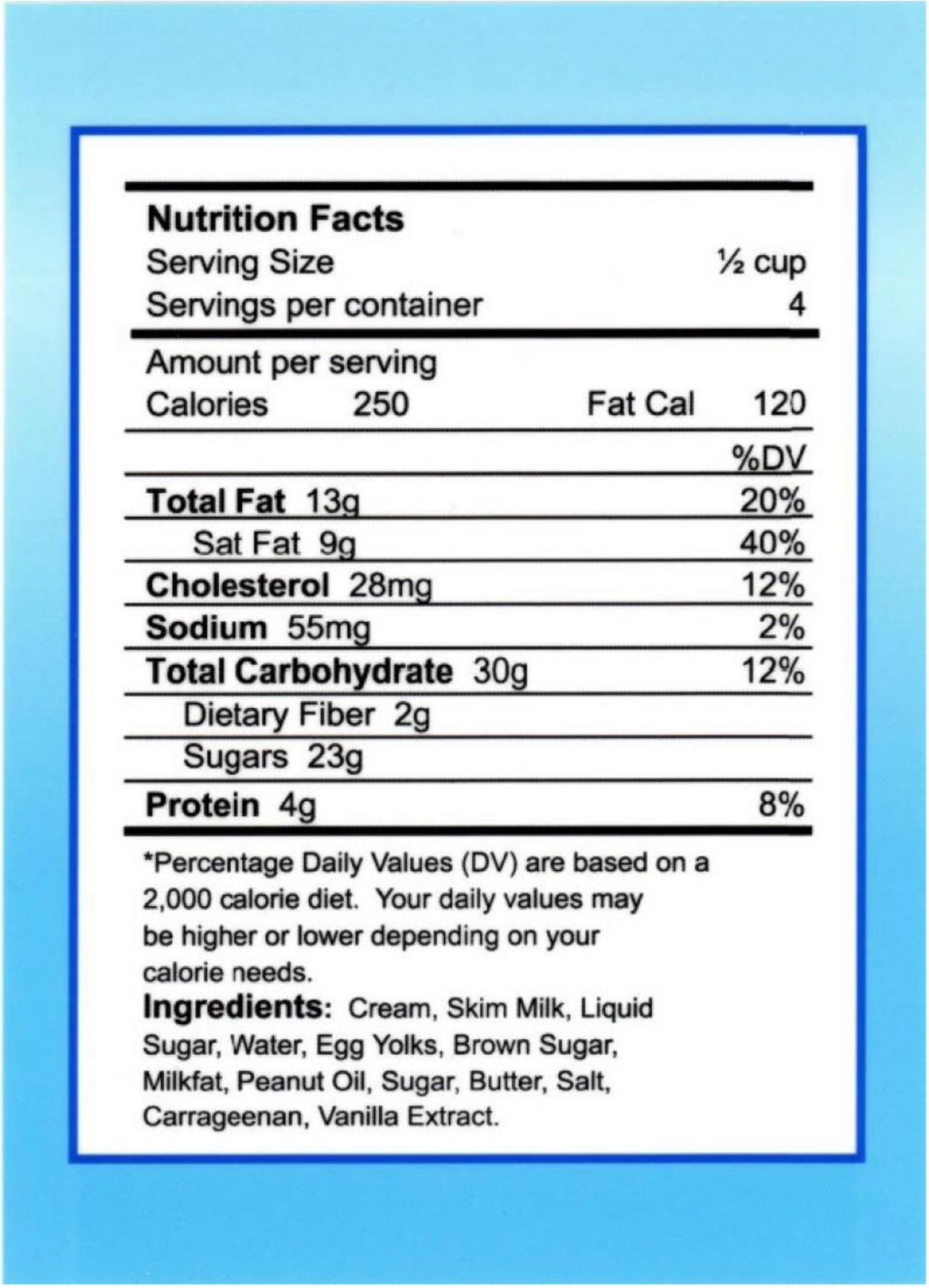
please keep with consumer and include medication sheet

2. With assistance	2. With assistance	2. With assistance	2. With assistance	2. In soft foods
3. Dependent	3. Dependent	3. Dependent	3. Dependent	3. With liquids

Updated 9/14/15

Exhibit E

Ice Cream Label



Nutrition Facts

Serving Size	½ cup
Servings per container	4

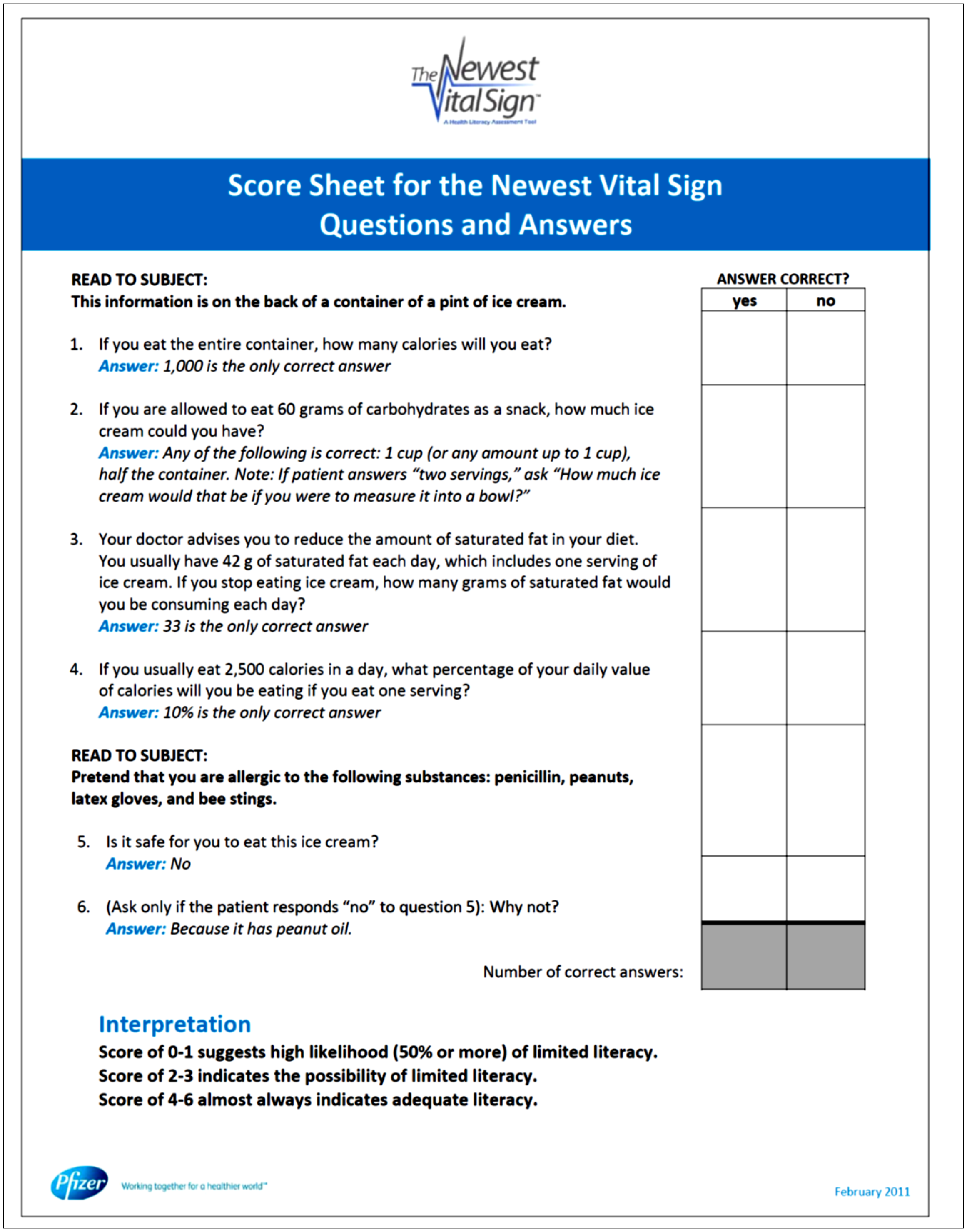
Amount per serving

Calories	250	Fat Cal	120

	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.



The Newest Vital Sign™

A Health Literacy Assessment Tool

Score Sheet for the Newest Vital Sign
Questions and Answers

READ TO SUBJECT:
This information is on the back of a container of a pint of ice cream.

	ANSWER CORRECT? yes	ANSWER CORRECT? no
1. If you eat the entire container, how many calories will you eat? ***Answer:*** *1,000 is the only correct answer*		
2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much ice cream could you have? ***Answer:*** *Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"*		
3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving of ice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? ***Answer:*** *33 is the only correct answer*		
4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? ***Answer:*** *10% is the only correct answer*		
READ TO SUBJECT: **Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.** 5. Is it safe for you to eat this ice cream? ***Answer:*** *No*		
6. (Ask only if the patient responds "no" to question 5): Why not? ***Answer:*** *Because it has peanut oil.*		
Number of correct answers:		

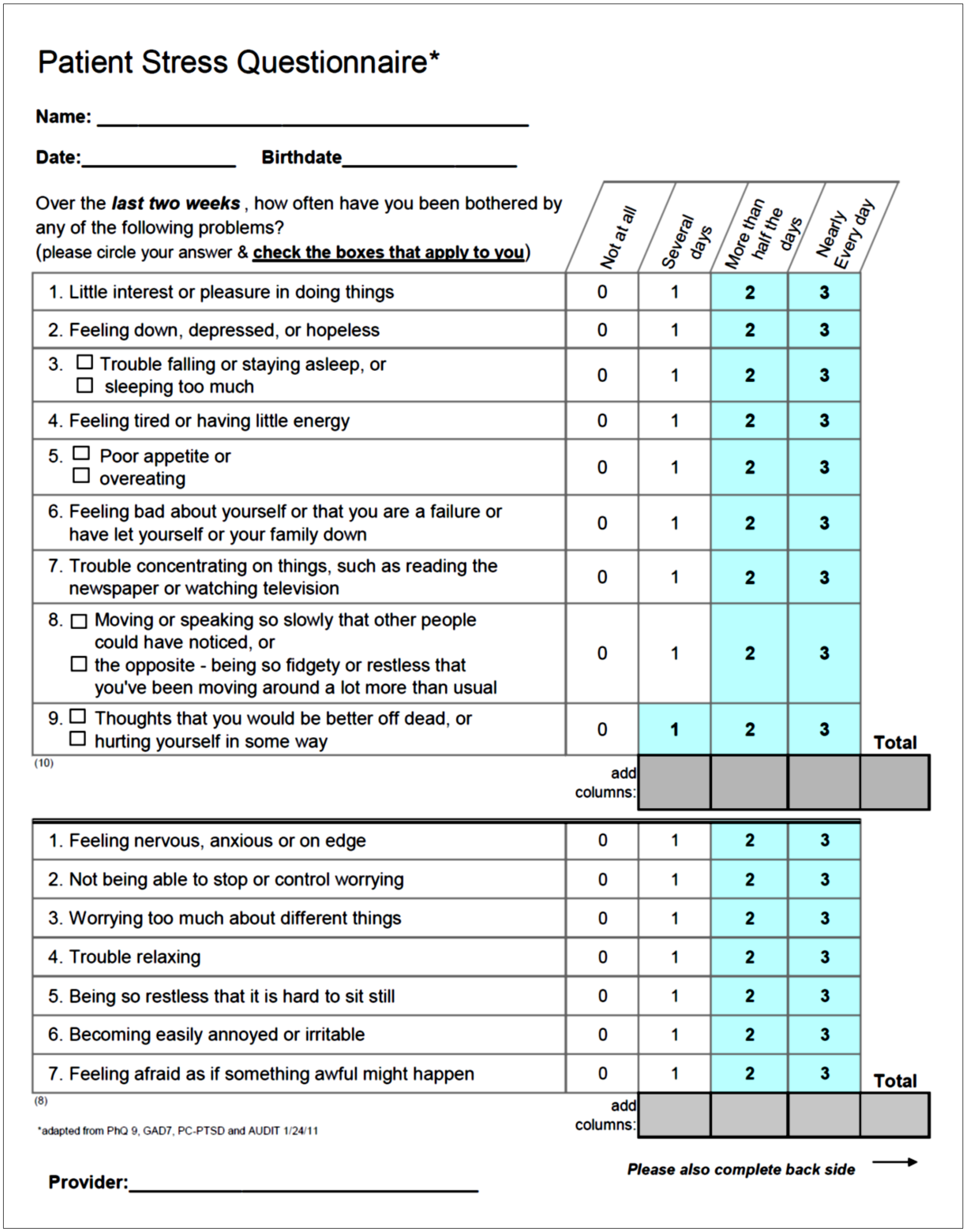
Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.
Score of 2-3 indicates the possibility of limited literacy.
Score of 4-6 almost always indicates adequate literacy.

Pfizer Working together for a healthier world™

February 2011

Exhibit F



Patient Stress Questionnaire*

Name: ____

Date:_______________ **Birthdate**_______________

Over the ***last two weeks*** , how often have you been bothered by any of the following problems?
(please circle your answer & **check the boxes that apply to you**)

	Not at all	Several days	More than half the days	Nearly Every day	
1. Little interest or pleasure in doing things	0	1	**2**	**3**	
2. Feeling down, depressed, or hopeless	0	1	**2**	**3**	
3. ☐ Trouble falling or staying asleep, or ☐ sleeping too much	0	1	**2**	**3**	
4. Feeling tired or having little energy	0	1	**2**	**3**	
5. ☐ Poor appetite or ☐ overeating	0	1	**2**	**3**	
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	**2**	**3**	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	**2**	**3**	
8. ☐ Moving or speaking so slowly that other people could have noticed, or ☐ the opposite - being so fidgety or restless that you've been moving around a lot more than usual	0	1	**2**	**3**	
9. ☐ Thoughts that you would be better off dead, or ☐ hurting yourself in some way	0	**1**	**2**	**3**	**Total**
(10)	add columns:				

1. Feeling nervous, anxious or on edge	0	1	**2**	**3**	
2. Not being able to stop or control worrying	0	1	**2**	**3**	
3. Worrying too much about different things	0	1	**2**	**3**	
4. Trouble relaxing	0	1	**2**	**3**	
5. Being so restless that it is hard to sit still	0	1	**2**	**3**	
6. Becoming easily annoyed or irritable	0	1	**2**	**3**	
7. Feeling afraid as if something awful might happen	0	1	**2**	**3**	**Total**
(8)	add columns:				

*adapted from PhQ 9, GAD7, PC-PTSD and AUDIT 1/24/11

Please also complete back side →

Provider:_______________________________

Are you currently in any physical pain?	No	Yes

In your life, have you ever had any experience that was so frightening, horrible, or upsetting that, ***in the past month***, you:

1. Have had nightmares about it or thought about it when you did not want to?	No	Yes
2. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?	No	Yes
3. Were constantly on guard, watchful, or easily startled?	No	Yes
4. Felt numb or detached from others, activities, or your surroundings?	No	Yes
(3)		

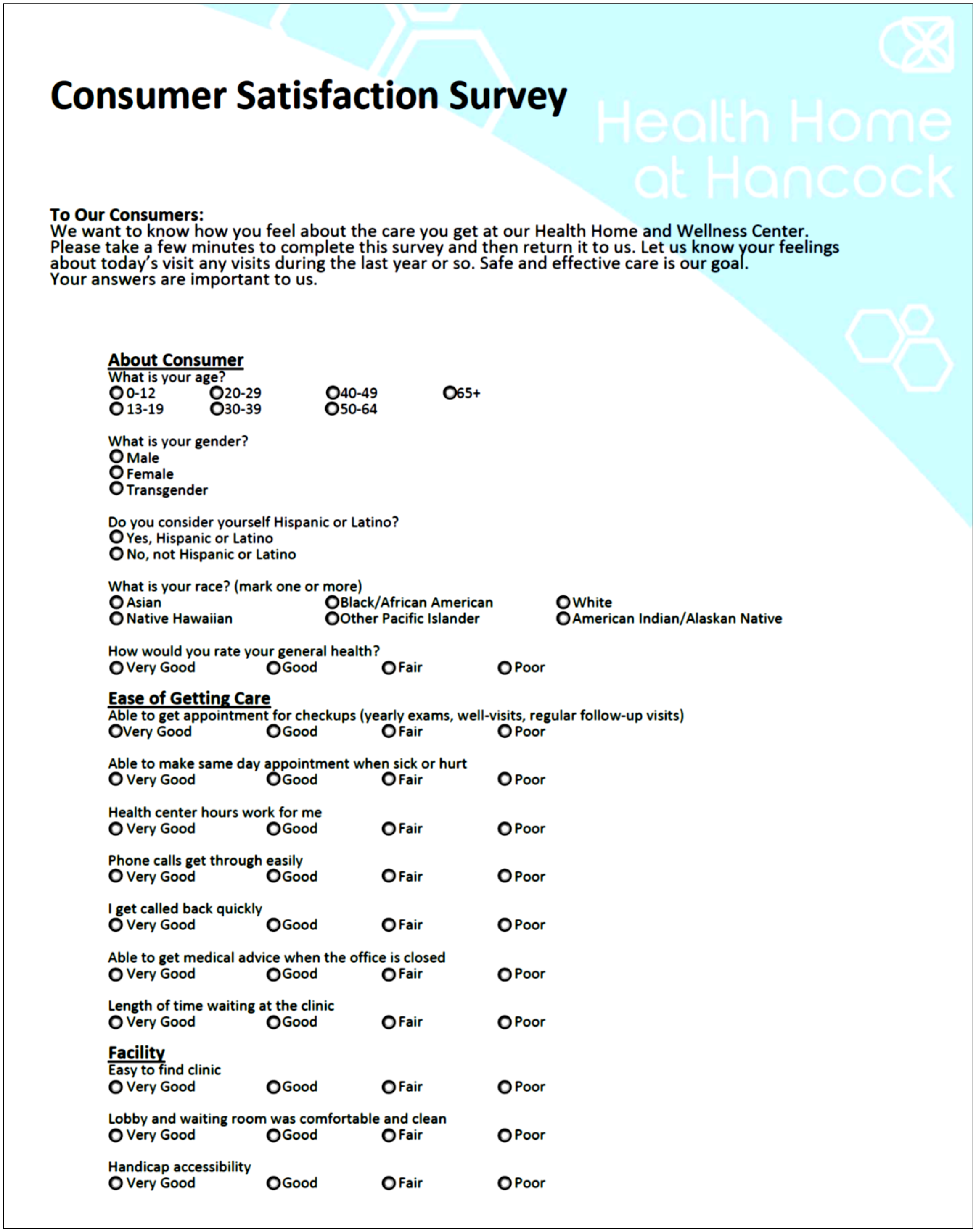
Drinking alcohol can affect your health. This is especially important if you take certain medications. We want to help you stay healthy and lower your risk for the problems that can be caused by drinking.

These questions are about your drinking habits. We've listed the serving size of one drink below.

Please circle your answer	0	1	2	3	4
How often do you have one drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4+ times per week
How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
How often do you have four or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
How often during the ***last year*** have you……					
…found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
…failed to do what was normally expected from you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
…needed a first drink in the morning to get yourself going after heavy drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
…had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
…been unable to remember what happened the night before because you had been drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
	0		2		4
Have you or someone else been injured as a result of your drinking?	No	Yes, but not in the last year			Yes, during the last year
Has a relative, friend, doctor or other health worker been concerned about your drinking or suggested you cut down?	No	Yes, but not in the last year			Yes, during the last year
(8)					
				Total:	

Standard serving of one drink:
12 ounces of beer or wine cooler
1.5 ounces of 80 proof liquor
5 ounces of wine
4 ounces of brandy, liqueur or aperitif

Exhibit G



Consumer Satisfaction Survey

Health Home
at Hancock

To Our Consumers:
We want to know how you feel about the care you get at our Health Home and Wellness Center. Please take a few minutes to complete this survey and then return it to us. Let us know your feelings about today's visit any visits during the last year or so. Safe and effective care is our goal.
Your answers are important to us.

About Consumer

What is your age?
○ 0-12 ○20-29 ○40-49 ○65+
○ 13-19 ○30-39 ○50-64

What is your gender?
○ Male
○ Female
○ Transgender

Do you consider yourself Hispanic or Latino?
○ Yes, Hispanic or Latino
○ No, not Hispanic or Latino

What is your race? (mark one or more)
○ Asian ○Black/African American ○White
○ Native Hawaiian ○Other Pacific Islander ○American Indian/Alaskan Native

How would you rate your general health?
○ Very Good ○Good ○ Fair ○ Poor

Ease of Getting Care

Able to get appointment for checkups (yearly exams, well-visits, regular follow-up visits)
○Very Good ○Good ○ Fair ○ Poor

Able to make same day appointment when sick or hurt
○ Very Good ○Good ○ Fair ○ Poor

Health center hours work for me
○ Very Good ○Good ○ Fair ○ Poor

Phone calls get through easily
○ Very Good ○Good ○ Fair ○ Poor

I get called back quickly
○ Very Good ○Good ○ Fair ○ Poor

Able to get medical advice when the office is closed
○ Very Good ○Good ○ Fair ○ Poor

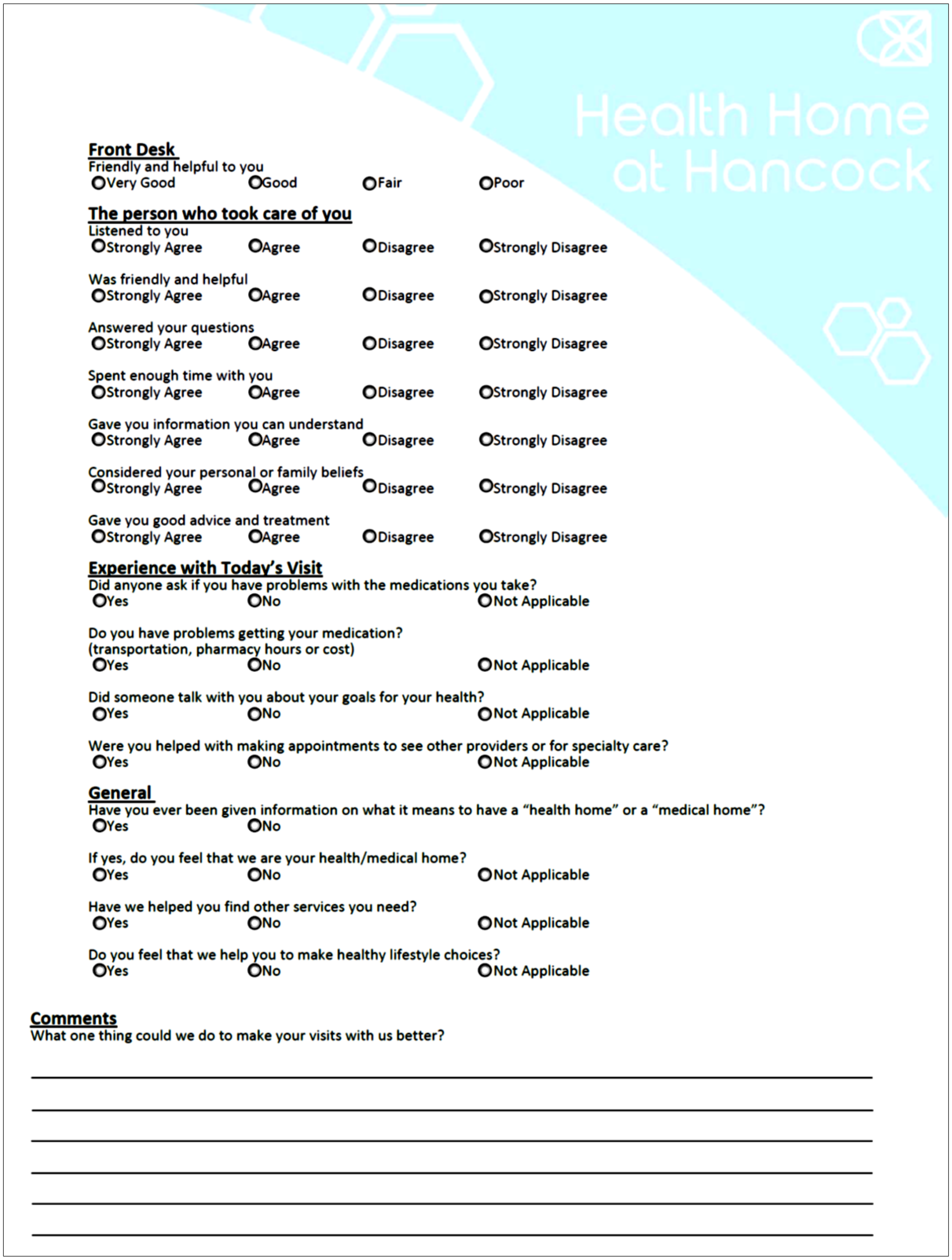
Length of time waiting at the clinic
○ Very Good ○Good ○ Fair ○ Poor

Facility

Easy to find clinic
○ Very Good ○Good ○ Fair ○ Poor

Lobby and waiting room was comfortable and clean
○ Very Good ○Good ○ Fair ○ Poor

Handicap accessibility
○ Very Good ○Good ○ Fair ○ Poor



Health Home at Hancock

Front Desk

Friendly and helpful to you

○Very Good ○Good ○Fair ○Poor

The person who took care of you

Listened to you

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Was friendly and helpful

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Answered your questions

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Spent enough time with you

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Gave you information you can understand

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Considered your personal or family beliefs

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Gave you good advice and treatment

○Strongly Agree ○Agree ○Disagree ○Strongly Disagree

Experience with Today's Visit

Did anyone ask if you have problems with the medications you take?

○Yes ○No ○Not Applicable

Do you have problems getting your medication?
(transportation, pharmacy hours or cost)

○Yes ○No ○Not Applicable

Did someone talk with you about your goals for your health?

○Yes ○No ○Not Applicable

Were you helped with making appointments to see other providers or for specialty care?

○Yes ○No ○Not Applicable

General

Have you ever been given information on what it means to have a "health home" or a "medical home"?

○Yes ○No

If yes, do you feel that we are your health/medical home?

○Yes ○No ○Not Applicable

Have we helped you find other services you need?

○Yes ○No ○Not Applicable

Do you feel that we help you to make healthy lifestyle choices?

○Yes ○No ○Not Applicable

Comments

What one thing could we do to make your visits with us better?

____

____

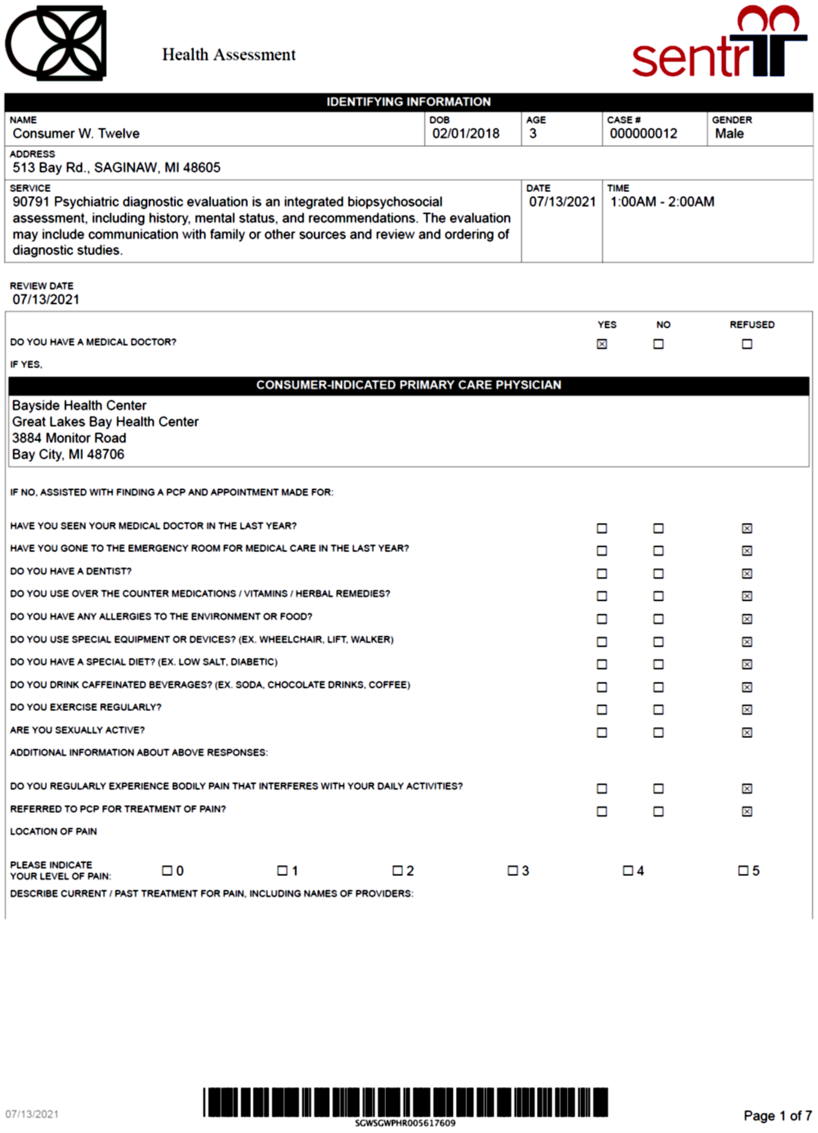
____

____

____

____

Exhibit H



Health Assessment

sentri

IDENTIFYING INFORMATION

NAME	DOB	AGE	CASE #	GENDER
Consumer W. Twelve	02/01/2018	3	000000012	Male

ADDRESS
513 Bay Rd., SAGINAW, MI 48605

SERVICE	DATE	TIME
90791 Psychiatric diagnostic evaluation is an integrated biopsychosocial assessment, including history, mental status, and recommendations. The evaluation may include communication with family or other sources and review and ordering of diagnostic studies.	07/13/2021	1:00AM - 2:00AM

REVIEW DATE
07/13/2021

	YES	NO	REFUSED
DO YOU HAVE A MEDICAL DOCTOR?	☒	☐	☐

IF YES,

CONSUMER-INDICATED PRIMARY CARE PHYSICIAN

Bayside Health Center
Great Lakes Bay Health Center
3884 Monitor Road
Bay City, MI 48706

IF NO, ASSISTED WITH FINDING A PCP AND APPOINTMENT MADE FOR:

	YES	NO	REFUSED
HAVE YOU SEEN YOUR MEDICAL DOCTOR IN THE LAST YEAR?	☐	☐	☒
HAVE YOU GONE TO THE EMERGENCY ROOM FOR MEDICAL CARE IN THE LAST YEAR?	☐	☐	☒
DO YOU HAVE A DENTIST?	☐	☐	☒
DO YOU USE OVER THE COUNTER MEDICATIONS / VITAMINS / HERBAL REMEDIES?	☐	☐	☒
DO YOU HAVE ANY ALLERGIES TO THE ENVIRONMENT OR FOOD?	☐	☐	☒
DO YOU USE SPECIAL EQUIPMENT OR DEVICES? (EX. WHEELCHAIR, LIFT, WALKER)	☐	☐	☒
DO YOU HAVE A SPECIAL DIET? (EX. LOW SALT, DIABETIC)	☐	☐	☒
DO YOU DRINK CAFFEINATED BEVERAGES? (EX. SODA, CHOCOLATE DRINKS, COFFEE)	☐	☐	☒
DO YOU EXERCISE REGULARLY?	☐	☐	☒
ARE YOU SEXUALLY ACTIVE?	☐	☐	☒

ADDITIONAL INFORMATION ABOUT ABOVE RESPONSES:

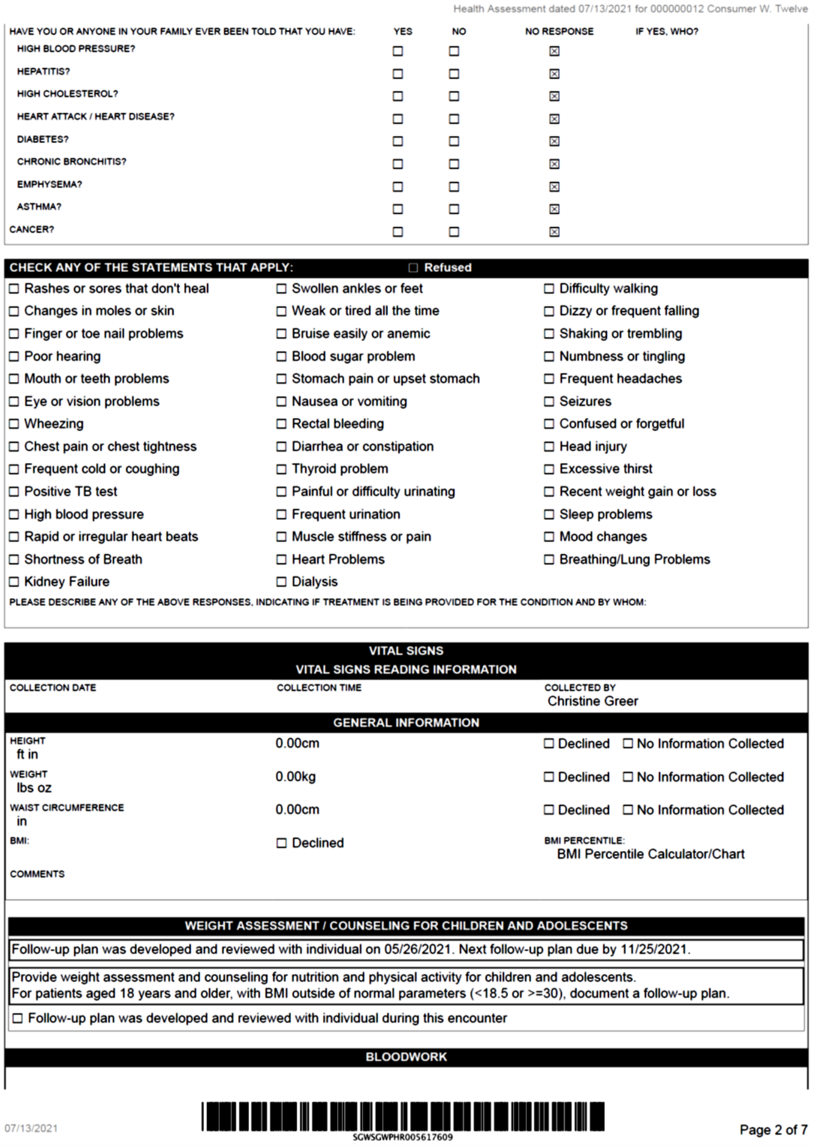
DO YOU REGULARLY EXPERIENCE BODILY PAIN THAT INTERFERES WITH YOUR DAILY ACTIVITIES?	☐	☐	☒
REFERRED TO PCP FOR TREATMENT OF PAIN?	☐	☐	☒

LOCATION OF PAIN

PLEASE INDICATE YOUR LEVEL OF PAIN: ☐ 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

DESCRIBE CURRENT / PAST TREATMENT FOR PAIN, INCLUDING NAMES OF PROVIDERS:

07/13/2021 SGWSGWPHR005617609 Page 1 of 7



Health Assessment dated 07/13/2021 for 000000012 Consumer W. Twelve

HAVE YOU OR ANYONE IN YOUR FAMILY EVER BEEN TOLD THAT YOU HAVE:	YES	NO	NO RESPONSE	IF YES, WHO?
HIGH BLOOD PRESSURE?	☐	☐	☒	
HEPATITIS?	☐	☐	☒	
HIGH CHOLESTEROL?	☐	☐	☒	
HEART ATTACK / HEART DISEASE?	☐	☐	☒	
DIABETES?	☐	☐	☒	
CHRONIC BRONCHITIS?	☐	☐	☒	
EMPHYSEMA?	☐	☐	☒	
ASTHMA?	☐	☐	☒	
CANCER?	☐	☐	☒	

CHECK ANY OF THE STATEMENTS THAT APPLY: ☐ Refused

- ☐ Rashes or sores that don't heal
- ☐ Changes in moles or skin
- ☐ Finger or toe nail problems
- ☐ Poor hearing
- ☐ Mouth or teeth problems
- ☐ Eye or vision problems
- ☐ Wheezing
- ☐ Chest pain or chest tightness
- ☐ Frequent cold or coughing
- ☐ Positive TB test
- ☐ High blood pressure
- ☐ Rapid or irregular heart beats
- ☐ Shortness of Breath
- ☐ Kidney Failure
- ☐ Swollen ankles or feet
- ☐ Weak or tired all the time
- ☐ Bruise easily or anemic
- ☐ Blood sugar problem
- ☐ Stomach pain or upset stomach
- ☐ Nausea or vomiting
- ☐ Rectal bleeding
- ☐ Diarrhea or constipation
- ☐ Thyroid problem
- ☐ Painful or difficulty urinating
- ☐ Frequent urination
- ☐ Muscle stiffness or pain
- ☐ Heart Problems
- ☐ Dialysis
- ☐ Difficulty walking
- ☐ Dizzy or frequent falling
- ☐ Shaking or trembling
- ☐ Numbness or tingling
- ☐ Frequent headaches
- ☐ Seizures
- ☐ Confused or forgetful
- ☐ Head injury
- ☐ Excessive thirst
- ☐ Recent weight gain or loss
- ☐ Sleep problems
- ☐ Mood changes
- ☐ Breathing/Lung Problems

PLEASE DESCRIBE ANY OF THE ABOVE RESPONSES, INDICATING IF TREATMENT IS BEING PROVIDED FOR THE CONDITION AND BY WHOM:

VITAL SIGNS

VITAL SIGNS READING INFORMATION

COLLECTION DATE	COLLECTION TIME	COLLECTED BY
		Christine Greer

GENERAL INFORMATION

HEIGHT ft in	0.00cm	☐ Declined ☐ No Information Collected
WEIGHT lbs oz	0.00kg	☐ Declined ☐ No Information Collected
WAIST CIRCUMFERENCE in	0.00cm	☐ Declined ☐ No Information Collected
BMI:	☐ Declined	BMI PERCENTILE: BMI Percentile Calculator/Chart

COMMENTS

WEIGHT ASSESSMENT / COUNSELING FOR CHILDREN AND ADOLESCENTS

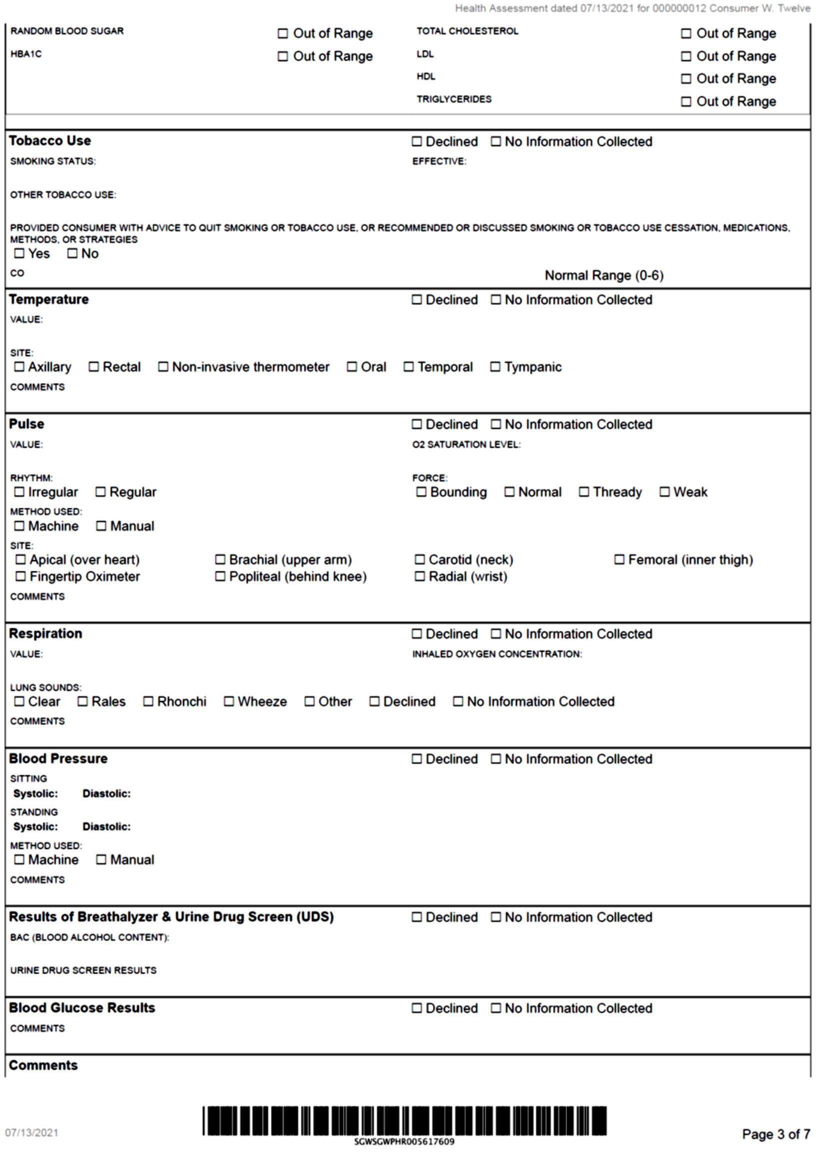
Follow-up plan was developed and reviewed with individual on 05/26/2021. Next follow-up plan due by 11/25/2021.

Provide weight assessment and counseling for nutrition and physical activity for children and adolescents.
For patients aged 18 years and older, with BMI outside of normal parameters (<18.5 or >=30), document a follow-up plan.

☐ Follow-up plan was developed and reviewed with individual during this encounter

BLOODWORK

07/13/2021 SGWSGWPHR005617609 Page 2 of 7



RANDOM BLOOD SUGAR ☐ Out of Range
HBA1C ☐ Out of Range

TOTAL CHOLESTEROL ☐ Out of Range
LDL ☐ Out of Range
HDL ☐ Out of Range
TRIGLYCERIDES ☐ Out of Range

Tobacco Use ☐ Declined ☐ No Information Collected

SMOKING STATUS:
EFFECTIVE:

OTHER TOBACCO USE:

PROVIDED CONSUMER WITH ADVICE TO QUIT SMOKING OR TOBACCO USE, OR RECOMMENDED OR DISCUSSED SMOKING OR TOBACCO USE CESSATION, MEDICATIONS, METHODS, OR STRATEGIES
☐ Yes ☐ No

CO Normal Range (0-6)

Temperature ☐ Declined ☐ No Information Collected

VALUE:

SITE:
☐ Axillary ☐ Rectal ☐ Non-invasive thermometer ☐ Oral ☐ Temporal ☐ Tympanic

COMMENTS

Pulse ☐ Declined ☐ No Information Collected

VALUE:
O2 SATURATION LEVEL:

RHYTHM:
☐ Irregular ☐ Regular

FORCE:
☐ Bounding ☐ Normal ☐ Thready ☐ Weak

METHOD USED:
☐ Machine ☐ Manual

SITE:
☐ Apical (over heart) ☐ Brachial (upper arm) ☐ Carotid (neck) ☐ Femoral (inner thigh)
☐ Fingertip Oximeter ☐ Popliteal (behind knee) ☐ Radial (wrist)

COMMENTS

Respiration ☐ Declined ☐ No Information Collected

VALUE:
INHALED OXYGEN CONCENTRATION:

LUNG SOUNDS:
☐ Clear ☐ Rales ☐ Rhonchi ☐ Wheeze ☐ Other ☐ Declined ☐ No Information Collected

COMMENTS

Blood Pressure ☐ Declined ☐ No Information Collected

SITTING
Systolic: **Diastolic:**

STANDING
Systolic: **Diastolic:**

METHOD USED:
☐ Machine ☐ Manual

COMMENTS

Results of Breathalyzer & Urine Drug Screen (UDS) ☐ Declined ☐ No Information Collected

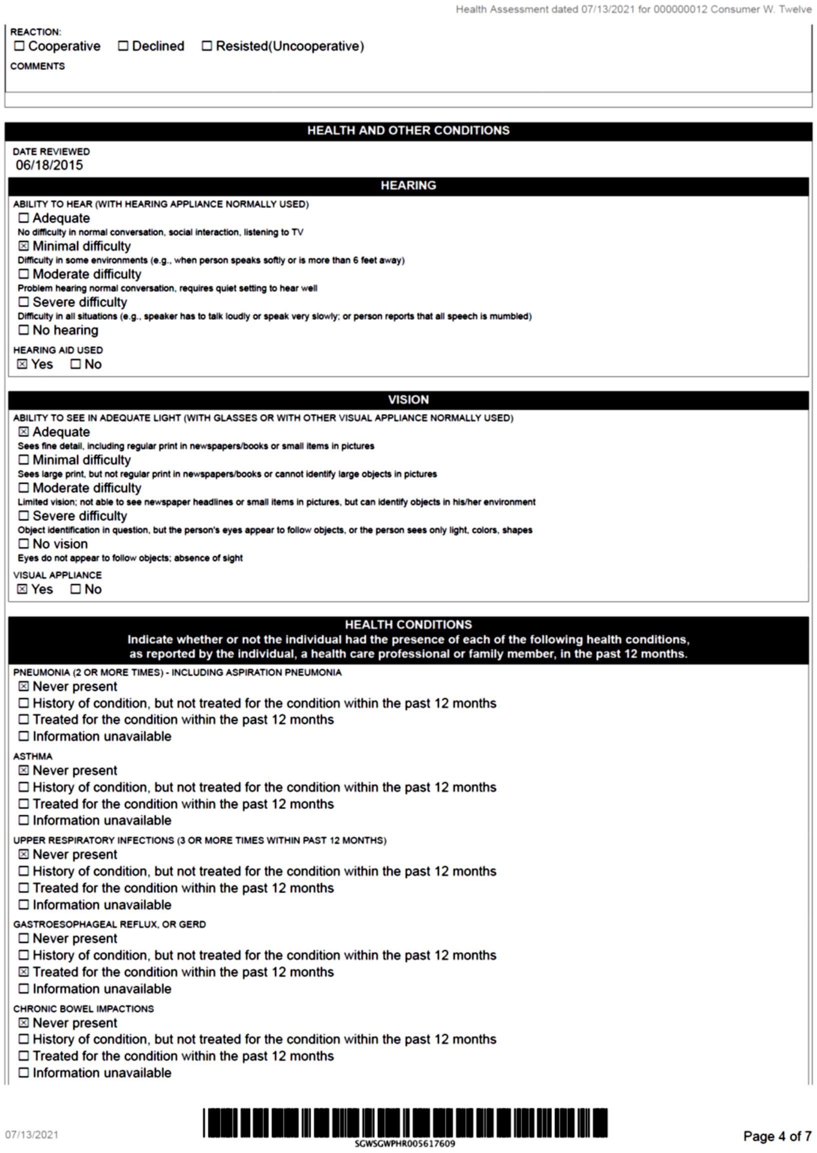
BAC (BLOOD ALCOHOL CONTENT):

URINE DRUG SCREEN RESULTS

Blood Glucose Results ☐ Declined ☐ No Information Collected

COMMENTS

Comments



REACTION:
☐ Cooperative ☐ Declined ☐ Resisted(Uncooperative)

COMMENTS

HEALTH AND OTHER CONDITIONS

DATE REVIEWED
06/18/2015

HEARING

ABILITY TO HEAR (WITH HEARING APPLIANCE NORMALLY USED)
☐ Adequate
No difficulty in normal conversation, social interaction, listening to TV
☒ Minimal difficulty
Difficulty in some environments (e.g., when person speaks softly or is more than 6 feet away)
☐ Moderate difficulty
Problem hearing normal conversation, requires quiet setting to hear well
☐ Severe difficulty
Difficulty in all situations (e.g., speaker has to talk loudly or speak very slowly; or person reports that all speech is mumbled)
☐ No hearing

HEARING AID USED
☒ Yes ☐ No

VISION

ABILITY TO SEE IN ADEQUATE LIGHT (WITH GLASSES OR WITH OTHER VISUAL APPLIANCE NORMALLY USED)
☒ Adequate
Sees fine detail, including regular print in newspapers/books or small items in pictures
☐ Minimal difficulty
Sees large print, but not regular print in newspapers/books or cannot identify large objects in pictures
☐ Moderate difficulty
Limited vision; not able to see newspaper headlines or small items in pictures, but can identify objects in his/her environment
☐ Severe difficulty
Object identification in question, but the person's eyes appear to follow objects, or the person sees only light, colors, shapes
☐ No vision
Eyes do not appear to follow objects; absence of sight

VISUAL APPLIANCE
☒ Yes ☐ No

HEALTH CONDITIONS
Indicate whether or not the individual had the presence of each of the following health conditions, as reported by the individual, a health care professional or family member, in the past 12 months.

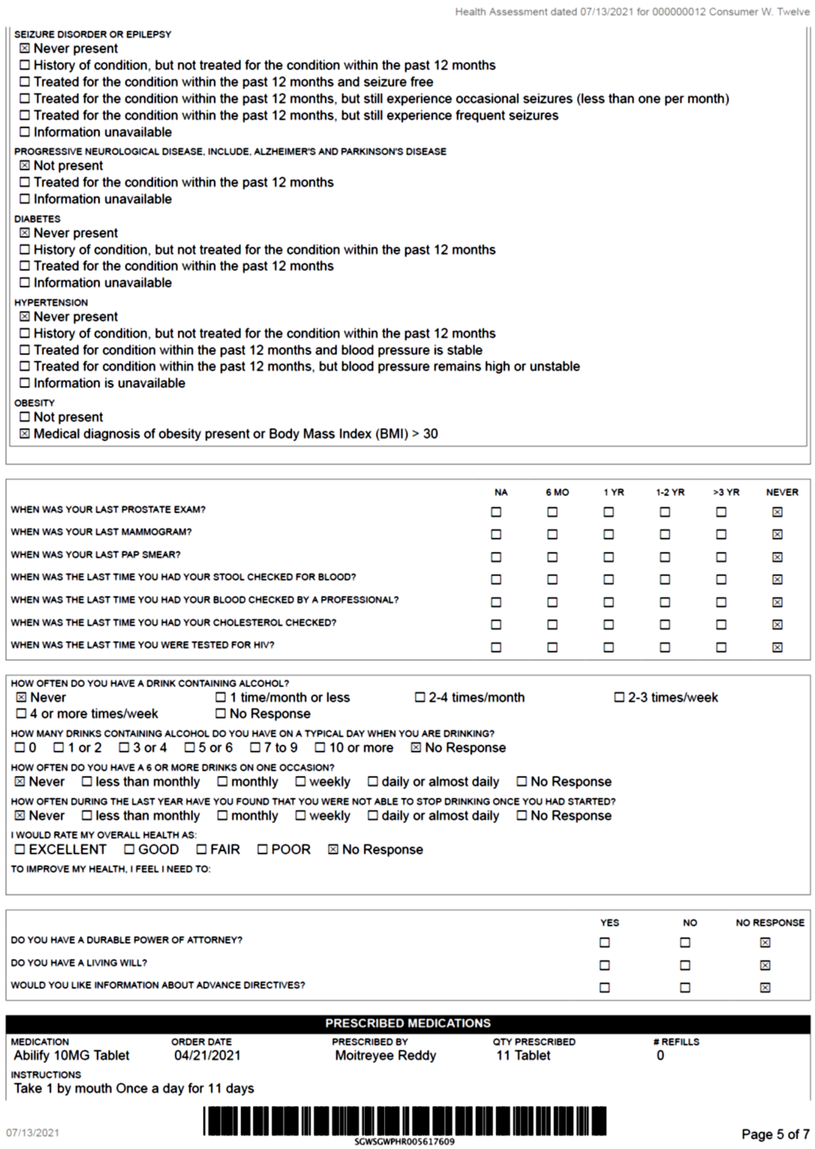
PNEUMONIA (2 OR MORE TIMES) - INCLUDING ASPIRATION PNEUMONIA
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

ASTHMA
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

UPPER RESPIRATORY INFECTIONS (3 OR MORE TIMES WITHIN PAST 12 MONTHS)
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

GASTROESOPHAGEAL REFLUX, OR GERD
☐ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☒ Treated for the condition within the past 12 months
☐ Information unavailable

CHRONIC BOWEL IMPACTIONS
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable



Health Assessment dated 07/13/2021 for 000000012 Consumer W. Twelve

SEIZURE DISORDER OR EPILEPSY
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months and seizure free
☐ Treated for the condition within the past 12 months, but still experience occasional seizures (less than one per month)
☐ Treated for the condition within the past 12 months, but still experience frequent seizures
☐ Information unavailable

PROGRESSIVE NEUROLOGICAL DISEASE, INCLUDE, ALZHEIMER'S AND PARKINSON'S DISEASE
☒ Not present
☐ Treated for the condition within the past 12 months
☐ Information unavailable

DIABETES
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for the condition within the past 12 months
☐ Information unavailable

HYPERTENSION
☒ Never present
☐ History of condition, but not treated for the condition within the past 12 months
☐ Treated for condition within the past 12 months and blood pressure is stable
☐ Treated for condition within the past 12 months, but blood pressure remains high or unstable
☐ Information is unavailable

OBESITY
☐ Not present
☒ Medical diagnosis of obesity present or Body Mass Index (BMI) > 30

	NA	6 MO	1 YR	1-2 YR	>3 YR	NEVER
WHEN WAS YOUR LAST PROSTATE EXAM?	☐	☐	☐	☐	☐	☒
WHEN WAS YOUR LAST MAMMOGRAM?	☐	☐	☐	☐	☐	☒
WHEN WAS YOUR LAST PAP SMEAR?	☐	☐	☐	☐	☐	☒
WHEN WAS THE LAST TIME YOU HAD YOUR STOOL CHECKED FOR BLOOD?	☐	☐	☐	☐	☐	☒
WHEN WAS THE LAST TIME YOU HAD YOUR BLOOD CHECKED BY A PROFESSIONAL?	☐	☐	☐	☐	☐	☒
WHEN WAS THE LAST TIME YOU HAD YOUR CHOLESTEROL CHECKED?	☐	☐	☐	☐	☐	☒
WHEN WAS THE LAST TIME YOU WERE TESTED FOR HIV?	☐	☐	☐	☐	☐	☒

HOW OFTEN DO YOU HAVE A DRINK CONTAINING ALCOHOL?
☒ Never ☐ 1 time/month or less ☐ 2-4 times/month ☐ 2-3 times/week
☐ 4 or more times/week ☐ No Response

HOW MANY DRINKS CONTAINING ALCOHOL DO YOU HAVE ON A TYPICAL DAY WHEN YOU ARE DRINKING?
☐ 0 ☐ 1 or 2 ☐ 3 or 4 ☐ 5 or 6 ☐ 7 to 9 ☐ 10 or more ☒ No Response

HOW OFTEN DO YOU HAVE A 6 OR MORE DRINKS ON ONE OCCASION?
☒ Never ☐ less than monthly ☐ monthly ☐ weekly ☐ daily or almost daily ☐ No Response

HOW OFTEN DURING THE LAST YEAR HAVE YOU FOUND THAT YOU WERE NOT ABLE TO STOP DRINKING ONCE YOU HAD STARTED?
☒ Never ☐ less than monthly ☐ monthly ☐ weekly ☐ daily or almost daily ☐ No Response

I WOULD RATE MY OVERALL HEALTH AS:
☐ EXCELLENT ☐ GOOD ☐ FAIR ☐ POOR ☒ No Response

TO IMPROVE MY HEALTH, I FEEL I NEED TO:

	YES	NO	NO RESPONSE
DO YOU HAVE A DURABLE POWER OF ATTORNEY?	☐	☐	☒
DO YOU HAVE A LIVING WILL?	☐	☐	☒
WOULD YOU LIKE INFORMATION ABOUT ADVANCE DIRECTIVES?	☐	☐	☒

PRESCRIBED MEDICATIONS

MEDICATION	ORDER DATE	PRESCRIBED BY	QTY PRESCRIBED	# REFILLS	INSTRUCTIONS
Abilify 10MG Tablet	04/21/2021	Moitreyee Reddy	11 Tablet	0	Take 1 by mouth Once a day for 11 days

07/13/2021

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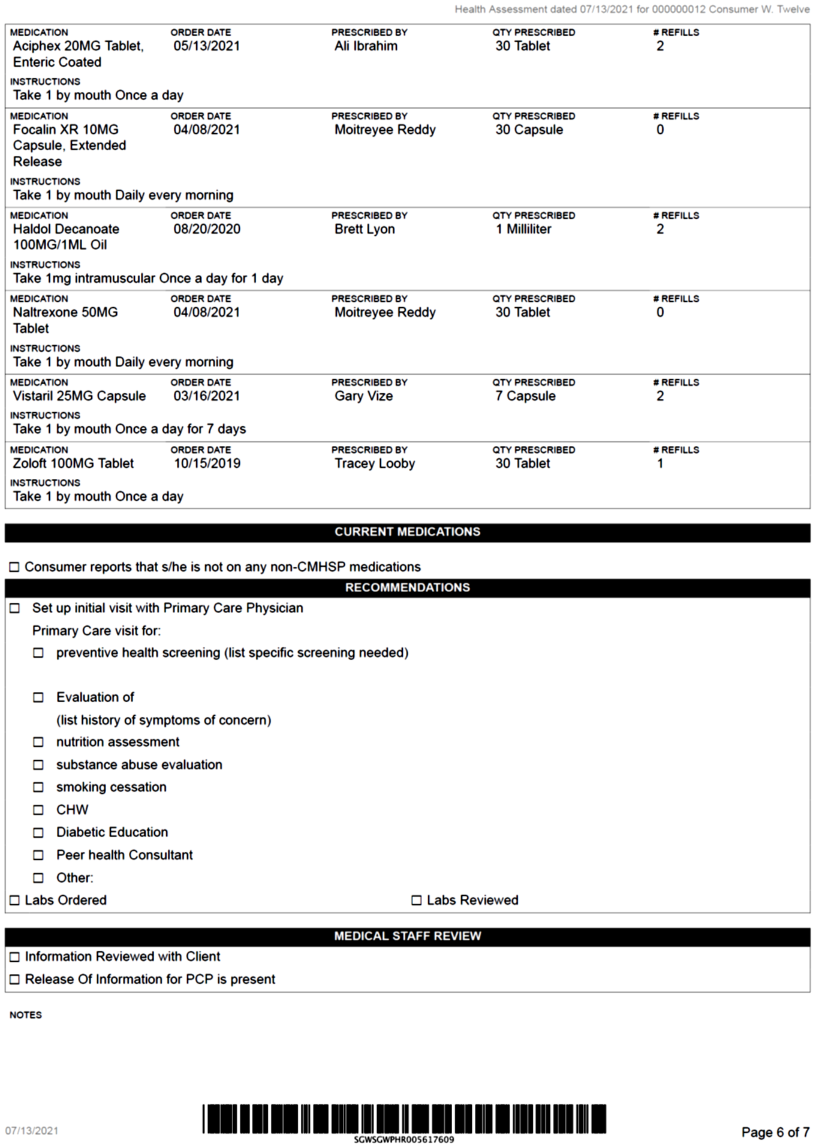

Health Assessment dated 07/13/2021 for 000000012 Consumer W. Twelve

MEDICATION	ORDER DATE	PRESCRIBED BY	QTY PRESCRIBED	# REFILLS	INSTRUCTIONS
Aciphex 20MG Tablet, Enteric Coated	05/13/2021	Ali Ibrahim	30 Tablet	2	Take 1 by mouth Once a day
Focalin XR 10MG Capsule, Extended Release	04/08/2021	Moitreyee Reddy	30 Capsule	0	Take 1 by mouth Daily every morning
Haldol Decanoate 100MG/1ML Oil	08/20/2020	Brett Lyon	1 Milliliter	2	Take 1mg intramuscular Once a day for 1 day
Naltrexone 50MG Tablet	04/08/2021	Moitreyee Reddy	30 Tablet	0	Take 1 by mouth Daily every morning
Vistaril 25MG Capsule	03/16/2021	Gary Vize	7 Capsule	2	Take 1 by mouth Once a day for 7 days
Zoloft 100MG Tablet	10/15/2019	Tracey Looby	30 Tablet	1	Take 1 by mouth Once a day

CURRENT MEDICATIONS

☐ Consumer reports that s/he is not on any non-CMHSP medications

RECOMMENDATIONS

☐ Set up initial visit with Primary Care Physician
Primary Care visit for:
- ☐ preventive health screening (list specific screening needed)
- ☐ Evaluation of
  (list history of symptoms of concern)
- ☐ nutrition assessment
- ☐ substance abuse evaluation
- ☐ smoking cessation
- ☐ CHW
- ☐ Diabetic Education
- ☐ Peer health Consultant
- ☐ Other:

☐ Labs Ordered ☐ Labs Reviewed

MEDICAL STAFF REVIEW

☐ Information Reviewed with Client
☐ Release Of Information for PCP is present

NOTES

07/13/2021

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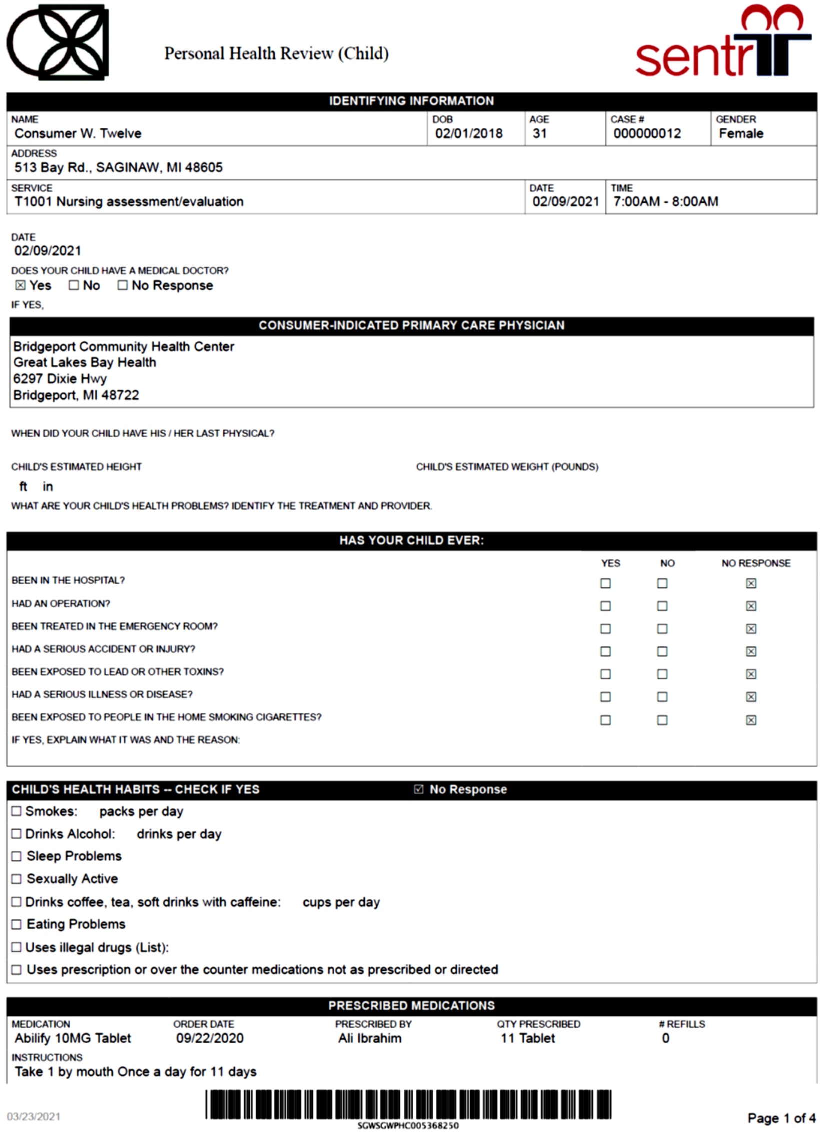
SIGNATURES

Electronically Signed By:
Christine Greer RN — 07/13/2021
STAFF SIGNATURE / CREDENTIALS — DATE

COUNTER SIGNATURE / CREDENTIALS — DATE

Exhibit I



Personal Health Review (Child)

sentri

IDENTIFYING INFORMATION

NAME	DOB	AGE	CASE #	GENDER
Consumer W. Twelve	02/01/2018	31	000000012	Female

ADDRESS
513 Bay Rd., SAGINAW, MI 48605

SERVICE	DATE	TIME
T1001 Nursing assessment/evaluation	02/09/2021	7:00AM - 8:00AM

DATE
02/09/2021

DOES YOUR CHILD HAVE A MEDICAL DOCTOR?
☒ Yes ☐ No ☐ No Response

IF YES,

CONSUMER-INDICATED PRIMARY CARE PHYSICIAN

Bridgeport Community Health Center
Great Lakes Bay Health
6297 Dixie Hwy
Bridgeport, MI 48722

WHEN DID YOUR CHILD HAVE HIS / HER LAST PHYSICAL?

CHILD'S ESTIMATED HEIGHT
ft in

CHILD'S ESTIMATED WEIGHT (POUNDS)

WHAT ARE YOUR CHILD'S HEALTH PROBLEMS? IDENTIFY THE TREATMENT AND PROVIDER.

HAS YOUR CHILD EVER:

	YES	NO	NO RESPONSE
BEEN IN THE HOSPITAL?	☐	☐	☒
HAD AN OPERATION?	☐	☐	☒
BEEN TREATED IN THE EMERGENCY ROOM?	☐	☐	☒
HAD A SERIOUS ACCIDENT OR INJURY?	☐	☐	☒
BEEN EXPOSED TO LEAD OR OTHER TOXINS?	☐	☐	☒
HAD A SERIOUS ILLNESS OR DISEASE?	☐	☐	☒
BEEN EXPOSED TO PEOPLE IN THE HOME SMOKING CIGARETTES?	☐	☐	☒

IF YES, EXPLAIN WHAT IT WAS AND THE REASON:

CHILD'S HEALTH HABITS -- CHECK IF YES ☑ No Response

☐ Smokes: packs per day
☐ Drinks Alcohol: drinks per day
☐ Sleep Problems
☐ Sexually Active
☐ Drinks coffee, tea, soft drinks with caffeine: cups per day
☐ Eating Problems
☐ Uses illegal drugs (List):
☐ Uses prescription or over the counter medications not as prescribed or directed

PRESCRIBED MEDICATIONS

MEDICATION	ORDER DATE	PRESCRIBED BY	QTY PRESCRIBED	# REFILLS
Abilify 10MG Tablet	09/22/2020	Ali Ibrahim	11 Tablet	0

INSTRUCTIONS
Take 1 by mouth Once a day for 11 days

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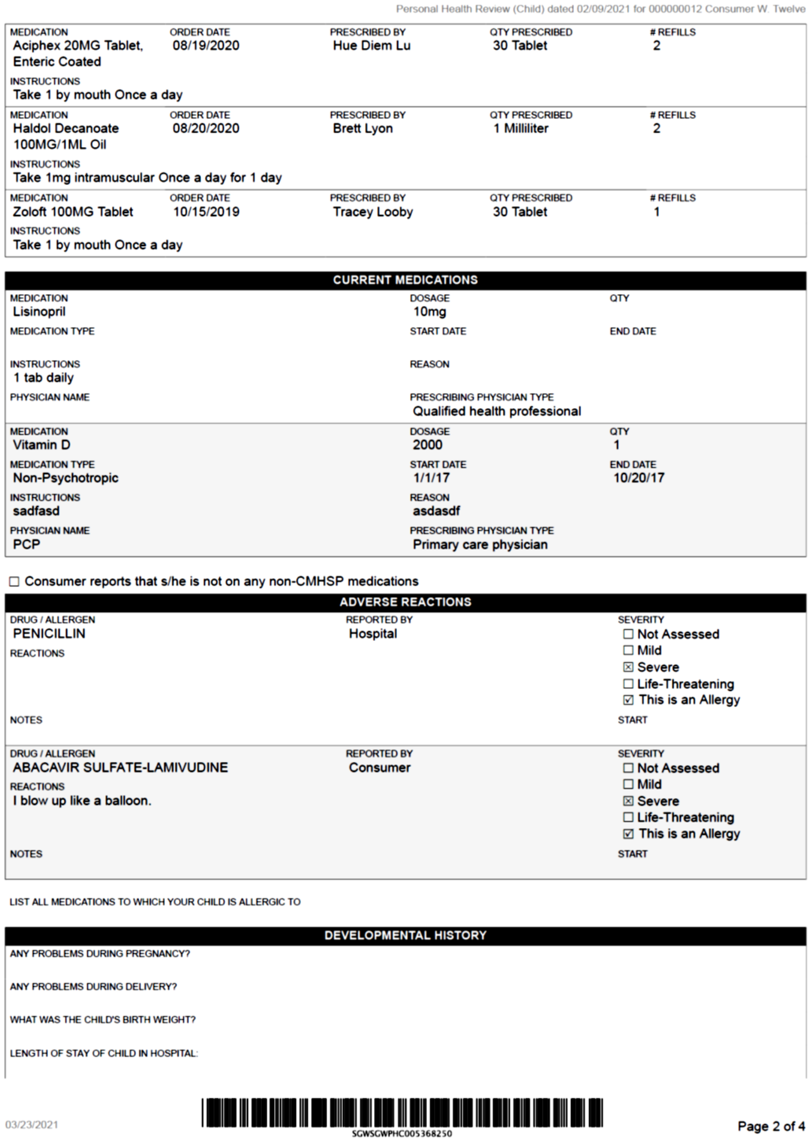

Personal Health Review (Child) dated 02/09/2021 for 000000012 Consumer W. Twelve

MEDICATION	ORDER DATE	PRESCRIBED BY	QTY PRESCRIBED	# REFILLS
Aciphex 20MG Tablet, Enteric Coated	08/19/2020	Hue Diem Lu	30 Tablet	2

INSTRUCTIONS
Take 1 by mouth Once a day

MEDICATION	ORDER DATE	PRESCRIBED BY	QTY PRESCRIBED	# REFILLS
Haldol Decanoate 100MG/1ML Oil	08/20/2020	Brett Lyon	1 Milliliter	2

INSTRUCTIONS
Take 1mg intramuscular Once a day for 1 day

MEDICATION	ORDER DATE	PRESCRIBED BY	QTY PRESCRIBED	# REFILLS
Zoloft 100MG Tablet	10/15/2019	Tracey Looby	30 Tablet	1

INSTRUCTIONS
Take 1 by mouth Once a day

CURRENT MEDICATIONS

MEDICATION	DOSAGE	QTY
Lisinopril	10mg	
MEDICATION TYPE	**START DATE**	**END DATE**
INSTRUCTIONS	**REASON**	
1 tab daily		
PHYSICIAN NAME	**PRESCRIBING PHYSICIAN TYPE**	
	Qualified health professional	

MEDICATION	DOSAGE	QTY
Vitamin D	2000	1
MEDICATION TYPE	**START DATE**	**END DATE**
Non-Psychotropic	1/1/17	10/20/17
INSTRUCTIONS	**REASON**	
sadfasd	asdasdf	
PHYSICIAN NAME	**PRESCRIBING PHYSICIAN TYPE**	
PCP	Primary care physician	

☐ Consumer reports that s/he is not on any non-CMHSP medications

ADVERSE REACTIONS

DRUG / ALLERGEN	REPORTED BY	SEVERITY
PENICILLIN	Hospital	☐ Not Assessed ☐ Mild ☒ Severe ☐ Life-Threatening ☑ This is an Allergy
REACTIONS		
NOTES		**START**

DRUG / ALLERGEN	REPORTED BY	SEVERITY
ABACAVIR SULFATE-LAMIVUDINE	Consumer	☐ Not Assessed ☐ Mild ☒ Severe ☐ Life-Threatening ☑ This is an Allergy
REACTIONS		
I blow up like a balloon.		
NOTES		**START**

LIST ALL MEDICATIONS TO WHICH YOUR CHILD IS ALLERGIC TO

DEVELOPMENTAL HISTORY

ANY PROBLEMS DURING PREGNANCY?

ANY PROBLEMS DURING DELIVERY?

WHAT WAS THE CHILD'S BIRTH WEIGHT?

LENGTH OF STAY OF CHILD IN HOSPITAL:

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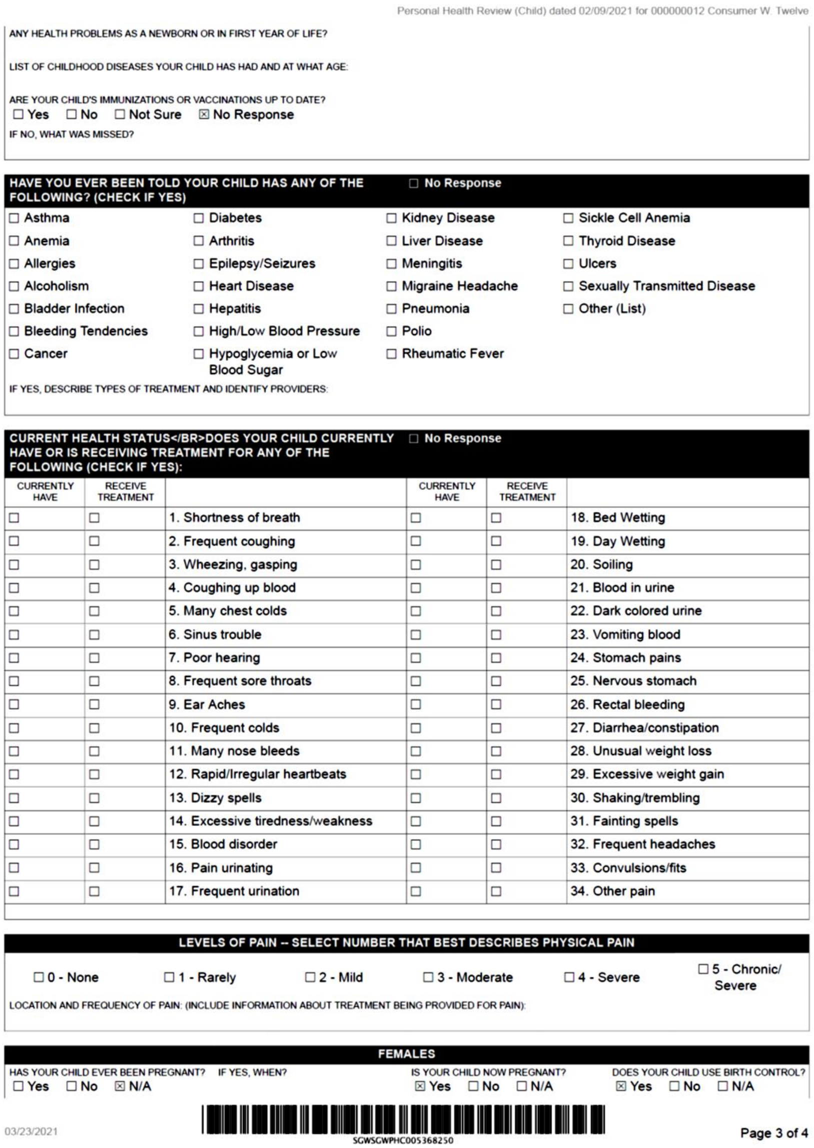

Personal Health Review (Child) dated 02/09/2021 for 000000012 Consumer W. Twelve

ANY HEALTH PROBLEMS AS A NEWBORN OR IN FIRST YEAR OF LIFE?

LIST OF CHILDHOOD DISEASES YOUR CHILD HAS HAD AND AT WHAT AGE:

ARE YOUR CHILD'S IMMUNIZATIONS OR VACCINATIONS UP TO DATE?
☐ Yes ☐ No ☐ Not Sure ☒ No Response

IF NO, WHAT WAS MISSED?

HAVE YOU EVER BEEN TOLD YOUR CHILD HAS ANY OF THE FOLLOWING? (CHECK IF YES) ☐ No Response

- ☐ Asthma
- ☐ Anemia
- ☐ Allergies
- ☐ Alcoholism
- ☐ Bladder Infection
- ☐ Bleeding Tendencies
- ☐ Cancer
- ☐ Diabetes
- ☐ Arthritis
- ☐ Epilepsy/Seizures
- ☐ Heart Disease
- ☐ Hepatitis
- ☐ High/Low Blood Pressure
- ☐ Hypoglycemia or Low Blood Sugar
- ☐ Kidney Disease
- ☐ Liver Disease
- ☐ Meningitis
- ☐ Migraine Headache
- ☐ Pneumonia
- ☐ Polio
- ☐ Rheumatic Fever
- ☐ Sickle Cell Anemia
- ☐ Thyroid Disease
- ☐ Ulcers
- ☐ Sexually Transmitted Disease
- ☐ Other (List)

IF YES, DESCRIBE TYPES OF TREATMENT AND IDENTIFY PROVIDERS:

CURRENT HEALTH STATUS</BR>DOES YOUR CHILD CURRENTLY HAVE OR IS RECEIVING TREATMENT FOR ANY OF THE FOLLOWING (CHECK IF YES): ☐ No Response

CURRENTLY HAVE	RECEIVE TREATMENT		CURRENTLY HAVE	RECEIVE TREATMENT	
☐	☐	1. Shortness of breath	☐	☐	18. Bed Wetting
☐	☐	2. Frequent coughing	☐	☐	19. Day Wetting
☐	☐	3. Wheezing, gasping	☐	☐	20. Soiling
☐	☐	4. Coughing up blood	☐	☐	21. Blood in urine
☐	☐	5. Many chest colds	☐	☐	22. Dark colored urine
☐	☐	6. Sinus trouble	☐	☐	23. Vomiting blood
☐	☐	7. Poor hearing	☐	☐	24. Stomach pains
☐	☐	8. Frequent sore throats	☐	☐	25. Nervous stomach
☐	☐	9. Ear Aches	☐	☐	26. Rectal bleeding
☐	☐	10. Frequent colds	☐	☐	27. Diarrhea/constipation
☐	☐	11. Many nose bleeds	☐	☐	28. Unusual weight loss
☐	☐	12. Rapid/Irregular heartbeats	☐	☐	29. Excessive weight gain
☐	☐	13. Dizzy spells	☐	☐	30. Shaking/trembling
☐	☐	14. Excessive tiredness/weakness	☐	☐	31. Fainting spells
☐	☐	15. Blood disorder	☐	☐	32. Frequent headaches
☐	☐	16. Pain urinating	☐	☐	33. Convulsions/fits
☐	☐	17. Frequent urination	☐	☐	34. Other pain

LEVELS OF PAIN -- SELECT NUMBER THAT BEST DESCRIBES PHYSICAL PAIN

☐ 0 - None ☐ 1 - Rarely ☐ 2 - Mild ☐ 3 - Moderate ☐ 4 - Severe ☐ 5 - Chronic/ Severe

LOCATION AND FREQUENCY OF PAIN: (INCLUDE INFORMATION ABOUT TREATMENT BEING PROVIDED FOR PAIN):

FEMALES

HAS YOUR CHILD EVER BEEN PREGNANT?	IF YES, WHEN?	IS YOUR CHILD NOW PREGNANT?	DOES YOUR CHILD USE BIRTH CONTROL?
☐ Yes ☐ No ☒ N/A		☒ Yes ☐ No ☐ N/A	☒ Yes ☐ No ☐ N/A

03/23/2021

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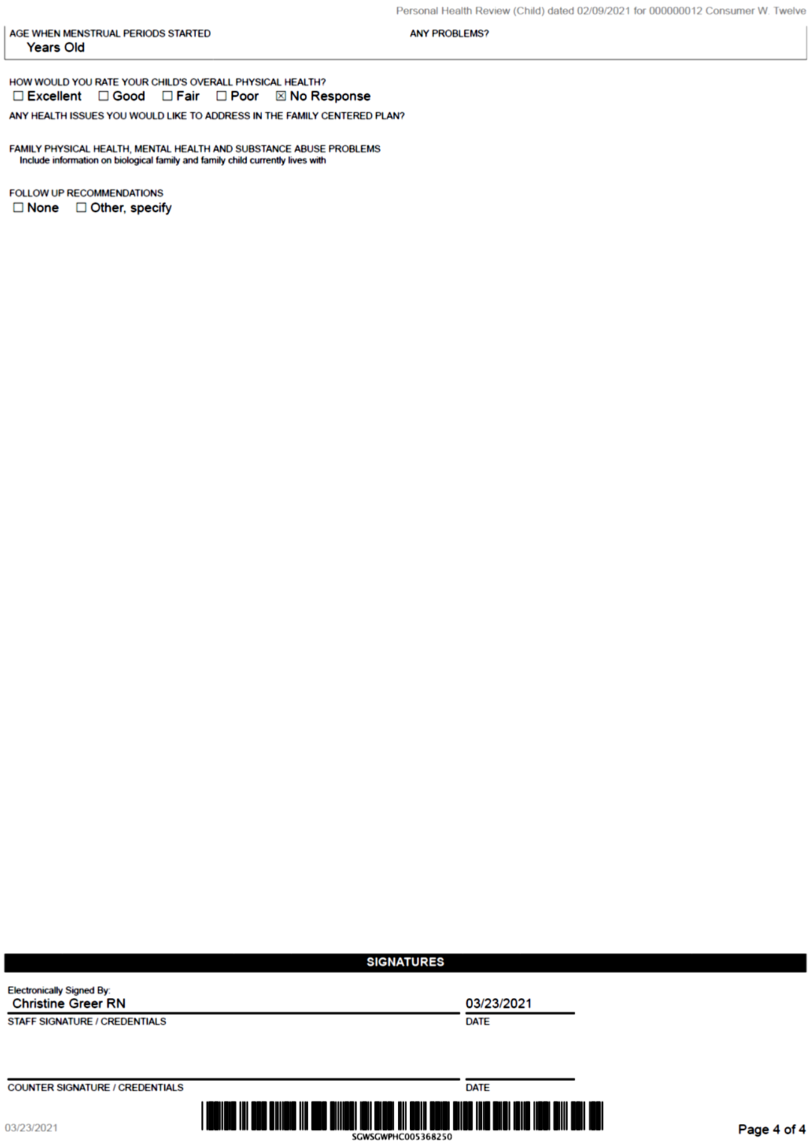

Personal Health Review (Child) dated 02/09/2021 for 000000012 Consumer W. Twelve

AGE WHEN MENSTRUAL PERIODS STARTED	ANY PROBLEMS?
Years Old	

HOW WOULD YOU RATE YOUR CHILD'S OVERALL PHYSICAL HEALTH?
☐ Excellent ☐ Good ☐ Fair ☐ Poor ☒ No Response

ANY HEALTH ISSUES YOU WOULD LIKE TO ADDRESS IN THE FAMILY CENTERED PLAN?

FAMILY PHYSICAL HEALTH, MENTAL HEALTH AND SUBSTANCE ABUSE PROBLEMS
Include information on biological family and family child currently lives with

FOLLOW UP RECOMMENDATIONS
☐ None ☐ Other, specify

SIGNATURES

Electronically Signed By:
Christine Greer RN
STAFF SIGNATURE / CREDENTIALS

03/23/2021
DATE

COUNTER SIGNATURE / CREDENTIALS

DATE

03/23/2021

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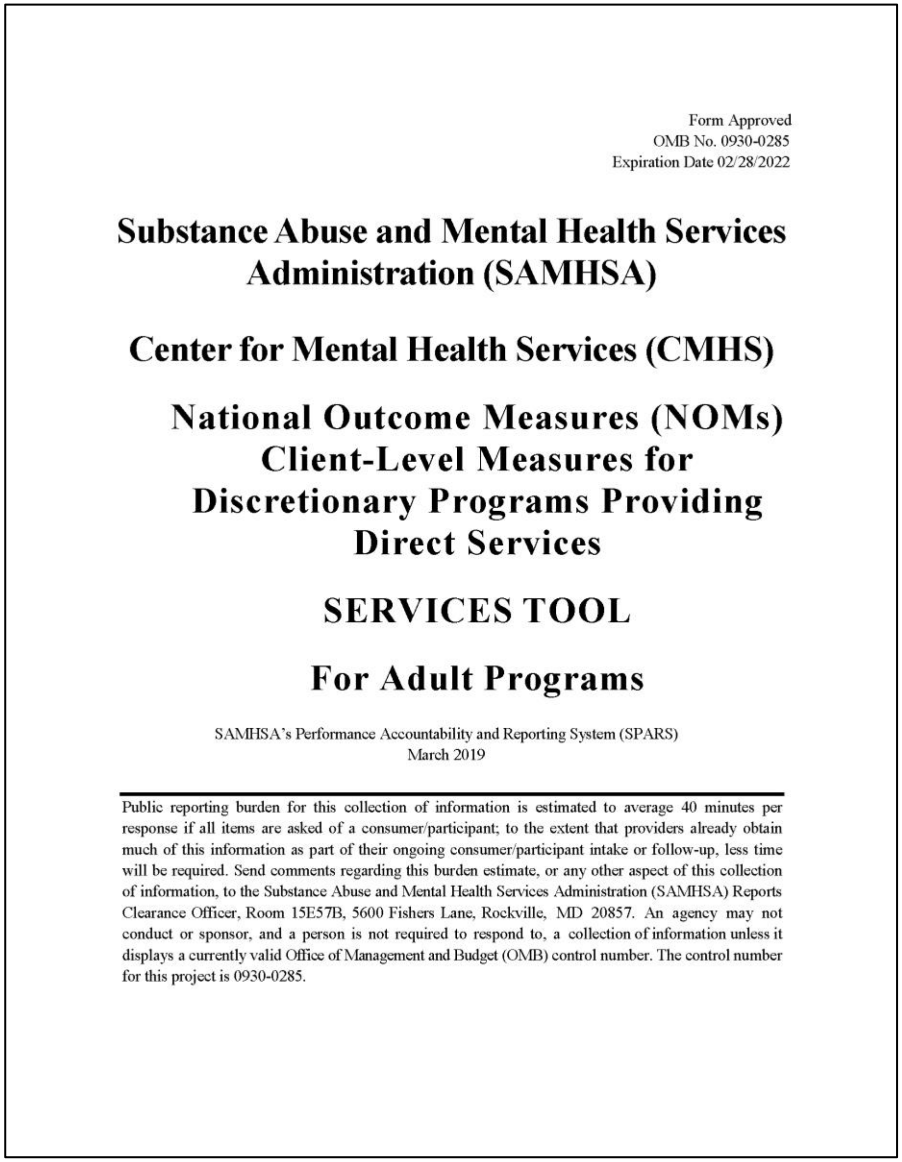
Exhibit J



Form Approved
OMB No. 0930-0285
Expiration Date 02/28/2022

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Mental Health Services (CMHS)

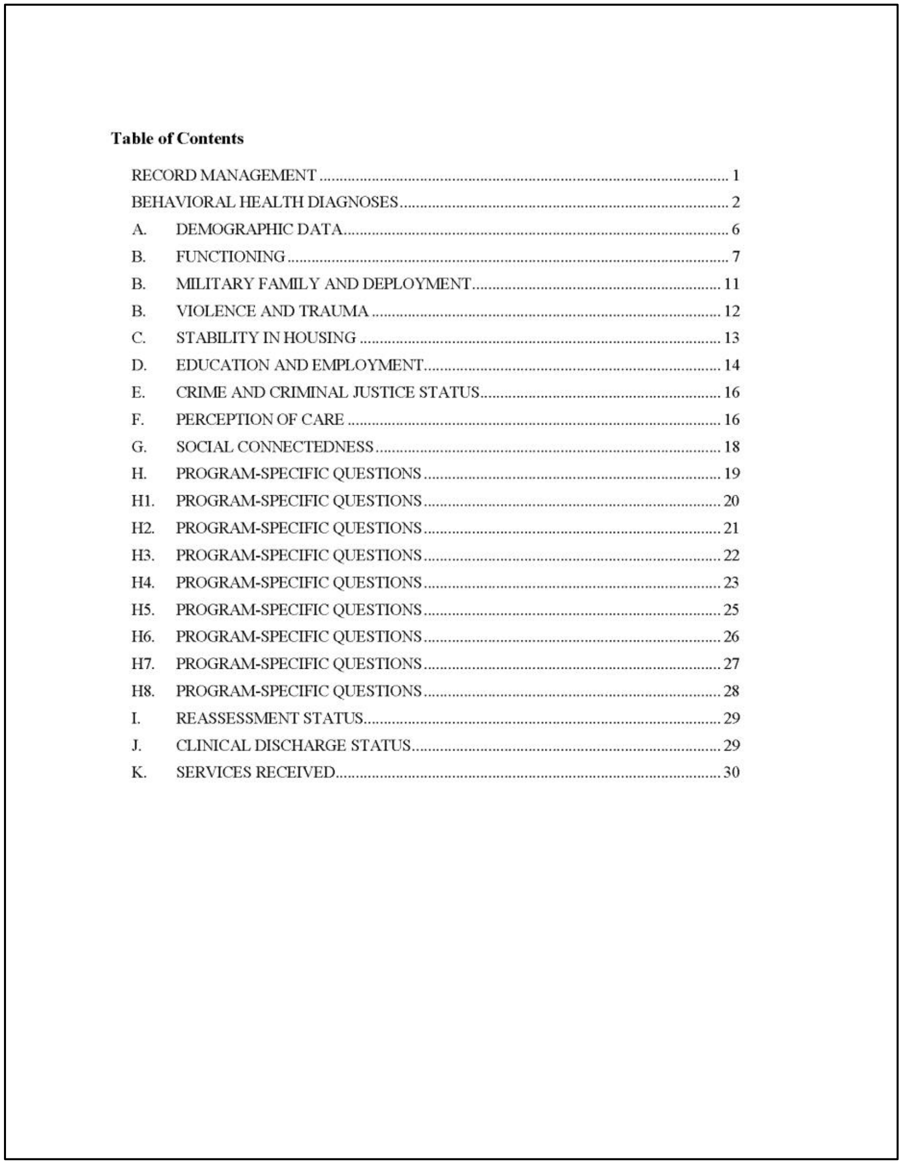
National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services

SERVICES TOOL

For Adult Programs

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 40 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.



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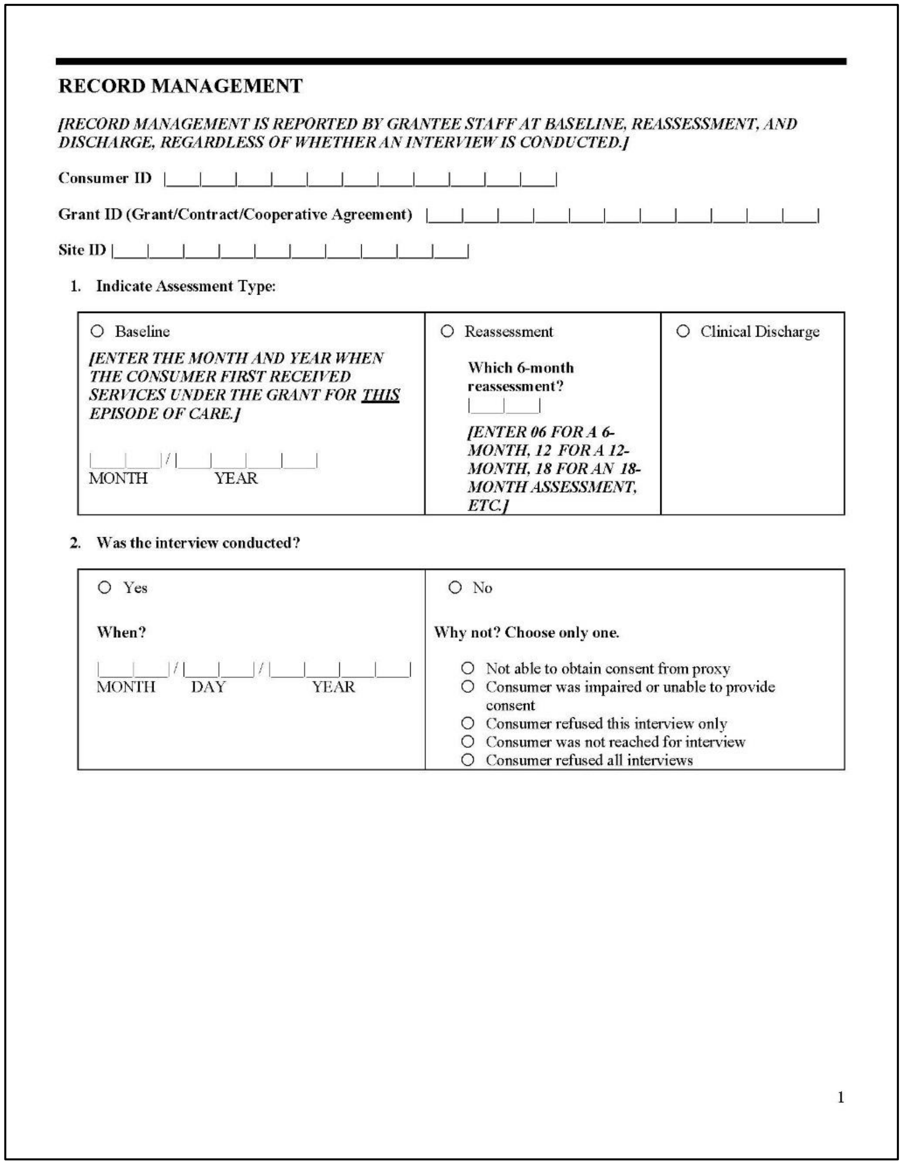


RECORD MANAGEMENT

[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]

Consumer ID |___|___|___|___|___|___|___|___|___|___|___|

Grant ID (Grant/Contract/Cooperative Agreement) |___|___|___|___|___|___|___|___|___|___|___|

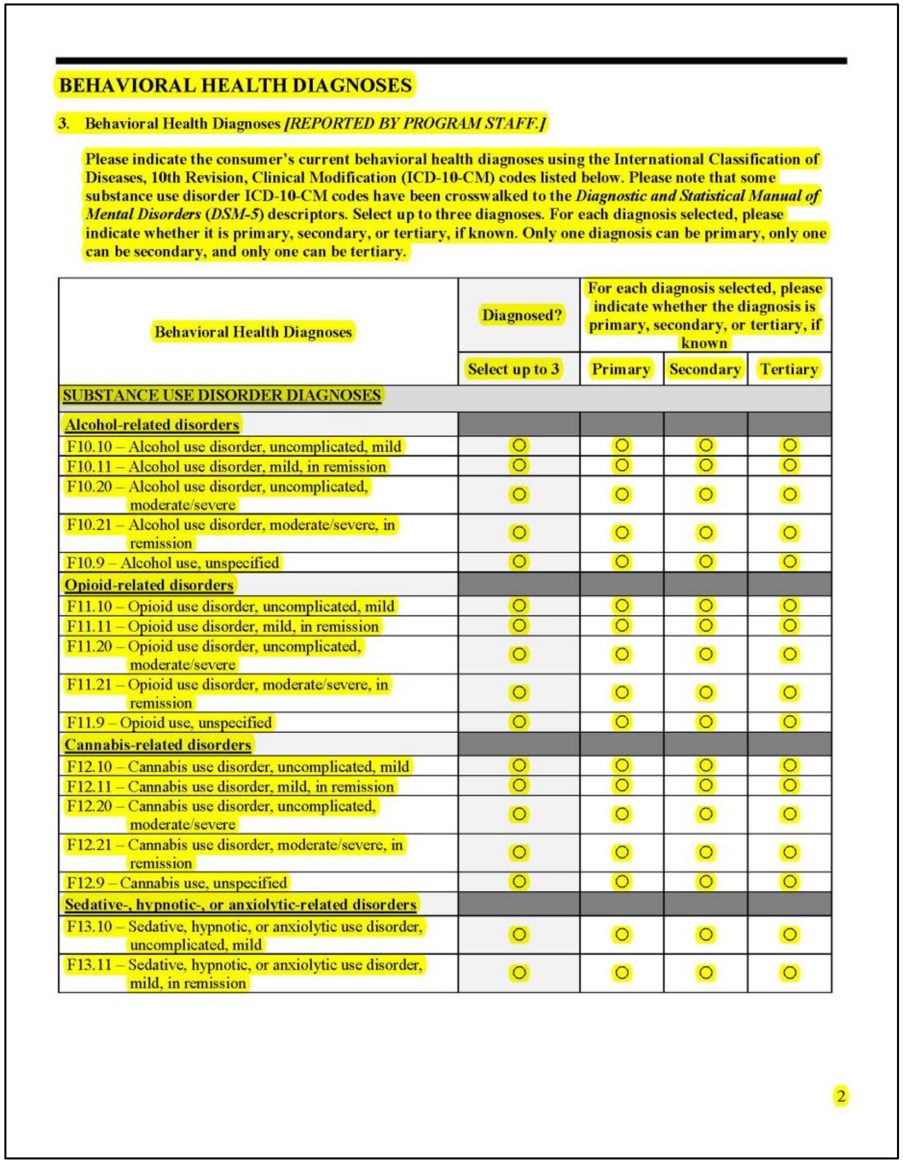
Site ID |___|___|___|___|___|___|___|___|___|___|

1. **Indicate Assessment Type:**

○ Baseline *[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR __THIS__ EPISODE OF CARE.]* |___|___| / |___|___|___|___| MONTH YEAR	○ Reassessment **Which 6-month reassessment?** |___|___| *[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]*	○ Clinical Discharge

2. **Was the interview conducted?**

○ Yes **When?** |___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR	○ No **Why not? Choose only one.** ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews



BEHAVIORAL HEALTH DIAGNOSES

3. **Behavioral Health Diagnoses** *[REPORTED BY PROGRAM STAFF.]*

Please indicate the consumer's current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Behavioral Health Diagnoses	**Diagnosed?**	**For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known**		
	Select up to 3	**Primary**	**Secondary**	**Tertiary**
__SUBSTANCE USE DISORDER DIAGNOSES__				
__**Alcohol-related disorders**__				
F10.10 – Alcohol use disorder, uncomplicated, mild	○	○	○	○
F10.11 – Alcohol use disorder, mild, in remission	○	○	○	○
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	○	○	○	○
F10.21 – Alcohol use disorder, moderate/severe, in remission	○	○	○	○
F10.9 – Alcohol use, unspecified	○	○	○	○
__**Opioid-related disorders**__				
F11.10 – Opioid use disorder, uncomplicated, mild	○	○	○	○
F11.11 – Opioid use disorder, mild, in remission	○	○	○	○
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	○	○	○	○
F11.21 – Opioid use disorder, moderate/severe, in remission	○	○	○	○
F11.9 – Opioid use, unspecified	○	○	○	○
__**Cannabis-related disorders**__				
F12.10 – Cannabis use disorder, uncomplicated, mild	○	○	○	○
F12.11 – Cannabis use disorder, mild, in remission	○	○	○	○
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	○	○	○	○
F12.21 – Cannabis use disorder, moderate/severe, in remission	○	○	○	○
F12.9 – Cannabis use, unspecified	○	○	○	○
__**Sedative-, hypnotic-, or anxiolytic-related disorders**__				
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	○	○	○	○
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	○	○	○	○

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	○	○	○	○
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	○	○	○	○
F13.9 – Sedative, hypnotic, or anxiolytic use, unspecified	○	○	○	○
Cocaine-related disorders				
F14.10 – Cocaine use disorder, uncomplicated, mild	○	○	○	○
F14.11 – Cocaine use disorder, mild, in remission	○	○	○	○
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	○	○	○	○
F14.21 – Cocaine use disorder, moderate/severe, in remission	○	○	○	○
F14.9 – Cocaine use, unspecified	○	○	○	○
Other stimulant-related disorders				
F15.10 – Other stimulant use disorder, uncomplicated, mild	○	○	○	○
F15.11 – Other stimulant use disorder, mild, in remission	○	○	○	○
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	○	○	○	○
F15.21 – Other stimulant use disorder, moderate/severe, in remission	○	○	○	○
F15.9 – Other stimulant use, unspecified	○	○	○	○
Hallucinogen-related disorders				
F16.10 – Hallucinogen use disorder, uncomplicated, mild	○	○	○	○
F16.11 – Hallucinogen use disorder, mild, in remission	○	○	○	○
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	○	○	○	○
F16.21 – Hallucinogen use disorder moderate/severe, in remission	○	○	○	○
F16.9 – Hallucinogen use, unspecified	○	○	○	○
Inhalant-related disorders				
F18.10 – Inhalant use disorder, uncomplicated, mild	○	○	○	○
F18.11 – Inhalant use disorder, mild, in remission	○	○	○	○
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	○	○	○	○
F18.21 – Inhalant use disorder, moderate/severe, in remission	○	○	○	○
F18.9 – Inhalant use, unspecified	○	○	○	○

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
Other psychoactive substance–related disorders				
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	○	○	○	○
F19.11 – Other psychoactive substance use disorder, in remission	○	○	○	○
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	○	○	○	○
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	○	○	○	○
F19.9 – Other psychoactive substance use, unspecified	○	○	○	○
Nicotine dependence				
F17.20 – Tobacco use disorder, mild/moderate/severe	○	○	○	○
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	○	○	○	○
MENTAL HEALTH DIAGNOSES				
F20 – Schizophrenia	○	○	○	○
F21 – Schizotypal disorder	○	○	○	○
F22 – Delusional disorder	○	○	○	○
F23 – Brief psychotic disorder	○	○	○	○
F24 – Shared psychotic disorder	○	○	○	○
F25 – Schizoaffective disorders	○	○	○	○
F28 – Other psychotic disorder not due to a substance or known physiological condition	○	○	○	○
F29 – Unspecified psychosis not due to a substance or known physiological condition	○	○	○	○
F30 – Manic episode	○	○	○	○
F31 – Bipolar disorder	○	○	○	○
F32 – Major depressive disorder, single episode	○	○	○	○
F33 – Major depressive disorder, recurrent	○	○	○	○
F34 – Persistent mood [affective] disorders	○	○	○	○
F39 – Unspecified mood [affective] disorder	○	○	○	○
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	○	○	○	○
F50 – Eating disorders	○	○	○	○
F51 – Sleep disorders not due to a substance or known physiological condition	○	○	○	○
F60.2 – Antisocial personality disorder	○	○	○	○
F60.3 – Borderline personality disorder	○	○	○	○

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F60.0, F60.1, F60.4–F69 – Other personality disorders	○	○	○	○
F70–F79 – Intellectual disabilities	○	○	○	○
F80–F89 – Pervasive and specific developmental disorders	○	○	○	○
F90 – Attention-deficit hyperactivity disorders	○	○	○	○
F91 – Conduct disorders	○	○	○	○
F93 – Emotional disorders with onset specific to childhood	○	○	○	○
F94 – Disorders of social functioning with onset specific to childhood or adolescence	○	○	○	○
F95 – Tic disorder	○	○	○	○
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	○	○	○	○
F99 – Unspecified mental disorder	○	○	○	○

○ Don't know
○ None of the above

[IF THIS IS A BASELINE, GO TO SECTION A.]

[FOR ALL REASSESSMENTS:

IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]

IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]

[FOR A CLINICAL DISCHARGE:

IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.]

IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION J.]

A. DEMOGRAPHIC DATA

[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]

1. **What is your gender?**

○ MALE
○ FEMALE
○ TRANSGENDER
○ OTHER (SPECIFY) ____________________
○ REFUSED

2. **Are you Hispanic or Latino?**

○ YES
○ NO *[GO TO 3.]*
○ REFUSED *[GO TO 3.]*

***[IF YES]* What ethnic group do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

	YES	NO	REFUSED
Central American	○	○	○
Cuban	○	○	○
Dominican	○	○	○
Mexican	○	○	○
Puerto Rican	○	○	○
South American	○	○	○
OTHER	○	○	○ *[IF YES, SPECIFY BELOW.]*

(SPECIFY) ____

3. **What race do you consider yourself? Please answer yes or no for each of the following. You may say yes to more than one.**

	YES	NO	REFUSED
Alaska Native	○	○	○
American Indian	○	○	○
Asian	○	○	○
Black or African American	○	○	○
Native Hawaiian or other Pacific Islander	○	○	○
White	○	○	○

4. **What is your month and year of birth?**

|__|__|/|__|__|__|__|
MONTH YEAR

○ REFUSED

A. DEMOGRAPHIC DATA (CONTINUED)

5. **Which one of the following do you consider yourself to be?**

○ Heterosexual; that is, straight
○ [IF FEMALE, THEN "Lesbian"] or Gay
○ Bisexual
○ OTHER (SPECIFY) ____________________
○ REFUSED
○ DON'T KNOW

[IF AN INTERVIEW WAS CONDUCTED, CONTINUE TO SECTION B.]

[IF AN INTERVIEW WAS NOT CONDUCTED, STOP HERE.]

B. FUNCTIONING

1. **How would you rate your overall health right now?**

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor
○ REFUSED
○ DON'T KNOW

2. **Please select the one answer that most closely matches your situation. *I feel capable of managing my health care needs:***

○ On my own most of the time
○ On my own some of the time and with support from others some of the time
○ With support from others most of the time
○ Rarely or never
○ REFUSED
○ DON'T KNOW

B. FUNCTIONING (CONTINUED)

3. **In order to provide the best possible mental health and related services, we need to know what you think about how well you were able to deal with your everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.**

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**	**NOT APPLICABLE**
a. I deal effectively with daily problems.	○	○	○	○	○	○	
b. I am able to control my life.	○	○	○	○	○	○	
c. I am able to deal with crisis.	○	○	○	○	○	○	
d. I am getting along with my family.	○	○	○	○	○	○	○
e. I do well in social situations.	○	○	○	○	○	○	
f. I do well in school and/or work.	○	○	○	○	○	○	○
g. My housing situation is satisfactory.	○	○	○	○	○	○	
h. My symptoms are not bothering me.	○	○	○	○	○	○	

4. **The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.**

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel ...	**All of the Time**	**Most of the Time**	**Some of the Time**	**A Little of the Time**	**None of the Time**	**REFUSED**	**DON'T KNOW**
a. nervous?	○	○	○	○	○	○	○
b. hopeless?	○	○	○	○	○	○	○
c. restless or fidgety?	○	○	○	○	○	○	○
d. so depressed that nothing could cheer you up?	○	○	○	○	○	○	○
e. that everything was an effort?	○	○	○	○	○	○	○
f. worthless?	○	○	○	○	○	○	○

QUESTION	RESPONSE OPTIONS						
During the past 30 days...	**Not at All**	**Slightly**	**Moderately**	**Considerably**	**Extremely**	**REFUSED**	**DON'T KNOW**
g. how much have you been bothered by these psychological or emotional problems?	○	○	○	○	○	○	○

B. FUNCTIONING (CONTINUED)

5. The following questions ask about how you have been feeling during the last 4 weeks.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks …	Very Poor	Poor	Neither Good nor Poor	Good	Very Good	REFUSED	DON'T KNOW
a. how would you rate your quality of life?	○	○	○	○	○	○	○

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks …	Not at All	A Little	Moderately	Mostly	Completely	REFUSED	DON'T KNOW
b. do you have enough energy for everyday life?	○	○	○	○	○	○	○

BEHAVIORAL HEALTH DIAGNOSES	BEHAVIORAL HEALTH DIAGNOSES						
In the last 4 weeks …	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	REFUSED	DON'T KNOW
c. how satisfied are you with your ability to perform your daily living activities?	○	○	○	○	○	○	○
d. how satisfied are you with your health?	○	○	○	○	○	○	○
e. how satisfied are you with yourself?	○	○	○	○	○	○	○
f. how satisfied are you with your personal relationships?	○	○	○	○	○	○	○

B. FUNCTIONING (CONTINUED)

6. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS					
In the past 30 days, how often have you used …	Never	Once or Twice	Weekly	Daily or Almost Daily	REFUSED	DON'T KNOW
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	○	○	○	○	○	○
b. alcoholic beverages (beer, wine, liquor, etc.)?	○	○	○	○	○	○
b1. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE]* How many times in the past 30 days have you had five or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]*	○	○	○	○	○	○
b2. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE]* How many times in the past 30 days have you had four or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]*	○	○	○	○	○	○
c. cannabis (marijuana, pot, grass, hash, etc.)?	○	○	○	○	○	○
d. cocaine (coke, crack, etc.)?	○	○	○	○	○	○
e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	○	○	○	○	○	○
f. methamphetamine (speed, crystal meth, ice, etc.)?	○	○	○	○	○	○
g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	○	○	○	○	○	○
h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	○	○	○	○	○	○
i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	○	○	○	○	○	○
j. street opioids (heroin, opium, etc.)?	○	○	○	○	○	○
k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	○	○	○	○	○	○
l. other – specify (e-cigarettes, etc.): ______________________________	○	○	○	○	○	○

B. FUNCTIONING (CONTINUED)

[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]

DATE GAF WAS ADMINISTERED: |___|___|/|___|___|/|___|___|___|___|
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? GAF = |___|___|___|

B. MILITARY FAMILY AND DEPLOYMENT

[QUESTIONS 7 THROUGH 10 ARE ONLY ASKED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO 11.]

7. Have you ever served in the Armed Forces, the Reserves, or the National Guard?

○ YES
○ NO *[GO TO 8.]*
○ REFUSED *[GO TO 8.]*
○ DON'T KNOW *[GO TO 8.]*

[IF YES] **In which of the following have you ever served? Please answer for each of the following. You may say yes to more than one.**

Branch of Service	YES	NO	REFUSED	DON'T KNOW
• Armed Forces	○	○	○	○
• Reserves	○	○	○	○
• National Guard	○	○	○	○

7a. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

○ YES
○ NO *[GO TO 7b.]*
○ REFUSED *[GO TO 7b.]*
○ DON'T KNOW *[GO TO 7b.]*

[IF YES] **In which of the following are you currently serving? Please answer for each of the following. You may say yes to more than one.**

Branch of Service	YES	NO	REFUSED	DON'T KNOW
• Armed Forces	○	○	○	○
• Reserves	○	○	○	○
• National Guard	○	○	○	○

B. MILITARY FAMILY AND DEPLOYMENT (CONTINUED)

7b. Have you ever been deployed to a combat zone?

○ YES
○ NO *[GO TO 8.]*
○ REFUSED *[GO TO 8.]*
○ DON'T KNOW *[GO TO 8.]*

[IF YES] **To which of the following combat zones have you been deployed? Please answer for each of the following. You may say yes to more than one.**

Combat Zones	YES	NO	REFUSED	DON'T KNOW
Iraq or Afghanistan (e.g., Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn)	○	○	○	○
Persian Gulf (Operation Desert Shield or Desert Storm)	○	○	○	○
Vietnam/Southeast Asia	○	○	○	○
Korea	○	○	○	○
WWII	○	○	○	○
Deployed to a combat zone not listed above (e.g., Somalia, Bosnia, Kosovo)	○	○	○	○

8. Is anyone in your family or someone close to you currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

○ Yes, only one person
○ Yes, more than one person
○ No
○ REFUSED
○ DON'T KNOW

B. VIOLENCE AND TRAUMA

9. Have you ever experienced violence or trauma in any setting (including community or school violence; domestic violence; physical, psychological, or sexual maltreatment/assault within or outside of the family; natural disaster; terrorism; neglect; or traumatic grief)?

○ YES
○ NO *[GO TO 11.]*
○ REFUSED *[GO TO 11.]*
○ DON'T KNOW *[GO TO 11.]*

B. VIOLENCE AND TRAUMA (CONTINUED)

10. Did any of these experiences feel so frightening, horrible, or upsetting that in the past and/or the present you:

In the past and/or present you …	YES	NO	REFUSED	DON'T KNOW
a. Have had nightmares about it or thought about it when you did not want to?	○	○	○	○
b. Tried hard not to think about it or went out of your way to avoid situations that remind you of it?	○	○	○	○
c. Were constantly on guard, watchful, or easily startled?	○	○	○	○
d. Felt numb and detached from others, activities, or your surroundings?	○	○	○	○

11. In the past 30 days, how often have you been hit, kicked, slapped, or otherwise physically hurt?

○ Never
○ Once
○ A few times
○ More than a few times
○ REFUSED
○ DON'T KNOW

C. STABILITY IN HOUSING

1. In the past 30 days, how many …	Number of Nights/ Times	REFUSED	DON'T KNOW
a. nights have you been homeless?	☐☐	○	○
b. nights have you spent in a hospital for mental health care?	☐☐	○	○
c. nights have you spent in a facility for detox/inpatient or residential substance abuse treatment?	☐☐	○	○
d. nights have you spent in correctional facility including jail or prison?	☐☐	○	○
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS 1A–1D, CANNOT EXCEED 30 NIGHTS.)]	☐☐		
e. times have you gone to an emergency room for a psychiatric or emotional problem?	☐☐	○	○

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]

C. STABILITY IN HOUSING (CONTINUED)

2. In the past 30 days, where have you been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO THE CONSUMER. SELECT ONLY ONE.]

○ OWNED OR RENTED HOUSE, APARTMENT, TRAILER, ROOM
○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, ROOM
○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
○ GROUP HOME
○ ADULT FOSTER CARE
○ TRANSITIONAL LIVING FACILITY
○ HOSPITAL (MEDICAL)
○ HOSPITAL (PSYCHIATRIC)
○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
○ CORRECTIONAL FACILITY (JAIL/PRISON)
○ NURSING HOME
○ VA HOSPITAL
○ VETERAN'S HOME
○ MILITARY BASE
○ OTHER HOUSED (SPECIFY) ____________________
○ REFUSED
○ DON'T KNOW

3. In the last 4 weeks …

[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

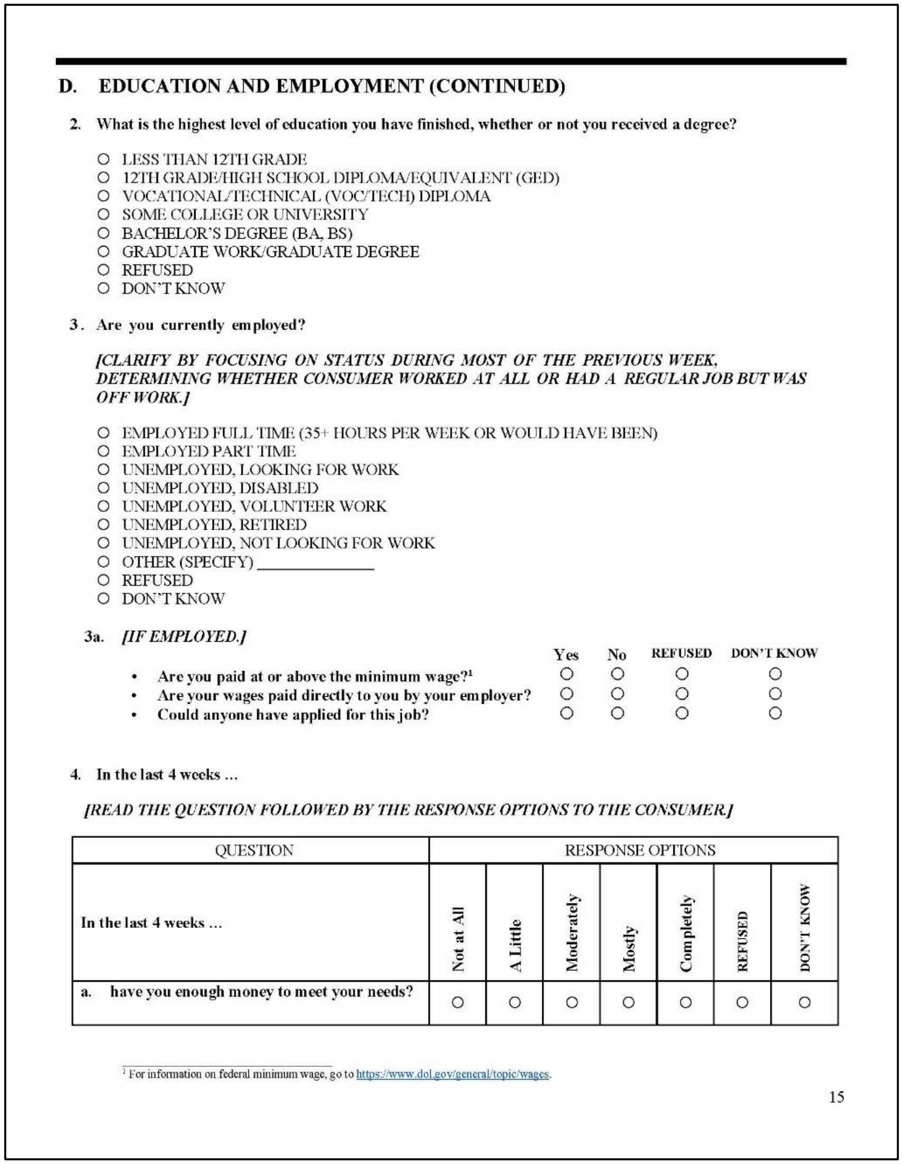
QUESTION	RESPONSE OPTIONS						
In the last 4 weeks …	Very Dissatisfied	Dissatisfied	Neither Satisfied nor Dissatisfied	Satisfied	Very Satisfied	REFUSED	DON'T KNOW
a. how satisfied are you with the conditions of your living place?	○	○	○	○	○	○	○

D. EDUCATION AND EMPLOYMENT

1. Are you currently enrolled in school or a job training program?

[IF ENROLLED] Is that full time or part time?

○ NOT ENROLLED
○ ENROLLED, FULL TIME
○ ENROLLED, PART TIME
○ OTHER (SPECIFY) ____________
○ REFUSED
○ DON'T KNOW



D. EDUCATION AND EMPLOYMENT (CONTINUED)

2. What is the highest level of education you have finished, whether or not you received a degree?

○ LESS THAN 12TH GRADE
○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
○ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
○ SOME COLLEGE OR UNIVERSITY
○ BACHELOR'S DEGREE (BA, BS)
○ GRADUATE WORK/GRADUATE DEGREE
○ REFUSED
○ DON'T KNOW

3. Are you currently employed?

[CLARIFY BY FOCUSING ON STATUS DURING MOST OF THE PREVIOUS WEEK, DETERMINING WHETHER CONSUMER WORKED AT ALL OR HAD A REGULAR JOB BUT WAS OFF WORK.]

○ EMPLOYED FULL TIME (35+ HOURS PER WEEK OR WOULD HAVE BEEN)
○ EMPLOYED PART TIME
○ UNEMPLOYED, LOOKING FOR WORK
○ UNEMPLOYED, DISABLED
○ UNEMPLOYED, VOLUNTEER WORK
○ UNEMPLOYED, RETIRED
○ UNEMPLOYED, NOT LOOKING FOR WORK
○ OTHER (SPECIFY) ______________
○ REFUSED
○ DON'T KNOW

3a. ***[IF EMPLOYED.]***

	Yes	No	REFUSED	DON'T KNOW
• Are you paid at or above the minimum wage?[1]	○	○	○	○
• Are your wages paid directly to you by your employer?	○	○	○	○
• Could anyone have applied for this job?	○	○	○	○

4. In the last 4 weeks …

[READ THE QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
In the last 4 weeks …	**Not at All**	**A Little**	**Moderately**	**Mostly**	**Completely**	**REFUSED**	**DON'T KNOW**
a. have you enough money to meet your needs?	○	○	○	○	○	○	○

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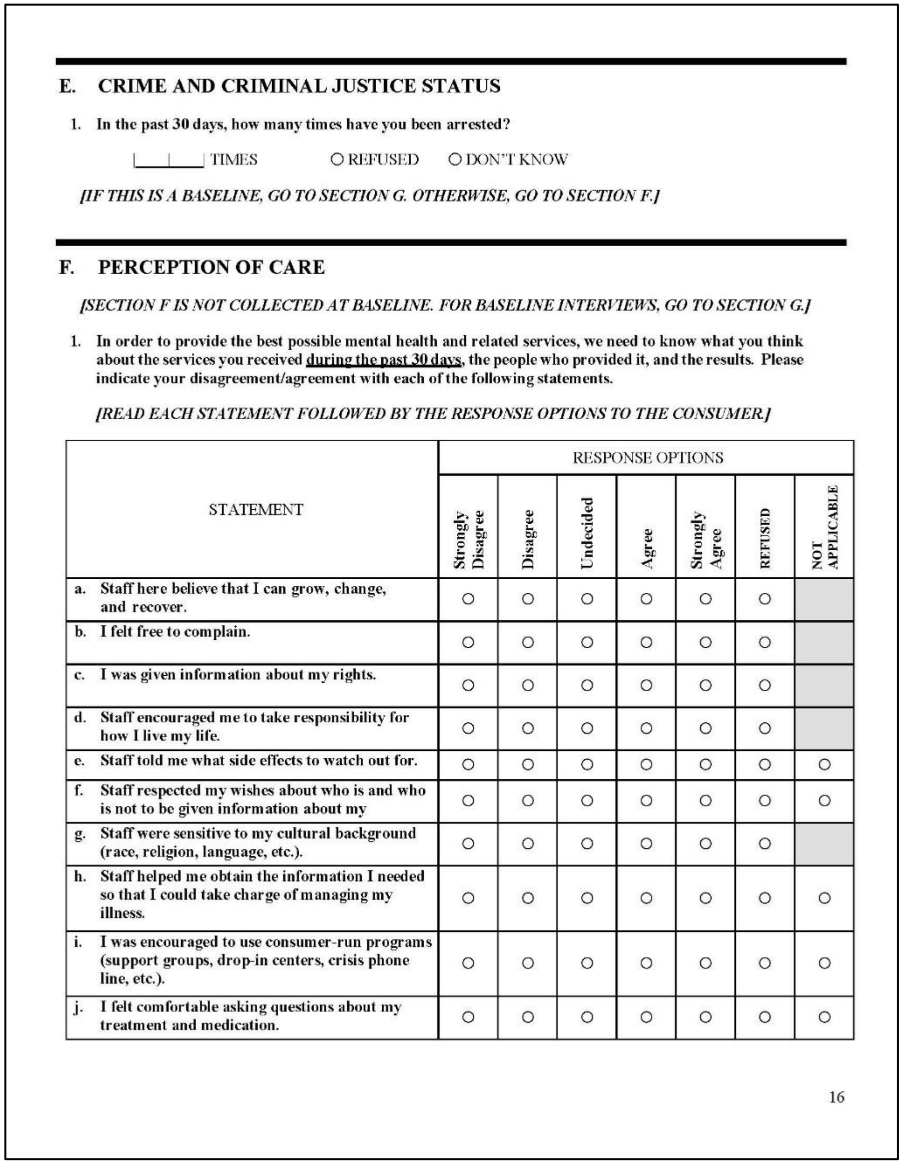
[1] For information on federal minimum wage, go to https://www.dol.gov/general/topic/wages.



E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you been arrested?

|___|___| TIMES ○ REFUSED ○ DON'T KNOW

[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]

F. PERCEPTION OF CARE

[SECTION F IS NOT COLLECTED AT BASELINE. FOR BASELINE INTERVIEWS, GO TO SECTION G.]

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**	**NOT APPLICABLE**
a. Staff here believe that I can grow, change, and recover.	○	○	○	○	○	○	▨
b. I felt free to complain.	○	○	○	○	○	○	▨
c. I was given information about my rights.	○	○	○	○	○	○	▨
d. Staff encouraged me to take responsibility for how I live my life.	○	○	○	○	○	○	▨
e. Staff told me what side effects to watch out for.	○	○	○	○	○	○	○
f. Staff respected my wishes about who is and who is not to be given information about my	○	○	○	○	○	○	○
g. Staff were sensitive to my cultural background (race, religion, language, etc.).	○	○	○	○	○	○	▨
h. Staff helped me obtain the information I needed so that I could take charge of managing my illness.	○	○	○	○	○	○	○
i. I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.).	○	○	○	○	○	○	○
j. I felt comfortable asking questions about my treatment and medication.	○	○	○	○	○	○	○

F. PERCEPTION OF CARE (CONTINUED)

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
k. I, not staff, decided my treatment goals.	○	○	○	○	○	○	
l. I like the services I received here.	○	○	○	○	○	○	
m. If I had other choices, I would still get services from this agency.	○	○	○	○	○	○	
n. I would recommend this agency to a friend or family member.	○	○	○	○	○	○	

2. *[INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE RESPONDENT FOR THIS INTERVIEW.]*

○ ADMINISTRATIVE STAFF
○ CARE COORDINATOR
○ CASE MANAGER
○ CLINICIAN PROVIDING DIRECT SERVICES
○ CLINICIAN NOT PROVIDING SERVICES
○ CONSUMER PEER
○ DATA COLLECTOR
○ EVALUATOR
○ FAMILY ADVOCATE
○ RESEARCH ASSISTANT STAFF
○ SELF-ADMINISTERED
○ OTHER (SPECIFY) ______________________________

G. SOCIAL CONNECTEDNESS

1. Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your mental health provider(s) over the past 30 days.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. I am happy with the friendships I have.	○	○	○	○	○	○
b. I have people with whom I can do enjoyable things.	○	○	○	○	○	○
c. I feel I belong in my community.	○	○	○	○	○	○
d. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	○
e. I have family or friends that are supportive of my recovery.	○	○	○	○	○	○
f. I generally accomplish what I set out to do.	○	○	○	○	○	○

[IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:

IF THIS IS A BASELINE INTERVIEW, STOP NOW. THE INTERVIEW IS COMPLETE.]

IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION I, THEN TO SECTION K.]

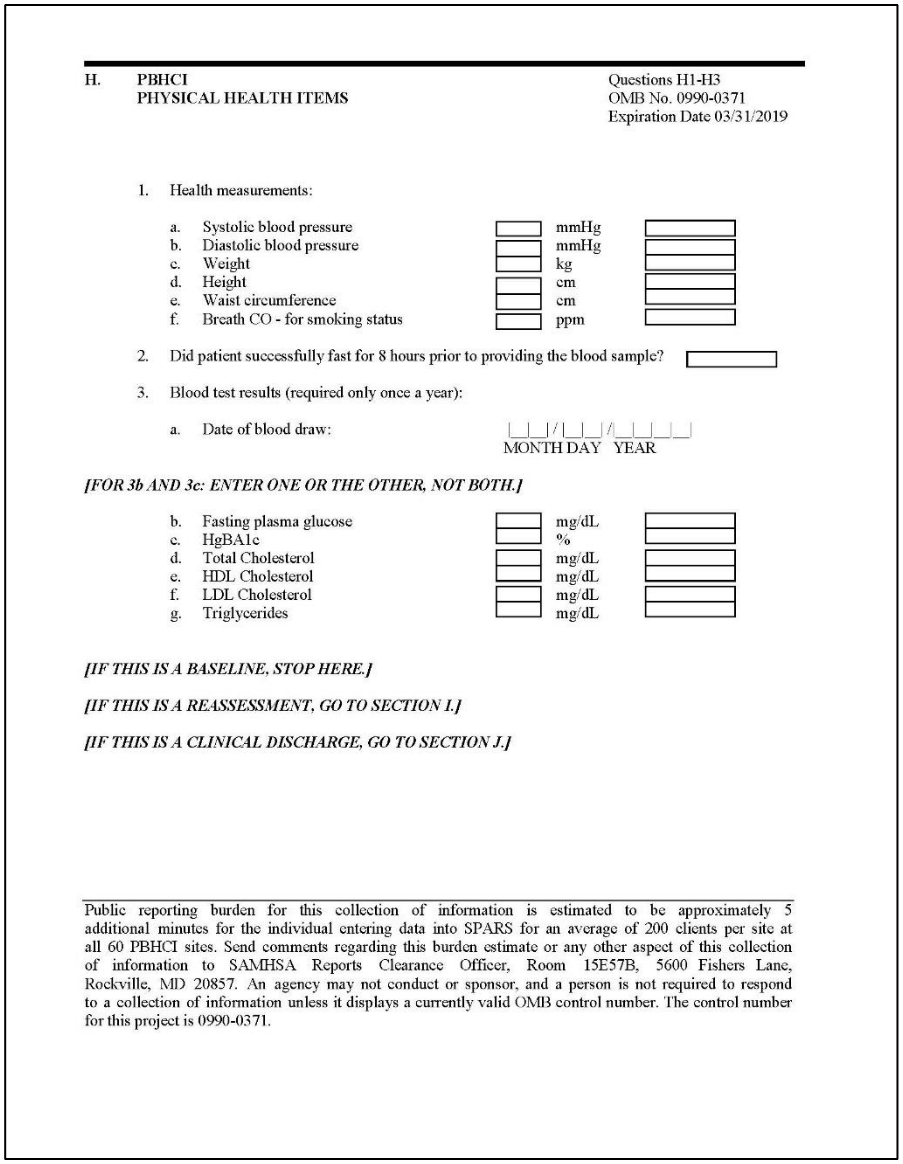
IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION J, THEN TO SECTION K.]

[IF YOUR PROGRAM DOES REQUIRE SECTION H:

IF THIS IS A BASELINE INTERVIEW, PLEASE GO TO SECTION H, THEN STOP. THE INTERVIEW WILL BE COMPLETE.]

IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION H, THEN SECTIONS I AND K.]

IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION H, THEN SECTIONS J AND K.]



H. PBHCI
PHYSICAL HEALTH ITEMS

Questions H1-H3
OMB No. 0990-0371
Expiration Date 03/31/2019

1. Health measurements:

a.	Systolic blood pressure		mmHg	
b.	Diastolic blood pressure		mmHg	
c.	Weight		kg	
d.	Height		cm	
e.	Waist circumference		cm	
f.	Breath CO - for smoking status		ppm	

2. Did patient successfully fast for 8 hours prior to providing the blood sample? ☐

3. Blood test results (required only once a year):

a. Date of blood draw: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

[FOR 3b AND 3c: ENTER ONE OR THE OTHER, NOT BOTH.]

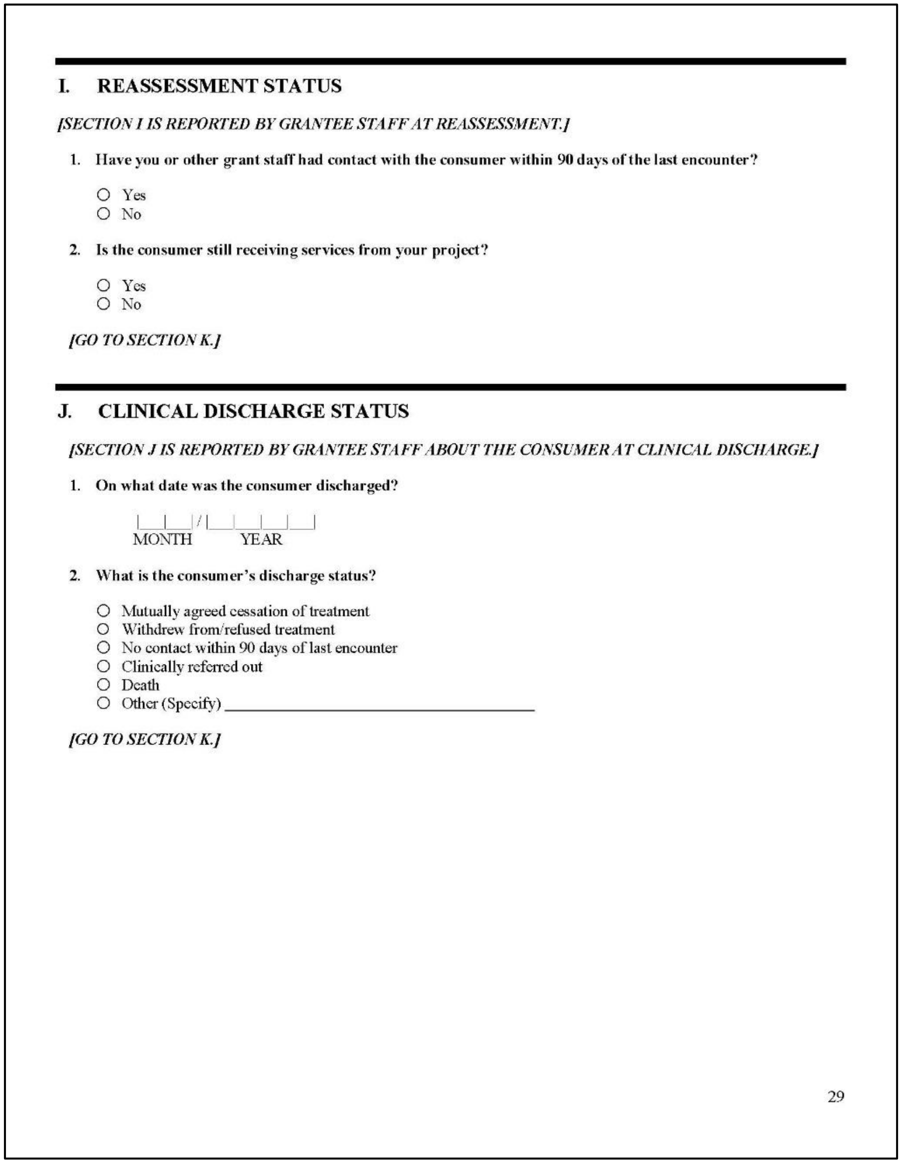
b.	Fasting plasma glucose		mg/dL	
c.	HgBA1c		%	
d.	Total Cholesterol		mg/dL	
e.	HDL Cholesterol		mg/dL	
f.	LDL Cholesterol		mg/dL	
g.	Triglycerides		mg/dL	

[IF THIS IS A BASELINE, STOP HERE.]

[IF THIS IS A REASSESSMENT, GO TO SECTION I.]

[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]

Public reporting burden for this collection of information is estimated to be approximately 5 additional minutes for the individual entering data into SPARS for an average of 200 clients per site at all 60 PBHCI sites. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0990-0371.



I. REASSESSMENT STATUS

[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]

1. **Have you or other grant staff had contact with the consumer within 90 days of the last encounter?**

○ Yes
○ No

2. **Is the consumer still receiving services from your project?**

○ Yes
○ No

[GO TO SECTION K.]

J. CLINICAL DISCHARGE STATUS

[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]

1. **On what date was the consumer discharged?**

|__|__| / |__|__|__|__|
MONTH YEAR

2. **What is the consumer's discharge status?**

○ Mutually agreed cessation of treatment
○ Withdrew from/refused treatment
○ No contact within 90 days of last encounter
○ Clinically referred out
○ Death
○ Other (Specify) ____________________

[GO TO SECTION K.]

K. SERVICES RECEIVED

[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL.]

1. **On what date did the consumer last receive services?**

|__|__| / |__|__|__|__|
MONTH YEAR

[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER SINCE HIS/HER LAST NOMS INTERVIEW; THIS INCLUDES CMHS-FUNDED AND NON-CMHS-FUNDED SERVICES.]

	Provided		**UNKNOWN**	**SERVICE NOT AVAILABLE**
Core Services	**Yes**	**No**		
1. Screening	○	○	○	○
2. Assessment	○	○	○	○
3. Treatment Planning or Review	○	○	○	○
4. Psychopharmacological Services	○	○	○	○
5. Mental Health Services	○	○	○	○

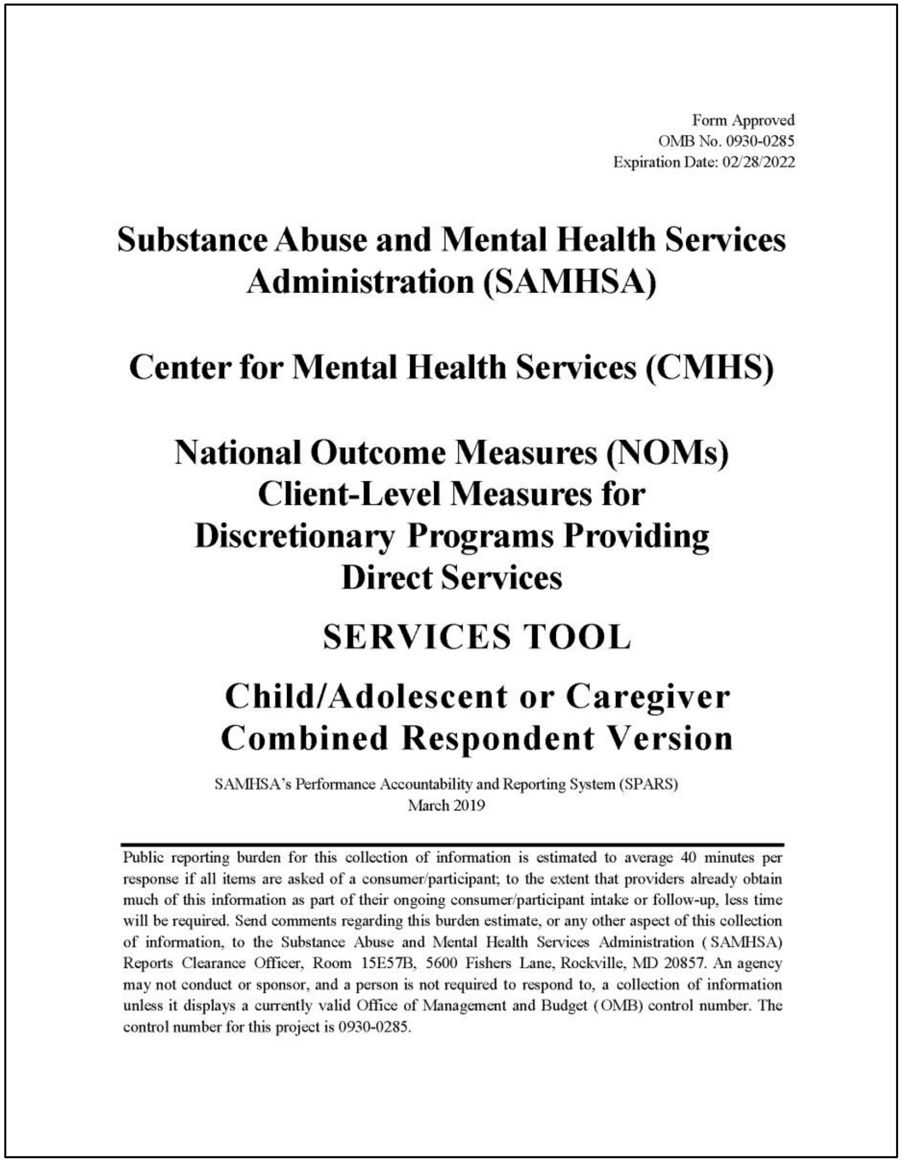
[IF THE ANSWER TO QUESTION 5, "MENTAL HEALTH SERVICES," IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]

		UNKNOWN
Number of times ____ per	○ Day ○ Week ○ Month ○ Year	○

	Provided		**UNKNOWN**	**SERVICE NOT AVAILABLE**
Core Services (Continued)	**Yes**	**No**		
6. Co-occurring Services	○	○	○	○
7. Case Management	○	○	○	○
8. Trauma-specific Services	○	○	○	○
9. Was the consumer referred to another provider for any of the above core services?	○	○	○	○

	Provided		**UNKNOWN**	**SERVICE NOT AVAILABLE**
Support Services	**Yes**	**No**		
1. Medical Care	○	○	○	○
2. Employment Services	○	○	○	○
3. Family Services	○	○	○	○
4. Child Care	○	○	○	○
5. Transportation	○	○	○	○
6. Education Services	○	○	○	○
7. Housing Support	○	○	○	○
8. Social Recreational Activities	○	○	○	○
9. Consumer-Operated Services	○	○	○	○
10. HIV Testing	○	○	○	○
11. Was the consumer referred to another provider for any of the above support services?	○	○	○	○

Exhibit K



Form Approved
OMB No. 0930-0285
Expiration Date: 02/28/2022

Substance Abuse and Mental Health Services Administration (SAMHSA)

Center for Mental Health Services (CMHS)

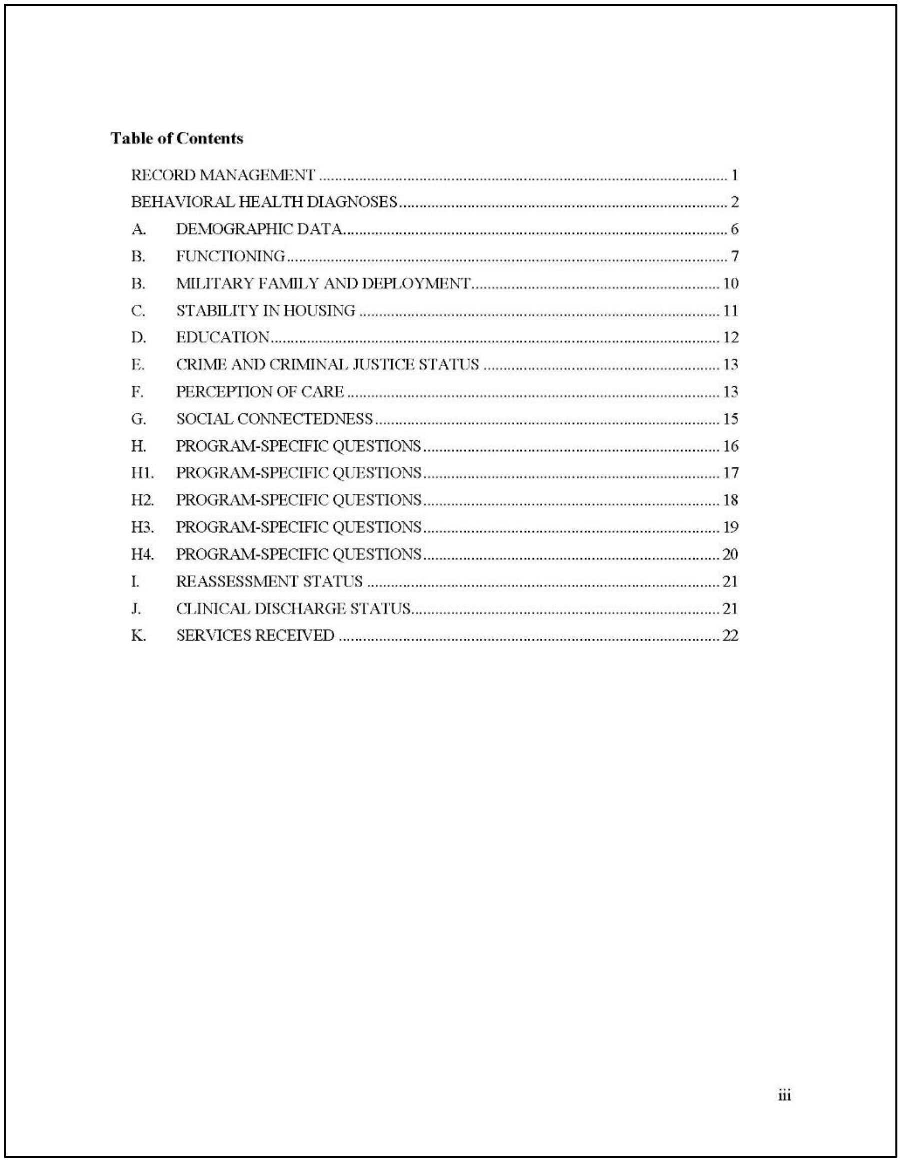
National Outcome Measures (NOMs) Client-Level Measures for Discretionary Programs Providing Direct Services

SERVICES TOOL

Child/Adolescent or Caregiver Combined Respondent Version

SAMHSA's Performance Accountability and Reporting System (SPARS)
March 2019

Public reporting burden for this collection of information is estimated to average 40 minutes per response if all items are asked of a consumer/participant; to the extent that providers already obtain much of this information as part of their ongoing consumer/participant intake or follow-up, less time will be required. Send comments regarding this burden estimate, or any other aspect of this collection of information, to the Substance Abuse and Mental Health Services Administration (SAMHSA) Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid Office of Management and Budget (OMB) control number. The control number for this project is 0930-0285.



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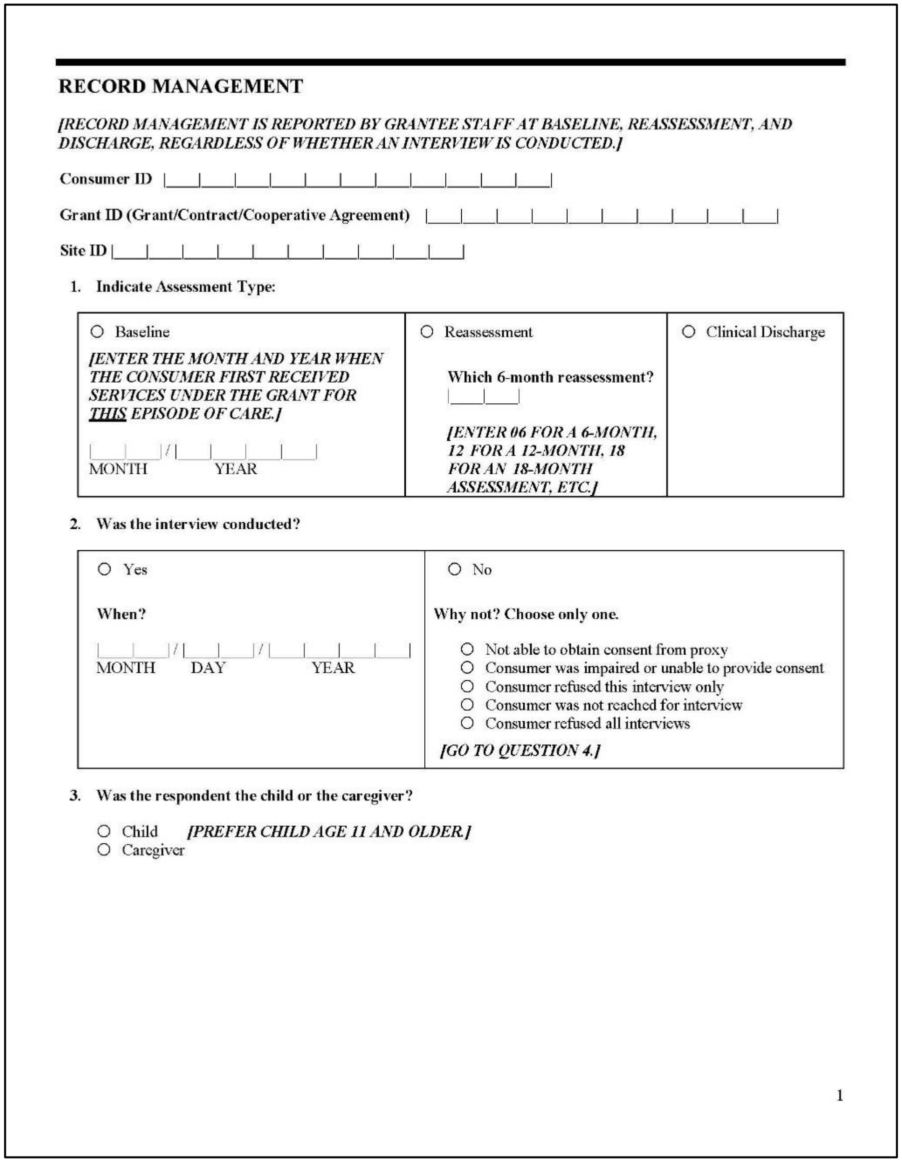


RECORD MANAGEMENT

[RECORD MANAGEMENT IS REPORTED BY GRANTEE STAFF AT BASELINE, REASSESSMENT, AND DISCHARGE, REGARDLESS OF WHETHER AN INTERVIEW IS CONDUCTED.]

Consumer ID |___|___|___|___|___|___|___|___|___|___|___|

Grant ID (Grant/Contract/Cooperative Agreement) |___|___|___|___|___|___|___|___|___|___|

Site ID |___|___|___|___|___|___|___|___|___|___|

1. Indicate Assessment Type:

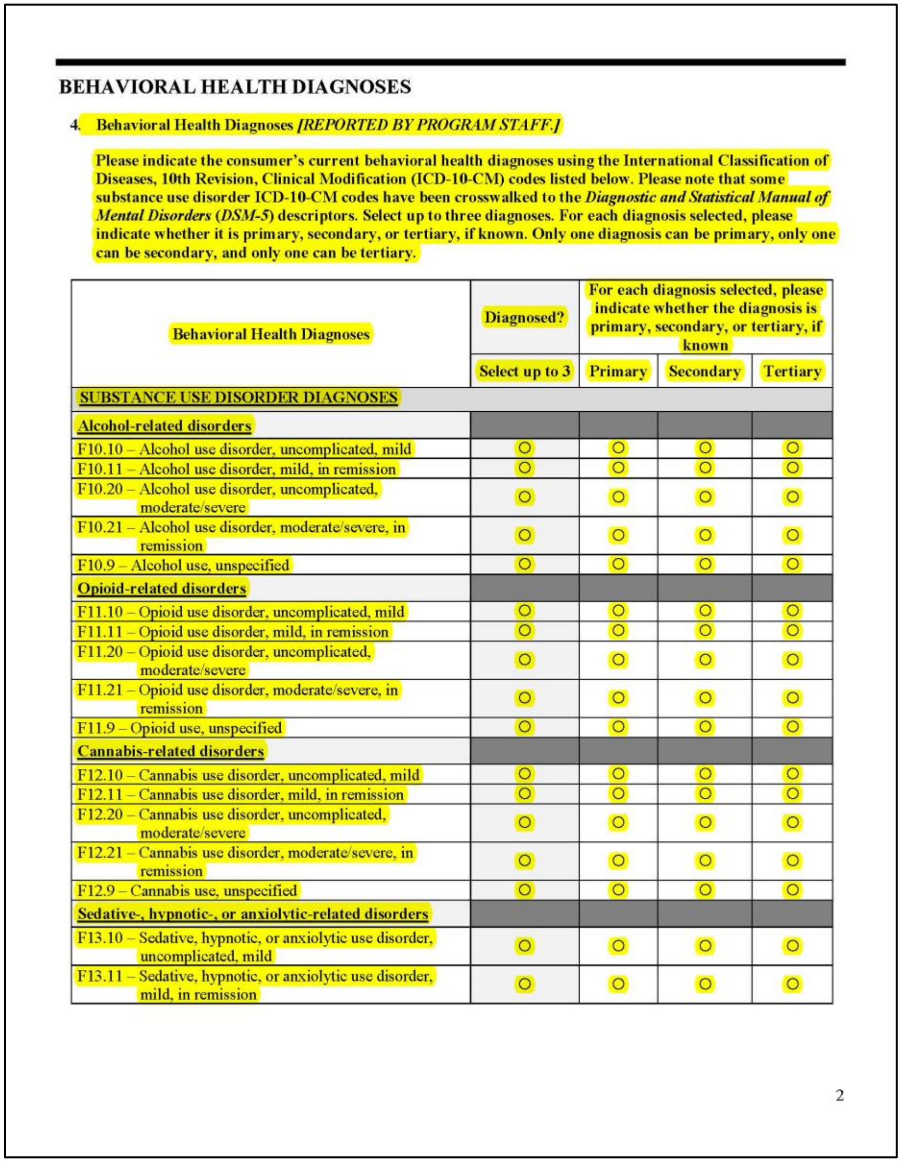
○ Baseline *[ENTER THE MONTH AND YEAR WHEN THE CONSUMER FIRST RECEIVED SERVICES UNDER THE GRANT FOR THIS EPISODE OF CARE.]* |___|___| / |___|___|___|___| MONTH YEAR	○ Reassessment Which 6-month reassessment? |___|___| *[ENTER 06 FOR A 6-MONTH, 12 FOR A 12-MONTH, 18 FOR AN 18-MONTH ASSESSMENT, ETC.]*	○ Clinical Discharge

2. Was the interview conducted?

○ Yes When? |___|___| / |___|___| / |___|___|___|___| MONTH DAY YEAR	○ No Why not? Choose only one. ○ Not able to obtain consent from proxy ○ Consumer was impaired or unable to provide consent ○ Consumer refused this interview only ○ Consumer was not reached for interview ○ Consumer refused all interviews *[GO TO QUESTION 4.]*

3. Was the respondent the child or the caregiver?

○ Child *[PREFER CHILD AGE 11 AND OLDER.]*
○ Caregiver

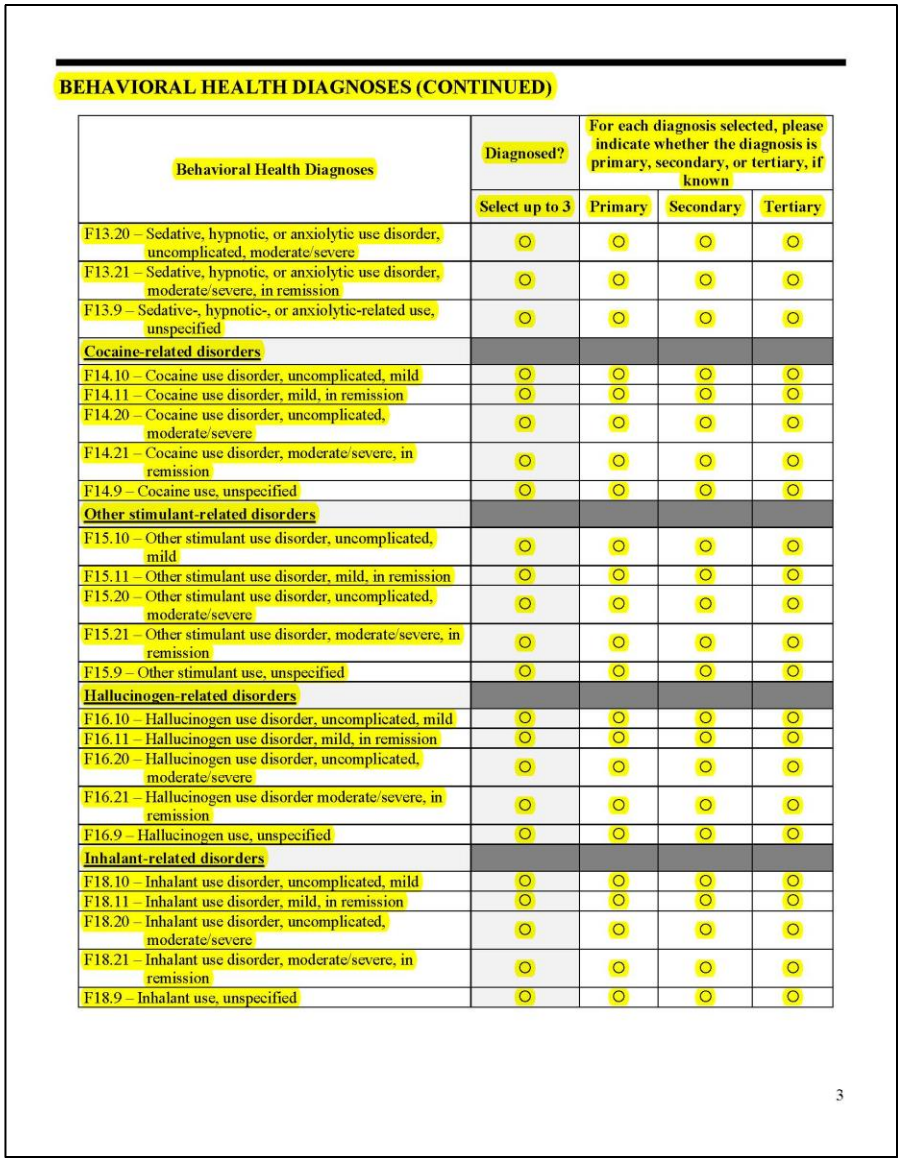


BEHAVIORAL HEALTH DIAGNOSES

4. Behavioral Health Diagnoses *[REPORTED BY PROGRAM STAFF.]*

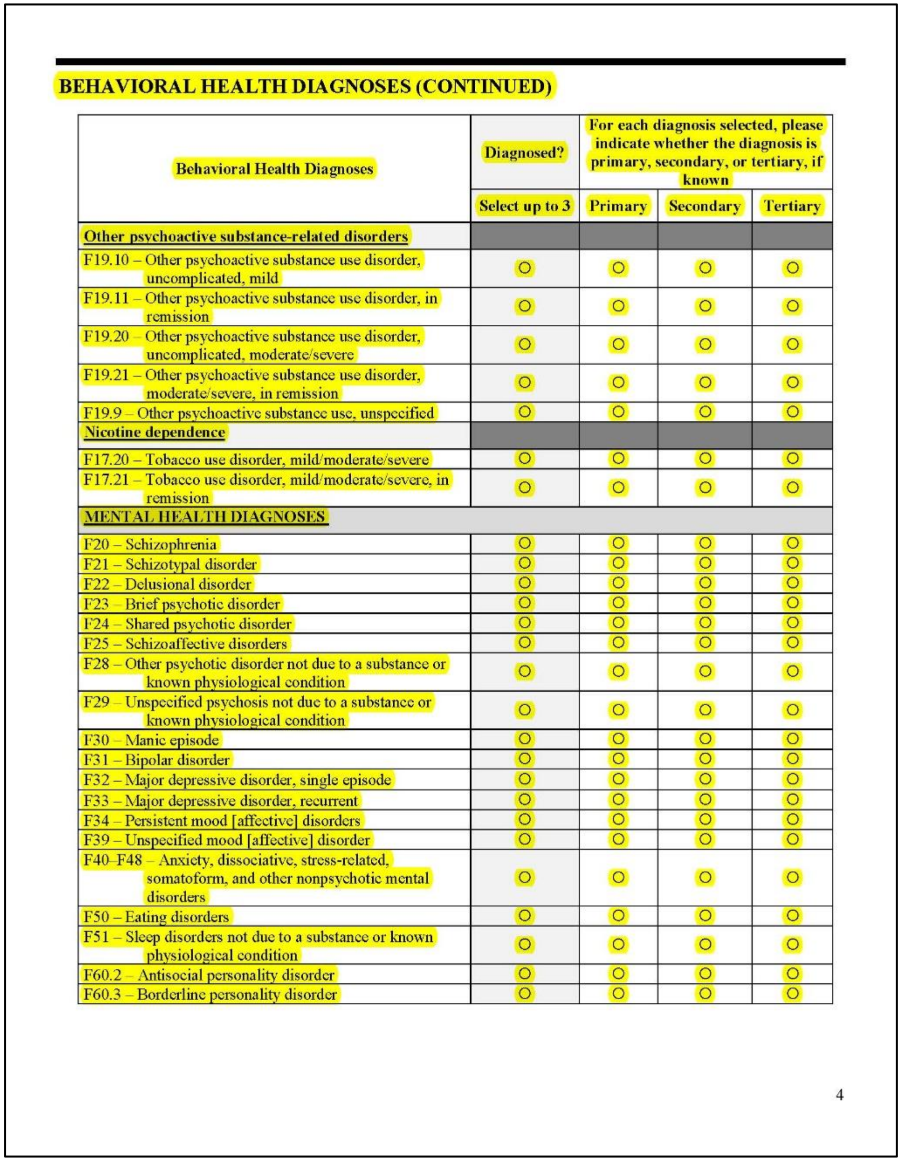
Please indicate the consumer's current behavioral health diagnoses using the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM) codes listed below. Please note that some substance use disorder ICD-10-CM codes have been crosswalked to the *Diagnostic and Statistical Manual of Mental Disorders* (*DSM-5*) descriptors. Select up to three diagnoses. For each diagnosis selected, please indicate whether it is primary, secondary, or tertiary, if known. Only one diagnosis can be primary, only one can be secondary, and only one can be tertiary.

Behavioral Health Diagnoses	**Diagnosed?**	**For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known**		
	Select up to 3	**Primary**	**Secondary**	**Tertiary**
SUBSTANCE USE DISORDER DIAGNOSES				
Alcohol-related disorders				
F10.10 – Alcohol use disorder, uncomplicated, mild	○	○	○	○
F10.11 – Alcohol use disorder, mild, in remission	○	○	○	○
F10.20 – Alcohol use disorder, uncomplicated, moderate/severe	○	○	○	○
F10.21 – Alcohol use disorder, moderate/severe, in remission	○	○	○	○
F10.9 – Alcohol use, unspecified	○	○	○	○
Opioid-related disorders				
F11.10 – Opioid use disorder, uncomplicated, mild	○	○	○	○
F11.11 – Opioid use disorder, mild, in remission	○	○	○	○
F11.20 – Opioid use disorder, uncomplicated, moderate/severe	○	○	○	○
F11.21 – Opioid use disorder, moderate/severe, in remission	○	○	○	○
F11.9 – Opioid use, unspecified	○	○	○	○
Cannabis-related disorders				
F12.10 – Cannabis use disorder, uncomplicated, mild	○	○	○	○
F12.11 – Cannabis use disorder, mild, in remission	○	○	○	○
F12.20 – Cannabis use disorder, uncomplicated, moderate/severe	○	○	○	○
F12.21 – Cannabis use disorder, moderate/severe, in remission	○	○	○	○
F12.9 – Cannabis use, unspecified	○	○	○	○
Sedative-, hypnotic-, or anxiolytic-related disorders				
F13.10 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, mild	○	○	○	○
F13.11 – Sedative, hypnotic, or anxiolytic use disorder, mild, in remission	○	○	○	○



BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F13.20 – Sedative, hypnotic, or anxiolytic use disorder, uncomplicated, moderate/severe	○	○	○	○
F13.21 – Sedative, hypnotic, or anxiolytic use disorder, moderate/severe, in remission	○	○	○	○
F13.9 – Sedative-, hypnotic-, or anxiolytic-related use, unspecified	○	○	○	○
Cocaine-related disorders				
F14.10 – Cocaine use disorder, uncomplicated, mild	○	○	○	○
F14.11 – Cocaine use disorder, mild, in remission	○	○	○	○
F14.20 – Cocaine use disorder, uncomplicated, moderate/severe	○	○	○	○
F14.21 – Cocaine use disorder, moderate/severe, in remission	○	○	○	○
F14.9 – Cocaine use, unspecified	○	○	○	○
Other stimulant-related disorders				
F15.10 – Other stimulant use disorder, uncomplicated, mild	○	○	○	○
F15.11 – Other stimulant use disorder, mild, in remission	○	○	○	○
F15.20 – Other stimulant use disorder, uncomplicated, moderate/severe	○	○	○	○
F15.21 – Other stimulant use disorder, moderate/severe, in remission	○	○	○	○
F15.9 – Other stimulant use, unspecified	○	○	○	○
Hallucinogen-related disorders				
F16.10 – Hallucinogen use disorder, uncomplicated, mild	○	○	○	○
F16.11 – Hallucinogen use disorder, mild, in remission	○	○	○	○
F16.20 – Hallucinogen use disorder, uncomplicated, moderate/severe	○	○	○	○
F16.21 – Hallucinogen use disorder moderate/severe, in remission	○	○	○	○
F16.9 – Hallucinogen use, unspecified	○	○	○	○
Inhalant-related disorders				
F18.10 – Inhalant use disorder, uncomplicated, mild	○	○	○	○
F18.11 – Inhalant use disorder, mild, in remission	○	○	○	○
F18.20 – Inhalant use disorder, uncomplicated, moderate/severe	○	○	○	○
F18.21 – Inhalant use disorder, moderate/severe, in remission	○	○	○	○
F18.9 – Inhalant use, unspecified	○	○	○	○



BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
Other psychoactive substance-related disorders				
F19.10 – Other psychoactive substance use disorder, uncomplicated, mild	○	○	○	○
F19.11 – Other psychoactive substance use disorder, in remission	○	○	○	○
F19.20 – Other psychoactive substance use disorder, uncomplicated, moderate/severe	○	○	○	○
F19.21 – Other psychoactive substance use disorder, moderate/severe, in remission	○	○	○	○
F19.9 – Other psychoactive substance use, unspecified	○	○	○	○
Nicotine dependence				
F17.20 – Tobacco use disorder, mild/moderate/severe	○	○	○	○
F17.21 – Tobacco use disorder, mild/moderate/severe, in remission	○	○	○	○
MENTAL HEALTH DIAGNOSES				
F20 – Schizophrenia	○	○	○	○
F21 – Schizotypal disorder	○	○	○	○
F22 – Delusional disorder	○	○	○	○
F23 – Brief psychotic disorder	○	○	○	○
F24 – Shared psychotic disorder	○	○	○	○
F25 – Schizoaffective disorders	○	○	○	○
F28 – Other psychotic disorder not due to a substance or known physiological condition	○	○	○	○
F29 – Unspecified psychosis not due to a substance or known physiological condition	○	○	○	○
F30 – Manic episode	○	○	○	○
F31 – Bipolar disorder	○	○	○	○
F32 – Major depressive disorder, single episode	○	○	○	○
F33 – Major depressive disorder, recurrent	○	○	○	○
F34 – Persistent mood [affective] disorders	○	○	○	○
F39 – Unspecified mood [affective] disorder	○	○	○	○
F40–F48 – Anxiety, dissociative, stress-related, somatoform, and other nonpsychotic mental disorders	○	○	○	○
F50 – Eating disorders	○	○	○	○
F51 – Sleep disorders not due to a substance or known physiological condition	○	○	○	○
F60.2 – Antisocial personality disorder	○	○	○	○
F60.3 – Borderline personality disorder	○	○	○	○

BEHAVIORAL HEALTH DIAGNOSES (CONTINUED)

Behavioral Health Diagnoses	Diagnosed?	For each diagnosis selected, please indicate whether the diagnosis is primary, secondary, or tertiary, if known		
	Select up to 3	Primary	Secondary	Tertiary
F60.0, F60.1, F60.4–F69 – Other personality disorders	○	○	○	○
F70–F79 – Intellectual disabilities	○	○	○	○
F80–F89 – Pervasive and specific developmental disorders	○	○	○	○
F90 – Attention-deficit hyperactivity disorders	○	○	○	○
F91 – Conduct disorders	○	○	○	○
F93 – Emotional disorders with onset specific to childhood	○	○	○	○
F94 – Disorders of social functioning with onset specific to childhood or adolescence	○	○	○	○
F95 – Tic disorder	○	○	○	○
F98 – Other behavioral and emotional disorders with onset usually occurring in childhood and adolescence	○	○	○	○
F99 – Unspecified mental disorder	○	○	○	○

○ Don't know
○ None of the above

[IF THIS IS A BASELINE, GO TO SECTION A.]

[FOR ALL REASSESSMENTS:

IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.

IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION I.]

[FOR A CLINICAL DISCHARGE:

IF AN INTERVIEW WAS CONDUCTED, GO TO SECTION B.

IF AN INTERVIEW WAS NOT CONDUCTED, GO TO SECTION J.]

A. DEMOGRAPHIC DATA

[SECTION A IS ONLY COLLECTED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION B.]

1. What is your [child's] gender?

○ MALE
○ FEMALE
○ TRANSGENDER
○ OTHER (SPECIFY) ____________________
○ REFUSED

2. Are you [Is your child] Hispanic or Latino?

○ YES
○ NO *[GO TO 3.]*
○ REFUSED *[GO TO 3.]*

[IF YES] **What ethnic group do you consider yourself [your child]? Please answer yes or no for each of the following. You may say yes to more than one.**

	YES	NO	REFUSED
Central American	○	○	○
Cuban	○	○	○
Dominican	○	○	○
Mexican	○	○	○
Puerto Rican	○	○	○
South American	○	○	○
OTHER	○	○	○ *[IF YES, SPECIFY BELOW.]*

(SPECIFY) ____

3. What race do you consider yourself [your child]? Please answer yes or no for each of the following. You may say yes to more than one.

	YES	NO	REFUSED
Alaska Native	○	○	○
American Indian	○	○	○
Asian	○	○	○
Black or African American	○	○	○
Native Hawaiian or other Pacific Islander	○	○	○
White	○	○	○

4. What is your [your child's] month and year of birth?

|___|___| / |___|___|___|___|
MONTH YEAR

○ REFUSED

[IF AN INTERVIEW WAS CONDUCTED, CONTINUE TO SECTION B.]

[IF AN INTERVIEW WAS NOT CONDUCTED, STOP HERE.]

B. FUNCTIONING

1. How would you rate your [your child's] overall health right now?

○ Excellent
○ Very Good
○ Good
○ Fair
○ Poor
○ REFUSED
○ DON'T KNOW

2. In order to provide the best possible mental health and related services, we need to know what you think about how well you were [your child was] able to deal with everyday life during the past 30 days. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]

STATEMENT	RESPONSE OPTIONS						
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED	NOT APPLICABLE
a. I am [My child is] handling daily life.	○	○	○	○	○	○	
b. I get [My child gets] along with family members.	○	○	○	○	○	○	○
c. I get [My child gets] along with friends and other people.	○	○	○	○	○	○	
d. I am [My child is] doing well in school and/or work.	○	○	○	○	○	○	○
e. I am [My child is] able to cope when things go wrong.	○	○	○	○	○	○	
f. I am satisfied with our family life right now.	○	○	○	○	○	○	

B. FUNCTIONING (CONTINUED)

[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]

3. The following questions ask about how you have been feeling during the past 30 days. For each question, please indicate how often you had this feeling.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS						
During the past 30 days, about how often did you feel ...	All of the Time	Most of the Time	Some of the Time	A Little of the Time	None of the Time	REFUSED	DON'T KNOW
a. nervous?	○	○	○	○	○	○	○
b. hopeless?	○	○	○	○	○	○	○
c. restless or fidgety?	○	○	○	○	○	○	○
d. so depressed that nothing could cheer you up?	○	○	○	○	○	○	○
e. that everything was an effort?	○	○	○	○	○	○	○
f. worthless?	○	○	○	○	○	○	○

B. FUNCTIONING (CONTINUED)

[IF THE CAREGIVER IS THE RESPONDENT, GO TO THE OPTIONAL GLOBAL ASSESSMENT OF FUNCTIONING (GAF) QUESTION.]

4. The following questions relate to your experience with alcohol, cigarettes, and other drugs. Some of the substances we'll talk about are prescribed by a doctor (like pain medications). But I will only record those if you have taken them for reasons or in doses other than prescribed.

[READ EACH QUESTION FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER.]

QUESTION	RESPONSE OPTIONS					
In the past 30 days, how often have you used …	**Never**	**Once or Twice**	**Weekly**	**Daily or Almost Daily**	**REFUSED**	**DON'T KNOW**
a. tobacco products (cigarettes, chewing tobacco, cigars, etc.)?	○	○	○	○	○	○
b. alcoholic beverages (beer, wine, liquor, etc.)?	○	○	○	○	○	○
b1. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS MALE]* How many times in the past 30 days have you had five or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]*	○	○	○	○	○	○
b2. *[IF B ≥ ONCE OR TWICE, AND RESPONDENT IS NOT MALE]* How many times in the past 30 days have you had four or more drinks in a day? *[CLARIFY IF NEEDED:* A standard alcoholic beverage (e.g., 12 oz. beer, 5 oz. wine, 1.5 oz. liquor).*]*	○	○	○	○	○	○
c. cannabis (marijuana, pot, grass, hash, etc.)?	○	○	○	○	○	○
d. cocaine (coke, crack, etc.)?	○	○	○	○	○	○
e. prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)?	○	○	○	○	○	○
f. methamphetamine (speed, crystal meth, ice, etc.)?	○	○	○	○	○	○
g. inhalants (nitrous oxide, glue, gas, paint thinner, etc.)?	○	○	○	○	○	○
h. sedatives or sleeping pills (Valium, Serepax, Ativan, Librium, Xanax, Rohypnol, GHB, etc.)?	○	○	○	○	○	○
i. hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)?	○	○	○	○	○	○
j. street opioids (heroin, opium, etc.)?	○	○	○	○	○	○
k. prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)?	○	○	○	○	○	○
l. other – specify (e-cigarettes, etc.): ____________________	○	○	○	○	○	○

B. FUNCTIONING (CONTINUED)

[OPTIONAL: GLOBAL ASSESSMENT OF FUNCTIONING (GAF) SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]

DATE GAF WAS ADMINISTERED: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? GAF = |__|__|__|

[OPTIONAL: CHILD BEHAVIOR CHECKLIST (CBCL) TOTAL PROBLEMS T SCORE REPORTED BY GRANTEE STAFF AT PROJECT'S DISCRETION.]

DATE CBCL WAS ADMINISTERED: |__|__| / |__|__| / |__|__|__|__|
MONTH DAY YEAR

WHAT WAS THE CONSUMER'S SCORE? TOTAL PROBLEMS T SCORE = |__|__|__|

B. MILITARY FAMILY AND DEPLOYMENT

[QUESTIONS 5 AND 6 ARE ONLY ASKED AT BASELINE. IF THIS IS NOT A BASELINE, GO TO SECTION C.]

[IF THE CAREGIVER IS THE RESPONDENT, GO TO QUESTION 6.]

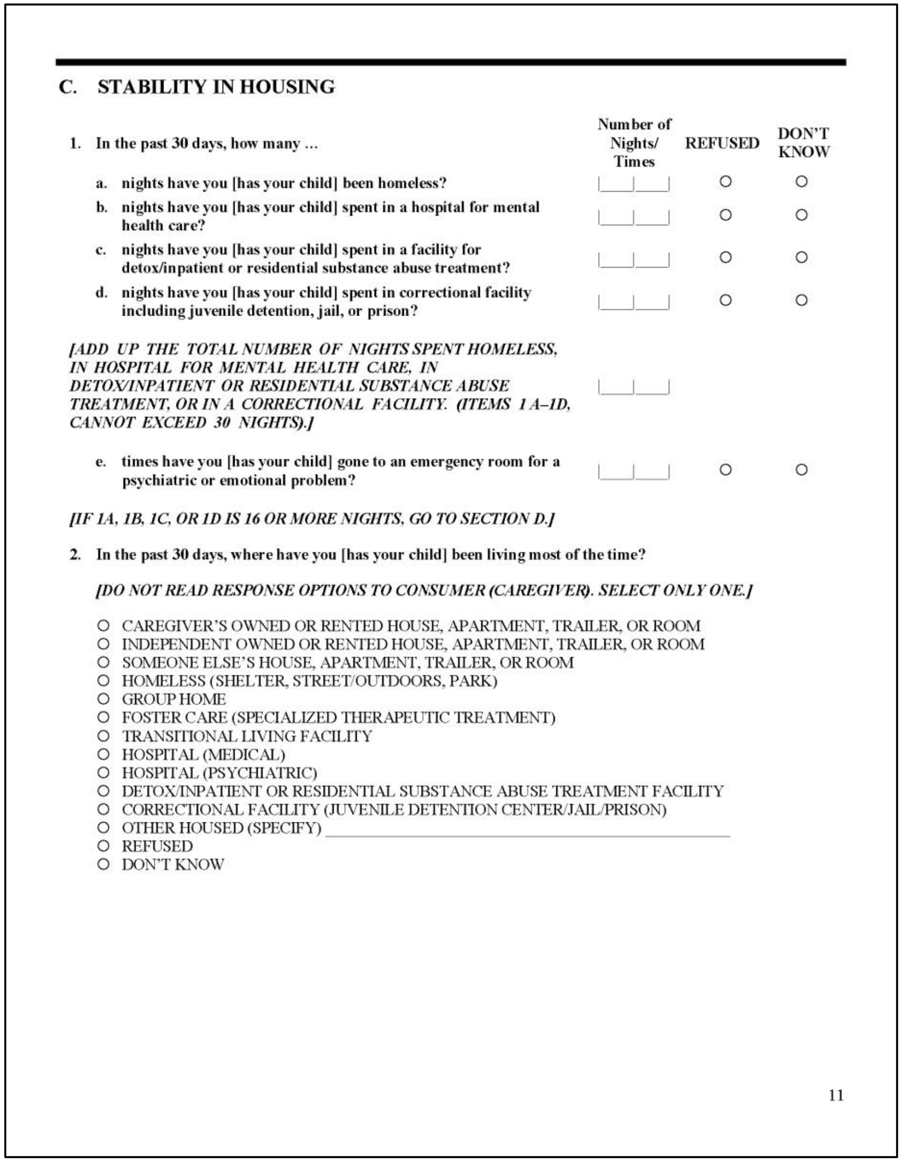
[IF THE CONSUMER IS YOUNGER THAN 18 YEARS OLD, GO TO QUESTION 6.]

5. Are you currently serving on active duty in the Armed Forces, the Reserves, or the National Guard?

○ YES
○ NO
○ REFUSED
○ DON'T KNOW

6. Is anyone in your [your child's] family or someone close to you [your child] currently serving on active duty in or retired/separated from the Armed Forces, the Reserves, or the National Guard?

○ Yes, only one person
○ Yes, more than one person
○ No
○ REFUSED
○ DON'T KNOW



C. STABILITY IN HOUSING

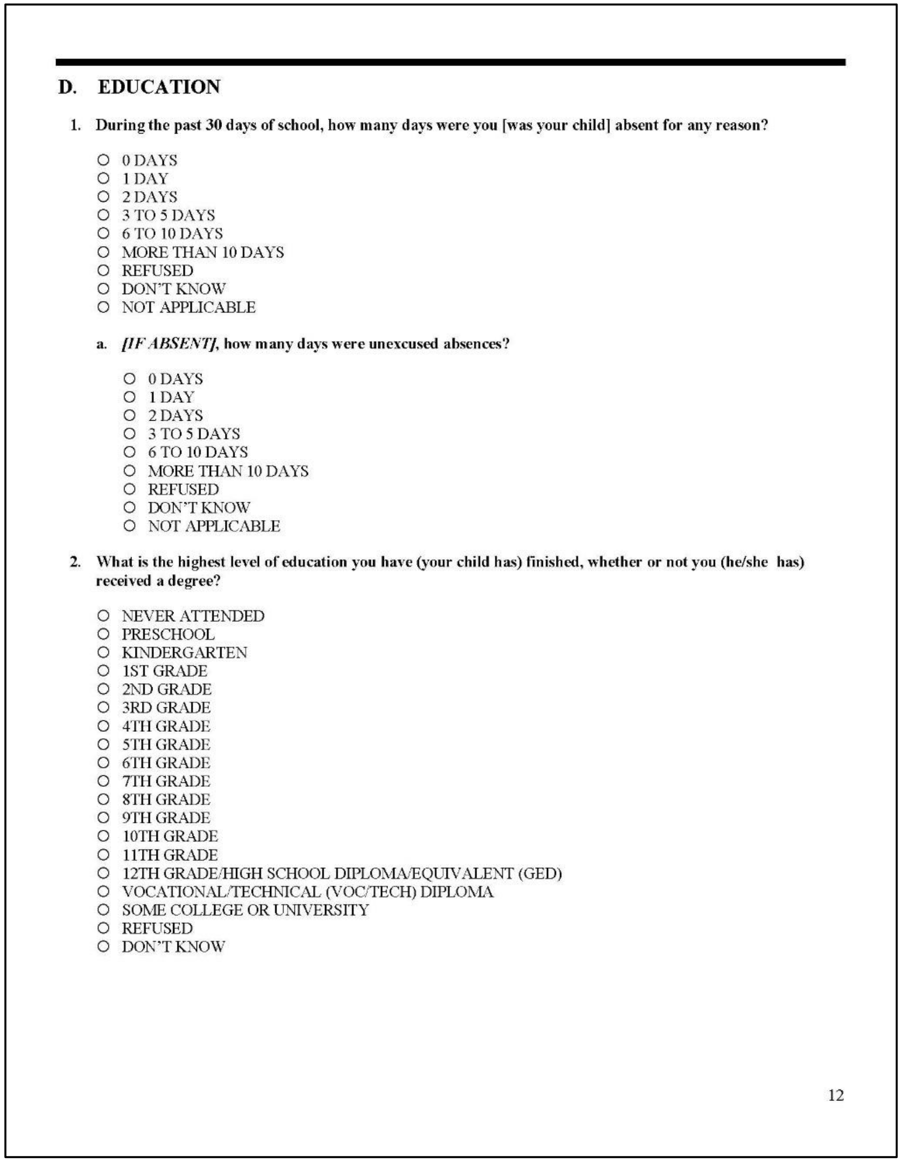
1. In the past 30 days, how many …	Number of Nights/ Times	REFUSED	DON'T KNOW
a. nights have you [has your child] been homeless?	|__|__|	○	○
b. nights have you [has your child] spent in a hospital for mental health care?	|__|__|	○	○
c. nights have you [has your child] spent in a facility for detox/inpatient or residential substance abuse treatment?	|__|__|	○	○
d. nights have you [has your child] spent in correctional facility including juvenile detention, jail, or prison?	|__|__|	○	○
[ADD UP THE TOTAL NUMBER OF NIGHTS SPENT HOMELESS, IN HOSPITAL FOR MENTAL HEALTH CARE, IN DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT, OR IN A CORRECTIONAL FACILITY. (ITEMS 1 A–1D, CANNOT EXCEED 30 NIGHTS).]	|__|__|		
e. times have you [has your child] gone to an emergency room for a psychiatric or emotional problem?	|__|__|	○	○

[IF 1A, 1B, 1C, OR 1D IS 16 OR MORE NIGHTS, GO TO SECTION D.]

2. In the past 30 days, where have you [has your child] been living most of the time?

[DO NOT READ RESPONSE OPTIONS TO CONSUMER (CAREGIVER). SELECT ONLY ONE.]

○ CAREGIVER'S OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
○ INDEPENDENT OWNED OR RENTED HOUSE, APARTMENT, TRAILER, OR ROOM
○ SOMEONE ELSE'S HOUSE, APARTMENT, TRAILER, OR ROOM
○ HOMELESS (SHELTER, STREET/OUTDOORS, PARK)
○ GROUP HOME
○ FOSTER CARE (SPECIALIZED THERAPEUTIC TREATMENT)
○ TRANSITIONAL LIVING FACILITY
○ HOSPITAL (MEDICAL)
○ HOSPITAL (PSYCHIATRIC)
○ DETOX/INPATIENT OR RESIDENTIAL SUBSTANCE ABUSE TREATMENT FACILITY
○ CORRECTIONAL FACILITY (JUVENILE DETENTION CENTER/JAIL/PRISON)
○ OTHER HOUSED (SPECIFY) ____________________________________
○ REFUSED
○ DON'T KNOW



D. EDUCATION

1. During the past 30 days of school, how many days were you [was your child] absent for any reason?

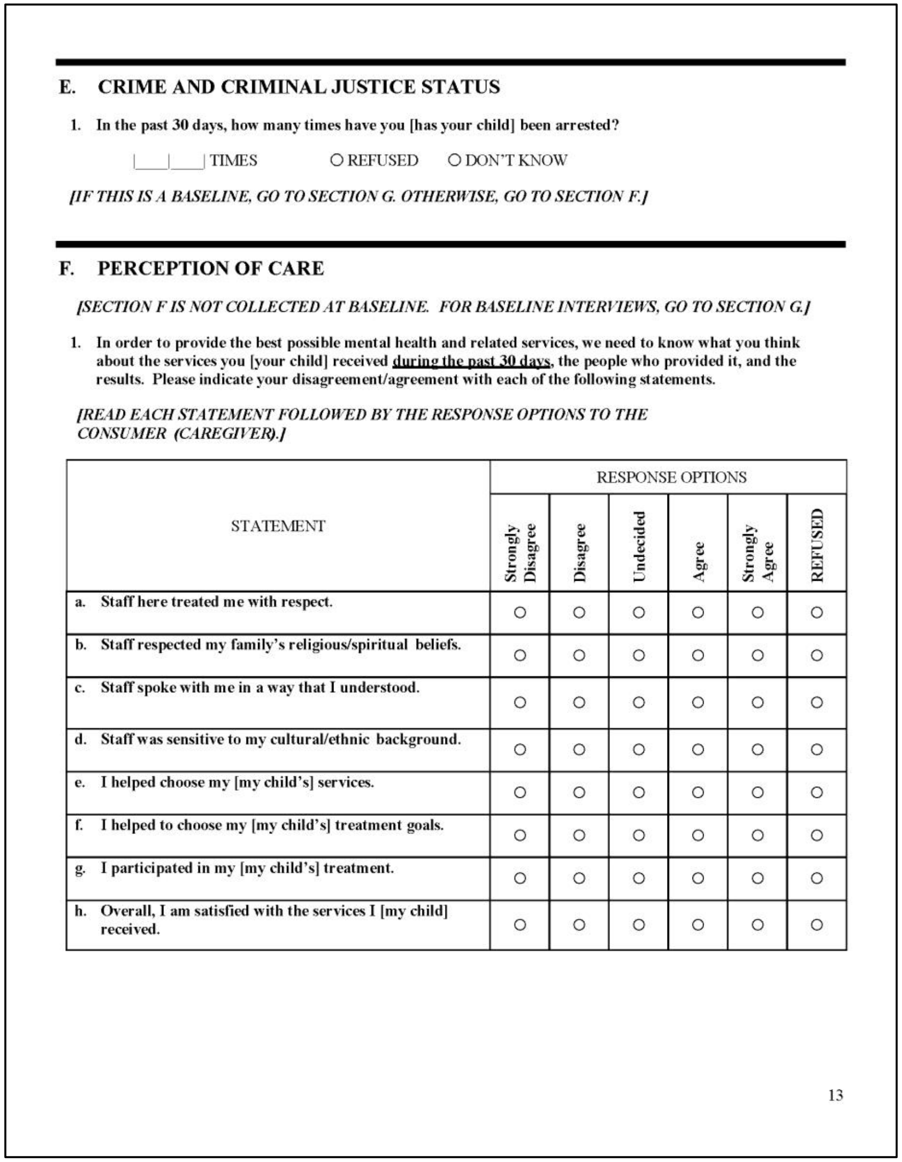
○ 0 DAYS
○ 1 DAY
○ 2 DAYS
○ 3 TO 5 DAYS
○ 6 TO 10 DAYS
○ MORE THAN 10 DAYS
○ REFUSED
○ DON'T KNOW
○ NOT APPLICABLE

a. *[IF ABSENT]*, how many days were unexcused absences?

○ 0 DAYS
○ 1 DAY
○ 2 DAYS
○ 3 TO 5 DAYS
○ 6 TO 10 DAYS
○ MORE THAN 10 DAYS
○ REFUSED
○ DON'T KNOW
○ NOT APPLICABLE

2. What is the highest level of education you have (your child has) finished, whether or not you (he/she has) received a degree?

○ NEVER ATTENDED
○ PRESCHOOL
○ KINDERGARTEN
○ 1ST GRADE
○ 2ND GRADE
○ 3RD GRADE
○ 4TH GRADE
○ 5TH GRADE
○ 6TH GRADE
○ 7TH GRADE
○ 8TH GRADE
○ 9TH GRADE
○ 10TH GRADE
○ 11TH GRADE
○ 12TH GRADE/HIGH SCHOOL DIPLOMA/EQUIVALENT (GED)
○ VOCATIONAL/TECHNICAL (VOC/TECH) DIPLOMA
○ SOME COLLEGE OR UNIVERSITY
○ REFUSED
○ DON'T KNOW



E. CRIME AND CRIMINAL JUSTICE STATUS

1. In the past 30 days, how many times have you [has your child] been arrested?

|___|___| TIMES ○ REFUSED ○ DON'T KNOW

[IF THIS IS A BASELINE, GO TO SECTION G. OTHERWISE, GO TO SECTION F.]

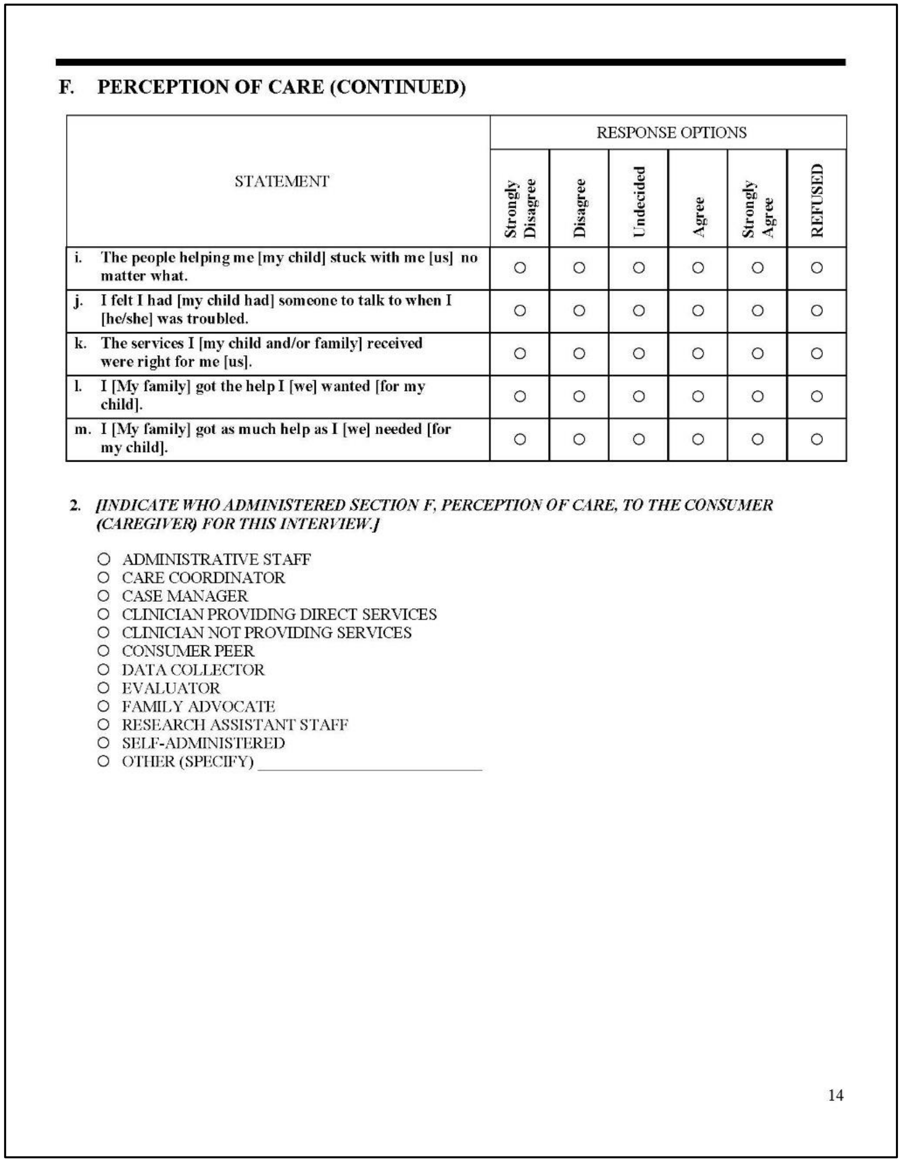
F. PERCEPTION OF CARE

[SECTION F IS NOT COLLECTED AT BASELINE. FOR BASELINE INTERVIEWS, GO TO SECTION G.]

1. In order to provide the best possible mental health and related services, we need to know what you think about the services you [your child] received during the past 30 days, the people who provided it, and the results. Please indicate your disagreement/agreement with each of the following statements.

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
a. Staff here treated me with respect.	○	○	○	○	○	○
b. Staff respected my family's religious/spiritual beliefs.	○	○	○	○	○	○
c. Staff spoke with me in a way that I understood.	○	○	○	○	○	○
d. Staff was sensitive to my cultural/ethnic background.	○	○	○	○	○	○
e. I helped choose my [my child's] services.	○	○	○	○	○	○
f. I helped to choose my [my child's] treatment goals.	○	○	○	○	○	○
g. I participated in my [my child's] treatment.	○	○	○	○	○	○
h. Overall, I am satisfied with the services I [my child] received.	○	○	○	○	○	○

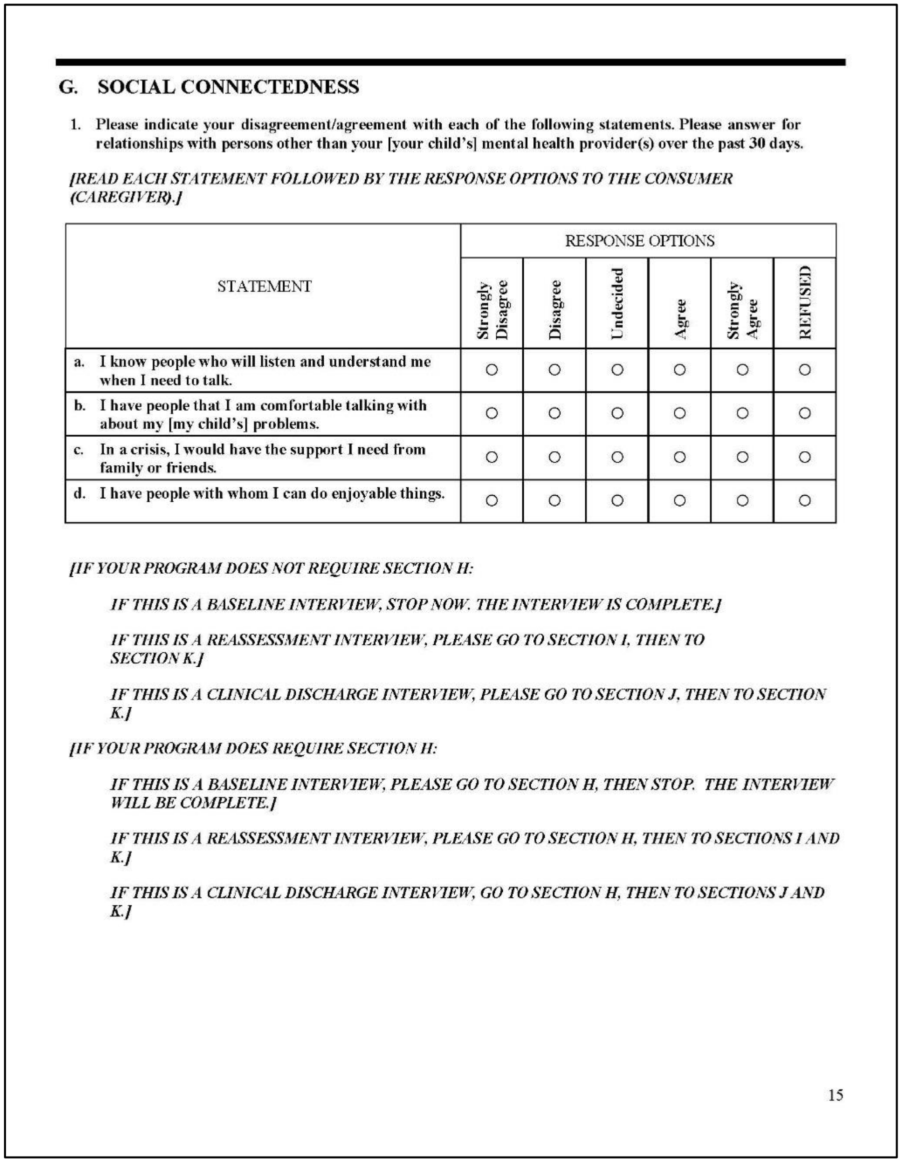


F. PERCEPTION OF CARE (CONTINUED)

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	Disagree	Undecided	Agree	Strongly Agree	REFUSED
i. The people helping me [my child] stuck with me [us] no matter what.	○	○	○	○	○	○
j. I felt I had [my child had] someone to talk to when I [he/she] was troubled.	○	○	○	○	○	○
k. The services I [my child and/or family] received were right for me [us].	○	○	○	○	○	○
l. I [My family] got the help I [we] wanted [for my child].	○	○	○	○	○	○
m. I [My family] got as much help as I [we] needed [for my child].	○	○	○	○	○	○

2. *[INDICATE WHO ADMINISTERED SECTION F, PERCEPTION OF CARE, TO THE CONSUMER (CAREGIVER) FOR THIS INTERVIEW.]*

○ ADMINISTRATIVE STAFF
○ CARE COORDINATOR
○ CASE MANAGER
○ CLINICIAN PROVIDING DIRECT SERVICES
○ CLINICIAN NOT PROVIDING SERVICES
○ CONSUMER PEER
○ DATA COLLECTOR
○ EVALUATOR
○ FAMILY ADVOCATE
○ RESEARCH ASSISTANT STAFF
○ SELF-ADMINISTERED
○ OTHER (SPECIFY) ____________________________



G. SOCIAL CONNECTEDNESS

1. **Please indicate your disagreement/agreement with each of the following statements. Please answer for relationships with persons other than your [your child's] mental health provider(s) over the past 30 days.**

[READ EACH STATEMENT FOLLOWED BY THE RESPONSE OPTIONS TO THE CONSUMER (CAREGIVER).]

STATEMENT	RESPONSE OPTIONS					
	Strongly Disagree	**Disagree**	**Undecided**	**Agree**	**Strongly Agree**	**REFUSED**
a. I know people who will listen and understand me when I need to talk.	○	○	○	○	○	○
b. I have people that I am comfortable talking with about my [my child's] problems.	○	○	○	○	○	○
c. In a crisis, I would have the support I need from family or friends.	○	○	○	○	○	○
d. I have people with whom I can do enjoyable things.	○	○	○	○	○	○

[IF YOUR PROGRAM DOES NOT REQUIRE SECTION H:

IF THIS IS A BASELINE INTERVIEW, STOP NOW. THE INTERVIEW IS COMPLETE.]

IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION I, THEN TO SECTION K.]

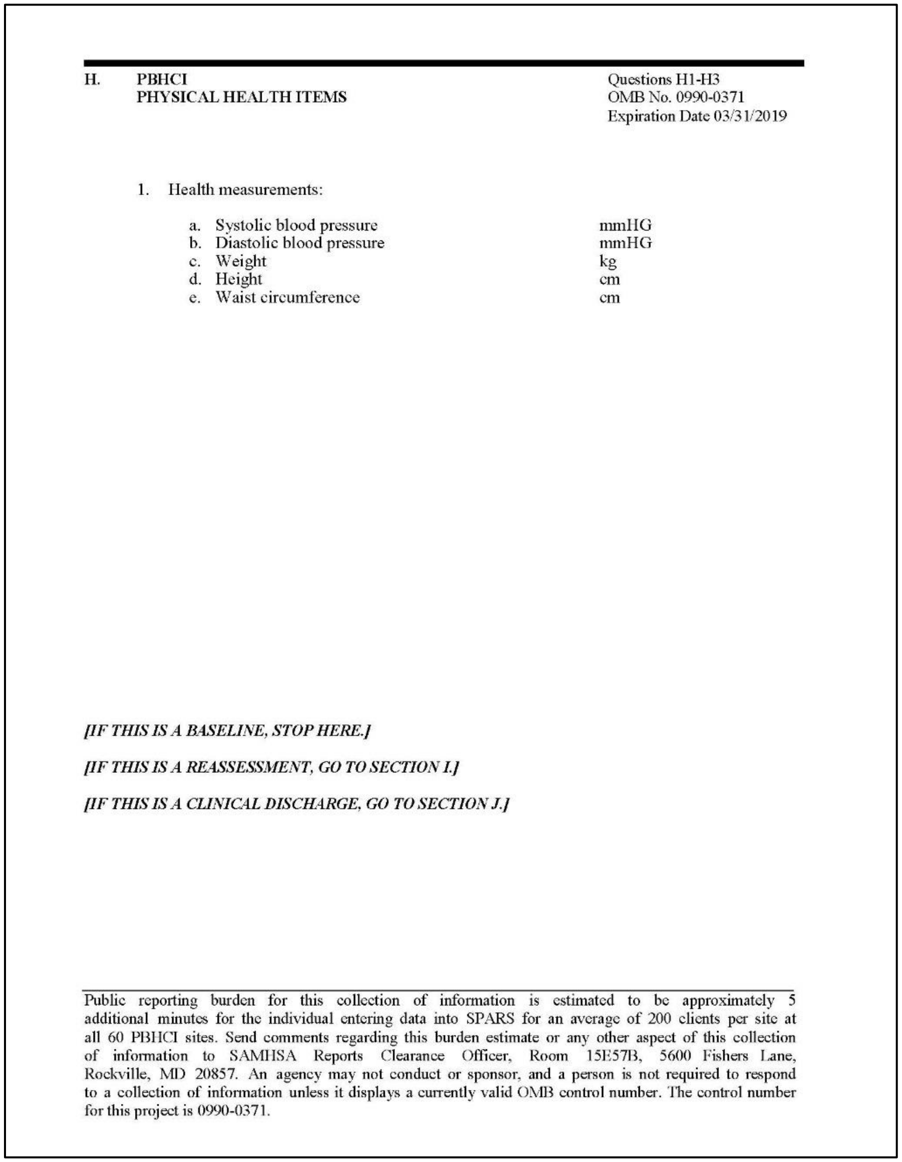
IF THIS IS A CLINICAL DISCHARGE INTERVIEW, PLEASE GO TO SECTION J, THEN TO SECTION K.]

[IF YOUR PROGRAM DOES REQUIRE SECTION H:

IF THIS IS A BASELINE INTERVIEW, PLEASE GO TO SECTION H, THEN STOP. THE INTERVIEW WILL BE COMPLETE.]

IF THIS IS A REASSESSMENT INTERVIEW, PLEASE GO TO SECTION H, THEN TO SECTIONS I AND K.]

IF THIS IS A CLINICAL DISCHARGE INTERVIEW, GO TO SECTION H, THEN TO SECTIONS J AND K.]



H. PBHCI
PHYSICAL HEALTH ITEMS

Questions H1-H3
OMB No. 0990-0371
Expiration Date 03/31/2019

1. Health measurements:

a. Systolic blood pressure	mmHG
b. Diastolic blood pressure	mmHG
c. Weight	kg
d. Height	cm
e. Waist circumference	cm

[IF THIS IS A BASELINE, STOP HERE.]

[IF THIS IS A REASSESSMENT, GO TO SECTION I.]

[IF THIS IS A CLINICAL DISCHARGE, GO TO SECTION J.]

Public reporting burden for this collection of information is estimated to be approximately 5 additional minutes for the individual entering data into SPARS for an average of 200 clients per site at all 60 PBHCI sites. Send comments regarding this burden estimate or any other aspect of this collection of information to SAMHSA Reports Clearance Officer, Room 15E57B, 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The control number for this project is 0990-0371.

I. REASSESSMENT STATUS

[SECTION I IS REPORTED BY GRANTEE STAFF AT REASSESSMENT.]

2. **Have you or other grant staff had contact with the consumer within 90 days of last encounter?**

○ Yes
○ No

3. **Is the consumer still receiving services from your project?**

○ Yes
○ No

[GO TO SECTION K.]

J. CLINICAL DISCHARGE STATUS

[SECTION J IS REPORTED BY GRANTEE STAFF ABOUT THE CONSUMER AT CLINICAL DISCHARGE.]

4. **On what date was the consumer discharged?**

|___|___| / |___|___|___|___|
MONTH YEAR

5. **What is the consumer's discharge status?**

○ Mutually agreed cessation of treatment
○ Withdrew from/refused treatment
○ No contact within 90 days of last encounter
○ Clinically referred out
○ Death
○ Other (Specify) ____________________

[GO TO SECTION K.]

K. SERVICES RECEIVED

[SECTION K IS REPORTED BY GRANTEE STAFF AT REASSESSMENT AND DISCHARGE UNLESS THE CONSUMER REFUSED THIS INTERVIEW OR ALL INTERVIEWS, IN WHICH CASE THE SECTION IS OPTIONAL.]

1. **On what date did the consumer last receive services?**

|___|___| / |___|___|___|___|
MONTH YEAR

[IDENTIFY ALL OF THE SERVICES YOUR PROJECT PROVIDED TO THE CONSUMER SINCE HIS/HER LAST NOMS INTERVIEW; THIS INCLUDES CMHS-FUNDED AND NON-CMHS-FUNDED SERVICES.]

	Provided		**UNKNOWN**	**SERVICE NOT AVAILABLE**
Core Services	**Yes**	**No**		
1. Screening	○	○	○	○
2. Assessment	○	○	○	○
3. Treatment Planning or Review	○	○	○	○
4. Psychopharmacological Services	○	○	○	○
5. Mental Health Services	○	○	○	○

[IF THE ANSWER TO QUESTION 5, "MENTAL HEALTH SERVICES," IS YES, PLEASE ESTIMATE HOW FREQUENTLY MENTAL HEALTH SERVICES WERE DELIVERED.]

Number of times ____ per

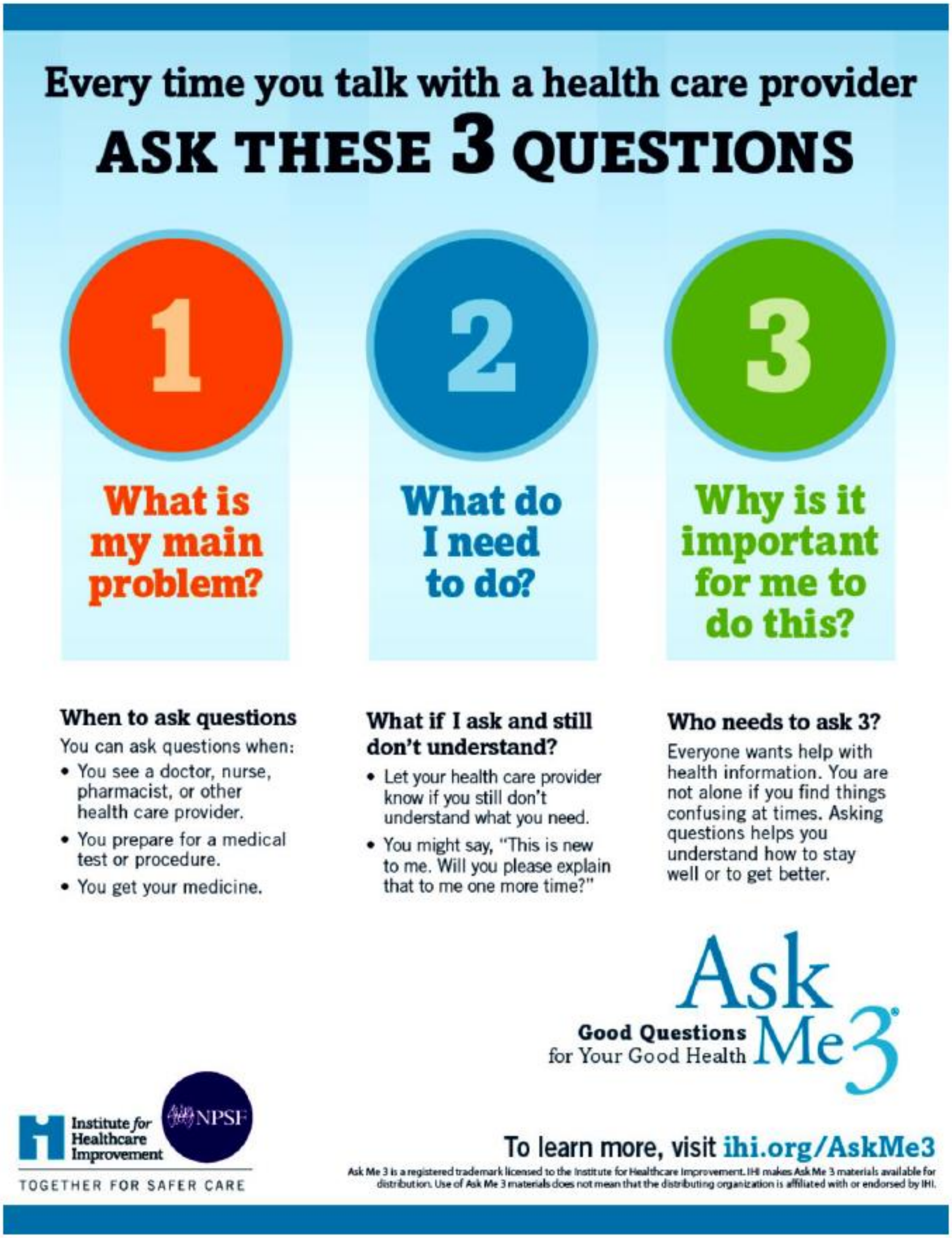
○ Day
○ Week
○ Month
○ Year

UNKNOWN
○

	Provided		**UNKNOWN**	**SERVICE NOT AVAILABLE**
Core Services (Continued)	**Yes**	**No**		
6. Co-occurring Services	○	○	○	○
7. Case Management	○	○	○	○
8. Trauma-specific Services	○	○	○	○
9. Was the consumer referred to another provider for any of the above core services?	○	○	○	○

	Provided		**UNKNOWN**	**SERVICE NOT AVAILABLE**
Support Services	**Yes**	**No**		
1. Medical Care	○	○	○	○
2. Employment Services	○	○	○	○
3. Family Services	○	○	○	○
4. Child Care	○	○	○	○
5. Transportation	○	○	○	○
6. Education Services	○	○	○	○
7. Housing Support	○	○	○	○
8. Social Recreational Activities	○	○	○	○
9. Consumer-Operated Services	○	○	○	○
10. HIV Testing	○	○	○	○
11. Was the consumer referred to another provider for any of the above support services?	○	○	○	○

Exhibit L



Every time you talk with a health care provider
ASK THESE 3 QUESTIONS

What is my main problem?

What do I need to do?

Why is it important for me to do this?

When to ask questions

You can ask questions when:

- You see a doctor, nurse, pharmacist, or other health care provider.
- You prepare for a medical test or procedure.
- You get your medicine.

What if I ask and still don't understand?

- Let your health care provider know if you still don't understand what you need.
- You might say, "This is new to me. Will you please explain that to me one more time?"

Who needs to ask 3?

Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.

Good Questions
for Your Good Health
Ask Me3®

Institute for Healthcare Improvement
NPSF
TOGETHER FOR SAFER CARE

To learn more, visit **ihi.org/AskMe3**

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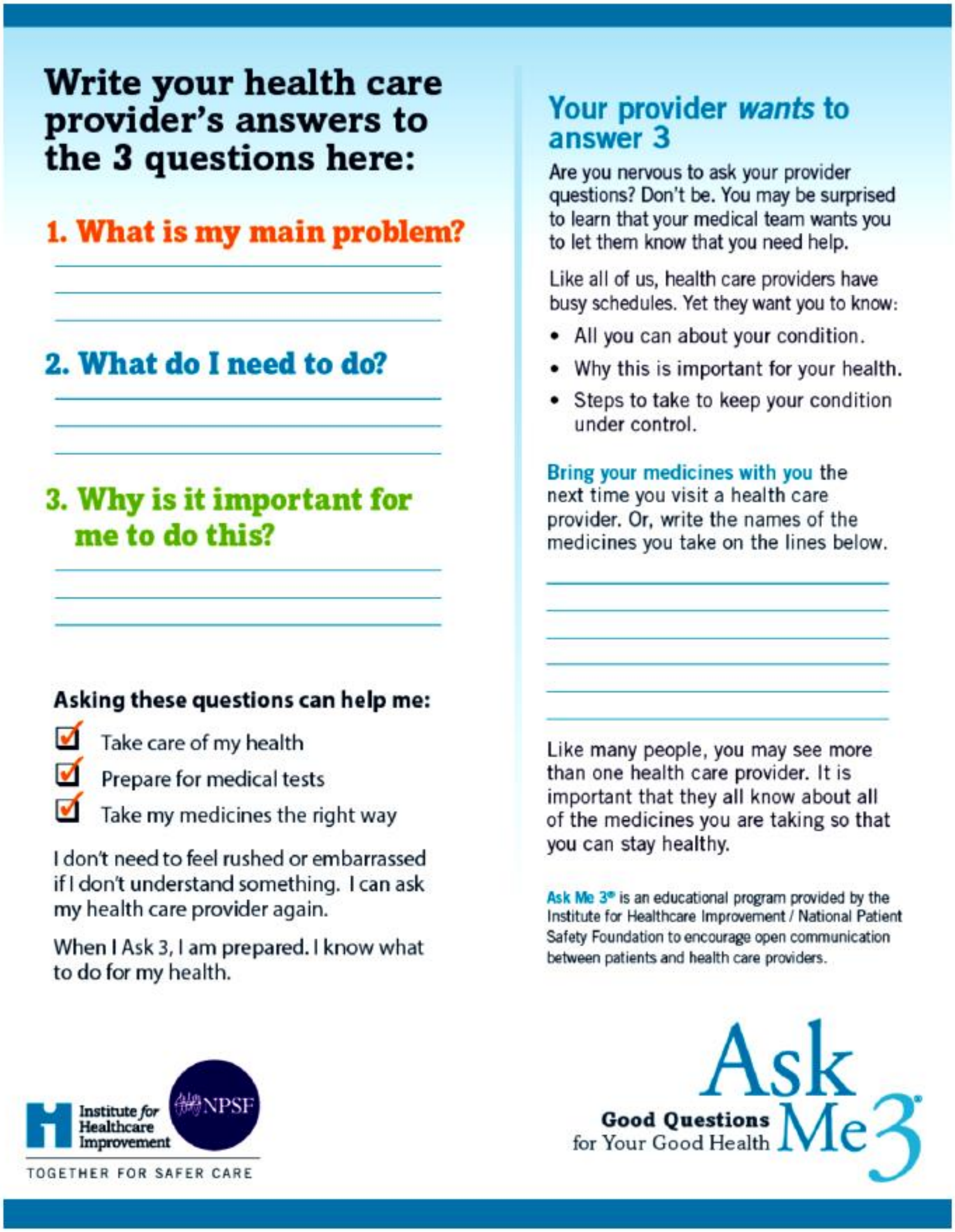


Write your health care provider's answers to the 3 questions here:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Asking these questions can help me:

☑ Take care of my health
☑ Prepare for medical tests
☑ Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

Institute *for* Healthcare Improvement
NPSF
TOGETHER FOR SAFER CARE

Your provider *wants* to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

Bring your medicines with you the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3® is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.

Good Questions for Your Good Health
Ask Me 3®

Exhibit M

The 5 A's:
ASK about current smoking status
ADVISE to quit and provide information on how beneficial quitting is
ASSESS willingness to quit
ASSIST with finding resources and making a plan to quit
ARRANGE for follow-ups to help the consumer follow through and QUIT for good!

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Psychiatric Supervision & SCCMHA Medical Director Role	**Chapter**: 05 - Organizational Management	**Subject No**: 05.01.04
Effective Date: 8/6/01	**Date of Review/Revision**: 6/30/09, 4/11/11, 6/18/12, 6/6/13, 4/7/16, 6/11/18, 2/26/19, 6/12/19, 11/25/20, 10/11/21	**Approved By**: Sandra M. Lindsey, CEO
	Supersedes:	**Responsible Director:** Chief of Health Services & Utilization Management
		Authored By: Barbara Glassheim **Reviewed By**: SCCMHA Medical Director, Service Management Team

Purpose:
The purpose of this Policy is to define the intent and organizational infrastructure necessary to support psychiatric supervision in the design, delivery and quality of client care provided by Saginaw County Community Mental Health Authority (SCCMHA) in its direct and contractual service network. This policy is also intended to clarify the role of the Medical Director in the SCCMHA network.

Policy:
It is the policy of SCCMHA to provide supports and services to persons with intellectual and developmental disabilities, serious and persistent mental illness, severe emotional disturbance, substance use disorders, and persons dually diagnosed with coexisting conditions including substance use disorders and general health/medical conditions in a psychiatrically supervised service delivery system. Further, it is the policy of SCCMHA that the role and context of psychiatric supervision be clearly delineated in policy, providing for quality assurance and improvement, staff development, and the most efficient use of psychiatric resources in all settings. It is also the policy of SCCMHA that the SCCMHA Medical Director provide network direction and oversight in the provision of psychiatry as well as primary care collaboration throughout the SCCMHA network of service programs.

Application:
This policy applies to the entire SCCMHA Provider Network.

Standards:

A. The position and job duties of the SCCMHA Medical Director will be determined by the Chief Executive Officer (CEO) who shall ensure that the position of Medical Director is filled in compliance with the Michigan Mental Health Code.

B. The role of the Medical Director will be included in the SCCMHA table of organization, supported in policy and resource allocation.

C. All contractual network providers that offer interdisciplinary team services shall provide psychiatric supervision of covered services as required by Medicaid and contractually by SCCMHA.

D. The SCCMHA CEO shall include the Medical Director in the table of organization, management and quality improvement systems allowing for adequate review and participation in service delivery and quality management decisions.

E. The SCCMHA CEO shall ensure adequate resources to support the role of the Medical Director in activities described in this policy.

F. The SCCMHA Medical Director shall participate in regional and state forums for community mental health medical leadership and shall advise the CEO and management team, as well as network psychiatrists, of emerging issues and new health care policy from the Michigan Department of Health and Human Services.

G. The participation of the Medical Director shall be documented in minutes of management and quality improvement meetings.

H. The Medical Director will participate in the credentialing of employed/contracted psychiatrists, physician assistants and nurse practitioners as well as for the network providers for all program clinics, as part of the SCCMHA credentialing program.

I. The Medical Director shall establish and document regular communication with psychiatric staff of the agency to ensure their full knowledge of emerging issues in management and quality as well as facilitate inclusion of their involvement in the development of policy and procedure related to service delivery.

J. SCCMHA Service Provider Agreements for network providers shall include the requirements of psychiatric supervision of all primary team providers.

K. The Medical Director shall establish and document communication with the psychiatric staff of the contracted provider network to disseminate information related to best practices, SCCMHA provider network requirements, and public mental health policy.

L. The CEO, Medical Director, service directors and program supervisors shall ensure that service delivery systems are in compliance with the Michigan Medicaid Provider Manual, CARF (or any other applicable accreditation or certification) and Michigan Department of Health and Human Services requirements for community mental health service programs.

    1. Services provided in this system will not require the routine signature of the treating psychiatrist, physician assistant or nurse practitioner on clinical documents unless otherwise required by policy or payor (e.g.; commercial payors, Medicaid waiver).

M. The service directors shall consult with the Medical Director in the development of new program directives, quality assurance measures and process improvements which are related to client care and service delivery.

N. The Medical Director shall ensure that legal, accreditation and regulatory required policies and procedures are in place which address health and safety and environmental health matters and shall assist service directors, program supervisors and the SCCMHA Human Resources Director in the interpretation of related issues.

O. The Medical Director, service directors and program supervisors shall routinely review needs and plan training for staff.

   1. Topics shall include, but not be limited to, diagnosis and assessment of intellectual/developmental disabilities, substance use disorders, mental illness, and severe emotional disturbance and psychopharmacological interventions for these conditions, including medication side effects, interactions and evidence-based practices, as well as person-centered and trauma informed treatment, recovery, co-occurring disorders, healthcare integration and wellness.
   2. Staff input, including network supervisors, physicians, physician assistants or nurse practitioners, regarding training needs will be taken into consideration.
   3. Participation in these trainings will be documented.

P. Service directors, program supervisors and the Medical Director shall schedule regularly available time as needed for therapists, case managers and supports coordinators to seek individual client consultation.

   1. The Medical Director shall participate in the development of procedures related to appropriate use of psychiatric consultation.

Q. Psychiatric supervision of Crisis Intervention Services shall be by consultation request of the Crisis Intervention Services therapist or supervisor.

   1. Supervision may occur by phone or via HIPAA compliant teleconference consultation in host settings (jail, hospital, emergency room or nursing home) or in the context of scheduled case review meetings.

R. Crisis intervention staff are required to present for review any pre-admission screening decision resulting in a denial of admission that the consumer did not agree with (regardless of whether the consumer requests a formal second opinion).

S. When Crisis Intervention Services staff are working in host medical settings they shall be considered to be working under the supervision of the attending physicians.

   1. SCCMHA will provide phone consultation at the request of the attending physician or crisis intervention therapist.

T. The Medical Director shall provide informal consultations and/or second opinions for network psychiatrists and promote effective physician collaboration and consultation practices including with primary or specialty care physicians to promote optimal consumer health care delivery and outcomes in varied community settings.

   1. This includes communicating with network psychiatrists, physician assistants, nurse practitioners and other community physicians as indicated in relevant SCCMHA policies or other public healthcare initiatives.
   2. This may include proactive consumer queries regarding functional status and satisfaction, as well as courtesy notices to partner physicians on changes in medications and/or treatment plans and discharge detail from service programs to help ensure continuity of care.

U. The Medical Director shall provide oversight of prescribing patterns of the staff and network psychiatrists and other prescribers making recommendations as warranted.
   1. The Medical Director shall require staff/contracted psychiatrists and network psychiatrists to use the Michigan Automated Prescription System (MAPS) when prescribing and require the use of appropriate laboratory testing available to assist in prescribing decisions and prescribe the full array of substance use disorder medications.

V. The Medical Director shall provide consultation to primary care physicians as needed.

W. The Medical Director will participate in relevant committees and meetings as needed.

Definitions:

Attending Physician: In a medical host setting (e.g., hospital), the attending physician is the physician immediately responsible for the care of the patient for whom the community mental health staff are providing consultation. This physician carries the legal role of Respondent Superior.

Covered Services: Services defined and required by the Michigan Department of Health and Human Services or contractually provided by Saginaw County Community Mental Health Authority

Host Settings: Service delivery settings operated by other agencies or institutions in which SCCMHA staff are providing consultation services or direct services. These may include schools, pediatric offices, shelters, and the jail or detention center. When the host setting is a medical facility, special psychiatric supervision procedures apply.

Prescribing Health Care Professionals: Psychiatrists, Nurse Practitioners, Physician Assistants.

Primary Team Providers: Contractual service providers who function as primary care providers for SCCMHA consumers and who serve as facilitators of the person-centered planning process.

References:

A. Michigan Mental Health Code, Public Act 258 of 1974 as amended, Section: http://www.legislature.mi.gov/(S(k0s2thfrnstxwrw3qtc3bs5n))/mileg.aspx?page=getObject&objectName=mcl-330-1231&highlight=Mental%20Health%20Code330.1231

B. MDHHS/SCCMHA Master Contract: Article 3.10

C. Michigan Medicaid Provider Manual: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

D. SCCMHA Policy 04.01.01 – Quality Improvement Program

Exhibits:

None

Procedure:

None

Policy and Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Health Literacy	**Chapter**: 06 – Management of Health & Safety	**Subject No**: 06.01.01
Effective Date: 4/10/18	**Date of Review/Revision**: 6/12/19, 11/18/20, 10/12/21	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Chief of Health Services & Utilization Management **Authored By**: Barbara Glassheim **Additional Reviewers**: SCCMHA Service Management Team
	Supersedes:	

Purpose:
The purpose of this policy is to provide a framework to support effective communication strategies that can be of help in the delivery of services to consumers.

Application:
This policy applies to all SCCMHA-funded providers of services and supports to consumers and their families/natural support systems.

Policy:

SCCMHA recognizes that, although communication is essential for the effective delivery of healthcare services, there is often a mismatch between a provider’s level of communication and a consumer’s level of comprehension. Studies show that health care consumers often misinterpret or do not understand much of the information given to them by clinicians and this lack of understanding can lead to medication errors; missed appointments; inadequate knowledge and care for chronic health conditions; poor adherence to treatment regimens and self-care behaviors; poor comprehension of health information; adverse health outcomes; and increased health care costs.

A significant reason for this is inadequate health literacy – i.e., a limited ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. In addition, research shows that consumers remember and understand less than half of what clinicians explain to them.

Health literacy is comprised of two components: (1) the ability of consumers to read, understand, and act upon health related information, and (2) the capacity of professionals and organizations to communicate effectively so that consumers can make informed decisions and take appropriate actions to protect and promote their health.

Consumers need information they can understand and use to make informed decisions and take actions that protect and promote their health.

SCCMHA recognizes that providers can improve consumers' knowledge about their health care by confirming that consumers understand what they need to know and by adopting a consumer-friendly communication style that encourages questions.

SCCMHA supports the delivery of person-centered health information and services as well as lifelong learning and skills development to promote good health.

SCCMHA believes that: (1) consumers have the right to health information that helps them make informed decisions, and (2) health services should be delivered in ways that are understandable and beneficial to health, longevity, and quality of life.

SCCMHA assumes that everyone may have difficulty understanding information and strives to create an environment in which consumers of all literacy levels can thrive.

Standards:

A. Providers shall endeavor to adhere to the following methods for improving communication with consumers:
  1. Greet consumers with a smile and a welcoming attitude.
  2. Maintain appropriate eye contact throughout the encounter.
  3. Take time to foster a consumer/family-centered approach to the provider-consumer/family interaction.
  4. Speak clearly and at a slow to moderate pace.
  5. Communicate in clear, plain, simple, nonmedical (jargon-free), conversational language and convey information with short words and short sentences and that contain only essential information, and check to make sure consumers have understood the information prior to ending the conversation.
     a. Prioritize what needs to be discussed and limit information to three to five key points.
     b. Focus on the two or three most important concepts.
  6. Use graphics.
     a. Show or draw pictures or illustrations to help improve recall.
     b. Enhance understanding by combining pictures with written or verbal explanations
     c. Keep pictures simple to promote comprehension.
  7. Limit the amount of information provided, and repeat it in order to enhance recall because information is best remembered when it is delivered in small pieces that are pertinent to the tasks at hand.
     a. Use the "**chunk and check**" method to break down the information into smaller more manageable chunks rather than providing it all at once and, in between each chunk, use methods such as teach-back to check for understanding before moving on.
  8. Use the **Teach-Back** (Exhibit B) technique to confirm understanding by asking consumers to repeat instructions.
     a. In Teach-Back providers take responsibility for adequate teaching.
        1) If consumers cannot explain or demonstrate what they should do, practitioners must assume that they did not

provide consumers with an adequate explanation or understandable instructions.

9. Encourage consumers and their supporters (family, friends, etc.) to ask questions.
    a. Make consumers feel comfortable asking questions.
    b. Enlist the aid of others (family or friends), with the consent of the consumer, to promote understanding.
    c. Consider using the **Ask-Me-3** (Exhibit A) program which encourages consumers to ask, and providers to answer, three basic questions during every encounter:
        1). What is my main problem?
        2). What do I need to do (about the problem)?
        3). Why is it important for me to do this?

B. Practitioners shall provide consumers with access to accurate and actionable health information.
C. Providers shall convey a general attitude of helpfulness.
D. Providers shall routinely offer all consumers assistance in completing forms.
E. Providers shall strive to only collect consumer health information that is essential to service delivery.
F. Providers shall converse with, collect information from, and provide assistance to consumers in their preferred language.
G. Providers shall actively listen, encourage questions, and address concerns.
H. Providers shall share practical information and provide specific instructions, using relevant examples and analogies.
I. Providers shall, whenever feasible, seek consumer input on health-related messaging that is geared to consumers.
J. Providers shall use written materials that are easy to understand in accordance with the following formatting and language standards:
    1. Written at or below the 6th-grade level or lower (at the 3rd to 5th grade levels if possible)
    2. Use short words which are one or two syllables
        a. Avoid technical words or jargon and define any medical terms that need to be used
    3. Contain short sentences
        a. Avoid complex or multipart sentences
    4. Contain short paragraphs that contain no more than two or three sentences
    5. Written in the active voice
    6. Avoid all but the most simple tables and graphs
    7. Use large font (minimum 12 point) with serifs (to make the individual letters more distinctive and easier to recognize quickly)
    8. Contain a good amount of empty space on the page
    9. Contain headings and subheadings to separate blocks of text
    10. Contain bulleted lists rather than blocks of text in paragraphs
K. Providers shall consider making follow-up phone calls to consumers after a face-to-face encounter when there is a need to reinforce particularly important information.

L. Providers shall offer developmentally and culturally sensitive education materials that focus on instructions for key behaviors that the consumer must put into action.

M. Nurses or other trained providers shall use the **Newest Vital Sign (NVS)** to assess consumers' health literacy using the materials and standards set forth by Pfizer Inc., the developer of NVS, found in Exhibit C.
   1. The results of the NVS shall be documented in the consumer's electronic health record in the consumer demographics section (see Exhibit D).

Definitions:

Health Literacy: The ability to obtain, process, and understand basic health information and services needed to make appropriate health decisions and follow instructions for treatment. (Institute of Medicine, 2004)

Several factors can contribute to an individual's health literacy, including the person's general literacy (i.e., the ability to read, write, and understand written text and numbers), the individual's amount of experience with the health care system, the complexity of the information being presented, cultural factors that may influence decision-making, and the manner in which the material is communicated.

Health literacy requires knowledge from many topic areas, including the body, healthy behaviors, and the workings of the health care system. It is influenced by the language spoken; the ability to communicate clearly and listen carefully; and age, socioeconomic status, cultural background, past experiences, cognitive abilities, and mental health. Each of these factors affects how individuals communicate, understand, and respond to health information. For example, it can be difficult for anyone, irrespective of their literacy skills, to remember instructions or read a medication label when feeling ill.

At the proficient level, individuals have fully developed health literacy skills and can read and understand virtually all text and numerical information they might encounter in health care settings. Individuals with intermediate health literacy skills can deal with most of the text and numerical information they encounter in health care settings, although they would have difficulty dealing with dense or complicated text and documents. People with basic health literacy skills can perform the basic tasks of reading and understanding a short pamphlet that explains the importance of a screening test. People with health literacy skills below the basic level are typically unable to perform the basic tasks needed to achieve full function in today's society, including interactions with the health care system. (Weiss, 2007)

Current data indicate that more than a third of American adults (89 million people) lack sufficient health literacy to effectively undertake and execute needed medical treatments and preventive health care. Inadequate health literacy affects all segments of the population, but it is more common in certain demographic groups, including persons who are elderly, socioeconomically challenged, members of minority groups, and those with limited English language proficiency.

It should be noted that limited understanding of health concepts and health information is not solely a problem of persons with low literacy skills. Highly literate, well-educated individuals also report difficulty understanding information provided to them by clinicians, typically usually because clinicians use vocabulary and discuss physiological concepts unfamiliar to those who do not have a medical education.

References:

A. Committee on Health Literacy, Institute of Medicine, Nielsen-Bohlman, L., Panzer, A., Kindig, D., eds. (2004). *Health Literacy: A Prescription to End Confusion.* The National Academies Press. Washington, DC. [On-line]. Available: https://www.nap.edu/read/10883/chapter/1.

B. National Assessment of Adult Literacy (NAAL): https://nces.ed.gov/naal/

C. Office of the Surgeon General. (2007). *Proceedings from the Surgeon General's Workshop on Improving Health Literacy*. [On-line]. Available: https://www.ncbi.nlm.nih.gov/books/NBK44257/pdf/Bookshelf_NBK44257.pdf.

D. Partnership for Clear Health Communication: Ask-Me-3 www.askme3.org

E. Pfizer Inc. – Health Literacy/NVS: https://www.pfizer.com/health/literacy

F. SCCMHA Policy 02.01.01.02 – Cultural Competence

G. SCCMHA Policy 02.03.01 – Consumerism

H. SCCMHA Policy 02.03.03 – Person-centered Planning

I. SCCMHA Policy 02.03.08 – Welcoming

J. SCCMHA Policy 02.03.36 – Teach-Back

K. U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. (2010). *National Action Plan to Improve Health Literacy*. U.S. Department of Health and Human Services. Washington, DC. [On-line]. Available: https://health.gov/communication/HLActionPlan/pdf/Health_Literacy_Action_Plan.pdf.

L. Weiss, B. (2007). *Health literacy and patient safety: Help patients understand, Second Edition*. American Medical Association Foundation and American Medical Association. [On-line]. Available: https://med.fsu.edu/userFiles/file/ahec_health_clinicians_manual.pdf.

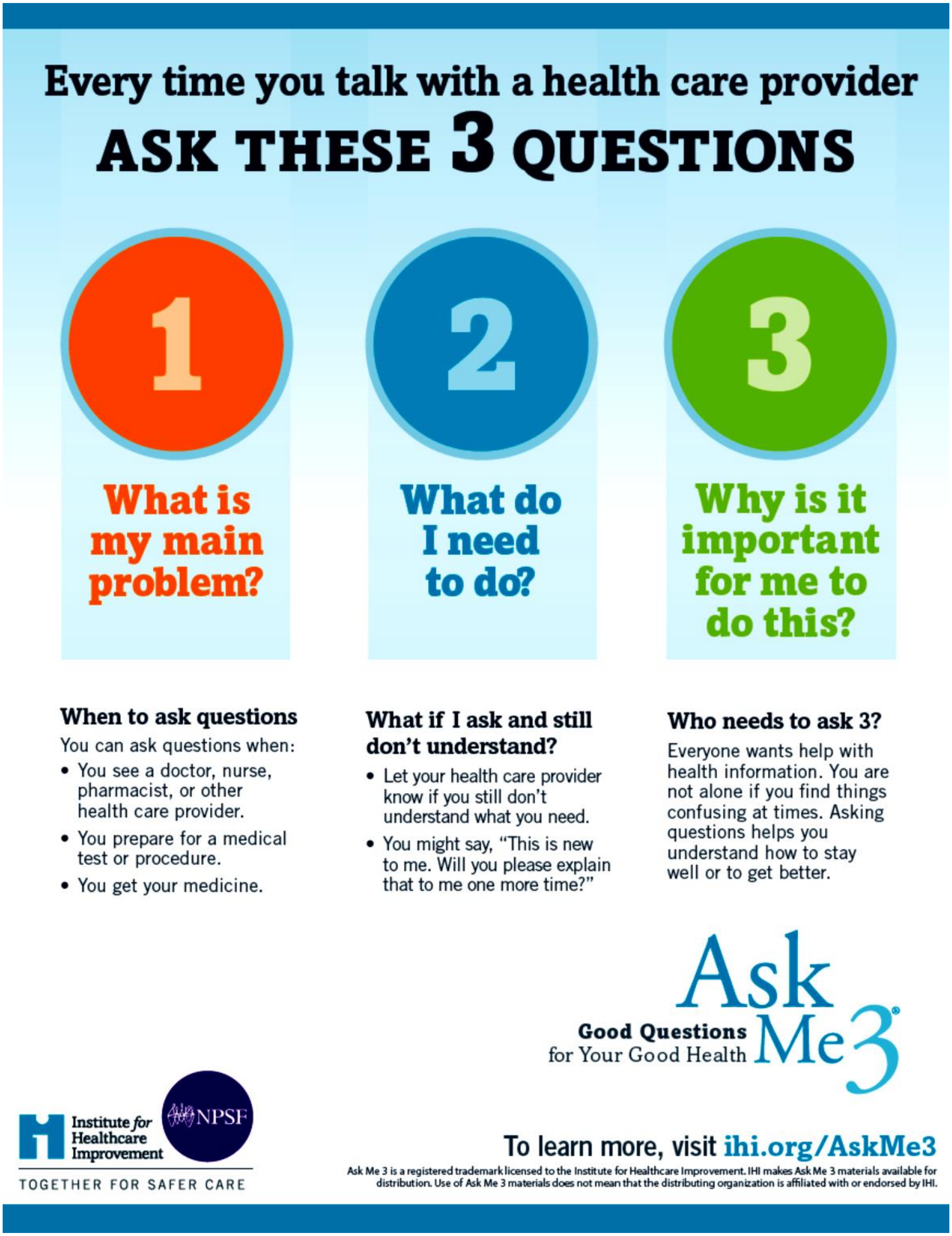
Exhibits:

A. Ask-Me-3 Poster (Institute for Healthcare Improvement [IHI])
B. Teach-Back Poster (Children's Hospital of Wisconsin)
C. Newest Vital Sign (NVS)
D. Consumer Demographics Section of SENTRI

Procedure:

None

Exhibit A



Every time you talk with a health care provider

ASK THESE 3 QUESTIONS

1

What is my main problem?

2

What do I need to do?

3

Why is it important for me to do this?

When to ask questions

You can ask questions when:

- You see a doctor, nurse, pharmacist, or other health care provider.
- You prepare for a medical test or procedure.
- You get your medicine.

What if I ask and still don't understand?

- Let your health care provider know if you still don't understand what you need.
- You might say, "This is new to me. Will you please explain that to me one more time?"

Who needs to ask 3?

Everyone wants help with health information. You are not alone if you find things confusing at times. Asking questions helps you understand how to stay well or to get better.

Good Questions
for Your Good Health
Ask Me3®

Institute *for* Healthcare Improvement
NPSF
TOGETHER FOR SAFER CARE

To learn more, visit **ihi.org/AskMe3**

Ask Me 3 is a registered trademark licensed to the Institute for Healthcare Improvement. IHI makes Ask Me 3 materials available for distribution. Use of Ask Me 3 materials does not mean that the distributing organization is affiliated with or endorsed by IHI.

Write your health care provider's answers to the 3 questions here:

1. What is my main problem?

2. What do I need to do?

3. Why is it important for me to do this?

Asking these questions can help me:

☑ Take care of my health
☑ Prepare for medical tests
☑ Take my medicines the right way

I don't need to feel rushed or embarrassed if I don't understand something. I can ask my health care provider again.

When I Ask 3, I am prepared. I know what to do for my health.

Your provider *wants* to answer 3

Are you nervous to ask your provider questions? Don't be. You may be surprised to learn that your medical team wants you to let them know that you need help.

Like all of us, health care providers have busy schedules. Yet they want you to know:

- All you can about your condition.
- Why this is important for your health.
- Steps to take to keep your condition under control.

Bring your medicines with you the next time you visit a health care provider. Or, write the names of the medicines you take on the lines below.

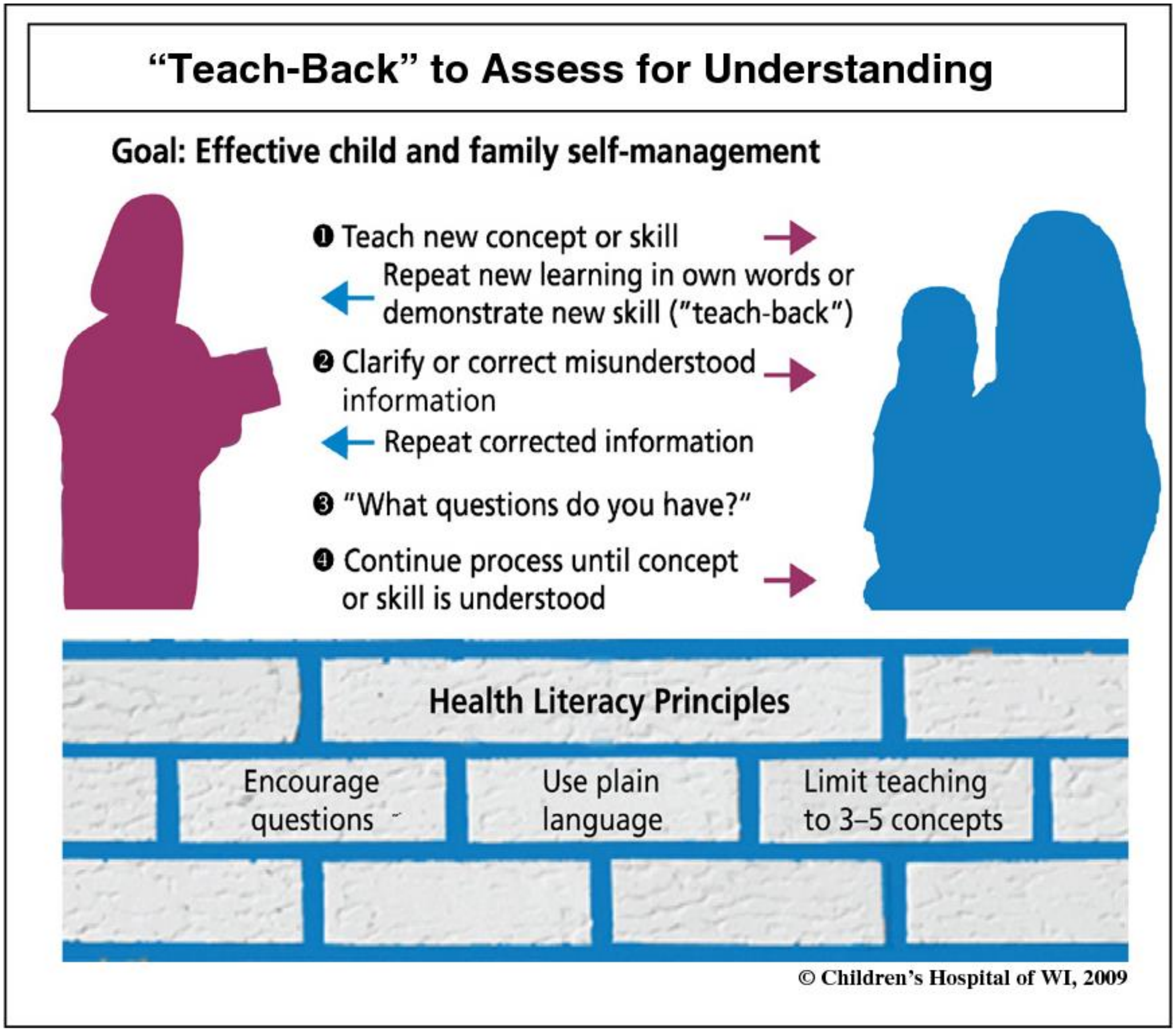
Like many people, you may see more than one health care provider. It is important that they all know about all of the medicines you are taking so that you can stay healthy.

Ask Me 3® is an educational program provided by the Institute for Healthcare Improvement / National Patient Safety Foundation to encourage open communication between patients and health care providers.

Institute *for* Healthcare Improvement
NPSF
TOGETHER FOR SAFER CARE

Good Questions
for Your Good Health
Ask Me 3®

Exhibit B



"Teach-Back" to Assess for Understanding

Goal: Effective child and family self-management

❶ Teach new concept or skill →

← Repeat new learning in own words or demonstrate new skill ("teach-back")

❷ Clarify or correct misunderstood information →

← Repeat corrected information

❸ "What questions do you have?"

❹ Continue process until concept or skill is understood →

Health Literacy Principles

Encourage questions

Use plain language

Limit teaching to 3–5 concepts

© Children's Hospital of WI, 2009

Exhibit C

How to Use the Newest Vital Sign

1. **Who and when to administer the Newest Vital Sign.**

    - **A nurse (or other trained clinic staff)** is the preferred administrator of the Newest Vital Sign.
    - Administer at the same time that other vital signs are being taken.

2. **Ask the patient to participate.**
   A useful way to ask the patient is an explanation similar to this:

   > *"We are asking our patients to help us learn how well they can understand the medical information that doctors give them. Would you be willing to help us by looking at some health information and then answering a few questions about that information? Your answers will help our doctors learn how to provide medical information in ways that patients will understand. It will only take about 3 minutes."*

3. **Hand the nutrition label to the patient.**
   The patient can and should retain the nutrition label throughout administration of the Newest Vital Sign. The patient can refer to the label as often as desired.

4. **Start asking the 6 questions, one by one, giving the patient as much time as needed to refer to the nutrition label to answer the questions.**

    - There is no maximum time allowed to answer the questions. The average time needed to complete all 6 questions is about 3 minutes. However, if a patient is still struggling with the first or second question after 2 or 3 minutes, the likelihood is that the patient has limited literacy and you can stop the assessment.
    - **Ask the questions in sequence.** Continue even if the patient gets the first few questions wrong. However, **if question 5 is answered incorrectly, do not ask question 6.**
    - **You can stop asking questions if a patient gets the first four correct.** With four correct responses, the patient almost certainly has adequate literacy.
    - **Do not prompt patients who are unable to answer a question.** Prompting may jeopardize the accuracy of the test. Just say, "Well, then let's go on to the next question."
    - **Do not show the score sheet to patients.** If they ask to see it, tell them that "I can't show it to you because it contains the answers, and showing you the answers spoils the whole point of asking you the questions."
    - **Do not tell patients if they have answered correctly or incorrectly.** If patients ask, say something like: "I can't show you the answers till you are finished, but for now you are doing fine. Now let's go on to the next question."

5. **Score by giving 1 point for each correct answer (maximum 6 points).**
    - **Score of 0-1** suggests high likelihood (50% or more) of limited literacy.
    - **Score of 2-3** indicates the possibility of limited literacy.
    - **Score of 4-6** almost always indicates adequate literacy.
    - **Record the NVS score** in the patient's medical record, preferably near other vital sign measures.

Best Practices for Implementation: Summary

- A nurse (or other trained clinic staff) is the preferred administrator of the NVS.
- Administer the NVS at the same time that the patient's other vital signs are being taken.
- Record the NVS score in the patient's chart, preferably near other vital sign measures.
- Tailor communication to ensure patient understanding.

Why Does an Ice Cream Label Work as a Predictor of the Ability To Understand Medical Instructions?

A patient's ability to read and analyze any kind of nutrition label requires the same analytical and conceptual skills that are needed to understand and follow a provider's medical instructions. The skills, which are known as *health literacy,* are defined as the understanding and application of words (prose), numbers (numeracy), and forms (documents).

The use of an ice cream label is especially relevant as recent research in the *American Journal of Preventive Medicine* (November 2006) has shown that poor comprehension of food labels correlated highly with low-level literacy and numeracy skills. However, the study found that even patients with better reading skills could have difficulties interpreting the labels.

Whether reading a food label or following medical instructions, patients need to:

- Remember numbers and make mathematical calculations.
- Identify and be mindful of different ingredients that could be potentially harmful to them.
- Make decisions about their actions based on the given information.

PROSE LITERACY:

Clinical example: The patient has scheduled some blood tests and is instructed in writing to fast the night before the tests. The skill needed to follow this instruction is **Prose Literacy.**

Ice cream label example: The patient needs this skill to read the label and determine if he can eat the ice cream if he is allergic to peanuts.

NUMERACY:

Clinical example: A patient is given a prescription for a new medication that needs to be taken at a certain dosage twice a day. The skill needed to take the medication properly is **Numeracy.**

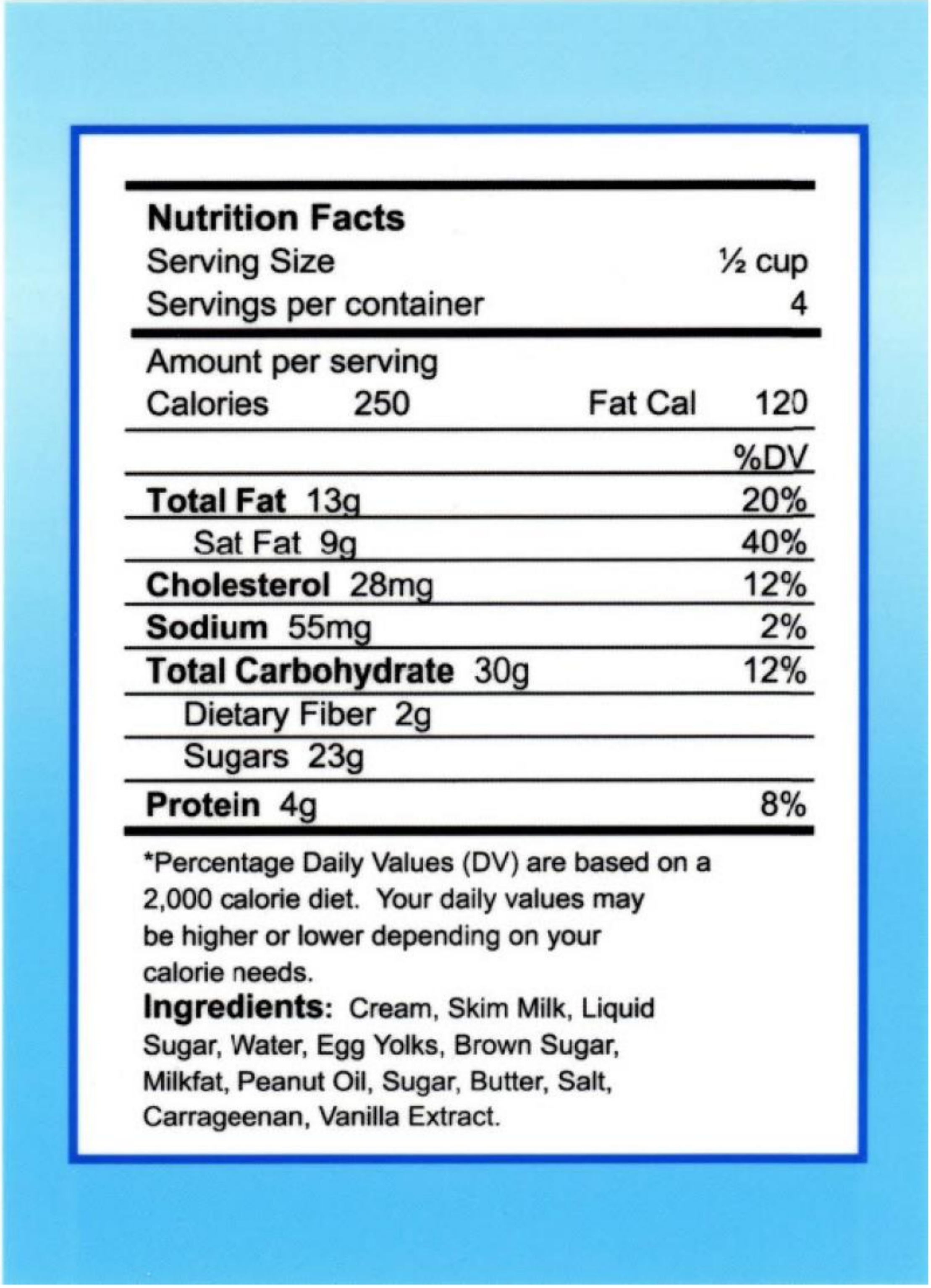
Ice cream label example: The patient needs this same skill to calculate how many calories are in a serving of ice cream.

DOCUMENT LITERACY:

Clinical example: The patient is told to buy a glucose meter and use it 30 minutes before each meal and before going to bed. If the number is higher than 200, he should call the office. The skill needed to follow this instruction is **Document Literacy.**

Ice cream label example: The patient needs this skill to identify the amount of saturated fat in a serving of ice cream and how it will affect his daily diet if he doesn't eat it.

Ice Cream Label



Nutrition Facts

Serving Size	½ cup
Servings per container	4

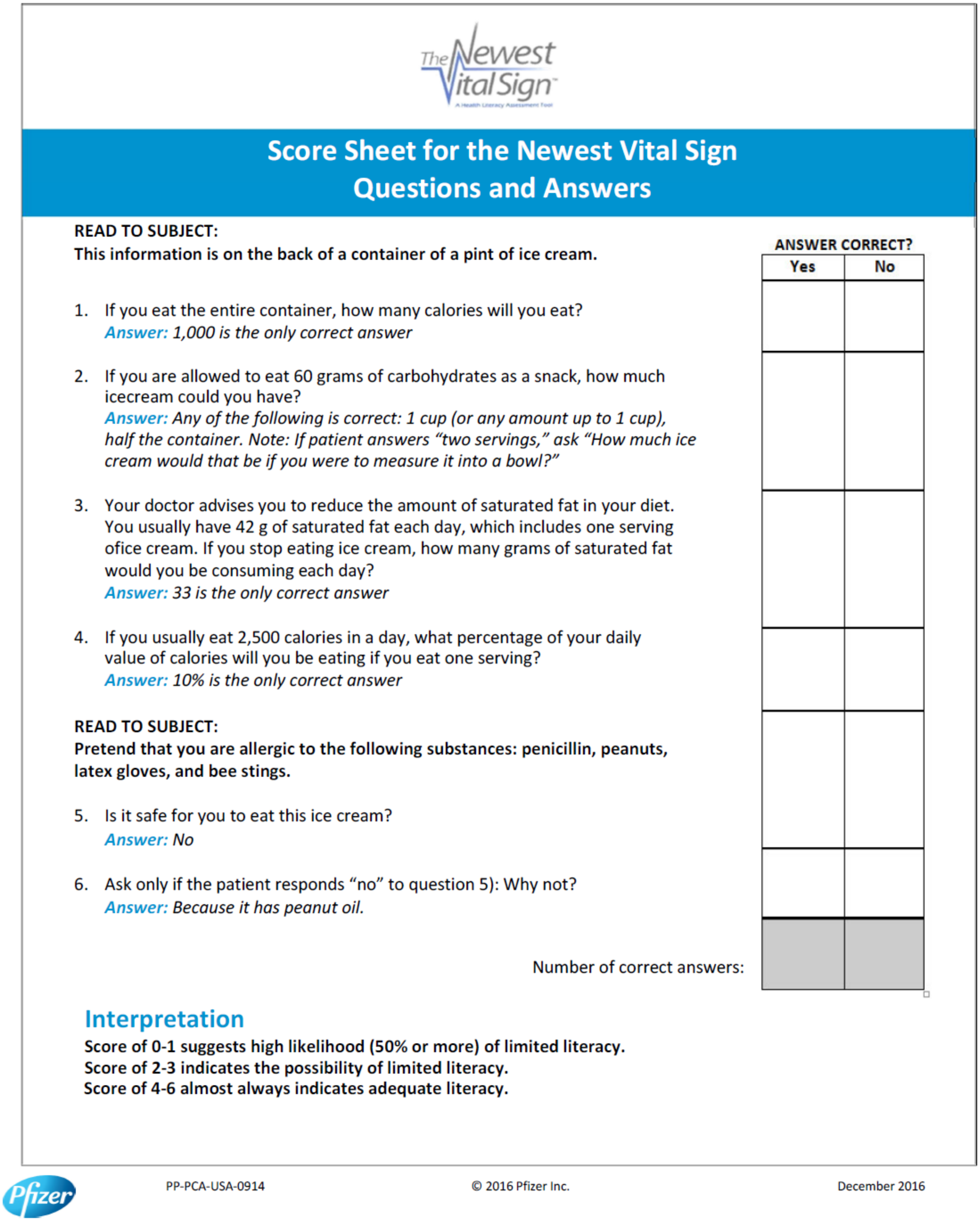
Amount per serving

Calories	250	Fat Cal	120

	%DV
Total Fat 13g	20%
Sat Fat 9g	40%
Cholesterol 28mg	12%
Sodium 55mg	2%
Total Carbohydrate 30g	12%
Dietary Fiber 2g	
Sugars 23g	
Protein 4g	8%

*Percentage Daily Values (DV) are based on a 2,000 calorie diet. Your daily values may be higher or lower depending on your calorie needs.

Ingredients: Cream, Skim Milk, Liquid Sugar, Water, Egg Yolks, Brown Sugar, Milkfat, Peanut Oil, Sugar, Butter, Salt, Carrageenan, Vanilla Extract.



Score Sheet for the Newest Vital Sign Questions and Answers

READ TO SUBJECT:
This information is on the back of a container of a pint of ice cream.

	ANSWER CORRECT?	
	Yes	No
1. If you eat the entire container, how many calories will you eat? *Answer: 1,000 is the only correct answer*		
2. If you are allowed to eat 60 grams of carbohydrates as a snack, how much icecream could you have? *Answer: Any of the following is correct: 1 cup (or any amount up to 1 cup), half the container. Note: If patient answers "two servings," ask "How much ice cream would that be if you were to measure it into a bowl?"*		
3. Your doctor advises you to reduce the amount of saturated fat in your diet. You usually have 42 g of saturated fat each day, which includes one serving ofice cream. If you stop eating ice cream, how many grams of saturated fat would you be consuming each day? *Answer: 33 is the only correct answer*		
4. If you usually eat 2,500 calories in a day, what percentage of your daily value of calories will you be eating if you eat one serving? *Answer: 10% is the only correct answer*		
READ TO SUBJECT: **Pretend that you are allergic to the following substances: penicillin, peanuts, latex gloves, and bee stings.** 5. Is it safe for you to eat this ice cream? *Answer: No*		
6. Ask only if the patient responds "no" to question 5): Why not? *Answer: Because it has peanut oil.*		
Number of correct answers:		

Interpretation

Score of 0-1 suggests high likelihood (50% or more) of limited literacy.
Score of 2-3 indicates the possibility of limited literacy.
Score of 4-6 almost always indicates adequate literacy.

PP-PCA-USA-0914

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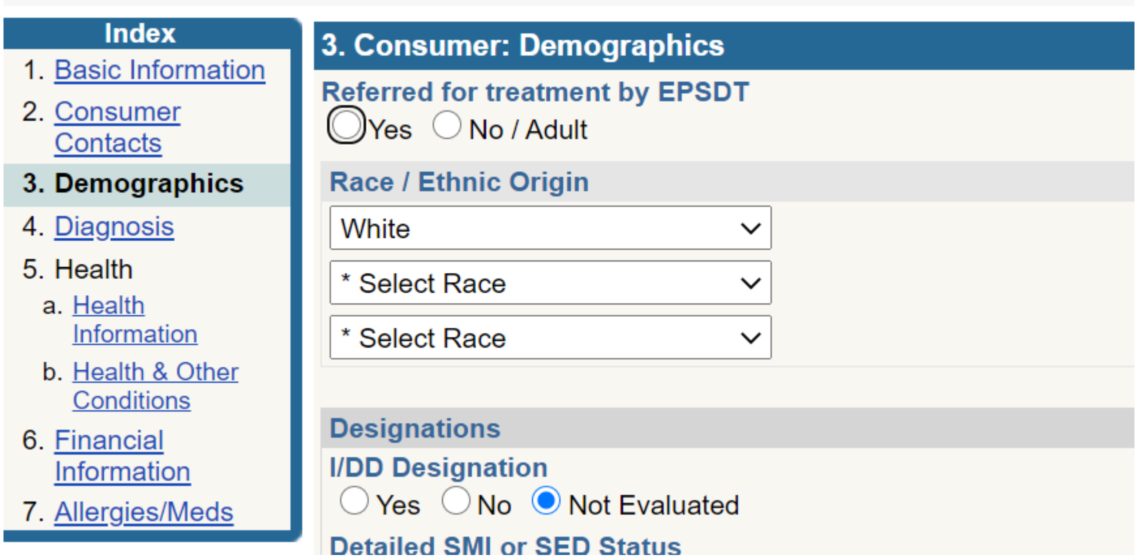
December 2016

Exhibit D


Index
1. Basic Information
2. Consumer Contacts
3. Demographics
4. Diagnosis
5. Health
a. Health Information
b. Health & Other Conditions
6. Financial Information
7. Allergies/Meds

3. Consumer: Demographics

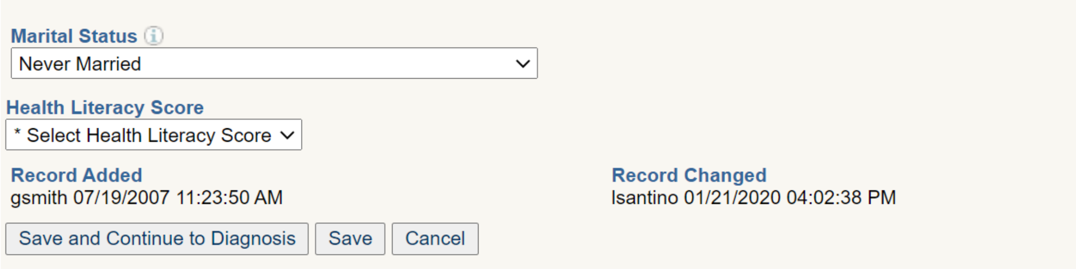
Referred for treatment by EPSDT
○ Yes ○ No / Adult

Race / Ethnic Origin
White
* Select Race
* Select Race

Designations

I/DD Designation
○ Yes ○ No ● Not Evaluated

Detailed SMI or SED Status



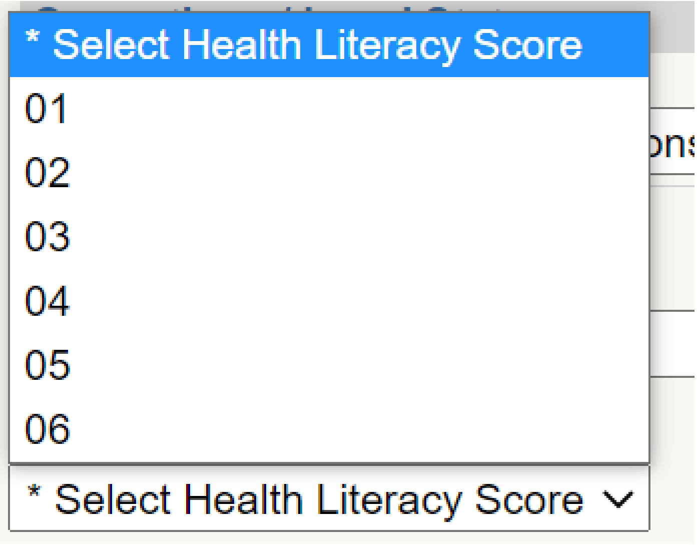
Marital Status
Never Married

Health Literacy Score
* Select Health Literacy Score

Record Added
gsmith 07/19/2007 11:23:50 AM

Record Changed
lsantino 01/21/2020 04:02:38 PM

Save and Continue to Diagnosis
Save
Cancel


* Select Health Literacy Score
01
02
03
04
05
06
* Select Health Literacy Score

Continuing Education Unit Procedure or Plan Manual **Saginaw County Community Mental Health Authority**		
Subject: Home Manager Vital Sign and Medication Competency Evaluation	**Chapter**: 09 Department Procedures	**Subject No**: 09.04.02.11
Continuing Education		
Effective Date: 8/7/2020	**Date of Review/Revision**: 1/10/22	**Approved By**: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education **Authored By**: Alecia Schabel **Reviewed By**: Colleen Sproul Matthew Nagy Valerie Toney
	Supersedes:	

Purpose:
It is required by Adult Foster Care (AFC) Licensing that Adult Foster Care Home licensees, administrators and direct care staff complete educational requirements as specified in R 400.14201, R 400.14203 and R 400.14204 of the Department of Human Services *Licensing Rules for Adult Foster Care Small Group Homes for 12 or Less* effective May 24, 1994. As the MDHHS/PIHP State Training Guidelines Workgroup (STGW) has started standardizing training requirements, SCCMHA requires Specialized Licensed Residential Home Managers receive effective Home Manager Vital Sign and Medication Competency Evaluation once training is complete.

Application:
Specialized Residential Licensed AFC Home Managers
General Licensed Residential Home Managers *upon request*

Policy:
It is the policy of SCCMHA to offer continuing education and training by licensed and skilled professionals for Specialized Licensed Residential Home Managers which includes Home Manager Vital Sign and Medication Competency Evaluation by qualified SCCMHA nursing staff. This ensures Home Managers can evaluate direct care staff in medication administration and vital sign competency.

Standards:

Specialized Licensed Residential Home Managers are required to complete Basic Health and Medication/Renewal Training through the SCCMHA CEU Trainers. Home Manager Vital Sign and Medication Competency Evaluation will be scheduled within 30 days of hire date or Home Manager title change date. One of the SCCMHA Nurse-Health Care Services & Coordination will ensure the Specialized Licensed Residential Home Manager has demonstrated minimal competency in administering medications and vital signs by meeting a minimum set of training standards. The evaluation of competency specified in the SCCMHA Medication and Vital Signs Competency Evaluation Form will determine the Home Manager's ability to observe the staff they supervise as direct care staff demonstrate their own medication administration and vital sign competency.

In order for Specialized Licensed Residential Home Managers to train and evaluate competency for suppository administration with direct care staff they supervise, Specialized Licensed Residential Home Managers will arrange for use of the suppository mannequin. Specialized Licensed Residential Home Managers will evaluate direct care staff utilizing the same standards for minimal competency as reflected in the SCCMHA Medication and Vital Signs Competency Evaluation Form.

A signed and dated SCCMHA Medication and Vital Signs Competency Evaluation Form for medication administration, vital signs and rectal suppositories will be provided to the Specialized Licensed Residential Home Manager and Continuing Education Unit.

Definitions:

Specialized Residential- Licensed Adult Foster Care (AFC) homes that have obtained special certification through Michigan Department of Health and Human Services (MDHHS) licensing and hold a contract with SCCMHA.

Licensed Residential- Licensed Adult Foster Care (AFC) homes where SCCMHA may place consumers for supervision *and* are *not* under contract with SCCMHA.

Competency – Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond

Medications – oral, elixirs, topical medications, ear, eye, nasal, suppositories and fleet enemas

Vital signs - Temperature, Blood Pressure, Pulse and Respiration

Evaluation – Observation of skills

Newly hired - within the first 30 days of hire and/or becoming a Licensed Residential Home Manager

CEU - Continuing Education Unit

References:
A. R 400.14201, R 400.14203 and R 400.14204 *of the Department of Human Services Licensing Rules for Adult Foster Care Small Group Homes for 12 or Less*

B. SCCMHA Policy – 05.06.06.02 SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff

C. SCCMHA Policy - 03.02.17 Medication Management in Licensed Residential Settings

D. STGW Training & Curriculum Guidelines for Direct care staff created by the Statewide Training Guidelines Work (STGW) Group - a committee of the community mental health association of Michigan

Exhibits:
A. Medication (routes other than oral) Return Demonstration Guide

B. SCCMHA Medication Competency Evaluation Form

C. SCCMHA Vital Signs Competency Evaluation Form

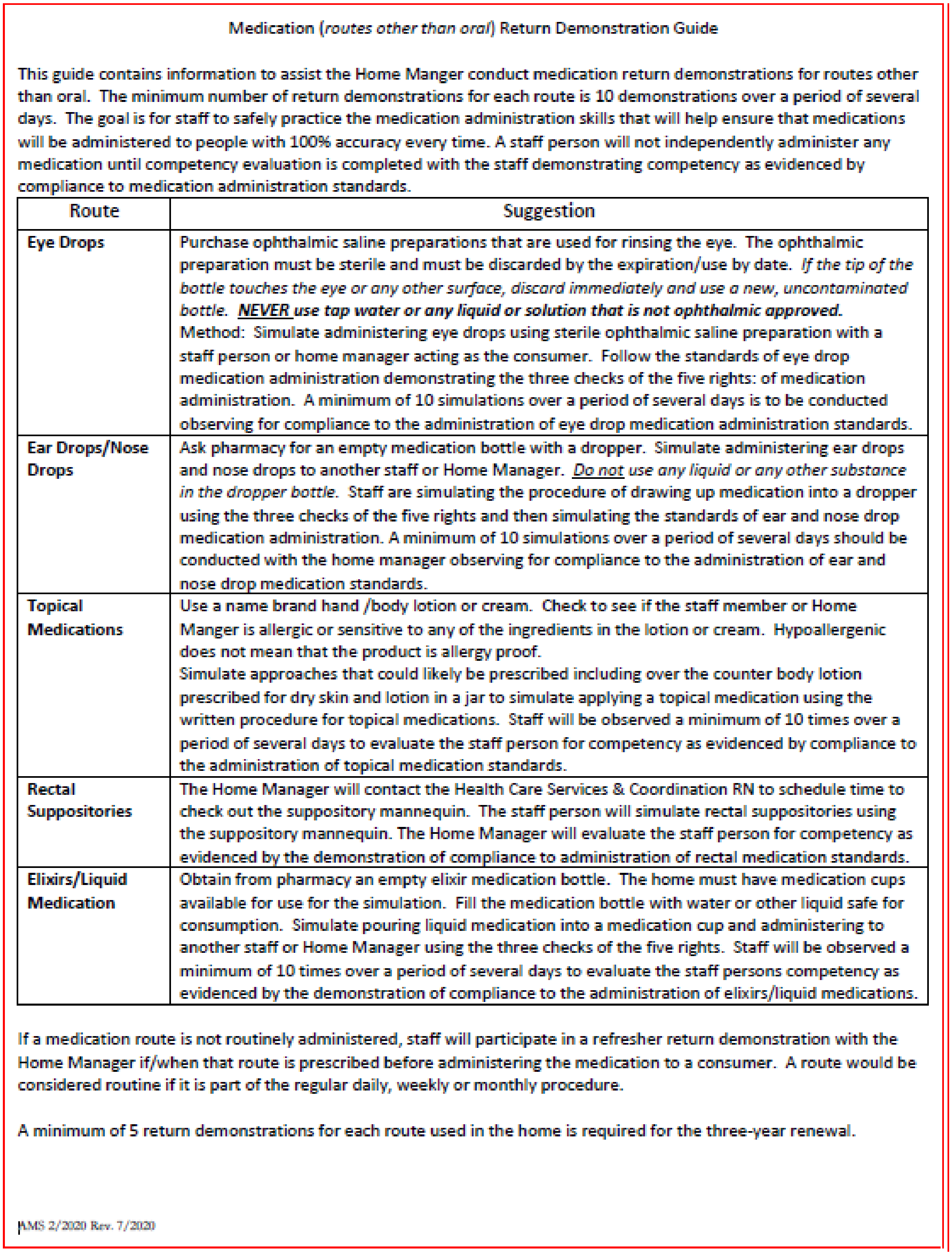
Procedure:

ACTION	RESPONSIBILITY
SCCMHA Home Manager Vital Sign and Medication Competency Evaluation scheduled is completed and turned into SCCMHA CEU	SCCMHA Nurse-Health Care Services & Coordination
SCCMHA CEU adds Home Manager Vital Sign and Medication Competency Evaluation schedule to the training calendar	Continuing Education Specialist
Identification of new Home Manager is provided to Continuing Education Unit	Specialized or General Licensed Residential Facility
Request for Home Manager Vital Sign and Medication Competency Evaluation	Specialized or General Licensed Residential Facility
Verification of Basic Health and Basic Medication training completion & passed.	Continuing Education Specialist
If Basic Health and Basic Medication is not confirmed: registration and completion of Basic Health and Basic	Continuing Education Specialist Specialized or General Licensed Residential Home Manager

Medication or Medication Renewal training.	
Basic Health and Basic Medication or Medication Renewal training completed and passed.	Specialized or General Licensed Residential Home Manager SCCMHA Trainer
Once confirmation of Basic Health and Basic Medication training, SCCMHA Nurse-Health Care Services & Coordination is notified of Home Manager Vital Sign and Medication Competency Evaluation request	Specialized or General Licensed Residential Home Manager Continuing Education Specialist
Home Manager Vital Sign and Medication Competency Evaluation is scheduled	Continuing Education Specialist
Home Manager Vital Sign and Medication Competency Evaluation is completed using the SCCMHA Medication and Vital Signs Competency Evaluation Form. Upon successful completion of Home Manager Vital Sign and Medication Competency Evaluation, the home manager will be considered qualified to evaluate the group home staff they supervise. The purpose for competency evaluation of direct care staff will be clearly communicated to all Home Managers. Ensuring competency evaluation of Specialized or General Licensed Residential Home Manager's provides them with the skills necessary to competently evaluate the group home staff under their supervision.	SCCMHA Nurse-Health Care Services & Coordination
Signed and dated SCCMHA Medication and Vital Signs Competency Evaluation Forms are distributed to Home Manager and Continuing Education Unit	SCCMHA Nurse-Health Care Services & Coordination
Documentation of completed Home Manager Vital Sign and Medication Competency Evaluation within the Sentri system (identified as: *Home Manager*	Continuing Education Specialist or Typist

Vital Sign and Medication Competency Evaluation) within 30 days of completion	
Suppository Mannequin Check Out SCCMHA Nurses hold the suppository mannequins. Specialized or Licensed Residential Home Manager will request a suppository mannequin through a check-out system by contacting the designated SCCMHA Nurse-Health Care Services & Coordination either at *A.)* the conclusion of Home Manager Vital Sign and Medication Competency Evaluation or *B.)* at the time of their choosing by contacting a SCCMHA nurse	Specialized or Licensed Residential Home Manager SCCMHA Nurse-Health Care Services & Coordination
3-year Medication renewal requirement. Including Home Manager Vital Sign and Medication Competency Evaluation.	Specialized or Licensed Residential Home Manager/Facility
Reviews to assure each staff has the completed competency evaluation according to this procedure	SCCMHA Provider Network Auditing Team.

Exhibit A



Medication (*routes other than oral*) Return Demonstration Guide

This guide contains information to assist the Home Manger conduct medication return demonstrations for routes other than oral. The minimum number of return demonstrations for each route is 10 demonstrations over a period of several days. The goal is for staff to safely practice the medication administration skills that will help ensure that medications will be administered to people with 100% accuracy every time. A staff person will not independently administer any medication until competency evaluation is completed with the staff demonstrating competency as evidenced by compliance to medication administration standards.

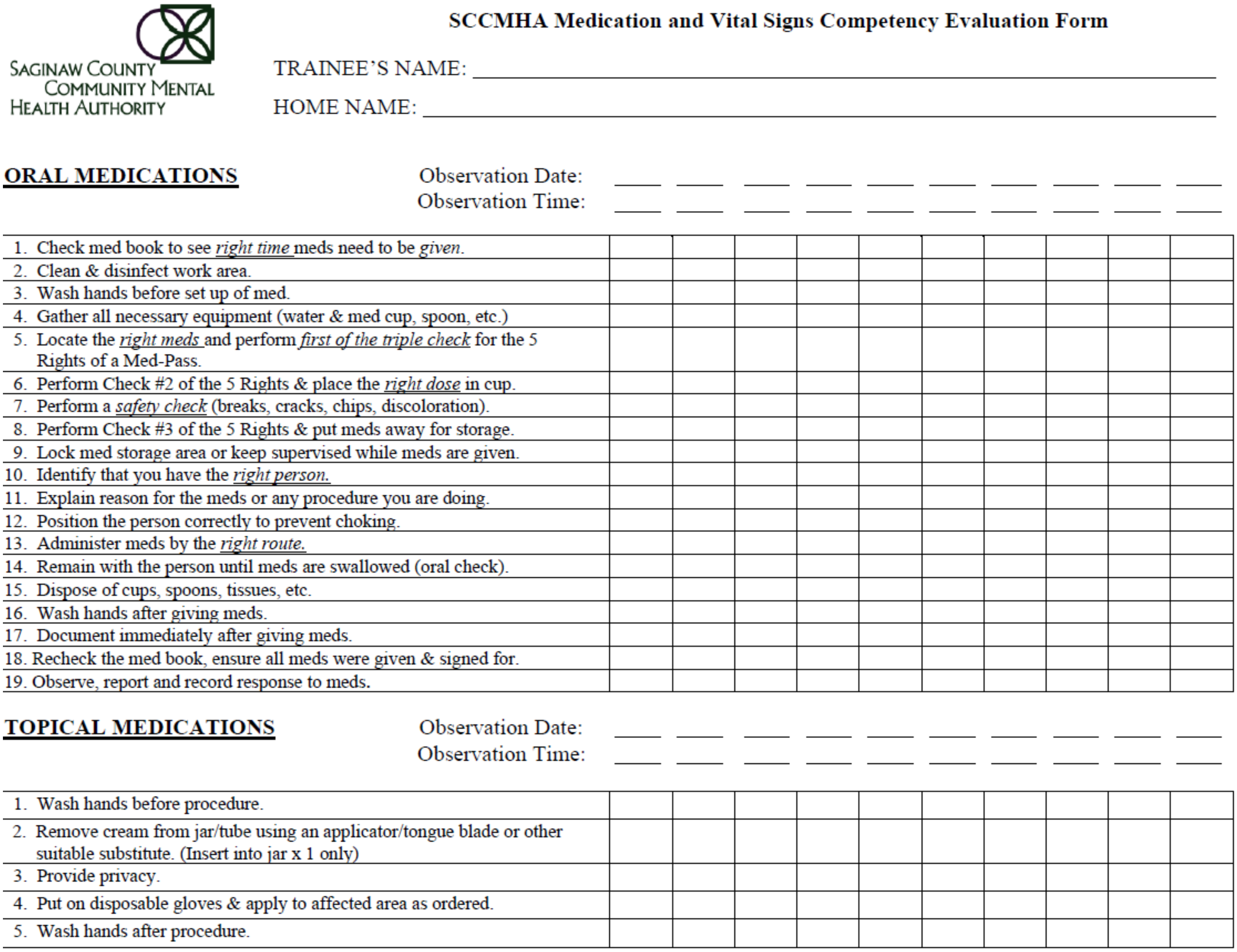
Route	Suggestion
Eye Drops	Purchase ophthalmic saline preparations that are used for rinsing the eye. The ophthalmic preparation must be sterile and must be discarded by the expiration/use by date. *If the tip of the bottle touches the eye or any other surface, discard immediately and use a new, uncontaminated bottle.* ***NEVER use tap water or any liquid or solution that is not ophthalmic approved.*** Method: Simulate administering eye drops using sterile ophthalmic saline preparation with a staff person or home manager acting as the consumer. Follow the standards of eye drop medication administration demonstrating the three checks of the five rights: of medication administration. A minimum of 10 simulations over a period of several days is to be conducted observing for compliance to the administration of eye drop medication administration standards.
Ear Drops/Nose Drops	Ask pharmacy for an empty medication bottle with a dropper. Simulate administering ear drops and nose drops to another staff or Home Manager. *Do not use any liquid or any other substance in the dropper bottle.* Staff are simulating the procedure of drawing up medication into a dropper using the three checks of the five rights and then simulating the standards of ear and nose drop medication administration. A minimum of 10 simulations over a period of several days should be conducted with the home manager observing for compliance to the administration of ear and nose drop medication standards.
Topical Medications	Use a name brand hand /body lotion or cream. Check to see if the staff member or Home Manger is allergic or sensitive to any of the ingredients in the lotion or cream. Hypoallergenic does not mean that the product is allergy proof. Simulate approaches that could likely be prescribed including over the counter body lotion prescribed for dry skin and lotion in a jar to simulate applying a topical medication using the written procedure for topical medications. Staff will be observed a minimum of 10 times over a period of several days to evaluate the staff person for competency as evidenced by compliance to the administration of topical medication standards.
Rectal Suppositories	The Home Manager will contact the Health Care Services & Coordination RN to schedule time to check out the suppository mannequin. The staff person will simulate rectal suppositories using the suppository mannequin. The Home Manager will evaluate the staff person for competency as evidenced by the demonstration of compliance to administration of rectal medication standards.
Elixirs/Liquid Medication	Obtain from pharmacy an empty elixir medication bottle. The home must have medication cups available for use for the simulation. Fill the medication bottle with water or other liquid safe for consumption. Simulate pouring liquid medication into a medication cup and administering to another staff or Home Manager using the three checks of the five rights. Staff will be observed a minimum of 10 times over a period of several days to evaluate the staff persons competency as evidenced by the demonstration of compliance to the administration of elixirs/liquid medications.

If a medication route is not routinely administered, staff will participate in a refresher return demonstration with the Home Manager if/when that route is prescribed before administering the medication to a consumer. A route would be considered routine if it is part of the regular daily, weekly or monthly procedure.

A minimum of 5 return demonstrations for each route used in the home is required for the three-year renewal.

AMS 2/2020 Rev. 7/2020

Exhibit B



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

SCCMHA Medication and Vital Signs Competency Evaluation Form

TRAINEE'S NAME: ______________________________

HOME NAME: ______________________________

ORAL MEDICATIONS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Check med book to see *right time* meds need to be *given*.										
2. Clean & disinfect work area.										
3. Wash hands before set up of med.										
4. Gather all necessary equipment (water & med cup, spoon, etc.)										
5. Locate the *right meds* and perform *first of the triple check* for the 5 Rights of a Med-Pass.										
6. Perform Check #2 of the 5 Rights & place the *right dose* in cup.										
7. Perform a *safety check* (breaks, cracks, chips, discoloration).										
8. Perform Check #3 of the 5 Rights & put meds away for storage.										
9. Lock med storage area or keep supervised while meds are given.										
10. Identify that you have the *right person.*										
11. Explain reason for the meds or any procedure you are doing.										
12. Position the person correctly to prevent choking.										
13. Administer meds by the *right route.*										
14. Remain with the person until meds are swallowed (oral check).										
15. Dispose of cups, spoons, tissues, etc.										
16. Wash hands after giving meds.										
17. Document immediately after giving meds.										
18. Recheck the med book, ensure all meds were given & signed for.										
19. Observe, report and record response to meds.										

TOPICAL MEDICATIONS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands before procedure.										
2. Remove cream from jar/tube using an applicator/tongue blade or other suitable substitute. (Insert into jar x 1 only)										
3. Provide privacy.										
4. Put on disposable gloves & apply to affected area as ordered.										
5. Wash hands after procedure.										

NOSE DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands and provide privacy before procedure.										
2. Instruct consumer to gently blow their nose to clear nasal passage.										
3. Position consumer w/head tilted back, provide tissue for drainage										
4. **Put on gloves**. Draw medicine into dropper, checking dropper for chips/cracks.										
5. Avoid touching dropper against nostrils or any other surface.										
6. Administer correct amount of drop(s) in correct nostril(s).										
7. Replace dropper and secure it.										
8. Encourage consumer to remain in this position for a few minutes.										
9. Wash hands after procedure.										

EAR DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands and provide privacy before procedure.										
2. Shake medication if indicated on directions.										
3. Position consumer w/affected ear up.										
4. **Put on gloves.** Draw medicine into dropper.										
5. Avoid touching the dropper against ear or any other surface.										
6. Pull affected ear up & back to allow drops to run into ear canal.										
7. Administer correct amount of drop(s) into correct ear(s).										
8. Replace dropper & secure it.										
9. May place cotton to ensure medicine does not drain out, remove it within 15 minutes.										
10. Keep head tilted for a few minutes.										
11. Wash hands after procedure.										

EYE DROPS

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Wash hands, provide privacy & apply disposable gloves before procedure.										
2. Have consumer tilt head back, stabilize head for safety.										
3. Provide 2 tissues, one for each eye to avoid contamination.										
4. Caution against rubbing eye, pat excess drainage w/tissue.										
5. Draw medicine into the dropper.										
6. With index finger, pull lower lid down to form a pocket.										
7. Place dropper as close to eye as possible without touching it or any other surface, prevent back flow or medicine into bulb.										
8. Administer one-drop at a time into the "pocket" of lid. (Never directly on the eyeball.) Allow the consumer to blink between drops to avoid overfilling the pocket". Overfilling causes the medication to run out and the consumer doesn't receive benefit of the full dosage.										
9. Replace dropper and secure it.										
10. Remove gloves and wash hands.										

**Same technique for eye ointments. Be certain to squeeze a small "ribbon" to the edge of the eye lid, starting at the inner corner and working to the outer corner.*

ELIXERS (LIQUID MEDICATIONS)

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Place cap on counter upside down to avoid contamination.										
2. Pour medicine away from the label, place label in your palm.										
3. Pour medicine at eye level and double check on flat surface. (i.e.) Place cup on counter top to re-read measurement.										
4. If measuring less than 5 ccs, use a syringe. Never insert syringe into the bottle.										

RECTAL SUPPOSITORIES

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ___
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ___

1. Remove suppository from storage, gather equipment, gloves and water soluble lubricant. (i.e.) K-Y jelly.										
2. Wash hands.										
3. Provide privacy (close curtains/doors) and adequate lighting.										
4. Explain procedure.										
5. Instruct/assist person to remove undergarments, lie on left side with right leg bent toward stomach. Be certain to expose only the area required. Cover upper and lower body as needed.										
6. Apply disposable gloves.										
Check wrapper for expiration date prior to removing suppository from wrapper, lubricate your finger & rectal opening.										
8. Lift upper buttock to expose rectal opening.										
9. Insert suppository w/finger past the anal sphincter 1-inch.										
10.Hold buttocks together for a few minutes to avoid expulsion.										
11. Instruct person to remain lying down for 10-15 minutes.										
12. Remove gloves and wash your hands.										

**For vaginal, use same procedure but position lying on back with knees bent, identify vaginal opening, insert 2 inches.*

RETURN DEMONSTRATION

Observation Date: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____
Observation Time: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

1. Demonstrates minimal competency at this time.										
2. Need to observe procedure in the work setting-then may pass medications with supervision prior to independent med-pass.										
3. Need to repeat medication class & return demo.										

RETURN DEMONSTRATION COMPLETE

Trainee Signature Date Completed

Home Manager Date Completed

Please attach comments on an additional sheet if necessary Rev. 6.18.20 CC

Exhibit C

Vital Sign Competency Evaluation - Counting & Recording Respirations

Name: ______________________________ **Date:** ______________________

Skill-Counts and Records Respirations	(Check One) Yes	No
1. Counts respirations with individual unaware that breathing rate is being counted.		
2. Counts the rise (inspiration) and fall (expiration) of the chest to equal one breath.		
3. Identifies for the evaluator method of choice used for counting respirations.		
Selects one of the following methods:	▨	▨
a. Counts respirations x 1 full minute.		
b. Counts respiration x 30 seconds and multiplies by 2.		
c. Identifies if respiration is regular, rapid, or shallow.		
d. Records respiratory rate within plus or minus within 2 breaths of evaluator's reading.		

The evaluator notes the candidate's demonstration of overall competency with compliance to the standard.

Standard Met ________ Standard Not Met ________

Comments:

Evaluators Signature:____________________________ Date:______________

Candidate Signature:____________________________ Date:______________

Vital Sign Competency Evaluation - Measure and Record Manual Blood

Name: ______________________________ **Date:** ______________________

Skill: Demonstrates Ability to Measure and Record Manual Blood Pressure	(Check One) **Yes**	**No**
1. Explains procedure, speaking clearly, slowly, and directly, maintaining face-to-face contact.		
2. Before use wipes stethoscope, ear pieces and bell/diaphragm, with alcohol pad.		
3. Positions individual appropriately:	▨	▨
a. Seated, back supported, feet flat on the floor, with no crossing of legs/ankles.		
b. Positions individuals arm with palm up and upper arm exposed-does not attempt to		
c. Reminds individual "no talking please" during procedure.		
4. Places cuff smoothly and snugly on individual's upper arm, at level of the heart, with		
5. Feels for or palpates and locates brachial artery on inner aspect of the arm at bend of elbow.		
6. Places stethoscope ear pieces in ears correctly-angled forward.		
7. Places stethoscope diaphragm/bell over palpated brachial artery site.		
8. Can easily visualize dial of cuff.		
9. Candidate inflates cuff between 160 mmHg to 180 mmHg. If beat is heard, immediately		
a. Waits 1 minute between measurements if needed.		
10. Inflates cuff quickly to no more than 200 mmHg.		
11. Deflates cuff slowly with a steady rate of about 2-3 mmHg/second. Notes the first sound		
12. Removes cuff.		
13. Records blood pressure appropriately. If rounding of number heard is needed, rounds up to		
14. Blood pressure is within, plus or minus 8 mmHg of evaluators reading.		

The evaluator notes the candidate's demonstration of overall competency with compliance to the standard.

Standard Met ________ Standard Not Met ________

Comments:

Evaluators Signature:____________________________ Date:______________

Candidate Signature:____________________________ Date:______________

Vital Sign Competency Evaluation - Counting & Recording Radial Pulse

Name: ______________________________ Date: ______________________

(Check One)

Skill: Counts and Records Radial Pulse	Yes	No
1. Explains procedure, speaks clearly, slowly and directly to the individual.		
2. Places fingertips on thumb side of the individual's wrist to locate the radial pulse.		
3. Identifies the pulse.		
4. Identifies for the evaluator method of choice for counting pulse.		
a. Counts beats x 1 full minute.		
b. Counts beats x 30 seconds and multiplies by 2.		
c. Counts beats x 15 seconds and multiplies by 4.		
d. Records pulse rate within plus or minus within 4 beats of evaluator's reading.		
e. Identifies if pulse is regular or irregular.		

The evaluator notes the candidate's demonstration of overall competency with compliance to the standard.

Standard Met ________ Standard Not Met ________

Comments:

Evaluators Signature:____________________________ Date:______________

Candidate Signature:____________________________ Date:______________

Clinical Services Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Consumer Clinical Team Orientation	**Chapter**: 09.06.00 – Clinical Services	**Subject No**: 09.06.00.12
Clinical Services		
Effective Date: 6/18/13	**Date of Review/Revision**: 7/21/16, 3/9/17, 3/1/18, 3/20/19, 2/10/20, 3/17/21, 11/8/21	**Approved By**: Kristie Wolbert, Executive Director of Clinical Services
	Supersedes:	
		Authored By: Linda Santino **Reviewed By**: Clinical Directors

Purpose:

To establish the expectation that all individuals served by SCCMHA receive an orientation to the treatment team, that this orientation is provided in a timely manner, and is presented in a manner that is understandable to the persons served.

Application:

All Primary Treatment Teams (SCCMHA and Network Providers) providing services to individuals receiving services through SCCMHA.

Policy:

It is the policy of SCCMHA that all consumers will receive a formal orientation to their designated treatment team within 14 days of the intake appointment.

Standards:

- All consumers will receive an orientation to their treatment team within 14 days of their intake appointment.
- This orientation is provided by the Supervisor of the treatment team or a designee.
- The team orientation at a minimum will include information about the following:
    - Introduction to staff
    - Arrival/departure procedures
    - Availability of peer support/parent support services
    - Review of security procedures
    - Information regarding a crisis response team would be activated (if applicable)

  - Any limitation on cell phone usage within the facility
  - Weapons and drugs are prohibited
  - Location of restroom.
  - Evacuation plans
  - Location of exits, smoking areas, first aid kits, fire alarm and fire extinguishers
  - The availability and location of the pharmacy if applicable.
  - Parking
- This orientation does not replace any Consumer Orientation that each individual receives after being assigned to their primary support staff.

Definitions:
Team Orientation: An orientation to the treatment team that will be providing services to a new consumer of SCCMHA.

References:
CARF Behavioral Health Standards
Policy # 02.01.05 Consumer Orientation

Exhibits:
Exhibit A - Team Orientation Checklist
Exhibit B- Initial Orientation Checklist (Completed at CAI)

Procedure:

ACTION	RESPONSIBILITY
Each supervisor is responsible to assure that they have an adequate number of available orientation slots on their calendar to make it possible for Access staff to schedule an individual for an orientation within 14 days of intake.	Supervisors of Primary Team and when applicable, their designee.
Once a person has been determined eligible for services and has been assigned to a primary team, access staff schedule the orientation within the Supervisor (or designee) of that primary team.	Access Center Staff
The Supervisor (or designee) meets with the individual to welcome them and provide orientation to the team.	Assigned primary team supervisor
The orientation is documented utilizing the Team Orientation Check List	Assigned primary team supervisor
The check list is scanned into the consumer’s	Medical Records Staff

electronic medical record as proof that the orientation occurred as required.	

Exhibit A – Team Orientation Checklist (may be modified for each team or provider)

Team Orientation Checklist

Name:____________________________Case Number:________________________

Intake Date:________________________

Item				**Date Reviewed** (if other than Orientation)
Staff introduced	☐ **Yes**	☐ **No**		
Arrival/Departure procedure reviewed (includes hours of operation)	☐ **Yes**	☐ **No**		
Peer Support Specialist/Parent Support services discussed (if applicable)	☐ **Yes**	☐ **No**	☐**N/A**	
Security procedures reviewed (if applicable)	☐ **Yes**	☐ **No**	☐**N/A**	
Availability of Health & Wellness Center	☐ **Yes**	☐ **No**	☐**N/A**	
Weapons & drugs prohibition in facility reviewed	☐ **Yes**	☐ **No**		
Information regarding Crisis Intervention Services availability and how to access.	☐ **Yes**	☐ **No**		
Information regarding Mobile Response and Stabilization Services availability and how to access.	☐ **Yes**	☐ **No**		
Information regarding the activation and use of the site Crisis Response Team (if applicable)	☐ **Yes**	☐ **No**	☐**N/A**	
Trauma Screening Reviewed	☐ **Yes**	☐ **No**		
Cell phone use in facility limitation reviewed	☐ **Yes**	☐ **No**		
Location of Restroom	☐ **Yes**	☐ **No**		
Evacuation Plan Information	☐ **Yes**	☐ **No**		
Location of Exits	☐ **Yes**	☐ **No**		
Smoke Free Campus	☐ **Yes**	☐ **No**		
Location/process for First Aid	☐ **Yes**	☐ **No**		
Location/process for Fire Alarms & Extinguishers	☐ **Yes**	☐ **No**		
Location of Pharmacy (if applicable)	☐ **Yes**	☐ **No**	☐**N/A**	
Parking or Transportation reviewed	☐ **Yes**	☐ **No**		
Other:				

_______________________________________ ______________

Completed by: (print staff name) Signature and Credentials Date Completed

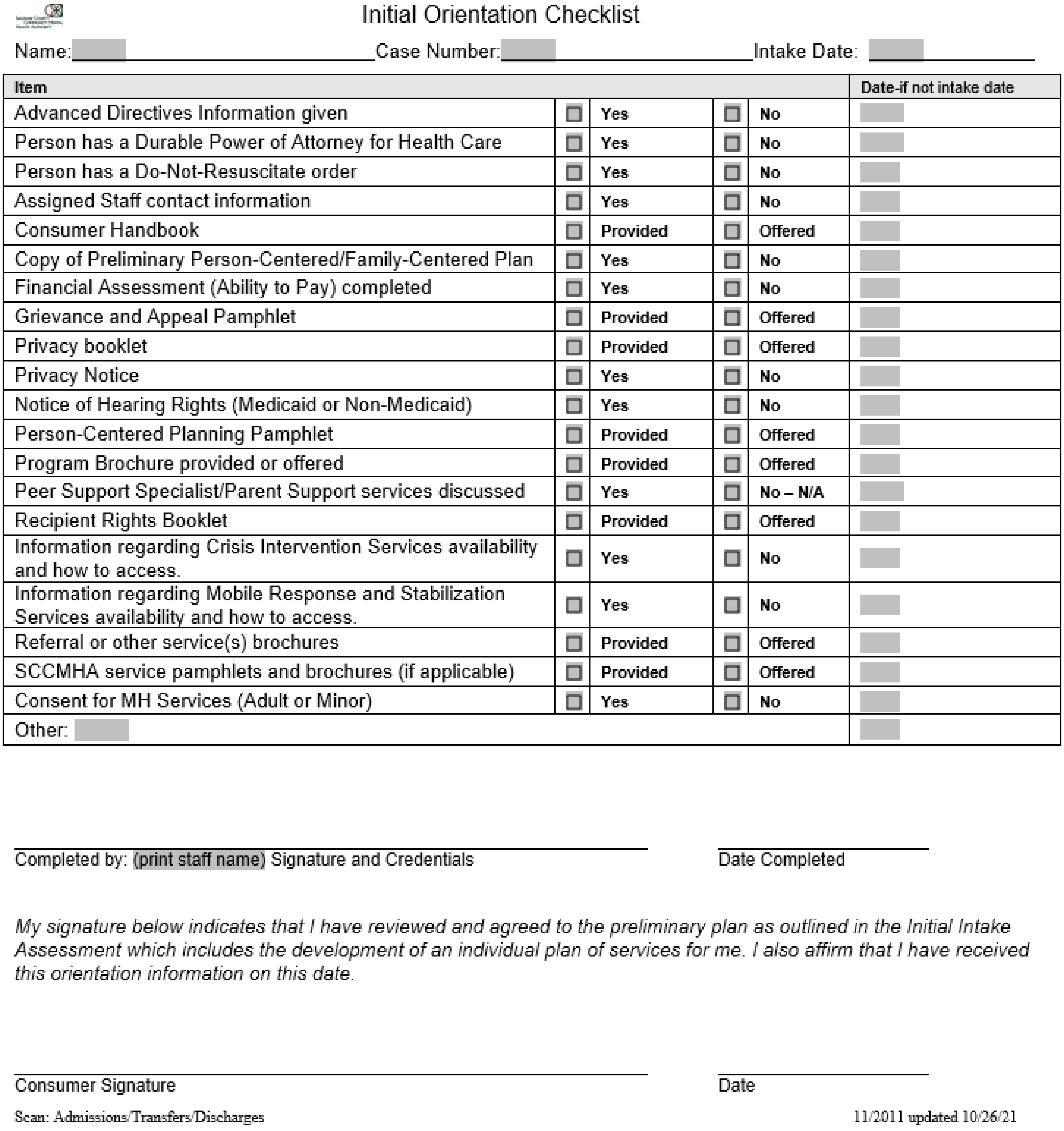
I affirm that I have received this orientation information on this date.

_______________________________________ ______________

Consumer Signature Date Completed

Scan: Admissions/Transfers/Discharges 11/11 updated 10/26/21

Exhibit B – Initial Orientation Checklist (completed at CAI)



Initial Orientation Checklist

Name:______________________ Case Number:__________________ Intake Date: ____________

Item			Date-if not intake date
Advanced Directives Information given	☐ Yes	☐ No	
Person has a Durable Power of Attorney for Health Care	☐ Yes	☐ No	
Person has a Do-Not-Resuscitate order	☐ Yes	☐ No	
Assigned Staff contact information	☐ Yes	☐ No	
Consumer Handbook	☐ Provided	☐ Offered	
Copy of Preliminary Person-Centered/Family-Centered Plan	☐ Yes	☐ No	
Financial Assessment (Ability to Pay) completed	☐ Yes	☐ No	
Grievance and Appeal Pamphlet	☐ Provided	☐ Offered	
Privacy booklet	☐ Provided	☐ Offered	
Privacy Notice	☐ Yes	☐ No	
Notice of Hearing Rights (Medicaid or Non-Medicaid)	☐ Yes	☐ No	
Person-Centered Planning Pamphlet	☐ Provided	☐ Offered	
Program Brochure provided or offered	☐ Provided	☐ Offered	
Peer Support Specialist/Parent Support services discussed	☐ Yes	☐ No – N/A	
Recipient Rights Booklet	☐ Provided	☐ Offered	
Information regarding Crisis Intervention Services availability and how to access.	☐ Yes	☐ No	
Information regarding Mobile Response and Stabilization Services availability and how to access.	☐ Yes	☐ No	
Referral or other service(s) brochures	☐ Provided	☐ Offered	
SCCMHA service pamphlets and brochures (if applicable)	☐ Provided	☐ Offered	
Consent for MH Services (Adult or Minor)	☐ Yes	☐ No	
Other:			

Completed by: (print staff name) Signature and Credentials ______________________ Date Completed ______________

My signature below indicates that I have reviewed and agreed to the preliminary plan as outlined in the Initial Intake Assessment which includes the development of an individual plan of services for me. I also affirm that I have received this orientation information on this date.

Consumer Signature ______________________ Date ______________

Scan: Admissions/Transfers/Discharges

11/2011 updated 10/26/21

Tab 8

Network
Services

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Competency Requirements for the SCCMHA Provider Network</td><td>Chapter: 02 - Customer Services & Recipient Rights</td><td>Subject No: 05.06.03</td></tr>
<tr><td rowspan="2">Effective Date:
1/1/03</td><td>Date of Review/Revision:
9/19/03, 8/11/05, 5/3/06, 8/15/06, 1/07, 6/29/07, 7/30/07, 1/10/08, 6/25/09, 6/22/11, 6/20/12, 6/5/14, 5/2/16, 8/12/16, 6/1/17, 6/1/18, 3/19/18, 6/11/19, 6/1/20, 6/21/21, 7/23/21, 10/25/21</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

Responsible Director:
Director of Network Services, Public Policy & Continuing Education

Authored By:
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Additional Reviewers:
Credentialing Committee</td></tr>
<tr><td>Supersedes:</td></tr>
<tr><td colspan="2">Saginaw County Community Mental Health Authority</td></tr>
</table>

Purpose:
The purpose of this policy is to:

- Ensure services are provided to consumers by individuals with appropriate, minimum levels of competency
- Specify network requirements for pre-employment screening to ensure the safety and well-being of individuals served
- Specify the qualifications and continuing education requirements for employees or contractors providing service to consumers to ensure competency
- Specify the credentialing and scope and requirements for service provider staff and contractors
- Outline the peer review process that provides guidelines for consistent network oversight of service providers and clinicians so that proper treatment and care of individuals occurs.
- Prevent or limit personal risk for consumers receiving service from Saginaw County Community Mental Health Authority (SCCMHA) programs and providers
- Minimize SCCMHA's clinical risk exposure and prevent related incidents

Policy:

It is the policy of SCCMHA that all persons providing care, treatment and support for individuals with disabilities served by the SCCMHA provider network will be properly credentialed, screened, orientated, trained, supervised, evaluated and disciplined as appropriate.

It is the policy of SCCMHA that staff members and service provider organizations must meet minimum standards for background checks and appropriate continuing education requirements.

It is the policy of SCCMHA that provider network members will have policies and/or procedures that ensure an acceptable code of conduct as well as skill, ability and competency of individuals involved in the care, treatment, and supervision of consumers.

NOTE: It is the policy of SCCMHA that initial and ongoing steps will be taken, as outlined in this policy, to ensure that across the SCCMHA network, all staff, including physicians, other licensed health professionals and direct care staff, are sufficiently qualified to perform their jobs. Steps will occur throughout pre-employment, initial employment and ongoing employment (or contract) periods, including but not limited to whenever staff job duties or performance levels change. Individuals engaged in the provision of services through Evidence-Based Practices as endorsed by SCCMHA will be individually privileged in those specific practices.

Application:

This policy applies to all provider network members and persons providing direct or indirect service to consumers and their families. While SCCMHA does not direct the personnel practices of contracting providers, the human resource policies of contractors must meet or exceed the requirements of this policy. Further detail may be located for employees in the human resource policies and procedures of SCCMHA.

It is expected that contractors will have written procedures, subject to audit by SCCMHA, that are directly applicable to these requirements, and that such will be summarized in each contractor’s current provider application on file with SCCMHA.

The SCCMHA standards pertaining to competency are grouped into the three sections: pre-employment (qualifications and screening), employment (continuing education and supervision), and specific credential requirements (clinicians and credentialing).

For consumers receiving services in bordering states, credentialing and recredentialing processes will ensure that network providers residing and providing services meet all applicable licensing and certification requirements within their state.

Standards:

A. Qualifications and Screening

1. Network organizations shall actively advertise and recruit for positions in venues likely to produce the desired qualifications and competencies of applicants.
2. SCCMHA and other network provider organizations are encouraged to engage higher education institutions in the recruitment of employees, students and volunteers.
3. Each employer, including SCCMHA, will verify credentials of position applicants, including proper licensure if required.

4. Each employer, including SCCMHA, will request a signed application or agreement from position candidates providing a complete work history and verifying that the individual’s application information is valid and truthful.
5. SCCMHA shall not discriminate against any practitioner solely on the basis of license, registration or certification; or specialization in the treatment of high-risk populations or conditions that require costly treatment.
6. SCCMHA and contractor provider employers will provide job candidates or those subject to re-credentialing with the option of stating reasons for any inability to perform essential job functions of the position, with or without accommodations.
7. Applicants will provide sufficient references who will be contacted **directly by the employing provider organization** to verify personal character, work experience and vocational related abilities.
8. Each employer, including SCCMHA, will conduct criminal background checks and perform other legally permissible and required, and applicant-consented, criminal record inquiries as part of the pre-employment consideration process prior to hire.
    a. Any criminal record will be evaluated by the potential employer to assure consumers are not placed in situations of risk due to the personal or moral character of the service providing individual.
    b. In all cases, SCCMHA and other providers will not hire or maintain employment of individuals who do not satisfactorily pass the minimum standards for background checks.
    c. SCCMHA recommends and supports provider standards whenever appropriate beyond the legal minimum to assist in assuring consumer safety and service risk reduction.
    d. Effective October 1, 2015, re-checks of CBC must be conducted every two years for all individuals who have roles of providing direct services for consumers.
    e. **Residential Providers** who are required to complete fingerprinting as part of their licensing requirements do not need to complete background checks every two years as the fingerprinting has a “rapback” process that will notify providers of any concerns noted for employees working for them.
9. All staff working with Children are required to have a Michigan Department of Health and Human Services (MDHHS) central registry check prior to hire.
10. Letters or offers of hire will be contingent upon successful pre-employment verifications.
11. Each employer, including SCCMHA, will verify any recipient rights history of the job candidate.
    a. This verification shall include a check with the recipient rights office of any county the potential employee may have worked prior to hire by employer.
    b. A history of substantiated rights violations or themes of allegations not substantiated that raise cautions about client safety and well-

being for any employment candidates are expected to be considered a significant barrier for employment.

12. All roles providing service to consumers will be described in job descriptions of SCCMHA or the contracting network provider.
    a. Individual contractors will have role descriptions included in the scope of work section of contract agreements.
13. Candidates for positions or contracts will be qualified against requirements and duties contained in job descriptions or scope of contract work for individual practitioners.
14. Network organizations are encouraged to continue to develop and refine methods of screening candidates that will assist to improve the assurance of the ethical, good moral character of individuals hired in service provision roles.
15. SCCMHA and contracting organizations will initially and on an ongoing monthly basis, be checking for debarment, suspension or excluded status of Medicare or Medicaid participation of any employee, workforce member/staff, director, or officer associated with SCCMHA, including contractors; such status is prohibited for SCCMHA by federal requirements.
    a. SCCMHA shall review each organization's credentialing policies and procedures as part of its provider auditing function.
    b. SCCMHA shall review each organization's personnel files as part of its provider auditing function to assure compliance with credentialing and re-credentialing standards.
    c. All providers receiving funding from SCCMHA, including residential, community living supports and respite, must minimally complete monthly sanction checks for List of Excluded Individuals and Entities (LEIE) Search the Exclusions Database | Office of Inspector General (hhs.gov), System Award Management (SAM) database SAM.gov and the State of Michigan Sanction list MDHHS - List of Sanctioned Providers (michigan.gov).
16. Direct or primary source verification is required for all positions with a Bachelor's degree or above; for high school or GED required positions, SCCMHA recommends that the employer obtain some written proof of academic achievement.
    a. Primary source verification for positions that require a license, state certification or state registration to practice independently shall be conducted in accordance with MDHHS policy (Reference C) and as delineated in Standard C below.
17. SCCMHA and other network provider employers will adhere to their specific policies regarding a drug free workplace, including pre-employment declaration, as well as standards of work conduct regarding being under the influence of illegal drugs or alcohol.
18. **All applicable providers must obtain, actively maintain, and provide to SCCMHA, all necessary staff and organizational NPI (National Provider Identifier) numbers for all rendering of services, as well as proper state enrollment in Medicaid, through the Community Health**

Automated Medicaid Processing System (CHAMPS), in order for SCCMHA to pay claims. (Claims are submitted at the provider's actual cost amount and paid according to contract terms and rates.)

Background Checks in Licensed Residential Settings

The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members. Effective April 1, 2006, all new hires - and existing employees (or contractors if applicable) as soon as the system allows - must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.

B. Continuing Education and Supervision

1. Except for licensed independent practitioners who are directly under contract with SCCMHA or subcontract with an SCCMHA contracted service provider, there will be a designated clinical or services supervisor for each person in a treatment, service or care giving role.
2. Clinical and direct care staff will receive adequate orientation and specific service plan education prior to working independently with consumers.
3. Supervisors will conduct monitoring of staff performance, with close monitoring to occur during initial employment or at any time when a performance improvement in indicated.
4. Supervisors are responsible to oversee proper orientation and ongoing performance of individuals.
5. Routine performance evaluations will be conducted and documented by supervisors for persons serving consumers, on an annual basis at minimum.
    a. Documentation should be more frequent whenever indicated or appropriate to address any performance problems.
6. Supervisors are responsible to monitor consumer care provision by staff and to intervene whenever there is cause for concern about the safety or welfare of consumers.
7. Staff development is considered a continuous process.
    a. Any areas requiring correction must be specified in an individual's written performance evaluation and improvement plan.
    b. Staff should be given verbal and written supervisory feedback at any time whenever appropriate, including individually as well as through staff meetings or in-services.
8. Supervisors are expected to respond promptly, assertively, thoroughly, and progressively to performance issues of personnel.
9. SCCMHA will provide continuing education through an established schedule published for network members.
    a. SCCMHA sponsored programs will assist providers in meeting minimum requirements by program type and will offer continuing education credits whenever possible.

    b. SCCMHA will also share external opportunity information with providers as appropriate.

10. Providers are responsible to meet minimum continuing education expectations of SCCMHA and any personnel competency requirements for specific program licensure and/or accreditation.
11. Any staff that is not fully licensed or does not have the appropriate credentials to provide services in accordance with Michigan Medicaid Manual or other licensing body will be required as part of their credentialing process to document who will provide supervision of the staff person until full licensure or credentialing is obtained. Until such credentials or full licensure is obtained an appropriately credentialed or licensed individual will oversee and co-sign documents.
12. Whenever a staff member is alleged of suspected physical or sexual abuse of a consumer, SCCMHA will request that the individual be immediately removed from consumer contact, according to the provider's procedures, pending an Office of Recipient Rights investigation.
    a. The SCCMHA Office of Recipient Rights will provide verbal clearance as soon as possible for the person to return to consumer duties if the claim is found to be unsubstantiated.
13. Supervisors are expected to review and appropriately and promptly address any negative patterns of performance non-compliance for individuals or sites, such as through the review of incident reports or employee disciplines.
14. Provider programs must ensure a review of any critical incidents or sentinel events according to their respective policies;
    a. SCCMHA reserves the right to request provider summary information of such reviews.
15. Providers are responsible to ensure minimum levels of staffing to meet consumer needs and SCCMHA requirements, such as in adult foster care licensed settings.
    a. Staffing levels should always be commensurate with the person-centered plan(s) and services being provided or purchased by SCCMHA.
16. Paraprofessional staff that provide independent direct services for consumers, such as home-based assistants or peer support specialists, must have counter signatures from professional staff members on service documentation.
17. Independent contractors who provide service associated with direct operated programs will be assessed annually, as appropriate, to meet accreditation or other requirements.
    a. Such assessment will include SCCMHA policy compliance as well as any other relevant standards.

C. Credentialing and Re-credentialing of Professional Staff

1. Credentialing shall include the direct or primary source verification of licensure and/or education.
    a. Primary source verification of credentials shall include:
        1). Licensure or certification within 365 days of signature

        2). Board Certification, or highest level of credentials attained if applicable, or completion of any required internships/residency programs, or other postgraduate training within 180 days of credentialing decision.
        3). Documentation or graduation from an accredited school
        4). National Practitioner Databank (NPDB)/Healthcare Integrity and Protection Databank (HIPDB) query or, in lieu of the NPDB/HIPDB query, all of the following must be verified within 180 days of credentialing decision:
            a. Minimum five-year history of professional liability claims resulting in a judgment or settlement.
            b. Disciplinary status with regulatory board or agency
            c. Medicare/Medicaid sanctions

        NOTE: Physician profile information obtained from the American Medical Association or American Osteopathic Association may be used to satisfy the primary source requirements

2. Re-credentialing shall be conducted on each provider every two years at a minimum and include the following:
    a. Updated information obtained since initial credentialing was conducted
    b. Sanctions, complaints, and quality issues and interventions if appropriate, pertaining to the provider including:
        1). Any loss of licensure since last credentialing cycle.
        2). Medicare/Medicaid sanctions
        3). State sanctions or limitations on licensure, registration or certification
        4). Consumer concerns which include grievances (complaints) and appeals information
        5). SCCMHA quality /auditing issues
3. Licensure checks will be completed every year (two years as part of the re-credentialing process and the non recredentialing year) to assure no sanctions have been noted by Licensing and Regulatory Affairs (LARA) and to assure the license is still active.
4. Credentialing and re-credentialing shall be conducted and documented for the following health care professionals:
    a. Physicians (M.D.s and D.O.s)
    b. Physician's Assistants
    c. Psychologists (Licensed, Limited License, and Temporary License)
    d. Licensed Master's Social Workers, Licensed Bachelor's Social Workers, Limited License Social Workers, and Registered Social Service Technicians
    e. Licensed Professional Counselors
    f. Nurse Practitioners, Registered Nurses, and Licensed Practical Nurses
    g. Occupational Therapists and Occupational Therapist Assistants
    h. Physical Therapists and Physical Therapist Assistants

    i. Speech Pathologists
    j. Any other independent behavioral health professional under contract with or employed by SCCMHA

5. In the SCCMHA network, individuals with an LP (Licensed Psychologist), LLP (Limited Licensed Psychologist), or MSW (Master of Social Work) and LMSW (Licensed Master's Social Worker) or LPC/LLPC (Licensed Professional Counselor or Limited Licensed Professional Counselor) only may provide the services of therapy or counseling, unless otherwise specified in writing by SCCMHA.
    a. Persons without proper licensure may not provide therapy, and those without completion of full licensure in these professions may provide therapy only temporarily, and only under the direct, documented supervision of an appropriately licensed professional upon written agreement of SCCMHA.
    b. Board certified or eligible psychiatrists may also provide therapy.
    c. Students can offer services under the NPI of their supervisor.
6. Some positions may require by funding a CMHP (Child Mental Health Professional), QBHP (Qualified Behavioral Health Professional), QIDP (Qualified Intellectual Disability Professional, or QMHO (Qualified Mental Health Professional) and/or SATP (Substance Abuse Treatment Practitioner) or SATS (Substance Abuse Treatment Specialist), or other requirements of MDHHS and/or SCCMHA, and such will be noted in the job description when applicable.
7. Case Managers must have a Bachelor's Degree and/or meet the current state Medicaid requirements for academic backgrounds, and obtain the appropriate social work licensure at the level allowed by academic background.
8. Individuals with credentials required by job description must maintain such status without any lapse.
    a. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately.
    b. All employers, including SCCMHA, will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.
9. SCCMHA and other provider network organizations must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.
    a. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.
10. SCCMHA reserves the right to verify proof of credentials, reference checks, criminal background checks, OIG (Office of Inspector General) checks or other human resource documents as referenced in this policy or the related human resource policies of the network organization where applicable

through the SCCMHA audit process, including for any subcontracted personnel and through direct verification methods.

11. Re-credentialing will occur annually for contracting providers, psychiatrists and SCCMHA professional employees.
12. SCCMHA will ensure that credentialing and re-credentialing processes will not discriminate against a health care professional solely on the basis of license or certification, and SCCMHA will further ensure nondiscrimination for any health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.
13. Whenever SCCMHA or a contractor of SCCMHA delegates to another entity any of the responsibilities of credentialing or re-credentialing or selection of providers, SCCMHA will retain the right to approve the credentialing decision or to require discontinuance of services by the provider or individual who could not meet SCCMHA credentialing standards.
    a. Contractors will meet all requirements associated with the delegation of PIHP functions by SCCMHA.
    b. SCCMHA is responsible for oversight regarding delegated credentialing or re-credentialing decisions.

D. Peer Review Process

1. The SCCMHA Credentialing Committee shall provide oversight of the credentialing and re-credentialing process including:
    a. Development and update of credentialing criteria as needed, consistent with federal, State and SCCMHA requirements as well as applicable professional standards.
    b. Review and final decision-making for appeals of adverse credentialing decisions
    c. Ensuring adherence to timely appeal standards for adverse credentialing decisions.
    d. Development and monitoring of adherence to established timelines for the credentialing process.
    e. Determining, as needed, the utilization of participating providers to ensure all relevant information is incorporated in credentialing/re-credentialing decisions,
    f. Ensuing contracted providers implement and adhere to the credentialing, and re-credentialing process, including approval, suspension, or termination contracted providers.
    g. Granting temporary or provisional credentials based upon a specific community/consumer need.
2. The Credentialing Committee is chaired by the SCCMHA Medical Director. The Credentialing Committee Chair is responsible for ensuring that thoughtful consideration is given to all applications presented to the Committee. As the chairperson, the SCCMHA Medical Director reviews and approves all independent practitioner files that have been deemed "clean".

3. The SCCMHA Credentialing Committee membership is comprised of members of the SCCMHA Leadership Team including the Director of Network Services, Public Policy & Continuing Education, Director of Human Resources as well as the SCCMHA Compliance Officer, and Supervisor of Provider Network Auditing. Consultants to the committee include: the Director of Care Management & Quality Systems, Executive Director of Clinical Services, and Director of Contracts & Procurement. The Committee also includes two (2) participating network practitioners who have no other role in SCCMHA's management activities. The participating network practitioners must be reflective of the practitioners with whom SCCMHA directly contracts or employs. SCCMHA aims to capture a variety of perspectives and experience.
4. The Committee reviews any recommendation to suspend or terminate participation in the SCCMHA Provider Network based on adverse events or ongoing significant concerns. Examples of adverse events/concerns that may lead to a recommendation for suspension or termination include but are not limited to:
    a. Immediate consumer safety concerns
    b. Substantiated recipient rights violations
    c. Unresolved quality/compliance concerns
    d. Inability to effectively and appropriately staff cases
    e. Failure to meet minimum quality standards as defined by the provider's SCCMHA contract
    f. Medicaid/Medicare sanctions
    g. Limitations or sanctions on state licensure, certification, or registration
5. Following each review, providers are notified of the Credentialing Committee's decision within sixty (60) calendar days of the Committee's meeting date in writing. Notifications are sent for both initial and recredentialing reviews and specify the duration of the credentialing period. Providers that fail to meet standards for credentialing or recredentialing are provided with information related to the factors for which they were found to be deficient. When possible, information regarding steps needed to remedy deficiencies will be provided in the notification letter. The letter will also contain a summary of the appeal rights and process to appeal negative decisions.

E. Provider Appeal Process

1. Providers have thirty (30) calendar days from the date of a negative decision to register an appeal. Appeals must be made by submitting the request, in writing, to the Chair of the SCCMHA Credentialing Committee. Providers who wish to request a hearing as part of the appeal process must include this request in the appeal letter. Appeals may be made regarding the denial of empaneling a prospective provider in the SCCMHA Provider Network or the termination of an existing provider or program from the network. Providers cannot appeal the length of an approved credentialing status. Appeals must include resolution of any

deficiencies identified during the credentialing/recredentialing process, as well as any relevant information related to the request for reconsideration of the credentialing/recredentialing decision.

2. Appeals will be reviewed by the SCCMHA CEO and a panel comprised of members of senior leadership as well as an independent consultant, none of whom are standing members of the SCCMHA Credentialing Committee. These individuals will have the requisite experience and/or training related to the practitioner or agency under consideration. The decision of the appeals panel is considered final and will be provided via written notification.
3. All appeal decisions shall be made within fourteen (14) business days and shall be communicated to the provider within three (3) business days of the decision. Existing network providers should reference their SCCMHA contract or SCCMHA staff personnel policies for additional remedies.

Definitions:

Good Moral Character is defined by Michigan statute (Act 381 of 1974, Section 338.41) as "the propensity on the part of the person to serve the public in the licensed area in a fair, honest and open manner."

Competency: Possessing the requisite or adequate abilities or qualities and as well as the capacity to appropriately function and respond in the provision of direct care, treatment or any covered services to individuals served by the SCCMHA system.

Credentialing: The process of receiving and verifying evidence that basic requirements are met.

Direct or Primary Source Verification: The verification of educational credentials with the educational institution attended and/or verification of licensure or certification with the state department from which it is issued by the employer or contracting organization.

References:

Internal

A. SCCMHA Human Resource Policies
B. SCCMHA Training Calendar (monthly)
C. SCCMHA Training Protocols (most current version)
D. SCCMHA Training Protocols Manual
E. SCCMHA Provider Credentialing Handbook located on SCCMHA Website
F. SCCMHA Policy 05.07.04 – Network Service Provider Appeals & Dispute Resolution
G. SCCMHA Procedure 09.04.03.01 – Credentialing of SCCMHA Providers & Staff
SCCMHA Procedure 09.04.03.15 – Privileging of Practitioners in Evidence-Based Practices

External

A. MDHHS Contract & Regional PIHP (MSHN)/CMHSP Contract
B. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Credentialing and Re-Credentialing Processes:

https://www.michigan.gov/documents/mdhhs/Credentialing_and_Recredentialing_Process_P-7-1-1_638453_7.pdf

C. Michigan Medicaid Provider Manual: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

D. MDHHS PIHP/CMHSP Provider Qualifications Per Medicaid Services & Codes (most current version)

E. CMS (Centers for Medicaid and Medicare Services) Office of Inspector General (OIG): Special Advisory Bulletin (hhs.gov)

F. Michigan Department of Health and Human Services (MDHHS) list of sanctioned providers MDHHS - List of Sanctioned Providers (michigan.gov)

Exhibits:

A. SCCMHA Minimum Training Requirements

B. Mid-State Health Network Minimum CMHSP Training Requirements

C. SCCMHA Provider Manual Licensure, Registration, Certification & Accreditation Table

D. SCCMHA Mission Statement, Vision Statement; Core Values and Operating Principles

E. SCCMHA Authorization to Disclose Employee Information and Release of Liability

Procedure:

ACTION	RESPONSIBILITY
Verify references, credentials, criminal background checks and any related pre-employment or pre-contracting screening according to designated policies and procedures. Maintain on file proofs of pre-employment verifications as well as credentials and licensure and training. Conduct initial employment orientation.	All SCCMHA Network Members and SCCMHA Human Resources Director or designee, SCCMHA Director of Contracts & Procurement
Actively participate in required orientation and training; seek to improve competencies through additional training appropriate to role and types of consumers served. Maintain minimum levels of training and/or credentials by job description. Immediately notify SCCMHA of any change in required credentials status. Suspend all claims submission and billing activity for staff who fail to maintain proper credentials, including any needed retroactive corrections.	SCCMHA Network service delivery personnel and contractors

Ensure initial orientation and ongoing coaching and training to assigned personnel; actively monitor and supervise competencies and provide ongoing feedback and intervene as appropriate. Document performance and related goals. Take appropriate action according to applicable human resource/personnel policies when performance indicates.	Supervisors of direct service individuals
Oversees and co-signs any work performed by those staff working toward appropriate credential or licensure.	SCCMHA Human Resources Director, and All SCCMHA Network Providers
Monitors clinical programs for employee compliance.	SCCMHA Human Resources Director, and All SCCMHA Network Providers
Provide training resource and schedule information. Monitor contractor performance with training and other policy requirements. Report system cumulative compliance data through network audit report score summaries. Restrict claims or bills for persons not properly credentialed and issue sanctions as appropriate. Offer reciprocity for providers when indicated or requested.	SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA Director of Contracts & Procurement, SCCMHA Continuing Education Supervisor, and SCCMHA Network Audit staff
Reviews system performance against competency requirements. Recommends policy changes; review and recommend training priorities. Recommends disciplinary action to be taken by supervisors for non-credentialed staff in SCCMHA direct operated programs.	SCCMHA Credentialing Committee
Reviews Credentialing and Recredentialing of all Clinical staff to assure proper credentials are maintained and person is credentialed for services provided to SCCMHA Consumers.	SCCMHA Credentialing Committee

Receives and reviews any Credentialing appeals and provides feedback to the appellate.	SCCMHA Credentialing Committee

Exhibit A

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Saginaw County Community Mental Health Authority
Minimum Training Requirements for SCCMHA Operated Programs

Continuing Education

REQUIRED TRAININGS	Required Completion	Renewal	SOURCE (SEE BOTTOM RIGHT KEY)	Administration Group #1	Administration Group #2	Autism	Case Holders (CH)	Clubhouse/Drop In/Peer & Parent Support	Clinical Students	Community Living Supports Individual / Corporate & Community Health Workers	Crisis Intervention / Central Access Intake	Customer Services	Enhanced Health Services/ Ancillary Services	SD Community Living Supports / Respite	Integrated Contractors	Licensed Residential (LR)	Maintenance	Medication Drop Services (MDS)	Medical Professional	MUTT	Nurses/MAs	Psychologists	Secondary Case Holders	Skill Building	Transportation	Non-Clinical Volunteers/ Temps	REQUIRED TRAININGS
Advance Directives ○	90 days of hire		1,4	YES	YES		YES				YES	YES	YES						YES	*YES	YES	YES					Advance Directives ○
AIMS Screening and Testing	90 days of hire	2 years	9				Adult Case Holder														YES						AIMS Screening and Testing
ANSA	180 days of hire	1 year	9		* CM Staff		Adult Case Holder																				ANSA
Appeals & Grievances ○	90 days of hire	1 year	1,4,6	YES	YES	YES *No BT	YES	YES	YES		YES	YES	YES			*HM Only	YES		YES	*YES	YES	YES	YES		Board Op Only	YES	Appeals & Grievances ○
Assertive Community Treatment (ACT)	180 days of hire		4				ACT Staff Only																				Assertive Community Treatment (ACT)
Autism Behavior Technician / 40 Hour ABA Technician Training	90 days of hire	as requested	4			YES BT Only																					Autism Behavior Technician / 40 Hour ABA Technician Training
Basic Meds	90 days of hire	2 year	9			*if passing meds				[illegible]				Per PCP		YES		YES						Facility Based/No AF			Basic Medications
Basic Health (includes Blood Borne Pathogens / Infection Control)	90 days of hire		4													YES								Facility Based/No AF			Basic Health (includes Blood Borne Pathogens / Infection Control)
Blood Borne Pathogens / Infection Control - (Contracted Staff) ○	10 days of hire	1 year	5,6,7	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	*YES	YES	YES		YES	YES	YES	Blood Borne Pathogens / Infection Control - (Contracted Staff) ○
CAFAS and PECFAS (if working with children)	90 days of hire	2 years	4				YES *no Autism SC				[illegible]									YES							CAFAS and/or PECFAS (if working with children)
Case Holder Core Skills Training Live/Online ○	1 year of hire	as needed	4				*YES	YES PSS/PSP Only																			Case Holder Core Skills Training Live
24 Child Diagnostic Credits (if working with children)	within calendar year	1 year	4		* CM Staff		YES	YES PSP Only			YES								*Yes if working with child	*YES		*Yes if working with child					24 Child Diagnostic Credits (if working with children)
Compliance Program and False Claims Information/HIPAA Training ○	30 days of hire	1 year	1,2,3,4,5,8	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	*YES	YES	YES	YES	YES	YES	YES	Compliance Program and False Claims Information/HIPAA Training ○
CPR/First Aid	30 days of hire	2 years	9			Child BT Only		YES CHS Only		YES				YES		YES		YES						YES	YES		CPR/First Aid
CPR for the Professional Rescuer (BLS)	30 days of hire	2 years	9																YES/No TP		YES						CPR for the Professional Rescuer (BLS)
Customer Service Specialized Training	30 days of hire	2 years	4									YES															Customer Service Specialized Training
DECA (IMH Staff only)	180 days of hire	2	4				YES IMH Staff Only				YES CAI Staff Only																DECA (IMH Staff Only)
Environmental Emergencies/Fire Safety (contracted only) ○	90 days of hire		5,6	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES / No TP	*YES	YES	YES		YES	YES	YES	Environmental Emergencies/Fire Safety (contracted only) ○
EOC 5 Trainings: Bloodborne Pathogens/Infection Control; Emergency Management & Fire Safety; Safety Management; and Security Management/Workplace Violence Prevention ○	30 days of hire	1 year	5,6	Board Op Only	Board Op Only		Board Op Only	Board Op Only	Board Op Only		Board Op Only	Board Op Only	Board Op Only				Board Op Only		Board Op Only	YES	Board Op Only	Board Op Only	YES	Board Op Only	Board Op Only	Board Op Only	EOC 5 Trainings: Bloodborne Pathogens/Infection Control; Emergency Management; Fire Safety; Safety Management; and Security Management/Workplace Violence Prevention ○
Ethics of Touch ○	90 days of hire		9			YES	YES	YES	YES	YES	YES		YES			YES		YES	YES *No TP	*YES	YES	YES	YES	YES	YES	YES	Ethics of Touch ○
Home Manager Training	1 year of hire	1 year	4													*HM Only											Home Manager Training
Home Manager Med & Vital Competency Training	30 days of hire		4													*HM Only											Home Manager Med & Vital Competency Training
IDDT/COD (COD+ ○)	90 days of hire	ACT 1 year	4				COD ACT Staff if IDDT				COD					YES CR Sup Only				*YES							IDDT/COD (COD+ ○)
Integrated Health ○	180 days of hire	1 year	9	YES	YES	YES	YES	YES			YES	YES	YES					YES	YES	YES	YES	YES		YES			Integrated Health ○
Intro to Cultural Awareness - Embracing Diversity, Military Military Culture Training ○	1 year of hire	1 year	4,6,8	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	*YES	YES	YES	YES	YES	YES		Intro to Cultural Awareness - Embracing Diversity, Military and SOGI Safe Language ○
Introduction to Residential Services includes Person-Centered Planning & Co-Occurring Disorders ○	90 days of hire		4													YES											Introduction to Residential Services includes Person-Centered Planning & Co-Occurring Disorders ○
LOCUS	90 days of Hire/Full Training		4		CM Staff		Case Holders/Adults w/MI				YES																LOCUS
Limited English Proficiency ○	90 days of hire	1 year	1,4	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	*YES	YES	YES	YES	YES	YES	YES	Limited English Proficiency ○
Live Workplace Violence Live SCCMHA EMPLOYED STAFF ONLY	1 year of hire		4	YES	YES		YES	Yes	YES		YES	YES	YES				YES		YES	YES	YES	YES		YES	YES		Live Workplace Violence Live SCCMHA EMPLOYED STAFF ONLY
Mental Health Ambassador ○	90 days of hire		9	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		YES		YES	YES	YES	*YES	YES	YES	YES	YES	YES	YES	Mental Health Ambassador ○
Motivational Interviewing 3 Steps *(1st step=90 days/2 add'l steps=1 year)*	90 days of hire		9				YES	Yes PSS/PSP Only / +MI Learn & Share			YES / 4 Hour for Crisis		*						*YES no TP	YES	Yes	YES	YES				Motivational Interviewing 3 Steps (1st step=90 days/2 add'l steps=1 year)
Motivational Interviewing for Supervisors	180 Days of hire		9				YES/Supervisor ONLY				YES/Supervisor ONLY		YES/Supervisor ONLY							YES/Supervisor ONLY							Motivational Interviewing for Supervisors
I-Touch Preventing Readmissions and Teach Back Communication Technique	90 days of hire		9				YES	Yes PSS/PSP Only			YES								YES / No TP	YES	YES	YES	YES				I-Touch Preventing Readmissions and Teach Back Communication Technique
Non-Violent Psychological Verbal De-Escalation (NAPPI)	90 Days of Hire	as needed	9			YES	YES	YES		YES	YES	YES		YES		Yes				*YES			YES				Non-Violent Psychological Verbal De-Escalation (NAPPI)
Nutrition and Food Safety ○	90 days of hire		4					YES CHS/Drop In Staff Only		YES						YES											Nutrition and Food Safety
Orientation to Training - All/Direct Care Staff Only ○	30 days of hire		9							YES				YES		YES											Orientation to Training - All/Direct Care Staff Only
Overview of Evidence Based Practices ○	90 days of hire	as needed	9		YES		YES	YES			YES		YES						YES	YES	YES	YES	YES	YES			Overview of Evidence Based Practices ○
Overview of Medications	90 days of hire	as needed / CH ANNUAL	4				YES				YES		YES							*YES	YES	YES					Overview of Medications
Peer Support/Parent Support Specialist Training	120 days of hire		4					Yes PSS/PSP Only																			Peer Support/Parent Support Specialist Training
Person Centered Planning and Natural Supports ○	30 days of hire	1 year	4,5,6	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES		YES	YES	*YES	YES	YES	YES	YES	YES	YES	Person Centered Planning and Natural Supports ○
Recipient Rights (annual renewal = ○)	30 days of hire	1 year	4,5,6	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	*YES	YES	YES	YES	YES	YES	YES	Recipient Rights (annual renewal = ○)
Self Determination ○	90 days of hire	1 year	4		YES		YES / No ACT	Yes PSS/PSP Only			YES	YES								*YES							Self Determination ○
[illegible] Training	90 Days of hire	as needed	4	YES	YES	YES	YES	YES	YES		YES	YES	YES		YES	YES / HM Only		YES	YES	YES	YES	YES	YES	YES CTA/CTS Supervisor Only		YES	[illegible] Training
SOGI Demographic Data Training	180 Days of hire	1 year	9				YES	Yes PSP/PSS Only	YES		YES								YES/No TP	*YES	YES	YES					SOGI Demographic Data Training
The Supports Intensity Scale - Adult Version (SIS)/Process/Procedure/IDD Staff only ○	60 Days of Hire		MDHHS				YES IDD Staff only																				The Supports Intensity Scale - Adult Version (SIS)/Process/Procedure/IDD Staff only ○
Stepping Stones for Positive Behavior Supports	180 days of hire		9				YES													YES		YES					Stepping Stones for Positive Behavior Supports
Trauma Informed Care ○	90 days of hire	as needed	4	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	YES	*YES	YES	YES	YES	YES	YES	YES	Trauma Informed Care ○
Physical Intervention for Protection / Verbal De-Escalation	90 days of hire		4			YES *BT per PCP										YES								Facility Based	YES		Verbal De-Escalation/Physical Intervention for Protection
Working with People (includes Gentle Teaching, Trauma-Informed Care and Crisis Response)	90 days of hire		4							YES						YES								YES	YES		Working with People (includes Gentle Teaching, Trauma-Informed Care and Crisis Response)
Wraparound	90 days of hire	1 year	4				Wraparound Staff Only																				Wraparound

Individuals Included in Each Curriculum:

Clerical Office Manager Billing & Finance Accounting Information Systems Quality Systems Human Resources Trainers	Care Management (CM) Administrative Coordinator/ Assistant Recipient Rights SCCMHA Network Services DIRECTORS Program Manager Program Coordinators Self Determination Coordinators	BCBA QBHP BCaBA Behavior Technicians (BT)	*Case Managers/ Client Service Managers *Supports Coordinator *CM/SC/CR/CM/ Wraparound/TAY Supervisors *WRAPAROUND *TAY *Therapists *ACT Staff OBRA Coordinator Outreach Worker	Clubhouse Staff CHS CSS Peer Support Specialist (PSS) HRC PSS SE PSS CAI PSS Transitional Svcs PSS Parent Support Partners (PSP) Drop In Staff Benefits Advocate	Students Interns	Community Living Supports (CLS) Respite PSU CLS Waiver Community Health Workers (CHW)	Crisis Worker Crisis Supervisors Central Access Intake Specialists (CAI)	Customer Service (& Former PDAs)	Occ. Therapy PHYSICAL THERAPISTS EHS/HS-OBRA Supervisors DIETITIAN Speech Therapist Behavior Health Consultant	SD CLS SD Respite	MDHHS Outstation Worker Interpreters/ Translators	LR Direct Care Staff Crisis Residential (CR) LR Lead Staff LR Assistant Home Manager LR Home Manager (HM)	Maintenance Maintenance Supervisor SECURITY	Medication Administration Medication Drop Services Coordinator	Psychiatrists Medical Director (MD) Physicians Assistant (PA) Physician Nurse Practitioner (NP) Tele-Psychiatrists (TP)	MUTT Supervisor MUTT Staff *APS/MUTT 2	Registered Nurse Psychiatric Nurse Specialist Nurse Health Care Svcs & Coordinator Health Home IC Nurse Supervisor OBRA Services Nurse Medical Assistants MAs	Psychologists	SUPPORTED EMPLOYMENT Specialist (SE) HRC Coordinator HRC Homeless Outreach Specialist CAI Family Guide	Facility Based CTN/ CTS Aides Facility Based CTN/ CTS techs Skill Build Supervisors Job Coaches Rehab Support Specialists Community Skill Building Skill Building Coordinators	Transportation Transportation Supervisor	Volunteers Temp. Employees

All SCCMHA staff must complete any trainings as required by CARF accreditation.

Board Op = SCCMHA Employed Staff

EOC = Environment of Care

**Overview of Motivational Interviewing for the Medical Professional*

Monthly Reports Issued

Quarterly Reports Issued *some staff titles may be included within monthly reports*

Case Holder Core Skills Requirement *these staff only

APS/MUTT 2 Staff *these trainings only

○ = Available as Online Training/Link Available

Revision Date: 7/22/20 AS (SCCMHA CE Committee)

As of 7/1/2020 "Live" trainings are presented Virtually through Zoom until further notice

Note: This training grid does not included specific or additional training that might be required by a specific supervisor for a program unit or employee.

9/2020 Updates

Source Document Key:

1. Balanced Budget Act
2. Health Insurance Portability and Accountability Act (HIPAA)
3. Deficit Reduction Act
4. Michigan Department of Health & Human Services (MDHHS)
5. Michigan Administrative Code
6. Michigan Mental Health Code
7. Occupational Safety & Health Administration
8. Code of Federal Regulations
9. SCCMHA CE Committee

Exhibit B

MSHN Regional Minimum CMHSP/SUD Training Requirements
FY20

Source Document Key:
1. Balanced Budget Act
2. Health Insurance Portability and Accountability Act (HIPAA)
3. Deficit Reduction Act
4. Michigan Department of Health & Human Services (MDHHS)
5. Michigan Administrative Code
6. Michigan Mental Health Code
7. Occupational Safety & Health Administration (OSHA)
8. Code of Federal Regulations

Renewal Key: I = Initially A = Initially & Annually 2 = Initially & every 2 years

																	Autism Service Provdiers		Substance Use Disorder	
Training	**Requirements**	**Source**	CMH-employed Administration Group	Crisis Intervention/ Access	Other Professional Service (OT,PT, Dietary, Psychological Testing	CMH-employed Maintenance	Medical Professional	Residential Supervisors/QI/ Licensee	AFC Licensed Direct Care Staff	Aide level staff providing service in the community or in unlicensed settings	Students/ Volunteers/ Temporary workers	Primary Service Providers (Case Managers, Supports Coordination, Home Based Staff, MST, Wraparound)	Individual/ Group Therapist	Clubhouse/ Drop-In/ Peer Supports	CMH-employed Transporters	ACT	Behavior Technicians	BCaBA BCBA LLP QBHP QLP	Treatment	Prevention
Assertive Community Treatment (ACT)	180 days of hire for work in ACT	4														I				
Advance Directives	90 days of hire	1, 4	I	I			I					I	I			I			I	
Appeals & Grievances	90 days of hire	1, 4, 6	A	A	A	A	A	A			A	A	A	A	A	A		A	A	
CAFAS and/or PECFAS (if working with children)	90 days of hire	4		2								2	2							
Corporate & Regulatory Compliance	90 days of hire	1, 3	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
CPR & First Aid*	30 days of hire	5							2	first aid only					2		first aid only			
Cultural Competency & Diversity	1 year of hire	4, 6, 8	A	A	A	A	A	A	A	A		A	A	A	A	A	A	A	A	A
Environmental Safety	1 year of hire	5, 6	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
Health Management - (Blood Borne Pathogens/Infection Control)	30 days of hire	5, 6, 7	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	2**	2**
HIPAA Privacy & Security	30 days of hire	2, 4, 5, 8	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
IDDT/COD	90 days of hire	4		COD								I (COD)	I (COD)			A- if provides IDDT				
Limited English Proficiency (LEP)	90 days of hire	1, 4	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Medication Administration	90 days of hire	5							I	I - if passing meds							I - if passing meds	I - if passing meds		
Non-Physical Intervention (Verbal De-escalation)	90 days of hire	8		I					I	I		I	I	I		I	I	I		
Person-Centered Planning	30 days of hire	4, 6, 8	A	A	A		A	A	A	A	A	A	A	A	A	A	A - includes beneficiary IPOS	A		
Recipient Rights	30 days of hire	4, 5, 8	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A	A
Self Determination	90 days of hire	4		A								A	A							
Trauma Informed Care	90 days of hire	4	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	
SIS Process/Procedure (IDD)	60 days of hire											I								
LOCUS (MI Adults)	30 days of hire	4		I								2	I			I				
GAIN I-Core	120 days of hire	4																	I***	

* Based on Certification Length set by the training entitiy (i.e., American Red Cross)

** SUD Prevention of Communicable Diseases

*** Applies only to clinicans conducting assessments (H0001)

→ Training with a DHHS-approved group home curriculum is required for direct care staff working in licensed specialized AFC settings.

→ Customer Service staff must receive training as defined in Attachment P.6.3.1 of the MDHHS/PIHP contract (paragraph F.14)

→ Additional program specific training is requied for programs such as Wraparound, IMH, DBT, TFCBT, MST, Supported Employment.

→ Child Mental Health Professionals are required to obtain 24 hours annual related to child specific training

→ The following job titles will require Core Elements of Case Management training: Case Manager, Supports Coordinator, Home-based Mental Health Therapy, Multisystemic Therapy, and Wraparound

→ SUD Qalified Peer Recovery Coaches must complete state approved training program

→ SUD Enhanced Women's Services - must complete training listed in BSAAS TA #08; designated Women's Program or Gender Competent Program - must meet training/work experience listed in BSAAS TP #12

→ SUD Treatment must complete training to meet BSAAS TP #5 (Welcoming)

→ Advanced Directives for CMH Admin Group - evidence of knowledge of agency P/P is sufficient

This is a set of MSHN minimum training requirements and is not all inclusive to each individual CMHSP/SUD Provider. Any county, accreditation, evidence-based practice, or CMHSP specific training will be additionally documented by each CMHSP in their respective subcontracts. Not all requirements for accredited services (by CARF, etc.) are indicated.

Exhibit C

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Provider Manual Table of Requirements for Licensure, Registration, Certification and Accreditation

PROVIDER shall submit copies of the required licensure, registration, certification and/or accreditation to Saginaw County Community Mental Health Authority in accordance with the time periods and terms specified in their Provider Participation Agreement. PROVIDER shall also display such documents prominently on premises or service site.

Provider Type	Requirement	Issuing Agency
Licensed Independent Practitioner	License, Certification or Registration to Practice in Michigan	Michigan Department of Community Health, Bureau of Health Professionals
Inpatient Psychiatric Unit	License for Acute Care Beds for Adult or Adolescent and /or License for Partial Hospitalization	Michigan Department of Consumer and Industry Services, Bureau of Health Systems
Crisis Residential Treatment	Certification for Crisis Residential	Michigan Department of Community Health, Bureau of Health Systems
	Certification for Specialized Residential	Michigan Department of Human Services, Office of Child and Adult Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult Licensing
Specialized Residential	Certification for Specialized Residential	Michigan Department of Human Services, Office of Child and Adult Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult Licensing
Outpatient Services Clinic or Agency Providers: including Assertive Community Treatment, Case Management, Supports Coordination, Clinic Services and Vocational Rehabilitation	Accreditation by one of the following:	a) Joint Commission on Accreditation of Health Care Organizations b) Council on Accreditation of Rehabilitation Facilities c) Council on Accreditation d) Certification by Michigan Department of Community Health
Enhanced Treatment and Support Services: Assertive Community Treatment, Home based Services, Case Management, Crisis Residential, Crisis Stabilization, Clubhouse	Certification and/or Enrollment	Michigan Department of Community Health, Division of Quality Management and Service Innovations

Exhibit D

Saginaw County Community Mental Health Authority

Core Values and Operating Principles

Consumer Potential

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

Excellence

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

Accountability

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

Respect

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

Racial and Cultural Competency

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

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

Integrity

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

Public Stewardship

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

Collaboration

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

Customer Service Philosophy

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

Effective Communication

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

Saginaw County Community Mental Health Authority

Mission Statement

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

Vision Statement

A belief in potential

A right to dream

An opportunity to achieve

Exhibit E

Saginaw County Community Mental Health Authority

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY

Recipient Rights
Complaints
Appeals

PROVIDER INFORMATION:

Provider Name:	***Phone:***	***Fax:***
Address:		
City:	***State:***	***Zip Code:***

I, ______________________________, authorize the Saginaw County Community Mental Health Authority
(PRINT FULL NAME)
to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

Please check the appropriate box below

☐I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties and give my permission for you to check with their county's Office of Recipient Rights: ____.

☐I have not worked in the Mental Health field prior to my application for employment.

I, ______________________________, release the Saginaw County Community Mental Health Authority
(PRINT FULL NAME)
and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

______________________________ ____________ ______________________________
Applicant's Signature *Date* *Applicant's Maiden Name (If Applicable)*

______________________________ ____________ ______________________________
Witness Signature *Date* *Applicant's Social Security Number*

____
Applicant's Home Address: Street and Number City State Zip Code

RIGHTS OFFICE USE ONLY

A) The above applicant has the following Recipient Rights history:
Violation(s) of Abuse or Neglect according to:
SCCMHA ☐YES ☐NO; **Name of County**: ______________________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO

B) The above applicant has the following Recipient Rights history:
Violation(s) of other Recipient Rights violations according to:
SCCMHA ☐YES ☐NO; **Name of County**: ______________________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO

By: ____ **Date:** _______________________
SCCMHA Recipient Rights Advisor or Officer

Information from other counties was received from: County & ORR Staff: ______________________________________;
County & ORR Staff: ______________________________; County & ORR Staff: ______________________________;
Additional Forms may be used if there is a need to list more counties

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 1-14

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Credentialing and Recredentialing of SCCMHA Providers and Staff</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.06.03.01</td></tr>
<tr><td rowspan="2">Effective Date: 10/25/21</td><td>Date of Review/Revision:</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

Responsible Director:
Network Services, Public Policy & Continuing Education

Authored By:
Barbara Glassheim
Additional Reviewers:</td></tr>
<tr><td>Supersedes:
Credentialing of SCCMHA Providers and Staff Procedure 09.04.03.01 (10/1/08)</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

Purpose:

The purpose of this policy is to ensure that: (1) the service provider network is appropriately credentialed and recredentialed; (2) SCCMHA is in full compliance with statutory, funding, professional requirements, and (3) consumers have access to qualified providers.

Policy:

Statutory, funding requirements, as noted in SCCMHA referenced policies, require processes to address credentialing and recredentialing service provider network healthcare professionals, as well as background verifications of officers, employees and service provider contractors. SCCMHA intends to apply consistent procedures and ensure compliance in the proper credentialing as well as recredentialing of SCCMHA service delivery network providers, including applicable staff members and individual contractors or subcontractors.

SCCMHA seeks to ensure the competency of the service delivery network in the provision of specialty services and supports for mental health, developmental disability and substance use disorders treatment. Toward that goal, it is the policy of SCCMHA that certain credentialing and recredentialing activities will occur and be documented to ensure that all staff members and providers, in accordance with their assigned role in service delivery or business functions, obtain and maintain proper credentials for their job position and responsibilities as required by statute, policies and/or job description qualifications. SCCMHA and delegated service network contractors will conduct all credentialing and recredentialing processes in a nondiscriminatory manner in keeping with SCCMHA equal opportunity related policies. This policy also addresses temporary and provisional credentialing.

This policy additionally addresses the background check requirements of the SCCMHA system, including criminal background, federally excluded provider status, recipient rights and driver's license verifications.

This policy does not address any determinations of acceptable scope of practice of professional disciplines. Scope of practice standards are addressed by licensing or certification entities, and are included within the Michigan Medicaid Provider Manual for behavioral health and intellectual and developmental disability supports and services.

Application:

This policy applies to all service delivery programs, both direct operated and contractual, and to any SCCMHA staff members when a credential is indicated by job description. All employees and parties to signed service contracts with SCCMHA are subject to credentialing and recredentialing compliance in accordance with this policy.

Standards:

A. SCCMHA shall establish a credentialing committee which will be responsible for credentialing and recredentialing processes including:
    1. Monitoring of credentialing and recredentialing criteria set forth by federal, state, and SCCMHA as well as applicable professional standards in order inform relevant SCCMHA policies and practices.
    2. Developing and monitoring of adherence to established time lines for the credentialing/recredentialing process, including provider appeals of negative credentialing/recredentialing decisions.
    3. Determining, as needed, the utilization of participating providers to ensure all relevant information is incorporated in credentialing/recredentialing decisions.
    4. Ensuing contracted providers implement and adhere to SCCMHA's credentialing, and recredentialing process, including approval, suspension, or termination contracted providers.
    5. Granting temporary/provisional credentials based upon a specific community/consumer need at SCCMHA's sole discretion.

B. SCCMHA credentialing and recredentialing processes and procedures will be updated and documented as needed to meet state and federal credentialing policies and any other pertinent regulatory requirements.

C. Credentialing for applicable staff members or employees of contractors will occur at the time of initial employment through an employment application process; recredentialing will occur every two years thereafter.

D. Credentialing for contracted providers will include an initial completed provider application document; recredentialing will be conducted through the provider application renewal process and/or auditing process.

E. Credentialing/recredentialing will include obtaining a copy of the applicant's relevant credential documents, including diploma(s) as required by the respective job description.

F. Following completion of the initial application process, primary source verification activities will commence, and be conducted by authorized credentialing agents of SCCMHA.

G. The credentialing and recredentialing of individuals employed by or subcontracted by SCCMHA contracted service programs will be delegated to those contracted providers by SCCMHA.
   1. Delegation includes: compliance with this policy, conducting specific credentialing and recredentialing activities for applicable individuals, and establishing and maintaining credential file information and documents.

H. Credentialing and recredentialing will include primary source verification of educational and academic achievement status; official transcripts must be obtained directly from the specific institution where the highest level of degree(s) was (were) obtained by the individual from an accredited school (s), or an authorized centralized clearing house resource may be used for this purpose.
   1. Whenever applicable, verification of board certification and completion of any required internships/residency programs or other postgraduate training will be included.

I. A copy of licensure or registration will be obtained directly from the individual at the time of employment or contract initiation; subsequent direct verification with the State of Michigan will be conducted for both initial credentialing and recredentialing purposes related to professional licensure, registration or certifications.

J. Credentialing or recredentialing for licensure or registration will be documented by date and verified by the credentialing agent by signature or initial.

K. Credentialing and recredentialing proof documents will be maintained by SCCMHA for employees in the staff credential file in SENTRI and/or personnel/human resources file.

L. Credentialing and recredentialing proof documents for individual contractors by SCCMHA will be maintained in the contract management files by fiscal year of the contract status.

M. Credentialing and recredentialing proof documents of individuals who are employed by or subcontracted by SCCMHA contracted organizations, will be maintained in the human resource or contract files of that organization, and are subject to SCCMHA audit.

N. Credentialing files for contractors will be completed within 120 days from the start of the credentialing or recredentialing process.

O. Credentialing files for employees will be completed within 30 days from the start of the credentialing or recredentialing process.

P. All professionals who provide therapy or other professional clinical services within the SCCMHA network of services must be properly credentialed and recredentialed.

Q. The health care professionals addressed in this procedure to be credentialed include at minimum:
   1. Physicians (MDs or DOs), physician assistants
   2. Psychologists (fully licensed, limited license and temporary license)
   3. Social workers (licensed Master’s, licensed Bachelor’s, limited license and registered social work technicians)
   4. Licensed and limited licensed professional counselors
   5. Nurse practitioners, registered nurses, and licensed practical nurses

    6. Occupational therapists and occupational therapist assistants
    7. Physical therapists and physical therapist assistants
    8. Speech pathologists
    9. Medical assistants

R. The SCCMHA Human Resource Department and SCCMHA contracted provider organizations must complete direct (primary) source verification for any other additional staff or subcontracted individuals who have other academic/professional backgrounds associated with the individual's stated application/resume information and job requirements at the highest level of education achieved relevant to the SCCMHA job or role function of the individual.

    1. Credentialing does not include verification of academic or other credentials obtained by the applicant when those credentials are not pertinent to the SCCMHA determined scope of service.

S. Credentialing of employees is initiated prior to employment, at the time of the conditional job offer, and is completed either prior to the first day of work or within 30 calendar days; recredentialing shall be conducted every two years.

T. SCCMHA will not discriminate against a health care professional solely on the basis of license, registration or certification. In addition, SCCMHA will not discriminate against a health care professional who serves high-risk populations or who specializes in the treatment of conditions that require costly treatment.

U. SCCMHA policies prohibit either the employment of or contracts with individuals or any providers who are excluded from participation under either Medicare or Medicaid or who otherwise have Medicare or Medicaid sanctions

    1. This credentialing policy requires compliance with these federal requirements that prohibit such excluded providers, including officers, directors, significant purchasers, and board as well as contractor(s)' provider-level staff.

V. SCCMHA, according to network management and regulatory compliance policies, has procedures for reporting to appropriate authorities, such as MDHHS (Michigan Department of Health and Human Services), the regional PIHP (prepaid inpatient health plan), the provider's regulatory board or agency, the Attorney General, etc., any improper known provider or individual practitioner conduct which results in suspension or termination from the SCCMHA service network.

    1. SCCMHA's actions will be consistent with current state and federal requirements, including content contained within the MDHHS/PIHP and/or CMHSP contract for Medicaid Managed Specialty Supports and Services.

W. Oversight of the credentialing process is administratively assigned by SCCMHA CEO to the SCCMHA Medical Director.

    1. This oversight includes facilitation of credentialing committee meetings when necessary.

X. Participating providers involved in the credentialing process are those being credentialed as individuals where applicable, and those who are serving as agents of SCCMHA to conduct credentialing activities of subcontractors or employees.

    1. Participating providers also may provide feedback on the credentialing process at any time, including filing an appeal with SCCMHA in accordance with SCCMHA provider dispute and appeal procedures.

    2. Individuals seeking to be credentialed are expected to provide accurate information upon which credentialing decisions will be based.

Y. Initial credentialing of applicants will include complete work history information via resume/vitae or employment application.

Z. The initial credentialing application, through employment application processes or provider contract application/initiation processes, will include a signature of the individual, date of application submission, and will attest to: lack of present illegal drug use; any history of loss of license and/or felony convictions; any history of loss or limitation of privileges or disciplinary action, or other state sanctions or limitations on licensure, registration or certification; and attestation by the applicant of the accuracy and completeness of the application.

AA. Recredentialing will include an update and/or verification of initial application information.

BB. The file will include any pertinent information used to determine if the provider met SCCMHA credentialing standards.

CC. Credentialing will not include any information regarding an applicant’s status related to allegations or pending investigations in process associated with licensure or registration.

    1. SCCMHA supports due process for all individual applicants in matters pertaining to unsubstantiated allegations of misconduct.

DD. SCCMHA allows for temporary or provisional credentialing of an individual for up to 60 days.

    1. Temporary or provisional credentialing must include all items specified in the SCCMHA credentialing standards, including primary source verification requirements delineated in this procedure.
    2. Oversight of temporary or provisional credentialing will be provided by the administrative director responsible for credentialing, on behalf of the credentialing committee, working with the appropriate credentialing agent.
    3. Temporary or provisional credentialing of physicians requires the approval of the SCCMHA Medical Director.
    4. Temporary credentialing will follow the established SCCMHA processes, including application and primary source verification.
    5. A decision on temporary or provisional credentialing will be rendered as soon as possible, not to exceed 31 calendar days from the date of the initial application.

EE. Credentialing by contracted providers as delegated by SCCMHA is subject to SCCMHA review.

    1. SCCMHA is responsible for the oversight of any delegated credentialing or recredentialing decisions within its service delivery network.
    2. Delegated credentialing must adhere to SCCMHA policy and procedure.
    3. SCCMHA retains the right to approve the credentialing or recredentialing conducted by a provider, or require discontinuation of service by individuals without the proper credentialed status.
    4. Improper or insufficient credentialing practices of a contractor may be cause for contractual sanction(s) by SCCMHA, requiring a corrective action plan, and could be cause for contract suspension or termination.

FF. SCCMHA may allow deemed status for an individual or organization already credentialed by another PIHP and/or CMHSP for the same service(s) upon review of the appropriate and completed credentialing documentation.
  1. SCCMHA will maintain this information in the appropriate provider's contract file.

GG. SCCMHA quality program requirements will be considered whenever relevant to credentialing processes.
  1. The Director of Network Services, Public Policy & Continuing Education, in consultation with the Director of Care Management & Quality Systems and/or Supervisor of Quality Systems & Public Information, is responsible for service network quality oversight and network compliance with credentialing requirements.
    a. The credentialing processes of SCCMHA are part of the overall quality and compliance program structures, as well as human resource and contract management policies and procedures.

HH. SCCMHA beneficiary (consumer) concerns, which include grievances/complaints and appeals information, will be included in credentialing processes whenever deemed relevant by SCCMHA.
  1. For purposes of this procedure, relevant coordination will occur between the SCCMHA Medical Director who has overall responsibility for credentialing and recredentialing oversight, the Director of Network Services, Public Policy & Continuing Education, who is administratively responsible for provider network management and credentialing/recredentialing, and the Director of Customer Services & Recipient Rights, who is responsible for SCCMHA management of recipient grievance and appeals.

II. If an individual or organization is denied credentialing or recredentialing by SCCMHA, the individual or organization will be notified in writing by SCCMHA of this adverse credentialing decision within 30 calendar days of the decision.
  1. The denial will include the reason(s) for the adverse decision.
    a. Reasons may include but are not limited to:
      1). Failure of the applicant to provide complete information as requested by the credentialing agent
      2). Inability of the SCCMHA credentialing agent to obtain proof of licensure or degree
      3). Presence of the applicant's name on a current list of sanctioned Medicaid or Medicare providers.
  2. For providers with delegated credentialing/recredentialing authority, denials of individual or organizational providers will be reported to the Credentialing Committee by the appropriate credentialing agent immediately.

JJ. SCCMHA will continue to offer provider appeal and dispute resolution processes per contract language and related policy and procedure, in accordance with state and federal regulations.

KK. SCCMHA contract applications, employment applications, credentialing processes, and background checks for professionals, directors, officers and persons involved in significant purchasing, will ensure the verification that such parties are not listed as federally excluded.

1. For purposes of this policy, individuals defined as included in addition to applicable providers, are: SCCMHA Officers, Directors, Contracts & Properties Manager, Contract Management Assistant, Administrative Accounting Supervisor, and Accounting/Purchasing Assistant.

LL. Recipient Rights history checks will include Saginaw County if the person has worked in Saginaw County as well as all of the counties in which the individual has worked.

MM. Valid credentials are a condition of continued employment or contracting in the SCCMHA provider network.

NN. Background Checks

1. Background checks will be conducted for all individuals engaged in SCCMHA business, and include criminal background checks and recipient rights queries, as well as checks with federal exclusion/sanction sources and driver's license records for applicable positions.
2. Background checks for employees will be conducted by the Human Resources Department.
3. Background checks for individual contractors will be conducted by the Contracts & Properties Unit.
4. Background checks for SCCMHA Board officers will be conducted by the Administrator of Regulatory Compliance.
5. Background checks must be conducted by provider organizations/contractors for individual employees and subcontractors associated with SCCMHA services.
6. Background check documents will generally be maintained in appropriate human resource or contract files, including such files maintained by SCCMHA contracted providers.

OO. Background Checks in Licensed Residential Settings

1. The State of Michigan, specifically through Michigan Public Act 218 of 1979, and further through Public Acts 28 and 29 of 2006, requires that licensed residential providers and others 'who provide direct service or have direct access' to residents conduct background checks on staff members.
2. Effective April 1, 2006, all new hires, and existing employees (or contractors if applicable) as soon as the system allows, must pass an automated system background check that includes fingerprinting, consent for the background check, and letters of hire contingent upon successful completion of the check. There are penalties for non-compliance with this state requirement.

PP. Criminal Background Re-Checks

1. Effective October 1, 2015, all criminal background checks will be conducted every two years for all individuals in the SCCMHA service network who routinely work with consumers in direct service roles.
2. For persons who were hired prior to October 1, 2013, at least one criminal background re-check will have been conducted by October 1, 2015, and at least every two years thereafter.

Definitions:

Credentialing – Confirmation system of the qualification of healthcare providers.

Credentialing Agent – Person authorized by SCCMHA, or by the contracted organizations to which SCCMHA delegates credentialing responsibility, who conducts and documents credentialing activities in compliance with this procedure.

Credentialing Committee – SCCMHA designated committee to oversee policy and procedures relative to credentialing of staff and providers. Members include: SCCMHA Medical Director, Director of Network Services, Public Policy & Continuing Education, Director of Human Resources, and Supervisor of Provider Network Auditing. Consultants to the committee include: SCCMHA Director of Care Management & Quality Systems, Executive Director of Clinical Services, Programs Manager of Contracts & Properties, and Administrator of Regulatory Compliance.

Credential File – Includes initial and recredentialing related documents, may be housed within contract and human resource files of SCCMHA and/or SCCMHA contractor organizations for each person credentialed and includes any primary source verification documents and any other information pertinent to SCCMHA credentialing requirements.

Deemed Status – SCCMHA acceptance of the credentialing decision of another PIHP for an individual or organizational provider; copies of the credentialing information will be requested and maintained by SCCMHA in the appropriate contract file.

Direct (or Primary) Source Verification – Securing proof from the actual source that issued the credential in order to ensure authentication.

National Practitioner Databank (NPDB): A web-based repository of reports containing information on medical malpractice payments and certain adverse actions related to health care practitioners, providers, and suppliers located at: https://www.npdb.hrsa.gov/.

Primary Provider – Contracted organization providing case management or supports coordination services associated with an integrated service team.

Recredentialing – Process of updating and re-verifying credential information; SCCMHA conducts recredentialing every two years.

Verification – Securing proof of authentication for an individual's credential(s).

References:

A. Michigan Department of Health and Human Services, Behavioral Health and Developmental Disabilities Administration Credentialing and Recredentialing Processes: https://www.michigan.gov/documents/mdhhs/Credentialing_and_Recredentialing_Process_P-7-1-1_638453_7.pdf

B. Michigan Department of Health and Human Services PIHP/Regional PIHP CMSHP Contract – Provider Credentialing

C. Michigan Medicaid Provider Manual: http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf

D. SCCMHA Employment Application

E. SCCMHA Employee Handbook Policy 301, Equal Employment Opportunity

F. SCCMHA Policy 05.06.01 – Network Management & Development

G. SCCMHA Policy 05.06.03 – Competency Requirements for the SCCMHA Provider Network

H. SCCMHA Policy 05.06.07 – Prohibited Affiliations

I. SCCMHA Policy 05.07.04 – Provider Appeals & Dispute Resolution

J. SCCMHA Policy 09.03.02 – Regulatory Compliance
K. SCCMHA Procedure 09.04.03.15 – Privileging of Practitioners in Evidence-Based Practices
L. SCCMHA Provider Credentialing Handbook

Exhibits:
A. Regulatory Compliance Verification Summary (sources)
B. Authorization to Disclose Employee Information & Release of Liability
C. A Word About Professional Licensure
D. Staff Credentials Certification Form

Procedure:

ACTION	RESPONSIBILITY
SCCMHA Board approves the credentialing policy/procedure per state and federal requirements.	SCCMHA Board
Designates SCCMHA Medical Director responsible for oversight of credentialing. Maintains Board of Directors/Officers background check documents in board files.	CEO
Serves as administrative staff member responsible for oversight; facilitates credentialing committee.	Director of Network Services, Public Policy & Continuing Education
Convenes as needed to provide administrative procedure and credentialing activity oversight; the committee delegates by policy or procedure the specific credentialing activities to be conducted on behalf of SCCMHA by credentialing agents. May review summary credentialing information at the discretion of the committee members.	SCCMHA Credentialing Committee Members: Director of Human Resources, Director of Network Services, Public Policy & Continuing Education, Medical Director, Provider Network Auditing Supervisor
Provide consultation to the Credentialing Committee on various credentialing related issues whenever applicable, such as: quality program, clinical services, Medicaid requirement changes, provider performance and regulatory compliance.	Key SCCMHA leadership staff members Consultants: Director of Clinical Services and Programs, Director of Care Management & Quality Systems and/or Supervisor of Quality Systems & Public Information, Manager of Contracts & Properties, Administrator of Regulatory Compliance and any others as indicated

Authorized by the Credential Committee through SCCMHA policy and procedure to conduct necessary credentialing activities; responsible to ensure that credentialing file documents are obtained and maintained.	Credentialing Agents
Acts as a credentialing agent for SCCMHA. Conducts initial credentialing and recredentialing of network physicians associated with SCCMHA service delivery every two years; maintains a current physician credentialing roster and record which includes DEA, Medicaid ID number and licensure detail, as well as contact/location information. Medical Director review includes all network affiliated psychiatrists, and approval of all temporary or provisional credentialing of psychiatrists. Verifies and documents at the time of physician credentialing that psychiatrists have not been excluded for Medicare or Medicaid, and reviews excluded update lists from Michigan.	SCCMHA Medical Director or designee/Administrative Assistant to the Medical Director or Network Services, Public Policy & Continuing Education
Acts as a credentialing agent for SCCMHA. Conducts initial credentialing and recredentialing of employees every two years; conducts web-based verification academic status with National Student Clearinghouse as a condition of employment. Verifies educational degrees and licensure and/or certifications prior employment; obtains written proofs from direct sources within 3 weeks of employment start date. Re-verifies licensure or registration every two years for recredentialing purposes for applicable employees. Verifies rights background with the Office of Recipient Rights. Verifies and documents at time of pre-employment that staff have not been excluded for Medicare or Medicaid, and reviews excluded update lists from Michigan.	SCCMHA Provider Auditing Unit and/or Human Resources Department
Acts as a credentialing agent for SCCMHA. Verifies credentials of	Contract Management Unit

independent practitioners under direct contract with SCCMHA on every two years as part of the provider application renewal process; maintains credentialing and recredentialing proof document files of contracted individuals within SCCMHA provider contract records. Validates and documents every two years through the provider application process that organizational providers meet requirements to operate within the state and have not been excluded for Medicare or Medicaid, and reviews excluded update list from Michigan. May conduct random verifications of contract network personnel names as declared by providers in annual applications. Seeks rights verifications on individual contractors with the Recipient Rights Office. Verifies every two years through contract provider application process that organizational providers are licensed as necessary to operate within the state and have not been determined to be federally excluded. Includes verification of background checks and driver's license checks in contract renewal process.	
Conducts regulatory related background checks for all SCCMHA Board Officers, as requested by the CEO office for board records. Provides consultation for credentialing and background check regulations and associated funding/regulatory contract requirements. Disseminates federal provider sanction notices and lists as well as verification sources as issued by regulatory sources to SCCMHA contract and human resources and other credentialing agents.	Regulatory Compliance Administrator
Conducts recipient rights checks for staff and providers at initial employment or contract status as a condition of employment or contract. Maintains documentation on rights histories and assists with out of county verifications.	Recipient Rights Office

Provides query format for use by the network, and returns completed forms to the Human Resource office or contracted providers. May recommend (or require according to statute) specific sanctions upon substantiated recipient rights violations. Coordinates beneficiary information relevant to credentialing processes.	Provider Network Auditing Supervisor
Oversees accuracy of individual credentials in SCCMHA information system. Consults with the various credentialing agents on acceptable documentation (human resources, contract management unit, medical director's office, contracting provider organizations) and other compliance details. Verifies retrospective compliance with SCCMHA delegated credentialing and recredentialing requirements as part of the provider network auditing process; reviews provider proof documents/files. Receives updates on contractor credentialing within 90 days for newly credentialed individuals. Maintains verification of compliance with SCCMHA credentialing procedure of providers within auditing files, including individuals who are employees or subcontracted.	Provider Network Auditing Unit
Conduct credentialing and recredentialing activities for applicable individuals as delegated by SCCMHA, and meet all requirements associated with this delegation including documentation. Maintain credential file information subject to SCCMHA review.	SCCMHA Service Provider Network Contractors – Primary and Hospital Service Providers
Notify the Contracts & Properties Manager or Human Resource Department immediately upon loss of licensure or change in credential status. Ensure completion of recipient rights, background checks, and driver's license	All individually credentialed providers/organizations with delegation responsibilities and professional employees

record checks. Provide feedback to SCCMHA for consideration in any credentialing process revisions. Maintain background file information subject to SCCMHA audit. Verify and document at time of pre-employment or pre-subcontract that individuals have not been excluded for Medicare or Medicaid.	All SCCMHA Provider Contractor Organizations
Provide feedback on the credentialing process. Provide individual source documents upon which credentialing activities will commence to determine employment or contract finalization status.	SCCMHA Service Provider Network Contractors/Subcontractors/Staff

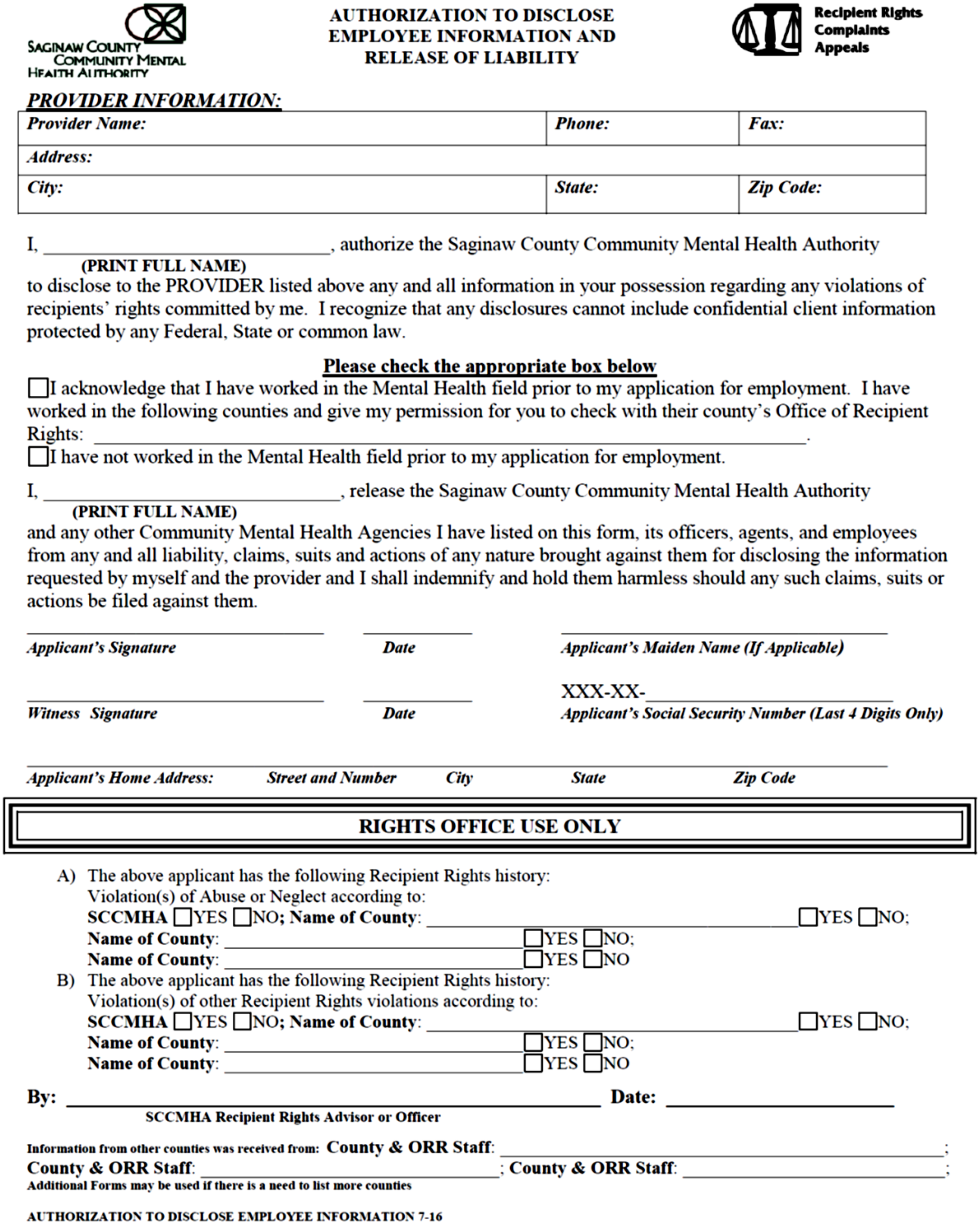
Exhibit A

Regulatory Compliance

Regulatory Compliance Verification Summary

Entity Source	**Officers & Directors**	**Medicaid ID possessors**	**Licensed Clinicians**	**Non-Licensed Caregivers**	**All Other Entities**
Excluded Parties List System (GSA)	Prior to relationship and periodically	**N.A.**	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly
List of Excluded Entities & Individuals (OIG)	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly
Consumer & Industry Services (Mich.)	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly	Prior to relationship and Monthly
NPDB	**N.A.**	Prior to relationship and biennial	Prior to relationship and biennial	**N.A.**	**N.A.**
HIPDB	**N.A.**	Prior to relationship and biennial	Prior to relationship and biennial	**N.A.**	**N.A.**
Mich. State Police	Optional	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause
Office of Recipient Rights	Optional	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause
Dept. of Motor Vehicles	Optional	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause	Prior to relationship and w/cause

Exhibit B



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY

Recipient Rights
Complaints
Appeals

PROVIDER INFORMATION:

Provider Name:	***Phone:***	***Fax:***
Address:		
City:	***State:***	***Zip Code:***

I, ______________________________, authorize the Saginaw County Community Mental Health Authority
(PRINT FULL NAME)
to disclose to the PROVIDER listed above any and all information in your possession regarding any violations of recipients' rights committed by me. I recognize that any disclosures cannot include confidential client information protected by any Federal, State or common law.

Please check the appropriate box below

☐I acknowledge that I have worked in the Mental Health field prior to my application for employment. I have worked in the following counties and give my permission for you to check with their county's Office of Recipient Rights: ____.

☐I have not worked in the Mental Health field prior to my application for employment.

I, ______________________________, release the Saginaw County Community Mental Health Authority
(PRINT FULL NAME)
and any other Community Mental Health Agencies I have listed on this form, its officers, agents, and employees from any and all liability, claims, suits and actions of any nature brought against them for disclosing the information requested by myself and the provider and I shall indemnify and hold them harmless should any such claims, suits or actions be filed against them.

______________________________ ___________ ______________________________
Applicant's Signature ***Date*** ***Applicant's Maiden Name (If Applicable)***

______________________________ ___________ XXX-XX-__________________
Witness Signature ***Date*** ***Applicant's Social Security Number (Last 4 Digits Only)***

____
Applicant's Home Address: ***Street and Number*** ***City*** ***State*** ***Zip Code***

RIGHTS OFFICE USE ONLY

A) The above applicant has the following Recipient Rights history:
Violation(s) of Abuse or Neglect according to:
SCCMHA ☐YES ☐NO**; Name of County**: ______________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO

B) The above applicant has the following Recipient Rights history:
Violation(s) of other Recipient Rights violations according to:
SCCMHA ☐YES ☐NO**; Name of County**: ______________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO;
Name of County: ______________________________ ☐YES ☐NO

By: ____ **Date:** ______________________
SCCMHA Recipient Rights Advisor or Officer

Information from other counties was received from: **County & ORR Staff**: ______________________________;
County & ORR Staff: ______________________________; **County & ORR Staff**: ______________________________;
Additional Forms may be used if there is a need to list more counties

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 7-16

Exhibit C

A Word About Professional Licensure

Proof of Licensure at Hire (where required)
SCCMHA job descriptions are generally written based on the minimum qualifications for positions/classifications within the SCCMHA network. If licensure is required, the individual must provide proof of licensure in order to apply for the specific position/classification. For example, if the position/classification requires a minimum of a ‘limited license’ then the individual must have proof of having obtained the limited licensure at the time of employment/job application. If the position requires a full license, then that is what is required at the time of application or hire. Any candidate who does not have the licensure, or otherwise does not meet the minimum qualifications, will not be considered.

Full or Limited Licensure
SCCMHA may elect to use a limited license or a full license as the minimum qualification, in keeping with Medicaid/MDCH requirements. For example, for case management positions within the SCCMHA network, one of the minimum qualifications according to the Medicaid QMHP definition is limited license social worker, so this minimum qualification is acceptable. For positions involved in therapy or the provision of treatment practices, SCCMHA has elected to require a full licensure (vs. limited licensure) at hire, as included in the Medicaid Mental Health Professional definition. When either SCCMHA or Medicaid requires a full licensure status, a limited license is not acceptable.

Job/Classification Title vs. Professional Licensure
With very few exceptions as so specified in certain job descriptions, even if licensure status is required, most professional position/classification titles are not specific to a certain licensure status or credential. For example, although Client Service Manager positions require (per Medicaid standards) a QMHP (Qualified Mental Health Professional) status - which includes social worker licensure as one possible means of qualification - the position/classification duties and responsibilities are that of a case manager, not a social worker, as other licensure or credentials could also meet the QMHP status minimum requirement. Another example is a position/classification that requires the professional to conduct individual or group therapy; generally these positions/classifications require a master’s degree, but the specific type of licensure may vary and the job/classification title may not be specific to a certain licensure expectation.

Supervision of Limited Licensure Individuals
SCCMHA as an organization is supportive of the promotion of the completion of licensure for individuals where applicable, however, the oversight of specific licensure supervision, for any individual who might be hired in a position/classification who has a

limited licensure status is up to the individual, with the support of their supervisor, in securing their own arrangements for licensure supervision as needed. There is no prohibition by SCCMHA preventing any such arrangement to occur between an individual and their supervisor, and in fact work hours at SCCMHA are appropriate to use to meet or address licensure requirements; it is up to each individual limited licensure status professional, however, and their supervisor (or another professional if other than the supervisor) to make all specific arrangements and/or keep documentation. It is up to the supervisor or other individual who voluntarily agrees to provide licensure supervision to make any needed accommodations. This support of the supervisor in assisting persons to obtain licensure would be considered an appropriate professional courtesy. If any individual who is hired with a limited license as required by their position fails to obtain full licensure in the time frame allowed by statute, they could be subject to loss of their position of employment for failure to meet the minimum job qualifications, in the same manner that any individual might fail to obtain or retain the licensure needed in order to continue their employment/job status at SCCMHA if required by the job classification. All conditions or allowances related to salaried employees, HIPAA/confidentiality, work environment standards and other work requirements apply in any SCCMHA work settings when licensing supervision oversight activities are occurring.

April 2010

Exhibit D

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Staff Credentials Certification Form

Staff Name:________________________________ Supervisor:__________________________ Date:______________

QIDP: An individual who meets the qualifications under 42 CFR 483.430. A QIDP is a person who has specialized training or one year of experience in treating or working with a person who has an intellectual disability; and is a psychologist, physician, educator with a degree in education from an accredited program, licensed or limited licensed master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, rehabilitation counselor, licensed or limited licensed professional counselor or individual with a human services degree hired and performing in the role of QIDP prior to January 1, 2008. (Refer to Staff Provider Qualifications in the Program Requirements Section of this chapter for specific requirements of the professionals.)
NOTE: If an individual was hired and performed the role of a QIDP prior to January 1, 2008 and later transfers to a new agency, his/her QIDP status will be grandfathered into the new agency.

I meet the qualifications for QIDP based on the following:

☐ I have worked as a QMRP/QIDP prior to January 1, 2008, or

☐ I have transferred from another agency where I had QIDP status, or

☐ I have worked with a person who has an intellectual disability, as noted on my resume or other form of documentation attached to this form, for a year or longer, and

☐ I am a licensed or limited licensed social worker, psychologist, or educator with a degree in education from an accredited program.

QMHP: An individual who has specialized training or one year of experience in treating or working with a person who has mental illness; and is a psychologist, physician, educator with a degree in education from an accredited program, licensed or limited licensed master's or bachelor's social worker, physical therapist, occupational therapist, speech pathologist or audiologist, registered nurse, therapeutic recreation specialist, rehabilitation counselor, licensed or limited licensed professional counselor or individual with a human services degree hired and performing in the role of QMHP prior to January 1, 2008. (Refer to Staff Provider Qualifications in the Program Requirements Section of this chapter for specific requirements of the professionals.) NOTE: If an individual was hired and performed the role of a QMHP prior to January 1, 2008 and later transfers to a new agency, his/her QMHP status will be grandfathered into the new agency.

I meet the qualifications for QMHP based on the following:

☐ I have worked as a QMHP prior to January 1, 2008, or

☐ I have transferred from another agency where I had QMHP status, or

☐ I have worked with a person who has a mental illness, as noted on my resume or other form of attached documentation, for a year or longer, and

☐ I am a licensed or limited licensed social worker, psychologist, or educator with a degree in education from an accredited program.

- **QIDP** professionals can perform **Supports Coordination** services
- **QIDP & QMHP** professionals can perform **Targeted Case Management** services. If Case Manager has only bachelor's degree without specialized training or experience, they must be supervised by a QMHP or QIDP.

I certify the above information is true and accurate and realize that any false information could cause SCCMHA to not be able to bill for Habilitation Supports Waiver Services and/or Targeted Case Management.

Staff Signature	Staff Printed Name	Date

Verified by:

Staff Signature	Staff Printed Name	Date

Policy and Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: SCCMHA Continuing Education Program	**Chapter**: 05 - Organizational Management	**Subject No**: 05.06.06
Effective Date: 9/1/03	**Date of Review/Revision**: 8/11/05, 8/24/06, 1/25/07, 6/23/09, 8/30/10, 6/6/12, 6/3/14, 4/3/16, 6/13/17, 6/1/18, 8/7/19, 6/8/20, 1/10/22	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Network Services, Public Policy & Continuing Education
	Supersedes:	
		Authored By: Jennifer Keilitz **Additional Reviewers**: Alecia Schabel

Purpose:

It is the expectation that SCCMHA will ensure a competent network of service providers. SCCMHA specifies required instruction in specific areas for service delivery providers of mental health and substance use disorder services. When on-site audits and other compliance reviews of SCCMHA operations are conducted, proof of those required education standards for employees, staff and providers must be provided. In addition, the provision of ongoing education and competency testing ensures at a minimum, compliance with the State and Federal standards, and also the provision of appropriate and quality services that maintain and promote the health, safety and goal achievement of persons served by the SCCMHA network.

Policy:

It is the policy of SCCMHA to have a continuing education program that meets State and Federal requirements, and ensures competent staff and provider network members. In order to ensure a properly instructed and competent provider and staff workforce, SCCMHA chooses to both directly provide as well as procure, as needed, a full complement of routine and ad hoc quality and comprehensive training opportunities. SCCMHA requires staff and provider network members to meet minimum education requirements, including some annual renewals, in accordance with the person's and/or programs' role or scope of service delivery. SCCMHA expects that staff and providers will demonstrate competency in these areas in the performance of their work on behalf of SCCMHA. SCCMHA may also require from time to time, staff and provider attendance at ad hoc education programs to either meet new or changed requirements, to refresh expertise, or to ensure the maintenance of competency in certain continuing education areas.

Application:

This policy applies to all staff and relevant members of the SCCMHA service provider Network. This policy pertains only to ongoing education; it does not address employee orientation, program specific in-services, or attendance at external conferences or workshops as approved by supervisors of employees, covered by other SCCMHA and/or HR policies and/or procedures, or such of any SCCMHA contractor.

Standards:

A. SCCMHA will establish minimum education standards for providers and staff by type, department or position; updates will be provided to staff and contractors as appropriate. Standards will be used to measure performance and compliance.
B. SCCMHA minimum continuing education standards will be established with input from SCCMHA supervisors and management, and approved by the SCCMHA Management Team and Continuing Education Committee.
C. SCCMHA will publish education protocols of core required courses, to include course topic/title, values, identified outcomes/objectives, duration and frequency of course, competency test tool, summary of course content, criteria for successful completion, targeted audience, pre-requisites (if any) and educator qualifications.
D. SCCMHA provided courses will adhere to an established, published education plan and calendar. The education plan will be approved by the SCCMHA Continuing Education Committee and the SCCMHA Management Team.
E. SCCMHA provided courses will adhere to written education protocols for all continuing education areas routinely conducted.
F. Routine courses contained in the SCCMHA minimum education requirements will be offered at regular intervals and advertised with sufficient notice to staff and/or provider relevant audiences.
G. Education protocols will be kept current by SCCMHA staff and will be adopted by SCCMHA through Management Team review.
H. Ad hoc courses sponsored or provided by SCCMHA must have an established protocol; ad hoc courses must be reviewed by the Continuing Education Supervisor who will submit the courses to the SCCMHA Continuing Education Committee and the SCCMHA Management Team for approval.
I. Education protocols will include the course topic and definition, values, outcomes or objective(s), summary of content, criteria for completion, desired or intended audience, duration, and frequency.
J. All SCCMHA education offerings that award continuing education credits will include the following:
    a. Advance notice to the correct audience(s)
    b. Course posting (may be electronic) that includes:
        1. The ACE statement and provider number for social workers
        2. Number of continuing education clock hours
        3. Presenter information
        4. Educational goals and objectives
        5. Written notice of CEUs granted
        6. Contact information for filing a grievance
        7. Accommodations for individuals with disabilities

        8. How certificates will be awarded and time frames
        9. Criteria for successful completion
        10. Time frame
        11. Location
        12. Target audience
        13. Clarification on RSVP and/or mandatory attendance requirements
    c. Agenda with presenter(s) information and written goals and objectives
    d. Handouts/Written Materials.
    e. Sign-in sheet and sign out sheet.
    f. Certificate awarding CE credits.
    g. Sufficient allowance of time for audience question and answers.
    h. Method or tool to assess attendee competency on the course topic post training session.
    i. Follow-up by educator on any specific course topic or session issues.
    j. Audience Evaluation to assess adherence to the written goals and objectives
    k. Data entry to SCCMHA network services data base.

K. Handout materials for non-mandatory education sessions may be provided to absent audience members upon request at the discretion of SCCMHA.

L. Ad hoc courses will be evaluated for possible insertion into standing education programs.

M.. SCCMHA will make arrangements to record standing courses whenever feasible to accommodate staff and provider needs and has an established check- out system for staff and provider use.

N. SCCMHA will establish a periodic continuing education work group - composed of the Continuing Education Supervisor, SCCMHA Human Resources, Provider/Clinical program representatives, as well as representatives from Medical Services, consumer representative(s), and Social Work Consultant – to review continuing education procedures, coordination and standards.

O. Providers who receive required education courses from sources other than SCCMHA must have approval from the designated continuing education unit staff or supervisors to meet minimum education requirements application; staff must have supervisory approval on external continuing education to meet minimum posted standards.

P. Providers may be offered the opportunity for some course offerings to ‘test out’ as proof of competency, in lieu of face-to-face attendance at an education session.

Q. Participants may be offered reasonable opportunity for remedial education to ensure minimum competency level achievement.

R. SCCMHA will continue to seek to develop alternative and flexible methods of education offerings, including on-line and/or self-testing course formats when feasible as well as virtual format.

S. SCCMHA in 2019 started offering clinical staff the opportunity to obtain additional trainings through the Relias ® training platform. These do not replace the training provided by SCCMHA that is specifically designed to support SCCMHA mission and vision statement. However, it is meant to offer additional training on topics where staff can develop additional skills to perform their work with consumers. SCCMHA also encourages staff to use the Improving MI Practices website https://www.improvingmipractices.org/online/ to gain knowledge and skills.

T. Provider network members and SCCMHA supervisors and staff will receive routine, quarterly reports of individual course completion and compliance with minimum education requirements.
U. SCCMHA provider network audits will include measurement of performance in education areas.
V. SCCMHA will require network providers to maintain at a minimum 95% compliance in education requirements.
W. SCCMHA Contracts & Properties Management Unit may consider issuing a sanction to providers who fail to meet the minimum education compliance requirement.
X. SCCMHA Network Services & Public Policy Department will routinely publish acknowledgements of network providers who consistently meet or exceed the minimum required education requirements.
Y. Consumer focused education will be planned by the Continuing Education Unit and/or the Customer Services Department and published to providers.
Z. Whenever feasible, SCCMHA will seek to obtain CEU and CAC credits to be available to participants of education offerings to meet professional continuing education requirements of staff and providers.
AA. For classroom-based courses, SCCMHA reserves the right to limit class audience size for optimal learning.
BB. SCCMHA will maintain for at least seven years in a secure location:
  a. Names and resumes of continuing education supervisor and social work consultant
  b. Participant name, profession, and license/certification/registration number as applicable to position
  c. Course title, date, location and credits awarded
  d. Course outline/syllabus and learning objectives
  e. Course instructor’s qualifications and professional affiliations
  f. ADA requests and services provided
  g. Grievances and resolutions
  h. Course evaluations
CC. SCCMHA will implement all state and regional reciprocity standards to attempt to bring uniformity and consistency in providing introductory training of direct support staff and others involved in more than one CMHSP service.
DD. For ad hoc courses or external conferences or trainings that are not part of the regular mandatory training program of SCCMHA, supervisors must approve employee attendance; this requirement also applies to contracted provider staff.

Definitions:
For purposes of this policy, the following definitions apply:

Competency – Having the requisite or adequate abilities or qualities as well as the capacity to appropriately function and respond.

Continuing Education – May be standing education schedule or ad hoc; instruction programs specifically designed to meet certain standards and promote minimum level of competency.

Credentialing – Affirming the background and qualifications and/or education and course record of an individual; may be direct-source verification.

Development – The ongoing enhancement of an individual's knowledge and expansion or refinement of their skills in existing or new areas of expertise.

In-Service - Department or program specific offerings that promote advancement of staff knowledge on a specific topic, including adherence to policies and procedures.

Orientation – Acquainting an individual employee with their position duties, environment and resources to perform their job through proper introductions to supervisors and co-workers and SCCMHA policies and practices; may be department specific and/or broad to the scope of SCCMHA.

References:
Improving MI Practices Website: https://www.improvingmipractices.org/online/
SCCMHA Education Protocols Manual (most current version)
SCCMHA Minimum Education Requirements
SCCMHA Competency Requirements for the SCCMHA Provider Network Policy
SCCMHA HR policies as applicable
MDHHS Prepaid Inpatient Health Plans, Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency policy April 2014
Network Providers Background Verification & Credentialing Procedure & Plan
SCCMHA Provider Participation Agreement
Relias® training platform.

Exhibits:
None

Procedure:

ACTION	RESPONSIBILITY
Approve SCCMHA annual continuing education program/plan, standing education protocols and minimum education requirements for SCCMHA network and staff.	SCCMHA Management, Service Management Teams, & Continuing Education Committee (as documented in minutes)
Approve and develop ad hoc courses and in-services to meet needs; ensure qualifications of instructors.	SCCMHA Continuing Education Supervisor
Ensure staff and self-schedule of attendance/completion of required courses	Supervisors and Directors

and monitor staff adherence to minimum education requirements.	
Assure arrival on time as continuing education cannot allow late arrivals and offer CE's. Any late arrivals to classes will be turned away at the security desk.	Staff and Supervisors
Oversee Continuing Education Unit functions and development of continuing education schedules, protocols and resources.	SCCMHA Director of Network Services, Public Policy, & Continuing Education
Chairs Continuing Education Committee	SCCMHA Continuing Education Supervisor
Provides or coordinates all standing education offerings and materials. Ensures record keeping of course attendance and competency tests. Develops and refines education programs, protocols, and curricula. Provides consultation to providers and programs on continuing education issues.	SCCMHA Continuing Education Supervisor
Meets on a quarterly and ad hoc basis as needed to review and provide feedback on SCCMHA continuing education program structure and goals.	Continuing Education Committee
Provides input on continuing education issues and needs for the SCCMHA system and makes suggestions for improvement.	Quality Governance Committee SCCMHA Supervisors SCCMHA Provider Network Members Continuing Education Committee

<table>
<tr><th colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</th></tr>
<tr><td>Subject: Continuing Education Credits for Social Workers</td><td>Chapter: 05 - Organizational Management</td><td>Subject No: 05.06.06.01</td></tr>
<tr><td rowspan="2">Effective Date:
7/24/06</td><td>Date of Review/Revision:
3/2/09, 6/22/09, 8/30/10, 6/13/12, 5/15/14, 4/3/16, 6/13/17, 6/13/18, 5/23/19, 6/1/20, 1/10/22</td><td>Approved By:
Sandra M. Lindsey, CEO</td></tr>
<tr><td>Supersedes:</td><td rowspan="2">Responsible Director:
Director of Network Services, Public Policy & Continuing Education

Authored By:
Jennifer Keilitz

Additional Reviewers:
Alecia Schabel</td></tr>
<tr><td colspan="2">SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY</td></tr>
</table>

Purpose:
The purpose of this policy is to establish protocols for the development and implementation of quality continuing education courses for social workers.

Policy:
It is the policy of SCCMHA to ensure social workers have access to quality continuing educational opportunities that meet the Michigan Board of Social Work standards for Continuing Education Credits. Licensed social workers in Michigan are required to complete forty-five (45) clock hours (which is the equivalent of forty-five (45), sixty 60-minute blocks of time) hours of approved continuing education every three years to maintain a valid license including two (2) hours of pain management training and five (5) hours of ethics.

Application:
This policy applies to all SCCMHA staff and network service providers holding a State of Michigan social work license (i.e., LBSW, LMSW). Effective July 1, 2005, the provisions of Michigan P.A. 61 of 2004 went into effect. These engendered significant amendments to the regulation of the practice of social work in the State of Michigan and made the following title changes: (1) Registered Social Work Technicians became Registered Social Service Technicians; (2) Registered Social Workers became Licensed Bachelor's Social Workers; (3) Certified Social Workers became Licensed Master's Social Workers.

Standards:

A. SCCMHA will, at its discretion, offer continuing education courses relevant to current social work theory, methods, and practices.

B. SCCMHA sponsored continuing education courses shall reflect empirical research and best practices.
C. The development, assessment and review of all SCCMHA sponsored continuing education courses will be implemented by the Continuing Education Committee comprised of the Director of Network Services & Continuing Education, the Continuing Education Supervisor and the Social Work Consultant, and others as applicable.
D. Target licensure categories will be identified on all publications promoting SCCMHA continuing education courses.
E. SCCMHA continuing education courses shall be planned in response to the educational needs of social workers in Michigan and meet relevant professional guidelines. Input from social workers and experts in the field will be sought in order to ensure accurate assessment of the quality of learning activities is made.
F. SCCMHA will make every effort feasible to secure social work credits for required and optional courses offered, but cannot guarantee SCCMHA offerings will be able to meet all social work licensure requirements.
G. SCCMHA adheres to NASW (National Association of Social Workers) guidelines pertaining to any limits or standards for CEs obtained via face-to-face, and/or on-line learning modalities.

Definitions:

Continuing Education (CE) is education oriented toward maintenance, improvement or enhancement of social work practice.

References:

A. SCCMHA Continuing Education Program Policy
B. HR policies as applicable
C. Michigan P.A. 61 of 2004 **(https://www.michigan.gov/documents/mdch/mdch_sw_swpracticechangesduetolicensure_216184_7.pdf)**
D. **NASW Standards for Continuing Professional Education (https://www.socialworkers.org/LinkClick.aspx?fileticket=qrXmm_Wt7jU%3d&portalid=0)**
E. **ACE CE Handbook https://www.aswb.org/ace/ace-handbook/**

Exhibits:

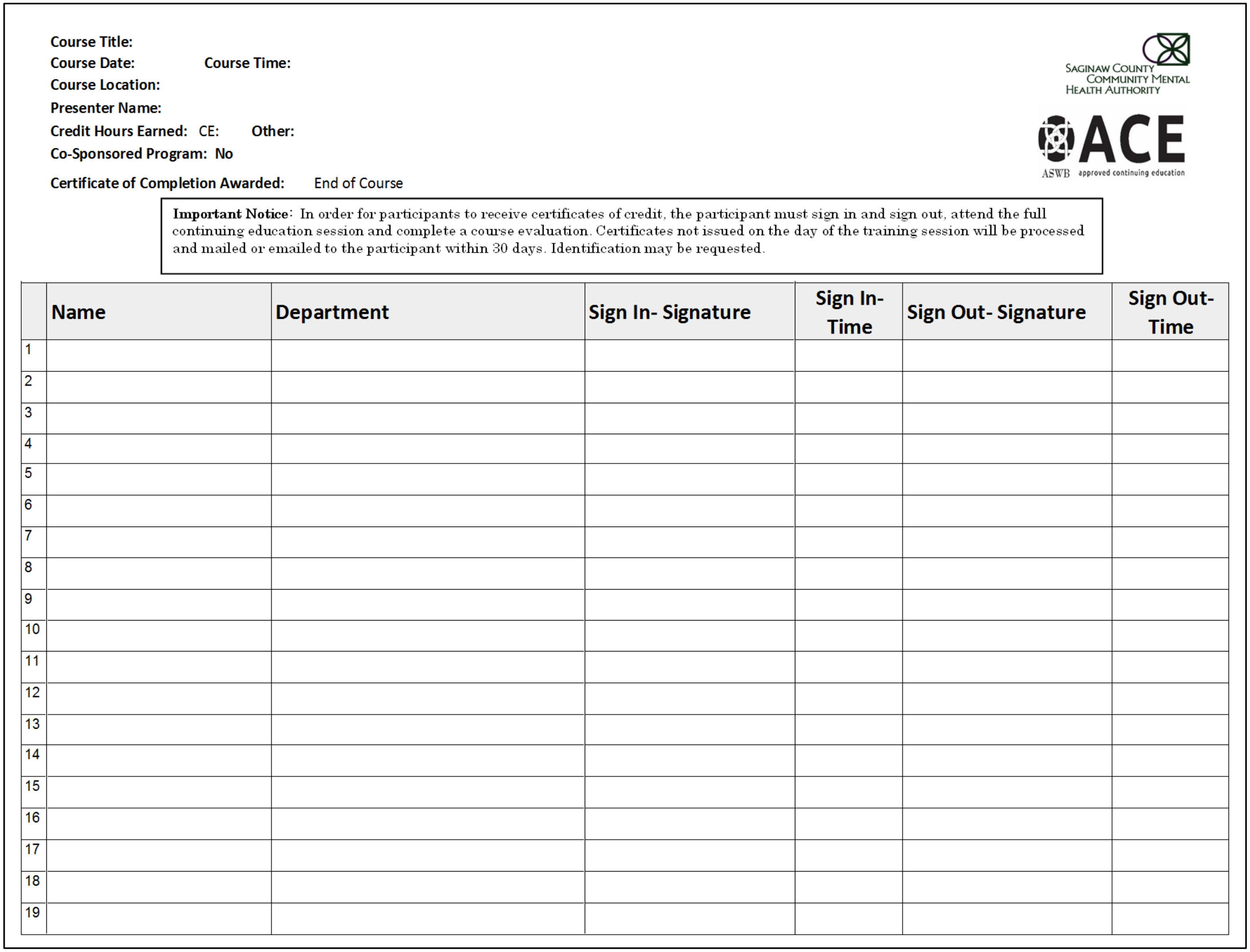
Exhibit A – SCCMHA Continuing Education Attendance Sign-in/Sign-Out Sheet
Exhibit B – SCCMHA Participant Evaluation Form
Exhibit C – SCCMHA Certificate of Completion
Exhibit D – SCCMHA Training Announcement

Procedure:

ACTION	RESPONSIBILITY
Research, assess and review continuing education courses relevant to social work theory, methods and best practices.	SCCMHA Director of Network Services & Continuing Education, Continuing Education Supervisor, Social Work Consultant.
Develop and sponsor relevant continuing education courses.	Trainer in coordination with Continuing Education Supervisor and/or Social Work Consultant.
Approve SCCMHA continuing education work plan annually	Service Management, Management Teams, & Continuing Education Committee
Ensure educational offerings include advance notice to appropriate audiences.	Continuing Education Supervisor and Continuing Education Unit clerical support staff
Ensure training announcement publications include clarity on time, location, target audience, fees if any, special accommodations, credits awarded.	Continuing Education Supervisor
Ensure training offerings have written protocols and a written agenda that summarizes content and desired outcomes.	Continuing Education Supervisor
Submit appropriate materials to the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) to ensure SCCMHA can offer CEs for credit.	Continuing Education Supervisor
Ensure training offerings adhere to written protocols and stated agenda.	Continuing Education Supervisor
Ensure that verification of attendance is maintained with sign-in/sign-out signatures of enrollees.	Continuing Education Supervisor

Ensure training evaluations and/or competency exams (post-tests) are completed by attendees as a requirement of receiving course credit.	Continuing Education Supervisor and/or presenter.
Provide training certificate to attendees upon successful completion of each course within thirty (30) days of course completion.	Continuing Education Supervisor and clerical support staff.
Maintain permanent records of each individual's participation (based on time attendance) are made by entering the name of the attendee, training title, date and course hours into training data base within one week of course completion.	Continuing Education Clerical Support
Monitor accuracy of training data base.	Continuing Education Supervisor
Maintain data of CEs earned by SCCMHA network staff.	Continuing Education Clerical Support and Continuing Education Supervisor
Oversee submission of CE activity reports to SCCMHA network staff, Human Resources Department, Supervisors, and other units and departments as required.	Continuing Education Supervisor
Provide CE documentation to SCCMHA network staff for submission to Michigan Department of Community Health Licensing Board for individual Social Work License renewal.	Continuing Education Supervisor
Maintain own file of CE proofs, which is subject to audit upon request and at the sole discretion of the state licensing office.	Individual staff and providers

Exhibit A



Course Title:
Course Date: **Course Time:**
Course Location:
Presenter Name:
Credit Hours Earned: CE: **Other:**
Co-Sponsored Program: No
Certificate of Completion Awarded: End of Course

Saginaw County Community Mental Health Authority

ACE
ASWB approved continuing education

Important Notice: In order for participants to receive certificates of credit, the participant must sign in and sign out, attend the full continuing education session and complete a course evaluation. Certificates not issued on the day of the training session will be processed and mailed or emailed to the participant within 30 days. Identification may be requested.

	Name	Department	Sign In- Signature	Sign In- Time	Sign Out- Signature	Sign Out- Time
1						
2						
3						
4						
5						
6						
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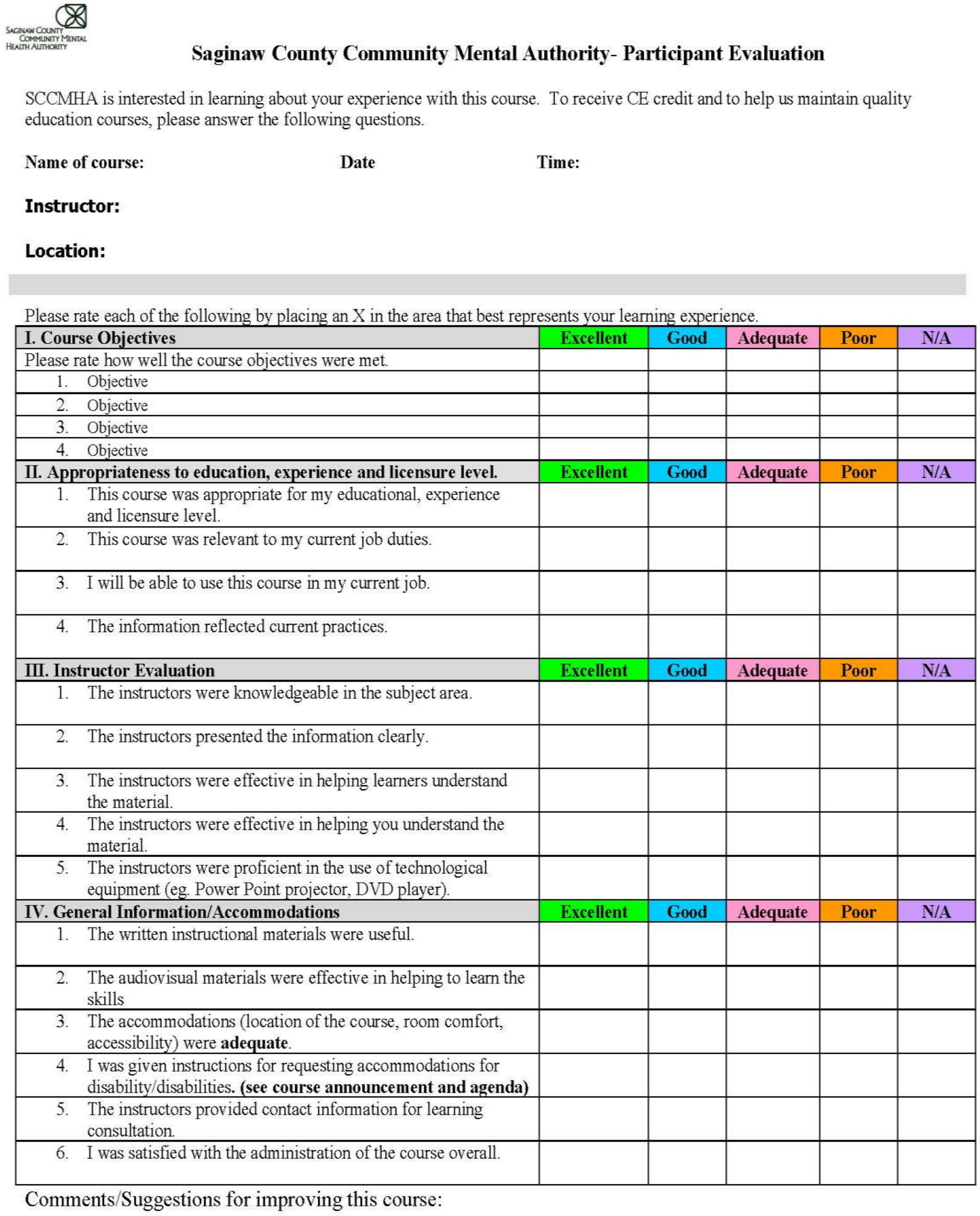
Exhibit B



Saginaw County
Community Mental
Health Authority

Saginaw County Community Mental Authority- Participant Evaluation

SCCMHA is interested in learning about your experience with this course. To receive CE credit and to help us maintain quality education courses, please answer the following questions.

Name of course: **Date** **Time:**

Instructor:

Location:

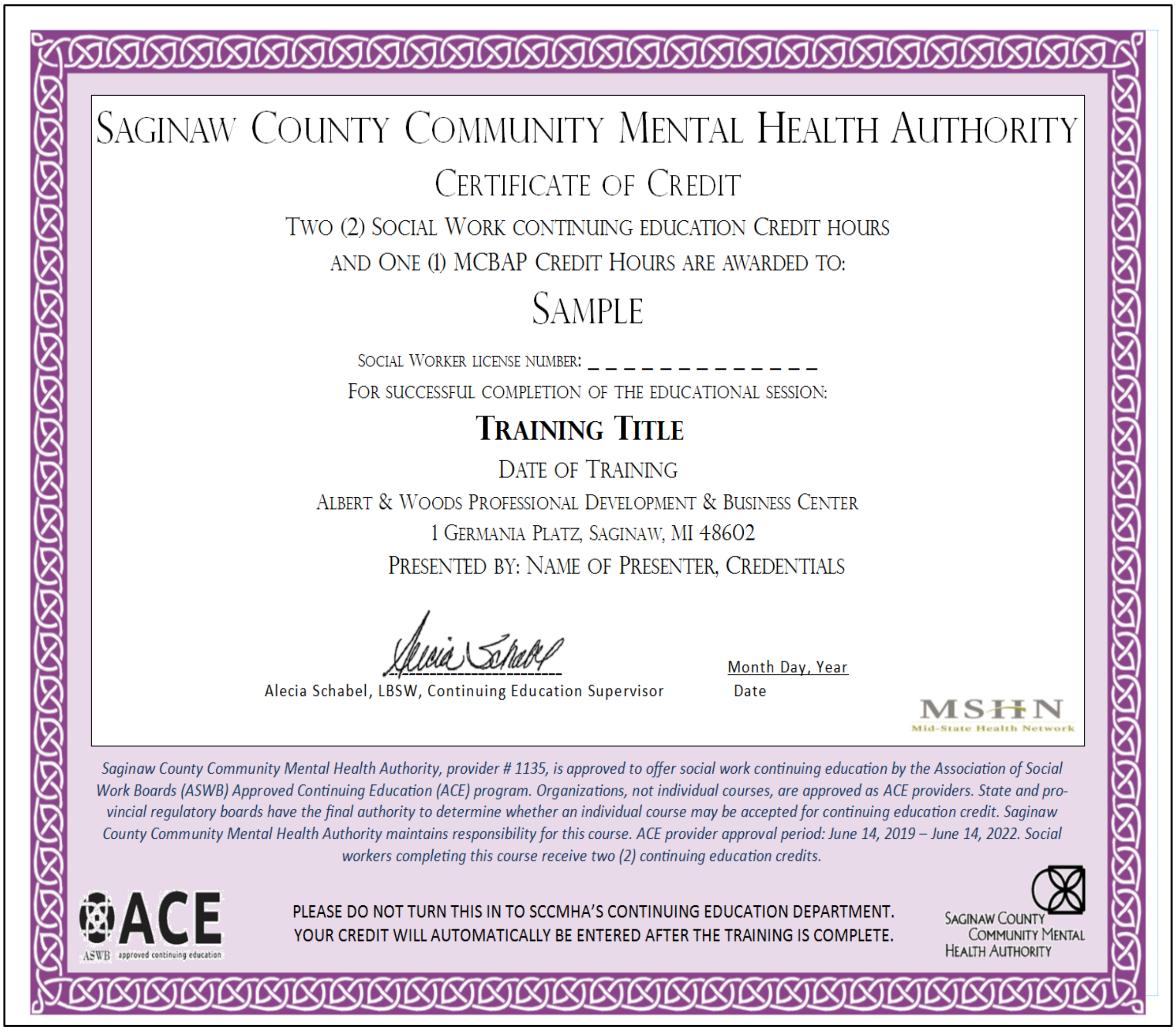
Please rate each of the following by placing an X in the area that best represents your learning experience.

I. Course Objectives	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
Please rate how well the course objectives were met.					
1. Objective					
2. Objective					
3. Objective					
4. Objective					
II. Appropriateness to education, experience and licensure level.	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
1. This course was appropriate for my educational, experience and licensure level.					
2. This course was relevant to my current job duties.					
3. I will be able to use this course in my current job.					
4. The information reflected current practices.					
III. Instructor Evaluation	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
1. The instructors were knowledgeable in the subject area.					
2. The instructors presented the information clearly.					
3. The instructors were effective in helping learners understand the material.					
4. The instructors were effective in helping you understand the material.					
5. The instructors were proficient in the use of technological equipment (eg. Power Point projector, DVD player).					
IV. General Information/Accommodations	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
1. The written instructional materials were useful.					
2. The audiovisual materials were effective in helping to learn the skills					
3. The accommodations (location of the course, room comfort, accessibility) were **adequate**.					
4. I was given instructions for requesting accommodations for disability/disabilities**. (see course announcement and agenda)**					
5. The instructors provided contact information for learning consultation.					
6. I was satisfied with the administration of the course overall.					

Comments/Suggestions for improving this course:

Thank you for your participation in this training

Exhibit C



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

CERTIFICATE OF CREDIT

TWO (2) SOCIAL WORK CONTINUING EDUCATION CREDIT HOURS
AND ONE (1) MCBAP CREDIT HOURS ARE AWARDED TO:

SAMPLE

SOCIAL WORKER LICENSE NUMBER: _ _ _ _ _ _ _ _ _ _ _ _ _ _

FOR SUCCESSFUL COMPLETION OF THE EDUCATIONAL SESSION:

TRAINING TITLE

DATE OF TRAINING
ALBERT & WOODS PROFESSIONAL DEVELOPMENT & BUSINESS CENTER
1 GERMANIA PLATZ, SAGINAW, MI 48602
PRESENTED BY: NAME OF PRESENTER, CREDENTIALS

Alecia Schabel
Alecia Schabel, LBSW, Continuing Education Supervisor

Month Day, Year
Date

MSHN
Mid-State Health Network

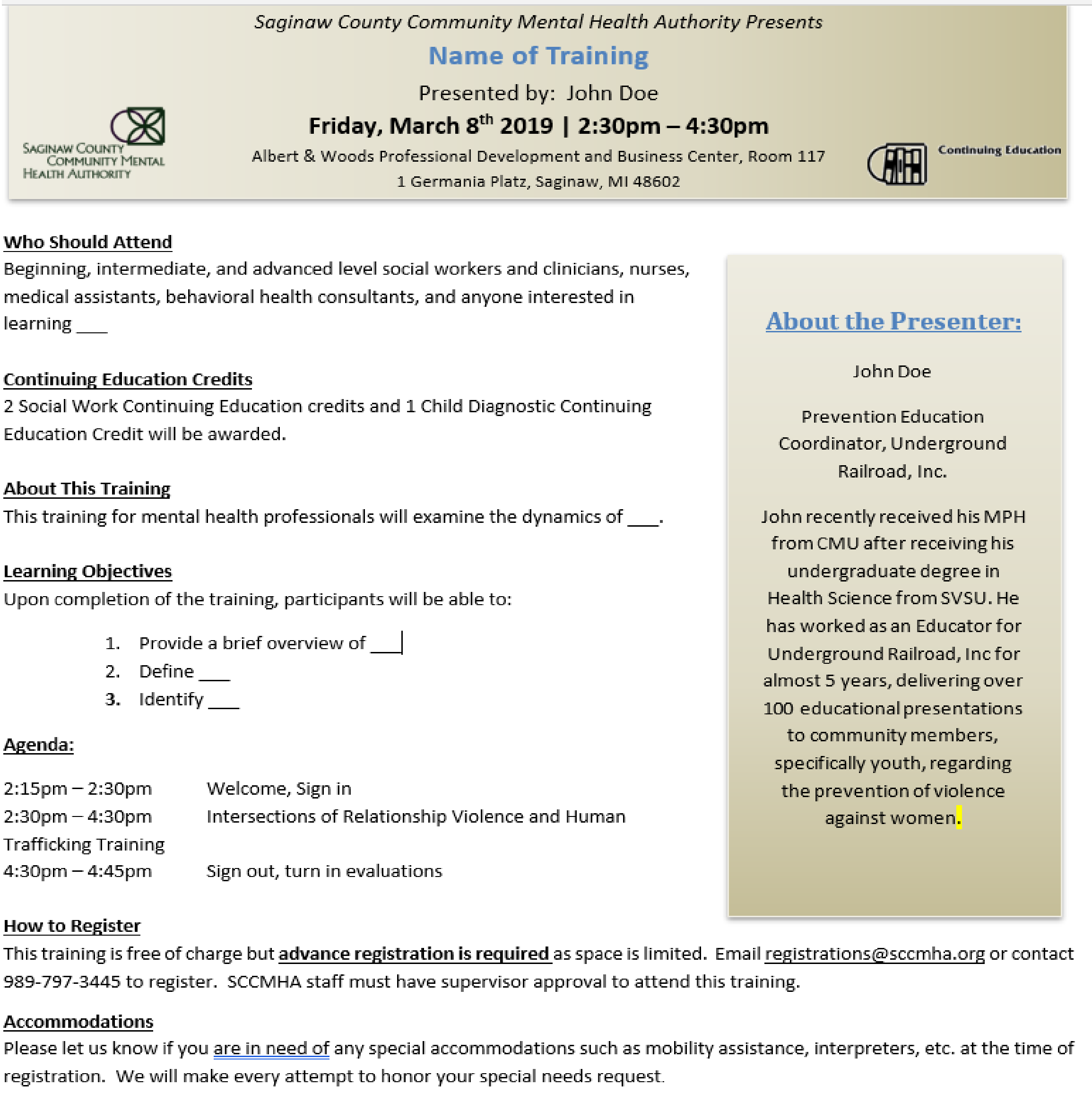
Saginaw County Community Mental Health Authority, provider # 1135, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Saginaw County Community Mental Health Authority maintains responsibility for this course. ACE provider approval period: June 14, 2019 – June 14, 2022. Social workers completing this course receive two (2) continuing education credits.

ACE
ASWB approved continuing education

PLEASE DO NOT TURN THIS IN TO SCCMHA'S CONTINUING EDUCATION DEPARTMENT.
YOUR CREDIT WILL AUTOMATICALLY BE ENTERED AFTER THE TRAINING IS COMPLETE.

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

Exhibit D



Saginaw County Community Mental Health Authority Presents

Name of Training

Presented by: John Doe

Friday, March 8th 2019 | 2:30pm – 4:30pm

Albert & Woods Professional Development and Business Center, Room 117
1 Germania Platz, Saginaw, MI 48602

Saginaw County Community Mental Health Authority
Continuing Education

Who Should Attend

Beginning, intermediate, and advanced level social workers and clinicians, nurses, medical assistants, behavioral health consultants, and anyone interested in learning ___

Continuing Education Credits

2 Social Work Continuing Education credits and 1 Child Diagnostic Continuing Education Credit will be awarded.

About This Training

This training for mental health professionals will examine the dynamics of ___.

Learning Objectives

Upon completion of the training, participants will be able to:

1. Provide a brief overview of ___
2. Define ___
3. Identify ___

Agenda:

2:15pm – 2:30pm	Welcome, Sign in
2:30pm – 4:30pm	Intersections of Relationship Violence and Human Trafficking Training
4:30pm – 4:45pm	Sign out, turn in evaluations

About the Presenter:

John Doe

Prevention Education Coordinator, Underground Railroad, Inc.

John recently received his MPH from CMU after receiving his undergraduate degree in Health Science from SVSU. He has worked as an Educator for Underground Railroad, Inc for almost 5 years, delivering over 100 educational presentations to community members, specifically youth, regarding the prevention of violence against women.

How to Register

This training is free of charge but **advance registration is required** as space is limited. Email registrations@sccmha.org or contact 989-797-3445 to register. SCCMHA staff must have supervisor approval to attend this training.

Accommodations

Please let us know if you are in need of any special accommodations such as mobility assistance, interpreters, etc. at the time of registration. We will make every attempt to honor your special needs request.

Please note: The HVAC system is designed to maintain an overall average temperature by zone. There may be individual areas that fall outside of that average temperature. For those types of areas, the key is to dress appropriately if cool, and if warm we can provide fans.

To receive 2 Social Work and 1 Child Diagnostic continuing education credits participants must:

Sign in before the start of the training
Be present for the entire training
Complete a course evaluation

Sign out at the end of the training

Late notice

The training will begin promptly at 2:30pm as identified in the agenda. Credit will **not** be given for arrivals **any minute** past the start time. There are no exceptions to this.

Certificates

Certificates will be awarded within 30 days of the training. Social workers are responsible for manually writing in license numbers. Attendees spending excessive time out of the room or engaging in activities not associated with the training as determined by the instructor or monitor may not receive credit. No partial credit will be given.

Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602

Saginaw County Community Mental Health Authority, provider # 1135, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Saginaw County Community Mental Health Authority maintains responsibility for this course. ACE provider approval period: June 14, 2019 – June 14, 2022. Social workers completing this course receive two (2) continuing education credits.

Policy and Procedure Manual
Saginaw County Community Mental Health Authority

Subject: Continuing Education Virtual Training	**Chapter**: 05 – Organizational Management	**Subject No**: 05.06.06.04
Effective Date: 8/1/20	**Date of Review/Revision**: 1/10/22	**Approved By**: Sandra M. Lindsey, CEO **Responsible Director:** Director of Network Services, Public Policy & Continuing Education **Authored By**: Alecia Schabel **Additional Reviewers**: Tim Hogan, Matt Nagy & Valerie Toney, Service Management Team
	Supersedes:	

Purpose:
The purpose of this policy is to establish protocols for the development and implementation of quality continuing education virtual training courses.

Policy:
It is the policy of SCCMHA to ensure all staff have access to quality virtual continuing educational training opportunities which meet State and Federal requirements, and ensures competent staff and provider network members.

Application:
This policy applies to all SCCMHA staff and network providers who engage in virtual training.

Standards:
- SCCMHA will, at its discretion, offer virtual continuing education courses relevant to State and Federal requirements.
- SCCMHA virtual continuing education courses shall be planned in response to the needs of staff not able to attend live training.
- SCCMHA Continuing Education Unit staff will monitor all virtual training sessions
- SCCMHA Staff and Network providers will follow appropriate virtual training guidelines:

1) Requirements for all staff:

- All staff should do a test run of equipment to be used during the training session to assure the camera is working, the audio is working, and staff have knowledge of how to log into the virtual training session.
- SCCMHA will set up demonstration (demo) sessions each week for staff to test their equipment to assure everything is working and staff can get the most out of the virtual training session.
- All staff must log in 15 minutes prior to staring the training session to ensure they have access to the training session and all equipment is functioning well.
- Please be sure staff follow all directives once the training is complete.
- If participants attempt to participate 5 minutes after class starts, the participant will not be able to attend class.
- All information covered in the first 5 minutes of class is the responsibility of the participant to obtain from other participants or the instructor at break time.
- Any participant re-joining a virtual training late from break or lunch will not be able to re-join the class.
- If a participant logs out of the virtual class early, the participant will not obtain credit for the virtual class.
- All participants are expected to treat virtual trainings as they would any in class training, to minimize distraction for other participants in the class. This includes:
    - Dressing appropriately
    - Using appropriate discussion methods, the trainers advise to use
    - Keeping the video screen on during the entire class. If disrupted more than 15 minutes you may not be allowed to receive credit for the training.
    - No sleeping
    - No playing with children or pets
    - No eating or drinking
    - Not driving or in a moving vehicle
- All participants are expected to be fully engaged in the virtual training and are not allowed to use other technology such as cell phones, computers, etc. while participating in virtual training.
- Participants that have personal a personal emergency situation that must be monitored during the virtual training will notify the trainer(s) prior to the start of the training to discuss.
- Any system failures (loss of internet, loss of audio/video, etc.) must be called into the Continuing Education Unit at 989-797-3445 within 15 minutes of loss.
- If trainers notice non-participation they will first attempt to gain the attention of the participant via participation options in the virtual training

platform. If the participant does not respond, the trainer will remove the participant from the virtual training.

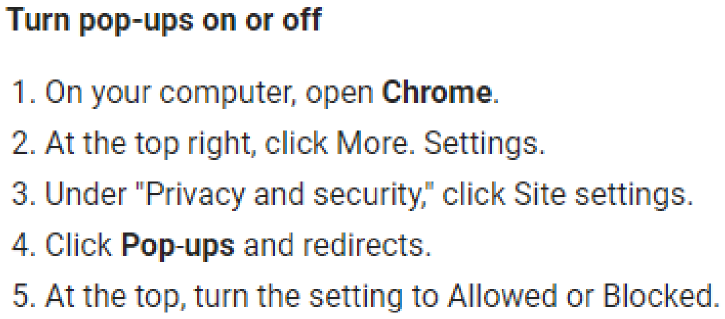
- All participants need to be tolerant and understanding that all participants learn differently and should be respectful of all other participants.
- Staff are responsible for obtaining any required documents from the continuing education unit prior to the virtual class.

2) **Additional Requirements for Direct Care Staff:**

- All new direct care staff must read and sign the online orientation training and pass the test. This includes direct care staff from Residential, community living supports and skill building programs.
- Must pass all aspects of the training including any hands-on requirements as directed by the trainer(s). Participation is required: *voting polls, questions, hand raising, discussion sessions, break out rooms, etc*.
- Testing only allowed once it has been verified the participant was active the entire training.
- Direct Care staff can only fail a test 2 times then the participant will need to re-take the training in its entirety per SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff 05.06.06.02

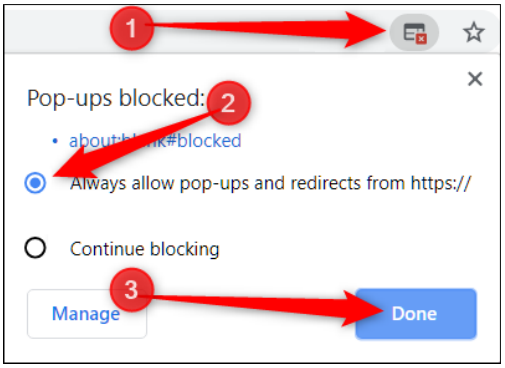
3) **Additional Requirements for Professional Staff:**

- Professional Staff Only: If the trainer or moderator of the virtual class is unable to hear or see you we will NOT be able to offer credit or CE credits. ACE, the company we engage with to offer Continuing Education Credits for Social Workers, requires audio and visual engagement for CE credits to be issued.
- Staff interested in obtaining a certificate for CE's (for those trainings that offer CE's); there will be an evaluation link issued by the trainer you are required to complete PRIOR to CEs being issued. If we do not receive this evaluation, you will not receive Social Work CEs.



Turn pop-ups on or off

1. On your computer, open **Chrome**.
2. At the top right, click More. Settings.
3. Under "Privacy and security," click Site settings.
4. Click **Pop-ups** and redirects.
5. At the top, turn the setting to Allowed or Blocked.



Pop-ups blocked:

● Always allow pop-ups and redirects from https://

○ Continue blocking

Definitions:

ZoomPro® – is a registered software product that SCCMHA is using as a virtual training platform

Virtual training prerequisites – *Online Orientation to Training; Virtual Training Participant Guidelines; virtual Demo Testing*

Virtual Demo Testing – 1-hour time to test audio & visual functions on training devices

References:

A. 05.06.06 SCCMHA Continuing Education Program
B. 05.06.06.01 SCCMHA Continuing Education Credits for Social Workers
C. ACE Handbook https://www.aswb.org/wp-content/uploads/2018/10/ACE-Handbook-FINAL.pdf
D. SCCMHA Zoom Troubleshooting Support Documents https://www.sccmha.org/intranet/continuing-education/online-training-support-documents.html
E. Human Resources policies as applicable

Exhibits:

Exhibit A – SCCMHA Virtual Training Participant Guidelines Professional Staff
Exhibit B – SCCMHA Virtual Training Participant Guidelines DC (Direct Care) Staff
Exhibit C – Zoom Audio Visual Power Point

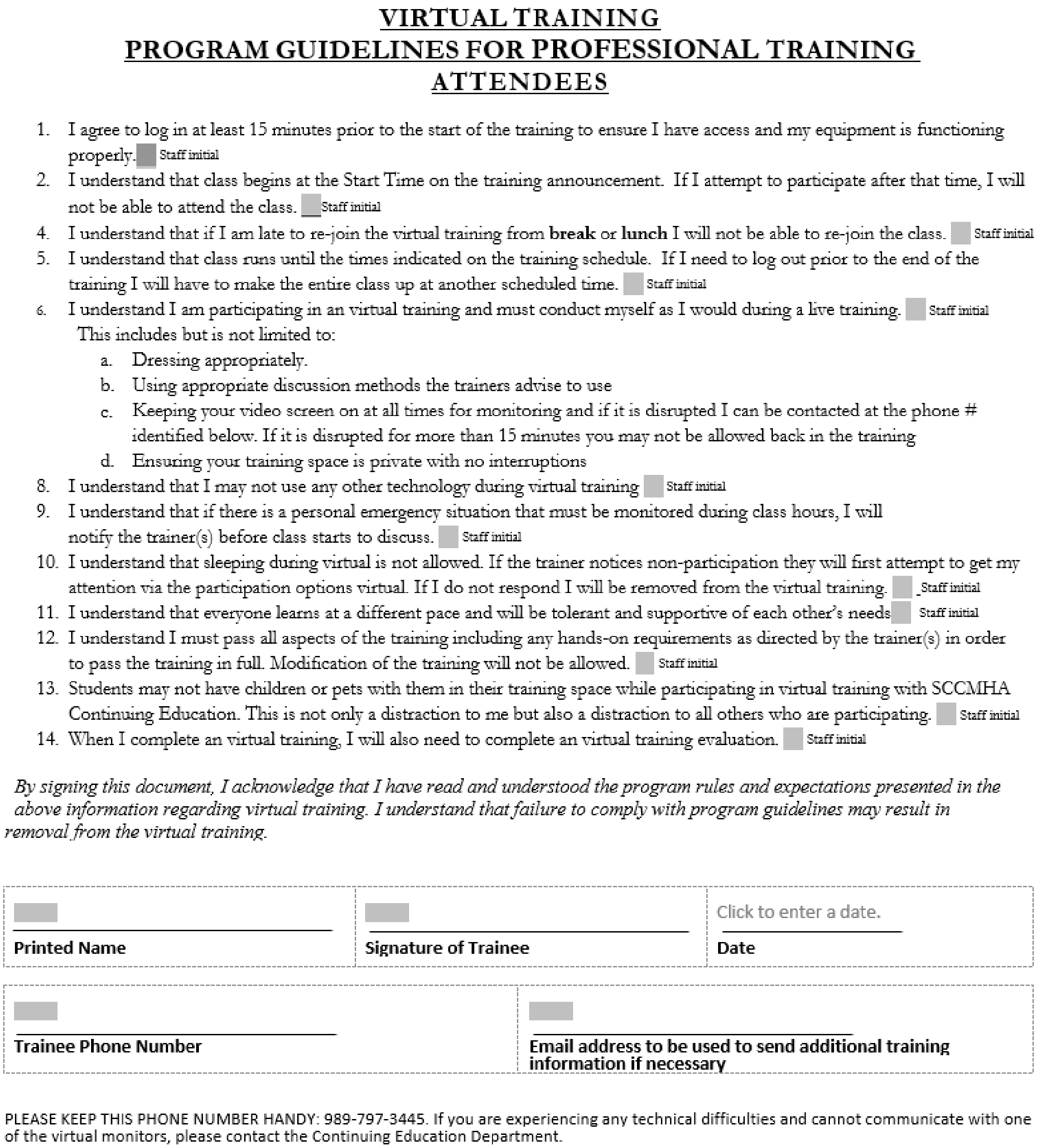
Procedure:

ACTION	RESPONSIBILITY
Approval to offer virtual training	SCCMHA Management Team
Seek out and secure virtual training platform	Chief Information Officer & Chief Quality and Compliance Officer
Develop and facilitate virtual training using a standard SCCMHA Logo template	SCCMHA Continuing Education Supervisor or designee Contracted Trainer
Virtual training announcement	SCCMHA Continuing Education Supervisor

Provide all virtual training registration confirmation notices: - Prerequisite information - Virtual Training links	Continuing Education Specialist SCCMHA Continuing Education Unit Continuing Education Specialist
Offer Virtual training platform device support	SCCMHA Continuing Education Unit and SCCMHA Information Systems Unit
Complete virtual training prerequisites - Direct Care staff: Online Orientation, Online Demo Testing (Exhibit C), Online Training Participant Guidelines (Exhibit B)	SCCMHA Staff and Network Provider staff
Zoom® Account Set up: - Enable video and audio capabilities - Enter the same first and last name given at registration during the Zoom® Log in process	SCCMHA Staff and Network Provider staff
During training: - Log in PRIOR to start of training - Video screen is kept on at all times, all staff are monitored the entire training - No disruptions: no *other* technology used during training (cellphones, tablets, computers etc.) - If late to re-join the online training from **break** or **lunch** participant will not be able to re-join the class. - If there is a personal emergency situation that must be monitored during class hours, trainee will notify the trainer(s) before class starts to discuss - Must pass all aspects of the training including any hands-on requirements as directed by the trainer(s). Participation is required: *voting polls, questions, hand raising, discussion sessions, break out rooms, etc*.	SCCMHA Staff and Network Provider staff

- Any system failures (loss of internet, loss of audio/video, etc.) must be called into the Continuing Education Unit at 989-797-3445 within 15 minutes of loss. - Testing only allowed once it has been verified the participant was active the entire training. - Direct Care staff only: Can only fail a test 2 times then the participant will need to re-take the training in its entirety per SCCMHA Training for General AFC Licensees, Licensee Designees, and Direct Care Staff 05.06.06.02	
Monitor staff sign in, participation, testing, evaluation and sign out Ensure training offerings adhere to written protocols and stated agenda.	SCCMHA Continuing Education Unit Designated Staff: Continuing Education Supervisor; Trainers; and/or Continuing Education Assistant
Ensure competency exams (post-tests) are completed by attendees as a requirement of receiving course credit.	SCCMHA Continuing Education Unit Designated Staff: Continuing Education Supervisor; Trainers; and/or Continuing Education Assistant
Professional Staff only: Provide training certificate to attendees upon successful completion of each course within thirty (30) days of course completion.	SCCMHA Continuing Education Assistant
Maintain permanent records of each individual's participation are made by entering the name of the attendee, training title, date and course hours into training data base within three days of course completion.	SCCMHA Continuing Education Unit clerical support staff and/or Trainers.

Exhibit A



VIRTUAL TRAINING
PROGRAM GUIDELINES FOR PROFESSIONAL TRAINING ATTENDEES

1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly. Staff initial
2. I understand that class begins at the Start Time on the training announcement. If I attempt to participate after that time, I will not be able to attend the class. __Staff initial
4. I understand that if I am late to re-join the virtual training from **break** or **lunch** I will not be able to re-join the class. Staff initial
5. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time. Staff initial
6. I understand I am participating in an virtual training and must conduct myself as I would during a live training. Staff initial
   This includes but is not limited to:
   a. Dressing appropriately.
   b. Using appropriate discussion methods the trainers advise to use
   c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
   d. Ensuring your training space is private with no interruptions
8. I understand that I may not use any other technology during virtual training Staff initial
9. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss. Staff initial
10. I understand that sleeping during virtual is not allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options virtual. If I do not respond I will be removed from the virtual training. _Staff initial
11. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs Staff initial
12. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed. Staff initial
13. Students may not have children or pets with them in their training space while participating in virtual training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating. Staff initial
14. When I complete an virtual training, I will also need to complete an virtual training evaluation. Staff initial

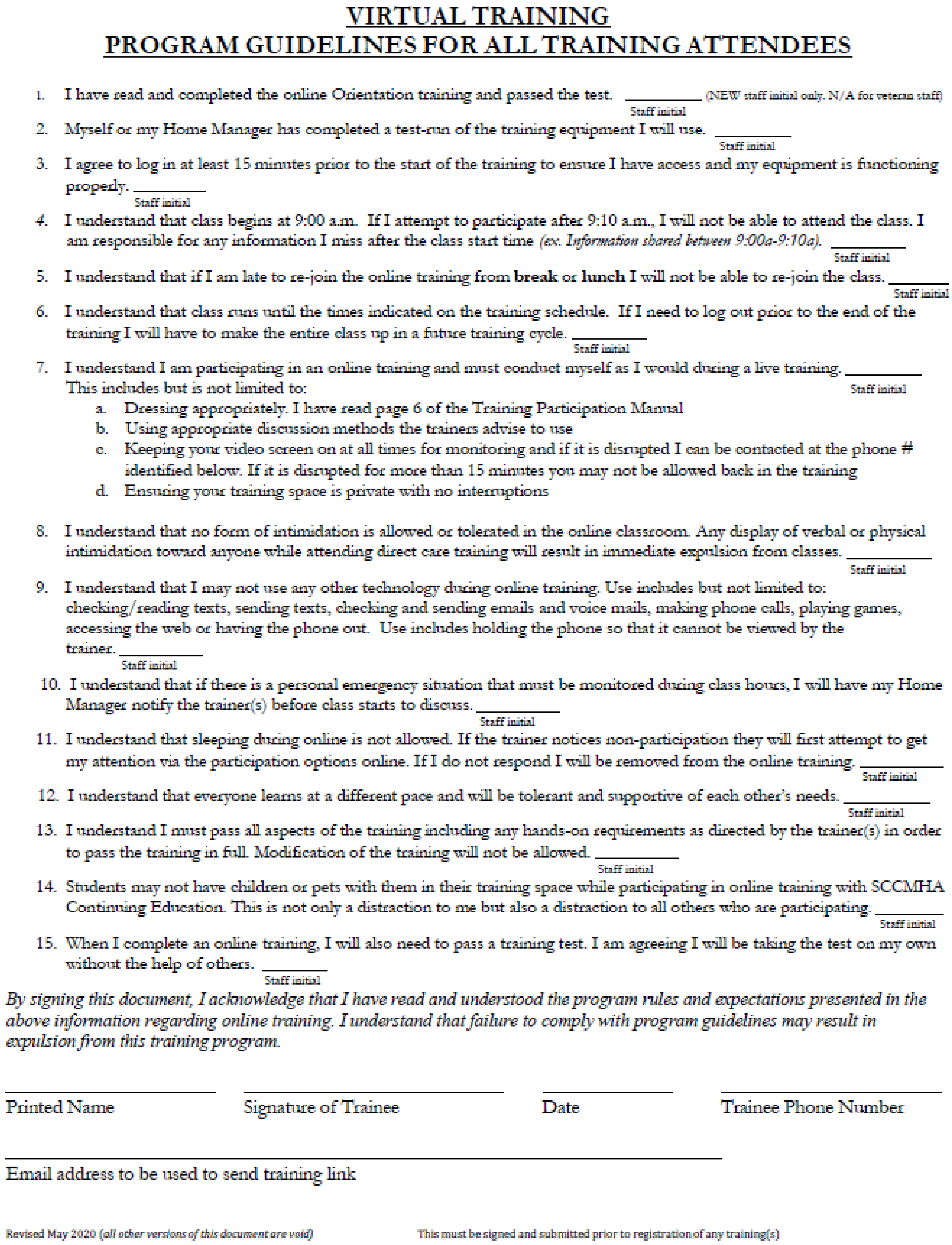
By signing this document, I acknowledge that I have read and understood the program rules and expectations presented in the above information regarding virtual training. I understand that failure to comply with program guidelines may result in removal from the virtual training.

Printed Name	**Signature of Trainee**	Click to enter a date. **Date**

Trainee Phone Number	**Email address to be used to send additional training information if necessary**

PLEASE KEEP THIS PHONE NUMBER HANDY: 989-797-3445. If you are experiencing any technical difficulties and cannot communicate with one of the virtual monitors, please contact the Continuing Education Department.

Exhibit B



VIRTUAL TRAINING
PROGRAM GUIDELINES FOR ALL TRAINING ATTENDEES

1. I have read and completed the online Orientation training and passed the test. __________ (NEW staff initial only. N/A for veteran staff)
   Staff initial
2. Myself or my Home Manager has completed a test-run of the training equipment I will use. __________
   Staff initial
3. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly. __________
   Staff initial
4. I understand that class begins at 9:00 a.m. If I attempt to participate after 9:10 a.m., I will not be able to attend the class. I am responsible for any information I miss after the class start time *(ex. Information shared between 9:00a-9:10a).* __________
   Staff initial
5. I understand that if I am late to re-join the online training from **break** or **lunch** I will not be able to re-join the class. ________
   Staff initial
6. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up in a future training cycle. __________
   Staff initial
7. I understand I am participating in an online training and must conduct myself as I would during a live training. __________
   Staff initial
   This includes but is not limited to:
   a. Dressing appropriately. I have read page 6 of the Training Participation Manual
   b. Using appropriate discussion methods the trainers advise to use
   c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
   d. Ensuring your training space is private with no interruptions
8. I understand that no form of intimidation is allowed or tolerated in the online classroom. Any display of verbal or physical intimidation toward anyone while attending direct care training will result in immediate expulsion from classes. __________
   Staff initial
9. I understand that I may not use any other technology during online training. Use includes but not limited to: checking/reading texts, sending texts, checking and sending emails and voice mails, making phone calls, playing games, accessing the web or having the phone out. Use includes holding the phone so that it cannot be viewed by the trainer. __________
   Staff initial
10. I understand that if there is a personal emergency situation that must be monitored during class hours, I will have my Home Manager notify the trainer(s) before class starts to discuss. __________
    Staff initial
11. I understand that sleeping during online is not allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options online. If I do not respond I will be removed from the online training. __________
    Staff initial
12. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs. __________
    Staff initial
13. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed. __________
    Staff initial
14. Students may not have children or pets with them in their training space while participating in online training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating. ________
    Staff initial
15. When I complete an online training, I will also need to pass a training test. I am agreeing I will be taking the test on my own without the help of others. ________
    Staff initial

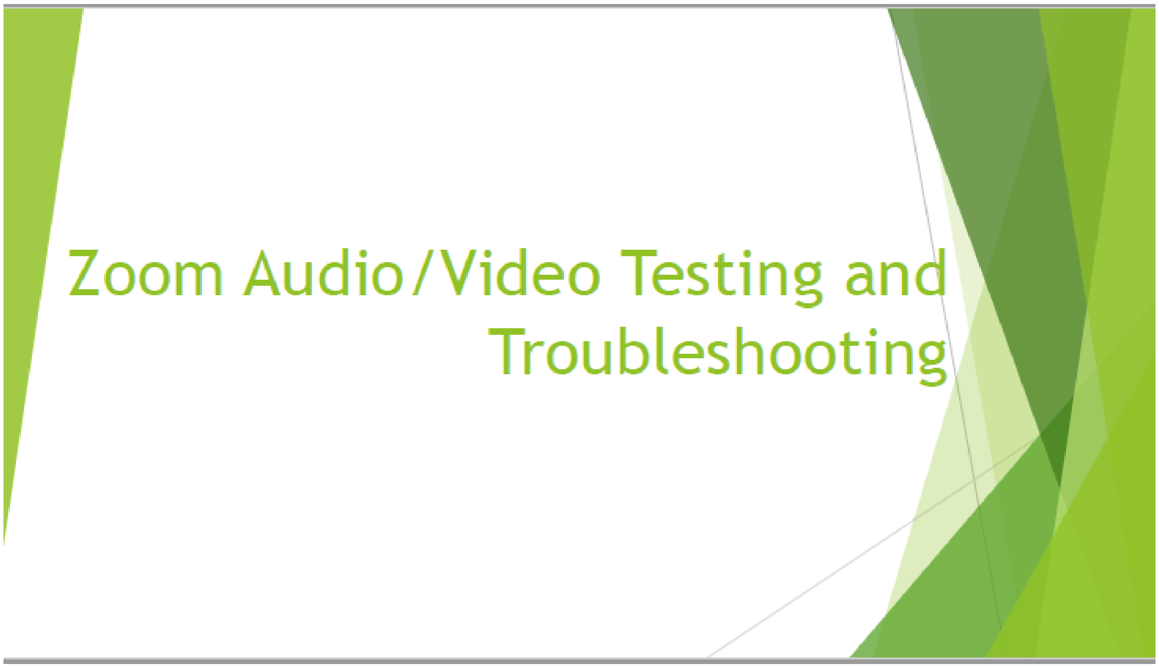
By signing this document, I acknowledge that I have read and understood the program rules and expectations presented in the above information regarding online training. I understand that failure to comply with program guidelines may result in expulsion from this training program.

Printed Name	Signature of Trainee	Date	Trainee Phone Number

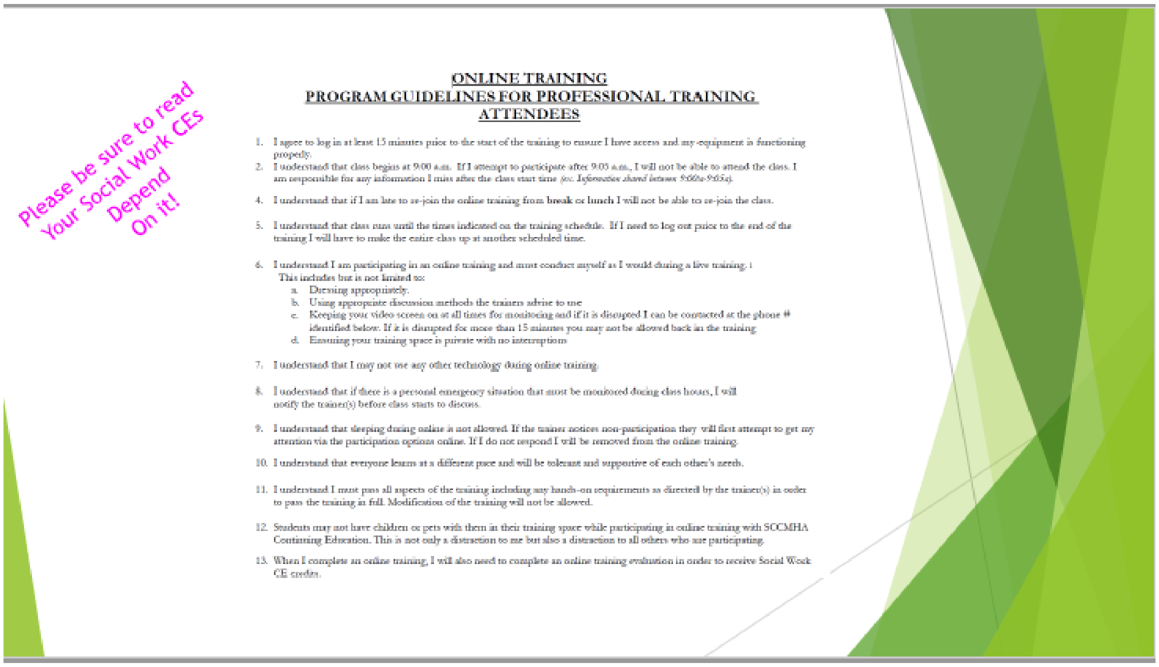
____
Email address to be used to send training link

Revised May 2020 (*all other versions of this document are void*)   This must be signed and submitted prior to registration of any training(s)

Exhibit C



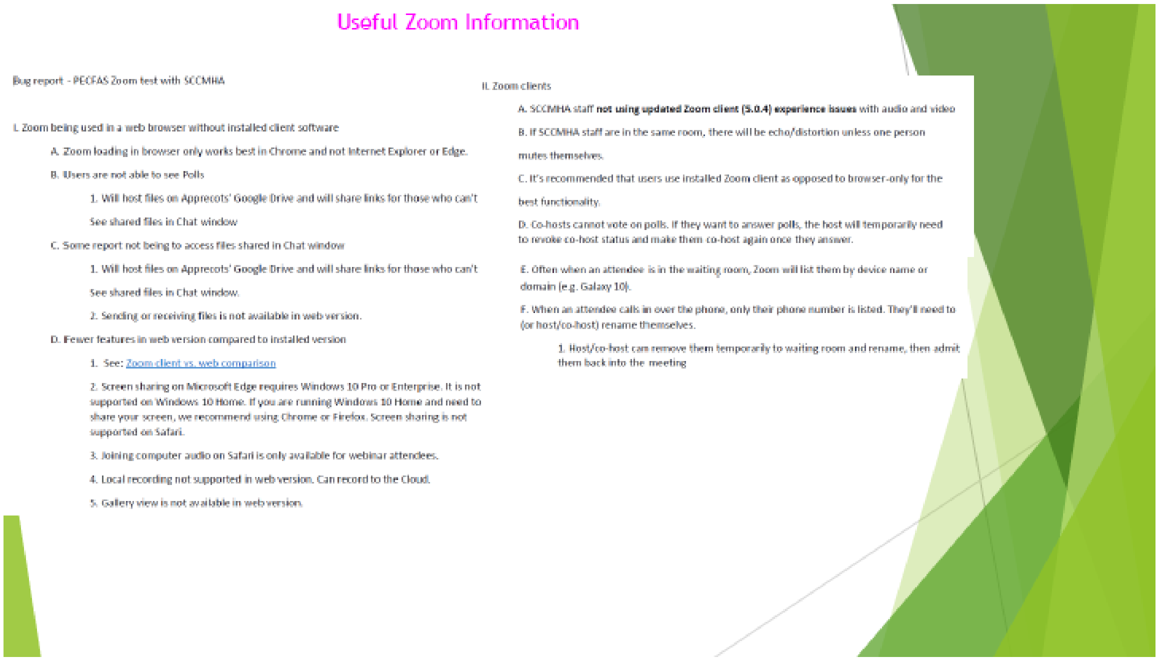
Zoom Audio/Video Testing and Troubleshooting



Please be sure to read Your Social Work CEs Depend On it!

ONLINE TRAINING
PROGRAM GUIDELINES FOR PROFESSIONAL TRAINING ATTENDEES

1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly.
2. I understand that class begins at 9:00 a.m. If I attempt to participate after 9:05 a.m., I will not be able to attend the class. I am responsible for any information I miss after the class start time *(ex. Information shared between 9:00a-9:05a).*
4. I understand that if I am late to re-join the online training from break or lunch I will not be able to re-join the class.
5. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time.
6. I understand I am participating in an online training and must conduct myself as I would during a live training. This includes but is not limited to:
    a. Dressing appropriately.
    b. Using appropriate discussion methods the trainers advise to use
    c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
    d. Ensuring your training space is private with no interruptions
7. I understand that I may not use any other technology during online training.
8. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss.
9. I understand that sleeping during online is not allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options online. If I do not respond I will be removed from the online training.
10. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs.
11. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed.
12. Students may not have children or pets with them in their training space while participating in online training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating.
13. When I complete an online training, I will also need to complete an online training evaluation in order to receive Social Work CE credits.



Useful Zoom Information

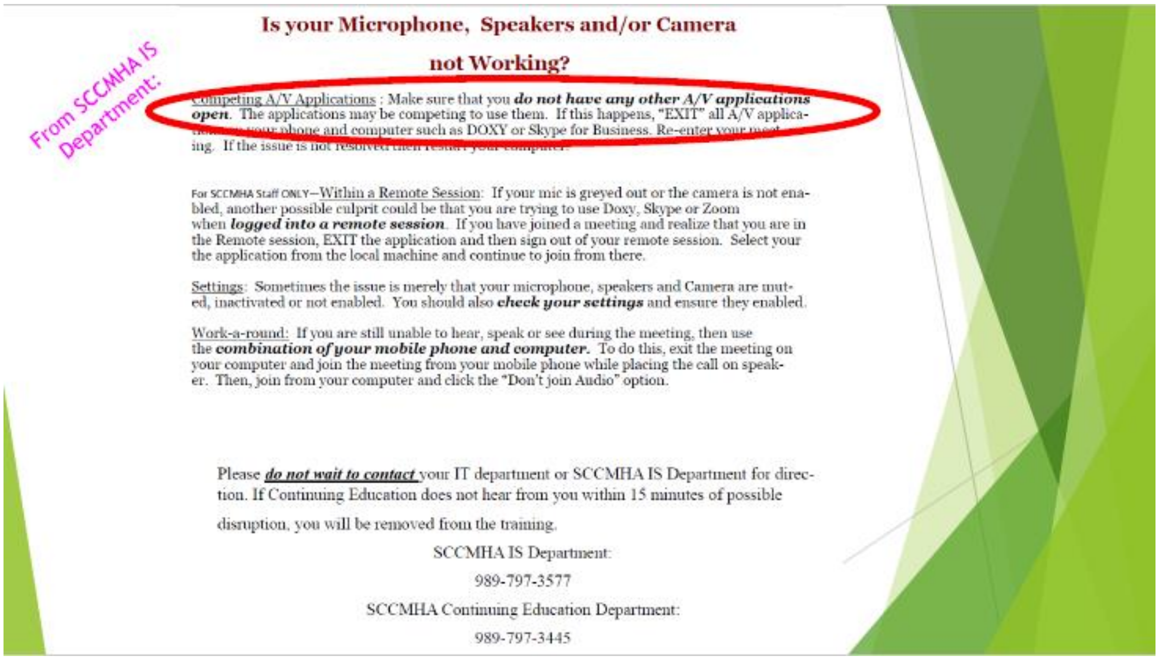
Bug report - PECFAS Zoom test with SCCMHA

I. Zoom being used in a web browser without installed client software

- A. Zoom loading in browser only works best in Chrome and not Internet Explorer or Edge.
- B. Users are not able to see Polls
  - 1. Will host files on Apprecots' Google Drive and will share links for those who can't See shared files in Chat window
- C. Some report not being to access files shared in Chat window
  - 1. Will host files on Apprecots' Google Drive and will share links for those who can't See shared files in Chat window.
  - 2. Sending or receiving files is not available in web version.
- D. Fewer features in web version compared to installed version
  - 1. See: Zoom client vs. web comparison
  - 2. Screen sharing on Microsoft Edge requires Windows 10 Pro or Enterprise. It is not supported on Windows 10 Home. If you are running Windows 10 Home and need to share your screen, we recommend using Chrome or Firefox. Screen sharing is not supported on Safari.
  - 3. Joining computer audio on Safari is only available for webinar attendees.
  - 4. Local recording not supported in web version. Can record to the Cloud.
  - 5. Gallery view is not available in web version.

II. Zoom clients

- A. SCCMHA staff **not using updated Zoom client (5.0.4) experience issues** with audio and video
- B. If SCCMHA staff are in the same room, there will be echo/distortion unless one person mutes themselves.
- C. It's recommended that users use installed Zoom client as opposed to browser-only for the best functionality.
- D. Co-hosts cannot vote on polls. If they want to answer polls, the host will temporarily need to revoke co-host status and make them co-host again once they answer.
- E. Often when an attendee is in the waiting room, Zoom will list them by device name or domain (e.g. Galaxy 10).
- F. When an attendee calls in over the phone, only their phone number is listed. They'll need to (or host/co-host) rename themselves.
  - 1. Host/co-host can remove them temporarily to waiting room and rename, then admit them back into the meeting



From SCCMHA IS Department:

Is your Microphone, Speakers and/or Camera not Working?

Competing A/V Applications : Make sure that you ***do not have any other A/V applications open***. The applications may be competing to use them. If this happens, "EXIT" all A/V applications on your phone and computer such as DOXY or Skype for Business. Re-enter your meeting. If the issue is not resolved then restart your computer.

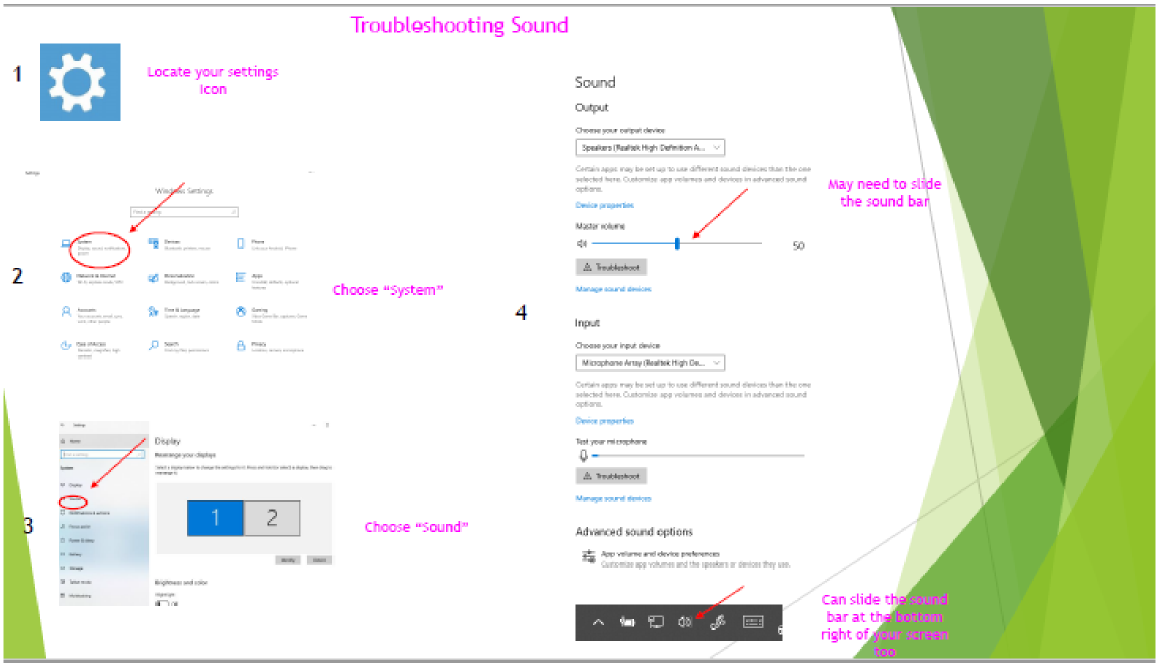
For SCCMHA Staff ONLY—Within a Remote Session: If your mic is greyed out or the camera is not enabled, another possible culprit could be that you are trying to use Doxy, Skype or Zoom when ***logged into a remote session***. If you have joined a meeting and realize that you are in the Remote session, EXIT the application and then sign out of your remote session. Select your the application from the local machine and continue to join from there.

Settings: Sometimes the issue is merely that your microphone, speakers and Camera are muted, inactivated or not enabled. You should also ***check your settings*** and ensure they enabled.

Work-a-round: If you are still unable to hear, speak or see during the meeting, then use the ***combination of your mobile phone and computer.*** To do this, exit the meeting on your computer and join the meeting from your mobile phone while placing the call on speaker. Then, join from your computer and click the "Don't join Audio" option.

Please ***do not wait to contact*** your IT department or SCCMHA IS Department for direction. If Continuing Education does not hear from you within 15 minutes of possible disruption, you will be removed from the training.

SCCMHA IS Department:
989-797-3577
SCCMHA Continuing Education Department:
989-797-3445



Troubleshooting Sound

1 Locate your settings Icon

2 Choose "System"

3 Choose "Sound"

4

Sound

Output

Choose your output device

Speakers (Realtek High Definition A...

Certain apps may be set up to use different sound devices than the one selected here. Customize app volumes and devices in advanced sound options.

Device properties

Master volume

50

May need to slide the sound bar

Input

Choose your input device

Microphone Array (Realtek High De...

Certain apps may be set up to use different sound devices than the one selected here. Customize app volumes and devices in advanced sound options.

Device properties

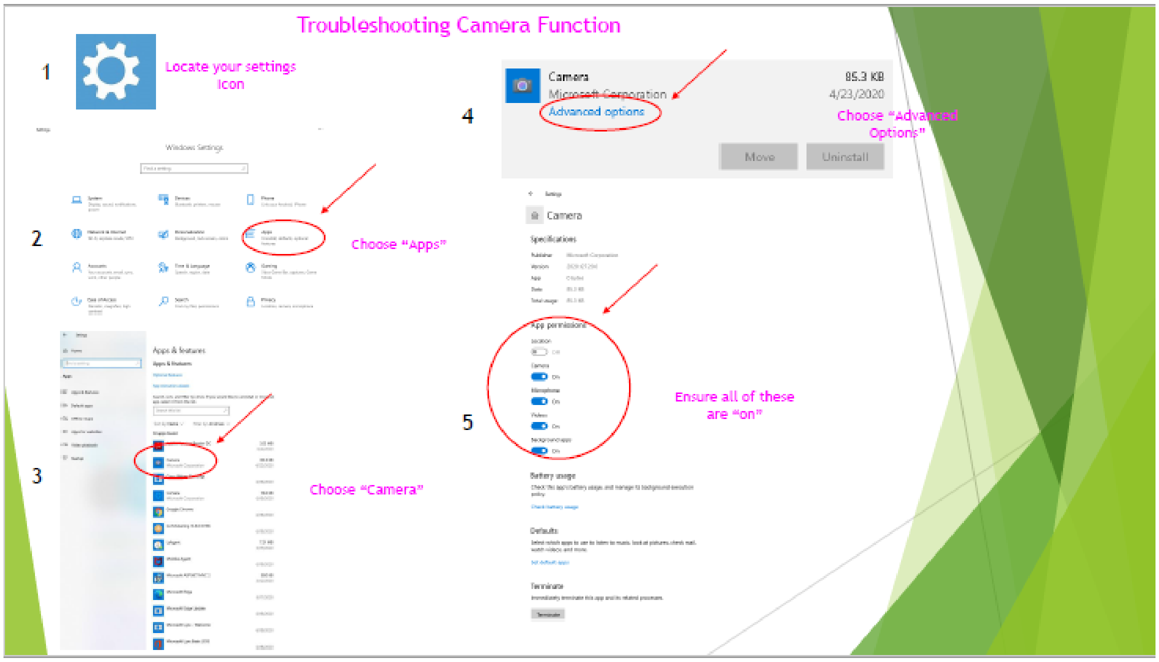
Test your microphone

Advanced sound options

App volume and device preferences

Customize app volumes and the speakers or devices they use.

Can slide the sound bar at the bottom right of your screen too



Troubleshooting Camera Function

1 Locate your settings Icon

2 Choose "Apps"

3 Choose "Camera"

4

Camera

Microsoft Corporation

Advanced options

85.3 KB

4/23/2020

Choose "Advanced Options"

5

Camera

Specifications

App permissions

Ensure all of these are "on"

Battery usage

Defaults

Terminate

<table>
<tr><td colspan="3">Policy and Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Reciprocity and Portability of Training for Staff</td><td>Chapter: 05 – Organizational Management</td><td>Subject No: 05.06.06.05</td></tr>
<tr><td rowspan="2">Effective Date:
9/1/11</td><td>Date of Review/Revision:
5/15/14, 4/5/16, 5/30/17, 6/13/18, 8/22/19, 7/7/21, 10/11/21</td><td rowspan="3">Approved By:
Sandra M. Lindsey, CEO

Responsible Director:
Director of Network Services, Public Policy & Continuing Education

Authored By:
Jennifer Keilitz

Additional Reviewers:
Alecia Schabel</td></tr>
<tr><td>Supersedes:
05.06.10</td></tr>
<tr><td colspan="2"></td></tr>
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Purpose:
This Reciprocity and Portability of Training for Staff Policy serves to establish consistency in approving training of staff seeking employment. This procedure should also help reduce administrative costs by avoiding redundant training and duplication of effort, particularly for those providers that contract with multiple Community Mental Health Service Programs (CMHSPs) or staff that are seeking additional skill development.

Policy:
As a practical and responsible approach to simplifying administrative process and bringing greater uniformity to Michigan's CMHSP's service delivery system, SCCMHA adopted a standard of training portability and reciprocity. On May 30, 2006, Saginaw County Community Mental Health Authority (SCCMHA) declared cooperation with the MACMHB (now Community Mental Health Association of Michigan) Reciprocity and Portability standard in a letter to the MACMHB President. In April 2014, SCCMHA reviewed the *MDHHS Prepaid Inpatient Health Plans (PIHP), Specialty Mental Health and Substance Use Disorder Services and Supports Network Management Reciprocity & Efficiency* policy to incorporate necessary changes into the existing Reciprocity Policy to reflect current standards of MDHHS. In January of 2015, SCCMHA reviewed the Mid-State Health Network (MSHN) Service Provider Reciprocity Policy effective January 6, 2015, to incorporate any additional requirements. Effective March 2021 SCCMHA Continuing Education Unit requested and received notice from STGW (State Training Guidelines Workgroup) that 16 trainings for Direct Care Staff are considered vetted and approved trainings for reciprocity throughout the state of Michigan. This means that staff

that may move to other parts of the state can have current trainings accepted so as not to repeat the same trainings in other counties.

Application:

This procedure applies to the SCCMHA provider network Staff providing services to consumers of Saginaw County.

Standards:

A. SCCMHA will use and accept any Direct Care Staff curricula approved and endorsed by Michigan Department of Health and Human Services when proof of training can be validated.
    a. Proof of approved training is supplied by the State Training Guidelines Workgroup (STGW) on the Improving My Practices (IMP) website (www.improvingmipractices.org) See Exhibit B
    b. SCCMHA will consider a minimum of one year of uninterrupted service as valid training standing for Direct Care Staff.
    c. SCCMHA will require through provider participation agreement that new and untrained Direct Care Staff working in residential facilities located in Saginaw County "participate in the Direct Care Staff curriculum provided to all Authority participating provider's staffing free of charge through the Authority's Continuing Education Unit".
    d. SCCMHA Continuing Education Unit will be responsible to review external Direct Care Staff training records for portability which will be reviewed using the STGW IMP website.
    e. When a Direct Care Staff has completed the required introductory training, SCCMHA will electronically send providers monthly curriculum reports with completion dates for each training.
    f. SCCMHA will mail embossed copies of training reports to Direct Care Staff at their provider address upon request.
    g. SCCMHA will mail via U.S. Postal Services, copies of training reports to Direct Care Staff to their private address upon request.
    h. Full time College Students who are seeking Direct Care employment within the SCCMHA network may qualify to have college classes substitute some required trainings.
        i. Must have a medical major (*nursing, PA, NP, MD*)
        ii. Only classes already completed and passed will be considered.
        iii. Introduction to Residential Services, Basic Health, Basic Medication, Nutrition and Food Safety training can be considered as substitutions.
        iv. Recipient Rights, Verbal De-Escalation/Physical Intervention for Safety and Working with People training will not be allowed to be substituted. These 3 trainings are required to be completed live at the SCCMHA training center.

B. SCCMHA will require that certain skill sets, and core trainings are subject to renewal and/or recertification as outlined in the SCCMHA Mandatory Minimum

Training Requirements Grid for Board Operated and Contracted Providers. Whenever possible, expedited alternatives will be considered including but not limited to length of direct service in a similar role, length of time since the last validated training, curricula content, written employer recommendations, testing out for competency in relevant training areas, abbreviated training, self-study packets and small group training for plans of correction or non-compliance findings. SCCMHA will consider a minimum of one year of uninterrupted service as valid training standing.

C. SCCMHA will consider CPR and First Aid fully portable as long as Staff presents current certification cards from a MDHHS approved curriculum or presents an official training transcript. When an official transcript is offered in place of certification cards, the training may be subject to verification with the Authorized Provider by the Continuing Education Assistant or Supervisor.
   a. SCCMHA only recognizes CPR and First Aid training as provided by a certified American Heart Association or American Red Cross provider.

D. SCCMHA has determined that Recipient Rights training is portable when conducted by a Rights Advisor in good standing as determined by the SCCMHA Director of Office of Recipient Rights.
   a. Via online MDHHS Community Mental Health Program Assessments

E. SCCMHA Continuing Education Supervisor will maintain written protocols for training programs that include the scope of the training, content summary, class objectives, length of training, mode of training, competency requirements, intended audience, frequency offered, prerequisites, trainer qualifications, and renewal requirements. These tools are located on the SCCMHA G drive in the Network Services training folder. These are updated as required and reviewed at least every two years for any updates and changes.

F. The goal of all training conducted by SCCMHA will be to ensure staff competency rather than measurement of number of classroom hours.

G. Portability will not apply to training that addresses individual plans of service for the people being served; residential facility orientation; information about the people being served including but not limited to medications, health status, and information on how to best work with the person; and medication return demonstrations with the Home Manager or Registered Nurse.

H. Portability will not apply to training activities mandated by accrediting or licensing bodies and when these mandated trainings are in conflict with the Reciprocity and Portability standard, the accrediting or licensing body will prevail.

I. SCCMHA will maintain documentation of all training history as it relates to required training minimum standards and any provided Staff training history. Training records will include:
   a. Staff member’s name
   b. Course name
   c. Date of training,
   d. Indication of “pass”, “fail”, “audit” “not applicable” or “incomplete”
   e. Credit hours
   f. Clock hours
   g. Renewal date

    h. Provider name and address
    i. Report date
    j. Verification statement including SCCMHA contact information

J. SCCMHA will maintain in an electronic record, the name of the trainer that conducted each class held at SCCMHA and will make the information available upon request.

K. For Clinical staff, with continuing education requirements, SCCMHA continuing education unit endorses the ability for staff to increase skill set beyond basic required training. Such continuing education may be able to count for renewal training and continuing education requirements. For staff with continuing education requirements the following must occur to obtain credit for annual renewal trainings:
    a. For trainings on Relias ® staff can print the transcript and note the annual training requirement they would like obtain credit. SCCMHA continuing education will review the description of the training to assure it meets the standards if it is not obvious. i.e. training on engagement of consumers to develop a person centered plan may be able to count for continuing education credits for licensure as well as annual person centered planning renewal.
    b. For conference attendance staff should submit a copy of the conference proof of attendance for the specific session and maintain copies of the agenda or training materials in case there is need to verify the content of the training. Please note on the training proof the annual training renewal staff request to obtain credit.
    c. Other trainings staff should submit proof of training attendance and content materials for acceptance as proof of training. Staff should note the annual training they wish to obtain credit.

L. SCCMHA will maintain a training record for every network provider of service, including Direct Care Staff, and will record approved external training in the staff member's training record and store the electronic record.

M. SCCMHA will maintain a paper copy of training proofs supplied by external providers including tests, sign-in sheets, training summary spread sheets, certificates, and training transcripts for no less than seven (7) years.

N. SCCMHA will provide each provider with Staff's monthly or quarterly training summary reports at the end of each SCCMHA training cycle, within 10 business days of the completion of the training cycle for direct care staff and close of the month for all other providers.

O. Any Provider may ask that training reports be faxed, mailed, or emailed at any time. SCCMHA will make every attempt to respond to requests within two (2) business days.

P. SCCMHA will make training reports available to other CMHSPs upon request. Reports will be sent electronically whenever possible.

Definitions:

External Provider: for purposes of this procedure, external provider is defined as every primary or secondary service delivery program, provider or unit outside of SCCMHA direct operated programs and individual employees of SCCMHA. This includes secondary provider programs which provide additional supports and services, including residential and other community support services for SCCMHA consumers, as authorized by primary service providers such as case management and support coordination.

Portability: When a home manager, provider, administrator, or other authorized person provides evidence of current training under an MDHHS approved curriculum, that individual may be hired to provide personal care, supervision and community living services under the jurisdiction of the cooperating CMHSP without repeating certain courses of the introductory training process. Introductory training is considered portable when:

1) It is based on a MDHHS approved or endorsed curriculum. Identified and approved by the State Training Guidelines Workgroup (STGW) on the Improving My Practices (IMP) website.
2) Documented in a training report or transcript issued by the agency that conducted the training.
3) Is current as defined by training taken within 6 months for persons who have not been employed as Direct Care Staff within the most recent 6-month period; persons who have worked as a Direct Care Staff within the most recent 12-month period.

Reciprocity: Cooperating provider agency recognizes and accepts approved training provided by other cooperating provider agencies.

References:

1. MACMHB May 26, 2006, Practice Standard: Introductory Training of Direct Support Staff Who Provide Personal Care and Community Living Supports Reciprocity and Portability Agreement. Updated Regional Entity CEO Group Memorandum of Agreement signed 5/16/19.
2. SCCMHA Continuing Education Program Policy: 05.06.06
3. SCCMHA Mandatory Minimum Training Requirements Grid for Board Operated and Contracted Providers.
4. SCCMHA Provider Participation Agreement
5. State Training Guidelines Workgroup on the Improving My practices website. www.improvingMIpractices.com
6. SCCMHA Education Protocols Manual
7. Michigan Department of Health and Human Services Behavioral Health and Developmental Disabilities Administration Reciprocity Standards Revision Date July 29, 2020.
8. MSHN Service Provider Reciprocity Policy.
9. CMHSP Rights Systems: https://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4868_4901-161467--,00.html
10. State Training Guidelines Workgroup (STGW) Implementation Training Guide https://www.improvingmipractices.org/application/files/6415/6622/3114/Training_Reciprocity_Implementation_Guide_Final_Version_07-01-19.pdf

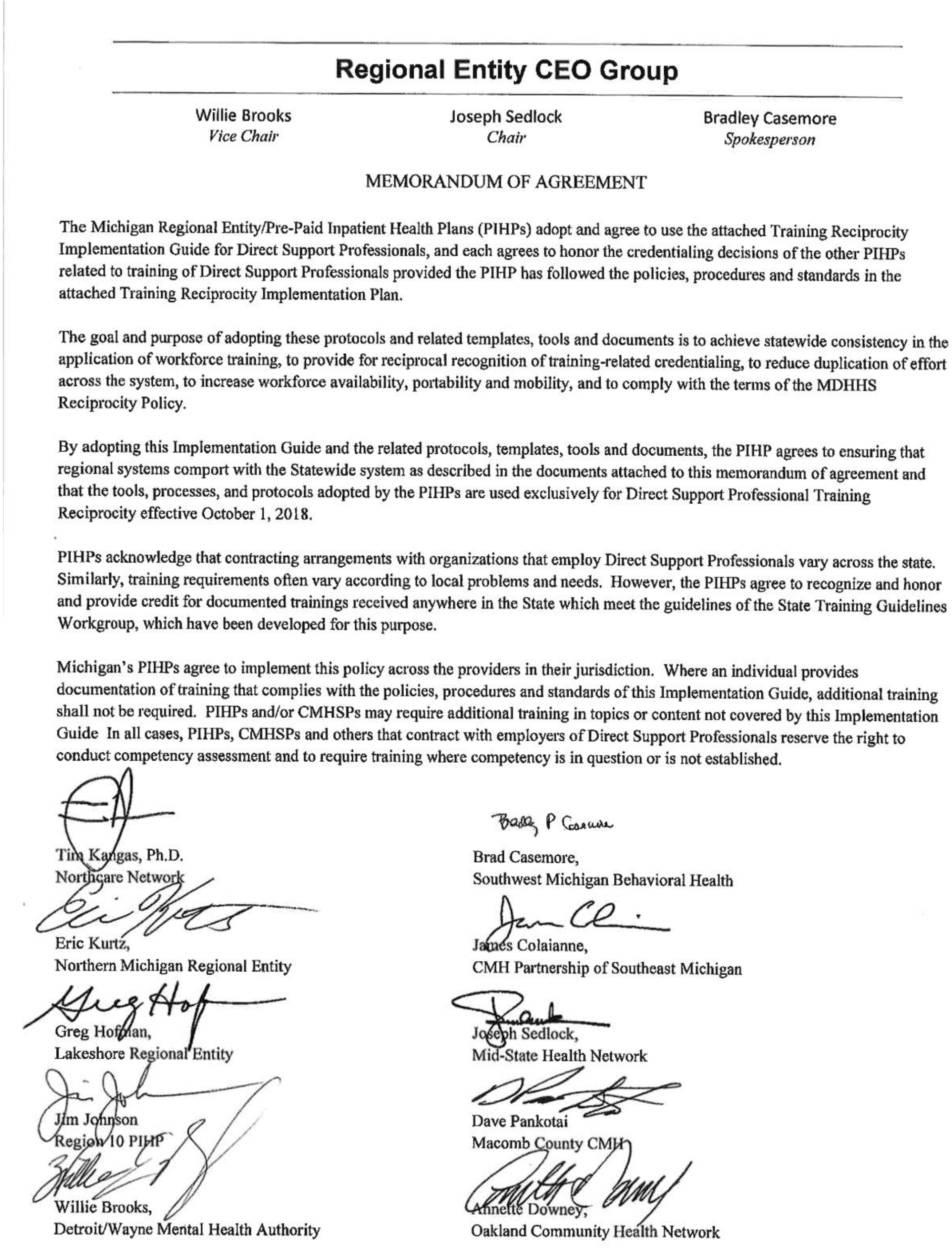
Exhibits:
Exhibit A: Regional Entity CEO Group Memorandum of Agreement signed 5/16/19
Exhibit B: Example of Statewide Training Guidelines on the Improving My Practices Website

Procedure:

ACTION	RESPONSIBILITY
Remain vigilant for STGW and IMP website approved curricula updates and updated content for the curriculum.	SCCMHA Continuing Education Supervisor
Review Staff training proof documents from network providers and determine if the curriculum used for training is either meets the minimum training standards.	SCCMHA Continuing Education Supervisor or designee
Approve, develop, acquire or make available, courses and in-services that will help ensure Staff are competent in specific and general evidence-based practices.	SCCMHA Continuing Education Committee and SCCMHA Continuing Education Supervisor
Oversee the development of monthly training schedule.	SCCMHA Continuing Education Supervisor
Develop the Direct Care Staff Group Home Curriculum Training monthly schedule. While developing the calendar, the online Outlook training room calendar should be referred to. A training room will be reserved by specific date & time for each training in the Direct Care Staff Group Home Curriculum. A specific trainer will be identified for each Direct Care Staff Group Home training. Once development of the training calendar is complete, it is forwarded on to the Continuing Education Specialist.	SCCMHA Certified Trainers
Edit, publish, and distribute the Direct Care Staff Group Home Curriculum Training monthly training schedule to the residential provider network.	SCCMHA Continuing Education Specialist

Establish minimum training requirements for all SCCMHA Board Operated and Network Providers including Direct Care Staff in coordination with MSHN requirements.	SCCMHA Continuing Education Committee
Approve minimum training requirements for all SCCMHA Board Operated and Network Providers.	SCCMHA Management and Service Management Team & SCCMHA Continuing Education Committee
Provide residential service providers with supplemental training material to enhance Direct Care Staff's professional skills.	SCCMHA Certified Trainer, SCCMHA Continuing Education Supervisor, SCCMHA Continuing Education Specialist
Maintain current and accurate electronic training records for SCCMHA provider network Staff and provide copies of training records, transcripts and certificates as requested on a regular basis.	SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk and SCCMHA Trainers
Respond promptly to requests for proof of training, training records and transcripts from CMHSPs and other cooperating provider agencies.	SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk, SCCMHA Continuing Education Supervisor
Maintain categorized files of classroom training and in-service sign-in sheets and paper copies of training proof documents for no less than seven (7) years.	SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk SCCMHA Continuing Education Supervisor
Verify external training records and certificates submitted directly to the Continuing Education Unit by Direct Care Staff with the training provider.	Continuing Education Supervisor, SCCMHA Continuing Education Specialist, SCCMHA Continuing Education Clerk

Exhibit A



Regional Entity CEO Group

Willie Brooks	Joseph Sedlock	Bradley Casemore
Vice Chair	*Chair*	*Spokesperson*

MEMORANDUM OF AGREEMENT

The Michigan Regional Entity/Pre-Paid Inpatient Health Plans (PIHPs) adopt and agree to use the attached Training Reciprocity Implementation Guide for Direct Support Professionals, and each agrees to honor the credentialing decisions of the other PIHPs related to training of Direct Support Professionals provided the PIHP has followed the policies, procedures and standards in the attached Training Reciprocity Implementation Plan.

The goal and purpose of adopting these protocols and related templates, tools and documents is to achieve statewide consistency in the application of workforce training, to provide for reciprocal recognition of training-related credentialing, to reduce duplication of effort across the system, to increase workforce availability, portability and mobility, and to comply with the terms of the MDHHS Reciprocity Policy.

By adopting this Implementation Guide and the related protocols, templates, tools and documents, the PIHP agrees to ensuring that regional systems comport with the Statewide system as described in the documents attached to this memorandum of agreement and that the tools, processes, and protocols adopted by the PIHPs are used exclusively for Direct Support Professional Training Reciprocity effective October 1, 2018.

PIHPs acknowledge that contracting arrangements with organizations that employ Direct Support Professionals vary across the state. Similarly, training requirements often vary according to local problems and needs. However, the PIHPs agree to recognize and honor and provide credit for documented trainings received anywhere in the State which meet the guidelines of the State Training Guidelines Workgroup, which have been developed for this purpose.

Michigan's PIHPs agree to implement this policy across the providers in their jurisdiction. Where an individual provides documentation of training that complies with the policies, procedures and standards of this Implementation Guide, additional training shall not be required. PIHPs and/or CMHSPs may require additional training in topics or content not covered by this Implementation Guide In all cases, PIHPs, CMHSPs and others that contract with employers of Direct Support Professionals reserve the right to conduct competency assessment and to require training where competency is in question or is not established.

Tim Kangas, Ph.D.
Northcare Network

Eric Kurtz,
Northern Michigan Regional Entity

Greg Hof

Greg Hofman,
Lakeshore Regional Entity

Jim Johnson
Region 10 PIHP

Willie Brooks,
Detroit/Wayne Mental Health Authority

Brad P Casemore

Brad Casemore,
Southwest Michigan Behavioral Health

James Colaianne,
CMH Partnership of Southeast Michigan

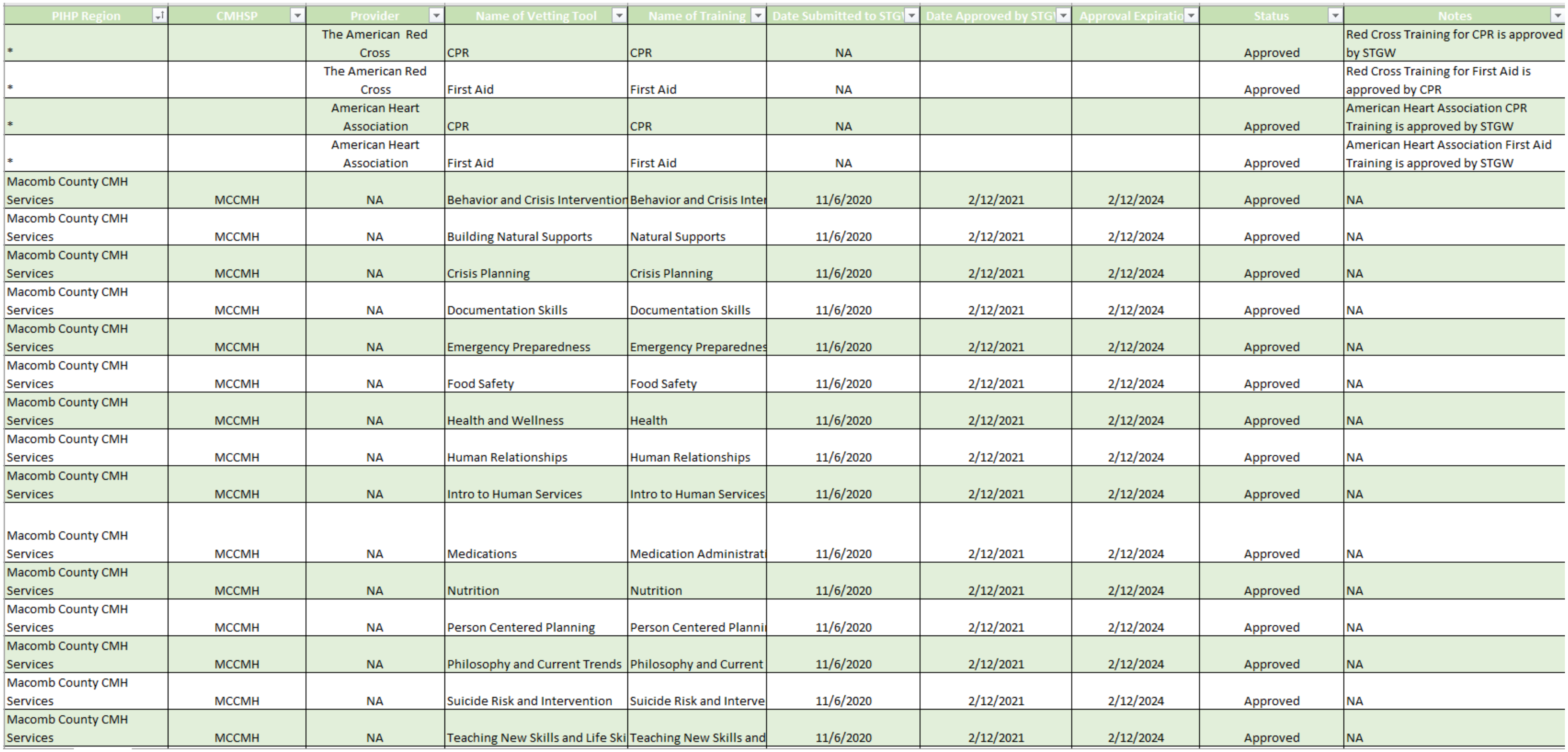
Joseph Sedlock,
Mid-State Health Network

Dave Pankotai
Macomb County CMH

Annette Downey,
Oakland Community Health Network

Exhibit B

Example Only, visit www.improvingmipractices.org/resources/advisory-groups/statewide-training-guidelines-work-group-stgw for the complete list



PIHP Region	CMHSP	Provider	Name of Vetting Tool	Name of Training	Date Submitted to STG	Date Approved by STG	Approval Expiratio	Status	Notes
*		The American Red Cross	CPR	CPR	NA			Approved	Red Cross Training for CPR is approved by STGW
*		The American Red Cross	First Aid	First Aid	NA			Approved	Red Cross Training for First Aid is approved by CPR
*		American Heart Association	CPR	CPR	NA			Approved	American Heart Association CPR Training is approved by STGW
*		American Heart Association	First Aid	First Aid	NA			Approved	American Heart Association First Aid Training is approved by STGW
Macomb County CMH Services	MCCMH	NA	Behavior and Crisis Intervention	Behavior and Crisis Inter	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Building Natural Supports	Natural Supports	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Crisis Planning	Crisis Planning	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Documentation Skills	Documentation Skills	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Emergency Preparedness	Emergency Preparednes	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Food Safety	Food Safety	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Health and Wellness	Health	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Human Relationships	Human Relationships	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Intro to Human Services	Intro to Human Services	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Medications	Medication Administrati	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Nutrition	Nutrition	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Person Centered Planning	Person Centered Planni	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Philosophy and Current Trends	Philosophy and Current	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Suicide Risk and Intervention	Suicide Risk and Interve	11/6/2020	2/12/2021	2/12/2024	Approved	NA
Macomb County CMH Services	MCCMH	NA	Teaching New Skills and Life Ski	Teaching New Skills and	11/6/2020	2/12/2021	2/12/2024	Approved	NA

Policy and Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Continuing Education (CE) Appeal Process	**Chapter**: 05.06 - Provider Network Management	**Subject No**: 05.06.06.06
Effective Date: 6/1/2019	**Date of Review/Revision**: 6/17/20, 1/10/22	**Approved By**: Sandra M. Lindsey, CEO
	Supersedes: 09.04.02.04 – Continuing Education Grievance (7/24/06) 05.06.11 – Continuing Education Appeal Process	**Responsible Director:** Network Services, Public Policy & Continuing Education
		Authored By: Jennifer Keilitz **Additional Reviewers**: SCCMHA CE Supervisor

Purpose:
The purpose of this policy is to delineate the process by which participants who are dissatisfied with continuing education (CE) courses offered by Saginaw County Community Mental Health Authority (SCCMHA) can file a complaint.

Application:
This policy applies to registered participants in continuing education courses provided by SCCMHA.

Policy:
SCCMHA is fully committed to conducting its Continuing Education program in accordance with all applicable licensing and regulatory requirements and will comply with all responsibilities to be nondiscriminatory in activities, program content and treatment of program participants. While SCCMHA goes to great lengths to assure fair treatment for all participants and attempts to anticipate problems, occasional issues may arise which require intervention and/or action. This policy shall serve as a means to document, track and address grievances lodged by participants in Continuing Education courses offered by SCCMHA.

Standards:

A. SCCMHA shall provide high quality Continuing Education opportunities in an effort to ensure practitioners maintain up-to-date knowledge and are thus able to provide consumers with effective services and supports.
    1. SCCMHA shall endeavor to provide social workers in the SCCMHA provider network with opportunities to receive required CEs in accordance with Michigan’s social work licensing regulations.

B. SCCMHA shall solicit feedback regarding CE courses in order to ensure the needs and expectations of participants as well as those of the organization are being met (see Exhibit C).

C. All SCCMHA course and training announcements shall include the following statement: *Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602.*

D. SCCMHA shall respond to participants' concerns regarding the quality of CE courses, including but not limited to, complaints pertaining to course content, speaker(s)/trainer(s), materials, facilities, accommodations, refund requests, and non-receipt of certificates.

  1. Participants may submit a formal grievance to the Continuing Education Supervisor on the SCCMHA Continuing Education Complaint Form (found in Exhibit A) within 14 days following the date of the course.
     a. For multi-day courses, the form must be submitted within 14 days of the last date of the course.
     b. Complaint Forms that do not adhere to this timeframe shall be reviewed at the discretion of the Continuing Education Supervisor in consultation with the Social Work Consultant.
  2. Participants may contact the Continuing Education Supervisor or Social Work Consultant via phone or email to lodge an informal complaint.
     a. Informal complaints shall be documented and tracked using the Complaint Log (found in Exhibit B) as well as copies of any emails or transcribed voice mails that are available.
  3. Participants may include an informal complaint as part of the feedback form for the course (found in Exhibit C) that must be submitted at the end of each course in order for the participant to receive a certificate of attendance and continuing education credits.

E. The SCCMHA Continuing Education Grievance Committee shall review and respond in writing to complaints within 30 days of receipt of a complaint.

  1. The Continuing Education Grievance Committee shall be comprised of the following members of the SCCMHA Continuing Education Committee:
     a. Social Work Consultant
     b. Director of Network Services, Public Policy & Continuing Education
     c. Continuing Education Supervisor
     d. Director of Human Resources (for complaints filed by SCCMHA employees)
     e. Others as deemed necessary to assist in the resolution of the complaint

F. The Continuing Education Supervisor shall maintain all documentation regarding grievances including but not limited to complaint forms and complaint logs (found in Exhibit B).

  1. Documentation shall include a record of all actions taken to address each grievance that has been filed.
  2. Records of complaints shall be retained for a minimum of seven years.

Definitions:

Association of Social Work Boards (ASWB): A nonprofit organization composed of and owned by the social work regulatory boards and colleges of all 50 U.S. states, the District of Columbia, the U.S. Virgin Islands, Guam, the Northern Mariana Islands, and all 10 Canadian provinces. ASWB owns and maintains the social work licensing examinations that are used to test a social worker's competence to practice ethically and safely. The association's services include the **ACE (Approved Continuing Education)** program for approved continuing education. SCCMHA is an ACE-approved Continuing Education provider.

Continuing Education: Trainings and course work designed to sustain and enhance workforce performance and promote professional development.

Grievance: A complaint initiated by a participant or former participant regarding a continuing education course including, but not limited to, course content, speaker(s)/trainer(s), materials, facilities, accommodations, refund requests, and non-receipt of certificates.

References:

A. ACE Handbook (April 1, 2019): https://www.aswb.org/wp-content/uploads/2021/01/ACE-Handbook-FINAL.pdf
B. Association of Social Work Boards (ASWB): https://www.aswb.org/
C. Michigan Department of Licensing and Regulatory Affairs (LARA): Social Work – General Rules Part 5: R 338.2961 License renewals; continuing education requirements (http://dmbinternet.state.mi.us/DMB/ORRDocs/AdminCode/1771_2017-094LR_AdminCode.pdf)
D. SCCMHA Policy 05.06.06 – Continuing Education Program
E. SCCMHA Policy 05.06.06.01 – Continuing Education Credits for Social Workers

Exhibits:

A. Continuing Education Complaint Form
B. Continuing Education Complaint Log
C. SCCMHA Continuing Education Participant Evaluation Form

Procedure:

ACTION	RESPONSIBILITY
Submits a written complaint to the Continuing Education Supervisor within 14 days of the training	Complainant
Reviews the complaint and forwards copies to the Continuing Education Grievance Committee	Continuing Education Supervisor
Convenes and adjudicates the complaint.	Continuing Education Grievance Committee
Sends a written response to the complainant within 30 days of receipt of the complaint.	Continuing Education Grievance Committee

Records the complaint and disposition in the Continuing Education Complaint Log Takes corrective action as warranted.	Continuing Education Supervisor
Maintains copies of all complaints and logs in a secure area	Continuing Education Supervisor
Reviews complaints in aggregate on a quarterly basis as part of the Continuing Education Unit's quality improvement (QI) efforts	Continuing Education Supervisor

Exhibit A

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

CONTINUING EDUCATION COMPLAINT FORM

Name: ______________________
Phone: ______________________

Name of Course/Training: ____
Date(s) of Course/Training: _______________________

Description of complaint:

Please attach any additional pages and relevant materials as needed.

Signature: ________________________________ **Date: ______________**

For Office Use Only

Committee Meeting Summary:

Signatures of Committee Members:
Name: _______________________________ **Date: ________________**
Name: _______________________________ **Date: ________________**
Name: _______________________________ **Date: ________________**

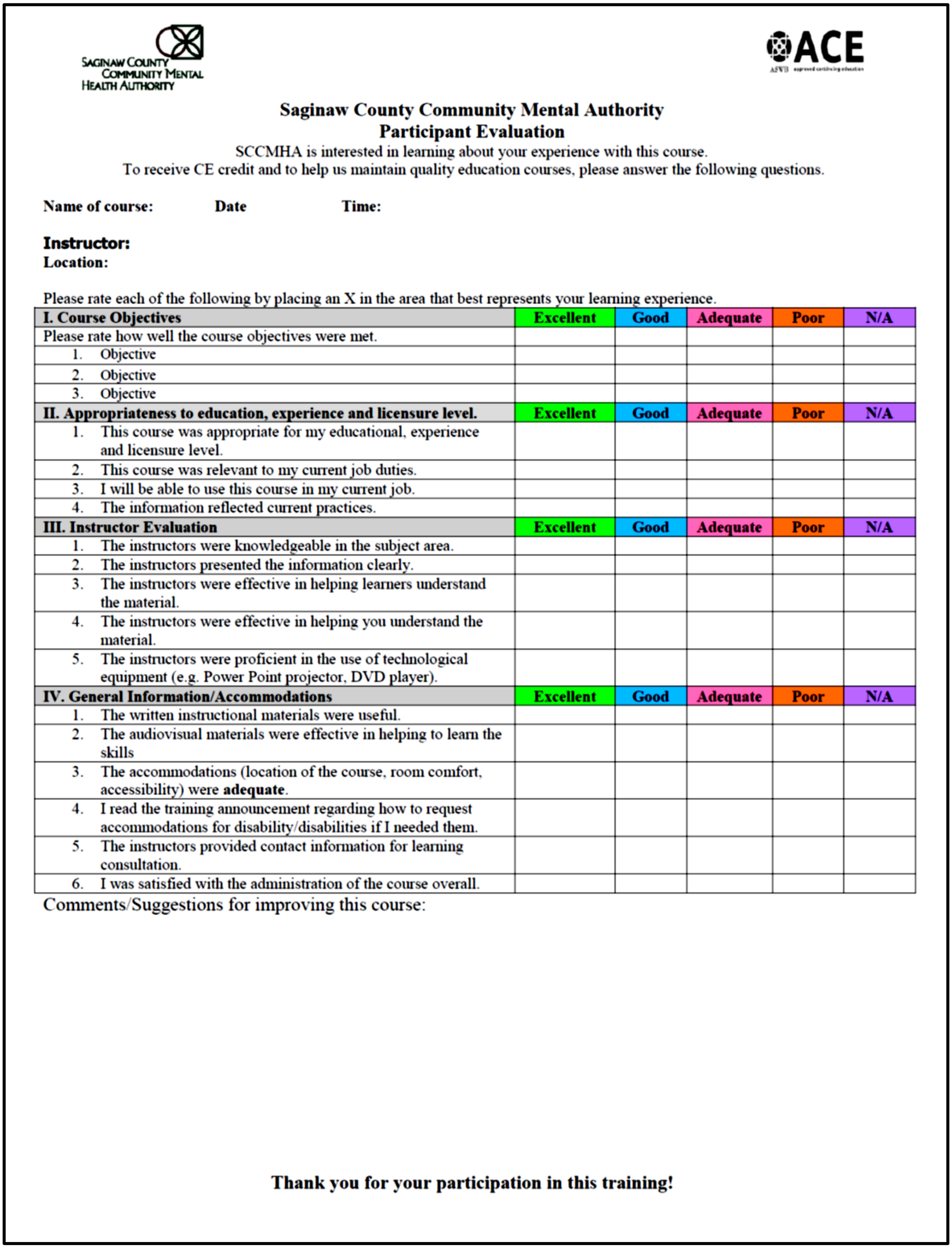
Exhibit B

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

CONTINUING EDUCATION COMPLAINT LOG

COMPLAINANT	DATE RECEIVED	DISPOSITION DATE

Exhibit C



SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

ACE
ASWB approved continuing education

Saginaw County Community Mental Authority
Participant Evaluation

SCCMHA is interested in learning about your experience with this course.
To receive CE credit and to help us maintain quality education courses, please answer the following questions.

Name of course: **Date** **Time:**

Instructor:
Location:

Please rate each of the following by placing an X in the area that best represents your learning experience.

I. Course Objectives	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
Please rate how well the course objectives were met.					
1. Objective					
2. Objective					
3. Objective					
II. Appropriateness to education, experience and licensure level.	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
1. This course was appropriate for my educational, experience and licensure level.					
2. This course was relevant to my current job duties.					
3. I will be able to use this course in my current job.					
4. The information reflected current practices.					
III. Instructor Evaluation	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
1. The instructors were knowledgeable in the subject area.					
2. The instructors presented the information clearly.					
3. The instructors were effective in helping learners understand the material.					
4. The instructors were effective in helping you understand the material.					
5. The instructors were proficient in the use of technological equipment (e.g. Power Point projector, DVD player).					
IV. General Information/Accommodations	**Excellent**	**Good**	**Adequate**	**Poor**	**N/A**
1. The written instructional materials were useful.					
2. The audiovisual materials were effective in helping to learn the skills					
3. The accommodations (location of the course, room comfort, accessibility) were **adequate**.					
4. I read the training announcement regarding how to request accommodations for disability/disabilities if I needed them.					
5. The instructors provided contact information for learning consultation.					
6. I was satisfied with the administration of the course overall.					

Comments/Suggestions for improving this course:

Thank you for your participation in this training!

Network Services and Public Policy Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Distribution of Training Reports	**Chapter**: 09.04.02 - Continuing Education	**Subject No**: 09.04.02.02
Continuing Education		
Effective Date: 5/3/06	**Date of Review/Revision** 1/17/07, 5/19/17, 6/13/18, 8/14/19, 4/16/20, 1/10/2022	**Approved By**: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education **Authored By**: Alecia Schabel **Reviewed By**: Tim Hogan
	Supersedes:	

Purpose:
To provide the SCCMHA workforce and Network providers with a record of the status of their trainings that are required by SCCMHA, State and Federal guidelines, accrediting bodies and continuing education needed for licenses and certifications.

Policy:
It is the policy of SCCMHA that SCCMHA employees and the SCCMHA Provider Network will be provided training opportunities that fulfil the requirements of the governing and accrediting bodies as well as create a competent workforce and receive information that accurately reports the status of training fulfillment, compliance, and training needs.

Application:
SCCMHA Provider Network.

Standards:
Continuing Education Unit will send Quarterly Curriculum reports to the respective SCCMHA Supervisor or contracted provider contact.

- 1st Quarter Reports will be distributed in April
- 2nd Quarter Reports will be distributed in July
- 3rd Quarter reports will be distributed in October
- 4th Quarter reports will be distributed in January (of the new year)

Continuing Education Unit Staff will run Curriculum requirement reports via Sentri "DW Training Reports: SQL Server Reporting Services".

Definitions:

Training Transcript- A report that chronologically lists all trainings taken at SCCMHA and from external sources and includes information needed for licensing and credentialing.

Curriculum Requirements Report- A report that alphabetically lists the training curriculum required for a job title or job category and details the name of the course, date the course was taken, status of the course (complete, expired, incomplete), number of credits, clock hours and renewal date.

References:
None

Exhibits:
Exhibit A: Training Transcript
Exhibit B: Curriculum Requirements Report

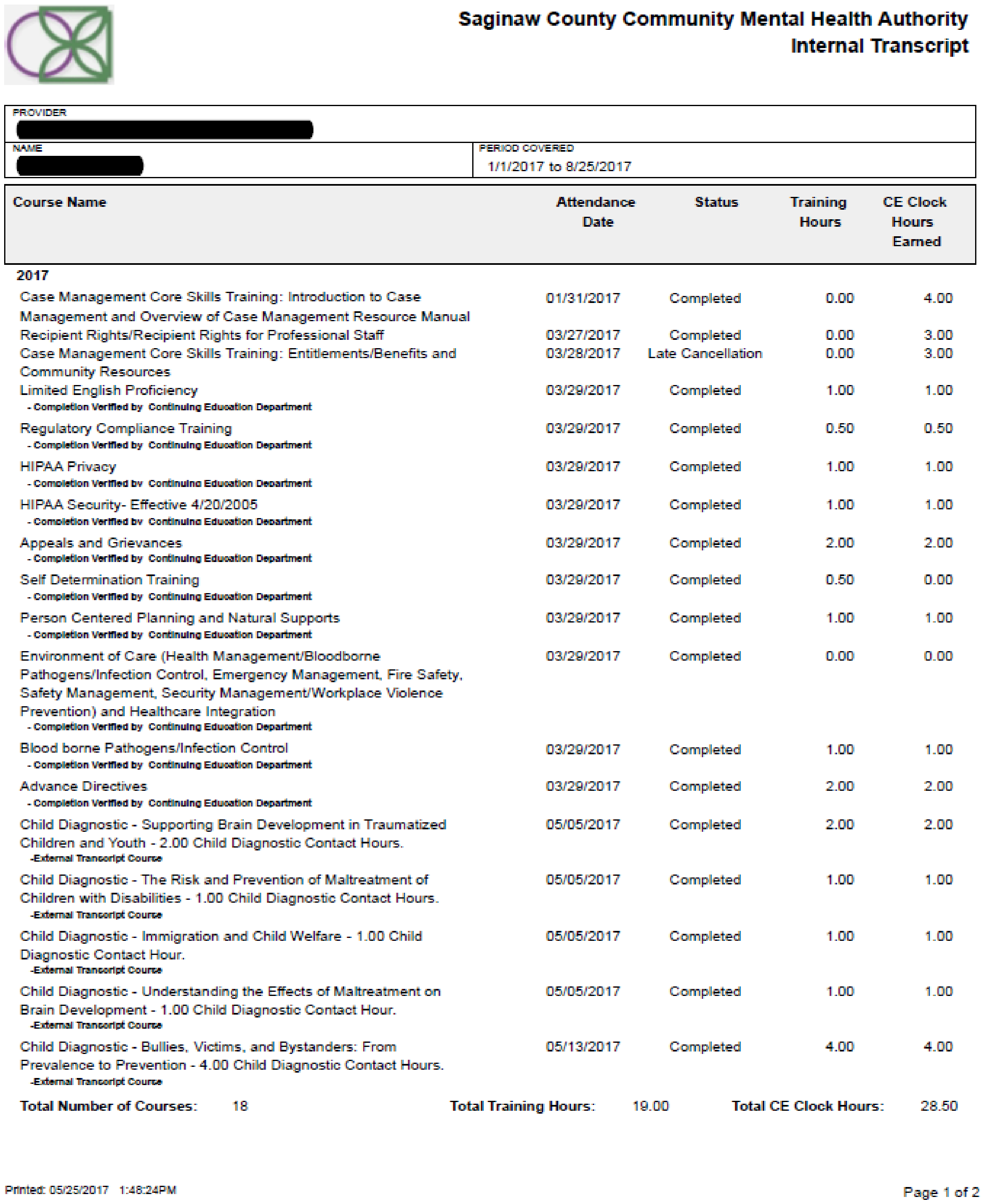
Procedure:

ACTION	RESPONSIBILITY
Monthly Training Reports	
After the last day of each training cycle of Group Home Curriculum Training, confirm with the Continuing Education Specialist and trainers that all class attendance has been updated in the Sentri II Training Module. Once confirmed all SCCMHA sponsored and external training proof data entry received by last date of the reporting cycle has been entered, go to Reports and Downloads, DW – Training Reports, Curriculum Required External by Staff, choose the desired External Provider, choose Active/Inactive staff, choose Active for Training, choose All Staff in the Staff field, choose View Report, choose Open Report, choose Save Report then name and save a PDF copy of the report at G: Network Services Dept. – Training – Reports – Monthly Curriculum Reports in a folder identified by year and month.	Continuing Education Clerk/Typist or Continuing Education Unit Staff

Send each provider a copy of the home/program’s report electronically. Continuing Education, Auditing and Contracts staff have access to the reports in the folder.	
Professional Trainings Internal Once confirmed SCCMHA sponsored and external training proof data entry received by last date of the reporting cycle has been entered~~,~~ go to Reports and Downloads, DW-Training Reports, Choose Curriculum Required Internal by Supervisor, Choose the individual supervisor, Training status is set as Active by default, Department Status choose active, Select Department drop down, choose select all, Staff Status select active, Staff drop down, select All Staff. Choose View Report, choose Open Report, choose Save Report then name and save a PDF copy of the report at G: Network Services Dept. – Training – Reports – Quarterly Distribution of Required Training Reports in a folder identified by year, month and supervisor. Send each supervisor and director a copy of their team’s required training reports including the supervisor or director’s own required training report.	Continuing Education Assistant
Review of training reports to assure staff are on target and monitor staff that need required training. Reviews training reports with staff.	Program Supervisors
Professional Trainings Contracted Once confirmed SCCMHA sponsored and external training proof data entry received by last date of the reporting cycle has been entered, go to Reports and Downloads, DW-Training Reports, Choose Curriculum Required External by Staff, Choose the program name, Training status is set as Active by default, Department Status choose	Continuing Education Assistant

active/inactive, Select Staff drop down, choose select all, Staff Dept Status select active. Choose View Report, choose Open Report, choose Save Report then name and save a PDF copy of the report at G: Network Services Dept. – Training – Reports – Quarterly Distribution of Required Training Reports in a folder identified by year, month, and name of program. Send each contracted program designated contact a copy of their team's required training reports including the supervisor's own required training report.	
Review of training reports to assure staff are on target and monitor staff that need required training. Reviews training reports with staff.	Contracted Program Supervisors
Transcript Requests A training transcript is requested by an SCCMHA employee, network staff, auditor, supervisor, Director or Human Resources. Confirm the date parameters for the requested training transcript. Go to Training Management Reports in the Sentri II Training Module. Go to Print Transcript. Use the Look Up button under Participant to find the employee or staff's name. Ensure the Active Only button is unchecked. Put in the persons first and last name. Click the Search button. Click Select at the right of the person's name. Select the date range for the report. Choose Generate PDF File. Click on the envelope icon at the top of the report page. Open the report. Email the report by clicking on the envelope icon or save the report by clicking on the electronic file icon.	Continuing Education Supervisor or Designee

Exhibit A



Saginaw County Community Mental Health Authority
Internal Transcript

PROVIDER
[redacted]

NAME	PERIOD COVERED
[redacted]	1/1/2017 to 8/25/2017

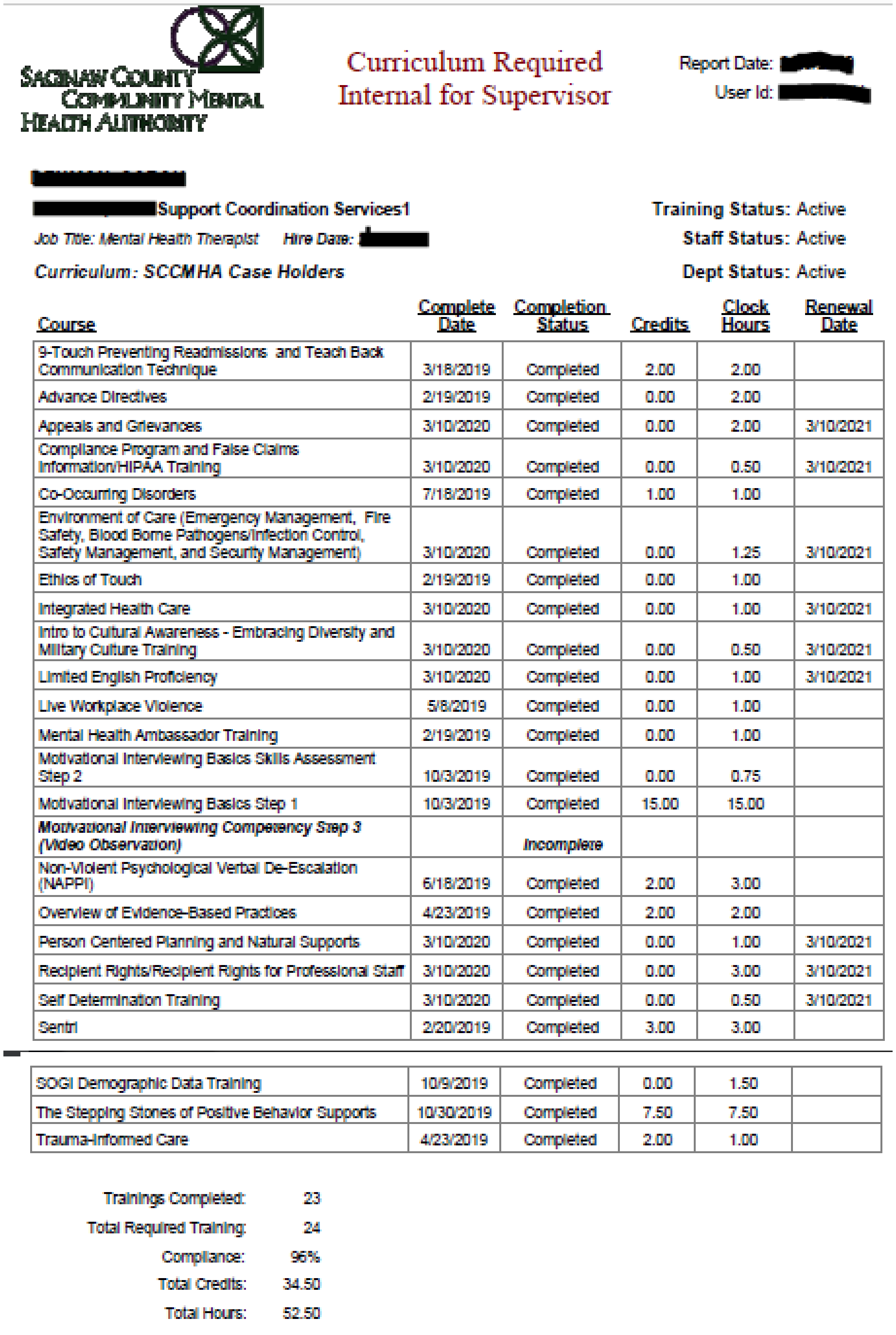
Course Name	Attendance Date	Status	Training Hours	CE Clock Hours Earned
2017				
Case Management Core Skills Training: Introduction to Case Management and Overview of Case Management Resource Manual	01/31/2017	Completed	0.00	4.00
Recipient Rights/Recipient Rights for Professional Staff	03/27/2017	Completed	0.00	3.00
Case Management Core Skills Training: Entitlements/Benefits and Community Resources	03/28/2017	Late Cancellation	0.00	3.00
Limited English Proficiency - Completion Verified by Continuing Education Department	03/29/2017	Completed	1.00	1.00
Regulatory Compliance Training - Completion Verified by Continuing Education Department	03/29/2017	Completed	0.50	0.50
HIPAA Privacy - Completion Verified by Continuing Education Department	03/29/2017	Completed	1.00	1.00
HIPAA Security- Effective 4/20/2005 - Completion Verified by Continuing Education Department	03/29/2017	Completed	1.00	1.00
Appeals and Grievances - Completion Verified by Continuing Education Department	03/29/2017	Completed	2.00	2.00
Self Determination Training - Completion Verified by Continuing Education Department	03/29/2017	Completed	0.50	0.00
Person Centered Planning and Natural Supports - Completion Verified by Continuing Education Department	03/29/2017	Completed	1.00	1.00
Environment of Care (Health Management/Bloodborne Pathogens/Infection Control, Emergency Management, Fire Safety, Safety Management, Security Management/Workplace Violence Prevention) and Healthcare Integration - Completion Verified by Continuing Education Department	03/29/2017	Completed	0.00	0.00
Blood borne Pathogens/Infection Control - Completion Verified by Continuing Education Department	03/29/2017	Completed	1.00	1.00
Advance Directives - Completion Verified by Continuing Education Department	03/29/2017	Completed	2.00	2.00
Child Diagnostic - Supporting Brain Development in Traumatized Children and Youth - 2.00 Child Diagnostic Contact Hours. -External Transcript Course	05/05/2017	Completed	2.00	2.00
Child Diagnostic - The Risk and Prevention of Maltreatment of Children with Disabilities - 1.00 Child Diagnostic Contact Hours. -External Transcript Course	05/05/2017	Completed	1.00	1.00
Child Diagnostic - Immigration and Child Welfare - 1.00 Child Diagnostic Contact Hour. -External Transcript Course	05/05/2017	Completed	1.00	1.00
Child Diagnostic - Understanding the Effects of Maltreatment on Brain Development - 1.00 Child Diagnostic Contact Hour. -External Transcript Course	05/05/2017	Completed	1.00	1.00
Child Diagnostic - Bullies, Victims, and Bystanders: From Prevalence to Prevention - 4.00 Child Diagnostic Contact Hours. -External Transcript Course	05/13/2017	Completed	4.00	4.00

Total Number of Courses: 18 **Total Training Hours:** 19.00 **Total CE Clock Hours:** 28.50

Printed: 05/25/2017 1:48:24PM

Page 1 of 2

Exhibit B



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

Curriculum Required Internal for Supervisor

Report Date: [redacted]
User Id: [redacted]

[redacted]

[redacted] **Support Coordination Services1**

Training Status: Active

Job Title: Mental Health Therapist *Hire Date:* [redacted]

Staff Status: Active

Curriculum: SCCMHA Case Holders

Dept Status: Active

Course	Complete Date	Completion Status	Credits	Clock Hours	Renewal Date
9-Touch Preventing Readmissions and Teach Back Communication Technique	3/18/2019	Completed	2.00	2.00	
Advance Directives	2/19/2019	Completed	0.00	2.00	
Appeals and Grievances	3/10/2020	Completed	0.00	2.00	3/10/2021
Compliance Program and False Claims Information/HIPAA Training	3/10/2020	Completed	0.00	0.50	3/10/2021
Co-Occurring Disorders	7/18/2019	Completed	1.00	1.00	
Environment of Care (Emergency Management, Fire Safety, Blood Borne Pathogens/Infection Control, Safety Management, and Security Management)	3/10/2020	Completed	0.00	1.25	3/10/2021
Ethics of Touch	2/19/2019	Completed	0.00	1.00	
Integrated Health Care	3/10/2020	Completed	0.00	1.00	3/10/2021
Intro to Cultural Awareness - Embracing Diversity and Military Culture Training	3/10/2020	Completed	0.00	0.50	3/10/2021
Limited English Proficiency	3/10/2020	Completed	0.00	1.00	3/10/2021
Live Workplace Violence	5/8/2019	Completed	0.00	1.00	
Mental Health Ambassador Training	2/19/2019	Completed	0.00	1.00	
Motivational Interviewing Basics Skills Assessment Step 2	10/3/2019	Completed	0.00	0.75	
Motivational Interviewing Basics Step 1	10/3/2019	Completed	15.00	15.00	
Motivational Interviewing Competency Step 3 (Video Observation)		***Incomplete***			
Non-Violent Psychological Verbal De-Escalation (NAPPI)	6/18/2019	Completed	2.00	3.00	
Overview of Evidence-Based Practices	4/23/2019	Completed	2.00	2.00	
Person Centered Planning and Natural Supports	3/10/2020	Completed	0.00	1.00	3/10/2021
Recipient Rights/Recipient Rights for Professional Staff	3/10/2020	Completed	0.00	3.00	3/10/2021
Self Determination Training	3/10/2020	Completed	0.00	0.50	3/10/2021
Sentri	2/20/2019	Completed	3.00	3.00	
SOGI Demographic Data Training	10/9/2019	Completed	0.00	1.50	
The Stepping Stones of Positive Behavior Supports	10/30/2019	Completed	7.50	7.50	
Trauma-Informed Care	4/23/2019	Completed	2.00	1.00	

Trainings Completed:	23
Total Required Training:	24
Compliance:	96%
Total Credits:	34.50
Total Hours:	52.50

Network Services and Public Policy Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: SCCMHA Contracted Provider Training Orientation	**Chapter**: 09.04 – Continuing Education	**Subject No**: 09.04.02.03
Continuing Education		
Effective Date: June 1, 2020	**Date of Review/Revision**: 1/10/22	**Approved By**: Jennifer Keilitz, Director of Network Services, Public Policy and Continuing Education
	Supersedes:	**Authored By**: Alecia Schabel, Continuing Education Supervisor

Purpose:
To best support new Saginaw County Community Mental Health Authority (SCCMHA) contracted providers in navigating training requirements.

Application:
All new SCCMHA contracted providers with training requirements.

Policy:
None

Standards:

1. SCCMHA Contracts & Properties Manager identifies training requirements during New Provider Orientation and Contract review.
2. Training Requirement review located on SCCMHA website
3. Contracted provider submits completed training information from outside sources. CEU will review and approve or deny.
4. All new staff will need to be identified prior to training registration.
5. If staff are required to take CPR/First aid Training: These fill up very quickly at SCCMHA training facility –providers can take this anywhere in the community as long as it is an American Heart Association (AHA) certified course. The course cannot just simply "*follow the AHA guidelines*", the card or certificate must state AHA approved course. *Please Note* For those required to take Pediatric CPR

and First Aid: must be a pediatric course. check with SCCMHA Continuing Education Unit to ensure it is accepted prior to staff taking the course.

6. Behavior Technicians completing 40 Hours of Registered Behavior Technician Training: SCCMHA does not offer this training within Continuing Education. Autism agencies typically use a system called: Relias® for this.
7. SCCMHA will notify contracted providers of Training Announcements via email to the primary agency training contact.
8. The designated training staff as noted on the contract application, will receive a monthly or quarterly training report via email.
9. Contracted providers notify SCCMHA CEU of new and/or terminated staff.
10. Contracted provider will notify SCCMHA Continuing Education if/when the training contact person changes.

Definitions:
Continuing Education Unit = CEU

References:
SCCMHA Policy and Procedure 05.06.06.02 Training Policy for General Licensees Licensee Designee
SCCMHA Policy and Procedure 09.04.02.02 Distribution of Training Reports
SCCMHA Training Requirements https://www.sccmha.org/userfiles/filemanager/33656/

Exhibits:
Exhibit A - Training Registration form
Exhibit B1 - Program Guideline form
Exhibit B2 – Virtual Training Program Guidelines
Exhibit C - Training Announcement

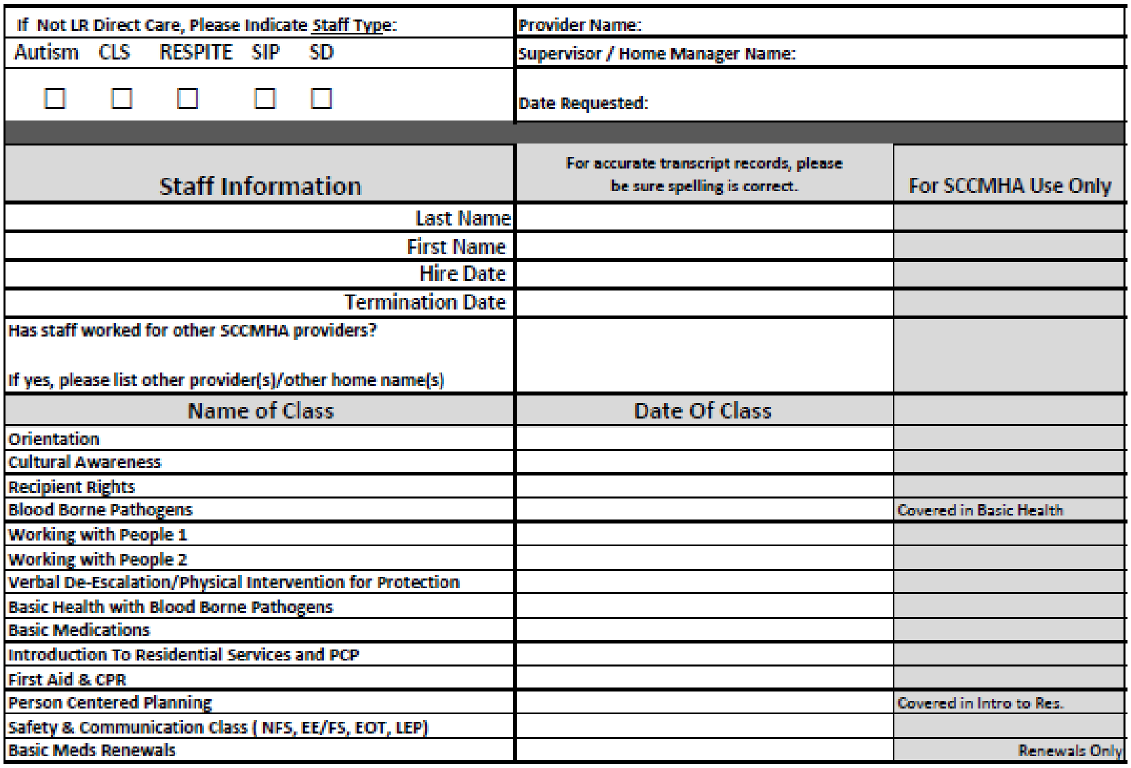
Procedure:

ACTION	RESPONSIBILITY
Identification of a primary training contact within the new provider operations in order to connect with the SCCMHA Continuing Education Supervisor to set up a time for Continuing Education Training Requirement Orientation	SCCMHA Contracts & Properties Manager
If a contracted provider has a source for annual trainings, SCCMHA may be able to accept the training in order to eliminate any duplication. Ex: *Blood Borne Pathogens (BBP)/ Cultural Diversity (CD), HIPAA, Regulatory Compliance, etc.* The Continuing Education Unit will need to review the sources of the training and	SCCMHA Contracted Provider SCCMHA Continuing Education Supervisor

have these on file. Once approved, contracted provider can send CEU training proofs: a training transcript or other proof of training with the staff name, training title and date completed identified. Those trainings will be entered within the SCCMHA database.	
Provider holds the burden of proof of the completed training if/when audited, by SCCMHA, Mid-State Health Network (MSHN) or Michigan Department of Health and Human Services (MDHHS).	SCCMHA Contracted Provider
All new staff will need to be identified prior to training registration with required staff information *(see Exhibit A Registration form).* This information can be called into 989-797-3445 or emailed to registrations@sccmha.org*:* DC Staff only: Have staff complete the Program guideline form to submit the first day of live training they attend *(see Program Guideline form Exhibit B)*	SCCMHA Contracted Provider
CPR/First aid Training: must be American Heart Association approved training	
Autism Providers: 40 Hours of Registered Behavior Technician Training Certificate of completion or transcript with the 40-hour completion identified.	
SCCMHA sends Training Announcements (*See Exhibit* C) via email to the primary agency training contact	
Training Requirement Reports: See SCCMHA Policy and Procedure 09.04.02.02 *Distribution of Training Reports* The designated training staff as noted on the contract application, will receive a monthly or quarterly training report via email. This will need to be reviewed with	SCCMHA Continuing Education Unit SCCMHA Contracted Provider

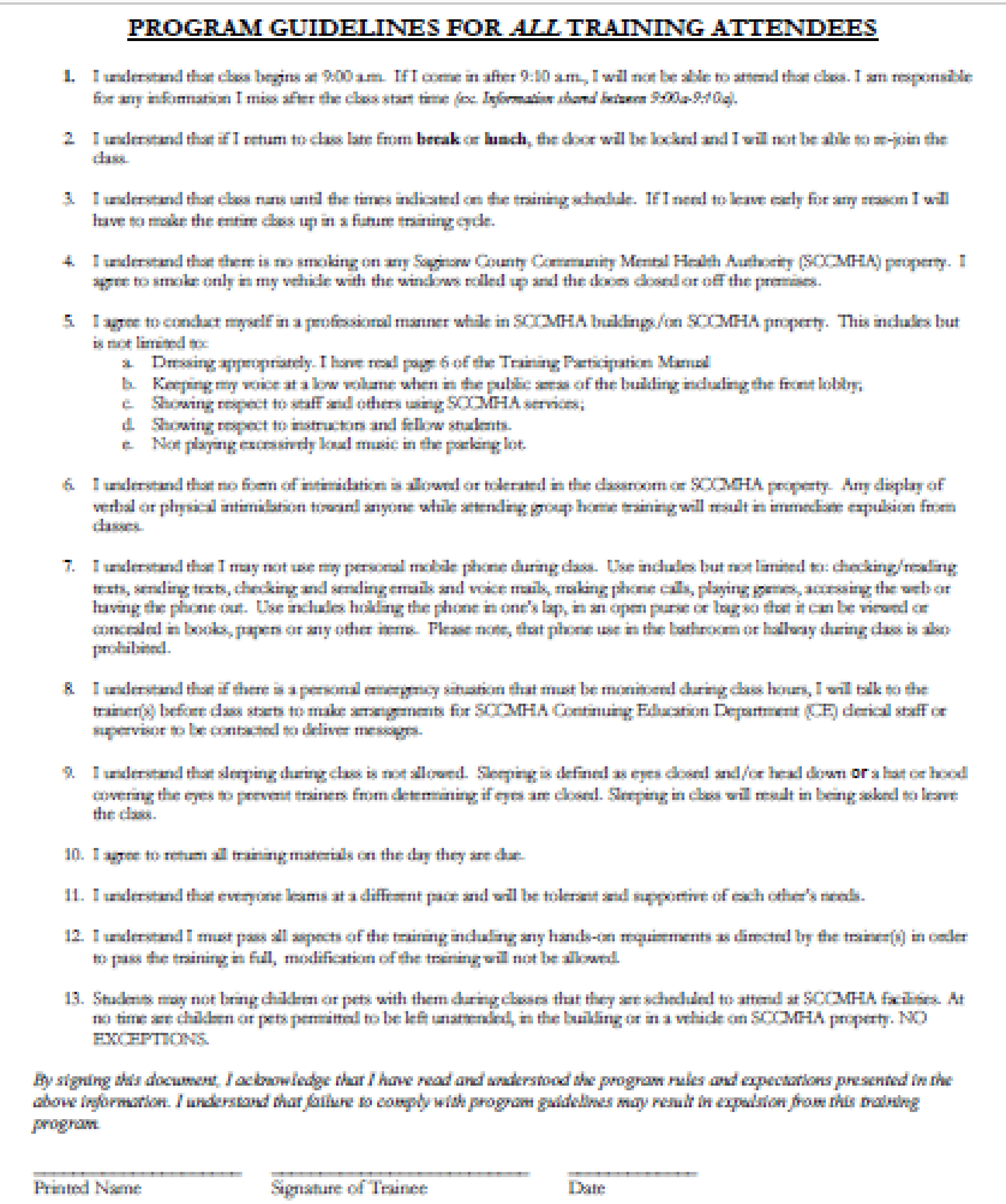
staff. If you notice any errors, please contact the Continuing Education Assistant with the identified concern. ***If you notice you have staff not identified on the report, please contact registrtations@sccmha.org*	
New and/or Terminated Staff: Send an email to: registrations@sccmha.org identifying staff first and last name, termination date and name of provider	SCCMHA Contracted Provider
Notification to SCCMHA Continuing Education if/when the training contact person changes.	SCCMHA Contracted Provider

Exhibit A



If Not LR Direct Care, Please Indicate Staff Type:	Provider Name:	
Autism CLS RESPITE SIP SD	Supervisor / Home Manager Name:	
☐ ☐ ☐ ☐ ☐	Date Requested:	
Staff Information	For accurate transcript records, please be sure spelling is correct.	For SCCMHA Use Only
Last Name		
First Name		
Hire Date		
Termination Date		
Has staff worked for other SCCMHA providers? If yes, please list other provider(s)/other home name(s)		
Name of Class	Date Of Class	
Orientation		
Cultural Awareness		
Recipient Rights		
Blood Borne Pathogens		Covered in Basic Health
Working with People 1		
Working with People 2		
Verbal De-Escalation/Physical Intervention for Protection		
Basic Health with Blood Borne Pathogens		
Basic Medications		
Introduction To Residential Services and PCP		
First Aid & CPR		
Person Centered Planning		Covered in Intro to Res.
Safety & Communication Class (NFS, EE/FS, EOT, LEP)		
Basic Meds Renewals		Renewals Only

Exhibit B1



PROGRAM GUIDELINES FOR *ALL* TRAINING ATTENDEES

1. I understand that class begins at 9:00 a.m. If I come in after 9:10 a.m., I will not be able to attend that class. I am responsible for any information I miss after the class start time *(ex. Information shared between 9:00a-9:10a)*.

2. I understand that if I return to class late from **break** or **lunch**, the door will be locked and I will not be able to re-join the class.

3. I understand that class runs until the times indicated on the training schedule. If I need to leave early for any reason I will have to make the entire class up in a future training cycle.

4. I understand that there is no smoking on any Saginaw County Community Mental Health Authority (SCCMHA) property. I agree to smoke only in my vehicle with the windows rolled up and the doors closed or off the premises.

5. I agree to conduct myself in a professional manner while in SCCMHA buildings/on SCCMHA property. This includes but is not limited to:
    a. Dressing appropriately. I have read page 6 of the Training Participation Manual
    b. Keeping my voice at a low volume when in the public areas of the building including the front lobby;
    c. Showing respect to staff and others using SCCMHA services;
    d. Showing respect to instructors and fellow students.
    e. Not playing excessively loud music in the parking lot.

6. I understand that no form of intimidation is allowed or tolerated in the classroom or SCCMHA property. Any display of verbal or physical intimidation toward anyone while attending group home training will result in immediate expulsion from classes.

7. I understand that I may not use my personal mobile phone during class. Use includes but not limited to: checking/reading texts, sending texts, checking and sending emails and voice mails, making phone calls, playing games, accessing the web or having the phone out. Use includes holding the phone in one's lap, in an open purse or bag so that it can be viewed or concealed in books, papers or any other items. Please note, that phone use in the bathroom or hallway during class is also prohibited.

8. I understand that if there is a personal emergency situation that must be monitored during class hours, I will talk to the trainer(s) before class starts to make arrangements for SCCMHA Continuing Education Department (CE) clerical staff or supervisor to be contacted to deliver messages.

9. I understand that sleeping during class is not allowed. Sleeping is defined as eyes closed and/or head down or a hat or hood covering the eyes to prevent trainers from determining if eyes are closed. Sleeping in class will result in being asked to leave the class.

10. I agree to return all training materials on the day they are due.

11. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs.

12. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full, modification of the training will not be allowed.

13. Students may not bring children or pets with them during classes that they are scheduled to attend at SCCMHA facilities. At no time are children or pets permitted to be left unattended, in the building or in a vehicle on SCCMHA property. NO EXCEPTIONS.

By signing this document, I acknowledge that I have read and understood the program rules and expectations presented in the above information. I understand that failure to comply with program guidelines may result in expulsion from this training program.

______________________ ______________________ ____________
Printed Name Signature of Trainee Date

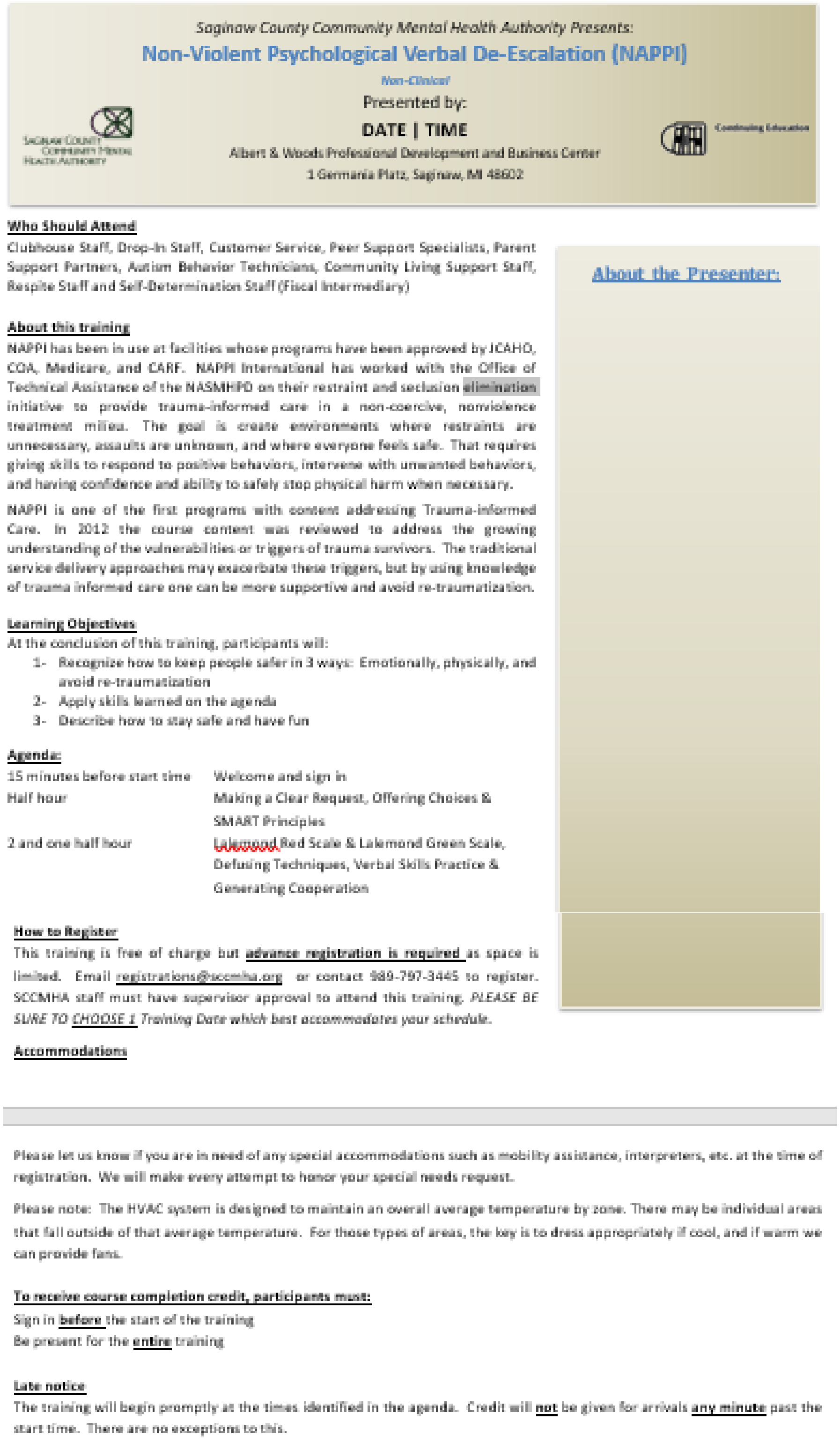
Exhibit B2

VIRTUAL TRAINING PROGRAM GUIDELINES

1. I agree to log in at least 15 minutes prior to the start of the training to ensure I have access and my equipment is functioning properly
2. I understand that class begins at the Start Time on the training announcement. If I attempt to participate after that time, I will not be able to attend the class.
4. I understand that if I am late to re-join the virtual training from **break** or **lunch** I will not be able to re-join the class.
5. I understand that class runs until the times indicated on the training schedule. If I need to log out prior to the end of the training I will have to make the entire class up at another scheduled time.
6. I understand I am participating in a virtual training and must conduct myself as I would during a live training. This includes but is not limited to:
    a. Dressing appropriately.
    b. Using appropriate discussion methods the trainers advise to use
    c. Keeping your video screen on at all times for monitoring and if it is disrupted I can be contacted at the phone # identified below. If it is disrupted for more than 15 minutes you may not be allowed back in the training
    d. Ensuring your training space is private with no interruptions
    e. I will not be driving or in any form of moving transportation while participating in a virtual training.
9. I understand that I may not use any other technology during virtual training
10. I understand that if there is a personal emergency situation that must be monitored during class hours, I will notify the trainer(s) before class starts to discuss.
10. I understand that sleeping during virtual is **not** allowed. If the trainer notices non-participation they will first attempt to get my attention via the participation options virtual. If I do not respond I will be removed from the virtual training.
11. I understand that everyone learns at a different pace and will be tolerant and supportive of each other's needs
12. I understand I must pass all aspects of the training including any hands-on requirements as directed by the trainer(s) in order to pass the training in full. Modification of the training will not be allowed.
13. Training participants may not have children or pets with them in their training space while participating in virtual training with SCCMHA Continuing Education. This is not only a distraction to me but also a distraction to all others who are participating.
14. When I complete a virtual training, I will also need to complete an virtual training evaluation.

By registering for and receiving confirmation of registration of training, I acknowledge that I have read and understand the program rules and expectations presented in the above information regarding virtual training. I understand that failure to comply with program guidelines may result in expulsion from the virtual training.

Exhibit C



Saginaw County Community Mental Health Authority Presents:

Non-Violent Psychological Verbal De-Escalation (NAPPI)

Non-Clinical

Presented by:

DATE | TIME

Albert & Woods Professional Development and Business Center
1 Germania Platz, Saginaw, MI 48602

Who Should Attend

Clubhouse Staff, Drop-In Staff, Customer Service, Peer Support Specialists, Parent Support Partners, Autism Behavior Technicians, Community Living Support Staff, Respite Staff and Self-Determination Staff (Fiscal Intermediary)

About this training

NAPPI has been in use at facilities whose programs have been approved by JCAHO, COA, Medicare, and CARF. NAPPI International has worked with the Office of Technical Assistance of the NASMHPD on their restraint and seclusion elimination initiative to provide trauma-informed care in a non-coercive, nonviolence treatment milieu. The goal is create environments where restraints are unnecessary, assaults are unknown, and where everyone feels safe. That requires giving skills to respond to positive behaviors, intervene with unwanted behaviors, and having confidence and ability to safely stop physical harm when necessary.

NAPPI is one of the first programs with content addressing Trauma-informed Care. In 2012 the course content was reviewed to address the growing understanding of the vulnerabilities or triggers of trauma survivors. The traditional service delivery approaches may exacerbate these triggers, but by using knowledge of trauma informed care one can be more supportive and avoid re-traumatization.

Learning Objectives

At the conclusion of this training, participants will:

1- Recognize how to keep people safer in 3 ways: Emotionally, physically, and avoid re-traumatization
2- Apply skills learned on the agenda
3- Describe how to stay safe and have fun

Agenda:

15 minutes before start time	Welcome and sign in
Half hour	Making a Clear Request, Offering Choices & SMART Principles
2 and one half hour	Lalemond Red Scale & Lalemond Green Scale, Defusing Techniques, Verbal Skills Practice & Generating Cooperation

About the Presenter:

How to Register

This training is free of charge but **advance registration is required** as space is limited. Email registrations@sccmha.org or contact 989-797-3445 to register. SCCMHA staff must have supervisor approval to attend this training. *PLEASE BE SURE TO CHOOSE 1 Training Date which best accommodates your schedule.*

Accommodations

Please let us know if you are in need of any special accommodations such as mobility assistance, interpreters, etc. at the time of registration. We will make every attempt to honor your special needs request.

Please note: The HVAC system is designed to maintain an overall average temperature by zone. There may be individual areas that fall outside of that average temperature. For those types of areas, the key is to dress appropriately if cool, and if warm we can provide fans.

To receive course completion credit, participants must:

Sign in **before** the start of the training
Be present for the **entire** training

Late notice

The training will begin promptly at the times identified in the agenda. Credit will **not** be given for arrivals **any minute** past the start time. There are no exceptions to this.

Network Services and Public Policy Procedure Manual **Saginaw County Community Mental Health Authority**		
Subject: Fee-Based Continuing Education Trainings	**Chapter**: 09.04.02 - Continuing Education	**Subject No**: 09.04.02.09
Continuing Education		
Effective Date: 6/1/20	**Date of Review/Revision**: 3/24/21, 1/10/22	**Approved By**: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education **Authored By**: Alecia Schabel, CE Supervisor **Reviewed By**: None
	Supersedes:	

Purpose:

A. To provide SCCMHA Continuing Education Unit a means to sustain ongoing costly trainings for the community.
B. To provide a mechanism for Continuing Education Unit and Finance Department to standardize a process in working collaboratively.
C. To provide a consistent procedure for Continuing Education and Finance staff to keep record of money received.

Policy:

It is the policy of SCCMHA Continuing Education Unit will charge a fee for professional trainings in which Social Work Continuing Education Credits (CEs) are offered to non-contracted community partners. See Continuing Education Credits policy 05.06.06.01.

Application:

This applies to community partners not under contract with SCCMHA and SCCMHA retirees who wish to obtain training through SCCMHA training resources.

Standards:

A. Fees are based on number of continuing education credits offered:
   1. 1-1.5 CEs $25
   2. 2-2.5 CEs $35
   3. 3-5.5 CEs $50

    4. 6-6.5 CEs $75
    5. 7+ CEs $100
    6. ALL SCCMHA EMPLOYEES (not contracted) Retirees $10 FLAT RATE
    7. Mental Health First Aid Trainings $30
    8. Group Rate Public Service Mental Health First Aid Training $500
        a. Group of 15 or more

B. SCCMHA Continuing Education Unit is responsible for ensuring trainings available to non-contracted community partners are announced with an accurate process for registering and how to pay for the training.

C. SCCMHA Continuing Education Unit is responsible for collecting payments from training registrants.
    a. Payments can be collected one of 4 methods:
        i. credit card by phone, email or fax registration
        ii. PayPal link on SCCMHA website
        iii. by check via United States Postal Service
        iv. cash or check the day of a training

D. Non-contracted Community Partner will be registered into the training database and the payment information will be forwarded to Continuing Education staff.

E. A cash log is kept in the Continuing Education front office.

F. Continuing Education Unit is to send the designated Cost Accountant in the Finance department a cash log for all credit card, check or cash received for fee-based trainings by the Continuing Education department.

G. Finance department will run all (non-PayPal) credit card payments and submit a receipt to the Continuing Education Unit.

H. The Finance Department will email or mail a credit card receipt for non-PayPal payments to the participant as per the request on the registration form.

I. Participants who pay cash or check for trainings the day of the event will do so at the training sign in table.

J. A Petty Cash box is kept, locked, within the Continuing Education Unit for cash payments needing change. See Continuing Education Trainings Petty Cash Procedure

K. Participants can request a refund within 72 hours of the training date as identified on the training registration form. If the training is cancelled due to SCCMHA determination a full refund is issued or transferred to another training date is issued.

Definitions:

Professional Trainings: clinically based trainings which offer social work continuing education credits.

Non-Contracted Community Partners: Members of Saginaw County who have an interest in Saginaw County Community Mental Health Authority education

SCCMHA Board Operated staff: Those who are employed directly by Saginaw County Community Mental Health Authority

References:

SCCMHA Continuing Education Credits policy 05.06.06.01
SCCMHA Continuing Education Trainings Petty Cash Procedure 09.02.04.02

Exhibits:

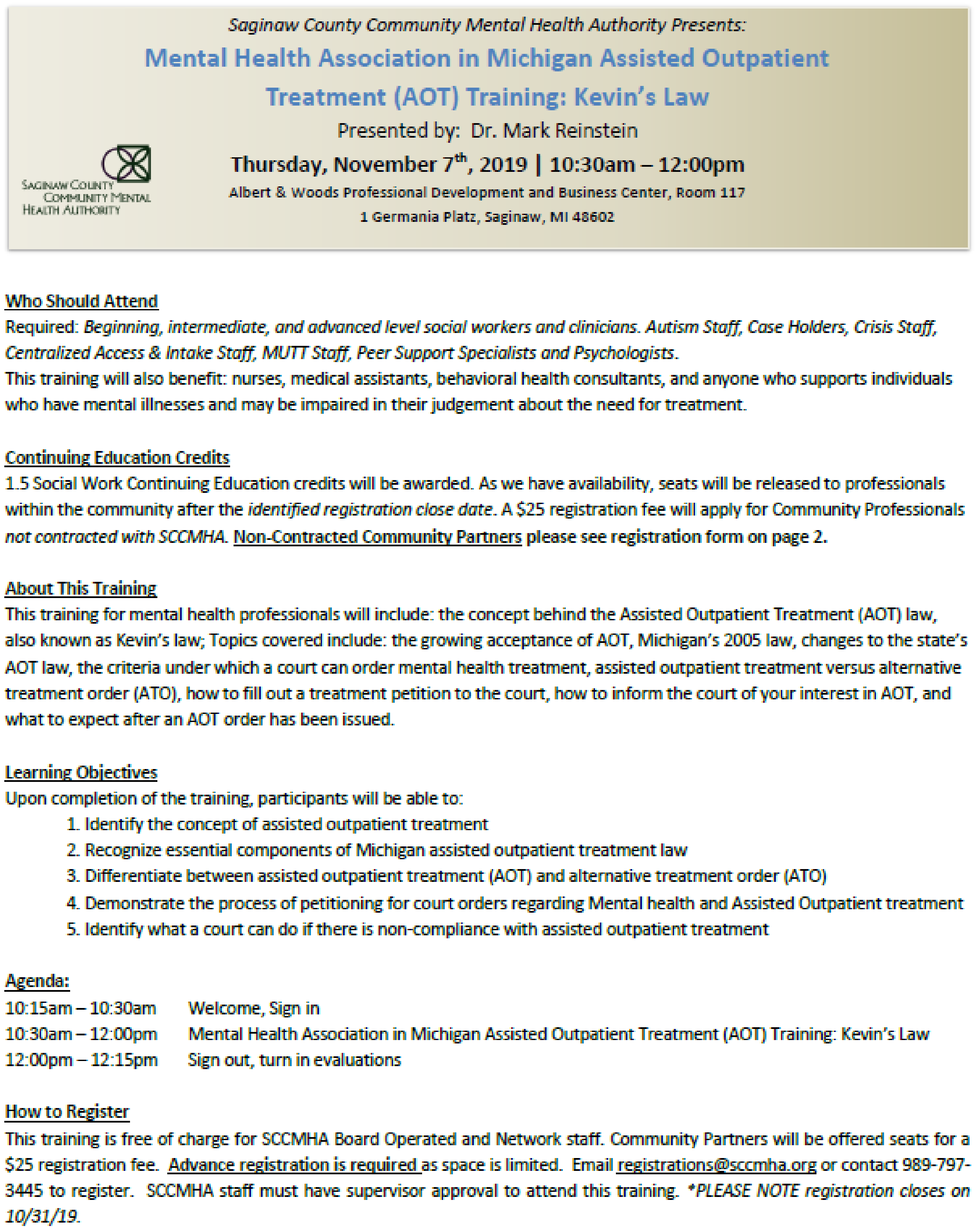
Exhibit A - Training Announcement w/non-contracted Community Partner Registration form
Exhibit B - SCCMHA Cash Receipts Log
Exhibit C - Example of non-PayPal “paid” receipt for non-contracted Community Partners

Procedure:

ACTION	RESPONSIBILITY
SCCMHA Continuing Education is responsible for ensuring trainings available to non-contracted community partners are announced with an accurate process for registering and paying.	Continuing Education Supervisor
SCCMHA Continuing Education is responsible for collecting payments from training registrants	Continuing Education Specialist and/or Continuing Education Typist
Taking credit card numbers, expiration date and security code by phone at the time of registration; by email registration or fax registration Receiving checks via USPS	Continuing Education Specialist and/or Continuing Education Typist
Non-contracted Community Partner will be registered into the training database and the payment information will be forwarded to the Continuing Education Typist	Continuing Education Specialist
If the training registrant pays the day of the event: registrant is to complete a registration form *(if one has not already been completed*). Continuing Education Staff are responsible for collecting payments prior to start of the training from registrants and issuing change if needed. Continuing Education Staff taking payments will mark the registration form with a “paid” stamp. Once training sign in is complete, designated Continuing Education staff will submit the registration form for the paying registrant to the Continuing Education Specialist. Continuing Education	Continuing Education Unit Assistant and/or Continuing Education Typist Continuing Education Specialist

Specialist will make 2 copies of the registration form, enter the registrant into the training database then the 2 registration forms are to be forwarded on to the Continuing Education Typist. One form is to be filed within the registration payments binder. The final copy of the registration form with a “paid” stamp will serve as the designated receipt. The Continuing Education Typist will ensure the Continuing Education Assistant has the final copy of the registration form/receipt prior to the end of the training that day which will then be hand delivered to the registrant upon completion & sign out of the training.	
A cash log is completed for all daily incoming credit card, check and/or cash payments.	Continuing Education Typist or Continuing Education Specialist
Any and all forms of payment are submitted to the designated Cost Accountant in the Finance department. All cash, check and/or credit card transactions are logged onto one form daily.	Continuing Education Typist
Running all non-PayPal credit card payments and submitting a receipt to the Continuing Education Unit. A credit card receipt is to be emailed, sent or faxed to the registrant as per the request on the registration form.	Cost Accountant in the Finance department
Copy of Receipt and registration form with payment information is filed in the Continuing Education Registration Receipt Binder. Any and all credit card identifying information is blacked out.	Continuing Education Typist

Exhibit A



Saginaw County Community Mental Health Authority Presents:

Mental Health Association in Michigan Assisted Outpatient Treatment (AOT) Training: Kevin's Law

Presented by: Dr. Mark Reinstein

Thursday, November 7th, 2019 | 10:30am – 12:00pm

Albert & Woods Professional Development and Business Center, Room 117
1 Germania Platz, Saginaw, MI 48602

Saginaw County
Community Mental
Health Authority

Who Should Attend

Required: *Beginning, intermediate, and advanced level social workers and clinicians. Autism Staff, Case Holders, Crisis Staff, Centralized Access & Intake Staff, MUTT Staff, Peer Support Specialists and Psychologists.*

This training will also benefit: nurses, medical assistants, behavioral health consultants, and anyone who supports individuals who have mental illnesses and may be impaired in their judgement about the need for treatment.

Continuing Education Credits

1.5 Social Work Continuing Education credits will be awarded. As we have availability, seats will be released to professionals within the community after the *identified registration close date*. A $25 registration fee will apply for Community Professionals *not contracted with SCCMHA.* Non-Contracted Community Partners please see registration form on page 2.

About This Training

This training for mental health professionals will include: the concept behind the Assisted Outpatient Treatment (AOT) law, also known as Kevin's law; Topics covered include: the growing acceptance of AOT, Michigan's 2005 law, changes to the state's AOT law, the criteria under which a court can order mental health treatment, assisted outpatient treatment versus alternative treatment order (ATO), how to fill out a treatment petition to the court, how to inform the court of your interest in AOT, and what to expect after an AOT order has been issued.

Learning Objectives

Upon completion of the training, participants will be able to:

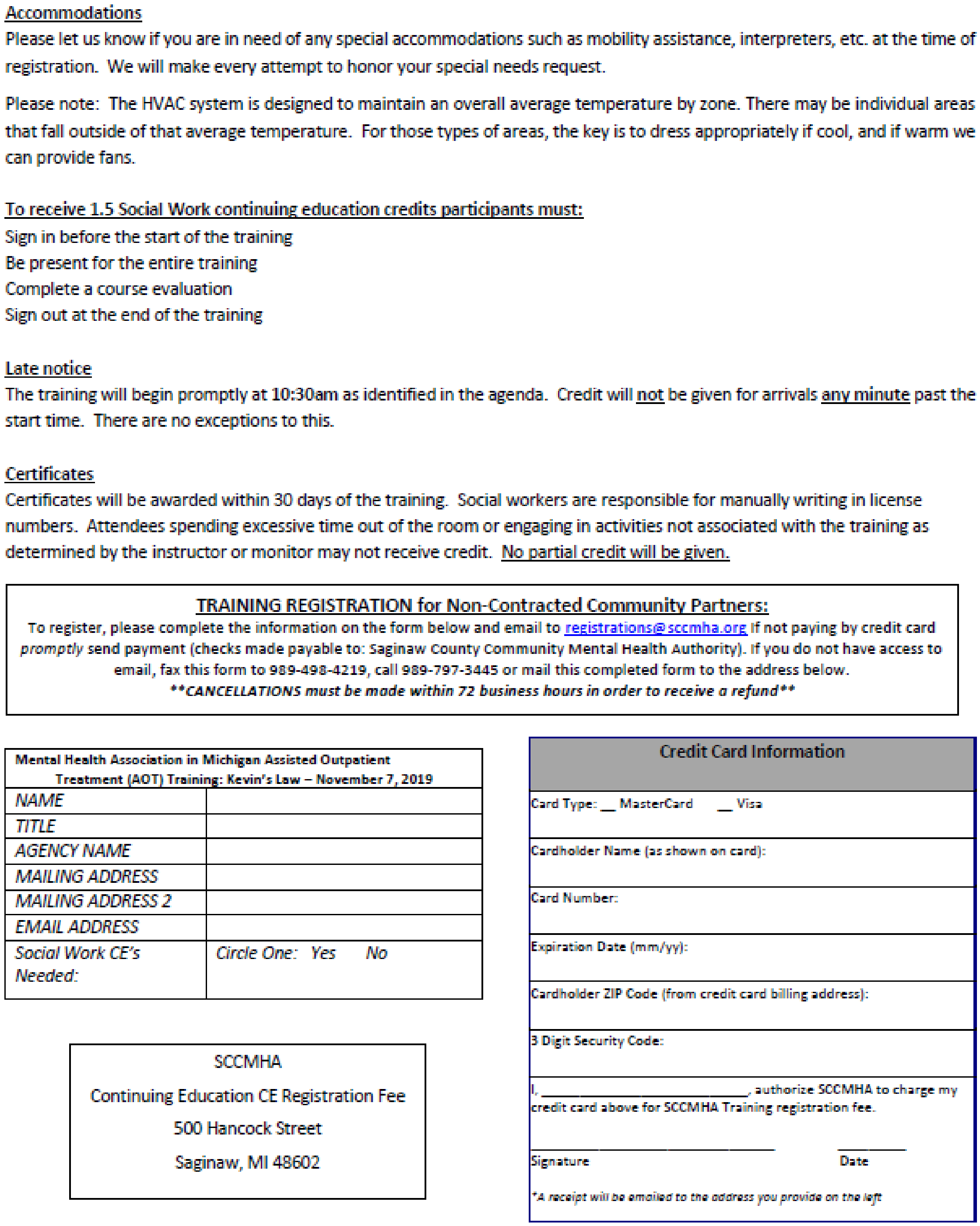
1. Identify the concept of assisted outpatient treatment
2. Recognize essential components of Michigan assisted outpatient treatment law
3. Differentiate between assisted outpatient treatment (AOT) and alternative treatment order (ATO)
4. Demonstrate the process of petitioning for court orders regarding Mental health and Assisted Outpatient treatment
5. Identify what a court can do if there is non-compliance with assisted outpatient treatment

Agenda:

10:15am – 10:30am	Welcome, Sign in
10:30am – 12:00pm	Mental Health Association in Michigan Assisted Outpatient Treatment (AOT) Training: Kevin's Law
12:00pm – 12:15pm	Sign out, turn in evaluations

How to Register

This training is free of charge for SCCMHA Board Operated and Network staff. Community Partners will be offered seats for a $25 registration fee. Advance registration is required as space is limited. Email registrations@sccmha.org or contact 989-797-3445 to register. SCCMHA staff must have supervisor approval to attend this training. **PLEASE NOTE registration closes on 10/31/19.*



Accommodations

Please let us know if you are in need of any special accommodations such as mobility assistance, interpreters, etc. at the time of registration. We will make every attempt to honor your special needs request.

Please note: The HVAC system is designed to maintain an overall average temperature by zone. There may be individual areas that fall outside of that average temperature. For those types of areas, the key is to dress appropriately if cool, and if warm we can provide fans.

To receive 1.5 Social Work continuing education credits participants must:

Sign in before the start of the training
Be present for the entire training
Complete a course evaluation
Sign out at the end of the training

Late notice

The training will begin promptly at 10:30am as identified in the agenda. Credit will not be given for arrivals any minute past the start time. There are no exceptions to this.

Certificates

Certificates will be awarded within 30 days of the training. Social workers are responsible for manually writing in license numbers. Attendees spending excessive time out of the room or engaging in activities not associated with the training as determined by the instructor or monitor may not receive credit. No partial credit will be given.

TRAINING REGISTRATION for Non-Contracted Community Partners:

To register, please complete the information on the form below and email to registrations@sccmha.org If not paying by credit card *promptly* send payment (checks made payable to: Saginaw County Community Mental Health Authority). If you do not have access to email, fax this form to 989-498-4219, call 989-797-3445 or mail this completed form to the address below.

*****CANCELLATIONS must be made within 72 business hours in order to receive a refund*****

Mental Health Association in Michigan Assisted Outpatient Treatment (AOT) Training: Kevin's Law – November 7, 2019	
NAME	
TITLE	
AGENCY NAME	
MAILING ADDRESS	
MAILING ADDRESS 2	
EMAIL ADDRESS	
Social Work CE's Needed:	*Circle One: Yes No*

SCCMHA
Continuing Education CE Registration Fee
500 Hancock Street
Saginaw, MI 48602

Credit Card Information

Card Type: __ MasterCard __ Visa

Cardholder Name (as shown on card):

Card Number:

Expiration Date (mm/yy):

Cardholder ZIP Code (from credit card billing address):

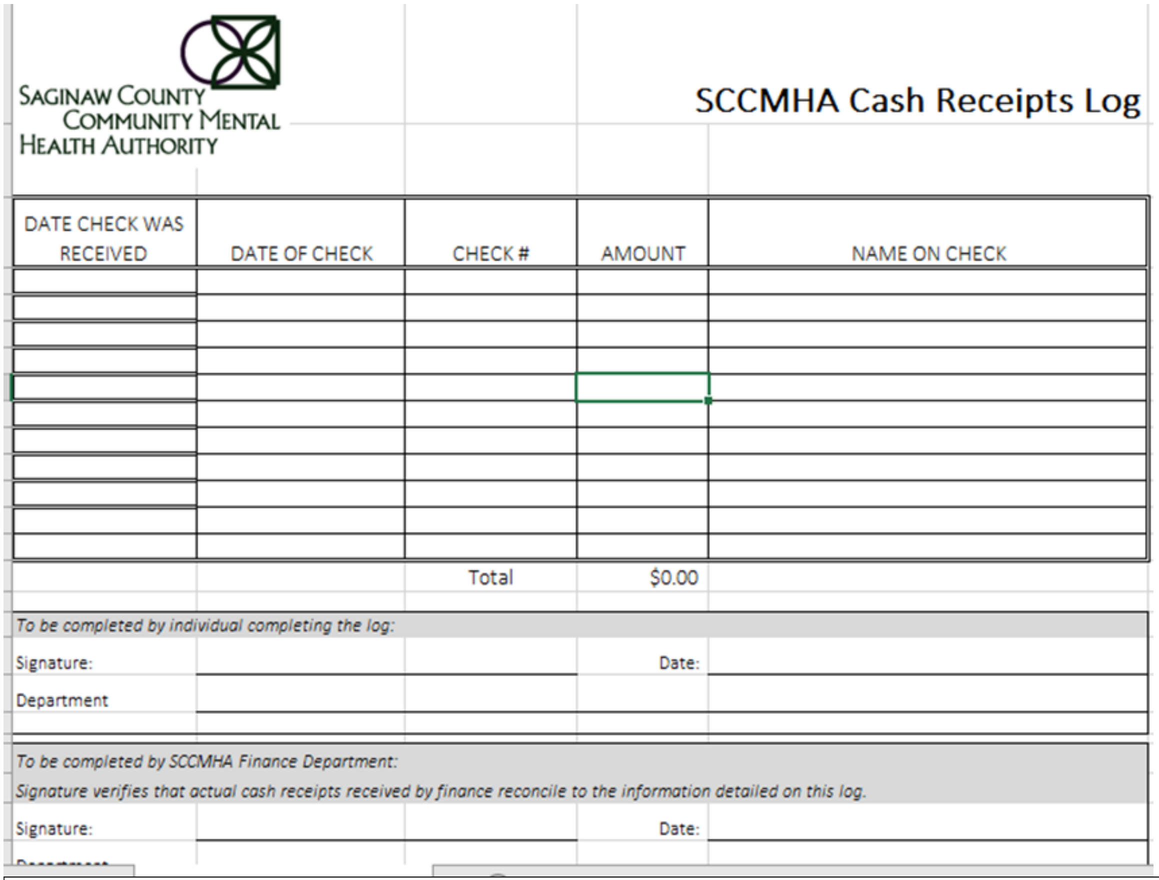
3 Digit Security Code:

I, ______________________, authorize SCCMHA to charge my credit card above for SCCMHA Training registration fee.

______________________ ________
Signature Date

**A receipt will be emailed to the address you provide on the left*

Exhibit B



SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

SCCMHA Cash Receipts Log

DATE CHECK WAS RECEIVED	DATE OF CHECK	CHECK #	AMOUNT	NAME ON CHECK
		Total	$0.00	

To be completed by individual completing the log:

Signature: ________________ Date: ________________

Department ________________

To be completed by SCCMHA Finance Department:

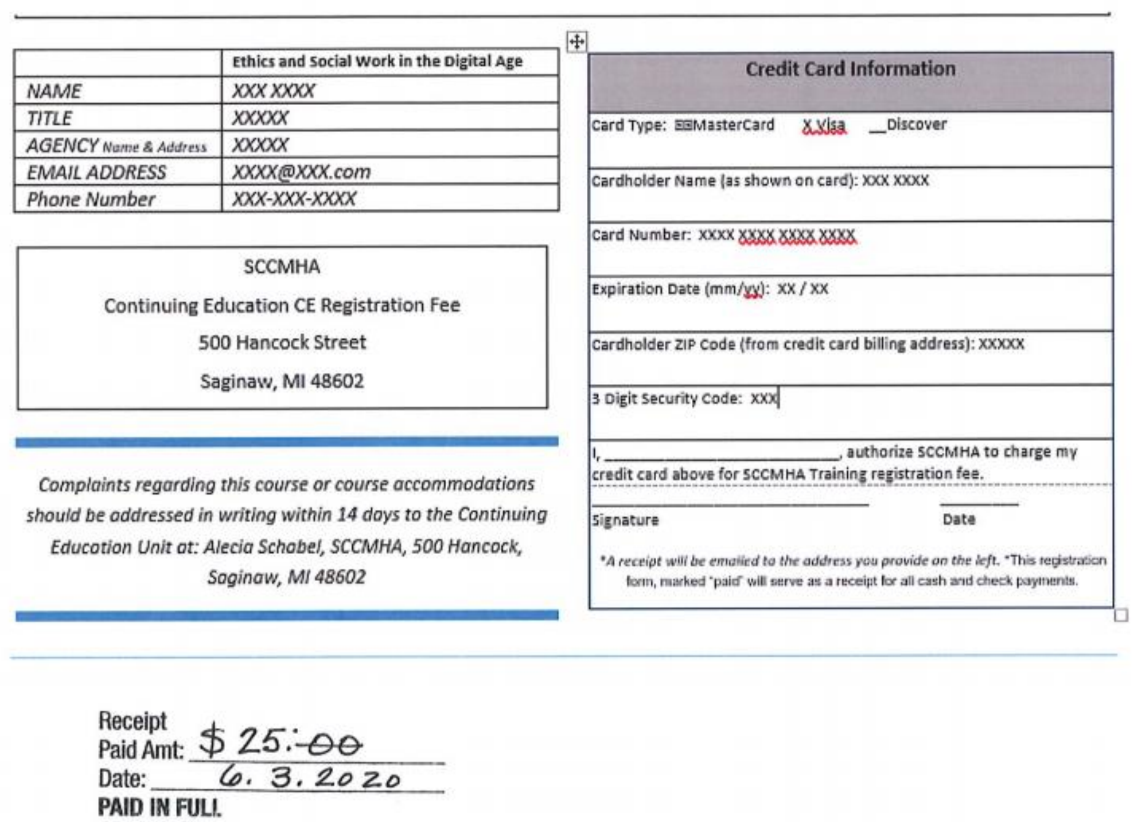
Signature verifies that actual cash receipts received by finance reconcile to the information detailed on this log.

Signature: ________________ Date: ________________

**disregard the title "Check" - use these columns for whatever the type of payment is coming in: cash, credit card or check*

In the "NAME ON CHECK" section please identify: Participant Name, Training Name and Training Date

Exhibit C



	Ethics and Social Work in the Digital Age
NAME	*XXX XXXX*
TITLE	*XXXXX*
AGENCY Name & Address	*XXXXX*
EMAIL ADDRESS	*XXXX@XXX.com*
Phone Number	*XXX-XXX-XXXX*

SCCMHA
Continuing Education CE Registration Fee
500 Hancock Street
Saginaw, MI 48602

Complaints regarding this course or course accommodations should be addressed in writing within 14 days to the Continuing Education Unit at: Alecia Schabel, SCCMHA, 500 Hancock, Saginaw, MI 48602

Credit Card Information

Card Type: ☐☐MasterCard X Visa __Discover

Cardholder Name (as shown on card): XXX XXXX

Card Number: XXXX XXXX XXXX XXXX

Expiration Date (mm/yy): XX / XX

Cardholder ZIP Code (from credit card billing address): XXXXX

3 Digit Security Code: XXX

I, ______________________, authorize SCCMHA to charge my credit card above for SCCMHA Training registration fee.

Signature ____________________ Date ________

**A receipt will be emailed to the address you provide on the left.* *This registration form, marked "paid" will serve as a receipt for all cash and check payments.

Receipt
Paid Amt: $ 25.-~~00~~
Date: 6. 3. 2020
PAID IN FULL

<table>
<tr><td colspan="3">Network Services & Public Policy Procedure Manual
Saginaw County Community Mental Health Authority</td></tr>
<tr><td>Subject: Distribution of Network Services Communications</td><td>Chapter: 09.04.03 – Network Services</td><td>Subject No: 09.04.03.05</td></tr>
<tr><td colspan="3">Network Services & Public Policy</td></tr>
<tr><td rowspan="2">Effective Date:
5/1/06</td><td>Date of Review/Revision:
8/21/06, 6/26/07, 7/6/09, 6/21/10, 5/31/11, 5/30/12, 4/25/14, 4/6/16, 6/13/17, 6/20/18, 6/15/20, 1/10/22</td><td rowspan="2">Approved By:
Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education

Authored By:
Jennifer Keilitz

Reviewed By:
Matt Briggs, Alecia Schabel</td></tr>
<tr><td>Supersedes:</td></tr>
</table>

Purpose:
To clearly define the individuals who will receive copies of various Network Services and Public Policy publications.

Policy:
To forward Network Services and Public Policy publications as appropriate to both internal SCCMHA employees and to contract providers.

Application:
For reference by Network Services and Public Policy.

Standards:
None

References:
09.04.01.01 – Auditing procedure
09.04.01.02 – Event Verification procedure

Exhibits:
None

Procedure:

ACTION	RESPONSIBILITY
Distribution of the **"SCCMHA Provider Network Newsletter"** as a means of information sharing (on YELLOW paper) to the following individuals: 1) All contracted SCCMHA service providers will be sent an electronic copy of the newsletter to both the legal and the provider site.	NSPP Administrative Assistant
Reminders: Individuals participating in Self Determination should NOT receive a copy of the newsletter. Non-service providers should NOT receive a copy of the newsletter. Other CMH's should NOT receive a copy of the newsletter.	NSPP Administrative Assistant
2) Final provider newsletter is posted to the SCCMHA website.	NSPP Administrative Assistant or other designee
3) All SCCMHA staff will be emailed the newsletter and will have access to newsletters up to one year prior on the SCCMHA website.	NSPP Administrative Assistant or other designee
4) All external parties will have access to the "SCCMHA Provider Newsletter" on the SCCMHA website.	
Distribution of the **"Network Services Provider Manual"** or provider manual updates to the following individuals:	
1) All contracted SCCMHA service providers will have access to "Network Services Provider Manual" on the SCCMHA website as of 2020 and are responsible for the content with their initial contract or contract renewal. It is the responsibility of the contract signatory to assure all sites within the contract and the staff providing services are aware of the content within the "Network Services Provider Manual".	NSPP Administrative Assistant or other designee NSPP Contracts & Properties Management Unit Provider Contract Signee
2) The "Network Services Provider Manual" can be accessed by SCCMHA staff through the SCCMHA website.	

3) Provider will be updated regularly, minimally every 6 months, and up to quarterly updates will be posted on the SCCMHA website.	NSPP Administrative Assistant
Distribution of the **“SCCMHA Service Provider Network Directory”**. This document is printed on yellow paper and is a complete list of all current SCCMHA service providers by service category. 1) All internal and external case managers/support coordinators receive a hard copy of this directory whenever updated. 2) Hard copies of this directory are distributed to the following SCCMHA departments/groups whenever it is revised: Network Services and Public Policy, Management Team, Finance, Access and Customer Services & Recipient Rights. 3) A copy of this Directory is also published on the SCCMHA Website.	Contract Management Assistant
Distribution of the **“SCCMHA Residential Home Manager Resource Manual”** will be accessible to the following individuals via the SCCMHA Website and SCCMHA issued flash drive. 1) Home Managers from SCCMHA contracted residential providers who attend Home Manager training at SCCMHA. 2) SCCMHA Provider Network Auditors 3) Other appropriate SCCMHA staff as determined by the Director of Network Services and Public Policy & Continuing Education	NSPP Continuing Education Supervisor
An electronic copy of the **“SCCMHA Training Protocols Manual”** will be available on G: drive in the Network Services & Public Policy folder to the following individuals. 1) Network Services and Public Policy staff 2) SCCMHA Leadership Team Hard copies of individual sections will be sent electronically to any SCCMHA network provider upon request.	NSPP Continuing Education Unit
When available in Sentri II, distribution of Network Services and Public Policy, Continuing Education	NSPP Continuing Education Unit

unit **required training reports** will be sent to the following individuals every January, April, July and October. Please see NSPP procedure 09.04.02.02 for specific detail. 1) All SCCMHA Contracted Service Providers All SCCMHA supervisors and directors.	
Licensed AFC/Residential Providers: 1) Required training reports will be sent monthly.	NSPP Continuing Education Unit
Distribution of Network Services and Public Policy, Continuing Education unit **Training Calendars** will be published monthly and distributed/posted no less than two weeks before the start of the training cycle.	NSPP Continuing Education Unit
Distribution of Network Services and Public Policy, Continuing Education unit **Training Calendars and Professional Training Announcements** will be as follows. 1) Training calendars will be published on the SCCMHA intranet under Continuing Education then Training Education and Forms section. 2) Training calendars will be emailed to all providers to the address listed in the Provider Management section in Sentri II or other identified contacts provided to SCCMHA Continuing Education Unit. In addition, a training calendar will be emailed to the Community Ties South and Community Ties North Supervisors, Self Determination Coordinators, Transportation Supervisor and Human Resources. 3) A Professional Training Announcement and a "Monthly Professional Training Opportunities" will be broadcast by email in the SCCMHA listserve to all clinical teams for the SCCMHA network as well as Clinical Supervisors and members of the Service Management Team.	NSPP Continuing Education Unit

Network Services & Public Policy Procedure or Plan Manual Saginaw County Community Mental Health Authority		
Subject: Tracking of Credentials for Staff Electronic Signatures	**Chapter**: 09.04.03 – Network Services	**Subject No**: 09.04.03.09
Network Services & Public Policy		
Effective Date: 9/21/16	**Date of Review/Revision**: 2/5/18, 1/2/20, 10/12/21 **Supersedes**:	**Approved By**: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education **Authored By**: Jennifer Keilitz **Reviewed By**: Monique Taylor-Whitson

Purpose:
To assure all staff credentials are tracked in Sentri to allow for the electronic signature of staff to be shown on electronically signed documents.

Policy:
It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that all persons providing care and treatment for individuals with disabilities served by the SCCMHA provider network, including DCO's will be properly credentialed. It is further the policy of SCCMHA that all documents including electronically generated documents include staff signatures and staff credentials as part of the electronic signature.

Application:
This procedure applies to all service delivery programs, both board operated (SCCMHA) and contracted network providers including Designated Collaborating Organizations (DCO's), and to any staff members who provide services that are recorded in the consumer electronic medical record and need to be signed electronically. This also applies to any services that are billed by SCCMHA to other funding sources where signatures and credentials are required.

Standards:
A. Each employer, including SCCMHA, and DCO's will verify credentials of position applicants, including proper licensure if required.

B. Individuals with credentials required by job description must maintain such status without any lapse. If credential status does change, the employee must notify the supervisor immediately and contractors must notify the SCCMHA contract manager immediately. All employers, including SCCMHA, and DCO's will employ consistent organizational procedures to follow when direct service personnel are found to be without the required license to perform job duties.
C. SCCMHA and other provider network organizations, including DCO's must retain current proof of credentials and licensure on file, as well as appropriate historical file information for services billed.
D. SCCMHA and other provider network organizations including DCO's will assure staff are recredentialed every two years.
E. SCCMHA and other provider network organizations including DCO's will assure staff maintain good standing with Licensing and Regulatory Affairs (LARA) by performing a check of the LARA website annually.
F. Each staff person will with a license will be credentialed through the SCCMHA Credentialing Committee.
G. SCCMHA will deny any claims and will not record and/or correct data on any reported applicable services found to have been provided by an insufficiently credentialed individual.
H. Staff will receive notification via Sentri 30 days prior to any licenses or credentials coming due in Sentri. This is sent as a reminder to staff to assure they complete any requirements that are necessary for license renewal.
I. All licenses will have a history recorded in sentri.

Definitions:

Sentri: SCCMHA's electronic health record for all consumer files served by SCCMHA board operated and Contracted Network Providers.
DCO: Designated Collaborating Organization- a formal relationship with a provider to provide services for a Certified Community Behavioral Health Clinic (CCBHC) care.

References:

SCCMHA Policy 09.04.03.01 Credentialing of SCCMHA Providers and Staff
MDHHS Medicaid Provider Manual
Michigan CCBHC Demonstration Handbook.

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Board Operated Programs/SCCMHA:	
Will verify credentials and licensure at hire to assure the credentials and licensures match those required by the job posted.	SCCMHA Human Resources
Verifies credentials using a primary source	SCCMHA Human Resources

verification method and keeps proof in the staff employment record.	
Verifies licenses on Michigan.gov website and keeps proof in staff employment record.	SCCMHA Human Resources
Forwards credential information to Supervisor of Auditing Unit along with initial credentialing packet for approval.	SCCMHA Human Resources
Updates Sentri in the Credentials section of the staff file.	SCCMHA Provider Network Auditing Supervisor
Notifies staff if a copy of the actual license or credential has not been received by the expiration date.	SCCMHA Human Resources
Updates any renewal licenses or credentials so that all history is kept for possible audit.	SCCMHA Provider Network Auditing Supervisor
Assures staff maintains appropriate credentials and licensure as required by the position and as required by the scope of work performed.	SCCMHA Supervisors, SCCMHA Human Resources, and SCCMHA Provider Network Auditing Supervisor
Updates licensure and credentials as required to assure electronic signatures show staff's appropriate credentials.	SCCMHA Provider Network Auditing Supervisor
Adds NPI or National Practitioners Identification number into Sentri.	SCCMHA Provider Network Auditing Supervisor
Staff name changes are submitted to Human Resources for required changes.	SCCMHA Board Operated staff members and SCCMHA Human Resources
Staff name changes are forwarded to SCCMHA training unit as well as SCCMHA Information Systems staff for updates in Sentri.	SCCMHA Human Resources, and SCCMHA Information Systems Staff
Contracted Network Providers including DCO's: Will verify credentials and licensure at hire to assure the credentials and licensures	 Contracted Network Providers & DCO's

match those required by the job.	
Verifies credentials using a primary source verification method and keeps proof in the staff employment record.	Contracted Network Providers & DCO’s
Verifies licenses on the Michigan.gov website and keeps proof in staff employment record.	Contracted Network Providers & DCO’s
Completes a credentialing packet for review by SCCMHA Credentialing Committee to the SCCMHA Provider Network Auditing Supervisor.	Contracted Network Providers & DCO’s
Provider Network Auditing Supervisor enters credentials to Sentri to assure signature includes proper credentials. Information needed is: a. Degree of person such as Bachelor of Science degree, Bachelor of Arts degree, Master of Social Work degree these will be entered with the effective date of the actual date the degree was obtained or if not given as the hire date. b. Effective date of license or credential c. Expiration date of license d. Full License Number e. Billing License Number f. NPI number when applicable g. Other credentials, licenses, certifications, privileges to be added such as CADC, etc. h. If multiple licenses or credentials what order preference. Degree will always be first, License will always be second.	SCCMHA Provider Network Auditing Supervisor
Will add licensure and/or credentials, certifications, privileges and National Practitioners Identification (NPI) number for contract staff in Sentri.	SCCMHA Provider Network Auditing Supervisor
Notifies SCCMHA Information Systems to	SCCMHA Provider Network Auditing

obtain sign-on to Sentri for any staff providing direct entry of services into the consumer electronic medical record. The form to complete is on the SCCMHA website.	Supervisor
Enters staff names into Sentri and creates temporary sign on.	SCCMHA Information Systems Staff
Assures staff maintains appropriate credentials and licensure as required by the position and as required by the scope of work performed.	Contracted Network Providers
Monitors staff credentials and assures all credentials are noted on staff electronically signed documents.	Contracted Network Providers & DCO's
Submits renewal credentialing application and supporting documents to SCCMHA Provider Network Auditing Supervisor for updates to SCCMHA Sentri. Adds renewal licenses, credentials, certifications, privileges, etc. to staff credentials area in Sentri every two years.	Contracted Network Providers & DCO's SCCMHA Provider Network Auditing Supervisor and Provider Network Auditing Staff
If staff person obtains a new license or credential that negates the current one in the system, an expiration date for the old will be entered. The date prior to the new credential effective date, will be used as the end date.	SCCMHA Provider Network Auditing Supervisor
Staff name changes are forwarded to SCCMHA training unit as well as SCCMHA Information Systems staff for updates in Sentri.	Contracted Network Providers & DCO's

Audit Checklist w/ Refs

Audit Name: Licensed Residential FY2022

Access to Food	Do individuals have access to food at any time? If individuals do not have access to food at any time, has the individual agreed to restrictions in their Individual Plan of Service (IPOS)? Evidence may include observation and/or interview with individual and/or provider. Evidence may also include choices offered during the Person Centered Planning (PCP) Process and documentation within the IPOS and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Access to Laundry	Do individuals have full access to the laundry area without restrictions? If no, is this addressed in a positive support / behavior plan and individual plan of service? Acceptable evidence is direct observation, and/or interview with individual and/or provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Appropriate Locks on Bathroom Doors	Do all bathrooms have appropriate privacy locks? Acceptable evidence is direct observation.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Appropriate Locks on Bedroom Doors	Do all bedrooms have appropriate keyed locks? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Bathroom Access	Do all individuals have full access to the bathroom? Can individuals access the bathroom at any time? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation and response from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Common Areas	Do individuals have full access to the comfortable seating / common areas without restrictions? Can individuals access common areas whenever they want? If not, is this addressed in the Individual Plan of Service (IPOS)? Acceptable evidence is direct observation, responses from individual and/or provider interview, and review of the IPOS.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Communication Jack	Do individual bedrooms offer a telephone jack, wireless internet, or an ethernet jack? Evidence may include direct observation and provider's policy and procedures.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Communications	Do individuals have a way to communicate with individuals outside of the setting without restrictions? Do individuals have access to a communication device that they can use in a private space? Acceptable evidence is direct observation, responses from individual interview, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Compliance	Does the facility have full HCBS Compliance? Evidence may include direct observation, individual and provider interviews, and policies and procedures for the facility.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

Audit Checklist w/ Refs

Audit Name: Licensed Residential FY2022

Dining Location	Can individuals choose where they want to eat? If no, is this addressed in Positive Support/Behavior Plan and Individual Plan of Service? Acceptable evidence is direct observation, responses from consumer interview, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Eating Location	Can individuals living in this residence choose to eat alone or with others? If no, is this addressed in the Individual Plan of Service and Positive Support/Behavior Plan? Acceptable evidence is responses from consumer interview, consumer meetings, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Home Appliances	Can individuals reach and use the home's appliances as they need? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation, responses from consumer interview, consumer meetings, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Kitchen and Dining Area	Do individuals have full access to the kitchen and dining areas without restrictions? Do individuals have full access to the dining area without restrictions? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is direct observation, responses from consumer interview, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Menu Options	Can individuals choose what they eat and drink? If no, is this addressed in Positive Support/Behavior Plan? Acceptable evidence is responses from consumer interview, consumer meetings, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Care	If an individual needs help with personal care, is it done in privacy? Each recipient's personal care, daily living, and hygiene needs are met including eating/feeding, toileting, bathing, grooming, dressing, ambulation, and assistance with self-administered medications and are documented in appropriate logs. Provider is completing daily personal care logs for each individual on the SCCMHA Personal Care and Community Living Supports Log. Acceptable evidence is responses from individual interviews, progress notes, and personal care logs.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Care Items	Basic supply of personal care items are provided by licensee to the consumer, such as: bath soap, shampoo, toothpaste, and deodorant. Consumer has his/her own personal care items to use. Personal Care items should be labeled individually with consumer initials.	SCCMHA Provider Manual Residential Services; Licensing small. Group Rules R400.14 314 page 14; Licensing large. Group Rules R400.15 314 page 19.
Personal Possessions	Provider shall have a listing of all valuables that are accepted by the licensee for safekeeping. The list of valuables shall include a written description of the items, the date and signed by the licensee and resident. Documentation should show items that were disposed of and how items were disposed.	SCCMHA Provider Manual Licensed Residential, Licensing small. Group Rules R400.14 315; Licensing large. Group Rules R400.5 315

Privacy Barriers	Is the inside of the residence free from cameras, visual monitors, audio monitors and alarms? If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is direct observation, responses from consumer interviews, and review of the individual plan of service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Private Place	Do staff have a place to talk about individuals' personal issues in a private place? Acceptable evidence is direct observation and responses from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Private Space	Is there an area in the home for individuals to meet in a private space? Acceptable evidence is direct observation and/or interview with individual and/or provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Respect for Personal Space	Do staff ask before entering individuals' bedrooms/bathrooms? Acceptable evidence is direct observation and responses from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Storage for Personal Items	Do individuals have a place to store and secure personal belongings? Acceptable evidence is direct observation and responses from consumer interviews.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Visitation	Does the residence allow friends and family to visit without rules on hours or times? Acceptable evidence is direct observation, responses from individual and provider interviews and review of the individual plan of service. Evidence may also include providers policy and procedures.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

Chart Review

Care Coordination	There is evidence of communication between the provider and other identified support persons within the individual plan of service. Supports include but not limited to case holder, parent, guardian, nurse, etc. Initial and ongoing communication is occurring as needed to address any concerns that may prevent services from being delivered as indicated in the individual plan of service.	MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Care Coordination 02.03.23
Claims/Service Activity Logs	Claims/Service Activity Logs (services provided) match services in the plan. Billings reflect only those services and frequencies of services that are identified in the plan.	Medicaid Manual, Recordkeeping, MDHHS SED Waiver Site Review
Complaints	Is information about filing a complaint provided in a way the individual can use and understand? Do individuals know who to call to file an anonymous complaint? Acceptable evidence is observations and interviews with individual and provider. Recipient Rights information should be available in every setting.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

Audit Checklist w/ Refs

Audit Name: Licensed Residential FY2022

Consumer Health and Safety	Provider has a direct responsibility to assist consumers with daily health care needs and take steps to decrease health and safety risk factors, as well as communicate to primary providers about consumer health and safety related issues and to coordinate care. Attention to health and safety includes monitoring of physical living settings and spaces, and appropriate alerts, referrals or interventions, according to healthy home standards including but not limited to mold, fire and pest prevention.	MDHHS Provider Medicaid Manual; SCCMHA Provider Manual Continuum of Care 03.02.06
Continuum of Care	Does the residence offer a continuum of care? Does the setting offer all services in house? Acceptable evidence is direct observation, consumer interviews, updated IPOS, activity logs, and progress notes.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Entitlements LR	Entitlements are obtained, and 3rd party reimbursements sought. (Medicaid cards, SSI, {for county owned homes only- Bridgecard/foodstamps})	SCCMHA Provider Manual, Provider Participation Agreement, Page 8, Item 4.0, Compensation, Type A Spec. Res. Pg 1
Guardianship/Legal Paperwork	Guardianship papers are in the file and match stated consumer status. Check to see if consumer has a DHHS worker (Ward of the State) as a guardian. If so, a copy of the guardianship documentation should be in the electronic health record.	MDHHS PIHP Review Protocols; Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20)
Healthcare Appraisals	Provider will ensure Consumers have healthcare appraisals completed within 90 days prior to move to a facility and annually after move in. Appraisals include review of current symptoms, eval of bodily systems, vision/hearing screenings, lab wk, etc	SCCMHA Provider Manual, Type A,; Licensing sm. Group Rules R400.14 316 page 12 & 21; Licensing lg. Group Rules R400.15 316 page 16
House Rules	Verify the provider does not have House Rules	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Individuals With or Without Disabilities	Can people with different types of disabilities and individuals without disabilities live in the home? Acceptable evidence is direct observation and responses from individual and provider interview. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Lease and/or Resident Care Agreement	Do all individuals have a signed lease agreement and/or resident care agreement with summary of resident rights? Acceptable evidence documentation of BCAL-3266. Licensee must also document they have provided consumers information on discharge processes and complaints.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Leave of Absence	Provider insures that consumer's have all needed medications, treatments and personal items necessary for proper care during any periods of absence from the home. For consumers with guardians, the provider will obtain prior authorization from the guardian before allowing an individual to remove consumer from the residence.	SCCMHA Provider Manual, Type A Res. Pg 3

Audit Checklist w/ Refs

Audit Name: Licensed Residential FY2022

Medical/Dental Logs and Documentation	Health/dental status of consumer is monitored ensuring scheduled medical, dental, and clinical appts are made in a timely manner, that the consumer attends appts and that resulting reports, Rx, Evals, etc. are secured and implemented. Various appointments are kept (medical, dental, psychiatric, etc.). When missed, they are documented appropriately.	SCCMHA Provider Manual, Type A, Pg 4; Licensing sm grp rules R400.14 310; Licensing lg grp rules R400.15 310.
Medication Administration	Trained Medication passers are identified for each shift, who know the Five Rights of Medication Administration and proper medication passing procedures. Medication Passers should be knowledgeable of where to find prescriptions, why clients are taking medications, and what to do in the event of refusals, etc.	Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
Medication Documentation	Medication Administration Records (MAR) are filled out accurately by Staff, including comments for per requested need (PRN) medications, refusals, or other instances of Staff documentation. If there are controlled substances being administered, the facility has a method of keeping track of these medications and are using two staff from different shifts to assist with counting.	Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
Medication Storage & Handling	There is evidence that physician-prescribed oral medication, injection, or topical medication treatments are securely stored. Medications are labeled as to what the medication is and when it should be given, with a label from the pharmacy. Topical and Oral medications are separated. Provider does not have expired or compromised medications in with regular medications. Controlled substances are secured under a double-lock system.	Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
PCP Current	The PCP is current, signed, on file, modified when indicated, and used by staff (PCP should be renewed at minimum of 1 time a year--done as needed which means addendums are completed when significant changes occur in consumer life, consumer needs more or less supports, consumer has attained goals).	Department of Mental Health Admin Rules R330.1276; Mental Health Code 330.1712(1); Medicaid Manual, General Information;
Signatures	Appropriate signatures and titles are evident on file documents. (Consumer/guardian, SC/CM/Therapist and supervisor signed plan. Supervisor signed assessment.)	Medicaid Manual, General Information for Providers, Recordkeeping
Training on Consumer Individual Plan of Services	Qualified staff are trained regarding all aspects of specific consumer's Individual Plan of Service, examples: proper administration of medications, additional physical interventions, transfers, injections, management of feeding tubes, therapeutic positioning, and suctioning, special dietary needs, diabetes, Behavior Treatment Plans, Occupational Therapy Plans, Physical Therapy Plans, Speech Therapy Plans, etc.	MSHN-SCCMHA Contract (Current FY); PIHP-MDHHS Contract (Current FY); CMHSP Staff Training Tool; SCCMHA Provider Manual

Audit Checklist w/ Refs

Audit Name: Licensed Residential FY2022

Consumers

Ability to Choose Provider	Do individuals pick the agency who provides their residential services and supports? Acceptable evidence is observation and/or interviews with individual and/or provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Changes in Services and Supports	Can individuals change their services and supports as they wish? Acceptable evidence is documentation and interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Choice of Residence/Residence Options	Did the individual choose to live at this residential setting? Acceptable evidence is interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. What action is taken if the individual indicates they no longer want to live in current setting.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Choice of Room and Roommate Preference	If the individual shares a room, did he/she have the option of having their own room? Did they pick their roommate? Are they happy with their room and/or roommate? Acceptable evidence is interviews with individual and provider. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Clothing	Can individuals choose what clothes to wear? Acceptable evidence is interviews with individual and/or provider. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Community Involvement	Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for community involvement/contact with people not receiving services? Acceptable evidence is documentation (progress notes/activity logs) and interviews with individual and provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Housemates	If the individual lives with other people, did he/she pick their housemate? Acceptable evidence is interviews with individual and/or provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

Leaving the Residence	Can individuals choose to come and go from the home when they want? If no, how are resident's freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is responses from individual and/or provider interview, progress notes, and documentation within the Individual Plan of Service.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Legal Activities	Are residents allowed to participate in legal activities (voting, Rated R movies, etc.)? Acceptable evidence is interviews with individual and provider. Evidence may also include documentation (progress notes/activity logs) completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
New Housing Request	Have individuals been provided with information on how to request new housing? Acceptable evidence is documentation and interviews with individual and provider. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record. This also includes documentation in the pre-plan and/or visits to the home prior to move in.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Funds	Do individuals have access to and choice/control over their personal funds? Acceptable evidence is documentation and interviews with individual and provider. Fund sheets are kept up to date and available in the home. Individuals are not paying for items that are part of Room and Board payments. Bank statements match that of the individual funds and deposits and withdrawals are consistent. Funds on hand match the fund sheets. Amount on hand does not exceed $200.00. Individuals have immediate access to their personal money if they choose. How do individuals have access to money after hours? Access to funds is given to individuals as written and addressed in IPOS (Provider adheres to their role as specified in the IPOS). Personal funds are documented and provider takes necessary steps to prevent mishandling. Provider will also record individual First Choice gift cards and how these are used.	Licensing sm. Group Rules R400.14 315 page 19; Licensing lg. Group Rules R400.15 315 page 15. MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Personal Schedule	Do individuals arrange and control their personal schedule of daily appointments and activities? Acceptable evidence is interviews with individual and/or provider and documentation (progress notes/activity logs/calendars) of the individuals daily schedule.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Staff Services	Do individuals pick the direct support workers who provide their services and supports? Acceptable evidence is interviews with individual and/or provider. Discussion should include ways in which an individual can indicate their preference of worker within a setting. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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Documentation

Activities and Recreation	Consumers are offered frequent opportunities for home and community activities and recreation. Activities should encourage social interaction, further growth through first hand experiences, social graces, and productive utilization of leisure time. Activities are age appropriate, dignified, and community integrated. There is an activity calendar for planned activities.	SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 317 page 22; Licensing Large Group Rules R400.15 317 page 16
Consumer Satisfaction	Consumer satisfaction is sought and action is taken to promote consumer satisfaction.	SCCMHA Provider Manual, Policy 05.06.01 Network Management & Development.
Disposal of consumer PHI	Provider has a provision for disposal of consumer Protected Health Information (PHI) that will render the documents unreadable, indecipherable, and otherwise cannot be reconstructed. Cross Cut shredders are ideal but the shredding should be between 7/16 and 1/32 of an inch.	Health Information Technology for Economic and Clinical Health (HITECH) Act. HIPAA Compliance Policies. SCCMHA Contract.
Emergency Procedures	Provider has emergency procedures that are reviewed with new employees and annually and proof that these procedures are followed by staff. Procedures should include: Bomb Threat, Power Outage, Tornados, Fire, Missing persons, Water Shortage, how to deal with a threat from a consumer, etc.	SCCMHA Provider Manual, Licensing Rules R400.14318 Licensing small Group; R400.15318 Licensing large Group; R4001438 Licensing Family Home
Fire Drills	Fire drills must be performed once per quarter per am, pm, and at least one of the drills being during sleeping hours. (Check fire drill logs)	Licensing certification rules R330 1803; Licensing sm. Group Rules R400.14 318 page 22; Licensing lg. Group Rules R400.15 318 page 17
Job Descriptions on site	Job descriptions are available and are on file at provider location.	Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network, Licensing lg. Group Rules R400.15 207; Licensing sm. Group Rules R400.14 207
Licensing Report and Survey	Licensing report and most recent survey are on file at the site and any issues are addressed. Check internet michigan.gov website for last survey.	Licensing Act 218 400.727
Meaningful Activities Outside of Residence	All consumers will be offered regular opportunity (at least 2x per week) to engage in activities of their choice outside of their home. Outside the home excludes skill build program, supported employment or clubhouse, medical appointments (MD, DO, PA, RN, DDS, OT, PT, or laboratory tests). Adult consumers are engaged in meaningful activities that are meaningful to the consumer.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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Periodic Review of Incident Reports	Provider has a process in place to periodically review all incident reports to look for trends, problem areas, for possible solutions or process improvements. Recommendations/actions taken are implemented in a timely manner. The provider evaluates the actions taken to prevent further incidents. This evaluation is used to determine effectiveness of the actions taken. The provider demonstrates a review of the actions at least 2 times per year. Auditor will use specific trends in the home and request documentation that these were reviewed.	SCCMHA Provider Manual Policy on Competency Requirements; SCCMHA Policy 04.01.02 - Incident Reporting and Review
Plan of Correction from Last Audit	Provider submitted an acceptable plan of correction from last SCCMHA audit. Site specific provider has a copy of the plan of correction as submitted by corporate provider.	SCCMHA Auditing Procedure.
Program Areas	Consumers are involved in program areas (evaluation, quality, development, operations, and governance). Persons with disabilities are involved in leadership roles that could be regular, ad hoc or even one time role that a consumer or family member plays in the organization such as: 1) serving on the governing or advisory or consumer leadership board or committee, 2) helping to review or assess program quality, 3) facilitating or helping to facilitate program or site meetings of residents/persons served to review policies, obtain their input, etc. such as home/house/site meetings. This could be as little as a few hours per year, or some level of regular hours per month.	MDCH App for Participation page 33; 2.3.4; SCCMHA Provider Manual Policy on Inclusion 02.03.02
Provision for 24/7	Providers have a provision to be able to reach them somehow. This can be through an answering service or via emergency cell phones etc. With reasonable response time of 1 hour. Substance Abuse providers must have 24/7 access.	RFP; SCCMHA Provider Manual; Licensing Rule 400.14206
Quality Improvement/Program Evaluation	Provider has specific initiated or given goals/measures. Provider has a system to identify problems and a plan of correction in place.	MSHN-SCCMHA Contract (Current FY), PIHP-MDHHS Contract (Current FY), SCCMHA Provider Manual, Quality Assessment & Performance Improvement, 04.01.01
Repeat Citations	Provider has evidence that previous citations have been corrected from the last annual audit.	SCCMHA Auditing Procedure.
Shift Notes/ Progress Notes	Daily documentation is kept and completed on each shift which reflects implementation of consumer plan. Provider completes daily documentation on each shift reflecting consumer participation in their plan.	SCCMHA Prov. Man., Type A & B Specialized Res., Service Plan and Records, Paragraph 2 page 4; Licensing sm. Group Rules R400.14 316 page 21; Licensing lg. Group Rules R400.15 316 page 16
Staff List/Organizational Chart	There is an Organizational Chart and or Staff listing for current staff. Provider shall make available at the facility or arrange to have on site at the time of audit.	Licensing small grp rules R400.14 103; Licensing large grp rules R400.15 103 page 2

Vehicles Maintained	The vehicles are maintained, in good working order, and are safe for consumers. Do vehicles have emergency kit, emergency numbers etc. How does provider ensure consumers get to medical appointments, etc.? If provider does not have company vehicle how do they ensure staff vehicles are safe and staff have appropriate insurance coverage? There is a vehicle breakdown and vehicle accident policy that is reviewed with staff annually.	Licensing small group home rules R400.14 319 pg. 22; Licensing large group rules R400.15319 pg. 17; MDCH audit review 2012.

Facility/Program Observation

Accessibility	Each setting must be physically accessible to the individuals residing/ attending there so the individuals may function as independently as they wish. Individuals must be able to move around in the setting without physical barriers getting in their way. This is especially true for individuals in wheelchairs or who require walking aids. Furniture must be placed in such a way that individuals can easily move around it, with pathways large enough for a wheelchair, scooter or walker to navigate easily if individuals with these types of mobility aides reside in the setting.	Home and Community Based Services Medicaid Manual Requirements.
Adaptive Equipment	All durable medical equipment or assistive devices as ordered by PCP or physician are readily available and used as prescribed. If incontinence or other healthcare or behavioral concerns are apparent, clean bedding is supplied as needed. All equipment is safe and in good working order.	SCCMHA Provider Manual, Type A & Type B Spec. Residential, Guidelines, Page 5, Adaptive Equipment; Licensing sm. Group Rules R400.14 306 Page 15; Licensing lg. Group Rules R 400.15 306 Page 11
Assistance to Consumers	Consumers are offered assistance as requested or indicated.	SCCMHA Provider Manual Policy 02.01.01 Accommodations
Community Access	Is accessible transportation available for individuals to make trips to the community (accessible transportation means having transportation services going where and when one wants to travel). If public transit is limited or unavailable, do individuals have another way to access the community? Acceptable evidence includes observation of accessible vehicles, as well as provider supplied evidence that vehicles and employees are accessible for transportation as well as information related to other means of transportation. Evidence shall be provided in providers policies as to how individuals have access to the community.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Community Contact	Do individuals live and/or receive services and supports in a setting where there is regular (more than once per week) opportunity for contact with people not receiving services? Acceptable evidence is direct observation, consumer interviews, provider interviews, updated individual plan of service, and activity logs.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Confidentiality of Privacy	Provider demonstrates protection of individual's privacy.	SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.04.00; Licensing Rules1979 Amendment 400.712 pg 10

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Confidentiality of Records	Records or other confidential information are not open for public inspection?	Mental Health Code 330.1748(1); SCCMHA Provider Manual, RR Contract Requirements; RR Policies and Procedures, 06.02.04.00; Licensing Rules 1979 Amendment, 400.712 pg. 10.
Consumer Responsibilities	SCCMHA consumers will be encouraged to maintain their own personal living quarters and participate in day to day housekeeping. Tasks/procedures are posted.	SCCMHA Provider Manual, Type A Res. Pg 3, Type B Res. Pg 3, Physical Plant
Dignity and Respect	Consumers are treated with dignity and respect	Mental Health Code 330.1708(4);SCCMHA Provider Manual, RR Contract Requirements, RR Policies and Procedures, 06.02.06.00; Licensing Sm. Group rules R400.14 303&305; Licensing Lg. Group rules R400.15 303&305
Environmental Modifications	Any needed environmental modifications have been made. Provider has ensured proper follow-through of any necessary modifications (request is made through Case Manager/Supports Coordinator who forwards request on to clinical director).	Medicaid Ch III Cov svc for persons with DD pg 58
Homelike Atmosphere	The residential facility promotes a homelike atmosphere, i.e., pictures, plants, flowers, etc.	Best Practice
Inside and Outside Access	Can individuals move inside and outside the home when they want? Acceptable evidence is observation and/or interview with individual and/or provider. Evidence may also include documentation completed for the individual by staff in the home.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Licensure for Program	Licensure is posted on site and available for public inspection. (Indicates Specialized Certification for population that is being served in the home, MI or DD or both if consumers have both diagnosis).	Licensing sm. Group Rules R400.14 103 page 3; Licensing lg. Group Rules R400.15 103(4) page 2
Nutrition & Dietary	Providers will follow and utilize SCCMHA's Dietary Guidelines. Menus are written and posted at least one week in advance and kept for one calendar year. Routine cleaning schedule is maintained to ensure cleanliness. Foods are monitored for expiration dates and are disposed of properly. The temperature of the freezer is such that food is frozen solid, Refrigerator is below 40 degrees F, and water temperature is between 105-120. If the home has snacks built into the daily routine these are identified on the menus.	SCCMHA Provider Manual, Type A, Page 5; Licensing sm. Group Rules R400.14 313 page 19; Licensing lg. Group Rules R400.15 313 page 14.
Provider Responsiveness	Provider demonstrates responsiveness to individual client needs (language, physical access accommodations, cultural needs, etc.)	Application for participation MDCH page 50; 3.1.8; Provider Manual Policy on Inclusion 02.03.02
Residence Away From Multiple Homes	Is the residence located away from multiple homes/settings (for people with disabilities)? Acceptable evidence is direct observation and responses from individual and provider interview. Evidence may include choices offered during the Person Centered Planning (PCP) Process and documentation within the Individual Plan of Service (IPOS) and individual Sentri record.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit

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Residence Free From Barriers	Is the home free of fences, gates, locked doors, or other ways to block individuals from entering or exiting certain areas of their home/grounds? If no, specify why. Is the home physically accessible to all individuals (i.e. grab bars, shower chairs, wheel chair ramps, etc.). Acceptable evidence is direct observation and/or interview with individual and/or provider.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Residence Location	Are the individual's services delivered in a setting that is separate from or outside of the building and off the grounds of a hospital, nursing home, Intermediate Care Facility for Individuals with Intellectual Disabilities or Institute for Mental Disease (IMD)? Are the individual's services delivered in a setting that is separate from a residential school or child caring institution? Acceptable evidence is direct observation.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Site Accessibility	Is the home physically accessible to all individuals? If no, how are residents' freedoms preserved with these barriers? Is this addressed in all Positive Support/Behavior Plans? Acceptable evidence is direct observation and responses from consumer interview.	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
Site Maintained	The property/fiscal plant/program site is maintained (if applicable). The environment of care is clean, and organized. Auditor did not note any items that were failing, in disrepair, or not maintained properly. The provider has in place a method to assure that someone is monitoring and provider is informed of any repairs necessary. Proof documents available such as preventative maintenance logs and proofs of inspections as necessary.	SCCMHA Provider Manual, Housing Best Practice Guideline, Quality Standards, Page 4; Licensing small Group Rules R400.14 403 Page 24 & R 400. 14 209 Page 10 Licensing large Group Rules R400.15 209 Page 7 & R400.15 403 page 18; SCCMHA Contract Attachment B
Supervision	The program offers supervision of consumers in a safe and secure environment.	SCCMHA Provider Manual Residential Services Policy 03.02.07
Supervision of Shift Change	There is proper supervision of consumers during shift changes.	Best Practice
Home Manager Questions		
Emergency Preparedness	Two days of backup food is maintained onsite for emergencies and is consistent with consumer diet orders. Emergency kit available containing first aid kit, flashlight, battery operated radio, bottled water, adult incontinence briefs, etc. The home has a carbon monoxide detector. The telephone number for poison control center is readily available to staff and consumers. Provider should have 4 gallons of water available at all times in case of water shortage. There is a provision for Emergency Shelter for Interim and Overnight with agreement for overnight stay with hotel or motel.	SCCMHA Provider Manual, Specialized Residential Services Policy; AFC Licensing rules R400.18313 (2)
Health and Wellness	Provider is supporting the health and wellness of consumers. Menus support the food pyramid with five fruits and vegetables per day. Exercise is discussed and promoted as part of the consumer daily or weekly routine.	SCCMHA Health and Wellness and Michigan Health and Wellness initiative.

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Log Books

Supervision Documented	There is documented evidence that non professionals were appropriately supervised. The evidence can be in staff communication logs, staff meeting minutes, staff performance improvement plans. Evidence of supervision of support staff directly providing services. Auditor will be looking to see that home manager is reviewing progress notes. Also looking to make sure CSM, OT, PT, Speech, Behaviorist, and Nurse are observing staff implementing the plan.	MDCH Site Review Report & Plan of correction 2/12/2003. Medicaid Manual, General Info. Pg. 3

Policies and Procedures

Record Retention	Programs are housing records in a safe, secure location for records that are not currently active or in use. Auditors will be looking at how records are stored at the facility or program. If stored in another location how the provider can assure the documents are safe and secure. Provider has a policy/procedure that indicates how records will be stored, how long, and how they will be disposed of after the date of retention has expired.	Health Information Technology for Economic and Clinical Health (HITECH) Act. SCCMHA HIPAA Compliance Policies.
Advance Directives	Staff are aware of any advance directives of consumers living in the facility. Provider has a procedure for determining if consumer has an advance directive and a method of informing staff what to do because the consumer has an advance directive.	SCCMHA Provider Manual Policy on Advanced Directives 03.02.14
Code of Conduct	Provider has a code of conduct for staff. This code of conduct includes standards of work conduct regarding being under the influence of illegal drugs or alcohol.	MDHHS(previously MDCH) App for Participation page 42; 2.10 ; SCCMHA Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network.
Competency Policy: Orientation Training	Provider has human resource procedures that address SCCMHA competencies for Orientation/training.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; SCCMHA Provider Manual Residential Services Policy 03.02.07
Competency Policy: Performance Monitoring	Provider has human resource procedures that address SCCMHA competencies for Performance Monitoring (evaluations). Provider will conduct routine performance evaluations on an annual basis at minimum.	Medicaid Manual, Admin Record Keeping; SCCMHA Provider Manual Competency Requirements for the SCCMHA Provider Network 05.06.03
Health and Safety Policy	A Health & Safety policy/procedure is available for the facility. The Policy should include Fire, Tornado, Medical Emergencies, Power Outages, Gas Leaks, Bomb Threat, Missing Person, etc. as well as provisions to ensure routine checks of facility for any potential health and safety hazards.	MDCH App for Participation page 38; 2.7; Licensing sm. Group Rules R400.14205 page 8 and R400.14301 page 10-12
Human Resources Policy	Staff are credentialed, licensed, and policy is followed for appropriate program type. All roles providing services to consumers will be described in job descriptions, candidates for positions will be qualified against requirements and duties contained in job descriptions.	SCCMHA Provider Manual, 09.04.03.01 Network Providers Background Certification & Credentialing Procedure & Plan: Licensing sm. Group Rules R400.14 203 & 204 page 7; Licensing lg. Group Rules R400.15 203 & 204 page 5

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Infection Control Plan	There is an infection control plan in place to address infection control. Policy and Procedure to address infection control issues. If the home has needles in the home the home must have a needle stick protocol as part of their infection control policy.	SCCMHA Provider Manual Policy 06.01.02 Infection Control Policy and Procedure
Medication Disposal	There is an appropriate, documented procedure for staff disposal of any and all discontinued or unused out of date medications. This should include documented witness that signs along with person who is disposing of the medications.	Medicaid Ch. III, Covered Svcs; Licensing sm. Group Rules R400.14 316 & 312 page 21 & 18; Licensing lg. Group Rules R400.15 314 page 14 & 15; SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings
Policies and Procedures for Accommodations	The provider has proof of related policies/procedures for accommodations. Policies should include how provider routinely identifies and addresses individual and systemic needs. Will ensure access and accommodation of persons with Limited-English proficiency (LEP), ensure system sensitivity and accommodation of diverse ethnic/cultural backgrounds, accommodation of individuals w/communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication, ensure persons with visual, hearing or other physical impairments and mobility challenges are accommodated).	MDCH App for Participation page 36, 2.5; SCCMHA Provider Manual, Accommodations Policy 02.01.01
Pre Hire Screening	Provider completes a pre hire screening which includes, background check, driving record check, recipient rights check, reference checks, and any health screening that is required prior employment. Provider also includes a pre-employment declaration regarding being under the influence of illegal drugs or alcohol.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03
Tornado Drills	The facility will have a procedure addressing what to do in case of a tornado. The facility will have at least one tornado drill per month during the months of April through September which is typically tornado season in Michigan. Provider will have proof documentation of occurrence of the drills.	SCCMHA Safety Procedures.
Pre-Audit Review		
Audit Entrance conference with provider either on date of audit or prior to the desk audit.	Meet with provider to go over how the audit process will take place and what the expectation is of the provider during the process. Ensure the provider understand deadlines for documentation submissions. Have the provider give contact information for main person to receive requests during the audit process.	SCCMHA Auditing Procedure
Audit Exit Conference with provider on final date of audit.	Meet with the provider to discuss findings, highlighting good points, as well as, areas where they can expect citations, and an anticipated date of written report. Also remember to give a copy of the audit questionnaire.	SCCMHA Auditing Procedure

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Audit Findings Other	Review Contract file. Are there are plans of correction from Contract Compliance? Are there Compliance Notes? Check internet michigan.gov website for last licensing survey and any investigative reports. Note the date of the last survey and report.	SCCMHA Provider Participation Agreement
Audit Findings--previous year	Auditor will review audit findings from past year and make sure these areas are reviewed during current audit review.	SCCMHA Provider Manual, Policy 05.06.01
Case Managers/Supports Coordinator Communications	Verify through letters, correspondence, meeting minutes, review logs, surveys to supervisors/chairpersons, etc. (Contact Case Manager/Supports Coordinator for issues, comments, etc.)	NO REFERENCE IN SYSTEM
Compliance Notices	Do they exist and if so what responses were. (Review Contract file)	SCCMHA Best Practice
Consumer Participation in Audit	A consumer must be involved in at least one audit per category of audits.	SCCMHA Consumerism Policy 02.03.01 and Inclusion Policy 02.03.02
Contracts	Provider has current contract with SCCMHA, or is in process of renewing contract. (Review Expirations Report from DB)	SCCMHA Provider Manual, Policy 02.02.06
Eligibility	Consumers are eligible to receive services from SCCMHA. (Medicaid is in effect or other CMH coverage--MI Child, Subsidy, Children's Waiver--is in place)	Medicaid Provider Manual, SCCMHA Provider Manual 03.01.01
Incident Reporting	Incident Reports are completed as needed and a copy is filed at SCCMHA. The Incident Reports are to be filed within 24 hours of the incident. (Submit to SCCMHA Quality Department)	Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); SCCMHA Provider Manual, SCCMHA Policy 04.01.02 - Incident Reporting and Review;
Licensure/Accreditations/Licenses Expired	Gather Proper Licensing and accreditation documentations, ensure they are all current and Provider Specific and provider is in good standing. CARF, JACHO, COA, specialized residential licensing. Inpatient settings also need to have Substance Abuse licensure. (Review Contract File)	MHC (P.A. 258) MCL 330.1134; Licensing Rules for Adult Foster Care Small Group Homes (12 or less); Licensing Rules for Adult Foster Care Large Group Homes (13-20); Contract Compliance; SCCMHA Provider Participation Agreement
Notifications	Has Provider received any notifications from MDHHS or MSHN?	MDHHS New Waiver Rules; HCBS Readiness Site Tool Visit
PCP Scope	Amount, duration, scope of services are supported by PCP (What services, how often, and how long).	SCCMHA Provider Manual; Consumerism Best Practice Guideline; Medicaid Manual, Mental Health and Substance Abuse 1.6 and 13.3
Prescription of Personal Care	Consumer Plan specifies personal care services needed by consumer and is reviewed and approved at least once per year. The plan is specific to let staff know how to care for the consumer.	AFC Licensing Specialized Certification Rules; Medicaid Manual 11.3
Quality of Life and Advocacy Reports	Quality of Life Reports (check contract files or previous audit file).	NO REFERENCE IN SYSTEM

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Recipient Rights Corrective Action	Any Recipient Rights Corrective Action plan was needed and when you go to the site make sure the corrective action plan has been implemented. (Check the current audit file and previous audit file for any ORR site visit information and review for need for plan of correction).	MMHC 330.1755 Office of recipient rights; establishment by community mental health services program and hospital; SCCMHA Provider Manual
Training Records	Minimum training standard for service type is met based upon SCCMHA Training Grid (Review Training Grid Report from DB)	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03
Staff File Review		
Medication Certification	All staff passing consumer medications have been certified 10 times by a staff member that has been certified by a SCCMHA Nurse or the nurse the provider has on staff. Re -Certification will occur every three years. This certification is to assure the provider/home manager is comfortable with staff passing medications. (not all staff must be certified but staff that are passing medications must be certified and at least one staff on shift must be certified).	SCCMHA Policy 03.02.17 Medication Management in Licensed Residential Settings.
Ongoing Background Checks and Sanctions	As required for CMS (Centers for Medicaid and Medicare Services) to reduce fraud and abuse of Medicaid and Medicare funds, sanction checks should be performed against the List of Excluded Individuals/Entities maintained by the Office of Inspector General (OIG/LEIE) and Systems for Award Management (SAM). At minimum, providers are required to complete these checks at least monthly. Providers are required to review the Michigan Provider Sanction List at least monthly. Ongoing criminal background checks ICHAT (Internet Criminal History Access Tool) should be performed every two years. These checks are required for all staff working in the agency, board members, and anyone with a controlling interest in the agency.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03; MDHHS Site Review; MSHN Site Review
Provider Completes Reference Checks	Providers are verifying references as a part of their pre hire screening and there is proof in the staff files.	SCCMHA Provider Manual, Competency Requirements for the SCCMHA Provider Network 05.06.03
Staff Job Descriptions on file	Job descriptions are on file.	SCCMHA Provider Manual Policy 05.06.03 Competency Requirements for the SCCMHA Provider Network; Licensing sm. Group Rules R400.14 208 page 9; Licensing lg. Group Rules R400.15 208 page 7.
Staff Training Records	Provider has training logs available at time of site visit with current information of completed trainings and certifications.	Licensing small grp rules R400.14 204 page 7; Licensing large grp rules R400.15 204
Training for Accommodations	Provider has proof of training relating to accommodations (cultural diversity, disability sensitivity, LEP, etc.) Accommodations training needs to include any special trainings needed for consumer accommodations such as lifts, sign language, any Mental Illness, Developmental Disabilities, and Substance Abuse trainings etc. completed. Auditor will look for quarterly training/in-service.	SCCMHA Provider Manual; SCCMHA Policy 02.01.01 - Enrollee Rights and Accommodations; SCCMHA Policy 03.02.07 - Residential Services; SCCMHA Policy 05.06.03 - Competency Requirements for the SCCMHA Provider Network;

Training Minimum Standards	Minimum training standard for service type is met based upon SCCMHA Training Grid and is documented in staff file. Looking for 95% compliance overall with training for persons that have been employed over 60 days. (Refer to Pre-Audit review)	Medicaid Manual, General Info. Pg. 3; SCCMHA Provider Manual, Competency Requirements Policy 05.06.03; Specialized Certification Rules for AFC R330.1806(2)(a-b)

Staff Questions

Direct Care Wage Increase	Was provider given a direct care wage increase during the year. If so is there proof at the site that staff the increase as noted in the SCCMHA contract.	SCCMHA Contract and Direct Care Wage increases as noted from the State of Michigan.
Staff Described Plan	Staff is able to describe each plan for consumer--dietary needs, restrictions, etc. Auditor to document the name of the staff that provided the information.	MDCH Site Review Protocols; AFC Small Group rules R400.14206 (2); Large Group rules R400.15201 (8) (c).
Staff Identification	Staff can identify each consumer's case manager/Supports Coordinator and there is evidence of communication.	MDCH App for participation pg 32 2.2.2
Staff Knowledge, Skills, Experience	Staff has the knowledge and skills to meet the needs and desired outcomes of the clients, including experience in working with persons with mental health needs.	Medicaid Manual, General Information; Licensing sm. Group Rules R400.14 201 & 204 page 6&7; Licensing lg. Group Rules R400.15 201 & 204 page 4&5