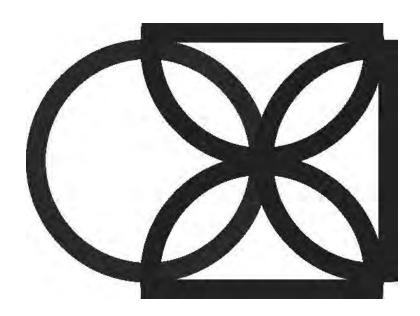
Saginaw County Community Mental Health Authority (SCCMHA)

Network Services Provider Manual



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

October Update Fiscal Year 2023

Inc	luded are tl		l Update - October 2022 edures since the July 2022 Provider Manu	al Update	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
Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised		12				(1111)		
10 11	Tab 1 Introdu	A History of CMH and the Genesis of SCCMHA	Added 2021 and 2022 Organizational Milestones.	9/27/2022	Х	х	Х	Х	х	Х	Х	х
48	Tab 2 Eligibil	ity & Care Management										
49	03.01.01	Eligibility Criteria	Removal of Enhanced Adult Outpatient provider panel.	10/11/2022	Х	х	Х	Х	Х	х	Х	х
58	03.01.01.06	Waiting Lists	SCCMHA Outpatient Referrals List added as reference.	7/13/2022	Х	Х	Х	Х	Х	Х	Х	х
71	05.04.01	Care Management Services	Significant updating: Added Exhibits B-E B: MSHN Utilization Mgmt. Plan C: MSHN Utilization Mgmt. Policy D: MSHN Utilization Mgmt. Charter E: SCCMHA Care Mgmt. Report & Plan FY21-FY23. This care mgmt. plan had significant updates since 2016. Reduced from 66 pages to 11. Explained utilization decrease and service demand uncertainty during COVID-19 PHE. Updated historic Care Mgmt. Projects and added the following new projects: •Tele-Health Expansion •1915(i)SPA implementation •CCBHC-D (DCO) Implementation phases •COB Front Door •Formation of CBI workgroup PECFAS added to Level of Care Assessment tool listing.		X	X	X	Х	X	х	x	х
121	09.03.01.01	Care Management Request for Authorization Review	Minor edits throughout. CMS and Care Conference Review Committee definitions added. Procedure Actions and Responsibilities updated.	8/1/2022	х	Х	Х	Х	х	Х	х	х

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised					Columns			
126	09.03.01.05	Courtesy Authorization Initiation	Minor edits throughout. Authorization definition updated. Exhibit A renamed to Courtesy Authorization FAQ.	8/1/2022	х	х	х	Х	Х	х	х	х
N/A	Tab 3 Services	& Protocols - No Updates			1							
133	Tab 4 Service	Delivery										
134	02.03.03	Person Centered Planning	Adding following language to policy: "annual assessment should be completed within 364 days of last assessment."	6/28/2022	х	Х	х	Х	Х	х	х	х
158	02.03.09.01	Dual Diagnosis Treatment Capacity	Minor edits throughout. Changed "at least" to "up to" regarding frequency of outcomes reports.	9/27/2022	х	Х	Х	Х	Х	Х	Х	
	02.03.09.11	Adult Crisis Residential Services	Minor edits throughout. Corrected Medicaid Provider Manual Link.	9/27/2022	Х	Х	Х	Х	Х			
	02.03.09.21	Personal Action Toward Health (PATH)	Archived.	N/A				Χ	Х			
	02.03.23	Care Coordination	Minor edits throughout.	9/27/2022	Χ	Χ	Χ	Χ	X	Х	Χ	
	03.02.14	Advance Directives	Minor edits throughout.	9/20/2022	Χ	Χ	Χ	Χ	Х	Х	Χ	
220	03.02.20	Medication Review	Added Reference to SCCMHA policy 03.02.38. Updated Reference to SCCMHA's Care Transitions Policy with new policy number.	9/14/2022	х	Х	Х	Х	х	х	х	
	03.02.29	Closure/Discharge Criteria	Review only.	10/11/2022				x	X			
261	03.02.30	Use of PRN Psychotropic Medications in Mental Health Settings	Review only.	9/14/2022			Х		Х			
290	03.02.32	Medication Drop Service Program for Adults	Updated Attachment to take out per diem language. Changed references from Medication Drop Services to Medication Drop Program per Genoa request. Changed typical time of operations to 8:30 pm, instead of 8:00 pm. Updated all exhibits.	9/23/2022				X	Х	Х		

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised		12	Colu	Colu	Columni	Colu		
318	03.02.38	Prescription Monitoring Program	Added new Standard B indicating all licensed									
		Compliance	prescribers/dispensers are responsible for keeping									
			current on relevant state and federal rules and		V	v	V		Х		V	
			regulations.		Х	Х	X	Х	^	X	Х	
			Added 2 References, one to the MAPS website and									
			another to the DEA website.	9/14/2022								
322	03.02.49	Hospital Discharge Planning	Renumbered from 10.01.01.	9/13/2022	Χ	Χ	Χ	Х	Х			
337	03.02.49.01	Care Transitions	Review only.	9/14/2022	Χ	Χ	Х	Х	Х			
347	05.01.04	Psychiatric Supervision & SCCMHA Medical Director Role	Review only.	9/14/2022	Х	Х		Х	Х	Х	Х	
351	06.01.02	Infection Control	Major changes throughout policy - Suggested to review fully.	6/10/2022	Х	Х	Х	Х	Х	х	Х	
357	09.03.01.04	Level of Care Reviews	Authorization definition revised. All Exhibits updated.	8/1/2022	Х	Х	Х	Х	Х	Х	Х	
371	09.04.03.12	Referral and Authorization of Drop-in	Minor edits throughout. Added "A primary diagnosis of						V		V	
		Services (Friends for Recovery Center)	SMI is required for participation in the program.".	0/27/2022		Х			Х	X	Х	
202	00.00.10.01	Autions Colored ADA	Program numbers updated.	9/27/2022		· ·						$\vdash \vdash \vdash$
	09.06.10.01	Autism - School and ABA	Review only.	3/3/2022		Х						$\vdash \vdash \vdash$
385	09.06.10.02	Autism Program Entry to Services	Took out information relating to the CAI referral flow process. This policy is now just outlining what needs to									
			be done after the consumer is found eligible for Autism			Х						
			services.	3/7/2022								
389	09.06.10.03	Autism Expectations Regarding Treatment	Added that not only should the Behavior Tech be	3/1/2022								
	03.00.10.03	Plans	trained on the ABA treatment plan but also on the									
			IPOS. Removed 2:1 being requested on the form. Can			Х						
			only request 2:1 by doing a behavior plan and									
			submitting to the BTPRC.	3/3/2022								
396	09.06.10.04	Autism Program Mission and Vision	Review only.			.,						
		Statement	·	3/3/2022		Х						
397	09.06.10.05	Autism Program Introduction	Review only.	3/3/2022		Χ						
399	09.06.10.06	Autism Discharge Planning	Review only.	3/3/2022		Χ						
402	09.06.10.07	Autism Supports Coordinator	Updated the coding that Supports Coordinators can use									
		Responsibilities	while a case is primary in Wraparound. Removed			Х						
			H0032.	3/3/2022								
408	09.06.10.08	Autism Eligibility Determination and Re-	Added information about the evaluators adding									
		Evaluation	indirect time to their assessment, labeling the process									
			as a feedback session on page 3. Page 5- Updated			Х						
			language to evaluations every 3 years or sooner as									
			medically necessary.	3/3/2022								
	09.06.10.09	Autism Program Orientation Meeting	Review only.	3/3/2022		Х						
419	09.06.10.10		New to Provider Manual.			Х						
		Evaluations for ABA		10/20/2022								
427	Tab 5 Regulato	ory Management/HIPAA Compliance										

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised		12	Colu	Colu	Columns	Colu	(3)	
428	05.07.01	Compliance and Ethics Program	Minor edits throughout.	8/26/2022	Х	Χ	Х	Х	Х	Х	Х	
431	05.07.02	SCCMHA Network HIPAA Compliance	Review only.	8/26/2022	Х	Х	Х	Х	Х	Х	Х	Х
435	05.07.03	Deficit Reduction Act Compliance	Minor edits throughout.	8/26/2022	Χ	Х	Χ	Х	Х	Х	Х	Х
440	05.07.05	Reporting of Medicaid Fraud and or Abuse	Minor edits throughout.		v	Х	Х	Х	Х	Х	Х	Х
				8/26/2022	Х	^	^	^	^	^	^	^
444	08.01.08		Updated contact in exhibit A for information or questions on releasing information or documents: SCCMHA's Record Department or Customer Service (989) 797-3452/1-800-258-8678 Exhibit B - Subpeona requests/questions go to SCCMHA's Compliance Officer. Information on releasing information from SENTRI II - Medical Records Typist/Clerk (989-797-3492) or Quality and Medical Records Supervisor (989-272-7235) or the Compliance Officer (989-797-3539). Other minor edits throughout.	g/30/2022	×	x			x		x	
450	00.05.07.04	District and December 2011	D. C. and	8/30/2022								igwdapprox
459	08.05.07.01	Disclosing and Requesting only the	Review only.	10/24/2022	Х	Х	Х	Х	Х	Х	Х	
463	08.05.09.01	Minimum Amount of PHI Necessary Obtaining an Authorization for Use or	Review only.	10/24/2022								\vdash
403	06.05.09.01	Disclosure of PHI	neview only.	10/24/2022	Х	Χ	Х	Х	Х	Х	Х	
468	08.05.09.03	Individual Revocation of an Authorization	Review only.	10/24/2022								
"	00.03.03.03	to Disclose PHI	neview only.	10/24/2022	Х	Х	Х	Х	Х	Х	Х	
470	08.05.09.04		Review only.	20,2 1,2022								
		Authorization to Disclose PHI		10/24/2022	Х	Х	Х	Х	Х	Х	Х	
472	08.05.09.05	Authorization for the Use or Disclosure of	Review only.	-, , -					.,			
		Psychotherapy Notes	,	10/24/2022	Х	Х	Х	Х	Х	Х	Х	
476	08.05.10.01	Using PHI for Involvement in and	Review only.		.,	.,	.,	,,		,,	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
		Notification of the Individual's Care		10/24/2022	Х	Х	Х	Х	Х	Х	Х	
480	08.05.11.01	Disclosing PHI as Required by Law	Review only.	10/24/2022	Χ	Χ	Χ	Χ	X	Х	Х	Х
483	08.05.11.03	Disclosing PHI about Victims of Abuse,	Review only.		Х	Х	Х	Х	Х	Х	Х	
		Neglect, or Domestic Violence		10/24/2022	^	^	^	^	^	^	^	
486	08.05.11.04	Disclosing PHI involving Child Abuse or	Review only.		Х	Х	Х	Х	Х	Х	Х	
		Neglect		10/24/2022	^	^	^	^	Λ	^	^	
489	08.05.11.05	Disclosing PHI for Health Oversight Release	Review only.	10/24/2022	Х	Х	Х	Х	х	Х	Х	
492	08.05.11.06	Disclosing PHI as Required by Legislative	Review only.		V	· ·	V	· ·		· ·	· ·	
L		Release		10/24/2022	Х	Х	Х	Х	Х	Х	Х	
495	08.05.11.07	Disclosing non-privileged PHI for Judicial	Review only.		V	Х	V	Х	v	V	v	Х
		and Administrative Release		10/24/2022	Х	^	Х	_ ^	Х	Х	Х	^
500	08.05.11.08	Disclosing privileged PHI pursuant to	Review only.		Х	Х	Х	Х	Х	Х	Х	
		Judicial and Administrative Release		10/24/2022	^	^	^	L ^`_	,,		^	

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised		12	Colu	Colu	Colores	1011	/3	
503	08.05.11.09	Disclosing PHI for Law Enforcement Release	Review only.	10/24/2022	Х	Х	Х	Х	Х	Х	Х	х
509	08.05.11.10	Disclosing PHI about Decedents	Review only.	10/24/2022	Χ	Χ	Χ	Х	Χ	Х	Х	
512	08.05.11.11	Disclosing PHI to Avert Serious Threat to Health and Safety	Review only.	10/24/2022	Χ	Х	Х	Х	x	Х	Х	
516	08.05.11.13	Disclosing PHI for Worker's Compensation	Review only.	10/24/2022	Х	Х	Х	Х	Х	Х	Х	Х
519	08.05.14.01	Employee Training Regarding the Use and Disclosure of PHI	Review only.	10/26/2022	Х	Х	Х	Х	Х	Х	х	Х
521	08.05.14.02	Employee Training on Privacy Awareness	Review only.	10/26/2022	Х	Х	Х	Х	Х	х	х	Х
523	08.05.15.01	Using and Disclosing PHI for Marketing	Review only.	10/26/2022	Х	Χ	Х	Х	Х	Х	х	Х
526	08.05.16.01	Documentation	Review only.	10/24/2022	Χ	Χ	Х	Х	Х	Х	Х	Χ
529	08.05.16.03	Falsification, Alteration, or Supplementation of Medical Records	Review only.	10/26/2022	Х	Χ	Х	Х	Х	Х	х	Х
532	08.05.16.04	Sanctioning of Employees, Agents, and Contractors	Review only.	10/26/2022	Х	Х	Х	Х	Х	Х	х	Х
534	08.06.04	HIPAA Security, Security Sanctions	Previously retired from the Provider Manual. This policy has been reactivated.	9/13/2022	Х	Χ	Х	Х	Х	Х	х	Х
537	08.06.08.01	Security Management Process	Many additions to Standard B. Many Definitions added.	9/13/2022	Х	Х	Х	Х	Х	Х	х	Х
543	08.06.08.02	Assigned Security Responsibility	New to Provider Manual	8/31/2022	Χ	Χ	Χ	Х	Х	Х	Х	Χ
545	08.06.08.03	Workforce Security	Minor edits throughout. References updated.	9/13/2022	Х	Х	Х	Х	Х	Х	х	Х
549	08.06.08.04	Information Access Management	Minor edits throughout.	9/15/2022	Χ	Χ	Χ	Х	Х	Х	Х	Χ
552	08.06.08.05	Security Awareness and Training	Minor edits throughout.	9/13/2022	Χ	Χ	Χ	Х	Х	Х	Х	Χ
556	08.06.08.06	Security Incident Procedures	Minor edits throughout.	9/13/2022	Χ	Χ	Χ	Х	Х	Х	Х	Χ
559	08.06.08.07	Contingency Plan	Minor edits throughout.	9/14/2022	Χ	Х	Х	Х	Х	Х	Х	Χ
563	08.06.08.08	Evaluation	Title updated from "Evaluation". Minor edits throughout.	9/14/2022	Х	Х	Х	Х	Х	х	Х	х
567	08.06.10.01	Facility Access Controls	Minor edits throughout.	9/15/2022	Χ	Χ	Χ	Х	Х	Х	Х	Χ
N/A	08.06.10.02	Workstation Use	This policy has been archived.	N/A	Χ	Χ	Χ	Х	Х	Х	Х	Χ
N/A	08.06.10.03	Workstation Security	This policy has been archived.	N/A	Χ	Χ	Χ	Х	Х	Х	Х	Χ
571	08.06.10.04	Device and Media Controls	Major changes to the Policy and Standards sections.	9/15/2022	Х	Χ	Х	Х	Х	Х	х	Х
N/A	08.06.12.01	Access Control	This policy has been archived.	N/A	Χ	Х	Х	Х	Х	Х	Х	Χ
575	08.06.12.02	Audit Controls	Minor edits throughout.	9/15/2022	Χ	Χ	Х	Х	Χ	Х	Х	Χ
578	08.06.12.03	Integrity	Review only.	9/15/2022	Χ	Χ	Х	Х	Χ	Х	Х	Χ
581	08.06.12.04	Person or Entity Authentication	New to Provider Manual	9/15/2022	Χ	Χ	Χ	Х	Χ	Х	Х	Χ
585	08.06.12.05	Transmission Security	Additions to Procedure: Network Access and Sentri EHR Sections.	9/20/2022	Х	Х	Х	Х	Х	Х	х	Х

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised		12	Colu	Colu	Columns	Colu	13	
588	08.06.16.01	Policies, Procedures, and Documentation	Review only.	9/20/2022	Х	Х	Х	Х	Х	Х	Х	Х
592	08.06.40	HIPAA Security, Data Backup and Storage	Previously retired from the Provider Manual. This policy has been reactivated.	9/14/2022	Х	Х	Х	Х	Х	Х	Х	х
595	Tab 6 Recipien	t Rights - Customer Service - Appeals & Grie	vance									
596	02.01.01	Enrollee Rights & Accommodations	Minor edits throughout.	6/7/2022	Χ	Χ	Χ	Х	X	Х	Χ	Х
601	02.01.01.02	Cultural Competence	Minor edits throughout.	6/7/2022	Χ	Χ	Χ	Х	X	Х	Χ	Х
604	02.01.02	Customer Service	Minor edits throughout.	6/7/2022	Χ	Х	Χ	Х	Х	Х	Х	
608	02.01.03	Consumer Involvement and Leadership Opportunities	Minor edits throughout.	6/8/2022	Х	Х	Х	Х	Х	X	Х	
611	02.01.04	Input from Persons Served	Minor edits throughout.	6/8/2022	Х	Χ	Х	Х	Х	Х	Х	
613	02.01.05	Consumer Orientation	Minor edits throughout. Removed the Physical Health Care and Nutritional Screening Form and the Health Care Coordination & Communication Form as both are completed electronically.	6/8/2022	х	х	Х	х	х	х	х	
616	02.01.06	Service Accessibility for Consumers	Minor edits throughout.	6/8/2022	Х	Х	Х	Х	Х	Х	Х	
619	02.01.08	Telephone Access Services	Minor edits throughout.	6/10/2022	Х	Х	Х	Х	Х	Х	Х	Х
622	02.01.09	Consumer and Family Education Materials and Activities	Minor edits throughout.	6/10/2022	Х	Х	Х	Х	Х	Х	Х	х
624	02.01.11	Medicaid Appeals	Minor edits throughout.	6/10/2022	Х	Х	Х	Х	Х	Х	Х	Х
642	02.01.11.01	Customer Service Grievance	Minor edits throughout.	6/10/2022	Х	Х	Х	Х	Х	Х	Х	Х
648	02.01.11.02	Local Appeal	Minor edits throughout.	6/10/2022	Х	Χ	Χ	Х	Х	Х	Х	Χ
655	02.01.13	Limited English Proficiency	Minor edits throughout.	6/10/2022	Х	Χ	Х	Х	Х	Х	Х	Х
659	02.01.16	Transportation to SCCMHA Appointments – Taxicab Voucher	Minor edits throughout.	6/10/2022		Х		Х	Х	Х		
666	02.01.17	Housing Local Appeal	Minor edits throughout.	6/10/2022					Х			
672	02.02.01	Complaint and Appeal Process	Review only.	5/10/2022	Х	Χ	Х	Х	Х	Х	Х	Х
687	02.02.05	Confidentiality	Review only.	5/10/2022	Χ	Х	Х	Х	Х	Х	Х	Х
695	02.02.06	Reporting Complaints and Alleged Violations	Review only.	5/10/2022	Х	Х	Х	х	Х	х	Х	х
699	02.02.07	Services Suited to Condition	Review only.	5/10/2022	Х	Х	Х	Х	Х	Х	Х	
704	02.02.08	Consent for Treatment	Review only.	5/10/2022	Х	Х	Х	Х	Х	Х	Х	
709	02.02.09	Change in Type of Treatment	Review only.	5/10/2022	Χ	Х	Х	Х	Х	Х	Х	
712	02.02.11	Recipient Abuse and Neglect	Review only.	5/10/2022	Χ	Х	Х	Х	Х	Х	Х	Х
723	02.02.14	Restraint and Seclusion	Review only.	5/10/2022	Χ	Х	Х	Х	Х	Х	Х	
728	02.02.16	Medication and the use of Psychotropic Drugs	Review only.	5/10/2022	Χ	Х	Х	Х	Х	х	Х	
734	02.02.17	Sterilization Abortion and Contraception	Review only.	5/10/2022	Х	Х	Х	х	Х	Х	Х	
	02.02.18	Voice Recording Photography Fingerprinting and the use of One Way Glass	Minor edits.	5/10/2022	х	Х	Х	х	Х	х	х	
742	02.02.20	Treatment by Spiritual Means	Review only.	5/10/2022	Χ	Χ	Χ	Х	X	Х	Χ	

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised		12	Colu	Colu		Colu	13	
745	02.02.21	Comprehensive Examination	Review only.	5/10/2022	Х	Х	Х	Х	Х	Х	Х	
747	02.02.22	Entertainment Material Information News	Review only.	5/10/2022	Х	Х	Х	Х	Х	х	Х	
750	02.02.23	Communication Mail Telephone Visiting Rights	Review only.	5/10/2022	Х	Х	Х	х	Х	Х	Х	
753	02.02.24	Freedom of Movement	Review only.	5/10/2022	Χ	Χ	Χ	Χ	Χ	Х	Χ	
756	02.02.25	Personal Property and Funds	Minor edits.	5/10/2022	Χ	Χ	Χ	Χ	Х	Х	Χ	
759	02.02.26	Recipient Labor	Review only.	5/10/2022	Х	Χ	Χ	Χ	Х	Х	Х	
762	02.02.28	Dignity and Respect	Review only.	5/10/2022	Х	Χ	Χ	Χ	Х	Х	Χ	Χ
764	02.02.29	Least Restrictive Setting	Review only.	5/10/2022	Х	Χ	Χ	Χ	Х	Х	Х	
766	02.02.31	Service Animals	Minor edits throughout.	6/10/2022	Х	Χ	Χ	Χ	Х	Х	Х	Х
N/A	Tab 7 Claims P	rocessing - No Updates										
770	Tab 8 Network	Services										
771	05.06.03	Competency Requirements for the SCCMHA	Review only.		Х	Х	Х	Х	Х	х	Х	Х
		Provider Network		10/11/2022	^	^	^	^	^	^	^	^
792	05.06.03.01	Credentialing and Recredentialing of SCCMHA Providers and Staff	Updated Standard A: SCCMHA allows for temporary or provisional credentialing of an individual for up to 150 days. Temporary or provisional credentialing must include all items specified in the SCCMHA credentialing standards, including primary source verification requirements delineated in this procedure. Missing documents will be required submission within 3 business days of request. 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. Temporary or provisional credentialing of physicians requires the approval of the SCCMHA Medical Director. Temporary credentialing will follow the established SCCMHA processes, including application and primary source verification. 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. Staff will not be allowed to render services until credentialing is complete.		×	x	X	x	X	×	X	x
812	05.06.03.03	Specialty Behavioral Health Credentialing & Supervision Requirements	New to Provider Manual.	10/1/2022	х	Х	х	х	Х	х	Х	Х
817	09.04.01.01	Auditing	Review only.	10/11/2022	Х	Х	Χ	Х	Х	Х	Χ	Х
842	09.04.01.06	Residential Placement Committee	Minor edits to titles of persons and added additional reference.	9/20/2022	х	Х		х	X	х	.,	
846	09.04.03.07	Residential Provider Watch Program	Review Only.	9/20/2022	Х	Χ		Χ	Χ	Х	Χ	

Page	Policy Number	Policy/Procedure Name	What Was Added / Updated	Date Revised	1 2	Colu	Colu	Columns	Colu	3	
851	09.04.05.01	Entry and Uploading of Credentials,	Renumbered from 09.04.03.01.01								
		Privileges, and Certifications into Sentri II			X		Χ	X			
				N/A							
858	09.04.05.03	Privileging of Practitioners in EB Practices	Renumbered from 09.04.03.15		V		Х	>		V	
				N/A	^		^	^		^	
875	09.04.05.04	Insurance Credentialing of Fully Licensed	New to Provider Manual.					>			
		Clinical Staff		10/13/2022				^			
887	09.04.05.05	Enrollment in CHAMPS	Renumbered from 09.06.00.08. Many revisions								
			throughout the procedure. Contact persons updated				Χ	X			
			with their contact information.	3/10/2022							
N/A	/A Booklets and Brochures - No Updates										

Tab 1

Introduction to SCCMHA

Policy and Procedure Manual								
Saginaw Co	unty Community Mental Hea	lth Authority						
Subject: A History of	Chapter : 00 – Introduction	Subject No : 00.01.02						
CMH and the Genesis of								
SCCMHA								
Effective Date :	Date of Review/Revision:	Approved By:						
8/12/09	8/21/09, 6/12/12, 6/4/14,	Sandra M. Lindsey, CEO						
	5/5/16, 6/13/17, 7/28/17,							
	4/10/18, 5/20/19, 7/13/21,							
	9/27/22							
	Supersedes:	Responsible Director:						
		SCCHMA CEO						
		Authored By:						
		Barbara Glassheim						
SAGINAW CO	UNTY NITY MENTAL							
HEALTH AUT		Additional Reviewers:						
		SCCMHA Management						

Purpose:

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

Policy:

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

Application:

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

Standards:

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

A. State Mental Health Administration

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

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

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

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

B. Public Service Delivery System

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

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

1. CMH Operations

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

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

a. Statutory Powers and Duties of the Board:

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

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

C. History

1. Background

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

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

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

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

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

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

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

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

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

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

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

2. Public Act 54 of 1963

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

6. Managed Care

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

7. Public Act 130

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

8. Public Acts 500 and 501

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

9. Funding

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

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

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

D. SCCMHA's Organizational Milestones

1. Michigan Department of Mental Health prior to CMH:

1942: The Norm Westlund Child Guidance Clinic is established

1953: The Adult Mental Health clinic is established

1963: The Saginaw Regional Consultation Center is established

2. Saginaw County Community Mental Health:

1966:

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

1970:

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

1973:

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

1974:

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

1975:

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

1976:

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

1977:

Work starts on the Community Mental Health Center Building

1979:

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

1980:

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

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

1986:

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

1987:

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

1989:

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

1990:

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

1994:

Bayside Lodge is established

1995:

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

1996:

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

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

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

1998:

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

1999:

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

2000:

 The SCCMHA Board hires its current CEO, Sandra M. Lindsey, in June SCCMHA hires Health Care Perspective (HCP) Consulting in October to review SCCMHA's information system readiness for managed care

2001:

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

2002:

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

2003:

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

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

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

2005:

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

2006:

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

2007:

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

2008:

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

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

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

2011:

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

2012:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Milestones / Regular Business

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

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

Other Milestones / Events

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

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

County Bond Funded Capitol Projects

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

COVID-19 Pandemic

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

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

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

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

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

Published COVID Plans and Policies:

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

Staff Guidance Documents:

- COVID-19 Return to Work Safely: Welcome Back to Our Buildings
- COVID-19 Return to Work Safely: Information Technology Guide
- o COVID-19 Return to Work Safely: Human Resource Guide
- o COVID-19 Return to Work Safely: Buildings Facilities Safety Guide
- COVID-19 Return to Work Safely: Text & Email Notification System
- (See Emergency Management Team Minutes for the 44 meetings over the timeframe of the pandemic through the end of FY 2020)
- Provider stabilization investment in contracted network of \$913,102 to offset negative financial impact greater than or equal to 10% less revenue than 5 months prior to COVID period/ net of federal PPP &CARES ACT COVID relief. This investment also supported staff OT, PPE and food/supplies delivery to group homes.

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

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

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

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

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

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

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

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

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

Definitions:

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

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

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

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

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

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

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

References:

- A. Ederer, D., Baum, N., Udow-Phillips, M. (2013). *Community Mental Health Services: Coverage and Delivery in Michigan*. Center for Healthcare Research & Transformation (CHIRT). Ann Arbor MI. [On-line]. Available: http://www.chrt.org/assets/policy-papers/CHRT_Community-Mental-Health-Services-Coverage-and-Delivery-in-Michigan.pdf.
- B. Michigan Mental Health Code: http://www.michigan.gov/documents/mentalhealthcode 113313_7.pdf

Exhibits:

None

Procedure:

None

Tab 2

Eligibility & Care Management

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

Purpose:

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

Policy:

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

Application:

SCCMHA Administration and Provider Network

Standards:

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

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

Definitions:

Intellectual and Developmental Disability: means either of the following:

- (a) If applied to an individual older than 5 years, a severe chronic condition which meets all of the following requirements:
 - i) Is attributable to a mental or physical impairment or a combination of mental and physical impairments
 - ii) Is manifested before the individual is 22 years old
 - iii) Is likely to continue indefinitely.
 - iv) Results in substantial functional limitations in three or more of the following areas:
 - A. Self Care
 - B. Receptive and Expressive Language
 - C. Learning
 - D. Mobility
 - E. Self-Direction
 - F. Capacity for Independent Living
 - G. Economic Self Sufficiency
 - v) That this condition and it's resulting functional limitation reflects the individuals need for a combination and sequence of special, interdisciplinary or generic care, treatment or other services that are of lifelong or extended duration and are individually planned and coordinated.
- (b) If applied to a minor from birth to age 5, a substantial developmental delay or specific congenital or acquired condition with a high probability of resulting in developmental disability as defined in subsection (a) if services are not provided.

Functional Impairment: means both of the following:

- (a) with regard to a serious emotional disturbance, substantial functional limitation of major life activities in two or more of the following areas: self care at an appropriate developmental level, self direction, including behavioral control, capacity for living with family or family equivalent, social functioning, learning, or perceptive and expressive language.
- (b) With regard to serious mental illness, substantial disability/functional impairment in three or more primary aspects of daily living such that self sufficiency is markedly reduced. This includes: -personal hygiene and self care, self direction, activities of daily living, learning and recreation, or social transactions and interpersonal relationships.

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

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

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

References:

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

Exhibits:

None

Procedure:

ACTION

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

 a) all persons requesting services are apprised of the eligibility criteria, b) that they are helped with accessing alternative services, and c) that they are offered a face to face assessment of their eligibility when they are dissatisfied with recommendations following screening or the need for crisis intervention services.
- 7. The Executive Director of Clinical Services and

RESPONSIBILITY

- 1. SCCMHA Board of Directors and Chief Executive Officer
- 2. Services Management Team
- 3. Director of Network Services, Public Policy, and Continuing Education
- 4. Chief Executive Officer

- 5. Chief Executive Officer
- Executive Director of Clinical Services and Programs

7. Executive Director of

Programs shall ensure that all level of functioning assessment instruments or tests which are used to establish eligibility are standardized instruments. If no standardized assessment tool is used, the level of functioning shall be assessed with a combination of generally accepted measures of level of functioning such as the ability to live independently, be competitively employed, or have adequate natural supports. The level of functioning may be further defined by the level of acuity. Acuity as an indicator must be assessed as an episode of treatment need which met the severity of illness/intensity of service requirements established by MDHHS and incorporated in the Medicaid Provider Manual.

Clinical Services and Programs

- 8. SCCMHA will perform face to face or telehealth eligibility evaluations in the Central Access and Intake Unit, and co-located behavioral health consultants in schools, physician offices, juvenile detention and jail services. Intake clinicians will complete an Eligibility Certification in the Electronic Medical Record. Anyone denied services following a face to face assessment shall be informed of their right to a second opinion.
- 8. Executive Director of Clinical Services and Programs and Manager of Utilization Care Authorizations.
- 9. SCCMHA shall not discriminate against Medicaid Recipients in enrollment, disenrollment, or reenrollment based on health status or need for care other than those eligibility criteria established by the MDHHS for the Behavioral Health CMHSP carve out.
- All Directors and SCCMHA Network Providers
- 10. Verification of eligibility shall be documented in the medical record and such documentation will be completed prior to the authorization or provision of services other than initial assessment and engagement or crisis intervention.
- 10. Manager of Utilization Care Authorizations
- 11. Criteria for continuing eligibility will meet the standards established in this policy. Continuing eligibility shall be reviewed at least annually.
- 11. Services Management Team
- 12. SCCMHA shall identify both those priority populations established by MDHHS contract and those of local concern. Persons in these priority or
- 12. SCCMHA Board of Directors, Chief Executive Officer and Services

target populations may be deemed eligible for services with less restrictive criteria than for the general population. Any exceptions to the general eligibility criteria shall be published included in all communications and public information.

- Management Team.
- 13. When an active consumer fails to renew their Medicaid, they will be given advance notice of suspension of services and may re-enter under the criteria listed below for the uninsured or resume services when Medicaid is reinstated.
- 13. Entitlements Supervisor
- 14. For persons who have a Medicaid Deductible (spend down) which has not been met in three months, the consumer's status will be changed to General Fund and their continuing stay will be reviewed according to the criteria below.
- 14. Entitlements Supervisor
- 15. For persons who are requesting services for the first time, but are not Medicaid enrolled, the Central Access and Intake Unit or the Entitlements Office shall assist them with completing a Medicaid Application. SCCMHA is a MDHHS Benefits Partner and staff are trained to assist consumer with the MiBridges application portal. Consumers may be served with short term crisis stabilization services in the CAI unit until a Medicaid eligibility determination has been made.

15. CAI Supervisor and Entitlements Supervisor

16. The following eligibility criteria are effective as of August 1, 2022

16. SCCMHA Services Management Team and all SCCMHA Primary Team Network Providers

a) Children with Serious Emotional Disturbance shall be defined as eligible according to the Medicaid Provider Manual. For children who are not Medicaid Eligible SCCMHA further specifies that a level of function criteria as a Child and Family Assessment Scale (CAFAS) composite score of 90 or greater for children ages 7 to 12 or 120 or higher for children 13-18. Priority shall be given to children who are placed in out of home or institutional care by MDHHS. For children aged 3-6 an elevated subscale score in at least one of these areas: self-harmful behaviors, mood/emotions, thinking/communicating or behavior towards

others.

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

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

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

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

Exceptions for Adults: Exempt from this utilization criterion are adults assessed by MDHHS as OBRA Level II eligible. Adults presently incarcerated in a jail are eligible while in jail only for Medicaid covered psychiatric inpatient care. Other adults exempt from the utilization criteria are ex-offenders with SPMI who are re-entering the community from prison and adults who are expectant or new parents and their infants. These exceptions are derived from the priority population groups.

c) Persons with Intellectual and Developmental Disabilities: Shall be defined as eligible according to the Medicaid Provider Manual and if they are not Medicaid enrolled shall be considered in need of access to specialized supports and services if they are requiring a specialized residential level of care.

Exceptions for Persons with Intellectual and Developmental Disabilities: Persons with Autism Spectrum Disorder will be assessed using the MDHHS required assessments and found eligible based on MDHHS review of the assessment and certification of the level of care.

- 17. Residency in the County of Saginaw is not an eligibility criterion. Saginaw County Community Mental Health Authority shall assume the role of "Responsible Mental Health Agency" or "County of Financial Responsibility" when:
 - the individual resides in Saginaw County independently or if they live in a dependent care setting and they were placed in that setting by SCCMHA.
 - b) a minor resides in Saginaw County, or resides in another county but their parents reside in Saginaw County or when the child who is a ward of the court has been placed in Saginaw

17. All Directors and SCCMHA Network Providers

County.

c) the individual's last independent residence was in Saginaw County and they were placed in a dependent setting by SCCMHA in another county or they require acute mental health care in another county.

Exceptions to Residency: SCCMHA shall not assume the role of Responsible Mental Health Agency for persons who reside in dependent care (Equivalency to dependent care shall be established when the IPOS provides for provision of eight (8) or more hours of specialized services and/or supports in the residence each day) settings in Saginaw County when their last independent address was in another county or state.

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

Purpose:

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

Policy:

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

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

Standards:

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

Definitions:

Waiting List

A waiting list is:

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

References:

1. Michigan Mental Health Code; Act 258 of the Public Acts of 1974 as amended:

Chapter 1, Sec. 330.1124 (2) Chapter 2, Sec. 330.1100c (6) Chapter 2, Sec. 330.1206

- 2. Michigan Department of Health and Human Services Technical Advisory Guidelines for Establishing and Managing General Fund Waiting Lists
- 3. CARF Standard, Sec. 2.B., Screening and Access to Services

Exhibits:

Exhibit 1: Population Cell Grid

Exhibit 2: Sample Waiting List Notification Letter

Exhibit 3: Sentri Medical Record Waiting List Data Collection Template

Exhibit 4: SCCMHA Outpatient Referrals

Procedure:

ACTION

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

RESPONSIBILITY

 SCCMHA Board of Directors and Chief Executive Officer

- 2. Chief Executive Officer
- 3. Executive Director of Clinical Services and Programs

4. Central Access and Intake (CAI) Specialist

individual refuses the referral and wishes, SCCMHA may place a G.F. (General Fund) consumer on a waiting list through a telephonic clinical screening by SCCMHA in which the LOCUS (Level of Care Utilization System) assessment conducted by the Central Access and Intake (CAI) unit determines that the G.F. individual does not meet a minimum LOCUS score of 28. Screening results and LOCUS decision will be documented in the Sentri medical record (eligibility screening and LOCUS Assessment sections).

- 5. For <u>Persons with Developmental Disabilities</u>: No waiting list will be implemented as of this policy date.
- 6. For Children with Serious Emotional

 Disturbance: Children between the ages of 7-12 a
 CAFAS score of 90 or for children between the
 ages of 13-18 a CAFAS score of 120 or higher
 will be linked with a community provider who
 can meet the individual's needs, if resources are
 not available within the agency utilizing the
 "Outpatient Referral" list and complete a warm
 hand off (coordination of the appointment). If the
 individual refuses the referral and wishes, they
 will be offered to be placed on the waiting list,
 with those assessed with a composite CAFAS
 greater than 90 for children 7-12 or greater than
 120 for children 13-18 being offered immediate
 admission to services.
- 7. SCCMHA link the individual with a community provider who can meet the individual's needs, if resources are not available with in the agency utilizing the "Outpatient Referral" list and complete a warm hand off (coordination of the appointment). If the individual refuses the referral and wishes, SCCMHA will place a consumer on a waiting list after a face-to-face intake assessment in which the LOCUS (Level of Care Utilization System) assessment conducted by the Central Access and Intake (CAI) Specialist determines that the G.F. individual does not meet a minimum LOCUS score of 28. Eligibility assessment results

- 5. Central Access and Intake (CAI) Specialist
- 6. Central Access and Intake (CAI) Specialist

7. Central Access and Intake (CAI) Specialist

and LOCUS decision will be documented in the Sentri medical record (eligibility intake assessment and LOCUS Assessment sections).

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

- 8. Care Management Specialist
- 9. Central Access and Intake (CAI) Specialist

10. Supervisor of Care Management

11. Supervisor Care Management

330.1124(2). Prioritization will include the following: (1) front-door applicants waiting for access into SCCMHA, (2) active SCCMHA consumers who have had their services reduced, limited, suspended, or terminated due to insufficient funds.

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

- 12. Central Access and Intake (CAI) Specialist
- 13. Central Access and Intake (CAI) Specialist
- 14. Supervisor Central Access and Intake

- 15. Chief Executive Office
- 16. Chief of Quality Information and Compliance

Exhibit 1: Population Cell Grid

TSG Waiting List Guideline - Att. 1

The Standards Group

OF Waiting I ist. Deputation Calls Sources

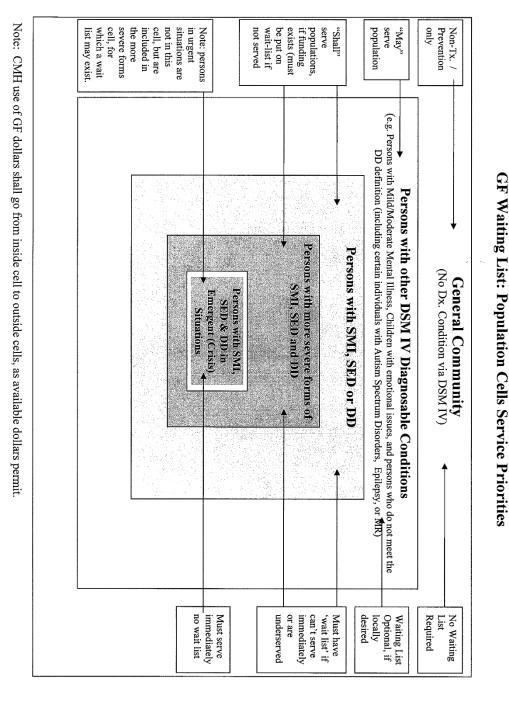
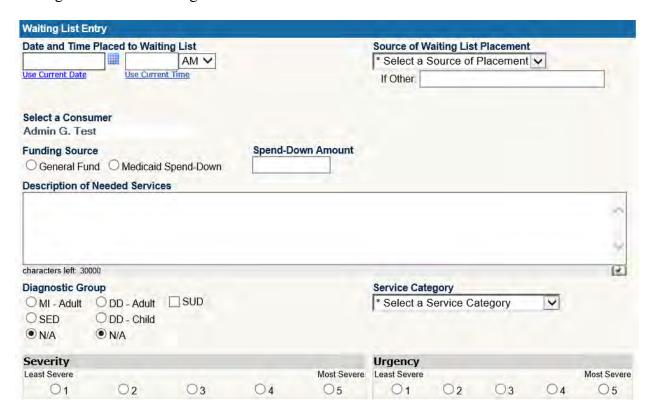


Exhibit 2: Sample Waiting List Notification Letter

DATE
Consumer Name Address City, State, Zip
Dear:
As a result of your request for mental health services on (date), it has been determined that you meet criteria for the following service: (identify service type). However, due to inadequacy of current funding, you are being placed on a waiting list for service.
You have the right to request a review of this decision. If you would like to request a review of this decision or have questions about this action, please contact us within 14 days from the date of this letter at:
Saginaw County Community Mental Health Authority Attn: Central Access and Intake Unit 500 Hancock Saginaw, MI 48601
If your situation changes, if you wish your name removed from the waiting list, or you are experiencing a mental health emergency, please contact the Central Access and Intake Unit at 989-797-3559, 989-792-9732, or toll free at 1-800-233-0022.
Sincerely,
Staff Title

Exhibit 3: Sentri Medical Record Waiting List Data Collection Template

Adding consumer to waiting list:



SCCMHA OUTPATIENT REFERRALS

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

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

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

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

Policy and Procedure Manual		
Saginaw	County Community Mental He	alth Authority
Subject: Care	Chapter: 05 -	Subject No: 05.04.01
Management Services	Organizational	
-	Management	
Effective Date:	Date of Review/Revision:	Approved By:
2/22/02	10/2/09, 2/12/09, 3/1/12,	Chief Executive Officer
	6/5/13, 5/9/16, 6/5/13,	
	9/7/16, 3/14/17, 5/8/18,	
	6/28/18, 9/10/19, 12/08/20,	
	10/11/22	Responsible Director:
	Supersedes:	Chief of Network Business
	_	Operations
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Chief Of Network Business Operations, Manager of Utilization Care Authorizations
		Revised Authors: Chief of
		Network Business
		Operations, Manager of
		Utilization Care
		Authorizations
		Additional Reviewers:
		Executive Director of
		Clinical Services

Purpose:

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

Policy:

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

Application:

This policy shall be implemented by the Director of Enhanced Health and Integration in all operations which regulate access to care, authorization of care and utilization management.

Standards:

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

Definitions:

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

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

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

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

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

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

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

<u>Episode Management:</u> Concurrent utilization review for the management of acute care episodes.

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

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

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

Services selected based upon medical necessity criteria should be:

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

• Provided in sufficient amount, duration and scope to reasonably achieve their purpose.

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

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

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

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

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

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

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

References:

MSHN PIHP and CMHSP Contracts as amended: Attachment B, Reporting Requirements MSHN Conflict Free Case Management Policy 3-1-22 MDHHS Medicaid Provider Manual SCCMHA Practice Guidelines Policy Level of Care Utilization System (LOCUS) Child and Adolescent Functional Assessment Scale (CAFAS)

Deveraux Early Childhood Assessment (DECA)
PECFAS (Preschool Early Childhood Assessment Scale)
Support Intensity Scale (SIS)
Addiction Service Index (ASI)

Exhibits:

Exhibit A - Courtesy Authorization Q&A Procedure

Exhibit B-MSHN Utilization Management Plan

Exhibit C-MSHN Utilization Policy

Exhibit D-MSHN Utilization Management Committee Charter

Exhibit E-SCCMHA Care Management Report and Plan Fiscal Years '21, '22 & '23

Procedure:

ACTIONS

RESPONSIBLE

Care Management Services

- 1) Care Management Services will be provided in a comprehensive integrated system of management and review to ensure adequate scope and duration of services within the context of individual care and the allocation of resources to persons most severely in need. Integration across organizational scopes of management shall be accomplished through management team review and implementation of Care Management Plan.
- 1) Chief Executive Officer, Service Management Team

- 2) Psychiatric supervision shall be provided in regularly scheduled conferences with the medical director and care management staff. All adverse decisions including denial of eligibility, and denial, termination or reduction of service shall be reviewed in Care Conference Review Committee.
- Medical Director, Manager of Utilization Care Authorizations
- 3) The Care Management Plan and Care Management performance indicators shall be reviewed in the Quality Governance Council and End's Committee.
- 3) Chief Executive Officer, Chief of Network Business Operations, Quality Governance Council and End's Committee.

Eligibility

- 1) Eligibility Criteria for Services managed by SCCMHA as a delegated function of Mid-State Health Network, shall be derived from the Michigan Mental Health Code, with
- Chief Executive Officer, Chief of Network Business Operations

- additional criteria established by SCCMHA based on the availability of local resources within the legally mandated obligation to serve the most severely ill or affected.
- 2) Eligibility for services shall be determined only by face to face interview with professional staff credentialed to perform necessary assessments and/or certified to establish eligibility evidence.
- 3) Eligibility will be confirmed with a review of clinical documentation and fund source at the time of enrollment and in concurrent record reviews.
- 4) When possible and in an effort to ensure seamless care coordination between psychiatric providers and Case Holders, Care Management will assign consumers to one provider location.
- 5) If eligibility denial is agreed with, notification will be sent to the beneficiary and recipient.

Access

- Access to services shall be designed to identify and reduce barriers, ensure timely assessment and start of services. Central Access & Intake staff will inquire about consumer needs for accommodation in the access process and assistance needed for enrollment in Medicaid.
- 2) SCCMHA Central Access & Intake Unit will provide information and referral to persons screened as ineligible for SCCMHA services and shall provide active follow-up to ensure that community referral information provided to callers results in successful engagement of alternative community services.
- 3) Access procedures shall be monitored to assess customer impact and satisfaction through periodic customer survey. Access

- 2) SCCMHA Central Access & Intake Unit with QMHP, QIDP and QCMHP credentialed clinicians.
- 3) SCCMHA Care Management Specialists
- 4) SCCMHA Care Management Specialists
- 5) SCCMHA Care Management Specialists, Care Management Coordinator
- 1) Executive Director of Clinical Services and Programs and Central Access & Intake Unit.
- 2) Central Access & Intake Staff

3) Executive Director of Clinical Services and Programs and

- quality assurance shall be monitored by the Access Management Group, a chartered Quality Assurance operations workgroup.
- 4) Crisis Intervention Services will be provided 24 hours a day seven days a week and shall include direct access to services which provide diversion to inpatient care or incarceration, crisis stabilization and suicide assessment and prevention.
- 5) SCCMHA will provide screening and referral for the Mid-State Health Network Coordinating Agency to ensure that persons screened at SCCMHA are referred to MSHN CA providers licensed to provide substance abuse or integrated dual disorder services.

Service Selection & Practice Guidelines

- 1) SCCMHA adhere to any and all service guidelines promulgated by Mid-State Health Network.
- 2) Evidence Based Practice Guidelines will be used as the basis for all care management decisions.
- 3) Care Management will authorize services consistent with evidenced based research, using evidenced based practices, whenever possible.

Preadmission Screening

- 1) Preadmission Screening for Acute Care shall be provided 24 hours a day seven days a week. Preadmission screening shall be provided at the request of the consumer, or law enforcement officer or by court order.
- SCCMHA preadmission screening services shall be provided by staff credentialed and supervised by the Supervisor of Crisis Intervention Services.

- Chief of Network Business Operations.
- 4) Chief Executive Officer, Executive Director of Clinical Services and Programs, Supervisor of Central Access and Intake and the Crisis Intervention Services
- 5) Executive Director of Clinical Services and Programs, Mid-State Health Network Coordinating Agency.
- Chief of Network Business
 Operations, Executive
 Director of Clinical Services
 and Programs
- Chief of Network Business Operations, Manager of Utilization Care Authorizations
- Chief of Network Business
 Operations, Manager of
 Utilization Care Management
- 1) Executive Director of Clinical Services and Programs
- 2) Crisis Intervention Services Supervisor

- 3) Crisis Intervention Services therapists will inform consumers of their rights to a second opinion at the time of screening.
- 4) Crisis Intervention Services therapists will coordinate screenings for Saginaw County residents who are presenting in another county for acute services and shall likewise provide screening services to out of county residents presenting in Saginaw County after obtaining appropriate authorization from the County of Financial Responsibility.
- 5) Preadmission Screening will establish authorization for acute care service for the initial & subsequent days of care.
- 6) Preadmission screening and Care
 Management services shall be monitored to
 ensure that assessments are provided within
 three hours of request, which persons
 discharged from inpatient care, receive
 follow up services within seven days of
 discharge and that persons discharged are
 not readmitted within thirty days. These
 performance indicators shall be reported to
 the Access Management Chartered
 Workgroup, the Quality Governance
 Council, MSHN and to MDHHS.

Authorization

- 1) SCCMHA shall authorize those services in advance of the preadmission screening which are necessary to ensure access and engagement and note the medical necessity for these services based on initial eligibility and review of complex health care conditions from the Care Connect 360 data warehouse.
- 2) The authorization of purchased services shall be based on Preadmission Screenings and Person-Centered Plans. Assessments shall establish clinical eligibility; medical

- 3) Crisis Intervention Therapists
- 4) Crisis Intervention Therapists

- 5) Crisis Intervention Therapists, Care Management Specialist
- 6) Chief of Quality Information and Compliance, Chief of Network Business Operations, Crisis Intervention Services Supervisor, Central Access & Intake Supervisor, Manager of Utilization Care Authorizations

1) Chief of Network Business Operations

2) Chief of Network Business Operations

- necessity and plans shall be based on service selection guidelines and evidenced based research.
- 3) Authorizations for non-acute services will be specific to the service needs that are identified in the Person-Centered Plan but shall not be specific to the quantity of services. The quantity, or number of units authorized, will be based on average number units used according to SCCMHA Care Management Plan. The number of units authorized is a maximum number of billable units within the duration of the authorization. The objective of "plan based" service authorization for non-acute purchased services is to: 1) ensure that the Person Centered Plan determines the type and amount of service; 2) to provide a tool for financial forecasting and resource allocation and 3) to provide a mechanism for claims adjudication.
- 4) Unique authorization numbers for acute care services will be issued to the provider on day of admission by the Crisis Intervention Therapist. All Inpatient providers under contract to SCCMHA must be enrolled providers on the EMR and must provide documentation of medical necessity for continuing stay in the Utilization Management function of EMR.
- 5) The Inpatient Discharge Utilization
 Management form must be completed
 before an authorization or claim from the
 inpatient provider will be processed or
 adjudicated.
- 6) The SCCMHA Service Authorization request shall be entered in the EMR by Primary providers. All Supports Coordinators and Case Managers are responsible for requesting authorization for services from secondary providers which are identified in the PCP. The authorization

3) Chief of Network Business Operations

4) Crisis Intervention Therapist

- 5) Crisis Intervention Services, Inpatient providers, Claims Specialists.
- 6) Primary Providers, SCCMHA Case Managers and Supports Coordinators

- request must be submitted after the Person Centered Plan is completed.
- 7) SCCMHA will process all medically necessary standard authorization requests within fourteen business days of receipt. A Letter of Authorization will be mailed or faxed to the provider, if requested, and will appear in the EMR for providers enrolled as users.
- 7) Chief of Network Business Operations

- 8) Claims processing procedures shall ensure confirmation of authorization prior to payment of claims.
- 8) Chief of Network Business Operations
- 9) All secondary providers should work with the consumer's assigned primary provider to obtain authorization for services. If the normal "chain of command" does not produce results for needed authorizations, SCCMHA asks that providers complete a "Courtesy authorization" request. An authorization will be issued for 30 business days. This will ensure that there is no break in service without authorization.
- 9) Secondary Providers

Concurrent Review and Episode Management

- SCCMHA Care Management Specialists shall review acute care episodes for continuing severity of illness and intensity of service needs at intervals indicated by anticipated response to treatment.
- 1) Care Management Specialists
- 2) SCCMHA Care Management Specialists shall review appropriateness of care of sampled and select cases to confirm standards of eligibility and conformity of service plan with service selection guidelines.
- 2) Care Management Specialists

- 3) When services are found to be outside of service selection guidelines the Care Management Specialists shall issue written request for review of the care plan by the provider with request for response addressing over or underutilization or
- 3) Care Management Specialists, Primary Provider

- appropriateness of service selection and possible amendment of the plan of service.
- 4) Care Review requests and responses will be reviewed in Care Conference Review.

4) Manager of Utilization Care Authorizations

Retrospective Review

- Providers may submit requests for retrospective review and authorization of services when an unknown county of residency or coordination of benefits resulted in delay of provider knowledge of SCCMHA service eligibility.
- 2) Care Management Specialists shall review the medical record to determine eligibility and medical necessity and authorize or deny payment.
- 1) SCCMHA Network and Nonpanel providers.
- 2) Care Management Specialists

Consumer Profile

- The Care Management team will review individual consumer utilization profiles for Care Management conference review when outlier or at-risk utilization is suspected. Profiles may be either group or individual and will be used to analyze outlier's utilization patterns.
- 2) The SCCMHA Care Management program will review all cases using consumer demographic and utilization data to establish local utilization norms. This data will be included in the Care Management Plan.
- 3) Profiles shall be used to provide consultation to primary care providers of the risk for adverse outcomes. When profiles are the source of concurrent utilization review, providers will be required to submit a response and amended service plan.

1) Care Management team.

- 2) Chief of Quality Information and Compliance
- 3) Care Management Specialists, Primary Providers

Provider Profile

- 1) The Chief of Quality Information and Compliance will prepare provider profiles
- 1) Chief of Quality Information and Compliance

using indicators such as average length of stay and average case cost for use in analysis of network capacity and provider network management.

2) Provider profile reports may be published for comparison in public information such as reports, bulletin boards, or similar venues for the purpose of education and performance improvement

2) Chief Executive Officer

Provider Authorization Appeals

1) Service Authorization disputes can be appealed in writing to the Manager of Utilization Care Authorizations. Appeals will be reviewed for medical necessity, authorization submission or unit errors with decision rendered in 30 days. A second review may be requested by the provider to the Chief of Network Business Operations.

Chief of Network Business
 Operations, Manager of
 Utilization Care
 Authorizations

Service Capacity Assessment and Planning

- Individual client demand for services not presently available through network contracted providers will be addressed with off panel provider authorization and single case agreements.
- 2) Utilization reports will be reviewed annually as a component of annual needs assessment and service array evaluation. Over utilization, waiting lists and other determinants of demand will be used to identify gaps in capacity and to generate recommendations for redirection of resources and network development.

1) Chief of Network Business Operations

2) Management Team



Exhibit A

Courtesy Authorization Q & A

Q: Why was the Courtesy Authorization procedure initiated?

A: Many times, services are performed without an authorization. If so, the service provider runs the risk of performing a service that hasn't been approved through Care Management. This procedure is meant to replace the "Help I'm Stuck" form and put the responsibility of receiving approved authorizations on the provider and case manager/supports coordinator. This procedure protects the integrity of the authorization process. A courtesy authorization is an "expedited authorization."

Q: Who can request a Courtesy Authorization?

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

Q: How often can secondary providers request a Courtesy Authorizations?

A: Secondary providers can request Courtesy Authorizations as many times as necessary.

Q: If I receive a Courtesy Authorization, isn't that a bad thing? Will I get written up?

A: Maybe. This is under your supervisors' discretion. An e-mail is sent to you and your supervisor indicating that a Courtesy Authorization has been initiated and that it will be good for 30 days. It is up to your supervisor and the director to determine whether it is an individual performance issue or a procedural issue and whether disciplinary action is to be administered.

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

A:

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

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

A: The first step is to contact the Case Holder. If you do not hear from them within 48 hours then contact their supervisor. If there is no response from the supervisor then contact the Care Management Department in order to obtain a Courtesy Authorization. You will do that by sending an email through the Sentri messaging service or calling the Care Management voice mail number. To dial directly call 989-797-3500, and then 63101 (do not dial 9 as instructed by the recording). You may also call Customer Service at 989-797-3400 and request to be transferred to the Care Management voice mail box, extension 3101.

Q: Why would I want to request a Courtesy Authorization for myself as a case manager/supports coordinator?

A: Care Management will not approve any retroactive authorizations without it being attached to a Courtesy Authorization.

Q: What is the time frame? How long can I provide the service without an authorization?

A: You can request a Courtesy Authorization for 30 days ahead or 90 days retroactively.

Q: What about authorizations, including residential budgets, that are pending?

A: If you have entered a request for authorization and the Care Management Specialist pended it, it is because something hadn't been completed that needs to be in order to get that approved. It is up to you to get what is needed done in order to get the authorization approved <u>before</u> the date of the service; otherwise, a Courtesy authorization would need to be requested.

Q: What about needed authorizations that are older than 90 days?

A: No retroactive authorization will be issued for greater than 90 days. If a case manager requires retroactive authorization for their own services or a secondary provider's services, the <u>supervisor</u> must complete a bridging document this is the necessary supportive, bridging documentation which substantiates the need for retroactive authorization.



Mid-State Health Network Utilization Management Plan

Pre-Paid Inpatient Health Plan (PIHP)

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

I. Utilization Management Plan Overview

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

See MSHN Policies and Procedures:

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

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

See MSHN Policies and Procedures:

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

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

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

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

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

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

III. Definitions

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

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

- 4. <u>Crisis Residential</u>: Services that are intended to provide a short-term alternative to inpatient psychiatric services for beneficiaries (adult or child) experiencing an acute psychiatric crisis when clinically indicated. Services must be provided to beneficiaries in licensed crisis residential foster care or group home settings not exceeding 16 beds in size.
- <u>Crisis Stabilization</u>: Structured treatment and support activities provided by a multidisciplinary team
 and designed to provide a short-term alternative to inpatient psychiatric services. Can be stabilized
 and served in the consumer's usual community environments.
- 6. Intellectual/Developmental Disability (I/DD): Developmental disability means If applied to an individual older than 5 years of age, a severe, chronic condition that meets all of the following requirements: Is attributable to a mental or physical impairment or a combination of mental and physical impairments, is manifested before the individual is 22 years old, is likely to continue indefinitely, results in substantial functional limitations in three or more of the following areas of major life activity, self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency; reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated. If applied to a minor from birth to 5 years of age, a substantial developmental delay or a specific congenital or acquired condition with a high probability of resulting in developmental disability. Intellectual disability means a condition manifesting before the age of 18 years that is characterized by significantly sub average intellectual functioning and related limitations in 2 or more adaptive skills and that is diagnosed based on the following assumptions: valid assessment considers cultural and linguistic diversity, as well as differences in communication and behavioral factors, the existence of limitation in adaptive skills occurs within the context of community environments typical of the individual's age peers and is indexed to the individual's particular needs for support, specific adaptive skill limitations often coexist with strengths in other adaptive skills or other personal capabilities, and with appropriate supports over a sustained period, the life functioning of the individual with an intellectual disability will generally improve.
- 7. <u>Prospective Review</u>: Determination of the appropriateness of a level of care or service setting before services are initiated; associated with admission to a program, agency or facility and the application of global medical necessity, benefit eligibility or access/admission criteria; may include baseline measurements of need utilizing standardized assessment tools; for Medicaid enrollees, prospective UM decision making includes Adequate Notice to the consumer.
- Provider Network: Refers to MSHN CMHSP Participants and Substance Use Disorder Service Providers
 (SUDSP) directly under contract with the MSHN PIHP to provide/arrange for behavioral health services
 and/or supports. Services and supports may be provided through direct operations or through the
 subcontract arrangements.
- Retrospective Review: After service delivery, evaluation of whether the scope, duration and frequency
 of services received met consumer need; includes determination of whether or not intended
 outcomes were achieved; may include post-discharge measurement of health outcomes or remeasurement of need utilizing standardized assessment tools; retrospective review may occur specific
 to a service, program or facility.
- 10. <u>Serious Emotional Disturbance (SED)</u>: As described in Section 330.1100c of the Michigan Mental Health Code, a serious emotional disturbance is a diagnosable mental, behavioral, or emotional disorder affecting a minor that exists or has existed during the past year for a period of time sufficient to meet diagnostic criteria specified in the most recent diagnostic and statistical manual of mental

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

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

IV. Prospective, Concurrent and Retrospective Utilization Management Review

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

A. Prospective Utilization Review

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

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

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

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

1. Eligibility Determinations and Verification of Medical Necessity

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

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

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

2. Standardized Assessments and/or Level of Care Tools

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

- Substance Use Disorder services

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

3. Specialized Testing/Evaluation and Certification

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

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

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

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

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

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

4. Level of Care Thresholds and Placement Criteria

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

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

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

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

5. Pre-Authorization of Services

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

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

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

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

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

Service Denials Resulting from Prospective Utilization Review

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

7. Monitoring Access Eligibility and Medical Necessity Determinations

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

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

a) Metrics

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

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

b) Interventions

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

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

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

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

1. Verify data

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

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

B. Concurrent Utilization Review

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

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

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

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

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

1. Services Requiring Enrollment or Pre-Authorization

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

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

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

2. Services Not Requiring Enrollment or Pre-Authorization

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

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

3. Required Related Service Needs

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

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

Service Reduction or Loss of Eligibility Resulting from Concurrent Review

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

5. Monitoring Continuing Eligibility and Medical Necessity Determinations

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

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

a) Metrics

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

Managed		Indicator and	,			
Care	l	Associated Tools (if			Threshold/	
Requirement.	Type	any)	Data soûrce	Definition	Benchmark	Frequency
Over/Under	Utilization	Inpatient Recidivism ,	MMBPIS data	Percent of MI and DD	15% or less.	Quarterly
Utilization:	of Acute			children/ adults		
42CFR 438;	Level of			readmitted to an	Į.	
Medicaid	Care			inpatient psychiatric unit		
Managed	l			within 30 days of		
Specialty				discharge.	<u> </u>	
Supports and	l	Crisis/Acute Service	Encounters	Count each of the four	Most common	Quarterly
Services		Utilization (MCG		services that comprise	(i.e., mode)	
Concurrent		Behavioral Health	MCG Behavioral	crisis/acute services to	clinical profiles	
1915(b)/(c)	ļ	Criteria):	Health Guidelines	calculate rate by CMH	per population	
Waiver	l	 Impatient 	'	and by region		
Program	l	Psychiatric			95% or more of	
Contract -		 Crisis Residential 		Each CMHSP will choose	crisis/acute	
QAPIP	l	 Crisis Stabilization 		one of the following	cases reviewed	
Attachment		 Emergency Services 		options;	will meet	
P7.9.1	1			1. Conduct	medical	
				prospective/concurrent	necessity criteria	l i
				reviews for all persons	for the service	
				receiving acute services;	as defined by	l i
				OR	MCG Behavioral	
				2. Conduct quarterly	Health Criteria	
	ŀ			retrospective reviews of		
	į			a sample of crisis/acute		
	}			cases to determine if		1
	1			MCG Behavioral Health		
				Criteria were met for		
				medical necessity for the		
				service		
	1	SUD: Residential	REMI claims	Count by ASAM Level of	Most common	Bi-Annually
		Utilization		Care (3.1, 3.3, 3.5, 3.7) to	(i.e., mode)	
				calculate rate for region	clinical profile	
		Detox Recidivism	REMI data	The percent of adults	15% or less.	81-Annually
		,		with SUD readmitted to		, ,
				an detox unit within 30		!!
		W-12-34-870 41-4		days of discharge.		ni A = 17-
	l	Potential tools for	Encounters		i	Bi-Annually
	I	identification of				
	I	causal factors for				
	1	desirable/ undesirable			Į.	1 1
		variance:		1		
		Utilization of ACT,				

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

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

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

b) Interventions

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

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

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

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

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

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

c. Retrospective Utilization Review

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

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

a) Metrics

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

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

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

b) Interventions

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

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

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

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

c) Other Retrospective Review (Health Outcomes)

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

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

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

Managed Care Requirement	Týpe	Indicator and Associated Tools (if	Data source	Definition	Thrëshold/ Benchmark	Frequency
Integration Medicald Managed Specialty Supports and Services	Integration with, Physical Health	Children and adolescents access to primary care practitioners (PCP)	ICDP	The Percentage of members 12 months to 19 years of age who had a visit with a PCP.	>=75%, State average for MHP performance, national performance via NCQA	Fiscal Year
Concurrent 1915(b)/(c) Walver Program)	1	Adults access to preventive/ambulatory health services 1	ICDP	The percentage of members 20 years and older who had an ambulatory or preventive care visit.	>=75%, State average for MHP performance, national performance via NCQA	Fiscal Year
	-1	Reduction in number of visits to the emergency room.	ICDP and integrated care cohort	The number of individuals who are on track to have less ER visits than they had during the 12 months previous to starting an integrated care plan.	State average for performance as available	Quarterly
		Follow up after F 19 Hospitalization for Rese Mental Health (FUH) for Children	ICDP and Care Connect 360	The percentage of Beneficiaries ages 6-17 who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	70%	Quarterly
		Follow up after Hospitalization for P Mental Health (FUH) for Adults	ICDP and Care Connect 360	The percentage of Beneficiaries ages 18 and older who were hospitalized for treatment of selected mental illness diagnoses and who had an outpatient visit, an intensive outpatient encounter or partial hospitalization with mental health practitioner within 30 Days.	58%	Quarterly

References

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

MDHHS Medicaid Provider Manual, Mental Health/ Substance Abuse chapter

Michigan Mental Health Code, 330.1100a and b

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



POLICIES AND PROCEDURE MANUAL

Utilization Management	•	
Utilization Management P	olicy	
Review Cycle: Biennial	Adopted Date: 11,22,2013	Related Policies: Utilization Mgmt: Access
Author: UM Director and UM Committee	Review Date: 05.03.2022	Service Delivery System: Service Philosophy; Level of Care System (LOC) for Parity
	Utilization Management P Review Cycle: Biennial Author:	Utilization Management Policy Review Cycle: Biennial Adopted Date: 11,22,2013 Author: Review Date: 05.03.2022

Purpose

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

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

Policy

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

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

Principles

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

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

Applies to:			
All Mid-State Health Network Staff			
Selected MSHN Staff, as follows:			
MSHN's CMHSP Part]cipants:	Policy Only	Policy and Procedure	
Other: Sub-contract Providers			

Definitions/Acronyms:

<u>CMHSP</u>: Community Mental Health Service Program (inclusive of Substance Use Service Provision, coordination and administrative oversight)

MDHHS: Michigan Department of Health & Human Services

MSHN: Mid-State Health Network PIHP: Prepaid Inpatient Health Plan

<u>Provider Network</u>: refers to MSHN CMHSP Participants and SUD providers directly under contract with the MSHN PIHP to provide/arrange for behavioral health services and/or supports, Services and supports may be provided through direct operations or through the subcontract arrangements

UM: Utilization Management

UMC: Utilization Management Committee

Related Materials:

MSHN Utilization Management Plan

References/Legal Authority:

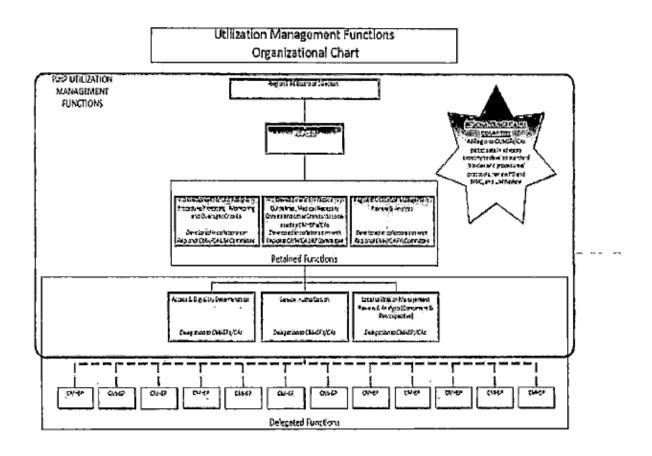
- 1. Appeal and Grievance Resolution Processes Technical Requirement: MDHHS, revised July 29, 2020
 - Quality Assessment and Performance Improvement Programs for Specialty Pre-Paid Inpatient Health Plans: MDHHS, Current Year
 - 3. Michigan Mission-Based Performance Indicator System, Version 6.0 for PIHPs,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

Change Log:

Date of Change	Description of Change	Responsible Party
11.23.2013	New MSHN policy	L. Verdeveld
03.14.2014	Alignment with service philosophy and addition of "prescriber."	Dr. H. Lenhart
04.09.2014	To reflect input of the Utilization Management and Substance Use Disorder Committee/Workgroup	D. McAllister
07.23.2015	UM Committee feedback on MSHN monitoring of over/under utilization; and B3 service clarification of reasonable and equitable, clarify FY15 contract provisions.	UMC
04,25,2016	Moved description of UM delegation grid to UM Policy.	UMC
10.27.2016	Annual review by UMC-no changes.	UMC
10.26.2017	Annual review by UMC-no changes.	UMC
10.26.2018	Annual review by UMC- no changes	UMC
02,27.2020	Annual review by UMC- added clarifying language regarding timeliness of authorization decisions and issuing of Adverse Benefit Determinations in response to 2018-2019 HSAG quality review findings; added corresponding definitions	UMC
02.24.2022	Biennial review by UMC- separated content into policy and procedure	UMC

Attachment A

MSHN Utilization Management Functions Organization Chart



Attachment B

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

MSHN Utilization Management Delegation Grid



COMMITTEE CHARTER

NAME: LEADER: Utilization Management

Skye Pletcher, MSHN Director of

Utilization & Care Management

ADOPTED: LAST APPROVED: April 21, 2014 September 23, 2021

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

Purpose of the Utilization Management Committee:

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

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

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

Decision-Making Context and Scope

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

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

The CEO shall inform UMC and OC members of the final decision/recommendation before further action is taken.

 Specific authority/process related to the following: The UMC shall provide council to the MSHN CEO and OC on the Strategic plan, MSHN Policies and procedures, UM Criteria, performance monitoring and sanctions. Advice and counsel shall be achieved through sharing of ideas, solution focused dialogue, and research.

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

<u>Membership</u>

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

Roles and Responsibilities

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

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

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

Utilization Management Charter Amended 01-28-2016, 02-08-2016, 10-25-2018, 09-23-2020, 9-23-2021

2. Meeting Efficiency

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

Decision Making

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

Meetings

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

UMC Annual Evaluation Process

- Past Year's Accomplishments
- b. Upcoming Goals

Exhibit E



Updated October 11, 2022

Care Management Report and Plan

Fiscal Years '21,'22 & '23

CARE MANAGEMENT PROJECT REPORT AND PLAN

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

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

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

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

II. CARE MANAGEMENT OPERATIONS PLAN:

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

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

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

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

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

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

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

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

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

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

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

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

Care Conference Review Committee: The Care Conference Review Committee is established as a chartered workgroup and its functions are described in the SCCMHA Care Management Policy. This group meets minimally weekly or on an as-needed basis for the purpose of team review and consultation regarding negative UM decisions. The Care Conference Review Committee reviews utilization reports, eligibility denials, service denials, claim appeals and provides consultation on state facility episode management. The Care Conference Review Committee will review decisions using the six references noted on page five of this document, but the first approach the team uses is a request to the primary care provider for a review of the Person-centered Plan. The Conference asks that the provider review the adequacy of the Person-centered Plan for appropriate scope, duration, and intensity and to specifically address indications of over or under utilization. Each Care Management Conference review either supports or overturns a utilization decision or requests an explanation of the variance or an amendment to a person-centered plan which addresses utilization risk. A database is maintained by the department Care Management Administrative Coordinator to track and review the work of the conference. This database tool is used to produce reports and conference documents which can be published and signed by the participants in the meeting. Follow-up responses are also reviewed and approved in the meeting in which they are presented. Action files are maintained in the department for accreditation and compliance audits.

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

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

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

- '08 Board Certification Psychosomatic Medicine: American Board of Psychiatry and Neurology
- '06 Board Certification Psychiatry: American Board of Psychiatry and Neurology
- '91 M.D. University of Health Sciences Antigua School of Medicine, St. John's Antigua
- -West Indies

Experience:

Current Clinical Positions:

Medical Director Saginaw County Community Mental Health Authority

Chief Consult Liaison, Covenant Health Care

Consult Liaison, St. Mary's of Michigan

Outpatient Psychiatrist Great Lakes Bay Health Centers, Janes St. Clinic

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

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

Experience:

'10 ~ Present: Manager of Utilization

Care Authorizations, SCCMHA

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

Kristie Wolbert, LMSW, QMHP, Executive Director of Clinical Services

Credentials: LMSW, QMHP

Experience:

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

Credentials: MSW, LLMSW, QIDP

Experience:

Clinical care decisions are made by the clinical professional members of the conference with organization communications and support services provided by the Care Management Administrative Coordinator.

According to policy and unit procedures, when there is a difference of opinion, the Medical Director's decision is followed. Discipline specific consultation (e.g. Occupation Therapy, Physical Therapy, Psychology, etc.) is available upon request from the SCCMHA staff when needed to address special scope of practice considerations.

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

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

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

II. UTILIZATION MANAGEMENT PROJECTS: Update and Plan

The following projects are derived from analysis of trends, as well as, issues identified by the Service Management Team and/or Operations Team. A given project may have been derived from risk, quality or compliance discussions and they reflect the SCCMHA strategic management of resources to budget. Due to COVID-19 Pandemic starting March 2020, SCCMHA utilization drastically decreased due to the public health emergency declared by Michigan Governor and social distancing requirements. Utilization Management has been difficult to analyze and budget for during COVID-19 pandemic. Focus has been placed on expanding tele-health due to relaxed face-to-face encounter coding/reporting rules as last published January 2022 in the MDHHS COVID-19 Encounter Code Chart. SCCMHA is awaiting the governor to declare the Michigan PHE over with hope to expand or re-start programs back to pre-COVID-19 service utilization levels.

1. **Tele-Health Expansion**- SCCMHA rolling out relaxed face-to-face contact rules for rendering and reporting of services in compliance with COVID-19 Encounter Code Chart last updated January 2022.

Status: Implemented March 1, 2020 and continued development and expansion **Assigned Director(s):** Matt Briggs/Kristie Wolbert

2. 1915(i) SPA Implementation & Consumer Specific Benefit Enrollment (Populations SED/SMI/I-DD)- State Plan Home & Community Based Services- The 1915(i) SPA will authorize the provision of Community Supports Services to Medicaid beneficiaries that are currently provided as Section 1915(b)(3) services under the Managed Specialty Services and Supports Program.

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

- •Michigan developed the HCBS benefit to meet the specific needs of its behavioral health and developmental disabilities priority populations that were previously served through the Managed Specialty Services & Supports 1915(b1)(b3) waiver authorities within Federal guidelines.
- •Beginning 10/1/2023*, the 1915(i) State Plan will operate concurrently with the 1115 Demonstration, which establishes the provision of behavioral health community-based services AND evaluation/re-evaluation of eligibility function through Michigan's managed-care contract with the regional Prepaid Inpatient Health Plans (PIHP).

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

Assigned Director: Matt Briggs

3. CCBHC-D (DCO) Implementation- The CCBHC-D model was developed to increase access to a comprehensive array of high-quality behavioral health services for all Michiganders. Clinics are held to the highest standards for staffing, governance, care coordination practice, service delivery, integration of physical and behavioral health care, health technology, and quality metric reporting. In Michigan, 13 clinics met the CCBHC requirements and transformed their practice to become a Certified Community Behavioral Health Clinic. SCCMHA is one of the 13 clinics awarded grant eligibility in Michigan for the 2-year FY21-FY22 demonstration period.

FY21 Recap- CCBHC Demonstration sites have assigned in the WSA and provided CCBHC services to over 51,000 Michiganders, including over 7,000 individuals without Medicaid who may have not previously been eligible to receive specialty supports offered via public mental health. This equates to more than 700,000 daily visits! The impact of CCBHC's ability to provide services to everyone with a behavioral health need, regardless of residency, level of need, or ability to pay, cannot be understated.

SCCMHA's CCBHC application outlined services to be rendered by SCCMHA internal programs and Designated Collaborating Organizations (DCO). Upon CCBHC-D grant award, SCCMHA started Phase 1 implementing services within its SCCMHA run primary teams/programs and is expanding services and utilization through its contracted provider network as DCO's with the following implementation target phases:

Phase 1 = 11/29/21 Saginaw specific CCBHC-D provisional certification (4/29/22 full certification) with implementation to begin with SCCMHA internal primary teams/programs

Phase 2 = 7/1/22 First group of DCO contracts executed

ACT- code H0039

Clubhouse Psycho-Social Rehabilitation- Code H2030

Drop-In-Center Code H0023 (Code possible being removed from CCBHC-D code list 10/1/22?)

Phase 3 = 10/1/22 DCO's contracts added for External Primary Teams (HCPCS codes only)

SPS Adult CSM (provider ID# 2173)

SPS Child CSM (provider ID# 2146)

SPS School-Based (provider ID# 4820) On HOLD

SPS DD Adult CSM (provider ID# 3764)- DNMM clinic

Disability Network CSM-IDDT (provider ID# 2373)- Only for persons with MI/DD dual diagnosis

TTI Adult CSM (provider ID# 2579)

Case Mgmt of MI (provider ID# 2153)

Hope Network adult CSM (provider ID# 4688)

Hope Network adult CSM-IDDT (provider ID# 5409)- Only for persons with MI/DD dual diagnosis

WGC Adult CSM IDD (provider ID# 4689)- Only for persons with MI/DD dual diagnosis

WGC Child CSM (provider ID# 2143)

WGC School-Based (provider ID# 4746) On HOLD

WGC SVRC Clinic (provider ID# 4943)

Phase 4 = Add MSHN SUD DCOs contracts- FY23 1st qtr. target date:

Phase 5 = Add DCO contracts for Skill Build, Respite, Supported Employment programs- FY23 2nd Qtr. target date:

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

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

Status: Continued Development Assigned Director(s): Matt Briggs, Co-Chairs Matt Briggs/Vurlia Wheeler

5. Coordination of Benefits (COB) Front-Door Project- SCCMHA is working on aligning our electronic E.H.R. referral system to match consumer's coordination of benefits (COB) insurance payor(s) with referral to provider network options accepting same insurance payor(s). This project hopes to offer better consumer and provider relations by ensuring consumers have service provider options and providers can seek reimbursement for services rendered.

Status: In Development with December 2022 implementation target **Assigned Director:** Matt Briggs

- **6.** Transition & Closure of Enhanced Adult Outpatient provider panel (EAO)- The Enhanced Adult Outpatient (EAO) service since its inception, was constructed to increase the benefit and service utilization to the Medicaid recipients in the Saginaw community. EAO was meant to provide a short-term episode of care (6 months to one year) to the mild and moderate population by utilizing brief solution focused therapy, while assisting individuals with social deterrents of health and medication management when applicable. As SCCMHA reflects on our core values and operating principles that align to our responsibility to the community, "we ask ourselves, are we being the best stewards of the resources we have and impacting our community with the resource funding we are given". Closing of the EAO service array was a complicated choice that SCCMHA made in the best interest of stewardship. This decision was based on the following:
 - The intended model of EAO, was not being utilized to its full extent. Clients were only utilizing a small percentage of the programs assigned to this service, such as (SE, HRC, FFR, CHW)
 - Assessments completed found that the clients assigned to the program made little to no progress towards outcomes/goals therefore not benefiting as the program was intended. Minimal to no

movement in their baseline locus scores during the episode of care and many of the clients have been in these short-term services since the start, with no progress in improving their assessed issues

- Clients receiving services in EAO, often showed lack of engagement with frequently missed appointments for well over 90 days.
- Data also showed, the staffing shortage (due to the Covid 19 pandemic) caused concerns with staff managing a higher-than-normal caseload for the program type.
- With the much-anticipated CCBHC benefit taking place, guidelines are being established to ensure
 the best fit and right services for optimal outcomes for clients will occur, while keeping with our
 Mission Statement "belief in the potential, a right to dream and opportunities to achieve".

Action Steps

- Clients notified of the benefit closure.
- Staff members (therapists) are working with clients to help them schedule and transition to other resources, as well connecting clients to community providers accepting of MHP.
- Clients who are in need of a more intensive service array have been identified and transition into those services- Targeted case management, ACT.
- Those consumers who were not engaged for over 90 days were sent Adverse Determination Benefit (ADB) notice and closed accordingly.
- Clients that require medications management only- due to their primary care not being
 comfortable prescribing mental health medications- have also been transitioned to medications
 only services with minimal case management monitoring (quarterly monitoring for the
 medications and appointment with the doctor).

Status: Completed, March 31, 2022
Assigned Director: Matt Briggs

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

Status: Continue to monitor
Assigned Director(s): Matt Briggs/Kristie Wolbert

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

Status: In-Process

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

SCCMHA Service Management Plan Methods and Definitions

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

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

Care Management Procedure Manual Saginaw County Community Mental Health Authority				
Subject: Care	Chapter: 09.03	Subject No : 09.03.01.01		
Management Request for Authorization Review	Care Management Services- Department Procedures			
Effective Date: 01/20/04	Date of Review/Revision: 2/5/09, 5/19/16, 7/19/17, 6/28/18, 10/1/20, 8/1/22	Approved By: Chief of Network Business Operations		
	Supersedes:			
		Authored By: Manager of Utilization		
		Care Authorizations		
		Reviewed By:		
		Care Management		
		Specialists		

Purpose:

This procedure is to describe how the Care Management Specialists (CMS), under the direction of the Chief of Network Business Operations and the Manager of Utilization Care Authorizations, review requests for authorization. The procedure has two goals:

- This procedure addresses the boundaries between the supervisory responsibility for staff development in the Person Centered Planning process and the SCCMHA conflict free case management and utilization management roles of the Care Management division. Our goal is to build alignment of effort between providers and Care Managers.
- This procedure addresses compliance in the context of overall administrative burden of a system of prior authorization of care. Our objective is to keep it simple and keep it compliant.

Policy:

This procedure for Request for Authorization Review is the responsibility of the Chief of Network Business Operations and is in reference to guidelines established by SCCMHA Care Management Policy.

Application:

This procedure applies to the CMS Staff, Manager of Utilization Care Authorizations, Chief of Network Business Operations, and the Care Conference Review Committee and refers to the Supervisors of Case Holders for ongoing staff development.

Standards:

- The Care Management Specialists are assigned to Primary Teams for reviewing Request for Authorization (RFA).
- All RFA's will be reviewed within 14 business days, with the exception of eligibility intakes, which will be authorized daily.
- Any RFA which is incomplete will be pended and may be resubmitted when documentation is complete. Incompleteness includes missing assessments, missing IPOS, missing goals within the plan. .
- All RFA's with errors related to operational problems such as route of submission, problems with parameters of the provider contract, number of units over or under in relation to the IPOS or standards of care will be pended.
- No RFA shall be unresolved for longer than 14 calendar days of the original date of request. CMS will contact the requester to resolve any pended auth. If a CMS believes additional review of the RFA is warranted, it will be presented at a Care Conference Review Committee meeting.

Definitions:

<u>Authorization:</u> A computer generated number issued to a provider, which may be billed to SCCMHA for authorized services for a specific consumer.

<u>Concurrent Review</u>: SCCMHA will monitor benefits which have been prior authorized with focused concurrent reviews addressing over and underutilization within active authorizations. These concurrent reviews may result in reductions or early termination of authorization within the context of due process for consumers and providers.

CMS: Care Management Specialist within the Care Management Department.

RFA: Request for Authorization

<u>Care Conference Review Committee</u>: primary function to monitor utilization of Saginaw County Community Mental Health Authority (SCCMHA) clinical resources to assist the promotion, maintenance, and availability of high-quality care in conjunction with effective and efficient utilization of resources.

References:

- SCCMHA Care Management Policy
- SCCMHA Eligibility Criteria Policy
- MDHHS Medical Necessity Criteria
- MDHHS Medicaid Provider Manual

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None

Procedure:

RESPONSIBILITY

Service Authorization Specifications

- 1. The Coding and Benefits Integrity workgroup/committee provides SCCMHA and it's staff with accurate coding and benefit interpretation for SCCMHA services. This workgroup/committee is designed to improve coding and benefit integrity through greater transparency and accountability, to maintain compliance with CMS, MDHHS, and PIHP guidelines.
- 2. An RFA will be completed via the electronic medical record, SENTRI II.
- 3. The Care Management Specialist assigned to the particular team will review RFA within 14 days of submission by the Case Holder.
- 4. The following information is reviewed prior to approving a RFA:
- The consumer meets eligibility criteria
- Individual Plan of Service (IPOS) is in place, current and the service being requested is clearly outlined in reference to scope, duration, and intensity.
- A IPOS is not required for services authorized by CMS as a part of a consumer's entry to care, including screenings and assessments, outreach engagement services such as peer support and community health workers. The authorization will be initiated by Care Management based on medical necessity as evidenced by the initial screening and health

 Coding & Benefit Integrity Workgroup

- 2. Case Holder, Case Holder Supervisor
- 3. Care Management Specialist, Manager of Utilization Care Authorizations, Case Holder
- 4. Care Management Specialist,
 Manager of Utilization Care
 Authorizations, Care Conference
 Review Committee Members,
 Case Holders

- encounter data.
- There is documented medical necessity for the services being requested and the services are based on Evidence Based Practices
- Yearly assessments are thoroughly completed and refreshed with consumer's current status, avoiding carry forward documentation.
- The IPOS is reviewed and authorization is approved by CMS. IPOS is then signed by Primary Provider and Supervisor.
- Ensure services being requested meet clinical protocol, treatment protocol, and service selection guidelines
- 5. Once review of the RFA has been completed, it will be pended, approved, or denied. These decisions will be made within 14 days of initial RFA.

Pended Authorizations:

- 1. The CMS will communicate to the Case Holder and their supervisor, via the RFA within SENTRI the reason why the RFA was placed in "pending status."
- 2. The Case Holder will make the recommended corrections to the clinical record or RFA and "comment and resubmit" the RFA for the CMS to re-review.
- 3. Communication regarding the RFA will be documented within the consumers' electronic medical record.
- 4. Pended authorizations and decisions that cannot be made will be sent to Care Conference Review Committee.
- Case Holder and Consumer will be notified by letter of the Care Conference Review Committee decision. Consumer will be notified if decision is delayed through Adverse Benefit Determination letter.

- Manager of Utilization Care Authorizations, Care Management Specialists
- Manager of Utilization Care
 Authorizations, Care
 Management Specialists, Care
 Conference Review Committee

Denied Authorizations:

- 1. The authorization requestor will be notified via Sentri of the authorization denial. Adverse Benefit Determination notice will be sent to consumer, and Case Holder.
- Manager of Utilization Care
 Authorizations, Care Management
 Specialists

Approved Authorizations:

- 1. RFA's meeting the requirements listed above will be approved and noted within the RFA.
- 2. CMS will approve authorizations with recommendations of corrections to documents sent to supervisors.
- 1. Manager of Utilization Care Authorizations., Care Management Specialists

General:

- 1. Training regarding RFA review will be provided annually or on an as needed basis by the Care Management division.
- 2. The Care Management Quality
 Assurance Metric Report will trend
 performance of the department in
 volume, disposition and timeliness of
 authorizations.
- 3. This procedure will be reviewed annually by the SCCMHA Service Management Team with consultation of the Care Management division and network providers.

Chief of Network Business
 Operations, Network Primary Team
 Supervisors

Care Management Procedure Manual Saginaw County Community Mental Health Authority				
Subject : Courtesy Authorization Initiation	Chapter: 09.03- Care Management Services - Department Procedures	Subject No: 09.03.01.05		
	Care Manageme	nt		
Effective Date: 10/1/09	Date of Review/Revision : 8/12/10, 10/29/09, 5/19/16, 7/19/17, 6/28/18, 10/10/19, 8/1/22	Approved By: Chief of Network Business Operations		
	Supersedes:	Authored By: Manager of Utilization Care Authorizations		
		Reviewed By: Care Management Specialists		

Purpose:

The purpose of this procedure is to establish the protocol and steps required for initiating a Courtesy Authorization from Care Management. SCCMHA recognizes that the contractual prior authorization requirement for providers can be a barrier to meeting the needs of consumers in day to day course of care. This is especially true with a case holder centralized model of prior authorization. SCCMHA desires to help providers in good standing and in good faith meet the needs of consumers as they present for care; acknowledging that there are many circumstances in which an authorization might not be in place at that point of service. The purpose of a Courtesy Authorization is to prevent abrupt termination or point of service refusal of essential consumer services due to lack of authorization. Our goal is to ensure compliance and manage risk in a business environment that prioritizes consumer care and values provider relations.

Policy:

SCCMHA's Care Management Department will eliminate the need for providers to communicate with case holders in unplanned point of service situations and enable them to expedite the authorization procedure for a brief period of time in accordance with Care Management Services guidelines regarding authorizations. The assumption is that the authorization being requested is already in the consumers care plan and that it has expired, or there are insufficient units available or that the service needed is consistent with the care plan but the authorized service codes did not anticipate the exact service. Alternately, a Courtesy Auth might be requested or issued prior to the Person-Centered

Plan for the purpose of access and engagement with new consumers. Continuing authorizations will be dependent on the case holder submitting the necessary documentation and continued authorization request.

Application:

All SCCMHA Internal & External Network Providers.

Standards:

- 1. Courtesy Authorizations will be issued the *same day* as requested.
- 2. Courtesy Authorization will not exceed *thirty days forward*, during which time the Case Holder and the Provider shall work together to ensure that the required documents are in place to request a full authorization.
- 3. A Courtesy Authorization request may be retro-active not more than *90 days* in addition to the 30 days forward from date of request.

Definitions:

<u>Authorization</u>: Authorization is the approval of services and the process of determining service necessity and the level of care based on scope, amount, and duration. Authorization is typically a computerized function which is closely involved in processing the service provider's claims. The authorization is issued to the service provider with a unique number to which claims are processed.

<u>Case Record Holder</u>: The assigned worker to a particular consumer. Includes home based clinician and those employed in internal & external primary teams.

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

CMS: Care Management Specialist within the Care Management Department

Days: All reference to Days in this procedure, mean calendar days.

<u>Courtesy Authorization</u>: An authorization issued at the request of a provider to cover a period of time no longer than 120 days, during which a record holder and their supervisor will update the required medical necessity documentation. The courtesy auth is issued to ensure that services are not interrupted. This procedure also allows SCCMHA to hold providers to a billing standard of 90 days from date of service; the absence of a current authorization is no longer an accepted reason for non-timely billing. Appeals submitted due to no authorization will be denied.

<u>Medical Necessity:</u> Describes those services necessary for screening and assessing the presence of a mental illness, and/or required to identify and evaluate a mental illness that is inferred or suspected; and/or intended to treat, ameliorate, diminish or stabilize the

symptoms of mental illness, including impairment of functioning; and/or designed to provide rehabilitation or habilitation for the recipient to attain or maintain an adequate level of functioning. The determination of a medically necessary service must be based upon a person-centered planning process.

<u>Provider</u>: Either internal or external contracted primary and secondary providers are referenced in the use of this term for this policy.

RFA: Request for Authorization

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

References:

- Care Management Conference Procedure, 09.03.01.06
- Care Management Services Policy, 05.04.01
- NSPP Provider Appeal and Dispute Resolution Policy, 05.07.04

Exhibits:

Exhibit A: Courtesy Authorization Q & A Exhibit B: Bridging Documentation Format

Procedure:

ACTION

1. The provider is to contact Care Management the same day or next business day via email at Broadcast (Courtesy Auth Request), encrypted email or the Care Management voice mail box (989-797-3500, ext. 3101-do not dial 9 as instructed) or through Sentri messaging to the Care Management Courtesy Authorization requesting a Courtesy Authorization for a 30-calendar day time frame and not more than 90 days retroactive. If this is not completed, no RFA will be approved. In addition, if a provider fails to contact Care Management and continues to provide service for the consumer, a sanction will be issued by the Director of Network Services and Public Policy.

RESPONSIBILITY

1. Provider, Director of Network Services and Public Policy

- 2. After the CMS has received a Courtesy Auth request from a provider, the record holder, their direct supervisor, and the requester will be notified via e-mail that the Courtesy Authorization has begun and the record holder has 30 calendar days to complete the necessary documentation in order for the provider to continue servicing the consumer. The Subject on the e-mail should always be COURTESY AUTHORIZATION, exactly as written.
- 2. Care Management Specialist, Provider, Record Holder, Supervisor,

Exhibit A

Courtesy Authorization FAQ

Q: Why was the Courtesy Authorization procedure initiated?

A: Many times, services need to be provided without an authorization on short notice for unforeseen circumstances, or due to oversite. This procedure prevents service interruption for the consumer, protects the integrity of the authorization process, and preserves provider relations.

Q: Who can request a Courtesy Authorization?

A: Any provider or representative of the provider such as a billing clerk, the Courtesy Auth is not limited to case holders.

Q: How often can providers request a Courtesy Authorizations?

A: Providers can request Courtesy Authorizations as many times as necessary.

Q: If I receive a Courtesy Authorization, isn't that a bad thing? Will I get written up?

A: The fact that a Courtesy Auth was provided is notification to the Case Holder of an unmet need for a consumer, it should be an alert to review the adequacy of the plan and to check on the compliance with required time frames. The supervisor is copied to be sure that they are aware of possible concerns for staff and consumers under their supervision. It is up to your supervisor and the director to determine whether it is an individual performance issue or a procedural issue.

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

A:

- External providers will not be able to bill SCCMHA for their services.
- Internal primary staff that provide a service without an authorization will be unable to sign their SAL, resulting in the service not counting towards productivity expectations and not being able to encounter report that service to the State.

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

A: The first step is to contact the Care Management Department ASAP in order to obtain a Courtesy Authorization. You will do that by calling the Care Management voice mail number. To dial directly call 989-797-3500, and then 63101 (do not dial 9 as instructed by the recording), email request to Broadcast (Courtesy Auth Request), or Sentri messaging to Care Management's Courtesy Authorizations. You may also call Customer Service at 989-797-3400 and request to be transferred to the Care Management voice mail box, extension 3101.

Q: What if I am a provider and the 90 day/30-day Courtesy Authorization has lapsed and I still don't have an approved authorization?

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

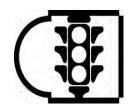
- Q: What is the time frame? How long can I provide the service without an authorization?
- **A:** You can request a Courtesy Authorization for 30 days ahead or 30 days retroactively.
- Q: When is a Courtesy Authorization not appropriate?

A:

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

Exhibit B





Bridging Documentation Format

<u>What is Bridging Documentation?</u> Bridging documentation is written to close gaps between lapses in services of authorizations, while documenting medical necessity for the continuation of services to be provided.

<u>When is Bridging Documentation Needed?</u> Bridging documentation is needed when there is a lapse in authorization for a provided service with no documented explanation in place.

Who is responsible for Bridging Documentation? The Case Holder's immediate SUPERVISOR is responsible for completing the Bridging Documentation.

How is the procedure completed?

- Step 1: Supervisor <u>MUST</u> complete the bridging document in the form of a chart note in Sentri.
- Step 2: Chart Note must be labeled "Bridging Documentation".
- Step 3: Chart Note includes the following information
 - a) Date of coverage for retro authorization
 - b) Reason for delay
 - c) Continuous medical necessity as evidence by; RN, Psychiatry, peer ETC... (Why are services needed?)
 - d) Continuous provision of services...e.g. did CSM keep monthly contact? If Not why?
 - e) What is the plan of correction if any needed?

Effective 02/08/2010

Tab 4

Service Delivery

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject:	Chapter: 02 -	Subject No: 02.03.03		
Person-Centered Planning	Customer Services and			
	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
December 1, 2002	5/6/09, 6/30/10, 5/14/12,	Sandra M. Lindsey, CEO		
	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,			
	6/28/22	Responsible Director:		
	Supersedes:	Director of Network		
	_	Services, Public Policy &		
	Continuing Education			
	_			
4.47.00	Authored By:			
SAGINAW	Kristie Wolbert			
COMMUNITY MENTAL HEALTH AUTHORITY				
TIEACHT/ACHTONIT		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 **CEO** requires staff training on Person/family Executive Director of Clinical Services Centered Planning at all levels of the Director of Network Services, Public organization and network. Policy & Continuing Education Provides leadership through policy that **CEO** requires staff and network adherence to **Executive Director of Clinical Services** Person/family Centered Planning policy Director of Network Services, Public and practices. Policy & Continuing Education **CEO** Assures that training is made available on a regular basis to new staff and contractors Executive Director of Clinical Services as well as consumers and family members Director of Network Services, Public and that, when possible, consumers are Policy & Continuing Education involved in providing the training, co-SCCMHA Training Unit Supervisor of Customer Services presenters. Case Holder evaluation of utilization of Clinical Supervisor Person-Centered Plan is conducted at least annually as part of staff performance evaluation SCCMHA Network Assures that all decisions involving a consumer are made utilizing the concepts of person/family centered planning. Person/family centered planning processes SCCMHA Centralized Access and Intake begin when the individual makes a request Staff/Family Guide 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.

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 selfdetermination

Before the person/family centered planning meeting is initiated, a Psychosocial Assessment is completed. Annual assessments are completed within 364 days of the last assessment.

The person/family centered planning meeting is held and directed according to the choices made by the individual/family during the pre-planning meeting.

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.

Each consumer is given the opportunity to develop a crisis plan to assist the individual | Facilitator

Case Holder Consumer

Consumer **Facilitator** Case Holder Parent/guardian when applicable Family members and other invited guests

Consumer **Facilitator** Case Holder Parent/guardian when applicable Family members and other invited guests

Consumer

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. 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

Case Holder

Customer services

Parent/guardian when applicable

Family members and other invited guests

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.

Throughout the planning process, the resources and supports that are already available to the consumer including natural/community supports will be

Consumer
Facilitator
Case Holder
Parent/guardian when applicable

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 will discuss how such supports will be developed.

Family members and other invited guests Customer services

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.

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

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

every member of the SCCMHA Provider

Network.

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.

Case Holder

SCCMHA Customer Service Staff

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.		Х	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 I* 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:		X	X
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.			
Regular opportunities for individuals to provide feedback are available.	7	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. ____ Case: ____ Name of home: Birth Date: You have the right to choose the home you live in from various options. Yes No Given the choices available to you at this time, is your current home where you choose to live? You also have the right to choose your roommate from available options. Yes No Given the choices available to you at this time, are you happy with your current roommate? 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 Don't Yes No "Summary of Resident Rights: Discharges and know | | Complaints". Yes No My bedroom door is lockable from the inside. I am able to furnish and decorate my room the way that I Yes No want to. I set my own schedule (For example: I go to bed when I Yes No 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.

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 Representation	ative		_				

Non-Residential Settings

Name:				_ Da	ate:		
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. f I want to become employed, I can contact my worker - Phone: to help me find a program to help me find a job.							
become part of my Supported Employr Angels; SVRC, Com	he options available to community and to do ment; Community Tie munity Living Supportectory; etc.), and covery; etc.), and covery;	evelop skills: s; Guardian ts; Bay Side	Yes	No	Don't know		
I am aware that I ca contacting the work	an make changes at a ker listed above.	ny time by	Yes	No			
I am able to choose	the hours and days t	hat I attend.	Yes	No			
If I need help with place.	personal care, I receiv	e it in a private	Yes	No			
	e I get to go out into to rogram meets my ne	-	Yes	No			
	e I spend with people attend this program n		Yes	No			
My lunch break is s working on my job.	cheduled the same as	s other people	Yes	No			
I am OK with the er	mployee benefits I re	ceive.	Yes	No	N/A (I am not an employee)		
I am happy with the	e type of work I do fo	r my employer.	Yes	No	□N/A		

	(I am not a employee)
*If you answered "no" to any o through the PCP process until	f the above, these should be looked at resolved.
Signature of Person Receiving Service	s or Legal Representative

EXHIBIT C

PERSON-CENTERED PLANNING PROCESS – Fidelity Checklist Staff Member: Review Date: ID:

Staff Member:	Review Date	: ID:	Supervisor:
The supervisor will shadow the staff through the PCP process by obser written documentation, and through interview or discussion with the cothe 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	□2 □1 □0		
in lifestyle planning, and have the opportunity to express			
preferences, exercise control and make informed decisions.			
2. The person's routine and supports are based upon his or her	$\square 2 \square 1 \square 0$		
interests, preferences, strengths, capacities and dreams.			
3. Activities, supports, and services foster skills to achieve	$\square 2 \square 1 \square 0$		
personal relationships, community inclusion, dignity and			
respect.			
4. The person uses, when possible, natural and community	$\square 2 \square 1 \square 0$		
supports.			
5. The person has meaningful choices, with decisions based on	□2 □1 □0		
his or her experiences.			
6. Planning is collaborative, recurring, and involves an	□2 □1 □0		
ongoing commitment to the person.			
7. The person's opportunities and experiences are maximized,	□2 □1 □0		
and flexibility is enhanced within existing regulatory and			
funding constraints.			
8. The person is satisfied with his or her activities, supports,	□2 □1 □0		
and services.			
9. Person is viewed as an unique and valued individual, not	□2 □1 □0		
only as a client or a consumer of services.			
10. Planning meetings are a celebration of the consumer	□2 □1 □0		
11. The Person-Centered Planning process and subsequent	□2 □1 □0		
documentation belong to the person			
12. Strategies were included for solving disagreement within	□2 □1 □0		
the process, including clear conflict of interest guidelines for			
all planning participants.			

Α	dditiona	Comments	or	Notes:
α	uumona.	Comments	O1	INDICS.

^{*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 coworkers 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
 - o 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:
 - o Who would attend or not attend
 - o Location, date, time of meeting
 - o Who would lead, facilitate and/or take notes
 - O 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
 - o Strength-focused
 - o Maximum self-sufficiency and independence is promoted
 - o Real opportunities are created
 - o 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 (annual assessment should be completed within 364 days of the last assessment)
- 7. CH enters proposed IPOS goals in Sentri prior to Planning Meeting

Planning Meeting

- 8. At the Planning Meeting, the team
 - 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

Policy and Procedure Manual							
	Saginaw County Community Mental Health Authority						
Subject: Dual Diagnosis	Chapter: 02 - Customer	Subject No : 02.03.09.01					
Treatment Capacity	Services & Recipient Rights						
Effective Date: 5/7/14	Date of Review/Revision : 4/13/16, 6/13/17, 4/10/18,	Approved By: Sandra M. Lindsey, CEO					
3,771	4/9/19, 6/9/20, 4/11/21, 10/12/21, 9/27/22	Sunaru IVI. Emasey, SES					
	Supersedes: 02.03.09.01 Co-occurring Disorders/Integrated Dual Disorder Treatment	Responsible Director: Director of Network Services, Public Policy, and					
		Continuing Education					
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Barbara Glassheim and SCCMHA EBP & TIC Coordinator					
		Additional Reviewers:					

Purpose:

To develop and promote a comprehensive, continuous, and integrated system of care for persons with co-occurring substance use disorders and serious mental illnesses, serious emotional disturbances, or intellectual/developmental disabilities who receive SCCMHA-funded services and supports.

Policy:

SCCMHA recognizes that persons with co-occurring psychiatric and substance use disorders experience generally poorer outcomes and incur higher costs for care in multiple clinical and life domains. Local service areas that engage persons with co-occurring disorders (CODs) include the mental health and substance abuse service networks as well as the criminal justice system, primary health care providers, homeless shelters and other housing programs, and the child and adult protective/welfare systems. Further, persons with co-occurring disorders are sufficiently prevalent in all behavioral health settings to be considered an expectation, rather than an exception, in treatment planning and service delivery. It is therefore the policy of SCCMHA that all providers will ensure an integrated scope of practice for clinicians working with persons with co-occurring disorders for consumers and their families to achieve optimal outcomes.

Application:

This policy applies to all SCCMHA-funded providers of mental health and substance use disorder treatment, prevention, and recovery services. Details regarding specific aspects of the model's applicability to various providers can be found in Exhibit D (SCCMHA Provider Network COD Expectations).

Standards:

- A. The core of treatment success in any setting is the availability of welcoming, empathic, hopeful, integrated, and continuous treatment relationships that support a philosophy of dual recovery.
- B. SCCMHA will screen and assess co-occurring disorders (mental illness, emotional disturbance, or intellectual/developmental disability <u>and</u> a substance use disorder) as well as a history of trauma (e.g., physical abuse, sexual abuse, family, and other environment of violence) and co-occurring trauma-related disorders, cognitive disorders, personality disorders, and medical conditions.
 - 1. Services and supports shall be provided in a person/family-centered, trauma-informed, developmentally appropriate, and culturally and linguistically competent manner.
- C. SCCMHA-funded providers shall conduct integrated, longitudinal, strength-based assessments.
- D. SCCMHA-funded providers shall employ standardized, validated assessment and screening tools.
- E. The four-quadrant national consensus model (found in Exhibit A) will be used to assign responsibility for the provision of service (i.e., primary service delivery program/system), based on the severity of the psychiatric and substance use disorders.
 - 1. The continuum for mental health treatment programs:
 - a. Mental health-only services (MHOS)
 - b. Dual-diagnosis capable (DDC)
 - c. Dual diagnosis enhanced (DDE)
 - 2. The continuum for substance use disorder treatment programs:
 - a. Addiction-only services (AOS)
 - b. Dual-diagnosis capable (DDC)
 - c. Dual diagnosis enhanced (DDE)
- F. Mental illness and substance dependence are both examples of chronic, biopsychosocial disorders that may be understood using a disease and recovery model.
- G. Treatment shall be matched, not only to diagnosis, but also to the phase of recovery, stage of treatment, and stage of change for everyone. Therefore, appropriately matched interventions must be provided at all levels of care; no one correct dual diagnosis program or intervention applies.
- H. At a minimum, clinicians will demonstrate competencies in the provision of an integrated scope of practice that encompasses the following attributes:
 - 1. Convey a welcoming, empathic attitude, supporting a philosophy of dual recovery.
 - 2. Screen for co-morbidity, including trauma history.
 - 3. Assess for acute mental health/detoxification risk and know how to get the person to safety if necessary.
 - 4. Obtain an assessment of the co-morbid condition, either one that has already been done, or, if needed, conduct a new one.
 - 5. Be aware of and understand the diagnosis and treatment plan for each problem (at least as well as the consumer understands them).

- 6. Support treatment adherence, including medication compliance, 12-step program attendance, etc.
- 7. Identify the stage of change for each problem.
- 8. Provide one-on-one and group interventions for education and motivational enhancement to help consumers move through stages of change.
- 9. Provide specific skills training to reduce substance use and/or manage mental health symptoms or mental illness (e.g., help consumers take medications exactly as prescribed).
- 10. Help consumers manage feelings, mental health symptoms, and medication side effects without using substances.
- 11. Help consumers advocate with other providers regarding mental health treatment needs.
- 12. Help consumers advocate with other providers regarding substance abuse/dependence treatment needs.
 - a. Ensure that services are medically necessary
 - b. Strengthen discharge planning with "warm handoffs"
 - c. Utilize electric medical records to improve clinicians' ability to provide effective integrated care
 - d. Utilize peer support services to help individuals engage in treatment services
- 13. Collaborate with other providers so consumers receive integrated messages.
- 14. Educate consumers about the appropriateness of taking psychiatric medications and participating in mental health treatment while attending 12-step recovery programs and participating in other addiction treatment support systems.
- 15. Modify (simplify) skills training for any problem to accommodate each consumer's cognitive or emotional learning impairment or disability, regardless of cause.
- 16. Promote dual recovery meeting attendance for consumers when appropriate.
- I. At a minimum, providers will demonstrate a dual diagnosis program capability (DDC) infrastructure designed to provide properly matched integrated services, within the context of its resources and mission, to the individuals and families with co-occurring disorders who are already coming to the door. Programs that are DDC are characterized by the following:
 - 1. Routinely accept consumers with dual diagnoses.
 - 2. Display welcoming attitudes toward comorbidity.
 - 3. Substance abuse programs treat individuals whose mental health conditions are stable and can participate in treatment.
 - 4. Mental health programs coordinate phase-specific interventions for any substance disorder.
 - 5. Have policies and procedures that routinely look at comorbidity in assessments, medication management plans, diagnostic plans, and programming.
 - 6. Provide care coordination for medication regimens.

- 7. Services can be delivered face-to-face, in-person, or via telehealth technology.
- J. SCCMHA shall adopt a comprehensive, continuous, integrated system of care (CCISC) model for individuals who have co-occurring mental illness and substance use disorders that adheres to the following standards (delineated by Kenneth Minkoff, M.D.):
 - 1. Dual diagnosis is an expectation, not an exception: Epidemiologic data defining the high prevalence of comorbidity, along with clinical outcome data associating individuals who have co-occurring mental illness and substance use disorders with poor outcomes and high costs in multiple systems, imply that the whole system, at every level, must be designed to use all of its resources in accordance with this expectation. This implies the need for an integrated system planning process, in which each funding stream, each program, all clinical practices, and all clinician competencies are designed proactively to address the individuals with co-occurring disorders who present in each component of the system already.
 - 2. All individuals who have co-occurring mental illness and substance use disorders are not the same; the national consensus four quadrant model for categorizing co-occurring disorders (9) can be used as a guide for service planning on the system level. In this model, individuals who have co-occurring mental illness and substance use disorders can be divided according to high and low severity for each disorder, into high-high (Quadrant IV), low MH high CD (Quadrant III), high MH low CD (Quadrant II), and low-low (Quadrant I). High MH individuals usually have serious persistent mental illness (SPMI) and require continuing integrated care in the MH system. Individuals with High CD are appropriate for receiving episodes of addiction treatment in the CD system, with varying degrees of integration of mental health capability.
 - 3. Empathic, hopeful, integrated treatment relationships are one of the most important contributors to treatment success in any setting; provision of continuous integrated treatment relationships is an evidence-based best practice for individuals with the most severe combinations of psychiatric and substance difficulties. The system needs to prioritize a) the development of clear guidelines for how clinicians in any service setting can provide integrated treatment in the context of an appropriate scope of practice, and b) access to continuous integrated treatment of appropriate intensity and capability for individuals with the most complex difficulties.
 - 4. Case management and care must be balanced with empathic detachment, expectation, contracting, consequences, and contingent learning for each consumer, and in each service setting. Each individual consumer may require a different balance (based on level of functioning, available supports, external contingencies, etc.); and in a comprehensive service system, different programs are designed to provide this balance in different ways. Individuals who require high degrees of support or supervision can utilize contingency based learning strategies involving a variety of

- community-based reinforcers to make incremental progress within the context of continuing treatment.
- 5. When psychiatric and substance disorders coexist, both disorders should be considered primary, and integrated dual (or multiple) primary diagnosis-specific treatment is recommended. The system needs to develop a variety of administrative, financial, and clinical structures to reinforce this clinical principle, and to develop specific practice guidelines emphasizing how to integrate diagnosis-specific best practice treatments for multiple disorders for clinically appropriate consumers within each service setting.
- 6. Both mental illness and addiction can be treated within the philosophical framework of a "disease and recovery model" with parallel phases of recovery (acute stabilization, motivational enhancement, active treatment, relapse prevention, and rehabilitation/recovery), in which interventions are not only diagnosis-specific, but also specific to phase of recovery and stage of change. Literature in both the addiction field and the mental health field has emphasized the concept of stages of change or stages of treatment and demonstrated the value of stage wise treatment (6).
- There is no single correct intervention for individuals who have co-7. occurring mental illness and substance use disorders; for each individual interventions must be individualized according to quadrant, diagnoses, level of functioning, external constraints or supports, phase of recovery/stage of change, and (in a managed care system) multidimensional assessment of level of care requirements. This principle forms the basis for developing clinical practice guidelines for assessment and treatment matching. It also forms the basis for designing the template of the CCISC, in which each program is a dual diagnosis program, but all programs are not the same. Each program in the system is assigned a "job": to work with a particular cohort of individuals who have co-occurring mental illness and substance use disorders, providing continuity or episode interventions, at a particular level of care. Consequently, all programs become mobilized to develop cohort specific dual diagnosis services, thereby mobilizing treatment resources throughout the entire system.
- 8. Clinical outcomes for individuals who have co-occurring mental illness and substance use disorders must also be individualized, based on similar parameters for individualizing treatment interventions. Abstinence and full mental illness recovery are usually long-term goals, but short term clinical outcomes must be individualized, and may include reduction in symptoms or use of substances, increases in level of functioning, increases in disease management skills, movement through stages of change, reduction in "harm" (internal or external), reduction in service utilization, or movement to a lower level of care. Systems need to develop clinical practice parameters for treatment planning and outcome tracking that legitimize this variety of outcome measures to reinforce incremental treatment progress and promote the experience of treatment success.
- K. Enhanced Dual Disorders Treatment will be provided by a multi-disciplinary team that includes a psychiatrist, nurse, qualified mental health professional, peer

- support specialist, substance abuse professional, supported employment specialist, and residential/housing services specialist.
- L. Enhanced Dual Disorders Treatment team members will have a training plan that addresses treatment philosophies, motivational interviewing, stage-wise treatment, pharmacological treatment, cognitive behavioral interventions, and substance use treatment. Staff with less than one year of experience must acquire 12 hours of training in integrated treatment specific content and receive supervision from experienced integrated treatment staff.
 - Staff shall be required to acquire at least 6 hours of related training content annually.
- M. Enhanced Dual Disorders Treatment teams will maintain an Integrated Treatment License issued by Michigan Department of Community Health, Bureau of Health Systems, Division of Licensing & Certification.
- N. SCCMHA's quality improvement activities shall include fidelity monitoring to ensure adherence to the evidence-based practice model using the SAMHSA DDCMHT and DDCAT Rating Scale scales.
 - 1. All Enhanced Dual Disorder Treatment teams shall undergo a MiFAST fidelity review every 3-5 years.
- O. The Evidence-Based Practice and Trauma-Informed Care Coordinator will facilitate quarterly meetings for supervisors of teams that provide Integrated Dual Disorder Treatment to discuss fidelity monitoring.
- P. The Adult Strengths and Needs Assessment (ANSA) will be used as tool to examine outcomes with reports reviewed up to twice per year.

Definitions:

Comprehensive, Continuous, Integrated System of Care (CCISC): A model for organizing services for individuals with co-occurring psychiatric and substance use disorders that is designed to improve treatment capacity by adhering to the above-noted standards.

<u>Co-occurring Disorder (COD):</u> The co-existence of a psychiatric and substance disorder in one person. Each disorder is considered primary and must receive appropriately intensive diagnosis-specific treatment. Adolescents with emotional disturbances as well as individuals with intellectual/developmental disabilities may also experience co-occurring disorders.

<u>Dual diagnosis capable (DDC):</u> Programs that focus on co-occurring mental and substance use-related disorders in their policies and procedures, assessment, treatment planning, program content and discharge planning. In such programs program staff can address the interaction between mental and substance-related disorders and their effect on the consumer's readiness to change as well as relapse and recovery issues through individual and group programmatic content.

<u>Dual diagnosis enhanced (DDE)</u>: Programs that have a higher level of integration of substance abuse and mental health treatment services and can provide unified substance abuse and mental health treatment to consumers who have greater symptomatology and/or functional impairment due to their co-occurring mental disorder. Such enhanced services are primarily focused on the integration of services for mental and substance use-related disorders in their staffing, services, and program content.

Integrated Screening, Assessment, and Interventions:

<u>Integrated Screening:</u> Refers to making a determination of the likelihood that an individual has a co-occurring substance use or mental illness. The purpose of integrated screening is to establish the need for an in-depth assessment. Integrated screening is a formal process that typically is brief and occurs soon after the consumer presents for services.

<u>Integrated Assessment:</u> Such an assessment is comprised of assembling information and engaging in a process with the consumer that allows the practitioner to establish the presence or absence of co-occurring disorders, determine the consumer's readiness for change, identify the consumer's strengths or problem areas that may affect the processes of treatment and recovery, and engage the consumer in the development of an appropriate treatment relationship. The purpose of the assessment is to establish (or rule out) the existence of a clinical disorder or service need and to collaborate with the consumer to develop a plan of services and supports.

<u>Integrated Interventions:</u> Specific treatment strategies or therapeutic techniques in which interventions for all COD diagnoses or symptoms are combined in a single contact or in a series of contacts over time. These can be acute interventions to establish safety, as well as ongoing efforts to foster recovery.

Recovery: The process by which people are able to live, work, learn, and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability while for others, recovery implies the reduction or complete remission of symptoms.

Relapse: The return to active substance use in a person with a diagnosed substance use disorder, or the return of disabling psychiatric symptoms after a period of remission related to a non-addictive mental disorder. Relapse is both an anticipated event during recovery and a process in which warning signs appear prior to an individual's actual recurrence of impairment.

Remission: The absence of distress or impairment due to a substance use or mental disorder.

<u>Substance-Induced Disorders:</u> Substance-induced disorders include intoxication, withdrawal, substance induced mental disorders, including substance induced psychosis, substance induced bipolar and related disorders, substance induced depressive disorders, substance induced anxiety disorders, substance induced obsessive-compulsive and related disorders, substance induced sleep disorders, substance induced sexual dysfunctions, substance induced delirium and substance induced neurocognitive disorders.

<u>Substance Use Disorders (SUDs):</u> Patterns of symptoms resulting from use of a substance which the individual continues to take, despite experiencing problems as a result.

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Exhibits:

- A. Four Quadrant Model
- B. DDCMHT Rating Scale (SAMHSA)
- C. DDCAT Rating Scale (SAMHSA)
- D. SCCMHA Provider Network COD/Dual Diagnosis Capability Expectations
- E. Integrated Dual Disorders Treatment (IDDT) Fidelity Scale Tips and Tools (MiFAST)

Procedure:

ACTION	RESPONSIBILITY
1. COD treatment services are provided in	1. IDDT Team Providers
accordance with the standards of the	
model to consumers who meet criteria	

- 2. COD treatment services are monitored on a regular basis for fidelity and outcomes
- 2. MiFAST, SCCMHA EBP Leadership/Fidelity Monitoring Team, IDDT Supervisors

Exhibit A

Four Quadrant Model

Substance Abuse Substance Abuse	Ouadrant III Low MH High SUD Serious substance use disorder with mild to moderate psychiatric disorder due to mood, anxiety, trauma-based disorder, or traits of personality disorder	Ouadrant IV A High MH, HIGH SUD Serous psychiatric illness + substance use disorder Include interventions to match stage of motivation and recovery; include intensive integrated case management As improvement occurs, consumers appear to be QII	Quadrant IV B High MH, High SUD No serious psychiatric disorder without substance use (i.e., substance induced psychosis) Offer intensive integrated case management As improvement occurs, consumers appear to be QIII
	Ouadrant I Low MH, Low SUD Mild to moderate psychiatric disorder + substance abuse	Quadrant II High MH, Low SUD Serious mental health impairment + s Include interventions to match stage (
Low - Severity		Mental Illness	> High Severity

DD Capable: Quadrants I, II, and III DD Enhanced (IDDT): Quadrant IV

Consultation: Quadrant I (both disorders less severe): Informal relationships among providers that ensure both mental disorders and substance abuse problems are addressed, especially regarding identification, engagement, prevention, and early intervention. An example of such consultation might include a telephone request for information or advice regarding the etiology and clinical course of depression in a person abusing alcohol or drugs.

Collaboration: Quadrant II/III (one disorder more severe, the other less severe): More formal relationships among providers that ensure both mental disorders and substance abuse problems are included in the treatment regimen. An example of such collaboration might include interagency staffing conferences where representatives of both substance abuse and mental health agencies specifically contribute to the design of a treatment program for individuals with co-occurring disorders and participate in service delivery.

Integrated Services: *Quadrant IV* (both disorders more severe): Relationships among mental health and substance abuse providers, in which the contributions of professionals in both fields are merged into a single treatment setting and treatment regimen. Integrated treatment is any mechanism by which treatment interventions for co-occurring disorders are combined within the context of a primary treatment relationship or service setting. Such treatment exists on a continuum that ranges from cross-referral and linkage, through cooperation, consultation, and collaboration, to integration in a single setting or treatment model.

Exhibit B: DDCMHT Rating Scale

____Veterans Health Administration

${\bf DDCMHT--Rating\ Scale\ Cover\ Sheet}$

Program Identification			
Date	_ Rater(s)	<u></u>	Time Spent (Hours)
Agency Name			
Program Name			
Address			Zip Code
Contact Person 1)			2)
Telephone	_FAX	Email	
State	_Region_	Program ID	Time Period
Program Characteristics			1= Baseline; 2 = 1st-follow-up; 3= 2nd follow-up; 4= 3nd follow-up; etc
Payments received (program) Self-pay Private health insurance Medicaid Medicare State financed insurance Military insurance Other funding sources Other public funds Other funds Primary focus of agency Addiction treatment services Mental health (MH) services Mix of addiction & MH services General health services Hospital		Level of care ASAM-PPC-2R (Addiction) 1. Outpatient 11. 10P/Partial Hospital 111. Residential/Inpatient 11V. Medically Managed Intensive Inpatient (Hospital) 0MT: Opioid Maintenance D: Detoxification Mental Health 0utpatient Partial hospital/Day program Inpatient Exclusive program/ Admission criteria requirement Adolescents	DDCMHT assessment sources Chart Review;Agency brochure review;Program manual review;Team meeting observation;Supervision observation;Observe group/individual sessionInterview with Program Director;Interview with Clinicians;Interview with clients (#:);Interview with otherservice providers;Site tour. Total # of sources used:
# of admissions/last fiscal year Capacity (highest # serviceable) Average length of stay (in days) Planned length of stay (in days) # of unduplicated clients/year Agency type Private Public Non-Profit		Co-occurring MH & SU disorders HIV/AIDs Gay & lesbian Seniors/Elders Pregnant/post-partum Women Residential setting for patients and their children Men DUI/DWI Criminal justice clients Adult General	

	1-MHOS	2	3-DDC	4	5-DDE
I. Program Structure					
IA. Primary focus of agency as stated in the mission statement (If program has mission, consider program mission).	Mental health only.		Primary focus is mental health, co- occurring disorders are treated.		Primary focus on persons with co- occurring disorders
IB. Organizational certification and licensure.	Permits only mental health treatment.	Has no actual barrier, but staff report there to be certification or licensure barriers.	Has no barrier to providing addiction treatment or treating co-occurring disorders within the context of mental health treatment.		Is certified and/or licensed to provide both.
IC. Coordination and collaboration with addiction services.	No document of formal coordination or collaboration. Meets the SAMHSA definition of minimal Coordination.	Vague, undocumented, or informal relationship with addiction agency, or consulting with a staff member from that agency. Meets the SAMHSA definition of Consultation.	Formalized and documented coordination or collaboration with addiction agency. Meets the SAMHSA definition of Collaboration.	Formalized coordination and collaboration, and the availability of case management staff, or staff exchange programs (variably used). Meets the SAMHSA definition of Collaboration and has some informal components consistent with Integration.	Most services are integrated within the existing program, or routine use of case management staff or staff exchange program. Meets the SAMHSA definition of Integration.
ID. Financial incentives.	Can only bill for mental health treatments or bill for persons with mental health disorders.	Could bill for either service type if mental health disorder is primary, but staff report there to be barriers. —OR- Partial reimbursement for addiction services available.	Can bill for either service type, however, a mental health disorder must be primary.		Can bill for addiction or mental health treatments, or their combination and/or integration.

Table Header Key			
1-MHOS	Mental Health Only Services		
3-DDC	Dual Diagnosis Capable		
5-DDE	Dual Diagnosis Enhanced		

	1-MHOS	2	3-DDC	4	5-DDE
II. Program Milieu					
IIA. Routine expectation of and welcome to treatment for both disorders.	Program expects mental health disorders only, refers or deflects persons with substance use disorders or symptoms.	Documented to expect mental health disorders only (e.g., admission criteria, target population), but has informal procedure to allow some persons with substance use disorders to be admitted.	Focus is on mental health disorders, but accepts substance use disorders by routine and if mild and relatively stable as reflected in program documentation.	Program formally defined like DDC but clinicians and program informally expect and treat co- occurring disorders regardless of severity, not well documented.	Clinicians and program expect and treat co-occurring disorders regardless of severity, well documented.
IIB. Display and distribution of literature and patient educational materials.	Mental health or peer support only.	Available for both disorders but not routinely offered or formally available.	Routinely available for both mental health and substance use disorders in waiting areas, patient orientation materials and family visits, but distribution is less for substance use disorders.	Routinely available for both mental health and substance use disorders with equivalent distribution.	Routinely and equivalently available for both disorders and for the interaction between mental health and substance use disorders.
III. Clinical Process:	Assessment				
IIIA. Routine screening methods for substance use.	Pre-admission screening based on patient self- report. Decision based on clinician inference from patient presentation or history.	Pre-admission screening for substance use and treatment history prior to admission.	Routine set of standard interview questions for substance use using generic framework (e.g., ASAM-PPC Dim. I & V, LOCUS Dim. III) or "Biopsychosocial" data collection.	Screen for substance use using standardized or formal instruments with established psychometric properties.	Screen using standardized or formal instruments for both mental health and substance use disorders with established psychometric properties.
IIIC. Mental health and substance use diagnoses made and documented.	Substance use diagnoses are neither made nor recorded in records.	Substance use diagnostic impressions or past treatment records are present in records but the program does not have a routine process for making and documenting substance use diagnoses.	The program has a mechanism for providing diagnostic services in a timely manner. Substance use diagnoses are documented in 50- 69% of the records.	The program has a mechanism for providing routine, timely diagnostic services. Substance use diagnoses are documented in 70- 89% of the records.	Comprehensive diagnostic services are provided in a timely manner. Substance use diagnoses are documented in at least 90% of the records.

	1-MHOS	2	3-DDC	4	5-DDE
IIID. Mental health and substance use history reflected in medical record.	Collection of mental health disorder history only.	Standard form collects mental health disorder history only. Substance use disorder history collected inconsistently.	Routine documentation of both mental health and substance use disorder history in record in narrative section.	Specific section in record dedicated to history and chronology of both disorders.	Specific section in record devoted to history and chronology of both disorders and the interaction between them is examined temporally.
IIIE. Program acceptance based on substance use disorder symptom acuity: low, moderate, high.	Admits persons with no to low acuity.		Admits persons in program with low to moderate acuity, but who are primarily stable.		Admits persons in program with moderate to high acuity, including those unstable in their substance use disorder.
acceptance based on severity and persistence of substance use disability: low, moderate, high.	Admits persons in program with no to low severity and persistence of substance use disability.		Admits persons in program with low to moderate severity and persistence of substance use disability.		Admits persons in program with moderate to high severity and persistence of substance use disability.
IIIG. Stage-wise assessment.	Not assessed or documented.	Assessed and documented variably by individual clinician.	Clinician assessed and routinely documented, focused on mental health motivation.	Formal measure used and routinely documented but focusing on mental health motivation only.	Formal measure used and routinely documented, focus on both substance use and mental health motivation.

	1-MHOS	2	3-DDC	4	5-DDE
IV. Clinical Process:	Treatment				
IVA. Treatment plans,	Address mental health only (addiction not listed).	Variable by individual clinician, i.e., plans vaguely or only sometimes address co-occurring substance use disorders.	Plans routinely address both disorders although mental health disorders addressed as primary, substance use disorders as secondary with generic interventions.	Plans routinely address substance use and mental health disorders; equivalent focus on both disorders; some individualized detail is variably observed.	Plans routinely address both disorders equivalently and in specific detail; interventions in addition to abstinence are used to address substance use disorder.
IVB. Assess and monitor interactive courses of both disorders.	No documentation of progress with substance use disorders.	Variable reports of progress on substance use disorder by individual clinicians.	Routine clinical focus in narrative (treatment plan review or progress note) on substance use disorder change; description tends to be generic.	Treatment monitoring and documentation reflecting equivalent in-depth focus on both disorders is available but variably used.	Treatment monitoring and documentation routinely reflects clear, detailed, and systematic focus on change in both substance use and mental health disorders.
IVC. Procedures for intoxicated/high patients, relapse, withdrawal, or active users.	No guidelines conveyed in any manner.	Verbally conveyed in-house guidelines.	Documented guidelines: referral or collaborations (to local addiction agency, detox unit, or emergency department).	Variable use of documented guidelines, formal risk assessment tools and advance directives for mental health crisis and substance use relapse.	Routine capability, or a process to ascertain risk with ongoing use of substances and/or severity of mental health symptoms; maintain in program unless alternative placement (i.e., detox, commitment) is warranted.
IVD. Stage-wise treatment.	Not assessed or explicit in treatment plan.	Stage of change or motivation documented variably by individual clinician in-treatment plan.	Stage of change or motivation routinely incorporated into individualized plan, but no specific stage-wise treatments.	Stage of change or motivation routinely incorporated into individualized plan; general awareness of adjusting treatments by mental health stage or motivation only.	Stage of change or motivation routinely incorporated into individualized plan; formally prescribed and delivered stagewise treatments for both substance use and mental health disorders.

	1-MHOS	2	3-DDC	4	5-DDE
IVE. Policies and procedures for evaluation, management, monitoring and compliance for/ of medications for substance use disorders.	Patients with active substance use routinely not accepted. No capacities to monitor, guide prescribing, or provide medications for substance use disorders during treatment.	Certain types of medication for substance use disorders are not prescribed. Some capacity to monitor medications for substance use disorders.	Some types of medication for substance use disorders are routinely available. Present, coordinated policies regarding medication for substance use disorders. Some access to prescriber for medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by the prescriber.	Clear standards and routine regarding medication for substance use disorders for medication prescriber who is also a staff member. Routine access to prescriber and guidelines for prescribing in place. The prescriber may periodically consult with other staff regarding medication plan and recruit other staff to assist with medication monitoring.	All types of medication for substance use disorders are available. Clear standards and routine for medication prescriber who is also a staff member. Full access to prescriber and guidelines for prescriber is on the treatment team and the entire team can assist with monitoring.
IVF. Specialized interventions with substance use disorders content.	Not addressed in program content.	Based on judgment by individual clinician; variable penetration into routine services.	In program format as generalized intervention with penetration into routine services. Routine clinician adaptation of an evidence-based mental health treatment.	Some specialized interventions by specifically trained clinicians in addition to routine generalized interventions.	Routine substance use disorder management groups; individual therapies focused on specific disorders; systematic adaptation of evidence-based addiction treatment (e.g., motivational interviewing, relapse prevention); or use of integrated evidence-based practices.
IVG. Education about substance use disorders, treatment, and interaction with mental health disorders.	Not offered.	Generic content, offered variably or by clinician judgment.	Generic content, routinely delivered in individual and/or group formats.	Specific content for specific co- morbidities; variably offered in individual and/or group formats.	Specific content for specific co-morbidities; routinely offered in individual and/or group formats.

	1-MHOS	2	3-DDC	4	5-DDE
IVH. Family education and support.	For mental health disorders only, or no family education at all.	Variably or by clinician judgment.	Substance use disorders routinely but informally incorporated into family education or support sessions. Available as needed.	Generic family group on site on substance use and mental health disorders, variably offered. Structured group with more routine accessibility.	Routine and systematic co-occurring disorder family group integrated into standard program format. Accessed by families of the majority of patients with co-occurring disorders.
IVI. Specialized interventions to facilitate use of peer support groups in planning or during treatment.	No interventions made to facilitate use of either addiction or mental health peer support.	Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to mental health peer support groups.	Generic format on site, but no specific or intentional facilitation based on substance use disorders. More routine facilitation to mental health peer support groups (e.g., NAMI, Procovery).	Variable facilitation targeting specific co-occurring needs, intended to engage patients in mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR).	Routine facilitation targeting specific co-occurring needs, intended to engage patients in mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR).
IVJ. Availability of peer recovery supports for patients with co-occurring disorders.	Not present, or if present not recommended.	Off site, recommended variably.	Off site and facilitated with contact persons or informal matching with peer supports in the community, some co-occurring focus.	Off site, integrated into plan, and routinely documented with co-occurring focus.	On site, facilitated and integrated into program (e.g., alumni groups); routinely used and documented with co-occurring focus.
V. Continuity of Car	r.				
VA. Co-occurring disorder addressed in discharge planning process.	Not addressed.	Variably addressed by individual clinicians.	Co-occurring disorder systematically addressed as secondary in planning process for off-site referral.	Some capacity (less than 80% of the time) to plan for integrated follow-up, i.e., equivalently address both substance use and mental health disorders as a priority.	Both disorders seen as primary, with confirmed plans for on-site follow- up, or documented arrangements for off site follow-up; at least 80% of the time.

	1-MHOS	2	3-DDC	4	5-DDE
VB. Capacity to maintain treatment continuity.	No mechanism for managing ongoing care of substance use disorder needs when mental health treatment program is completed.	No formal protocol to manage substance use disorder needs once program is completed, but some individual clinicians may provide extended care until appropriate linkage takes place; variable documentation.	No formal protocol to manage substance use disorder needs once program is completed, but when indicated, most individual clinicians provide extended care until appropriate linkage takes place. Routine documentation.	Formal protocol to manage substance use disorder needs indefinitely, but variable documentation that this is routinely practiced, typically within the same program or agency.	Formal protocol to manage substance use disorder needs indefinitely and consistent documentation that this is routinely practiced, typically within the same program or agency.
VC. Focus on ongoing recovery issues for both disorders.	Not observed.	Individual clinician determined.	Routine focus is on recovery from mental health disorders, addiction viewed as potential relapse issue only.		Routine focus on addiction recovery and mental health management and recovery, both seen as primary and ongoing.
VD. Specialized Interventions to facilitate use of community- based peer support groups during discharge planning.	No interventions made to facilitate use of either addiction or mental health peer support groups upon discharge.	Used variably or infrequently by individual clinicians for individual patients, mostly for facilitation to mental health peer support groups upon discharge.	Generic, but no specific or intentional facilitation based on substance use disorders. More routine facilitation to mental health peer support groups (e.g., NAMI, Procovery) upon discharge.	Assertive linkages and interventions variably made targeting specific co-occurring needs to facilitate use of mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge.	Assertive linkages and interventions routinely made targeting specific co-occurring needs to facilitate use of mental health peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge.
VE. Sufficient supply and compliance plan for medications for substance use disorders (see IVE) are documented.	No medications in plan.	Variable or undocumented availability of 30- day or supply to next appointment off site.	Routine 30-day or supply to next appointment off site. Prescription and confirmed appointment documented.	Maintains medication management in program/agency until admission to next level of care at different provider (e.g., 45-90 days). Prescription and confirmed admission documented.	Maintains medication management in program with provider.

${\rm DDCMHT}-{\rm Rating\ Scale}$

	1-MHOS	2	3-DDC	4	5-DDE
VI. Staffing					
VIA. Psychiatrist or other physician or prescriber of medications for substance use disorders.	No formal relationship with a prescriber for this program.	Consultant or contractor off site.	Consultant or contractor on site.	Staff member, present on site for clinical matters only.	Staff member, present on site for clinical, supervision, treatment team, and/or administration.
VIB. On-site clinical staff members with substance abuse licensure, certification, competency, or substantive experience.	Program has no staff who are licensed/certified as substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	1-24% of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	25-33% of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	34-49% of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.	50% or more of clinical staff are licensed/ certified substance abuse professionals or have substantial experience sufficient to establish competence in addiction treatment.
VIC. Access to addiction clinical supervision or consultation.	No access.	Consultant or contractor off site, variably provided.	Provided as needed or variably on site by consultant, contractor or staff member.	Routinely provided on site by staff member.	Routinely provided on site by staff member and focuses on in-depth learning.
VID. Case review, staffing or utilization review procedures emphasize and support co-occurring disorder treatment.	Not conducted.	Variable, by off- site consultant, undocumented.	Documented, on site, and as needed coverage of co-occurring issues.	Documented, routine, but not systematic coverage of co-occurring issues.	Documented, routine and systematic coverage of co-occurring issues.
VIE. Peer/Alumni supports are available with co-occurring disorders.	Not available.	Available, with co- occurring disorders, but as part of the community. Variably referred by individual clinicians.	Available, with co- occurring disorders, but as part of the community. Routine referrals made through clinician relationships or more formal connections such as peer support service groups (e.g., AA Hospital and Institutional committees or NAMI).	Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Variable referrals made.	Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Routine referrals made.

	1-MHOS	2	3-DDC	4	5-DDE
VII. Training					
VIIA. All staff members have basic training in attitudes, prevalence, common signs and symptoms, detection and triage for co-occurring disorders.	No staff have basic training (0% trained).	Variably trained, no systematic agency training plan or individual staff member election (1-24% of staff trained).	Certain staff trained, encouraged by management and with systematic training plan (25-50% of staff trained).	Many staff trained and monitored by agency strategic training plan (51-79% of staff trained).	Most staff trained and periodically monitored by agency strategic training plan (80% or more of staff trained).
VIIB. Clinical staff members have advanced specialized training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders.	No clinical staff have advanced training (0% trained).	Variably trained, no systematic agency training plan or individual staff member election (1-24% of clinical staff trained).	Certain staff trained, encouraged by management and with systematic training plan (25- 50% of clinical staff trained).	Many staff trained and monitored by agency strategic training plan (51- 79% of clinical staff trained).	Most staff trained and periodically monitored by agency strategic training plan (80% or more of clinical staff trained).

Site Visit Notes	
	
	
	
	I
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DDCMHT — Scoring Summary

I. Program Structure	III. Clinical Process: Assessment	V. Continuity of Care
A	A	A
В	В	В
C	C	C
D	D	D
Sum Total =	E	E
/4 = SCORE	F	Sum Total =
	G	/5 = SCORE
	Sum Total =	
II. Program Milieu	/7 = SCORE	
A		VI. Staffing
В		A
Sum Total =	IV. Clinical Process: Treatment	B
/2 = SCORE	Α	C
12 = SCORE	В	D
	C	E
	D	Sum Total =
	E	/5 = SCORE
	G	
	H.	
	l	VII. Training
	J	A
	Sum Total =	В
	/10 = SCORE	Sum Total =
		/2 = SCORE
DDCMHT Index Program Category: Scale Method	DDCMHT Index Program Category: Criterion Method	
OVERALL SCORE	% CRITERIA MET FOR MHOS	
Sum of Scale Scores/7)	(# of "1" or > /35) 100%	
OUAL DIAGNOSIS CAPABILITY:	% CRITERIA MET FOR DDC (# of "3" or > scores/35)	
MHOS (1 - 1.99)		
MHOS/DDC (2 - 2.99)	% CRITERIA MET FOR DDE	
DDC (3 - 3.49)	(# of "5" scores/35)	
DD0/DDE (3.5. 4.40)	HIGHEST LEVEL OF DD CAPABILITY	
DDC/DDE (3.5 - 4.49)	(80% or more)	

Exhibit C: DDCAT Rating Scale

${\bf DDCAT--Rating\ Scale\ Cover\ Sheet}$

Program Identification			
Date	Rater(s)		Time Spent (Hours)
Agency Name			
Program Name			
Address			Zip Code
Contact Person 1)			2)
Telephone	FAX	Email	
State	Region	Program ID	Time Period
			1= Baseline; 2 = 1st-follow-up; 3= 2nd follow-up; 4= 3rd follow-up; etc
Program Characteristics Payments received (program) Self-pay Private health insurance Medicaid Medicare State financed insurance Military insurance Other funding sources Other public funds Other funds	# of# of	ate	Mental HealthOutpatientPartial hospital/Day programInpatient Exclusive program/ Admission criteria requirementAdolescentsCo-occurring MH & SU disordersHIV/AIDsGay & lesbianSeniors/EldersPregnant/post-partum
Primary focus of agency Addiction treatment servicesMental health (MH) servicesMix of addiction & MH servicGeneral health servicesHospital		PPC-2R (Addiction) utpatient OP/Partial Hospital Residential/Inpatient Medically Managed Intensive atient (Hospital) T: Opioid Maintenance Detoxification	WomenResidential setting for patients and their childrenMenDUI/DWICriminal justice clientsAdult General

	1-AOS	2	3-DDC	4	5-DDE
I. Program Structure					
IA. Primary focus of agency as stated in the mission statement (If program has mission, consider program mission).	Addiction only.		Primary focus is addiction, co-occurring disorders are treated.		Primary focus on persons with co- occurring disorders.
IB. Organizational certification and licensure.	Permits only addiction treatment.	Has no actual barrier, but staff report there to be certification or licensure barriers.	Has no barrier to providing mental health treatment or treating co-occurring disorders within the context of addiction treatment.		Is certified and/or licensed to provide both.
IC. Coordination and collaboration with mental health services.	No document of formal coordination or collaboration, Meets the SAMHSA definition of minimal Coordination.	Vague, undocumented, or informal relationship with mental health agency, or consulting with a staff member from that agency. Meets the SAMHSA definition of Consultation.	Formalized and documented coordination or collaboration with mental health agency. Meets the SAMHSA definition of Collaboration.	Formalized coordination and collaboration, and the availability of case management staff, or staff exchange programs (variably used). Meets the SAMHSA definition of Collaboration and has some informal components consistent with Integration.	Most services are integrated within the existing program, or routine use of case management staff or staff exchange programs. Meets the SAMHSA definition of Integration.
ID. Financial incentives.	Can only bill for addiction treatments or bill for persons with substance use disorders.	Could bill for either service type if substance use disorder is primary, but staff report there to be barriers. -OR- Partial reimbursement for mental health services available.	Can bill for either service type; however, a substance use disorder must be primary.		Can bill for addiction or mental health treatments, or their combination and/or integration.

Table Header Key								
1-AOS	Addiction Only Services							
3-DDC	Dual Diagnosis Capable							
5-DDE	Dual Diagnosis Enhanced							

	1-AOS	2	3-DDC	4	5-DDE		
II. Program Milieu							
IIA. Routine expectation of and welcome to treatment for both disorders.	Program expects substance use disorders only; refers or deflects persons with mental health disorders or symptoms.	Documented to expect substance use disorders only (e.g., admission criteria, target population), but has informal procedure to allow some persons with mental health disorders to be admitted.	Focus is on substance use disorders, but accepts mental health disorders by routine and if mild and relatively stable as reflected in program documentation.	Program formally defined like DDC but clinicians and program informally expect and treat co- occurring disorders regardless of severity, not well documented.	Clinicians and program expect and treat co-occurring disorders regardless of severity, well documented.		
IIB. Display and distribution of literature and patient educational materials.	Addiction or peer support (e.g., AA) only.	Available for both disorders but not routinely offered or formally available.	Routinely available for both mental health and substance use disorders in waiting areas, patient orientation materials and family visits, but distribution is less for mental health disorders.	Routinely available for both mental health and substance use disorders with equivalent distribution.	Routinely and equivalently available for both disorders and for the interaction between mental health and substance use disorders.		
III. Clinical Process:	Assessment						
IIIA. Routine screening methods for mental health symptoms.	Pre-admission screening based on patient self-report. Decision based on clinician inference from patient presentation or by history.	Pre-admission screening for symptom and treatment history, current medications, suicide/homicide history prior to admission.	Routine set of standard interview questions for mental health using a generic framework, e.g., ASAM-PPC (Dimension III) or "Biopsychosocial" data collection.	Screen for mental health symptoms using standardized or formal instruments with established psychometric properties.	Screen using standardized or formal instruments for both mental health and substance use disorders with established psychometric properties.		
IIIB. Routine assessment if screened positive for mental health symptoms.	Assessment for mental health disorders is not recorded in records.	Assessment for mental health disorders occurs for some patients, but is not routine or is variable by clinician.	Assessment for mental health disorders is present, formal, standardized, and documented in 50- 69% of the records.	Assessment for mental health disorders is present, formal, standardized, and documented in 70-89% of the records.	Assessment for mental health disorders is formal, standardized, and integrated with assessment for substance use symptoms, and documented in at least 90% of the records.		

	1-AOS 2 3		3-DDC	4	5-DDE		
IIIC. Mental health and substance use diagnoses made and documented.	Mental health diagnoses are neither made nor recorded in records.	Mental health diagnostic impressions or past treatment records are present in records but the program does not have a routine process for making and documenting mental health diagnoses.	The program has a mechanism for providing diagnostic services in a timely manner. Mental health diagnoses are documented in 50-69% of the records.	The program has a mechanism for providing routine, timely diagnostic services. Mental health diagnoses are documented in 70- 89% of the records.	Comprehensive diagnostic services are provided in a timely manner. Mental health diagnoses are documented in at least 90% of the records.		
IIID. Mental health and substance use history reflected in medical record.	Collection of substance use disorder history only.	Standard form collects substance use disorder history only. Mental health history collected inconsistently.	Routine documentation of both mental health and substance use disorder history in record in narrative section.	Specific section in record dedicated to history and chronology of both disorders.	Specific section in record devoted to history and chronology of both disorders and the interaction between them is examined temporally.		
IIIE. Program acceptance based on mental health symptom acuity: low, moderate, high.	Admits persons with no to low aculty.		Admits persons in program with low to moderate acuity, but who are primarily stable.		Admits persons in program with moderate to high acuity, including those unstable in their mental health disorder.		
IIIF. Program acceptance based on severity and persistence of mental health disability: low, moderate, high.	Admits persons in program with no to low severity and persistence of mental health disability.		Admits persons in program with low to moderate severity and persistence of mental health disability.		Admits persons in program with moderate to high severity and persistence of mental health disability.		
IIIG. Stage-wise assessment.	Not assessed or documented.	Assessed and documented variably by individual clinician.	Clinician assessed and routinely documented, focused on substance use motivation.	Formal measure used and routinely documented but focusing on substance use motivation only.	Formal measure used and routinely documented, focus on both substance use and mental health motivation.		

	1-AOS	2	3-DDC	4	5-DDE		
IV. Clinical Process:	Treatment						
IVA. Treatment plans.	Address addiction only (mental health not listed).	Variable by individual clinician, i.e., plans vaguely or only sometimes address co-occurring mental health disorders.	Plans routinely address both disorders although substance use disorders addressed as primary, mental health as secondary with generic interventions.	Plans routinely address substance use and mental health disorders; equivalent focus on both disorders; some individualized detail is variably observed.	Plans routinely address both disorders equivalently and in specific detail; interventions in addition to medication are used to address mental health disorders.		
IVB. Assess and monitor interactive courses of both disorders.	No documentation of progress with mental health disorders.	Variable reports of progress on mental health disorder by individual clinicians.	Routine clinical focus in narrative (treatment plan review or progress note) on mental health disorder change; description tends to be generic.	Treatment monitoring and documentation reflecting equivalent in-depth focus on both disorders is available but variably used.	Treatment monitoring and documentation routinely reflects clear, detailed, and systematic focus on change in both substance use and mental health disorders.		
IVC. Procedures for mental health emergencies and crisis management.	No guidelines conveyed in any manner.	Verbally conveyed in-house guidelines.	Documented guidelines: Referral or collaborations (to local mental health agency or emergency department).	Variable use of documented guidelines, formal risk assessment tools, and advance directives for mental health crisis and substance use relapse.	Routine capability, or a process to ascertain risk with ongoing use of substances and/or severity of mental health symptoms; maintain in program unless commitment is warranted.		
IVD. Stage-wise treatment.	Not assessed or explicit in treatment plan.	Stage of change or motivation documented variably by individual clinician intreatment plan.	Stage of change or motivation routinely incorporated into individualized plan, but no specific stage-wise treatments.	Stage of change or motivation routinely incorporated into individualized plan; general awareness of adjusting treatments by substance use stage or motivation only.	Stage of change or motivation routinely incorporated into individualized plan; formally prescribed and delivered stage- wise treatments for both substance use and mental health disorders.		

${\bf DDCAT-Rating\ Scale}$

	1-AOS	2	3-DDC	4	5-DDE		
IVE. Policies and procedures for medication evaluation, management, monitoring, and compliance.	procedures for medication routinely not accepted. No accepted. No anangement, monitoring, and compliance. medication routinely not acceptable, or patient must have own supply for entire treatment episode. Some capacity to monitor psychotropic medications during treatment. medication are not acceptable, or patient must have own supply for entire treatment episode. Some capacity to monitor psychotropic medications. medication are not acceptable, or patient must have own supply for entire treatment episode. Some capacity to monitor psychotropic medications. medication are not acceptable, or patient must have own supply for entire treatment episode. Some capacity to monitor psychotropic medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by the prescriber.		medication policies. Some access to prescriber for psychotropic medications and policies to guide prescribing are provided. Monitoring of the medication is largely provided by	Clear standards and routine for medication prescriber who is also a staff member. Routine access to prescriber and guidelines for prescribing in place. The prescriber may periodically consult with other staff regarding medication plan and recruit other staff to assist with medication monitoring.	Clear standards and routine for medication prescriber who is also a staff member. Full access to prescribe and guidelines for prescribing in place. The prescriber is on the entire team and the entire team can assist with monitoring.		
mental health			Some specialized interventions by specifically trained clinicians in addition to routine generalized interventions.	Routine mental health symptom management groups; individual therapies focused on specific disorders; systematic adaptation of an evidence-based addiction treatmen (e.g., MI, CBT, Twelve-Step Facilitation).			
IVG. Education about mental health disorders, treatment, and interaction with substance use disorders.	Not offered.	Generic content, offered variably or by clinician judgment.	Generic content, routinely delivered in individual and/or group formats.	Specific content for specific co- morbidities; variably offered in individual and/or group formats.	Specific content for specific co-morbidities; routinely offered in individual and/or group formats.		
health disorders, treatment, and interaction with substance use disorders. IVH. Family education and support. For substance use disorders only, or no family education at all. For substance use disorders only, or no family education at all.		Mental health disorders routinely, but informally incorporated into family education or support sessions. Available as needed.	Generic family group on site on substance use and mental health disorders, variably offered. Structured group with more routine accessibility.	Routine and systematic co-occurring disorders family group integrated into standard program format. Accessed by families of the majority of patients with co-occurring disorders.			

${\bf DDCAT-Rating\ Scale}$

	1-AOS 2 3-DDC		4	5-DDE		
IVI. Specialized interventions to facilitate use of peer support groups in planning or during treatment.	No interventions used to facilitate use of either addiction or mental health peer support.	to facilitate infrequently by site, but no specific or intentional facilitation based al health peer infrequently by site, but no specific or intentional facilitation based on mental health		Variable facilitation targeting specific co-occurring needs, intended to engage patients in addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR).	Routine facilitation targeting specific co-occurring needs, intended to engage patients in addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR).	
IVJ. Availability of peer recovery supports for patients with co-occurring disorders.	Not present, or if present not recommended.	Off site, recommended variably.	Off site and facilitated with contact persons or informal matching with peer supports in the community, some co-occurring focus.	Off site, integrated into plan, and routinely documented with co-occurring focus.	On site, facilitated and integrated into program (e.g., alumni groups); routinely used and documented with co-occurring focus.	
V. Continuity of Car	e					
VA. Co-occurring disorders addressed in discharge planning process.	Not addressed.	Variably addressed by individual clinicians.	Co-occurring disorders systematically addressed as secondary in planning process for off site referral.	Some capacity (less than 80% of the time) to plan for integrated follow-up, i.e. equivalently address both substance use and mental health disorders as a priority.	Both disorders seen as primary, with confirmed plans for on-site follow- up, or documented arrangements for off-site follow-up; at least 80% of the time.	
VB. Capacity to maintain treatment continuity.	No mechanism for managing ongoing care of mental health needs when addiction treatment program is completed.	No formal protocol to manage mental health needs once program is completed, but some individual clinicians may provide extended care until appropriate linkage takes place. Variable documentation.	No formal protocol to manage mental health needs once program is completed, but when indicated, most individual clinicians provide extended care until appropriate linkage takes place. Routine documentation.	Formal protocol to manage mental health needs indefinitely, but variable documentation that this is routinely practiced, typically within the same program or agency.	Formal protocol to manage mental health needs indefinitely and consistent documentation that this is routinely practiced, typically within the same program or agency.	
VC. Focus on ongoing recovery issues for both disorders.	Not observed.	Individual clinician determined.	Routine focus is on recovery from addiction; mental health symptoms are viewed as potential relapse issues only.		Routine focus on addiction recovery and mental health management and recovery; both seen as primary and ongoing.	

${\tt DDCAT-Rating\ Scale}$

	1-AOS	2	3-DDC	4	5-DDE		
VD. Specialized interventions to facilitate use of community-based peer support groups during discharge planning.	made to facilitate use of either addiction or mental health peer support groups ring discharge anning. made to facilitate use of either addiction or mental health peer support groups upon discharge. Infrequently by individual clinicians for individual patients, mostly for facilitation to addiction peer support groups upon discharge. Infrequently by individual clinicians for individual patients, mostly for facilitation to addiction peer support groups upon discharge. Infrequently by individual clinicians for individual patients, mostly disorders. More routine facilitation to addiction peer support groups upon discharge.		or intentional facilitation based on mental health disorders. More routine facilitation to addiction peer support groups (e.g., AA, NA)	Assertive linkages and interventions variably made targeting specific co-occurring needs to facilitate use of addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge.	Assertive linkages and interventions routinely made targeting specific co-occurring needs to facilitate use of addiction peer support groups or groups specific to both disorders (e.g., DRA, DTR) upon discharge.		
VE. Sufficient supply and compliance plan for medications is documented.	No medications in plan.	Variable or undocumented availability of 30- day or supply to next appointment off-site.	Routine 30-day or supply to next appointment off- site. Prescription and confirmed appointment documented.	Maintains medication management in program/agency until admission to next level of care at different provider (e.g., 45-90 days). Prescription and confirmed admission documented.	medication management in program with provider.		
VI. Staffing							
VIA. Psychiatrist or other physician or prescriber of psychotropic medications.	No formal relationship with a prescriber for this program.	Consultant or contractor off site.	Consultant or contractor on site.	Staff member, present on site for clinical matters only.	Staff member, present on site for clinical, supervision, treatment team, and/or administration.		
VIB. On-site clinical staff members with mental health licensure (doctoral or masters level), or competency or substantive experience.	embers staff who are licensed as mental license in a mental licens		license in a mental health profession or substantial experience sufficient to establish competence in mental health	34-49% of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment.	50% or more of clinical staff have either a license in a mental health profession or substantial experience sufficient to establish competence in mental health treatment.		
VIC . Access to mental health clinical supervision or consultation.	No access.	Consultant or contractor off site, variably provided.	Provided as needed or variably on site by consultant, contractor or staff member.	Routinely provided on site by staff member.	Routinely provided on site by staff member and focuses on in-dept learning.		

	1-AOS		3-DDC	4	5-DDE		
VID. Case review, staffing or utilization review procedures emphasize and support co-occurring disorder treatment.	Not conducted.	Variable, by off site consultant, undocumented.	Documented, on site, and as needed coverage of co-occurring issues.	site, and as needed routine, but not coverage of co-systematic coverage			
VIE. Peer/Alumni supports are available with co-occurring disorders.	Not available.	Available, with co-occurring disorders, but as part of the community. Variably referred by individual clinicians.	Available, with co-occurring disorders, but as part of the community. Routine referrals made through clinician relationships or more formal connections such as peer support service groups (e.g., AA Hospital and Institutional committees or NAMI).	Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Variable referrals made.	Available on site, with co-occurring disorders, either as paid staff, volunteers, or program alumni. Routine referrals made.		
VII. Training							
VIIA. All staff members have basic training in attitudes, prevalence, common signs and symptoms, detection and triage for co-occurring disorders.	No staff have basic training (0% trained).	Variably trained, no systematic agency training plan or individual staff member election (1-24% of staff trained).	Certain staff trained, encouraged by management and with systematic training plan (25-50% of staff trained).	Many staff trained and monitored by agency strategic training plan (51-79% of staff trained).	Most staff trained and periodically monitored by agency strategic training plan (80% or more of staff trained).		
VIIB. Clinical staff members have advanced specialized training in integrated psychosocial or pharmacological treatment of persons with co-occurring disorders.	inical staff embers have vanced cialized lining in egrated ychosocial or armacological atment of rsons with -occurring No clinical staff have advanced training (0% training plan or systematic agency training plan or individual staff member election (1-24% of clinical staff trained). Certain staff trained, encourage by management training plan (25- 50% of clinical staff trained).		trained, encouraged by management and with systematic training plan (25- 50% of clinical	Many staff trained and monitored by agency strategic training plan (51- 79% of clinical staff trained).	Most staff trained and periodically monitored by agency strategic training plan (80% or more of clinical staff trained).		

Site Visit Notes	
	
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DDCAT — Scoring Summary

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	DDC/DDE (3.5 - 4.49)	HIGHEST LEVEL OF DD CAPABILITY	
DDE (4.5 - 5.0) (80% or more)		(80% or more)	

Exhibit D

SCCMHA PROVIDER NETWORK COD/DUAL DIAGNOSIS CAPABILITY EXPECTATIONS

SCCMHA Network Providers	Fidelity Scale Elements													
	1a	1b	2	3	4	5	6	7	8	9	10	11	12	13
Case Management/ACT Programs (DDE) ¹	X	X	X	X	X	X	X	X	X	X	X	X	X	X
SA Providers (DDC)	NA	2	X	X	NA	NA	X	X	NA	X	X	X^3	X	X
Access SCCMHA (DDC)	NA	X	X	X	NA	NA	X							
Hospitals SA Detox (DDC)	X	X	X	NA	NA	NA	X	X	NA	NA	NA	X	X	X
Hospitals MH (DDC)	X	X	X	X	NA	NA	X	X	X	X	X	X	X	X
Specialized Residential Providers – Community Living Supports &	NA	NA	X	NA	X	NA	X	NA	NA	NA	X	NA	X	X
Personal Care Services (DDC)														
Crisis Intervention Services (DDC)	X	X	X	X	NA	NA	X	X	NA	X	X	X	X	X
Crisis Residential Services (DDC)	X	X	X	X	NA	NA	X	X	X	X	X	X	X	X
Psychosocial Rehabilitation/Clubhouse (DDC)	NA	NA	X	NA	NA	NA	X	NA	NA	NA	X	NA	X	X
Supports Coordination for Persons with Developmental Disabilities	X	X	X	X	X	NA	X	X	X	X	X	X	X	X
$(DDC)^4$														
Services for Children, Adolescents & Their Families with Severe	X	X	X	X	X	X	X	X	NA	X	X	X	X	X
Emotional Disturbance ⁵ (DDC)														

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1a – Multidisciplinary Team

1b – Integrated SA Specialist

2 – Stage-Wise Interventions

3 – Access for IDDT Clients to Comprehensive Dual Disorder Services

4 - Time-Unlimited Services

5 - Outreach

6 – Motivational Interventions

7 – SA Counseling

8 – Group Dual Disorder Treatment

9 – Family Psychoeducation on Dual Disorders (Note: not FPE EBP model)

10 - Participation in Alcohol & Drug Self-Help Groups

11 – Pharmacological Treatment

12 – Interventions to Promote Health

13 – Secondary Interventions for SA Treatment Non-Responders

DDE = Dual Disorder Enhanced

DDC = Dual Disorder Capable

¹ Includes ACT as well as all team related psychiatry and all enhanced health services

² SA providers will have an integrated mental health specialist

³ Applicable whenever psychiatry is available

⁴ Includes all team related psychiatry and enhanced health services.

⁵ Includes all team related psychiatry and enhanced health services; applicable to older children, adolescents and parents of children

Exhibit E: Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools (MiFAST)

Integrated Dual Disorders Treatment (IDDT) Fidelity Scale – Tips and Tools Treatment Characteristics and Organizational Characteristics

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
Tx.1a. Multidisciplinary Team: Case managers, psychiatrist, nurses, residential staff, and vocational specialists work collaboratively on mental health treatment team	Many ACT teams are already constructed in multidisciplinary fashion, and only need enhancement in the direction of co-occurring addictions treatment
Tx.1b. Integrated Substance Abuse Specialist: Substance abuse specialist works collaboratively with the treatment team, modeling IDDT skills and training other staff in IDDT	Certified Addictions Counselor credentialing is recommended, with all pertinent information available at the website of the Michigan Certification Board for Addiction Professionals at www.mcbap.com/ Empower integrated SAP to teach, coach, and clinically consult with team members
Tx.2. Stage-Wise Interventions: Treatment consistent with each client's stage of recovery (engagement, motivation, action, relapse prevention)	See Chapter 6 from the Integrated Dual Disorders Treatment Workbook – Stages of Treatment See Chapter 9 from the Integrated Dual Disorders Treatment Workbook – Engagement See the SATS and Modified SATS, and Evaluating Substance Abuse in Persons with Severe Mental Illness tools in the ASSESSMENT section of the CD
Tx.3. Access for IDDT Clients to Comprehensive Dual Disorders Services Residential services Supported employment Family psychoeducation Illness management ACT or ICM	Implementing multiple evidence-based practices in an organization poses significant challenges. Those interested in receiving a free copy of the 100-page pdf publication, "Integrating Multiple Evidence-Based Practices in a Public Mental Health Organization: An Implementation Field Guide for Project Managers and Clinical Supervisors" are invited to e-mail a request to wilands@ewashtenaw.org

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IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
Tx.4. Time-Unlimited Services • Substance abuse counseling • Residential services • Supported employment • Family psycho-education • Illness management • ACT or ICM	Most ACT teams already operate in this fashion, and are able to "hang in there" over the long haul with ambivalent consumers who may not yet be well-engaged in treatment
Tx.5. Outreach:	
Program demonstrates consistently well-thought- out strategies and uses outreach whenever appropriate: • Housing assistance • Medical care • Crisis management • Legal aid	Many ACT teams feature a significant amount of outreach activity, especially if maintaining high fidelity to the traditional ACT model
Tx.6. Motivational Interventions: Clinicians who treat IDDT clients use strategies such as:	See entire TREATMENT: Motivational Enhancement section on CD, which includes 15 handouts &/or tools for use in training staff and engaging consumers, as well as the article, "Enhancing Readiness-to-Change Substance Abuse in Persons with Schizophrenia: A Four-Session Motivation-Based Intervention"
Express empathy Develop discrepancy between and continued use	See Chapter 10 from the Integrated Dual Disorders Treatment Workbook – Motivational Counseling
 goals and continued use Avoid argumentation Roll with resistance Instill self-efficacy and hope 	(Also recommended is a visit to the website www.motivationalinterview.org/ which features additional material for free download and/or purchase, including the useful and affordable Motivational Interviewing: Professional Training Series , 1998, available for only \$100.)

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
Tx.7. Substance Abuse Counseling: Clients who are in the action stage or relapse prevention stage receive substance abuse counseling that include: • Teaching how to manage cues to use and consequences to use • Teaching relapse prevention strategies • Drug and alcohol refusal skills training • Problem-solving skills training to avoid high-risk situations • Challenging clients' beliefs about s.a. • Coping skills and social skills training	See Chapter 11 from the Integrated Dual Disorders Treatment Workbook – Substance Abuse Counseling for Persons with SMI See Chapter 12 from the Integrated Dual Disorders Treatment Workbook – Relapse Prevention
Tx.8. Group DD Treatment: DD clients are offered group treatment specifically designed to address both mental health and substance abuse problems	See Chapter 13 from the Integrated Dual Disorders Treatment Workbook – Group Treatment for Dual Disorders
Tx.9. Family Psycho-education on DD: Clinicians provide family (or significant others): Education about DD Coping skills training Collaboration with the treatment team Support	See Chapter 15 from the Integrated Dual Disorders Treatment Workbook – Family Treatment See entire TREATMENT: Educational and Group Materials section on CD, which includes 25 Power Point presentations on various aspects of Dual Disorders recovery, and 57 educational handouts on various substances of abuse.
Tx.10. Participation in Alcohol & Drug Self-Help Groups:	See Chapter 14 from the Integrated Dual Disorders Treatment Workbook – Self-help
Clients in the <i>action</i> stage or <i>relapse prevention</i> stage attend self-help programs in the community	See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix J

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
Tx.11. Pharmacological Treatment:	
Prescribers for IDDT clients: 1. Prescribe psychiatric medications despite active substance use 2. Work closely with team/client 3. Focus on increasing adherence 4. Avoid benzodiazepines and other addictive substances 5. Use clozapine, naltrexone, disulfiram	See Dr. Kenneth Minkoff's Psychopharmacology Practice Guidelines for Individuals with Co-occurring Psychiatric and Substance Use Disorders See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix F
Tx.12. Interventions to Promote Health:	
Examples include: Teaching how to avoid infectious diseases Helping clients avoid high-risk situations and victimization Securing safe housing Encouraging clients to pursue work, health, diet, & exercise	See Chapter 16 from the Integrated Dual Disorders Treatment Workbook – Infectious Diseases
Tx.13. Secondary Interventions for Substance Abuse Treatment Non-Responders: Program has a protocol for identifying substance abuse treatment non-responders and offers individualized secondary interventions, such as: • Clozapine/naltrexone/disulfiram • Long-term residential care • Trauma treatment • Intensive family intervention • Intensive monitoring	Information to support trauma-informed services can be found on Lisa Najavits' website (www.seekingsafety.org/), Roger Fallot/Maxine Harris' website's Trauma Services page (www.ccdc1.org/trauma_services.htm), Stephanie Covington's website (www.dustymiller.org/) – these feature materials that are viewable, downloadable, or able to be purchased. Another useful point of reference/perspective on the established efficacy of any of these approaches is SAMHSA's NREPP webpage which describes the Seeking Safety and TREM models in additional (and objective) detail, viewable at www.nrepp.samhsa.gov/listofprograms.asp?textsearch=trauma&ShowHide=1&Sort=A1

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
O.1. Program Philosophy. The program is committed to a clearly articulated philosophy consistent with the specific evidence-	See the complete set of COCE Overview Papers found in the GENERAL
 based model, based on the following 5 sources: Program leader Senior staff (e.g., executive director, psychiatrist) Practitioners providing IDDT services 	section of the CD See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 3
 Clients and/or families receiving IDDT services Written materials (e.g., brochures) 	
O.2. Eligibility/Client Identification. All clients with severe mental illness in the community	Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record
support program, crisis clients, and institutionalized clients are screened to determine whether they qualify for IDDT services using standardized tools or	See the entire SCREENING and ASSESSMENT sections of the CD for instruments perspectives
admission criteria consistent with IDDT. Also, the agency tracks the number of eligible clients in a systematic fashion.	See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Chapter 4
O.3. Penetration.	
The maximum number of eligible clients are provided with IDDT services, as defined by the ratio: # clients receiving EBP # clients eligible for EBP	Function of tracking/reporting system – may be enhanced with the use of an Electronic Health Record

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
O.4. 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, any existing support network, and evaluation of biopsychosocial risk factors.	See Chapter 7 from the Integrated Dual Disorders Treatment Workbook – Assessment See COCE Overview Paper # 2 - Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, Appendix G
O.5. 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.	See Chapter 8 from the Integrated Dual Disorders Treatment Workbook – Treatment Planning See COCE Overview Paper # 2 - Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders
O.6. Individualized Treatment. All EBP clients receive individualized treatment meeting the goals of the EBP.	See COCE Overview Paper # 2 - Screening, Assessment, and Treatment Planning for Persons With Co-Occurring Disorders See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES
O.7. 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).	See chapters 1-5 from the Integrated Dual Disorders Treatment Workbook, entitled, Definitions, Alcohol, Cannabis, Stimulants, Opiates and Opioids , as well as the remaining 11 chapters as core curriculum for staff training. See Substance Abuse Treatment for Persons With Co-Occurring Disorders. TIP 42, which serves as an excellent core text / reference for basic IDDT training See entire TREATMENT: Educational and Group Materials section on CD, which includes 25 Power Point presentations on various aspects of Dual Disorders recovery, and 57 educational handouts on various substances of abuse.
O.8. Supervision. IDDT practitioners receive structured, weekly supervision (group or individual format) from a practitioner experienced in IDDT. The supervision should be client-centered and explicitly address the IDDT model and its application to specific client situations.	Ideally this function can be served by the existing Team Leader/Supervisor, who may need significant training in order to be functional in this clinical IDDT supervision role. Other approaches feature delegating this function to the team's Substance Abuse Specialist, or having some other sufficiently experienced & educated individual (Clinical Director, ?) provide "matrix supervision" until Team Leader and/or Substance Abuse Specialist can move along their respective IDDT learning curves.
O.9. 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	Use of the IDDT Fidelity Scale, for internal review and/or MIFAST Site Review, can be helpful in evaluating the status of implementation, and to inform organizational Action-Planning / Performance Improvement moving forward
approach, e.g., use of a fidelity scale or other comprehensive set of process indicators.	Minkoff's COMPASS, CODECAT, and COFIT instruments have also been found useful

IDDT FIDELITY DOMAIN	IMPLEMENTATION TIPS, TOOLS, RESOURCES	
O.10. 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 <i>related to the EBP</i> , e.g., psychiatric admissions, substance abuse treatment scale, or employment rate.	SAMHSA's National Outcome Measures (NOMs) provides guidance on meaningful outcome indicators to target Each EBP Toolkit (including the IDDT Toolkit), contains a "Client Outcomes – EBP Toolkit Quarterly Report Form" prompting the provider to track the following: 1. EBP eligibility, EBP enrollment (10) 2. Employment status (2), homelessness (4), legal status (3), hospitalization status (7,1) 3. Stage of treatment (~1) 4. Living arrangement (4) 5. Educational status (2)	
O.11. 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.	Embed in Clinical Care Committee / Improving Practices Leadership teams at both the provider and PIHP levels	
O.12. Client Choice Regarding Service Provision. All clients receiving IDDT services are offered choices; the IDDT practitioners consider and abide by client preferences for treatment when offering and providing services.	Examine and address providers' and community partners' philosophical views on co-occurring addiction as a disease, including attitudes toward harm reduction, "work-first" and "housing first" approaches, "wet" or "damp" housing, etc.	

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject : Adult Crisis Residential Services	Chapter: 02 - Customer Services & Recipient Rights	Subject No : 02.03.09.11
Effective Date: 4/17/09 Date of Review/Revision: 6/10/10, 4/4/12, 7/30/13, 1/23/14, 5/5/14, 6/7/16, 6/13/17, 4/10/18, 4/9/19, 7/9/21, 9/27/22 Supersedes:		Approved By: Sandra M. Lindsey, CEO Responsible Director:
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Director of Network Services, Public Policy & Continuing Education Authored By: Barbara Glassheim

Purpose:

The purpose of this policy is to delineate a framework for the provision of crisis residential services and supports to adults with mental illnesses and co-occurring substance use disorders.

Policy:

SCCMHA-funded adult crisis residential services shall adhere to established standards set forth for the provision of crisis residential programs.

Application:

- A. Providers: This policy applies to all SCCMHA-funded adult crisis residential services and supports.
- B. Consumers: Services are designed for adult consumers who meet psychiatric inpatient admission criteria or are at risk of admission, but who can be appropriately served in settings less intensive than a hospital.

Standards:

- A. Crisis residential services shall be made available, as resources permit, by SCCMHA to provide a short-term alternative to inpatient psychiatric care for adult consumers experiencing an acute psychiatric crisis who meet criteria for inpatient psychiatric hospitalization (per the Michigan Medicaid Provider Manual).
- B. Crisis residential services shall be targeted to adult consumers who meet psychiatric inpatient admission criteria or are at risk for hospitalization but can receive care in a less intensive setting. Consumers who have a mental illness or a mental illness and a concomitant disorder (e.g., a substance use disorder or intellectual/developmental disability) can be served by the CRTP (crisis residential treatment program) if the primary reason for admission is due to a mental illness.

- C. Crisis residential services shall be used to avert an inpatient psychiatric admission (i.e., as a diversion) or to reduce the length of an inpatient stay (i.e., as a step-down).
- D. Crisis residential services can be provided for a period up to 14 calendar days per episode. This length of stay may be extended with clinical justification and SCCMHA approval.
- E. Crisis residential services and supports shall include:
 - 1. Psychiatric supervision
 - 2. Nursing services
 - 3. Therapeutic support services
 - 4. Medication management/stabilization and education
 - a. Medication reviews performed at the crisis residential home must be performed by a physician, physician's assistant, or a nurse practitioner under the clinical supervision of the psychiatrist.
 - 5. Behavioral services
 - a. Individual and group sessions as well as other types of activities that promote wellness and recovery shall be available to consumers.
 - b. Motivational Interviewing techniques shall be used to engage consumers in the process of positive change.
 - 6. Milieu Therapy
- F. Admission shall be predicated upon the consumer signing a voluntary consent to treatment.
- G. Consumers who express a desire to leave prior to completion of the program shall be referred to clinical staff or a peer support staff to discuss the benefits of remaining with the program.
 - 1. Transportation shall be arranged for consumers who still wish to leave the facility.
 - 2. CIS and the Case Holder shall be notified of the consumer's AMA discharge from the CRTP.
- H. MDDHS approval and State of Michigan Adult Foster Care licensing shall be secured and maintained by the SCCMHA-funded CRTP.
- I. SCCMHA's CRTP shall focus on resolving the immediate precipitating crisis and enhance consumers' abilities to return to their community residences.
 - a. Consumers shall be assisted to develop and implement illness management and coping skills, a relapse prevention plan, and linkages to community resources in accordance with each consumer's person-centered plan in a recovery/resiliency-oriented approach.
 - b. Exploration of issues related to crises, substance use/abuse/misuse, identity, values, choices, and choice-making, recovery and recovery planning will be offered.
 - c. Services and supports shall be delivered in a trauma-informed manner.
- J. Individualized plans of service based on consumer needs shall be developed within 48 hours of admission and signed by the consumer (if possible), parent or guardian if applicable, attending psychiatrist and other professionals involved in treatment planning. A subsequent plan based on comprehensive assessments must be developed if the length of stay exceeds 14 days. Individualized plans shall consist of:

- 1. Clearly stated goals and measurable objectives that are derived from the assessment of immediate need with specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis documented.
- 2. Identification of specific procedures designed to assist the consumer in attaining his/her goals and objectives.
- 3. Discharge plans that include aftercare and follow-up services as well as functions of any assigned case holder.
- K. The SCCMHA-funded CRTP will support and coordinate the physical health care needs of residents.
- L. SCCMHA's CRTP shall adhere to established staffing standards and Michigan Medicaid regulations:
 - 1. Nursing services (i.e., an RN, or LPN under appropriate supervision) provided on site for a minimum of 8 hours per day.
 - 2. A psychiatrist who provides clinical supervision of treatment services available by telephone at all times (24/7) at a minimum, and who must provide psychiatric evaluation/assessments and medication reviews on site.
 - 3. A supervisor who is a master's degree prepared mental health professional with one year of experience providing services to consumers with serious mental illness, or has a bachelor's degree in human services and at least two years of experience providing services to consumers with serious mental illnesses, and is on site a minimum of eight hours a day, Monday through Friday, and on call at all other times.
 - 4. Paraprofessional staff members with at least one year of satisfactory work experience providing services to consumers with mental illness, or who have successfully completed a PIHP/MDHHS-approved training program for working with consumers with mental illnesses.
 - 5. Peer support specialists can be part of the multidisciplinary CRTP team and facilitate peer support groups, assist in transitioning consumers to less intensive services, and provide recovery-oriented mentoring.
- M. Each consumer's multidisciplinary treatment team shall be comprised of the following disciplines at a minimum:
 - 1. The consumer
 - 2. The consumer's parent or guardian, if applicable
 - 3. The attending psychiatrist
 - 4. The Case Holder assigned to the consumer
 - 5. Other professionals relevant to the needs of the consumer including their ACT team and outpatient treatment provider
- N. The CRTP shall adhere to following administrative protocols:
 - 1. The CRTP shall fax a bed vacancy summary (or otherwise provide written bed vacancy update per CIS request) that is gender-specific to the SCCMHA Crisis Services (CIS) Unit every morning by 8:30 am. If for any reason this notice is delayed, CRTP will advise CIS and when the update will be provided.
 - 2. The CRTP shall immediately notify CIS Unit by telephone whenever the last available bed of either gender is being requested by another county and

- wait for one half-hour for a response from CIS prior filling the last bed of either gender.
- 3. Staff of the CRTP shall wear employee identification badges at all times while on duty and in all venues in which they are assigned to work (e.g., at the CRTP and when transporting consumers from other facilities).
- 4. The CRTP shall maintain a separate office telephone number which is only answered by staff members who shall formally identify themselves when answering the office telephone (e.g., "Hello, thank you for calling the CRU. This is [full name of person] speaking. How can I help you?"). An additional telephone/line shall be made available for use by consumers.
- 5. Transportation of consumers to the CRTP will be provided by CRTP and shall generally occur within sixty minutes of the request. The CRTP shall notify SCCMHA of any delays in transportation along with a timeframe for the pick-up.
 - a. Upon referral, CRTP will ask CIS when the person will be ready for pickup and arrange pick up based on anticipated time of readiness. CRTP and CIS staff will stay in contact with each other regarding any delays on transportation readiness or pick up times to promote reduction of either consumer or staff waiting time.
 - b. Transportation exceptions will be made with notice to the CRTP for identified Case Holders <u>only</u>, who may wish to transport individuals. At no time should family, friends, or AFC providers transport persons to CRTP directly.
- 6. Psychiatry services shall be accessible telephonically to the program on a 24-hour basis. Psychiatric consultation will occur for all admissions. Psychiatry face to face services shall occur within 48 hours of admission and a minimum of daily program consultation will occur with the program psychiatrist, and more often whenever indicated.
- 7. Therapeutic intervention shall commence upon admission and continue daily for the duration of a consumer's stay in accordance with the consumer's mental health status.
- 8. Pharmacotherapy regimens shall be continuous from the time of admission through discharge with no gaps in treatment.
 - a. A medication evaluation shall be conducted within 24 or less hours of admission or by the end of the nursing day shift.
- 9. Discharge planning shall commence upon admission.
 - a. The CRTP shall ensure that each consumer has a follow-up appointment with a mental health provider scheduled within seven days of discharge from the CRTP.
 - 1). An appointment shall be scheduled with the existing treatment team at SCCMHA or SCCMHA network provider.
 - 2). The SCCMHA Central Admissions & Intake (CAI) Unit will assist in arranging a seven-day follow-up appointment if the service will be provided by an agency other than SCCMHA or an SCCMHA network provider.
- 10. The CRTP shall check each consumer's Medicaid status upon addition.

- a. Medicaid status verification shall include county of residence.
 - 1). The CRTP shall assist consumers whose Medicaid is from a different county to transfer that county of residence to Saginaw County.
 - 2). All county of residence changes shall be communicated to the SCCMHA Entitlement's office (which will then notify Saginaw DHHS).
- b. An application for Medicaid shall be initiated by the CRTP for all consumers who do not have active Medicaid.
 - 1). When a non-Medicaid consumer is admitted to the CRTP, the CRTP shall contact the SCCMHA Entitlement Coordinator to determine whether a Medicaid application is required.
 - 2). Medicaid applications are to be completed by the CRTP electronically through MI Bridges or submitted to SCCMHA on paper.
 - a.) The SCCMHA Entitlement Coordinator is to be notified of the consumer's name and date of electronic application.
- 11. CIS will provide a copy of the preliminary prescreen to CRTP upon admission to CRTP; the prescreen will be entered or scanned into the EMR within 24 hours.
- O. Assigned Case Holders of consumers admitted to crisis residential shall be involved in as soon as possible following admission and in the arrangement and provision of follow-up services.
 - 1. Any consumers whose stay exceeds 14 days and who does not have a Case Holder prior to admission, shall be assigned a Case Holder for treatment involvement and follow-up care.
 - NOTE: Case Holders can be assigned prior to the 14 days in accordance with consumer need.
- P. The Program Manager of the CRTP shall ensure integrity of the physical plant is maintained in accordance with licensing and general safety standards to ensure the health and safety of consumers and staff.
 - 1. CRTP shall assign staff to monitor the facility and act immediately to address any identified structural problems with the plant and/or its furnishings as well as expired products that need to be replaced.
- Q. Bed checks shall be conducted every 15 minutes at a minimum; this frequency may be enhanced at the discretion of the Program Manager or clinical staff of the CRTP based on the consumer's clinical status/needs.
 - 1. When a consumer is found missing from the CRTP facility staff shall:
 - a. Conduct a grounds and local area search.
 - b. Notify the Program Manager or on-call staff as well as the police, CIS, and the consumer's assigned Case Holder.

Definitions:

<u>Crisis residential services</u> are intended to provide a short-term alternative to inpatient psychiatric services for consumers experiencing an acute psychiatric crisis when clinically

indicated. Services may only be used to avert an inpatient psychiatric admission, or to shorten the length of an inpatient stay. The goal of crisis residential services is to facilitate reduction in the intensity of those factors that led to a crisis residential admission through a person-centered, recovery-oriented, and resiliency-building approach.

References:

A. Michigan Medicaid Provider Manual:

https://www.michigan.gov/mdhhs/doing-

business/providers/medicaid/policyforms/medicaid-provider-manual

B. SCCMHA Policy 02.03.14 – Trauma-Informed Services and Supports

Exhibits:

None

Procedure:

Procedure:	
ACTION	RESPONSIBILITY
1. Makes an eligibility determination.	1. CIS
2. If the consumer is eligible for CRTP,	2. CIS
determines CRTP vacancy.	
3. If an appropriate bed is available, contacts	3. CIS
the CRTP to transport the consumer.	
4. If the consumer does not meet criteria or the	
CRTP does not have a bed an alternative,	4. CIS
arranges for an alternative that will meet the	
consumer's need.	
5. Transports the consumer to the CRTP	5. CRTP/Case Holder/AFC/Family/Taxi
within 60 minutes of the transport request.	
6. Provides crisis residential services	6. CRTP treatment team
(including discharge planning) in	
accordance with the psychopharmacological	
intervention, milieu/programming and	
personnel standards delineated above.	
7. Conducts continued stay reviews conducted	7. SCCMHA Care Management
and authorizes or denies continued stays in	
accordance with SCCMHA policy.	
8. Maintains the CRTP in accordance with	8. CRTP Program Manager
Standard N.	
9. Conducts bed checks in accordance with	9. CRTP staff
Standard P and addresses consumer	
absences in accordance with this standard.	

Policy and Procedure Manual			
Sagina	Saginaw County Community Mental Health Authority		
Subject: Care	Chapter: 02 - Customer	Subject No : 02.03.23	
Coordination	Services & Recipient Rights		
Effective Date:	Date of Review/Revision:	Approved By:	
4/1/16	6/13/17, 6/1/18, 5/13/19,	Sandra M. Lindsey, CEO	
	6/8/20, 4/27/21, 9/27/22		
	Supersedes:		
		Responsible Director:	
		Director of Network	
5.8		Services, Public Policy, &	
	NAW COUNTY COMMUNITY MENTAL	Continuing Education	
HEALTH AUTHORITY			
		Authored By:	
		Jennifer Keilitz	
		Additional Reviewers:	
		None	

Purpose:

Care coordination is a critical expectation of service delivery throughout the SCCMHA network to promote positive outcomes and improve the experience of consumers. Care coordination also promotes the best use of limited public or private resources. The purpose of this policy is to delineate the various aspects of care coordination across the SCCMHA provider network and between SCCMHA provider programs and other community partners.

Policy:

SCCMHA requires that all service delivery staff members and particularly those in case management or supports coordination roles provide and ensure care coordination for persons served on a continuous basis. Put another way, care coordination is a critical aspect of the case management and supports coordination function and is a foundational element of the important role of SCCMHA in the provision of services and supports for consumers with disabilities in the community. Care coordination activities conducted for each individual consumer served will be documented in the clinical record. SCCMHA is ultimately responsible for the standards of care and clinical services including care coordination provided by both direct programs and contracted entities for all consumers.

Application:

This policy applies to all SCCMHA services and programs, including direct operated services and supports as well as contracted agencies or any other entities with a service delivery or coordination related agreement with SCCMHA.

Standards:

- A. Care coordination occurs with any internal program and/or external organization, as well as any individual and/or entity with an identified role in supporting a consumer's person-centered plan.
- B. Care coordination encompasses physical, behavioral, and social supports in the community, including access to acute and chronic health settings, primary and specialty health providers, multiple service providers whenever applicable, and housing, education, and employment systems.
- C. Care coordination must identify, address, and seek to reduce or eliminate barriers and risk for persons served.
- D. While generally care coordination is most often directed by designated case managers and supports coordinators in the SCCMHA network, others may often share care coordination functions, as defined in each person-centered plan, including but not limited to nurses, peers, community health workers, and clinicians, as well as various medical and ancillary health professionals.
- E. Care coordination activities support the concepts of recovery, self-determination, self-management, whole health, wellness, appropriate medical supports, and interventions for acute or chronic conditions, prevention, consumer education, healthcare integration, and any and all aspects of quality-of-life domains for persons served.
- F. Care coordination occurs in clinical settings, in the consumer's living environment and in various community settings as appropriate to best meet each person's needs.
- G. Care coordination is supported by the 'no wrong door' access to treatment and supports philosophy of SCCMHA.
- H. Care coordination endorses the four concepts of: clarity of goals and communications; recognition of differences in the management of processes; making no assumptions; and involvement of stakeholders.
- I. SCCMHA programs will adhere to defined admission and discharge criteria and protocols, including provision of notice, processes for the transfer of care, follow-up, and recognition of risk for consumers.
- J. Care coordination includes recognition of the needs of special populations, including, but not limited to: older adults and/or persons with significant or multiple health conditions; persons with unique cultural needs such as those with tribal affiliations or associations with military culture; persons with limited speech, hearing, mobility or communication skills; persons with unique disorders such as eating or hoarding conditions; persons with history of traumatic experience; and, those who are at high risk due to their dependence upon others to meet their daily needs.
- K. Documentation of full consumer or guardian consents are part of the care coordination expectations at SCCMHA, in keeping with privacy and confidentiality requirements.
- L. An important aspect of care coordination is the ability of health care providers to <u>listen</u> to a consumer's family, friends, or others whenever appropriate, even if privacy requirements and/or absence of the consumer's consent do not allow for

- the exchange and/or provision of information to natural supports or other key informants.
- M. Consumer's choices, preferences and goals are a critical aspect of care coordination as documented in the clinical record.
- N. Care coordination includes the offer of the development of a crisis plan to ascertain in advance the desires of individual consumers, including advanced directives, wellness recovery or other relevant advance preparation action plans. If a consumer declines the development of a crisis plan, this will be noted in the record and revisited on some frequency for consumer reconsideration or confirmation.
- O. Documentation of all consumer medications in the clinical record will include monitoring by prescribers, critical event reviewers and pharmacy management personnel.
- P. No policies, practices, and/or provider agreements/contracts of SCCMHA impact the ability of a consumer to freely select their own provider.
- Q. Care coordination and clinical decision support at SCCMHA is facilitated by the centralized electronic medical/health record, which includes demographic, diagnoses, medication, individual plans, consents/releases, and consumer progress/outcome information, including the provision of electronic prescribing to pharmacies by prescribing medical providers.
- R. SCCMHA will engage all appropriate partner entities in care coordination activities, as supported by contracts or other agreements whenever possible as relevant to the SCCMHA service array and needs of consumers, to promote clear procedures and processes in routine and ad hoc care coordination.
- S. Care coordination will be supported by routine training and education for all relevant staff.
- T. Care coordination is the implementation of the comprehensive treatment and care management/person or family centered plan, through appropriate linkages, referrals, coordination, and follow-up to needed services and support.
- U. Care coordination examples include:
 - a. Providing telephonic reminders of appointments.
 - b. Providing telephone outreach and follow-up to low-risk consumers who do not need face-to-face contact.
 - c. Communication with family members.
 - d. Administering risk assessment.
 - e. Use of survey assessments.
 - f. Follow-up reminders and assistance with making appointments, including warm hand offs for referrals.
 - g. Identifying outstanding items on patient visit summaries.
 - h. Assisting with medication reconciliation.
 - i. Making appointments.
 - j. Providing patient education materials.
 - k. Assisting with arrangement such as transportation, directions, and completion of durable medical equipment requests.
 - 1. Obtaining missing medical records, laboratory testing and consultation reports.

- m. Participating in hospital and emergency room transition care.
- n. Documenting in the integrated care management system/electronic medical record.
- V. Care Coordination is also focused on assisting individuals to improve selfmanagement of chronic mental and physical health conditions and includes:
 - a. Participation in the development and implementation of a consumers' PCP addressing dimension of behavioral health recovery, stabilization, and improvement in chronic physical conditions.
 - b. Assistance and support to the consumer in stressor situations.
 - c. Mental health and physical health education, support and consultation to consumers' families and support system, including care for children in custody or share custody arrangements, which is directed exclusively to the well-being and benefit of the consumer.
 - d. Individual assistance for the development of interpersonal, community coping and self-management skills, including adapting to home, school, and work environments.
 - e. Assisting the consumer in symptom self-monitoring and self-management for the identification and minimization of the negative effects of psychiatric and physical health symptoms that interfere with the consumer's daily living, financial management, personal development or school or work performance.
 - f. Assistance to the consumer to increase social support skills and networks that reduce life stresses resulting from the consumer's mental illness or physical health conditions and are necessary to enable and maintain the consumer's independent living.
 - g. Developing strategies and supportive mental and physical health interventions for avoiding out-of-home placement for consumers and building strong family support skills and knowledge of the consumer's strengths and limitations.
 - h. Developing mental and physical health relapse prevention strategies and plans.

Definitions:

Care Coordination, as defined by the Agency for Healthcare Research and Quality (2014): "Deliberately organizing consumer care activities and sharing information among all of the participants concerned with a consumer's care to achieve safer and more effective care. This means that the patient's needs and preferences are known ahead of time and communicated at the right time to the right people, and that this information is used to provide safe, appropriate, and effective care to the patient." Care coordination is an activity rather than a service, and includes directly provided services, services, and supports provided by other entities, including both behavioral and physical healthcare.

SAMHSA refers to care coordination as "the cornerstone of many healthcare redesign efforts, including primary and behavioral healthcare integration. It involves bringing together various providers and information systems to coordinate health services, patient

needs, and information to help better achieve the goals of treatment and care. Research shows that care coordination increases efficiency and improves clinical outcomes and patient satisfaction with care."

References:

Substance Abuse and Mental Health Services Administration (SAMHSA)

SCCMHA Policies: 02.01.01.02-Cultural Competence; 02.03.03-Person-Centered Planning; 02.03.03B-Family-Centered Practice; 02.03.01-Self-Determination; 02.03.05-Recovery; 02.03.06-Housing Best Practice; 02.03.14-Trauma-Informed Services and Supports; 02.03.16-Practice Guidelines; 03.01.03-Consumer Choice and Service Management; 03.02.05-Plans of Services and Supports; 03.02.06-Consumer Health and Safety; 03.02.13-Transition/Discharge Services; 03.02.14-Advance Directives; 03.02.29-Closure/Discharge Criteria; 08.04.01-Consumer Records. 02.03.05-Recovery; 10.01.0.01 Care Transitions

Exhibits:

None

Procedure:

None

Policy and Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Advance Directives	Chapter: 03 - Continuum of Care	Subject No : 03.02.14	
Effective Date: 9/1/05	Date of Review/Revision: 9/20/22, 8/1/21, 6/11/19, 6/1/18, 3/15/17, 8/7/15, 8/7/10, 7/7/09, 8/7/06, 3/9/06, 8/15/05	Approved By: Sandra M. Lindsey, CEO	
Supersedes:		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer	
Saginaw County Community Mental Health Authority		Authored By: Richard M. Garpiel, Compliance Officer & Privacy Officer Additional Reviewers:	

Purpose:

To ensure SCCMHA compliance with Federal and state regulations and contractual responsibilities to provide appropriate enrollees with information regarding advance directives and provide appropriate information to staff and the public.

Policy:

It is SCCMHA's policy to provide adult beneficiaries who receive services from SCCMHA, or its network, with a written summary of current Michigan law relative to Advance Directives. Furthermore, it is SCCMHA's policy to provide information to relevant staff regarding SCCMHA policies and procedures on advance directives. SCCMHA will also make informational materials available to the public regarding this subject.

It is the policy of SCCMHA to provide written information to all adult consumers who receive services from SCCMHA or its network prior to the reception of such services regarding their right to prepare advance directives and of SCCMHA's written policies respecting the implementation of such rights.

It is the policy of SCCMHA that each competent adult consumer receiving services from SCCMHA, or its network, will be provided information regarding advance directives. SCCMHA will document the consumer's decision to accept or decline the opportunity to prepare advance directives, as well as the existence of such advance directives. If the

consumer has executed an advance directive, SCCMHA will request a copy of the document for placement within the consumer's record. A copy of the advance directive will also be maintained in the relevant Community Ties setting, residential setting, and/or SCCMHA Crisis Center, as applicable.

It is the policy of SCCMHA that the consumer's decision to execute or not to execute an advance directive will have no impact on the provision of SCCMHA services to that consumer.

It is SCCMHA's policy to provide information to staff and the community regarding advance directives.

Application:

This policy applies to all Board operated programs as well as the SCCMHA network providers who provide services to SCCMHA consumers. While residential providers are not responsible for providing information about advance directives to consumers, the providers should have a working knowledge about advance directives and how the subject may affect the residents of their respective homes. In addition, residential providers should be aware of the individual decisions of their residents regarding advance directives to ensure appropriate response.

Standards:

- 1. SCCMHA provides all adult beneficiaries with written information on advance directives at the time of their intake with SCCMHA.
- 2. In the event an individual is temporarily unable to make an informed consent regarding the advance directive information, arrangements will be made to provide the information to the individual when the circumstances change through the primary worker assigned to the consumer.
- 3. The written information provided to adult beneficiaries will include a description of Michigan law and their applicable rights under Michigan law.
- 4. The written information will consist of a summary and explanation of current Michigan law. In the event Michigan law and/or the beneficiaries' rights change, the written information provided by SCCMHA will be updated within 90 days of the effective date of such change.
- 5. In addition, the written information provided by SCCMHA will include items such as the consumer's right to make decisions concerning their mental health care as well as their medical care, including the right to accept or refuse treatment and the right to formulate, at the consumer's option, advance directives.
- 6. The consumer's choice whether to execute an advance directive will be documented in the consumer's medical record, and distributed to the relevant Community Ties Program, Residential Setting, and SCCMHA Crisis Center, as applicable.
- 7. SCCMHA will not condition the provision of care or otherwise discriminate against a consumer based on whether the consumer has executed an advance directive.
- 8. SCCMHA will provide for the education of staff concerning the policies and procedures related to advance directives.
- 9. SCCMHA will provide for community information regarding advance directives.

10. Consumers will be informed that complaints concerning non-compliance with the advance directive may be filed with the SCCMHA Office of Recipient Rights or the SCCMHA Office of Regulatory Compliance.

Definitions:

Advance Directive:

A written document in which a competent individual gives instruction about his or her health care, (medical or mental) that will be implemented at some future time should that person lack the ability to make decisions for himself or herself, or in which the competent individual designates an individual authorized to make such decisions for them at some future time should that person lack the ability to make decisions for himself or herself

<u>Crisis Plan:</u> A document used by SCCMHA which allows the consumer to provide directions for their future care, including decisions affecting their personal life, when they are unable to provide for their own needs due to a hospitalization or incapacitating illness. This document is distinct from an 'Advance Directive' and is not intended to fulfill the requirements for an Advance Directive.

Do-not-resuscitate order (DNRO):

A Do-Not-Resuscitate Order, also known as a 'DNR" or "DNRO," is a special kind of Advance Directive, prepared by a competent adult. The DNRO may direct that if a patient "suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated." The document may provide for special instructions for treatment when the consumer's death is imminent or when the consumer is incurable terminally ill.

It is the current position of SCCMHA that staff of Adult Foster Care Homes should be thoroughly trained regarding the concepts of Advance Directives and Do-Not-Resuscitate Orders (DNROs). Staff of such facilities should be thoroughly familiar with the wishes of their individual residents regarding this matter. However, in the event a resident's heart and breathing have stopped, CPR should be initiated, and the home must still contact the local EMS and have a copy of the DNR order available when the EMS arrives. Be aware that this does NOT constitute legal advice and Adult Foster Care Homes and other contracted providers should contact their own legal counsel regarding this matter.

Durable Power of Attorney for Health Care (DPAHC):

Also known as a health care proxy, a document in which individual delegates to another person, the patient advocate, the power to make medical treatment and related personal care and custody decisions for them. This form of an advance directive is fully recognized by Michigan courts.

Living will:

A type of advance directive not legally binding in Michigan. A living will allow an individual to specify what type of treatment they do or do not want at a future date in the event they are unable to participate in their health care decisions. A living will does not designate a patient advocate.

Patient Advocate:

A surrogate designated by a competent adult to make health care decisions on his or her behalf in the event of losing decision-making capacity. The term applies to a person appointed in a Durable Power of Attorney for Healthcare by a presumed competent adult. The Patient Advocate may also be known as the 'agent' or 'proxy.'

<u>Psychiatric Advance Directive (PAD):</u> This document may also be known as an Advance Psychiatric Directive. These documents are like Living Wills. These documents are not legally recognized in Michigan – unless they also appoint a patient advocate.

References:

Michigan Patient Self-Determination Act, Michigan Law PA of 312 of 1990:

This allows Michigan citizens to establish a Durable Power of Attorney for Health Care in the event a citizen becomes unable to make those decisions.

Michigan Do-Not-Resuscitate Procedure Act (Public Act 193 of 1996):

This authorizes Michigan residents to execute orders instructing primarily Emergency Medical Technicians (EMTs) not to resuscitate them if their heart or respiratory functions stop working. This Act responds to concerns of persons in the latter stages of a serious or terminal illness who have chosen to live out their final days at home or in a hospice.

Patient Self-Determination Act (PSDA):

Effective December 1, 1991, as an amendment to the Omnibus Budget Reconciliation Act of 1990. The PDSA requires many Medicare and Medicaid providers to give adult individuals, at the time of inpatient admission or enrollment, certain information about their rights under state laws governing advance directives, including: (1) the right to participate in and direct their own health care decisions; (2) the right to accept or refuse medical or surgical treatment; (3) the right to prepare an advance directive; (4) information on the provider's policies that govern the utilization of these rights. The act also prohibits institutions from discriminating against a patient who does not have an advance directive. The PSDA further requires institutions to document patient information and provide ongoing community education on advance directives.

State of Michigan Attorney General Opinion No. 7056 opinion that a guardian of a developmentally disabled adult who is not of sound mind lacks authority under the patient Advocate Act to sign a designation of patient advocate on behalf of the ward. In addition, a guardian of a developmentally disabled adult who is not of sound mind lacks authority under the Michigan Do-Not-Resuscitate Procedure Act to sign a do-not-resuscitate order on behalf of the ward.

State of Michigan Attorney General Opinion No. 7009 opinion that the Michigan Do-Not-Resuscitate Act does not authorize a do-not-resuscitate order executed by a person under 18 years of age, or by a patient advocate for a person under 18 years of age.

<u>State of Michigan Attorney General Opinion No. 6986</u> opinion that the Adult Foster Care Facility Licensing Act does not require that an adult foster care facility resuscitate its resident whose heart and breathing have stopped and who has executed a valid do-not-resuscitate order pursuant to the Michigan Do-Not-Resuscitate Procedure Act.

<u>Advance Directive for Mental Health Care</u> Planning for Mental Health Care in the Event of Loss of Decision-Making Ability

Exhibits:

Exhibit A - SCCMHA Fact Sheet regarding Michigan's Do-Not-Resuscitate Procedure Act Exhibit B - SCCMHA Advanced Directive Acknowledgement

Procedure:

	ACTION		RESPONSIBILITY
1.	SCCMHA will maintain	1.	Compliance Officer
	current information regarding		
	SCCMHA's legal obligations		
2	related to Advance Directives.	_	T . 1 . C CC
2.	SCCMHA (PIHP) will provide	2.	Intake Staff
	adult beneficiaries who receive		
	services (by or through SCCMHA as the PIHP) with		
	written information on advance		
	directives at the time of their		
	intake with SCCMHA, unless		
	the individual is unconscious,		
	temporarily unable to provide		
	informed consent, or unable to		
	receive the necessary		
	information.		
3.	Regarding individuals, who are	3.	Intake Staff, Primary Worker
	unconscious, are temporarily		
	unable to provide informed		
	consent, or unable to receive the above referenced		
	information, arrangements will be made to provide the		
	information to the individual		
	when the circumstances		
	change.		
4.	The written information	4.	Compliance Officer, Supervisor of
	provided to adult beneficiaries		Customer Service
	will include a description of		
	Michigan law and their rights		
	under Michigan law.		
5.	The annulles's reserve	_	Intake Staff
5.	The enrollee's response whether to execute an advance	5.	Intake Staff
	directive will be documented		
	directive will be documented		
		I	

- in the individual's medical record.
- 6. SCCMHA will provide for the education of staff concerning the policies and procedures related to advance directives.
- 7. SCCMHA will provide information to the community regarding advance directives.
- 8. Enrollees will be informed that complaints concerning non-compliance with the advance directive may be filed with the SCCMHA Office of Recipient Rights or the SCCMHA Office of Regulatory Compliance.
- 9. Community Ties staff and Residential setting providers should make reasonable efforts to be aware of Advance Directives or Do Not Resuscitate Orders for consumers under their care, as well as the contents of the Advance Directive or Do-Not-Resuscitate Order. Individuals with valid DNR orders should be encouraged to wear a bracelet identifying their desires.

- 6. Compliance Officer Customer Services, Clinical Supervisors
- 7. Compliance Officer, Supervisor of Customer Service
- 8. Compliance Officer, Supervisor of Customer Service
- 9. Community Ties Staff, Residential setting staff



SCCMHA Fact Sheet Michigan's Do-Not-Resuscitate Procedure Act

What is an "advance directive?"

An advance directive is a written document in which a consumer specifies the type of medical care they want in the future, or who they want to make decisions for them should they lose the ability to make decisions for themselves.

What is A *Do-Not-Resuscitate Order*?

A Do-Not-Resuscitate Order, also known as a 'DNR," is a specific kind of Advance Directive. Some people do not want any special efforts made to prolong their life. The State of Michigan provides guidance in this area under the *Michigan Do-Not-Resuscitate Procedure Act* (MDNRPA). Under Michigan law people may choose to sign a DNR. The DNR Order may direct that if a patient "suffers cessation of both spontaneous respiration and circulation in a setting outside of a hospital, a nursing home, or a mental health facility owned or operated by the Department of Community Health, no resuscitation will be initiated." In other words, the order provides directions to health care professionals regarding the consumer's wishes for medical treatment when death is imminent or during a terminal illness.

Who May Complete a Do-Not-Resuscitate Form?

A competent adult who has discussed the issue with his or her physician may complete a DNR Order. "A competent adult" is someone over the age of 18, and who is of sound mind. The physician must also sign the order. People whose religion opposes medical treatment do not need a doctor's signature.

Where are the DNR forms found?

The forms are available from most hospices.

What happens to the form after it is signed?

The form should be placed in a visible place. The consumer should tell their family or friends that they have signed a do-not-resuscitate order, and where it can be found. The consumer may also choose to wear a do-not-resuscitate bracelet.

Can a consumer be forced to sign a Do-Not-Resuscitate Order?

Absolutely not. No one may require it as a condition for care or treatment.

Can a consumer change their mind after the form is signed?

Yes. The form may be canceled at any time by any means of communication possible.

Will the consumer's insurance coverage be affected if they sign a DNR Order?

No. The law says that an insurance provider cannot change, stop, refuse to renew, or invoke a suicide exemption or exclusion.

Have Do-Not-Resuscitate Orders changed?

Yes. Before, they applied only in health care facilities such as hospitals. They did not cover people outside of these facilities, such as terminally ill patients at home. Licensed health care professionals were required to try and revive anyone who had no heartbeat or sign of breathing.

Under current state law, a do-no-resuscitate order is valid outside of a health care facility. A specific bracelet may be worn to signal that an order has been signed. When a valid order is present or the bracelet is worn, an emergency responder cannot start resuscitation.

Is an adult foster care facility required to resuscitate a resident whose heart and breathing have stopped and who has executed a valid do-not-resuscitate order?

According to Michigan Attorney General Opinion No 6986, the "Adult Foster Care Facility Licensing Act does not require that an adult foster care facility resuscitate its resident whose heart and breathing have stopped and who has executed a valid do-not-resuscitate order pursuant to the Michigan Do-Not-Resuscitate Procedure Act."

In accordance with the Act, Michigan Attorney General Opinions, the Michigan Assisted Living Association, and SCCMHA, an adult foster care home, which has a resident that has signed a valid DNR Order, may honor the DNR Order. However, the home must still contact the local EMS and have a copy of the order available when EMS arrives.

What effect does a DNR Order have in an AFC Hospice situation?

An adult foster care home which has a resident that has signed a valid DNR order and is in a licensed hospice program, does not need to contact the local EMS. However, the home is required to contact the licensed hospice program when the resident suffers cessation of both spontaneous respiration and circulation.

Is a Provider subject to criminal or civil liability for following a DNR Order?

When there is a valid DNR Order, a person or organization is not subject to civil or criminal liability for withholding resuscitative procedures from the declarant in accordance with this law.

Information for this Fact Sheet is derived from, and additional information may be found at, the following sources: Michigan Attorney General Opinions 6986, 7009, and 7056.

http://www.michigan.gov/mdch/0,1607,7-132-2940 3183 4895-19875--,00.html

http://www.med.umich.edu/1libr/aha/umlegal05.htm

http://www.michbar.org/elderlaw/adpamphlet.cfm

A Product of the SCCMHA Compliance Office August 2015 March 2017 Exhibit B



Advance Directive Acknowledgement

Making choices is an important part of our lives. Health care choices are especially important. Some day you may not be able to communicate what your health care choices are. Someone may have to make health care choices for you. An **Advance Directive** is a way to describe the choices you want made in the future. There are three types of Advance Directives.

- 1. A durable power of attorney for health care lets you appoint a patient advocate. Your patient advocate will make health care choices for you if you are not able to make them for yourself. Your patient advocate can make treatment and placement decisions for you. You can describe your choices in writing.
- 2. A **do-not-resuscitate order (DNR)** is a special advance directive. A DNR describes the medical services you choose to receive when you are terminally ill and in the final stages of life.
- 3. A **living will** tell health care providers and the courts about your health care choices. Living wills usually deal with specific situations. Living wills may not be very helpful in all situations. Michigan courts may look at a living will. But the courts do not have to follow what a living will says.
 - * SCCMHA Customer Services has more information about advance directives. You can contact Customer Services at 797-3467.
 - * The choice to write an advance directive is completely up to you. The services SCCMHA provides will not be changed by your choice about an advance directive.
 - * If you create an advance directive, you should give a copy to SCCMHA. We will put it in your medical record.

Signed	Date
	, is unable to understand this information about advance directives at on this material when the consumer is able to understand the content.
SCCMHA Staff	Date

	Policy and Procedure Manu	al
Sagina	w County Community Mental He	alth Authority
Subject: Medication	Chapter: 03-	Subject No : 03.02.20
Review	Continuum of Care	
Effective Date:	Date of Review/Revision:	Approved By:
10/1/08	4/30/12, 5/8/13, 6/9/14, 4/7/15,	Sandra M. Lindsey, CEO
	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, 9/14/22	Responsible Director:
	Supersedes: Medication	Chief of Health Services &
	Reviews	Integrated Care
		Authored By: Barbara
		Glassheim
SACI	NAW COUNTY	Additional Reviewers:
	COMMUNITY MENTAL	SCCMHA Medical Director,
HEA	TH AUTHORITY	Service Management Team

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.

<u>Allergic Reaction:</u> 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.

<u>Allergy:</u> A hypersensitive state acquired through exposure to a particular allergen, reexposure 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.

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

<u>Health or Safety Concern</u>: 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 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.

<u>Licensed Practical Nurse (LPN):</u> 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.

<u>Medical Assistant (MA):</u> 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.

<u>Medication Check:</u> 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.

<u>Medication Reconciliation:</u> 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.

<u>Nurse Practitioner (NP):</u> 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.).

<u>Psychiatrist:</u> 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

<u>Wellness:</u> A proactive approach to health promotion that encourages positive health behaviors and increases awareness of potential health risks through education.

References:

- 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 03.02.38 Prescription Monitoring Program Compliance
- E. SCCMHA Policy 09.09.04.05 AIMS Testing
- F. SCCMHA Policy 09.06.04.06 Medication Reviews by Non-Physician Health Care Professionals
- G. SCCMHA Policy 09.06.04.08 Consent to Treat with Medications
- H. SCCMHA Policy 03.02.49.01 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 potential for pregnancy), other prescription	Designated Medication Reviewer (RN/LPN/PA/NP/MA/licensed pharmacist)

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.

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.

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.

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.

Interdisciplinary Team Member

Psychiatrist or Designated Licensed Practitioner

Psychiatrist or Designated Licensed Medication Reviewer

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.

Psychiatrist

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.

Follows up with additional medication education, medication consents, laboratory orders, vital signs, weight.

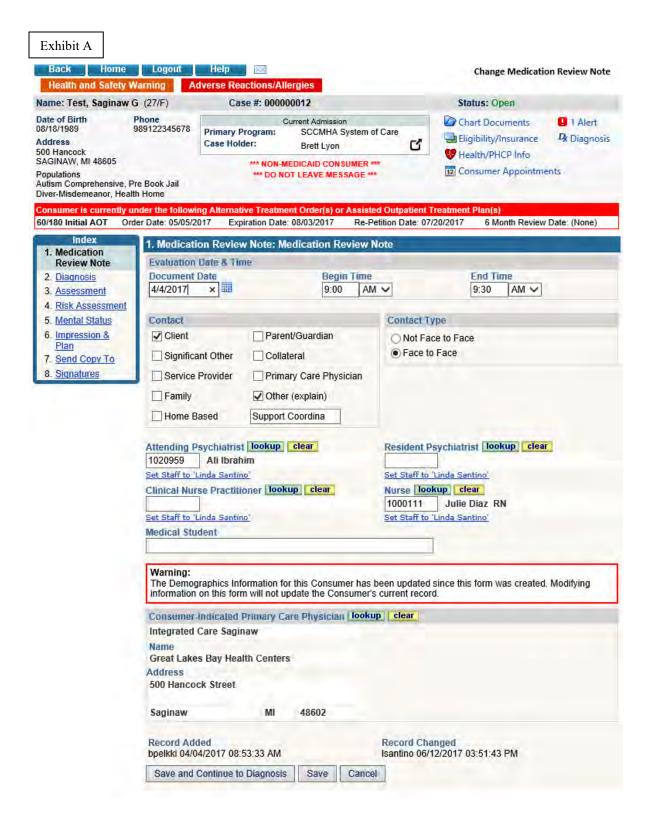
Document this follow-up in the electronic health record.

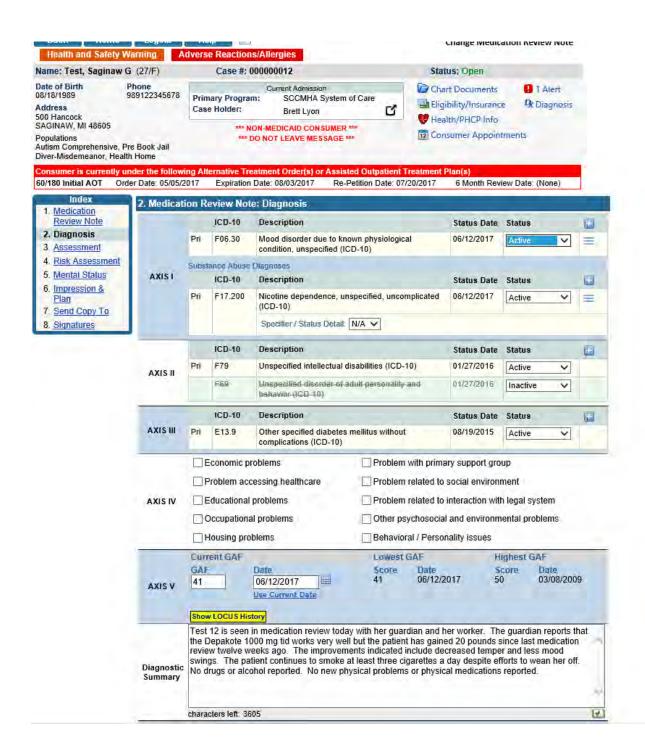
If an ordered laboratory report has not been received within 30 days, enters a Chart Note that the lab has not been received. Notifies the Case Holder to read the progress note that the laboratory report has not been received using the "sent copy to" function in the electronic health record progress note.

After reviewing the record, contacts the consumer to offer means of assistance in obtaining necessary laboratory reports.

RN/LPN/MA

Case Holder





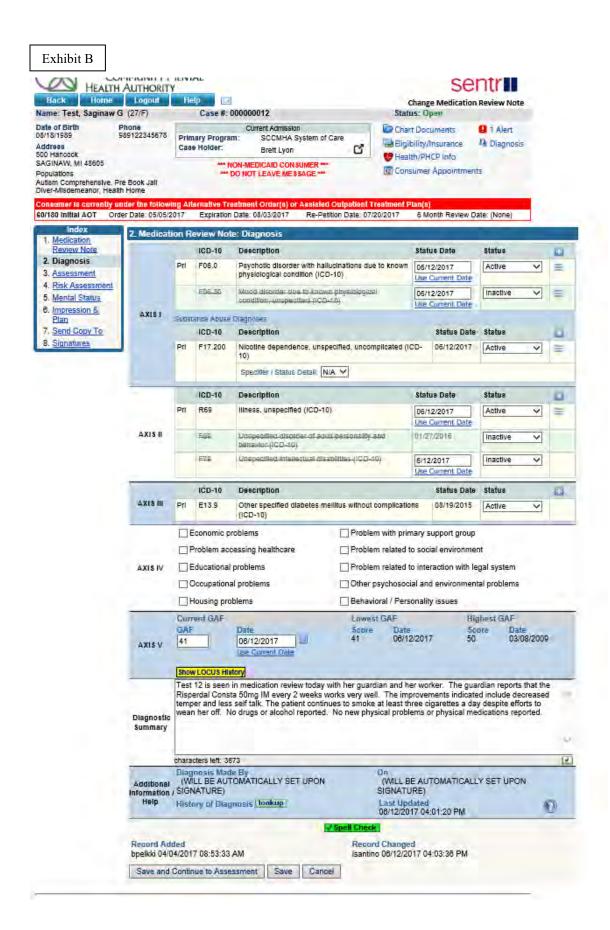


Exhibit C

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 Pressur e and Heart Rate	BMI and Waist Circumfer ence every visit	AIMS Test Require d every 3 months	Drug level	EKG	CBC /w diff	Lipid Profile overnight fasting	UA	TSH, T3, T4	Vitami n D level	Electrolytes/ Creatinine	Hgb A1C	Hepatic Function Panel	Other Laborat ory 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 pressur e and heart rate at baselin e, after dose increas e, then periodi cally	Height & weight in pediatric age group at baseline, then periodical ly												
Amitriptyline/E lavil	Blood Pressur e and Pulse in Pediatri c patients if dose is greater than 3 mg/kg/ day for childre n	X		q 3 months, after stable then Annual or PRN if concerns develop	Baseline then Annual									
Ativan													If prolonge d treatment	

Buspar/ buspirone	X													
Catapress/ Clonidine		х		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 Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests
Celexa					If does is greater than 40 mg per day. Also, if patient is a risk of prolongati on.									
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		Prolacti n Level if with menstru al irregula rity, cessatio n of Menses , breast tendern ess / enlarge ment, breast dischar ge or lactatin g

Concerta	Blood pressur e and heart rate at baselin e, after dose increas e, then periodi cally	Height & weight in pediatric age group at baseline, then periodical ly				CBC w/ diff,,Platelet annually if prolonged treatment								
Cymbalta	At baselin e and periodi cally										Creatinine at baseline			
Dalmane/ flurazepam													Liver function test if prolonge d treatment	
	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry 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	Ammo nia level when change in Mental status Pregna ncy test if of
														childbe aring years or risk of

														pregnan cy
Doxepin	X													-5/
Effexor	Blood pressur e monito ring regularl y										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 periodical ly		
	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests
fluphenazine						CBC frequently during initial treatment if with preexisting leukopenia or neutropenia history					BUN and Creatinine		Liver function tests as needed	Ophth almolo gy exams if prolon ged

														treatm
														ent
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											Prolacti n Level if with menstru al irregula rity, cessatio n of Menses , breast tendern ess / enlarge ment, breast dischar ge or lactatin g
Intune/ Tenex/ Guanfacine	Baselin e and after dose increas e	X			If there is a family history or consumer notes cardiac complaint s	Annual	Annual	Annua 1	Annual		Annual	Annual	Annual	
	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests

Invega / Paliperidone (Sustenna/ Trinza – IM long acting)		X	Х				q 6 months, After stable then Annual or PRN			Creatinine at baseline	Baseline and q 3 months		
KapVay	Baselin e and after each dose increas e and periodi cally	X								Creatinine at baseline			
Klonopin												If long term treatment	
Lamictal										Creatinine at baseline			Ophthal mology exams if prolong ed treatme nt
Latuda										Creatinine at baseline	Baseline if diabetic risk factors		
Lithium/ Eskalith/ Lithobid		Х	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 month s, After stable then q 6 month s	TSH Annual	q 6 months, After stable then Annual or PRN			Pregna ncy test if of childbe aring years or risk of pregnan cy
Loxitane/ Loxapine		X	X			Baseline						Baseline	

	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests
Luvox/ fluvoxamine	X													
Mellaril/ Thioridazine		х	X		Baseline and Annual						Potassium at baseline and every dose change then periodically			
Moban/ Molindone		X	X											
Neurontin/ Gabapentin		Х						Baseli ne			Creatinine at baseline q 6 months			
Orap/ Pimozide		X	X		Baseline and periodical ly						Potassium at baseline and periodically			
Paxil											Creatinine at baseline			
Pristiq	Blood Pressur e	Х					Baseline				Creatinine at baseline			
Prolixin Decanoate/ Fluphenazine		X	X								BUN and Creatinine at baseline		Baseline	Prolacti n Level if with menstru al irregula rity, cessatio n of Menses , breast tendern ess / enlarge

														ment, breast dischar ge or lactatin g
	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests
Quillivant XR Methylpheniod ate	Blood Pressu re and heart rate at baseli ne and after dose increa se then period ically.	Height and Weight in pediatric patients at baseline and periodica lly				CBC with Diff and platelet count annually if prolonged treatment.								
Remeron/ mitazapine	X													
Rexulti/ Brexpiprazole	Blood Pressur e and heart rate at baselin e and periodi cally		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		Prolacti n Level if with menstru al irregula

														rity, cessatio n of Menses , breast tendern ess / enlarge ment, breast dischar ge or lactatin g
	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests
Ritalin	Blood Pressu re and heart rate at baseli ne and after dose increa se then period ically.	Height and Weight in pediatric patients at baseline and periodica lly				CBC with Diff and platelet count annually if prolonged treatment.								
Saphris/ Asenapine		X	X									Baseline if presents with diabetes risk factor then periodical ly	Baseline	

Seroquel/ Quetiapine	Baseli ne in childre n and adoles cents then period ically (hypot ension)	X	X				Baseline, q 6 months After stable then Annual or PRN					Baseline and q 3 months		
Straterra	In pediatri c patients at baselin e, after dose increas e, and periodi cally	х										q 6 months. and PRN if GI Distress or itching		
Symmetrel	Blood	BMI and	AIMS	Drug level	EKG	CBC /w diff	Lipid Profile	UA	TSH, T3,	Vitamin	Creatinine at baseline	Hgb A1C	Hepatic	Dermat ologic exams as needed Other
	Pressur e and Heart Rate	Waist Circumfere nce every visit	Test Require d every 3 months				overnight fasting		T4	D level	Creatinine		Function Panel	Laborato ry 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	Baseli ne			BUN at baseline		Baseline	Pregna ncy test if of childbe aring years or risk of pregnan cy

Thorazine						CBC frequently during initial treatment if pre- existing leukopenia or if drug induced leukopenia/ neutropenia history								Ophth almolo gy exams if prolon ged treatm ent
Topamax/ Topiramate	Baselin e and periodi cally	Х									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.								Ophth almolo gy exams if prolon ged treatm ent
	Blood Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests
Trileptal/ Oxcarbazepine		X									Creatinine and Sodium at baseline and q 6 months			

Trintellix/ Vortioxetine														Monit or for worse ning of depres sion/s uicidal ity
Valium													Liver Function tests if prolonge d treatment	
Viibryd/ Vilazodone														Monit or for worse ning of depres sion/s uicidal ity
Vistaril											Creatinine at baseline			
Vraylar/ Cariprazine	Blood Pressur e 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 Pressur e and Heart Rate	BMI and Waist Circumfere nce every visit	AIMS Test Require d 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 Laborato ry Tests

Vyvanse	Blood Pressur e and Heart Rate			Х						
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 significa nt 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.

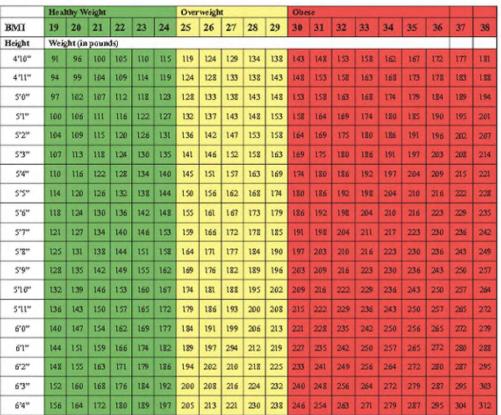
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Exhibit E









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."

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

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:
 - 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.

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unty Community Mental He Chapter: 03 - Continuum of Care	Subject No: 03.02.29		
Date of Review/Revision: 5/5/16, 3/14/17, 5/14/18, 9/10/19, 12/8/20, 9/23/21, 10/11/22 Supersedes:	Approved By: Sandra M. Lindsey, CEO		
DUNTY INITY MENTAL THORITY	Responsible Director: Chief of Network Business Operations Authored By: Chief Of Network Business Operations, Manager of Utilization Care Authorizations, Director of Network Services, Public Policy and Continuing Education, , Executive Director of Clinical Services Additional Reviewers:		
	Chapter: 03 - Continuum of Care Date of Review/Revision: 5/5/16, 3/14/17, 5/14/18, 9/10/19, 12/8/20, 9/23/21, 10/11/22 Supersedes:		

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 Community 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 reengagement 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:

<u>Case Holder:</u> 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.

<u>Program:</u> 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

ACTION

- D. SCCMHA Procedure 09.03.05.02 Critical Incident Processing & Review
- E. SCCMHA Policy 05.04.02 Member Enrollment, Transfer/Discharge, Quality Data and Case Service Status

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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	Case Holder and Case Manager Supervisor

consumer in the electronic health record (Sentri).

Enter into electronic medical record (Sentri) the reason for Closure/Discharge which include:

Reason for Discharge

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): Case Holder and Case Manager Supervisor





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, administrered 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:

00/21/2021 Page 1 of 4

- · 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:

Saginav

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.

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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).

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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.

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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

Client Name			Client Telephone No.	Client S	ocial Security No
Client Address	(No. and Street, A	pt. No.)		Medicai	d ID No.
City	State	Zip Code	Client or Legal Guardian Signatu		Date
	What agency took the action or made the decision that you are appealing? Ma attach a copy of the letter from the agency that told the client about their decis				Client MDHHS Case No.
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DCH-0092-MOAHR (Rev. 7-19)

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 -833-877 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)	رەھەتى: ىمى ئېسلەق چە ھەدىھىلەق لىقتى ئىلەقەتى، ھى بىلەق دەخلىلەق بىلىخىلى دەنىدىلەت دائقتى ھۆتتىبىلە. ھەق خلەھىتتى (TTY 711) 877-833-877
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 ১-৪77-৪33-0870 (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
 - o 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	Chapter: 03 -	Subject No : 03.02.30		
Psychotropic Medications	Continuum of Care			
in Mental Health Settings				
Effective Date:	Date of Review/Revision:	Approved By:		
1/21/16	3/15/17, 7/28/17, 3/1/18,	Sandra M. Lindsey, CEO		
	6/12/19, 12/10/20,			
	4/26/2021, 9/3/21, 9/14/22			
	Supersedes:			
		Responsible Director:		
		Chief of Health Services &		
		Integrated Care		
		Authored By: Barbara		
		Glassheim		
SAGINAW C	OUNTY ——— UNITY MENTAL	Additional Reviewers:		
HEALTH AU		SCCMHA Medical		
		Director, SCCMHA BTC		
		Chair		

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 wellbeing.
 - 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.
 - 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.

<u>Allergy:</u> A hypersensitive state acquired through exposure to a particular allergen, reexposure 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.

<u>Case Holder:</u> The designated staff member responsible for assuring assessment, personcentered plan, monitoring, etc., occurs in accordance with SCCMHA policy.

<u>Health or Safety Concern</u>: 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.

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

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

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

<u>Registered Nurse (RN):</u> 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.

<u>Nurse Practitioner (NP):</u> 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.

<u>Physician Assistant (PA):</u> 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).

<u>Psychiatrist:</u> A licensed physician a MD or DO degree, appropriate residency training and certificate of completion.

<u>Wellness:</u> 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_B ehavior 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

Procedure:

None

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. Check **Insert Date** Before implementing a Positive Support Plan, please review the following: Box 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: o Escape: o Attention: o Tangible: When was last appointment with Primary Care Physician? o What was outcome of appointment? o Labs - when completed last? Schedule an appointment for Primary Care Physician to rule out Medical **Nurse Assessment:** o Rule out change in physical health Once Medical has been ruled out - Implement ABC chart(s) for recurring behavior(s) of concern OT Assessment:

o Rule out Sensory

o Rules out environment causes to behavior

Revised 5/13/2021

Prepare a Positive Support Plan (if needed, request Psychological Consultation)		
Prepare a Positive Support Plan (if needed, request Psychological Consultation) Request Functional Behavioral Assessment (if restrictive or intrusive interventions are needed) 🗆	
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		
Once all the above have been ruled out and ABC charts have been collected:		
Evidence of prior interventions for challenging behavior (list):		
Rule out communication barrier		
Rule out swallowing disorder		
 Improve on speech and ability to understand & express language, including nonvel language 	erbal	
Speech Assessment:		
Rule out need of modification of diet		
Dietary Assessment:		
 Assist with improving/enhancing body mechanics 		
 Exercises and equipment to help regain or improve physical ability 		



☐ 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.

Revised 5/25/2021

rescriber Feedback on PRN	and/or Medication(s):	
		of medications, are ≤ standard dosages for optimum being prescribed to address specific diagnoses consistent
☐Attempts to lower the currently at an acceptable		e occurred in the past and I have determined they are
☐Consumer is currently	undergoing medication t	titration
☐Medications will be re below)	duced in number to elim	inate multiple classes (list medications to be phased out
□PRN medications for b	ehavior have been revie	wed any changes have noted below
rescriber Comments: Click o	or tap here to enter text.	
Click or tap here to enter text		edications that are NOT diagnosis specific:
Click or tap here to enter text		edications that are NOT diagnosis specific:
Click or tap here to enter textilick or tap here to enter textilick or tap to enter a date.		edications that are NOT diagnosis specific:
Click or tap here to enter textilized in the content of the conten		edications that are NOT diagnosis specific:
Click or tap here to enter text ick or tap to enter a date. X Prescriber Signature	t	
Click or tap here to enter text ick or tap to enter a date. X Prescriber Signature	ction below to be filled o	ut by BTC Chairperson/Designee:
Click or tap here to enter text lick or tap to enter a date. X Prescriber Signature	ction below to be filled on Acknowledged & Review	ut by BTC Chairperson/Designee: wed
Click or tap here to enter text ick or tap to enter a date. X Prescriber Signature Secuent to Recipient Rights:	ction below to be filled on Acknowledged & Review	ut by BTC Chairperson/Designee: wed
Click or tap here to enter text ick or tap to enter a date. X Prescriber Signature See Ent to Recipient Rights: TC Reviewed PRN and/or f Approved Rational indicating that this p	ction below to be filled on Acknowledged & Review Medication(s) on Click or Denied	ut by BTC Chairperson/Designee: wed tap to enter a date.

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	Short-term anxiety	Treatment of panic disorder,
valium (Diazepam)	relaxant/anticonvulsant	symptoms, relief of acute alcohol withdrawal, adjunct relief of acute musculoskeletal conditions, treatment of	short-term relief of spasticity in children with cerebral palsy, sedation for mechanically vented patients in ICU
		seizures	
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,	3.463544.61.	- moundation bodge	on labor odago
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	Treatment of alcohol abuse,
осіска (опаюргант)	Aithacpicssain	major depression	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 (Misterediae)	A satisface as a sect	Malandana di sadia	
Remeron (Mirtazapine)	Antidepressant	Major depressive disorder	
Trazodone (Oleptro)	Antidepressant	Major depressive disorder	Insomnia
Trintellix (Vortioxetine)	Antidepressants	Major depressive disorder	1000
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 tonicseizures, 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) Gabapentin (Neurontin)	Anticonvulsant Anticonvulsant, antineuralgic	Status epilepticus 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	Anxiety, status epilepticus, conscious sedation
		procedure or induction of	
		anesthesia, conscious	
		sedation before	
		diagnostic/radiographic procedure, acute tx of	
		seizure clusters	
Oxcarbazepine (Trileptal)	Anticonvulsant	Partial seizures in adults,	Tx of neuropathic pain,
executed control (Trispidi)	, www.asant	monotherapy in children 4	bipolar disorder
		years and older	
Perampanel (Fycompa)	Anticonvulsant	Tx seizures in adults and	Pain management
		children, partial onset	
		seizures that may or may	
		not develop into general	
		seizures who have	
Phenobarbital	Anticonvulsant	epilepsy Management of	Tx of alcohol withdrawal,
1 Heriobarbitai	Anticonvaisant	generalized tonic-clonic	sedative/hypnotic withdrawal
		(grand mal) seizures,	Sedative/Hypriotic withdrawai
		partial seizures, control of	
		acute seizure episodes	
		(status epilepticus)	
Phenytoin (Dilantin)	Anticonvulsant	Management of	Prevention of early post-
		generalized tonic-clonic	traumatic seizures following
		(grand mal) seizures,	traumatic brain injury
		partial seizures, status	
		epilepticus, prevention of seizures following head	
		trauma/neurosurgery	
Pregabalin (Lyrica)	Anticonvulsant, antineuralgic,	Adjunctive therapy in tx of	
Trogadam (Ejiloa)	analgesic	partial onset seizures,	
	Ŭ	management of	
		neuropathic pain	
		associated with diabetic	
		peripheral neuropathy or	
		spinal cord injury,	
		management of	
		postherpetic neuralgia, fibromyalgia	
Primidone (Mysoline)	Anticonvulsant	Management of	Tx essential tremor
Trimidone (iviyadiine)	, anticonvalsant	psychomotor, generalized	TA GOOGHIIGH IFOITION
		tonic-clonic (grand mal)	
		and focal seizures	
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,	Sleep initiation and	
,	sedative, hypnotic, and skeletal	maintenance disorders	
	muscle relaxant properties		
Lorazepam (Ativan)	Anxiolytic, sedative-hypnotic,	Anxiety disorders, short	Tx of alcohol withdrawal,
,	antiemetic, skeletal muscle	term relief of symptoms of	psychogenic catatonia, partial
	relaxant, amnesiac,	anxiety, anxiety	complex seizures, agitation,
	anticonvulsant, anti-tremor	associated with	antiemetic for chemotherapy,
		depressive symptoms,	rapid tranquilization of
		insomnia due to anxiety	agitated pt, status epilepticus
		or transient stress, status	
		epilepticus, sedation	
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	
2 1 (2)		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,	
wiitoxariii orie (Novariii orie)	Antitumor antibiotic	prostate cancer, certain	
		types of leukemia	
Natalizumab (Tysabri)	Monoclonal antibodies	Crohn's disease &	
Natalizariab (1 ysabri)	Widnesdia antibodies	multiple sclerosis	
Ocrelizumab (Ocrevus)	Monoclonal antibodies	Multiple sclerosis	
Peginterferon beta-1a (Plegridy)	Immunomodulators	Multiple sclerosis	
Siponimod (Mayzent)	Sphingosine I-phosphate	Multiple sclerosis	
	receptor	'	
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	Treatment of alcohol abuse,
. ,	,	major depression	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	Applicable 1.12	A seed a fee all and a fee	To shaded 90 to 1
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
	OldSSITICATION	seizures (petit mal) unresponsive to succinimides, tx panic disorder	Off fabor obage
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 Treatment ADHD, obsessive-
Effexor (Venlafaxine)	Antidepressant	Depression, generalized anxiety disorder, social anxiety disorder, panic disorder with or without agoraphobia	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
		3	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
Wedisation.		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 (lloperidone)	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,	Schizophrenia, Tourette's	Treatment of
	antidyskinetic	disorder, severe behavioral problems in	nonschizophrenia psychosis, psychosis, alcohol
		children with combative	dependence,
		explosive hyperexcitability	psychosis/agitation related to
		without immediate	Alzheimer's dementia,
		provocation, management	emergency sedation of
		of psychotic disorder, short-term of hyperactive	severely agitation/psychotic pts
		children	μις
Invega (Paliperidone)	Atypical antipsychotic	Treatment of	Treatment of irritability
		schizophrenia and	associated with autism
		schizoaffective disorder	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	Tx of irritability with
	,	agitation associated with	adolescents with Autism as
		schizophrenia or bipolar I	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	Schizophrenia and	
Numberial (Discouragesis)	thioxanthene series	psychosis with bipolar	Dalag raggarahad far
Nuplazid (Pimavanserin)	Atypical antipsychotic	Tx of Parkinson's disease psychosis	Being researched for treatment of Alzheimer's
		psychosis	disease psychosis,
			schizophrenia, agitation, and
			major depressive disorder
Prolixin (Fluphenazine)	Antipsychotic (1st generation)	Schizophrenia,	Manage chronic tic disorders
		management of	and Huntington disease for
		manifestations of psychotic disorders	control of abnormal movements and chorea
Rexulti (Brexpiprazole)	Atypical antipsychotic	Schizophrenia	Borderline personality
	, p	depression, adjunctive	disorder, bipolar disorder
		treatment for depression	'

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		
	inty Community Mental Hea	
Subject: Genoa Healthcare	Chapter: 03 – Continuum	Subject No : 03.02.32
Company Medication	of Care	
Drop Program for Adults		
Effective Date :	Date of Review/Revision:	Approved By:
5/26/16	8/1/18, 5/31/19, 6/1/20, 9/23/22	Sandra M. Lindsey, CEO
	Supersedes:	Responsible Director: Network Services, Public
		Policy & Continuing
		Education
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Allison Kalmes, Monique Taylor-Whitson, Diane Cranston - (Genoa Healthcare)
		Reviewed By:
		None

Purpose:

The purpose of this policy is to discuss the uses, benefits, and requirements for the Medication Drop Program (MDP) offered by Genoa Healthcare Company located in Saginaw, Michigan.

The goal of the Medication Drop program offered by Genoa Healthcare is to improve medication adherence through the observation related to a client's self-administration of his/her medication leading to the consumer being able to take their medications independently, as prescribed. This goal is achieved by the MDP staff educating the consumer about their medications; and assisting the consumer to identify and implement organizational strategies to remember to take their medications as prescribed. Thus, resulting in a decrease in the consumer's symptoms and an improved quality of life.

Application:

This policy shall apply to all consumers of the SCCMHA network.

Policy:

The Medication Drop Program (MDP) offered by Genoa Healthcare Company, located in Saginaw, Michigan is meant to provide consumers with a history of medication non-adherence the practice and skills to be able to take their medication independently, as prescribed. Thus, resulting in decreased symptoms, improved quality of life, and the ability to live independently in the community. These skills include learning how and

when to take the medications, the names and purposes of the medications, and side effects of the medications including a reaction to environmental factors such as foods or sunlight.

This policy applies to consumers who have been diagnosed with a serious mental illness or a developmental disability.

The goal is achieved by the MDP Treatment Team (consumer, MDP staff, MDP Coordinator, Genoa Pharmacist, Primary Case Holder, Treating Prescriber and Guardian) helping the consumer to identify and implement organizational strategies to take their medications as prescribed on a consistent basis.

The program consists of four (4) components: Program Orientation Session (Intake) conducted by the MDP Coordinator employed by Genoa. Medication drop (medication delivery) provided by the MDP Staff. Medication and organizational strategy education provided by the MDP staff and Genoa Pharmacist Care coordination provided by the MDP Coordinator employed by Genoa.

The medication drop component consists of the MDP staff dropping medications to a consumer at an agreed upon time and location. MDP staff will drop medications at the frequency determined by the MDP Treatment Team and approved by the Treating Prescriber, but no more than two times per day. With the approval of the Treating Prescriber, dosages which are to be taken midday and bedtime will be left with the consumer. Medication drop times are typically from 8:00am to 11:30 AM and 5:00 PM to 8:30 PM 365 days per year. MDP staff are to observe the consumer self-administering their medications; ask how the consumer is feeling, if the consumer is experiencing any side effects, and if the consumer has any medication concerns. The MDP staff will also observe and note if there are any changes in the consumer's speech, physical appearance, or mood. During the drop, the MDP staff will provide medication education and discuss organizational strategies that the consumer can use to remember to take medications that are left with them. Daily medication drops will be documented by MDP staff in the Sentri 2 electronic system detailing the above information.

Standards:

- The MDP shall be used to assist consumers with the transition from daily medication deliveries to taking their medication independently.
- The option to participate in the MDP will be based upon the consumer's acceptance to do so.
- The use of the MDP should be considered the least restrictive means of ensuring medication adherence for consumers participating in the program.
- Only consumers meeting the requirements determined by Genoa Healthcare will be eligible to receive services through the MDP Individuals who may be eligible for the MDP include consumers who:
 - o are exiting an inpatient hospital or crisis home setting,
 - o have an Alternative Outpatient Treatment (AOT) Order mandating medication compliance,

- o have been recommended for long-acting injectable medications, but have declined and prefer oral medications instead.
- o are transitioning from a supervised setting (such as a general Adult Foster Care (AFC) Home or Licensed Specialized Residential Home) to an independent living setting,
- o are living independently with a history of medication non-adherence, and/or
- o are participating in Saginaw County's Mental Health Court.
- In order to receive services through the Medication Drop Program, a referral form must be completed, an authorization must be in place, and the referral source and MDP Coordinator complete the Assessment of Client's Medication Assistance Needs (Exhibit F).
- Within one business day of receiving a completed referral and current authorization for services, the MDP Coordinator will contact the referral source to complete the Assessment of Client's Medication Assistance Needs (Exhibit F). After the completion of the Assessment of the Client's Medication Assistance Needs, the Primary Case holder, typically the case manager, will contact the consumer to schedule the Program Orientation Session with the MDP Coordinator. Within one business day of completion of the Assessment of Client's Medication Assistance Needs, the MDS Coordinator will contact the consumer regarding the completion of the Program Orientation Session, which will include the following:
 - o explanation of the program,
 - o completion of program consents, medication reconciliation activities, and Genoa Healthcare Medication Adherence Questionnaire (Exhibit D), which is the consumer's self-report of his/her medication adherence strengthening and risk factors
 - o development of treatment goal, objectives, and interventions for the Med Drop Program, which are then forwarded to the primary case holder within 14 calendar days of the Program Orientation Session
 - o provide the initial medication education to the consumer including classification of clients by their medication assistance/medication assistance needs (see exhibits F and G)
 - o determine the start date of the medication drops.
- Once an authorization has been put into place, the consumer's primary case holder will update the individual plan of service to reflect the consumer's participation in the MDP, including the benefits and desired outcome from utilizing the program services.
- In order to participate in the program, a consumer must agree to utilize the Genoa Pharmacy embedded in SCCMHA 500 Hancock Facility for all their behavioral health medication and physical healthcare medication, if applicable.
- For consumers participating in the Med Drop Program, the MDP Coordinator, with input from the MDP staff, will complete the Genoa Healthcare MDP Monthly Treatment Review Form (Exhibit C) which is located under the "MDS Monthly Review Forms" section in Sentri 2. This completed document is

forwarded to the treating prescriber and primary case holder. This document represents a monthly progress report on the consumer's progress in the Med Drop Program. The document contains the following information:

- o number of months the consumer has been in the program
- o number of days the consumer was in the psychiatric hospital, medical hospital, jail, or crisis home during the month
- o consumer's adherence rate for the month and how this compares to the prior month
- o consumer's medication adherence strengthening and risk factors; consumer's medication knowledge; and the organizational strategies that the consumer is implementing to remember to take his/her medications
- o consumer's progress on his/her MDP Treatment Goal
- o consumer's readiness to decrease the frequency of his/her medication drops and move toward taking his medications independently
- A consumer may remain in the program for an extended period of time, depending on their progress. This will be determined by adherence in the program which is defined as:
 - o Full adherence consumer taking his/her medications 80% or more of the available days while in the program.
 - o Partial Adherence consumer taking his/her medications 60% to 79% of the available days while in the program.
 - o Non-Adherence consumer taking his/her medications 59% or less of the available days while in the program.
- A consumer may remain in the program for an extended period of time, depending on their medication assistance need factors that include:
 - o Co-occurring Disorder /Substance Use
 - o Risk for Adult Foster Care Placement
 - o Active Clinical Symptoms
 - o Large Volume of Medications
 - o Reading or Writing Deficits
 - o Intellectual/ Developmental Disorder
 - o Physical Challenges such as vision loss and hearing loss
 - o Memory Problems
- A consumer will be discharged from the program based upon their progress and readiness to take medications independently, as prescribed.

Definitions:

<u>Independent Living with Community Living Supports (CLS)</u>: the least restrictive residential setting for consumers of SCCMHA, other than living alone without any supports, intended to assist consumers with gaining skills needed in order to live independently (See SCCMHA Policy 03.02.07B Residential Services – CLS and SIP)

References:

SCCMHA Policy 03.02.07B Residential Services – CLS and SIP

Exhibits:

Exhibit A: Genoa Healthcare Company - MD Program Overview

Exhibit B: Genoa Healthcare Company - MD Program Goal and Objectives

Exhibit C: Genoa Healthcare Company - MDP Monthly Review/MDP Treatment

Team Review Form

Exhibit D: Genoa Healthcare Company - Medication Adherence Questionnaire

Exhibit E: Genoa Healthcare Company – MD Program Referral Form
Exhibit F: Genoa Assessment of Client's Medication Assistance Needs
Exhibit G: Genoa Healthcare Company – Classification of Clients by their

Medication Assistance Needs

Procedure:

ACTION RESPONSIBILITY

Determine the least restrictive means of ensuring medication adherence for consumers living independently, in a Supported Independent Living Placement, or at home alone or with family.

Primary Case Holder

Complete authorization for Med Drop Program and attaches to completed Med Drop Program referral form (Exhibit E) for consumers who meet eligibility requirements and submit to MDP Coordinator.

Primary Case Holder Care Management

Update consumer's individual plan of service to reflect consumer's participation in the MDP including the benefits and desired outcome from utilizing the program services.

Primary Case Holder

Complete Assessment of Client's Medication
Assistance Needs (Exhibit F) with referral source and
Program Orientation Session with consumers who are

Program Orientation Session with consumers who are starting the Med Drop Program. Contact to the referral source should occur within one business day of the initial referral and authorization being submitted. Contact with consumer should occur within one business day of completion of Classification of Clients by their Medication Assistance Needs (Exhibit G). The orientation will include the following: explanation of the program; completion of program consents, a Medication Adherence Questionnaire (Exhibit D), and

medication reconciliation activities; development of treatment goal, objectives, and interventions for the MDP; providing initial medication education to the consumer and determining the start date of the

MDP Coordinator

medication drops. A Copy of the completed MDP Treatment Plan shall be forwarded to the primary case holder within 14 calendar days of the Program Orientation Session.

Complete monthly treatment review form (Exhibit C) available under the "MDS Monthly Review Forms" area in Sentri 2 for all consumers participating in the Med Drop Program. The MDP Coordinator completes the review form with input from the MDP Staff. The completed review is forwarded to the consumer's primary case holder (via Sentri II's "send copy to" functionality) and treating prescriber. This form contains the consumer's medication adherence rate and readiness to decrease his/her drop frequency.

Complete daily documentation in Sentri 2 system for all medication drop services that occur. This requires completing the MDS Progress Note in Sentri 2 which includes the success of the medication drop, consumer's orientation, mood, SI/HI/Psychosis Risk Factors, any health and safety concerns, and the provision of education; as well as, any concerns that the consumer shares with the MDP staff.

Monitor adherence to the MDP at least monthly and document by creating a Progress Note in the Sentri 2 system.

Attend medication reviews for consumers of the Med Drop Program whenever possible. Attendance should be documented on the MDP Monthly Review/MDS Treatment Review Form (Exhibit C) and forwarded to consumer's primary case holder.

MDP Coordinator

MDP Staff

Primary Case Holder

MDP Coordinator



MED DROP™ PROGRAM PROGRAM OVERVIEW

Program Philosophy:

The Med Drop ™Program is a Community Living Supports (CLS) based intervention that focuses on improving medication adherence through the observation related to a client's self-administration of his/her medication¹. The Med Drop Program was designed to fill "a gap" in the service array for all clients. This program assists clients in identifying and implementing strategies and skills to take their behavioral health medications as prescribed. If the client chooses, his/her physical health care medications can also be included in the program. This service is expected to improve the clients' overall mental health and daily functioning by improving the symptoms treated by their medications.

Target Population:

This program is designed for individuals who have chronic problems taking their medications in the prescribed manner. This non-adherence often results in more clinical symptoms, a more restrictive level of care, and a lesser quality of life.

The program can also be used for individuals who have never had the opportunity to demonstrate medication compliance due to their living situation (i.e. adult foster care) and there has been an assessed need for assistance in this domain. Participation and skill acquisition in this program can allow these individuals to move to a less restrictive setting if medications can be closely monitored until adherence and improved clinical response can be demonstrated.

Eligibility:

The following individuals are eligible for this service:

Adults diagnosed with a serious mental illness who reside in the designated service area; who currently receive psychiatric services from the designated Community Mental Health Provider and its Network of Providers; are chronically medication non-adherent, and one of the following are applicable:

- Are exiting an inpatient hospital setting
- Are exiting a crisis home setting
- Have an Alternative Outpatient Treatment (AOT) Order mandating medication compliance
- Are currently in an Assertive Community Treatment (ACT) or Integrated Dual Disorder Treatment (IDDT) Program but could benefit from a less restrictive service model
- Have been recommended for a long acting injectable, but has declined
- Are eligible or participate in a Supported Independent Living Program

- Are transitioning from a supervised setting to an independent living arrangement never having the opportunity to demonstrate medication compliance
- Are participating in the designated service area's Mental Health Court Program

In order to participate in this program, the individual must agree to utilize Genoa Healthcare Pharmacy for all of their behavioral health medications. If physical health care medications are included in the program, the individual must agree to use Genoa Healthcare Pharmacy for their physical health medications. Once the medications are dispensed by Genoa Healthcare Pharmacy, the Med Drop Pharm Tech is responsible for contacting the client's prescribers to obtain needed refills. Discussion of the program, its requirements, and the client's agreement with participation, should occur in the context of a person centered planning meeting process that involves other members of the client's treatment team, minimally the client's primary case manager or supports coordinator.

Program Description:

The goal of the Med Drop Program is to increase a client's skills so that he/she can become independent in taking his/her medications and have an improved quality of life. To assist a client clients in becoming independent in taking his/her medications, the program includes educating the client on the names of his/her medications, how and when to take the medications, the purpose of the medications, the side effects of the medications and possible interactions with other medications, or foods to avoid when taking the medications. The program also assists the client by helping him/her identify and implement organizational strategies to take his/her medications consistently. These strategies might include specialized packaging-DISPILL or Auto Med, using a medication box, setting alarms, etc.

It is the program's intent to move a client receiving daily medication drops to taking his/her medication independently on his/her own within 18 months. However, it is recognized that some clients may need to be in the program longer than 18 months. The recommendation for the length of time a client participates in the program will be made during the course of a person centered planning process, taking into account recommendations by the Medication Drop Program (MDP) Treatment Team which includes the treating prescriber, case manager/supports coordinator, MDP Staff, and MDP Coordinator. In order for this to be accomplished, the MDP Coordinator works in a coordinated manner with the case manager/supports coordinator and/or treating prescriber. This care coordination includes the Pharmacist, MDS Staff, MDP Coordinator, and case manager /supports coordinator working together to identify reasons for the client's medication non-adherence and communicating this information to the treating prescriber, especially if it has to do with side effects from the prescribed medications.

How quickly the client moves from Point A (daily med drop services) to Point B (independent, self-administration of their medication) is determined based upon the client's engagement in the med drop service and his/her other psychiatric/behavioral services as well as his/her clinical stability and day to day functioning.

The Med Drop Program consists of 4 components: Program Orientation Session, Medication Drop (Delivery) Service Component, Medication Education, and Care Coordination (Treatment Planning) Services Component.

Program Orientation Component

If the client is determined to be eligible for the program, within one (1) business day after the discussion with the client's case manager/support coordinator will contact the client to schedule the Med Drop Program Orientation Session. This session is scheduled at a date and time that is convenient for the client, client's case manager/supports coordinator (who is required to attend the session) and the MDP Coordinator. Based upon the client's preference/convenience, the program orientation session can occur at a location in the community or at the Genoa Healthcare Pharmacy.

At the program orientation session, the MDP Coordinator will explain the program, complete the program consents, complete the Medication Adherence Questionnaire (MAQ), review the Assessment of the Client's Medication Assistance Needs, review current demographic information, discuss the client's drop frequency, days and times of the drop, and drop start date. The MDP Coordinator will also perform medication reconciliation activities, and if necessary, contact the Med Drop Pharm Tech/Pharmacist from the field for medication reconciliation assistance. The MDP Coordinator will collaborate with the client on the development of a treatment goal, objectives, and interventions for the Med Drop Program. The MDP Coordinator will bill this session as a Program Orientation Session or the Initial Treatment Planning Session.

During the program orientation session, the MDP Coordinator will also offer the initial education regarding the client's medications that includes medication information sheets; information sheets for questions for the client to ask his/her treating prescriber, and a booklet on mental health medications in general.

Medication Drop (Delivery) Service Component

"Dropped" medications are prescribed by the client's Network Provider's Treating Prescriber. If the client chooses, his/her physical health medications can be included in the Med Drop. These medications are prescribed by the client's Primary Care Provider or Specialty Care Provider.

The MDP Staff provides the medication drop (delivery) service component. This component consists of dropping behavioral health medications, and physical medications if included in the program, to the client's residence/location in the designated service area at a regularly scheduled time. This time is based upon the client's address and where the address is placed on the route. There is an AM route which typically runs from 8:00 AM to 11:30 AM and a PM route which typically runs from 5:00 PM to 8:30 PM. The routes run 365 days per year. These home/community based drops can occur up to twice a day. If a client is prescribed medications that are to be taken three (3) of more times a day, the MDP Staff will leave dosages with the client to self-administer and the Treating Prescriber is notified.

The client's drop frequency is determined by the client's progress, client choice (unless a court order specifies a frequency and duration), treating prescriber, case manager and MDP Coordinator's input. Ultimately, the client's Treating Prescriber approves the drop frequency and any permanent changes in the client's drop frequency. Most clients will begin the Med Drop Program at one drop a day; however, a client can begin the program at a lower frequency such as 1 drop per week. It is expected that the client "step down" to lower drop frequencies as he/she moves through the program. How quickly the client "steps down" depends upon the client's engagement in the med drop program and his/her other psychiatric/behavioral services, his/her clinical stability, and day to day

functioning. The Treating Prescribe must approve "step downs." In turn, the MDP Coordinator coordinates "step down" dates with the MDP Staff.

If the client is not going to be available for a scheduled drop, the client is expected to contact the MDP Staff to arrange for an Leave of Absence (LOA). A LOA is a situation where the client requests that his/her medications be dropped at a prior drop because he/she is not going to be available at the schedule drop time. Examples of LOA situations are the client has a doctor appointment, is going on vacation, or is going to be visiting family/friends outside of the designated drop area. Many clients ask for LOAs during the Holiday Seasons. Case Managers/Supports Coordinators can approve LOAs without the Treating Prescriber's approval.

The MDP Staff will do their best to arrive at the scheduled drop time; however, based upon clients' needs, this is not always possible. If the MDP Staff is going to be more than 30 minutes late for the scheduled drop, the MDP Staff will contact the client.

If the client is not present for the scheduled drop, depending upon the route schedule, the MDP Staff may make a second attempt on that day, but it is not required. If the client is not present for a scheduled drop, the client is considered "unavailable" for that day and the MDP Staff will indicate this on the MDP Progress Note. If the client is "unavailable" or "refuses" all dosages on a given day, the client is considered "non-adherent" for that day.

If a client is "non-adherent" two (2) consecutive days, the MDP Coordinator will notify the treating prescriber and case manager/supports coordinator. This notification is important because missing two (2) consecutive days may impact the client's clinical response to his or her medication. The treating prescriber and case manager/treating prescriber will decide the action to take to address the client's non adherence.

During the drop, the MDP Staff will observe the client self-administering the medication, ask how the client is feeling, ask about any side effects, and observe the client's physical appearance, behavior and speech. The MDP Staff will also regularly provide education to the client on his/her medications, and review organizational strategies to help the client take his/her medications as prescribed.

If the client's physical appearance, behavior or speech is unusual for the client, or the client expresses concerns/issues, the MDP Staff shall do the following:

- Contact the MDP Coordinator or MDP Pharm Tech/Pharmacist, who in turn will attempt to reach the client's case manager/supports coordinator
- If after business hours, the MDP Staff will contact the CMH's Crisis Center
- Depending upon the nature and urgency of the situation, the MDP Staff will contact 9-1-1

If the situation is severe/urgent, the MDP Staff MUST speak to a "live person" regarding the situation.

If the client reports experiencing any side effects to the medications, the MDP Staff will call the pharmacist/on-call pharmacist during the drop to advise. The MDP Staff will share the pharmacist's comments with the client or have the client speak directly with the pharmacist. This conversation will be noted on the MDP Progress Note and forwarded the note to the MDP Coordinator, who will follow up on discussion of the side effect concern with the Genoa Pharmacist and/or forward the note to the treating prescriber. If there are concerns about the side effects, the Genoa Pharmacist will decide

on the next steps which may include contacting the client's Primary Care Provider or Treating Prescriber.

The MDS Staff complete the following documentation:

- Medication Administration Record (MAR) on a daily basis
 The MAR is completed by the MDP Staff and submitted to the Med Drop Program Manager on a monthly basis for billing verification.
- MDP Progress Note on a daily basis
 The MDP Progress Notes are completed by the MDP Staff within one (1) business day of
 the drop. These are completed in the CMH's Electronic Health Record (EHR). Non-routine
 progress notes are immediately forwarded to the MDP Coordinator for follow up.
- Chart/Contact Note, as needed
 The Chart/Contact Note is completed by MDP Coordinator for any contact with the
 client/guardian outside of the medication drop; contact with members of the MDP Treatment
 Team; and to record significant information such as admission/discharge to an out of home
 setting and discharge from the program. This Note is completed in the CMH's EHR.
- Medication Adherence Questionnaire every 6 months
 The MDP Coordinator completes this document initially at the Program Orientation Session.

 The Med Drop Program Staff complete this document with the client every 6 months.
- MDP Monthly Review Form every month
 The MDP Coordinator completes this document, with input from the MDP Staff. The completed document is forwarded to the client's case manager/supports coordinator and treating prescriber.

Education Component

During the drop, the MDP Staff will regularly review with the client the name of the medications, the medication's physical appearance and how and when to take the medications. The MDP Staff will also ask about any side effects concerns. If these are reported, the MDP staff will connect the client with Genoa's Pharmacist or on-call Pharmacist. Medication Information Guides will be provided to the client at least on a monthly basis. Also available to the client/guardian are medication information sheets developed by the National Alliance on Mental Illness (NAMI); information sheets with questions to ask his/her treating prescriber, and booklet on mental health medications in general. The MDP Staff will also assist the client in identifying and implementing an organizational strategy that includes where the client is storing medication that is left with him/her and what strategy he/she is using to remember to take the medication.

Care Coordination/Treatment Planning Service Component

Genoa's MDP Coordinator will work collaboratively with the client's case manager/supports coordinator in addressing client concerns that arise during the drop visits. In general, if the client's

concerns focus on medication issues, the MDP Coordinator will follow up. If the client's concerns focus on non-medication issues, the case manager/supports coordinator will follow up.

The MDP Coordinator will complete and forward the Monthly Review Form to the client's case manager/supports coordinator and treating prescriber. The Monthly Review Form is completed with input from the MDP Coordinator and MDP Staff that are interacting with the client; as well as, information that is provided by the case manager/other treatment team members over the course of the reporting month. The Monthly Review Form identifies the client's medication adherence rate, identifies the client's medication adherence strength and risk factors, summarizes the client's progress including using his/her chosen organizational strategy effectively, and contains recommendations regarding the frequency of the medication drops.

Also as part of care coordination, the MDP Coordinator will participate in the client's treatment planning. Treatment Planning consists of the MDP Coordinator, client, guardian (if applicable), and any other members of the treatment team the client wishes to have present, including the case manager/supports coordinator, when developing the goal, objectives and interventions for the MDP Program during the program orientation session. Within 14 calendar days of the program orientation session, the Med Drop Program goal, objectives and interventions are forwarded to the case manager/supports coordinator for inclusion in the client's person centered plan. This goal will be reviewed at the ongoing MDP Treatment Team planning sessions, which will typically occur at the time of the client's medication review appointment. If the MDP Coordinator participates in the Treatment Team planning session, the MDP Coordinator will complete the MDP Treatment Team Review Form (the same form as the MDP Monthly Review Form) which summarizes the client's progress, medication adherence strength and risk factors for the client, and recommendations regarding the frequency of the medication drops. The MDP Coordinator forwards this form to the case manager/supports coordinator, if he/she did not attend the MDP Treatment Team planning session (Med Review). When applicable, the MDP Coordinator will also share the recommendations from the MDP Treatment Team planning session (Med Review) with the MDP Staff.

Outcome Measurements:

Individual Outcomes:

1. Medication Adherence

Adherence is defined as the client ingests ALL prescribed dosages of his/her medications on an "available day". An "available day" is defined as the client is in the community and in the MDP designated service area.

Monthly Adherence is defined as the following:

- Full Adherence is defined as the client taking his/her medications 80% or more of the available days in a month.
- Partial Adherence is defined as the client taking his/her medications 60-79% of the available days in a month

Non-Adherence is defined as the client taking his/her medications 59% or less of the available days in a month,

Program Adherence is defined as the following:

- Full Adherence is defined as the client taking his/her medications 80% or more of the available days while in the program.
- Partial Adherence is defined as the client taking his/her medications 60% to 79% of the available days while in the program.
- Non-Adherence is defined as the client taking his/her medications 59% or less of the available days while in the program.

80% of the clients who participate in the program shall attain Full Adherence while in the program.

2. Reduction in Psychiatric Inpatient Admissions

70% reduction in psychiatric inpatient hospital admissions by clients who have a history of psychiatric inpatient hospital usage as measured by a comparison of psychiatric inpatient hospital admissions in the 12 months prior to program admission to psychiatric inpatient hospital admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

70% reduction in psychiatric inpatient hospital days used by clients who have a history of psychiatric inpatient hospital usage as measured by a comparison of inpatient hospital days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

3. Reduction in Crisis Home Admissions

75% reduction in crisis home admissions by clients who have a history of crisis home usage as measured by a comparison of crisis home admissions in the 12 months prior to program admission to crisis home admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

75% reduction in crisis home days used by clients who have a history of crisis home usage as measured by a comparison of crisis home days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

Other Individual Data Measures:

1. Indicators related to Medication Adherence Strengthening and Risk Factors

An increase in medication adherence strengthening factors self- reported by the clients as measured by their first completion of the Medication Adherence Questionnaire (MAQ) compared to their second/last completion of the Medication Adherence Questionnaire. The client MUST have at least 2 completed MAQs to be included in "second/last" data set.

A decrease in medication adherence risk factors self-reported by the clients as measured by their first completion of the Medication Adherence Questionnaire compared to their second/last completion of the Medication Adherence Questionnaire. The client MUST have at least 2 completed MAQs to be included in the "second/last" data set.

The number of clients who discharge from the program that are able to independently adhere to his or her medication regimen without assistance or with assistance.

2. Indicators related to Medical Admissions

The number of clients who self-report a history of medical hospital usage shall reduce their medical hospital usage while in the program.

A decrease in the number of medical hospital admissions by clients who self- report a history of medical hospital admissions as measured by a comparison of medical hospital admissions in the 12 months prior to program admission to medical hospital admissions while in the program. The 12 months prior data represents client's self –report at the time of the Program Orientation Session.

A decrease in the number of medical hospital days used by clients who have a history of medical hospital days as measured by a comparison of the medical hospital days used in the 12 months prior to program admission to days used while in the program. The 12 months prior data represents client's self-report at the time of the Program Orientation Session.

3. Indicators related to client incarceration

The number of clients who self-report a history of jail usage shall reduce their jail usage while in the program.

A decrease in the number of jail admissions by clients who have a history of jail admissions as measured by a comparison of jail admissions in the 12 months prior to program admission to jail admissions while in the program. The 12 months prior data represents client's self-report at the time of the Program Orientation Session.

A decrease in the number of jail days used by clients who have a history of jail days as measured by a comparison of days in jail in the 12 months prior to program admission to days in jail while in the program. The 12 months prior data represents client's self-report at the time of the Program Orientation Session.

System Outcomes:

A reduction in psychiatric hospital admissions as measured by a comparison of the number of psychiatric hospital admissions for the MDS clients in the 12 months prior to program admission to admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in psychiatric hospital days as measured by a comparison of the number of psychiatric hospital days used for the MDS clients in the 12 months prior to program admission compared to

psychiatric hospital days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in crisis home admissions as measured by a comparison of the number of crisis home admissions for the MDP clients in the 12 months prior to program admission to admissions while in the program. The 12 months prior data will be obtained from the CMH's EHR.

A reduction in crisis home days as measured by a comparison of the number of crisis home days used for the MDP clients in the 12 months prior to program admission compared to crisis home days used while in the program. The 12 months prior data will be obtained from the CMH's EHR.

The Med Drop Program Manager will complete a quarterly program evaluation report. The reporting dates are January 30th, April 30th, July 30th and October 30th. The Med Drop Program Manager will complete an annual program outcome report. This reporting date is October 30th. In order for the Med Drop Program Manager to complete these reports in a timely manner, the 12 month prior data for psychiatric inpatient hospital admissions, psychiatric inpatient days usage, crisis home admissions, and crisis home days usage needs to be obtainable from the CMH's EHR.

Referral Process:

Individuals will be identified for this program by the CMH/CMH's Provider Network staff. The referring staff member, in most cases this person is the case manager/supports coordinator, will complete the Program Referral Form and concurrently submit the initial authorization for 90 days of medication drop services. This authorization will consist of submission for one (1) assessment session-H0031, three (3) Treatment Planning Sessions-H0032, and 90 days of medication drop services (H2015).

Eligibility Determination and Program Acceptance

The MDP Coordinator receives the referral and checks the CMH's EHR to see that the initial authorization has been approved. When these two (2) items are in place, within two (2) business days, the MDP Coordinator contacts the individual's case manager/supports coordinator to complete the Assessment of Client's Medication Assistance Need. The Assessment of Client's Medication Assistance Need assists in determining the client's appropriateness for the Med Drop Program as well as the client's initial drop frequency. At the end of this conversation, the MDP Coordinator and case manager/supports coordinator identify a date and time for the Program Orientation Session. It is the case manager/supports coordinator's responsibility to contact the referred individual and schedule the Program Orientation Session.

Authorization:

The CMH will generate an initial authorization for 90 days or medication drop services-H2015, one (1) assessment- H0031 and three (3) treatment planning sessions-H0032.

At the end of each authorization period, one (1) of the following is expected to have occurred:

1. The client is able to independently adhere to his or her medication regimen. The client no longer needs the MDP Staff to coach him/her on how to organize his/her medications or prompt him/her to ingest medications and is ready for the program to

- end. As the client is preparing for discharge, he/she can choose to have Genoa Pharmacy continue to dispense his/her medications in Auto Med/Dispill. If the client chooses this option, Genoa Pharmacy will continue to contact the client's providers for medication refills and prepare the client's medication on a monthly basis for pick up or to be mailed.
- 2. The client has made progress and can continue to benefit from the Med Drop Program. In some cases, the client may be ready to have his/her drop frequency reduced. For this reason, the Med Drop Program is expected to continue per the recommendation of the MDP Treatment Team and a continued authorization request will be submitted by the client's case manager/supports coordinator.
- 3. The client has made no progress and the MDP Treatment Team makes a recommendation regarding a different level of care outside of the Med Drop Program. Within the context of the person centered planning process, this recommendation is discussed with the client. If the client agrees, the case manager/supports coordinator will facilitate a referral to the recommended level of care.

The MDP Coordinator will collaborate with the case manager/supports coordinator to submit ongoing authorization requests in 90 day increments.

When the client exits the program, the MDP Coordinator will complete a discharge note in the CMH's EHR. This note will be forwarded to the case manager/supports coordinator and treating prescriber.

Reimbursement:

Service Description	Code	Unit	Rate
Community Living Supports (CLS)	H2015	Per 15 minute face to face	TBD
Assessment by Non-Professional	H0031	Encounter	TBD
Treatment Planning	H0032	Encounter	TBD

The MDP program will use the following codes: H0031- 1 Assessment per year; H0032- 1 per quarter; and H2015 per drop based upon client's clinical needs. The codes are only reimbursable if the client is present. In addition, to bill the H0032, another member of the client's Treatment Team (treating prescriber, case manager/supports coordinator, nursing staff, etc) must be present.

Staff Qualifications:

The Med Drop Program administration consists of the Genoa Healthcare Pharmacist, who supervises the Med Drop Pharm Tech; Med Drop Program Manager- LMSW who ensures the Med Drop Program Services are implemented as described and supervises the MDP Coordinator; and a Registered Nurse (RN) or Licensed Practical Nurse (LPN) who works with the Med Drop Program (MDP) Staff and ensures the medications are properly stored, accounted for and dropped as prescribed.

The MDP Staff will possess the following minimum qualifications:

- At least 18 years old
- High School Diploma or GED equivalent
- At least 1 year of experience working with adults with a serious mental illness or cooccurring mental illness and substance use disorder; individuals with a developmental disability; or medically fragile older adults, preferred
- Must have reliable transportation
- Able to practice prevention techniques to reduce transmission of any communicable disease
- Able to follow/implement the client's Medication Drop Program (MDP) Treatment Goal, Objectives and Interventions.
- Able to perform basic first aid and emergency procedures
- Eligible to work in the United States
- Be of good moral character
- Be trained in Recipient Rights
- Be able to use good judgment/follow procedures in addressing client concerns/issues
- Demonstrate the ability to work independently and as a part of a coordinated team.
- Excellent interpersonal, verbal and written communication, time management and organizational skills

Quality Assurance:

Genoa's Med Drop Program Manager will conduct an annual internal and external review of the Med Drop Program utilizing the MDP Program Review forms.

MDS Program Contact Information:

CMH/Funding Source

Genoa Healthcare

Diane Cranston

Med Drop Program Manager
517-945-3863
dcranston@genoahealthcare.com

References:

¹MDHHS Medicaid Provider Manual, Behavioral Health and Intellectual & Developmental Disability Supports and Services p.133, Jan 1. 2020



Program Philosophy:

The Med Drop Program (MDP) is a Community Living Supports (CLS) based intervention that focuses on improving medication adherence through the observation related to a client's self-administration of his/her medication. The Med Drop Program was designed to fill "a gap" in the service array for all clients. This program assists clients in identifying and implementing strategies and skills to take their behavioral health medications as prescribed. If the client chooses, his/her physical health care medications can also be included in the program. This service is expected to improve the clients' overall mental health and daily functioning by improving the symptoms treated by their medications.

Program Goal:

The client will be able to take his/her medications independently, as prescribed

Program Objectives:

Objective 1: The MDP Staff will educate the client about his/her specific medications.

This education will include teaching the client the answers to the following questions:

- . What is the name of the medication
- How and when the medication is to be taken

The MDP Staff will ask the client about any side effects or medication concerns

•The MDP Staff will call the Genoa Pharmacist/Genoa On-Call Pharmacist from the drop to address questions about side effects or medication concerns.

Objective 2: The MDP Staff will help the client to identify and implement organizational strategies to take his/her medications consistently.

This will include assisting the client in identifying a place to store the medication and a strategy to remember to go and take the medication. These strategies might include: Medication Trays, Color coded Medication Trays for those clients that can't read, Special Packaging- DISPILL or Auto Med, setting alarms, text messages, or phone calls. There are also medication calendars and possibly dispensing machines.

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Exhibit C



Medication Drop Program Monthly Review / MDP Treatment Team Review

Client Name:	DOB:F	Review Date:
Period Covered by Review:	# of Months in Progra	m:
Current Med Drop Frequency:	Start Time:	End Time:
Individuals participating in Review: Reporting Month: # of Days in Psych Hospital: # of Days in Medica		
Adherence Rate:		
In the past month, the client has attained the following Full Adherence- taking medications and Partial Adherence -taking medications Non-Adherence - taking medications Medication Adherence Factors:	s prescribed 80% or more days as prescribed 60-79% days in	s in the month. Rate:n the month. Rate:
	Strengthening Factors: (check a	all that apply):
The client has the following Medication Adherence Accepts psychiatric diagnosis Understands he/she has a mental illi Believes mental illness symptoms wi Likes prescriber, primary clinician or Believes the benefits outweigh the ri Feels better when taking medications Believes the medications improve his Is able to tolerate the side effects Has a significant other, family or friet Does not use alcohol or drugs regulated sleeps well The client has the following Medication Non-Adhered Does not believe he/she has a mental Active co-occurring substance use desired.	less Il/are improving with the medical case manager sks for taking medications shad for taking medications shad the functioning and quality of I add that support and encourage rly Index Risk Factors: (check all the last illness	ations life the use of medications at apply):
Participates in a 12 Step Recovery p Does not like prescriber, primary clin Reports medications are not working Not able to tolerate the side effects Significant other, family or friends do Stigma- client is ashamed to take me Has a history of feeling better and th Has a diagnosis of schizophrenia, ps Has an active Alternative Treatment Does not sleep well Has tried medications in past and re Does not have transportation to pick Does not have money to pay for med	rogram that criticizes use of any ician or case manager , symptoms are not improving not support or encourage clien idications, feels judged by other en stops taking the medications ychosis, or bi-polar disorder Order (ATO)	y medications It to take medications rs for taking medications
Active co-occurring substance use d Participates in a 12 Step Recovery p Does not like prescriber, primary clin Reports medications are not working Not able to tolerate the side effects Significant other, family or friends do Stigma- client is ashamed to take me Has a history of feeling better and th Has a diagnosis of schizophrenia, ps Has an active Alternative Treatment Does not sleep well Has tried medications in past and re Does not have transportation to pick	sorder/Using alcohol or drugs regram that criticizes use of any cian or case manager, symptoms are not improving not support or encourage client dications, feels judged by other stops taking the medications ychosis, or bi-polar disorder Order (ATO)	y medications It to take medications Its for taking medication

Names of his/her medications How and when to take the medications
Organizational Strategies: The client is: ☐ Working on this ☐ Not working on this ☐ Completed
The chefit is. Working off this Not working off this Completed
MDP Treatment Goal:
The client is: Working on this Not working on this Completed
Readiness for Taking Medications Independently:
The client is ready to decrease the frequency of the medication drops
☐ Yes ☐ No Provide Rationale:



MED DROP™ Program Medication Adherence Questionnaire (MAQ)

Client	Name:	Client DOB:
Quest	tionnaire Completion Date:	Person Completing Questionnaire:
thoug you s	hts, attitudes and actions regarding tal	nator would like to work with you in a way that best addresses your king your mental health medications. For this reason, I want to ask you think, feel and act when it comes to your mental health
1.	What is your mental health diagnosis	s? Do you think this is true for you¹?
2.	What are your current mental health	medications? What symptoms are they prescribed for?
3.	Have you taken mental health medic for you ¹ ?	cations in the past? Do you remember their names? Did they work
4.	Do you like your Psychiatrist/Nurse F	Practitioner¹?
5.	Are you having side effects to your n your daily activities ₂ ?	medications? If so, do the side effects bother you as you go about
6.	Do your family members, friends and health medications ¹ ?	d/or significant other support you in taking your taking your mental
7.		not want anyone to know that I take mental health medications less of me, make fun of me, or criticize me" ₂ ?

6.			ne" and 5 being "many", (circle the number that c		effects are you having
	1* (None)	2	3	4	5 (Many)
7.	Skip this question if client reported "1" on last question. On a Scale of 1 to 5, with 1 being "not at all" and 5 being "a lot", How much do your side effects bother you as you go about your daily activities (circle the number client reports)			_	
	1* (Not at All)	2	3	4	5 (A Lot)
8.		_	t at all" and 5 being "a lot others in you taking ment		e are your family tions? (circle the numbe
	1 (Not at All)	2	3	4	5* (A Lot)
9.	statement for you "I do	not want anyo	t true at all " and 5 being one to know that I take m ke fun of me, or criticize	ental health med	
	1* (Not True at All)	2	3	4	5 (Very True)
10.		_	rse" and 5 being "much b ne number client reports)	-	our mental health
	1 (Worse)	2	3	4	5* (Much Better)
11.			or" and 5 being "very goo cle the number client rep		ou sleep when you take
	1 (Poor)	2	3	4	5* (Very Good)
12.	statement for you "I ar	n only taking n ital, going to ja	t true at all" and 5 being by medications to avoid sil, or being taken out of a orts)	serious negative	consequences such as
	1* (Not True at All)	2	3	4	5 (Very True)
13.	What are your top 3 co	ncerns regardi	ing taking your medicatio	ns?	
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Date:			
Client Information:			
Name:	DOB:	SS #:	
Address (Street, City, State, and Zip):			
Phone Number(s): H:		_ C:	
Insurance Type (Ex: Medicaid, Medicare,	Commercial, and Uninsu	ıred):	
Guardian's Name***:			
Guardian's Phone Number(s) ***: H: *** Client's Guardian will be required to significantly this will occur at the Program Orien	gn the consent forms priontation/Intake Session***	_ C: or to the Med Drop Pi	ogram beginning,
List the client's current behavioral health r	medications and current	name and address of	pharmacy:
Does the Client want his/her physical hea No If Yes, list the medications and current			Program? ☐ Yes* ☐
Can the Med Drop Staff safely deliver dail 8 PM? ☐ Yes ☐ No* If No, is the clie address)?	ent willing to meet the Me	ed Drop Staff at a diff	
Additional Comments regarding Client's A			
Has the MED DROP™ Program been ex			
Is the Client willing to participate in the MI	ED DROP™ Program? [☐ Yes ☐ No	
Is the Case Manager/Supports Coordinate	tor willing to participate i	n the Med Drop Progr	am Orientation
Session? ☐ Yes ☐ No			

SCCMHA Services Information:		
Case Manager Name:		
Case Manager's Phone Number: W: C:		
Case Manager's Email Address:		
Treating Prescriber Name:		
Client is receiving the following SCCMHA Services:		
Eligibility Criteria that the client meets: (Check all that apply):		
\square Client is exiting an inpatient behavioral health hospital setting		
☐ Client is exiting a crisis home setting		
\square Client is currently on an ATO mandating medication adherence		
\square Client is currently receiving ACT/IDDT services, but could benefit from a lesser restrictive setting		
\square Client has declined recommendation for Long Acting Injectable medication		
\square Client could participate/continue participating in a Supported Independent Living Program (SIP) through participation in the Med Drop Program		
\Box Client could transition from a supervised/dependent setting in a supported or independent setting, never having the opportunity to demonstrate medication adherence, through participation in the Med Drop Program		
\square Client is participating in Saginaw County's Mental Health Court Program		
☐ Other: (Explain):		
Referring SCCMHA Staff Member's Signature Date		
Referring Provider Staff Member's Phone Number and Email Address if not included above:		

****The Initial Authorization for the Med Drop Program MUST be entered into the SENTRI System****

AFTER entering the Initial Authorization into SENTRI, Forward completed Referral Form, to Genoa Healthcare Pharmacy located in the SCCMHA Building. If you have questions, feel free to contact the Med Drop Coordinator at 989-793-3130.



MED DROP™ Program Assessment of Client's Medication Assistance Need

Client's Nan	me:
Date Compl	eted: Name of Person Completing:
	completed with Referral Source/Case Manager <u>prior to</u> Program Orientation Session. This renced during the Program Orientation Session.
1. What Progra	is the Referral Source's goal for the client who he/she is referring to the Med Drop am?
	the person expect the client to come into the program for a short period of time 3-6 months nen be able to successfully complete the program? If so, why?
Does	the person think the client will be in the program for a long period of time? If so, why?
2. Revie	w the following "Need Factors" with the Referral Source & Client/Guardian:
a.	Does the client have a co-occurring disorder?
	Does the client have a history of abusing/misusing prescription medications?
	Can medications be left in the client's possession?
b.	Is the client coming out of an AFC placement?
	Is the client at risk for going into an AFC Placement?

	Does the client already have In Home CLS services?
a.	Is the client experiencing active clinical symptoms?
	Are the symptoms due to the treating prescribing adjusting medications to find a medication regimen that works? Or, is this the client's clinical baseline?
b.	Does the client have chronic medical conditions that are of concern?
C.	How many medications is the client taking including psychiatric and physical health?
d.	Can the client read and write?
e.	Does the client have cognitive/learning challenges including an Intellectual Developmental Disorder?
f.	Does the client have physical challenges to managing medications? Inability to open DISPILL or bottles? Vision/Blindness Problems? Hearing/Deafness Problems? Physical Health Concerns? Extreme Shaking Hands, etc?
i.	Does the client have memory issues that are Not related to a cognitive/learning challenge or Intellectual Developmental Disorder?

	What is the level of help? Is it specific phone calls at a certain time? Is it having possession of the meds? Is it taking the medicine out of the bottle and giving to client? Or is it intermittently asking the client if he/she is taking her medications with no further oversight?
	Does the client have regular "scheduled" help with medications. If so, how many days of the week?
4.	Based upon all of the above, what drop frequency is the Referral Source recommending for the client? Does the Treating Prescriber support his/her recommended frequency.

3. Is someone helping the client with his/her medications now?



Classification of Clients by their Medication Assistance/Medication Supervision Needs

Low Need

These clients can be transitioned to closure without any significant clinical concerns.

Low to Medium Need

These clients can be transitioned to closure without any significant clinical concerns.

Medium Need

Some of these clients can be transitioned to closure without any significant clinical concerns. For the remaining, there are some concerns and it would be safer to move the client to 1 drop a week.

Medium to High Need

These clients need continued medication assistance/medication supervision at or slightly below their current frequency level. There are significant clinical/safety concerns for these clients.

Medium to High Need Clients have at least 1 of the following factors:

- COD/SA
- At risk for placement in an AFC
- Active Symptoms
- Large Volumes of Medications
- Reading or Writing Deficits
- Intellectual Developmental Disorder
- Physical Challenges
- Memory Problems

High Need

These clients need continued medication assistance/medication supervision at their current frequency level. There are significant clinical/safety concerns for these clients.

High Need Clients have at least 3 of the following factors:

- COD/SA
- At risk for placement in an AFC
- Active Symptoms
- Large Volumes of Medications
- Reading or Writing Deficits
- Intellectual Developmental Disorder
- Physical Challenges
- Memory Problems

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Prescription	Chapter : 03 – Continuum	Subject No : 03.02.38	
Monitoring Program	of Care		
Compliance			
Effective Date:	Date of Review/Revision:	Approved By:	
2/14/19	6/12/19, 11/20/20, 9/14/22	Sandra M. Lindsey, CEO	
	Supersedes:		
	_		
		Responsible Director:	
		Chief of Health Services &	
		Integrated Care	
(Ж)			
SAGINAW COUNTY		Author:	
COMMUNITY MENTAL		Barbara Glassheim	
HEALTH AUTHORITY			
		Additional Reviewers:	
		SCCMHA Medical	
		Director	

Purpose:

The purpose of this policy is to ensure that SCCMHA adheres to the statutory requirements of the Michigan Automated Prescription System (MAPS).

Policy:

In order to comply with state law, all licensed prescribers and dispensers (pharmacists) of controlled substances within the SCCMHA provider network shall participate in the State of Michigan's prescription monitoring program, MAPS, which is used to identify and prevent drug diversion at the prescriber, pharmacy and patient levels by collecting Schedule II – V controlled substances prescriptions dispensed by pharmacists and practitioners.

Application:

This policy applies to all licensed prescribers and dispensers of controlled substances within the SCCMHA service delivery network.

Standards:

- A. Licensed prescribers/dispensers of controlled substances in the SCCMHA provider network must register with MAPS prior to prescribing or dispensing a controlled substance.
- B. Licensed prescribers/dispensers shall be responsible for adhering to all relevant state and federal prescribing regulations.
 - Licensed prescribers/dispensers must maintain up-to-date knowledge of state and federal rules and regulations including changes/updates to MAPS and DEA regulations.

- C. Prior to prescribing or dispensing a controlled substance to a consumer in a quantity that exceeds a three (3)-day supply, licensed prescribers shall obtain and review a MAPS report concerning that consumer¹ unless the dispensing occurs in a hospital and the controlled substance is administered to the consumer in the hospital.
 - 1. This includes when prescribing/dispensing buprenorphine or methadone to a client in a substance use disorder treatment program.
- D. Licensed prescribers/dispensers of controlled substances in the SCCMHA provider network shall report dispensing and administration of controlled substances to MAPS.
 - 1. This includes any drug containing buprenorphine or methadone prescribed/dispensed to a client in a substance use disorder treatment program.
 - 2. This excludes the dispensing and administration of a controlled substance to patient in a hospital setting.
- E. Licensed prescribers within the SCCMHA provider network shall refrain from prescribing opioids to consumers.
- F. SCCMHA will uphold sanctions that the State of Michigan imposes on prescribers of controlled substances who:
 - 1. Fail to obtain and review a MAPS report, when required, prior to prescribing or dispensing a controlled substance in a quantity that exceeds a three (3)-day supply to a consumer.
 - 2. Fail to register with MAPS prior to prescribing or dispensing a controlled substance to a consumer.

NOTE: Failure to follow MAPS requirements may subject the prescriber to professional discipline, including probation, reprimand or fine, or the suspension, limitation, or revocation, including permanent revocation, of a license. For prescribers who fail to follow the MAPS registration and query requirements, the Department of Licensing and Regulatory Affairs (LARA) has the option to issue a notice letter describing the violation to the licensee. Such a notice letter would be issued in lieu of, and would not be considered professional discipline.

Definitions:

Bona-Fide Prescriber-Patient Relationship: A treatment or a counseling relationship between a prescriber and a patient in which: (1) the prescriber has reviewed the patient's medical or clinical records and completed a full assessment of the patient's medical history and current medical condition, including a relevant medical evaluation of the patient conducted in person or via telehealth.; and (2) the prescriber has created and maintained records of the patient's condition in accordance with medically accepted standards. (PA 101 of 2018)

<u>Dispense:</u> To deliver or issue a controlled substance to an ultimate user or research subject by or pursuant to the lawful order of a practitioner, including the prescribing,

¹ Pursuant to MCL 333.7333a MAPS reports can only be requested for individuals who are a bona-fide current patient of the licensed practitioner.

administering, or compounding necessary to prepare the substance for the delivery or issuance [Michigan Public Health Code, Section 7105(3)].

<u>Dispensers:</u> Individuals who are licensed, registered, or otherwise permitted by the jurisdiction in which they practice to provide drug products on prescription in the course of professional practice.

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 abuse 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.

<u>Licensed Practitioner:</u> An individual who is licensed, registered, or otherwise permitted by the jurisdiction in which the individual practices to prescribe drug products in the course of professional practice.

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 an online software tool that provides prescribers and dispensers with real-time prescription data and analytics regarding controlled substances

and Schedule 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 substance use disorder. The system is also used to prevent drug abuse and diversion at the prescriber, pharmacy and patient levels.

<u>Prescribers:</u> 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. DEA (US Drug Enforcement Administration) information on controlled substances: https://www.dea.gov/drug-information/csa
- B. MI Automated Prescription System (MAPS): https://www.michigan.gov/lara/bureau-list/bpl/health/maps
- C. MCL 333.7333a:
 http://www.legislature.mi.gov/(S(sb0g25pcehrfvzn4zyripdo5))/documents/mcl/pdf/mcl-333-7333a.pdf
- D. Michigan Department of Licensing and Regulatory Affairs (LARA) Prescription Drug Monitoring Program (MAPS): https://www.michigan.gov/lara/0,4601,7-154-89334 72600 72603 55478---,00.html
- B. Public Act 248 of 2017 & Public Act 249 of 2017 MAPS Mandated Registration and Use.
- C. SCCMHA Policy 03.02.37 Prescribing Controlled Substances

Exhibits:

None

Procedure:

None

Policy and Procedure Manual Saginaw County Community Mental Health Authority			
Discharge Planning	Service System		
Effective Date:	Date of Review/Revision:	Approved By:	
5/10/16	8/25/16, 9/20/16, 4/23/18,	Sandra M. Lindsey, CEO	
	8/2/18, 6/12/19, 11/18/20,		
	4/12/22		
	Supersedes:	1	
	03.02.21 - The Role of the	Responsible Director:	
	Case Manager during	Chief of Health Services &	
	Inpatient Hospitalization	Utilization Management	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		4 (I I I I I I I I I I I I I I I I I I I	
		Authored By: Barbara	
		Glassheim, Colleen Sproul	
		Additional Reviewers:	

Purpose:

The purpose of this policy is to delineate the roles and responsibilities of Case Holders and other staff during a consumer's inpatient hospital stay in order to ensure a smooth transition from hospital to community, adequate services and supports are in place following discharge, and focus on avoiding hospitalizations that involve patients/consumers returning to the hospital within thirty (30) days of an inpatient stay. Such readmissions are not only costly and potentially harmful, but are often avoidable and can be traumatic for the consumer and their support system.

Background:

In the majority of cases, hospitalizations are necessary and appropriate. However, readmissions are often the result of fragmentation that exists within the health care system. Patients/consumers are often readmitted because of:

- Inadequate communication with SCCMHA, information, and preparation for postdischarge care and self-care
- Poor transmission of hospital records and discharge instructions to primary care clinicians who manage post-discharge recovery or to organizations that authorize or provide post-discharge care
- Untimely and uncoordinated post-hospital care in the community
- Preventable medical errors/complications during the first hospital stay

The highest rates of readmissions are for patients/consumers who:

- Have heart failure, chronic obstructive pulmonary disease (COPD), psychoses, intestinal problems and/or have had various types of surgery (cardiac, joint replacement, or bariatric procedures)
- Take six (6) or more medications, have depression and/or poor cognitive function and/or have been hospitalized in the previous six (6) months

Five (5) key areas are known to reduce avoidable readmissions:

- Comprehensive discharge planning
- Medication Management

- Patient and family engagement
- Transition care support
- Transition communication

Policy:

Case Holders shall be involved in the early identification and assessment of the consumer's needs and implement timely discharge plans that result in continuity of care and efficient use of hospital and community resources. Discharge planning shall commence upon a consumer's admission to a psychiatric hospital or upon notification of a hospitalization for medical-surgical care. Case Holders will help coordinate discharges for consumers by collaborating with the consumer, family/significant others, inpatient health care team, and community resources; and facilitating transitions (e.g., from inpatient to community services) including arrangements for follow-up services is a core case management service.

Case Holders will proactively assume responsibility for engaging the inpatient hospital team, attending team meetings, and initiating discharge planning for consumers who are hospitalized. Case holders will interact with the treatment team on a daily basis throughout the consumer's stay from the point of admission and these contacts will be documented in the consumer's electronic health record. Case Holders will also monitor the inpatient discharge planning/utilization review notes in the electronic medical record from the point of admission through discharge for consumers receiving inpatient psychiatric care.

Application:

This policy applies to all SCCMHA-funded providers of case management and integrated care nursing services.

Standards:

- A. Discharge planning for inpatient medical admissions shall adhere to the following standards:
 - 1. SCCMHA case Holders and Health Care Services and Coordination Nurses will use a person-centered, evidence-based care delivery approach to ensure the coordination and continuity of health care as patients/consumers transfer between different locations or different levels care.
 - 2. Transitional care shall be based upon a comprehensive plan of care, including the availability of health care practitioners who are well trained in chronic care and have current information about the patient/consumer's goals, preferences and clinical status.
 - 3. Case Holders will provide care coordination with the goal of supporting consumers across providers, settings and time. Additional goals shall include:
 - a. Advocating for consumers and their caregivers to ensure their needs are met as they transition across providers, settings and time.
 - b. Coordinating and facilitating continuity of care, with a focus on avoiding complications and reducing avoidable re-hospitalizations.
 - c. Identifying consumers who are at-risk and employing key evidence-based transition of care interventions across care settings.

- d. Developing provider competencies to support all care transitions by functioning as a prepared, proactive health literate care team.
- e. Achieving outcomes that ensure better health, better care and lower cost.
- 4. SCCMHA, through registry access to same day notification of admissions, discharges and transfers (ADTs), will identify inpatient admissions to Case Holders for the purpose of providing timely, comprehensive transitional care from medical inpatient to other settings, including appropriate follow-up.
- 5. At a minimum, key functions of transitional care shall include:
 - a. Receiving notifications of admissions and discharges from hospital and other care facilities.
 - b. Providing assertive outreach to patients/consumers to ensure appropriate follow-up after transition.
 - Outbound phone calls shall be placed to the consumer by the Case Holder or other team member within forty eight (48) hours of discharge.
- 6. Face-to-face contact with consumers shall occur within in one (1) week post discharge.
- 7. Ensuring a scheduled visit for consumers with the primary care provider and/or specialist within one week of discharge.
- 8. Consumer contacts (Touches) during transitions of care shall include:
 - a. A review of discharge summary and instructions.
 - b. Performance of a medication reconciliation by the Health Care Services and Coordination Nurse.
 - c. Ensuring follow-up appointments and tests are scheduled and coordinated.
 - d. An assessment of the consumer's risk status and arranging for follow-up care with Case Holders or a Health Care Services and Coordination Nurse if indicated.
- 9. Case Holders will actively follow consumers during all inpatient episodes of care and function as active members of the inpatient care team.
- 10. Case Holders will coordinate with hospital discharge planning to ensure a smooth transition to community care so that there are no gaps in service and/or for the provision of community-based services and supports following discharge.
 - a. Coordination for such services will commence upon a consumer's admission or upon notification of their admission, and include identification, assessment, goal-setting, planning, implementation, coordination, and evaluation.
 - 1). In order to coordinate timely discharge plans, Case Holders will conduct an early identification and assessment of post hospital needs.
 - 2). Case Holders will collaborate with consumers, families/significant others, and inpatient health care teams to facilitate planning for discharge.

- 3). Case Holders will make recommendations for community services and supports for meeting the continuing care needs of consumers and make referrals to programs or services that meet consumers' assessed needs and preferences.
- 4). Case Holders will liaise with community agencies to promote consumers' access and to address gaps in service.
- 5). Case Holders will provide support and encouragement to consumers and their significant others during hospitalizations and throughout the discharge planning process.
- 11. Case Holders will attend inpatient hospital team meetings and coordinate information sharing. If the Case Holder is unable to attend, the case holder shall communicate and coordinate representation with the SCCMHA Health Care Services and Coordination Nurse and follow-up with the SCCMHA Health Care Services and Coordination Nurse to secure information shared during the meeting.
- 12. Case Holders will maintain daily contact with the inpatient treatment team from admission through discharge of the consumer.
 - a. This may include daily phone calls, daily rounds, and consumer visits on the inpatient unit.
 - b. Such contacts will be documented in the consumer's electronic health record (SENTRI).
- 13. Case Holders will facilitate environmental supports for consumers during inpatient stays (e.g., asking them if there is business at home that needs to be attended to such as pets, securing of their dwelling, family members to speak with, etc.).
- 14. Case Holders will utilize every inpatient admission as a prompt to offer to develop, modify, or update consumers' crisis plans.
- 15. Case Holders will initiate follow-up contacts within 7 days following a consumer's discharge from an inpatient setting.
- 16. The Health Care Services and Coordination Nurse shall confirm medication reconciliation with the pharmacy in order to ensure that the consumer is receiving the correct medications post discharge by verifying that the following information regarding the consumer is transmitted to the pharmacy:
 - a. Notification of the consumer's pending hospital discharge
 - b. Prescriptions for new medications and changes to existing medications
 - c. Discontinuation orders
 - d. Nurse's name and contact information
 - e. Physician's name and contact information
- 17. Case Holders shall review the adequacy of plans of care for all consumers who readmitted within thirty (30) days of discharge.
- 18. Case Holders shall coordinate with Peer Support Specialists to secure Medicaid applications for consumers who are discharged prior to completion of the application process.

- 19. Case Holders and the Health Care Services and Coordination Nurse shall use Stop Light, Teach Back and Risk Stratification Scoring in addition to the 9-Touch protocol to ensure optimal transitional care.
- B. Discharge planning for inpatient psychiatric admissions shall adhere to the following standards:
 - 1. Case Holders will assume responsibility for actively following consumers during inpatient episodes of care and function as active members of the inpatient care team.
 - 2. SCCMHA's Crisis Intervention (CIS) unit will notify Case Holders of an inpatient psychiatric admission within twenty four (24) hours of that admission.
 - 3. Case Holders will provide discharge planning services to consumers who are hospitalized to ensure a smooth transition to community care, there are no gaps in service, and the provision of community-based services and supports following discharge. Such services will commence upon a consumer's admission or upon notification of an admission and include identification, assessment, goal-setting, planning, implementation, coordination, and evaluation.
 - a. In order to coordinate timely discharge plans, case Holders will promote early identification and assessment of post hospital needs.
 - b. Case Holders will collaborate with consumers, families/significant others, and inpatient health care teams to facilitate planning for discharge.
 - c. Case Holders will make recommendations for community services and supports for meeting the continuing care needs of consumers and make referrals to programs or services that meet consumers' assessed needs and preferences.
 - d. Case Holders will liaise with community agencies to promote consumers' access and to address gaps in service.
 - e. Case Holders will provide support and encouragement to consumers and their significant others during hospitalizations and throughout the discharge planning process.
 - 4. Case Holders will attend psychiatric inpatient hospital team meetings and coordinate information sharing.
 - a. If unable to attend a team meeting, the Case Holder will contact the SCCMHA hospital liaison and request their attendance.
 - b. The Case Holder shall follow-up with the SCCMHA hospital liaison to secure information shared during the meeting.
 - 5. Case Holders will maintain daily contact with the inpatient treatment from admission through discharge of the consumer.
 - a. This may include daily phone calls, daily rounds, and consumer visits on the inpatient unit.
 - b. All such contacts will be documented in the consumer's record.
 - 6. Case Holders will monitor the inpatient utilization review/discharge planning notes in the electronic medical record in order to maintain

- awareness of a consumer's status in meeting medical necessity criteria for continued stay.
- 7. Case Holders will facilitate environmental supports for consumers during inpatient stays (e.g., asking them if there is business at home that needs to be tended to such as pets, securing of their apartment, family members to speak to, etc.).
- 8. Case Holders will utilize every inpatient admission as a trigger to offer to develop, modify, or update consumers' crisis plans.
- 9. Case Holders will initiate follow-up contacts within seven (7) days following a consumer's discharge from an inpatient setting.
- 10. Case Holders shall confirm medication reconciliation with the pharmacy in order to ensure that the consumer is receiving the correct medications post discharge by verifying that the following information regarding the consumer is transmitted to the pharmacy:
 - a. Notification of the consumer's pending hospital discharge
 - b. Prescriptions for new medications and changes to existing medications
 - c. Discontinue orders
 - d. Nurse's name and contact info
 - e. Physician's name and contact info
- 11. Case Holders shall review the adequacy of plans of care for all consumers who readmitted within thirty (30) days of discharge.
- 12. Case Holders shall coordinate with Peer Support Specialists to secure Medicaid applications for consumers who are discharged prior to completion of the application process.
- 13. Case Holders will follow the same procedures as above as applicable when consumers are placed and exiting emergency room, detoxification programs or other residential settings to help ensure return to safe community settings.

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.

<u>Discharge Planning</u>: The activities that facilitate a consumer's movement from an inpatient health care setting to the community. Discharge planning is a multidisciplinary process that is designed to enhance continuity of care and begins upon admission.

Medication Reconciliation: (Health Care Services and Coordination Nurse) The process of comparing a consumer's medication orders to all of the medications that the consumer has been taking. This reconciliation is done to avoid medication errors such as omissions, duplications, dosing errors, or drug interactions.

<u>Medication Review: (Case Holder):</u> The process of gathering as much information as possible regarding all medications that the consumer is taking, noting the name of the medication, strength, name of prescriber and the pharmacy that filled the medication. This should include any over the counter medications as well as vitamin supplements.

<u>Primary Health Care Provider:</u> The physician identified by the consumer as being responsible to treat primary health care needs or the physician that a consumer whose medical coverage is provided through a Medicaid Managed Care Organization (MCO) is assigned and recognized as the primary health care provider by the MCO.

Stop Light: "Stop light" tools assist individuals with monitoring and managing their chronic condition by dividing various signs and symptoms into "green", "yellow" and "red" management zones.

Green = stability and good control over the condition

Yellow = caution and suggests steps for regaining control

Red = a medical crisis that requires a provider's attention

Risk Stratification Scoring: Risk stratification is a tool for identifying and predicting which patients are at high risk, or likely to be at high risk, and prioritizing the management of their care in order to prevent worse outcomes.

<u>Teach-Back:</u> The Teach-Back Method also called the "show-me" method, is a communication confirmation method used by healthcare providers to confirm whether a patient (or care taker[s]) understand what is being explained to them.

References:

- A. SCCMHA Policy Care Transitions
- B. Michigan Medicaid Provider Manual (http://www.michigan.gov/mdch/0,1607,7-132--87572--,00.html)
- C. Sutter Center for Integrated Care: http://www.suttercenterforintegratedcare.org/
- D. Reducing Avoidable Readmissions Effectively (RARE): http://rarereadmissions.org/

Exhibits:

- A. Teach-Back
- B. Risk Stratification Scoring

Procedure:

ACTION RESPONSIBILITY PROCEDURE FOR INPATIENT MEDICAL HOSPITALIZATIONS **Pre-discharge (during inpatient stay)** 1. Conducts inpatient hospital visit (warm 1. Health Care Services and Coordination hand off) Nurse at hospital a. Assesses for risk for readmission b. Conducts risk stratification scoring (Attachment #1) c. Discusses consumer concerns and goals 1). Assesses: literacy level, problem solving, decisionmaking ability 2. Provides "Stop light" teaching 2. Case Holder or Health Care Services and Coordination Nurse

- a. Assess early symptom recognition ability (Exhibit B)
- b. Assess for success
- Confirms medical practitioner followup appointment, secure lab slips, discharge paperwork, prescriptions and restrictions
- 4. Documents all Touches in SENTRI

Post-discharge (week one) – Three "Touches" or contacts are required:

- 1. Makes at least one visit be in person home visit
- 2. Addresses consumer's concerns and assess for barriers to self-management support
- 3. Conducts medication reconciliation:
 - a. Does the consumer have their medications?
 - 1) Secures medications if they do not yet have them
 - b. Assesses for barriers
 - 1). Financial
 - 2). Literacy
 - 3). Distrust
 - 4). Does not understand
 - c. Does the consumer understand their medications?
 - 1). 5 rights, side effects, method of administration
 - d. Is the new medication a high risk medication? Does the consumer/caregiver know what to look for?
- 4. Engage natural support persons in the care of the consumer
- 5. Provide "Stop Light" education
 - a. Can the consumer demonstrate with TEACH BACK for medications and stop light education? Repeat until education is understood.
- 6. Make further follow up medical appointments, if needed.
- 7. Arrange transportation, if needed.

- 3. Case Holder or Health Care Services and Coordination Nurse
- 4. Case Holder or Health Care Services and Coordination Nurse
- 1. Case Holder or Health Care Services and Coordination Nurse
- 2. Case Holder or Health Care Services and Coordination Nurse
- 3. a. Health Care Services and Coordination Nurse
 - b. Case Holder or Health Care Services and Coordination Nurse
 - c. Health Care Services and Coordination Nurse
 - d. Health Care Services and Coordination Nurse
- 4. Health Care Services and Coordination Nurse
- 5. Health Care Services and Coordination Nurse
- 6. Case Holder or Health Care Services and Coordination Nurse
- 7. Health Care Services, Coordination Nurse, Community Health Worker

- 8. Assign Med-Drop if services needed or | 8. Case Holder agreed upon, or court ordered.
- 9. Review discharge papers with consumer.
- 10. Evaluate if all DME in place and in proper working condition.
 - a. Does the consumer understand how to use the equipment? Can the consumer demonstrate the use of the equipment?
 - b. Is remote monitoring such as telehealth system required?
- 11. Are members of the multidisciplinary team aware the consumer is home and needed services need to put into place?
 - a. Schedule a case conference with the team on high or at risk consumers.
- 12. Is the consumer ambulating? What does that look like? (Assess safety.)
- 13. Initiate a call to inform health care provider i.e., primary care, PA or NP, of the consumer's transition to home. (If this is an initial contact with medical provider, be sure to introduce yourself, the purpose of your call and the reason why you are contacting the medical provider.)

Post-discharge (week 2) – Three "Touches" or contacts are required:

- 1. Conducts at least one (1) face-to-face visit in the consumer's place of residence.
- 2. Assesses medication adherence and/or barriers to adherence
- 3. Conducts a Stop light assessment
 - a. Assess consumer's confidence in symptoms assessment, warning signs and what to do.
 - b. Check Teach Back learning. Can the consumer repeat information they learned in Teach Back?

- 9. Case Holder or Health Care Services and Coordination Nurse
- 10. Health Care Services and Coordination Nurse

- 11. Case Holder or Health Care Services and Coordination Nurse
- 12. Health Care Services and Coordination Nurse
- 13. Health Care Services and Coordination Nurse

- 1. Case Holder or Health Care Services and Coordination Nurse
- 2. Case Holder or Health Care Services and Coordination Nurse
- 3. Case Holder or Health Care Services and Coordination Nurse
 - a. Case Holder or Health Care Services and Coordination Nurse
 - b. Case Holder or Nurse Health Care Services and Coordination

- c. Assesses if consumer is selfconfident in their health management.
- 4. Calls the health care provider (i.e., primary care, PA or NP) to inform them of the consumer's transition to home.

Post discharge (week 3) – phone contact:

- 1. Assesses patient/consumer engagement in self-management and stress follow through even when feeling well/recovered.
- 2. Assesses natural supports.
- 3. Assesses willingness to engage in ongoing support for wellness.

At the end of Week 3:

 Case Conferences with the Integrated Health Care Team to share progress to date on medication adherence and selfmanagement

PROCEDURE FOR INPATIENT PSYCHIATRIC HOSPITALIZATIONS

- 1. Notifies the Case Holder of a psychiatric hospital admission.
- 2. Initiates daily contact with the inpatient unit and documents those contacts in the consumer's electronic medical record (EMR).
- 3. Monitors the discharge planning/utilization review notes in the EMR on a daily basis throughout a consumer's stay.
- 4. Contacts a member of the inpatient treatment to team to coordinate information sharing and discharge planning and maintains daily contact with the inpatient team throughout the consumer's stay.

- c. Case holder or Health Care Services and Coordination Nurse
- 4. Case Holder or Health Care Services and Coordination Nurse

- 1. Case Holder or Health Care Services and Coordination Nurse
- 2. Case Holder or Health Care Services and Coordination Nurse
- 3. Case Holder or Health Care Services and Coordination Nurse
- 1. Case Holder or Health Care Services and Coordination Nurse

- 1. CIS staff
- 2. Case Holder
- 3. Case Holder
- 4. Case Holder

- 5. Attends the inpatient team meeting. If unable to attend due to scheduling conflicts, contacts the SCCMHA hospital liaison to attend the meeting.
- 6. Contacts the consumer and their significant others to offer support and guidance throughout the hospital stay and during the transition to the community.
- 7. Initiates discharge planning services upon notification of the admission of a consumer.
- 8. Documents all hospital related contacts and discharge planning activities in the EMR.
- 9. Ensures information regarding medication, including stop orders, changes, and nurse and physician contact information is communicated to the pharmacy.
- 10. Coordinates completion of the application for Medicaid with the Peer Support Specialist for consumers who are discharged prior to completion of the application.
- 11. Contacts the consumer within 7 days of discharge.
- 12. Reviews of the adequacy of the plan of 12. Case Holder care for any consumer readmitted within 30 days of discharge.

- 5. Case Holder
- 6. Case Holder
- 7. Case Holder
- 8. Case Holder
- 9. Case Holder
- 10. Case Holder
- 11. Case Holder

The teach-back method

The Teach-Back Method, also called the "show-me" method, is a communication confirmation method used by healthcare providers to confirm whether a patient (or care takers) understands what is being explained to them. If a patient understands, they are able to "teach-back" the information accurately. This is a communication method intended to improve <u>health literacy</u>.

There can be a significant gap in the perception of how much a patient needs information, or how effective a provider's communication is. [1] This can be due to various reasons such as a patient not understanding medical terminology, not feeling comfortable asking questions or even cognitive impairment. [1] Not only does the teach-back method help providers understand the patient's needs in understanding their care, it also allows providers to evaluate their communication skills. [1] Case studies led by the National Quality Forum on the informed consent processes of various hospitals found that those that effectively used the teach-back method benefited in areas of quality, patient safety, risk management and cost/efficiency. [2]

The Method

The National Quality Forum describes the practice as follows:[2]

Who should use the method→ Any healthcare providers. E.g. physicians, nurses, healthcare professionals

What should patients teach-back→Information about their diagnosis, treatment plan, medications, risks and benefit of treatment, etc. When to ask for teach-back→ Early in the care process

Why is it important→Many patients have difficulty understanding medical information. How→When asked to teach-back, patients should be able to clearly describe or explain the information provided to them.

Depending on the patient's successful or unsuccessful teach-back, the provider will clarify or modify the information and reassess the teach-back to confirm the patient's comprehension and understanding. [3]

Knowledge Retention

The cycle of reassessing and teaching back to confirm comprehension has been found to improve knowledge retention and lower readmission rates in heart failure patients. [4]

Beyond healthcare literacy, the teach-back method can be utilized in academic and professional settings as well. Teachers often create <u>feedback loops</u> in which the instructor asks the student to share what they heard, and promote peer to peer coaching where students explain what they just learned to other students. Retention is also most positively impacted in <u>participatory</u> <u>learning</u> environments, when students participate in group discussions, practice by doing, and teaching others. [5]

References[edit]

- 1. ^ Jump up to: ^a ^b ^c Teach Back: A tool for improving provider-patient communication. The Ethics Center. 2006. Retrieved
 - from http://www.ethics.va.gov/docs/infocus/InFocus 20060401 Teach Back.pdf
- 2. ^ Jump up to: Definition Implementing a National Voluntary Consensus Standard for Informed Consent: A User's Guide for Healthcare Professionals. National Quality Forum. 2005. Retrieved
 - from http://www.qualityforum.org/Publications/2005/09/Implementing a National Voluntary Consensus Standard for Informed Consent A User's Guide for Healthcare Professionals.aspx
- Jump up The Teach Back Method. Surround Health. 2012. Retrieved from www.surroundhealth.net

- Jump up[^] Is "teach back" associated with knowledge retention and hospital readmission in hospitalized heart failure patients? The Journal of Cardiovascular Nursing. 2013 Mar-Apr;28(2):137-46. doi: 10.1097/JCN.0b013e31824987bd
- 5. **Jump up^** Teaching Methods and Retention. 2002. Retrieved from http://www.simulations.co.uk/pyramid.htm

The Teach-Back Method

Agency for Healthcare Research and Quality

(The Agency for Healthcare Research and Quality, located in Rockville, MD, a suburb of Washington, D.C., is one of 12 Agencies within the United States Department of Health and Human Services.)

The Teach-Back Method Overview Studies have shown that 40-80 percent of the medical information patients receive is forgotten immediately and nearly half of the information retained is incorrect.

One of the easiest ways to close the gap of communication between clinician and patient is to employ the "teach-back" method, also known as the "show-me" method or "closing the loop."

Teach-back is a way to confirm that you have explained to the patient what they need to know in a manner that the patient understands. Patient understanding is confirmed when they explain it back to you. It can also help the clinic staff members identify explanations and communication strategies that are most commonly understood by patients.

References:

- 1. Kessels RP. Patients' memory for medical information. J R Soc Med. May 2003;96(5):219-22.
- 2. Anderson JL, Dodman S, Kopelman M, Fleming A. Patient information recall in a rheumatology clinic. Rheumatology. 1979;18(1):18-22.
- 3. Schillinger D, Piette J, Grumbach K, et al. Closing the loop: physician communication

Risk Stratification Scoring	
Age	Score
18-35	0
36-49	1
50-64	2
65-74	3
75-84	4
85+	5
Chronic Illnesses	Score
1 chronic condition	1
2 chronic condition	2
3 chronic condition	3
Women > 60 y/o with heart disease	1
Mental Illness and SUD	3
ER visit complaint reason for chronic condition	1
Hospitalization for chronic condition	2
multiple in 3 month time frame	+1 for each episode
Living arrangement	Score
On the street	2
In shelter or mission	1
No natural supports	1
Consumer rank of wellness/health	Score
Good	0
Fair	1
Poor 3	

Category		Score
Age		
Chronic Illness		
Women >60 y/o with heart disease		
Mental Illness and SUD		
ER visit complaint reason for chronic condition		
Hospitalization for chronic condition		
Multiple in 3 month time frame		
Living on the street		
Living in shelter or mission		
No natural supports		
Consumer rank of wellness/health		
	Total	0

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: Care Transitions	Chapter: 10 – Health Home	Subject No : 03.02.49.01
Effective Date :	Date of Review/Revision:	Approved By:
12/8/2020	6/17/21, 9/14/22	Sandra M. Lindsey, CEO
	Supersedes:	
Saginaw C Comm Health Al	IUNITY MENTAL	Responsible Director: Chief of Health Services & Integrated Care Authored By: Barbara Glassheim
		Additional Reviewers:
		SCCMHA Service Management Team

Purpose:

The purpose of this policy is to delineate the roles and responsibilities of various members of the consumer's care team in coordinating and ensuing smooth transitions between institutional/facility-based (e.g., hospital) care and community living, particularly residential settings such as adult foster care (AFC).

Application:

The policy applies to SCCMHA-funded providers of services and supports to adult consumers who experience an inpatient episode of medical care.

Policy:

- A. Discharge planning shall commence upon notification of an inpatient admission.
- B. Case holders shall help coordinate discharges from medical hospitals by collaborating with the consumer, their guardian (or family with the consumer's consent), residential services staff (e.g., home manager), inpatient health care team, SCCMHA Health Care Services and Coordination Nurse, and community resources.
- C. Case holders shall facilitate transitions from inpatient to community settings and ensure arrangements for follow-up services and supports are in place *prior* to the consumer's transition to the community and are available to the consumer at the time of discharge.
- D. Case holders shall follow-up post discharge to ensure community-based services and supports are delivered in accordance with the hospital discharge instructions, plan of services and consumer need.
- E. At a minimum, key functions of transitional care shall include: (1) receiving notifications of admissions and discharges from medical/surgical hospitals; (2) providing assertive outreach to patients/consumers and residential settings (e.g.,

general/specialized AFC homes, community living supports [CLS], to ensure appropriate follow-up during and after transition back to the community living setting; and (3) ensuring a Medication Reconciliation is performed in order to assure the consumer is correctly adhering to the most current medication regimen.

Standards:

- A. Residential services providers shall notify case holders of all consumer admissions to inpatient medical facilities within twenty four (24) hours of the admission by phone call or secure email or fax.
- B. Case holders shall contact the designated hospital discharge planning staff via secure email or by phone on the date they are notified of the consumer's admission in order to initiate a collaborative discharge planning partnership and begin the discharge planning process.
- C. Case holders shall fax consumer information to the designated hospital discharge planning staff. (Exhibit A)
- D. Case holders shall fax the SCCMHA checklist for hospital discharge requirements to the discharge planner. (Exhibit B)
- E. Case holders shall ensure the consumer's residential setting has a checklist of any needed resources in order to ensure that the setting can accommodate the consumer's needs following discharge.
- F. Case holders shall contact the SCCMHA Health Care Services and Coordination Nurse to keep the nurse apprised of the discharge planning process.
 - 1. Case Holders, in conjunction with the nurse or another medical professional, shall conduct a medication check and follow up with prescribers as needed when there is a discrepancy or potential for a drugdrug interaction or potential polypharmacy issues.
- G. Case holders shall monitor consumers throughout the course of an inpatient hospital stay for medical care.
 - 1. Case holders shall conduct at least one face-to-face meeting with the consumer while the consumer is hospitalized.
 - 2. Case holders shall conduct weekly face-to-face meetings with the consumer during an inpatient episode of care if warranted.
- H. Case holders shall maintain ongoing communication with appropriate residential services staff throughout the consumer's inpatient hospitalization in order to keep the staff apprised of the consumer's status and potential post discharge needs including any appointments and resources that the consumer may require.
 - 1. Case holders and/or hospital discharge planners shall communicate with the residential services staff regarding any follow-up care appointments and community resources that will be needed by the consumer post discharge.
 - 2. Case holders, hospital discharge planners and residential services staff shall assure all necessary durable medical equipment (DME) is acquired prior to or on the day of discharge.
 - a. DME equipment shall be present in the residential setting prior to the consumer's return to that setting.
- I. Case holders, hospital discharge planners and residential services staff shall make sure that all new medications prescribed by the discharging physician are obtained on the day of the discharge from the hospital.

- 1. Residential services staff shall ensure the hospital has complete and accurate medication information upon admission of the consumer.
- 2. Residential services staff shall complete a medication reconciliation process at the home in order to assure all medications discontinued on the medication administration record (MAR) are clearly marked as discontinued and any new medications that have been prescribed per hospital discharge plan are noted on the MAR at the home.
 - a. Residential services staff shall also ensure there is absolute clarity regarding which medications will be continued, and which medications are newly prescribed upon hospital discharge as part of obtaining all written discharge instructions.
- 3. Residential services staff shall coordinate medication changes at the time of a hospital admission and the discharge.
- 4. Upon discharge, whenever indicated, the pharmacy provider, nurse practitioner or physician(s) shall be consulted for clarification regarding medications.
- J. The case holder or SCCMHA Health Care Services and Coordination Nurse shall place outbound phone calls shall to the consumer/guardian and the residential services provider on the day of discharge.
- K. The case holder or the SCCMHA Health Care Services and Coordination Nurse shall conduct a face-to-face meeting with the consumer within twenty four (24) business hours of the consumer's discharge.
- L. Case holders and SCCMHA Health Care Services and Coordination Nurses shall document all care transition planning throughout the discharge planning process in the consumer's SCCMHA electronic health record (EHR).

Definitions:

<u>Care Transitions:</u> The movement patients make between health care practitioners and settings as their condition and care needs change during the course of a chronic or acute illness.

<u>Community Resource:</u> Anything that has the potential to improve the quality of life in a community. Community resources may include, but are not limited to, organizations, places, services, businesses, and individuals.

<u>Discharge Planning:</u> The activities that facilitate a consumer's movement from one health care setting to another or to home. Discharge planning is a multidisciplinary process that may include physicians, nurses, social workers and others and is designed to enhance continuity of care. Discharge planning begins upon admission.

<u>Durable Medical Equipment (DME):</u> Any equipment that provides therapeutic benefits to a patient/consumer in need due to certain medical conditions/and or illness. Examples include, but are not limited to, wheelchairs (manual and electric), hospital beds, traction equipment, canes, crutches, walkers, kidney machines, ventilators, oxygen, monitors, pressure mattresses, lifts, nebulizers, and others.

<u>Home Health Care Agency:</u> A public or private organization that provides, either directly or through arrangements with other organizations, skilled or paraprofessional home health care to individuals in out-of-hospital settings such as private homes, boarding homes, hospices, shelters, etc. A home health care agency's policies must be established and

supervised by professional staff including one or more licensed physicians and one or more registered nurses. The agency must maintain clinical records on all patients it serves.

<u>Medication Check:</u> 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.

<u>Medication Reconciliation</u>: 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.

<u>Transition Management:</u> The ongoing support of patients and their families/support systems over time as they navigate care and relationships among more than one provider and/or more than one health care setting and/or more than one health care service.

References:

- A. SCCMHA Policy 03.02.17 Medication Management in a Licensed Residential Setting
- B. SCCMHA policy 02.03.23 Care Coordination
- C. SCCMHA Policy 10.01.02 Hospital Discharge Planning
- D. SCCMHA Policy 03.02.20 Medication Review

Exhibits:

- A. Consumer Information for Inpatient Admission
- B. Hospital Discharge Responsibilities Checklist
- C. Hospital Discharge Requirements Checklist Residential Services Provider
- D. Hospital Discharge Requirements Checklist Case Holder
- E. Hospital Discharge Requirements Checklist Nursing Staff

Procedure:

ACTION	RESPONSIBILITY
Review Medical/surgical Hospital	Case Holder/Nursing and Residential
Discharge Policy/Standards	Services Provider staff
Obtain copy of Medication Administration record from the home	Case Holder/Nursing Staff
Obtain signed Physician orders from the discharging hospital facility	Case Holder/Nursing and Residential Services Provider staff
Compare new orders to previous orders, to include, treatments, medications, diet, activity, any applicable precautions, etc.	Case Holder/Nursing and Residential Services Provider staff
Conduct a Medication Check.	Case Holder/Nursing Staff/Home Manager or Designee
Conduct a Medication Reconciliation.	RN/NP/PA/Psychiatrist

Follow up with care Agencies(Home Health Care), DME

Verify post hospital follow up appointments, including labs, x-rays, primary care provider, psychiatric appointments, specialists, etc.

Contact the pharmacy to ensure all of the discharge medications are available for immediate dispensing.

If unavailable, locate a pharmacy that has them in stock.

Contact discharge planner to identify a substitute medication that would be equally effective and is available if the current drug is unavailable or not covered by insurance.

Check the discharging facility's pharmacy for availability and fill prescriptions there before leaving the facility, if applicable.

Discuss any discrepancies with the discharge planner before allowing the consumer to leave the discharging facility.

Make contact with the AFC home manager to update him/her. Keep the home manger updated on the discharge process.

Hospital Discharge Planner/Case Holder/Nursing Staff

Case Holder/Nursing and Residential Services Provider staff

Case Holder/Nursing Staff and Residential Services Provider staff

Case Holder/Nursing Staff and Residential Services Provider staff

Case Holder/ SCCMHA Health Care Services and Coordination Nurse

Consumer Information For Inpatient Admission

please keep with consumer and include medication sheet

Upon discharge call report to



Medicaid/Medicare ID:		DOB:		
Language:		Inte	rpreter needed? Y	ES NO
Resides at:		Spec	ialized Residential	AFC (circle one)
Home Manager Name:		Phon	e Number:	1.77 % 27.1
ase Manager/		Chr.	Children in	
Support Coordinator:	_	Phon	e Number:	
Guardian/ Status/ OPOA/ Next of Kin:		Phon	e Number:	
Advance Directives (Liv	ring will, Durable Power of Att	orney): YES	NO	
f NO, would you like m	nore information?	YES	NO	
Primary Care Physician	:	Phon	e Number:	
			e Number:	
Preferred Pharmacy:	-	Phon	e Number.	
Diagnosis:				
Allergies:				
Previous Surgeries/ Ho	spitalizations:			
pecial Requests:				
Behavior challenges the	at require accommodation:			
quipment Used				
	sses, hearing aids, dentures et			
Assistance required for	verbal or written instructions	·		
Community Condes to	nlace			
Community Service in p		on Aging, CHW etc.)		
	(i.e., Directive	on Aging, CHW etc.)		
	(i.e., Directive			
Home Care Service reco	(i.e., Directive ceived:	rtland, etc.)	lon	
Home Care Service reco	(i.e., Directive (i.e., VNA, Hearthat best describes the cor	rtland, etc.)		Special Diet
Home Care Service reco Please circle the numb Ambulation Mobility	(i.e., Directive ceived:	rtland, etc.)	ion: Food/Eating 1. Discomfort swallowing	Special Diet
Home Care Service reco Please circle the numb Ambulation Mobility L. Walker	(i.e., Directive (i.e., VNA, Hear that best describes the cormobility	rtland, etc.) nsumer's current situat Transferring	Food/Eating	
Home Care Service reco Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair	(i.e., Directive (i.e., VNA, Hearer that best describes the cor Mobility 1. Ambulatory	rtland, etc.) nsumer's current situat Transferring 1. One person	Food/Eating 1. Discomfort swallowing	1. Soft
Please circle the numb Ambulation Mobility L. Walker L. Wheelchair B. Cane	(i.e., Directive of the conference of the confer	rtiand, etc.) nsumer's current situat Transferring 1. One person 2. Two person	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing	1. Soft 2. Peg tube
Home Care Service reco	(i.e., Directive of the conference of the confer	rtiand, etc.) nsumer's current situat Transferring 1. One person 2. Two person	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing	1. Soft 2. Peg tube 3. Liquids
Home Care Service reco Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator	(i.e., Directive of the conference of the confer	rtiand, etc.) nsumer's current situat Transferring 1. One person 2. Two person	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent	1. Soft 2. Peg tube 3. Liquids 4. DM
Home Care Service reco Please circle the numb Ambulation Mobility L. Walker L. Wheelchair J. Cane L. Rotator	(i.e., Directive delice, Directive delice, VNA, Head describes the commobility 1. Ambulatory 2. Ambulatory w/ assist. 3. Transfer w/ assist. 4. Bed rest	rtland, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA
Home Care Service reco Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator	(i.e., Directive delice, Directive delice, VNA, Header that best describes the commobility 1. Ambulatory 2. Ambulatory w/ assist. 3. Transfer w/ assist. 4. Bed rest Bathing 1. Independent	rtiand, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift Dressing 1. Independent	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance Taking Meds 1. Independent	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA Med Administration
Home Care Service reco Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator	(i.e., Directive of the conference of the confer	ritand, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift Dressing 1. Independent rmation For Inp.	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance Taking Meds 1. Independent atient Admission	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA Med Administration
Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator Grooming L. Independent	(i.e., Directive of the conference of the confer	ritand, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift Dressing 1. Independent Tmation For Inp. th consumer and include	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance Taking Meds 1. Independent atient Admission medication sheet*	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA Med Administration 1. Crushed
Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator Grooming L. Independent	(i.e., Directive of the content of t	rtland, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift Dressing 1. Independent rmation For Inpoh consumer and include 2. With assistance	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance Taking Meds 1. Independent atient Admission medication sheet* 2. With assistance	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA Med Administration 1. Crushed
Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator Grooming L. Independent	(i.e., Directive of the conference of the confer	ritand, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift Dressing 1. Independent Tmation For Inp. th consumer and include	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance Taking Meds 1. Independent atient Admission medication sheet*	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA Med Administration 1. Crushed
Please circle the numb Ambulation Mobility L. Walker 2. Wheelchair 3. Cane 4. Rotator Grooming L. Independent	(i.e., Directive of the content of t	rtland, etc.) nsumer's current situat Transferring 1. One person 2. Two person 3. Lift Dressing 1. Independent rmation For Inpoh consumer and include 2. With assistance	Food/Eating 1. Discomfort swallowing 2. Difficulty swallowing 3. Difficulty chewing 4. Independent 5. With assistance Taking Meds 1. Independent atient Admission medication sheet* 2. With assistance	1. Soft 2. Peg tube 3. Liquids 4. DM 5. NA Med Administration 1. Crushed

Exhibit B



HOSPITAL DISCHARGE RESPONSIBILITIES CHECKLIST

Consumer's Name:
Dates of Hospitalization:
Please check off and initial each item after it is completed
Please note that <i>prior approval</i> must be obtained from SCCMHA for all discharges to a new community living facility (AFC, CLS)
Prescriptions. (An order is needed to resume home medications and treatments as well as for any new medications prescribed by the hospital/facility. Also, a discontinue order or change order is needed for any medication that the hospital has discontinued or changed.) PLEASE WRITE "RESUME ALL HOME MEDICATIONS AND TREATMENTS UNLESS OTHERWISE NOTED ON THE DISCHARGE PAPERWORK"
All prescriptions written, faxed, or electronically prescribed should also be listed on the discharge papers. (These documents should match.)
Coordinate with the SCCMHA case holder when the discharge is approaching. Fax the discharge plan to the SCCMHA case holder before the discharge is completed. The SCCMHA case holder will review it and notify the discharge planner of any needed changes.
Provide a transfer summary to the SCCMHA case holder and residential provider (if applicable).
Provide the admitting notes to the SCCMHA case holder and residential provider (if applicable).
Provide a copy of all labs to the SCCMHA case holder and residential provider (if applicable).
Provide a copy of any consults to the SCCMHA case holder and residential provider (if applicable).
Coordinate home care agency service delivery (OT, PT, RN, RD) to ensure the first visit to the consumer's home occurs on the same day as their discharge.
Ensure all prescribed equipment is in the consumer's residence at the time of discharge.
Provide the residential services provider with a prescription for DME that cannot be obtained prior to discharge.
Provide the discharge diagnosis to the SCCMHA case holder and residential services provider (if applicable).
Provide a list of follow-up appointments to the SCCMHA case holder and residential services provider (if applicable).
Provide verbal and written instructions to residential services staff regarding ongoing medical needs of the consumer.
Provide a list of any restrictions (e.g., dietary, activities) to residential services staff.

Revised 6/16/21

Exhibit C



HOSPITAL DISCHARGE REQUIREMENTS CHECKLIST RESIDENTIAL SERVICES PROVIDER RESPONSIBILITIES

1 6.1 11 1

ш	Confirm	n SCUMHA's approval of the discharge.
	Provide	e updates to the guardian (if applicable) about the discharge.
		t the SCCMHA case holder and/or nurse with any questions or concernsing the discharge (e.g., difficulty with prescriptions, equipment, or home care).
	Ensure	all listed documents are provided:
		Prescriptions Discharge plan Transfer summary Admitting notes Labs Consults Prescribed equipment Prescription(s) for equipment Discharge diagnosis List of follow up appointments Restrictions (if any)
	-	re new orders to previous orders and make adjustments as needed in the tion administration record.
	List all	follow-up appointments on the calendar.
	_	all necessary items when picking up the client from the hospital such as hair, briefs, glasses, coat, clothes, shoes, etc.
		all of the consumer's belongings that went to the hospital with the consumer ag aids, glasses, dentures, etc.) return home with them.

Per SCCMHA Policy 03.02.71 – Medication Management in Residential Settings:

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



HOSPITAL DISCHARGE REQUIREMENTS CHECKLIST CASE HOLDER RESPONSIBILITIES

Ц	have frequent contact with the Discharge Planner at the hospital.]
	Coordinate with the home regarding discharge. [The case holder should have frequent contact with the home about status of consumer move back to the home.]
	Keep the consumer's home health care nurse (if applicable) updated or the supervisor of the SCCMHA Health Home if consumer may need nursing beyond visiting nurse post discharge.
	Review the discharge summary, medication profile, and any applicable discharge instructions with the home health care nurse (if applicable) or the supervisor of the SCCMHA Health Home and send back to discharge planner with any needed changes.
	Verify the home health care agency choice with the consumer/guardian and obtain releases of information for all home health care providers (if applicable).
	Notify the consumer's psychiatrist of hospitalization (if applicable).
	Notify the SCCMHA Health Home Supervisor of hospitalization (if applicable).
	Assure the consumer's residential services provider (if applicable) is aware of and schedules follow-up appointments and obtain necessary equipment that was not delivered via the hospital at the time of the consumer's discharge.



HOSPITAL DISCHARGE REQUIREMENTS CHECKLIST NURSE RESPONSIBILITIES

Maintain contact with the case holder and residential services provider
Inform the SCCMHA Health Home supervisor of the discharge.
Initiate a face-to-face contact with the consumer within twenty four business hours of discharge.

Policy and Procedure Manual		
Saginaw Co	unty Community Mental Heal	th Authority
Subject: Psychiatric	Chapter: 05 -	Subject No : 05.01.04
Supervision & SCCMHA	Organizational Management	
Medical Director Role		
Effective Date:	Date of Review/Revision:	Approved By:
8/6/01	6/30/09, 4/11/11, 6/18/12,	Sandra M. Lindsey, CEO
	6/6/13, 4/7/16, 6/11/18,	
	2/26/19, 6/12/19, 11/25/20,	
	10/11/21, 9/14/22	
	Supersedes:	
	_	Responsible Director:
		Chief of Health Services
		& Integrated Care
		Authored By: Barbara
	(%)	Glassheim
SAGINAW COUNTY COMMUNITY MENTAL		Reviewed By: SCCMHA
HEALTH AUT		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, 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 shall 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 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 are available 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 SCCMHA-funded programs, as part of the SCCMHA credentialing program.
- I. The Medical Director shall establish, maintain 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:

<u>Attending Physician</u>: 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.

<u>Covered Services</u>: Services defined and required by the Michigan Department of Health and Human Services or contractually provided by Saginaw County Community Mental Health Authority

<u>Host Settings</u>: 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

<u>Primary Team Providers</u>: 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

Saginay	Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Infection Control	Chapter: 06 - Management of Health & Safety	Subject No: 06.01.02	
Effective Date: October 1, 2003	Date of Review/Revision: 11/19/01, 5/13/04, 7/6/05, 8/11/05, 6/18/07, 6/30/09, 6/12/12, 6/5/14, 5/6/16, 12/11/17, 7/30/18, 6/12/19,	Approved By: Sandra M. Lindsey, CEO	
	6/10/22 Supersedes:	Responsible Director: Chief of Health Services and Integrated Care	
SAGINAW COLINTY		Authored By: Jen Kreiner	
	OMMUNITY MENTAL H AUTHORITY	Reviewed By: Coordinator of Nursing Practice, Executive Director of Clinical Services, Director of Network Services, Director of Public Policy & Continuing Education, Director of Human Resources	

Purpose:

The purpose of the SCCMHA infection (communicable condition) prevention and control policy is to mitigate communicable diseases using screenings, standard precautions, transmission-based precautions, universal precautions, monitoring of emerging communicable diseases, and the development and maintenance of outbreak action plans, when needed.

Policy:

It is the policy of SCCMHA to seek to prevent and control the spread of infectious disease and communicable conditions to protect the health of employees, staff, and consumers. All staff, providers and programs must 1) follow infectious disease procedures, 2) take appropriate precautions and 3) assist consumers to prevent and control the spread of infectious disease and communicable conditions.

Standards:

I. General

A. SCCMHA will provide training to staff and providers on communicable disease, standard precautions, and universal precautions.

- B. SCCMHA will provide annual TB education including information about TB exposure risks for all healthcare providers.
- C. Standard precautions will be followed according to CDC guidelines, at all times. This includes, but not limited to, hand hygiene, respiratory/cough etiquette, proper handling and disinfecting of equipment and the environment. Universal precautions will be followed when contact with blood/body fluids may occur.
- D. Appropriate medical attention, should be obtained for treatment from a provider qualified to diagnose and treat infectious disease
- E. Staff and consumers will follow SCCMHA emergency management plan and outbreak action plans from MDHHS and/or local health department in the event of a pandemic or other outbreak. Outbreak action plans will be broadcast by email and communicated to staff by supervisors.

II. Staff

- A. SCCMHA employees who show signs of infectious diseases need to inform their supervisor who will, in conjunction with the Human Resource Department, arrange for an evaluation by their own physician/provider or occupational medicine to make the determination whether the employee is to remain in the workplace.
- B. SCCMHA requires 2-step TB testing of all employees upon hire.
 - a. After known exposure to a person with potentially infectious TB disease without use of adequate personal protection, the individual will be referred to their healthcare provider or occupational medicine clinic for diagnosis and treatment.
 - b. In the absence of known exposure or evidence of ongoing TB transmission, employees without latent TB infection (LTBI) are not recommended to undergo routine serial TB screening or testing at any interval after baseline. Employees who may be at increased occupational risk for TB exposure should be re-tested according to the CDC and Saginaw County Health Department recommendations in the event of an outbreak. All individuals should follow the recommendations of their healthcare provider or occupational medicine clinic for treatment and/or follow up.
- C. SCCMHA offers Hepatitis B vaccinations through the occupational medicine clinic to all newly hired.

III. Service Provider Programs

- A. Consumers with infectious symptoms may be released from any daily programs according to site procedures.
- B. When staff is made aware of infectious disease, all associated service providers will appropriately communicate, coordinate, and manage an identified infectious disease situation to prevent further spread of disease at all service locations,

including Great Lakes Bay Health Center (GLBHC) at Hancock and any necessary consumer schedule change accommodations and transportation related to the infectious condition.

- C. All contractors and SCCMHA day service sites must have a written infection control policy or procedure that adheres to SCCMHA requirements and ensure staff use of evidence-based infection prevention and control procedures.
- D. Staff at all service program sites will take appropriate routine precautions to prevent the spread of infectious disease and communicable conditions, including assisting consumers with precautions, prevention and management.
- E. Site supervisors/home managers and other involved staff or treatment providers are encouraged to seek consultation with their local health department when patterns may be apparent.

Application:

This policy and procedure apply to all staff and service providers/programs of SCCMHA, both direct SCCMHA operated and contracted.

Definitions:

Communicable Condition - A condition capable of being transmitted from one person to another.

Waste Material – Includes but is not limited to contaminated sharps/needles, or other contaminated objects, blood and/or body fluids, bandages and/or clothing which contain waste material, or wounds that drain purulent/pus matter with or without a positive culture and other potentially infectious material.

Outbreak Action Plan- An action plan that will provide guidance to staff and consumers in the event of an outbreak.

Reference:

SCCMHA Employee Handbook https://www.cdc.gov

Exhibits:

Exhibit A: List of Signs and Symptoms of Infection

Procedure:

1. SCCMHA will provide annual educational inservices, trainings, updates and any additional necessary information concerning communicable diseases to all staff and providers. Including, but not limited to, blood-born pathogens and TB education.

ACTION

RESPONSIBILITY

1. Network Services
Training Unit

- 2. Staff and providers are expected to be familiar with the signs and symptoms of infection and communicable conditions. Service sites will follow the instructions of the primary care provider or occupational medicine provider.
- 3. Employees who display signs and symptoms of infectious disease and communicable conditions are required to consult with their supervisors who in conjunction with the Human Resource Department will refer the employee to occupational medicine or their primary care provider for appropriate diagnosis and medical treatment. Steps to minimize exposure to co-workers and consumers will be initiated to prevent the spread of infectious diseases and communicable conditions. Steps taken may include cancellation of appointments with consumers, minimizing time spent other employee's in workspace and common areas, and increased attention to standard precautions.
- 4. Network providers must have policies and procedures to prevent and control infectious diseases and communicable conditions.
- 5. The employee and supervisor share the responsibility to complete the exposure/injury report form and inform the Human Resource Department. (Refer to SCCMHA employee handbook.)
- 6. Consumers who display symptoms of an infectious disease of communicable condition may be referred to a healthcare provider such as primary care provider or walk-in clinic. Service provider programs should assist the consumer, as appropriate, in seeking medical attention including transportation and supervision as needed.
- 7. No employee or consumer is to work or attend day program with an infectious disease or communicable condition. Refer to "List of Signs and Symptoms of Infection".

- 2. Supervisors of SCCMHA service programs/Home Managers
- 3. All Staff & Service programs

- 4. Contracted Service Provider Programs
- 5. SCCMHA staff, Supervisor, and Human Resource Department
- 6. Service providers

 Supervisors of daily/community service program settings

- 8. Statistical aggregate data from state and local departments of health and the CDC. will be reviewed by the Infection Control Committee for concerning trends in infectious disease and communicable conditions to provide recommendations and requirements for the development of an outbreak action plan, if needed.
 - 8. Infection Control
 Committee,
 Environment of Care
 Committee
- 9. Michigan Health Alert Network notifications will be monitored by the coordinator of nursing practice and communicated to the Chief of Health Services and Medical Director, as appropriate.
- 9. Coordinator of nursing practice or designee.
- 10. Hepatitis B Vaccination Series will be offered to all employees upon hire. Anyone who declines may request the series anytime in the future.
- 10. Human Resources Department

LIST OF SIGNS AND SYMPTOMS OF INFECTION

NOTE: If the client has a condition which is known to NOT BE AN INFECTION, do not categorize it even though the signs and symptoms may be listed below.

UTI-(Urinary Tract Infection)

Sudden onset of:

- Fever
- Increased frequency of urination
- Dysuria (painful or difficult urination)
- Suprapubic tenderness
- More than 10,000 WBC's per ml/urine
- Strong odor to urine
- Cloudy urine
- Blood, pus or mucus shreds in the urine
- Mid-back area is tender (kidney area)
- 100,000+ organisms/ml of urine but asymptomatic

RTI-(Respiratory Tract Infection)

Sudden onset of:

- Cough
- Purulent Sputum
- Fever *
- Chest Pain
- Rales
- Ear Pain
- Sore Throat
- Congestion
- Blood tinges phlegm
- Positive chest x-ray
- Positive culture

WOUND AND SKIN

Sudden onset of:

- Inflammation
- Purulent Drainage
- Site Pain
- Fever*
- Skin Eruptions
- Positive Culture

GASTROINTESTINAL TRACT

Sudden onset of:

- Fever
- Nausea
- Diarrhea (3 or more watery stools per day)
- Abdominal Pain
- Cramps
- Vomiting
- Positive Culture
- Blood or mucus in the stool

OTHER INFECTIONS (EYE, EAR, SEPTICEMIA, ETC)

May include the sudden onset of:

- Fever *
- Appetite loss
- Nausea
- Eye or Ear drainage
- Malaise (general unwell feeling)
- Positive culture of lab tests (blood, cerebral spinal fluid)
- Vaginal or cervical drainage





C	are Management Procedure Ma	anual
Saginaw (County Community Mental Hea	lth Authority
Subject: Level of Care	Chapter : 09.03-	Subject No: 09.03.01.04
Reviews	Care Management Services-	
	Department Procedures	
	Care Managem	ent
Effective Date:	Date of Review/Revision:	Approved By:
5/22/09	7/22/09, 5/17/16, 6/28/18,	Chief of Network Business
	10/8/19, 10/1/20, 8/1/22	Operations
	Supersedes:	
		Authored By:
		Manager of Utilization
		Care Authorizations
		Reviewed By:
		Care Management
		Specialists

Purpose:

The purpose of this procedure is to establish the protocol and steps required for identifying, gathering medical necessity criteria, determining, and recommending either discharge of consumers from SCCMHA services, decreasing particular services being provided, or changing the service array an individual is receiving in order to best meet his/her needs. This is in accordance with the Utilization Management function within SCCMHA's Care Management Department.

Policy:

SCCMHA will provide an array of services to persons most severely affected according to the availability of resources. This shall be done without unnecessary wait times due to concerns regarding capacity. SCCMHA will maintain best practice standards when working with consumers and be fiscally responsible in the use of resources available.

Application:

All SCCMHA and SCCMHA Network Primary Team Providers.

Standards:

None

Definitions:

Provider: Case Record Holders

CMS: Care Management Specialist within the Care Management Department

RFA: Request for Authorization

LOCR: Level of Care Review

LOCUS: Level of Care Utilization System

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

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

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

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

<u>Authorization</u>: Authorization is the approval of services and the process of determining service necessity and the level of care based on scope, amount and duration. Authorization is typically a computerized function which is closely involved in processing the service provider's claims. The authorization is issued to the service provider with a unique number to which claims are processed.

References:

- SCCMHA Department Exit Criteria Policy (i.e. Wraparound, SED, ACT)
- MDHHS Medicaid Provider Manual
- Care Management Conference Procedure, 09.03.01.03
- Care Management Services Policy, 05.04.01

Exhibits:

Exhibit A - SCCMHA Care Management Continuing Stay Review for Adults, SCCMHA Care Management Continuing Stay Review for Children

Exhibit B - Care Management Specialist Disposition

Exhibit C - Adverse Benefit Determination for Non-Medicaid Consumers

Exhibit D - Adverse Benefit Determination for Medicaid Consumers

Procedure:

ACTION

RESPONSIBILITY

- 1. Care Management Specialists will identify consumers through service utilization, Care Conference review, request of Provider for review of level of care change or review of RFA that necessitates a LOCR.
- 2. Once a consumer is identified, the Provider will be asked to complete a LOCR form, and send via inter-office mail, Sentri email or fax to the appropriate CMS.
- 3. Once the CMS receives the completed form, a review will be conducted based on medical necessity and eligibility criteria to determine if the consumer continues to meet service eligibility guidelines for SCCMHA services. The CMS may request that the LOCR be taken to Care Conference or reviewed in other venues, such as Care Management Team meetings. A review and disposition are to be made within 14 business days of receiving the completed form.
- 4. When a decision is made regarding services provided to the consumer, the CMS will complete the Care Management Specialist Disposition form. If a reduction or termination of services decision is made, authorizations will be provided for up to 30 days from written decision date. After that, no additional RFA's will be

1. Care Management Specialist

- 2. Provider and Care Management Specialist
- 3. Care Management Specialist

4. Care Management Specialist

approved. Providers will be notified of the CMS decision via e-mail, fax, Sentri upload, encrypted email or interoffice mail within 24 hours of making the decision.

- 5. It is the responsibility of the CMS to forward Advance Action Notice to the consumer within 7 days of making a decision.
- 6. Providers must continue to offer services to the consumer through 30 days and prepare consumers for discharge, following proper exit procedures for your department, unless otherwise chosen by the consumer.

5. Care Management Specialist

6. Provider



SCCMHA Level of Care Change for Adults

Consumer Name:	Sentri ID:	
CSM/SC Name/Team:	Supervisor:	
Date:	Current IPOS Date:	
Diagnosi	is Review	
Diagnosis Import from Sentri	Supported in Record	
Axis I		
Axis II		
Axis III		
Axis IV		
Axis V		
General In	formation	
Review Purpose Initial Ongoing Discha Did you discuss this change with consumer/pare Supported in record (progress note/periodic	ent/guardian: Yes No No review date):	
1. Risk of Harm within last year & history of atte	mpts, ideations, and self-harm behaviors.	
Supported in record (progress note/periodic re		
2. Current level of function to include psychiatric	symptoms and medications used.	
Supported in record (progress note/periodic review date):		
3. Medical risk	·	
Supported in record (progress note/periodic review date):		
4. Substance abuse risk		
Supported in record (progress note/periodic review date):		
5. Treatment and Recovery History		
Supported in record (progress note/periodic review date):		
6. Benefits: adherence/non-adherence to current services.		

Supported in record (progress note/periodic review date):		
Supported in record (progress note)	periodic review datej.	
	Utilization Summary	
Serv	ices over the last six months	
Entitlement Status	Hospital Episodes: Date/Number of Days	
Reas	son for level of care change.	
	Recommendations	
	ext Step in Recovery Plan	
Disposition: Transfer to MI DD Increase Level of Care to Case Management ACT Maintain Level of Care; transfer to Reduce Level of Care to Therapy only Case Management Prepare for Discharge to Outside Provider* Primary Care *agencies that accept consumer's Qualified Health Plan Discharge Recommendations		
CSM/Therapist Signature:		
Supervisor Signature:	Date:	



SCCMHA Level of Care Change for Children

Consumer Name:	Sentri id:	
CSM/SC Name:	Supervisor:	
Date:	Current IPOS Date:	
Diagnos	sis Review	
Diagnosis Import from Sentri	Supported in Record	
Axis I		
Axis II		
Axis III		
Axis IV		
Axis V		
General I	Information	
Review Purpose Initial Ongoing Discherisis Did you discuss this change with consumer/par No Supported in record (progress note/periodic 1. Schoolwork	CAFAS/PECFAS rent/guardian: □ Yes □ Total	
1. SCHOOIWOFK	CAFAS/PECFAS SCOTE	
Supported in record (progress note/periodic re	ovious data).	
2. Home	CAFAS/PECFAS Score	
z. nome	CAFAS/FECFAS SCOTE	
Supported in record (progress note/periodic review date): 3. Community CAFAS/PECFAS Score		
	5 s, . 25 5 55	
Supported in record (progress note/periodic re	eview date):	
4. Behavior towards others	CAFASPECFAS Score	
Supported in record (progress note/periodic re		
5. Moods and emotions	CAFAS/PECFAS Score	
Supported in vessel (progress pate/pariedic v	ouiour dotals	
Supported in record (progress note/periodic re	CAFASPECFAS Score	
6. Self-harm behavior	CAFASPECFAS SCOTE	
Supported in record (progress note/periodic re	eview date):	
7. Substance Abuse	CAFAS/PECFAS	
	Score	
Supported in record (progress note/periodic re		
8. Thinking; symptoms and medications	CAFAS/PECFAS	
	Score	
Supported in record (progress note/periodic review date):		
	<u> </u>	

9. Adherence/non-adherence to current service (child and parent).		
Supported in record (prog	gress note/periodic review date):	
DECA: If child is between	1 month and 47 months old please sui	mmarized your DECA results.
	-	
	Utilization Summary	
	Services over the last six months	
Entitlement Status	Hospital Episodes: Date/	Number of Days
	Reason for level of care change.	
	Recommendations	
	Next Step in Recovery Plan	
Disposition: □ Transfer to □ MI □ DD □ Increase Level of Care to □ Wraparound □ Home Based Service □ Autism □ Adult Services □ Child Case Management □ Reduce Level of Care to □ Therapy only □ Maintain Level of Care; transfer to □ □ Prepare for Discharge to □ Outside Provider* □ Primary Care *Agency that accepts consumer's Qualified Health Plan Discharge Recommendations		
Supervisors Signature		Date.



Care Management

Care Management Specialist Disposition

Consumer's Name:	Case Manager's Name:
Consumer's Sentri ID:	Supervisor's Name:
Medical Necessity (please check one):	
☐ Medical Necessity Criteria Met Comments:	
☐ Medical Necessity Criteria Not Met Specify Reason:	
☐ Medical Necessity Criteria Met, but Service Specify Change Requested and Reason:	Array Modification Requested
Actions Taken/Date:	
LOCUS Score: CAFAS	S Score:
Care Management Specialist	Date
Care Management Supervisor	Date
Case Managers: Please fill out below and return c appointment has been set.	opy to assigned Care Management Specialist once
New Team Assigned:	Orientation Date:
Outside Provider Assigned:	Appointment Date:
	Appointment Date:
Case Manager Signature:	Revised 1/29/16

Exhibit C





NOTICE OF ADVERSE BENEFIT DETERMINATION Saginaw County Community Mental Health Authority (SCCMHA)

verla Test 2229 Lively Drive Saginaw, MI 48601

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: 06/22/2022

Member ID: 002018398

Name: verla Test

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

Your current service(s) will be: Terminated.

9083X Psychotherapy

Effective: 07/22/2022

This action is based on the following:

Saginaw does not have provider capacity to provide the service(s).

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 30 days of the date of this notice. You can also provide 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.

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 45 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.

0W22/2022

Page 1 of 4

Expedited or "Fast" Appeal: You can ask for a fast appeal if you believe your health could be seriously harmed by waiting up to 45 days for a decision. We'll give you a decision on a fast appeal within 3 business days after we get your appeal. If we don't give you a fast appeal, we'll give you a decision within 45 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.

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 you do not agree with the outcome, you can request an Alternative Dispute Resolution from the Michigan Department of Health and Human Services.
- The Notice of Appeal Denial will give you additional information about Alternative Dispute Resolution from the Michigan Department of Health and Human Services and how to file a request.

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

06/22/2022

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Page 2 of 4





NOTICE OF ADVERSE BENEFIT DETERMINATION Saginaw County Community Mental Health Authority (SCCMHA)

verla Test

2229 Lively Drive Saginaw, MI 48601

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".

Mailing Date: 02/08/2022

Member ID: 002018398

Name: verla Test

Beneficiary ID:

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

Your current service(s) will be: Terminated.

9083X Psychotherapy

Effective: 02/19/2022

This action is based on the following:

Saginaw does not have provider capacity to provide the service(s).

scemha no longer

The legal basis for this decision is:

Reduction, suspension, or termination of a previously authorized service. 42 CFR 438.400(b)(2)

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 DO NOT AGREE WITH OUR ACTION, YOU HAVE THE RIGHT TO AN INTERNAL APPEAL.

You must ask Saginaw for an Internal Appeal within **60 calendar days** of the date of this notice. You, your representative, or your physician can send in your request that must include:

Adverse Benefit Determination dated 02/08/2022 for 002018398 verla Test

- · Your Name
- Your Address
- Your Member Number
- · Your Reason for appealing
- Whether you want a Standard or Expedited Appeal (for an Expedited Appeal, explain why you need one).
- Any evidence you want us to review, such as medical records, letters from your physicians, or other
 information that explains why you need the item or service. If you are asking for an Expedited Appeal,
 you will need a physician's supporting statement. Call your physician 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: You will be given a written decision on a Standard Appeal within 30 calendar days after your Appeal is received. Our decision might take longer if you ask for an extension, or if we need more information about your case. You will be told if extra time is being taken and will receive an explanation why more time is needed. If your Appeal is for payment of a service you have already received, you will receive a written decision within 60 calendar days. If you want to ask for an Internal Appeal, you can either call or send in a written request to:

Saginaw 500 Hancock St. Saginaw, MI 48602 Phone Number: (989) 797-3452

711

Fax Number: (989) 797-3595

Expedited Appeal: You will be given a decision on an Expedited Appeal within 72 hours after your Appeal is received. You can ask for an Expedited Appeal if you or your physician believe your health could be seriously harmed by waiting up to 30 calendar days for a decision. You will automatically be given an Expedited Appeal if your physician asks for one for you or if your physician supports your request. If you ask for an Expedited Appeal without support from your physician, the State will decide if your request requires an Expedited Appeal. If you are not given an Expedited Appeal, you will be given a decision within 30 calendar days. To ask for an Expedited Appeal, you must call: (989) 797-3452 711.

CONTINUATION OF SERVICES DÜRING AN INTERNAL APPEAL

If you are receiving a Michigan Medicaid service and you file your Appeal within 10 calendar days of this Notice of Adverse Benefit Determination (02/18/2022), you may continue to receive your same level of services while your Internal Appeal is pending, and should submit to the 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 intended effective date of the proposed adverse action, whichever is later.

06/22/2022

Page 2 of 5

IF YOU WANT SOMEONE ELSE TO ACT FOR YOU:

You can name a relative, friend, attorney, physician, 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. TTY users, call 711. Both you and the individual you want to act for you must sign and date a statement confirming this is what you want. You will 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 process. You must submit the request in writing.

WHAT HAPPENS NEXT?

- If you ask for an Internal Appeal and are continually denied your request for coverage or payment of a service, you will be sent 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 (or Patient Right to Independent Review Act) 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 (MOAHR).

Get Help & More Information

If you need help or additional information about the decision and the Internal Appeal process, call Saginaw Customer Service Department

Phone: (989) 797-3452

TTY: 711

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

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

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.

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06/22/2022

Network Services & Public Policy Procedure Manual Saginaw County Community Mental Health Authority		
Chapter: 09.04.03 – Network Services	Subject No : 09.04.03.12	
Network Services & Public Policy		
Date of Review/Revision: 6/1/17, 3/7/16, 6/19/18, 6/10/19, 1/7/20, 9/27/22 Supersedes:	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education	
	Authored By: Jennifer Keilitz Reviewed By: Director of Friends for Recovery	
	Chapter: 09.04.03 – Network Services Pate of Review/Revision: 6/1/17, 3/7/16, 6/19/18, 6/10/19, 1/7/20, 9/27/22	

Purpose:

To describe the procedure for referral and authorization of drop-in services for adults with Severe Mental Illness (SMI) diagnoses. A primary diagnosis of SMI is required for participation in the program.

Application:

SCCMHA Network Providers, both contractors and direct operated programs.

Policy:

SCCMHA strives to provide a safe supportive and normalizing environment for individuals with mental illness in the community. It is especially important to provide services for those individuals who feel isolated from society and need to find connection with others who understand and respect them for who they are. The Friends for Recovery Drop-in Center focuses on individual's health and wellbeing by focusing on the eight dimensions of wellness as identified by Substance Abuse and Mental Health Services Administration (SAMHSA). https://www.integration.samhsa.gov/health-wellness

Standards:

The Friends for Recovery Center (FFRC) is a 100% peer-run organization with a wellness and recovery theme. The requirements for participation are the following:

1. The participant must be diagnosed with a serious mental illness.

- 2. They currently receive or have received (in the past) mental health services (not necessarily in a Community Mental Health setting).
- 3. The participant DOES NOT need to be a CMH consumer prior to their interest in drop-in services.
- 4. They must be at least 18 years old
- 5. If the participant has Medicaid insurance, then drop-in services will be billed but the participant IS NOT required to have insurance.
- 6. If they do not already have Medicaid, all eligible persons will be asked to apply for Medicaid.
- 7. All individual participants are expected to comply with the Friends for Recovery Center Code of Conduct (See Exhibit B).
- 8. All individual participants are expected to be able to function independently in the drop-in center environment and are ineligible if they experience behavioral/safety or health issues that cannot be adequately addressed in a program with a low staff-to-participant ratio.
- 9. It is the expectation of SCCMHA that all (adult) Case Holders will visit the dropin center at least once to be familiarized with the services available to the consumers with whom they work.

Definitions:

<u>Peer-Run Drop-In Centers</u> provide an informal, supportive environment to assist beneficiaries with mental illness in the recovery process. If a beneficiary chooses to participate in Peer-Run Drop-In Center services, such services may be included in an IPOS (plan) if medically necessary for the beneficiary. Peer-Run Drop-In Centers provide opportunities to learn and share coping skills and strategies, to move into more active assistance and away from passive beneficiary roles and identities, and to build and/or enhance self-esteem and self-confidence (source: Michigan Medicaid Provider Manual) <u>Orientation Team Meeting (OTM)-</u> designed to help the consumer understand the drop-in center services as well as the drop-in staff to gain some information about the soon to be new member.

<u>Individual Plan of Service (IPOS)</u>- The care plan that drives the need for drop-in services for Medicaid to cover the cost.

References:

Medicaid Provider Manual 17.3. G.1. DROP-IN CENTERS

Exhibits:

Exhibit A – A Wellness Approach diagram

Exhibit B – Friends for Recovery Center Code of Conduct

PLEASE NOTE THAT THERE ARE THREE DIFFERENT PROCEDURES, DEPENDING ON CIRCUMSTANCES.

Procedure for current SCCMHA and Provider Network Consumers:

ACTION

RESPONSIBILITY

- 1. Consumer indicates an interest in participating at the Friends for Recovery Center.
- 2. Case Holder requests an enrollment form from the director of the Friends for Recovery Center (or obtain from G drive: G:\Wellness\Friends for Recovery Center Enrollment). **OR** Case Holder receives completed enrollment form from FFRC.
- 3. If not already in the individual plan of service, Case Holder adds a wellness focused goal* for attendance to the Friends for Recovery Center (FFRC).
- 4. (inside SCCMHA) Physical Health and Nutrition Screening is updated in Sentri 2 **OR** (in Network) Personal Health Review is updated in Sentri 2.
- 5. Supervisor approves IPOS.
- 6. Case Holder requests authorization for code H0023 for up to 156 encounters in a 6-month period. (Authorization end date cannot surpass PCP end date.)
- 7. Periodic reviews are completed, and authorizations are requested as needed.
- 8. Services Authorized
- 9. Enrollment form is completed and returned to FFRC with evidence of the completed goal attached. (If completed enrollment form originated from FFRC, case Holder only needs to verify that goal has been completed. Fax: (989-401-5574.)
- 10. Enrollment form is scanned into the Sentri 2 system.
- 11. Consumer is enrolled at the Friends for Recovery Center.

Consumer

Case Holder

Case Holder

Case Holder

Supervisor of Case Holder Case Holder

Case Holder

Care Management
Case Holder with Consumer

FFRC Director

FFRC Director

Procedure for <u>New Consumers to SCCMHA/Network who only want Drop-In Services and their first contact is SCCMHA:</u>

ACTION	RESPONSIBILITY
Consumer contacts SCCMHA Consumer Access and Intake Services (CAI)	Consumer
2. CAI opens case to Sentri 2 and assigns consumer ID number	CAI
3. Eligibility screening is completed.4. Intake assessment completedIf:	CAI CAI
A. Serious Mental Illness	
Diagnosis is verified B. Saginaw County residency verified C. Medicaid eligibility verified (or application made) D. CAI introduces the idea of drop-in services	
 E. Consumer is interested in drop-in services 5. OTM meeting is scheduled with Director of Friends for Recovery Center via Sentri 2 scheduler (989-401-7586), and a time is arranged for the consumer to come in for a tour and Orientation Team 	FFRC Director
Meeting. 6. Consumer fills out enrollment form (Can be obtained on the G drive, G:\Wellness\Friends for Recovery Center Enrollment or from FFRC)	Consumer (with assistance as needed)
7. Contact will be documented in Sentri 2 through a treatment note and billed under H0023.	FFRC Director
8. Enrollment form is scanned into the Sentri 2 system.	FFRC Director
9. Care management assigns case to (Tim Howard), FFRC liaison10. Liaison assigns the case to TTI Transitions Case Holder	Care Management Liaison

11. Full set of demographics completed in Sentri 2	Case Holder
12. Personal Health Review	Case Holder
completed in Sentri 2 13. Single Service plan with a	Case Holder
wellness focused goal* for attendance to the Friends for	
Recovery Center (FFRC) is created.	
14. FFRC Liaison approves plan.	Liaison
15. Transitions Case Holder requests authorization for code H0023 for	Case Holder
up to 156 encounters in 6-month	
period. (Authorization end date	
cannot surpass PCP end date.)	Case Holder
16. Periodic reviews are completed, and authorizations are requested as	Case Holder
needed.	
17. FFRC is notified of completed goal (via fax or voice mail)	Case Holder
18. Services Authorized.	Care Management
19. Consumer is enrolled at the	FFRC
Friends for Recovery Center	

Procedure for <u>New Consumers to SCCMHA/Network who only want Drop-In Services and their first contact is Friends for Recovery Center:</u>

	ACTION	RESPONSIBILITY
1.	Consumer contacts Friends for Recovery Center in person and reports that they have a serious mental illness.	Consumer
2.	Friends for Recovery Center Director (or designee) contacts SCCMHA CAI.	FFRC
3.	CAI opens case to Sentri 2 and assigns consumer ID number.	CAI
4.	Eligibility screening is completed.	CAI
5.	CAI will complete appropriate releases of information to verify consumer's previously given diagnosis.	CAI
6.	Releases will be sent out to identified provider(s) to obtain diagnosis proof documentation.	CAI
7.	Intake assessment completed	CAI

Ιf٠

- A. Serious Mental Illness Diagnosis is verified
- B. Saginaw County residency verified
- C. Medicaid eligibility verified (or application made)
 Then proceed to step 9.
- 8. OTM meeting is scheduled with Director of Friends for Recovery Center via Sentri 2 scheduler (989-401-7587), and a time is arranged for the consumer to come in to fill out enrollment form (If not already completed) and complete Orientation Team Meeting.
- 9. Contact will be documented in Sentri 2 though a treatment note and billed under H0023.
- 10. Enrollment form is scanned into the Sentri 2 system.
- 11. Care management assigns case to (Tim Howard), FFRC liaison
- 12. Liaison assigns the case to TTI Transitions Case Holder
- 13. Full set of demographics completed in Sentri 2
- 14. Personal Health Review completed in Sentri 2
- 15. Single Service plan with a wellness focused goal* for attendance to the Friends for Recovery Center (FFRC) is created.
- 16. FFRC Director approves plan.
- 17. Transitions Case Holder requests authorization for code H0023 for up to 156 encounters in 6-month period. (Authorization end date cannot surpass PCP end date.)
- 18. Periodic reviews are completed, and authorizations are requested as needed.
- 19. FFRC is notified of completed goal (via fax or voice mail)

CAI/FFRC Director/Consumer (with assistance as needed)

FFRC Director

FFRC Director

Care Management

Liaison

Case Holder

Case Holder

Case Holder

FFRC Director Case Holder

Case Holder

Case Holder

20. Services Authorized.	Care Management
21. Consumer is enrolled at the	FFRC
Friends for Recovery Center	

^{*}Please note that there are eight dimensions of wellness. Any and all of these dimensions can be used as a basis for goal formulation related to attendance to the drop-in center. See exhibit A.

Source: Adapted from Swarbrick, M. (2006). A wellness approach. Psychiatric Rehabilitation Journal, 29(4), 311-314.





CODE OF CONDUCT

As a community of adults recovering from mental illness, Friends for Recovery Drop-In Center is dedicated to being a community where dignity and respect define our code of conduct, promoting an atmosphere of recovery at all times.

Smoking is prohibited except at the designated area. Please dispose of cigarette butts in the ashtray only. Local phone calls are allowed to (case holders, legal guardians, AFC homes and emergency contacts) and can be made at the front desk but must be limited to 5 minutes. Please ask staff to use phone. Always clean up after yourself when using the kitchen, microwave, coffee, and refrigerator at all times. Before using fitness equipment, you must have staff show you how to safely operate the equipment for safety reasons. All food and drinks must be kept in the multipurpose room only.

The following behaviors violate the code of conduct and will result in suspension from Friends for Recovery Drop-in Center according to our suspension policy:

Verbal Abuse and Illegal Behavior: Any language that is spoken in a repeated, disrespectful, or degrading manner of a personal and judgmental nature, to any participant, staff, colleague, visitor or guest. Anything that comes under the law as illegal will not be tolerated such as stealing, carrying a weapon of any kind, concealed weapons, selling of stolen items, etc.

• Any criminal act including physical assault and stealing will involve the utilization of law enforcement.

Harassment of any type, including Sexual Harassment: This includes any inappropriate or uninvited sexual comments, propositions, or innuendos (including but not limited to jokes, pictures, e-mails, touching, hugging, or kissing) made to participants, staff, colleagues, or visitors. It also includes any repeated or uninvited attempts to borrow money or cigarettes; solicit rides or otherwise repeatedly invade others personal space and property.

Drug and Alcohol Policy: Substance use at Friends for Recovery is not permitted. Participants who appear to have used substances will be asked to leave and return when sober.

Dress Code Policy: All participants must be dressed so that their body is appropriately covered. If a participant is not appropriately covered, they may be asked to leave and return until dressed appropriately or call home for adequate clothing.

SUSPENSION PROCESS

All violations before one year from the date of the current violation will not be considered in deciding which category the most recent incident falls into.

If a participant violates the Friends for Recovery Center Code of Conduct or poses a safety risk to the community, the following actions will be taken to maintain the health and safety of the participants and the drop-in center's community. In the event of a suspension of drop-in center services, an Appeal Notice must be provided to the participant and/or Guardian/AFC home, as well as a request to the participant's case holder, for a re-entry meeting within five business days of the incident.

<u>First Offense of Policy:</u> In the event that a participant violates a policy or breaks a drop-in center rule in a non-assaultive, aggressive, or disruptive way, they will be advised verbally of the appropriate behavior that is expected. If the behavior continues, or is assaultive, aggressive, or disruptive, the participant will be asked to leave the drop-in center for the remainder of the day, or longer, depending on the level of concern for the behavior. * The Drop-In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to advise participant of expected behavior.

Second Offense of Policy: This results in one-week (7 days) suspension from Friends for Recovery Center. A re-entry meeting will be held and include a discussion of the code of conduct infraction that led to the suspension and recommendations regarding an action plan to return to the Center. * The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to advise participant of expected behavior and attempt by staff to follow-up with appropriate action.

Third Offense of Policy: This will fall into the repeated offense category. Participant will be asked to take a two-week (14 days) suspension from the drop-in center. A reentry meeting will be held and include a discussion of the code of conduct infraction that led to the suspension and recommendations regarding an action plan to return to the Center. The drop-in center should regularly perform outreach to participant during their time of leave. * The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to follow-up with appropriate action, and outreach efforts made to participant.

Fourth Offense of Policy: The length of suspension can be up to one month long and will be determined by Friends for Recovery Director and/or Assistant Director or Administration. * When a participant is suspended from Friends for Recovery Center, the suspension cannot exceed (30) days unless approved by SCCMHA Director of Network Services & Public Policy. Return to the Drop-In Center will be contingent on a plan to correct the inappropriate behavior that the person has been exhibiting. During the time of leave, the participant will be provided outreach by staff. * The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) describing the policy violation, attempt by staff to advise participant of expected behavior, agreed upon contingency plan to correct participant's exhibited behavioral patterns by all parties involved (case holder, participant, director, assistant director), and outreach made by staff.

• Friends for Recovery Center Director and/or Assistant Director or Administration, in consultation with the participant's advisor and case holder, will determine a length of suspension beyond what the violation dictates above if the severity of the behavior poses a significant risk to the community of Friends for Recovery Drop-In Center.

Procedure when a participant is suspended indefinitely:

Once it has been determined that a participant will be suspended indefinitely according to the suspension process the following will occur:

- A re-entry meeting will be held and include a discussion of the code of conduct infraction that led to indefinite suspension and recommendations regarding an action plan to return to the Center. Example: "We encourage you to seek therapy or other treatments to address the issues described above and follow through with treatment recommendations. Once you and your treatment team feel that you have better managed these issues you are welcome to request to return to Friends for Recovery Center."
- When the participant asks to return, the participant's advisor, case holder and Friends for Recovery Director / Assistant Director should meet with the participant and contact their treatment team to ensure they no longer pose a risk to the Drop-In Center's community.
- A recommendation from that meeting should be made to the Drop-In Center's Director and or Assistant Director, who will make the final determination of return. * The Drop- In Center Director/Assistant Director will follow up in Sentri 2 by adding a non-billable chart note (code 924) discussing the policy violation(s), terms of reentry meeting, contingency plan to correct participant's exhibited behavioral patterns, recommendations made to FFRC Director & Assistant Director, and final determination made by FFRC Director / Assistant Director on whether the participant will be able to return to the Drop-In Center.

Autism Program Procedure Manual Saginaw County Community Mental Health Authority		
Subject : School and Applied Behavior Analysis	Chapter: 09.06.10 – Autism Program	Subject No : 09.06.10.01
(ABA)		
Autism Program		
Effective Date:	Date of Review/Revision:	Approved By:
3/1/18	6/29/18, 3/27/19, 2/26/20,	Kristie Wolbert, Executive
	5/3/21, 3/3/22	Director of Clinical
		Services
	Supersedes:	
		Authored By:
		Director of Children's
		Services
		Reviewed By:
		Autism Program Support
		Coordinators, Heather
		Beson, Amanda Elliott

Purpose:

The purpose of this procedure is to outline expectations regarding children's (who are over age 5 or under age 5 receiving Special Education services) school attendance and Adaptive Behavior Analysis (ABA) schedule.

Application:

This procedure applies to ABA contracted providers, Supports Coordinators, and children/families receiving ABA intervention.

Policy:

It is the policy of Saginaw County Community Mental Health Authority to provide ABA services in cooperation with the schools and contracted ABA Providers in order to provide coordinated services to persons with Autism.

Standards:

ABA intervention is not currently an approved school-based service under the State plan. These services may serve to reinforce skills or lessons taught in school but are not intended to supplant services or to be provided when the child would typically be in school but for the care givers choice to home-school their child. When SC's are documenting home school schedule, it must include that all core areas of academics are being provided including but not limited to mathematics, social studies, and English. Each child's Individual Plan of Service (IPOS) must document that these services do not include special

education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the child through a local education agency. Support Coordinators will communicate with the Michigan Department of Health and Human Services (MDHHS) that the child's school schedule is not interfering with ABA in the IPOS. Providers are to document that the child's school schedule is not interfering with ABA through the Caregiver Statement of Understanding and the Request for Revision in Treatment Hours/ABA Authorization forms. Please note that if the child is being home-schooled, this schedule still needs to be reflected in the fore-mentioned documents. The team involved in the child's care is expected to coordinate and collaborate on services.

Additional notes regarding school and ABA:

- Medicaid funded ABA can only be provided outside of the school schedule as identified in the Individualized Educational Plan.
- The goal should always be for a school to provide Free and Appropriate Education (FAPE) and for the Autism benefit to provide ABA services outside of typical school hours.
- Caregivers still have a choice about their ABA schedule, as long as it is outside of typical school hours.
- If a school does not support the need for a shortened school day in the IEP, but it is the impression of the team that the child's educational needs are not being met, then the SC should work the family to advocate for appropriate educational supports.
- A school, who determines that ABA is the necessary treatment for an individual, should work to include ABA into the child's educational plan, as part of IDEA and FAPE. This might include: a school hiring a Qualified Professional, contracting with an outside ABA provider for consultation, etc.
- ABA providers should be prepared to work outside of typical school hours, including evenings and weekends, in an effort to meet programming/consumer needs while maintaining compliance with this procedure.
- A provider should not be billing for services that occur during typical school hours (typical school's hours as defined in the child's IEP.)
- If a child is suspended from school, SC's should explore whether there has been a manifestation hearing and reasoning for the suspension prior to implementing ABA during the time the child is out of school.

There are a number of required documents. These have not been attached to this procedure as they change and are modified frequently. These documents can be obtained through either the Autism Program Supervisor or Autism Program Administrative Coordinator. Pertinent documents relevant to this procedure include:

- Autism Program Caregiver Statement of Understanding
- Autism Program Request for Revision in Treatment Hours/ABA Authorization

Definitions:

MSHN-Mid State Health Network (pre-paid inpatient mental health plan) MDHHS-Michigan Department of Health and Human Services

References:

- A. IDEA 2004
- B. Michigan Association of Special Education (MAASE), Individualized Family Service Plan and Individualized Education Program Considerations for Students with ASD Receiving Insurance-Based Treatment/Intervention
- C. Michigan Medicaid Program Applied Behavior Analysis FAQ
- D. Memo from Mid-State Health Network dated 2/26/18
- E. MSA 15-59
- F. Mid-State Health Network Policy, Autism Benefit Compliance Monitoring Procedure

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Reduced school day written into the child's IEP not for the purposes of attendance at ABA.	School Personnel
Document the ABA and school schedule within the IPOS. Forward a copy of the IPOS and IEP to MSHN/MDHHS for review.	Supports Coordinator
MDHHS staff review request and approve/deny.	MDHHS

Autism Program Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Autism Program	Chapter : 09.06.10 –	Subject No : 09.06.10.02		
Entry to Services	Autism Program			
Autism Program				
Effective Date:	Date of Review/Revision:	Approved By:		
5/20/15	8/4/17, 3/1/18, 3/27/19,	Kristie Wolbert, Executive		
	4/23/20, 5/3/21, 3/7/22	Director of Clinical		
	Supersedes:	Services		
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Children's Services		
		Reviewed By: Autism Program Support Coordinators, Amanda Elliott		

Purpose:

The purpose of this policy is to define the procedures for the Consumer when they become an active participant in the Autism Program.

Application:

This procedure applies to children and adults with the diagnosis of Autism and Autism Spectrum Disorder, served by SCCMHA, between the ages of 0 through the day before their 21st birthday.

Policy:

It is the policy of the Autism Program to provide each consumer who participates in the Autism benefit with a high quality, value-based experience that provides a person-first approach from entry to discharge.

Standards:

None

Definitions:

CAI – Central Access/Intake SC – Support Coordinator MSHN- Mid-State Health Network ADOS-Autism Diagnostic Observation Schedule ABA- Applied Behavioral Analysis

References:

- A. 09.06.10.03, Autism Program Expectations Regarding Treatment Plans
- B. 02.03.21, Autism Spectrum Disorder (ASD) Program
- C. 09.06.10.08, Eligibility Determination and Re-Evaluation Eligibility

Exhibits:

None

Procedure:

Following is a detailed procedure for the Autism Program Entry to Services after they have been found determined to have been diagnosed with Autism Spectrum Disorder and would benefit from Applied Behavior Analysis (ABA).

Pertinent documents relevant to this procedure include:

Referral Packets

What is ABA?

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

ACTION

RESPONSIBILITY

If eligible for Autism benefit:

- Sends encrypted email of the MSHN Evaluation Form to MSHN
- Changes population type to either Autism Focused or Autism Comprehensive in Sentri based on diagnosis on MSHN form.
- Assigns Support Coordinator
- Schedules orientation meeting with the Autism Program Supervisor or designee and assigned Support Coordinator

If child is not eligible for Autism benefit:

- Notifies the Autism Supervisor, Care Management Staff, CAI Administrative Coordinator, and Assigned CAI worker and Supervisor regarding eligibility and request for services
- Sends encrypted email MSHN Evaluation Form
- Determines appropriate primary service provider for the child and requests Orientation Meeting with appropriate provider

Once Consumer is officially a beneficiary of the program:

Autism Program Administrative Coordinator Autism Program Administrative Coordinator Autism Program Supervisor

Autism Program Administrative Coordinator Autism Program Administrative Coordinator CAI worker

- Initial Meeting and psychosocial assessment completed.
- Preplan Meeting held with family and consumer.
- Individual Plan of Service (IPOS) completed with the family, consumer and another natural and community supports identified by the family.
- Family identifies preferred Contract Provider of their choice for services.
- Conducts preliminary assessment of number of hours/times of intervention caregiver requesting.
- Requests authorization.
- Makes referral to Provider contacts caregiver and schedule initial assessment within 3 days of referral.

All efforts will be made to accommodate the caregiver to schedule the assessment within 14 days.

- Completes <u>Autism Program Assessment</u> within 5 days of last visit.
- Schedules visit with caregiver within 7 days of completion of documentation to conduct in-service (<u>Caregiver Statement of</u> <u>Understanding</u>).

NOTE: this visit is to include the Supports Coordinator and the primary Behavioral Technician, if available.

- Complete separate in-service (<u>Autism</u>
 <u>Program Staff In-Service</u>) with the primary
 Behavioral Technician.
- Begin intervention. (For every 10 hours of direct intervention being provided, 1 hour of supervision must occur.)
- Every 6 months of intervention beginning, completes <u>Autism Program 6 Month Progress</u> <u>Report</u> and appropriate behavioral outcome measurement tool such as the VB-MAPP, ABLLS-R.
- Schedules visit with caregiver, Supports Coordinator, and primary Behavioral Technician, if available, to review.

Support Coordinator

Support Coordinator

Support Coordinator

Autism Program Administrative Coordinator Contracted Provider

Support Coordinator Support Coordinator

Contracted Provider

Contracted Provider & Support Coordinator

Contracted Provider, Behavior Consultant, Behavior Technician, Support Coordinator Contracted Provider

Behavior Consultant

- Every three years re-evaluation conducted to determine whether child continues to qualify for the benefit.
- Three months prior to discharge, begins transitioning/discharge planning with primary caregiver when possible.
- Shortly before discharge, schedules visit with caregiver, Supports Coordinator, and primary Behavioral Technician, if available, to review Autism Program Discharge/Transition Plan.

Autism Program Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Autism	Chapter : 09.06.10 -	Subject No : 09.06.10.03		
Expectations Regarding	Autism Program			
Treatment Plans				
Autism Program				
Effective Date:	Date of Review/Revision:	Approved By:		
9/22/15	1/16/18, 3/1/18, 6/29/18,	Kristie Wolbert, Executive		
	2/10/19, 3/27/19, 8/22/19,	Director of Clinical		
	4/20/20, 5/3/21, 3/3/22	Services		
	Supersedes:			
		Authored By:		
		Director of Children's		
		Services		
		Reviewed By:		
		Autism Program Support		
		Coordinators, Autism		
		Supervisor		

Purpose:

To specify how phases in treatment plan development should occur and provides a standardized expectation on how Applied Behavior Analysis (ABA) plans are to be submitted to Saginaw County Community Mental Health Authority's (SCCMHA) Autism Program. Further included are standards that ABA providers are to use when providing intervention to consumers.

Application:

The procedure applies to Behavior Consultants and ABA providers developing treatment plans for children and adults involved in SCCMHA's Autism Program.

Policy:

None

Standards:

SCCMHA shall provide ABA services in accordance with Michigan Department of Health and Human Services (MDHHS) Guidelines and ensure children are receiving high quality intervention. Parents are to be fully engaged and knowledgeable about the process. It is the requirement of SCCMHA that treatment interventions will follow the Behavior Analyst Certification Board Professional and Ethical Code for Behavior Analysts. This document is not to supplant SCCMHA's policies and procedures, rather outlines specific requirements for documents within the Autism Program.

Documentation of important aspects of intervention is to be conducted via the following forms and must be maintained in accordance with the most recent Scanned Document Summary Responsibility and Delegation Grid:

• Autism Program Assessment

- Requires the administration of the Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP) or the Assessment of Basic Language and Learning Skills-Revised (ABBLS-R) or any other behavior outcome measurement tool required by MDHHS.
- o Trauma and/or medical complexities that may impact treatment must be included in background information.
- o If restrictive/intrusive techniques as defined by the MDHHS are to be used, SCCMHA requires approval by the Behavior Treatment Committee prior to implementation.
- o Information regarding risk factors, discharge criteria, and language that provides a clear linkage regarding intervention and the goals the caregiver has as outlined in the Individual Plan of Service.
- o When transferring from another Provider, it is SCCMHA's expectation that a new Assessment will be completed.

• Autism Program Staff In-Service

It is the requirement of SCCMHA that each staff member (Behavior Technician) providing services to a child will be in-serviced on the ABA treatment plan and the consumer's Individual Plan of Service prior to beginning implementation. Each staff member needs to be provided the opportunity to ask questions and receive clarification on the programs. In addition, the treatment plan writer will ensure staff have been modeled the intervention and taught the intervention. The evaluator will further certify that staff have met the minimum training requirements per MDHHS.

• Autism Program Caregiver Statement of Understanding

It is the requirement of SCCMHA that caregivers are fully involved in the treatment of their child and are in-serviced on their child's assessment and behavior intervention plans.

During the in-service with caregivers:

• The assigned Supports Coordinator (SC) and primary Behavior Technician are to be present when possible. A determination of the schedule and hours of treatment will be decided. Behavior Consultants are to recommend hours based on their clinical decision. If the team would like to request a change in treatment hours after intervention has begun, this will be done by completing a Request for Revision in Treatment Hours form and should be done through a treatment team process. Although SCCMHA has no

requirement in regards to how programs are documented, it is the expectation that these are written in an easy to understand format and that caregivers have a full understanding of what intervention their child is to receive. This must include, if the child is of school age, the child's school and ABA schedule.

• <u>Autism Program Request for Revision in Treatment Hours/ABA Authorization</u> Form

This form is to be completed immediately upon requested change in hours or other service array and forwarded to the primary SC for approval *prior to initiation*. The SC will amend the Individual Plan of Services (IPOS) with the updated number of hours of intervention/service array and forward to the Autism Program Administrative Coordinator for inputting in the Waiver Support Application. Any individual on the team can complete this form, however, it must be signed by the parent/guardian. Reductions in hours can't be due to lack of provider staffing.

• Autism Program 6 Month Progress Report (Semi-Annual Review of Progress)

It is the requirement that each child receiving active intervention will be re-assessed every 6 months from the date of initial assessment, regardless of when he/she began active intervention, for skill acquisition and behavior decrease. Providers are responsible maintaining a tracking system to ensure assessments are completed a timely manner. This will include progress towards goals and a VB-MAPP or ABBLS-R or other required behavior outcome measurement tool per MDHHS. It is the expectation that a team meeting is held with the caregiver, primary SC, and primary Behavioral Technician (if available) to review the report. If contact with caregiver is unable to be made, it is SCCMHA's expectation that at a minimum 3 attempts be made and documented on the report. 6 Month Progress Reports need to include the recommended hours of intervention by the Behavior Consultant at that time. Please note color grids must always be included in the report. In addition, information regarding risk factors, discharge criteria, and language that provides a clear linkage regarding intervention and the goals the caregiver has as outlined in the Individual Plan of Service must be included.

• <u>Autism Program Discharge/Transition Plan</u>

It is the requirement that the treatment plan writer will begin preparing the caregiver and child for discharge about 3 months prior to discharge when possible. During the last month of active intervention, a closing meeting will occur with primary treatment team members present, including primary SC. Caregivers will be provided recommendations and community resources to access. If providers are unable to review discharge plans with consumers, that is to be noted on the report and reasoning why.

Autism Program Individual Plan of Service Statement of Understanding

It is the requirement of SCCMHA and MDHHS that <u>all</u> individuals working with a consumer will have read and understand IPOS. The primary SC will notify staff involved in the consumer's care that a new IPOS is available for review. It is the expectation that this form is completed upon each renewal IPOS. Anything written into the IPOS must be followed and if not being followed, documented and discussed with the caregiver/SC to possibly amend IPOS.

• Autism Program Monthly Summary Report

This form is to be completed monthly on children referred for ABA intervention. Providers are expected to complete these for all children who may or may not be receiving active intervention, however, are considered assigned to that provider. For example, if a child was referred to a provider, but active intervention hasn't begun, please complete the form to the best of your ability. Please note that Supervision Ratio is based on the total number of hours the child attends, not on the number of reported hours of intervention. The monthly average needs to be at least 10% and providers are responsible for maintaining a tracking system for such. If there are cancellations due to weather, building closures, holidays, etc. those are to be noted as part of the percentage attended. Caregivers are to be offered make up hours to ensure the treatment hours are being met.

• Autism Program Medical Necessity Request-Time Limited Supervision

All providers who are requesting increased supervision (above 10% ratio) are to complete this document in its' entirety. This will provide the SC the medical necessity to request the noted change.

• Behavior Intervention Plan

If provider is wanting to develop and implement intervention(s) that is intrusive or restrictive based on the MSHN definitions from the MDHHS Standards for Behavior Treatment Plan Review Committees, the provider will need to complete a Behavior Intervention Plan and submission to the Behavior Treatment Plan Review Committee (BTPRC) prior to implementation of the intervention. The BTPRC would require the provider to attend the BTPRC meeting to present your Behavior Intervention Plan. If the intrusive or restrictive technique is approved, parent consent will need to be obtained on a special consent form and Behavior Technician staff trained on the interventions prior to implementation of the intervention.

• FY 20 Attachment B: Scanned Document Summary and Responsibility Delegation Grid

Per Provider's contract with SCCMHA, this is to be followed for uploading all documents to SENTRI II and whether those documents are to be uploaded by

Providers or by Autism Staff. No documents are to be uploaded without signatures from provider staff and parent/consumer as applicable.

• Autism Program Consumer Flow

This sheet is a reference sheet for use by Providers outlining the timeframe expectations for how consumers are to be served through the Autism Program. Please note that SCs are to be invited to in-services, 6 month progress report meetings, and discharge/transition meetings.

Important Additional Notes:

- The role of the SC is to be the primary contact person for the consumer and he/she is responsible for ensuring compliance with program requirements. The SC is the primary contact for authorizations and concerns. They are expected to be involved in the treatment and monitoring the effectiveness of the plan. SCs are to be notified of all changes with consumers, including, but not limited to, when a consumer's schedule changes (times/days), changes in Behavior Consultant and/or Behavioral Technician, and location of where they are being served. Providers are expected to allow SCs into their facility to monitor intervention. In addition, the must allow access to all documentation of intervention to the SC. Providers will communicate with the SC primarily through the SENTRI II system.
- When children are napping, SCCMHA is not to be billed. Snack/meal time is not to exceed 20 minutes.
- Use of telepractice is outlined in SCCMHA Policy, Autism Spectrum Disorder (ASD) Program.
- Absolutely no restrictive and/or intrusive techniques can be implemented without approval from the Behavior Treatment Committee.
- Providers are responsible for maintaining contingency plans to reduce risk factors and address staffing issues. In addition, providers are responsible for maintaining and following cancellation procedures.

• Family Guidance

The use of Family Guidance is to be encouraged and expected from families in order to generalize skills. Providers are expected to offer family guidance at a frequency and location written in the IPOS. Family Guidance does not include discussions regarding hour/schedule changes, cancellations, barriers to receiving intervention, behavioral concerns during ABA, etc. Instead should include, at a minimum, the following and be clearly documented:

- Basics of ABA
- Planning and setting goals for their child in the home related to ABA
- Skills to support their child and instilling confidence to use them. If there are behavioral concerns, a clearly outlined home program should be instituted.
- Assisting parents with generalizing skills the child is learning into the home.

Pertinent documents relevant to this procedure include:

Autism Program Assessment

Autism Program Staff In-Service

Autism Program Caregiver Statement of Understanding

Autism Program Request for Revision in Treatment Hours

Autism Program 6 Month Progress Report

Autism Program Discharge/Transition Plan

Autism Program Individual Plan of Service Statement of Understanding

Autism Program Monthly Summary Report

Autism Program Medical Necessity Request-Time Limited Supervision or 2:1 Staffing FY 20 Attachment B: Scanned Document Summary and Responsibility Delegation Grid

Autism Program Consumer Flow

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

Definitions:

None

References:

- A. 03.02.27, SCCMHA Policy and Procedure Manual, Behavioral Plans
- B. 02.03.21, Autism Spectrum Disorder (ASD) Program,
- C. 09.06.10, Autism Program Supports Coordinator Responsibilities
- D. 09.06.10.09, Orientation Meeting
- E. 09.06.10.08, Eligibility and Re-Evaluation Eligibility
- F. 09.06.10.06, Autism Discharge Planning
- G. 09.06.10.01, School and Applied Behavior Analysis (ABA)
- H. Michigan Department of Community Health Mental Health and Substance Abuse Administration Technical Requirement for Behavior Treatment Plan Review Committees
- I. Board Analyst Certification Board, Professional and Ethical Compliance Code for Behavior Analysts
- J. 1915(i) State Plan Home and Community-Based Services Administration and Operation
- K. Michigan Department of Health and Human Services Bulletin (MSA 15-59)
- L. MSHN Definitions from the MDHHS Standards for Behavior Treatment Plan Review Committees Revision FY17 application

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY	
Assure ABA services are provided in	Autism Supervisor	
accordance with Michigan Department of	Support Coordinator	
Health and Human Services (MDHHS)	ABA Providers	

Guidelines and ensure children are receiving high quality intervention.

Assure Parents are to be fully engaged and knowledgeable about the process.

Assure that treatment interventions follow the Behavior Analyst Certification Board Professional and Ethical Code for Behavior Analysts. Support Coordinator ABA Providers

ABA Providers

Autism Program Procedure Manual Saginaw County Community Mental Health Authority					
Subject: Autism Program Mission and Vision Statement	Chapter: 09.06.10 - Autism Program	Subject No: 09.06.10.04			
Autism Program					
Effective Date: 7/21/16	Date of Review/Revision: 3/30/17, 3/1/18, 3/27/19, 4/20/20, 5/3/21, 3/3/22 Supersedes:	Approved By: Kristie Wolbert, Executive Director of Clinical Services			
		Authored By: Director of Children's Services Reviewed By: Autism Program Support Coordinators, Autism Supervisor			

Mission Statement

It is the mission of the Autism Program to recognize the strengths of and provide opportunities for success in individuals with Autism Spectrum Disorder. Opening new doors of hope and independence to create a life full of limitless possibilities.

Vision: The Autism Program works to ensure individuals served in the program will have reached their fullest potential and will have a quality of life specific to each one.

Application:

Autism Program

This manual represents policies and procedures specific to Autism Program Unit Manual but Autism Program staff are bound to SCCMHA Policy and Procedure Manual.

Autism Program Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Autism Program	Chapter : 09.06.10 -	Subject No : 09.06.10.05	
Introduction	Autism Program		
	Autism Program		
Effective Date: 7/21/16	Date of Review/Revision: 3/30/17, 3/1/18, 3/27/19, 4/20/20, 5/3/21, 3/3/22 Supersedes:	Approved By: Kristie Wolbert, Executive Director of Clinical Services	
		Authored By: Director of Children's Services Reviewed By: Autism Program Support Coordinators, Amanda Elliott	

The Autism Program Unit Manual provides case managers with operational information to provide service and supports to children and adults up to the day before their 21st birthday diagnosed with Autism Spectrum Disorder in Saginaw County.

The Saginaw County Community Mental Health Authority Policy and Procedure Manual specifies the directives of the Board to the Chief Executive Officer in the form of policy, and the directives of the Chief Executive Officer in the form of procedures. The General Service Delivery Procedure of the SCCMHA Policy and Procedure Manual specifies each program will develop and maintain a program operations manual which elaborates on agency procedures as they are applied in each program. The manual is also required to address procedures which are unique to that program. The Autism Program Unit Manual is designed to meet this requirement.

Since this manual expands upon rather than supplants the SCCMHA Policy and Procedure Manual, it is important to be familiar with and adhere to the requirements outlined in both documents to ensure compliance with agency expectations for service delivery.

In addition to the SCCMHA Policy and Procedure Manual, there are a variety of regulations, directives and guidelines which apply to specific services and supports. It is also important to be aware of and familiar with these documents. Copies are not included with this manual but can be obtained from program supervisors for reference. Information from these

documents has been incorporated into this manual as much as possible. The primary documents which were considered in the development of this manual are as follows:

- 1. CARF Behavioral Health Standards Manual: July 1, 2009 June 30, 2010.
- 2. Michigan Mental Health Code, ACT 258 of 1974 and revisions.
- 3. Medicaid Chapter III;
- 4. Mental Health Alternative Services Definitions
- 5. Interpretive Guidelines for Intermediate Care Facilities for Persons with Mental Retardation;
- 6. Michigan Department of Community Health Rules for Certification of Specialized Programs Offered in Licensed Foster Care Homes;

Application:

Autism Program

Autism Program Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Autism Discharge Planning	Chapter: 09.06.10 - Autism Program		
	Autism Program		
Effective Date: 3/1/18	Date of Review/Revision: 6/29/18, 3/27/19, 2/25/20, 5/3/21, 3/3/22 Supersedes:	Approved By: Kristie Wolbert, Executive Director of Clinical Services	
		Authored By: Director of Children's Services Reviewed By: Autism Program Support Coordinators, Autism Supervisor	

The purpose of this procedure is to highlight ways consumers may be discharged from Applied Behavior Analysis (ABA) in the Autism Program. Saginaw County Community Mental Health Authority (SCCMHA) wants to ensure that children involved in the (ABA) intervention will have a transition plan highlighting goals, progress made, and resources recommended for future treatment.

Application:

This applies to SCCMHA staff and contracted providers offering ABA services.

Policy:

Discharge from ABA is determined by a qualified professional for children who meet any of the below criteria:

- 1. The child has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.
- 2. The child is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
- 3. The child has not demonstrated measurable improvement and progress towards goals, and the predicted outcomes as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of interventions are not able to be maintained or they are not replicable beyond the treatment session through a 6-month period.

- 4. Targeted behaviors and symptoms are becoming persistently worse with treatment over time or with successive authorizations.
- 5. The child no longer meets the eligibility criteria as evidences by use of valid evaluation tools administered by the qualified licensed practitioner. This evaluation is conducted on a yearly basis. The primary Support Coordinator is to notify the provider of upcoming re-evaluation. The provider should begin planning for potential discharge in the event the child is found no longer eligible.
- 6. The child and/or parent/guardian are not able to meaningfully participate in services, and does not follow through with treatment recommendations to a degree that compromises the potential effectiveness and outcome of the service. ABA Providers are to follow a Cancellation Procedure and review with caregivers upon entry to the program.
- 7. SCCMHA has only so many providers available to children. If a provider dismisses a family due to attendance issues, there may be no additional availability.

Please note:

- All discharges from ABA services require the completion of the <u>Autism Program</u> Discharge/Transition Plan by the ABA provider.
- When a consumer is aggressive and/or displaying unusual behavior where discharge is being considered, all providers of ABA services are required to follow SCCMHA's policy regarding, referenced in "References."
- If they child continues to qualify for Saginaw County Community Mental Health Authority's other supports and services, he/she will be transferred to a different department pending Care Management's approval and if appropriate.

Pertinent documents relevant to this procedure include:

Autism Program Discharge/Transition Plan

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

Standards:

None

Definitions:

None

References:

- 09.06.10.08, Autism Program Eligibility Determination and Re-Evaluation Eligibility
- 02.03.21, Autism Spectrum Disorder (ASD) Program
- 09.06.10.03, Autism Program Expectations Regarding Treatment Plans
- Mid-State Network (MHSN) Policy, Service Delivery System, Autism Spectrum Disorder Benefit

- MSHN Policy, Autism Benefit Compliance Monitoring Procedure, Autism Spectrum Disorder Benefit
- 03.02.16, Discharges for Assaultive, Aggressive, or Other Types Disruptive Behavior

Exhibits:

None

Procedure:

None

Autism Program Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject : Autism Supports	Chapter : 09.06.10 -	Subject No : 09.06.10.07	
Coordinator	Autism Program		
Responsibilities			
	Autism Program		
Effective Date:	Date of Review/Revision:	Approved By:	
3/1/18	6/29/18, 3/7/19, 4/20/20,	Kristie Wolbert, Executive	
	6/24/21, 3/3/22	Director of Clinical	
	Supersedes:	Services	
		Authored By:	
		Director of Children's	
		Services	
		Daviowad Dv.	
		Reviewed By:	
		Autism Program Support	
		Coordinators, Amanda	
		Elliott	

The purpose of this procedure is to outline Supports Coordinator (SC) responsibilities within the Autism Program due to the many reporting and Waiver Support Application requirements. In no way does this policy supplant Saginaw County Community Mental Health Authority's requirements regarding case management duties; rather it outlines specific additional duties staff working in the Autism Program must perform.

Policy:

None

Application:

This applies to all SC's and the Administrative Coordinator employed in the Autism Program.

Standards:

None

Definitions:

MSHN-Mid State Health Network (pre-paid inpatient mental health plan) MDHHS-Michigan Department of Health and Human Services

References:

A. 02.03.01, Autism Spectrum Disorder (ASD) Program,

B. 09.06.10.09, Orientation Meeting

C. 09.06.10.08, Eligibility and Re-Evaluation Eligibility

D. 09.06.10.03, Expectations Regarding Treatment Plans

E. 09.06.10.06, Discharge Planning

F. 09.06.10.01, School and Applied Behavior Analysis

Exhibits:

None

Procedure:

(Outlining SC responsibilities in each of the below areas)

Health Care Coordination:

Ensures children and adults referred for the benefit either have or will receive a screening by his/her Primary Care Physician to review the individual's overall medical and physical health, hearing, speech, vision, behavioral and developmental status. A full medical and physical examination must be performed and documented, including possible inclusion in the Individual Plan of Service (IPOS) if not completed.

Re-Evaluation:

After the Autism Program Administrative Coordinator assigns an Assessor for reevaluations, the SC is responsible for forwarding the Autism Program Re-Evaluation Feedback Form prior to the appointment time for Assessor review. Autism Program Administrative Coordinator will notify the SC and provider of the results of the reevaluation.

ABA Providers:

- All Family Guidance notes are to be attached to Monthly Summary Reports
 (MSR) for staff review. SC's to review notes to ensure what is documented is
 reflective of appropriate use of Family Guidance and return to the provider for
 revision if not adequate.
- SC's to monitor information provided in MSR to ensure what is documented on the form is giving good clinical detail. If not, the form is to be returned to the provider for revision
- When possible during observation visits, SCs to review progress note
 documentation, including Behavior Technician notes and Observation notes for
 anything out of the ordinary, plateau in progress, and behavior issues and
 document that in their progress note
- If concerns are brought forth regarding potential billings for non-ABA-rendered services, such as billing during transport, Supervisor is to be made aware so that review can occur during the Autism Revenue Management Meeting and/or passed to auditing for an ad-hoc audit of provider
- a. SC are to document in a chart note when referrals to ABA providers are made.

- b. If caregivers want to switch providers, the current provider is to be given 30-day notice unless the current provider waives that and agrees to a transfer sooner. SC to coordinate transition.
- c. When attending 6 Month Progress Reports, it must be documented in SENTRI child's current progress and/or lack of progress and whether ABA intervention is recommended to continue via a progress note. Six (6) Month Progress Reports due dates are organized and reported to the SC monthly. It is then the responsibility of the SC to coordinate with the providers to ensure that the 6 Month Progress Reports are completed timely and submitted into the Sentri record.
- d. SC are responsible for ensuring providers are using SCCMHA approved documentation and following the IPOS as written.

Monitoring:

Visits are to occur in a variety of settings including home, school, ABA providers/centers, and other authorized services to ensure what SCCMHA is paying for is occurring. SCs need to attend school Individualized Education Plan meetings and document when they are unable to attend or whether they were unaware. School documentation is to be uploaded to the record. It is expected that SC conduct at a minimum 3 home visits per year at the time of periodic reviews. Whenever possible, home visits are to occur and caregivers are to be informed of this expectation. If a caregiver requests that home visits not occur, this must clearly be documented in the IPOS and the reasoning why. When an individual will no longer be accessing the benefit, disenrollment should occur by notifying Autism Program Administrative Coordinator and sending an Appeal Notice. In addition, SC to complete addendum to plan with reasoning why, that caregiver was notified and in agreement, and what team is recommended transfer to occur to if transferring. If transfer to any other team requested besides general Support Coordination, a Level of Care Change form must be completed and forwarded to Care Management for approval.

IPOS Information:

- a. SC must complete quarterly reviews by the date indicated in the IPOS which must be completed every 90 days from the effective date of the IPOS. If past this date, the review should include the statement, "This periodic review is overdue according to Medicaid guidelines and is being retroactively completed." Staff would use the current date when completing overdue periodic reviews, yet reference the date it was due in the body of the review.
- b. IPOS are to be updated within 365 days of their last IPOS. If due to caregiver request and/or the SC is unable to reach the caregiver to complete, an addendum to the old plan is to be made extending that plan to the date the new plan is to be completed. A portal upload is to be completed in those circumstances if the consumer is receiving active ABA.
- c. Providers are to be notified of upcoming renewal IPOS and caregivers are to be strongly encouraged to invite Behavior Consultants (BC) and Behavior Technicians (BT) to the meeting, along with any other provider (internal or external) involved

- in the consumer's care. The request for attendance is to be clearly documented in the pre-plan.
- d. SC is responsible for notifying all providers involved in the consumers care once the IPOS completed so they can review the plan and sign off.
- e. Each beneficiary's IPOS must document that these services do not include special education and related services defined in the Individuals with Disabilities Education Improvement Act of 2004 (IDEA) that are available to the beneficiary through the local education agency.
 - 1. SC must follow the procedure regarding school and ABA. ABA can't be provided during typical school hours unless the caregiver homeschools their child or it is written into the IEP that the child is on a reduced school day, not for the purposes of ABA attendance. SC are to document the consumers school and ABA schedule. If there is a small gap in between start time, documentation needs to notate the travel distance.
- f. Using the person-centered planning process, the IPOS shall be developed based on findings of all assessments and input from the child and the family and includes, but is not limited to:
 - 1. Identification of outcomes based on the child's stated goals
 - 2. Determination of the amount, scope, and duration of all medically-necessary services, including ABA
 - 3. Any revisions (including related amount, scope, and duration relative to caregiver circumstances) to the IPOS at the request of the family or as changing circumstances may warrant.
- g. The IPOS shall identify how ABA will be part of a comprehensive plan of non-duplicative supports and services.
- h. The IPOS shall be a dynamic document that is revised based on changing needs, newly-identified, or developed strengths, and/or the result of periodic review (every three months), and/or assessments.
- i. The IPOS shall be kept current (i.e. annually at a minimum) and modified when needed (reflecting changes in the intensity of the beneficiary's health and welfare needs or changes in the beneficiary's preferences for support).
- j. The hours of intervention the child is receiving needs to be clearly documented and how the team came to the decision.
- k. If indicated, the IPOS shall reflect service intensity adjustment and setting to meet the child's changing needs.
- 1. Revisions to the IPOS may come at the request of the family or authorized representative as changing circumstances may warrant.
- m. The average number of hours ABA services utilized within a quarter shall fall within the suggested range of the intensity of the service to a variance of no greater (or lesser) than .25%.
 - 1. If the suggested range falls outside of this accepted variance, the SC shall determine the reasons for the variance in service provision and document that in the quarterly periodic review.
 - 2. If the fluctuation in service provision is not temporary, this shall result in a review of the plan and recommendation to addend the plan to an appropriate range. Since the (BC) reviews and monitors data and makes programmatic

- changes based on the data, the BC shall be involved in the review and suggestion of any changes to the number of hours to ensure proper treatment plan recommendation.
- 3. The person-centered planning process shall be used to address changes to the IPOS and families who have a dispute about the process have a right to appeals and grievance.
- 4. The SC shall reflect the potential for changes to the IPOS by documenting attempts to engage the family, with the additional reasoning for why the change to ABA service hours occurred.
- 5. Upon receiving Request for Revision in Treatment Hours forms, SC are to review within 24 hours and notify the provider whether the change is agreed upon and can proceed.

Other Primary Teams:

- a. If a child is transferred from the general Support Coordination department, the Autism Program SC does not have to complete a new psychosocial or IPOS, however, it is expected that the IPOS and psychosocial would be reviewed with the caregiver. If needed, the psychosocial is to be updated. An addendum to the IPOS will be completed indicating that it was reviewed with the caregiver. If the child is transferred from any other program besides general Support Coordination, the expectation is that a new psychosocial and IPOS would be completed within 45 days of case assignment.
- b. At times, consumers are receiving services through the Wraparound Program. In these circumstances the consumer can continue to receive ABA with the SC being "ancillary." Per Medicaid guidelines, consumers can only have one case manager. The case manager in these circumstances is considered the Wraparound worker and changes to the plan related to ABA need to be made through that worker. SC will request authorizations related to their intervention (using T1017) and any authorizations in relation to ABA. It is the expectation that SC to attend Child Family Team meetings at a minimum monthly, provide monthly monitoring of ABA intervention, and complete periodic reviews specific to ABA quarterly via a chart note.

Waiver Support Application:

Once the SC has worked with the family to complete the IPOS, referral has been made to chosen ABA provider, an initial Assessment has been completed by the BC and number of hours of intervention has been determined, the Portal Upload "Cover Page" Email Template must be immediately submitted to the Administrative Coordinator to upload the IPOS to the Waiver Support Application (WSA) Portal. If the child is receiving either social skills groups only and/or family guidance only, this also needs to be reported using the Portal Upload "Cover Page" Email Template.

Annually, a renewal IPOS Portal Upload "Cover Page" Email Template will also be submitted to the Administrative Coordinator and when there is a change in treatment hours and/or change in provider. This is to be done immediately upon receipt.

Updates to any and all of these areas should be reflected in an Addendum to the IPOS and an updated Portal Upload "Cover Page" Email Template should be submitted to the Administrative Coordinator each time.

The following changes, when they occur, need to be communicated to the Administrative Coordinator in writing via e-mail:

- Assigned Behavior Consultant and/or their credentials
- Periods of inactivity as defined by MSHN/MDHHS.
- When children are not receiving intervention for a period of longer than 90 days (unless there are special circumstances), he/she needs to be dis-enrolled from the benefit. The SC would notify the Administrative Coordinator and send Advance Notice. Upon re-entry to services after a period of inactivity and/or starting back up after dis-enrolled, the SC needs to notify the Administrative Coordinator and Autism Program Supervisor prior to start up as a re-evaluation may need to occur.

Telepractice:

If providers are requesting the use of Telepractice, the SC should notify the Autism Program Supervisor prior to requesting approval. This must be pre-approved by the Michigan Department of Health and Human Services and the form "Telepractice Email Template" is to be filled out and sent to the Administrative Coordinator along with corresponding documentation. The SC is to complete an addendum clearly indicating the following:

- a. Codes, along with "GT" modifier (change authorizations to include). If authorizations end sooner than the requested time frame of the Telepractice, the portal upload document is to reflect the end date of the authorization and a new portal upload document will be needed. This needs to be included in upload to MSHN.
- b. Family consent, must be family driven, not provider driven
- c. Goals/objectives for Telepractice related to Family Guidance and/or Observation and Direction of Applied Behavior Analysis
- d. Identifying what it is being used for
- e. Scope to include "Telepractice"

Pertinent documents relevant to this procedure include:

Autism Program Re-Evaluation Feedback Form
Quarterly Periodic Review
Portal Upload "Cover Page" Email Template
Tele practice Email Template
Quarterly Monitoring Checklists
Pre-plan and Individual Plan of Service (IPOS) Documentation Expectations

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

Autism Program Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Autism	Chapter : 09.06.10 –	Subject No : 09.06.10.08	
Eligibility Determination	Autism Program		
and Re-Evaluation			
	A 41 B		
	Autism Program		
Effective Date :	Date of Review/Revision:	Approved By:	
6/29/18	3/27/19, 10/15/19, 5/6/20,	Kristie Wolbert, Executive	
	5/3/21, 3/3/22	Director of Clinical	
		Services	
	Supersedes:		
		Authored By:	
		Director of Children's	
		Services	
		Reviewed By:	
		Autism Program Support	
		Coordinators, Autism	
		Supervisor	

The purpose of this procedure is to establish a formal process that all network providers are to follow for establishing initial eligibility for consumers to be in the program as well as ongoing re-evaluation as directed by Michigan Department of Health and Human Services (MDHHS).

Application:

Definitions:

None

This procedure applies to all internal and network provider staff conducting eligibility determinations and re-evaluations. In addition, Centralized Access and Intake and internal/external service providers may use this as a guide when referring for an Eligibility Determination

Determinatio	111.		
Policy:			
None			
Standards:			
None			

References:

- A. 02.03.21, SCCMHA Policy and Procedure Manual, Autism Spectrum Disorder (ASD) Program MDHHS Bulletin (MSA 15-59)
- B. Mid-State Health Network (MSHN) Policy, Autism Benefit Re-Evaluation Eligibility
- C. MSHN Policy, Autism Benefit Compliance Monitoring Procedure D. Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines

Exhibits:

None

Procedure:

Credential Verification

It is the procedure of Saginaw County Community Mental Health Authority (SCCMHA) that all providers administering Eligibility Determinations and Re-Evaluations attend inperson training on the Autism Diagnostic Observation Schedule-2 (ADOS-2), including the Toddler Module. In addition, individuals must meet the following criteria to perform evaluations:

Evaluations are performed by a qualified licensed practitioner (QLP) working within their scope of practice and who is qualified and experienced in diagnosing Autism Spectrum Disorder (ASD). A qualified licensed practitioner includes: a physician with a specialty in psychiatry or neurology; a physician with a sub-specialty in pediatrics or other appropriate specialty with training, experience or expertise in ASD and/or behavior health; a physician assistant with training, experience, or expertise in ASD and/or behavioral health; or a clinical social worker, working within their scope of practice, and is qualified and experienced in diagnosing ASD and has a clinical MSW, not a macro MSW.

Prior to performing services for SCCMHA, the following will be sent to SCCMHA's Auditing Supervisor for credential verification:

- Training certificates from ADOS-2 (including Toddler Module)
- Copy of license with expiration date
- Proof of training, experience, or expertise in ASD and/or behavioral health (provide an Employer letter, education/transcript, job description, resume', CV, or other documentation)

In addition, network providers are to provide their own ADOS-2 kits and protocol booklets as well as ADI-R protocol booklets, should they choose to use that tool. The booklets are to be maintained by the provider until the consumer is 6 years past the age of majority and last date of service plus 10 years. They are to be provided to SCCMHA upon request.

Eligibility Determinations

- A comprehensive diagnostic evaluation, using the ADOS-2 and developmental symptom history, shall be administered to all children and adults who meet medical necessity criteria to complete.
- Assessors are to record the time spent face-to-face with the consumer and family. It is anticipated that ADOS administrations will typically take 1 hour and developmental symptom history administration will take approximately 2 hours, making the total time of the evaluation 3 hours. If there is a variance in that, the Assessor is to document why. Per the Medicaid ASD Best Practice Guidelines, "Evaluators should be spending at an absolute minimum two hours, but more routinely up to six hours of direct face-to-face time with the family and child being assessed." Following direct time, evaluators need several hours for scoring, record review, data interpretation, and report writing. This indirect time is essential for diagnostic accuracy and making the evaluation helpful to the family. Documentation of indirect dates and times should also be recorded.
- Symptoms are to be rated using the Developmental Disabilities-Children's Global Assessment Scale (DD-CGAS).
- Assessors may refer to other providers or request authorization themselves to complete a psychological evaluation, which includes other tools to determine a diagnosis and medical necessity service recommendations. Other tools may include: cognitive/developmental tests such as the Mullen Scales of Early Learning, Wechsler Preschool and Primary Scale of Intelligence-IV (WPPSI-IV), Wechsler Intelligence Scale for Children-IV (WISC-IV), Wechsler Intelligence Scale for Children-V (WISC-V), or Differential Ability Scales-II (DAS-II); adaptive behavior tests such as the Vineland Adaptive Behavior Scale-II (VABS-II), Adaptive Behavior Assessment System-III (BHTS-III), or Diagnostic Adaptive Behavior Scale (DABS) and/or; symptom monitoring such as the Social Responsiveness Scale-II (SRS-II) or Aberrant Behavior Checklist.
- Documentation of the eligibility determination is to occur using the <u>Autism Program Eligibility Determination</u> and is to be written in a language easily understood by caregivers.
- The Eligibility Determination is to be a comprehensive evaluation including differential diagnosing and treatment recommendations. Treatment recommendations need to include recommendations whether the child is found eligible for Behavioral Health Treatment (BHT) or not. Please refer to "Ancillary Services Available to SCCMHA Consumers" for additional information. If recommending BHT, please include the intensity for which services should be completed. *Note: Applied Behavior Analysis (ABA) and BHT are to be used interchangeably, however, for the purposes of consistency with MDHHS verbiage, BHT will be in place of ABA throughout this document.
- Assessors are to complete a progress note indicating whether the Eligibility Determination occurred and if not, why not.
- Assessors are to contact caregivers upon completion of documentation to explain results (feedback session) and it is to be documented that contact was made. A face-to-face visit is to be offered within 30 days of date of last face-to-face contact and documented.

- Upon completion, the diagnosis in SENTRI-II must be changed to reflect current diagnosis (whether it was "ruled-out" or confirmed/ "Active").
- It is required that prior to submitting Eligibility Determinations to SCCMHA, they be reviewed for grammatical and spelling errors as this often delays the consumer getting into services. If corrections are requested by Autism Program Supervisor, timely response to these corrections is imperative as this may delay service entry for individuals.
- Assessors are to include additional recommendations for treatment service array.
 Refer to "Ancillary Services Available to SCCMHA Consumers" for more information.

Medical necessity for BHT services is determined by the Assessor. The child must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criterion A and B listed below:

- A. The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by all of the following:
- 1. Deficits in social-emotional reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.
- 2. Deficits in nonverbal communicative behaviors used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.
- 3. Deficits in developing, maintaining, and understanding relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.
 - B. The child currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:
 - 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g. simple motor stereotypes, lining up toys or flipping objects, echolalia, and/or idiosyncratic phrases).
 - 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, and/or need to take the same route or eat the same food every day).
 - 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g. strong attachment to or preoccupation with unusual objects, and/or excessively circumscribed or perseverative interest).

4. Hypo- or hyper-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures).

In addition, the following requirements for determining eligibility for BHT services for a child with a confirmed diagnosis of ASD must be met. Please refer to the "ABA Referral Considerations" document when assessing whether a child could benefit from BHT:

- 1. Child is under 21 years of age.
- 2. Child received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools.
- 3. Child is medically able to benefit from BHT treatment.
- 4. Treatment outcomes are expected to result in a generalization of adaptive behaviors across different settings to maintain the BHT interventions and that they can be demonstrated beyond the treatment sessions. Measurable variables may include increased social-communication, increased interactive play/age appropriate leisure skills, increased reciprocal communication, etc.
- 5. Coordination with the school and/or early intervention program is critical. Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (i.e. Individual Education Plan/Individual Family Service Plan (IEP/IFSP), Individual Plan of Service (IPOS), etc.)
- 6. Services are able to be provided in the child's home (if deemed appropriate) and community, including centers and clinics.
- 7. Symptoms are present in the early developmental period (symptoms may not fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).
- 8. Symptoms cause <u>clinically significant impairment</u> in social, occupational, and/or other important areas of current functioning that are fundamental to maintain health, social inclusion, and increased independence.
- 9. A qualified licensed practitioner recommends BHT services and the services are medically necessary for the child.
- 10. Services must be based on the individual child and the parent's/guardian's needs and must consider the child's age, school attendance requirement, and other daily activities as documented in the Individual Plan of Service (IPOS).

Re-Evaluation

- Re-evaluations are to be conducted by qualified licensed practitioners as outlined above.
- Caregivers will be provided the <u>Autism Program Re-Evaluation Informational</u> Sheet.
- Qualified Licensed Practitioners shall address the ongoing eligibility of the autism benefit participants and are updated at least every three (3) years or sooner as medically necessary.
- Re-evaluations consist of utilizing the ADOS-2 and symptoms are rated using the DD-CGAS.

- Anticipated length of the re-assessments is 2 hours face-to-face. If there is a variance in that, the Assessor is to include why in the report.
- It is a requirement that the practitioner conduct a brief interview with the parent/guardian to determine symptomatology that isn't discovered during administration of the ADOS-2. The Assessor may use additional tools, such as questions from a developmental symptom history, to gain information about other symptoms the child is experiencing. Additional tools listed above under Eligibility Determinations may be used if the clinician feels it is necessary to determine ongoing medical necessity and recommend services.
- When a referral is made to an Assessor for a Re-Evaluation by the Autism Program Administrative Coordinator, it is to include the Autism Program Re-Evaluation Feedback Form. It is expected Assessors are to use this document in their review of consumers' continued eligibility.
- Assessors are to include additional recommendations for treatment service array, in particular if the individual is found no longer eligible for the benefit.
- If the child is no longer found eligible for BHT services during the yearly reevaluation, caregiver will be sent an appeal notice.
 - o If a caregiver requests a second re-evaluation, this will be scheduled within 30 days of the request. Should the caregiver/child fail to show for this appointment, the results of the initial re-evaluation will stand and no additional appointment times will be offered. The caregiver waives their right to a second re-evaluation in the future.

Documentation of the Re-Evaluation is to occur in the SENTRI-II electronic medical record under Therapist Assessment and is to include the following:

- 1. The purpose of the re-evaluation
- 2. Date and time of face to face contact, including the length of time it took
- 3. Date and time of indirect time spent calculating scores and writing reports
- 4. A description of the ADOS-2 and what module used (do not include a score)
- 5. What occurred during the ADOS activities
- 6. A description of the DD-CGAS
- 7. DD-CGAS score along with how that score was determined
- 8. Information collected from interview with parent/guardian
- 9. Whether the child continues to meet medical necessity criteria for BHT services and if so, that he/she will be evaluated again in one year
- Must include treatment recommendations. Treatment recommendations need to include recommendations whether the child is found eligible for BHT or not. Please refer to "Ancillary Services Available to SCCMHA Consumers" for additional information. If recommending BHT, please include the intensity for which services should be completed.
- 10. That caregiver was contacted and informed of the results. A face-to-face visit is to be offered within 30 days of last face to face contact and documented.

Medical necessity for BHT services is determined by the Assessor. The child must demonstrate substantial functional impairment in social communication, patterns of behavior, and social interaction as evidenced by meeting criterion A and B listed below:

- A. The child currently demonstrates substantial functional impairment in social communication and social interaction across multiple contexts, and is manifested by all of the following:
- 1. Deficits in social-emotional reciprocity ranging, for example, from abnormal social approach and failure of normal back-and-forth conversation, to reduced sharing of interests, emotions, or affect, to failure to initiate or respond to social interactions.
- 2. Deficits in nonverbal communicative behaviors used for social interaction ranging, for example, from poorly integrated verbal and nonverbal communication, to abnormalities in eye contact and body language or deficits in understanding and use of gestures, to a total lack of facial expressions and nonverbal communication.
- 3. Deficits in developing, maintaining, and understanding relationships ranging, for example, from difficulties adjusting behavior to suit various social contexts, to difficulties in sharing imaginative play or in making friends, to absence of interest in peers.
- B. The child currently demonstrates substantial restricted, repetitive and stereotyped patterns of behavior, interests, and activities, as manifested by at least two of the following:
- 1. Stereotyped or repetitive motor movements, use of objects, or speech (e.g. simple motor stereotypes, lining up toys or flipping objects, echolalia, and/or idiosyncratic phrases).
- 2. Insistence on sameness, inflexible adherence to routines, or ritualized patterns of verbal or nonverbal behavior (e.g., extreme distress at small changes, difficulties with transitions, rigid thinking patterns, greeting rituals, and/or need to take the same route or eat the same food every day).
- 3. Highly restricted, fixated interests that are abnormal in intensity or focus (e.g. strong attachment to or preoccupation with unusual objects, and/or excessively circumscribed or perseverative interest).
- 4. Hypo- or hyper-reactivity to sensory input or unusual interest in sensory aspects of the environment (e.g., apparent indifference to pain/temperature, adverse response to specific sounds or textures).

Other Considerations

Assessors are to determine whether the individual can benefit from BHT understanding that even if a child has a diagnosis of ASD, BHT may not be appropriate. Assessors are to do thorough review of deficits and needs and recommend alternative less intensive services when appropriate. Assessors may refer to the document "Ancillary Services Available to SCCMHA Consumers" for alternative treatment options.

- Differential and co-morbid diagnoses are to be explored and documented.
- Assessors are to complete the Mid-State Health Network (MHSN) Autism Benefit Evaluation Form upon completion of Eligibility Determinations and Re-Evaluations, with the appropriate box checked respectively. The Autism Administrative Coordinator is to e-mail encrypted MSHN form to MSHN Autism Waiver Coordinator. <u>All documentation to be completed within 5 business days</u> <u>and forwarded to Autism Program Administrative Coordinator per SCCMHA</u> <u>policy.</u>
- Autism Program Administrative Coordinator to enter the re-evaluation information into the Waiver Support Application (WSA) for approval by the MSHN Autism Waiver Coordinator.
- If Assessors offer time slots and are unable to no longer accommodate that, he/she is to reschedule the consumer directly (within 5 business days of the initial appointment) and notify the Autism Program Administrative Coordinator of date/time of re-scheduled appointment.
- Assessors are to follow the guidelines set forth by the Medicaid Autism Spectrum Disorder Screening, Evaluation and Treatment Recommendation Best Practice Guidelines manual at all times

Pertinent documents relevant to this procedure include:

Autism Program Re-Evaluation Feedback Form

Autism Program Eligibility Determination

Autism Program Re-Evaluation Informational She

Referral Packets

Referral Flow Chart

Rescheduling of Appointments Info-graph

What is ABA?

Ancillary Services Available to SCCMHA Consumers

These documents can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

Autism Program Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Autism Program	Chapter : 09.06.10 –	Subject No: 09.06.10.09	
Orientation Meeting	Autism Program		
	Autism Program		
Effective Date:	Date of Review/Revision:	Approved By:	
6/29/18	3/27/19, 2/26/20, 5/3/21,	Kristie Wolbert,	
	3/3/22	Executive Director of	
	Supersedes:	Clinical Services	
		Authored By: Director of Children's Services	
		Reviewed By: Autism Program Support	
		Coordinators, Autism	
		Supervisor	

The purpose of this procedure is to outline what is reviewed with caregivers upon entry to the Autism Program during the Orientation Meeting. It is SCCMHA's intention to educate parents about Applied Behavior Analysis (ABA) using educational materials, cancellation protocol, in-home ABA intervention, and transportation.

Application:

This applies to the Autism Program Supervisor and assigns Supports Coordinator.

Policy:

None

Standards:

Each new consumer who enters the Autism Program must attend an Orientation Meeting with the Autism Program Supervisor or designee and assigned Supports Coordinator if available. Exceptions to this may include siblings of current consumers who are being served in the Autism Program or consumers who have previously been served through the program. Caregivers are also provided a copy of their child's Autism Program Eligibility Determination and asked if they have questions or concerns. Further, individuals are informed that their child will need to come for re-evaluation once per year to determine if he/she continues to meet medical necessity criteria for ABA, otherwise, the benefit is available to them until their child turns 21 years of age. Documentation of the Orientation Meeting is done by the assigned Supports Coordinator or designee indicating the above was reviewed with the caregiver.

Team Orientation Checklist

The use of SCCMHA's Team Orientation Checklist is to be used and caregivers are to sign off on the checklist. Caregivers are to be informed that staff are mandated providers. In addition, discussion of as needed transportation to intervention to occur.

Cancellation Protocol

This document is reviewed with caregivers to outline the importance of engaging and committing to ABA. If caregivers choose not to pursue ABA within 90 days, disenrollment from the benefit will occur. If a provider dismisses a child due to attendance issues, a meeting with the Autism Program Supervisor and assigned Supports Coordinator BEFORE the child is referred to another provider will occur. The purpose of this is preventing reoccurrence of attendance issues. This document is a fluid document and may be used with families already engaged in services, not merely during the Orientation Meeting.

Autism Program Re-Evaluation Informational Sheet

This outlines Michigan Department of Community Health's requirement for annual reevaluations to determine medical necessity for continued treatment.

In-Home ABA

It is preferable that ABA services be provided in a facility in an effort to assure quality outcomes, however, in-home services can be made available upon caregiver request if the home environment is found to be suitable as defined as a "designated, sanitary room in a quiet environment with no distractions." Caregivers are asked to consider what is listed within the document when deciding whether in-home ABA is an option for them. This document is a fluid document and may be used with families already engaged in services, not merely during the Orientation Meeting.

School and ABA

Informs parents regarding the inability to provide ABA during the school day and other processes regarding school and ABA.

Rights and Responsibilities

Discusses caregivers/consumers rights being served through Saginaw County Community Mental Health Authority. Further discusses care-givers responsibility in receiving services.

Pertinent documents relevant to this procedure include:

Team Orientation Checklist (Modified for Autism Program)

Welcome to Saginaw County Community Mental Health Authority Autism Program

Autism Program Mission/Vision Statement

Applied Behavior Analysis

Individual Plan of Service

Saginaw County Community Mental Health Applied Behavior Analysis Cancellation

In-Home Applied Behavior Analysis

Autism Services Brochure

Parent Resource Guide Brochure

Autism Spectrum Disorder Fact Sheet

ABA Terms Parents Should Know

A Parent's Guide to Evidence Based Practice and Autism (book-cover sheet only-to be provided on loan to families per request)

Autism Program Re-Evaluation Informational Sheet

SCCMHA Autism Program Participants Rights

School and Applied Behavior Analysis

These can be obtained either through the Autism Program Supervisor or Autism Program Administrative Coordinator.

Definitions:

None

References:

- A. 09.06.00.12, SCCMHA Clinical Team Orientation Policy
- B. 09.06.10.08, Autism Program Eligibility Determination and Re-Evaluation Eligibility
- C. 02.03.21, Autism Spectrum Disorder (ASD) Program
- D. Mid-State Health Network (MSHN) Policy, Autism Benefit Re-Evaluation Eligibility
- E. MSHN Policy, Autism Spectrum Disorder Benefit

Exhibits:

None

Procedure:

None

Autism Program Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Referrals for Autism Spectrum Disorder Eligibility Determination Evaluations for Applied Behavior Analysis (ABA)	Chapter: 09.06.10 – Autism Program	Subject No : 09.06.10.10	
	Autism Program		
Effective Date: 10/20/22	Date of Review/Revision: Supersedes:	Approved By: Kristie Wolbert, Executive Director of Clinical Services	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Director of Children's Services	
		Reviewed By: Allison Kalmes-Hadd	

The purpose of this procedure is to clarify the course of action that must occur when consumers present with a request to receive an Autism Evaluation (Eligibility Determination) for autism spectrum disorder with the intent of seeking the treatment of Applied Behavior Analysis (ABA) and therefore becoming an active participant in the Autism Program.

Application:

This procedure applies to children and adults up to the age of 21 seeking an evaluation to determine the need for Applied Behavior Analysis from Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA that consumers/parents/caregivers who present with concerns regarding possible symptoms of Autism are initially screened and assessed using best practice guidelines, as well as assessed for other potential developmental delays and behavioral issues that may be impacting their level of functioning. Therefore, it is the policy of SCCMHA that referrals specific to Autism and Applied Behavior Analysis (ABA) treatment are initiated by the consumer's primary care physician, and upon receipt include medical necessity to support the request for further evaluation. Specifically, per the

Michigan Medicaid Provider Manual the primary care physician is required to complete the following:

- (1) a full medical and physical examination *before* the child is referred to the local PIHP (Pre-Paid Inpatient Health Plan) to assist with ruling out other medical or behavioral conditions other than Autism Spectrum Disorder and include those conditions that may have behavioral implications and/or may co-occur with Autism Spectrum Disorder.
- (2) It is also requested that upon referral the primary care provider complete an Autism Spectrum Disorder screen (i.e., Social Communication Questionnaire [SCQ] or Modified-Checklist for Autism in Toddlers [M-CHAT]) to provide support for the request for further evaluation by the SCCMHA.
- *SCQ scores 15 and above suggest the individual is likely to be on the autism spectrum and a more extensive evaluation should be carry out.

*M-CHAT scores 3-7 demonstrate Medium-Risk for ASD, and a Follow-Up Interview should be performed. If a child's total score is 8-20 points, they are at High-Risk for ASD and a Follow-Up Interview can be performed to gain clarity on at-risk responses and refer the child for a diagnostic evaluation and early intervention services. A total score of 0-2 means the child passed the screener and surveillance should continue at all subsequent health supervision visits.

If the primary care physician submits an incomplete referral (missing either of the two above items) SCCMHA Intake Specialist will contact the primary care physician directly and inform them of the above-mentioned requirements that are needed to move forward with a full ASD evaluation for applied behavior analysis. This request should also be explained to the consumer/parent/caregiver to assist with the process. Additionally, the Intake Specialist should seek to clarify with primary care physician and consumers/parents/caregivers the importance of ruling out other medical or behavioral conditions other than ASD as well as identifying conditions that may have behavioral implications and/or may co-occur with ASD. Ultimately, SCCMHA seeks to effectively communicate and assist families and primary care physicians in understanding the importance of completing all the necessary steps of assessing a consumer for autism spectrum disorder, since not doing so could result in improper treatment planning, time lost for the consumer, and poor use of Medicaid funds. Additionally, it should be explained to the consumer/parents/caregivers the intent of autism evaluations is to determine if Applied Behavior Analysis is the best treatment for the presenting symptoms. Whereas if they are seeking only to rule in or rule out a diagnosis of autism spectrum disorder without the intention of engaging in Applied Behavior Analysis treatment then other diagnostic referrals can and should be coordinated with the consumer/parents/caregivers through SCCMHA.

Consumers with private insurance need to verify with their insurance carrier the details and the extent of their autism benefit as insurance plans and benefit packages are different for each. Additionally, consumers who have BCBS as their primary insurance are required to be evaluated for autism by an Approved Center for Excellence and therefore need to be directed to the appropriate service provider. For these consumers autism evaluations completed elsewhere are not accepted unless prior approval has been granted by BCBS. Approval documentation must be obtained, reviewed, and scanned into the record, and an OTM is scheduled with the consumer prior to scheduling an autism eligibility determination through SCCMHA. If these consumers are eligible for other services outside of the autism benefit those services should be coordinated as appropriate and assigned to the corresponding treatment team. If the consumer is found eligible for Applied Behavior Analysis later though SCCMHA, then the treatment team and case holder would be transitioned to the Autism Program upon the receipt of the positive Autism Eligibility Determination.

For consumers who have a private insurance as primary and Medicaid as secondary SCCMHA will follow the Medicaid provider guidelines regarding coinsurance/deductible and/or copayments section 3.3.

Standards:

None

Definitions:

ASD- Autism Spectrum Disorder- ASD is a range of developmental conditions that can make social interaction and communication challenging. Spectrum means signs and symptoms can vary from one child to another and range from mild to severe. ASD includes autism disorder, Asperger syndrome, and pervasive developmental disorder, not otherwise specified. These terms are sometimes used interchangeably with ASD. he main signs and symptoms are social interaction problems and repeated behaviors. These prevent your child from functioning easily in social settings, such as school. Signs and symptoms are usually noticed during the early developmental period, often by 3 years. Your child may not reach expected milestones. He or she may reach milestones but then lose skills that were gained. ASD sometimes becomes noticeable later, when children need to interact with others at school.

ABA- Applied Behavior Analysis- also known as ABA – is the most evidence-based treatment for individuals with ASD (Cohen, Amerine-Dickens & Smith, 2006; Sallows & Graupner, 2005; Warren et al., 2011). ABA is a therapeutic approach based on principles of learning and behavior that involves identifying connections between an individual's behavior and antecedents and consequences of that behavior. This approach heavily utilizes positive reinforcement, which is the provision of something valued by an individual (a reward) immediately after the individual engages in a desired behavior. Behaviors that are consistently reinforced subsequently occur more often. Complex skills can be broken down

into small steps and taught in a hierarchical fashion or gradually shaped by reinforcing successive approximations of the final behavioral goal. When treating problematic behavior, ABA focuses on understanding the function of the problem behavior when developing effective interventions. Although many of these principles of learning can be applied successfully outside of the context of ABA, this therapeutic approach must be practiced by professionals (in collaboration with family members) with appropriate clinical training.

MSHN- Mid-State Health Network- The Pre-Paid Inpatient Health Plan for Saginaw County Community Mental Health that receives Medicaid funding from the state and distributes to those within the MSHN network of Community Mental Health Providers based on services performed by each Community Mental Health Provider.

ADOS-Autism Diagnostic Observation Schedule - The ADOS-2 is a required component of the ASD evaluation and should be utilized and scored whenever the individual falls within the scope of the standardization sample (notable exceptions are discussed in the differential and special populations sections of this guideline). While highly useful data, the ADOS-2 is intended to be only one component of the comprehensive ASD evaluation and should never be used in isolation, but rather utilized as part of an integrated assessment with multiple domains and sources (ADOS-2 manual; Lord et al., 2012). The ADOS-2 should be used as it was standardized in a clinic-based setting and not at the family's home; while home-based observations can be a useful component of ASD evaluation in some cases, the clinical tools should be administered in a clinic-based setting

SCQ- Social Communication Questionnaire - brief instrument helps evaluate communication skills and social functioning in children who may have autism or autism spectrum disorders. Completed by a parent/adult or other primary caregiver in less than 10 minutes, the SCQ is a cost-effective way to determine whether an individual should be referred for a complete diagnostic evaluation. The questionnaire can be used to evaluate anyone over age 4.0, as long as his or her mental age exceeds 2.0 years. It is available in two forms—*Lifetime* and *Current*—each composed of just 40 yes-or-no questions. Both forms can be given directly to the parent, who can answer the questions without supervision.

M-CHAT- **Modified** Checklist for Autism in Toddlers The *M-CHAT* is a two-stage screening tool. It is designed to be completed by parents of children 16-30 months old. The initial screening consists of 23 yes/no questions about the child's usual behavior. Children who fail 3 or more items total or 2 or more critical items (particularly if these scores remain elevated after the *M-CHAT* Follow-up Interview) should be referred for diagnostic evaluation by a specialist trained to evaluate ASD in very young children.

References:

A. Michigan Medicaid Provider Manual, <u>MedicaidProviderManual.pdf (state.mi.us)</u> Coordination of Benefits, Section 3.3

- B. BCBS Center of Excellence <u>Finding approved autism evaluation centers and licensed behavior analysts: Blue Cross and BCN (bcbsm.com)</u>
- C. SCCMHA Departmental Procedure 09.02.02.01 Coordination of Benefits (COB)
- D. SCCMHA Departmental Procedure 09.02.04.03 Medicaid Deductible
- E. SCCMHA Departmental Procedure 09.02.03.05 Insurance Verification
- F. MSHN Policy, Autism Spectrum Disorder Benefit
- G. 09.06.00.12, SCCMHA Clinical Team Orientation Policy
- H. 09.06.10.02, Autism Program Entry to Services Program Policy
- I. 09.06.10.08, Autism Program Eligibility Determination and Re-Evaluation Eligibility
- J. 02.03.21, Autism Spectrum Disorder (ASD) Program

Exhibits:

None

Procedure:

Following is a detailed procedure for Referrals for Autism Eligibility Determination from Centralized Access and Intake.

ACTION

RESPONSIBILITY

- Autism referral received by Central Access and Intake (CAI)
 - CAI verifies the referral is complete and correct:
 - ✓ Sent by PCP and includes-
 - ✓ full medical and physical examination documentation.
 - ✓ A completed Autism
 Screener that indicates the concerns that initiated the referral. *If a referral is received and the included documentation does not give reason for further evaluation the referral should be reviewed by CAI Supervisor for guidance on next steps due to the inconsistencies identified. Immediate follow up with the referring PCP is

Central Access and Intake Dept.

CAI Specialist /CAI Supervisor

recommended to obtain the correct information.	
 Referral paperwork has been obtained and findings are reviewed with the parent/caregiver. 	CAI Specialist
 Verification of Insurance coverage and details of benefits are reviewed as well as the Ability to Pay. 	CAI Specialist
• Initial Intake Assessment is completed, seeking to gather all pertinent information that would assist with appropriate preliminary diagnosis and treatment planning.	CAI Specialist
• Determine if the consumer would benefit from other behavioral health services as indicated by the initial intake assessment and presenting concerns.	CAI Specialist
 Parent/caregiver is provided detailed information on what the intent of an Autism Eligibility Determination entails. This step is important as parents need to be able to make an informed decision regarding the evaluation process and potential treatment recommendations that will follow. Autism Eligibility Determination entails: Determination of Autism Spectrum Disorder Diagnosis Severity of symptoms Determine if ABA Tx is recommended 	CAI Specialist
• Parents are informed that if their child is found not eligible for the Autism benefit, other recommendations will be provided based on the evaluation results.	CAI Specialist
• If parent/guardian wishes to proceed in an eligibility determination CAI Intake Specialist	Care Management Specialist/ CAI Specialist

will email Care Management requesting approval to proceed with scheduling an Autism Eligibility Determination, as well as to request other needed behavioral health services identified.

- It is recommended that consumers who would benefit from other behavioral health services (in addition to an autism eligibility determination) begin these services prior to their autism ED.
- If the consumer is found eligible for Autism ABA treatment, service coordination with existing providers will be done with the least amount to disruption as possible.
- Care Management will review the request for further evaluation and verify appropriate documentation and medical necessity are accounted for.
- Care Management will verify insurance coverage and benefit details to ensure that all information has been collected and authorization for services can be provided.
- Once verified, Care Management will communicate approval through email to CAI to move forward with scheduling an Eligibility Determination (ASD Evaluation)
 - If appropriate documentation and medical necessity are not verifiable Care Management will communicate the concern with CAI to seek a timely resolution.
- Following approval from Care Management to proceed with Autism Evaluation, CAI staff will schedule an Orientation Meeting (OTM) with the primary treatment team identified. using Sentri Calendar system and then contact the caregiver to inform of orientation meeting date, time, and location.
- Email indicating the OTM date, time and location/method of OTM (phone, DOXY, face to face) is then sent to:
 - Care Management
 - CAI Administrative Coordinator
 - Autism Administrative Coordinator and

Care Management Specialist

Care Management Specialist

Care Management/ Specialist CAI Specialist

CAI Specialist

CAI Specialist

Autism Program Supervisor

See 09.06.10.02 Autism Program Entry to Services Program Policy for additional guidance.

Tab 5

Regulatory Management/ HIPAA Compliance

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Compliance and Chapter: 05 -		Subject No: 05.07.01	
Ethics Program	Organizational		
	Management		
Effective Date:	Date of Review/Revision:	Approved By:	
August 15, 2002	8/15/05, 3/9/06, 8/7/06,	Sandra M. Lindsey, CEO	
	7/7/09, 8/10/15, 5/9/16		
	3/15/17, 6/1/18, 6/11/19,		
	8/1/21, 8/26/22		
	Supersedes:	Responsible Director:	
		AmyLou Douglas, Chief	
		Information Officer Chief	
		Quality and Compliance	
5.20.00		Officer	
SAGINAW CO			
HEALTH AUT	INITY MENTAL THORITY	Authored By:	
TILZETT ZECT	Homi	Richard M. Garpiel,	
		Privacy Officer	
		Additional Reviewers:	
		Holli McGeshick, Quality	
		and Medical Records	
		Supervisor	

To ensure that Saginaw County Community Mental Health Authority (SCCMHA) conducts all aspects of service delivery and administration with integrity, in conformance with the highest standards of accountability and applicable laws, while utilizing sound business practices, through the development of and adherence to the SCCMHA Corporate Compliance Plan (CCP), guaranteeing the highest standards of excellence.

Policy:

A. Corporate Compliance

- 1. SCCMHA shall establish, implement, and maintain a Corporate Compliance Plan that is in accordance with federal and state statutes, laws, and regulations. SCCMHA will furthermore adhere to regulations required by the Mid State Health Network (MSHN), the Michigan Department of Health and Human Services (MDHHS), the Michigan Attorney General's Office, Office of Inspector General, Centers for Medicaid and Medicare, and relevant accrediting bodies.
- 2. The SCCMHA Corporate Compliance Plan provides the framework for SCCMHA to comply with applicable laws, regulations, and program

- requirements, minimize organizational risk, maintain internal controls, and encourage the highest level of ethical and legal behavior.
- 3. SCCMHA shall maintain policies and procedures necessary to comply with the SCCMHA CCP and shall ensure effective processes for identifying and reporting suspected fraud, abuse and waste, and timely response to detected offenses with appropriate corrective action, including the reporting thereof to the SCCMHA Chief Executive Officer.
- 4. SCCMHA shall identify a Chief Compliance Officer, a Compliance Officer, and a Compliance and Policy Committee.
- 5. SCCMHA shall provide staff training in compliance with the SCCMHA CCP and will maintain records of staff attendance. Trainings shall include but are not limited to: Federal False Claims Act, Michigan False Claims Act, Whistleblowers Protection Act, Advance Directives and Consumer Privacy Protections.
- 6. SCCMHA shall require all Board members, employees, and contractors to comply with corporate compliance requirements including any necessary reporting to other agencies.
- 7. SCCMHA shall review its compliance activities at least annually and will participate in an annual review of the SCCMHA CCP and provide recommendations for revisions as needed.

B. Ethical Standards/Program Integrity

- 1. All services within SCCMHA shall be provided with commitment to appropriate business, professional and community standards for ethical behavior.
- 2. SCCMHA shall develop and maintain Standards of Conduct applicable to all SCCMHA staff.
- 3. SCCMHA shall conduct business with integrity and not engage in inappropriate use of public resources.
- 4. SCCMHA shall ensure that services are provided in a manner that maximizes benefit to consumers while avoiding risk of physical, emotional, social, spiritual, psychological, or financial harm.
- 5. All SCCMHA staff shall conduct themselves in such a way as to avoid situations where prejudice, bias, or opportunity for personal or financial gain, could influence, or have the appearance of influencing, professional decisions.
- 6. Those individuals with "day-to-day operational responsibility" for the Compliance and Ethics Program will be provided adequate resources, appropriate authority, and direct access to the operational and governing authority of SCCMHA.

Application: This policy applies to all provider network members, including contracted and direct board operated service programs that provide services to consumers.
Standards:
None
Definitions:
None
References:
None
Exhibits:
None

Procedure: None

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: SCCMHA	Chapter: 05 -	Subject No : 05.07.02
Network HIPAA	Organizational	
Compliance	Management	
Effective Date:	Date of Review/Revision:	Approved By:
June 1, 2005	8/2/05, 6/23/09, 6/7/12,	Sandra M. Lindsey, CEO
	6/3/14, 5/6/16, 6/13/17,	
	7/5/18, 7/1/20, 8/1/21,	
	8/26/22	
	Supersedes:	Responsible Director:
	_	AmyLou Douglas, Chief
		Information Officer Chief
		Quality and Compliance
		Officer
SAGINAW COUNTY		
COMMUNITY MENTAL HEALTH AUTHORITY		Authored By:
TEACHT IGHIORIT		Jennifer Keilitz, Director of
		Network Services, Public
		Policy & Continuing Ed
		Holli McGeshick, Quality
		and Medical Records
		Supervisor
		Tim Ninemire, Director of
		Recipient Rights, Customer
		Service and Security

To ensure that all service staff and network providers understand and adhere to the full scope of the Health Insurance Portability and Accountability Act (HIPAA) regulations, including security, transaction, and privacy requirements.

To provide a general broad HIPAA policy that will direct varied network providers in the compliance with HIPAA requirements.

Policy:

SCCMHA staff, service programs and network providers will abide by current HIPAA requirements to protect the privacy and security of the health information of persons who are service recipients of SCCMHA. SCCMHA is a "Covered Entity" as defined by HIPAA and HIPAA compliance is an employment and contractual obligation for all the members of the SCCMHA workforce.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to

complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Standards:

- A. SCCMHA will make routine HIPAA training available. All staff and providers must complete training in both HIPAA privacy and security as required from SCCMHA to comply.
- B. SCCMHA has two HIPAA required officers appointed by the CEO who are responsible to oversee HIPAA compliance: a SCCMHA HIPAA Security Officer and a SCCMHA HIPAA Privacy Officer. SCCMHA HIPAA officers are available for staff or provider consultation on HIPAA related matters.
- C. Business Associates and Contractual providers who are a 'covered entity' according to HIPAA regulations, as is SCCMHA, are expected to identify their Privacy Officer to SCCMHA; all other service contractors are asked to identify a 'privacy liaison' to SCCMHA.
- D. SCCMHA will include all relevant HIPAA policies in the SCCMHA Network Services Provider Manual.
- E. Business Associates and Contractual providers who are covered entities are expected to have appropriate and required HIPAA policies and procedures that are available for SCCMHA review by audit and compliance individuals.
- F. Providers who conduct or purchase electronic billing must abide by HIPAA transaction requirements.
- G. Providers who are not covered entities are expected to be familiar with and adhere to SCCMHA HIPAA policies as applicable to their service provision.
- H. Providers will direct HIPAA compliance related questions to SCCMHA whenever indicated or appropriate.
- I. Providers must make every reasonable effort to protect the privacy and security of protected information of consumers as defined and required in HIPAA regulations.
- J. Providers are expected to promptly report HIPAA violations to SCCMHA regarding SCCMHA recipients of services and assist with any remedy.
- K. Providers may be sanctioned by SCCMHA for non-compliance on HIPAA related requirements.
- L. Primary providers and record holders must abide by SCCMHA policies (or their own comparable policies that meet HIPAA requirements) in the notice, use and disclosure of all protected health information.
- M. SCCMHA will offer HIPAA-related guidance for network providers.

Definitions:

(See SCCMHA HIPAA policies for applicable and complete definitions) PHI – Personal Health Information

References:

All SCCMHA HIPAA related Policies and Procedures SCCMHA Regulatory Management Policy SCCMHA Competency Requirements for the SCCMHA Network, Policy 05.06.03

Exhibits

Exhibit A - Email & PHI Compliance Tips

Procedure:

None

EMAIL AND PROTECTED HEALTH INFORMATION (PHI) COMPLIANCE TIPS

- Never use a consumer name in external e-mails; this includes sending any attachments which contain a consumer name or other similar PHI. External emails are any not SCCMHA.org, or those of your internal system as contracted provider.
- External e-mails include any e-mails outside of the SCCMHA outlook system, including to any contracted providers, who certainly may have legitimate need for receipt of consumer PHI information from SCCMHA staff.
- For all consumer related communications with contracted providers, the preferred method is the Sentri II Messaging system if possible. If you need guidance on how to use this system inside the SCCMHA electronic health record, please check with your supervisor or SCCMHA.
- 4) Other options for external consumer related communications are: encrypted e-mails, (see your Information Technology department for assistance for assistance) fax, regular mail, hand delivery or voice mails; any of these options are acceptable in the protection of PHI.
- 5) External PHI e-mail cautions also apply to primary care or any other service delivery or supports coordination for the consumer being served; a release signed by the consumer to share information with that party does not negate the restrictions about PHI and external emails
- 6) If sending internal e-mails inside SCCMHA, or your contracted organization, it is expected you use somewhere in the subject header the following content: PHI Content Caution. This will alert others not to forward the e-mail externally and to exercise caution with the e-mail.
- 7) While you may technically include a consumer name or other necessary PHI relative to the intended purpose of the communication in internal e-mails inside SCCMHA, please do so with caution and as always against 'need to know' practice standards. Use only the PHI needed for the communication purpose. When feasible, use Sentri case numbers rather than the name or initials to identify the individual.
- PHI regulatory compliance violations by individuals are subject to rights and compliance hotline reports, and may result in employee discipline and/or provider sanctions.
- 9) Be cautious about e-mails you might receive from others which contain a consumer name, sometimes the name is embedded in the content of the e-mail chain; if you receive an internal e-mail containing a consumer name anywhere in the content or attachments, and you forward the e-mail externally for some reason, you have violated the PHI protection requirements.
- 10) Remember, PHI is any information that could be used to identify a specific person, including but not limited to: demographic and individually identifiable health information, such as name, address, zip code, admission or discharge dates, social security number, e-mail address or unique webpage, phone/fax number(s), date of birth, beneficiary health or record numbers, photographs, finger/voice prints, vehicle serial or license plate numbers, any personal account or license numbers, or any other descriptors that might promote identification of a specific person. Use of multiple identifiers increases the risk of PHI breach.
- 11) E-mails are not part of the consumer record and do not replace correct documentation in the record about consumer plans and progress; summary information at times may need to be taken from e-mail content to place in the record, however do be thoughtful about what needs to be included from e-mail in the record, and this should be done by the author, not others.
- 12) If you receive, read or become aware of inappropriate or questionable email use of PHI by anyone in the SCCMHA system, or if you have any questions about the protection of PHI, please promptly contact the SCCMHA Recipient Rights Office or the Compliance Administrator with this information so that it may be addressed.

Rev. September 2017

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Deficit	Chapter: 05 –	Subject No: 05.07.03	
Reduction Act Compliance	Organizational		
(False Claims)	Management		
Effective Date:	Date of Review/Revision:	Approved By:	
11/1/07	6/26/09, 6/4/14, 3/15/17,	Sandra M. Lindsey, CEO	
	6/1/18, 6/11/19, 8/1/21,		
	8/26/22		
	Supersedes:		
	_	Responsible Director:	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer	
FEALIR AUTHORIT		Authored By:	
		Rich Garpiel, Compliance	
		Officer	
		Additional Reviewers:	
		None	

Purpose:

The purpose of this policy is to provide information about SCCMHA's responsibility to prevent fraud and abuse by presenting accurate claims for payment to all payers, including federal and state programs. This policy describes SCCMHA's procedures for detecting, correcting, and avoiding circumstances under which fraud, waste, and abuse could occur at SCCMHA and its network of providers. This policy is also intended to provide SCCMHA employees and providers educational opportunities regarding the Federal and Michigan False Claims Acts, and related whistleblower provisions.

Policy:

SCCMHA, through its compliance plan and other policies, is committed to the highest standards of ethical behavior, and the submission of accurate claims to all payers, including federally funded payers such as Medicare and Medicaid.

Application:

SCCMHA operated programs and network of providers.

Standards:

• SCCMHA POLICIES FOR PREVENTING FRAUD, WASTE AND ABUSE

SCCMHA has established policies and practices to prevent fraud, waste and abuse of the Medicaid and Medicare programs. These policies help to ensure appropriate claims are made to all payers, including government programs, through:

- Development of policies which support the appropriate submission and processing of claims for services rendered by SCCMHA and/or its network of providers.
- Education regarding the SCCMHA Compliance and Ethics Program.
- Monitoring and auditing to detect and prevent errors in coding or billing.
- Investigation of all reported concerns and correcting errors that are discovered.
- Promotion of the SCCMHA Compliance Hotline for reporting,—instances and potential instances of fraud, waste and abuse of the Medicaid and Medicare programs.
- Development and maintenance of SCCMHA policy which prevents retaliation when concerns about fraud, waste or abuse are reported in good faith.
- The SCCMHA Compliance Plan is available for review by any SCCMHA employee, volunteer or contractual provider. In addition, it is available on the SCCMHA's website https://www.sccmha.org/.

• THE FEDERAL CIVIL FALSE CLAIMS ACT (FCA)

The False Claims Act is a federal law that addresses fraud involving federally funded programs. Claims to Medicare and Medicaid for payment make up most health care claims paid by the U.S. government. This law defines a false claim to the U.S. Government as follows:

- 1. Knowingly presenting a false or fraudulent claim for payment or approval.
- 2. Knowingly making or using a false record or statement to get a false or fraudulent claim paid or approved.
- 3. Conspiring with another to get a false or fraudulent claim paid or allowed.
- 4. Knowingly making or using a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property.

The FCA does not require an intent to defraud. The requirement of doing something in a knowing manner is met by showing either (1) actual knowledge, (2) deliberate ignorance of the truth or falsity of the information, or (3) reckless disregard of the truth or falsity of the information.

<u>Penalties</u>: Violations of the federal false claims act can result in penalties of not less than \$5,500.00 and not more than \$11,000.00 per claim, plus three times the amount of damages that the government sustains.

• <u>ADMINISTRATIVE REMEDIES FOR FALSE CLAIMS</u>

Under a second regulation addressing health care fraud, the department of Health and Human Services may impose on a person who submits certain claims to the government of the United States a penalty of up to \$5,500 for each False Claim, plus twice the amount of the False Claim.

This law applies to any claim that a representative of SCCMHA knows or has reason to know:

- 1. Is false, fictitious, or fraudulent.
- 2. Includes or is supported by any written statement which asserts a material fact which is false, fictitious, or fraudulent.
- 3. Includes or is supported by any written statement that
 (i) omits a material fact, (ii) is false, fictitious, or fraudulent as a
 result of such omission, (iii) is a statement in which the person
 making, presenting, or submitting such statement has a duty to
 include such material fact; or
- 4. Is for payment for the provision or property or services, which the person has not provided as claimed.

• FEDERAL QUI TAM (WHISTLEBLOWER) ACTIONS

The FCA provisions are enforced by the United States Department of Justice. Any person with direct and independent knowledge, otherwise known as "original source knowledge," of false claims to the government may initiate a formal complaint or "qui tam" lawsuit on behalf of the government. The plaintiff must notify the United States Department of Justice of all information regarding the fraudulent activity. If the Department of Justice accepts the case and fraud is proven, the qui tam plaintiff is entitled to a portion of the funds recovered by the government. Under the FCA a "qui tam" plaintiff is protected from retaliation that may result from his or her involvement in the case. If the Department of Justice declines the case, the individual may still proceed with the case on his or her own, unless the allegation involves a state agency, but without the government's assistance, and at his or her own expense. A private legal action under the FCA must be brought within six years from the date that the false claim was submitted to the government (A government-initiated claim may be brought up to ten years after the false claim, depending on the circumstances).

• MICHIGAN FALSE CLAIMS ACT

Michigan has enacted a Michigan False Claims Act which closely resembles the Federal False Claims Act. This act imposes prison terms of up to four (4) years and fines of up to \$50,000 for:

- 1. Knowingly making a false statement or false representation of a material fact in any application for Medicaid benefits or for use in determining rights to a Medicaid benefit.
- 2. Soliciting, offering, or receiving kickbacks or bribes for referrals to another for Medicaid-funded services.

- 3. Entering into an agreement with another to defraud Medicaid through a False Claim; or
- 4. Making or presenting to the State of Michigan a False Claim for payment.

MICHIGAN QUI TAM (WHISTLEBLOWER) ACTIONS

Any person (Qui Tam Relater) may bring a civil action on behalf of the State of Michigan to recover losses that the State suffered from a person violating the Michigan Medicaid False Claims Act, and the Michigan Attorney General is to be notified and has an opportunity to appear and intervene in the action brought on behalf of the State of Michigan. If the Michigan Attorney General intervenes, in addition to the person receiving his or her expenses, costs and reasonable attorney fees, the person may also receive a percentage of the monetary proceeds resulting from the action or any settlement.

• WHISTLEBLOWER PROTECTION LAWS

Both the federal and Michigan state laws protect individuals who investigate or report possible False Claims made by their employer against discharge or discrimination in employment because of such investigation. Employees who are discriminated against based on whistle blowing activities may sue in court for damages. Under either the federal or Michigan law, any employer who violates the whistleblower protection law is liable to the employee for (1) reinstatement of the employee's position without loss of seniority, (2) two times the amount of lost back pay, (3) interest and compensation for any special damages, and such other relief necessary to make the employee whole.

Definitions:

- (1) the terms "knowing" and "knowingly"
 - (A) mean that a person, with respect to information
 - (i) has actual knowledge of the information.
 - (ii) acts in deliberate ignorance of the truth or falsity of the information; or
 - (iii) acts in reckless disregard of the truth or falsity of the information; and
 - (B) require no proof of specific intent to defraud.

References:

SCCMHA Compliance and Ethics Program

SCCMHA Code of Conduct

SCCMHA Regulatory Compliance Hotline Brochure

Section 6032 of the Deficit Reduction Act of 2005

The federal Civil False Claims Act, Section 3279 of Chapter 31 of the United States Code The Michigan Medicaid False Claims Act, MCL §§ 400.601 *et al*

Exhibits: None

Procedure: None

Policy and Procedure Manual		
Saginaw Co	unty Community Mental Hea	alth Authority
Subject: Reporting of	Chapter: 05 -	Subject No : 05.07.05
Medicaid Fraud and/or	Organizational	
Abuse	Management	
Effective Date:	Date of Review/Revision:	Approved By:
August 6, 2015	3/15/17, 6/1/18, 6/11/19, 8/1/21, 8/26/22	Sandra M. Lindsey, CEO
	Supersedes:	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers : None

Purpose:

SCCMHA will maintain a process to collect information about the nature of fraud and abuse complaints, as well as maintain a process to report to the Mid State Health Network information regarding the complaints of fraud and abuse that warrant investigations.

Policy:

It is the policy of SCCMHA to collect information about the nature of fraud and abuse complaints, and to report to Mid State Health Network on a semi-annual basis any suspicion of fraud or abuse within the Medicaid program

Application:

This policy applies to all provider network members, including contracted and direct board operated service programs that provide services to consumers.

Standards:

- 1. SCCMHA will collect information about the nature of fraud and abuse complaints which will include:
 - a. The name of the individual(s) or entity involved in the suspected fraud or abuse
 - b. The address of the individual(s) or entity involved in the suspected fraud or abuse

- c. The telephone number of (or other contact information for) the individual(s) or entity involved in the suspected fraud or abuse
- d. The Medicaid identification number and/or any other identifying information.
- e. The source of the complaint of the suspected fraud or abuse,
- f. The nature of the complaint of the suspected fraud or abuse,
- g. The type of provider involved in the suspected fraud or abuse,
- h. The approximate number of dollars involved in the suspected fraud or abuse.
- i. The legal or administrative disposition of the case including actions taken by law enforcement officials to whom the case has been referred.
- 2. SCCMHA will report semi-annually (on or about April 1 and October 1) to Mid State Health network regarding the complaints of fraud and abuse made to SCCMHA that warrant investigation.

Definitions:

None

References:

None

Exhibits:

Exhibit A - SCCMHA Health Care Fraud Hot Line Poster

Procedure:

ACTION

RESPONSIBILITY

Written Policies, Procedures and Standards of Conduct:

1. SCCMHA maintains a Health Care Fraud Hot Line telephone number to facilitate the reception of notification of suspected fraud or abuse occurrences. This contact opportunity (local number as well as toll free number) is one of several avenues available for employees, SCCMHA Network Providers, consumers, or general public to report instances of suspected health care fraud or abuse to SCCMHA.

SCCMHA Compliance Officer or the Quality & Medical Records Supervisor if not available

2. SCCMHA will collect and maintain information about the nature of fraud and abuse complaints which include the information listed under Standard 1

SCCMHA Compliance Officer or the Quality & Medical Records Supervisor if not available items a-i.

3. SCCMHA will report to Mid State Health Network on a semi-annual basis the information maintained under Standard 1 items a-i.

SCCMHA Compliance Officer or the Quality & Medical Records Supervisor if not available



REPORT

HEALTH CARE FRAUD

Report fraud and/or misconduct relating to Medicare or Medicaid services

Call the SCCMHA hotline: 855-797-3417

Local Phone:

989-797-3574

Toll Free Hotline: 855-797-3417

Mall:

SCCMHA Compliance Office 500 Hancock

Saginaw, Ml. 48602

- If you know, or have a good faith suspicion, that fraud or misconduct relating to Medicare or Medicaid has been committed, contact the <u>SCCMHA Hotline</u>.
- SCCMHA has a NO RETALIATION policy.

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Releasing	Chapter: 08 –	Subject No : 08.01.08	
Consumer Information	Management of Information		
Effective Date:	Date of Review/Revision:	Approved By:	
5/9/16	3/8/17, 3/1/18, 2/25/19, 3/20/20, 3/11/21, 8/30/22	Sandra M. Lindsey, CEO	
	Supersedes:		
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer	
		Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor LaDonna Jones, Clerk Typist - Records	

Purpose:

The Purpose of this policy is to delineate the process for the releasing of information from the electronic consumer record with Saginaw County Community Mental Health Authority.

Application:

The entire Saginaw County Community Mental Health Authority network.

Policy:

It is the policy of Saginaw County Community Mental Health Authority that ownership and control of the electronic record (SENTRI) rests with Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that information released or otherwise conveyed from SENTRI will be done only in accordance with Federal and State law, and policies of Saginaw County Community Mental Health Authority.

It is the policy of Saginaw County Community Mental Health Authority that contracted Primary Providers (Providers) shall release information from SENTRI only within the confines of policy.

Standards:

The sharing or provision of information and/or documents will be done in a systematic way that conforms to any applicable law, regulation, or Saginaw County Community Mental Health Authority policies.

The sharing of information and/or documents will be implemented in a manner that assures consumer confidentiality.

There will be written guidelines and procedures for the sharing of confidential consumer record information or documents by providers that have been approved by the Executive Director of Clinical Services, Quality & Medical Records Supervisor and Compliance Officer.

There will be documentation in the consumer record that indicates what records or information was shared, when shared, for what purpose, and by whom. This can be in the form of a cover letter sent with documents and scanned into a placeholder document or written as a Clinical Note in SENTRI.

Release requests will be scanned into SENTRI as an attachment to a SENTRI form. If such form is created in error, the function used in SENTRI is to either make the form 'Expired' by using the current date or to indicate that the form is "Invalid." "Revoke" should not be used.

Definitions:

None

References:

08.02.03 – Information Protection

08.04.09 – Ownership & Retention of Hard Copy Consumer Records

08.05.09.01 - Authorizations - Obtaining an Authorization for Use or Disclose PHI

Exhibits:

Exhibit A: Guidelines for providing copies of documents from consumer records

Exhibit B: Releasing Information from SENTRI II by Contracted Primary Providers

Exhibit C: Releasing Information Workflow

Exhibit D: Release Letters Sample

Procedure:

ACTION	RESPONSIBILITY
See relevant Protocol	

Guidelines for providing copies of documents from consumer records

State and Federal laws, as well as SCCMHA policy, allow for the providing of copies of documents from the Consumer Record. The purpose of this guideline is to clarify the process for the sending of these copies.

Documents from the Consumer Record can be provided by:

- The Records Department
- The assigned Case Holder (Case Manager, Support Coordinator, Therapist, Care Management)
- Medical Services (primarily Nurses)
- Emergency Services

Copies of documents for entities other than the Consumer or Guardian require an active and proper Consent to Release Information in the Record unless allowed by law:

- Documents may only be provided within the constraints and limitations as indicated on the Release.
- Typically, documents are sent to entities through the Records Department.
 - o Single documents may be provided to entities by the Case Holder primarily the consumer or guardian or for emergent circumstances to a third party with the approval of the Case Holder's Supervisor
 - Medical Services may send copies of Medication Reviews, Prescriptions, Lab Results (if requested by SCCMHA), and lists of medications.
 - o Emergency Services may send coordination documents
- Requests for documents from law enforcement, lawyers, or required by a subpoena or court order should be referred to the Records Department.
- A Clinical Note should be written and include the names and dates of documents sent. If sent by fax, only the fax cover sheet will be scanned into SENTRI.
- Copies of records obtained from other entities should be sent only through Records as there may be legal constraints on the resending of these documents.

Consumers, or the legal guardian/parent of a minor, have the right to view the record and/or obtain copies of documents from their record.

- Some documents are provided as part of the course of service such as the Individual Plan of Service.
- Active consumers should make requests for document copies through the currently assigned Case Holder.
 - The Case Holder will indicate in a Case Note the name and date of any document copies provided to the consumer/guardian.
 - o If the number of documents requested is excessive, or the documents are not available directly to the Case Holder, the request should be referred to Records Department for processing.
 - O A Consent to Share PHI is <u>not</u> required for documents provided by the Case Holder to a consumer/guardian. Note: when Records provides copies, a Consent is requested to be signed as proof document.
 - o The Quality & Medical Records Supervisor should be contacted regarding any concerns or issues regarding the provision of documents to a consumer/guardian.
- Consumers not currently active with SCCMHA should be referred to the Records Department.

By law and practice, SCCMHA does not charge fees to a Consumer/guardian for the initial copy of any document. SCCMHA may charge a copy fee for any additional copies, as determined by the Quality and Medical Records Supervisor.

Fees for research and copying may be charged to other individuals or entities as determined by the Quality and Medical Records Supervisor. Entities that are typically not charged include: Medical services (physician offices, pharmacy, therapists, counselors, laboratories, etc.), Residential Services, Law Enforcement (including Protective Services), and some other governmental agencies (such as other CMHs, DCH, MRS, etc.). Fees will only be charged through the Records Department.

SCCMHA attempts to provide copies in a timely manner. Copies of documents requested through Records usually cannot be provided on the same day, will be provided within thirty (30) days of receipt of the request.

For additional information or questions on releasing information or documents please contact SCCMHA's Records Department at (989) 797-3492 or SCCMHA's Customer Service Department at (989) 797-3452/1-800-258-8678.

Releasing Information from SENTRI II by Contracted Primary Providers

These guidelines are to clarify the releasing of information from SENTRI by the contracted Primary Providers.

- 1. The Primary Providers should include SCCMHA as a party on all Consents to release or share documents or information from SENTRI II.
- 2. Requests for documents or information for consumers who are now closed to the Primary Provider should be referred to SCCMHA's Records Department.
- 3. For consumers open to the Primary Provider:
 - a. Single or small amounts of documents from SENTRI can be given to the consumer and/or guardian directly by the Case Holder or provider staff.
 - i. The provision of documents should be documented in a Chart Note in SENTRI II
 - If the consumer/guardian is requesting all or a large number of records, then the consumer should be referred to SCCMHA's Records Department.
 - b. Documents to third parties for the coordination of care can be released by the Primary Provider so long as what was released is documented either in a Chart Note or as a scanned list for the placeholder 'Attachments' (see 6 below)
- 4. There is no limitation on the verbal sharing of information from SENTRI II with the consumer or guardian or third parties who have consent.
- 5. When a third-party requests document that will involve sending copies from SENTRI:
 - a. The party should typically be referred to send a release to SCCMHA's Records Department.
 - b. If giving copies, Providers may only provide documents created by their agency
 - c. If the request is a Subpoena, please contact SCCMHA's Compliance Officer for assistance and guidance
- 6. Provider Releases need to be scanned in the Regional Release section of SENTRI and not in the general scanning, using a SENTRI PHI Exchange Page as a placeholder. This can be done as follows:
 - a. Complete the appropriate fields
 - b. Placing the Provider Name and then the name of the third party in the "Release to and Obtain From" field. For example: SVRC & Social Security; TTI & Dan Fobbs, Atty; SPSI John Doe
 - c. Sign the template
 - d. Scan the signed document into the "Attachments"
 - e. Complete the 'Consumer signed' or obtain consumer signature electronically (if applicable)
 - f. If documents were given to the third party from this release, then a listing of those documents would also be scanned into the placeholder "Attachments."

SCCMHA has 'template' documents for responding to requests available for use by Providers upon request.

If there are any questions regarding the releasing of information from SENTRI II, please contact SCCMHA's Typist/Clerk (Medical Records and Release of Information) at (989) 797-3492, Quality and Medical Records Supervisor at (989-272-7235) or the Compliance Officer at (989-797-3539).

Releasing Information Workflow

- 1. Request to Release form is received
 - a. Review Release
 - i. Compliance to regulations
 - 1. Completeness
 - a. All required areas filled
 - ii. Signature
 - 1. Verify the signer is legally authorized to consent to disclose
 - 2. May check signatures on-file
 - 3. If Release if from trusted source (SSI, Court, etc.) then can assume accurate
 - iii. Clarify requested information
 - 1. Check date ranges requested
 - 2. Terminology for documents varies
 - 3. Typically require items determining clinical status such as Medication Review, Psychiatric, Emergency Notes, Assessments
 - 4. May contact the requestor for further clarification
 - b. Log in the Release date on the Medical Release Tracking spreadsheet
 - c. Compile information
 - i. SENTRI
 - 1. Documents created in Harmony were transferred to either Historical Documents or as Progress Notes
 - 2. Use Print function: can print for fax or mail, save to file for e-submission
 - ii. May contact requestor for clarification
 - iii. Compile documents in a "packet" or pile.
 - 1. If faxing, then do not staple
 - 2. If mailing, may staple but not required
 - d. Send
 - i. Complete Document form
 - 1. Place on top of document packet (save to file for e-submission)
 - ii. Complete Invoice (if charging)
 - 1. Place after the Document form on packet (save to file for e-submission)
 - iii. Mail, fax, or e-submit
 - e. Log date sent and charge on Medical Release Tracking spreadsheet
 - f. Release in SENTRI
 - i. Create Release if form from outside agency
 - ii. Scan
 - 1. Release
 - 2. Document Form
 - 3. Invoice
 - 4. Fax confirmation



500 Hancock Street, Saginaw MI 48602-4292 Phone (989) 797-3400 Fax (989) 799-0206

Cannot Complete Requested Form

DATE OF REQUEST:
TO:
Documents Pertaining To: DOB: SSN: (last 4 digits) A requested form for this consumer cannot be completed for the following reason:
_
this case is closed and an accuracy of current status, diagnosis, condition, etc. cannot be determined
this individual is a consumer of SCCMHA services, but the services are provided by the following provider so the information must be requested directly from that provider with separate permission: Provider
Address
Phone
Please feel free to contact me with any further questions.
Sincerely,
SCCMHA's Medical Records Typist Clerk Phone:

NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)

Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32



To Whom It May Concern

The Michigan Mental Health Code MCL 330.1748 requires that legally signed Consent to Release, or a statutory exception, is required to provide any requested information. Other applicable Federal and State laws that safeguard confidentiality are:

- The Alcohol and Other Drug (AOD) Confidentiality Rule 42 CFR Part 2
- Health Insurance Portability and Accountability Act HIPAA 45 CFR Part 160 and Part 164
- Family Education Rights and Privacy Act FERPA

Your request for information was received but does not meet the requirements for a legally signed Consent to Release, so it is being returned without response.

If you have any questions, please feel free to contact either:

{Name}, Quality and Medical Records Supervisor - 989-272-7235

{Name}, Compliance Officer – 989-797-3539



Saginaw County Community Mental Health Authority Copies of Files to Consumers

As a consumer of Mental Health Services, you are entitled to receive copies of Saginaw County Community Mental Health Authority (SCCMHA) created documents in your Medical Record by law (laws). Documents from other agencies or organizations cannot be released to you. You will need to go to that agency and request any copies.

Also, by law, SCCMHA can charge a reasonable fee for gathering and making these copies (laws).

However, to serve you better, realizing that many of the consumers of SCCMHA services have fixed or limited incomes, the agency will provide, upon your request a copy of documents in your file without charge. Additional copies of documents already provided may require a fee, payable in advance, if directed by the Quality & Medical Records Supervisor and as applicable to current standards and practices.

Documents released directly on your behalf to other individuals, organizations, or entities such as Department of Human Services, attorneys, physicians, Social Security, etc. may be billed, if applicable, a research and copy fee.

If you are currently an active SCCMHA consumer, please request your copies of documents from your current Case Holder. If the number of documents is excessive, or the documents are not available to the Case Holder, then you will be referred to the Medical Records Department for assistance. You will be requested to sign a Release Form to show you requested this information. Record copies may take up to thirty (30) days to process, though the time is typically much less.

If you are not a current consumer of Saginaw County Community Mental Health Authority, the agency requires a Release of Information form signed by you. SCCMHA will only release the information as designated on this form. Please indicate on the form who will be retrieving the documents or the address for where the documents need to be sent. The Medical Records Department staff or the Customer Service Department can assist you in filling out the form.

Copies of documents requested through the Medical Records Department usually are not able to be provided on the same day. SCCMHA attempts to provide copies in a timely manner but no longer than thirty (30) days.

If you have any questions about this process, please contact SCCMHA's, Typist/Clerk (Medical Records and Release of Information) at (989) 797-3492 or the Customer Service Department at 797-3452 or 1-800-258-8678.



500 Hancock Street, Saginaw MI 48602-4292 Phone (989) 797-3400 Fax (989) 799-0206

DOCUMENT DISCLOSURE

DATE OF RELEASE:

RELEASED TO:

Documents Pertaining To:

DOB:

SSN: (last 4 digits)

Notes or Comments

NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)

Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

Document(s) Released

Document Date

Note: documents with the SENTRI logo are electronically signed



500 Hancock Street, Sagmaw MI 48602-4292 • Phone (989) 797-3400 Fax(989) 799-0206

Invoice

Fees for disclosed documents

DATE:

Payor:
Address:

RE:
DOB:
SSN: (last 4 digits)

Flat Fee: \$ 6.50

Due Date: Please remit within 30 days

Pay To: FE#: 38-3192817 SCCMHA Attn: Financial Services 500 Hancock St.

Staff Contact:
Phone:
Email:

Saginaw, MI 48602



Phone:

500 Hancock Street, Saginaw MI 48602-4292 • Phone (989) 797-3400 Fax (989)

No Charge
DATE OF REQUEST:
REQUESTED BY:
Documents Pertaining To:
DOB:
SSN: (last 4 digits)
No charge is being assessed to the requesting party for the research and provision of documents from the records of the above referenced individual.
Records released directly to the consumer or guardian are not assessed a charge for the first copy of documents within a time frame. Additional copies of documents within that same time frame will be assessed a research and processing fee at the current rate.
Please feel free to contact Saginaw County Community Mental Health Authority's Medical Records Department with any questions.
Sincerely,
Medical Records Typist Clerk



500 Hancock Street, Saginaw MI 48602-4292 ● Phone (989) 797-3400 Fax (989)

No Records FoundDATE OF REQUEST:

Documents Pertaining To:
DOB:

SSN: (last 4 digits)

No Records were found that matched the criteria of the Request to Disclose or Release Information for the above referenced individual.

Please feel free to contact Saginaw County Community Mental Health Authority's Medical Records Department with any further questions.

Sincerely,

TO:

Medical Records Typist Clerk Phone:



500 Hancock Street, Saginaw MI 48602-4292 ● Phone (989) 797-3400 Fax (989)

VERIFICATION OF SERVICES DISCLOSURE

The individual referenced below is:
Currently receiving services from Saginaw County Community Mental Health Authority
Has no record of receiving services from Saginaw County Community Mental Health Authority
Has received services in the past from Saginaw County Community Mental Health Authority but is no longer active. Last date of service:
Individual's Name:
DOB:
SSN: (last 4 digits)
Notes or Comments
DATE OF VERIFICATION:
Insurance Provider:
Information Requested by:
SCCMHA Staff Verifying:

NOTICE OF FEDERAL AND STATE LAWS REGARDING CONFIDENTIALITY AND FURTHER DISCLOSURE

The following document(s) are released under one or more of the applicable laws and regulations indicated below which limits or prohibits disclosure of these records to third parties as indicated in that applicable law or regulation.

45 CFR 160, 164 (Health Information Protection and Portability Act)

Michigan Mental Health Code MCL 330.1748

The following may also apply to these records:

This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject HIPAA Privacy Set: Minimum Necessary Standard - Disclosing and Requesting only the Minimum Amount of PHI Necessary – Inclusive of 42 CFR Part 2	Chapter: 08 - Management of Information	Subject No : 08.05.07.01
Effective Date: April 14, 2003	Date of Review/Revision : 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22 Supersedes :	Approved By: Sandra M. Lindsey, CEO Responsible Director:
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer Authored By: Richard M. Garpiel Additional Reviewers: Holli McGeshick, Quality and Medical Records
		Supervisor

Purpose:

SCCMHA is committed to ensuring the privacy and security of consumer health information. While consumer information must be available to health care professionals in the process of ensuring proper care, disclosing more consumer information than needed to perform official duties should be avoided. To support the commitment to consumer confidentiality, SCCMHA will ensure that the appropriate steps are taken to disclose only the minimum amount of protected health information necessary to accomplish the particular use or disclosure, as required under the HIPAA Privacy Rule, 45 CFR §164.502(b), and other applicable federal, state, and/or local laws and regulations, such as the Michigan Mental Health Code, MCL 330.1748(2), and 42 CFR Part 2 §2.13(a).

Policy:

1. SCCMHA employees will follow proper procedures to ensure that only the minimum amount of patient health information that is necessary to accomplish the specific purpose of a use or disclosure is used or disclosed.

- 2. SCCMHA employees will request only the minimum amount of consumer health information necessary to accomplish the specific purpose of the request.
- 3. In accordance with HIPAA, this policy does not apply to the following uses or disclosures:
 - a. disclosures to or requests by a provider for treatment.
 - b. uses or disclosures made to the individual who is the subject of the information.
 - c. uses or disclosures pursuant to an authorization.
 - d. disclosures made to the Department of Health and Human Services.
 - e. uses or disclosures required by law; and
 - f. uses or disclosures required for compliance with applicable laws and regulations.
- 4. In accordance with 42 CFR Part 2, any disclosure made under the regulations of 42 CFR Part 2 must be limited to that information which is necessary to carry out the purpose of the disclosure.

Application:

All SCCMHA Board operated Programs, and applicable Network Providers.

Standards:

None

Definitions:

Disclosure: See Policy 08.05.02.01

Use: See Policy 08.05.02.01

References:

45 CFR §164.502(b), 45 CFR §164.514(d), MCL 330.1746

Exhibits:

None

Procedure:

Trocedure.				
	ACTION	RESPONSIBILITY		
1.	All persons will review requested disclosures of consumer health information understanding SCCMHA's privacy policies and practices, and sufficient expertise to understand and weigh the necessary factors.	All relevant SCCMHA staff		
2.	SCCMHA will only use, disclose, or request an entire medical record when the entire medical record is specifically justified as being reasonably necessary to accomplish the purpose of the use, disclosure, or request.	All SCCMHA staff		

3. Within SCCMHA, the following classes of personnel require and will maintain the indicated levels of access to protected health information on a routine basis to appropriately accomplish their duties and responsibilities. Access is determined by the amount of information necessary to complete their job and is limited by a need to know.

Clerk Typist – Release of information Reimbursement & Finance Staff Case Management Staff

- a. Medical Records Personnel
- b. Reimbursement & Finance Personnel
- c. Case Management Personnel
- d. Medical/Clinical Personnel access is determined by the amount of information necessary to complete their job and is limited by a need to know.
- 4. The following criteria will be used in limiting the amount of protected health information requested, used, or disclosed by SCCMHA personnel:
 - a. Does the individual who is requesting the protected health information have a complete understanding of the purpose for the use, or disclosure of the protected health information?
 - b. Are all the individuals identified for whom the use or disclosure of the protected health information is required?
- 5. Requests for disclosures of protected health information will be reviewed on an individual basis in accordance with criteria listed in the policy.
- 6. SCCMHA personnel may reasonably rely on requests by:
 - a. public health and law enforcement agencies in determining the minimum

All SCCMHA staff, HIPAA Privacy Officer, Executive Director of Clinical Services

Clerk Typist – Release of Information

Clerk Typist - Release of Information

- necessary information for certain disclosures.
- b. other covered entities in determining the minimum necessary information for certain disclosures; or
- c. by a professional who is a member of its workforce or is a business associate of SCCMHA, if the professional represents that the information requested is the minimum necessary for the stated purpose.
- 7. In the event of disclosures for research purposes, the SCCMHA Director of Clinical Services will review the documentation in determining the minimum amount of protected health information necessary.
- 8. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer, or to the compliance hotline.

Executive Director of Clinical Services, Chief of Network Business Operations

All SCCMHA staff

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.09.01	
Set: Consents - Obtaining	Management of Information		
a Consent for Use or			
Disclosure of PHI			
Effective Date:	Date of Review/Revision:	Approved By:	
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO	
	5/12/16, 3/15/17, 6/1/18,		
	6/11/19, 8/1/21, 10/24/22		
	Supersedes:		
		Responsible Director:	
		AmyLou Douglas, Chief	
		Quality & Compliance	
CACDIAN COLDIER		Officer HIPAA Privacy	
SAGINAW COUNTY COMMUNITY MENTAL		Officer	
HEALTH AU	THORITY	Authored Dry	
		Authored By:	
		Richard M. Garpiel	
		Additional Reviewers:	
		Holli McGeshick, Quality	
		and Medical Records	
		Supervisor	
		Duper visor	

Purpose:

For all uses and disclosures of an individual's protected health information, other than those required by law or for treatment, payment and health care operations, the HIPAA Privacy Rule requires a covered entity to obtain an consent that is signed by the individual. The purpose of obtaining an consent is to provide the individual with an opportunity to determine how his or her protected health information may be used or disclosed, and to inform the individual of his or her rights under the Privacy Rule. To support our commitment to patient confidentiality, SCCMHA has developed policies and procedures for obtaining consent for uses or disclosures of protected health information.

Policy:

- 1. For all uses and disclosures of an individual's protected health information, SCCMHA (and applicable Network Providers) will obtain a signed consent from the individual, unless the use or disclosure is required, or otherwise permitted without an consent, by 45 CFR Part 164 (the Privacy Rule), or the Michigan Mental Health Code
- 2. SCCMHA will comply with the requirements set forth in 45 CFR 164.508 and the Michigan Mental Health Code, to obtain consent to use or disclose protected health information.

- 3. Except as stated in (Policy, Conditioning Services or Eligibility on the Provision of an Consent to Disclose Protected Health Information For Health Plans; or Policy, Conditioning Services on the Provision of an Consent to Disclose PHI – Providers), SCCMHA will not condition treatment, payment, enrollment in the health plan, or eligibility for benefits, if applicable, on the provision of an consent.
- 4. The Use and Disclosure of an individual's health records maintained by SCCMHA as a Part 2 Program is covered by SCCMHA Policy 08.05.01.

Application:

All SCCMHA Board operated programs, and applicable Network Providers.

Standards:

None

Definitions:

Disclosures: See Policy 08.05.02.01

Protected Health Information: See Policy 08.05.02.01

Uses: See Policy 08.05.02.01

References:

The HIPAA Privacy Rule, 45 CFR 164.508 SCCMHA Consent to Use and/or Disclose Protected Health Information Michigan Mental Health Code

Exhibits:

None

Procedure:					
	ACTION	RESPONSIBILITY			
1.	SCCMHA will obtain a signed consent from all individuals before using or disclosing their protected health information for purposes other than treatment, payment, or health care operations.	Clerk Typist – Release of Information			
2.	Prior to all marketing communications, SCCMHA will obtain consent from the individuals who would receive such communications, except if: a) the communication is made face-to-face by an employee of SCCMHA; or b) The communication is a promotional gift of nominal value provided by SCCMHA.	HIPAA Privacy Officer, Executive Director of Clinical Services			
3.	Prior to any use or disclosure of psychotherapy notes, including for treatment, payment, or health care operations, SCCMHA will obtain consent from the individual, except if the use or	Clerk Typist – Release of Information, All			

disclosure is for:

- a) the treatment activities of the originator of the psychotherapy notes.
- b) SCCMHA own training programs in which mental health students, trainees, or practitioners practice, under supervision, their skills in counseling; or
- c) SCCMHA own defense in a legal action or other proceeding brought by the individual.
- 4. SCCMHA is not required by the HIPAA Privacy Rule to obtain consent for the following purposes:
 - a) to carry out treatment, payment, or health care operations.
 - b) uses and disclosures required by law (see Policy, Disclosing PHI as Required by Law)
 - c) uses and disclosures for public health activities (see Policy, Disclosing PHI for Public Health Release)
 - d) disclosures about victims of abuse, neglect, or domestic violence (see Policy, Disclosing PHI about Victim of Abuse, Neglect or Domestic Violence)
 - e) uses and disclosures for health oversight activities (see Policy, Disclosing PHI for Health Oversight Release)
 - f) disclosures for judicial and administrative proceedings (see Policy, Disclosing PHI for Judicial and Administrative Release)
 - g) disclosures for law enforcement purposes (see Policy, Disclosing PHI for Law Enforcement Release)
 - h) disclosing PHI about decedents (see Policy, Disclosing PHI about Decedents)
 - i) uses and disclosures for cadaveric organ, eye, or tissue donation purposes (see Policy, Disclosing PHI for Cadaveric Organ, Eye, or Tissue Donation)
 - j) uses and disclosures for research purposes (see Policy, Disclosing PHI for Research Release)
 - k) uses and disclosures to avert a serious threat to health or safety (see Policy Disclosing PHI to Avert Serious Threat to Health and Safety).
 - uses and disclosures for specialized government functions (see Policy, Disclosing PHI for Specialized Government Functions)
 - m) disclosures for workers' compensation (see Policy, Disclosing PHI for Workers' Compensation)
- 5. When a consumer is asked to sign an consent, the consent will be written in plain language.

Clinical Staff

Clerk Typist – Release of Information, All Clinical Staff

HIPAA Privacy Officer, Clerk Typist – Release of Information 6. The consent document will allow individuals to request that their protected health information be used or disclosed for specific purposes.

HIPAA Privacy Officer

7. When SCCMHA initiates an consent to use or disclose protected health information for its own purposes, SCCMHA will provide individuals with any facts they need to make an informed decision as to whether to allow release of the information.

Clerk Typist – Release of Information, All Clinical Staff

8. The consent will not be combined with another document to create a compound consent, unless:

Clerk Typist – Release of Information, HIPAA Privacy Officer,

a) the other document is a similar such consent.

psychotherapy notes; orthe consent is for the use or disclosure of protected health information created for research study and is to be combined with another written permission for the study.

b) if the consent is for the disclosure of psychotherapy notes,

the other document is also an consent for the disclosure of

9. Any consent for the use or disclosures of protected health information requested by the individual subject of that information will contain the following:

information requested by the individual subject of that information will contain the following:

a) a description of the information to be used or disclosed that

- identifies the information in a specific and meaningful fashion.b) the name or other specific identification of the person(s), or
- b) the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
- c) the name or other specific identification of the person(s), or class of persons, to whom SCCMHA may make the requested use or disclosure.
- d) an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
- e) a statement of the individual's right to revoke the consent in writing and the exceptions to the right to revoke.
- f) a description of how the individual may revoke the consent.
- g) a statement that the entity will not condition treatment, payment, enrollment in a health plan, or eligibility for benefits on the provision of an consent, except as permitted by law.
- h) a statement that information used or disclosed pursuant to the consent may be subject to redisclosure by the recipient and no longer be protected by 45 CFR Part 164.
- i) the signature of the individual and date.

Clerk Typist – Release of Information, All Clinical Staff 10. If the a personal representative of the individual signs consent, the consent will contain a description of the representative's authority to act for the individual.

Clerk Typist – Release of Information

11. SCCMHA will provide the individual with a copy of the signed consent.

Clerk Typist – Release of Information Clerk Typist – Release of Information

- 12. SCCMHA will invalidate the consent if:
 - a) any material information in the consent is known by SCCMHA to be false.
 - b) the requirements of the consent have not been filled out completely.
 - c) the expiration date has passed, or the expiration event is known by SCCMHA to have occurred.
- 13. SCCMHA will document and retain the signed consent for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later. The signed consent will be scanned and placed within the consumer's record.

HIPAA Privacy Officer, Clerk Typist – Release of Information, Scanning Staff

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: HIPAA Privacy Set: Consents - Individual Revocation of an Authorization to Disclose PHI / Inclusive of 42 CFR Part 2	Chapter: 08 - Management of Information	Subject No : 08.05.09.03	
Effective Date: April 14, 2003	Date of Review/Revision : 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22 Supersedes :	Approved By: Sandra M. Lindsey, CEO Responsible Director:	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer Authored By: Richard M. Garpiel	
		Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor	

Purpose:

As organizations request consent from individuals to use their protected health information, there will be cases where individuals will initially grant consent, only to change their mind later. In these instances, SCCMHA has created policies and procedures to accommodate individuals who may wish to revoke their consent, in accordance with §164.508(b)(5) of the Privacy Rule and §2.35 (c) of 42 CFR Part 2.

Policy:

- 1. SCCMHA will allow an individual to revoke a consent to use or disclose their protected health information, except in situations where:
 - a. SCCMHA has acted in reliance thereon.
 - b. The consent was obtained as a condition of obtaining insurance coverage and other law provides the insurer with the right to contest a claim under the policy.
- 2. SCCMHA will take all necessary steps to honor and comply with an individual revocation of n consent to use or disclose protected health information, unless stated otherwise in this policy.

3. In accordance with 42 CFR Part 2 §2.35 (c), a written consent under 42 CFR Part 2 must state that it is revocable upon the passage of a specified amount of time or the occurrence of a specified, ascertainable event. The time or occurrence upon which consent becomes revocable may be no later than the final disposition of the conditional release or other action in connection with which consent was given.

Application:

All SCCMHA Board operated Programs.

Standards:

None

Definitions:

Protected Health information: See 08.05.02.01

References:

HIPAA Privacy Rule, §164.508(b)(5)

Exhibits:

None

Procedure:

Troccuure.		
	ACTION	RESPONSIBILITY
1.	SCCMHA will not impose a time restriction on when an individual may revoke consent to use or disclose their protected health information.	HIPAA Privacy Officer
2.	SCCMHA will require individuals to request the revocation of consent to use or disclose protected health information in writing.	Clerk Typist – Release of Information HIPAA Privacy Officer
3.	Revocations of consent to use or disclose protected health information will be submitted to the Medical Records department and scanned into the consumer's chart.	Clerk Typist – Release of Information, Scanning Staff

Policy and Procedure Manual			
Saginaw Co	Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.09.04	
Set: Consents - Prohibiting	Management of Information		
the Use of an Invalid	_		
Consent to Disclose PHI /			
Inclusive of 42 CFR Part 2			
Effective Date :	Date of Review/Revision:	Approved By:	
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO	
	5/12/16, 3/15/17, 6/1/18,	-	
	6/11/19, 8/1/21, 10/24/22		
	Supersedes:		
	_	Responsible Director:	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer	
		Authored By:	
		Richard M. Garpiel	
		Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor	

When complying with an consent for the use or disclosure of protected health information under HIPAA or a consent for disclosure under 42 CFR Part 2, it is important that the document contain all necessary information. The requirements of a valid consent under HIPAA is presented in §164.508(b)(2) of the Privacy Rule. The required elements for a written consent under 42 CFR Part 2 are presented in §2.31. This Policy is intended to assure compliance with the requirements of a valid consent under HIPAA as well as a valid consent for disclosure under Part 2 where appropriate.

SCCMHA has created policies and procedures addressing how an consent could be defective to assist in preventing invalid consents under HIPAA or invalid consent under 42 CFR Part 2.

- 1. SCCMHA prohibits the use of a defective or an invalid consent to use or disclose protected health information under HIPAA. If the necessary elements are not present, the consent is defective and therefore invalid, in accordance with the Privacy Rule.
- 2. An consent will become invalid if SCCMHA knows that the consent has been revoked.

3. A disclosure of an individual's health records under part 2 may not be made on the basis of a consent which: (1) has expired; (2) On its face substantially fails to conform to any of the requirements of §2.31; is known to have been revoked; or is known, or through reasonable diligence could be known, by the individual or entity holding the records to be materially false.

Application:

All SCCMHA Board operated Programs, and all applicable Network Providers.

Standards:

The elements of a valid consent to disclosure the protected health information related to SUD services are contained in SCCMHA Policy 08.05.01.

Definitions:

None

References:

§164.508(b)(2)

Exhibits:

None

Procedure: ACTION RESPONSIBILITY 1. SCCMHA will not honor a defective or invalid consent Clerk Typist – upon the following events: Release of a. the expiration date has passed, or the expiration event Information is known by SCCMHA to have occurred. b. all the required elements of the consent have not been filled out completely, as applicable. c. the consent lacks any of the required elements specified in {Policy, obtaining Consent for Use or Disclose of PHI as required for the purpose of applicable use or disclosure. d. The consent is inappropriately combined with any other document to create a compound consent. e. If any material information in the consent is known by SCCMHA to be false. f. Treatment, payment, or enrollment or eligibility for benefits have been unlawfully conditioned on the provision of such consent. 2. Any questions regarding this policy, or the validity of a Clerk Typist specific consent, should be directed to the HIPAA Release of Privacy Officer. Information, HIPAA

Privacy Officer

Policy and Procedure Manual			
Saginaw Co	Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.09.05	
Set: Consents -	Management of Information		
Authorization for the Use			
or Disclosure of			
Psychotherapy Notes			
Effective Date:	Date of Review/Revision:	Approved By:	
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO	
	5/12/16, 3/15/17, 6/1/18,		
	6/11/19, 8/1/21, 10/24/22		
	Supersedes:		
		Responsible Director:	
		AmyLou Douglas, Chief	
		Quality & Compliance	
		Officer HIPAA Privacy	
SAGINAW COMMI	JNITY MENTAL	Officer	
HEALTH AU			
		Authored By:	
		Richard M. Garpiel	
		Additional Reviewers:	
		Holli McGeshick, Quality	
		and Medical Records	
		Supervisor	

In most cases, HIPAA requires that covered entities obtain individual consent before using or disclosing psychotherapy notes (as defined by the Privacy Rule, §164.501). SCCMHA is committed to ensuring that it obtains valid consent for its use or disclosure or protected health information, specifically psychotherapy notes. Psychotherapy notes means any notes recorded (in any medium) by a health care provider who is a mental health professional. These notes could be documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes do not include medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

- 1. SCCMHA will obtain an individual's consent prior to use or disclosure of psychotherapy notes, except as provided below, in accordance with §164.508(a)(2).
- 2. SCCMHA may use or disclose psychotherapy notes in the following instances without obtaining consent:

- a. to carry out treatment, payment, or healthcare operations, if those functions are consistent with the consent requirements of the Michigan Mental Health Code, MCL 330.1748:
 - for use by the originator of the psychotherapy notes for treatment.
 - use or disclosure by SCCMHA in training programs in which students, trainees, or practitioners in mental health learn under supervision to practice or improve their skills in group, joint, family, or individual counseling.
 - use or disclosure by SCCMHA to defend a legal action or other proceeding brought by the individual.
- b. use or disclosure that is required by 45 CFR §164.502(a)(2)(ii) [compliance investigations].
- c. use or disclosure permitted by 45 CFR §164.512(a) [as required by law].
- d. use or disclosure permitted by 45 CFR §164.512(d) [health oversight] with respect to the oversight of the originator of the psychotherapy notes.
- e. use or disclosure permitted by 45 CFR§164.512(g)(1) [decedents].
- f. use or disclosure permitted by 45 CFR §164.512(j)(1)(i) [threat to public safety].

Application:

All SCCMHA Board operated Programs, all applicable Network Providers

Standards:

None

Definitions:

<u>Psychotherapy Notes</u>: notes recorded (in any medium) by a health care provider who is a mental health professional documenting or analyzing the contents of conversation during a private counseling session or a group, joint, or family counseling session and that are separated from the rest of the individual's medical record. Psychotherapy notes excludes medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: Diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.

References:

§164.501 §164.508(a)(2) MCL 330.1748

Exhibits:

None

Procedure:

	ACTION	RESPONSIBILITY
1.	SCCMHA will not condition treatment of an individual	HIPAA Privacy
	on a requirement that the individual provide a specific	Officer, All SCCMHA

consent for the disclosure of psychotherapy notes.

2. The consent will be written in plain language.

- 3. The consent may only be combined with another consent for a use or disclosure of psychotherapy notes.
- 4. Any consent for the use or disclosure of psychotherapy notes will contain the following:
 - a. a description of the information to be used or disclosed that identifies the information in a specific and meaningful fashion.
 - b. the name or other specific identification of the person(s), or class of persons, authorized to make the requested use or disclosure.
 - c. the name or other specific identification of the person(s), or class of persons, to whom the covered entity may make the requested use or disclosure.
 - d. the signature of the individual and date.
 - e. an expiration date or an expiration event that relates to the individual or the purpose of the use or disclosure.
 - f. a statement of the individual's right to revoke the consent in writing and the exceptions to the right to revoke.
 - g. a description of how the individual may revoke the consent.
 - h. a statement that information used or disclosed pursuant to the consent may be subject to redisclosure by the recipient and no longer protected by 45 CFR Part 164.
 - i. A statement that SCCMHA will not condition treatment, payment, enrollment, or eligibility for benefits of an individual on a requirement that the individual provides a specific consent, except to the extent the law permits.
 - (i) conditioning of research-related treatment on provision of an consent for disclosures related to such research; or
 - (ii) conditioning of health care that is solely for the purpose of creating protected health information for disclosure to a third party, on an consent to disclose such information to the third party.

staff

HIPAA Privacy Officer

HIPAA Privacy Officer, All SCCMHA staff

HIPAA Privacy Officer, All SCCMHA staff 5. If a personal representative of the individual signs consent, the consent will contain a description of the representative's authority to act for the individual.

HIPAA Privacy Officer, Quality & Medical Records Supervisor

6. SCCMHA will invalidate the consent if:

Clerk Typist - ROI

- a. the expiration date has passed, or the expiration event is known by SCCMHA to have occurred.
- b. the consent is known by SCCMHA to have been revoked.
- c. any material information in the consent is known by SCCMHA to be false.
- d. the requirements of the consent have not been filled out completely.
- 7. SCCMHA will document and retain the signed consent for a period of at least 6 years from the date of its creation or the date when it last was in effect, whichever is later.

HIPAA Privacy Officer

Policy and Procedure Manual			
ĕ	Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.10.01	
Set: Uses and Disclosures	Management of Information		
that Require an			
Opportunity to Agree or			
Object - Using PHI for			
Involvement in and			
Notification of the			
Individual's Care –			
Inclusive of 42 CFR Part 2			
Effective Date:	Date of Review/Revision:	Approved By:	
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO	
	5/12/16, 3/15/17, 6/1/18,		
	6/11/19, 8/1/21, 10/24/22		
	Supersedes:		
		Responsible Director:	
		AmyLou Douglas, Chief	
		Quality & Compliance	
6 4		Officer HIPAA Privacy	
SAGINAW CO		Officer	
COMMU HEAITH ALI	INITY MENTAL		
HEALIH AU	IHORIT	Authored By:	
		Richard M. Garpiel	
		·	
		Additional Reviewers:	
		Holli McGeshick, Quality	
		and Medical Records	
		Supervisor	

For the benefit of consumer care and public health, SCCMHA sometimes needs to use or disclose protected health information to a consumer's family member or others involved in the consumer's care to ensure quality care, or to notify family members or others of the consumer's condition or location. In these situations, when the consumer is present and capacitated, SCCMHA must provide the consumer with an opportunity to agree or disagree to the use or disclosure of such information, and if agreement is obtained, SCCMHA is not required to obtain the written consent or consent of the consumer. Employees may verbally inform the individual of and obtain the individual's verbal agreement or objection to such uses or disclosures. This policy is intended to follow §164.510(b) of the Privacy Rule.

Policy:

1. SCCMHA may disclose to a family member, other relative, close friend, or any other person identified by the consumer, protected health information that is directly

relevant to such person's involvement with, or payment related to the consumer's care.

- 2. SCCMHA may use or disclose a consumer's protected health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the consumer, or another person responsible for the care of the consumer of the consumer's location, general condition, or death.
- 3. SCCMHA will follow all applicable laws and regulations when disclosing protected health information relevant to a consumer's care or for notification to the consumer's family member, friend, or any other person identified by the individual.

4. Substance Use Disorder Records:

- a. 42 CFR Part 2 prohibits the disclosure and use of patient records unless certain circumstances exist. §2.2.
- b. If a patient consents to a disclosure of their records, a part 2 program may disclose those records in accordance with that consent to any person or category of persons identified or generally designated in the consent. §2.33.
- c. The use or disclosure of an individual's health records maintained by SCCMHA as a Part 2 program generally requires the consent of the consumer. Consideration of Policy 08.05.01 should be made prior to the use or disclosure of information related to SUD services.

Application:

All SCCMHA Board operated programs

Standards:

None

Definitions:

<u>Disclosure</u>: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

§164.510(b) 42 CFR Part 2

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

1. SCCMHA will seek agreement from all individuals upon Clinical staff

initial service to disclose their protected health information relevant to the consumer's care or for notification to the consumer's family member, friend, or any other person identified by the individual.

2. If necessary, given the condition of the consumer or critical circumstances involved, SCCMHA may reasonably infer from the circumstances, based on the exercise of professional judgment, that the individual does not object to the disclosure of health information relevant to the consumer's care to the consumer's family member, friend, or any other person identified by the individual.

Clinical staff

3. SCCMHA may reasonably infer from the circumstances, based on the exercise of professional judgment, which protected health information relevant to the consumer's care may be disclosed to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's death. In such circumstances, the Director of Clinical Services or the HIPAA Privacy Officer should be consulted.

Clinical staff, Executive Director of Clinical Services, HIPAA Privacy Officer

4. SCCMHA may use or disclose protected health information to a public or private entity, authorized by law or by its charter to assist in disaster relief efforts, for the purpose of coordinating with the entity to notify, or assist in the notification of a family member, a personal representative of the individual, or another person responsible for the care of the individual, of the individual's location, general condition, or death.

Clinical staff or Clerk Typist – ROI with consultation with HIPAA Privacy Officer

5. In the event that the individual is not present for, or the opportunity to agree or object to the use or disclosure cannot practicably be provided because of the individual's incapacity or an emergency circumstance, SCCMHA may in the exercise of professional judgment, determine whether the disclosure is in the best interests of the individual and, if so, disclose only the protected health information that is directly relevant to the person's involvement with the individual's health care.

Clinical staff

6. Appropriate personnel may use professional judgment and their experience with common practice to make reasonable inferences of a consumer's best interest in allowing a person to act on behalf of the consumer to pick up filled

Clinical staff

prescriptions, medical supplies, or other similar forms of protected health information.

7. Appropriate personnel will exercise professional judgment in determining that disclosing protected health information pursuant to the applicable policies and procedures herein, when the consumer is present or when the consumer is not present; will interfere with the ability to respond to the emergency circumstances.

Clinical staff

8. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Office, or to the employee compliance hotline.

All SCCMHA employees

Policy and Procedure Manual		
Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI as	unty Community Mental Hea Chapter: 08 - Management of Information	Subject No: 08.05.11.01
Required by Law Effective Date: April 14, 2003	Date of Review/Revision: 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22 Supersedes:	Approved By: Sandra M. Lindsey, CEO Responsible Director:
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer Authored By: Richard M. Garpiel
		Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor

In accordance with the HIPAA Privacy Rule, 45 CFR 164.512(a)(1) and the Michigan Mental Health Code, MCL 330.1748(5)(d), a covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law. This policy is designed to give guidance and ensure compliance with all relevant laws and regulations when using or disclosing protected health information as required by law.

- 1. If federal, state, and/or local law require a use or disclosure of protected health information, SCCMHA may use or disclose protected health information to the extent that the use or disclosure complies with such law and is limited to the requirements of such law.
- 2. SCCMHA will refer to specific policies and procedures to determine whether SCCMHA must obtain consent or give the individual the opportunity to agree or object to use or disclose protected health information.

- 3. If two or more laws or regulations governing the same use or disclosure conflict, SCCMHA will comply with the more restrictive laws or regulations.
- 4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated Programs

Standards:

None

Definitions:

<u>Disclosure</u>: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

45 CFR 164.512(a)(1) MCL 330.1748(5)(d)

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

- 1. SCCMHA may use or disclose protected health information to the extent that such use or disclosure is required by law including, but not limited to:
 - a. For public health activities required by law [see Policy, Disclosing Protected Health Information for Public Health Release].
 - For disclosures about victims of abuse, neglect, or domestic violence [see Policy Disclosing Protected Health Information about Victims of Abuse, Neglect, or Domestic Violence]
 - c. To comply with judicial release [see Policy, Disclosing Protected Health Information for Judicial and Administrative Release].
 - d. To comply with law enforcement [see Policy, Disclosing Protected Health Information for Law Enforcement Release].
 - e. For health release [see Policy, Disclosing Protected Health Information for Health Oversight Release].
 - f. To avert serious threat [see Policy, Disclosing Protected Health Information to Avert Serious Threat to Health and

Clerk Typist – ROI, HIPAA Privacy Officer Safety].

- g. To comply with special government functions or requests [see Policy, Disclosing Protected Health Information for Specialized Government Functions].
- 2. When disclosing protected health information in accordance with procedure #1, SCCMHA will follow the policies and procedures relating to the applicable policy.

Clerk Typist - ROI

3. Personnel receiving a request from an individual or entity for use or disclosure of protected health information will utilize SCCMHA records to determine whether the requesting individual is a person whom SCCMHA has a knowing relationship.

Clerk Typist - ROI

4. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of Entities Requesting Use or Disclosure of Protected Health Information.

Clerk Typist - ROI

5. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.

Clerk Typist - ROI, HIPAA Privacy Officer

6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

Clerk Typist - ROI, HIPAA Privacy Officer

7. Medical Records personnel will appropriately document the request and delivery of the protected health information.

Clerk Typist - ROI, HIPAA Privacy Officer

8. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer in a timely manner.

Clerk Typist - ROI, HIPAA Privacy Officer

9. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, the compliance Officer or to the compliance hotline.

All SCCMHA employees

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.03
Set: Consent or	Management of Information	
Opportunity to Agree or		
Object - Disclosing PHI		
about Victims of Abuse,		
Neglect, or Domestic		
Violence		
Effective Date :	Date of Review/Revision:	Approved By:
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO
	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/24/22	
	Supersedes:	
	_	Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
6 4		Officer HIPAA Privacy
SAGINAW C		Officer
COMMI Health Au	UNITY MENTAL	
HEALIH AU	THORIT	Authored By:
		Richard M. Garpiel
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

Covered entities are required to exercise professional judgment in conjunction with applicable statutes and regulations when disclosing protected health information regarding an individual who is a possible victim of abuse, neglect, or domestic violence. SCCMHA has developed this policy to ensure any use or disclosure of protected health information related to victims of abuse, neglect, or domestic violence follows all applicable laws and regulations, such as the HIPAA Privacy Rule, 45 CFR 164.512(b)(1)(ii) and the Michigan Mental Health Code, MCL 330.1748.

- 1. SCCMHA may disclose protected health information about an individual whom it reasonably believes to be a victim of abuse, neglect, or domestic violence to a government authority, including a social service or protective services agency, authorized by law to receive such reports.
- 2. Issues related to requests for mental health records in situations involving child abuse or neglect investigations are referred to SCCMHA Policy, Disclosing Protected health Information involving Child Abuse or Neglect.

3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated programs and applicable Network providers.

Standards:

None

Definitions:

<u>Disclosure</u>: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

45 CFR 164.512(b), MCL 330.1748

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

- 1. SCCMHA may disclose protected health information about an individual who the covered entity reasonably believes to be a victim of abuse, neglect, or domestic violence: The Privacy Rule, §164.512(c)(1).
 - a. to the extent the disclosure is required by law and the disclosure complies with and is limited to the relevant requirements of such law or
 - b. if the individual agrees to the disclosure (communication between SCCMHA and individual, including agreement, may be verbal); or
 - c. to the extent the disclosure is expressly authorized by statute or regulations and:
 - i. SCCMHA, in the exercise of professional judgment, believes the disclosure to be necessary to prevent serious harm to the individual or other potential victims; or
 - ii. If the individual is incapacitated and unable to agree to the disclosure of their protected health information, a law enforcement or public official authorized to receive the report must represent that the protected health information, for which disclosure is sought, is not intended to be used against the individual. The official must also represent that immediate enforcement activity is

Clerk Typist – ROI, HIPAA Privacy Officer dependent upon the disclosure and would be adversely affected by waiting until the individual is able to agree to the disclosure.

- 2. In accordance with §164.512(c)(2), if SCCMHA discloses protected health information about an individual, in accordance with Procedure #1, SCCMHA will promptly inform the individual that such a disclosure has been or will be made except when SCCMHA:
- Clerk Typist ROI, HIPAA Privacy Officer
- a. In the exercise of professional judgment, believes informing the individual would place him/her at risk of serious harm; or
- b. Would be informing a personal representative, and SCCMHA reasonably believes the personal representative is responsible for the abuse, neglect, or other injury, and that informing such person would not be in the best interests of the individual as determined by SCCMHA in the exercise of professional judgment.
- 3. Uses and disclosures under this policy will be made in conjunction with the limitations provided in the Michigan Mental Health Code, MCL 330.1748. Any questions regarding this should be directed to the Privacy Officer prior to the use or disclosure of PHI.

Clerk Typist – ROI, HIPAA Privacy Officer

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI Involving Child Abuse or Neglect	Chapter: 08 - Management of Information	Subject No : 08.05.11.04
Effective Date: April 14, 2003	Date of Review/Revision: 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22 Supersedes:	Approved By: Sandra M. Lindsey, CEO
Saginaw Co Commu Health Aut	OUNTY MENTAL	Responsible Director: AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer Authored By: Richard M. Garpiel Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor

Covered entities are required to exercise professional judgment in conjunction with applicable statutes and regulations when disclosing protected health information regarding reports or investigations involving child abuse or neglect. SCCMHA has developed this policy to ensure any use or disclosure of protected health information related to reports or investigations involving child abuse or neglect follows all applicable laws and regulations, such as the HIPAA Privacy Rule, 45 CFR 164.512(b)(1)(ii) and the Michigan Mental Health Code, MCL 330.1748a.

- 1. SCCMHA may disclose protected health information to a public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect, in accordance with §164.512(b)(1)(ii).
- 2. Issues related to requests for mental health records in situations involving child abuse or neglect investigations should be responded to in such a way as to remain compliant with MCL 330.1748a.
- 3. In accordance with MCL 330.1748a (2), the following privileges do not apply to mental health records or information to which access is given under MCL 330.1748a:

- The physician-patient privilege
- The licensed professional counselor-client and limited licensed counselorclient privilege
- The psychologist-patient privilege
- Any other health professional-patient privilege created or recognized by law
- 4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated programs, applicable Network Providers.

Standards:

None

Definitions:

Protected Health Information: See 08.05.02.01

References:

45 CFR 164.512(b), MCL 330.1748a

Exhibits:

None

Procedure:

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	ACTION	RESPONSIBILITY
1.	Written requests for protected health information regarding an allegation of child abuse or neglect should be forwarded to the Clerk Typist - ROI. The Clerk Typist - ROI will make an initial determination regarding what other SCCMHA parties need to become involved in the situation.	Clerk Typist - ROI
2.	The relevant parties involved in the request (HIPAA Privacy Officer, Executive Director of Clinical Services, Clinical staff) shall review all Mental Health records and information in SCCMHA possession to determine if there are mental health records or information that is pertinent to that investigation.	HIPAA Privacy Officer, Executive Director of Clinical Services, appropriate clinical staff
3.	In accordance with MCL 330.1748a(1), SCCMHA will release those pertinent mental health records and information to the appropriate caseworker or administrator directly involved in the child abuse or neglect investigation	Clerk Typist - Records

within 14 days after a receipt has been made.

4. Clerk Typist - ROI will appropriately document the request and delivery of the protected health information.

5. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the compliance hotline.

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.05
Set: Consent or	Management of Information	
Opportunity to Agree or		
Object - Disclosing PHI		
for Health Oversight		
Release		
Effective Date :	Date of Review/Revision:	Approved By:
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO
	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/24/22	
	Supersedes:	
	-	Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
6 4		Officer HIPAA Privacy
SAGINAW CO		Officer
COMMU Health Aut	INITY MENTAL	
TEALIH AU	HORIT	Authored By:
		Richard M. Garpiel
		Trienara IVI. Garpier
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

SCCMHA may use or disclose Protected Health Information without individual consent for health oversight activities pursuant to the HIPAA Privacy Rule, 45 CFR §164.512(d). SCCMHA is committed to ensuring the privacy of consumer health information. To support this commitment, SCCMHA will ensure any use or disclosure of Protected Health Information for health oversight release follows all applicable laws and regulations. This policy is designed to provide guidance when using or disclosing Protected Health Information for health oversight activities, while protecting consumer health information in our possession.

- 1. SCCMHA may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits, civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight of the following:
 - a. The health care system.
 - b. Government benefit programs for which health information is relevant to beneficiary eligibility.

- c. Entities subject to government regulatory programs for which health information is necessary for determining compliance with program standards.
- d. Entities subject to civil rights laws for which health information is necessary for determining compliance.
- 2. SCCMHA may disclose protected health information without consent to a health oversight agency if a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits not related to health.
- 3. If a health oversight activity or investigation is conducted in conjunction with an oversight activity or investigation relating to a claim for public benefits unrelated to health, SCCMHA considers the joint activity or investigation to be a health oversight activity.
- 4. SCCMHA will not disclose protected health information without consent in cases where an individual is the subject of the investigation or other activity; of such investigation or other activity does not arise out of and is not directly related to:
 - a. The receipt of health care.
 - b. A claim for public benefits related to health.
 - c. Qualification for or receipt of public benefits or services when a consumer's health is integral to the claim for public benefits or services.
- 5. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA operated Programs, applicable Network Providers

Standards:

None

Definitions:

Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

HIPAA Privacy Rule, 45 CFR §164.512(d)

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

1.	Personnel receiving a request from an individual or entity for use or disclosure of Protected health Information will utilize SCCMHA records to determine whether the requesting individual is a person who SCCMHA has a knowing relationship.	Clerk Typist - ROI
2.	Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information].	Clerk Typist - ROI
3.	Once it is determined that use or disclosure is appropriate, Clerk Typist – ROI with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.	Clerk Typist - ROI
4.	The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.	Clerk Typist - ROI
5.	Medical Records personnel will appropriately document the request and delivery of the protected health information.	Clerk Typist - ROI
6.	If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer or the Compliance Officer in a timely manner.	Clerk Typist - ROI
7.	Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the compliance hotline.	All SCCMHA staff

Policy and Procedure Manual			
Saginaw Co	Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy Set: Consent or Opportunity to Agree or Object - Disclosing PHI as Required by Legislative Subpoena	Chapter: 08 - Management of Information	Subject No: 08.05.11.06	
Effective Date: April 14, 2003	Date of Review/Revision : 3/5/03, 6/30/09, 6/4/14, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/24/22 Supersedes :	Approved By: Sandra M. Lindsey, CEO	
Saginaw Co Commu Health Aut	DUNTY MENTAL	Responsible Director: AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer Authored By: Richard M. Garpiel Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor	

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, SCCMHA must obtain individual consent before using or disclosing the individual's protected health information. However, non-privileged protected health information may be disclosed pursuant to a legislative subpoena without the written consent or consent of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of the Michigan Mental Health Code, MCL 330.1748(5).

- 1. In compliance with MCL 330.1748(5), and pursuant to an order or a subpoena of a legislature, information made confidential by MCL 330.1748 will be disclosed unless it is privileged by law.
- 2. In compliance with MCL 330.1748(5), information made confidential by MCL 330.1748 will not be disclosed if it is privileged by law.
- 3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA operated Programs, applicable Network Providers.

Standards:

None

Definitions:

<u>Disclosure</u>: See 08.05.02.01

Protected Health Information: See 08.05.02.01

<u>Use</u>: See 08.05.02.01

References:

Michigan Mental Health Code, MCL 330.1748(5).

Exhibits:

None

Procedure:					
	ACTION	RESPONSIBILITY			
1.	SCCMHA will disclose protected health information after the receipt of a legislative subpoena to the degree that the information requested is not privileged by law.	Clerk Typist – ROI, HIPAA Privacy Officer			
2.	Personnel receiving a request from an individual or entity for use or disclosure of Protected health Information will utilize SCCMHA records to determine whether the requesting individual is a person who SCCMHA has a knowing relationship.	Clerk Typist – ROI, HIPAA Privacy Officer			
3.	Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information].	Clerk Typist – ROI, HIPAA Privacy Officer			
4.	Once it is determined that use or disclosure is appropriate, Clerk Typist – ROI with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.	Clerk Typist – ROI, HIPAA Privacy Officer			
5.	The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.	Clerk Typist – ROI, HIPAA Privacy Officer			

6. Medical Records personnel will appropriately document the request and delivery of the protected health information.

Clerk Typist – ROI, HIPAA Privacy Officer

7. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer or Compliance Officer in a timely manner.

Clerk Typist – ROI, HIPAA Privacy Officer

8. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the employee compliance hotline.

All SCCMHA staff

Policy and Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.07			
Set: Consent or	Management of Information				
Opportunity to Agree or					
Object – Disclosing Non-					
Privileged PHI for Judicial					
and Administrative					
Release					
Effective Date :	Date of Review/Revision:	Approved By:			
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO			
	5/12/16, 3/15/17, 6/1/18,	-			
	6/11/19, 8/1/21, 10/24/22				
	Supersedes:				
		Responsible Director:			
5 5 22		Officer HIPAA Privacy			
	SAGINAW COUNTY				
	COMMUNITY MENTAL HEALTH AUTHORITY				
HEALIT AUTHORIT		Authored By:			
		Richard M. Garpiel			
		1			
		Additional Reviewers:			
		Holli McGeshick, Quality			
		and Medical Records			
		Supervisor			

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, SCCMHA must obtain individual consent before using or disclosing the individual's protected health information. However, protected health information may be disclosed pursuant to a judicial or administrative process without the written consent or consent of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of the HIPAA Privacy Rule, 45 CFR §164.512(e), and the Michigan Mental Health Code, MCL 330.1748(5) and MCL 330.1750.

To support our commitment to consumer confidentiality, SCCMHA will ensure any use or disclosure of protected health information for judicial and/or administrative release follows all applicable laws and regulations. From time-to-time SCCMHA will receive a subpoena or an order from a court or administrative tribunal requesting protected health information. SCCMHA is committed to ensuring the privacy and security of consumer health information.

Policy:

- 1. SCCMHA will comply with all lawful and appropriate requests from regulatory and judicial authorities and may disclose non-privileged protected health information necessary to respond to a subpoena of a court, grand jury subpoena, discovery request, or other lawful process that is not accompanied by an order of a court or administrative tribunal, providing that:
 - (a) SCCMHA receives satisfactory assurance, from the party seeking the information, that such party has made reasonable efforts to ensure that the individual who is the subject of the protected health information that has been requested has been given notice of the request; or
 - (b) SCCMHA receives satisfactory assurance from the party seeking the information that such party has made reasonable efforts to secure a qualified protective order.
- 2. SCCMHA will comply with all lawful and appropriate requests from regulatory and judicial authorities and may disclose protected health information necessary to respond to a subpoena of a court, grand jury subpoena, discovery request, or other lawful process that is accompanied by an order of a court or administrative tribunal.
- 3. Disclosures will be made of only that PHI that is expressly authorized in an appropriate request, such as in response to a subpoena, discovery request, or other lawful process.
- 4. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated Programs, applicable Network providers

Standards:

None

Definitions:

Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Qualified Protective Order (QPO): as defined by the HIPAA Privacy Rule §164.512(e)(1)(v). A QPO means, with respect to protected health information requested in response to a subpoena, discovery request, or other lawful process, which is not accompanied by an order of a court or administrative tribunal, a QPO is an order of a court or of an administrative tribunal or a stipulation by the parties to the litigation or administrative preceding that:

- (a) Prohibits the parties from using or disclosing the protected health information for any purpose other than the litigation or proceeding for which such information was requested; and
- (b) Requires the return to the covered entity or destruction of the protected health information (including all copies made) at the end of the litigation or proceeding.

Use: See 08.05.02.01

References:

HIPAA Privacy Rule, 45 CFR §164.512

b. No objections were filed, or

Exhibits:

None

Procedure: ACTION RESPONSIBILITY Clerk Typist – ROI, HIPAA 1. SCCMHA will disclose non-privileged protected health information pursuant to a court Privacy Officer order. 2. SCCMHA will disclose non-privileged Clerk Typist – ROI, HIPAA protected health information pursuant to a Privacy Officer subpoena without a court order only after obtaining satisfactory assurances from the requesting party that they have made reasonable efforts to provide notice to the individual who is the subject of the requested PHI or to secure a qualified protective order. 3. SCCMHA will obtain a written statement and Clerk Typist – ROI, HIPAA accompanying documentation demonstrating **Privacy Officer** that a notice has been given to the individual that contained sufficient information about the litigation or proceeding in which the PHI is requested to permit the individual to raise an objection to the court or administrative tribunal. 4. Where reasonable efforts have been made to Clerk Typist – ROI, HIPAA ensure that the individual has been given notice **Privacy Officer** of the request, SCCMHA will obtain from the requesting party a written statement and accompanying documentation demonstrating that: Time for raising objections to the court or administrative tribunal has elapsed, and

- c. The court has resolved all objections filed by the individual or the administrative tribunal and the disclosures being sought are consistent with such resolution.
- 5. Where reasonable efforts have been made to secure a qualified protective order, SCCMHA will obtain from the requesting party a written statement and accompanying documentation demonstrating that:
 - a. Parties to the dispute giving rise to the request for information have agreed to a qualified protective order and have presented it to the court or administrative tribunal with authority over the dispute, or
 - b. Party seeking the PHI has requested a qualified protective order from such court or administrative tribunal.
- 6. Personnel receiving a request from an individual or entity for use or disclosure of PHI will utilize the Electronic Medical Records system to determine whether SCCMHA has a knowing relationship with the requesting individual.
- 7. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting PHI.
- 8. Once it is determined that use or disclosure is appropriate, medical records personnel with appropriate access clearance will access the individual's PHI using proper access and consent procedures.
- 9. The requested PHI will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.
- 10. Medical records personnel will appropriately document the request and delivery of the PHI.

Clerk Typist – ROI, HIPAA Privacy Officer

Clerk Typist – ROI, HIPAA Privacy Officer 11. If the identity and legal authority of an individual or entity requesting PHI cannot be verified, personnel will refrain from disclosing the requested information and report the case to the HIPAA Privacy Officer in a timely manner.

Clerk Typist – ROI, HIPAA Privacy Officer

12. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, or to the Compliance hotline.

All SCCMHA staff

Policy and Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.08			
Set: Consent or	Management of Information				
Opportunity to Agree or					
Object – Disclosing					
Privileged PHI for Judicial					
and Administrative					
Release					
Effective Date :	Date of Review/Revision:	Approved By:			
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO			
	5/12/16, 6/1/18, 6/11/19,	-			
	8/1/21, 10/24/22				
	Supersedes:				
	None	Responsible Director:			
		Quality & Compliance			
6 4		Officer HIPAA Privacy			
SAGINAW CO	Officer				
COMMU HEALTH AUT	INITY MENTAL				
FIEALIR AUTHORIT		Authored By:			
		Richard M. Garpiel			
		1			
		Additional Reviewers:			
		Holli McGeshick, Quality			
		and Medical Records			
		Supervisor			

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, SCCMHA must obtain individual consent before using or disclosing the individual's protected health information. However, protected health information may be disclosed pursuant to a judicial or administrative process without the written consent or consent of the individual, or the opportunity for the individual to agree or object, in the situations and subject to the applicable requirements of the HIPAA Privacy Rule, 45 CFR §164.512(e), and the Michigan Mental Health Code, MCL 330.1748(5) and MCL 330.1750.

To support our commitment to consumer confidentiality, SCCMHA will ensure any use or disclosure of protected health information for judicial and/or administrative release follows all applicable laws and regulations. From time-to-time SCCMHA will receive a subpoena or an order from a court or administrative tribunal requesting protected health information. SCCMHA is committed to ensuring the privacy and security of consumer health information.

Policy:

- 1. SCCMHA will comply with all lawful and appropriate requests from regulatory and judicial authorities. In accordance with the Michigan Mental Health Code, MCL 330.1748(5), SCCMHA will not disclose information made confidential by MCL 330.1748 if that information is privileged by law, unless in accordance with 330.1750, the consumer has waived the privilege., or under the following conditions:
 - a.) if the privileged communication is relevant to a physical or mental condition of the consumer that the consumer has introduced as an element of the consumer's claim or defense in a civil or administrative case or proceeding or that, after the death of the patient, has been introduced as an element of the patient's claim or defense by a party to a civil or administrative case or proceeding.
 - b.) If the privileged communication is relevant to a matter under consideration in a proceeding governed by the Mental Health Code, but only after the consumer was informed that any communication could be used in the proceeding.
 - c.) If the privileged communication is relevant to a matter under consideration in a proceeding to determine the legal competence of the consumer or the consumer's need for a guardian but only if the consumer were informed that any communication made could be used in such a proceeding.
 - d.) In a civil action by or on behalf of the consumer or a criminal action arising from the treatment of the consumer against the mental health professional for malpractice.
 - e.) If the privileged communication were made during an examination ordered by a court, prior to which the consumer was informed that a communication made would not be privileged, but only with respect to the particular purpose for which the examination was ordered.
 - f.) If the privileged communication was made during treatment that the consumer was ordered to undergo to render the consumer competent to stand trial on a criminal charge, but only with respect to issues to be determined in proceedings concerned with the competence of the consumer to stand trial.
- 2. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated Programs, applicable Network providers.

Standards:

None

Definitions:

Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

HIPAA Privacy Rule, 45 CFR §164.512 Michigan mental Health Code, MCL 330.1748 Michigan Mental Health Code, MCL 330.1750

Exhibits:

None

Procedure:

ACTION

RESPONSIBILITY

1. SCCMHA will not disclose privileged protected health information, unless the consumer waives the privilege, except under the conditions provided in MCL 330.1750

2. In the event SCCMHA receives a subpoena requesting protected health information that is privileged by law, and that has not been

RESPONSIBILITY

Clerk Typist – ROI, HIPAA Privacy Officer

requesting protected health information that is privileged by law, and that has not been waived by the consumer, and that does not fall within one of the exceptions provided for under MCL 330.1750, SCCMHA will take appropriate legal actions to prevent enforcement of the subpoena.

Policy and Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject: HIPAA Privacy	Chapter: 08 -	Subject No: 08.05.11.09			
Set: Consent or	Management of Information				
Opportunity to Agree or					
Object - Disclosing PHI					
for Law Enforcement					
Release					
Effective Date :	Date of Review/Revision:	Approved By:			
April 14, 2003	4/7/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO			
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	6/11/19, 8/1/21, 10/24/22				
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		Responsible Director:			
		Quality & Compliance			
S. S	Officer HIPAA Privacy				
SAGINAW CO	Officer				
	COMMUNITY MENTAL HEALTH AUTHORITY				
TEACHT IGHT		Authored By:			
		Richard M. Garpiel			
		Additional Reviewers:			
		Holli McGeshick, Quality			
		and Medical Records			
		Supervisor			

SCCMHA is committed to ensuring the privacy and security of consumer health information. For most disclosures other than the usual course of treatment, payment, or health care operations, we must obtain individual consent before using or disclosing the individual's protected health information. However, pursuant to a law enforcement process, and subject to the applicable requirements of 45 CFR §164.512(f) and MCL 330. 1748, protected health information may be disclosed without the written consent or consent of the individual, or the opportunity for the individual to agree or object. To support our commitment to consumer confidentiality, SCCMHA will ensure any use or disclosure of protected health information for law enforcement release follows all applicable laws and regulations. From time to time a law enforcement agency or court may request protected health information. This policy has been developed to provide guidance and to ensure full compliance with such requests, while protecting consumer health information in our possession.

Policy:

1. SCCMHA may disclose protected health information for law enforcement purposes to a law enforcement official if all applicable conditions have been met.

- 2. If a medical emergency is based on a belief of abuse, neglect, or domestic violence, or on reports relating to child abuse or neglect, or instances where disclosure is limited by law, refer to applicable SCCMHA policy.
- 3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated programs and applicable network providers.

Standards:

None

Definitions:

Disclosed: See definition in 08.05.02.01

Protected Health Information: See definition in 08.05.02.01

Use: See definition in 08.05.02.01

References:

45 CFR §164.512(f) MCL 330.1748

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

- 1. SCCMHA may disclose protected health information without individual consent in compliance with and as limited by the relevant requirements of a court order, court-ordered warrant, a subpoena, or summons issued by a judicial officer, or a grand jury subpoena. Questions related to this should be directed to the HIPAA Privacy Officer at the time they arise, and prior to any disclosure.
- 2. SCCMHA may disclose requested protected health information pursuant to an administrative request, including an administrative subpoena or summons, a civil or an authorized investigative demand, or similar process authorized under law, under the following conditions:
 - a. SCCMHA determines, in conjunction with the requesting party, that the information sought is relevant and material to a

Clerk Typist – ROI, HIPAA Privacy Officer

Clerk Typist – ROI, HIPAA Privacy Officer

legitimate law enforcement inquiry.

- b. SCCMHA determines, in conjunction with the requesting party, that the request is specific and limited in scope to the extent reasonably practicable considering the purpose for which the information is sought.
- c. SCCMHA determines, in conjunction with the requesting party, that deidentified information could not reasonably be used.
- 3. Other than stated within this policy, SCCMHA will not disclose any protected health information related to an individual's DNA or DNA analysis, dental records, or typing, samples or analysis of body fluids or tissue in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person.
- 4. SCCMHA may disclose the following protected health information in response to a law enforcement official's request for such information for the purpose of identifying or locating a suspect, fugitive, material witness, or missing person provided that SCCMHA only disclose the following:
 - a. Name and address.
 - b. Date and place of birth
 - c. Social security number.
 - d. ABO blood type and rh factor
 - e. Type of injury.
 - f. Date and time of treatment
 - g. Date and time of death, if applicable; and
 - h. A description of distinguishing physical characteristics, including height, weight, gender, race, hair, and eye color, presence, or absence of facial hair (beard or moustache), scars, and tattoos.
- 5. SCCMHA may disclose to a law enforcement official protected health information that SCCMHA believes in good faith constitutes evidence of criminal conduct that occurred on the premises of SCCMHA.

Clerk Typist – ROI, HIPAA Privacy Officer

Clerk Typist – ROI, HIPAA Privacy Officer

- 6. SCCMHA may, in providing emergency health care in response to a medical emergency, other than emergency care provided on the premises of SCCMHA, disclose protected health information to a law enforcement official if such disclosure appears necessary to alert law enforcement to:
 - a. The commission and nature of a crime.
 - b. The location of such crime or of the victim(s) of such crime; and
 - c. The identity, description, and location of the perpetrator of such crime.
- 7. SCCMHA may disclose protected health information about an individual who has died to a law enforcement official for the purpose of alerting law enforcement of the death of the individual if SCCMHA has a suspicion that such death may have resulted from criminal conduct.
- 8. SCCMHA may disclose protected health information in response to a law enforcement official's request for such information about an individual who is or is suspected to be a victim of a crime if the individual agrees to the disclosure.
- 9. In cases where the individual is suspected to be a victim of a crime and where SCCMHA is unable to obtain the individual's agreement because of incapacity or other emergency circumstance, SCCMHA will:
 - a. Obtain representation from the requesting law enforcement official that such information is needed to determine whether a violation of a law by a person other than the victim occurred, and such information is not intended to be used against the victim.
 - b. Obtain representation from the law enforcement official that immediate law enforcement activity which depends upon the disclosure would be materially and adversely affected by waiting until the individual is able to agree to the disclosure;

Clerk Typist – ROI, HIPAA Privacy Officer

Clerk Typist – ROI, HIPAA Privacy Officer

Clerk Typist – ROI, HIPAA Privacy Officer

and

- c. In the exercise of professional judgment, decide that the disclosure is in the best interest of the individual before disclosing protected health information.
- 10. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether SCCMHA has a knowing relationship with the requesting individual.

Clerk Typist – ROI, HIPAA Privacy Officer

11. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information].

Clerk Typist – ROI, HIPAA Privacy Officer

12. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.

Clerk Typist – ROI, HIPAA Privacy Officer

13. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

Clerk Typist – ROI, HIPAA Privacy Officer

14. Medical Records personnel will appropriately document the request and delivery of the protected health information.

Clerk Typist – ROI, HIPAA Privacy Officer

15. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner.

Clerk Typist – ROI, HIPAA Privacy Officer

16. Knowledge of a violation or potential violation of this policy must be reported directly to the

All SCCMHA staff

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Compliance Officer or to the compliance notline.	

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.10
Set: Consent or	Management of Information	
Opportunity to Agree or		
Object - Disclosing PHI		
about Decedents		
Effective Date:	Date of Review/Revision:	Approved By:
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO
	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/24/22	
	Supersedes:	
		Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
SAGINAW C	OUD IT	Officer HIPAA Privacy
	UNITY MENTAL	Officer
HEALTH AU	THORITY	4 41 15
		Authored By:
		Richard M. Garpiel
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

Covered entities are permitted to disclose protected health information to coroners and medical examiners and to funeral directors, as necessary and consistent with applicable law. This policy is designed to give guidance and ensure compliance with applicable laws and regulations when disclosing protected health information to coroners, medical examiners, and funeral directors. In addition, individuals claiming to have authority to act on behalf of a deceased consumer's estate may seek protected health information from SCCMHA.

It is SCCMHA's intent that its policies comply with all applicable laws and regulations. This policy has been developed with the understanding that the HIPAA Privacy Rule, 45 CFR §164.502(f), §164.502(g) and §164.510(b)(1)(ii) preempt the Michigan Mental Health Code, MCL 330.1748(5)(g) in as much as the Rule limits disclosures to persons who have authority to act on behalf of the deceased's estate, and requires disclosures for all purposes relevant to the personal representation. While the Rule provides for notification of death to be given to relatives, relatives who are not personal representatives otherwise entitled to benefits under state law would have to obtain necessary information about the deceased from a source other than SCCMHA. Those additional requirements are reflected in this policy.

Policy:

- 1. SCCMHA may disclose protected health information to coroners, medical examiners, and funeral directors pursuant to applicable law.
- 2. SCCMHA may use or disclose protected health information to notify or assist in the notification of (including identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.
- 3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated Programs and applicable Network Providers.

Standards:

None

Definitions:

Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

HIPAA Privacy Rule, 45 CFR §164.502(f), §164.502(g) and §164.510(b)(1)(ii) Michigan Mental Health Code, MCL 330.1748(5)(g)

Exhibits:

None

Pr	Procedure:			
	ACTION	RESPONSIBILITY		
1.	SCCMHA may disclose protected health information about a deceased person, without individual consent, to coroners, medical examiners, or funeral directors for the following purposes:	Clerk Typist – ROI, HIPAA Privacy Officer		
	a. Identifying a deceased person, determining a cause of death, or other duties as authorized by law.			
	b. To assist funeral directors, in carrying out their duties with respect to the decedent including, if necessary, disclosing protected health information prior to, and in reasonable anticipation of, the individual's death.			
2.	SCCMHA may use or disclose protected health information to notify or assist in the notification of (including	Clerk Typist – ROI, HIPAA Privacy		

identifying or locating), a family member, a personal representative of the individual, or another person responsible for the care of the individual of the individual's location, general condition, or death.

Officer

3. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting protected health information [see Policy, Verification of Entities Requesting Use or Disclosure of Protected Health Information].

Clerk Typist – ROI, HIPAA Privacy Officer

4. Once it is determined that use or disclosure is appropriate, Clerk Typist – ROI with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.

Clerk Typist – ROI, HIPAA Privacy Officer

5. The requested protected health information will be delivered to the individuals in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.

Clerk Typist – ROI, HIPAA Privacy Officer

6. Medical records personnel will appropriately document the request and delivery of the protected health information.

Clerk Typist – ROI, HIPAA Privacy Officer

7. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner.

Clerk Typist – ROI, HIPAA Privacy Officer

8. Knowledge of a violation or potential violation of this policy must be reported directly to the Compliance Officer or the compliance hotline.

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.11
Set: Consent or	Management of Information	_
Opportunity to Agree or		
Object - Disclosing PHI to		
Avert Serious Threat to		
Health and Safety		
Effective Date :	Date of Review/Revision:	Approved By:
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO
	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/24/22	
	Supersedes:	
	_	Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
5.5		Officer HIPAA Privacy
SAGINAW CO		Officer
COMMU HEALTH AUT	INITY MENTAL THORITY	
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		Richard M. Garpiel
		1
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

In accordance with the HIPAA Privacy Rule, §164.512(j), SCCMHA is permitted, consistent with applicable law and standards of ethical conduct, to disclose protected health information based on a reasonable belief that the disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public. This policy provides guidance to ensure full compliance with all laws when using or disclosing protected health information to prevent or lessen a threat to the health or safety of a person or the public.

Policy:

- 1. SCCMHA, consistent with all applicable laws, may use or disclose protected health information, if SCCMHA, in good faith, believes the use or disclosure is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
- 2. SCCMHA may make disclosures to persons or entities that are reasonably able to prevent or lessen the threat, including the target of the threat.

3. SCCMHA will make such disclosures only when the belief is based upon SCCMHA's actual knowledge or in reliance on a credible representation by a person with apparent knowledge or authority.

Application:

All SCCMHA Board operated Programs and applicable Network Providers.

Standards:

None

Definitions:

<u>Disclosure</u>: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

45CFR 164.512(b), MCL 330.1748, MCL 325.75

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

- 1. Consistent with applicable law, standards of ethical conduct, and this policy, SCCMHA may use or disclose protected health information under the following circumstances:
 - a. To prevent or lessen a serious and imminent threat to the health or safety of a person or the public.
 - b. For law enforcement authorities to identify or apprehend an individual because of a statement by an individual admitting participation in a violent crime that SCCMHA reasonably believes may have caused serious physical harm to the victim.
 - c. For law enforcement authorities to identify or apprehend an individual where it appears from all the circumstances that the individual has escaped from a correctional institution or from lawful custody.
 - d. To identify or apprehend an individual made pursuant to a statement by the individual admitting participation in a violent crime that SCCMHA reasonably believes may have caused serious physical harm to the victim. The disclosure shall contain only that specific statement, and shall contain only the following protected health information:
 - Name and address.
 - Date and place of birth.

- Social Security number.
- ABO blood type and rh factor
- Type of injury
- Date and time of treatment.
- Date and time of death, if applicable; and
- A description of distinguishing physical characteristics, including height, weight, gender, race, hair, and eye color, presence, or absence of facial hair) beard or moustache), scars, and tattoos.
- 2. SCCMHA will not use or disclose protected health information for law enforcement authorities to identify or apprehend an individual because the individual makes a statement admitting participation in a violent crime that SCCMHA reasonably believes may have caused serious physical harm to the victim:
 - a. If such admission in participation is learned by SCCMHA during treatment to affect the propensity to commit criminal conduct that is the basis for the disclosure, or counseling or therapy; or
 - b. If such admission in participation is learned by SCCMHA through a request by the individual to initiate or to be referred for the treatment, counseling, or therapy to affect the propensity to commit the criminal conduct that is the basis for the disclosure.
- 3. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether the requesting individual is a person whom SCCMHA has a knowing relationship.
- 4. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information (re: Policy, Verification of Entities Requesting Use or Disclosure of Protected Health Information).
- 5. Once it is determined that use or disclosure is appropriate, Medical Records personnel with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.
- 6. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or

Clerk Typist – ROI, HIPAA Privacy Officer

other persons who do not have appropriate access clearance to that information.

- 7. Medical Records personnel will appropriately document the request and delivery of the protected health information.
- 8. If the identity and legal authority of an individual or entity requesting Protected Health Information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner.

Clerk Typist – ROI, HIPAA Privacy Officer

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.11.13
Set: Consent or	Management of Information	
Opportunity to Agree or		
Object - Disclosing PHI for		
Workers' Compensation		
Effective Date :	Date of Review/Revision:	Approved By:
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	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/24/22	
	Supersedes:	
		Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
0		Officer HIPAA Privacy
SAGINAW CO	DUNTY INITY MENTAL	Officer
HEALTH AUT	17, 17, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	
		Authored By:
		Richard M. Garpiel
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

In accordance with the HIPAA Privacy Rule, §164.512(l), SCCMHA may disclose protected health information as authorized by and to comply with laws relating to workers' compensation or other similar programs established by law, which provide benefits for work-related injuries or illness without regard to fault. This policy was developed to provide guidance and ensure compliance with applicable laws when disclosing protected health information related to workers compensation and other similar programs.

Policy:

SCCMHA may disclose protected health information as authorized by and comply with laws relating to workers' compensation or other similar programs, established by law, which provide benefits for work-related injuries or illness without regard to fault.

The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated programs and applicable Network Providers.

Standards:

None

Definitions:

Disclosure: See 08.05.02.01

Protected Health Information: See 08.05.02.01

Use: See 08.05.02.01

References:

HIPAA Privacy Rule, §164.512(1),

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

quest from an individual or entity for Clerk Typist – ROI

- 1. Personnel receiving a request from an individual or entity for use or disclosure of Protected Health Information will utilize SCCMHA records to determine whether SCCMHA has a knowing relationship with the requesting individual.
- Clerk Typist ROI, HIPAA Privacy Officer
- 2. Personnel will follow appropriate policies and procedures for verifying the identity and authority of individuals requesting Protected Health Information [see Policy, Verification of entities Requesting Use or Disclosure of Protected Health Information].
- Clerk Typist ROI, HIPAA Privacy Officer
- 3. Once it is determined that use or disclosure is appropriate, Clerk Typist Records with appropriate access clearance will access the individual's protected health information using proper access and consent procedures.
- Clerk Typist ROI, HIPAA Privacy Officer
- 4. The requested protected health information will be delivered to the individual in a secure and confidential manner, such that the information cannot be accessed by employees or other persons who do not have appropriate access clearance to that information.
- Clerk Typist ROI, HIPAA Privacy Officer
- 5. Clerk Typist ROI will appropriately document the request and delivery of the protected health information.
- Clerk Typist ROI, HIPAA Privacy Officer
- 6. If the identity and legal authority of an individual or entity requesting protected health information cannot be verified, personnel will refrain from disclosing the requested information and report the case to the Compliance Officer in a timely manner.

7.	Knowledge of a violation or potential violation of this policy	All SCCMHA staff
	must be reported directly to the Compliance Officer or to the	
	employee compliance hotline.	

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.14.01
Set: Employee Education	Management of Information	
and Training - Employee		
Training Regarding the		
Use and Disclosure of PHI		
Effective Date :	Date of Review/Revision:	Approved By:
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	5/12/16, 3/15/17, 6/1/18,	
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		Responsible Director: AmyLou Douglas, Chief
		Quality & Compliance
2.2.2.3.		Officer HIPAA Privacy
SAGINAW CO		Officer
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		Richard M. Garpiel
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		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

SCCMHA is committed to ensuring the privacy and security of consumer health information. Federal, state, and/or local laws and regulations have established standards with which health care organizations must comply when using or disclosing an individual's protected health information. To support our commitment to consumer confidentiality, all employee of SCCMHA will receive appropriate training regarding the policies and procedures for using and/or disclosing protected health information, as required under the HIPAA Privacy Rule, 45 CFR §164.530(b) and other applicable federal, state, and/or local laws and regulations.

Policy:

- 1. SCCMHA will train all employees regarding the proper use and disclosure of protected health information.
- 2. SCCMHA will train all employees on the policies and procedures with respect to protected health information as necessary and appropriate for the employees to carry out their function at SCCMHA.
- 3. Training will be within 30 days of initial employment for new employees thereafter. Periodic re-training will be provided as needed.

Application:

All SCCMHA Board operated programs and applicable Network Providers.

Standards:

New employees will receive HIPAA Privacy Rule training within 30 days of hire.

Definitions:

Protected Health Information: See 08.05.02.01

References:

HIPAA Privacy Rule, 45 CFR §164.530(b)

Exhibits:

None

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Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject	Chapter: 08 -	Subject No : 08.05.14.02
HIPAA Privacy Set:	Management of Information	
Employee Education and		
Training - Employee		
Training on Privacy		
Awareness		
Effective Date :	Date of Review/Revision:	Approved By:
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO
	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/26/22	
	Supersedes:	
		Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
a marine and		Officer HIPAA Privacy
SAGINAW CO		Officer
COMMU HEALTH AUT	INITY MENTAL THORITY	
		Authored By:
		Richard M. Garpiel
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

SCCMHA is committed to ensuring the privacy and security of consumer health information. Federal, state, and/or local laws and regulations have established standards with which health care organizations must comply to ensure the security and confidentiality of protected health information. To support our commitment to consumer confidentiality, all employee of SCCMHA will receive appropriate training, as required under the HIPAA Privacy Rule, 45 CFR §164.530(b) and other applicable federal, state, and/or local laws and regulations, regarding the policies and procedures for ensuring the secure and confidential receipt, transmission, storage, use and/or disclosure of protected health information.

Policy:

- 1. All members of SCCMHA's workforce, as applicable, will receive training regarding the proper use and disclosure of protected health information.
- 2. Training will occur upon initial employment, and thereafter as needed.

Application:

All SCCMHA Board operated programs and applicable Network Providers.

Standards:

New employees will receive training within 10 days of initial employment

Definitions:

None

References:

- HIPAA Privacy Rule, 45 CFR §164.530(b)
- Temporary Employee Orientation checklist (human resources)
- SCCMHA Minimum Training requirements, policy 05.06.03 (network services)

Exhibits:

None

Pro	cedure:	
	ACTION	RESPONSIBILITY
1.	All new employees will receive training regarding the privacy and confidentiality of individual health information within ten days of initial employment.	HIPAA Privacy Officer
2.	Training will be provided to all employees whose functions are affected by a material change in the policies or procedures, within a reasonable period after the material change becomes effective.	HIPAA Privacy Officer
3.	 Training regarding the privacy and confidentiality of individual health information will include the following: a. Uses and disclosures of protected health information for treatment, payment, and health care operations. b. Uses and disclosures of protected health information pursuant to individual consent. c. Uses and disclosure of protected health information pursuant to the individual's opportunity to agree or disagree with the use or disclosure. d. Uses and disclosure of protected health information that do not require individual consent, or opportunity to agree or disagree. e. Individual's rights concerning their protected health information. f. Any other information as necessary for the respective members of the workforce to carry out their duties and responsibilities with respect to the proper use or disclosure of protected health infor5mation. 	HIPAA Privacy Officer
4.	Documentation regarding training for SCCMHA's workforce will be retained for a period of at least six years from the date of its creation or the date when it last was in effect, whichever is later.	SCCMHA Training Department

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy Set: Marketing – Using and Disclosing PHI for Marketing	Chapter: 08 - Management of Information	Subject No: 08.05.15.01
Effective Date: April 14, 2003	Date of Review/Revision : 3/5/03, 6/30/09, 5/12/16, 3/15/17, 6/1/18, 6/11/19, 8/1/21, 10/26/22 Supersedes :	Approved By: Sandra M. Lindsey, CEO Responsible Director:
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer
		Authored By: Richard M. Garpiel Additional Reviewers: Holli McGeshick, Quality and Medical Records Supervisor

SCCMHA is committed to ensuring the privacy and security of consumer health information. To enhance our services, we may engage in limited marketing activities, which may serve to solicit feedback relative to consumer care and services. To support our commitment to consumer confidentiality, SCCMHA will ensure that any protected health information used or disclosed for marketing purposes will comply fully with the HIPAA Privacy Rule, 45 CFR §164.508 and other applicable federal, state, and/or local laws and regulations.

Policy:

- 1. SCCMHA will obtain individual consent to use and disclose consumer health information for the purpose of marketing, except as otherwise stated in this policy and procedure.
- 2. SCCMHA may, without obtaining individual consent, use and disclose consumer health information for the purpose of marketing only in accordance with the procedures stated below.
- 3. The regulations under 42 CFR Part 2 differ from HIPAA. Policy 08.05.01 should be consulted prior to disclosing the records of individuals receiving SUD services from SCCMHA.

Application:

All SCCMHA Board operated Programs and applicable Network Providers.

Standards:

None

Definitions:

Disclose: See definition at 08.05.02.01

Protected health Information: See definition at 08.05.02.01

Use: See definition at 08.05.02.01

References:

HIPAA Privacy Rule, 45 CFR §164.508

Exhibits:

None

Procedure: ACTION RESPONSIBILITY 1. Except as otherwise provided in these HIPAA Privacy Officer, Clerk Typist procedures, SCCMHA will obtain - ROI, appropriate clinical staff individual consent for the purpose of marketing in accordance with the SCCMHA policy: Obtaining an Consent for Use or Disclosure of TPO. 2. If applicable, the consent for marketing HIPAA Privacy Officer will state that remuneration to SCCMHA is involved in the marketing activity, regardless of whether such remuneration is direct or indirect. 3. Blanket consents for marketing will be All SCCMHA staff considered by SCCMHA to be defective. 4. SCCMHA will document and retain the HIPAA Privacy Officer, Clerk Typist signed consent for a period of at least six - ROI years from the date of its creation or the date when it last was in effect, whichever is later. 5. SCCMHA may, without obtaining HIPAA Privacy Officer, Clerk Typist individual consent, use or disclose PHI for

a. to make a face-to-face marketing communication to an individual; and

the following purposes:

- ROI

- b. to provide a promotional gift of nominal value to an individual.
- 6. SCCMHA will not disclose PHI to a business associate or other third party, in exchange for direct or indirect remuneration, for the other entity or its affiliate to make a marketing communication that promotes that entity's products or services.
- 7. Consistent with the policies and procedures herein, SCCMHA may otherwise disclose protected health information to a business associate to assist in SCCMHA's marketing activities.
- 8. SCCMHA may, without consent, communicate information to individuals:
 - a. to describe a health-related product or service, or payment for such product or service, which is provided by, or included in a plan of benefits of SCCMHA.
 - b. for treatment of the individual.
 - c. for case management or care coordination for the individual; or
 - d. to direct or recommend to the individual alternative treatments, therapies, health care providers or settings of care.
- 9. Knowledge of a violation or potential violation of this policy must be reported directly to the HIPAA Privacy Officer, Compliance Officer or to the Compliance hotline.

HIPAA Privacy Officer, Clerk Typist - ROI

HIPAA Privacy Officer, Clerk Typist - ROI

HIPAA Privacy Officer, Quality & Medical Records Supervisor, appropriate clinical staff

All SCCMHA staff

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.16.01
Set: Recordkeeping -	Management of Information	
Documentation		
Effective Date:	Date of Review/Revision:	Approved By:
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO
	5/12/16, 3/15/17, 6/1/18,	
	6/11/19, 8/1/21, 10/24/22	
	Supersedes:	
		Responsible Director:
		AmyLou Douglas, Chief
		Quality & Compliance
C 40.1.27		Officer HIPAA Privacy
SAGINAW COUNTY		Officer
COMMU HEALTH AU	JNITY MENTAL	
TIEAEITIAG	IIIONIII	Authored By:
		Richard M. Garpiel
		1
		Additional Reviewers:
		Holli McGeshick, Quality
		and Medical Records
		Supervisor

This policy is designed to give guidance and ensure compliance with provisions of HIPAA requiring covered entities to maintain documentation of policies, procedures, and other administrative documents.

Policy:

- 1. SCCMHA will implement policies and procedures with respect to protected health information that are designed to comply with the standards, implementation specifications, or other requirements of the HIPAA Privacy Regulations and 42 CFR Part 2.
- 2. SCCMHA will maintain documentation, in written or electronic form, of policies, procedures, communications, and other administrative documents as required by the HIPAA Privacy Rule, 45 CFR 164.530(i) and (j), for a period of at least six years from the date of creation or the date when last in effect, which ever is later.
- 3. SCCMAH will incorporate into its policies, procedures, and other administrative documents any changes in law.
- 4. SCCMHA will properly document and implement any changes to policies and procedure as necessary by changes in law.

Application:

All SCCMHA Board operated programs and applicable Network Providers.

Standards:

All HIPAA Privacy Rule related policies will be maintained for a period of six years from the date of creation or the date when last in effect, whichever is later.

Definitions:

None

References:

45 CFR 164.530

Exhibits:

None

Procedure:

ACTION

RESPONSIBILITY

- 1. SCCMHA's policies have been reasonably designed to consider the size and type of activities undertaken by SCCMHA with respect to protected health information.
- 2. In implementing a change in the Notice of Privacy Practices, SCCMHA will:
 - Ensure that the policy or procedure, as revised to reflect a change in SCCMHA's privacy practice, complies with the standards, requirements, and implementation specifications of the Privacy regulations.
 - Document the policy or procedure as revised.
 - Revise the notice to state the changes in practice and make the revised notice available (see Policy, Notice of Privacy Practices – Content of Notice); and
 - SCCMHA will not implement a change in policy or procedure prior to the effective date of the revised notice.
- 3. SCCMHA may change policies or procedures that do not affect the content of the Notice of Privacy Practices, provided that the policy or procedure

HIPAA Privacy Officer

HIPAA Privacy Officer

HIPAA Privacy Officer

complies with the Privacy regulations and is documented as required in this policy.

- 4. The following documentation will be maintained in an organized manner:
 - Policies and procedures related to the use or disclosure of PHI.
 - Forms for the consent to use or disclose PHI.
 - Requests for the use or disclosure of PHI.
 - Agreements with business associates referring to the use or disclosure of PHI.
 - Notice of Privacy Practices and any changes made thereto.
- 5. Documentation will be maintained in a manner that allows necessary availability, while also ensuring the security of information.

HIPAA Privacy Officer

HIPAA Privacy Officer

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: HIPAA Privacy	Chapter: 08	Subject No : 08.05.16.03	
Set: Recordkeeping –	Management of Information		
Falsification, Alteration, or			
Supplementation of			
Medical Records			
Effective Date:	Date of Review/Revision:	Approved By:	
April 14, 2003	4/7/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO	
	5/12/16, 3/15/17, 6/1/18,		
	6/11/19, 8/1/21, 10/26/22		
	Supersedes:		
		Responsible Director:	
		AmyLou Douglas, Chief	
		Quality & Compliance	
		Officer HIPAA Privacy	
SAGINAW COUNTY COMMUNITY MENTAL		Officer	
HEALTH AUT			
		Authored By:	
		Richard M. Garpiel	
		Additional Reviewers:	
		Holli McGeshick, Quality	
		and Medical Records	
		Supervisor	

Under Michigan law, MCL 750.492a, it is prohibited to deliberately falsify, alter, or destroy medical records. In addition, under the HIPAA Privacy Rule, 45 CFR §164.526, and MCL 750.492a, an individual has the right to have a covered entity amend protected health information or a record about the individual in a designated record set for as long as the protected health information is maintained in the designated record set. Furthermore, the correction or supplement must reasonably disclose that it was not made to conceal a prior entry.

To support our commitment to the accuracy of the protected health information of SCCMHA consumers, SCCMHA will ensure the maintenance of consumer records, as well as any modification to consumer records comply fully with the HIPAA Privacy Rule §164.526, MCL 750.492a, and any other applicable federal, state, and/or local laws and regulations.

Policy:

1. No SCCMHA employee or other person shall intentionally, willfully, or recklessly place or direct another to place or direct, misleading or inaccurate information in a consumer's medical record knowing that such information is misleading or inaccurate.

- 2. No SCCMHA employee or other person shall intentionally or willfully alter or destroy, or direct another to alter or destroy, a consumer's medical records for purposes of concealing his or her responsibility for the consumer's injury, illness, or death.
- 3. Medical records in paper form may be destroyed if the medical record is retained by means of mechanical or electronic recording, scanning or other equivalent technique accurately reproducing all information contained in the original record.
- 4. Medical records may be supplemented and corrected with information if the medical record contains an error so long as the correction or supplement reasonably discloses that it was not made to conceal a prior entry.

Application:

All SCCMHA Board operated Programs and applicable Network Providers.

Standards:

None

Definitions:

Designated Record Set: As defined in the Privacy Rule, §164.501 –

ACTION

- (1) A group of records maintained by or for a covered entity that is:
 - (i) Medical records and billing records about individuals maintained by or for a covered health care provider.
 - (ii) The enrollment, payment, claims adjudication, and case or medical management record systems maintained by or for a health plan; or
 - (iii) Used, in whole or in part, by or for the covered entity to make decisions about individuals.
- (2) For purposes of this paragraph, the term means any item, collection, or grouping of information that includes protected health information and is maintained, collected, used, or disseminated by or for a covered entity.

References:

45 CFR §164.502(b) MCL 750.492a 45 CFR §164.526

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1. SCCMHA employees responsible for adding	All relevant SCCMHA
information to a consumer's medical chart shall	staff
ensure that such information is accurate, truthful, and	
complete.	

2. Any change to a consumer's record which amounts to an addition, correction or deletion will contain documentation of the action taken, including the date on which the action was taken and identification of the individual making the change.

All relevant SCCMHA staff

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: HIPAA Privacy	Chapter: 08 -	Subject No : 08.05.16.04	
Set: Recordkeeping –	Management of Information		
Sanctioning of Employees,			
Agents, and Contractors			
Effective Date:	Date of Review/Revision:	Approved By:	
April 14, 2003	3/5/03, 6/30/09, 6/4/14,	Sandra M. Lindsey, CEO	
	5/12/16, 3/15/17, 6/1/18,		
	6/11/19, 8/1/21, 10/26/22		
	Supersedes:		
		Responsible Director:	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		AmyLou Douglas, Chief Quality & Compliance Officer HIPAA Privacy Officer	
TIEALITTAG	TIONI I	Authored By:	
		Richard M. Garpiel	
		Additional Reviewers:	
		Holli McGeshick, Quality	
		and Medical Records	
		Supervisor	

SCCMHA has established and will apply appropriate sanctions against members of its workforce, as well as other agents and contractors, who fail to comply with its policies and procedures. This policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to sanctioning for violating SCCMHA policies and procedures. Under the Health Insurance Portability and Accountability Act, penalties for misuse or misappropriation of health information include both civil monetary penalties and criminal penalties. Civil penalties range from \$100 for each violation to a maximum of \$25,000 per year for the same violations. Criminal penalties vary from \$50,000 and/or 1-year imprisonment to \$250,000 and/or 10 years imprisonment (42USC §1320d).

Policy:

- 1. SCCMHA will apply appropriate sanctions against members of its workforce who fail to comply with the SCCMHA policies and procedures.
- 2. The type of sanction applied shall vary depending on the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicates a pattern or practice of improper access, use or disclosure of health information, and similar factors.
- 3. Employees, agents, and other contractors should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.

- 4. The policy and procedures contained herein do not apply specifically when members of SCCMHA's workforce exercise their right to:
 - a. file a complaint with HHS.
 - b. testify, assist, or participate in an investigation, compliance review, proceeding, or hearing under Part C of Title XI; or
 - c. oppose any act made unlawfully by the HIPAA privacy rule; provided the individual or person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA privacy rule.
 - d. disclose protected health information as a whistleblower and the disclosure is in a health oversight agency; public health authority; or an attorney retained by the individual for purposes of determining the individual's legal option regarding the whistleblower activity; or
 - e. an employee who is a victim of a crime and discloses protected health information to a law enforcement official, provided that the protected health information is about a suspected perpetrator of the criminal act and is limited to the information listed in the SCCMHA policy related to Disclosing Protected Health Infor5mation for Law Enforcement Release.

for Law Enforcement Release.		
Application: SCCMHA Board operated Programs and applicable Network Providers.		
Standards: None		
Definitions: None		
References: HIPAA Privacy Rule, 164.503		
Exhibits: None		
Procedure:		
ACTION	RESPONSIBILITY	
1. Sanctions for failure to comply with policies or procedures	SCCMHA	
or with the requirements of HIPAA regulations will be made	Management	
by the management of SCCMHA.		
2. All sanctioning of employees, agents and contractors will be documented and retained for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later.	HIPAA Privacy Officer	

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: HIPAA Security: Security Sanctions	Chapter: 08 - Management of Information	Subject No : 08.06.04
Effective Date: April 20, 2005	Date of Review/Revision: 9/13/22, 11/14/18, 9/8/04 Supersedes:	Approved By: Sandra M. Lindsey, CEO
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: Amy Lou Douglas, Chief Information Officer Chie Quality and Compliance Officer
		Authored By: Steve DeLong
		Additional Reviewers: Brett Lyon, Senior Applications, Information Security & BI Administrator Dave Dunham, Senior Data Warehouse and Applications Administrator Ben Pelkki, Network, Systems & Information Security Admin & Application Dev Matthew Devos, Senior Network Administrator, Fred Stahl, Director of Human Resources

"Apply appropriate sanctions against workforce members who fail to comply with the security policies and procedures of the covered entity." 45 CFR 164.308(a)(1)(ii)(C)

Application:

SCCMHA Board Operated Programs, applicable network providers, workforce members including contractors and subcontractors with access to SCCMHA information systems.

Policy:

This policy reflects SCCMHA's commitment to apply appropriate sanctions against workforce members who fail to comply with its security policies and procedures. SCCMHA has established and will apply appropriate sanctions against members of its workforce, as well as other agents and contractors, who fail to comply with its policies and procedures. This policy is designed to give guidance and ensure compliance with all applicable laws and regulations related to sanctioning for violating SCCMHA policies and procedures. Under the Health Insurance Portability and Accountability Act, penalties for misuse or misappropriation of health information include both civil monetary penalties and criminal penalties. Civil penalties range from \$100 for each violation to a maximum of \$25,000 per year for the same violations. Criminal penalties vary from \$50,000 and/or 1 year imprisonment to \$250,000 and/or 10 years imprisonment (42USC \$1320d).

Standards:

- 1. SCCMHA workforce members must comply with all applicable SCCMHA security policies and procedures. Compliance is necessary to ensure the confidentiality, integrity, and availability of SCCMHA information systems.
- 2. SCCMHA will apply appropriate sanctions against members of its workforce who fail to comply with the SCCMHA policies and procedures, including disciplinary action up to, and including, discharge.
- 3. The type of sanction applied shall vary depending on the severity of the violation, whether the violation was intentional or unintentional, whether the violation indicates a pattern or practice of improper access, use or disclosure of health information, and similar factors.
- 4. Employees, agents, and other contractors should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.
- 5. The policy and procedures contained herein do not apply specifically when members of SCCMHA's workforce exercise their right to:
 - a. file a complaint with HHS.
 - b. testify, assist, or participate in an investigation, compliance review, proceeding, or hearing under Part C of Title XI; or
 - c. oppose any act made unlawfully by the HIPAA Security Rule; provided the individual or person has a good faith belief that the act opposed is unlawful, and the manner of the opposition is reasonable and does not involve a disclosure of protected health information in violation of the HIPAA Security Rule.
 - d. disclose protected health information as a whistleblower and the disclosure is in a health oversight agency; public health authority; or an attorney retained by the individual for purposes of determining the individual's legal option with regard to the whistleblower activity; or
 - e. an employee who is a victim of a crime and discloses protected health information to a law enforcement official, provided that the protected health information is about a suspected perpetrator of the criminal act and is limited to the information

listed in the SCCMHA policy related to Disclosing Protected Health Information for Law Enforcement Release.

Definitions:

None

References:

- HIPAA Security Rule, 45 CFR 164.308(a)(1)(ii)(C)
- SCCMHA Employee Handbook
- Policy 05.07.01 Regulatory Management Policy

Exhibits

None

Procedure:

	1 roccuure.		
	ACTION	RESPONSIBILITY	
1.	Sanctions for failure to comply with policies or procedures or with the requirements of HIPAA regulations will be made by the management of SCCMHA.	SCCMHA Management Team	
2.	All sanctioning of employees, agents and contractors will be documented and retained for a period of at least 6 years from the date of its creation or the date when it was last in effect, whichever is later.	Privacy Officer or Security Officer	

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Security	Chapter: 08 – Management	Subject No:
Management Process	of Information	08.06.08.01
Effective Date: October 01, 2020	Date of Review/Revision: 9/13/2022 Supersedes: 08.06.02	Approved By: Sandra M. Lindsey, CEO
Saginaw C Commi Health Au	UNITY MENTAL	Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer Authored By: Rich Garpiel, Compliance Officer Additional Reviewers: Brett Lyon, Senior Systems Analyst - Dave Dunham, Senior Systems Analyst - Ben Pelkki, Systems Analyst - Matthew Devos, Senior Network Administrator, Fred Stahl, Director of Human Resources Matthew Briggs, Director

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(1) – Security Management Process.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will develop and implement policies and procedures to prevent, detect, contain, and correct security violations related to the EPHI of SCCMHA consumers.

Standards: Policies and procedures to prevent, detect, contain, and correct security violations related to the EPHI of SCCMHA consumers will be implemented.

- A. SCCMHA must regularly identify, define, and prioritize risks to the confidentiality, integrity, and availability of its information systems containing EPHI.
- B. An accurate and thorough SRA (Security Risk Assessment) of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of EPHI held by SCCMHA will be conducted periodically.
 - 1. All information systems that house EPHI are to be identified and periodically inventoried, including all hardware and software that are used to collect, store, process, or transfer EPHI.
 - 2. The SRA will evaluate
 - i. The SRA & Process
 - ii. Security Policies
 - iii. Security & Workforce
 - iv. Security & Data
 - v. Security & the Practice
 - vi. Security & Business Associates
 - vii. Contingency Planning
 - 3. The method of risk analysis SCCMHA chooses must be based on the following steps:
 - i. Inventory. SCCMHA must conduct a regular inventory of its information systems containing EPHI and the security measures protecting those systems.
 - ii. Threat identification. SCCMHA must identify all potential threats to its information systems containing EPHI. Such threats may be natural, human, or environmental.
 - iii. Vulnerability identification. SCCMHA must identify all vulnerabilities on its information systems containing EPHI. This should be done by regularly reviewing vulnerability sources and performing security assessments.
 - iv. Security control analysis. SCCMHA must analyze the security measures that have been implemented or will be implemented to protect its information systems containing EPHI; this includes both preventive and detective controls.
 - v. Risk likelihood determination. SCCMHA must assign ratings to specific risks that indicate the probability that a vulnerability will be exploited by a particular threat. Three factors should be considered:

 1) threat motivation and capability, 2) type of vulnerability, and 3) existence and effectiveness of current security controls
 - vi. Impact analysis. SCCMHA must determine the impact to confidentiality, integrity or availability that would result if a threat were to successfully exploit a vulnerability on a SCCMHA information system containing EPHI.

- vii. Risk Determination. SCCMHA must use the information obtained in the above six steps to identify the level of risk to specific information systems containing EPHI. For each vulnerability and associated threat, SCCMHA must make a risk determination based on:
 - 1. The likelihood a certain threat will attempt to exploit a specific vulnerability.
 - 2. The level of impact should the threat successfully exploit the vulnerability.
 - 3. The adequacy of planned or existing security controls.
- The results of each of the above steps must be formally documented and securely maintained. The above steps do not prescribe any method, but the method selected for the Risk Analysis should address all the concerns
- C. Security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level to comply with §164.306(a) of the HIPAA Security Rule will be implemented. Specifically, SCCMHA must:
 - 1. Ensure the confidentiality, integrity, and availability of all EPHI that SCCMHA creates, receives, maintains, or transmits,
 - 2. Protect against any reasonably anticipated threat or hazard to the security or integrity of such information,
 - 3. Protect against any reasonably anticipated use or disclosure of such information that are not permitted or required under the HIPAA Security Rule, and
 - 4. Ensure compliance with the HIPAA Security Rule by its workforce.
- D. SCCMHA workforce members are expected to comply with all applicable policies and procedures related to the HIPAA Security Rule. SCCMHA will apply appropriate sanctions against members of its workforce who fail to comply with SCCMHA policies and procedures, including disciplinary action up to and including discharge in compliance with the SCCMHA Employee Handbook. Members of the SCCMHA workforce should be aware that violations of a severe nature may result in notification to law enforcement officials as well as regulatory, accreditation, and/or licensure organizations.
- E. Procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports will be implemented.

Definitions: See SCCMHA Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

Electronic protected health information means individually identifiable health information that is:

- Transmitted by electronic media
- Maintained in electronic media

Electronic media:

- Electronic storage media including memory devices in computers (Solid State Drives or hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card.
- Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

Information system means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

Workforce member means employees, volunteers, and other persons whose conduct, in the performance of work for a covered entity, is under the direct control of such entity, whether they are paid by the covered entity. This includes full and part time employees, affiliates, associates, students, volunteers, and staff from third party entities who provide service to the covered entity.

Availability means the property that data or information is accessible and useable upon demand by an authorized person.

Confidentiality means the property that data or information is not made available or disclosed to unauthorized persons or processes.

Integrity means the property that data or information have not been altered or destroyed in an unauthorized manner.

Risk means the likelihood of a given threat exercising a particular vulnerability and the resulting impact of that event.

Security measures means security policies, procedures, standards, and controls.

Threat means something or someone that can intentionally or accidentally exploit a vulnerability.

Vulnerability means a flaw or weakness in system security procedures, design, implementation, or internal controls that can be exploited by a threat and result in misuse or abuse of EPHI.

References:

- The HIPAA Security Rule §164.308(a)(1)
- The HIPAA Security Rule §164.306(a)

SCCMHA's Business Associates

and Contract Providers.

- SCCMHA Policy Number 201 Standards of Conduct
- SCCMHA Policy Number 205 Corrective Action
- NIST SP 800-30

Procedure:

rocedure:	
ACTION	RESPONSIBILITY
Identify Relevant Information Systems 1. Identify all information systems that house EPHI, including all hardware and software that are used to collect, store, process, or transmit EPHI.	HIPAA Security Officer and IT/IS Team
2. Analyze business functions and verify ownership and control of information system elements, as necessary.	2. HIPAA Security Officer and IT/IS Teams, Director of Contracts
Conduct Risk Assessment	
3. An accurate and thorough SRA of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of EPHI held by SCCMHA and its Business Associates will be conducted periodically and as needed.	3. HIPAA Security Officer and IT/IS Teams
Implement a Risk Management Program	
4. Security measures sufficient to reduce risks and vulnerabilities to a reasonable and appropriate level (See Section 164.306(a) of the HIPAA Security Rule) will be implemented, inclusive of	4. HIPAA Security Officer and IT/IS Teams, Director of Contracts

Develop and Implement a Sanction Policy

- 5. Appropriate sanctions against workforce members who fail to comply with the security policies and procedures will be applied.
- **Develop and Deploy the Information System Activity Review Process**
- 6. Implement procedures to regularly review records of information system activity, such as audit logs, access reports, and security incident tracking reports.

5. Human Resources Director, HIPAA Security Officer

6. HIPAA Security Officer and IT/IS Teams

Policy and Procedure Manual		
	unty Community Mental Hea	· ·
Subject: Assigned Security Responsibility	Chapter : 08 – Management of Information	Subject No: 08.06.08.02
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	8/31/22	Sandra M. Lindsey, CEO
0000001 01, 2020	Supersedes:	Sandra W. Emdsey, CLO
	08.06.06	
	00.00.00	-
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers:

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(2) – Assigned Security Responsibility.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will identify an individual who is responsible for the development and implementation of the policies and procedures required by the HIPAA Security Rule for SCCMHA. This individual will serve as the point contact for HIPAA Security policy, implementation, and monitoring.

Standards: The identified SCCMHA Security Official will have responsibility for.

- 1. The oversight, development, and communication of security policies and procedures.
- 2. Conducting the risk assessment required under the HIPAA Security Rule §164.308(a)(1)(i).
- 3. Reviewing the results of periodic security evaluations and continuous monitoring required under §164.308(a)(1)(ii)(D) and communicating those results to the SCCMHA Compliance and Policy Team.
- 4. Ensuring that security concerns have been appropriately addressed.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

- The HIPAA Security Rule §164.308(a)(2)
- SCCMHA Job Description Manager of Information Technology & Security

Procedure:

ACTION	RESPONSIBILITY
1. Identify the security official who is responsible for the development and implementation of the policies and procedures required by the HIPAA Security Rule.	Chief Information Officer Chief Quality and Compliance Officer
2. Document this assignment to one individual's responsibilities in a job description.	2. Chief Information Officer Chief Quality and Compliance Officer

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Workforce Security	Chapter: 08 – Management of Information	Subject No: 08.06.08.03
Effective Date: October 01, 2020	Date of Review/Revision: 9/13/22 Supersedes:	Approved By: Sandra M. Lindsey, CEO
Saginaw Co Commu Health Aut	INITY MENTAL	Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Fred Stahl, Human Resources Director - Brett Lyon, Senior Applications, Information Security & BI Administrator Ben Pelkki, Network, Systems & Information Security Admin & Application Dev Matthew Devos, Senior Network Administrator, Mark Sauve – Senior Systems & Desktop Support Administrator

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(3) – Workforce Security.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement policies and procedures to ensure that all members of its workforce have appropriate access to electronic protected health information, as provided under the HIPAA Privacy Rule, and to prevent those workforce members who do not have appropriate access under the HIPAA Privacy Rule from obtaining access to electronic protected health information.

Standards:

- i. Procedures will be developed and implemented for the authorization and/or supervision of workforce members who work with EPHI or in locations where it might be accessed with be implemented.
- ii. Procedures will be developed and implemented to determine that the access of a workforce member to EPHI is appropriate.
- iii. Procedures for terminating access to EPHI when the employment of, or other arrangement with, a workforce member ends or as required by determinations made under Standard ii will be implemented.

Definitions: See IT/IS Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.308(a)(3)

ACTION

2. Define roles and responsibilities

for all job functions

- The HIPAA Privacy Rule 45 CFR Part 160 and Part 164, Subparts A and E
- SCCMHA Policy 08.04.02 Electronic Health Record Identity and Access Management

Exhibits:

None

Procedure:

Procedures for Authorization and/or Supervision 1. Procedures will be developed and implemented for the authorization and/or supervision of workforce members who work with EPHI or in locations where it might be accessed. Establish Clear Job descriptions and Responsibilities 1. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff

RESPONSIBILITY

2. Human Resources Director

- 3. Assign appropriate levels of security oversight, training, and access
- 4. Identify in writing who has the business need, and who has been granted permission, to view, alter, retrieve, and store EPHI, and at what times, under what circumstances, and for what purposes.

Establish Criteria and Procedures for Hiring and the Assignment of Tasks

5. Ensure that members of the workforce have the necessary knowledge, skills, and abilities to fulfill roles, and that these requirements are included as part of the hiring process.

Establish a Workforce Clearance Procedure

- 6. Implement procedures to determine that the access of a workforce member to EPHI is appropriate.
- 7. Implement a procedure for obtaining clearance from appropriate offices or individuals where access is provided or terminated.

Establish Termination Procedures

8. Implement procedures for terminating access to EPHI when the employment of a workforce members ends or as required by

- 3. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff
- 4. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff

5. Human Resources Director

- HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff
- 7. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff
- 8. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff Human Resources Director

- determinations made as specified in the Policy.
- 9. Develop a standard set of procedures that should be followed to recover access to control devices, (identification [ID] badges, keys, access cards, etc.) when employment ends.
- 10. Deactivate computer access accounts (e.g., disable user IDs and passwords).
- 9. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff, Human Resources Director
- 10. HIPAA Security Officer, Senior Systems & Desktop Support Administrator, IT Department Staff Human Resources Director

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Information	Chapter: 08 – Management	Subject No:
Access Management &	of Information	08.06.08.04
Access Control		
Effective Date :	Date of Review/Revision:	Approved By:
October 01, 2020	9/15/22	Sandra M. Lindsey, CEO
	Supersedes:	
Saginaw Co Commu Health Aut	INITY MENTAL	Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Brett Lyon, Senior Applications, Information Security & BI Administrator Dave Dunham, Senior Data Warehouse and Applications Administrator Ben Pelkki, Senior Data Warehouse and Applications Administrator Matthew Devos, Senior Network Administrator

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(4) – Information Access Management.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement policies and procedures for authorizing access to EPHI that are consistent with the applicable requirements of the HIPAA Privacy Rule Subpart E (Privacy of Individually Identifiable Information) of CFR §164.

Standards:

- 1. SCCMHA will develop and implement policies and procedures for granting access to EPHI through access to a workstation, transaction, program, process or other mechanism.
- 2. SCCMHA will develop and implement policies and procedures that based upon SCCMHA access authorization policies, establish, document, review, and modify a user's right of access to a workstation, transaction, program or process.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

- The HIPAA Security Rule §164.308(a)(4)
- SCCMHA Access and Identity Management Team Workgroup Charter

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Implement Policies and Procedures for Authorizing Access	
1. Policies and Procedures for granting and restricting access to EPHI, for example, through access to a workstation, transaction, program, process, or other mechanism, will be implemented.	HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer
2. Access control methods will be evaluated and applied (e.g., identity based, role-based, or other reasonable and appropriate means of access.)	HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer
3. Determine when and if direct access to EPHI is appropriate for individuals external to SCCMHA (e.g., Business Associates,	3. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer

Contract Providers, or consumers seeking access to their own EPHI).

Implement Policies and Procedures for Access Establishment and Modification

- 4. Develop and implement procedures that, based upon SCCMHA's access authorization policies, establish, document, review and modify a user's right of access to a workstation, transaction, program or process.
- 5. Formal authorization from the proper authority will be provided to an individual before that individual to granted access to EPHI.

Evaluate Existing Security Measures Related to Access Controls

6. The security features of access controls will be evaluated to determine if they are aligned with other existing management, operational, and technical controls, such as policy standards and personnel procedures, maintenance and review of audit trails, identification and authentication of users, and physical access controls.

- 4. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer
- 5. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer

6. HIPAA Security Officer and Chief Information Officer & Chief Quality and Compliance Officer

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: Security	Chapter: 08 – Management	Subject No:
Awareness and Training	of Information	08.06.08.05
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	9/13/22	Sandra M. Lindsey, CEO
	Supersedes:	
	08.01.04	
	08.06.14	
	08.01.03	Responsible Director:
		AmyLou Douglas, Chief
		Information Officer Chief
1.323700		Quality and Compliance
	SAGINAW COUNTY COMMUNITY MENTAL	
HEALTH AU		
		Authored By:
		Rich Garpiel, Compliance
		Officer
		Additional Reviewers:
		Alecia Schabel,
		Continuing Education
		Supervisor

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(5) – Security Awareness Training.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement a security awareness and training program for all members of its workforce (including management).

Standards:

- i. SCCMHA's Security Awareness and Training program will include periodic security updates.
- ii. SCCMHA's Security Awareness and Training program will include procedures for guarding against, detecting, and reporting malicious software.
- iii. SCCMHA's Security Awareness and Training program will include procedures for monitoring log-in attempts and reporting discrepancies.
- iv. SCCMHA's Security Awareness and Training program will include procedures for creating, changing, and safeguarding passwords.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.308(a)(5)

Exhibits:

None

Procedure:

ACTION

RESPONSIBILITY

Conduct a Training Needs Assessment

1. Determine SCCMHA's training needs, related to HIPAA Security and EPHI.

Develop and Approve a Training Strategy and a Plan

- 2. Assess the specific HIPAA policies that require security awareness and training in the security awareness and training program
- 3. Outline the security awareness and training program; the scope of the security awareness and training program; the goals and various target audiences of the security awareness and training program; the learning objectives, the deployment methods, evaluation, and measurement techniques and the frequency of the training.

Protection from Malicious Software; Log-in Monitoring; and password Management

- HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 2. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 3. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor

- 4. As reasonable and appropriate, train members of the workforce regarding procedures for:
 - Guarding against, detecting, and reporting malicious software
 - Monitoring log-in attempts and reporting discrepancies;
 - Creating, changing, and safeguarding passwords
- 5. Incorporate information concerning workforce members' roles and responsibilities in implementing the HIPAA Security Rule standards into training and awareness efforts.

Develop Appropriate Awareness and Training Content, materials, and methods

- 6. Select topics that may need to be included in the training materials
- 7. Incorporate new information from email advisories, online IT security daily news Web sites, and periodicals, as is reasonable and appropriate.

Training Implementation

- 8. Schedule and conduct training outlined in the strategy and plan.
- 9. Implement reasonable techniques to disseminate the security messages to the organization, including newsletters, screensavers, email messages, teleconferencing sessions, staff meetings, and computer-based training.

- 4. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 5. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor

- 6. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 7. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 8. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 9. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor

Implement Security reminders

- 10. Implement periodic security-reminder updates.
- 11. Provide periodic security updates to staff, business associates and contract providers.
- 10. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor
- 11. HIPAA Security Officer, Chief Information Officer & Chief Quality and Compliance Officer, IT Department, Continuing Education Supervisor

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: Security Incident	Chapter : 08 – Management	Subject No : 08.06.08.06
Procedures	of Information	
7.00 .4 .7		
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	9/13/22	Sandra M. Lindsey, CEO
	Supersedes:	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Compliance & Policy Team, Matthew Briggs – Chief of Network Business Operations

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(6) – Security Incident Procedures.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement policies and procedures to address security incidents.

Standards:

i. SCCMHA will identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incidents that are known to SCCMHA or its Business Associates; and document security incidents and their outcomes.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.308(a)(6)

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY **Determine Goals of Incident** Response 1. Determine how SCCMHA will 1. HIPAA Security Officer and Compliance and Policy Team respond to a security incident, and establish a reporting mechanism and a process to coordinate responses to the security incident. 2. Provide direct technical assistance, 2. HIPAA Security Officer, Chief Information Officer & Chief advise vendors to address productrelated problems, and provide Quality and Compliance Officer, Chief of Network Business liaisons to legal and criminal investigative groups as needed. **Operations**

Develop and Deploy an Incident Response Team or Other Reasonable and Appropriate Response Mechanism.

3. Identify appropriate individuals to be a part of a formal incident response team.

Develop and Implement Procedures to Respond to and Report Security Incidents.

4. Identify and respond to suspected or known security incidents; mitigate, to the extent practicable, harmful effects of security incident that are known to SCCMHA; and document security incidents and their outcomes.

3. Compliance and Policy Team

4. HIPAA Security Officer

- 5. Document incident response procedures that can provide a single point of reference to guide the day-to-day operations of the incident response team.
- 6. Review incident response procedures with staff with roles and responsibilities related to incident response, solicit suggestions for improvements, and make changes to reflect input if reasonable and appropriate.

Incorporate Post-incident Analysis into Updates and Revisions.

7. Measure effectiveness and update security incident response procedures to reflect lessons learned, and identify actions to take that will improve security controls after a security incident.

- 5. HIPAA Security Officer
- 6. HIPAA Security Officer

7. HIPAA Security Officer, Compliance and Policy Team

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Contingency Plan	Chapter: 08 – Management	Subject No:
	of Information	08.06.08.07
Effective Date: October 01, 2020	Date of Review/Revision: 9/14/22 Supersedes: 08.06.23 08.06.24	Approved By: Sandra M. Lindsey, CEO
Saginaw Co Commu Health Aut	DUNTY JINITY MENTAL	Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Matthew Devos - Senior Network Administrator, Benjamin Pelkki, Network, Systems & Information Security Admin & Application Dev Brett Lyon, Senior Applications, Information Security & BI Administrator

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(7) – Contingency Plan.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will establish (and implement as needed) policies and procedures for responding to an emergency or other occurrence (for example, fire, vandalism, system failure, and natural disaster) that damages systems that contain EPHI.

Standards:

- i. SCCMHA will establish and implement procedures to create and maintain retrievable exact copies of EPHI.
- ii. SCCMHA will establish (and implement as needed) procedures to restore any loss of data.
- iii. SCCMHA will establish (and implement as needed) procedures to enable continuation of critical business processes for protection of the security of EPHI while operating in emergency mode.
- iv. SCCMHA will implement procedures for periodic testing and revision of contingency plans.
- v. SCCMHA will assess the relative criticality of specific applications and data in support of other contingency plan components.

Definitions: See I.T./I.S. Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.308(a)(7)

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Develop Contingency Planning Policy	
 Define SCCMHA's overall contingency objectives. 	1. Compliance & Policy Team
2. Establish SCCMHA's framework, roles, and responsibilities for this area.	2. Compliance & Policy Team
3. Address scope, resource requirements, training, testing plan maintenance, and backup requirements	3. Information Security Team Chief Information Officer & Chief Quality and Compliance Officer Compliance & Policy Team
Conduct an Applications and Data Criticality Analysis	
4. Assess the relative criticality of specific applications and data in	4. Compliance & Policy Team

- support of other Contingency Plan components.
- 5. Identify the activities and material involving EPHI that are critical to business operations.
- 6. Identify the critical services or operations, and the manual and automated processes that support them, involving EPHI.
- 7. Determine the amount of time that SCCMHA can tolerate disruption to these operations, material, or services (e.g., due to power outages).
- 8. Establish cost-effective strategies for recovering these critical services or processes.

Identify Preventive Measures

- 9. Identify preventive measures for each defined scenario that could result in loss of a critical service operation involving the use of EPHI.
- 10. Ensure that preventive measures are practical and feasible in terms of their applicability in a given environment.

Develop Recovery Strategy

11. Finalize the set of contingency procedures that should be involved for all identified impacts, including emergency mode operations. The strategy must be adaptable to the existing operating environment and address allowable outage times and

- 5. Compliance & Policy Team
- 6. Compliance & Policy Team
- 7. Compliance & Policy Team
- 8. Information Security Team
 Chief Information Officer & Chief
 Quality and Compliance Officer
 Compliance & Policy Team
- Information Security Team
 Chief Information Officer & Chief
 Quality and Compliance Officer
 Compliance & Policy Team
- 10. Information Security Team Chief Information Officer & Chief Quality and Compliance Officer Compliance & Policy Team
- 11. Information Security Team Chief Information Officer & Chief Quality and Compliance Officer Compliance & Policy Team

associated priorities identified above.

12. Ensure, if part of the strategy depends on external organizations for support, that formal agreements are in place with specific requirements stated.

12. Compliance & Policy Team

Data Backup Plan and Disaster Recovery Plan

- 13. Establish and implement procedures to create and maintain retrievable exact copies of EPHI.
- 14. Establish (and implement as needed) procedures to restore any loss of data.

Develop and Implement an Emergency Mode Operation Plan

15. Establish (and implement as needed) procedures to enable continuation of critical business processes for protection of the security of EPHI while operating in emergency mode.

Testing and revision Procedure

- 16. Implement procedures for periodic testing and revision of contingency plans.
- 17. Test the contingency plan on a predefined cycle.
- 18. Train those with a defined plan of responsibilities on their roles.

- 13. Information Security Team
 Chief Information Officer & Chief
 Quality and Compliance Officer
 Compliance & Policy Team
- 14. Information Security Team Chief Information Officer & Chief Quality and Compliance Officer Compliance & Policy Team
- 15. Information Security Team
 Chief Information Officer & Chief
 Quality and Compliance Officer
 Compliance & Policy Team
- 16. Information Security Team Chief Information Officer & Chief Quality and Compliance Officer Compliance & Policy Team
- 17. Information Security Team
 Chief Information Officer & Chief
 Quality and Compliance Officer
 Compliance & Policy Team
- 18. Information Security Team
 Chief Information Officer & Chief
 Quality and Compliance Officer
 Compliance & Policy Team

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject : Evaluation –	Chapter : 08 – Management	Subject No:
Security Risk Assessment	of Information	08.06.08.08
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	9/14/22	Sandra M. Lindsey, CEO
	Supersedes:	
	08.06.27	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer Authored By: Rich Garpiel, Compliance
		Officer Additional Reviewers:

Purpose: To assure compliance with the HIPAA Security Rule, §164.308(a)(8) – Security Incident Procedures.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policy and Procedure which complies with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will perform a periodic technical and nontechnical Evaluation – Security Risk Assessment, based initially upon the standards implemented under the HIPAA Security Rule and, subsequently, in response to environmental or operational changes affecting the security of EPHI, that establishes the extent to which the security policies and procedures meet the requirements of the HIPAA Security Rule.

Standards:

i. SCCMHA will perform a periodic technical and nontechnical Evaluation – Security Risk Assessment, based initially upon the standards implemented under the HIPAA Security Rule and, subsequently, in response to environmental or operational changes affecting the security of EPHI, that establishes the extent to which the security policies and procedures meet the requirements of the HIPAA Security Rule.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

The HIPAA Security Rule §164.308(a)(8)

integration, or maturity of a

Exhibits:

None

Procedure: RESPONSIBILITY **ACTION Determine Whether Internal or External Evaluation – Security Risk Assessment is Most Appropriate** 1. Decide whether the Evaluation – 1. Chief Information Officer | Chief Security Risk Assessment will be Quality and Compliance Officer conducted with internal staff resources or external consultants. 2. Engage external expertise to assist 2. Chief Information Officer | Chief the internal Evaluation – Security Quality and Compliance Officer Risk Assessment team where additional expertise to assist the internal Evaluation – Security Risk Assessment team where additional skills and expertise is determined to be reasonable and appropriate. **Develop Standards and Measurements for Reviewing All Standards and Implementation Specifications of the Security Rule** 3. Use an Evaluation – Security Risk 3. Chief Information Officer | Chief Assessment strategy and tool that Quality and Compliance Officer considers all elements of the HIPAA Security Rule and can be tracked, such as a questionnaire or checklist. 4. Implement tools that can provide 4. Chief Information Officer | Chief reports on the level of compliance, Quality and Compliance Officer

- particular security safeguard deployed to protect EPHI.
- 5. Leverage any existing reports or documentation that may already be prepared by SCCMHA that may already be prepared by SCCMHA addressing compliance, integration, or maturity of a particular security safeguard deployed to protect EPHI.

5. Chief Information Officer | Chief Quality and Compliance Officer

Conduct Evaluation – Security Risk Assessment

- 6. Determine, in advance, what departments and/or staff will participate in the Evaluation Security Risk Assessment.
- 7. Collect and document all needed information. Collection methods may include the use of interviews, surveys, and outputs of automated tools, such as access control auditing tools, system logs, and results of penetration testing.
- 6. Chief Information Officer | Chief Quality and Compliance Officer
- 7. Chief Information Officer | Chief Quality and Compliance Officer

Documentation Results

- 8. Document each Evaluation Security Risk Assessment finding, remediation options and recommendations and remediation decisions.
- 9. Document known gaps between identified risks and mitigating security controls, and any acceptance of risk, including justification.
- 10. Develop security program priorities and establish targets for continuous improvement.

- 8. Chief Information Officer | Chief Quality and Compliance Officer
- 9. Chief Information Officer | Chief Quality and Compliance Officer
- 10. Chief Information Officer | Chief Quality and Compliance Officer

Repeat Evaluation – Security Risk Assessments Periodically

- 11. Establish the frequency of
 Evaluation Security Risk
 Assessments, considering the
 sensitivity of the EPHI controlled
 by SCCMHA.
- 12. In addition to periodic Evaluation

 Security Risk Assessments,
 consider repeating Evaluation –
 Security Risk Assessments when
 environmental and operational
 changes are made
- 11. Chief Information Officer | Chief Quality and Compliance Officer
- 12. Chief Information Officer | Chief Quality and Compliance Officer

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Facility Access	Chapter: 08 – Management	Subject No:
Controls	of Information	08.06.10.01
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	9/15/22	Sandra M. Lindsey, CEO
	Supersedes:	
Saginaw Co Commi Health Au	INITY MENTAL	Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Fred Stahl – Director of Human Resources / Transportation / Facilities, Melissa Gutzwiller, Environmental Services Supervisor, Tim Ninemire, Director of Recipient Rights, Customer Service and Security

Purpose: To assure compliance with the HIPAA Security Rule, §164.310(a) – Facility Access Controls

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement policies and procedures to limit physical access to its electronic information systems and the facility or facilities in which they are housed, while ensuring that properly authorized access is allowed.

Standards:

- Contingency Operations: Procedures that allow facility access in support of restoration of lost data under the disaster recovery plan and emergency mode operations in the event of an emergency will be established and implemented as needed.
- ii. Facility Security Plan: Policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft will be implemented.
- iii. Access Control and Validation Procedures: Procedures to control and validate a person's access to facilities based on their role or function, including visitor control, and control of access to software programs for testing and revision will be implemented.
- iv. Maintenance Records: Policies and procedures to document repairs and modifications to the physical components of a facility which are related to security (for example, hardware, walls, doors, and locks) will be implemented.

Definitions: See I.T./I.S. Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.310(a)

require access controls to

safeguard EPHI, such as:

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY **Conduct an Analysis of Existing Physical Security Vulnerabilities** 1. Inventory facilities and identify 1. Director of Recipient Rights, shortfalls and/or vulnerabilities in Customer Service and Security & **Environmental Services** current physical security capabilities. Supervisor 2. Assign degrees of significance to 2. Director of Recipient Rights, each vulnerability identified and Customer Service and Security & ensure that proper access is **Environmental Services** allowed. Supervisor 3. Determine which types of facilities 3. Chief Information Officer & Chief

Quality and Compliance Officer

- Data Centers
- Peripheral equipment locations
- IT staff offices
- Workstation locations

Identify Corrective Measures

- 4. Identify and assign responsibilities for the measures and activities necessary to correct deficiencies and ensure that proper access is allowed.
- 5. Develop and deploy policies and procedures to ensure that repairs, upgrades, and/or modifications are made to the appropriate physical areas of the facility while ensuring that proper access is allowed.

Develop a Facility Security Plan

- 6. Implement policies and procedures to safeguard the facility and the equipment therein from unauthorized physical access, tampering, and theft.
- 7. Implement appropriate measures to provide physical security protection for EPHI in SCCMHA's possession.
- 8. Include documentation of the SCCMHA inventory, as well as information regarding the physical maintenance records and the history of changes, upgrades, and other modifications.
- 9. Identify points of access to the facility and existing security controls.

Develop Access Control and Validation Procedures

- 4. Chief Information Officer & Chief Quality and Compliance Officer
- 5. Environmental Services Supervisor

- 6. Chief Information Officer & Chief Quality and Compliance Officer
- 7. Director of Recipient Rights, Customer Service and Security
- 8. Environmental Services Supervisor
- 9. Director of Recipient Rights & Customer Service and Security

- 10. Implement procedures to control and validate a person's access to facilities based on their role or location, including visitor control, and control of access to software programs for testing and revision.
- 10. Director of Recipient Rights, Customer Service and Security
- 11. Implement procedures to provide facility access to authorized personnel and visitors, and exclude unauthorized persons.
- 11. Director of Recipient Rights, Customer Service and Security

Establish Contingency Operations Procedures

12. Director of Recipient Rights, Customer Service and Security

12. Establish (and implement as needed) procedures that allow facility access in support of restoration of lost data under the Disaster Recovery Plan and Emergency Mode Operations Plan in the event of an emergency.

Maintain Maintenance Records

- 13. Implement policies and procedures to document repairs and modifications to the physical components of a facility which are related to security (for example, hardware, walls, doors and locks).
- 13. Director of Recipient Rights, Customer Service and Security & Environmental Services Supervisor

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Device and Media Transport & Disposal	Chapter: 08 – Management of Information	Subject No: 08.06.10.04
Effective Date: October 01, 2020 SAGINAW CO COMMI HEALTH AUT	INITY MENTAL	Approved By: Sandra M. Lindsey, CEO Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer Authored By: Rich Garpiel, Compliance Officer Additional Reviewers: Mark Suave, Senior Systems & Desktop Support Administrator— Chad Revell, Inventory Management and Mobile Device Specialist

Purpose: To assure compliance with the HIPAA Security Rule, §164.310(d) – workstation use.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement policies and procedures that govern the receipt and removal of hardware and electronic media that contain electronic protected health information into and out of a facility, and the movement of these items within the facility. All movement of SCCMHA information systems and electronic media containing EPHI into, out of, and within its facilities must be appropriately tracked and logged. SCCMHA workforce members must be held responsible for the movement of such items.

Standards:

- 1. All movement of SCCMHA information systems and electronic media containing EPHI into and out of its facilities must be tracked and logged. Those responsible for such movement must take all appropriate and reasonable actions to protect EPHI. This includes both EPHI received by SCCMHA and created within SCCMHA.
- 2. Appropriate SCCMHA management must authorize the use or sending of any information system or electronic media containing EPHI outside SCCMHA's premises. Such authorization must be tracked and logged. At a minimum, such tracking and logging must provide the following information:
 - a. Date and time of movement of system or media
 - b. Brief description of person using or sending EPHI on system or media
 - c. Brief description of where EPHI is to be sent or how used
 - d. Name of person authorizing such transaction
- 3. SCCMHA employees and associates who move electronic media or information systems containing EPHI are responsible for the subsequent use of such items and must take all appropriate and reasonable actions to protect them against damage, theft, and unauthorized access.
- 4. Data backup and storage: A retrievable, exact copy of electronic protected health information will be created, when needed, before movement of equipment.
- 5. Disposal: Procedure will be implemented which address the final disposition of EPHI, and/or the hardware or electronic media on which it is stored.
- 6. Media re-use: Procedures will be implemented for removal of EPHI from electronic media before the media are made available for re-use.
- 7. Accountability: A record will be maintained of the movements of hardware and electronic media and any person responsible therefore.

Definitions: See I.T./I.S. Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.310(d)

Exhibits:
None

Procedure:

ACTION	RESPONSIBILITY	

Implement Methods for Final Disposal of EPHI

- Implement policies and procedures to address the final disposition of EPHI and/or the hardware or electronic media on which it is stored.
- 2. Determine and document the appropriate methods to dispose of hardware, software, and the data itself.
- 3. Assure the EPHI is properly destroyed and cannot be recreated.

Develop and Implement Procedures for Reuse of Electronic Media

- 4. Implement procedures for removal of EPHI from electronic media before the media are made available for reuse.
- 5. Ensure that EPHI previously stored on electronic media cannot be accessed and reused.
- 6. Identify removable media and their use.
- 7. Ensure that EPHI is removed from reusable media before they are used to record new information.

Maintain Accountability for Hardware and Electronic Media

8. Maintain an inventory and record of the movements of hardware and electronic media and any person responsible for such movement.

- Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist
- Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist
- Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist
- 4. Inventory Management and Mobile Device Specialist
- Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist
- 6. Inventory Management and Mobile Device Specialist
- 7. Inventory Management and Mobile Device Specialist
- 8. Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist

- 9. Ensure that EPHI is not inadvertently released or shared with any unauthorized party.
- 10. Ensure that an individual is responsible for, and records the receipt and removal of, hardware and software which contains EPHI.

Develop Data Backup and Storage Procedures

- 11. Ensure that a retrievable exact copy of EPHI is created when needed before movement of equipment.
- 12. Ensure that an exact retrievable copy of the data is retained and protected to protect the integrity of EPHI during equipment relocation.

- Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist
- Senior Systems and Applications Administrator & Inventory Management and Mobile Device Specialist
- 11. Inventory Management and Mobile Device Specialist
- 12. Inventory Management and Mobile Device Specialist

Policy and Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Audit Controls	Chapter: 08 – Management of Information	Subject No: 08.06.12.02	
Effective Date: October 01, 2020	Date of Review/Revision: 9/15/22 Supersedes: 08.06.46	Approved By: Sandra M. Lindsey, CEO	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer Authored By:	
		Rich Garpiel, Compliance Officer Additional Reviewers: Brett Lyon, Senior Applications, Information Security & BI Administrator - Ben Pelkki, Network, Systems & Information Security Admin & Application Dev - Compliance & Policy	

Purpose: To assure compliance with the HIPAA Security Rule, §164.312(b) – Audit Controls.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: SCCMHA will implement hardware, software, and/or procedural mechanisms that record and examine activity in information systems that contain or use electronic protected health information.

Standards:

- 1. SCCMHA will determine the appropriate scope of audit controls that will be necessary in information systems that contain or use EPHI based on SCCMHA's risk assessment and other organizational factors.
- 2. The SCCMHA I.S. department has the sole responsibility for installation of hardware, software, and related computing services.

Definitions: See I.T./I.S. Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.312(b)

Exhibits:

None	
Procedure:	
ACTION	RESPONSIBILITY
Determine the Activities that Will Be Tracked or Audited	
1. Determine the appropriate scope of audit controls that will be necessary in information systems that contain or use EPHI based on SCCMHA's risk assessment and other organizational factors.	Chief Information Officer, Compliance & Policy Team
2. Determine what data needs to be captured.	2. Chief Information Officer, Compliance & Policy Team
Select the Tools that Will Be Deployed for Auditing and System Activity Reviews	
3. Evaluate existing system capabilities and determine if any changes or upgrades are necessary.	3. Senior Applications, Information Security & BI Administrator Network, Systems & Information Security Admin & Application
Develop and Deploy the Information System Activity Review/Audit Policy	Developer Developer
4. Document and communicate to the workforce the facts about the	4. Chief Information Officer, Compliance & Policy Team

organization's decisions on audits and reviews.

Implement the Audit/System Activity Review Process

- 5. Activate the necessary audit system.
- 6. Begin logging and auditing procedures.
- 5. Senior Applications, Information Security & BI Administrator Network, Systems & Information Security Admin & Application Developer
- 6. Senior Applications, Information Security & BI Administrator Network, Systems & Information Security Admin & Application Developer

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Integrity	Chapter: 08 – Management	Subject No:
	of Information	08.06.12.03
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	9/15/22	Sandra M. Lindsey, CEO
	Supersedes: 08.06.47	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Brett Lyon, Senior Applications, Information Security & BI Administrator Matthew Devos, Senior Network Administrator

Purpose: To assure compliance with the HIPAA Security Rule, §164.312(c) – workstation use

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: Procedures to protect EPHI from improper alteration or destruction will be implemented.

Standards:

Electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner will be implemented.

Definitions: See I.T./I.S. Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.312(c)

Exhibits:

None

Procedure:

Procedure:	
ACTION	RESPONSIBILITY
Identify All Users Who Have Been Authorized to Access EPHI	
1. Identify all approved users with the ability to alter or destroy data, if reasonable and appropriate.	1. HIPAA Security Officer
2. Address this identification in conjunction with the identification of unauthorized sources (see below) that may be able to intercept the information and modify it.	2. HIPAA Security Officer
Identify Any Possible Unauthorized Sources that May Be Able to Intercept the Information and Modify It	
3. Identify scenarios that may result in modification to the EPHI by unauthorized sources (e.g., hackers, disgruntled employees, business competitors).	3. HIPAA Security Officer
4. Conduct this activity as part of the risk analysis.	4. HIPAA Security Officer
Develop the Integrity Policy and Requirements	
5. Establish a formal (written) set of integrity requirements based on the results of the analysis completed in the previous steps.	5. HIPAA Security Officer

Implement Procedures to Address
These Requirements

- 6. Identify and implement methods that will be used to protect the information from modification.
- 7. Identify and implement tools and techniques to be developed or procured that support the assurance of integrity.

Implement a Mechanism to Authenticate EPHI

- 8. Implement electronic mechanisms to corroborate that EPHI has not been altered or destroyed in an unauthorized manner.
- 9. Consider possible electronic mechanisms for authentication such as:
 - Error-correcting memory
 - Magnetic disk storage
 - Digital signatures
 - Check sum technology.

Establish a Monitoring Process to Assess How the Implemented Process Is Working

- 10. Review existing processes to determine if objectives are being addressed.
- 11. Reassess integrity processes continually as technology and operational environments change to determine if they need to be revised.

- 6. HIPAA Security Officer
- 7. HIPAA Security Officer

- 8. HIPAA Security Officer
- 9. HIPAA Security Officer

- 10. HIPAA Security Officer
- 11. HIPAA Security Officer

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Person or Entity Authentication	Chapter: 08 – Management of Information	Subject No: 08.06.12.04
Effective Date: October 01, 2020	Date of Review/Revision: 9/15/2022 Supersedes: 08.06.49	Approved By: Sandra M. Lindsey, CEO
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Matt Devos, Senior Applications, Information Security & BI Administrator Chad Revell, Inventory Management and Mobile Device Specialist Ben Pelkki, Network, Systems & Information Security Admin & Application Dev Brett Lyon, Senior Applications, Information Security & BI Administrator

Purpose: To assure compliance with the HIPAA Security Rule, §164.312(d) – Person or Entity Authentication.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: Procedures to verify that a person or entity seeking access to EPHI is the one claimed will be implemented.

Standards:

- i. To log into any Information Systems that are managed and administered by SCCMHA's Information Technology Department, the following is required:
 - a. Unique username
 - b. Private password with complexity requirements
 - c. Multifactor Authentication
- ii. Users will NEVER use another's person's logon credentials
- iii. If a user's credentials become compromised, that user's password will be reset immediately
- iv. User's will be provisioned, and system access credentials will be provided by a member of the IT department when:
 - a. Human Resources notifies the IT department
 - b. A HelpDesk ticket is created requesting activation
 - c. Approval has been granted by the authorized MT member or Department Director
 - d. All required information has been submitted to establish access

Definitions: See I.T./I.S. Policy 08.06.00.01 which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.312(d)

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Determine Authentication Applicability to Current Systems/Applications	
Identify methods available for authentication. Under the HIPAA Security Rule, authentication is the corroboration that a person is the one claimed. (45 CFR § 164.304). Authentication requires establishing the validity of a transmission source and/or verifying an individual's claim that he or she has been authorized for	IT Department's Information Security Team Chief Information Officer & Chief Quality and Compliance Officer

specific access privileges to information and information systems.

Evaluate Authentication Options Available

Weigh the relative advantages and disadvantages of commonly used authentication approaches. There are four commonly used authentication approaches available:

- Something a person knows, such as a password,
- Something a person has or is in possession of, such as a token (smart card, ATM card, etc.),
- Some type of biometric identification a person provides, such as a fingerprint, or
- A combination of two or more of the above approaches.

Select and Implement Authentication Option

Consider the results of the analysis conducted regarding the authentication options, select appropriate authentication methods, and implement the methods selected into SCCMHA's operations and activities.

Network Access

System Access will be granted upon proper approval process and the submission of a HelpDesk ticket. User credentials will be provided to that user and no others

Passwords will be reset upon notice to the IT HelpDesk

Sentri EHR

IT Department's Information Security Team Chief Information Officer & Chief Quality and Compliance Officer

IT Department's Information Security Team Chief Information Officer & Chief Quality and Compliance Officer

IT Department's Network & HelpDesk Teams
Chief Information Officer & Chief Quality and Compliance Officer

System Access will be granted upon proper approval process and the submission of a HelpDesk ticket or a Add Staff request. User credentials will be provided to that user and no others

When Access has been granted, the IS staff will send an email to the staff with a cc: to the responsible HIPPA privacy officer, the user's supervisor, SCCMHA's training department, SCCMHA's auditing department and the staff that's requesting access.

The first logon will require the staff to change their password, no exception.

System Access will be granted upon proper approval process and the submission of a HelpDesk ticket. User credentials will be provided to that user and no others.

IT Department's Clinical Applications & HelpDesk Teams
Chief Information Officer & Chief
Quality and Compliance Officer

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Transmission Security	Chapter: 08 – Management of Information	Subject No: 08.06.12.05
Effective Date: October 01, 2020	Date of Review/Revision: 9/20/22 Supersedes: 08.06.45	Approved By: Sandra M. Lindsey, CEO
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Matt Devos, Network Administrator Brett Lyon, Senior Applications, Information Security & BI Administrator

Purpose: To assure compliance with the HIPAA Security Rule, §164.312(e) – Transmission Security

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: Technical security measures to guard against unauthorized access to EPHI that is being transmitted over an electronic communications network will be implemented.

Standards:

i. **Integrity Controls**: Security measures to ensure that electronically transmitted electronic protected health information is not improperly modified without detection until disposed of will be implemented.

ii. **Encryption:** A mechanism to encrypt EPHI whenever deemed appropriate will be implemented.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.312(e)

Exhibits:

None

Procedure:

ACTION

Identify Any Possible Unauthorized Sources that May Be Able to Intercept and/or Modify the Information

1. Identify scenarios that may result in modification of the EPHI by unauthorized sources during transmission (e.g., hackers, disgruntled employees, business competitors).

Develop and Implement Transmission Security Policy and Procedures

- 2. Establish a formal (written) set of requirements for transmitting EPHI.
- 3. Identify methods of transmission that will be used to safeguard EPHI.
- 4. Identify tools and techniques that will be used to support the transmission security policy.
- 5. Implement procedures for transmitting EPHI using hardware and/or software, if needed.

Implement Integrity Controls

6. Implement security measures to ensure that electronically transmitted EPHI is not

RESPONSIBILITY

1. Information Security Team & HIPAA Security Officer

- 2. Information Security Team & HIPAA Security Officer
- 3. Information Security Team & HIPAA Security Officer
- 4. Information Security Team & HIPAA Security Officer
- 5. Information Security Team & HIPAA Security Officer
- 6. Information Security Team & HIPAA Security Officer

improperly modified without detection until disposed of.

Implement Encryption

- 7. Implement a mechanism to encrypt EPHI whenever deemed appropriate.
- 7. Information Security Team & HIPAA Security Officer

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
Subject: Policies,	Chapter: 08 – Management	Subject No:
Procedures, and Documentation	of Information	08.06.16.01
Effective Date:	Date of Review/Revision:	Approved By:
October 01, 2020	9/20/22 Supersedes:	Sandra M. Lindsey, CEO
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Responsible Director: AmyLou Douglas, Chief Information Officer Chief Quality and Compliance Officer
		Authored By: Rich Garpiel, Compliance Officer
		Additional Reviewers: Jennifer Keilitz, Director of Network Services, Public Policy and Continuing Ed

Purpose: To assure compliance with the HIPAA Security Rule, §164.316 – Policies and Procedures and Documentation Requirements.

Application: The HIPAA Security Rule, and this Policy, applies to SCCMHA, its business associates, and any subcontractor that is required to access or use PHI to complete its contracted duties. Business Associates and subcontractors may elect to adopt and comply with the relevant SCCMHA Policy or develop their own Policies and Procedures which comply with the applicable section of the HIPAA Security Rule.

Policy: The Policies and procedures implemented to comply with the HIPAA Security Rule will be maintained in written form (which may be electronic), and if an action, activity or assessment is required by the HIPAA Security Rule, a written record (which may be electronic) will be maintained of the action, activity, or assessment.

Standards:

1. SCCMHA will permit a Business Associate to create, receive, maintain, or transmit EPHI on SCCMHA's behalf only if SCCMHA obtains satisfactory

- assurances, in accordance with the HIPAA Security Rule, that the business associate will appropriately safeguard the information.
- 2. Any written documentation required by Standard 1 above will be retained for 6 years from the date of its creation or the date when it last was in effect.
- 3. The documentation referenced in Standards 1 and 2 will be made available to those persons responsible for implementing the applicable Policy or Procedure.
- 4. The documentation referenced in Standards 1 and 2 will be reviewed periodically, and updated as needed, in response to environmental or operational changes affecting the security of the electronic protected health information.

Definitions: See I.T./I.S. Policy **08.06.00.01** which contains a comprehensive list of relevant words and terms used within the Policies of this section.

References:

• The HIPAA Security Rule §164.316

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
Create and Deploy Policies and Procedures	
1. Implement reasonable and appropriate procedures to comply with the HIPAA Security Rule.	1. HIPAA Security Officer
 2. Periodically evaluate written policies and procedures to verify that: a) Policies and procedures are sufficient to address the standards, implementation specifications, and other requirements of the HIPAA Security Rule. b) Policies and procedures accurately reflect the actual activities and practices 	2. HIPAA Security Officer

exhibited by SCCMHA, its
workforce, its systems, and its
business associates.

Update Documentation of Policy and Procedures

3. Change policies and procedures as is reasonable and appropriate, at any time, provided that the changes are documented and implemented in accordance with the requirements of the HIPAA Security Rule.

3. HIPAA Security Officer

Draft, maintain and Update Required Documentation

4. Written documentation may be incorporated into existing manuals, policies, and other documents, or may be created specifically for the purpose of demonstrating compliance with the HIPAA Security Rule.

4. HIPAA Security Officer

Retain Documentation for at Least Six Years

5. Retain required documentation of policies, procedures, actions, activities, or assessments required by the HIPAA Security Rule for six years from the date of its creation or the date when it last was in effect, whichever is later.

5. HIPAA Security Officer

Assure that Documentation is Available to those Responsible for Implementation

6. Make documentation available to those persons for implementing the procedures to which the documentation pertains.

6. HIPAA Security Officer

Update Documentation as Required

- 7. Review documentation periodically, and update as needed, in response to environmental or operational changes affecting the security of the EPHI.
- 7. HIPAA Security Officer

	Policy and Procedure Manu	al
Saginaw Co	unty Community Mental Hea	lth Authority
Subject: Data Backup and	Chapter: 08 - Management	Subject No : 08.06.40
Storage	of Information	
Effective Date:	Date of Review/Revision:	Approved By:
June 7, 2004	9/14/22, 11/14/18, 9/12/17,	Sandra M. Lindsey, CEO
	7/11/07, 3/25/04	
	Supersedes:	
		Responsible Director:
		Amy Lou Douglas, Chief
		Information Officer Chief
SAGINAW C		Quality and Compliance
COMMUNITY MENTAL HEALTH AUTHORITY		Officer
		Authored By:
		Steve DeLong
		Additional Reviewers:
		Matthew Devos - Senior
		Network Administrator,
		Benjamin Pelkki Network,
		Systems & Information
		Security Admin &
		Application Dev
		Brett Lyon – Senior
		Applications, Information
		Security & BI
		Administrator

Purpose:

This policy reflects SCCMHA's commitment to backup and securely store all data on its information systems and electronic media.

Policy:

All data on SCCMHA's information systems and electronic media must be regularly backed up and securely stored. Backup and restoration procedures must be regularly tested and documented.

Application:

This policy applies to all data residing on SCCMHA-owned components of the Management Information System. It excludes SCCMHA data located offsite which has been entrusted to a third party via a contractual agreement.

Standards:

- 1. Backup copies of all data on SCCMHA electronic media and information systems must be made each business day. This includes both data received by SCCMHA and created within SCCMHA.
- 2. SCCMHA-owned Information Systems and electronic media for which this policy applies includes the data residing on its servers.
- 3. SCCMHA must have adequate backup systems that ensure that all data can be recovered following a disaster or media failure. These systems must be regularly tested.
- 4. Backup of data on SCCMHA information systems and electronic media, together with accurate and complete records of the backup copies and documented restoration procedures, must be stored in a secure remote location, at a sufficient distance from SCCMHA facilities to escape damage from a disaster at SCCMHA. (See SCCMHA I.S. Departmental procedures 09.07.01.05 Backup procedure, 09.07.01.10 Restore Procedure and SCCMHA's DRP plan for full server restore procedure).
- 5. Backup copies of data stored at secure remote locations must be accessible to authorized SCCMHA employees or delegated contractors for timely retrieval of the information.
- 6. The backup media containing SCCMHA's data at the remote backup storage site must be given an appropriate level of physical and environmental protection consistent with the standards applied to data physically at SCCMHA.
- 7. Backup and restoration procedures for SCCMHA data must be regularly tested to ensure that they are effective and that they can be completed within a reasonable amount of time.
- 8. The retention period for backup of Electronic Protected Health Information (EPHI) on SCCMHA information systems and electronic media and any requirements for archive copies to be permanently retained must be defined and documented.
- 9. In addition to all on-prem backups, the servers must also be backed up to a cloud-based service.

Definitions:

Electronic protected health information means individually identifiable health information that is:

- Transmitted by electronic media
- Maintained in electronic media

Electronic media means:

- (1) Electronic storage media including memory devices in computers (hard drives) and any removable/transportable digital memory medium, such as magnetic tape or disk, optical disk, or digital memory card; or
- (2) Transmission media used to exchange information already in electronic storage media. Transmission media include, for example, the internet (wide-open), extranet (using internet technology to link a business with information accessible only to collaborating parties), leased lines, dial-up lines, private networks, and the physical movement of removable/transportable electronic storage media. Certain transmissions, including of paper, via facsimile, and of voice, via telephone, are not considered to be transmissions via electronic media, because the information being exchanged did not exist in electronic form before the transmission.

Information system means an interconnected set of information resources under the same direct management control that shares common functionality. A system normally includes hardware, software, information, data, applications, communications, and people.

Backup means creating a retrievable, exact copy of data.

Restoration means the retrieval of files previously backed up and returning them to the condition they were at the time of backup.

DRP means Disaster Recovery Plan

References:

Information Systems Policies and Procedures manual, Version 4: modified 12/15/01 Jonathon Tomas's "The Compliance Guide to HIPAA & the HHS Regulations." Phoenix Health Systems

Exhibits:

None

Procedure:

None

Tab 6

Recipient Rights, Customer Service, Appeals & Grievance

Policy and Procedure Manual		
Saginaw County Community Mental Health Authority		
Subject: Enrollee Rights	Chapter: 02 - Customer	Subject No : 02.01.01
and Accommodations	Services & Recipient Rights	
Effective Date:	Date of Review/Revision:	Approved By:
May 2002	6/7/02, 6/13/10, 5/14/12,	Sandra M. Lindsey, CEO
	6/3/14, 9/22/14, 5/6/16,	
	6/13/17, 6/10/18, 1/8/19,	
	2/11/20, 2/9/21, 6/7/22	
	Supersedes:	Responsible Director:
	_	Tim Ninemire, Director of
		Customer Service,
		Recipient Rights, &
		Security
SAGINAW C		
COMMUNITY MENTAL HEALTH AUTHORITY		Authored By:
HEALITAGINONIT		Tim Ninemire
		Reviewed By:
		Jennifer Keilitz & Fred
		Stahl

Purpose:

- 1. To accommodate access and assure each individual's full participation and receipt of maximum benefit from service being offered
- 2. To add customer value and satisfaction to services being offered by recognizing and addressing differences of individuals

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to ensure that applicants and recipients of services, as well as the staff and provider network members, and the community and public, receive any necessary and appropriate accommodations throughout the local SCCMHA mental health system in order to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the service area. Assessment of accommodation needs shall commence and be documented upon initial contact with the SCCMHA system, and accommodation plans will be reassessed or revised if appropriate for each individual consumer served. SCCMHA recognizes that individual differences can directly impair system access, receipt of services and the quality, effectiveness, and satisfaction of/with SCCMHA service delivery.

Application:

This policy applies to all provider network members, including contracted, board operated and contract or direct operated affiliations that provide purchased services to persons served by SCCMHA. This policy addresses individual - consumer or applicant and related family, advocate, and stakeholder - and community/public accommodations. This policy does not address relevant employee/staff accommodations.

Standards:

- A. Barriers to consumer accommodations will be routinely identified and addressed by SCCMHA on an individual and systemic basis.
- B. SCCMHA will assure access and accommodation of persons with Limited-English proficiency (LEP).
- C. SCCMHA will assure system sensitivity and accommodation of diverse ethnic and cultural backgrounds.
- D. SCCMHA will ensure accommodation of individuals with communication impairments (including persons who do not use verbal language to communicate or who use alternative forms of communication).
- E. SCCMHA will ensure persons who are deaf, blind, or hard of hearing or have other accommodation needs are accommodated throughout the system.
- F. Accommodation for staff/employees to promote their performance with job roles is the responsibility of the Human Resources Department and not covered by this policy.
- G. Accommodations for consumers will be individually addressed, but collectively will reflect the cultural context and diversity of the SCCMHA geographical service delivery area and community needs.
- H. SCCMHA will provide materials to applicants for services in varied formats that consider the individual differences of each person's communication or access needs and in a format that is easily understood.
- SCCMHA will secure interpreter services or bilingual staff as needed for consumers or others.
- J. SCCMHA will routinely assess and respond to community cultural diversity needs.
- K. SCCMHA will assess the organizational and provider network system accessibility to meet consumer and service applicant needs.
- L. SCCMHA will ensure staff and provider network orientation and training in all aspects of accommodations to ensure competency and full system access in the community.
- M. SCCMHA will offer electronic, telephonic, or audio communication means to meet consumer and community needs where appropriate.
- N. SCCMHA will periodically measure system sensitivity to consumer accommodations and will implement any indicated improvements in a timely manner.
- O. Staff and provider performance assessment will include cultural diversity and communication/accommodation sensitivity and responsiveness.
- P. SCCMHA outreach activities will specifically include individual accommodation response whenever indicated.
- Q. Intake, screening, assessment, and treatment, as well as customer service/recipient rights personnel will receive specific orientation to consumer accommodation, and will ensure accurate language identification, assessment and planning for each individual served.
- R. An Accommodation Plan for the SCCMHA system will be prepared by the Director of Customer Services and Recipient Rights Office, at a minimum on an annual basis.
- S. Examples of consumer accommodations include facilitating use of client communication adaptive devices or service animals, Braille and Spanish language written materials and building signage, and availability of an augmentative communication specialist.

- T. SCCMHA will review materials provided to applicants, consumers, and the community to ensure that written information is provided at appropriate reading levels for each audience.
- U. SCCMHA announces changes to the Primary Provider Network by posting notice throughout the SCCMHA Provider Network and will inform consumers and the public the updated information may be viewed by visiting the SCCMHA web site or by contacting the Customer Service Office at 1-800-258-8678. Changes will be made and kept up to date to the SCCMHA Primary Provider Contact Information document on www.sccmha.org.
- V. For routine or planned consumer and/or family contacts, interpreter services when needed are to be made available; for crisis or urgent situations, bilingual staff should be utilized if an interpreter cannot be immediately made available.
- W. Staff of SCCMHA or a provider agency will be trained to follow proper procedures to both identify, and to respond with appropriate steps once identification is made of a non-English speaking consumer or other SCCMHA customer.
- X. Primary teams will track what language assistance options are available directly from staff members to assist consumers.

Definitions:

<u>Limited-English Proficiency</u> - Persons who cannot speak, write, read, or understand the English language in a manner that permits them to interact effectively with health care providers and social services agencies.

<u>Linguistically Appropriate Services</u> - Provided in the language best understood by the consumer through bi-lingual staff and the use of qualified interpreters, including American Sign Language, to individuals with limited-English proficiency. These services are a core element of cultural competency and reflect an understanding, acceptance, and respect for the cultural values, beliefs, and practices of the community of individuals with limited-English proficiency. Linguistically appropriate services must be available at the point of entry into the system and throughout the course of treatment and must be available at no cost to the consumer.

<u>Cultural Competency</u> - An acceptance and respect for difference, a continuing self-assessment regarding culture, a regard for and attention to the dynamics of difference, engagement in ongoing development of cultural knowledge, and resources and flexibility within service models to work toward better meeting the needs of the minority populations. The cultural competency of an organization is demonstrated by its policies and practices. PIHP (Prepaid Inpatient Health Plan) components of cultural competence include: 1) a method of community assessment; 2) sufficient policy and procedure to reflect the PIHP's value and practice expectations; 3) a method of service assessment and monitoring; and 4) ongoing training to assure that staff are aware of, and able to effectively implement policy. <u>Basic Reading Level</u> – The reading level at which an individual can understand the overall meaning of what they read.

<u>Reading Level</u> – For marketing materials intended to be distributed through written or other media to the community that describe the availability of covered services and supports and how to access those supports and services, all such materials shall be written at the 4th grade reading level as much as possible.

<u>Individual</u> - Persons with mental illness, developmental disabilities, or substance abuse disorders (or a combination), including persons who are Medicaid-eligible, as well as other mental health and substance use disorder specialty services recipients who may be indigent, are self-pay or have private insurance coverage.

<u>Outreach</u> - Efforts to extend services to those persons who are under-served or hard-to-reach that often require seeking individuals in places where they are most likely to be found, including hospital emergency rooms, homeless shelters, women's shelters, senior centers, nursing homes, primary care clinics and similar locations.

References:

Internal - SCCMHA Customer Service Department description; SCCMHA Competency & Performance Evaluation Checklist

External - Michigan Department of Health and Human Services (MDHHS) contract, including attachment and reference documents; MDHHS Person-Centered Planning Revised Practice Guideline (most current version), Americans with Disabilities Act 1990; Title VI of Civil Rights Act 1964; Rehabilitation Act 1973

Exhibits:

None

Procedure:

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Action	Responsibility
Approves and authorizes SCCMHA	CEO
accommodation policy and plan.	
Provides leadership through policies, practices, and system response to complaints/requests regarding consumer and service accommodations. Prepares and oversees system	Director of Customer Service, Recipient Rights, & Security
accommodation improvement plans, including assuring consumer input. Reviews accommodations compliance in Office of	
Recipient Rights (ORR) system and provider reviews.	
Ensures provider network compliance with accommodation policy requirements and system improvement plans.	Director of Network Services, Public Policy, & Continuing Education
Oversees accommodation for consumers and families in clinical service programs.	Executive Director of Clinical Services and Programs
Respond to individual consumer accommodation needs whenever indicated.	SCCMHA departments/units and provider network members

Provide initial and routine input on accommodation policies and procedures; provide stakeholder feedback to SCCMHA on accommodation performance in the community.

Representative consumers/families/stakeholders

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Cultural	Chapter: 02 - Customer	Subject No : 02.01.01.02	
Competence	Services & Recipient Rights		
Effective Date:	Date of Review/Revision:	Approved By:	
1/25/05	6/19/07, 6/22/09, 6/23/10,	Sandra M. Lindsey, CEO	
	6/20/12, 3/28/14, 5/19/14,		
	4/7/16, 3/8/17, 3/1/18,		
	3/7/19, 2/11/20, 3/11/21,		
	6/7/22	Responsible Director:	
	Supersedes:	Executive Director of	
	•	Clinical Services and	
		Programs	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Kristie Wolbert	
		Additional Reviewers:	
		Program	
		Coding/Compliance	
		Specialist	

Purpose:

To promote the delivery of services in a culturally competent manner to all consumers of services including but not limited to those with limited English proficiency, who are American Indian or Alaska Native (AI/AN), or for whom access to traditional approaches or medicines may not be part of typically offered services, and to consumers of diverse cultural and ethnic backgrounds and human differences including those based on race, religion, color, national origin, age, sex, height, weight, familial status, marital status, sexual orientation, gender identity, disability, genetics, service member in the Armed Forces, or any other characteristic protected by law.

Application:

The entire Saginaw County Community Mental Health Authority (SCCMHA) network of service providers.

Policy:

SCCMHA values the importance of culture in the delivery of services as well as its workforce and network of providers. SCCMHA will strive to increase the cultural competence of the workforce and network of providers through recruitment, initial training, and ongoing required training(s).

Standards:

• All providers will receive training in cultural diversity including limited English proficiency and this training will be documented.

- The initial assessment for each consumer will include an assessment of the need for accommodations related to cultural diversity and/or limited English proficiency.
- Brochures will be printed in alternative formats
- Outreach will occur to cultural groups in the community
- Programs will have the ability to respond to culturally diverse populations by having referral agreements with cultural groups and access to translators
- Oral interpretation services are available in any language, free of charge, to potential enrollees and enrollees.
- Enrollees/consumers will be made aware that written information is available in prevalent languages and they can request such from their Case Holder and/or Customer Services.
- Staff providing services will strive to understand, respect and address how each individual's culture and/or limited English proficiency impacts treatment and the plan/assessment reflects any needed accommodations.
- Compliance with cultural competence requirements will be monitored at least annually.

Definitions:

<u>Cultural Competency:</u> Refers to human differences, including those based on race, religion, color, national origin, age, sex, height, weight, familial status, marital status, sexual orientation, gender identity, disability, genetics, service member in the Armed Forces, or any other characteristic protected by law. This also includes the willingness and ability of a system to value the importance of those culture differences in the delivery of services to all segments of the population. It is the use of a system's perspective which values differences and is responsive to diversity at all levels of an organization, i.e., policy, governance, administrative, workforce, provider, and consumer. It is the promotion of quality services to underserved, racial/ethnic groups through the valuing of differences and integration of cultural attitudes, beliefs, and practices into diagnostic and treatment methods throughout the system to support the delivery of culturally relevant, competent care. It is also the development and continued promotion of skills and practices important in treatment, cross-cultural interactions and system practices among providers and staff to ensure that services are delivered in a culturally competent manner.

<u>Limited-English Proficiency:</u> Persons who cannot speak, write, read, or understand the English Language in a manner that permits them to interact effectively with health care providers and social services agencies.

References:

DCH PHP Review Protocols

Cultural Competence Online (Web site)

SCCMHA Accommodations Policy

SCCMHA Limited English Proficiency Policy

Exhibits:

None

Procedure:

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ACTION	RESPONSIBILITY		
Assures that brochures are available in alternative languages.	Customer Services		
Makes training on cultural diversity and limited English proficiency mandatory and available on a regular basis.	SCCMHA training department and certified facilitators and/or other Evidence based models as adopted/approved by the agency.		
Assures that oral interpretation services are available in any language.	Customer Services and SCCMHA Contracts Department		
Makes consumers/enrollees aware that written materials are available in alternative languages.	Customer Services Access Staff Case managers, therapists, and supports coordinators		
The initial assessment and ongoing assessments will address the need for accommodations related to cultural diversity and/or limited English proficiency.	Psychiatrists, Access staff Case managers, therapists, supports coordinators and enhanced health providers		
Staff providing services will strive to understand, respect and address how each individual's culture and/or limited English proficiency impacts treatment and the plan/assessment reflects any needed accommodations. They will seek further training and direction as needed.	Psychiatrists, access staff, case managers, therapists and supports coordinators and other enhanced health providers.		
Will celebrate the diversity of the workforce through periodic celebrations (i.e.: Black History Month, Cinco De Mayo, Mental Health Awareness Month, etc.)	In partnership with Providers and community partners.		

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Customer	Chapter: 02 - Customer	Subject No : 02.01.02		
Service	Services & Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
August 8, 2002	7/30/02, 4/21/06, 6/29/09,	Sandra M. Lindsey, CEO		
	5/14/12, 6/22/14, 11/27/16,	-		
	5/29/18, 3/12/19, 2/11/20,			
	2/9/21, 6/7/22			
	Supersedes:	Responsible Director:		
	•	Tim Ninemire, Director of		
		Customer Service,		
		Recipient Rights, &		
		Security		
Saginaw County Community Mental Health Authority				
		Authored By:		
		Tim Ninemire		
		Additional Reviewers:		
		None		

Purpose:

The purpose of this policy is to set forth standards in assisting customers and their family members with needs that arise in dealing with mental health services.

Policy:

The Customer Service staff shall handle customer concerns and questions in an effective, efficient, and timely manner to produce customer satisfaction. Customer concerns and questions may include, but are not limited to: Medicaid and other Insurance benefits, Community Mental Health (CMH) covered services, appeals and grievance procedures, second opinion procedures, assisting with filling out Recipient Rights complaints and forwarding the complaints to the Office of Recipient Rights, Medicaid Fair Hearing requests, etc.

Application:

This policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) board operated programs. The SCCMHA Provider Network is required to follow this policy or have its own policy that is submitted and approved by SCCMHA.

Standards:

- 1) All SCCMHA Board Operated Programs and Provider Network will be responsible for dealing with the customers of SCCMHA in a dignified and respectful manner.
- 2) The Customer Service Office will provide effective and appropriate assistance to staff and customers as requested or needed as evidenced by improved results of Customer Satisfaction Surveys.

- 3) Customer Service Office staff are always available during regular business hours (Mon. Fri. 8 a.m. to 5 p.m. except for holidays and during emergency closures) to assist customers with questions or complaints.
- **4)** Education relating to services and eligibility will be made available through the Customer Service-Office as well as other units of SCCMHA.
- 5) Customers in need of special accommodations will receive any assistance they need through the Customer Service Office.
- 6) Customer Service staff will assist staff with reserving rooms.
- 7) Voice mail messages will be returned within one (1) business day.
- 8) SCCMHA customers will be able to access Customer Service staff after hours by leaving a message on the Customer Service phone line of (989) 797-3452 or Toll Free 1-800-258-8678 or by making arrangements for an after-hours appointment.

Definitions:

Customer Service Office staff activity is defined by job titles: Job titles within this unit are Customer Services Specialist, Customer Services Representative, Customer Service Advocate, Customer Service/Recipient Rights Administrative Coordinator, Supervisor of the Customer Service/Recipient Rights Office, and the Director of the Customer Service/Recipient Rights Office.

Agency phones: The agency switchboard, Toll Free phone number, Customer Service number, Centralized Access, and Intake (CAI), and Crisis Intervention Services (CIS).

Appeals Coordinator: Responsible for educating SCCMHA staff regarding proper procedures in appeals and grievances. Also responsible for obtaining needed records, scheduling rooms, and coordinating to ensure the necessary witnesses are available for Administrative Hearings.

References:

Internal: None

External: Michigan Department of Health and Human Services (MDHHS) contract

Exhibits:

Exhibit A - SCCMHA Customer Service Standards

Procedure:

ACTION Agency phones will be answered by a live voice within three rings or 30 seconds and in a customer-friendly tone. These staff will be knowledgeable of the service array for SCCMHA and will display the ability to refer customers to the area they need to speak to in a timely manner. RESPONSIBILITY 1) Customer Service, CAI, and CIS staff Customer Service, CAI, and CIS staff 1) Customer Service, CAI, and CIS staff 1) Service array contains the cont

- 2) Train SCCMHA and Network Provider staff in Appeals and Grievances and assist staff to be aware of their responsibilities when involved in a Hearing.
- 2) Supervisor of the Customer Services/Recipient Rights Office (Appeals Coordinator)
- 3) Customers will receive any assistance they need to initiate the process of requesting a Medicaid Fair Hearing and local complaint processes.
- 3) Customer Service staff
- 4) Customers will be greeted when they approach the Customer Service Office in a warm and friendly manner.
- 4) Customer Service staff
- 5) Customers will be directed to the area they need to get to and will be provided an escort as necessary to assist them.
- 5) Customer Service staff
- 6) Customers in need of any accommodation will be able to find assistance through the Customer Service Office. This could include an interpreter, assistance with a physical disability, inability to read, etc.
- 6) Customer Service staff

- 7) Customer Service staff have access to information about the organization, including annual reports; current organizational chart; SCCMHA board member list, meeting schedule, and minutes that are available to be provided in a timely manner to the person requesting the information.
- 7) Customer Service staff

Customer Service Standards

1	The phone will be answered by a live voice promptly (within three rings).	
2	Their calls will be answered in a courteous manner (with a smile).	
3	There will always be telephone coverage during business hours.	
4	All incoming phone calls coming from external sources will be answered with a consistent greeting such as "Saginaw Community Mental Health."	
5	When customers call and ask for a specific department and/or person, they will be transferred to the appropriate answering station but will not be given the direct extension of the staff person unless the staff person has given permission for that extension to be given out.	
6	In the event a caller is requesting a number outside of SCCMHA. The Customer Service Specialist answering the call will make a reasonable effort to provide the number for them.	
7	When multiple calls are received, calls will be answered in order; callers will be asked if their call may be put on hold; the first caller will be returned to first; and the employee will continue to answer the lines in the order of the calls received.	
8	When a person is at the window, a timely and courteous acknowledgement, such as eye contact or a positive indication that the CS specialist knows they are there, will be made.	
9	If there is a person at a counter and the phone rings, the employee will acknowledge the customer at the counter, answer the telephone, tell the caller that a customer is waiting, and give the caller the option of being put on hold or having their call returned.	
10	The outgoing voicemail message will be kept current, and the voicemail message at the main switchboard will be changed on days SCCMHA is closed for a holiday.	
11	The voicemail message gives an optional phone number to call in the event of a crisis.	
12	Any messages left on the general SCCMHA voicemail system will receive acknowledgements of their voicemail messages within 1 business day.	
13	The Customer Service Specialists will assist with support for all departments within SCCMHA and attend to their requests within 1 business day whenever possible.	
14	SCCMHA customers will be able to access Customer Service staff after hours by leaving a message on the Customer Service phone line of (989) 797-3452 or Toll Free 1-800-258-8678 or by making arrangements for an afterhours appointment. Messages will be returned within one (1) business day.	

Policy and Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Consumer Involvement and	Chapter: 02 - Customer Services & Recipient Rights	Subject No : 02.01.03	
Leadership Opportunities Effective Date: August 8, 2002	Date of Review/Revision: 7/30/02, 7/21/09, 6/17/12, 6/22/14, 5/28/18, 6/11/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22	Approved By: Sandra M. Lindsey, CEO	
	Supersedes:	Responsible Director: Tim Ninemire, Director of Customer Service, Recipient Rights, & Security	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Authored By: Tim Ninemire Additional Reviewers: Consumer Leadership Group	

Purpose:

The purpose of this policy is to include consumers in giving input in the leadership of this agency and to improve the leadership skills within consumer groups. This agency can improve the services delivered to consumers through the wide range of abilities and potential that consumers possess.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to include consumers of this agency in areas that affect services. The input sought from the consumers will be obtained through involvement with committee membership, customer satisfaction surveys, orientation to SCCMHA services, Evidence Based Practices, and the Request for Proposal process, implementation.

The involvement of consumers in SCCMHA is promoted wherever and whenever possible. The development of leadership skills for consumers as well as improving services provided by SCCMHA are the primary building blocks for including consumers in our work.

Application:

This policy applies to all consumers, previous consumers, and families of SCCMHA consumers and is applicable to the provider network as appropriate.

Standards:

The SCCMHA Centralized Access and Intake (CAI) are responsible for informing new consumers of all necessary information by meeting with them and providing a copy of the SCCMHA Consumer Orientation folder.

- 1) Consumers will be given the opportunity to be involved in the Consumer Leadership Group. Membership of the Consumer Leadership Group will be offered to any interested consumers but will be limited to 20 members.
- 2) The Consumer Leadership Group will provide Leadership Training to new members. This training was developed specifically for the purpose of use by the Consumer Leadership Group. This training will be offered every other month on the 4th Thursday of the month at 3:30 p.m. starting in January each year. If there are no new members in the Consumer Leadership Group, this training will be cancelled until new members arrive.
- 3) Consumers and their family members participating in SCCMHA committees will complete a Stipend Request form for each meeting they attend. There are some committees where a stipend is not paid.
- 4) Participation in most committees will be compensated by payment of a stipend as outlined in the Stipend Request Form.
- 5) The form (Consumer Stipend) will be signed and forwarded on through the routing process for signatures.
- 6) Consumers will be given information about opportunities to serve as members of committees and encouraged to be involved in committees and other areas of the agency.
- 7) The SCCMHA Provider Network will offer opportunities of consumer leadership within their services.
- 8) Election of Officers within the Consumer Leadership Group will be completed every other year:
 - a) Chair
 - b) Vice-Chair
 - c) Secretary
 - d) Treasurer
- 9) Officers will not serve more than two consecutive two-year terms in the same position

Definitions:

Consumer Leadership Group: A group of consumers, previous consumers, and families offered an opportunity to grow as leaders, meeting together to promote growth of individuals and the group.

References:

None

Exhibits:

Exhibit A: Consumer Stipend Form

Procedure:

None



CONSUMER MEETING ATTENDANCE STIPEND REQUEST

NAME: Enter Consumer Name Here

PHONE: Enter Consumer Phone Number Here

ADDRESS: Enter Consumer Address Here

SOCIAL SECURITY NO: Enter Consumer Social Security Number Here

MEETING DATE(S):

Enter Date of Meeting Here Consumer Leadership Group

Enter Date of Meeting Here Self Determination

Enter Date of Meeting Here Person Centered Planning

Enter Date of Meeting Here Citizen's Advisory Council (CAC)

Enter Date of Meeting Here Recipient Rights Committee

Enter Date of Meeting Here Learning Links Committee

Enter Date of Meeting Here RFP Review Committee: Enter Name of Committee Here

Enter Date of Meeting Here Other: Enter Name of Meeting Here

I decline to accept the Stipend payment and am volunteering my time to SCCMHA
I accept the Stipend payment and choose to donate the payment to: Enter Name of Program Here

Enter Number of Meetings Here
Total Meetings Participation Attended

Enter Amount of Stipend Here
Meeting Stipend Payment: *See Payment Guideline on bottom

Enter Amount of Stipend Here
Other Payment (Describe): Describe Reason for Payment

Enter Total Amount of Stipend Here
TOTAL PAYMENT

CEO SIGNATURE
CONSUMER SIGNATURE

STAFF LIAISON

6 hours/over = \$60.00

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Input from	Chapter: 02 - Customer	Subject No : 02.01.04	
Persons Served	Services & Recipient Rights		
Effective Date :	Date of Review/Revision:	Approved By:	
August 8, 2002	7/30/02, 6/29/09, 6/17/12,	Sandra M. Lindsey, CEO	
	6/22/14, 1/27/16, 5/29/18,		
	3/12/19, 2/11/20, 2/9/21,		
	6/8/22		
	Supersedes:	Responsible Director:	
	-	Tim Ninemire, Director of	
	•	Customer Services,	
		Recipient Rights, &	
		Security	
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY			
		Authored By:	
		Tim Ninemire	
		Additional Reviewers:	
		None	

Purpose:

To establish mechanisms to ensure that the Saginaw County Community Mental Health Authority (SCCMHA) has systems in place that solicit consumer input for utilization in program decision making, evaluation, and development.

Policy:

It is the policy of SCCMHA to create and maintain systems to obtain information and feedback from consumers, on an ongoing basis, regarding the quality of services provided.

Application:

This policy applies to all SCCMHA board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

Standards:

- 1) SCCMHA will regularly seek input from consumers regarding the quality of services provided.
- 2) Input regarding the quality of services provided by SCCMHA obtained from consumers and stakeholders will have an impact on the decisions made regarding improvement in the quality of services.
- Consumers and stakeholders will voice their sense of empowerment as a result of increased input through Suggestion Box forms input on committees, and through Satisfaction Surveys.
- 4) Suggestions are welcomed by having a Suggestion Box available at every SCCMHA service site.

Definitions:

Service sites: Any SCCMHA building designed or used to provide services to consumers found eligible for service and those applicants requesting services from SCCMHA.

References:

Consumer involvement and Leadership Policy 02.01.03.00 Quality Assessment and Performance improvement Program for SCCMHA 04.01.01.00

Exhibits:

None

Procedure:

ACTION

- 1) Consumer Satisfaction questionnaires will be mailed out on an ongoing basis to give Consumers and stakeholders the opportunity to give input on their view of services provided by SCCMHA.
- 2) The Customer Satisfaction Surveys will be developed through a collaborative effort that includes the Citizen's Advisory Committee (CAC). The surveys will have input from consumers and stakeholders as that is part of the membership of the CAC.
- 3) In between the ongoing surveys, consumers and stakeholders will be given the opportunity to give their input on a regular basis in two ways. The input gathered will be obtained through: The Suggestion Box forms available at every SCCMHA service site. These forms will be removed from the Suggestion Boxes monthly and taken to the Director of Customer Service, Recipient Rights, & Security who will work with Customer Service staff to assign the suggestions.
- 4) Consumers will also be invited to participate in short-term work groups.

RESPONSIBILITY

- Chief Information Officer & Chief **Quality & Compliance Officer**
- 2) Chief Information Officer & Chief Quality & Compliance Officer
- 3) Coordinated between the Director of Customer Services, Recipient Rights, & Security, Chief Information Officer & Chief Quality & Compliance Officer, and the Executive Director of Clinical Services and Programs

4) Chief Information Officer & Chief Quality & Compliance Officer, **Executive Director of Clinical Services** and Programs, and Director of Network Services, Public Policy, & Continuing Education

Policy and Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject: Consumer	Chapter: 02 - Customer	Subject No : 02.01.05			
Orientation	Service & Recipient Rights				
Effective Date:	Date of Review/Revision:	Approved By:			
6/7/04	4/13/04, 2/9/09, 6/29/09,	Sandra M. Lindsey, CEO			
	7/20/12, 6/22/14, 9/22/14,				
	12/18/16, 5/29/18, 3/12/19,				
	2/11/20, 2/9/21, 6/8/22				
	Supersedes:	Responsible Director:			
	_	Tim Ninemire, Director of			
	•	Customer Services,			
		Recipient Rights, &			
		Security			
	w County				
	MMUNITY MENTAL AUTHORITY	Authored By:			
TIEALITY AUTHORITY		Tim Ninemire			
		Additional Reviewers:			
		None			

The purpose of this policy is to establish and set forth guidelines to ensure that new consumers receiving services from Saginaw County Community Mental Health Authority (SCCMHA) or the SCCMHA Provider Network are educated regarding available services, as well as dispute resolution and assistance with issues related to services. This will take place when they meet with Centralized Access and Intake (CAI) to establish an introduction to services. The Primary Support Staff with the assigned provider will complete a second orientation specific to the services provided and their location.

Policy:

It is the policy of SCCMHA to provide orientation to new consumers of SCCMHA and the SCCMHA Provider Network. Information regarding services and general information will also be given to consumers on an annual basis.

Application:

This policy applies to new and current consumers of SCCMHA and the SCCMHA Provider Network.

Standards:

- 1) CAI staff will review SCCMHA materials with new and current consumers contained in the Orientation Folder upon their initial meeting.
- 2) Primary Support Staff or their supervisors of the assigned provider will provide a second orientation for their location for initial services.

- 3) Primary Support Staff will provide information to consumers on an annual basis. Items such as the Recipient Rights booklet and the SCCMHA Customer Service Handbook are given annually, usually during the Person-Centered Planning (PCP) process. A full list of items to be given to consumers annually is listed in Standard #4.
- 4) Initial Orientation Folders are regularly prepared by Customer Service staff and distributed to the Provider Network upon request. These folders contain the:
 - a) Welcome to Services! Sheet
 - b) Your Rights Booklet
 - c) Customer Service Handbook
 - d) Notice of Privacy Practices Page
 - e) Notice of Privacy Practices Acknowledgement
 - f) SCCMHA Primary Provider Contact Information Sheet
 - g) Saginaw Collaborative Consent/Authorization to Release Confidential Information Form
 - h) Advance Directive Acknowledgment Sheet
 - i) SCCMHA Fact Page (Advance Directive)
 - j) A Consumer's Reference Flyer
 - k) Independent Facilitation Brochure (Disability Network)
 - 1) An Overview of Evidence Based Practices Flyer
 - m) Self Determination (SD) Brochure
 - n) Appeals and Grievances Brochure
 - o) Person Centered Planning Process Checklist
 - p) Customer Services Complaint Form
 - q) A Resource Guide for Families Dealing with Mental Illness Booklet
 - r) SCCMHA SOGI Flyer
 - s) No Wrong Door Flyer
 - t) CEHR Brochure
 - u) PCP Brochure
- 5) Annual Orientation Folders are regularly prepared by Customer Service Staff and distributed to the Provider Network upon request. These folders contain:
 - a) Crisis Planning for Psychiatric and Medical Hospitalizations
 - b) Advance Directive Acknowledgement Form
 - c) SCCMHA Fact Page (Advance Directive)
 - d) SCCMHA Primary Provider Contact Information Sheet
 - e) Self Determination Information Brochure
 - f) Person Centered Planning Brochure
 - g) Appeals & Grievance Brochure
 - h) Your Rights Booklet
 - i) Customer Service Handbook
 - j) Notice of Privacy Practices Acknowledgement

- 6) Interpretation services will be made available to anyone needing assistance with understanding information or services provided to them at no cost.
- 7) SCCMHA Staff working in the Customer Service and Recipient Rights Office will be available for questions of consumers and other visitors to SCCMHA buildings.

Definitions:

Current Consumer: A person receiving services through the SCCMHA Provider Network on an ongoing basis.

New Consumer: Defined as a person applying for and receiving services from SCCMHA or the SCCMHA Provider Network. This can be a person receiving services for the first time, or someone returning to services after being discharged.

Natural Supports: A person or person supporting a consumer of SCCMHA services that is not paid for their support to the consumer.

Primary Support Staff: The Case Manager, Support Coordinator, or Primary Therapist assigned to a new consumer upon admission to SCCMHA services.

References:

National Committee for Quality Assurance (NCQA) Managed Behavioral Healthcare Organizations Standards & Guidelines RR1: Statement of Members' Rights and Responsibilities

Exhibits:

None

Procedure:

None

Saginay	Policy and Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Service Accessibility for Consumers	Chapter: 02 - Customer Services & Recipient Rights	Subject No: 02.01.06		
Effective Date: August 8, 2002	Date of Review/Revision: 7/30/02, 8/10/09, 5/14/12, 6/22/14, 8/12/16, 5/29/18, 3/12/19, 2/11/20, 2/9/21, 6/8/22 Supersedes: LAW COUNTY COMMUNITY MENTAL TH AUTHORITY	Approved By: Sandra M. Lindsey, CEO Responsible Director: Tim Ninemire, Director of Customer Services, Recipient Rights, & Security Authored By: Tim Ninemire		
		Additional Reviewers: None		

The purpose of this policy is to maximize both actual (physical) and perceived accessibility of the Saginaw County Community Mental Health Authority (SCCMHA) services for all consumers and applicants for service; and to create a work environment in which employees are sensitive to the needs of consumers with physical, developmental, and psychiatric disabilities. To accommodate access and assure each individual's full participation and receipt of maximum benefit from services being offered. To add customer value and satisfaction to services being offered by recognizing and addressing differences between individuals.

Policy:

It is the policy of SCCMHA to ensure that applicants and recipients of services, as well as the staff and provider network members, and the community and public, receive any necessary and appropriate accommodations throughout the SCCMHA system to provide satisfactory and effective consumer service and ensure meaningful participation for all individuals in the service area. Assessment of accommodation needs shall commence and be documented upon initial contact with the SCCMHA system, and accommodation plans will be reassessed or revised if appropriate for each individual consumer served. SCCMHA recognizes that individual differences can directly impair system access, receipt of services and the quality, effectiveness, and satisfaction with the SCCMHA service delivery.

Application:

This policy applies to all SCCMHA provider network members, including contracted, board operated and contract or direct operated affiliations that provide purchased services

to persons served by SCCMHA. This policy addresses individual consumer or applicant and related family, advocate and stakeholder and community/public accommodations.

Standards:

- a) SCCMHA service site buildings will be assessed to determine accessibility to services for consumers with disabilities on an individual and systemic basis.
- b) SCCMHA will assure access and accommodation of persons with Limited English Proficiency (LEP).
- c) SCCMHA will assure persons with visual, hearing, or other physical and mobility challenges are accommodated throughout the system.
- d) Consumers will be able to receive the services designated as necessary and appropriate through the Person-Centered Planning process without worry about accessibility to those services.
- e) Accommodations for consumers will be individually addressed, but collectively will reflect the cultural context and diversity of the SCCMHA geographical service delivery area and community needs.
- f) The Customer Services/Recipient Rights Office will assist consumers with meeting initial accommodation needs they have, which prevents them from receiving necessary and appropriate services.
- g) Materials intended for distribution to consumers, their guardians, and families will be written at a 4th grade level, to the best ability of SCCMHA. This takes into consideration some state and federal guidelines required to be in writing may not be written at this level.
- h) When possible, all consumers are seen face to face by a Psychiatrist, Physician Assistant, or Nurse Practitioner. In areas where there is a shortage of Psychiatry, Tele-Psychiatry may be used.
- i) When Tele-Psychiatry is used the RN or a Medical Assistant (MA) assigned to the clinic will confirm prior to the start of each session that all necessary technology and/or equipment:
 - 1) Is available at:
 - o the originating site and
 - o the remote site
 - 2) Functions properly at:
 - o the originating site and
 - o the remote site

Definitions:

• Accessibility: Defined by the ease of which someone with a disability would be able to reach their intended destination.

- Limited English Proficiency (LEP): A person with Limited English Proficiency or "LEP" is not able to speak, read or understand the English language well enough to allow him/her to interact effectively with health and social service or other providers.
- Necessary and appropriate services: Those services found necessary and appropriate for the consumer to meet the goals, dreams, or desires identified through their Person-Centered Planning meeting.
- **Service sites:** Any building designed or used to provide services to consumers found eligible for service and those applicants requesting services from SCCMHA.

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None

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

- Site assessments for all SCCMHA service sites will be completed to determine accessibility to service sites for consumers with disabilities.
- 2) Recommendations from the completed assessments of SCCMHA service sites will be given to the Director of Customer Services, Recipient Rights, & Security.
- 3) Consumers will receive the services needed for them to achieve their goals, dreams, and desires as expressed through the Person-Centered Planning process.
- 4) Consumers in need of accommodations will have a central location to receive assistance with finding needed resources.
- 5) Awareness and training for SCCMHA staff will be provided so that the assigned staff person will be able to evaluate and accommodate the needs of consumers.

- 1) Occupational Therapist
- 2) Occupational Therapist
- 3) Case Manager, Supports Coordinator, or Primary Therapist
- 4) Customer Services/Recipient Rights Office
- 5) Director of Care Management and Quality Services, Director of Network Services, Public Policy, & Continuing Education, Director of Customer Services, Recipient Rights, & Security.

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Telephone	Chapter: 02 -	Subject No : 02.01.08		
Access Services	Customer Services &			
	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
August 8, 2002	7/30/02, 6/29/09, 6/17/12,	Sandra M. Lindsey, CEO		
_	6/22/14, 12/8/16, 5/29/18,	-		
	3/12/19, 2/11/20, 2/9/21,			
	6/10/22			
	Supersedes:	Responsible Director:		
	•	Tim Ninemire, Director of		
	•	Customer Services,		
		Recipient Rights, &		
2.00		Security		
The state of the s	AW COUNTY	-		
3.4.7	OMMUNITY MENTAL H AUTHORITY	Authored By:		
HEALIT AUTOMIT		Tim Ninemire		
		Additional Reviewers:		
		None		

The purpose of this policy is to create and maintain a system that enables consumers, private citizens, and stakeholders to contact Saginaw County Community Mental Health Authority (SCCMHA) for assistance in a manner that does not limit their ability to speak with the SCCMHA staff that they request. It is also important to maintain a system that offers individuals with limited resources a means in which to contact SCCMHA without incurring any expense for such contact.

Policy:

It is the policy of SCCMHA to make telephone access for mental health services available at no cost to citizens who require services or assistance and who lack resources to pay for such calls.

Application:

This policy applies to all board operated programs. The SCCMHA Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

Standards:

- 1) Consumers, private citizens, and stakeholders will be able to contact SCCMHA without incurring a cost when completing the call.
- 2) Consumers who are deaf or hard of hearing, private citizens and stakeholders will be able to contact SCCMHA by using the Michigan Relay Service (711), and as a result incur no cost in completing the call.

- 3) SCCMHA will offer a main toll-free number for anyone to call for any reason.
- 4) SCCMHA will offer a crisis toll free number for anyone experiencing a mental health emergency.
- 5) Toll free numbers will be published in regularly viewed documents within the Saginaw community, on magnets, and published on Customer Service Handbooks produced by SCCMHA.

Definitions:

Michigan Relay Service – A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

"Toll free" – A special telephone number that is free for the person calling, the cost of the call is charged to the called party.

References:

None

Exhibits:

None

Procedure:

ACTION

number to be available for consumers,

1) SCCMHA will maintain a toll-free

- private citizens, and stakeholders, which will ensure they incur no cost while contacting SCCMHA. This number will be published in regularly viewed documents within the Saginaw community, on magnets, and published
- in Customer Service Handbooks produced by SCCMHA, and on the SCCMHA web site. The Handbook and the magnets will be made readily available for consumers, private citizens, and stakeholders.
- 2) SCCMHA will maintain a toll-free number for crisis calls so that consumers, private citizens, and stakeholders will incur no cost when calling the Crisis Intervention Services (CIS) of SCCMHA in a mental health emergency. This number will be published in the same areas as the agency toll free number.

RESPONSIBILITY

1) Director of Customer Services, Recipient Rights, & Security

2) Customer Services/Recipient Rights Office

- 3) The toll-free number used by consumers, private citizens, and stakeholders will be available for persons who are deaf or hard of hearing by using the Michigan Relay Service.

 The Michigan Relay Service contact information will be published in the SCCMHA Customer Service Handbook (711). People who are deaf or hard of hearing can access this service to communicate with staff at SCCMHA.
- 4) SCCMHA can use the Michigan Relay Service for anyone calling SCCMHA phone numbers who is deaf or hard of hearing.
- 5) The SCCMHA main switchboard will be staffed during regular business hours. The staff responsible for answering the phone will answer the phone in a friendly, cordial manner and will politely transfer calls to the appropriate location.

3) Customer Services/Recipient Rights Office

- 4) All SCCMHA staff
- 5) Customer Services/Recipient Rights Office staff

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Consumer and	Chapter: 02 -	Subject No : 02.01.09		
Family Education	Customer Services &			
Materials and Activities	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
August 8, 2002	7/30/02, 6/29/09, 6/17/12,	Sandra M. Lindsey, CEO		
	6/22/14, 12/8/16, 5/29/18,			
	3/12/19, 3/9/20 4/22/20,			
	2/9/21, 6/10/22			
	Supersedes:	Responsible Director:		
		Tim Ninemire, Director of		
		Customer Services,		
		Recipient Rights, &		
		Security		
	COUNTY			
	IMUNITY MENTAL AUTHORITY	Authored By:		
		Tim Ninemire		
		Additional Reviewers:		
		Erin M. Nostrandt		
		Charlotte Fondren		

The purpose of this policy is to ensure that consumer education material regarding services and eligibility is updated as new programs or services are created. Mental health educational information will be available as well and Saginaw County Community Mental Health Authority (SCCMHA) will keep accurate and complete information available to consumers, private citizens, and stakeholders.

Policy:

It is the policy of SCCMHA to maintain up to date, accurate information on the services provided to consumers and to the public. SCCMHA is dedicated to keeping the local community informed regarding mental health information and the services provided to this community.

Application:

This policy applies to all SCCMHA board operated programs. The SCCMHA Outpatient Provider Network is required to follow this policy or have their own policy that is submitted and approved by SCCMHA.

Standards:

- 1) Up-to-date brochures regarding services will be kept in the main lobbies of the 500 Hancock, 1040 Towerline, and the 3875 Bay Road facilities.
- 2) Educational material regarding mental health will be located in the main lobby or will be available upon request at the SCCMHA 500 Hancock, 1040 Towerline, and

- the 3875 Bay Road facilities for anyone that is interested. Additional copies of material specific to the populations served by SCCMHA service departments will be available in the waiting rooms.
- 3) Consumers and their family members will be able to participate in regular, ongoing training opportunities offered by SCCMHA, such as Person-Centered Planning, Self Determination, Natural Supports, and others as they become available. These training opportunities are available through the Learning Links programs twice monthly.

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None

References:

None

Exhibits:

None

Procedure:

ACTION

1) Customer Service Office

- 1) Educational material relating to mental health will be available to consumers and visitors at the SCCMHA 500 Hancock, 1040 Towerline, and 3875 Bay Road facilities. This material will be reevaluated on an annual basis to ensure that the educational material being given out to consumers, private citizens, and stakeholders is relevant and up to date.
- 2) SCCMHA information and brochures relating to services and eligibility of SCCMHA will be available to consumers and visitors at the SCCMHA 500 Hancock, 1040 Towerline, and 3875 Bay Road facilities. The material will be reevaluated on an ongoing basis.
- 2) Customer Service Office

Policy and Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject: Medicaid	Chapter: 02 -	Subject No : 02.01.11			
Appeals	Customer Service &				
	Recipient Rights				
Effective Date:	Date of Review/Revision:	Approved By:			
October 1, 1998	12/30/03, 4/18/06,	Sandra M. Lindsey, CEO			
	12/12/06, 8/10/09, 5/14/12,				
	6/22/14, 11/10/14, 12/8/16,				
	6/6/18, 2/11/20, 4/20/21,				
	6/10/22	Responsible Director:			
	Supersedes:	Tim Ninemire, Director of			
	06.02.02.00	Customer Services,			
	,	Recipient Rights, &			
		Security			
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	V COUNTY	Authored By:			
Community Mental Health Authority		Tim Ninemire			
HEALIT	Adilonii				
		Additional Reviewers:			
		None			

The purpose of this policy is to establish guidelines for a uniform process for Medicaid recipients receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA that all consumers have the right to a fair and efficient process for resolving complaints regarding their services and supports managed and/or delivered by SCCMHA and the provider network. This policy is written specifically for Medicaid recipients receiving services from SCCMHA.

Application:

This policy applies to all Medicaid recipients of SCCMHA including the Provider Network.

Standards:

- 1) Adverse Benefit Determination Notice is not required under the following circumstances:
 - a) Confirmation of the death of a consumer;
 - b) Written confirmation from the consumer indicating they no longer wish to receive services.
 - c) The consumer has been admitted to an institution where they are ineligible under Medicaid for further services.

- d) The consumer's whereabouts are unknown and the post office has returned agency mail directed to them.
- e) The agency establishes the fact that the consumer has been accepted for Medicaid services by another entity.
- f) A change in the level of medical care is prescribed by the consumer's physician.
- g) If the scheduled action will occur in less than 10 days.
- 2) An applicant for, or a consumer of, public mental health or substance use disorder may access several options simultaneously to pursue the resolution of complaints.
- 3) During the initial contact with SCCMHA, the applicant will be notified of their rights, the grievance and appeals process, and the right to access the appropriate process. (The Recipient Rights process is not available to an applicant for initial services unless they are denied their request to a second opinion.)
- 4) If an individual requests inpatient treatment, or a specific mental health or substance use disorder support or service for which appropriate alternatives for the individual exist that are of equal or greater effectiveness and equal or lower cost, the clinician will:
 - a) Identify and discuss the underlying reasons for request/preference;
 - b) Identify and discuss alternatives with the consumer; and
 - c) Negotiate toward a mutually acceptable support, service and/or treatment
- 5) If a consumer is not satisfied with their Individual Plan of Service, the Michigan Mental Health Code allows the individual to make a request for review to the designated individual in charge of implementing the plan. The review shall be completed within 30 days.
- 6) Medicaid consumers will be notified of their right to request an Administrative Hearing through the receipt of an Adverse Benefit Determination Notice when an action by SCCMHA calls for such a notice. A copy of the Adverse Benefit Determination Notice will be kept in the consumer's records.
- 7) Medicaid consumers may simultaneously request a Local Appeal (addressed in the Local Appeal Policy) and file a complaint with the Recipient Rights Office (if the consumer is a current SCCMHA consumer, or has been denied their right to a second opinion for initial services or hospitalization.).
- 8) Expedited (Quickened) Appeals must be conducted in 72 hours. If a quickened review is denied, oral notice of the denial must be given and followed up by a written notice within two calendar days. This is the responsibility of the Administrative Tribunal for a Medicaid Fair Hearing.
- 9) Consumers who wish to file a complaint may do so independently or with the assistance of Customer Service or Support Staff.

- 10) Providers in the SCCMHA Provider Network will assist a consumer who needs help in creating a complaint or appeal and submitting that complaint or appeal for resolution or will direct consumers to the SCCMHA Customer Service Office to assist them.
- 11) Medicaid consumers receiving non-Medicaid services are required to exhaust the Local Appeal process before they can access the Michigan Department of Health and Human Services (MDHHS) Alternative Dispute Resolution process.
- 12) If a consumer involved in this process has Limited English Proficiency (LEP), SCCMHA and its Provider Network will take necessary and reasonable steps to accommodate this need. This includes obtaining an interpreter that can assist the consumer understand the process and assist in completing complaints or appeals. The Network Provider may contact Customer Service to arrange an interpreter.
- 13) The Hearings Officer will track information relating to the Appeals process for the purpose of reporting to the SCCMHA Quality Governance Committee. Upon request, this information will also be reported to MDHHS and the contracted External Quality Review Organization.
- 14) The Hearings Officer will inform the Executive Director of Clinical Services and Programs or the Chief Information Officer/Chief Quality and Compliance Officer

 15) or both, as appropriate, of a Madicaid Fair Hearing.
- 15) or both, as appropriate, of a Medicaid Fair Hearing.
- 16) Customer Service staff, Appeals Coordinator, Fair Hearing Officer, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Medicaid Appeal.
- 17) For consumers who receive services through the Wraparound Program, given the intensity and frequency of the review of services, the following variation for the providing of notices shall occur:
 - a) At the initial **Child & Family Team Meeting** (CFT) where the **Plan of Care** (POC) is developed, at least annually thereafter, the Adverse Benefit Determination Notice will be provided along with obtaining signatures on the Signature Page. Only the Signature Page will be copied into Sentri.
 - b) Since most of the contact with the family is a subsequent CFT, because the POC is reviewed and tweaked as needed, if there is a denial/reduction/termination of a service, then Adverse Benefit Determination Notice will be offered. This will be documented in the Progress Note regarding the CFT. If there is no change in service, but a change in a goal or objective, then an Adequate Notice or Adverse Benefit Determination Notice is not required.
 - c) If there is a denial/reduction/elimination of a service (or services) outside the CFT, for example, termination from program, the Adverse Benefit

Determination Notice will be given. The Adverse Benefit Determination Notice will be copied into Sentri.

Definitions:

Action:

- Denial, reduction, suspension, or termination of mental health or substance abuse service(s).
- Denial or limited authorization of a requested service, including the type or level of service.
- Denial, in whole or in part, of payment for a service.
- Failure to make a standard authorization decision and provide notice about the decision within 14 calendar days from the date of receipt of a standard request for service.
- Failure to make an expedited authorization decision within 3 working days from the date of receipt of a request for an expedited service authorization.
- Failure to provide services within 14 calendar days of the start date agreed upon during the Person Centered Plan and as authorized by the PIHP (SCCMHA).
- Failure of SCCMHA to act within 30 calendar days from the date of a request for a standard appeal.
- Failure of SCCMHA to act within 72 hours from the date of a request for an expedited appeal.
- SCCMHA fails to provide notice of disposition of a local grievance within 90 calendar days of the date of the request.

Adverse Benefit Determination Notice: A written notice mailed or directly provided to a Medicaid consumer or his/her guardian or legal representative no later than the date of action each time service is denied, during the development or change of the Person Centered Plan, or when a Grievance or Local Appeal is not completed within the appropriate time frame.

Medicaid Fair Hearing: An evidentiary hearing for a Medicaid consumer conducted by an Administrative Law Judge with the Michigan Department of Health and Human Services (MDHHS) Administrative Tribunal regarding an action, as defined above, regarding a Medicaid covered service, by SCCMHA or one of its Service Providers.

18) Administrative Hearing Team: The Chief Information Officer/Chief Quality and Compliance Officer, Executive Director of Clinical Services and Programs, Director of Network Services, Public Policy, & Continuing Education, and the Hearing Officer.

Advance Notice: A written notice mailed or directly provided to a Medicaid consumer or his/her guardian or legal representative at least 10 calendar days before the date of an action involving a termination, suspension or reduction in a Medicaid covered service.

Appeals Coordinator: Staff assigned to coordinate all grievances and local appeals (currently the Supervisor of Customer Services/Recipient Rights Officer).

Applicant: An individual, or their guardian, who makes a request for entrance into services with SCCMHA or one of their Service Providers.

Expedited (Quickened) Review: The review of a Medicaid or non-Medicaid consumer's appeal in three or less business days when following the time necessary for the normal appeal review process could seriously jeopardize the consumer's life or health or ability to attain, maintain, or regain maximum function.

Hearing Officer: Staff person assigned to conduct the Administrative Tribunal Hearing, representing SCCMHA or the Service Provider (currently the Manager of Compliance, Security & Privacy).

Intake Evaluation Specialist: Master's level clinician designated to assess/evaluate applicants for public mental health services.

Mediation: A private informal dispute resolution process in which an impartial, neutral person, in a confidential setting, assists parties in reaching their own settlement of issues in a dispute. A mediator does not have authoritative, decision-making power but relies on persuasion and reason to solve problems.

Notice: A written announcement given to a non-Medicaid consumer or a Medicaid consumer when related to a Medicaid covered service when the service is terminated, suspended, or reduced.

Second Opinion: The process by which the decision made by the Clinician evaluating an applicant for services is reviewed to determine public funding eligibility for an applicant of a requested service(s). A second opinion may be requested at the time of a denial to enter the SCCMHA system or when admission for inpatient psychiatric services has been denied.

Sentri II: The SCCMHA electronic clinical record, maintained by the SCCMHA Information Systems Unit.

Support Staff: Support Coordinator, Case Manager, or Primary Therapist from a SCCMHA Board Operated program or from the SCCMHA Provider Network.

Utilization Review: A process in which established criteria are used to recommend or evaluate services provided in terms of cost-effectiveness, necessity, and effective use of resources.

References:

- MDHHS Administrative Hearings Policy and Procedure
- Care Management Services Policy 05.04.00, Customer Service Complaint (Grievance) Policy 02.01.11.01, and the Local Appeal Policy 02.01.11.02
- The Mental Health/Substance Abuse Chapter of the Michigan Medicaid Provider Manual

Exhibits:

Exhibit A – Adverse Benefit Determination Notice

Exhibit B – Request for an Administrative Hearing

Exhibit C – MDHHS Request for an Administrative Hearing Instructions DCH- 0092-MOAHR (Rev. 7-19)

Exhibit D – Customer Service Complaint Form

Procedure:

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	ACTION	1	RESPONSIBILITY
1)	Evaluates/assesses applicants for public mental health services.	1)	Intake Specialist
2)	If found ineligible for public mental health services, the applicant will be informed of their right to request a Second Opinion and be given an Adequate Action Notice.	2)	Care Management
3)	Contacts Care Management to request a Second Opinion.	3)	Applicant or Representative
4)	Second Opinion is scheduled with an Intake Specialist.	4)	Care Management
5)	 Decides based upon the clinical information available to: a) Support the initial decision that eligibility is not met and deny services, Or b) Direct that clinically suitable services be provided. 	5)	Intake Specialist
6)	Logs in data related to the Second Opinion event.	6)	Care Management
7)	Evaluates/assesses applicants for psychiatric hospitalization.	7)	Crisis Intervention Staff
8)	If found ineligible for psychiatric hospitalization, the applicant will be informed of their right to request a Second Opinion.	8)	Crisis Intervention Staff
9)	Requests a Second Opinion.	9)	Applicant or Representative
10)	Secures a Second Opinion within 72 hours (excluding weekends and holidays) with a	10)	Chief Executive Officer or designee

Psychiatrist, Medical Doctor, or Licensed Psychologist.

- 11) Decides based upon the clinical information available to:
 - a) Support the initial decision that eligibility is not met and deny services,

Or

b) Directs that psychiatric hospitalization be arranged

Non-Medicaid Notice, Adverse Benefit Determination Notice:

- 12) The Adverse Benefit Determination Notice form will be provided to any Medicaid recipient receiving non-Medicaid services when:
 - a) Any action is taken regarding services as described in the "Action" definition described above.
 - b) Adverse Benefit Determination Notice is required when services currently being provided are reduced, suspended, or terminated (to be sent at least 10 days prior to the date the action is to take place.

Medicaid:

- 13) The Adverse Benefit Determination Notice form will be provided to any Medicaid consumer when:
 - a) Any action is taken regarding services as described in the "Action" definition described above.
 - b) Adverse Benefit Determination Notice is required when services currently being provided are reduced, suspended, or terminated (to be sent at least 10 days prior to the date the action is to take place.

Medicaid Adverse Benefit Determination Notice and - Wraparound

- 14) These notices will be provided to consumer's receiving services from the Wraparound program as follows:
 - a) At the initial **Child & Family Team Meeting** (CFT) where the **Plan of Care**(POC) is developed, at least annually

11) Psychiatrist, Medical Doctor, or Licensed Psychologist providing Second Opinion

12) Care Management Staff

13) Care Management staff

14) Wraparound staff

thereafter, the Adverse Benefit Determination Notice will be provided along with obtaining signatures on the Signature Page. Only the Signature Page will be copied into Sentri II.

- b) Since most of the contact with the family is a subsequent CFT, because the POC is reviewed and tweaked as needed, if there is a denial/reduction/termination of a service, then an Adverse Benefit Determination Notice will be offered. This will be documented in the Progress Note regarding the CFT. If there is no change in service, but a change in a goal or objective, then an Adverse Benefit Determination Notice is not required.
- c) If there is a denial/reduction/elimination of a service (or services) outside the CFT, for example, termination from program, the Adverse Benefit Determination Notice will be given.
- 15) Services are continued when a Request for an Administrative Hearing is filed and SCCMHA receives a request from the consumer or representative to continue the services, **and** the request for a hearing is done before the expressed date of action is to take place, and the appeal involves a reduction, suspension or termination of services, **and** the services were ordered by an authorized provider, **and** the original period of the authorization has not expired.
- 16) If a Medicaid consumer disagrees with their IPOS or an action taken by SCCMHA or one of their Service Providers, they can do one or all of the following:
 - a) Ask for a review by their assigned Support Staff or their Supervisor.
 - b) Request the Local Appeal through the Customer Services Office.

15) Appeals coordinator or Hearings Officer will notify the Support Staff or Supervisor

16) Consumer or Representative

- c) File a Recipient Rights complaint, only if they are a current consumer or have been denied their right to a second opinion.
- 17) Upon receipt of a request to review the Person-Centered Plan, a review will be completed within 30 days.
- 18) If the decision of the Support Staff or their Supervisor is unsatisfactory, a request for a Local Appeal may be made by using the Consumer Complaint Form (Attached to the Local Appeals Policy) or requesting help from Customer Services or a Support Staff. Note: Consumers or their Representative have 60 days to request a Local Appeal from the date of the action being disputed.
- 19) The decision of the Local Appeal will be made within 30 days of the receipt of the Consumer Complaint Form and will be in writing.
- 20) Medicaid consumers may file a written Request for a Medicaid Fair Hearing within 120 days after receipt of the Notice and Hearing Rights.
- 21) Provides a copy of the Notice of Hearing to the Hearings Officer.
- 22) Provides copies of the Notice of Hearing to the Administrative Hearing Team, and invites them to the hearing as needed.
- 23) Upon receipt of the Notice of Hearing, reserves a room for the Medicaid Fair Hearing and notifies the Hearings Officer of the location.
- 24) Contacts the Consumer or Representative to attempt to resolve the complaint prior to the Medicaid Fair Hearing.
- 25) If a resolution of the complaint is not achieved, prepares SCCMHA information and invites needed SCCMHA staff to the scheduled Administrative Tribunal Hearing.

- 17) Assigned Support Staff or their Supervisor
- 18) Consumer or Representative

- 19) Appeals coordinator
- 20) Medicaid Consumer or Representative
- 21) Executive Assistant to the Chief Executive Officer
- 22) Hearings Officer
- 23) Appeals Coordinator
- 24) Appeals Coordinator
- 25) Hearing Officer
- 26) Hearing Officer

26) Tracks the time frames of Medicaid State Fair Hearings.	27) Hearing Officer
27) Keeps and files completed Medicaid State Fair Hearings information.	

Exhibit A





NOTICE OF ADVERSE BENEFIT DETERMINATION Saginaw County Community Mental Health Authority (SCCMHA)

Consumer W. Twelve 1000 HANCOCK ST APT 1 Saginaw, MI 48602

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: 01/21/2021 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: Reduced.

Effective: 02/01/2021

This action is based on the following:

Residency; you live outside of the Saginaw service area so we cannot authorize services for you.

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 (01/31/2021), 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.

02/08/2011 Page 3 of 3

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

Client Name			Client Telephone No.	Client So	ocial Security No.
Client Address (No. and Street, Apt. No.)				Medicaid ID No.	
City	State	Zip Code	Client or Legal Guardia	n Signature	Date
			on that you are appealing? Mold the client about their deci-		Client MDHHS Case No.
I WANT TO REQ additional sheet		IG: The follow	ing are my reasons for reque	sting a hear	ing. Use
participate in a h			ion requiring special arranger	ments for yo	u to attend or
Will you need an No Yes	interpreter? If yes, language	needed:)	TO REPRESENT YOU AT TI	HE HEARIN	G?
	A. C.		TO MER MEDELLI TOO MI TI		
	reed to represen If Yes, have the r		earing? complete and sign Section 3.	.)	
□ No □ Yes	If Yes, have the	epresentative)	
No Yes	If Yes, have the	epresentative	complete and sign Section 3.		ship to Enrollee
No Yes (SECTION 3: AUT Name of Repres	If Yes, have the r	representative RING REPRES print)	complete and sign Section 3. SENTATIVE INFORMATION		
No Yes (SECTION 3: AUT Name of Repres	If Yes, have the representative (please posterior Apt. No.	representative RING REPRES print)	complete and sign Section 3. SENTATIVE INFORMATION Representative Telephone N	o. Relation	ship to Enrollee Zip Code
No Yes (SECTION 3: AUT Name of Repres Address (No. and	If Yes, have the representative (please posterior Apt. No. Bignature	representative RING REPRES print)	complete and sign Section 3. SENTATIVE INFORMATION Representative Telephone N	o. Relation State Date Sig	ship to Enrollee Zip Code gned
No Yes (SECTION 3: AUT Name of Repres Address (No. and	If Yes, have the representative (please posterior Apt. No. Bignature	representative RING REPRES print)	complete and sign Section 3. SENTATIVE INFORMATION Representative Telephone N City	o. Relation State Date Sig	ship to Enrollee Zip Code gned
No Yes (SECTION 3: AUT Name of Repres Address (No. and Representative S SECTION 4: To I Name of Agency	If Yes, have the representative (please posterior Apt. No. Bignature	representative RING REPRES print) the AGENCY	complete and sign Section 3. SENTATIVE INFORMATION Representative Telephone N City Involved in the action bein	o. Relation State Date Sig	ship to Enrollee Zip Code gned

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

Exhibit C

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 -833-877 0870 (رقم هاتف الصم والبكم:-711 TTY).
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)	رەھتىكى: كى ئېسلانى چە ھەدىھىلەنى لۆكە ئەلەتتىك، ھى بلانى دەخلىلەنى بىلجارى دەنتىكى دەنتىكى دەنتىكى دەنتىكى (TTY) 837-838-8778
Vietnamese	CHỦ 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 (телетайл 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.

Exhibit D



Customer Services Complaint Form



(Customer Service-Grievance or Local Appeal)

*		-		
Inst	771	C1	100	18

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1 Saginaw County Community Mental Health Authority 500 Hancock

	500 Hancock Saginaw, MI 486		
Complainant's Name	Consu	mer's Name (if different from complainant)	
Complainant's Address	What	What Department does this involve?	
	Phone	Number	
Describe what happened:			
Do you have any recommendation	me on how to recolve this or	omnlaint?	
- Do you have any recommendant	als of flow to resolve this co	ompiant:	
Complainant's Signature	Date	Name of Person Assisting Complainant	
complained of signature	Juic	Traine of terror training Companies	
w	For Office Use On		
Date received:	Receiv	Received by:	
Complaint Number:	Catego	Category:	

Policy and Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject : Customer Service	Chapter: 02 -	Subject No : 02.01.11.01			
Grievance	Customer Services &				
	Recipient Rights				
Effective Date:	Date of Review/Revision:	Approved By:			
1/31/06	11/13/05, 2/9/09, 6/29/09,	Sandra M. Lindsey, CEO			
	5/14/12, 7/22/13, 6/22/14,				
	9/22/14, 6/7/18, 2/11/20,				
	2/9/21, 6/10/22				
	Supersedes:	Responsible Director:			
		Tim Ninemire, Director of			
		Customer Services,			
•		Recipient Rights, &			
		Security			
SAGINAW COUNTY		Authored By:			
COMMUNITY MENTAL HEALTH AUTHORITY		Tim Ninemire			
		Additional Reviewers:			
		None			

The purpose of this policy is to establish guidelines to allow consumers access to a local grievance process for issues that are not "actions."

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide maximum protection of consumer rights. SCCMHA will provide information to consumers in relation to grievance procedures and time frames for filing and when they can expect a decision relating to a Customer Service Grievance.

Application:

This policy applies to SCCMHA and the provider network.

Standards:

Consumers receiving services from SCCMHA and the provider network will be provided the following information:

- ➤ The right for consumers to file a Customer Service Grievance
- ➤ Requirements and time frames to file a Customer Service Grievance
- ➤ Availability of assistance in filing a Customer Service Grievance
- > Toll free number the consumers may use to file a Customer Service Grievance
- The right to file a Customer Service Grievance orally or in writing

All Customer Service Grievances will be logged into the Appeal/Grievance database.

The staff making the determination on the Customer Service Grievance will not be involved in the original review or decision-making process and have the authority to require Corrective Action.

Customer Service will report Customer Service Grievances to the Compliance and Policy Committee and the information will be forwarded on to the Quality Governance Committee.

An acknowledgement letter accepting the Customer Service Grievance will be sent to the consumer within ten (10) business days.

The staff person completing the work on the Customer Service Grievance will have the clinical experience necessary to make decisions regarding clinical issues. Grievances best suited for a different person to decide other than the Supervisor of Customer Service/Recipient Rights Office will be forwarded to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer. The determination of which individual will receive the Grievance will be based on which department and their staff was involved in the original decision or issue.

The Customer Service Grievance will be resolved within 90 calendar days of receipt and a written notice of disposition will be sent to the consumer, guardian, or parent of a minor or his or her legal representative. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.

Customer Service Grievances not completed within 90 days will constitute an action and gives access to the Medicaid Fair Hearings process for Medicaid beneficiaries.

A Customer Service Grievance may be filed by a consumer, guardian, or a parent of a minor child or his or her legal representative, or by a member of the SCCMHA Provider Network.

The date of the receipt of the Grievance will be recorded as the earliest date when SCCMHA became aware of the request for a Grievance.

The notice of disposition must include (Medicaid beneficiaries only):

- ➤ The result of the Customer Service Grievance process
- ➤ The date the Customer Service Grievance was concluded
- ➤ The right of the person filing the Customer Service Grievance to request a Medicaid Fair Hearing if the notice of disposition is more than 90 days of receipt
- ➤ How to access the fair hearing process if the notice of disposition is more than 90 days from receipt

Consumers without Medicaid insurance who disagree with the disposition of the Customer Service Grievance will be informed of their right to request an Alternative Dispute Resolution Process through Michigan Department of Health and Human Services (MDHHS) and will be given assistance with this process upon request. The mailing address for this process will be included in the letter of disposition. The mailing address is:

ATTN: Request for MDHHS Level Dispute Resolution Lewis Cass Building, 5th Floor 320 South Walnut Lansing, MI 48913

SCCMHA will offer a main toll-free number for anyone to call for any reason.

The SCCMHA toll-free phone number and the Michigan Relay Service phone number will be published in regularly viewed documents within the Saginaw community, on magnets, and published in Customer Service Handbooks produced by SCCMHA.

For Grievances where the complaint is better suited for a Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator. However, the complaint may be completed through both processes.

Customer Service staff, Appeals Coordinator, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Grievance.

Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Grievance process by contacting the Supervisor of the Customer Service/Recipient Rights Office. Any information obtained from the Provider Network regarding satisfaction with the process will be shared with the Quality Governance Committee.

Definitions:

Action: A decision by SCCMHA to reduce, suspend, or terminate services currently being provided to a consumer receiving services from SCCMHA.

Customer Service Grievance: A process set up to allow consumers of SCCMHA services to file a complaint due to a dissatisfaction with services not relating to an action taken by SCCMHA. This process meets all requirements of the federal and state regulations regarding grievances.

Michigan Relay Service: A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

References:

Grievance and Appeal Technical Requirement Prepaid Inpatient Health Plan (PIHP) Grievance System for Medicaid Beneficiaries.

42 CFR 438, Subpart F and 42 CFR 438.10(g)(1)

Exhibits:

Exhibit A - Customer Service Complaint Form (Customer Service-Grievance or Local Appeal)

Procedure:

ACTION RESPONSIBILITY 1) Customer Service Grievance is filed 1) Consumer, guardian, or parent of a with the Customer Service Office. minor child or his or her legal representative 2) Customer Service Grievance is 2) Supervisor of Customer logged into the Appeal and Service/Recipient Rights Office Grievance database. The log (CS/ORR) or designee includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed. 3) Acknowledgment Letter confirming 3) Supervisor of CS/ORR receipt of the Customer Service Grievance is sent to the person filing within ten (10) business days 4) Reviews all information and 4) Supervisor of CS/ORR interviews those necessary to make a determination 5) When it is determined a Grievance 5) Supervisor of CS/ORR is better suited to be reviewed through the Recipient Rights investigation, the complaint will be forwarded to a Recipient Rights Investigator. 6) When a Grievance is determined to 6) Supervisor of CS/ORR need a different reviewer due to clinical issues, the Grievance will be forwarded to the SCCMHA **Executive Director of Clinical** Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and

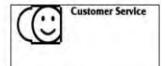
- Compliance Officer based on the standards above.
- 7) When a Grievance is referred to the SCCMHA Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer, the review of the Grievance will be completed, and the decision will be forwarded back to the Supervisor of Customer Service/Recipient Rights Office for the determination to be sent out to the person who filed the Grievance.
- 8) Provides notice of disposition to the person who filed the Customer Service Grievance within 90 days of receipt

7) Executive Director of Clinical Services and Programs, Chief of Health Services and Integrated Care, or the Chief Information Officer & Chief Quality and Compliance Officer

8) Supervisor of CS/ORR



Customer Services Complaint Form (Customer Service-Grievance or Local Appeal)



that SCCMHA must be incompliant we have developed a way to have y related to Saginaw County Commu- complaint verbally or in writing, an number below or send your question (989) 797-3452 or To	ce with as well. In a our concems heard a nity Mental Health A yone in Customer Se ns or complaints to t oll Free 1-800-258-		
Complainant's Name		Consumer's Name (if different from complainant)	
Complainant's Address		What Department does this involve?	
		Phone Number	
Do you have any recommendation	ons on how to resolve	this complaint?	
Do you have any recommendate	als on now to resorv	, and companie.	
Complainant's Signature	Date	Name of Person Assisting Complainant	
	For Office U	Se Only:	
Date received:		Received by:	
Complaint Number:	1	Category:	

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Local Appeal	Chapter: 02 -	Subject No : 02.01.11.02		
	Customer Services &			
	Recipient Rights			
Effective Date:	Effective Date: Date of Review/Revision:			
1/31/06	11/13/05, 1/12/07, 3/11/09,	Sandra M. Lindsey, CEO		
	6/29/09, 5/14/12, 7/22/13,	-		
	6/22/14, 9/22/14, 6/7/18,			
	2/11/20, 2/9/21, 6/10/22			
	Supersedes:	Responsible Director:		
	•	Tim Ninemire, Director of		
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Recipient Rights, &		
		Security		
		Authored By:		
		Tim Ninemire		
		Additional Reviewers:		
		None		

The purpose of this policy is to establish guidelines to allow consumers of Saginaw County Community Mental Health Authority (SCCMHA) access to a local appeal process for actions taken relating to their services.

Policy:

It is the policy of SCCMHA to provide maximum protection of consumer rights and to comply with state and federal guidelines. This local appeal process is in place to fulfil this obligation regarding all consumers of SCCMHA services.

Application:

This policy applies to SCCMHA and the provider network.

Standards:

Federal regulations require that Medicaid beneficiaries have access to a local appeal process of actions taken by SCCMHA relating to services being provided.

State regulations require that all consumers served by SCCMHA have access to a local process for resolving disputes of services.

Consumers of SCCMHA services have 60 calendar days from the date of the notice of action to request a local appeal.

Local appeals may be accepted orally or in writing.

Local appeals must be regarding an "Action" such as termination of services, reduction of services, authorizing a service in an amount less than requested, not initiating services within 14 days as agreed to in the Person-Centered Plan, etc.

The date of the receipt of the Local Appeal will be recorded as the earliest date when SCCMHA became aware of the request for an appeal.

Consumers filing a local appeal will be sent a letter acknowledging the receipt of the appeal within ten (10) business days unless an expedited resolution is requested.

If a Medicaid beneficiary requests the local appeal or their representative requests a local appeal no more than 10 calendar days from the date of the notice of action and request services be continued, and the authorization for the services through the Person-Centered Plan has not run out, SCCMHA will reinstate the Medicaid services until the disposition of the appeal.

SCCMHA Customer Service will give consumers any assistance necessary for them to file the local appeal, including arranging interpreter services if necessary and toll-free numbers that have adequate Michigan Relay Service and interpreter capability.

Customer Service staff, Appeals Coordinator, Fair Hearing Officer, and the Office of Recipient Rights coordinates as necessary to provide the best resolution for the consumer filing the Appeal.

Local appeals information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.

Members of the SCCMHA Provider Network are encouraged to share their satisfaction or dissatisfaction with the Local Appeal process by contacting the Supervisor of the Customer Service/Recipient Rights Office. Any information obtained from the Provider Network regarding satisfaction with the process will be shared with the Quality Governance Committee.

The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.

The individual making the decisions on the local appeal will have appropriate clinical experience in treating the consumer's condition or disease when the appeal is of a denial based on lack of medical necessity or involves other clinical issues.

When SCCMHA makes a denial of services, the consumer or the consumer representative and the provider will be sent an Adverse Benefit Determination Notice for the denied services.

Local Appeals regarding termination of Autism Services when annual Re-Evaluations are completed will be resolved by having a Second Re-Evaluation completed by a clinician with appropriate credentials

- ➤ The Local Appeal will use the results from that evaluation for the opinion of the Local Appeal
- As long as the appeal is received within 60 days of the Adverse Benefit Determination Notice, a Second Re-Evaluation will be completed

The consumer or their representative will be provided with:

- > Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing
- > Opportunity, before and during the appeal process, to examine the consumer's case file, including medical records and any other documents or records considered during the appeal process.
- ➤ Information regarding the right to a fair hearing (Medicaid beneficiaries only and only after a local appeal has been completed) and the process to be used to request the Medicaid Fair Hearing

Standard resolution of a local appeal must be completed within 30 calendar days or within 72 hours for an expedited resolution.

The notice of disposition to the consumer or their representative will be made in writing. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.

Every effort will be made to provide oral notice of an expedited appeal.

The notice of disposition must include an explanation of the results of the resolution and the date it was completed.

When the appeal is not resolved in favor of the consumer, the notice of disposition must include (<u>Medicaid beneficiaries only</u>):

- ➤ The right to request a Medicaid Fair Hearing, and how to do so
- ➤ The right to request to receive benefits while the Medicaid Fair Hearing is pending, if requested within 10 calendar days of the mailing of the notice of disposition, and how to make the request
- ➤ That the consumer may be held liable for the cost of the benefits if the hearing decision upholds the previous decision

Consumers without Medicaid insurance who disagree with the disposition of the local appeal will be informed of their right to request an Alternative Dispute Resolution Process through Michigan Department of Health and Human Services (MDHHS) and will be given assistance with this process upon request. The mailing address for this process will be included in the letter of disposition. The mailing address is:

ATTN: Request for MDHHS Level Dispute Resolution Lewis Cass Building, 5th Floor 320 South Walnut Lansing, MI 48913

Definitions:

Action: A decision that adversely impacts a consumer's claim for services.

Expedited Resolution: SCCMHA must resolve the appeal and provide notice of disposition to the effected parties no longer than 72 hours after the request for an expedited resolution. An expedited resolution is required when SCCMHA determines (for a request from the consumer) or the provider indicates (in making the request on behalf of or in support of the consumer's request) that taking the time for a standard resolution could seriously jeopardize the consumer's life or health or ability to attain, maintain or regain maximum function.

- > SCCMHA may extend the notice of disposition timeframe by up to 14 calendar days if the beneficiary requests an extension, or if SCCMHA show to the satisfaction of the state that there is a need for additional information and how the delay is in the consumer's best interest.
- > If SCCMHA denies a request for an expedited resolution of an appeal, they must:
 - Transfer the appeal to the timeframe for standard resolution or no longer than 30 calendar days from the date the appeal is received
 - Make reasonable efforts to give the consumer prompt oral notice of the denial
 - Give the consumer follow up written notice within 2 calendar days

MDHHS Alternative Dispute Resolution Process is described as follows:

- ➤ MDHHS shall review all requests within 2 business days of receipt
- ➤ If the MDHHS representative, using a "reasonable person" standard believes that the denial, suspension, termination, or reduction of services and/or supports will pose an immediate and adverse impact upon the individual's health and safety, the issue is referred within 1 business day to the Community Services Division within Mental Health and Substance Abuse Services for contractual action consistent with Section 8.0 of the MDHHS /CMHSP contract.
- In all other cases, the **MDHHS** representative shall attempt to resolve the issue with the individual and the CMHSP within 15 business days. The recommendations of the **MDHHS** representative are non-binding in those cases where the decision poses no immediate impact to the health and safety of the individual

Michigan Relay Service: A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

Standard Resolution: SCCMHA must resolve the appeal and provide notice of disposition to the effected parties as expeditiously as the consumer's health requires, but not to exceed 30 calendar days from the day the appeal is received.

References:

Grievance and Appeal Technical Requirement Prepaid Inpatient Health Plan (PIHP) Grievance System for Medicaid Beneficiaries

Exhibits:

Exhibit A - Customer Services Complaint Form (Customer Service Complaint-Grievance or Local Appeal)

Procedure:

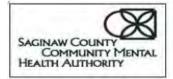
ACTION RESPONSIBILITY

- 1) Local appeal request is filed with the Customer Service Office
- 2) The local appeal is logged into the Appeals and Grievance database when received. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed.
- 3) An acknowledgement letter is sent to the consumer and/or their representative letting them know the appeal has been received within ten (10) business days
- 4) If an expedited resolution is requested, the consumer or their representative will be notified of approval or disapproval of the request orally and in writing within two calendar days
- 5) If the appeal is requested within 10 calendar days from the date of the notice of action and the consumer or their representative requests services be continued, Medicaid services will be reinstated (Medicaid beneficiaries only)
- 6) Information is gathered and reviewed and necessary interviews are conducted
- 7) Appeal meeting is scheduled with the consumer and/or their representative and necessary clinical staff and the Director

- 1) Consumer or their representative
- Supervisor of Customer Service/Recipient Rights Office (CS/ORR) or designee
- 3) Supervisor of CS/ORR or designee
- 4) Supervisor of CS/ORR
- 5) Supervisor of CS/ORR in cooperation with the Director overseeing the services
- 6) Supervisor of CS/ORR
- 7) Supervisor of CS/ORR or designee

- responsible for the services to meet the time frame for standard or expedited appeals
- 8) Time before the hearing will be scheduled for the consumer and/or their representative to review all the relevant information if requested by the consumer
- 9) Appeal meeting is held to review all relevant information, consumer and/or their representative will present any relevant information in addition to the information brought by SCCMHA
- 10) Notice of disposition is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal, 72 hours days if expedited resolution has been accepted (time frame for expedited resolution may be extended up to 14 days if the specific standards listed above are met.)

- 8) Supervisor of CS/ORR or designee
- 9) Supervisor of CS/ORR, Director overseeing services, other relevant clinical staff
- 10) Supervisor of CS/ORR



Customer Services Complaint Form



(Customer Service-Grievance or Local Appeal)

		-		
Inst	TT.	ıct	101	18:

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1 Saginaw County Community Mental Health Authority 500 Hancock Saginaw, MI 48602

Complainant's Name | Consumer's Name (if different from complainant) |

Complainant's Address | What Department does this involve? |

Phone Number |

Describe what happened: | Do you have any recommendations on how to resolve this complaint? |

Complainant's Signature | Date | Name of Person Assisting Complainant |

For Office Use Only:		
Date received:	Received by:	
Complaint Number:	Category:	

Policy and Procedure Manual				
Saginaw Cou	Saginaw County Community Mental Health Authority			
Subject: Limited English	Chapter: 02 - Customer	Subject No : 02.01.13		
Proficiency	Services & Recipient Rights			
Effective Date :	Date of Review/Revision:	Approved By:		
10/21/08	6/17/12, 6/22/14, 12/8/16,	Sandra M. Lindsey, CEO		
	5/28/18, 3/12/19, 2/11/20,	-		
	2/9/21, 6/10/22			
	Supersedes:			
	•	Responsible Director:		
		Tim Ninemire, Director of		
		Customer Services,		
		Recipient Rights, &		
SAGINAW CO		Security		
COMMU HEALTH AUT	INITY MENTAL			
TIEALITY	HORIT	Authored By:		
		Tim Ninemire		
		Additional Reviewers:		
		None		

Purpose:

The purpose of this policy is to ensure consumers of Saginaw County Community Mental Health Authority (SCCMHA) have access to program information and services although they may be limited in their English language proficiency. SCCMHA is committed to this plan as the appropriate response to meeting the needs of the consumers we serve.

Policy:

It is the policy of SCCMHA to provide for effective communication between consumers with Limited English Proficiency (LEP) and SCCMHA staff by making appropriate language assistance services available when consumers need these services. This policy was developed to service SCCMHA consumers, prospective consumers, their family members, or other eligible members of Saginaw County (hereafter called "consumers") who do not speak, read, write, or understand English or who do so on a limited basis.

Application:

All SCCMHA Programs and Network Providers.

Standards:

- 1) The policy of SCCMHA regarding LEP will be consistent with federal requirements.
- 2) All agencies that receive federal financial assistance from the U.S. Department of Health and Human Services (HHS) must take adequate steps to ensure that persons with limited English proficiency receive the language assistance necessary to allow meaningful access to services, free of charge.

- 3) No person will be denied access to SCCMHA program information or programs because he/she does not speak English or communicates in English on a limited basis.
- 4) SCCMHA staff will initiate an offer for language assistance to consumers who have difficulty communicating in English.
- 5) SCCMHA will provide consumers with difficulty communicating in English with meaningful access to programs and services in a timely manner and at no cost to the consumer.
- 6) Free interpretation and/or translation service is provided in a language the person considered to have LEP understands, in a way that preserves confidentiality, and in a timely manner.
- 7) SCCMHA will provide effective services to persons with LEP, by using competent interpreters.
- 8) Persons used to provide interpretation will be required to be certified by the State of Michigan to provide the interpretation. Proof of this certification will be verified by providing a copy of their certification upon providing this service to any consumers of SCCMHA services.
- 9) SCCMHA Customer Service Unit will request additional translation service or interpretation services contracts through the Network Services and Public Policy Unit if necessary to meet the current need for services for consumers served in Saginaw County.
- 10) SCCMHA provides access for people who are deaf or hard of hearing to communicate with SCCMHA using the Michigan Relay Service. Information related to the Michigan Relay Service (711) will be published in the SCCMHA Customer Service Handbook.
- 11) Major SCCMHA publications are translated into Spanish.
- 12) Interpretation for languages other than English may be provided by phone when a live interpreter is not available. This service is provided to consumers of SCCMHA using the agency Language Line.

Definitions:

• Effective Communication: In a human service setting, effective communication occurs when provider staff have taken the necessary steps to make sure that a person with LEP is given adequate information to understand the services and benefits available and receives the benefits for which he/she is eligible. Effective communication also means that a person with limited

- English proficiency can communicate the relevant circumstances of his/her situation to the provider.
- **Interpretation:** Interpretation means the oral or spoken transfer of a message from one language into another language.
- Limited English Proficiency (LEP): A person with limited English proficiency or "LEP" is not able to speak, read or understand the English language well enough to allow him/her to interact effectively with health and social service or other providers.
- Meaningful Access: Meaningful access to programs and services is the standard of access required of federally funded entities to comply with Title VI's language access requirements. To ensure meaningful access for people with limited English proficiency, service providers must make available to consumers/recipients' free language assistance that result in accurate and effective communication.
- Michigan Relay Service A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.
- Office for Civil Rights (OCR): The Office for Civil Rights is the civil rights enforcement agency of the U.S. Department of Health and Human Services. OCR Region V is the regional office that enforces Title VI in Michigan for health and human services agencies/providers.
- **Principal Languages:** Principal languages refer to the languages other than English that are most spoken by SCCMHA consumers. Currently there is 1 in Saginaw County: Spanish.
- **Translation:** Translation means the written transfer of a message from one language into another language.
- Competent Interpreter: Interpreters that have demonstrated proficiency in both English and the intended language; training that includes the skills and ethics of interpreting (e.g., issues of confidentiality); fundamental knowledge in both languages of any specialized terms or concepts; and sensitivity to the consumer's culture.

References:

- Title VI of the Civil Rights Act of 1964, 42 U.S.C. §2000 et seq.; 45 CFR §80, Nondiscrimination Under Programs Receiving Federal Financial Assistance through the U.S Department of Health and Human Services Effectuation of Title VI of the Civil Rights Act of 1964
- Office for Civil Rights Policy Guidance, 65 Fed. Reg. 52762 (2000),
 Department of health and Human Services, Office for Civil Rights, Policy
 Guidance on the Prohibitions Against National Origin Discrimination as It Affects
 Persons with Limited English Proficiency (August 30, 2000); OCR Website:
 www.hhs.gov/ocr/lep/

- Department of Justice Regulation, 28 CFR §42.405(d)(1), Department of Justice, Coordination for Enforcement of Non-discrimination in Federally Assisted Programs, Requirements for Translation
- Bilingual Requirements in the Food Stamp Program, 7 CFR §272.4 U.S. Department of Agriculture, Food and Consumer Service

Exhibits:

None

ACTION	RESPONSIBILITY
1) Persons receiving services from SCCMHA or the SCCMHA Provider Network will be assessed for their ability to communicate by English at the time of their intake.	Central Access and Intake (CAI) Staff
2) Enter into the Sentri record under Demographics the individual consumer's Primary Language.	2) Central Access and Intake (CAI) Staff
3) Those persons identified to have LEP will be provided an interpreter and information translated into their language free of charge.	3) Support Coordinator, Client Service Manager or Therapist with assistance from the SCCMHA Customer Service Unit

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject : Transportation to	Chapter: 02 – Customer	Subject No : 02.01.16	
SCCMHA Appointments –	and Member Services		
Taxi Cab Voucher			
Effective Date:	Date of Review/Revision:	Approved By:	
4/1/14	12/1/17, 5/28/18, 3/12/19,	Sandra M. Lindsey, CEO	
	11/15/19, 2/11/20, 2/9/21,		
	6/10/22		
	Supersedes:		
		Responsible Director:	
		Tim Ninemire, Director of	
		Customer Services,	
2.7.7.1.1.2.		Recipient Rights, &	
SAGINAW CO		Security	
HEALTH AU	INITY MENTAL THORITY		
		Authored By:	
		Tim Ninemire	
		None	

Purpose:

The purpose of this policy is to assist people served by the Saginaw County Community Mental Health Authority (SCCMHA) Provider Network in obtaining transportation to SCCMHA or other mental health related appointments.

Application:

This policy applies to the SCCMHA Provider Network.

Policy:

It is the policy of SCCMHA to assist people receiving services through the SCCMHA Provider Network in obtaining transportation to and from SCCMHA and related mental health appointments.

Standards:

(Standards # 1-4 are directly from the Michigan Medicaid Provider Manual – Chapter: Behavioral Health and Intellectual and Developmental Disability Supports and Services; Section: # 3.27 – Transportation; Page: # 22)

1) Pre-Paid Inpatient Health Plans (PIHPs) and hence Community Mental Health Service Providers (CMHSPs) are responsible for transportation to and from the beneficiary's place of residence when provided so a beneficiary may participate in a state plan, Habilitation Support Waiver (HSW) or additional/B3 service at an approved day program site or in a clubhouse psychosocial rehabilitation program.

- 2) Medicaid Health Plans (MHPs) are responsible for assuring their enrollees' transportation to the primary health care services provided by the MHPs, and to (non-mental health) specialists and out-of-state medical providers.
- 3) Michigan Department of Health and Human Services (MDHHS) is responsible for assuring transportation to medical appointments for Medicaid beneficiaries not enrolled in MHPs; and to dental, substance abuse, and mental health services (except those noted above and in the HSW program described in the Habilitation Supports Waiver for Persons with Developmental Disabilities Section of this chapter) for all Medicaid beneficiaries. (Refer to the local MDHHS office or MHP for additional information, and to the Ambulance Chapter of this manual for information on medical emergency transportation.)
- 4) PIHP's payment for transportation should be authorized only after it is determined that it is not otherwise available (e.g., MDHHS, MHP, volunteer, family member), and for the least expensive available means suitable to the beneficiary's need.
- 5) Minors will be accompanied by an adult when transported by any of the SCCMHA contracted Taxicab Companies. Transitional Age Youth may be an exception as they may not have an adult to accompany them.
- 6) It is the requestor's responsibility to determine whether other less expensive means of transportation are available before requesting a Taxi Cab be provided by SCCMHA.
- 7) Incomplete Taxi Cab Vouchers will be returned to the Requestor to finalize request.
- 8) Natural Supports will be pursued to assist with transportation needs.
- 9) SCCMHA pays for transportation by taxicab for the following SCCMHA services:
 - 1) Orientation Appointment
 - 2) SCCMHA Provider Network Health Care Appointment (Psychiatrist / RN)
 - 3) Court / Circuit Court / Family Court / District Court
 - 4) Hospital Admission
 - 5) Hospital Discharge
 - 6) Therapy Appointment (Ind / Group / Family)
 - 7) Return to Residence from SCCMHA
 - 8) Other
- 10) Transportation to groups such as the Consumer Leadership Group are not paid for by SCCMHA as the Stipend paid for participation is expected to cover the transportation costs.
- 11) SCCMHA does not pay for transportation to medical appointments <u>for physical</u> health care when it is the responsibility of the MHP or MDHHS.

- 12) SCCMHA may pay for transportation to Case Management appointments in the office (Only approved on a limited basis when specifically requested by the consumer and this choice is documented in the IPOS). SCCMHA requires Case Management/Support Coordination to visit consumers in their home settings, generally at a minimum of once a month to help ensure welfare and well-being oversight.
- 13) There may be <u>exceptions</u> to the transportation to non-SCCMHA appointments when requested by any SCCMHA provider network clinical team supervisor and they may request approval by the Supervisor of the Customer Service/Office of Recipient Rights for the following appointments:
 - a) Medical appointments for consumers with Fee for Service Medicaid
 - b) SSA Hearing to gain or remain with benefits
 - c) Selective urgent medical situations:
 - I) For a same day appointment with a person's primary care physician or an Urgent Care visit (Purpose: to avoid Emergency Room (ER))
 - a) Consumers with Great Lakes Bay Health Center (GLBHC) as their primary care provider should arrange transportation with GLBHC
 - i) SCCMHA would transport in instances where a patient of GLBHC cannot be transported for a same day appointment by GLBHC
 - II) For transport to ER for a non-acute emergency when a primary care physician does not offer a same day appointment (Purpose: to avoid an ambulance transport)
 - III) For medical conditions that are evaluated by a primary care physician, urgent care facility or ER where a prescription is written that needs to be filled and taken after the visit. (Purpose: need to begin taking a medication immediately)
- 14) For an acute medical situation call for an ambulance, do not call and/or wait for a cab.
- 15) After Hours Taxicab Vouchers are requested and approved by Crisis Intervention Services staff.
- 16) SCCMHA provides front door screening for SUD services. SCCMHA may provide non-urgent transportation to service sites. This requires an SCCMHA Administrative sign off.
- 17) Licensed Residential Adult Foster Care (AFC) Homes are responsible for providing transportation to medical appointments (site AFC Licensing Rules).
- 18) Using the SCCMHA Taxicab Voucher process requires Transportation to be addressed in the Individual Plan of Service, including other resources attempted to be used as this is a last resort for transportation according to the Michigan Medicaid Provider Manual.

19) Failure to accept a ride (no show) when a Taxicab is arranged for an SCCMHA Network appointment will be dealt with on an individual basis. This may include the Support Coordinator or Case Manager checking on the individual and reviewing their plan to make adjustments to the individual needs.

Definitions:

Prepaid Inpatient Health Plan (PIHP): a term contained in federal regulations from the Centers for Medicare & Medicaid Services. It means an entity that 1) provides medical services to enrollees under contract with the state Medicaid agency on the basis of prepaid capitation payments, 2) includes responsibility for arranging inpatient hospital care, and 3) does not have a comprehensive risk contract.

Requestor: SCCMHA Provider Network Staff requesting a Taxicab be used for transporting to and/or from an SCCMHA Provider Network appointment.

References:

Michigan Medicaid Provider Manual Standard 3.27 – Transportation

Exhibits:

Exhibit A - Taxi Cab Voucher, updated 11/30/17

Procedure:

ACTION

- 1) Schedule SCCMHA or related mental health appointment
- 2) Check Individual Plan of Service (IPOS) to ensure Transportation is addressed in the plan
- 3) Complete Taxicab Voucher, ensuring all required fields (hilighted in yellow on electronic form) are completed
- 4) Fax a completed copy of the Taxicab Voucher form to the Taxicab Vendor as listed on the voucher
- 5) Fax or send by mail/inter-office mail a copy of the Taxicab Voucher to the SCCMHA

RESPONSIBILITY

- 1) Support Coordinator, Case Manager, or administrative personnel (Requestor)
- 2) Support Coordinator, Case Manager, or administrative personnel (Requestor)
- 3) Support Coordinator, Case Manager, or administrative personnel (Requestor)
- 4) Support Coordinator, Case Manager, or administrative personnel (Requestor)
- 5) Support Coordinator, Case Manager, or administrative personnel (Requestor)

- Customer Service Office at 500 Hancock (Fax-797-3595)
- 6) Mark one of the boxes (1-8) to indicate the reason for the requested transport
- 6) Support Coordinator, Case Manager, or administrative personnel (Requestor)



"YOU MUST SUBMIT VOUCHERS TO THE COMPANY IN THE ORDER THEY APPEAR BELOW Revised September, 2019

Transportation Provider Name	Contact Info	Hours of Operation	Transportation Details:	"X" for company responding
STARS Rides to Wellness 615 Johnson St. Saginaw, MI 48601	Phone: (989)-907-4005 or (989)-907-4006 Fax: (989) 907-4004 Fax only 1st page	Monday-Friday 8a-6pm	Non-Emergency Transport; 30-minute response time for scheduled requests. Wheelchair lifts available. Will accommodate 8AM pick-ups and 5PM drop-offs	
Custom Transport 1466 Glendale Ave. Saginaw, MI 48603	Phone: (989) 284-4484 Fax: (989) 790-0240 Fax only 1st page	Monday-Saturday 6am-8pm and by appointment	Non-Emergency Transport; prefers scheduling 1 day/24 hours in advance. No wheelchair lift vehicle.	
HÖLT Transport 3075 Boardwalk Dr. Saginaw, MI 48603	Phone: (989) 860-1004 Fax: (989) 791-2473 Fax only 1st page	Monday-Saturday 8am-8pm and by appointment	Non-Emergency Transport; 30-minute response time for unscheduled requests. Wheelchair lifts available.	
Send all vouchers (Page 1 only) to Customer Service and the Taxi Cab Company, including any corrections.	Please ensure all areas of the voucher are completed and legible	Check only one box (1-8) at the bottom of the page	Fax copy to SCCMHA Customer Service Fax: (989) 797-3595 Phone: (989) 797-3452 Or send Inter-Office Mail – DO NOT place in recipient record	*Please Print all information below

Recipient Name:	# of persons to	be transported:	Sentri ID	0#			
Pick up date:	Pick up time:	If round trip, return time:	F	Recipient DOB: _			
Pick up location:	Pick up addres	ss: Recipient o	contact #:				
Destination location:	Destination ad	dress: Business U	Jnit:				
Requested by:	Phone #	Faxed by:	Date:				
ACCOMMODATIONS	s Is the client able to	travel to/from their appoint	ment indepe	endently? YE	S NO		
If no, please explain a	ssistance needed or c	heck boxes that apply belo	ow:				
□ Van □ Car □ N	Male Driver 🔲 Femal	e Driver 🔲 Hard of Hear	ing 🔲 Visu	ally Impaired 🔲	Service Animal		
Oxygen Tank	Cane Crutches	Scooter Wheelchair	r Lift If yes, w	vhat size is needed	Standard	XL	
Child Seat_If yes, #	of seats?	Booster Seat If yes, #	of seats?				
MIIST DE COMPLE	TED BY DECLIEST	OD (SEE INSTRUCTIO	NS ON PA	CE 2): 1 🗐 2		5 M 6 M 7 M	100

Transportation Matrix for Local Medicaid Health Plan

Medicaid Health Plan Name	Contact Number For Transportation	Transportation Availability
United Healthcare Community Plan of Michigan	1-800-903-5253 Advanced notice needed: 4 calendar days	 Transportation is available for all non-emergency medical appointments, including dental Mileage reimbursement is available with 2 days notice
Meridian Health Plan of Michigan	1-888-437-0606 1-800-821-9369 Advance notice needed: 3 business days	 Transportation is available for non-emergent scheduled medical appointments except dental. Mileage reimbursement is available.
McLaren Health Plan	1-888-327-0671 Option # 1 Days required in advance: 24 hours — Local OR 72 hours for long rides: ex: Ann Arbor	 Consumers calling for a ride need to tell the Customer Service Representative they are arranging transportation for the first time Mileage reimbursement is available as long as McLaren is made aware of the appointment before the appointment occurs
Molina Healthcare of Michigan	1-888-898-7969 Days required in advance: 3 business day notice M-F 8a-5p	 Transportation is available for most medical appointments except dental Mileage reimbursement is available as long as Molina is made aware of the appointment before the appointment occurs
Great Lakes Bay Health Centers (GLBHC)	(989) 755-2053 Days required in advance: 5 days in advance	Only available for GLBHC appointments

Instructions for Completion of Taxi Cab Voucher

- a. Submit all requests for services to the company in the order they appear, 1) STARS 2) Custom Transport 3) HOLT Transport
- Call the Taxi Cab Company if you have some special instructions or circumstances, like having multiple children to be transported, or multiple adults and children, etc.
- c. Fax ONLY page 1 to the Transportation Company DO NOT Fax page 2 to the Transportation Company
- d. Fax copy of page 1 to SCCMHA/CS at (989)797-3595 or send copy of page 1 Inter-Office mail
- e. The Taxi Cab Voucher DOES NOT need to be sent to Medical Records
- f. The BOX on page 1 labeled "Must be Completed by Requestor" is used for tracking the reason for transportation and should be completed by the person requesting transportation, please check only 1 box
 - 1. Intake or Orientation Appointment
 - 2. SCCMHA Provider Network Health Care Appointment (Psychiatrist / RN)
 - 3. Court / Circuit Court / Family Court / District Court
 - 4. Hospital Admission
 - 5. Hospital Discharge
 - 6. Therapy Appointment (Ind / Group / Family)
 - 7. Return to Residence from SCCMHA Provider Network
 - 8. Other

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Housing Local	Chapter: 02 -	Subject No : 02.01.17	
Appeal	Customer Services &		
	Recipient Rights		
Effective Date :	Date of Review/Revision:	Approved By:	
7/14/20	2/9/21, 6/10/22	Sandra M. Lindsey, CEO	
	Supersedes:		
	_		
		Responsible Director:	
SAGINAW COUNTY		Tim Ninemire, Director of	
COMM	UNITY MENTAL	Customer Services,	
HEALTH AU	THORITY	Recipient Rights, &	
		Security	
		Authored By:	
		Tim Ninemire	
		None	

Purpose:

The purpose of this policy is to establish guidelines to allow consumers of the Saginaw County Community Mental Health Authority (SCCMHA) Housing Resource Center (HRC) access to a local appeal process for actions taken relating to their housing services.

Policy:

It is the policy of SCCMHA to provide maximum protection of consumer rights and to comply with state and federal guidelines. This local housing appeal process is in place to fulfill this obligation regarding consumers of SCCMHA housing services.

Application:

This policy applies to SCCMHA Housing Resource Center and Customer Service Unit.

Standards:

- 1) State and Federal regulations require that HRC beneficiaries have access to a housing local appeal process of actions taken by SCCMHA Housing Resource Center relating to services being provided.
- 2) When violations are evident to HRC or land lord, notice will be sent with a requirement to correct the violations within 30 days, or the termination process will begin.
- 3) Consumers of SCCMHA housing services have 30 calendar days from the date of the notice of action to request a housing local appeal.

- 4) Housing Local Appeals (HLA) must be received in writing.
- 5) HLAs must be regarding an "Action" such as a reduction, or termination of housing services.
- 6) The date of the receipt of the HLA will be recorded when the request has been received in writing.
- 7) Consumers filing an HLA will be sent a letter acknowledging the receipt of the appeal within ten (10) business days.
- 8) SCCMHA Customer Service will give consumers any assistance necessary for them to file the HLA, including arranging interpreter services if necessary and toll-free numbers that have adequate Michigan Relay Service and interpreter capability.
- 9) HLA information will be tracked and reported to the Compliance and Policy Committee and forwarded to the Quality Governance Committee.
- 10) The person responsible in the previous level review or decision making will not be involved in making the decision of the local appeal.
- 11) The individual making the decisions on the HLA will be the same staff completing other Local Appeals.
- 12) When the SCCMHA HRC decides to terminate services, the consumer or the consumer representative will receive a Notice.
- 13) The consumer or their representative will be provided with:
 - a) Reasonable opportunity to present evidence and allegations of fact or law in person as well as in writing
 - b) Opportunity, before and during the appeal process, to examine information being considered during the appeal process.
- 14) Standard resolution of a local appeal must be completed within 30 calendar days.
- 15) The Final Letter to the consumer or their representative will be written. The date on the Final Letter sent to the consumer or their representative is the Resolution Date unless otherwise noted.
- 16) The Final Letter will include the final decision and the process used to reach this decision.
- 17) The Final Letter must include an explanation of the results of the resolution and the date it was completed.

Definitions:

Action: A decision that adversely impacts a consumer's claim for services.

Michigan Relay Service: A communications system that allows hearing persons and persons who are deaf, hard of hearing, or speech-impaired to communicate by telephone.

References:

Code of Federal Regulations (CFR) 578.91 Termination of Assistance to Program Participants

Exhibits:

Exhibit A - Customer Services Complaint Form (Customer Service Complaint-Grievance or Local Appeal)

Exhibit B – Housing Resource Center (HRC) Letter

Procedure:

ACTION RESPONSIBILITY

- 1) HLA request is filed with the Customer Service Office in writing
- 2) The HLA is logged into a separate log than other SCCMHA Local Appeals. The log includes the Fiscal Year, Date Received, Complaint Number, Provider Name, Description of Appeal Type, Timely Resolution (Yes or No), Category, Number of Days to Complete, and the Date Completed.
- 3) An acknowledgement letter is sent to the consumer and/or their representative letting them know the appeal has been received within ten (10) business days
- 4) Information is gathered and reviewed and necessary interviews are conducted
- 5) Appeal meeting may be scheduled with the consumer and/or their representative and necessary clinical staff and the Supervisor or Director responsible for the services to meet the time frame for standard

- 1) Consumer or their representative
- 2) Supervisor of the Customer Service/Recipient Rights Office (CS/ORR)
- 3) Supervisor of the CS/ORR
- 4) Supervisor of CS/ORR
- 5) Supervisor of the CS/ORR

- 6) Appeal meeting may be held to review all relevant information, consumer and/or their representative will present any relevant information in addition to the information brought by SCCMHA
- 7) The Final Letter is sent to the consumer and/or their representative within 30 calendar days of the receipt of the appeal
- 6) Supervisor of CS/ORR, Director overseeing services, other relevant clinical staff
- 7) Supervisor of CS/ORR



Customer Services Complaint Form



Customer Service

(Customer Service-Grievance or Local Appeal)

Instructions:

Our goal is to provide the best service to the consumers we serve. There are some state and federal regulations that SCCMHA must be incompliance with as well. In an effort to provide better service for all those we serve, we have developed a way to have your concerns heard and dealt with. If you have a complaint about anything related to Saginaw County Community Mental Health Authority, please let us know. We can receive your complaint verbally or in writing, anyone in Customer Services will be happy to help you. Please call the number below or send your questions or complaints to the Customer Services department at the address below.

(989) 797-3452 or Toll Free 1-800-258-8678 or Michigan Relay Service 7-1-1 or 1-800-649-3777

Saginaw County Community Mental Health Authority

		ancock MI 48602
Complainant's Name		Consumer's Name (if different from complainant)
Complainant's Address	SS What Department does this involve?	
	Phone Number	
Describe what happened:		
Do you have any recommendations	on how to	resolve this complaint?
Complainant's Signature	Date	Name of Person Assisting Complainant
	For Office	e Use Only:
Date received:		Received by:
Complaint Number:		Category:



Housing Participant 1234 Anywhere Lane Saginaw, MI 48601 April 10, 2019

Dear (Housing Participant),

This letter serves as an official notification that your participation in the Shelter Plus Care housing Program through Saginaw County Community Mental Health will end effective as of April 30, 2019.

After your lease was not renewed you moved out and are currently residing with a family or friend. You have until April 30th to identify a possible rental and have the inspection scheduled or you will be terminated from the grant. The Department of Housing and Urban Development (HUD) has set forth guidelines in the McKinney-Vento Homeless Assistance Act of 1987, which state that the Head of Household must meet certain qualifications. The qualifications are that the person be homeless under the HUD definition and have a serious mental illness; and/or chronic substance abuse problems; and/or AIDS or its related diseases.

Enclosed is a contract termination notice that was sent to your Landlord. If you do not agree with this action, you have the right to request an informal review within ten (10) days of the date on this letter. The way to request an informal review is to contact Timothy Ninemire, Director of Customer Service at (989)797-3428 or contact me at my office at: (989) 498-2263; or to submit a request in writing by mailing that request to the address listed below. I am able to make referrals for you to other agencies in Saginaw County. If you would like assistance with that, please contact me. I wish you the best for the future.

Sincerely,

Rollin Archangeli, HRC Supervisor SCCMHA 500 Hancock Saginaw, MI 48602

500 HANCOCK ST ' SAGINAW, MI "48602-4292" PHONE (989) 797-3527' FAX (989) 797-3522

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Recipient Rights	Chapter: 02 -	Subject No: 02.02.01		
 Complaint and Appeal 	Customer Service and			
Process	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
September 8, 1987	2/19/03, 4/21/06, 7/25/07,	Sandra M. Lindsey, CEO		
	1/25/08, 6/29/09, 6/22/12,	-		
	6/13/14, 11/27/16, 6/1/18,			
	1/17/19, 2/11/20, 3/9/21,			
	5/10/22	Responsible Director:		
	Supercedes:	Tim Ninemire, Director of		
	06.02.00.00, 02.02.02,	Customer Services &		
	02.02.13 and 02.02.15	Recipient Rights		
2.7.4		Authored By:		
SAGINAW C	Tim Ninemire			
COMM Health Au				
		Additional Reviewers:		
		None		

Purpose:

The purpose of this policy is to ensure the rights of consumers of Public Mental Health Services are protected according to P.A. 258, 1974, and the Michigan Mental Health Code, Chapters 7 and 7A.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to protect the rights of consumers of mental health services, in addition to the rights, benefits, and privileges guaranteed by other provisions of the law, the Constitution of 1963, and the Constitution of the United States. The SCCMHA Recipient Rights Office shall provide a system for determining whether in fact violations have occurred, and shall ensure that firm and fair disciplinary and appropriate remedial action is taken in the event of a violation. SCCMHA intends to protect the rights of all people served and to have a process in place for complainants (listed on a Recipient Rights Complaints), consumers, the parent of a minor consumer, or the consumer's guardian; if any, to appeal decisions made by the SCCMHA Office of Recipient Rights (ORR), they disagree with.

Application:

This Policy applies to the Recipient Rights Office of Saginaw County Community Mental Health Authority (SCCMHA) to protect the Rights of consumers receiving public mental health services from SCCMHA and it's Network Providers. The Substance Use Disorder Coordinating Agency is responsible for developing policies specific to the Public Health Code related to Recipient Rights.

Standards:

- A1) The Your Rights booklet, a summary of rights, will be placed in all Orientation Folders given to SCCMHA consumers during the intake process.
- A2) Recipient Rights information will be explained to all SCCMHA consumers in an understandable manner during the intake process. If alternative methods, such as an interpreter for a different language is needed, documentation of the alternative methods as well as the interpreter's name used will be documented in the clinical record.
- A3) The SCCMHA Recipient Rights Office assures that consumers, parents of minors, guardians, and others have ready access to Recipient Rights Complaint Forms.
- A4) Each Recipient Rights Complaint is recorded upon receipt in the SCCMHA Recipient Rights Complaint Module of sentri II (database designed for the tracking of complaints).
- A5) Rights complaints filed by consumers or anyone on their behalf will be provided to SCCMHA ORR in a timely manner.
- A6) Acknowledgment of the complaint (recording) is sent along with a copy of the complaint to complainant within 5 business days.
- A7) The SCCMHA ORR notifies the complainant within 5 business days after the receipt of the complaint if it was determined that no investigation of the complaint was warranted.
- A8) The SCCMHA ORR offers assistance to any consumer or other individual with the complaint process as necessary.
- A9) The SCCMHA ORR advises consumers or other individuals that there are advocacy organizations available to assist in preparation of a written rights complaint and offers to make the referral.
- A10) In the absence of assistance from an advocacy organization, the SCCMHA ORR will assist in preparing a written complaint which contained a statement of the allegation, the right allegedly violated, and the outcome desired by the complainant.
- A11) If a rights complaint had been filed regarding the conduct of the Chief Executive Officer, the rights investigation will be conducted by the ORR of another CMHSP or by the MDHHS ORR as determined by the SCCMHA Board of Directors.
- A12) Investigations will be immediately initiated in cases involving alleged abuse, neglect, serious injury, or death of a consumer when a rights violation was apparent or suspected.

- A13) The SCCMHA ORR initiates investigations of apparent or suspected rights violations in a timely and efficient manner.
- A14) The SCCMHA ORR issues a written status report every 30 calendar days during the course of the investigation to the complainant, respondent and the responsible mental health agency (RMHA) and that the Status Report will contain the following:
 - a) Statement of the allegations
 - b) Citations
 - c) Statement of the issues
 - d) Investigative progress to date and
 - e) Expected date of completion
- A15) The SCCMHA ORR will complete investigations no later than 90 calendar days following the receipt of all complaints, unless awaiting action by external agencies (MDHHS, law enforcement, etc.).
- A16) The SCCMHA ORR will conduct investigations in a manner that does not violate the rights of any employee.
- A17) Investigation activities for each rights complaint will be accurately recorded by the SCCMHA ORR in sentri II.
- A18) The SCCMHA ORR uses a preponderance of the evidence as its standard of proof in determining whether a right was violated.
- A19) Upon completion of the investigation, the SCCMHA ORR will submit a written investigative report to the respondent and to the Chief Executive Officer of SCCMHA. (Issuance of the written investigative report may be delayed pending completion of investigations that involve external agencies).
- A20) The written investigative report will include all of the following:
 - a) Statement of the allegations
 - b) Citations to relevant provisions of the law, rules, policies and guidelines
 - c) Statement of the issues involved
 - d) Investigative findings
 - e) Conclusions
 - f) Recommendations, if any
- A21) On substantiated rights violations, the RMHA and/or respondent will take appropriate remedial action that meet all of the following requirements:
 - a) Corrects or provides remedy for the rights violation
 - b) Is implemented in a timely manner
 - c) Attempts to prevent a recurrence of the rights violation
- A22) The remedial action taken on substantiated violations is documented and made part of the record maintained by the SCCMHA ORR.

- A23) The RMHA (Chief Executive Officer) will submit a written summary report to the complainant and the consumer, if different than the complainant, parent or guardian, within 10 business days after the Chief Executive Officer receives a copy of the investigative report (RIF) from the SCCMHA ORR.
- A24) The written summary report will contain all of the following:
 - a) Statement of the allegations
 - b) Citations to relevant provisions of the law rules, policies and guidelines
 - c) Statement of the issues involved
 - d) Summary of investigative findings of the SCCMHA ORR
 - e) Conclusions of the SCCMHA ORR
 - f) Recommendations made by the SCCMHA ORR, if any
 - g) Action taken, or plan of action proposed, by the respondent
 - h) A statement describing the complainants right to appeal, time frame, the grounds for making the appeal, and the process for filing an appeal.
- A25) SCCMHA and each service provider ensured that appropriate disciplinary action is taken against those who have engaged in abuse or neglect or retaliation and harassment.
- A26) Information in the summary report will provide within the constraints of the confidentiality/privileged communications sections (1748, 1750) of the Mental Health Code.
- A27) The SCCMHA ORR will ensure that information in the summary report will not violate the rights of any employee (ex. Bullard-Plawecki Employee Right to Know Act, (Act 397 of the Public Acts of 1978).
- A28) When either SCCMHA or a service provider personnel fail to report suspected violations of rights, appropriate administrative action will be taken.
- A29) If the summary report contains a plan of action the director must send a letter indicating when the action was completed.
- A30) If the letter indicating the plan of action describes an action that differs from the plan, the letter must indicate that an appeal may be made within 45 days of an "action".
- A31) The SCCMHA Board of Directors will appoint an Appeals Committee consisting of 7 individuals, or designate the Recipient Rights Advisory Committee (RRAC) as the appeals committee. A committee designated separately from the RRAC will have at least 3 members from the RRAC, at least two members of the CMHSP Board and at least two primary consumers. Members can represent more than one of these categories. None of the members shall be employed by SCCMHA or MDHHS.

- A32) The appeals committee may request consultation and technical assistance from MDHHS ORR.
- A33) A member of the appeals committee who has a personal or professional relationship with an individual involved in the appeal will abstain from participating in that appeal as a member of the committee.
- A34) The complainant, consumer (if different than the complainant), guardian or parent of a minor, in the summary report from the Chief Executive Officer, will be informed of the following: An appeal may be filed no later than 45 days after receipt of the summary report.
- A35) The grounds for the appeal are:
 - a) The investigative findings of the rights office are not consistent with the facts, law, rules, policies or guidelines.
 - b) The action taken or plan of action proposed by the respondent does not provide an adequate remedy.
 - c) An investigation was not initiated or completed on a timely basis.
- A36) The SCCMHA ORR will advise the complainant that there are advocacy organizations available to assist in preparing the written appeal and will offer to make the referral.
- A37) In the absence of assistance from an advocacy organization, the SCCMHA ORR will assist the complainant in meeting the procedural requirements of a written appeal.
- A38) Within 5 business days after receipt of a written appeal, 2 members of the Appeals committee will review the appeal to determine whether the appeal meets the required criteria listed in A35.
- A39) The results of the review will be provided, in writing, to the appellant, within 5 business days.
- A40) If the appeal was accepted, a copy of the appeal will be provided to the respondent and SCCMHA within 5 business days.
- A41a) Within 30 days after the written appeal was received, the Appeals Committee will meet and review the facts as stated in all complaint investigation documents.
- A41b) The Appeals Committee will do one of the following in deciding upon an appeal:
 - a) Uphold the findings of the rights office and the action taken or plan of action proposed by the respondent
 - b) Return the investigation to the rights office with a request that it be reopened or reinvestigated

- c) Uphold the investigative findings of the rights office but recommend that the respondent take additional or different action to remedy the violation
- d) Recommend that the SCCMHA Board of Directors request an external investigation by MDHHS ORR.
- A42) The Appeals Committee will document its decision and justification for the decision in writing.
- A43) Within 10 days after reaching its decision, the Appeals Committee will provide copies of the decision to the respondent, appellant, consumer (if different than the appellant), consumer's guardian if one has been appointed, SCCMHA, and the SCCMHA ORR.
- A44) Copies of the Appeals Committee decision will include a statement of the appellant's right to appeal to MDHHS (Level 2), the time frame for appeal (45 days from the receipt of the decision) and the grounds (reason) for the appeal (investigative findings of the rights office are inconsistent with the law facts, rules, policies or guidelines).
- A45) If an investigation is returned to the Licensed Private Hospitals (LPH) by an appeals committee for reinvestigation, the office will complete the reinvestigation within 45 days following the standards established in 330.1778.
- A46) If an investigation is returned to the LPH by an appeals committee for reinvestigation, upon receipt of the RIF, the director will take the appropriate remedial action and will submit a written summary report to the complainant, consumer, if different than the complainant, parent or guardian, and the appeals committee within 10 business days.
- A47) If a request for additional or different action is sent to the Director, a response will be sent within 30 days as to the action taken or justification as to why it was not taken. The response will be sent to the complainant, consumer, if different than the complainant, parent or guardian, and the appeals committee.
- A48) If the committee notifies the LPH or CMH Board chair of a recommendation to seek an external investigation from MDHHS ORR, the board will send a letter of request to the director of MDHHS ORR within 5 business days of receipt of the request from the appeals committee. The director of the CMH or LPH making the request will be responsible for the issuance of the summary report, which will identify the grounds and advocacy information as in A32-A34 of this document and MDHHS ORR Appeal Committee as the committee for any Appeal.
- A49) It is the standard of this agency that all services are available to all individuals regardless of any disability, race, color, ethnicity, national origin, religion, gender identity status, veteran status, age, sex, sexual orientation, or any other characteristic

protected by law. This agency will provide services in accessible locations. Any individual who alleges a violation of section 504 and grievances related to the Americans with Disability Act may file a complaint with the SCCMHA Rights Office.

- A50) The Recipient Rights Officer and Advisor will have unimpeded access to all SCCMHA programs as well as all SCCMHA Network Provider locations, all staff employed by or under contract, and all evidence necessary to conduct a thorough investigation or to fulfill its monitoring function.
- A51) The SCCMHA ORR will maintain a neutral stance on all complaints until which time the investigative findings reveal the facts about the complaint.
- A52) The SCCMHA Board shall empower the Recipient Rights Office with authority to intervene as necessary to protect consumer rights within the SCCMHA system.
- A53) The Supervisor and Director of the Customer Service/Recipient Rights Office (Recipient Rights Officer) will refrain from completing investigations in order to keep a clear distinction between the Recipient Rights and the Customer Service responsibilities, as required by state and federal regulations. The exception to this standard will be in the case when the Recipient Rights Advisor is not available to initiate the investigation. In cases when the Recipient Rights Advisor is not available, the Supervisor or Director of the Customer Service/Recipient Rights Office (Recipient Rights Officer) will initiate the investigation and turn the complaint over to the Advisor as soon as possible.
- A54) The Chief Executive Officer shall ensure adequate Recipient Rights coverage. In the absence of both the Recipient Rights Officer and the Rights Advisor, the Chief Executive Officer shall appoint a designee with non-clinical responsibilities to receive and initiate investigation of alleged consumer rights violations.
- A55) To maintain the confidentiality of the Recipient Rights process, the offices of the Recipient Rights Officer and the Recipient Rights Advisors will be kept locked when not occupied and only SCCMHA ORR staff will have electronic access and keys assigned to them to enter these offices.
- A56) A consumer rights complaint may be written or verbal or based on a determination that an incident report represents an alleged violation of the Michigan Mental Health Code.
- A57) All rights complainants, rights staff, and other advocates shall not be harassed or retaliated against due to the investigation or determination of a rights complaint. Any actions construed to be harassment or retaliation shall be reported immediately to the Chief Executive Officer, and appropriate disciplinary action shall be taken.

Definitions:

Code Protected Right: A right as defined by the Michigan Mental Health Code.

sentri II Recipient Rights Complaint Module: The database designed for the tracking of complaints.

Preponderence of Evidence: Black's Law Dictionary (Sixth Edition) defines a preponderance of the evidence as: "Evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it...Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence, which does not necessarily mean the greater number of witnesses, but the opportunity for knowledge, information possessed, and manner of testifying determines the weight of testimony."

Recipient Rights Complaint: An allegation that a Code Protected Right has been violated.

References:

Michigan Administrative Rules 7035

Michigan Administrative Rules AR 7011;

American Disabilities Act

Bullard Plewicki Act

Job Descriptions of the Recipient Rights Officer and the Recipient Rights Advisor

MDHHS/CMH Contract Attachment C6.3.2.4

Michigan Mental Health Code 330.1152;

Michigan Mental Health Code 330.1706

Michigan Mental Health Code 330.1722;

Michigan Mental Health Code 330.1755;

Michigan Mental Health Code 330.1774;

Michigan Mental Health Code 330.1776;

Michigan Mental Health Code 330.1778;

Michigan Mental Health Code 330.1780;

Michigan Mental Health Code 330.1782;

Michigan Mental Health Code 330.1784;

Michigan Mental Health Code 330.1786;

SCCMHA Policy 02.01.13 Limited English Proficiency

Exhibits:

None

Procedure:

ACTIONS	RESPONSIBLE
General Recipient Rights	
1) Rights of consumers receiving mental health services will be protected.	1) Recipient Rights Officer

- 2) Consumers, parents of minors, and guradians or other legal representatives will have access to Recipient Rights Booklets titled "Your Rights", which summarizes Chapter 7 & 7A of the Mental Health Code. The receipt shall be documented in the case record. The consumer rights system shall be verbally explained. If the consumer or guardian is unable to read or understand the material or is considered to have Limited English Proficiency, every effort shall be made to assist in that explanation, and will be noted in the case record.
- 2) Supports Coordinator, Case Manager, or Primary Therapist.

- 3) The name, address, and phone number of the Rights Officer or Advisor shall be conspicuously posted at all SCCMHA service sites including the SCCMHA contracted Provider Network.
- 3) Recipient Rights Office
- 4) All incident reports will be reviewed to determine if they involve possible rights violations.
- 4) Recipient Rights Advisor
- 5) When an allegation is outside of the agency jurisdiction, the complainant or consumer will be informed of how to contact the appropriate agency.
- 5) Recipient Rights Officer or Advisor
- 6) Records of investigating alleged violations are maintained independent of client case records, and subject to all applicable confidentiality safeguards. All investigative documents and evidence shall be secured.
- 6) Recipient Rights Officer or Advisor
- All SCCMHA sites and the Provider Network service sites where the SCCMHA has responsibilty to provide direct services will be visited on an annual basis.
- 7) Recipient Rights Officer
- 8) All individuals employed by SCCMHA or the Provider Network of SCCMHA shall receive training related to consumers rights protection before or within 30 days after being employed and annually thereafter.
- 8) Recipient Rights Office staff or Auditors from Network Services and Public Policy
- 9) Recipient Rights policies of SCCMHA will be followed by all SCCMHA programs as well as the SCCMHA contracted Provider Network.
- 9) Recipient Rights Officer

- 10) The Recipient Rights Officer or Advisor shall attend the Behavior Treatment Committee meetings, Continous Quality Improvement meetings, Management Team meetings, Board meetings, and individual case meetings when rights related matters are discussed.
- 10) Recipient Rights Officer or designee
- 11) Both staff and consumers are aware of their due process rights, specifically:
- 11) Recipient Rights Officer or Advisor
- a) The nature of the complaint / investigation.
- b) The opportunity to provide evidence on their behalf.
- 12) Recipient Rights Officer
- 12) The Office of Recipient Rights shall act as a consultant to the Chief Executive Officer and staff to assure compliance in rights manners.
- 13) SCCMHA Board
- 13) A Recipient Rights Advisory Committee that meets regularly to review aggregate data and information from Recipient Rights investigations will be established in accordance with Michigan Mental Health Code Section 330.1757.
- 14) Recipient Rights Officer
- 14) The Recipient Rights Office will complete regular reports (at least quarterly) to present to the Recipient Rights Advisory Committee. These reports will be an aggregate review of the investigations completed by the Recipient Rights Office.
- 15) Chief Executive Officer
- 15) An annual budget that assures adequate provision of consumer rights services to SCCMHA consumers will be reviewed and approved annually by Recipient Rights Advisory Committee.
- 16) Chief Executive Officer
- 16) Submit to the board of the SCCMHA & Michigan Department of Health and Human Services an annual and semi-annual report prepared by the Recipient Rights Office on the current status of recipient rights and a review of the operations of the Recipient Rights Office.

Complaint Process

- 17) Complaints received or initiated by the SCCMHA ORR will be logged into the sentri II Recipient Rights Complaint Module upon receipt.
- 18) When a complaint is received from the Customer Service Office, the complaints will be recorded in the sentri II database, and indicate in the database the complaint is a referral from Customer Service staff.
- 19) Assist in the filing of a rights complaint when requested and/or file a rights complaint when they are aware of a violation of a consumer's rights.
- 20) Assist in filling out Recipient Rights complaint forms and turning them over to the Recipient Rights Office for investigation.
- 21) Complaints will be investigated in a fair and timely manner (timely as defined by the Michigan Mental Health Code requires that investigations be completed within 90 days of receipt of a complaint) by the Recipient Rights Officer or Advisor. There may be an exception to this time frame for the reason of waiting for an external investigative process such as through MDHHS, law enforcement, or other appropriate external agency.
- 22) The office shall issue a written status report every 30-calendar days during the course of the investigation.
- 23) Complaints brought to the Recipient Rights Office that are not investigated due to being out of the jurisdiction of the Recipient Rights Office or determined not to be a Code Protected Right will be documented in accordance to Chapter 7A.
- 24) An independent determination will be completed as to whether each allegation is substantiated or not substantiated and recommend to the Chief Executive Officer appropriate remedial action when an allegation is substantiated. The preponderance of evidence standard shall be used in making this determination.

- 17) Recipient Rights Advisor
- 18) Recipient Rights Advisor
- 19) Recipient Rights Officer
- 20) Customer Service staff
- 21) Recipient Rights Advisor

- 22) Recipient Rights Advisor
- 23) Recipient Rights Advisor
- 24) Recipient Rights Officer

- 25) A report of Investigative Findings will be completed and sent to the appropriate parties with a decision to substantiate or not substantiate the alleged violation.
- 26) Upon the receipt of the Investigative Findings Report, a summary report will be sent to the complainant within 10 days.
- 27) Appropriate remedial action will be taken when a complaint is substantiated. The action will be implemented in a timely manner and recorded in the sentri II database.
 - a) If the Summary report contains a plan of action to be completed in the future, the CMHSP executive director shall assure that the complainant, consumer if different that the complainant, his/her legal guardian, if any, and the office are provided written notice of the completion of the plan.
 - b) The notice shall include specific information as to the action that was taken and the date that it occurred, if it is different than that proposed.
 - c) The complainant, consumer if different that the complainant and his/her legal guardian, shall have 45 days from the mailing date of the notice to appeal.
 - d) The Appeal may be sent to the Appeals Committee on the grounds of inadequate action taken to remedy a rights violations.
- 28) Written consent will be obtained from the consumer or guardian when the complainant is not the consumer or guardian, prior to disclosure of confidential information.
- 29) When an Investigative Summary includes information involving disciplinary action to a SCCMHA employee or an employee of a SCCMHA contracted Provider Network, Human Resources, or the contracted agency will be notified so that they may notify the employee the information is being sent to a third party in accordance to the Bullard Plewicki Act.

- 25) Recipient Rights Advisor
- 26) Chief Executive Officer
- 27) Recipient Rights Advisor

- 28) Recipient Rights Officer or Advisor
- 29) Recipient Rights Officer or Advisor

Appeal Process

- 30) In the summary report from the Chief Executive Officer, the complainant listed on Recipient Rights Complaint, consumer, the parent of a minor consumer, or the consumer's guardian; if any shall be informed of their right to appeal based on Standard A34) and A35) listed in the Standards section above.
- 30) Chief Executive Officer

- 31) Within 5 business days after receipt of a written appeal, 2 members of the Recipient Rights Appeals Committee shall review the appeal to determine whether it meets the criteria for an appeal.
- 31) Recipient Rights
 Appeals Committee
- 32) The appellant will be notified in writing within 7 business days of the decision of the Recipient Rights Appeals Committee, as to whether or not the appeal will be reviewed.
- 32) Recipient Rights
 Appeals Committee
- 33) Within 30 days after receipt of an accepted written appeal, the appeals committee shall meet and review the facts as stated in all complaint investigation documents; and shall make a decision based on Standard A40)(a)-(d) in the Standards Section above.
- 33) Recipient Rights
 Appeals Committee

- 34) Any member of the Recipient Rights Appeal Committee who has a personal or professional relationship with an individual involved in an appeal, shall abstain from participating in that appeal as a member of the committee.
- 34) Recipient Rights
 Appeals Committee
 Members
- 35) The Recipient Rights Appeals Committee shall document its decision in writing, within 10 working days after reaching its decision.
- 35) Recipient Rights
 Appeals Committee
- 36) The committee shall provide copies of the decision to the respondent, SCCMHA, and the appellant or the consumer, parent of a minor consumer, or the guardian of a consumer; if any, if different from the apellant, and the Rights Office.
- 36) Recipient Rights Appeals Committee
- 37) Included in this written decision shall be described, the appellant's right to a second level appeal to Michigan Department of Health and
- 37) Recipient Rights
 Appeals Committee

Human Services (MDHHS) – State Office of Administrative Hearings and Rules based on Standard A44 in the Standards Section above.

- 38) If the Recipient Rights Appeals Committee directs the Office of Recipient Rights to reopen or reinvestigate the complaint, the Office shall submit another investigative report in compliance with MHC section: 778 (5), within 45 days of receiving the written decision of the Recipient Rights Appeals Committee. The 45 day time frame may be extended to, no longer than 90 days by the Recipient Rights Appeals Committee upon showing good cause by the Office.
- 39) Within ten days of receipt of the investigative report, the Chief Executive Director must issue another summary report in compliance with MHC section: 1782. The summary report shall be submitted to the appellant, complainant, consumer, recipiemt's legal guardian; if any, parent of a minor consumer, the Recipient Rights Office, and the Appeals Committee.
 - a) In the event that the investigative findings of the Office remain the same as those originally appealed, the appellant, complainant, consumer, consumer's legal guardian, or parent of a minor consumer may file a second level appeal to MDHHS
 - b) The summary report shall contain information regarding the right to further appeal, the time frame for appeal, and the ground for appeal.
 - c) The summary report shall also advise of advocacy organizations available to assist in filing a written appeal, or offer the assistance of the Office in the absence of assistance form an advocacy organization.
 - d) In the event that the Appeals
 Committee upholds the findings of the
 Office and directs the respondent to
 take additional action, that direction
 shall be based upon the fact that
 appropriate remedial action was not

38) Recipient Rights Officer

39) Chief Executive Officer

taken in compliance with Michigan Mental Health Code section 330.1780.

- 40) Within 30 days of receipt of the determination by the Appeals Committee the respondent shall provide written notice that action has been taken, or justification as to why it has not. This written notice shall be sent to the appellant, consumer, consumer's guardian, parent of a minor consumer, SCCMHA, and the Office of Recipient Rights.
- 41) If the Appeals Committee and/or appellant, consumer, consumer's guardian, or parent of a minor consumer determines that the action taken by the respondent is still inadequate, the appellant, consumer, consumer's guardian, or parent of a minor consumer shall be informed of his or her right to file a complaint against the SCCMHA Executive Director for violation of Michigan Mental Health Code section 330.1755 (3), (b).

40) Respondent

41) Appellant

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Recipient Rights	Chapter: 02 -	Subject No: 02.02.05	
Confidentiality	Customer Service and		
	Recipient Rights		
Effective Date:	Date of Review/Revision:	Approved By:	
March 7, 2000	3/19/03, 1/25/08, 6/29/09,	Sandra M. Lindsey, CEO	
	2/22/10, 6/22/12, 6/13/14,		
	11/27/16, 6/6/18, 1/8/19,		
	2/21/20, 2/9/21, 5/10/22		
	Supersedes:	Responsible Director:	
	06.02.04.00	Tim Ninemire, Director of	
	•	Customer Services &	
		Recipient Rights	
SAGINAW COUNTY		Authored By:	
Community Mental Health Authority		Tim Ninemire	
TIEALIH /\u	HIONIT		
		Additional Reviewers:	
		None	

Purpose:

The purpose of this Policy is to protect the information in the record of a consumer, and other information acquired in the course of providing public mental health services to a consumer.

Policy:

Information obtained through the course of public mental health treatment shall be kept confidential unless the consumer has signed an Authorization to Release Medical Information or is otherwise specified by law.

Application:

This Policy applies to all Saginaw County Community Mental Health Authority (SCCMHA) direct operated programs as well as all SCCMHA Service Provider Network programs.

Standards:

- F1) As stated in the Policy Section, all information in the clinical record and other information obtained in the course of providing services is confidential.
- F2) A summary of the Michigan Mental Health Code section 330.1748 is made a part of every consumer record.
- F3) For case records made subsequent to March 28, 1996; information made confidential by Section 330.748 of the Michigan Mental Health Code, shall be disclosed to a

competent adult consumer upon the consumer's request. Release will be done as expeditiously as possible, but in no event, later than the earlier of 30 days of the request, or prior to release from treatment.

- F4) Except as otherwise provided in 1748 (4), if consent has been obtained from:
 - a) The consumer,
 - b) The consumer's guardian who has the authority to consent,
 - c) A parent with legal custody of a minor consumer, or
 - d) Court appointed personal representative or executor of the estate of a deceased consumer, information made confidential by 1748 may be disclosed to:
 - 1) a provider of mental health services to the consumer, or
 - 2) the consumer, his or her guardian, the parent of a minor, or another individual or agency unless, in the written judgement of the holder {of the record} the disclosure would be detrimental to the consumer or others.
- F5) When requested, information shall be disclosed only under one or more of the following circumstances:
 - a) Pursuant to order or subpoenas of a court of record or legislature for non-privileged information, unless the information is privileged by law
 - b) To a prosecuting attorney as necessary for the prosecutor to participate in a proceeding governed by Mental Health Code
 - c) To an attorney for the consumer with consent of the consumer, the consumer's guardian with authority to consent, or the parent with legal and physical custody of a minor consumer
 - d) To the Auditor General
 - e) When necessary in order to comply with another provision of the law
 - f) To MDHHS when information is necessary in order for the department to discharge a responsibility placed upon it by law
 - g) To a surviving spouse, or if none, closest relative of the in order to apply for and receive benefits, but only if the spouse or closest relative has been designated the personal representative or has a court order.
- F6) For requests made for confidential information by a person or agnecy not covered under 1748(4) the following steps will be followed.
 - a) The holder of the record shall not decline to disclose information if a consumer or other empowered representative has consented, except for a documented reason.
 - b) If a holder declines to disclose, there shall be a determination whether part of the information can be released without detriment.
 - c) Once the decision has been made to not release information based on deteriment, the CEO will review the information and determine if a part of the information requested may be released without detriment.
- F7) This review shall not exceed 3 business days if the record is on-site, or 10 business days if the record is off-site.

- F8) The requestor of the information may file a complaint with the SCCMHA ORR if he or she disagrees with the decision of the CEO.
- F9) This policy is established in accordance with the Michigan Department of Health and Human Services (MDHHS) ORR CMH Rights System Assessment Policy Review Standards.
- F10) Attorneys representing consumers may review records only upon presentation of identification and the consumer's consent or a release executed by the parent or guardian shall be permitted to review the record on the provider's premises.
- F11) An attorney who has been retained or appointed to represent a minor pursuant to an objection to hospitalization of a minor shall be allowed to review the records.
- F12) Attorneys who are not representing consumers may review records only if the attorney presents a certified copy of an order from a court directing disclosure of information concerning the consumer to the attorney.
- F13) Attorneys shall be refused information by phone or in writing without the consent or release from the consumer or the request is accompanied or preceded by a certified copy of an order from a court ordering disclosure of information to that attorney.
- F14) A private physician or psychologist appointed by the court, or retained for testimony in civil, criminal, or administrative proceedings shall, upon presentation of identification and a certified copy of a court order, be permitted to review the records of the consumer on SCCMHA premesis. Before the review, notification shall be provided to the reviewer and to the court if the records contain privileged communication which cannot be disclosed in court, unless disclosure is permitted because of an express waiver of privilege or because of other conditions that, by law permit or require disclosure.
- F15) A prosecutor may be given non-privileged information or privileged information which may be disclosed if it contains information relating to names of witnesses to acts which support the criteria for involuntary admission, information relevant to alternatives, to admission to a hospital or facility and other information designated in policies of SCCMHA.
- F16) Information shall be provided as necessary for treatment, coordination of care, or payment for the delivery of mental health services, in accordance with the health insurance portability and accountability act of 1996, Public Law 104-191.
- F17) The holder of a record may disclose information that enables a consumer to apply for or receive benefits without the consent of the consumer or legally authorized representative only if the benefits shall accrue to the provider or shall be subject to collection for liability for mental health service.

- F18) SCCMHA shall grant a representative of Disability Rights of Michigan access to the records of all of the following:
 - a) A consumer, if the consumer, the consumer's guardian with authority to consent, or a minor's parents with physical and legal custody of the consumer, have consented to the access
 - b) A consumer, including a consumer who has died, or whose whereabouts are unknown, if, all of the following apply:
 - i) Because of a mental or physical condition, the consumer is unable to consent to access
 - ii) The consumer does not have a guardian or other legal representative, or the consumer's guardian is the State
 - iii) Disability Rights of Michigan has received a complaint on behalf of the consumer, or has probable cause to believe, based on monitoring or other evidence, that the consumer has been subject to abuse or neglect
 - c) A consumer who has a guardian or other legal representative if all of the following apply:
 - i) A complaint has been received by the protection and advocacy system or there is probable cause to believe the health or safety of the consumer is in serious and immediate jeopardy
 - ii) Upon receipt of the name and address of the consumer's legal representative, Disability Rights of Michigan has contacted the representative and offered assistance in resolving the situation
 - iii) The representative has failed or refused to act on behalf of the consumer
- F19) The records, data, and knowledge collected for or by individuals or committees assigned a peer review function including the review function under section 143a (1) of the Mental Health Code are confidential, are used only for the purpose of peer review, are not public records, and are not subject to court subpoena.
- F20) SCCMHA, when authorized to release information for clinical purposes by the consumer, their guardian, or a parent of a minor, releases a copy of the entire medical and clinical record to the provider of mental health services.
- F21) Upon reciept of a written request from Department of Health and Human Services and/or Child Protective Services, every effort will be made to provide the requested records or information by the next business day. However, compliance with the request will not exceed 14 days from the receipt of the request.
- F22) A consumer, guardian, or parent of a minor consumer, after having gained access to treatment records, may challenge the accuracy, completeness, timeliness, or relevance of factual information in the consumer's record; the consumer or other empowered representative will be allowed to insert into the record a statement correcting or amending the information at issue; the statement will became part of the record.
- F23) A record is kept of disclosures including:

- a) Information released,
- b) To whom it is released,
- c) Purpose stated by person requesting the information,
- d) Statement indicating how disclosed information is germane to the state purpose,
- e) The part of law under which disclosure is made,
- f) Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released.
- F24) Any person receiving information made confidential by this policy shall disclose the information to others to the extent consistent with the authorized purpose for which the information was released. A record shall be kept of all disclosures including:
 - a) Information released
 - b) To whom it is released
 - c) Purpose stated by the person requesting the information
 - d) Statement indicating how disclosure information is germane to the stated purpose
 - e) The part of law by which disclosure is made
 - f) Statement that the persons receiving the disclosed information could only further disclose consistent with the authorized purpose for which it was released
- F25) Information may be disclosed at the discretion of the holder of the record:
 - a) As necessary for the purpose of, outside research, evaluation, accreditation, or statistical compilation, provided that the person who is the subject of the information be identified from the disclosed information, only when such identification is essential in order to achieve the purpose for which the information is sought or when preventing such identification would clearly be impractical. But, in no event when the subject of the information is likely to be harmed by such identification.
 - b) To providers of mental or other health services or a public agency when there is a compelling need for disclosure based upon a substantial probability of harm to the or other person.
- F26) Unless 330.748(4) applies, if a request for information has been delayed, the SCCMHA Chief Executive Officer (CEO) shall review the request.

Definitions:

Holder of the record: The agency given charge over a record which contains confidential information obtained through the course of mental health treatment.

References:

Mental Health Code: 330.1748 Mental Health Code: 330.1749 Mental Health Code: 330.1776 Administrative Rules: 330.7051

45 Code of Federal Regulations 164.502(g)(4)

Health insurance portability and accountability act of 1996

Public Law 104-19

Exhibits:

Exhibit A - Saginaw County Community Mental Health Authority Release of Information

Procedure:

ACTIONS RESPONSIBLE 1) Requests for information contained in 1) Persons requesting medical consumer medical records are directed to the records Medical Records Unit. 2) Any individual requesting medical records, 2) Medical Records staff including consumers, will be required to sign the appropriate release to receive the requested information. 3) Medical Records staff 3) Requests for medical records are processed in accordance with the Standards contained in this policy.



Authorization to Exchange PHI



	IDENTIFYING INFOR	RMATION	-	TANK T	
NAME Consumer W. Twelve	00	8/18/1989	AGE 30	CASE# 000000012	GENDER Female
ADDRESS Homeless, SAGINAW, MI 48605	0	0/10/1505	50	00000012	1 emale
Terebook but the terebook but the	DOCUMENT DA	ATE			
11/21/2019	1975 (1996) 60				
authorize SCCMHA to Receive the spec	AUTHORIZATI	200	zation/s) na	mod bolow	
additionize SociyinA to Receive the spec	ORGANIZATIO		zauori(s) na	med below	
SCCMHA	ORGANIZATIO	JN			
SCCMHA					
1040 Towerline Rd.					
SAGINAW, MI 48601 Phone: 989-797-3400					
Fax: 989-754-7829					
	INFORMATION TO BE MAD	DE AVAILAE	LE:		
☑ Entire Record	381017700197611978181818181818				
☐ Entire Record EXCEPT the following ty	pes of documents				
☐ Only these types of documents					
TIME FRAME OF RECORDS NEEDED					
I understand that this health information n substance abuse and that by signing this					abilities and/or
☐ Mental Health					
☐ Substance Abuse (including ald)	cohol / drug abuse)				
□ HIV					
RESTRICTIONS					
The information indicated will be disclosed unless there					
	E OR NEED FOR THE DISCLOSU	RE (CHECK	ALL THAT	APPLY)	
☐ Acquisition of Services or Benefits					
☐ Coordination Of Care					
□ Patient Request					
□ Other:					

02/21/2020



Page 1 of 2

- I understand there is a possibility the protected health information may be re-disclosed by the recipient of the information and will no longer be protected by the Privacy Rules.
- I understand that medical information may include mental health treatment records, substance abuse information, information about serious communicable diseases or infections including HIV/AIDS, ARC, Tuberculosis, Hepatitis B, and Venereal Disease as permitted by law.
- I understand that treatment, payment, enrollment or eligibility for services will not be conditioned upon the signing of this authorization
- I understand that this authorization will be honored unless revoked verbally or in writing. Revocation may be made at any time except to the extent that action has already been taken. To revoke an authorization, I need to notify the SCCMHA Medical Records Department.
- I understand that this authorization will expire (Select one**):

 - □ On the following date:
 - ☐ Upon the following specific event (describe):
 - **Note: If neither a specific date or a specific event is selected, this Authorization will automatically expire 60 days after discharge or one year from the date of authorization, whichever comes first.

Note to Recipient of Disclosed Mental Health Information: This disclosed information is protected by the Mental Health Code 330,1748. An individual receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

Note to Recipient of Disclosed Substance / Alcohol Abuse Information: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. (62 FR 21809, June 9, 1987; 52 FR 41997, Nov 2, 1987)

Lunderstand that my alcohol and/or drug treatment records are protected under Federal confidentiality rules (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1990 (HIPAA), and 45 CFR Parts 160 8.164. Information about my mental health status is confidential and is protected by the Michigan Mental Health Code PA 258 of 1974, section 78 (3), PA 488 of 1988, effective 3/30/1989-42 CFR 455, Part B. Information about my medical condition, including status of serious communicable disease or infections such as HIV and acquired immunodeficiency syndrome, is confidential and protected under the Michigan Public Health Code PA 368. This information cannot be disclosed without my written consent unless otherwise provided for in the regulations.

	SIGNATURES	= =
CONSUMER SIGNATURE	PRINTED NAME	DATE
PARENT/GUARDIAN/AUTHORIZED REPRESENTATIVE SIGNATURE	PRINTED NAME	DATE
too tesses	SGWSGWR00004732217	Page 2 of 2

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.06		
 Reporting Complaints 	Customer Services and			
and Alleged Violations	Recipient Rights			
Effective Date: 9/1/15	Date of Review/Revision : 11/27/16, 6/1/18, 1/8/19, 2/11/20, 2/9/21, 5/10/22	Approved By: Sandra M. Lindsey, CEO		
	Supersedes:	Responsible Director:		
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Tim Ninemire, Director of Customer Services & Recipient Rights		
		Authored By: Tim Ninemire		
		Additional Reviewers: None		

Purpose:

The purpose of this policy is to establish standards for the reporting of Recipient Rights Complaints and Alleged Violations to the Saginaw County Community Mental Health Authority (SCCMHA) Office Recipient Rights (ORR).

Policy:

It is the policy of SCCMHA to report Recipient Rights Complaints and Alleged Violations to the SCCMHA ORR.

Application:

This policy applies to all SCCMHA service sites within the Service Provider Network.

Standards:

- 1) Recipient Rights complaints and alleged violations occurring in the lives of consumers while receiving services from SCCMHA and the Provider Network will be reported to the SCCMHA ORR within 24 hours.
- 2) Recipient Rights complaints and alleged violations must be reported by the Recipient Rights Complaint form or by any other form or means of communication.
- 3) Incidents involving a death or significant physical or psychological injury or serious rights complaint should be immediately reported by phone to the SCCMHA ORR.
- 4) All individuals shall have unimpeded access to the SCCMHA ORR.
- 5) Staff are to directly report Abuse or Neglect or any potential Rights complaints to

the ORR and to any and all applicable agencies as required by law.

Definitions:

Staff: individuals working within the SCCMHA provider network. This includes paid staff, interns, volunteers, and Self Determination.

Complaints or Alleged Violations: A statement of the alleged right that may have been violated. The rights of the recipient as defined in the Michigan Mental Health Code. Such occurrences shall include but are not limited to:

- 1) Death (any death of a consumer of SCCMHA services, including a death occurring in a private residence)
- 2) Any injury of a consumer, explained or unexplained
- 3) Suspected abuse or neglect of a consumer
- 4) Suspected sexual abuse
- 5) Exploitation
- 6) Unreasonable Force
- 7) Medication Errors
- 8) Confidentiality
- 9) Dignity and Respect
- 10) Treatment suited to condition
- 11) Safe, Sanitary, Humane treatment environment
- 12) Personal property
- 13) Freedom of Movement
- 14) Communication by mail, phone, visits

References:

None

Exhibits:

Exhibit A - Recipient Rights Complaint Form

Procedure:

ACTION

- 1) Any time a complaint or alleged violation occurs it shall be reported to the Office of Recipient Rights within 24 hours.
 - A) Immediately report to the Recipient Rights Office by calling (989) 797-3462 or (989) 797-3583.
 - B) Forward completed Recipient Rights Complaint Form to SCCMHA ORR Recipient Rights Office by:
 - I) Fax to (989) 797-3595
 - II) Drop box located outside the 500 Hancock facility; or
 - III) Delivered to the Customer Service Office located in the 500 Hancock lobby

RESPONSIBILITY

1) Any individual working within the SCCMHA Provider Network with knowledge of a potential Rights violation

during regular business hours; Monday through Friday from 8:00 a.m. to 5:00 p.m.

Saginaw County Community Mental Health Authority Recipient Rights Complaint Form

Complaint Number	Category

Sag	fficer/Advisor will nmunity Mental Hoof Recipient Right 500 Hancock inaw, MI 48602	review the complaint and follow up ealth Authority s
Complainant's Name	Recipient's complainan	Name (if different from t)
Complainant's Address	Phone Num	ber
Where did the alleged violation happen?	When did it	happen? (Date & Time)
What right was violated?		
Describe what happened What do you want to have happen in order	er to correct the pro	blem?
Complainant's Signature	Date	Name of Person Assisting Complainant

Policy and Procedure Manual					
Saginaw Cou	Saginaw County Community Mental Health Authority				
Subject: Recipient Rights Chapter: 02 -		Subject No: 02.02.07			
 Services Suited to 	Customer Services &				
Condition	Recipient Rights				
Effective Date:	Date of Review/Revision:	Approved By:			
September 16, 1998	1/10/03, 4/27/06, 1/25/08,	Sandra M. Lindsey, CEO			
	6/29/09, 6/22/12, 6/13/14,				
	11/27/16, 6/1/18, 1/8/19,				
	2/11/20, 3/9/21, 5/10/22				
	Supersedes:	Responsible Director:			
	06.02.06.00, 06.02.06.01,	Tim Ninemire, Director of			
	06.02.08	Customer Services &			
		Recipient Rights			
SAGINAW COUNTY		Authored By:			
Community Mental Health Authority		Tim Ninemire			
I ILALIII AGI					
		Additional Reviewers:			
		None			

Purpose:

The purpose of this policy is to ensure consumers of mental health services receive appropriate/suitable services, in a suitable treatment environment, and in a suitable setting.

Policy:

It is the policy of SCCMHA that all consumers receiving mental health services from SCCMHA or the Service Provider Network have the right to receive services suited to their condition.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

- L1) SCCMHA will notify the applicant, their guardian, parent of a minor, or loco parentis that a second opinion to determine if the applicant has a serious mental illness, serious emotional disturbance, or a developmental disability, or is experiencing an emergency situation or urgent situation may be requested if denied services.
- L2) SCCMHA ensures a person-centered planning process is used to develop a written Individual Plan of Service (IPOS) in partnership with the consumer.
- L3) The IPOS will include an assessment of the consumer's need for food, shelter, clothing, health care, employment opportunities where appropriate, educational opportunities where appropriate, legal services and recreation.

- L4 The IPOS will identify any restrictions or limitations of the consumer's rights and will include documentation describing attempts to avoid such restrictions as well as what action will be taken as part of the plan to ameliorate or eliminate the need for the restrictions in the future.
- L5) Restrictions, limitations or any intrusive behavior treatment techniques are reviewed by a formally constituted committee of mental health professionals with specific knowledge, training and expertise in applied behavioral analysis.
- L6) The justification for the exclusion of individuals chosen by the consumer to participate in the IPOS process will be documented in the case record.
- L7) SCCMHA and/or the service provider will ensure a consumer is given a choice of the physician or mental health professional within the limits of available staff. If the decision under this policy is to deny a change in mental health professional, the consumer may have the decision reconsidered six months after the decision has been made. The only acceptable reason a consumer will be denied a request for a change of physician or other mental health professional will be:
 - a) Clinical reason why the change should not be made, this decision can only be made by the Clinical Risk Management Committee
 - b) If there is not an available alternative, documentation as to the reason no alternative is available will be required
 - c) If services received by a recipient are in a specialty category, SCCMHA will not be required to offer a choice of a mental health professional that is not already trained in the specialty area
- L8) SCCMHA will ensure a consumer may request a second opinion, if the pre-admission screening unit (Crisis Intervention Services) denied hospitalization and that:
 - a) The Chief Executive Officer arranges the second opinion to be performed within 3 days; excluding Sundays and holidays
 - b) The Chief Executive Officer in conjunction with the Medical Director reviews the second opinion if this differs from the opinion of Crisis Intervention Services
 - c) The Chief Executive Officer's decision to uphold or reject the findings of the second opinion is confirmed in writing to the requestor; this writing contains the signatures of the Chief Executive Officer and Medical Director or verification that the decision was made in conjunction with the Medical Director
- L9) For consumers needing a Behavior Treatment Plan, a comprehensive assessment/analysis of a consumer's challenging behaviors will be conducted prior to the implementation of the Behavior Treatment Plan.
- L10) The Behavior Treatment Committee will meet regularly to develop, review and approve plans to address challenging behaviors.

- L11) Any behavior treatment plan that proposes aversive, restrictive or intrusive techniques, or psycho-active medications for behavior control purposes and where the target behavior is not due to an active substantiated psychotic process, must be reviewed and approved by the Behavior Treatment Committee.
- L12) The SCCMHA Chief Executive Officer shall secure the second opinion for requests of initial services from a physician, licensed psychologist, registered professional nurse, or master's level social worker, or master's level psychologist.
- L13) A preliminary plan shall be developed within 7 days of the commencement of services or, if an individual is hospitalized for less than 7 days, before discharge or release.
- L14) A Consumer shall receive mental health services suited to his or her condition.
- L15) Mental health services shall be provided in a safe, sanitary, and humane treatment environment.

Services shall be provided in accordance with all applicable standards of care or treatment required by any of the following:

- L16) All state or federal laws, rules or regulations governing the provision of community mental health services; and
- L17) obligations of a provider established under the terms of a contract of employment agreement with SCCMHA; and
- L18) SCCMHA policies and procedures; and
- L19) written guidelines or protocols of a provider; and
- L20) written directives from a supervisor consistent with any of the above; and
- L21) a recipient's Individual Plan of Service

Definitions:

Behavior Treatment Committee: Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

Behavior Treatment Plan: A behavior treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1409;

Michigan Mental Health Code 330.1705;

Michigan Mental Health Code 330.1708(4);

Michigan Mental Health Code 330.1711;

Michigan Mental Health Code 330.1712;

Michigan Mental Health Code 330.1713;

Administrative Rules 330.7199;

SCCMHA Policy regarding Consumer Choice and Service Management-03.01.03;

Section 3.3 Behavioral Treatment Review of the Mental Health/Substance Abuse Medicaid Provider Manual

Exhibits:

None

P

Procedure:					
	ACTION	R	ESPONSIBILITY		
1)	Applicants requesting initial services or inpatient psychiatric hospitalizations will be evaluated for their appropriateness of requested services.	1)	Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services		
2)	Applicants, their guardian, parent of a minor or loco parentis, will be informed of their right to a second opinion.	2)	Crisis Intervention Services for inpatient hospitalization requests and Central Access and Intake staff for initial services		
3)	Second opinions will be provided to applicants according to Standards L8 and L12 above.	3)	Chief Executive Officer or designee		
4)	Mental health services shall be provided in a safe, sanitary, and humane treatment environment.	4)	All SCCMHA staff and Service Provider Network staff		
5)	The worth, dignity, and uniqueness of all	5)	All SCCMHA staff		

	consumers as well as their rights and opportunities, shall be respected and promoted.		and Service Provider Network staff
6)	Consumers shall be given a choice of physician or other mental health professionals as described in Standard L7 above	6)	Support Staff or their supervisor
7)	Upon receipt of a request to change a physician or other mental health professional, the clinical supervisor will respond to the person requesting the change within two weeks of the request.	7)	Clinical Supervisor
8)	If the request for a change of physician or other mental health professional is not granted, a written response with the reason the request is denied will be provided to the person who made the request with support of the Clinical Risk Management Committee.	8)	Clinical Supervisor
9)	Lack of response to a request for a change of physician or other mental health professional will result in a Recipient Rights complaint being filed.	9)	SCCMHA ORR
10	Consumers in need of a Behavior Treatment Plan will be referred to the Behavior Treatment Committee or the Positive Behavioral Support Champion in their unit.	10)) Support Staff

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.08		
 Consent for Treatment 	Customer Service and			
	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
September 8, 1997	3/19/03, 1/25/08, 6/29/09,	Sandra M. Lindsey, CEO		
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	6/1/18, 1/8/19, 2/11/20,			
	2/9/21, 5/10/22			
	Supersedes:	Responsible Director:		
	06.02.07.00	Tim Ninemire, Director of		
		Customer Services &		
		Recipient Rights		
SAGINAW C				
COMM Health Au	UNITY MENTAL	Authored By:		
TILALITY (d	HOMIT	Tim Ninemire		
		Additional Reviewers:		
		None		

Purpose:

The purpose of this policy is to establish a means for consumers of mental health services to consent to treatment with Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA that all consumers receiving mental health services with SCCMHA will consent to treatment. Consent means written, informed consent on the part of a consumer, their guardian, parent of a minor or loco parentis.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- B1) Consent is defined in the Definitions Section of this policy.
- B2) Informed Consent is defined in the Definitions Section of this policy.
- B3) All individuals consenting to treatment shall be made aware of the purpose of the procedure, risks and benefits, alternative procedures available, other consequences and relevant information, and offered an opportunity to ask and receive answers to questions.
- B4) Consumers, their guardians, parents of a minor or loco parentis will be made aware

- that consent can be withdrawn at any time without prejudice to them, unless there is a current court order in place for the consumer.
- B5) All consumers of SCCMHA services shall be assumed to be competent and able to comprehend the purpose for treatment, except as described in Procedure # 5 below.
- B6) An evaluation of the ability to give consent shall precede any guardianship proceedings as described in Procedure # 5 below.
- B7) Consumers have free power of choice without force, fraud, deceit, duress, constraint, coercion, etc.
- B8) Informed consent will be reobtained if changes in circumstances substantially change the risks, other consequences or benefits that were previously expected.
- B9) A minor 14 years of age or older may request and receive mental health services and a mental health professional may provide services on an out-patient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or loco parentis, unless the treating mental health professional determines a compelling need for disclosure based upon substantial probability of harm to minor or another and if the minor is notified of the treating professional's intent to inform.
- B10) Services provided to the minor (as described in Standard B7) are limited to not more than 12 sessions or 4 months per request and after these expire, the mental health professional terminates the services or, with the consent of the minor, notifies the parent, their guardian, or loco parentis to obtain consent to provide further out-patient services.
- B11) All consumers of mental health services with SCCMHA or a Service Provider Network will have a record of consent in their chart or record.
- B12) If a consumer refuses to sign the consent, but there is court ordered treatment, and SCCMHA does provide the service, a copy of the consent will be kept in the chart or record with documentation of the refusal of the consumer to sign the consent.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Consent: per Mental Health Code 330.1100(a)(19) means a written agreement executed by a consumer, a minor consumer's parent, or a consumer's legal representative with authority to execute a consent, or a verbal agreement of a consumer that is witnessed and documented by an individual other than the individual providing treatment.

Court ordered treatment: Mental health treatment is ordered by the Saginaw Probate Court, or another county's Probate Court, and must be offered or monitored by SCCMHA.

Informed Consent: is defined by the Administrative Rules 330.7003

- (1) All of the following are elements of informed consent:
- (a) Legal competency. An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercised by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
- (b) Knowledge. To consent, a consumer or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
 - (i) The purpose of the procedures.
 - (ii) A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
 - (iii) A disclosure of appropriate alternatives advantageous to the consumer.
 - (iv) An offer to answer further inquiries.
- (c) Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (b) of this subrule.
- (d) Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

References:

Administrative Rules 330.7003 (1)(a)-(d); (2); Michigan Mental Health Code 330.1100 Michigan Mental Health Code 330.1707

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) All consumers of mental health services with	1) Assigned Support Staff
SCCMHA, their empowered guardian, parent	
of a minor or loco parentis will be offered	
Consent to Treatment form upon intake.	
Thereafter, the Consent to Treatment will be as	
Thereafter, the Consent to Treatment will be as	

indicated on the Individual Plan of Service (IPOS) Signature Page. Note: A separate Consent may be required for prescribed medications.

- 2) Consent by the consumer to participate in mental health treatment shall be given freely without force, fraud, duress, deceit, overreaching, or other ulterior forms of constraint or coercion including promises or assurances of privileges of freedom.
- 3) The consumer, their guardian, parent of a minor, or loco parentis, shall be instructed that consent may be withdrawn and services discontinued at any time without prejudice to the consumer, their guardian, parent of a minor, or loco parentis, unless there is a current court order in place for the consumer.
- 4) All minors under 14 years of age and those who have a guardian must have a parent, or their guardian, or loco parentis sign authorization for services before any services may be provided, except in the case of an emancipated minor who may authorize services.
- 5) An adult consumer, and a minor if emancipated, shall be presumed legally competent. This presumption may be rebutted only by court appointment of a guardian or exercised by a court of guardianship powers and only to the extent of the scope and duration of a guardianship. An evaluation of the ability to give consent shall precede any guardianship proceedings. This evaluation shall be completed by a psychologist not providing direct services to the consumer, assuring that the consumer is the primary beneficiary.
- 6) In emergency or crisis situations, the consumer will be requested to sign Consent to Treatment in order to receive mental health services.
- 7) Before consenting to receive mental health services, each consumer shall be informed of

- 2) Consumer, empowered guardian or parent of a minor or loco parentis.
- 3) Assigned Support Staff

4) Assigned Support Staff

5) Assigned Support Staff

- 6) Crisis Intervention Services (CIS) Staff person
- Assigned Support Staff or CIS Staff person

their rights including the foregoing information.

- 8) An individual consenting shall be knowledgeable of what the consent is for. They shall be aware of the procedure, risks, other consequences, and other relevant information. Relevant information includes the purpose of the procedures, a description of discomforts, risks and benefits reasonably to be expected, a disclosure of appropriate alternatives advantageous to the consumer, and an offer to answer any questions of the consumer.
- 9) Individuals under court order shall be offered services and given the opportunity to give Consent. If a consumer under a court order refuses to sign Consent to Treatment, the appropriate staff person will notify the Probate Court of the consumer's refusal of services. If the consumer under a court order refuses to sign the Consent to Treatment form but continues to keep appointments for mental health treatment, a copy of the Consent to Treatment with "Refused to sign" written on the consumer's signature line, date form was offered, and a Witness signature will be kept in the chart or record.
- 10) A minor, 14 years of age or older, may request and receive mental health services; and mental health professionals may provide services on an outpatient basis (excluding pregnancy termination referral services and use of psychotropic drugs) without the consent or knowledge of the minor's parent, guardian, or person in loco parentis. These outpatient services may continue for 12 sessions or 4 months per request.

8) Assigned Support Staff or CIS Staff person

Assigned Support Staff or CIS Staff person

10) SCCMHA and the Service Provider Network

Policy and Procedure Manual					
Saginaw Co	Saginaw County Community Mental Health Authority				
Subject: Recipient	Chapter: 02 -	Subject No : 02.02.09			
Rights – Change in Type	Customer Service and				
of Treatment	Recipient Rights				
Effective Date:	Date of Review/Revision:	Approved By:			
September 16, 1998	1/10/03, 1/25/08, 6/29/09,	Sandra M. Lindsey, CEO			
	6/22/12, 6/13/14, 11/27/16,				
	6/1/18, 1/8/19, 2/11/20,				
	2/9/21, 5/10/22				
	Supersedes:	Responsible Director:			
	06.02.09.00	Tim Ninemire, Director of			
		Customer Services &			
		Recipient Rights			
73.2.3					
SAGINAW COUNTY		Authored By:			
COMMUNITY MENTAL HEALTH AUTHORITY		Tim Ninemire			
TEALITAG	IIIONIII				
		Additional Reviewers:			
		None			

Purpose:

The purpose of this policy is to establish a discharge policy for consumers of mental health services when a maximum benefit from services has been established as well as establishing standards for reviewing changes in treatment.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to provide consumers with progressive treatment and care until sufficiently rehabilitated or as required by laws, rules, policies, or guidelines, or until the consumer has received the maximum benefit from the program.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- H1) This policy requires that the written Individual Plan of Service (IPOS) have a specific date or dates when the overall plan and any of its sub-components will be formally reviewed for possible modification or revision; see Procedure #1 below.
- H2) A written Individual Plan of Service will be developed and revised as necessary, but in no case longer than annually. The written Individual Plan of Service will be kept in the clinical record and will be modified as necessary.
- H3) The consumer will be informed orally and in writing of his or her clinical status and

progress at reasonable intervals established in the IPOS in a manner appropriate to his or her clinical condition.

- H4) If a consumer is not satisfied with their Individual Plan of Service, the consumer, their guardian, parent of a minor, or loco parentis may make a request for the review of their plan. This request will begin with the request to the Assigned Support Staff. If not satisfied with the review of the plan, they may request a review to the Assigned Support Staff's Supervisor.
- H5) The requested review of the plan will be completed within 30 days. The request for review of the plan may be made verbally or in writing. The person requesting the review may file a Recipient Rights Complaint if they are dissatisfied with the review.
- H6) SCCMHA will provide mental health treatment suited to condition to all Saginaw County persons found eligible for services.
- H7) Upon benefit or completion of appropriate services, consumers will be discharged from treatment of SCCMHA.
- H8) When consumers are discharged from services, appropriate notices of available appeal rights will be given to the consumers.

Definitions:

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

References:

Michigan Mental Health Code 330.1752;

Michigan Mental Health Code 330.1712;

Michigan Mental Health Code 330.1714;

Administrative Rules 330.7199;

SCCMHA Policy and Procedures regarding Transition/Discharge Services 03.02.13

Exhibits:

None

Procedure:

ACTION	RESPONSIBILITY
1) A written Individual Plan of Service using a Person Centered Planning process will be developed in partnership with the consumer.	Assigned Support Staff
The plan of service will have a specific date or	

- dates when the overall plan and any of its subcomponents will be formally reviewed for possible modification or revision.
- 2) Justification for a change from one type of treatment to another within the program shall be noted in the consumer's treatment plan.

 Appropriate Notices and appeal rights will be given to the recipient of mental health services.
- 3) The consumer shall be informed of a change in treatment, when ready for change, release, discharge, or when maximum benefit is received.
- 4) A consumer, parent of a minor, their guardian, or loco parentis may request and shall receive a review, of the determination and/or appropriateness of the type of treatment a consumer is receiving. The review shall be completed within thirty (30) days or less. The request and subsequent review are to be documented in the consumer's clinical record.
- 5) Consumers, parents of a minor, guardians, or loco parentis have the right to appeal decisions concerning a change in the type of treatment, either verbally or in writing, to the Customer Service Department, file a Recipient Rights complaint, file a Local Appeal, or complete a Request for a Medicaid Fair Hearing (Medicaid beneficiaries only) and only after a Local Appeal has been completed.

- 2) Assigned Support Staff
- 3) Assigned Support Staff
- 4) Assigned Support Staff

5) Assigned Support Staff

Policy and Procedure Manual Saginaw County Community Mental Health Authority		
 Abuse and Neglect 	Customer Services and	
	Recipient Rights	
Effective Date :	Date of Review/Revision:	Approved By:
March 7, 2000	2/19/03, 7/25/07, 1/25/08,	Sandra M. Lindsey, CEO
	6/29/09, 5/24/10, 7/20/12,	-
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	2/9/21, 5/10/22	Responsible Director:
	Supersedes:	Tim Ninemire, Director of
	06.02.17.00	Customer Services &
		Recipient Rights
		Authored By:
SAGINAW COUNTY		Tim Ninemire
COMMUNITY MENTAL HEALTH AUTHORITY		
TIEAEIT AU		Additional Reviewers:
		None

Purpose:

The purpose of this policy is to protect consumers of Saginaw County Community Mental Health Authority (SCCMHA) services from abuse and neglect and to ensure that suspected abuse and neglect is reported to the proper authorities.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) that suspected abuse or neglect of recipients receiving public mental health services will be dealt with immediately.

Application:

This policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

Standards:

- C1) Abuse is defined in the Definitions Section of this policy. The detailed categories of abuse by type and severity are defined in the Definitions Section of this policy.
- C2) Neglect is defined in the Definitions Section of this policy. The detailed categories of neglect by type and severity are defined in the Definitions Section of this policy.
- C3) All SCCMHA and SCCMHA Service Provider Network program staff are required to report any suspected abuse, neglect, exploitation, or humiliation to the appropriate authorities immediately. The reporting requirements are delineated in

- Procedures #3, 5, 6, 7, & 8 below, as well as the attached Summary of Abuse and Neglect Reporting Requirements poster (DCH-0727).
- C4) The SCCMHA ORR will investigate any and all allegations of suspected abuse, neglect, exploitation, or humiliation and will initiate the investigation (in areas where ORR has jurisdiction) immediately (within 24 hours of the notification). The SCCMHA ORR will have access to all information necessary to complete a thorough investigation.
- C5) When suspected allegations of abuse, neglect, exploitation, or humiliation are substantiated, remedial action and firm and appropriate disciplinary action will be taken. When suspected allegations are reported, the staff who is suspected of committing the abuse, neglect, exploitation, or humiliation toward a consumer will be suspended until the SCCMHA ORR has enough information to ensure the safety of the consumer(s) involved. This determination is made based on a case by case basis by the SCCMHA ORR.
- C6) As stated in Procedure #3 below, it is the responsibility of the staff person who has the knowledge of the suspected allegation of abuse, neglect, exploitation, or humiliation to report this information to the appropriate authorities immediately.
- C7) All SCCMHA and SCCMHA Service Provider Network programs staff are required to report suspected criminal abuse including Vulnerable Adult Abuse and Child Abuse to local law enforcement immediately as described in Procedures #5, 6, 7, & 8 below, as well as the attached Summary of Abuse and Neglect Reporting Requirements poster (DCH-0727 Revised 4/2018).
- C8) The written report to law enforcement referenced in Procedure #6 below will be made using the Report on Alleged Recipient Abuse-Neglect-Exploitation located on the G Drive of the SCCMHA Information System Network under Agency Forms/Clinical Forms. This form is not required by the SCCMHA Provider Network but is available to them upon request. This report will be made by the SCCMHA or SCCMHA Service Provider Network staff who is aware of the suspected allegation of abuse or neglect.
- C9) Definitions of Degrade and threaten are listed in the Definitions section.
- C10) Any mental health professional employed by SCCMHA or any of its Provider Network (ultimately under contract with the Michigan Department of Health and Human Services (MDHHS), who has reasonable cause to suspect abuse, neglect, exploitation, or humiliation, is required to report this information to the appropriate authorities immediately.

- C11) As stated in the Application Section of this policy, this policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.
- C12) The worth, dignity, and uniqueness of all consumers, as well as their rights and opportunities, shall be respected and promoted.
- C13) Any instance of physical, psychological, sexual or other types of abuse or neglect of consumers will not be acceptable and staff members responsible for these types of actions will be considered for disciplinary action up to and including discharge.
- C14) A consumer of SCCMHA shall not be subjected to abuse or neglect.
- C15) A consumer who is abused or neglected has the right to pursue injunction and other appropriate civil relief.
- C16) Consumers who feel they have been abused or neglected should follow reporting procedures and complete a rights complaint form with the assistance from the Office of Recipient Rights if requested.
- C18) Any individual who makes a report under Section 330.1722 of the Michigan Mental Health Code shall not be dismissed or otherwise penalized by an employer or contractor for making the report.
- C19) Suspected exploitation or humiliation as defined in this policy will be considered a violation of abuse and will be investigated with the same procedures as abuse or neglect. A substantiated allegation of exploitation or humiliation will require disciplinary action.

Definitions:

Abuse- Defined as follows: "Abuse" means non-accidental physical or emotional harm to a consumer, or sexual contact with or without sexual penetration of a consumer as those terms are defined in section 520a of the Michigan penal code, 1931 PA 328, MCL 750.520a, that is committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital or by an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital.

- (a) Class I A non-accidental act or provocation of another act by an employee, volunteer, or agent of a provider that caused or contributed to death, serious physical harm or sexual abuse of a consumer;
- (b) Class II Means any of the following:
 - i) A non-accidental act or provocation of another to act by an employee, volunteer, or agent of a provider that caused or contributed to non-serious physical harm to a consumer;

- ii) The use of unreasonable force on a consumer by an employee, volunteer, or agent of a provider with or without apparent harm;
- iii) An action or provocation of another to act by an employee, volunteer, or agent of a provider that causes or contributes to emotional harm to a consumer.
- iv) An action taken on behalf of a consumer by assuming incompetence, although a guardian has not been appointed or sought, that results in substantial economic, material, or emotional harm to the consumer.
- v) Exploitation of a consumer by an employee, contract employee or volunteer.
- (c) Class III The use of language or other means of communication by an employee, volunteer, or agent of a provider to degrade, threaten, or sexually harass a consumer.
- (d) Unreasonable force means physical management or force that is applied by an employee, volunteer, or agent of a provider to a recipient in one or more of the following circumstances:
 - (i) There is no imminent risk of serious or non-serious physical harm to the recipient, staff or others.
 - (ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
 - (iii) The physical management used is not in compliance with the emergency interventions authorized in the recipient's individual plan of service.
 - (iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

Neglect- Defined as follows: "Neglect" means an act or failure to act committed by an employee or volunteer of the department, a community mental health services program, or a licensed hospital; a service provider under contract with the department, community mental health services program, or licensed hospital; or an employee or volunteer of a service provider under contract with the department, community mental health services program, or licensed hospital, that denies a consumer the standard of care or treatment to which he or she is entitled under this act. (330.1100b)

- (i) Class I Means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plans of service and causes or contributes to the death, or sexual abuse of, or serious physical harm to a consumer.
 - (ii) The failure to report abuse or neglect of a consumer when the abuse or neglect results in death or serious physical harm to the consumer.
- (i) Class II Means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that results from non-compliance with a standard of care or treatment required by law, rules, policies, guidelines, written directives, procedures, or individual plans of service and that cause or contribute to non-serious physical harm or emotional harm to a consumer:

- (ii) The failure to report abuse or neglect of a consumer when the abuse or neglect results in non-serious harm to the consumer.
- (k) Class III-Means any of the following:
 - (i) Acts of commission or omission by an employee, volunteer, or agent of a provider that result from noncompliance with a standard of care or treatment required by law and/or rules, policies, guidelines, written directives, procedures, or individual plan of service that either placed or could have placed a recipient at risk of physical harm or sexual abuse;
 - (ii) The failure to report apparent or suspected abuse Class III or neglect Class III of a recipient.

Criminal Abuse:

- (1) An assault that is a violation or an attempt or conspiracy to commit a violation of sections 81 to 90 of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being sections 750.81 to 750.90 of the Michigan Compiled Laws. Criminal abuse does not include an assault or an assault and battery that is a violation of section 81 of Act No. 328 of the Public Acts of 1939, being section 750.81 of the Michigan Compiled Laws, and that is committed by a consumer against another consumer.
- (2) A criminal homicide that is a violation or an attempt or conspiracy to commit a violation of section 316, 317, or 321 of Act No. 328 of the Public Acts of 1931, being sections 750.316, 750.317, and 750.321 of the Michigan Compiled Laws.
- (3) Criminal sexual conduct is a violation or an attempt or conspiracy to commit a violation of sections 520b to 520e or 520g of Act No. 328 of the Public Acts of 1931, sections 750.520b to 750.520e and 750.520g of the Michigan Compiled Laws involving an employee, volunteer, or agent of a provider and a consumer.
- (4) Vulnerable adult abuse that is a violation or an attempt or conspiracy to commit a violation of section 145n of the Michigan penal code, Act No. 328 of the Public Acts of 1931, being section 750.145n of the Michigan Compiled Laws.
- (5) Child abuse that is a violation or an attempt or conspiracy to commit a violation of section 136b of Act No. 328 of the Public Acts of 1931, being section 750.136b of the Michigan Compiled Laws.

Degrade: means any of the following:

- (i) To cause a humiliating loss of status or reputation;
- (ii) To cause the person to feel that they or other people are worthless and do not have the respect or good opinion of others;
- (iii)To deprive of self esteem or self worth; to shame or disgrace;
- (iv)Language of epitaphs that insult the person's heritage, mental status, race sexual orientation, gender, intelligence; etc.

Examples of behavior that is degrading and must be reported as abuse include but is not limited to:

- a. swearing at consumers
- b. Using foul language at consumers
- c. Using racial or ethnic slurs at consumers

d. Causing or prompting others to commit the actions listed above.

Emotional Harm: Impaired psychological functioning, growth, or development of a significant nature as evidenced by observable physical symptomatology or as determined by a mental health professional.

Exploitation: An action by an employee, volunteer, or agent of a provider that involves the misappropriation or misuse of a consumer's property or funds for the benefit of an individual or individuals other than the consumer.

Humiliation: To reduce to a lower position in one's own eyes or others' eyes; extremely destructive to one's self-respect or dignity.

Sexual Abuse: means any of the following:

- (i) as described in section (3) above under Criminal abuse
- (ii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and a consumer
- (iii) Any sexual contact or sexual penetration involving an employee, volunteer, or agent of a provider and consumer for whom the employee or agent provides direct services

Sexual Contact: means the intentional touching of the consumer's or employee's intimate parts or the touching of the clothing covering the immediate area of the consumer's or employee's intimate parts, if that intentional touching can reasonably be construed as being for the purpose of sexual arousal or gratification, done for a sexual purpose, or in a sexual manner for any of the following:

- (i) Revenge
- (ii) To inflict humiliation
- (iii) Out of anger

Sexual Harassment: means sexual advances to a consumer, requests for sexual favors from a consumer, or conduct or communication of a sexual nature toward a consumer.

Sexual Penetration: means sexual intercourse, cunnilingus, fellatio, anal intercourse, or any other intrusion, however slight, or any part of a person's body or of any object into the genital or anal openings of another person's body, but emission of semen is not required.

Threaten: means either of the following:

- (i) To utter intentions of injury or punishment against.
- (ii) To express a deliberate intention to deny the well-being, safety or happiness of somebody unless the person does what is being demanded.

Unreasonable Force: means physical management or force that is applied by an employee, volunteer, or agent of a provider to a consumer in one or

more of the following circumstances:

- (i) There is no imminent risk of serious or non-serious physical harm to the consumer, staff or others.
- (ii) The physical management used is not in compliance with techniques approved by the provider and the responsible mental health agency.
- (iii) The physical management used is not in compliance with the emergency interventions authorized in the consumer's individual plan of service.
- (iv) The physical management or force is used when other less restrictive measures were possible but not attempted immediately before the use of physical management or force.

References:

Administrative Rules 330.7001 Administrative Rules 330.7035 Michigan Mental Health Code 330.1722; Michigan Mental Health Code 330.1723; Michigan Mental Health Code 330.1778

Exhibits:

Exhibit A - Staff Action Regarding Alleged Abuse/Neglect/Exploitation form Exhibit B - Summary of Abuse and Neglect Reporting Requirements, Rev. 4/2018

Procedure: ACTION RESPONSIBILITY 1) SCCMHA and Provider Network staff 1) SCCMHA, Provider Network staff, along with the Recipient Rights Office and the SCCMHA Recipient Rights will work to protect the consumers of Office mental health services from abuse and neglect. 2) Whenever an injury is suffered regarding 2) Staff responsible for supervision of suspected abuse or neglect, staff are consumers responsible for ensuring that the consumer(s) receives immediate proper treatment, comfort and protection as necessary and that action taken by staff sufficiently addresses the urgency of the injury. 3) In all cases of abuse, neglect and/or 3) Staff or Supervisor with the mistreatment, it is the assigned duty and knowledge of abuse or neglect responsibility of the staff who has knowledge of or reasonable cause to suspect consumer abuse, neglect or

mistreatment to immediately report it to their immediate supervisor, the Recipient Rights Office, administration, law enforcement, Protective Services, and the Department of Licensing and Regulatory Affairs (LARA), and other agencies as required by law.

- 4) Appropriate disciplinary action will be taken against anyone proven to have engaged in abuse or neglect. Proof will come through a Recipient Rights Office investigation or a criminal investigation completed by a law enforcement agency or recognized court of law.
- 5) Any mental health professional employed by SCCMHA or any of its Provider Network (ultimately under contract with the Michigan Department of Health and Human Services), who has reasonable cause to suspect the criminal abuse including Vulnerable Adult Abuse and Child Abuse will immediately make a call or cause a call to be made, by telephone or otherwise to the law enforcement agency for the county or city in which the criminal abuse is suspected to have occurred or to the state police.
- 6) Within 72 hours after making the oral report, the reporting individual shall file a written report (using the attached form Report on Alleged Recipient Abuse-Neglect-Exploitation) with the law enforcement agency to which the oral report was made and with the chief administrator of the facility or agency responsible for the consumer. This report will also be made to the Recipient Rights Office of SCCMHA.
- 7) The written report required in #6 of these procedures will contain the name of the consumer and a description of

- 4) SCCMHA Chief Executive Officer and Administrative staff of the SCCMHA Service Provider Network
- 5) Mental health professionals employed or contracted with SCCMHA or any of its Provider Network.

6) The mental health professional making the report of suspected abuse or neglect

7) The mental health professional making the report of suspected abuse or neglect will send the report to the the criminal abuse and the manner in which it occurred. The report will become a part of the sentri Incident Report Module.

- 8) The identity of an individual who makes a report is confidential and is not subject to disclosure without the consent of that individual or subpoena of a court of record. An individual acting in good faith who makes a report of criminal abuse against a consumer is immune from civil or criminal liability that might otherwise be incurred.
- 9) Reporting the suspected abuse or neglect to the legal authorities will not preclude nor hinder the Recipient Rights Office of the department, a licensed facility, SCCMHA or any of its Provider Network from investigating the report of suspected abuse or neglect and from taking appropriate disciplinary action against its employees based upon that investigation.

SCCMHA ORR

8) SCCMHA and its Provider Network will protect the individual making the good faith report

9) Recipient Rights Office





Staff Action Regarding Alleged Abuse/Neglect/Exploitation

Based on the "Summary of Abuse and Neglect Reporting Requirements" a report has been made or filed with the following:

Agency	Officer or Person Contacted	Date Contacted	How Co	ontacted	
☐ Law Enforcement			□phone	□faxed	□mailed
☐ Child Protective Services ☐ form 3200 sent (required)			phone	□faxed	□mailed
☐ Adult Protective Services			□phone	□faxed	□mailed
☐ AFC Licensing			phone	□faxed	□mailed
Other:			phone	□faxed	□mailed
Alleged victim(s):					
Alleged victim(s) identifiers:	(indicate the following if known: BD –	Birth date, ID -CMH ID#, SS - S	ocial Security Nu	mber)	
IF Alleged Victim is a minor					
Mother:		married sin	ngle divorce	ed 🗌 separate	ed
Father:		married sin	ngle divorce	ed 🗌 separate	ed
Alleged victim address/reside	nce and phone number:				
Alleged perpetrator(s) name:					
Alleged incident occurred at:	, iodaion				
Approximate date(s) or time	frames of alleged incident (be	as specific as possible):			
Details of Allegation: (use seco	and sheet if necessary; attach copy of	of Form 3200 and/or other rel	ated documents)	1	
Signature and Title of Person Making t	-			Date	
Cultural this forms to Customer Com-	C	' D' (N. 10 '	D ' ' ' D' 1	. 000 0.0	

Submit this form to Customer Services for review by Director-Clinical Services, Director-Network Services, Recipient Rights Officer, & Supervisor required

DO NOT copy to Consumer Records: If this report becomes a part of the consumer's clinical record, the name of the alleged perpetrator must not be removed from this report as required by Section 723 (3) of Public Act of 1986. It is a misdemeanor to intentionally file a false report of abuse or to violate Section 723.

	_	FOR REPORTING		
	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Recipient Abuse)	Public Act 238 of 1975 (Child Protection Law)	Public Act 519 of 1982 (Adult Protective Services Law)	Section 723, Public Act 258 of 1974 as amended (Mental Health Code-Criminal Abuse)
WHERE is the report made?	To the OFFICE of RECIPIENT RIGHTS (ORR) at your Hospital or Community Mental Health Serivces Program (CMHSP)	To the MDHHS Office of Childrens Protective Services (CPS)	To the MDHHS Office of Adult Protective Services (APS)	To the Michigan State Police (MSP) or Local Sheriff or Local Police Department
the report mader	A list of local rights offices can be found at: http://tinyurl.com/orroffices	ADULT OR CHILDRENS PROTECTIV	E SERVICES HOTLINE 855-444-3911	MSP 517-332-2521
WHAT must be reported?	Sexual, Physical, Emotional or Verbal Abuse, Neglect, Serious Injury, Death, Retaliation or Harassment	Sexual, Physical or Mental Abuse, Neglect, Sexual Exploitation	Sexual, Physical or Mental Abuse, Neglect, Maltreatment, Exploitation	Assault (other than patient-patient assault/battery Criminal Sexual Abuse, Homicide, Vulnerable Adult Abuse, Child Abuse
WHO is required to report?	All employees, contract employees, or volunteers of Michigan Department of Health and Human Services, Community Health Services Programs, Licensed Private Psychiatric Hospitals	Physicians, nurses, coroners, medical examiners, dentists, licensed emergency care personnel, audiologists, psychologists, social workers, school administrators, teachers, counselors, law enforcement officers, and child care providers.	Any person employed by an agency licensed to provide, anyone who is licensed, registered, or certified to provide health care, education, social, or other human services, law enforcement officers and child care providers.	All employees, contract employees of: Michigan Department of Health and Human Services, Community Mental Health Services Programs, Licensed Private Psychiatric Hospitals; All mental health professionals.
WHAT is the CRITERIA for reporting?	You must report if you: Suspect a recipient has been abused or neglected or any allegations of abuse or neglect made by a recipient.	You must report if you: Have reasonable cause to suspect a child has been abused, neglected, or sexually exploited.	You must report if you: Have reasonable cause to suspect or believe an adult has been abused, neglected, exploited or maltreated.	You must report if you: Suspect a recipient or vulnerable adult has been abused or neglected, sexually assaulted, or if you suspect a homicide has occurred. You do not have treport if the incident occurred more than one year before your knowledge of it.
WHEN must the report be made and in what format?	A verbal report must be made immediately. A written report on an incident report form must be made before the end of your shift.	A verbal report must be made immediately. A written report on DHS form 3200 must be made within 72 hours.	A verbal report must be made immediately. A written report at the discretion of the reporting person.	A verbal report must be made immediately. A writte report must be made within 72 hours of the oral report
TO WHOM are reports made?	To your immediate supervisor and to the Recipient Rights Office at your agency or hospital	Report to Protective Services Reporting Hotline 855-444-3911	Report to Protective Services Reporting Hotline 855-444-3911	The law enforcement agency for the county or city which the alleged violation occurred or the State Police. A copy of the written report goes to the chie administrator of the agency responsible for the recipient.
If there is more than one person with knowledge must all of them make a report?	Not necessarily. Reporting should comply with the policies and procedures set up by each agency.	Someone who has knowledge must report or cause a report to be made in the case of a school, hospital or agency, one report is adequate.	Everyone who has knowledge of a violation or an alleged violation must make a report. MDHHS has typically accepted one report from agencies.	Someone who has knowledge must report or cause a report to be made.
Is there a penalty for failure to report? YES	Disciplinary action may be taken and you may be held liable.	You may be held liable. Failure to report is also a criminal misdemeanor.	You may be held liable and have to pay a \$500 fine.	The law states that failure to report or false reportir is a criminal misdemeanor.
Is it necessary to report to more than one agency? YES	Each of these laws requires that the designated a jurisdiction. There are several references in each responsibility or		es not absolve the reporting person from the	**
Are there other agencies to which a report can be made?	The Michigan Attorney General's Office	ARA) is responsible for investigating abuse and n Call the NURSING HOME ABUSE HOTLINE 1-800- has an Abuse Investigation Unit which may also RAL HEALTH CARE FRAUD HOTLINE 1-800-24-AE	-882-6006 investigate abuse in Nursing Homes.	MSDHHS Michigan Department of Health & Human Services
YES		sion is responsible for investigating abuse or neg	U 1870 DE COURSE DE BOURS DE SONO DE CONTROL	The mark that the state of the same of the

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4/2018

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.14	
 Restraint and Seclusion 	Customer Services and		
	Recipient Rights		
Effective Date:	Date of Review/Revision:	Approved By:	
March 7, 2000	2/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO	
	6/22/12, 6/13/14, 11/27/16,	-	
	6/6/18, 1/8/19, 2/11/20,		
	2/9/21, 5/10/22		
	Supersedes:	Responsible Director:	
	06.02.15.00	Tim Ninemire, Director of	
		Customer Services &	
73.2.3.		Recipient Rights	
SAGINAW C			
COMM Health Au	UNITY MENTAL	Authored By:	
TIEAEITTAG	HORIT	Tim Ninemire	
		Additional Reviewers:	
		None	

The purpose of this policy is to protect consumers served by Saginaw County Community Mental Health Authority (SCCMHA) from abuse through the use of restraint and/or seclusion.

Policy:

It is the policy of SCCMHA to protect the safety of consumers receiving mental health services. The use of restraints and/or seclusion will not be used in a community setting due to the unavailability of specialized personnel in such settings.

Application:

This policy applies to all SCCMHA direct operated programs as well as all of the Service Provider Network.

Standards:

Restraint Procedures from Policy Review Standards Section S

- S1) Restraint is defined under the Definition section of this policy.
- S2) Physical Management is defined under the Definition section of this policy.
- S3) Consumers of mental health services of SCCMHA will be free from the use of restraints in all treatment programs, except as outlined in Standard S4.

- S4) The SCCMHA Office of Recipient Rights prohibits the use of restraint in all programs or sites directly operated or under contract where it is not permitted by statute and agency policy. The SCCMHA ORR will review the restraint policies and practices of contracted inpatient settings and child caring institutions for compliance with Attachment B from the MDHHS ORR. Restraint shall be used only in a hospital or center or in a child caring institution licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws.
- S5) The use of physical management is prohibited except in situations when a recipient is presenting an imminent risk of serious or non-serious harm to himself, herself or others, and lesser restrictive interventions have not reduced or eliminated the risk of harm.
- S6) Physical management shall not be included as a component of Behavior Treatment Plans.
- S7) Prone Immobilization is prohibited unless other techniques are medically contraindicated and documented in the record.
- S8) Incidents where physical intervention is used will be documented on an Incident Report and sent to the SCCMHA ORR.

Seclusion Procedures from Policy Review Standards Section T

- T1) Seclusion is defined under the Definition section of this policy.
- T2) Therapeutic De-escalation is defined under the Definition section of this policy.
- T3) Exclusionary and non-exclusionary timeout is defined in the Definition section of this policy.
- T4) The use of seclusion is prohibited in all agency programs, directly operated sites, or contractual service locations unless permitted by statute. Consumers of mental health services of SCCMHA will be free from the use of seclusion in treatment programs, except as outlined in Standard T5 and T6.
- T5) The SCCMHA Office of Recipient Rights will review the seclusion policies of contracted inpatient settings and child caring institutions for compliance with MDHHS ORR standards.
- T6) Seclusion shall be used only in a hospital or center or in a child caring institution licensed under Act No. 116 of the Public Acts of 1973, being sections 722.111 to 722.128 of the Michigan Compiled Laws.
- T7) Non-exclusionary timeout may be used if it is used as defined by this policy. If non-exclusionary timeout takes place in a room with a door, the door must remain open and unblocked. The consumer must remain in visual contact to staff at all times

while in non-exclusionary timeout. Non-exclusionary timeout may be utilized on a limited basis to address challenging behavior when the risk of the behavior outweighs the risk of intervention. Non-exclusionary timeout must be included in the Behavior Plan written by the Behavioral Psychologist and approved and monitored by the Behavior Treatment Committee. The use of exclusionary timeout will not be permitted as this constitutes seclusion.

Definitions:

Behavior Treatment Committee: Section 3.3 **Behavioral Treatment Review** of the Mental Health/Substance Abuse Medicaid Provider Manual defines the Behavior Treatment Committee as a specially constituted body comprised of at least three individuals, one of whom shall be a fully- or limited-licensed psychologist with the formal training or experience in applied behavior analysis; and one of whom shall be a licensed physician/psychiatrist.

Behavior Plan: A behavior management or treatment plan that proposes aversive, restrictive or intrusive techniques or psycho-active medications for behavior control purposes where the target behavior is not due to an active substantiated psychotic process.

Community Setting: Any location where treatment for mental health consumers takes place in the community

Exclusionary Timeout: An involuntary removal of a consumer to a location where the egress is blocked by staff.

Non-exclusionary timeout: Defined as a consumer's **voluntarily** removing him/herself from a stressful situation as a response to a therapeutic suggestion to prevent a potentially hazardous outcome

Physical Management: technique used by staff as an emergency intervention to restrict the movement of a recipient by direct physical contact to prevent the recipient from harming himself, herself, or others.

Physical management shall only be used on an emergency basis when the situation places the individual or others at imminent risk of serious physical harm. To ensure the safety of each consumer and staff each agency shall designate emergency physical management techniques to be utilized during emergency situations. The term "physical management" does not include briefly holding an individual in order to comfort him or her or to demonstrate affection, or holding his/her hand. The following are examples to further clarify the definition of physical management:

- Manually guiding down the hand/fists of an individual who is striking his or her own face repeatedly causing risk of harm IS considered physical management if he or she resists the physical contact and continues to try and strike him or herself. However, it IS NOT physical management if the individual stops the behavior without resistance.
- When a caregiver places his hands on an individual's biceps to prevent him or her from running out the door and the individual resists and continues to try and get out

the door, it IS considered physical management. However, if the individual no longer attempts to run out the door, it is NOT considered physical management. Physical management involving prone immobilization of an individual, as well as any physical management that restricts a person's respiratory process, for behavioral control purposes is prohibited under any circumstances. Prone immobilization is extended physical management of an individual in a prone (face down) position, usually on the floor, where force is applied to his or her body in a manner that prevents him or her from moving out of the prone position.

Restraint: The use of a physical device to restrain an individual's movement. Restraint does not include the use of a device primarily intended to provide anatomical support.

Seclusion: A temporary placement of a consumer in a room, alone, where egress is prevented by any means. "By any means" includes the egress being blocked by a staff person to prevent the consumer from leaving the room.

Support Staff: Case Manager, Supports Coordinator, or Therapist

Therapeutic De-escalation: An intervention, the implementation of which is incorporated in the individualized written plan of service, wherein the recipient is placed in an area or room, accompanied by staff who shall therapeutically engage the recipient in behavioral de-escalation techniques and debriefing as to the cause and future prevention of the target behavior.

Treatment Plan: A written plan that specifies the goal-oriented treatment or training services, including rehabilitation or habilitation services, which are to be developed with and provided for a consumer.

References:

Mental Health Code 330.1755 (5)(a)(g);

Mental Health Code 330.1700;

Mental Health Code 330.1742;

Mental Health Code 330.1740;

Administrative Rules R 330.7001(w);

Administrative Rules R 330.724(3);

Health Care Financing Administration 42 Code of Federal Regulations Part 482.13;

Act 116 of the Public Acts of 1973 sections 722.111 to 722.128

Exhibits:

None

Procedure:

ACTION 1) SCCMHA requires the use of non-restrictive 1) State

1) SCCMHA requires the use of non-restrictive techniques to address challenging behaviors.

RESPONSIBILITY

1) Staff responsible for providing care for consumers

- 2) Consumers in need of a Behavior Plan due to challenging behaviors will be referred to a Behavioral Psychologist for a comprehensive assessment/analysis
- 3) Physical intervention may be utilized on a limited basis when less restrictive techniques have been unsuccessful and there is a risk of serious injury to the consumer or others in the absence of intervention.
- 2) Support Staff
- 3) Staff responsible for providing care for consumers

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.16	
 Medication and the use 	Customer Services and		
of Psychotropic Drugs	Recipient Rights		
Effective Date :	Date of Review/Revision:	Approved By:	
September 16, 1998	2/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO	
	6/22/12, 1/28/13, 6/4/13,		
	6/14/14, 11/27/16, 6/1/18,		
	1/22/19, 2/11/20, 2/9/21,		
	5/10/22	Responsible Director:	
	Supersedes:	Tim Ninemire, Director of	
	06.02.18.00, 06.02.18.01,	Customer Services &	
	and 06.02.19.00	Recipient Rights	
		Authored By:	
		Tim Ninemire	
SAGINAW C	OUNTY WENTAL		
HEALTH AU		Additional Reviewers:	
		SCCMHA Medical	
		Director	

The purpose of this policy is to establish standards and practices for the use of medications, including psychotropic medications for the purpose of treatment of mental health related issues.

Policy:

It is the policy of Saginaw County Community Mental Health Authority (SCCMHA) to follow strict guidelines, which will be established by this policy, when administering medication to consumers of mental health services from SCCMHA or any of its Service Provider Network.

Application:

This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

Standards:

Medication Procedures from Policy Review Standards Section I

- I1) Medications shall only be ordered by a doctor. The doctor's order for medication may come from or through a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.
- I2) Medication shall not be used as punishment, for the convenience of staff or as a substitute for other appropriate treatment.

- I3) Medications shall be reviewed as specified in the plan of service and based on consumer's clinical status, to determine the appropriateness of continued use.
- I4) Medication shall be prepared and administered by qualified and trained staff.
- I5) At the time the Doctor/Psychiatrist/nurse practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication. Informed Consent from the consumer, their guardian, parent of a minor or loco parentis prior to the administration of the medication is required.
- I6) Medication errors and adverse drug reactions are immediately reported to the RN or physician, and documented in the clinical record.
- I7) Only medications authorized by a physician are to be given at discharge or leave and enough medication will be made available to ensure the consumer has an adequate supply until he or she can become established with another provider.
- I8) Medication use shall conform to standards of the medical community.
- I9) When a medication is used for behavioral reasons and not to treat a psychiatric condition, this is considered an intrusive technique and needs to be reviewed and approved by the Behavior Treatment Committee (BTC).
- I10) Agency personnel shall comply with the orders of a physician in administering and/or stopping medications, and shall comply with other relevant regulations, such as Licensing Regulations regarding storing/securing resident medication within the facility. Medication shall be kept in a locked cabinet.
- I11) Telephone orders for medication shall be accepted only in specific situations set forth by this policy. These orders may be accepted by a nurse. The orders must be signed by the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner within 24 hours. Orders may be faxed to a residential setting if the order has been signed by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner.
- I12) Orders for medication shall be effective only for the specific number of days indicated by the prescribing Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner. Orders for Schedule 2 controlled substances shall expire after 60 days.
- I13) Medication that is given to recipients shall be in compliance with state rules and federal regulations pertaining to labeling and packaging.

Use of Psychotropic Drugs from Policy Review Standards Section J

J1) Psychotropic Drugs are defined in the Definition Section of this policy.

- J2) Before initiating a course of psychotropic drug treatment for a consumer, the prescriber or a licensed health professional acting under the delegated authority of the prescriber shall do both of the following:
 - a) Explain the specific risks and most common adverse side effects associated with that drug, and
 - b) Provide the individual with a written summary of those common adverse side effects.
- J3) Psychotropic medication shall not be administered unless the individual gives informed consent, or the administration is necessary to prevent physical injury to the person or another, or with a court order.
- J4) The administration of psychotropic medication to prevent physical harm or injury occurs:
 - 1) ONLY when the actions of a recipient, or other objective criteria, clearly demonstrate to a physician that the recipient poses a risk of harm to himself, herself or others, and
 - 2) ONLY after signed documentation of the physician is placed in the recipient's clinical record
- J5) The initial administration of psychotropic medication under 7158(8)(b) is limited to a maximum of 48 hours unless there is consent.
- J6) The initial administration of psychotropic medication under 7158((8)(b) is as short as possible, at the lowest therapeutic dosage possible and terminated as soon as there is no longer a risk of harm.
- J7) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication.
- J8) Medication errors and adverse drug reactions are immediately and properly reported to a physician or RN and recorded in the recipient's record.
- J9) Psychotropic medications will not be given without a signed Informed Consent form.
- J10) A consumer, their guardian, parent of a minor, or loco parentis shall have the right to accept or refuse psychotropic medications treatment, except when a court order is in place.

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Informed Consent: is defined by the Administrative Rules 330.7003

- (1) All of the following are elements of informed consent:
- (a) Legal competency. An individual shall be presumed to be legally competent. This presumption may be rebutted only by a court appointment of a guardian or exercise by a court of guardianship powers and only to the extent of the scope and duration of the guardianship. An individual shall be presumed legally competent regarding matters that are not within the scope and authority of the guardianship.
- (b) Knowledge. To consent, a consumer or legal representative must have basic information about the procedure, risks, other related consequences, and other relevant information. The standard governing required disclosure by a doctor is what a reasonable patient needs to know in order to make an informed decision. Other relevant information includes all of the following:
 - (i) The purpose of the procedures.
- (ii) A description of the attendant discomforts, risks, and benefits that can reasonably be expected.
- (iii) A disclosure of appropriate alternatives advantageous to the consumer.
- (iv) An offer to answer further inquiries.
- (c) Comprehension. An individual must be able to understand what the personal implications of providing consent will be based upon the information provided under subdivision (b) of this subrule.
- (d) Voluntariness. There shall be free power of choice without the intervention of an element of force, fraud, deceit, duress, overreaching, or other ulterior form of constraint or coercion, including promises or assurances of privileges or freedom. There shall be an instruction that an individual is free to withdraw consent and to discontinue participation or activity at any time without prejudice to the consumer.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Psychotropic drug: Any medication administered for the treatment or amelioration of disorders of thought, mood, or behavior. In this policy, Psychotropic drug or medication is used interchangeably with Psychotropic Chemotherapy.

References:

Michigan Mental Health Code 330.1719;

Michigan Mental Health Code 330.1752;

Administrative rules 330.7158;

Administrative rules 330.7001

Michigan Department of Health and Human Services (MDHHS) Behavioral Health & Developmental Disabilities Administration <u>Standards for Behavior Treatment</u> Plan Review Committees Revision FY17

Exhibits:

None

Procedure:

ACTION

- 1) When a consumer of mental health treatment is seen by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, an evaluation will be completed to determine whether or not that consumer would benefit from the use of prescription psychotropic medication.
- 2) If the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner determines the consumer would benefit from the use of psychotropic medication, a prescription will be written and given to the consumer, their guardian, or licensed Foster Care Provider.
- 3) At the time the Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writes the prescription, the documentation will go into the consumer's record and specify the purpose of the medication.
- 4) If the psychotropic medication is being used for the purpose of behavior management, the use of the medication will be reviewed by the Behavior Treatment Committee.
- 5) The Behavior Treatment Committee will review, on a quarterly basis, those records of consumers who receive psychotropic medication for behavior treatment purposes.
- 6) Use of medication in conjunction with a behavioral modification plan must be reviewed monthly by qualified staff (R.N., psychologist or QMRP/QMHP, as defined in the individual program plan, and quarterly by the recipient's physician).
- 7) When it is not possible to receive an order written by a Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner, a phone order may be taken by a Nurse. This may only be done in situations where the consumer or others are put in danger by a consumer not receiving the medications or that the Service Plan agreed on by the

RESPONSIBILITY

- 1) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner evaluating the consumer
- 2) Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
- Medical or Osteopathic Doctor/Psychiatrist, Physician Assistant, or Nurse Practitioner writing the prescription
- 4) Behavior Treatment Committee
- 5) Behavior Treatment Committee
- 6) Assigned Support Staff
- 7) Assigned Support Staff or the Licensed Foster Care Provider responsible for the care of the consumer

treatment team and the consumer or their guardian cannot be followed if the consumer does not receive the medication. The phone order must be signed within 24 hours.

- 8) Administration of medications shall be recorded in the consumer's clinical record.
- 9) The use of psychotropic medications must be a part of the individual's program service plan and must be a recommendation of the Treatment Planning Team or the psychiatrist/nurse practitioner.
- 10) On a quarterly basis, AIMS testing will be conducted for those consumers that are receiving psychotropic medications, unless specified otherwise in the Individual Plan of Service.

- 8) The trained staff administering the medication
- 9) Assigned Support Staff
- 10) The Nurse working
 with the Medical or
 Osteopathic
 Doctor/Psychiatrist,
 Physician Assistant, or
 Nurse Practitioner
 writing the prescription
 for psychotropic
 medications

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.17	
 Sterilization, Abortion, 	Customer Services and		
and Contraception	Recipient Rights		
Effective Date:	Date of Review/Revision:	Approved By:	
March 7, 2000	2/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO	
	6/22/12, 6/14/14, 11/27/16,		
	6/1/18, 1/8/19, 2/11/20,		
	2/9/21, 5/10/22		
	Supersedes:	Responsible Director:	
	06.02.20.00	Tim Ninemire, Director of	
		Customer Services &	
		Recipient Rights	
73.2.3.			
SAGINAW C		Authored By:	
COMMUNITY MENTAL HEALTH AUTHORITY		Tim Ninemire	
I IEALIH AU	HOMIT		
		Additional Reviewers:	
		None	

The purpose of this policy is to establish boundaries for the responsibilities for Saginaw County Community Mental Health Authority (SCCMHA) as it relates to sterilization, abortion, and contraception.

Policy:

It is the policy of SCCMHA not to provide any direct services relating to sterilization, abortion, or contraception, but not to discriminate against any consumer, their guardian, parent of a minor, or loco parentis for any decision made regarding sterilization, abortion, or contraception.

Application:

This policy applies to all SCCMHA direct operated programs as well as all SCCMHA Service Provider Network programs.

- K1) The Support Staff responsible for the consumer's written plan of service shall provide notice to the consumer, their guardian, parent of a minor or loco parentis of the availability of family planning and health information.
- K2) The Support Staff responsible for the consumer's written plan of service shall provide referral assistance to providers of family planning and health information services upon request of the consumer, their guardian, parent of a minor, loco parentis.

- K3) Notice shall be given to the consumer, their guardian, parent of a minor or loco parentis, indicating that the receipt of mental health services, release, or discharge, is in no way dependent upon the request or decision to act on the family planning information.
- Neither SCCMHA staff members or members of the SCCMHA Service Provider Network shall make recommendations regarding sterilization or abortion.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

References:

Michigan Mental Health Code 330.1752 Administrative Rule 330.7029

Exhibits:

None

Pro	Procedure:			
	ACTION	RESPONSIBILITY		
1)	While SCCMHA does not provide direct services related to sterilization, abortion, or contraception, a consumer, their guardian, parent of a minor or loco parentis may request information regarding these subjects.	1) Support Staff		
2)	Upon request from a consumer, their guardian, parent of a minor or loco parentis, SCCMHA staff or staff of the SCCMHA Service Provider Network may provide information on family planning and health.	2) Support Staff		
3)	The consumer, their guardian, parent of a minor or loco parentis will be directed to the appropriate county or private agency available to provide more information.	3) Support Staff		

Policy and Procedure Manual		
Saginaw Co	unty Community Mental Hea	lth Authority
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.18
 Voice Recording, 	Customer Services and	
Photography,	Recipient Rights	
Fingerprinting, and the use		
of One-Way Glass		
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	6/22/12, 6/14/14, 11/27/16,	
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	2/9/21, 5/10/22	
	Supersedes:	Responsible Director:
	06.02.21.00	Tim Ninemire, Director of
		Customer Services &
		Recipient Rights
SAGINAW C	OUNTY JINITY MENTAL	Authored By:
HEALTH AU		Tim Ninemire
		Additional Reviewers:
		None

The purpose of this policy is to set limits and guidelines for the use of voice recording, fingerprinting, and the use of one-way glass in the treatment of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) or any of its Service Provider Network.

Policy:

It is the policy of SCCMHA that the use of voice recording, fingerprinting, and one-way glass will not be used without the expressed written consent of the consumer, their guardian, parent of a minor or loco parentis.

Application:

This policy applies to all SCCMHA direct operated programs as well as all Provider Network programs.

- E1) Fingerprints, photographs, or audiotapes may be taken and one-way glass may be used only when prior expressed written consent is obtained from the consumer, their guardian, parent of a minor or loco parentis.
- E2) Fingerprints, photographs, or audiotapes may be taken and one-way glass may be used in order to determine the identification of the consumer as set forth in Procedure #4 below.

- E3) Written consent is required for the use of fingerprints, photographs, audiotapes, or one-way glass. This written consent will be obtained from the consumer, their guardian, parent of a minor or loco parentis.
- E4) Consent for the use of fingerprints, photographs, audiotapes, or one-way glass may be withdrawn at any time.
- E5) Photographs (videos are excluded) may be taken for purely personal or social purposes. However, photographs taken will not be posted on social media or for any public viewing without prior expressed written consent. A photograph of a consumer shall not be taken or used if the consumer has indicated his or her objection.
- E6) The safekeeping of fingerprints, photographs, or audiotapes is described in Procedures #3, 4, & 5 below.
- E7) Fingerprints, photographs, or audiotapes in the record of a consumer, and any copies of them, shall be given to the consumer, or destroyed when they are no longer essential to achieve one of the objectives set forth in subsection (E2), or upon discharge of the resident, whichever occurs first.
- E8) The consent for the use of fingerprints, photographs, audiotapes, or one-way glass will be considered valid for one year from the date of the initial signature. However, the Assigned Support Staff will make known to the consumer, their guardian, parent of a minor or loco parentis each time any of these methods are being used and the consent can be withdrawn at any time as stated in Standard E4.
- E9) This policy prohibits video surveillance when recording is occurring and in non-public areas.
- E10) All consumer consents related to fingerprints, photographs, audiotapes, one-way glass, or written information for SCCMHA publications will be completed by using the Regional Release form in sentri II.

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Photography: Still pictures, motion pictures, and videotapes

Social Media: Social interaction among people in which they create, share or exchange information and ideas in virtual communities and networks.

References:

Administrative Rules 7003 Michigan Mental Health Code 330.1724

Exhibits:

Exhibit A - SCCMHA Release of Information

destroyed when it is no longer essential in

Procedure: ACTION RESPONSIBILITY 1) The rights of consumers receiving mental 1) Recipient Rights Office health services are clearly protected under the Michigan Mental Health Code in specific regard to fingerprints, photographs, use of one-way glass, and audiotapes. It is the duty of the SCCMHA Recipient Rights Office to ensure these rights are upheld. 2) Any use of fingerprints, photographs, 2) Enforced by the Recipient audiotapes, or of one-way glass without the Rights Office expressed written consent of the consumer, (if 18 years of age or over and competent to consent), their guardian, the parent of a minor, or loco parentis is expressly prohibited. 3) In the event that fingerprints, photographs, or 3) Assigned Support Staff audiotapes are taken in order to provide services to a consumer, all copies of them shall be kept as part of the record of the consumer. 4) Assigned Support Staff in 4) If fingerprints, photographs, or audiotapes are necessary for determining the name of a conjunction with the Director of consumer, these will be kept as part of the the Recipient Rights Office record. If necessary, the fingerprints, photographs, or audiotapes may be delivered to others for assistance in determining the identity of the consumer. Upon completion of the use of the fingerprints, photographs, or audiotapes, together with copies, will be kept as part of the record of the consumer. 5) Fingerprints, photographs, or audiotapes in 5) Assigned Support Staff in the record of a consumer, and any copies of conjunction with their them, will be given to the consumer or Supervisor and the Medical

Records Unit

order to achieve one of the objectives set forth in standard number E2 of this policy or upon discharge of the consumer, whichever occurs first.



Authorization to Exchange PHI



NAME				
Consumer W. Twelve	DOB 08/18/1989	AGE 28	CASE# 000000012	GENDER Female
ADDRESS 500 Hancock Suite 1, SAGINAW, MI 48605				
	DOCUMENT DATE			
05/10/2018	DOCUMENT DATE			
03/10/2010				
	AUTHORIZATION			
I authorize SCCMHA and Hope Network to Send and below	d Receive the specified informat	ion to/from	the person/organiza	tion(s) named
No.	PERSON			
NAME ME				
PHONE NUMBER				
5 To Control of April 19				
ALTERNATE PHONE NUMBER				
WEO.	DUATION TO BE WADE NOW AS			
☑ Entire Record	RMATION TO BE MADE AVAILAB	le:		
□ Entire Record EXCEPT the following types of doc	uments			
 Only these types of documents 				
21.00				
TIME FRAME OF RECORDS NEEDED				
understand that this health information may include	information relating to diagnosi	s or treatme	ent of psychiatric dis	abilities and/or
understand that this health information may include substance abuse and that by signing this form, I am	information relating to diagnosi specifically authorizing the relea	s or treatme	ent of psychiatric dis nation relating to:	abilities and/or
TIME FRAME OF RECORDS NEEDED If understand that this health information may include substance abuse and that by signing this form, I am ☐ Mental Health ☐ Substance Abuse (including alcohol / drug	specifically authorizing the relea	s or treatme	ent of psychiatric dis nation relating to:	abilities and/or
understand that this health information may include substance abuse and that by signing this form, I am	specifically authorizing the relea	s or treatme se of inform	ent of psychiatric dis nation relating to:	abilities and/or
I understand that this health information may include substance abuse and that by signing this form, I am ☐ Mental Health ☐ Substance Abuse (including alcohol / drug	specifically authorizing the relea	s or treatme se of inform	ent of psychiatric dis nation relating to:	abilities and/or
understand that this health information may include substance abuse and that by signing this form, I am Mental Health Substance Abuse (including alcohol / drug	specifically authorizing the relea	s or treatme se of inforn	ent of psychiatric dis nation relating to:	abilities and/or
understand that this health information may include substance abuse and that by signing this form, I am Mental Health Substance Abuse (including alcohol / drug HIV	specifically authorizing the relea	ise of inform	nation relating to:	abilities and/or
understand that this health information may include substance abuse and that by signing this form, I am Mental Health Substance Abuse (including alcohol / drug HIV HIV RESTRICTIONS The information indicated will be disclosed unless there are specific restrictions	specifically authorizing the relea	ise of inform	nation relating to:	abilities and/or
understand that this health information may include substance abuse and that by signing this form, I am Mental Health Substance Abuse (including alcohol / drug HIV RESTRICTIONS The information indicated will be disclosed unless there are specific restrictions PURPOSE OR NEED Acquisition of Services or Benefits	specifically authorizing the relea	ise of inform	nation relating to:	abilities and/or
I understand that this health information may include substance abuse and that by signing this form, I am Mental Health Substance Abuse (including alcohol / drug HIV RESTRICTIONS The information indicated will be disclosed unless there are specific restrictions	specifically authorizing the relea	ise of inform	nation relating to:	abilities and/or

09/07/2018



- I understand there is a possibility the protected health information may be re-disclosed by the recipient of the information and will no longer be protected by the Privacy Rules.
- I understand that medical information may include mental health treatment records, substance abuse information, information about serious communicable diseases or infections including HIV/AIDS, ARC, Tuberculosis, Hepatitis B, and Venereal Disease as permitted by law.
- I understand that treatment, payment, enrollment or eligibility for services will not be conditioned upon the signing of this authorization.
- I understand that this authorization will be honored unless revoked verbally or in writing. Revocation may be made at any time except to the extent that action has already been taken. To revoke an authorization, I need to notify the SCCMHA Medical Records Department.
- I understand that this authorization will expire (Select one**): □ On the following date: □ Upon the following specific event (describe): **Note: If neither a specific date or a specific event is selected, this Authorization will automatically expire 60 days after

Note to Recipient of Disclosed Mental Health Information: This disclosed information is protected by the Mental Health Code 330.1748. An individual receiving information made confidential by this section shall disclose the information to others only to the extent consistent with the authorized purpose for which the information was obtained.

discharge or one year from the date of authorization, whichever comes first.

Note to Recipient of Disclosed Substance / Alcohol Abuse Information: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. {52 FR 21809, June 9, 1987; 52 FR 41997, Nov 2, 1987}

I understand that my alcohol and/or drug treatment records are protected under Federal confidentiality rules (42 CFR Part 2), and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), and 45 CFR Parts 160 &164. Information about my mental health status is confidential and is protected by the Michigan Mental Health Code PA 258 of 1974, section 78 (3), PA 488 of 1988, effective 3/30/1989-42 CFR 455, Part B. Information about my medical condition, including status of serious communicable disease or infections such as HIV and acquired immunodeficiency syndrome, is confidential and protected under the Michigan Public Health Code PA 368. This information cannot be disclosed without my written consent unless otherwise provided for in the regulations.

	SIGNATURES	
		05/10/2018
CONSUMER SIGNATURE	PRINTED NAME	DATE
		09/07/2018
WITNESS SIGNATURE	PRINTED NAME	DATE
09/07/2018		WSCWROIO04009911

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.20	
 Treatment by Spiritual 	Customer Service and		
Means	Recipient Rights		
Effective Date :	Date of Review/Revision:	Approved By:	
March 7, 2000	3/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO	
	6/22/12, 6/14/14, 11/27/16,		
	6/1/18, 1/8/19, 2/11/20,		
	2/9/21, 5/10/22		
	Supersedes:	Responsible Director:	
	06.02.22.00	Tim Ninemire, Director of	
		Customer Services &	
		Recipient Rights	
SAGINAW C		Authored By:	
COMM Health Au	UNITY MENTAL	Tim Ninemire	
HEALIH AU	INOKIII		
		Additional Reviewers:	
		None	

The purpose of this policy is to ensure the right of consumers receiving public mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to obtain treatment by spiritual means.

Policy:

It is the policy of SCCMHA to assist interested consumers of public mental health services in obtaining treatment by spiritual means.

Application:

This policy applies to all consumers of SCCMHA including the SCCMHA Service Provider Network.

- G1) Treatment by spiritual means is defined in the Definition Section of this policy.
- G2) Consumers shall be permitted treatment by spiritual means upon request of the consumer, their guardian, and parent of a minor or loco parentis.
- G3) Requests for printed, recorded, or visual material essential or related to treatment by spiritual means, and to a symbolic object of similar significance shall be honored and made available at the recipient's expense.

- G4) If a minor, parent of a minor, or loco parentis refuse medication or other treatment based on spiritual grounds, SCCMHA ORR will assist in working with the court in determining the most appropriate method of treatment.
- G5) Consumers, their guardian, parent of a minor or loco parentis will be informed of the reason for a denial of treatment by spiritual means.
- G6) Consumers, their guardian, parent of a minor or loco parentis will be informed of their right to the Local Appeal Process upon a denial of treatment by spiritual means as described in Procedures #4 & 5 below.
- G7) Opportunity for contact with agencies providing treatment by spiritual means shall be provided in the same manner as consumers are permitted to see private mental health professionals.
- G8) The right to treatment by spiritual means includes the right of consumers, their guardians, parents of a minor, or loco parentis to refuse medication or other treatment on spiritual grounds if:
 - a) Spiritual treatment predates the current allegations of mental illness or disability
 - b) No court order empowering guardian or facility to make those decisions
 - c) The consumer is not imminently dangerous to self or others
- G9) The right to treatment by spiritual means does not include the right:
 - a) To use mechanical devices or chemical or organic compounds which are physically harmful
 - b) To engage in activity prohibited by law
 - c) To engage in activity that physically harms the consumer or others
 - d) To engage in activity which is inconsistent with court ordered custody or voluntary placement by a person other than the consumer

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Treatment by spiritual means: Spiritual discipline or school of thought upon which a consumer wishes to rely to aid physical or mental recovery.

References:

Michigan Mental Health Code 330.1704; Administrative Rules 330.7001; Administrative Rules 330.7135

Exhibits:

None

Procedure: ACTION RESPONSIBILITY 1) Receipt of a request to receive treatment by 1) Assigned Support Staff spiritual means will be documented in the consumer's record. 2) When the request to receive treatment by 2) Assigned Support Staff spiritual means is received from a guardian or the parent of a minor, the consumer will be asked if they consent to the treatment requested. If an agreement cannot be reached between the guardian and the consumer, the consumer will be able to decline the treatment. 3) Upon request to receive treatment by spiritual 3) Assigned Support Staff means, agencies providing treatment by spiritual means will be contacted to make a referral for treatment. 4) In the event that the staff member receiving the 4) Assigned Support Staff request believes there is a clinical reason for denying the request, the staff making the denial will send the consumer, their guardian, parent of a minor, or loco parentis a letter stating the reason for denial. 5) The consumer, their guardian, parent of a 5) Assigned Support Staff, and the Customer Services minor, or loco parentis receiving the written refusal of treatment by spiritual means will be Department notified of the ability to appeal the decision through the SCCMHA Local Appeal process. This request to access the Local Appeal process will be filed through the SCCMHA Customer Services Department. 6) If the consumer, their guardian, parent of a 6) Assigned Support Staff minor or loco parentis refuse treatment ordered by a court based on spiritual grounds, the court originating the order will be consulted. 7) The court's decision based on this refusal of 7) Assigned Support Staff treatment will be followed by SCCMHA

Policy and Procedure Manual			
Saginaw County Community Mental Health Authority			
Subject: Recipient Rights	Chapter: 02 -	Subject No : 02.02.21	
Comprehensive	Customer Service and		
Examination	Recipient Rights		
Effective Date:	Date of Review/Revision:	Approved By:	
September 7, 1997	3/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO	
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	2/9/21, 5/10/22		
	Supersedes:	Responsible Director:	
	06.02.23.00	Tim Ninemire, Director of	
		Customer Services &	
		Recipient Rights	
SAGINAW C		Authored By:	
COMMU Health Au	UNITY MENTAL	Tim Ninemire	
HEALIH AU	INOKIII		
		Additional Reviewers:	
		None	

The purpose of this policy is to ensure consumers of mental health services from Saginaw County Community Mental Health Authority (SCCMHA) receive a comprehensive physical and mental examination when admitted into a psychiatric hospital.

Policy:

It is the policy of SCCMHA to reach an agreement with contractual providers of psychiatric inpatient facilities that ensure comprehensive examinations are completed when a consumer is admitted into their facility.

Application:

This policy applies to all consumers of inpatient psychiatric facilities holding a contract with SCCMHA.

Standards:

1) Consumers admitted to inpatient psychiatric facilities will receive a comprehensive physical and mental examination within 24 hours of admission

Definitions:

Inpatient psychiatric facility: A unit or a hospital designated to treat mental and emotional disorders.

References:

Michigan Mental Health Code 330.1710

Exhibits:

None

Procedure:

	ACTION		RESPONSIBILITY
1)	Consumers admitted to a psychiatric inpatient facility will receive a comprehensive physical and mental examination within 24 hours of admission.	1)	Inpatient psychiatric facility
2)	Upon completion of a comprehensive physical and mental examination, an Individual Plan of Service will be developed using the information obtained during the comprehensive examinations.	2)	Inpatient psychiatric facility
3)	The Individual Plan of Service will be developed through the Person-Centered Planning process.	3)	Inpatient psychiatric facility
4)	Each consumer remaining in the facility will be periodically reexamined no less than annually.	4)	Inpatient psychiatric facility

Policy and Procedure Manual Saginaw County Community Mental Health Authority				
- Entertainment Material,	Customer Service and			
Information, and News	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
September 7, 1997	3/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO		
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		Customer Services &		
SAGINAW COUNTY		Recipient Rights		
		Authored By:		
COMMUNITY MENTAL HEALTH AUTHORITY		Tim Ninemire		
HEALIH AUTHORITY				
		Additional Reviewers:		
		None		

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to entertainment material, information, and news.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to entertainment material, information, and news unless specified in their Individual Plan of Service.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

- M1) Consumers shall not be prevented, at their own expense, from acquiring reading, written or printed material, or from viewing or listening to television, radio, recordings, or movies for reasons of, or similar to, censorship except under circumstances outlined in this policy.
- M2) A provider may limit access to entertainment materials, information, or news only if such a limitation is specifically approved in the resident's individualized plan of service. A provider shall document each instance when a limitation is imposed in the resident's record.

- M3) The limitations/restrictions will be removed when they are no longer clinically justified.
- M4) Minor consumers have the right to access material not prohibited by law unless the legal guardian of a minor or Loco Parentis object to this access.
- M5) There may be general program restrictions to access material by a provider, but in no circumstances when it conflicts with an individual's rights as defined in the Constitution of the United States or the Bill of Rights.
- M6) This policy provides a process addressing a consumer's interest in and for a daily newspaper; See Procedure #4 below.
- M7) This policy allows for the person in charge of the plan of service to attempt to persuade the parent/guardian of a minor to withdraw their objections as referenced in Standard M4. See Procedure #5 below.
- M8) The policy describes the process for residents to appeal the denial of their right to this material; See Procedure #3 below.
- M9) Restrictions for the benefit of a group are not allowed and must be addressed in each Individual Plan of Service; See Procedure #1 below.

Assigned Support Staff: Case Manager, Support Coordinator, or Therapist assigned to work with a SCCMHA consumer. The Case Manager, Support Coordinator, or Therapist may be a SCCMHA staff person or a member of the SCCMHA Service Provider Network.

Loco Parentis: A person or institution that assumes parental rights and duties for a minor.

Entertainment material, information, and news: Printed material, viewing or listening to television, radio, recordings, or movies

References:

Michigan Mental Health Code 330.1708 Administrative Rules 330.7139

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

1) Limitations may be imposed upon a consumer's right to access entertainment material, information, or news if the need to do

RESPONSIBILITY

1) Assigned Support Staff

so is indicated in the assessment during the Person-Centered Planning process. The limitation(s) will be documented in the clinical record. Restrictions for the benefit of a group are not allowed and must be addressed in each Individual Plan of Service.

- 2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of restrictions or limitations will be documented in the clinical record.
- 3) The consumer, their guardian, parent of a minor, or loco parentis will be notified they may file a Recipient Rights complaint if they feel the restrictions or limitations are not justified.
- 4) A consumer's interest in and for the provision of a daily newspaper will be assessed.
- 5) Attempts will be made to persuade a guardian, parent of a minor, or loco parentis to withdraw objections to material desired by the minor, when appropriate.

- 2) Assigned Support Staff
- 3) Assigned Support Staff
- 4) Assigned Support Staff
- 5) Assigned Support Staff

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Recipient Rights	Chapter: 02 -	Subject No: 02.02.23		
- Communication, Mail,	Customer Service and			
Telephone & Visiting	Recipient Rights			
Rights				
Effective Date:	Date of Review/Revision:	Approved By:		
March 7, 2000	3/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO		
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	6/1/18, 1/8/19, 2/11/20,			
	2/9/21, 5/10/22			
	Supersedes:	Responsible Director:		
	06.02.25.00	Tim Ninemire, Director of		
		Customer Services &		
		Recipient Rights		
SAGINAW COUNTY				
		Authored By:		
COMMUNITY MENTAL HEALTH AUTHORITY		Tim Ninemire		
TIEAETT TUTTOUTT				
		Additional Reviewers:		
		None		

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to mail and telephone, and to visit with persons of their choice.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to mail and telephone, and to visit with persons of their choice.

Application:

This policy applies to all consumers of SCCMHA services living in residential settings.

- R1) Telephones will be made accessible, and a reasonable amount of funds will be made available to consumers for the purpose of phone use if necessary.
- R2) Correspondence can be conveniently and confidentially received and mailed and writing materials and postage will be provided in reasonable amounts.
- R3) Space will be made available for visits.
- R4) In residential settings, telephone, mail, and receiving visitors shall not be further limited except as authorized in the Individual Plan of Service (IPOS).

- R5) No limitation of communication by mail, telephone, or visit may be imposed on any consumer if that communication is between consumer and the Recipient Rights Office, clergy, or the court, or attorney, or other individual when the communication involved matters, which are or may be in the subject of legal inquiry.
- R6) A resident who is able to secure the services of a mental health professional shall be allowed to see that person at any reasonable time.
- R7) A postal box or daily pickup and deposit of mail is required in order for consumers to be able to easily send and receive communication by mail.
- R8) Consumers shall be entitled to unimpeded, private, and uncensored communication with others by mail and telephone, and to visit with persons of their choice, except under circumstances where the limitation is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC).
- R9) Writing materials and postage shall be provided to consumers, in reasonable amounts, if the consumer is unable to procure such items.
- R10) Mail for a consumer shall not be opened unless a consumer, their guardian, the parent of a minor or loco parentis has consented that an article of mail may be opened by a designated person, or there is reasonable belief that the mail is a violation of a law.
- R11) Outgoing and incoming mail shall not be opened or destroyed without written consent of a consumer, their guardian, parent of a minor or loco parentis. Instances of opening or destruction of mail by staff shall be recorded and placed in the consumer's record.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1715; Michigan Mental Health Code 330.1726; Administrative rules 330.7199

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

1) Limitations may be imposed upon a consumer's right to access communication, telephone, and visiting rights only if it is clearly documented in the individual plan of service per Michigan Mental Health Code (MMHC).

- 2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record.
- 2) Support Staff
- 3) The consumer or guardian will be notified they may file a Recipient Rights complaint if they feel the restrictions or limitations are not justified.
- 3) Support Staff

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject : Recipient Rights –	Chapter: 02 -	Subject No : 02.02.24		
Freedom of Movement	Customer Service and			
	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
September 8, 1997	3/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO		
	6/19/12, 6/14/14, 11/27/16,			
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	2/9/21, 5/10/22			
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	06.02.26.00	Tim Ninemire, Director of		
		Customer Services &		
SAGINAW COUNTY		Recipient Rights		
		Authored By:		
Community Mental Health Authority		Tim Ninemire		
HEALIH AUTHORIT				
		Additional Reviewers:		
		None		

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) will be allowed freedom of movement to the greatest extent possible.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in order to be allowed freedom of movement.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

- O1) SCCMHA and its Service Provider Network shall endeavor to treat all consumers in the least restrictive environment suitable to their individual plan of service.
- O2) Freedom of movement of a consumer shall not be restricted more than necessary to:
 - a) Provide mental health services to the consumer
 - b) Prevent injury to the consumer or others
 - c) Prevent substantial property damage except that security precautions appropriate to the condition and circumstances of an individual admitted by order of a criminal court or a person transferred from a penal institution
- O3) A consumer's right to freedom of movement will only be limited as authorized in the consumer's individual plan of service. The reason(s) for any limitation(s) must be

- clearly documented in the Individual Plan of Service. Any limitation placed on the consumer will be time limited per Michigan Mental Health Code (MMHC).
- O4) Limitations on freedom of movement will be removed when the circumstance that justified its adoption cease to exist.
- O5) Consumers shall be entitled access to areas designated for recreational, vocational, social activities where age, sex, physical illness/handicap, or maintenance of security is appropriate for access.
- O6) The residential agency shall provide for a rational and fair manner in which a consumer, their guardian, parent of a minor, or loco parentis may request leaves and appeal denial of requests. If dissatisfied, consumers may seek assistance from the SCCMHA ORR.
- O7) Substantial limitations shall be reported to the guardian, parent of a minor or loco parentis and the Court during any hearing process.
- O8) Service plans for consumers involved with the legal or criminal justice system will identify any security precaution necessary to ensure safety to comply with an existing court order.
- O9) Consumers placed in Adult Foster Care Homes are able to have complete freedom of movement unless specified differently in their Individual Plan of Service.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1708; Michigan Mental Health Code 330.1744; Administrative rules 330.7199.

Exhibits:

None

Procedure:

ACTION

RESPONSIBILITY

1) Limitations may be imposed upon a consumer's right to freedom of movement if the need to do so is indicated in the consumer's individual plan of service and will be time limited per Michigan Mental Health Code (MMHC).

- 2) Limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record.
- 2) Support Staff

Policy and Procedure Manual				
Saginaw County Community Mental Health Authority				
Subject: Recipient Rights	Chapter: 02 -	Subject No: 02.02.25		
Personal Property &	Customer Service and			
Funds	Recipient Rights			
Effective Date:	Date of Review/Revision:	Approved By:		
March 7, 2000	3/19/03, 12/19/06, 1/25/08,	Sandra M. Lindsey, CEO		
	7/13/09, 6/19/12, 6/14/14,			
	11/27/16, 6/6/18, 1/8/19,			
	2/11/20, 2/9/21, 5/10/22			
	Supersedes:	Responsible Director:		
	06.02.27.00	Tim Ninemire, Director of		
		Customer Services &		
SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY		Recipient Rights		
		Authored By:		
		Tim Ninemire		
		Additional Reviewers:		
		None		

The purpose of this policy is to ensure the rights of consumers receiving mental health services from Saginaw County Community Mental Health Authority (SCCMHA) to have access to personal property and their own funds.

Policy:

It is the policy of SCCMHA to assure consumers of mental health services are not discriminated against in having access to their personal property and their own funds.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

- N1) A consumer's property or living area shall not be subject to search by a provider except in the following circumstances:
 - a) Search is authorized in the consumer's plan of service.
 - b) There is reasonable cause to believe the consumer is in possession of contraband or property excluded by written policies or procedures of the provider.
- N2) Documentation will be made in the record of the circumstances surrounding the search which includes: (i) the reason for initiating the search, (ii) the names of the individuals performing and witnessing the search, (iii) the results of the search, including a description of the property seized.

- N3) Any property taken into possession by the residence/facility must be given to the recipient at the time the recipient leaves.
- N4) Residents will be allowed to inspect personal property at reasonable times.
- N5) The Support Staff responsible for the Individual Plan of Service may limit property in order to prevent the resident from physically harming himself, herself or others, or to prevent the destruction of property. This may include the limiting of property in order to reduce the likelihood of theft or loss unless a waiver is signed by the resident.
- N6) A receipt shall be given to the consumer and a person designated by the consumer, for any personal property taken into the possession by the Home Provider
- N7) All limitations of property will be justified and documented in the Individual Plan of Service (IPOS) per Michigan Mental Health Code (MMHC).
- N8) Circumstances surrounding the search including:
 - (i) The reason for initiating the search
 - (ii) Names of the individuals performing and witnessing the search
 - (iii) Results of the search, including a description of property seized, shall be entered in the consumer's clinical record.
- N9) All resident money will be logged into their Resident Funds Log, and every time money is taken out of their account, it will be documented, initialed by both consumer and staff, and a reason for the withdrawal will be recorded by staff. A consumer is entitled to easy access to the money in his or her account and to spend or otherwise use the money as he or she chooses, except as stated previously under limitations.

Definitions:

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1728; Michigan Mental Health Code 330.1730; Michigan Mental Health Code 330.1732; Administrative Rules 330.7009

Exhibits:

None

Procedure:

during the Person Centered Planning process. The restrictions or limitations will be documented in the clinical record.

- 2) The consumer or guardian will be informed of any restrictions on access to personal property and funds at the time of the Person Centered Plan
- 3) Restrictions or limitations will be removed when they are no longer essential to achieve objectives which justified the restrictions or limitations. The removal of the restrictions or limitations will be documented in the clinical record.
- 4) At the time the consumer moves, their property shall be returned.
- 5) The consumer may file a Recipient Rights complaint if they or their guardian believe all of their belongings have not been returned to them.

- 2) Support Staff
- 3) Support Staff

- 4) AFC Home Provider
- 5) Consumer or their guardian

Policy and Procedure Manual							
Saginaw County Community Mental Health Authority							
Subject: Recipient Rights	Subject No : 02.02.26						
 Recipient Labor 	Customer Service and						
	Recipient Rights						
Effective Date :	Date of Review/Revision:	Approved By:					
March 7, 2000	3/19/03, 1/25/08, 7/13/09,	Sandra M. Lindsey, CEO					
	6/19/12, 6/14/14, 11/27/16,						
	6/2/18, 1/8/19, 2/11/20,						
	2/9/21, 5/10/22						
	Supersedes:	Responsible Director:					
	06.02.28.00	Tim Ninemire, Director of					
		Customer Services &					
		Recipient Rights					
73.2.3.							
	SAGINAW COUNTY						
COMM Health Au	Authored By: Tim Ninemire						
I IEALIH AU	HOMIT						
		Additional Reviewers:					
	None						

Purpose:

The purpose of this policy is to set standards for appropriate compensation for work performed by consumers of mental health services from Saginaw County Community Mental Health Authority (SCCMHA).

Policy:

It is the policy of SCCMHA to ensure appropriate payment is rendered for work completed by consumers.

Application:

This policy applies to all consumers of SCCMHA including the Service Provider Network.

Standards:

- Q1) A consumer may perform labor which contributes to the operation and maintenance of the residence for which the residential agency would otherwise employ someone only if:
 - 1) The consumer voluntarily agrees to perform the labor
 - 2) Engaging in the labor would not be inconsistent with the Individual Plan of Service for the consumer
 - 3) The amount of time or effort necessary to perform the labor would not be excessive
 - 4) In no event shall discharge or privileges be conditioned upon the performance of such labor
- Q2) Consumers will be compensated appropriately for the performance of work which the agency would otherwise employ someone. This includes complying with applicable

- federal and state labor laws, including minimum wage and minimum reduction provisions.
- Q3) Consumers will be compensated for performing labor which benefits another person/agency.
- Q4) A consumer need not be compensated for personal self-care and personal housekeeping.
- Q5) One-half of any compensation paid to a consumer under this section is exempt from collection under the Mental Health Code, as payment for mental health services rendered.
- Q6) Consumers with open and active cases who have vocational/employment goals as part of their treatment plan will be compensated for work performed commensurate with current applicable State and local laws.
- Q7) Work activities considered inappropriate are those which:
 - a) Lack appropriate planning and supervision
 - b) Are supervisory in nature
 - c) Are hazardous either as defined under Federal, State or local law, or in light of an individual consumer's functional capacity
 - d) Are not performed in accordance with an individualized treatment plan
- Q8) Consumers who are under the legal working age as defined in applicable Federal and State Child Labor laws may not engage in work.
- Q9) More than six hours of work per day must be approved by the agency Clinical Risk Management Committee.
- Q10) The Americans with Disabilities Act, Policy #7105, will be followed for consumers with active or inactive cases who do not have vocational/employment goals as part of their treatment plan, and who seek employment or who are employed by SCCMHA.

Definitions:

Compensation: As used in this policy refers to financially compensating a consumer to perform labor. In other words, compensation is not to be considered giving consumer a token compensation such as a ticket to a concert or other event.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

American with Disabilities Act, Policy #7105; Michigan Mental Health Code 330.1736; Administrative Rules 330.7229

Exhibits: None

Procedure:

ACTION	RESPONSIBILITY
1) Participation in occupational training and/or work experience shall be documented as part of the Individual plan of Service.	1) Support Staff
2) Participation in vocational/employment training shall be clearly documented in the consumer's Individual Plan of Services.	2) Support Staff
3) SCCMHA staff will work with the employer to ensure appropriate payment for work is made to the consumer.	3) Support Staff

Policy and Procedure Manual							
Saginaw County Community Mental Health Authority							
Subject: Recipient Rights	Subject No : 02.02.28						
 Dignity and Respect 	Customer Services &						
	Recipient Rights						
Effective Date:	Date of Review/Revision:	Approved By:					
January 25, 2008	1/25/08, 7/13/09, 9/20/10,	Sandra M. Lindsey, CEO					
	6/19/12, 6/14/14,	•					
	11/27/16, 6/6/18, 1/8/19,						
	2/11/20, 2/9/21, 5/10/22						
	Supersedes:	Responsible Director:					
		Tim Ninemire, Director of					
		Customer Services &					
		Recipient Rights					
5.5							
SAGINAW CO		Authored By:					
COMMU Health Au	Tim Ninemire						
TIERETT / G							
		Additional Reviewers:					
		None					

Purpose:

The purpose of this policy is to ensure consumers of mental health services and their families are treated with dignity and respect, to which they are entitled.

Policy:

It is the policy of SCCMHA that all consumers and their families are treated with dignity and respect.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

- D1) SCCMHA staff and the Service Provider Network protect and promote the dignity and respect to which all consumers of services are entitled.
- D2) Dignity and Respect are defined in the Definitions section of this policy.
- D3) Family members of consumers are treated with dignity and respect.
- D4) Family members are given an opportunity to provide information to the treating professionals.
- D5) Family members will be provided an opportunity to request and receive general educational information about the nature of disorders, medications, and their side effects, available support services, advocacy and support groups, financial

assistance and coping strategies.

Definitions:

Respect: To show deferential regard for; to be treated with esteem, concern, consideration or appreciation; to protect an individual's privacy; to be sensitive to cultural differences; to allow an individual to make choices.

Dignity: To be treated with esteem, honor, politeness; to be addressed in a manner that is not patronizing or condescending; to be treated as an equal; to be treated the way any individual would like to be treated.

• Examples of treating a person with dignity and respect include, but are not limited to: calling a person by his or her preferred name; knocking on a closed door before entering; using positive language; encouraging a person to make choices instead of making assumptions about their preferences; taking a person's opinion seriously; including a person in conversations; allowing a person to do things independently or to try new things.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1704; Michigan Mental Health Code 330.1708; Michigan Mental Health Code 330.1711; Michigan Mental Health Code 330.1752

Exhibits:

None

Procedure:

ACTION

- 1) The worth, dignity, and uniqueness of all consumers as well as their rights and opportunities, shall be respected and promoted.
- 2) Family members of consumers shall also be treated with dignity and respect.
- 3) Complaints regarding the dignity and respect of consumers or their family members will be investigated or an intervention on behalf of the consumer or family member will be completed.

RESPONSIBILITY

- 1) All SCCMHA staff and Service Provider Network staff
- 2) All SCCMHA staff and Service Provider Network
- 3) SCCMHA ORR

Policy and Procedure Manual							
Saginaw County Community Mental Health Authority							
Subject: Recipient Rights	Subject No : 02.02.29						
 Least Restrictive Setting 	Customer Services &						
	Recipient Rights						
Effective Date :	Date of Review/Revision:	Approved By:					
January 25, 2008	1/25/08, 7/13/09, 6/19/12,	Sandra M. Lindsey, CEO					
	6/14/14, 11/27/16, 6/6/18,	•					
	1/8/19, 2/11/20, 2/9/21,						
	5/10/22						
	Supersedes:	Responsible Director:					
	_	Tim Ninemire, Director of					
		Customer Services &					
		Recipient Rights					
SAGINAW CO	Authored By:						
Commu Health Aut	Tim Ninemire						
TIEALIT AUT							
		Additional Reviewers:					
		None					

Purpose:

The purpose of this policy is to ensure consumers of mental health services receive their treatment in the least restrictive setting possible.

Policy:

It is the policy of SCCMHA that all consumers are afforded the treatment necessary for them to achieve Recovery in the least restrictive setting.

Application:

This policy applies to all staff of SCCMHA as well as the Service Provider Network.

Standards:

- P1) SCCMHA offers mental health services in the least restrictive setting that is appropriate and available.
- P2) A consumer shall receive mental health services suited to his or her condition.

Definitions:

Least Restrictive Setting: The setting where appropriate treatment can be provided with the least amount of restrictions placed upon the consumer. An example of this would be a consumer may meet the criteria for inpatient hospitalization, but if the services can be provided to the consumer in a crisis residential placement, this option should be offered to them if it is appropriate to the circumstances. A crisis residential placement offers the consumer more freedom than an inpatient hospitalization.

Support Staff: Case Manager, Supports Coordinator, or Therapist

References:

Michigan Mental Health Code 330.1708; Michigan Mental Health Code 330.1752

Exhibits:

None

	ACTION	RESPONSIBILITY
1)	Consumers of mental health services shall receive services in the least restrictive setting possible. This is determined by diagnosis, symptoms, and the Person Centered Planning process	1) Support Staff
2)	Complaints regarding the least restrictive setting will be investigated or an intervention will be completed on behalf of the consumer.	2) Recipient Rights Office

Policy and Procedure Manual							
Saginaw County Community Mental Health Authority							
Subject: Recipient Rights	Subject No : 02.02.31						
- Service Animals	Customer Services &						
	Recipient Rights						
Effective Date:	Date of Review/Revision:	Approved By:					
6/10/18	1/8/19, 2/11/20, 3/9/21,	Sandra M. Lindsey, CEO					
	6/10/22						
	Supersedes:						
Saginaw C Comm Health Au	UNITY MENTAL	Responsible Director: Tim Ninemire, Director of Customer Service, Recipient Rights, & Security Authored By: Tim Ninemire					
		Additional Reviewers: None					

Purpose:

To provide guidelines for the safe introduction of service animals into the Saginaw County Community Mental Health Authority (SCCMHA) and the SCCMHA Provider Network environment. SCCMHA abides by the rights of persons with disabilities accompanied by a service animal in accordance with applicable Federal, State and Local law.

Application:

This policy applies to SCCMHA as well as the SCCMHA Service Provider Network.

Policy:

It is the policy of SCCMHA to provide a warm and welcoming environment for its employees, consumers, and visitors, which includes service animals assisting individuals with disabilities while in or on agency premises unless otherwise indicated.

Standards:

- A. Dogs: It is the standard of SCCMHA that individuals with a disability, will be allowed to bring their trained service animal (dog) into all areas of the facility where consumers are normally allowed to go in accordance with the following:
 - 1. The individual may be asked, by SCCMHA Staff responsible for maintaining a safe and secure environment, if the animal is a service animal and what tasks the service animal has been trained to perform;
 - 2. There will be no requirement for special ID cards for the service animal;

- 3. There will be no requirement for a certificate of training for the service animal;
- 4. There will be no inquiries of the individual regarding the individual's disability;
- 5. The individual who uses a service animal, hereafter simply referred to as the individual will not be charged extra fees, isolated from other consumers, or treated less favorably than other consumers;
- 6. The agency will not provide care or food for a service animal; nor will the agency be required to provide a special location for the animal to relieve itself;
- 7. The individual will be required to control the service animal at all times and will not allow the service animal to wander around in the facility;
- 8. If the individual does not maintain control of the service animal, e.g., the animal continually barks, wanders around, damages property; or if the animal becomes a threat to the health and safety of others; or the dog is not housebroken, the individual will be asked to remove the service animal from the premises;
- 9. If the condition exists wherein the individual is asked to remove the service animal from the premises, reasonable accommodations will be offered to insure continued services without having the service animal on the premises:
- 10. If the service animal damages property, the individual will be responsible for payment for such damages in accordance with policies and procedure which require other individuals to pay for damages to the facility's property;
- 11. Service animals will not be allowed entrance into areas of the facility where their presence would "fundamentally alter" the function of the specific service area.
- B. Miniature Horses: (Miniature horses generally range in height from 24 inches to 35 inches measured to the shoulders and generally weigh between 70 and 100 pounds.) It is the standard of SCCMHA that individuals with a disability, will be allowed to bring their trained service animal (miniature horse) into all areas of the facility where consumers are normally allowed to go in accordance with the above standards and additionally the following;
 - 1. the miniature horse is housebroken;

- 2. the miniature horse is under the owner's control at all times;
- 3. the facility can accommodate the miniature horse's type, size, and weight, and;
- 4. the miniature horse's presence will not compromise legitimate safety requirements necessary for safe operation of the facility.
- C. If there is a question about whether or not a dog or miniature horse brought into an SCCMHA facility is a service animal, the following procedures should be followed:
 - 1. Staff responsible for maintaining a safe and secure environment may ask:
 - a. Is the animal a Service Animal required because of a disability, and
 - **b.** What work or task has the animal been trained to perform?

If the animal is determined not to be a service animal, according to the definition in this policy, the individual will be asked to remove the animal from the SCCMHA facility.

Definitions:

Service Animal: Is defined as a dog trained to provide assistance to an individual with a disability. (Americans with Disabilities Act of 1990 (ADA) – Title III Regulation 28 CFR Part 36 – Sec.36.104) In addition, the ADA recognizes miniature horses which are trained to provide assistance to an individual with a disability as a service animal.

The miniature horse is not included in the definition of service animal, which is limited to dogs. However, ADA regulations contain a specific provision which covers miniature horses.

Staff responsible for maintaining a safe and secure environment: Customer Service Staff, Front Desk Associate, Security Guard or other SCCMHA staff given this responsibility.

References:

American with Disabilities Act of 1990 (ADA) – Title III Regulation 28 CFR Part 36

Exhibits:

Exhibit A - Michigan Department of Civil Rights Service Animal Poster

Procedure:

None



Tab 8

Network Services

Policy and Procedure Manual Saginaw County Community Mental Health Authority							
Subject: Competency Requirements for the SCCMHA Provider Network	Chapter: 02 - Customer Services & Recipient Rights	Subject No : 05.06.03					
Effective Date: 1/1/03	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, 10/11/22 Supersedes:	Approved By: Sandra M. Lindsey, CEO Responsible Director: Director of Network Services, Public Policy & Continuing Education					
Saginaw Com Health /	Authored By: Jennifer Keilitz Additional Reviewers: Credentialing Committee						

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 <u>qualified</u> 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 <u>three</u> 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

- 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 preemployment 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. <u>Continuing Education and Supervision</u>

- 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 personcentered 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. <u>Credentialing and Re-credentialing of Professional Staff</u>

- 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 recredentialing 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 <u>not</u> 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. <u>Peer Review Process</u>

- 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/recredentialing 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:

<u>Good Moral Character</u> 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."

<u>Competency</u>: 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.

<u>Credentialing:</u> The process of receiving and verifying evidence that basic requirements are met.

<u>Direct or Primary Source Verification</u>: 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 es, credentials, criminal All SCCMHA Network Membe

Verify references, credentials, criminal background checks and any related preemployment or pre-contracting screening according to designated policies and procedures.

Maintain on file proofs of preemployment verifications as well as credentials and licensure and training. Conduct initial employment orientation.

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.

All SCCMHA Network Members and SCCMHA Human Resources Director or designee, SCCMHA Director of Contracts & Procurement

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.

Oversees and co-signs any work performed by those staff working toward appropriate credential or licensure.

Monitors clinical programs for employee compliance.

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.

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.

Reviews Credentialing and Recredentialing of all Clinical staff to assure proper credentials are maintained and person is credentialed for services provided to SCCMHA Consumers. Supervisors of direct service individuals

SCCMHA Human Resources Director, and All SCCMHA Network Providers

SCCMHA Human Resources Director, and All SCCMHA Network Providers

SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA Director of Contracts & Procurement, SCCMHA Continuing Education Supervisor, and SCCMHA Network Audit staff

SCCMHA Credentialing Committee

SCCMHA Credentialing Committee

Receives and reviews any Credentialing appeals and provides feedback to the appellate.

SCCMHA Credentialing Committee

Exhibit A

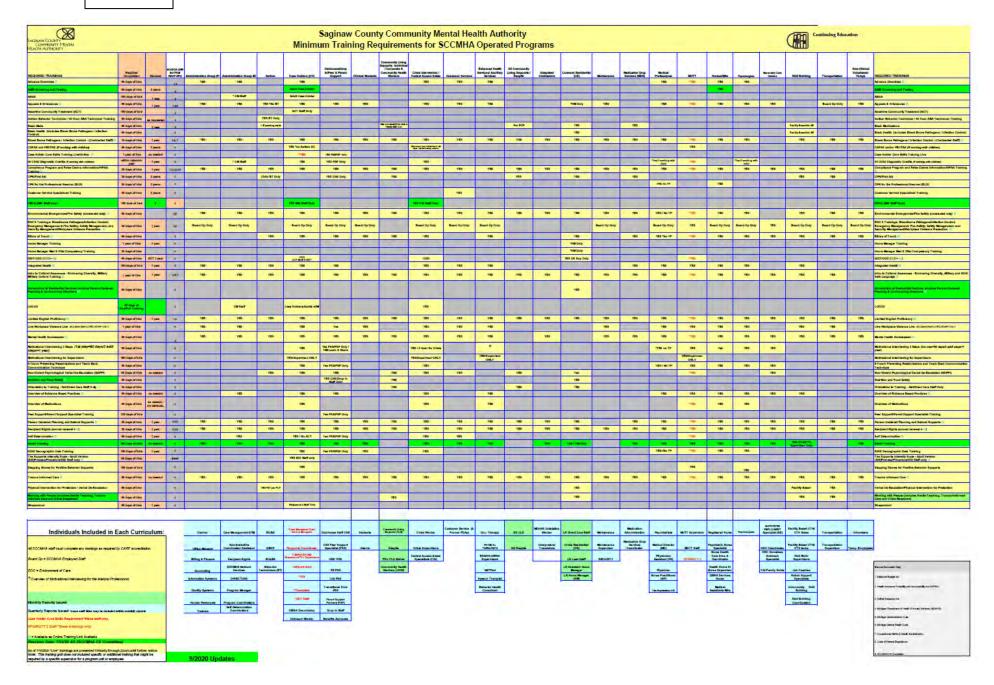


Exhibit B

							MSHN Reg	ional Minir	num CMHSF FY20	/SUD Trainin	g Requirem	ents								
Source Docume 1. Balanced Bud	Iget Act				Other							Primary Service Providers					Autism Serv	rice Provdiers	Substance	Use Disorder
Health Insurance Portability and Deficit Reduct Michigan Department of Health S. Michigan Adminis Michigan Adminis Michigan Mental I. Occupational Safety & Health S. Code of Federal F.	tion Act & Human Services (N trative Code Health Code Administration (OS)	MDHRS)	CMH-employed Administration Group	Crisis Intervention/ Access	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	(Case Managers, Supports Coordination, Home Based Staff, MST, Wraparound)	Individual/ Group Therapist	Clubhouse/ Drop-in/ Peer Supports	CMH- employed Transporters	ACT	Behavior Technicians	BCsB4 BCsB4 LLF QBHF QLF	Treatment	Prevention
Training	Requirements	Source							Renewa	Key: [= Initially	y A = Initially	& Annually 2 =	Initially & eve	ry 2 years					2	
Assertive Community Treatment (ACT)	180 days of hire for work in ACT	4														I				
Advance Directives	90 days of hire	1, 4	- 4144	1			L =			1		7 - (1		-		1			-12	
Appeals & Grievances	90 days of hire	1, 4, 6	A	A	A	Α	A	A			А	A	A	A	A	A		A	A	
CAFAS and/or PECFAS (if working with children)	90 days of hire	4	1000	2					Long.			2	2							1
Corporate & Regulatory Compliance	90 days of hire	1,3	A	Α	Α.	A	Α	A	A	A	A	Α	A	Α	A	- A	A	A	A	Α
CPR & First Aid*	30 days of hire	5	A						2	first aid only					2		first aid only			1
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		1	1	1111		1-		1	- 1	-		1-	-1	I			1	1
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	Α.	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								f (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	Α	Α.	A	A	A	A	A	A
Medication Administration	90 days of hire	5								f - if passing meds							l - if passing meds	l - if passing meds		
Non-Physical Intervention (Verbal De- escalation)	90 days of hire	8		1.					- (-			1	1	1		1	(14		
Person-Centered Planning	30 days of hire	4, 6, 8	_ A .	A	A		A	Α	Α.	A	А	А	A	A	A	A	A - includes beneficiary IPOS	A		
Recipient Rights	30 days of hire	4, 5, 8	A	Α	A	Α.	A	A	A	. A	A	Α.	A	A	A	A	A	A	Α	Α
Self Determination	90 days of hire	4		A				/		V		A	Α.							
Trauma Informed Care	90 days of hire	4	1	1) : :	1	1	1	1111	1	(1	1	t	1:	1	= I ==	(t	1 P	1	
SIS Process/Procedure (IDD)	60 days of hire							1		1										1
LOCUS (MI Adults)	30 days of hire	4		-1-						1/2		2	t			-1-				
GAIN I-Core * Based on Certification Length set b	120 days of hire	- 4	The State of the S	1							10000		-			-	4		1***	

^{*} Based on Certification Length set by the training entitly (i.e., American Red Cross)

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.

^{**} 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.

^{ightarrow} 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

Exhibit C



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	Michigan Department of Community Health, Bureau of Health
	to Practice in Michigan	Professionals
Inpatient Psychiatric Unit	License for Acute Care Beds for	Michigan Department of Consumer and Industry Services, Bureau of
	Adult or Adolescent and /or	Health Systems
	License for Partial Hospitalization	
Crisis Residential Treatment	Certification for Crisis Residential	Michigan Department of Community Health, Bureau of Health Systems
	Certification for Specialized	Michigan Department of Human Services, Office of Child and Adult
	Residential	Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult
		Licensing
Specialized Residential	Certification for Specialized	Michigan Department of Human Services, Office of Child and Adult
	Residential	Licensing
	Adult Foster Care License	Michigan Department of Human Services, Office of Child and Adult
		Licensing
Outpatient Services Clinic or Agency	Accreditation by one of the following:	a) Joint Commission on Accreditation of Health Care Organizations
Providers: including Assertive		b) Council on Accreditation of Rehabilitation Facilities
Community Treatment, Case Management,		c) Council on Accreditation
Supports Coordination, Clinic Services and		d) Certification by Michigan Department of Community Health
Vocational Rehabilitation		
Enhanced Treatment and Support Services:	Certification and/or Enrollment	Michigan Department of Community Health, Division of Quality
Assertive Community Treatment, Home		Management and Service Innovations
based Services, Case Management, Crisis		
Residential, Crisis Stabilization,		
Clubhouse		

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.

<u>Accountability</u>

- 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



AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 1-14

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY



PROVIDER INFORMATION: Provider Name: Phone: Fax: Address: City: State: Zip Code: , 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. , 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 Maiden Name (If Applicable) Applicant's Signature Date Applicant's Social Security Number Witness Signature Date 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; □YES □NO; □YES □NO. Name of County: Name of County: 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: YES NO: Name of County: Name of County: ■YES ■NO By: 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

Policy and Procedure Manual								
Saginaw County Community Mental Health Authority								
Subject: Credentialing and	Subject No : 05.06.03.01							
Recredentialing of	Organizational							
SCCMHA Providers and	Management							
Staff								
Effective Date: 10/25/21	Date of	Approved By:						
	Review/Revision:	Sandra M. Lindsey, CEO						
	9/2/22							
	Supersedes:							
	Credentialing of	Responsible Director:						
	SCCMHA Providers and	Network Services, Public						
	Staff Procedure	Policy & Continuing						
	09.04.03.01 (10/1/08)	Education						
	Buudunen							
	Authored By:							
SAGINAW COL	Barbara Glassheim							
Commun Health Auth	Additional Reviewers:							

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.

- L. 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.
- M. 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.
- N. 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.
- O. Credentialing files for contractors will be completed within 120 days from the start of the credentialing or recredentialing process.
- P. Credentialing files for employees will be completed within 30 days from the start of the credentialing or recredentialing process.
- Q. All professionals who provide therapy or other professional clinical services within the SCCMHA network of services must be properly credentialed and recredentialed.
- R. 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
- S. 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.
- T. 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.
- U. 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.
- V. 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.
- W. 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.
- X. 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.
- Y. <u>Participating providers</u> 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.
- Z. Initial credentialing of applicants will include complete work history information via resume/vitae or employment application.
- AA. 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.
- BB. Recredentialing will include an update and/or verification of initial application information.
- CC. The file will include any pertinent information used to determine if the provider met SCCMHA credentialing standards.
- DD. 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.
- EE. SCCMHA allows for <u>temporary or provisional credentialing</u> of an individual for up to 150 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. Missing documents will be required submission within 3 business days of request.
 - 3. 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.
 - 4. Temporary or provisional credentialing of physicians requires the approval of the SCCMHA Medical Director.
 - 5. Temporary credentialing will follow the established SCCMHA processes, including application and primary source verification.
 - 6. 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.
 - 7. Staff will not be allowed to render services until credentialing is complete.
- FF. 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.
- GG. 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.
- HH. SCCMHA <u>quality</u> 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.
- II. 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.
- JJ. If an individual or organization is <u>denied</u> 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.

- KK. 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.
- LL. 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.
- MM. 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.
- NN. Valid credentials are a condition of continued employment or contracting in the SCCMHA provider network.

OO. 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.

PP. 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.

QQ. 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:

<u>Credentialing</u> – Confirmation system of the qualification of healthcare providers.

<u>Credentialing Agent</u> – 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.

<u>Credentialing Committee</u> – 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.

<u>Credential File</u> – 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.

<u>Deemed Status</u> – 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.

<u>Direct (or Primary) Source Verification</u> – Securing proof from the actual source that issued the credential in order to ensure authentication.

<u>National Practitioner Databank (NPDB):</u> 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/.

<u>Primary Provider</u> – Contracted organization providing case management or supports coordination services associated with an integrated service team.

<u>Recredentialing</u> – 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:

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, Chief of Network Business Operations
Provide <u>consultation</u> to the Credentialing Committee on various credentialing related	Key SCCMHA leadership staff members Consultants: Director of Clinical Services and Programs, Director of Care

issues whenever applicable, such as: quality program, clinical services, Medicaid requirement changes, provider performance and regulatory compliance.

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.

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.

Acts as a credentialing agent for SCCMHA. Conducts <u>initial credentialing</u> 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.

Management & Quality Systems and/or Supervisor of Quality Systems & Public Information, Manager of Contracts & Properties, Administrator of Regulatory Compliance and any others as indicated

Credentialing Agents

SCCMHA Medical Director or designee/Administrative Assistant to the Medical Director or Network Services, Public Policy & Continuing Education

SCCMHA Provider Auditing Unit and/or Human Resources Department

Verifies and documents at time of preemployment that staff have not been excluded for Medicare or Medicaid, and reviews excluded update lists from Michigan.

Acts as a credentialing agent for SCCMHA. Verifies credentials of 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.

Contract Management Unit

Regulatory Compliance Administrator

Recipient Rights Office

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. 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.

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.

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.

Provider Network Auditing Supervisor

Provider Network Auditing Unit

SCCMHA Service Provider Network Contractors – Primary and Hospital Service Providers

All individually credentialed providers/organizations with delegation responsibilities and professional employees

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 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

Provide feedback on the credentialing process. Provide individual source documents upon which credentialing activities will commence to determine employment or contract finalization status.

Medicare or Medicaid.

All SCCMHA Provider Contractor Organizations

SCCMHA Service Provider Network Contractors/Subcontractors/Staff



Regulatory Compliance

Regulatory Compliance Verification Summary

	Entity	Officers &	Medicaid	Licensed	Non-	All Other
C		Directors	ID	Clinicians	Licensed	Entities
Source			possessors		Caregivers	
	d Parties	Prior to		Prior to	Prior to	Prior to
List S	•	relationship	N.A.	relationship	relationship	relationship
(GS	SA)	and		and	and	and
		periodically		Monthly	Monthly	Monthly
	Excluded	Prior to				
Entit	ies &	relationship	relationship	relationship	relationship	relationship
Indivi	iduals	and	and	and	and	and
(O)	IG)	Monthly	Monthly	Monthly	Monthly	Monthly
Consu	mer &	Prior to				
Industry	Services	relationship	relationship	relationship	relationship	relationship
(Mi	ch.)	and	and	and	and	and
		Monthly	Monthly	Monthly	Monthly	Monthly
NP:	DB	N.A.	Prior to	Prior to	N.A.	N.A.
			relationship	relationship		
			and biennial	and biennial		
HIP	DB	N.A.	Prior to	Prior to	N.A.	N.A.
			relationship	relationship		
			and biennial	and biennial		
Mich. Sta	ate Police		Prior to	Prior to	Prior to	Prior to
		Optional	relationship	relationship	relationship	relationship
		_	and w/cause	and w/cause	and w/cause	and w/cause
Office of	Recipient		Prior to	Prior to	Prior to	Prior to
Rig	ghts	Optional	relationship	relationship	relationship	relationship
			and w/cause	and w/cause	and w/cause	and w/cause
Dept. of	f Motor	Optional	Prior to	Prior to	Prior to	Prior to
Veh	icles		relationship	relationship	relationship	relationship
			and w/cause	and w/cause	and w/cause	and w/cause



AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION 7-16

AUTHORIZATION TO DISCLOSE EMPLOYEE INFORMATION AND RELEASE OF LIABILITY



Provider Name: Phone: Address: City: State: Zip Code: , 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 I have not worked in the Mental Health field prior to my application for employment. , 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 Maiden Name (If Applicable) Applicant's Signature Date XXX-XX-Applicant's Social Security Number (Last 4 Digits Only) Witness Signature Date Applicant's Home Address: Street and Number 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: YES NO: SCCMHA YES NO; Name of County: ☐YES ☐NO; Name of County: Name of County: YES NO B) The above applicant has the following Recipient Rights history: Violation(s) of other Recipient Rights violations according to: ☐YES ☐NO; SCCMHA YES NO; Name of County: YES NO; Name of County: YES NO Name of County: 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

Exhibit C

A Word About Professional Licensure

<u>Proof of Licensure at Hire (where required)</u>

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



Staff Credentials Certification Form

Staff Name:	Supervisor:	Date:
minors and their families and who or limited-licensed professional colors of an individual with at least a bacand has three years supervised expan individual with at least a master has one year of experience in the eservices individuals must be a BCB.	I training and one year of experience in the exa- is a physician, psychologist, licensed or limited unselor, licensed or limited-licensed marriage a chelor's degree in a mental healthrelated field perience in the examination, evaluation, and training 's degree in a mental health-related field from examination, evaluation and treatment of mino A or BCaBA or Psychologist working within theil	-licensed master's social worker, licensed and family therapist or registered nurse; from an accredited school who is trained eatment of minors and their families; OR an accredited school who is trained and ors and their families. For the BHT/ABA
I meet the qualifications for CN		
 I have transferred from another ag 	Company and the state of the company and the state of the	
I am an individual with specialized their families and who is a physicial control of the co	training and one year of experience in the examina in, psychologist, licensed or limited-licensed master limited-licensed marriage and family therapist or r	's social worker, licensed or limited-licensed
	chelor's degree in a mental health related field froi in the examination, evaluation, and treatment of m	
 one year of experience in the exan 	naster's degree in a mental health-related field from nination, evaluation and treatment of minors and th BA or Psychologist working within their scope of pra ed by 9/30/2020.	heir families. For the BHT/ABA services
where the student works directly wone year of experience in treating of educator with a degree in education speech-language pathologist, audio	aining (including fieldwork and/or internships a ith persons with intellectual or developmental or working with a person who has intellectual d in from an accredited program, social worker, p logist, behavior analyst, registered nurse, regis ed professional counselor, OR a human service	disabilities as part of that experience) OR lisability; AND is a psychologist, physician, physical therapist, occupational therapist, stered dietician, therapeutic recreation
meet the qualifications for QIDP I	pased on the following:	
☐ I have transferred from another ag	ency where I had QIDP status, or	
 I have worked with a person who is this form, for a year or longer, and 	nas an intellectual disability, as noted on my resuma	e or other form of documentation attached to
am a licensed or limited licensed human services field	social worker, psychologist, or human services prof	essional with at least a bachelor's degree in a
where the student works directly experience in treating or working degree in education from an accre pathologist, audiologist, behavior professional counselor, licensed o	d training (including fieldwork and/or internshi with persons receiving mental health services a with a person who has mental illness; AND is a edited program, social worker, physical therapi analyst, registered nurse, therapeutic recreation r limited licensed marriage and family therapis at least a bachelor's degree in a human service	as part of that experience) OR one year of a psychologist, physician, educator with a list, occupational therapist, speech-language on specialist, licensed/limited-licensed at, a licensed physician's assistant, OR a
I meet the qualifications for QMH	P based on the following:	

	taff Signature	Staff Printed Name	Date				
St	taff Signature	Staff Printed Name	Date				
10	degree without specialized training or exper certify the above information is true and accu e able to bill for Habilitation Supports Waiver	ience, they must be supervised by a QMI urate and realize that any false information	HP or QIDP. on could cause SCCMHA to not				
	QIDP professionals can perform Supports Co		se Manager has only bachelor's				
	l am a licensed or limited licensed social worker human services field.	, psychologist, or a human services profession	nal with at least a bachelor's degree in a				
	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 have transferred from another agency where I had QMHP status, or				



Policy and Procedure Manual Saginaw County Community Mental Health Authority				
Subject: Specialty Behavioral Health Credentialing & Supervision Requirements	Chapter: 05 – Organizational Management	Subject No: 05.06.03.03		
Effective Date: 10/01/2022	Date of Review/Revision: Supersedes:	Approved By: Sandra M. Lindsey, CEO		
Saginaw C Comm Health Au	Responsible Director: Director of Network Services, Public Policy, & Continuing Education Authored By: Mary Baukus			
	Additional Reviewers: Melynda Schaefer			

Purpose: To clarify the definition of various clinical provider professional qualifications and credentials and to define supervisory expectations and requirements.

Application: This policy applies to all service delivery programs, both direct operated and contractual, and to any SCCMHA staff members when one of the following credentials is indicated by job description or Medicaid billing code: Child Mental Health Professional (CMHP), Mental Health Professional (MHP), Qualified Behavioral Health Professional (QBHP), Qualified Intellectual Disability Professional (QIDP), Qualified Mental Health Professional (QMHP).

Policy:

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 behavioral health treatment. Toward that goal, it is the policy of SCCMHA that certain qualifications be met per Medicaid requirements. Appropriate supervision and cosigning will occur and be documented as individuals work toward obtaining specific credentials. This process will help 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.

Standards:

- A. Supervisors will provide the necessary routine clinical supervision for individual staff as they work toward obtaining any of the following credentials: Child Mental Health Professional (CMHP), Mental Health Professional (MHP), Qualified Behavioral Health Professional (QBHP), Qualified Intellectual Disability Professional (QIDP), Qualified Mental Health Professional (QMHP).
 - a. Routine supervision will be ongoing and will be documented in a supervision log.
 - b. During the first year of experience for an individual working toward any of the afore mentioned credentials, progress notes and all assessments require a co-signature from the supervisor.
 - c. This co-signature requirement is related to the specific experience for the credential they are working toward and is independent of their licensure status.
 - d. Any staff who have already met the experience qualifications do not require the co-signature on their progress notes or assessments unless otherwise required.
 - e. All staff need to comply with the credentialing process.
 - f. Once staff have completed the necessary experience requirements, they should apply for credentialing.
- B. See definitions for specific requirements for each credential.

Definitions:

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

Mental Health Professional (MHP) [Mental Health Code, Section 330.1100b(15)] - An individual who is trained and experienced in the area of mental illness or developmental disabilities and who is one of the following: a physician, psychologist, registered professional nurse licensed or otherwise authorized to engage in the practice of nursing under part 172 of the public health code (1978 PA 368, MCL 333.17201 to 333.17242), licensed master's social worker licensed or otherwise authorized to engage in the practice of social work at the master's level under part 185 of the public health code (1978 PA 368, MCL 333.18501 to 333.18518), licensed professional counselor licensed or otherwise authorized to engage in the practice of counseling under part 181 of the public health code (1978 PA 368, MCL 333.18101 to 333.18177), or a marriage and family

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

Qualified Behavioral Health Professional (QBHP) – starting January 1, 2020 a QBHP must be certified within two years of successfully completing their ABA graduate coursework or by 9/30/2025 whichever is the shorter time period.

- Must be a physician or licensed practitioner (e.g. Advanced Practice RN, Psychologist, Clinical Social Worker, Physician Assistant, etc.) with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. OR
- Hold a minimum of a master's degree in a mental health-related field or a BACB approved degree category from an accredited institution who is trained and has one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice and have extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having taken documented course work at the graduate level at an accredited university in at least three of the six following areas:
- 1. Ethical considerations.
- 2. Definitions & characteristics and principles, processes & concepts of behavior.
- 3. Behavioral assessment and selecting interventions outcomes and strategies.
- 4. Experimental evaluation of interventions.
- 5. Measurement of behavior and developing and interpreting behavioral data.
- 6. Behavioral change procedures and systems supports.

Qualified Intellectual Disability Professional (QIDP) - Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of experience in treating or working with a person who has intellectual disability; AND is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, OR a human

services professional with at least a bachelor's degree in a human services field.

Qualified Mental Health Professional (QMHP) - Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) 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, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, OR a human services professional with at least a bachelor's degree in a human services field.

References:

- A. Michigan Medicaid Provider Manual
- B. SCCMHA Policy 05.06.03, Competency Requirements
- C. SCCMHA Policy 05.06.03.01, Credentialing and Recredentialing of SCCMHA Providers and Staff
- D. SFY 2023 Behavioral Health Code Charts and Provider Qualifications

Exhibits:

A. Excerpt of State of Michigan, Department of Health, and Human Services, SFY 2023 Behavioral Health Code Sets, Charts, and Provider Qualifications, Qualifications Crosswalk, and Information

Procedure:

ACTION RESPONSIBILITY 1. Determine which credential is 1. Supervisor required (if applicable) for each staff member. 2. Evaluate the previous experience 2. Supervisor and SCCMHA of the staff member related to the Credentialing specific credential needed. Coordinator/Credentialing 3. If the individual staff member Committee requires more experience before being able to be credentialed, 3. Supervisor provide the necessary supervision and co-signatures on documentation such as progress notes and assessments. 4. Document the routine supervision 4. Supervisor in a supervision log. 5. Once the staff member has met 5. Supervisor the experience requirements, assist the staff member in applying to receiving formal credentialing, following the credentialing process. 6. Submit supervision logs and any 6. Employee/Supervisor additional proof to the SCCMHA Credentialing Coordinator. 7. Make necessary changes to staff 7. SCCMHA Credentialing signatures in Sentri II and upload Coordinator M supporting documents.

Exhibit A

State of Michigan, Department of Health and Human Services SFY 2023 Behavioral Health Code Sets, Charts, and Provider Qualifications Crosswalk Information				
CMHP (Child Mental Health Professional)	MHP (Mental Health Professional)	QBHP	QIDP	QMHP
AF- Physician AH - psychologist HO - LMSW/LLMSW HO - LPC/LLPC HO - Marriage and Family therapist TD - RN HN - BA in MH field HO - MA in MH field For BHT/ABA: HO - BCBA HN - BcaBA	AF - physician AH - psychologist HO -LMSW/LLMSW HO - LPC/LLPC TD - RN HO - Marriage or family therapist	AF - physician SA - licensed practitioner (NP, PA, advanced practice RN) AH - psychologist HO - clinical social worker HO - MA in MH HO - BACB approved degree	AH - psychologist AF - physician HN -Educator with a degree in education HO - social worker HN - PT HN - OT HO - SLP HO - Audiologist HO - Behavior analyst TD - RN AE - Dietician HN - Therapeutic recreation specialist HO - LPC/LLPC HN - HS professional with BA	AH - psychologist AF - physician HN -Educator with a degree in education HO - social worker HN - PT HN - OT HO - SLP HO - Audiologist HO - Behavior analyst TD - RN HN - Therapeutic recreation specialist HO - LPC/LLPC HO - LMFT/LLMFT SA - PA HN - HS professional with BA

Network Services and Public Policy Procedure Manual					
Saginaw County Community Mental Health Authority					
Subject:	Auditing	Chapter: Auditing	09.04.01 -	Subject No:	09.04.01.01

Provider Network Auditing

Effective Date:	Date of Review/Revision:	Approved By:
10/1/04	9/21/04, 11/18/05, 9/21/06,	Jennifer Keilitz, Director of
	7/3/07, 2/1/08, 6/23/09,	Network Services, Public
	1/5/11, 3/30/12, 4/16/14,	Policy & Continuing
	6/10/16, 5/7/19, 5/11/20,	Education
	3/24/21, 10/11/22	
	Supersedes:	-
	Superseucs.	Authored By:
		Director of Network Services
		Public Policy & Continuing
		Education Education
		Education
		Reviewed By:

Purpose:

To provide guidance to service providers on the provider performance audit process of Saginaw County Community Mental Health Authority (SCCMHA).

Application:

SCCMHA Network Providers, both contracted and board operated programs.

Policy:

Formal Audits are required for all service areas on an annual basis. SCCMHA conducts audits of all service provider programs to meet Michigan Department of Health and Human Services (MDHHS) contractual requirements for annual provider performance measurement. The MDHHS requirement is as follows: "The (PIHP) conducts performance reviews annually and more often for all providers in the provider network. These reports and any provider comments are contained in files available for review. Written reports of findings are prepared and shared with providers for comments and plans of correction are submitted by the providers, as necessary. Provider performance reports are available for review by individuals, families, advocates and the public." MDHHS also has required SCCMHA to "implement and monitor plans for increasing the use of consumers and family members in monitoring the performance of network providers."

Audits are conducted to ensure the provider network is meeting a minimum set of standards. Audit standard content is based upon written policy and/or contractual requirements known by and given to the provider. The goal of annual audits is to demonstrate system improvement in the performance of network providers. Audit content is based on SCCMHA policies and any other requirements of providers with consistent standards for each distinct service area, per MDHHS, Mid-State Health Network (MSHN), SCCMHA's pre-paid inpatient health plan (PIHP) and other regulatory requirements.

Audit outcomes may result in network quality improvement goals for individual providers, provider groups and/or the SCCMHA network. Provider input on the audit process is always welcomed at any time.

SCCMHA has made a commitment to have consumers involved with aspects of the agency business. One of these areas is the audit process. SCCMHA invites representative consumers to participate in the audit process. SCCMHA seeks to have a minimum of one consumer involved in each type of service audit during each annual audit process. Consumer observations and input will be documented and whenever possible consumer suggestions for audit process involvement will be implemented.

Standards:

Each provider program or site within the Network of SCCMHA providers, including board operated will have an annual audit or event verification audit at minimum. Each provider will be audited against general audit items, per their SCCMHA contract and a standard set of program specific areas. Audit scores will be published by SCCMHA.

It is the responsibility of the provider to assure all documents are available at the time of the audit. Auditors will accept documents for the audit up to the time they leave the premises unless mutually agreed upon at the time of the audit by the provider and the auditor.

Definitions:

Annual Audit:

Audit performed to review Provider Performance against established standards.

This audit occurs annually and also includes an event verification and a review of training reports to verify compliance.

Ad Hoc Audit:

Audit performed outside the planned annual audit cycle for cause such as: contract compliance issues, previously low audit score, or quality of care is questionable. This audit may be planned or unplanned. This audit may also include an event verification and a review of training reports to verify compliance.

Provider Termination Audit:

Audit performed due to one provider leaving and a new provider taking over the same program. This also refers to an audit that takes place at contract end. This audit may also include an event verification once the contract is ended.

Event Verification Audit:

Audit performed to verify the provider has proof documents to support claims or reported services submitted to SCCMHA for payment. The events are randomly selected for review. The sample size varies by provider type. Training reports are reviewed to verify compliance for the program in addition to citations received from the previous annual audit for the program.

Follow up Audit:

Audit performed when a provider scores below 80% on their annual audit. Follow-Up audits review the areas of the audit that were cited on the annual audit. If the provider scores between 70%-79%, the provider will receive a follow-up audit in the next six (6) months. If the provider scores below 70% the provider will receive a follow-up audit in the next months (4) months and then another follow-up will occur seven (7) months post the annual audit to ensure the plan of corrections implemented are being followed. Training reports are reviewed to verify compliance standards and an event verification can be completed if provider received a citation in this area during the annual audit.

Corrective Action Plan (CAP):

Response completed by Network Provider to address audit deficiencies found during an audit. This plan is submitted within SCCMHA's electronic Sentri II system or other means as noted in the audit report. Provider may have to submit proof of changes that the program has come into compliance in the designated areas. Plan of correction must be reviewed by the auditor who conducted the audit and then submitted to the Provider Network Auditing Supervisor for final approval.

Sanction:

Refers to any negative consequence generally applied when a provider does not follow policy, procedure, or contract language and is noted to be of a serious nature or a continued concern. Types should vary to fit the nature of the non-compliance. Sanctions could include payment withhold, repayment, discontinuation of referrals, discontinuation of services or contract cancellation.

References:

SCCMHA Network Services Data Base Procedure

SCCMHA contract with Michigan Department of Health and Human Services (MDHHS)

SCCMHA contract with Mid-State Health Network (MSHN)

SCCMHA Competency Requirements for the SCCMHA Provider Network Policy

SCCMHA Network Development and Management Policy

SCCMHA Event Verification Policy

Exhibits:

Exhibit A – Audit Files and Organization Details

Exhibit B - Provider Record Review Questionnaire new will attach to e-mail

Exhibit C- Volunteer and Student Application

Exhibit D – Student -Volunteer Background Check Release Form

Exhibit E - Consumer Confidentiality Statement

Exhibit F - Consumer Questionnaire.

Exhibit G – Consumer Brochure for Audit Recruitment

Procedure:

General:

- 1. Audit tools will be developed and approved. Reviewed annually and revised as needed.
- 2. An auditing schedule will be organized each fiscal year with staff assignments attached to the audit schedule. This schedule may be subject to change based on other factors explained later in the procedure.
- 3. Notifies auditors of the tentative schedule for the audit year.
- 4. Auditors will be given a list of consumers interested in being involved in auditing of Network Providers.
- 5. Discusses with auditors which audits consumers will be involved with as part of SCCMHA Contract requirements. A consumer should be involved in at least one audit per audit type per year when possible. Also, assures that consumers participating in audits have had the appropriate orientation and background checks required by SCCMHA policy. Attached are some of the documents used as part of the orientation of consumers.

Pre-Audit:

- 6. All providers have a specific training curriculum, which is considered their training minimum standards requirements. Auditors print current copy of trainings listed in the SCCMHA training curriculum data base within Sentri II. Compare with SCCMHA Training Grid attached to Competency Requirements for SCCMHA Provider Network policy. These are also located on the SCCMHA website.
- 7. Each provider will be notified in writing or via e mail two (2) weeks or more in advance of a routine

- 1. SCCMHA Provider
 Network Auditing
 Supervisor and approval
 of SCCMHA Service
 Management Team
- 2. SCCMHA Provider Network Auditing Supervisor with approval of SCCMHA CEO
- 3. SCCMHA Provider Network Auditing Supervisor
- 4. SCCMHA Provider Network Auditing Supervisor
- 5. SCCMHA Provider
 Network Auditing
 Supervisor and SCCMHA
 Auditors

6. SCCMHA Provider
Network Auditing
Supervisor
and SCCMHA Auditors

7. SCCMHA Provider Network Auditing

annual audit. (Exceptions to this time frame include Ad Hoc, Follow up, and Termination audits) A notification letter will be mailed, or e mailed to audit site manager and to the corporate contact/contract person along with:

- a. Provider checklist/ audit tool to be used from the SCCMHA Auditing data base.
- b. Provider list of trainings required which shows the staff and staff trainings we have currently in the SCCMHA Network Services Training Data Base/Sentri II.
- 8. Auditors will discuss with provider at the first contact the need for the following items:
 - a. Date of audit that both parties mutually agreed to.
 - b. List of Documents to submit prior to the audit in order to decrease the amount of on-site time needed to complete the audit.
 - c. Suggest provider submit any needed changes on the Trainings Report sent with audit notice to the Continuing Education Unit prior to the day of the audit, as the auditors will score the providers training report the day before the on-site audit review.

For Licensed Residential:

- a. List of staff working presently in the home or with SCCMHA consumers. Auditors will then check the list of staff given by the provider against the SCCMHA training curriculum report in Sentri II data base. Forward list of any termination dates to the SCCMHA Continuing Education Unit for entry into the training data base.
- b. List of current SCCMHA consumers residing in the home.
- 9. Auditors will export a sample of the events billed by the provider for the specified audit period. For events paid by General Fund, auditor will follow up with primary worker to find out the status of Medicaid application for the time period covered for the random sample.

Some providers, due to the way they bill for services and the number of consumers served by the provider, may have a lesser sample of events reviewed for Supervisor, SCCMHA Auditors, SCCMHA Network Providers

8. SCCMHA Auditors, Provider Network Auditing Supervisor, SCCMHA Network Providers

9. SCCMHA Provider
Network Auditing
Supervisor SCCMHA
Auditors, SCCMHA
Financial Intake
Specialist

event verification unless errors have been found then additional events will be exported for review. Those providers are:

- a. Hospital audits- SCCMHA will take 5% of services billed or 40 consumers whichever is less.
- b. Skill Building –SCCMHA will take 5% of services billed or 20 consumers whichever is less.
- c. Outpatient- SCCMHA will have 5% of services billed or 20 consumers whichever is less.
- d. Pharmacy- SCCMHA will have 5% of services billed or 100 consumers which ever is less.
- 10. Conduct the pre-audit portion of the auditing checklist which includes reviewing of the contract file for:
 - a. Any compliance issues with the provider
 - b. Any accreditations
 - c. Any reports submitted to Director of Contract and Properties
 - d. Review Sentri for consumer Individual Plan of Service, progress notes, and for specialized residential audit; review licensed residential authorization or clinical determination, periodic reviews and addendums.

For Licensed Residential:

- a. Check the MDHHS LARA website to verify license type, effective and expiration dates, facility type, etc. Also, check for the last inspection report and any special investigations that have occurred.
 - b. SCCMHA Quality of Life reports, noting any concerns to follow up during the audit.

Check with SCCMHA Office of Recipient Rights for:

- a. Any issues from SCCMHA Recipient Rights Office.
- b. Any grievances filed.
- c. Review Sentri for incident reports filed by the provider. Check for trends and problem areas for the provider.

Review of audit files for:

a. Last year audit and problems noted during last audit for follow up during this audit.

10. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors

- b. Any correspondence since last audit.
- 11. Call or email the provider the day prior to the audit to confirm time of audit and give provider the specific list of the names of consumer files needed to perform either the annual audit or the event verification audit (can be two days prior depending on the number of charts the provider needs to have available for review). Consumer names can be sent through encrypted email via Sentri II or faxed.
- 11. SCCMHA Provider
 Network Auditing
 Supervisor SCCMHA
 Auditors, SCCMHA
 Network Providers

On Site:

- 12. Auditor then visits the site where he/she will sit down with persons involved with the audit and explain the audit process, what is expected of provider during the process and what assistance auditor will need of the provider. This process is called the entrance interview. Ask for a tour of the facility, and complete audit checklist items as well as event verification procedure).
- 12. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors

- 13. Sit down with provider prior to leaving the audit to explain strengths of the provider, audit findings, and areas that were lacking. This gives the provider the opportunity to ask questions as well as provide additional information that might have been missed during the audit process. This process is called the exit interview.
- 13. SCCMHA Provider
 Network Auditing
 Supervisor, SCCMHA
 Auditors, and SCCMHA
 Provider Network
- *** Please note: Auditors will accept documents up to the time they leave the premises, unless mutually agreed upon between the provider and the auditor prior to leaving the premises.
- 14. SCCMHA Provider
 Network Auditing
 Supervisor, SCCMHA
 Auditors, and SCCMHA
 Network Providers
- 14. Give Provider Audit/Site Visit/Provider Record Review Questionnaire along with postage paid envelope to have them mail back. Auditor may also e mail a copy to the provider for them to e mail back to Auditing Supervisor with the final audit report.

Post Site visit:

- 15. Audit data is then entered into SCCMHA Sentri II
- 15. SCCMHA Provider

System.

a. All audit items will have a brief description of what auditor found or reviewed to obtain the score noted on the audit. Scoring is based on a 2-point scale. The scale is as follows:

Score 2 = 95 % or higher Score 1 = 76 % - 94% Score 0 = 75% or less

- b. If a citation is given a recommendation has to be noted. This recommendation should include how the provider can obtain compliance with the standard and the specific policy/procedure the provider needs to follow for compliance.
- c. A repeat citation in any area will automatically result in a 0 score, or non-compliance, in that area. This indicates provider has not made the necessary changes to obtain compliance given in the previous audit report. However, if auditor finds the recommendation has been followed, but a new concern arises in that same area, provider will receive the appropriate score based on the above scale.
- d. Audit Findings will include a basic description of the facility, the location of the facility, and any pre-audit findings. This will also include any areas that were of particular significance either positive or negative findings.
- e. Provider strengths will include anything auditors feel the provider is doing particularly well that was noted during the audit. These might also be areas that qualify for a Certificate of Excellence to be completed.
- f. Recommendations will include any additional items not already noted in the data base as part of the audit tool. Recommendations will also include any specific policies/procedures that the provider needs to review for compliance standards.
- g. Event Verification should include number of events reviewed, number of consumers reviewed, and number of event discrepancies found in the Annual Audit Report.
- h. Summary should include due date of corrective action plan and notice to the provider that audit

Network Auditing Supervisor and SCCMHA Auditors

- scores will be shared with the SCCMHA Board of Directors and the provider network.
- i. All proof documents obtained to complete the audit should be scanned in the SCCMHA G drive under the provider file in the appropriate year folder. Auditing no longer maintains paper files.
- 16. Event Verification Letter is sent under a separate cover only if there are discrepancies noted during the audit. Information from event verification will be recorded on a separate spread sheet tracking the Event Verification reviews that have been completed. This report is due at the end of the fiscal year for annual reporting.
- 17. If provider audit score is:

<u>80%-99%</u> a written corrective action plan is needed.

70%-79% a written corrective action plan is needed and an onsite follow up audit will occur within 6 months of annual audit date. This will be noted in the audit Summary Report sent to the provider. This audit may be announced or unannounced depending on the nature of the citations from the audit.

69% or below a written corrective action plan is needed and an onsite follow up audit will occur within 4 months then again within 7 months of annual audit date. This will be noted in the audit Summary Report sent to the provider. These follow up audits may be announced or unannounced depending on the nature of the citations from the audit.

18. Follow up audits may be scheduled for other reasons as well. If provider has a significant number of repeat citations from last audit. Provider will receive a follow up audit to assure provider has implemented their plan of correction and any cited areas are addressed. If there are significant training problems a follow up audit may be scheduled. If provider has several multiple year repeat citations (for example a 2nd year citation indicates Provider has been cited initially and then twice after that for same area).

- 16. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors
- 17. SCCMHA Provider
 Network Auditing
 Supervisor, SCCMHA
 Auditors, and SCCMHA
 Provider Network.

18. SCCMHA Provider
Network Auditing
Supervisor and
SCCMHA Auditors

- 19. A report is emailed back to Provider within 30 days of audit completion. Any delay in audit report being sent should be noted in the Audit Findings and provider notified. The audit report will include:
 - a. Audit Report which includes audit narrative and the audit score.
 - b. Trainings Minimum Standard Curriculum Report as listed in the SCCMHA Training Sentri II Data Base.
 - c. Any attachments listed in the report.
 - d. Audit Questionnaire.
- 20. Auditor to enter a date in Sentri II system to request a Corrective Action Plan response from the provider. Sentri II system generates an automatic email notice that is sent to the provider and auditor as a reminder of the Corrective Action Plan due date. Auditor can also make notation in personal tickler file or on personal calendar of when Corrective Action Plan is due back to assure proper follow through by the provider.
- 21. Provider is given a deadline to respond to the audit with a corrective action plan noted in SCCMHA Sentri II System. The deadline is typically within 30 days of the completion of the report. May be longer depending on the volume of deficiencies or a mutually agreed upon date with the auditor. This plan of correction will be submitted electronically in the SCCMHA Sentri II system.
- 22. Audit sent date is then entered into the SCCMHA Sentri II system.
- 23. Provider is expected to respond to the audit with a written plan of correction in the SCCMHA Sentri II system by the date indicated on the audit letter.

Appeal:

- 24. Provider has the right to appeal audit results, within 30 days of audit report, by doing the following:
 - a. Send a written letter to SCCMHA Provider Network Auditing Supervisor who will review

19. SCCMHA Provider
Network Auditing
Supervisor and
SCCMHA Auditors

20. SCCMHA Provider
Network Auditing
Supervisor, SCCMHA
Auditors

- 21. SCCMHA Provider
 Network Auditing
 Supervisor and
 SCCMHA Auditors,
 SCCMHA Provider
 Network
- 22. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors
- 23. SCCMHA Provider Network
- 24. SCCMHA Provider Network, SCCMHA Provider Network Auditing Supervisor,

- and respond to the appeal in writing back to the provider.
- b. If the provider is not satisfied with the decision from this first appeal the provider can make a second appeal to the Director of Network Services and Public Policy.
- c. If provider wishes to complete a third appeal, then a letter can be sent to the SCCMHA CEO, who may assign a committee to review the appeal. All decisions made at this level are final.
- d. See Provider Dispute Resolution Policy for further details.

SCCMHA Director of Network Services, Public Policy & Continuing Education, SCCMHA CEO

Corrective Action Plan:

- 25. Once the written corrective action plan is received from the provider, each audit item will be addressed as to whether the corrective action plan submitted is accepted for the item. Any additional suggestions can be made at this time. The assigned auditor approves the acceptable plan and then submits the report to the Provider Network Auditing Supervisor for final approval. An automated notice indicating the corrective action plan has been approved will be sent to the provider via the SCCMHA Sentri II system to the provider's email.
- 26. If a plan of correction is not accepted, the provider will receive an automated email from SCCMHA Sentri system indicating the plan of correction has not been accepted and further response is needed from the provider. This may occur several times until the plan of correction is accepted.
- 27. If provider does not respond, a follow up phone call, e mail or letter will be made to the provider. At that point, the auditor and provider will discuss a deadline for a response. If provider needs assistance with the response, the auditor will discuss the concerns with the provider and guide provider through the process. The provider will still need to submit a plan of correction via the SCCMHA Sentri II system.
- 28. If the provider chooses not to respond to the initial contact then a follow up phone call will be made. If the provider chooses not to respond to that follow

25. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors

- 26. SCCMHA Provider Network Auditing Supervisor and SCCMHA Auditors
- 27. SCCMHA Provider
 Network Auditing
 Supervisor, SCCMHA
 Auditors, and
 SCCMHA Network
 Providers
- 28. SCCMHA Provider Network Auditing Supervisor and

up phone call within two weeks, an additional telephone call will be made along with a certified letter mailed to the provider requesting a response to the corrective action plan within two weeks. If the provider chooses not to respond to the certified letter the provider will receive a written contract noncompliance notice. Notices to provider need to be within 2 months of when the plan of correction is due.

- 29. Auditor will notify Provider Network Auditing Supervisor of lack of response on the part of the provider. Auditor will indicate dates and method (i.e. Email, telephone certified letter) of contacts. Provider Network Auditing Supervisor will in turn notify The Director of Network Services and Public Policy of the need for a contract noncompliance or sanction notice to the provider.
- 30. A contract noncompliance notice is then mailed to the provider with a deadline to respond.

Ad Hoc Audits:

- 31. Ad Hoc audits may occur when a concern that comes to the attention of SCCMHA, that may indicate issues of:
 - a. Consumer Care.
 - b. Recipient Right issues.
 - c. An on site follow up is necessary based on prior audit score.
 - d. Business practice concerns.
 - e. Event verification concerns.
 - f. Policy/ Procedure concerns.

Termination Audit:

32. A provider Termination audit may be completed when a program is being transitioned from one provider to a new provider. This audit is completed prior to the new provider taking over. When applicable, the expectation is that the new provider will respond to the audit to make sure the areas of concern do not continue to happen. Or a

SCCMHA Auditors

- 29. SCCMHA Auditor,
 Provider Network
 Auditing Supervisor,
 and Director of
 Network Services and
 Public Policy
- 30. SCCMHA Provider
 Network Auditing
 Supervisor and
 Director of Network
 Services Public Policy,
 & Continuing
 Education.
- 31. SCCMHA Provider
 Network Auditing
 Supervisor and
 Director of Network
 Services, Public Policy,
 & Continuing
 Education

32. SCCMHA Provider
Network Auditing
Supervisor and
SCCMHA Auditors

termination audit will be completed when a contract ends.

- 33. Audit scores will be published annually to the SCCMHA Board of Directors and the Provider Network to show how providers are doing within the overall SCCMHA Provider Network.
- 34. At least annually the following items will be reviewed and approved.
 - a. The Audit Process
 - b. Audit Tools
 - c. Audit Triggers
 - d. Provider input
 - e. Consumer input
 - f. Audit feedback
 - g. Goals for the Provider Network
 - h. Audit Policies/Procedures

- 33. SCCMHA Director of Network Services, Public Policy & Continuing Education
- 34. SCCMHA Provider
 Network Auditing
 Supervisor, SCCMHA
 Auditors, SCCMHA
 Director of Network
 Services, Public Policy
 & Continuing
 Education, SCCMHA
 Service Management
 Team, and approved by
 SCCMHA CEO

Audit Files and Organization Details if needed. All information is located in the SCCMHA G Drive under Network Services /Auditing folder.

Audit Information File

Section 1: Audit Reports / Data

This section should include:

- Final Audit report
- Final Audit Letter
- Final Audit Score Card
- Audit Preparation List
- Consumer Listing Form (Licensed Residential)
- Staff Listing
- Any information that is gathered as proof for the audit obtained during the audit
- Provider's response to Audit Corrective Action Plan is located in Sentri 2
- Auditor's corrective action response to provider plan is located in Sentri 2

Section 2: Correspondence

This section includes (most recent should be on top):

- Any other type of incoming or outgoing correspondence with provider
- Memos to/from providers
- Licensing Reports
- Quality of Life and Advocacy Reports.
- Documentation of correspondence with the provider
- Contract Sanction Letters

Section 3: Pre-Audit Data

This section includes any data relating to the pre-audit preparation process, specifically but not limited to:

- Audit notification letter with enclosures
- Recipient Rights responses/comments
- Case Manager responses/comments (when applicable)
- Any information that is used as proof for the audit obtained prior to the audit such as provider policies, staff schedules or anything that pertains to the pre-audit list.

Section 4: Training Reports

This section includes any training that the provider and/or staff have completed to ensure compliance with the standard requirements for their program, specifically but not limited to:

- Training Curriculum Reports
- Internal Transcripts
- Case Holder Required Trainings (if applicable)

• Children's Treatment and Diagnostic training (if applicable)

Section 5: Credentials

This section should include, specifically but not limited to:

• Credentialing documentation required for staff according to their job title (Degrees, Diploma, Licenses, Certifications, etc.)

Section 6: Policies

This section includes policies and procedures the program operates within per their contract with SCCMHA:

• Providers Policies and Procedures that are used to train staff and serve consumers

Event Verification Folder

The Event Verification folder includes:

- Notification letter if one sent separate from Annual Audit Notification
- Claims Listing with several tabs labeled as:
 - o Total events and consumers pulled (this is the original)
 - Use on audit/Random Sample
 - o Discrepancies (if any)
- List of consumer names that will be reviewed for the event verification (this list is the list sent to provider prior to audit)
- Final Event Verification Letter to Provider
- Be sure to sign event verification document.
- Routing Form completed prior to sending to Finance for any adjustments
- Information from finance about payment or withholding.
- Copies of proof documents from provider for claims billed
 - o <u>APPEALS FOLDER</u> (Sub folder in Event Verification folder)
 - o Provider 1st level appeal information
 - o Provider 2nd level appeal information
 - o Provider 3rd level appeal information

Exhibit B



Name of person filling out form (optional):

Date of Site Visit:

Audit/Site Visit/ Provider Record Review Questionnaire

Type of Audit/Site Visit: Network Services and Public Policy or Office of Recipient Rights Thank you for your cooperation in Saginaw County Community Mental Health Authority's (SCCMHA) audit/site visit process. As you may be aware the audit/site visit process is required by the Department of Consumer and Industry Services as part of our contract, and by the Michigan Mental Health Code. We would like to hear your comments on how you feel the audit/site visit process went and what we could do to improve our audit process to make it go as smoothly as possible. Please take a few minutes to answer the questions listed below. Your input is important to us. Please circle/mark the box YES or NO as they pertain to the items below. 1. Did you receive a copy of the applicable standards prior to your audit/site visit? YES 🗍 NO \square 2. Were you notified at least two weeks in advance of the site visit? YES [NO 🗌 3. Did we accommodate your schedule for the site visit? NO 🗌 YES 🗌 Did the SCCMHA staff arrive at agreed upon time? YES \square NO 🗌 5. Did the SCCMHA staff explain the site visit process to you once they arrived? YES \square NO _ 6. Were the SCCMHA staff friendly and courteous to you and your staff? YES \square NO \square 7. Were you allowed to ask questions? NO 🗌 YES [8. For those questions the SCCMHA staff was not able to answer on site, did he/she follow up with you? YES [NO 🗌 9. Did the SCCMHA staff go over the findings with you prior to leaving the audit? NO 10. Would you like someone to contact you to talk about the site visit over the phone or in person to answer questions? YES (if yes please note phone number) NO \square 11. Auditor(s) arrived at: _____ (time) am/pm Auditor(s) left at: _____ (time) am/pm Any other comments: _____



VOLUNTEER / STUDENT-INTERN APPLICATION AND AGREEMENT

A person with a disability or handicap requiring accommodation for completing the application process should notify the Human Resource Office at (989) 797-3472 as soon as possible.

It is the policy of SCCMHA to afford equal opportunity regardless of race, religion, color, national origin, sex, age, marital or familial status, height, weight, disability or handicap.

PERSONAL INFORMATION	Date of Application
Name (first, middle, last)	
Present Address (street, city, state, zip code)	
Home Telephone (or number you can be reached at)	Social Security Number
Volunteer/Student-Intern Position Applied For	Date Available for Volunteer Assignment
Name of School the Student is Currently Attending	Beginning and Ending Dates of Internship
EDUCATIONAL HISTORY High School College Circle highest grade completed 9 10 11 12 1 2 3 4	
ADDITIONAL INFORMATION	
1. Are you at least 18 years old? Yes No	
2. Have you ever been convicted of a felony, which has n (A "Yes" answer will not automatically disqualify you.)	ot been annulled, expunged or sealed by the court?
Yes No Are there any felony charges pend	ing against you? Yes No
If yes to either question above, please explain conviction	
Under what name:	
G:\Human Resource Department\HR Forms\100-Pre-Employment\HR 101-V	olunteer and Student Application

Complete the following only if the position requires a driver's license:			
Drivers license number:			
Has your driver's license ever been revoked or suspended? Yes No			
If yes, for what reason:			
list any movin	ng violations during the last three (3) years:		
Please initial i	next to each to acknowledge having read and understood the statement.		
1	I affirm that the information provided on this application (and accompanying resume and notes, if any) is true and complete. I also agree than any false information, misrepresentations, or omissions – oral or written – may disqualify me from further consideration for the SCCMHA Volunteer/Student Program and may result in dismissal if discovered at a later date.		
2	I authorize SCCMHA to investigate all statements contained in this application, including records of any former employers, police departments, and other references or sources concerning me. I authorize all such references and sources (and SCCMHA) to release this information without liability for damage incurred in giving it. I waive any written notice of the release of such records that may be required by state or federal law.		
3	I understand that a test for illegal use of drugs may be part of the application process.		
4	 I understand that any position may be contingent on the satisfactory result of a post-offer medical examination, which may include a test for illegal drugs. 		
5	I hereby attest that I am presently not using any illegal drugs and/or substances.		
6	I understand that as a participant in this program, I am not considered an employee of SCCMHA, and consequently am not entitled to the pay and benefit programs normally associated with being a SCCMHA employee.		
7	I understand that SCCMHA will not provide liability insurance to me during this period of being a Volunteer/Student-Intern or indemnify me with respect to professional liability claims arising pursuant to my activities at SCCMHA.		
8	I will follow and comply with all applicable policies, rules and regulations.		
9	I will keep all data information collected from consumers, families and staff confidential and will use data and information for health care and educational purposes only. I understand that the consumer's record is the property of SCCMHA, and will not take, copy, or divulge the contents of any consumer's record, except in the course of my tasks or function at SCCMHA.		
10	I understand that Volunteers/Students will respect the rights of the consumers as documented in the Michigan Mental Health Code P.A. 258 of 1974, as amended.		
11	I agree to complete all mandatory training as required by SCCMHA policy.		
12	I understand that Volunteers are not to be left alone with consumers under and circumstances nor are they permitted to provide any personal care services to Consumers.		
13	I understand that accepting gifts or gratuities for favors or special treatment in providing services is prohibited, unless it is of very nominal value and/or has been determined to have special meaning to the consumer.		
14	I understand that SCCMHA may, in its sole discretion, terminate my assignment/internship with SCCMHA at any time in the even I violate SCCMHA policies or conduct myself in an inappropriate manner with a SCCMHA consumer.		
Date:	Signature:		
:\Human Resoure R 101 (2/04)	ce Department\HR Forms\100-Pre-Employment\HR 101-Volunteer and Student Application		

In Case of Emergency, contact:	_
Address:	
Phone:	
For SCCMHA use only	
This applicant for the SCCMHA Volunteer/Student Internship Program has been approved.	
This assignment/internship is to begin on or about, and will conclude no later than	
During this Volunteer's /Student's time with SCCMHA, he/she will be assigned to the following service unit:	
The Volunteer/Student will report to the following supervisor:	
The Student's faculty representative is, and may be contacted at	
G:\Human Resource Department\HR Forms\100-Pre-Employment\HR 101-Volunteer and Student Application HR 101 (2/04)	



BACKGROUND CHECK RELEASE FORM

It is required that all student interns and volunteers at Saginaw County Community Mental Health Authority must have a background check. Please complete the information requested below and sign below to release Saginaw County Community Mental Health Authority to obtain information regarding any statements contained on this form and the SCCMHA Student/Volunteer Application. This information may include former employers, police departments or other references or sources concerning you.

Last Name	Initial First Name	
Date of Birth		
Sex	Ethnicity	
Signature	Date	

All information obtained on this form will be kept strictly confidential and will be retained in your student internship/volunteer file in the Human Resource Department at Saginaw County Community Mental Health Authority.



CONFIDENTIALITY AGREEMENT FOR CONSUMER QUALITY IMPROVEMENT



CONFIDENTIAL INFORMATION

Information concerning consumers and their families is confidential. SCCMHA is responsible for safeguarding the confidentiality of this information. Any and all information concerning any consumer or consumer's family may only be discussed in the performance of necessary job duties relating to the consumer. Confidential information must never be discussed with or disclosed to any other persons without prior authorization.

CONFIDENTIALITY OF CONSUMER RECORDS

The consumer's record is the property of SCCMHA. All SCCMHA employees, temporary employees, and volunteers have a legal and ethical responsibility to protect the record and the information it contains. Violations of SCCMHA policies or legal precedents relating to the release of consumer information, consumer right of privacy, or release of privileged information can result in legal and/or disciplinary action against the individual(s) who violates such policies or legal precedents. Employees will not take, copy, or divulge contents of any consumer's record, except in the course of SCCMHA care of that consumer or in the evaluation of a record as it relates to designated individual's duties or functions.

In the event an employee, whose job duties require interaction with consumer records, discovers or reasonably should discover, that he/she has a potential conflict with a particular consumer's record (e.g., such as a family relationship with that consumer), the employee has the obligation to immediately bring such potential conflict to their supervisor's attention. The supervisor will then take such action as necessary to prevent the employee's interaction with that consumer's record.

NAME	DATE
WITNESS	DATE

TO: Consumer Representative(s)

FROM: Ginny Reed, Director of Network Services & Public Policy

Date: March 19, 2003

Re: SCCMHA Provider Audit Participation

Thank you so much for agreeing to assist SCCMHA with the monitoring of provider services to consumers. Your participation will greatly assist us in not only meeting our goal of direct consumer involvement in this process, but will also provide us with the unique perspective that only persons who have been or are direct recipients of services have to offer.

The lead or assigned auditor for the type of audit that you will participate in will schedule a time and day convenient for you. It is anticipated that your presence will be needed for several hours. The audit will be conducted at the program site to be audited. The lead auditor will have conducted some preliminary work in preparation for the audit and can familiarize you with the tool to be used in the audit process. If you need special accommodations, such as transportation, just let the auditor know. You will be paid a consumer meeting stipend for your time, simply fill out the form and submit this to the auditor as well.

A portion of the audit you may wish to focus on is the area of consumer involvement and input. You may wish to inquire of specific consumers their general satisfaction with the services or provide any feedback to you they wish to provide. Be sure to document this specific feedback on the attached form. We would also appreciate any comments you could provide for our improvement of the process, including the involvement of consumers. Your observations and comments here would be most helpful to SCCMHA in the continual improvement of this process. Since you may be privy to confidential information by being involved in an audit process you need to understand your obligations in keeping any and all consumer related information confidential; you will also be asked to sign a SCCMHA confidentiality agreement for this purpose. If you have questions at any time do not hesitate to contact me at 989-797-3493. Again, thank you so much for your time and participation.

Consumer Representative Name: Lead Auditor Signature: Audit Type: Name of Provider/Program Site: Date of Audit:			
1. Feedback obtained from audit site visit, observations, service recipient direct feedback, etc.			
Suggestions for improvement of audit process, including consumer input.			
2. Suggestions for improvement of audit process, including consumer input.			
3. Other comments:			

Exhibit G

OUR MISSION:

The mission of the Network Services and Public Policy Department of SCCMHA is to develop a sufficient and competent provider network to meet system consumer needs; to implement and refine a network management plan and program; to continually educate and train network providers about SCCMHA requirements; to monitor, address, improve and recognize provider performance to ensure quality of services and supports; and to promote consistency and fairness in provider relations.

WHO ARE WE?

The Network Services & Public Policy Department of SCCMHA is responsible for service provider network monitoring, all contractual and purchased services and SCCMHA provided training. The Auditing Unit conducts annual provider or program audits of all SCCMHA services and programs to ensure that the network meets SCCMHA and MDCH standards. Audit outcomes are reported through SCCMHA quality and compliance systems as well as to MDCH. The Continuing Education Unit provides core required training and issues staff training summary reports to supervisors and providers. The Contracts and Properties Management Unit is responsible for the management of service contracts and leases as well as the procurement of provider services to meet consumer and system needs.

SAGINAW COUNTY
COMMUNITY MENTAL
HEALTH AUTHORITY

500 Hancock Street Saginaw, Michigan 48602 Phone (989) 797-3400 Fax (989) 498-4219 Network Services Fax

SAGINAW COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

NETWORK SERVICES & PUBLIC POLICY DEPARTMENT

PROVIDER NETWORK AUDITING UNIT

Consumer Recruitment

Bringing all the parts together to build an effective team!



Network Services Auditing Unit

Purpose of this brochure:

The purpose of this brochure is to give a brief overview of SCCMHA's Auditing Unit, and to seek involvement of consumers in the auditing process.

Types of Audits:

Clubhouse; Community Living Supports; Crisis; Enhanced Health; Licensed Residential; Outpatient; Supports Coordination; Case Management; Skill Building; and Hospital and Quality of Life visits.

How can you Help?

SCCMHA Mission: 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. Here at SCCMHA we are aware that all consumers may not be able to perform the same tasks on every audit. We strive to make sure that we are always mindful of consumer confidentiality when including consumers on audits. It is important to discuss with the lead auditor prior to going on audits your confidence level in performing the tasks. Our mission statement at SCCMHA says it best:

Belief in Potential, a Right to Dream, and an Opportunity to Achieve. It is your choice and your comfort level that we want to ensure. Depending on your time you can be involved an hour on up to eight hours. We would like to know your time commitment.

The list below is an example of some items that consumers may feel that they would like to assist with at the audit site.

Consumers are reimbursed for their time.

- 1. Do a physical plant inspection to see if there are any health and/or safety hazards.
- 2. Check to make sure there are no consumer full names visible in common areas of the facility.
- 3. Review consumer records for certain items.
- 4. Review staff files for certain items.
- 5. Review goals of the consumer PCP's

For Specialized Residential settings:

- -Look over consumer activity calendar.
 - -Look over consumer task lists.
- -Check out the emergency evacuation procedure.

- -Look through the emergency kit for contact information and emergency supply list.
- -Is the License for the home posted, current, what population does the home serve?
- Talk with consumers in this home about the care they receive. Things like outings, food, staff treatment, etc.
 - -Does the home have a home like atmosphere?
 - -Does the consumer's personal space allow for their own belongings?
 - -Do consumers have their own personal care items? Razors, toothpaste, deodorant, toothbrushes, shampoo, etc.

To ask questions, or submit your Name for involvement please contact:

Melynda Schaefer

989-797-3491

Network Services and Public Policy Procedure or Plan Manual Saginaw County Community Mental Health Authority

Subject: Residential Chapter: 09.04 - Subject No: 09.04.01.06

Placement Committee | Auditing



Provider Network Auditing

Effective Date :	Date of Review/Revision:	Approved By:
5/1/12	6/2/14, 5/2/16, 2/6/18,	Jennifer Keilitz, Network
	8/22/19, 6/28/21, 9/20/22	Services, Public Policy &
	Supersedes:	Continuing Education
		Authored By:
		Jennifer Keilitz
		Reviewed By:
		Melynda Schaefer

Purpose:

To provide guidance to staff about placement options for consumers of Saginaw County Community Mental Health Authority (SCCMHA) Services. The primary purpose is to assure there is adequate specialized housing to accommodate consumers served by SCCMHA. This committee can be utilized as a means of seeking assistance from others to keep a consumer in a residential placement that may be in jeopardy. This committee can also be utilized to provide input about placement options for persons served by SCCMHA.

Policy:

It is the policy of SCCMHA to assure consumers have housing in the least restrictive setting to meet the consumer needs. As the committee members review referrals for placement this must be kept in mind during the review of the consumer needs as noted in the consumer electronic health record.

Application:

All SCCMHA board operated and contracted primary teams seeking residential placement for consumers of SCCMHA services.

None

Definitions:

<u>Case Holder:</u> The person listed in the consumer electronic health record (Sentri) as the person responsible for coordination of consumer care, and planning.

Specialized Residential Settings:

Some adult foster care homes are licensed to provide adult foster care and at the same time are certified by the state to provide specialized residential services. This certification allows the provider to receive contract funds from community mental health to provide specialized mental health services.

There are two types of Specialized Residential Settings:

One type is adult foster care homes that accept a mixture of consumers, some of which are funded through a contract from community mental health and some that are not. Such homes may have one or several consumers either funded and/or served by SCCMHA. Staff working in the home are required to have completed specialized group home training. The contract rate paid for each consumer is designated in the provider contract; based on the specialized mental health needs of the consumer and the amount of staffing necessary to meet those needs. The home is expected to follow the individual plan of service developed through the person-centered planning process. These homes are usually owned by the provider. These homes must have awake staff 24 hours a day in order to receive Medicaid funding through SCCMHA.

The second type is homes in which SCCMHA contracts exclusively for all the beds in the home and pays a set daily per diem based on a contracted number of full-time equivalents or FTE's being utilized to meet the needs of consumers. SCCMHA owns these homes and contracts with a company to provide staffing and general maintenance of the homes. These homes provide 24-hour awake supervision. Staff working in the home are required to have completed specialized group home training. The home is expected to follow the individual plan of service developed through the person-centered planning process.

Considerations for specialized residential settings: The needs of the consumer must go beyond the typical needs of the person served in a general adult foster care home. The home must have an adequate number of trained staff to safely meet the needs of the consumer as outlined in their plan of service. Persons placed into specialized residential settings typically have increased personal care needs or exhibit behavioral symptoms that require regular intervention.

References:

SCCMHA Policy 03.02.07 Residential Services SCCMHA Procedure 09.04.03.07 Residential Provider Watch Program

Exhibits:

None

Procedure:

ACTION RESPONSIBILITY

The Residential Placement Committee will | Residential Watch Committee

be made up of the following members: Chairperson of the Residential Placement Committee (which is also Chairperson of the Residential Watch Committee), Supervisor of Supports Coordination Services, Care Management Supervisor, Provider Network Auditing Supervisor, Residential Coordinator and Provider Network Auditor, Recipient Rights Advisor, Supervisor of Coordinator Community Support Services, and Contracts Manager. On occasion the committee will seek input from Supervisor of Community Support Services, Executive Director of Clinical Services, and Director of Network Services, Public Policy & Continuing Education, if determined by the chair of the committee.

Chair/Residential Placement Committee
Chair, Supervisor of Supports Coordination
Services, Care Management Supervisor,
Contracts Manager, Provider Network
Auditing Supervisor, Residential
Coordinator and Provider Network
Auditor, Recipient Rights Advisor,
Supervisor of Community Support
Services, Executive Director of Clinical
Services, and Director of Network
Services, Public Policy & Continuing
Education.

An email, encrypted email, voice mail, message inside sentri to the Residential Placement committee works best or fax (providers outside SCCMHA cannot send consumer info via the internet unless encrypted) should be sent to the Residential Placement Committee Chair person that includes who the person is that is in need of placement and a synopsis of the needs of the consumer that would require a specialized placement for the consumer that could not be provided in a general AFC. Where the consumer lives currently and why this placement is not working for the consumer.

Case Holder

Prior to the referral to the Residential Placement Committee Chair; all progress notes and other documentation needs to be up to date. This will allow the committee to decide on the most up to date information available and may be critical to making the best decision possible for the consumer.

Case Holder

Residential Placement Committee Chairperson will review the request, ask Residential Placement Committee Chair, case holder, other committee members

any clarifying questions of the Case Holder and then forward the information onto other committee members for input and suggestions for possible placements.

The Residential Placement Committee will review the case presented within 7-10 working days.

The Residential Placement Committee Chair will gather input from the committee members and forward the determination along to the case holder within 7-10 working days.

Case Holder will provide follow up to the Residential Placement Committee Chair about the placement and how the consumer is adjusting to the new placement within 30-60 days of the placement.

Residential Placement Committee

Residential Placement Committee Chair

Case Holder

Network Services & Public Policy Procedure or Plan Manual Saginaw County Community Mental Health Authority			
Subject: Residential	Chapter: 09 -	Subject No : 09.04.03.07	
Provider Watch Program	Department Procedures	_	
Network Services & Public Policy			
Effective Date:	Date of Review/Revision:	Approved By:	
10/26/06	6/3/09, 7/15/10, 6/11/12,	Jennifer Keilitz, Director of	
	6/2/14, 8/1/15, 1/4/16,	Network Services, Public	
	4/7/16, 6/13/17, 6/13/18,	Policy & Continuing	
	3/1/19, 6/28/21, 9/20/22	Education	
	Supersedes:		
		Authored By:	
		Jennifer Keilitz	
		Reviewed By:	
		Residential Provider Watch	
		Committee Members	

Purpose:

To ensure the safety and well being of consumers who reside in licensed residential settings.

Policy:

SCCMHA desires to institute a preventative watch status program for residential provider settings so that higher risk situations will rise to appropriate levels of proactive system monitoring and decision-making.

Application:

This procedure applies to all licensed residential, and CLS provider programs under contract with SCCMHA and residential providers not under contract with SCCMHA.

Standards:

- A. It is the responsibility of three departments of SCCMHA to provide coordinated oversight in residential settings: Network Services & Public Policy through the Contract Management, Continuing Education and Auditing Units, Clinical Services & Programs through Supports Coordination and Case Management Services; and the Office of Recipient Rights.
- B. It is the belief of SCCMHA that a watch program based on early identification of key risk factors may prevent more serious provider noncompliance as well as reduce any compromise in the well being of consumers who are placed in residential settings.
- C. SCCMHA intends to provide systematic support to providers and consumers associated with residential settings with emphasis on settings under contract with SCCMHA.

- D. A provider may be identified as observed or noted by any SCCMHA program staff or other providers based on any of the following areas of risk:
 - 1. <u>SCCMHA Ended Contract /Home Closing</u>- Such as home closing due to poor performance or provider ends contract due to poor performance. The concerns are staff exiting and no staff to supervise consumers. This situation will require a high priority until all consumers are moved.
 - 2. <u>Home Cleanliness and/or Safety</u> such as disrepair or non-hygienic or cluttered environmental conditions
 - 3. <u>Consumer/Staff Interactions</u> such as any disrespect (verbal or non-verbal) or lack of choices or seeking consumer input.
 - 4. <u>Individual Plan of Service (IPOS) Adherence</u> such as lack of individualized focus or follow-through with each consumer's plan
 - 5. <u>Consumer Medical & Physical Health</u> such as lack of attendance to consumer medical appointments or appropriate response to physical health maintenance or concerns
 - 6. Nutrition limited food or poor menu plans
 - 7. <u>Medication</u> Lack of consistent compliance to proper documentation of medication errors in the form of written incident reports or serious violation of medication policies and procedures
 - 8. <u>Consumer Hygiene</u> such as inappropriate clothing or personal cleanliness
 - 9. <u>Consumer Funds</u> such as potential misuse due to poor recordkeeping or reported suspicious practices.
 - 10. <u>Response to SCCMHA</u> such as provider not responding timely to audit, recipient rights, clinical staff or administrative communications
 - 11. <u>Business Practices</u> such as staff not being paid or risk of business disruption
 - 12. <u>Provider Practices</u> such as not adhering to policies, poor business practices, mishandling of home funds
 - 13. <u>Main provider for the home is not in the home</u>, due to extended illness, removal, etc. This includes the home manager.
 - 14. Staffing Level or Coverage such as insufficient staff or scheduling/coverage
 - 15. <u>Change in Home Manager or new management</u> new management or new home manager assigned to the home can cause some changes in consumer acceptance and changes in the overall atmosphere of the home. New management may need additional level of support and training to keep the facility running smoothly.
 - 16. <u>Significant staff turn over</u>- can change the atmosphere at the home. Some staff that consumers liked may no longer be working with the consumers and know how to interpret nonverbal cues by consumers.
 - 17. Other other risk factors including those that may be provider specific

Definitions:

<u>Specialized Licensed Residential Providers/Contractors</u> are those that hold an Adult Foster Care License with the State of Michigan and are currently serving individuals who are consumers of SCCMHA services as part of a Specialized Residential Contract.

CLS Providers: are those Providers/Contractors that hold a contract with SCCMHA to provide services to consumers in the consumer's own home or apartment and also provide the community living supports (CLS) support staffing.

Licensed Residential Providers: are those providers that do not have a Specialized Licensed Residential Contract with SCCMHA but do provide room and board services and may provide low level supports in the areas of personal care and community living that do not require additional staffing to perform those supports.

References:

None

Exhibits:

Exhibit A - SCCMHA Residential Provider Watch Checklist. (This checklist is a sample and may be changed based on specific areas of concern for the provider being watched.)

Procedure:

ACTION

1. A bi-monthly Residential Watch Committee is convened with membership from various areas to get input from various aspects and various views of situations that arise.

- 2. Provider risk factor(s) is(are) noted and reported by any SCCMHA Member
- 3. Risk information is reviewed, and decision is made regarding seriousness of the risk conditions, with an appropriate consumer monitoring and

RESPONSIBILITY

- 1. Members consist of Residential Coordinator and Provider Network Auditor (chair), Provider Network Auditing Supervisor, Chief of Network Business Operations, Continuing Education Supervisor or designee, Representative from Case Management and/or Supports Coordination Programs, Director of Network Services, Public Policy & Continuing Education or designee, Executive Director of Clinical Services and Programs or designee(s), and Quality Projects and Reporting Specialist or other quality program representative, and Director of Office of Recipient Rights or designee.
- 2. Case Management or Supports Coordination, Auditing Unit or Contract Management, Continuing Education, Office of Recipient Rights staff, and/or Contract Provider.
- 3. Executive Director of Clinical Services & Programs and Director of Network Services, Public Policy & Continuing Education

provider watch plan determined including review date(s).

- a. Low Priority will mean a monthly monitoring with some focus areas and a report back to committee.
- b. Medium Priority frequency of monitoring is more than monthly but less than weekly with Residential Watch form being filled out.
- c. High Priority is weekly monitoring by Clinical, Rights, Contracts, and Auditing.
- 4. Provider will be informed of Monitoring depending on circumstances.
- 5. Monitoring program is implemented.
- 6. If indicated, alternative consumer placement options are explored. Either as an immediate or possible option depending on circumstances.
- Provider Watch Plan is reviewed to determine outcomes and further action if necessary.
- 8. Watch Committee will maintain a tracking system of historical tracking of information on providers

- 4. Provider Network Auditing Supervisor, or Chief of Network Business Operations
- Case Management/Supports Coordinator (or Supervisors), Provider Network Auditing Supervisor or Staff, Chief of Network Business Operations and/or Recipient Rights staff.
- 6. Executive Director of Clinical Services & Programs, Case Management/ Supports Coordination staff and supervisors and Chief of Network Business Operations
- 7. Executive Director of Clinical Services & Programs and Director of Network Services, Public Policy & Continuing Education
- 8. Residential Watch Committee Chair.



SCCMHA RESIDENTIAL PROVIDER WATCH CHECKLIST

Home Name: Re	eason for Watch:			
Address:				
Date of Monitoring:	Time of Monitoring:			
List all Staff Present:				
Name of Licensee/Corp:				
Number of Residents in the home at the home during	g your visit:			
Number of Residents in Wheelchairs present:				
1) Did you ask the residents what food they had for the l	last meal (list specifically unde	r	Y	N
comments)?				
2) Is the menu posted?			Y	N
3) If the menu is posted, did it match the account of wha			Y	N
4) If the typed menu does not match what residents said substitution?	they ate, was there a handwritt	en	Y	N
5) Do the groceries in the house match the menu posted	for the next two days?		Y	N
6) Is there milk purchased from a store (not powdered m			Y	N
7) Was there more than one staff working (make sure to		ent		
above)?	1		Y	N
8) Are there fresh fruits available for residents			Y	N
9) Are there fresh vegetables available for the residents?)		Y	N
10) Are there Sheets and Mattress Pads on the Beds?			Y	N
11) Are there Blankets on the beds?			N	
12) Is there Soap and Towels available in the Bathrooms?			Y	N
13) Are there health and safety hazards that put consumers at risk? Please note below			Y	N
14) Are Medications prescribed by physician being given?			Y	N
15) Are the Medication cupboards locked?			Y	N
16) If the monitoring took place after 8:00 p.m., were res	sidents already in bed (list	Y	N	NA
the number of residents in bed during the monitoring				
section)?				
17) Are the Resident Fund sheets accurate and up to date	?		Y	N
18) Is there a communication book for staff available?			Y	N
19) If yes, is the communication book up to date?			Y	N
20) Upon review of the communication book, were there	incidents that should have bee	n	Y	N
documented in an Incident Report?				
21) If yes, is there a copy of the Incident Report on file in	n the home?		Y	N
22)				
COMMENTS/OBSERVATIONS:				
SCCMHA Stoff	Dated			

This form should be forwarded to Auditing Supervisor in Network Services no later than _

Network Services and Public Policy Procedure or Plan Manual Saginaw County Community Mental Health Authority				
Subject: Entry and Uploading of Credentials, Privileges, and Certifications into Sentri II	Chapter: 09.04.05 Department Procedures- Network Services	Subject No: 09.04.05.01		
N	Network Services & Public Policy			
Effective Date: 3/24/2021	Date of Review/Revision: Supersedes: 09.04.03.01.01	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy, & Continuing Education		
		Authored By: Monique Taylor-Whitson Reviewed By:		

Purpose: To provide the precise procedure for entering and uploading credentials, privileges, and certifications into the electronic staff profile within Sentri II for both board-operated and contracted providers.

Application: SCCMHA Provider Network, both board-operated and contracted providers.

Policy: It is the policy of SCCMHA to ensure all providers both board-operated and contracted have completed the required credentialing and privileging process that has been approved by the SCCMHA Credentialing Committee. This procedure is explained in the SCCMHA Credentialing Handbook, and completion of the SCCMHA Credentialing and Privileging application initiates the process, also see the Credentialing of Providers and staff procedure 09.04.03.01. Verified credentials and privileges are then required to be entered and uploaded into the Sentri II electronic staff file. Authenticating credentials, privileges, certifications is a delegated function to SCCMHA per contract with Michigan Department of Health and Human Services (MDHHS) and Prepaid Inpatient Health Plan (PIHP) Mid-State Health Network (MSHN).

Standards:

A. Each provider both board-operated and contracted are required to submit their credentialing, privileging, and certification documents to the Credentialing Committee Chair to ensure these documents are entered and uploaded into the Sentri II electronic staff file.

- B. The initial process of reviewing, approving, and entering in credentials, privileges, and certifications is required for providers/staff before services are to be provided to SCCMHA consumers and billed to Medicaid/Medicare and/or commercial insurances.
- C. For recredentialing purposes- credentials, privileges, and certification documents are required to be resubmitted every two years or when expiration occurs, which ever date is sooner.
- D. Once the updated credentials, privileges, and certifications are submitted, the Credentialing Committee Chair completes a review of these updates and enters the appropriate documentation into the staff Sentri 2 profile, with supporting documents attached.
- E. SCCMHA Human Resource department submits proof documentation of credentials, privileges, and certifications for board operated staff that will provide billable services to SCCMHA consumers and require Sentri 2 access to the Credentialing Committee Chair.
- F. Contracted providers designated human resources departments submit credentialing packets via email or fax to the Credentialing Committee Chair, prior to rendering services to SCCMHA consumers or obtaining Sentri II access.
- G. In each process, the Credentialing Committee Chair then reviews the documentation submitted to ensure compliance for all credentials, privileges, and certifications submitted per the staff type. Credentialing Committee Chair then provides a provisional approval to the staff until a final review occurs from the Credentialing Committee. This provisional approval can last up to 180 days.
- H. Credentialing packets and supporting documentation are then presented to the Credentialing Committee monthly for a final review and approval. After the Credentialing Committee has approved the staff's credentialing application with supporting documents, the entire packet is returned to the Credentialing Committee Chair for filing, entry of credentials and uploading into Sentri II.
- I. The provider/staff are notified that they have a final approval by the Credentialing Committee Chair.
- J. To ensure the most accurate information is reflected within the Sentri II staff profile, the Credentialing Committee Chair enters the current credentials, privileges, and certifications within the credentialing packet into Sentri II in the staff's profile.
- K. Then the specific documents needed to reflect proof documentation of compliance are uploaded.
- L. This process is completed, by selecting the attachment under the licensure, privilege, or certification category and uploading or scanning the supporting document into the file. Then selecting the support documentation category in the drop-down menu and entering in the date of expiration on the licensure.

Definitions:

Credentialing: The process by which a healthcare payer formally assesses a provider's qualifications and competency based on demonstrated competence.

Provider: Any individual or entity that is engaged in the delivery of healthcare services and is legally authorized to do so by the state in which the provider delivers the services. This term is used interchangeably to describe individual practitioners and organizational providers.

Recredentialing: The process of updating and re-verifying a provider's qualifications and competency based on demonstrated competence.

Credentialing Committee: Responsible for oversight of the process of provider credentialing and recredentialing. The SCCMHA Credentialing Committee makes decisions regarding participation of initial applicants at the time of credentialing and their continued participation at the time of recredentialing.

Credentialing Committee Chair: Person authorized by SCCMHA to conduct reviews of credentialing packets, provide provisional approvals, and enter and upload the required proof documents for compliance with this procedure.

Sentri II: SCCMHA Electronic Health Record, where both consumer health and provider credentials, privileges, and certifications are stored.

Staff Type: The particular job category or field of services a staff person works in, where they are practicing in a skilled profession for which special education or licensing is required.

References:

SCCMHA Contract with Michigan Department of Health and Human Services (MDHHS) SCCMHA Contract with Mid-State Health Network (MSHN) SCCMHA Credentialing Handbook

SCCMHA Competency Requirements for the SCCMHA Provider Network Policy: 05.06.03

SCCMHA Network Development and Management Policy: 05.06.01 SCCMHA Credentialing of Providers and Staff Procedure: 09.04.03.01 SCCMHA Network Services Data Base Procedure

Exhibits:

Exhibit A: Screen shot of staff profile with licensure entered with effective and expiration dates.

Exhibit B: Screen shot of the uploading process for supporting proof documents. **Exhibit C:** Screen shot of upload being attached to the current licensure for the staff profile.

Procedure:

RESPONSIBILITY
Human Resources or designated credentialing staff at the provider agencies.
Credentialing Committee Chair
Credentialing Committee Chair
SCCMHA Credentialing Committee
SCCMHA Credentialing Committee
Credentialing Committee Chair
Credentialing Committee Chair
Credentialing Committee Chair

Exhibit A:

Staff Name Monique Taylor-Whitson			Staff ID 1013384
6 Credentials			
Туре	Effective Dates	Credentials	Add Signature Credentials Add License Add Degree Add Pin Add Taxonomy Add Billing Exclusion Add Certification Add Privilege
PIN - National Provider ID (NPI)	08/29/2019 -		Change View Delete
0 Attachments			
License - LIMITED LICENSE MSW (LLMSW)	07/01/2019 - 04/30/2021		Change View Delete
Attachments			
	Scar	achments Exist n Attachment ad Attachment	
Signature Credentials	02/07/2012 - 05/31/2019	ВА	Change View Delete
0 Attachments			
Signature Credentials	06/01/2019 - 04/30/2021	MSW, LLMSW	Change View Delete
0 Attachments			
Degree - Bachelors of Arts (BA)	05/01/2006 -		Change View Delete
0 Attachments			
Degree - Master of Social Work (MSW)	05/17/2019 -		Change View Delete
0 Attachments			

Exhibit B:



Exhibit C:



Network Serv	vices and Public Policy Proce	dure Manual
Saginaw Cou	nty Community Mental Hea	lth Authority
Subject:	Chapter : 09.04.05 –	Subject No : 09.04.05.03
Privileging of Practitioners	Network Services	
in Evidence-Based Practices		
Net	work Services and Public Po	licy
Effective Date: 5/26/16	Date of Review/Revision: 6/6/17, 6/20/18, 8/22/19, 11/22/19, 1/7/20, 4/14/21, 3/9/22 Supersedes: 09.04.03.15	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy, & Continuing Education
		Authored By: Mary Baukus, Barbara Glassheim Reviewed by: EBP Leadership Team, Carlee Haller

Purpose:

In an effort to maintain consistent standards for Evidence-Based Practices (EBPs), a procedure is needed to outline the process of privileging practitioners of those EBPs that best suit the needs of the consumers with whom they are working, as well as demonstrate that those practitioners are properly trained and certified in those practices.

Policy:

SCCMHA seeks to ensure competency and proper training of staff who are practicing EBPs within the SCCMHA provider network. Consumers have the right to the highest standard of care needed to treat their individual specialized needs. Proper monitoring of practitioners to ensure that they are trained and skilled in these specialized practice areas helps to maintain quality and consistent care across all teams and providers. This procedure addresses the privileging application process, the need for continued privileging, and ongoing oversight of EBPs within SCCMHA.

Application:

This procedure applies to all service delivery programs including direct operated and contractual and applies to any SCCMHA staff member and contract provider when an EBP is indicated within their scope of practice. All employees and parties with signed service contracts with SCCMHA are subject to privileging and re-privileging compliance with this procedure.

Standards:

- A. SCCMHA will have an established Evidence-Based Practice and Trauma-Informed Care Coordinator (TIC) and EBP Leadership Team, whose role will be to review, provide oversight, and update privileging and re-privileging of related EBPs as needed for the SCCMHA organization and network.
- B. SCCMHA privileging procedures will be updated as needed based on each EBP specific guidelines for privileging.
- C. The privileging process will be conducted annually and/or in conjunction with program audits.
- D. Privileging for providers will include an initial review based on team members credentialing and privileging application and specific training reports provided to the EBP/TIC Coordinator.
 - 1. The supervisor will then be given the EBP Privileging form.
 - 2. It is the responsibility of the program supervisor to complete the information on this form regarding staff EBP training.
 - a. The supervisor will return the completed form and necessary proof documents to the Evidence-Based Practice and Trauma-Informed Care Coordinator.
- E. Upon receipt of the documentation for EBP Privileging form, the EBP/TIC Coordinator will note any needs or changes and forward to the auditing department.
 - 1. If additional EBP training needs are identified the program supervisor will be notified of these needs.
- F. The Auditing unit will utilize the results of the above process to complete the review of the provider use of appropriate billing and modifiers.
- G. The EBP Leadership Team will review the completed EBP privileging forms as needed.
- H. Oversight of the privileging process shall be assigned to the Director of Network Services, Public Policy, and Continuing Education and Evidence-Based Practice and Trauma-Informed Care Coordinator.
- I. The privileging process will include all contract providers and SCCMHA staff.
- J. Participating providers involved in the privileging process shall include practitioners who are providing direct services to consumers.
 - 1. Participating providers may also provide feedback on the privileging process at any time, including filing an appeal to SCCMHA in accordance with SCCMHA provider dispute and appeal procedures.
 - 2. Practitioners seeking to be privileged in a particular EBP shall be expected to provide accurate information upon which privileging decisions will be based.
- K. Accurate records of required supervision, training, and applicable fidelity reviews shall be kept by individual staff members to maintain privilege within a specific Evidence-Based Practice.
- L. Program supervisors will be responsible for providing needed supervision to those in the privileging process, reporting progress or lack of progress to the Evidence-Based Practice and Trauma-Informed Care Coordinator.

- M. Program supervisors will also declare any non-Evidence-Based Practices their teams are providing, including but not limited to best practices, promising practices, emerging practices, and non-researched practices.
- N. The Evidence-Based Practice and Trauma-Informed Care Coordinator, in direct consultation with the Director of Network Services, Public Policy, and Continuing Education, as well as the Evidence-Based Practice Leadership Team, will oversee privileging and re-privileging of staff in accordance with SCCMHA policies and procedures.
- O. The EBP/TIC Coordinator, and SCCMHA Auditing Supervisor or Designee, will be responsible for initial review and processing of privileging applications as well as the periodic review of applications.
- P. The SCCMHA Continuing Education Unit will be the record holder of all EBP training in the SCCMHA SENTRI II training database.

APPEAL Process:

Staff shall have the right to appeal any decision about privileging of Evidence Based Practices in accordance with the following:

- A. Submit written documentation of the appeal and any additional proof documentation that may not have been considered during the approval process and any reasons that should be taken into consideration. To the SCCMHA Evidence Based Practice and Trauma Informed Care Coordinator.
- B. The Evidence Based Practice and Trauma Informed Care Coordinator will bring the information to the Evidence Based Practice Leadership Team for review and decision.
- C. Written notification of decision will go back to the staff appealing the decision.
- D. A staff who wishes to further appeal this decision can submit an appeal to the SCCMHA CEO or designee for final decision.

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. The term "evidence-based" practice refers to a clinical intervention that has a strongly rooted scientific foundation and produces consistent results in assisting consumers achieve their desired goals or outcomes. 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.

Privileging: Processes of formal recognition and attestation that a practitioner is both qualified and competent. Privileging defines a practitioner's scope of practice and the clinical services he or she may provide. Privileging is based on demonstrated competence and is a data driven process.

References: SCCMHA Policy 02.03.09 – Evidence Based Practice

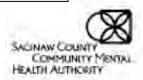
Exhibits:

- A. Network Clinician Application for Credentialing and Privileging
- B. ABA Application Introduction page
- C. Privileging Verification Form

Procedure:

ACTION	RESPONSIBILITY
Appoints SCCMHA administrative staff member responsible for oversight of privileging.	CEO
New clinical staff are to complete a Network Application for Credentialing and Privileging.	Human Resources/Contract Provider
The completed application will be forwarded to the Auditing Supervisor/Designee.	Auditing Supervisor of Designee
Application will be reviewed. Any applications that indicate previous privileging or certification in an Evidence-Based Practice will be forwarded to the EBP/TIC Coordinator.	Auditing Supervisor or Designee and Credentialing Committee
Follows up with staff/supervisor to obtain the necessary privileging documents.	EBP/TIC Coordinator
Maintains privileging documents and applications. Serves as administrative staff member Responsible for oversight, facilitates Evidence-Based Practice Leadership Team Acts as the privileging agent for SCCMHA	EBP/TIC Coordinator and Director of Network Services, Public Policy, and Continuing Education Program supervisor
Conducts Initial privileging as part of the credentialing process.	Auditing Supervisor or Designee
Conducts periodic privileging of network providers associated SCCMHA EBP service delivery	EBP/TIC Coordinator
The full credentialing and privileging process is repeated every two years.	Auditing Supervisor or Designee and Credentialing Committee

Program Supervisor Provides or maintains record of required supervision and training hours Completes Documentation of EBPs for Privileging on the Documentation for EBP Privileging form Maintain full EBP training records on EBP Continuing Education Supervisor and Providers. SCCMHA provider, contractor, and individual staff members Maintains records of privileged staff Evidence-Based Practice and Trauma-Informed Care Coordinator and SCCMHA Auditing department Provides Updates to EBP/TIC Coordinator **Program Supervisor** regarding any additional staff trained in an EBP. EBP/TIC Coordinator Sends out privileging form for updates to each team on an annual basis or as needed.



Application for Credentialing and Privileging for SCCMHA Clinical Staff

3/24/2022

As a Clinician/ Staff within the Saginaw County Community Mental Health Authority Network it is required that an application be completed for each professionally licensed staff providing and billing for services to individuals within our network as well as those seeking privileging to perform and use special codes for billing services. Enclosed is an application for credentialing and privileging, along with related attachments. Please complete the below sections according to your position/ title requirements.

The following qualifications must be demonstrated in your application materials for us to accept your application:

- License: A current unrestricted, unconditional license to practice mental health and/or substance use disorder services in the State of Michigan.
- Certification (if applicable): Current certifications to provide specialized services as required by the State of Michigan.
- · Board Certification (applies to physicians).
- Sanction Checks (OIG, SAM, Michigan Sanction Report).
- Copy of Recipient Rights Check for each county the staff may have worked previously as well as Saginaw.
- · Enrollment in CHAMPS
- National Practitioner Data Bank Check (NPDB)
- · Criminal background check prior to hire and every 2 years during employment with the provider.
- Every 2 years clinician/staff are required to complete this application for re-credentialing purposes.
- For staff working with children, a Department of Health and Human Services (DHHS) Central Registry must be completed
- Current check for active licensure and with Michigan Licensing and Regulatory Affairs (LARA) for any sanctions.

The application and attachments may be filled out electronically; however please print, date, and sign the application with required attachments, when submitting for approval

Please submit the application and attachments to email credentialing@sccmba.org

For your convenience, a checklist has been included on page 6 of the application to ensure you have attached all required documents for the application to be accepted. Please note: Failure to complete all required sections will result in the application being denied and returned for completion. Please submit proof documentation for each credential type.

1.0=0=

Section A: Staff Information-New Credentialing (atta	ich copies)					
Name (Last, First, Middle):	Today's Date:					
Other Names Used:	Email:					
Position Title:	Date of Hire:					
Organization Name:	Date of Birth:					
Home Address: State: Zip:	License Type:					
City: Fax:	License #:					
Phone:	Date of CPR and First Aid:					
Gender: Choose an item. If Other:	Ethnicity: Choose an item. If Other:					
Board Certified: Yes No	Provide Direct Services: Yes No					
National Provider Identifier (NPI):	Taxonomy Code:					
Initial Background Check:	Ongoing Background Check:					
Sanction Checks (OIG, SAM, MI Sanction Report):	NPDB Check:					
Supervise Staff: Yes No						
Please specify all fluent communicable languages, includi	ng sign language: Choose an item. If Other:					
	or credentialing or Licensure (this is not administrative supervision					
but Clinical Supervision): First Name:	- ,					
Last Name:						
Licensure or Credential of Clinical Supervisor (please attach	ed licensure of this person):					
Start Date of Supervision:	Phone Number of clinical Supervisor:					
Section B: Terminate Staff						
Date of Termination:	Was termination due to Sanction or License					
	Concerns: Yes No					
Cases Transferred: Yes No Documentation and Signatures Completed:						
Section C: Valid Certifications/Licenses (attach currer	nt conies) Please see acronym definitions on ng 7 & 8					
	O RPH DLP DLPC DLMSW					
	BSW SATS SATP CPS-M CPC-M					
	P-C CADC-M CADC CAADC CCIP					
	CS-M OTRL OMHP Other					
	D HLBSW HLPC					
	MHP LLMSW					
PSS TILP TILP TCHW TCPP TOIDP						
Indicate all past and current licenses and certifications. F	Physicians – include Board Certifications					
·	Province Number Expiration Date					
Costion D. Drivlagge Licensus and Malaractica History Att. L.						
Coction D. Privilagos Licensure, and Malaractice Hi	Section D: Privileges, Licensure, and Malpractice History – Attach documentation to support selections and yes					
	Story – Attach documentation to support selections and yes					
responses below.	Story –Attach documentation to support selections and yes					
responses below. Privileges/Certifications:						
responses below.						

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	Assertive Community Treatment (ACT)	
	Child Mental Health Professional (CMHP)	
ļ	Certified Peer Support Specialist (CPSS)	
	Child and Parent Psychotherapy (CPP)	
	Cognitive Behavior Therapy for Hoarding (CBT-HD)	
	Dialectical Behavior Therapy (DBT)	
	Dimensions Tobacco Free Program	
	Family Psychoeducation (FPE)	
	INDEPTH (Intervention for Nicotine Dependence: Education, Prevention, Tobacco and Health)	
	Integrated Dual Disorder Treatment (IDDT)	
ĺ	Mindfulness/ Meditation	
ĺ	Mobile Response and Stabilization Services (MRSS)	
l	Motivational Interviewing (MI)	
ĺ	Parenting Through Change (PTC)	
	Parenting Through Change-Reunification (PTC-R)	
	Parent Management Training Oregon Model (PMTO)	
ĺ	Parenting With Love and Limits (PLL)	
	Parenting Wisely (PW)	
ĺ	Parent Support Partner (PSP)	
į	Peer Support Specialist (PSS)	
	Permanent Supportive Housing	
İ	Psychopharmacology	
ĺ	Psychosocial Rehabilitation (PSR)	
	Qualified Intellectual Disability Professional (QIDP)	
İ	Qualified Mental Health Professional (QMHP)	
ĺ	Recovery Coach	
	Seeking Safety (SS)	
	Strengthening Families	
	Supported Employment (SE)	
	Trauma Focused Cognitive Behavior Therapy (TF-CBT)	
	Trauma Recovery Empowerment Model (TREM)	
ĺ	Whole Health Action Management (WHAM)	
	Wraparound	
	Youth Peer Support Specialist	
į	Other	
1.	ave you ever been dismissed from a hospital or behavioral healthcare organization staff?	Yes No
2.	ave you ever had a hospital initiate suspension, restriction, dismissal or been refused or	Yes No
	enied privileges?	
3.	ave you ever voluntarily surrendered any privileges?	Yes No
	ave you ever surrendered privileges upon threat of censure, restriction, suspension, or revocation	of privileges?
		Yes No
5.	ave any of your licenses or certifications been suspended, revoked, placed on probation or condit	ional status,
	estricted, or voluntarily surrendered?	Yes No
6.	any action currently pending to suspend, revoke, or restrict any of your licenses or certifications?)
		Yes No
7.	ave you been subject to any disciplinary proceedings by any local, state, or national professional o	organization?
		Yes No

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8.	Have any malpractice claims ever been filed against you, or to the best of your knowledge, are the currently pending in regard to the practice of mental health or substance use treatment?	ere any claims Yes No
9.	Have any malpractice allegations involving your work been settled by you or your carrier prior to claim?	the filing of a
10.	Have you ever been denied professional liability insurance, had your insurance cancelled, or your denied?	
11.	Have you ever been a defendant in any lawsuit in regard to the practice of health or substance us	
12.	You must provide, at minimum, the prior 5 year's history of any professional liability claims resulting in a judgement or settlement. <i>If applicable complete attachment - Professional Liabilit</i> Attached	
13.	Have you previously had any affiliation either by contract or employment with another Community Mental Health in Michigan? If so, list the CMH's here:	Yes No
	tion E: Statement of Ability to Perform	
1.	Do you now, or have you had any physical condition, mental condition, or substance abuse condi illegal or prescription drugs) that has interfered with your ability to practice or perform clinical du	
	suspension, termination, or any other disciplinary action?	Yes No
2.	Are you currently engaged in the illegal use of controlled substances?	Yes No
3.	Are you licensed to provide services to children and adolescents?	Yes No
Servio	tes you wish to provide (Case Management, Therapy, Psychiatry, etc.) and EBP's you wish to be p	rivileged to
		ΔIPaσe



Consent and Release of Liability

Upon the signing of this application, I represent that all of the information now or hereafter given by me in support of my application is true, correct and complete to the best of my knowledge and belief. I agree to promptly notify SCCMHA if there are any material changes in the information provided, whether prior to or after acceptance as a SCCMHA participating provider. I hereby authorize the release of any information from any source; including but not limited to; information from individuals, peers, customers companies, institutions, agencies, data banks or references who may have information bearing on my moral and ethical qualifications and competence to carry out the privileges I have requested, and I authorize them to release such information as you require including my prior disciplinary records, for purposes of verifying information obtained in the attached application or any re-application information without any obligation to give me written notice of such disclosure. I agree to hold SCCMHA and the informant harmless from any liability to me and/or my organization for providing such information.

I hereby further authorize SCCMHA to release any and all information related in any way to my professional practice to any person entity or governmental agency which: (a) provides SCCMHA with an authorization signed by me; or (b) has a legal right to know under any state or Federal law. I agree to hold SCCMHA harmless from any liability for providing any such information as specified herein.

I release all parties from all liability from any damages, causes of action, including, but not limited to, slander and libel, that may result from furnishing any information to you. I agree that any false information in support of my application may result in action up to and including cancellation of any or all contracts subject to contract provisions regardless of when discovered by SCCMHA. I release SCCMHA the SCCMHA Credentialing Committee individually and collectively, from any and all liability from any damages and/or causes of action associated with the SCCMHA credentialing and privileging process.

I hereby signify my willingness to appear for interviews with SCCMHA. I fully consent to the inspection of any and all records and documents pertinent to my application for appointment and/or privileges. If there is a doubt as to my competence, morals, or ethics the burden shall be on me to resolve the same. I understand and agree that if SCCMHA determines that this application contains any significant misstatements, misrepresentations, or omissions, SCCMHA acceptance of this application for participation and any subsequent participating provider agreement which SCCMHA enters into with me will be voidable at SCCMHA's sole discretion.

Lunderstand and agree that: (a) I have the burden of producing all information required or requested by SCCMHA in connection with this application; (b) SCCMHA is under no obligation to complete the processing of this application until all information requested is provided; (c) SCCMHA has the sole discretion to determine whether or not | or my organization will be accepted as a participating provider; and (d) in the event that SCCMHA decides not to accept me or my organization as a participating provider. I may initiate administrative appeal procedures as defined in the instructions for completing the application.

I understand and agree that the certifications, <u>authorizations</u> and other provisions contained herein shall remain in force for so long as this application is pending and, if accepted for participation, for so long as my and/or my organizations' provider agreement with SCCMHA remains in force.

I understand that SCCMHA is not obligated to grant any or all requested privileges and that application for such is not a guarantee of a contract with MSHN or SCCMHA.

Applicant Signature:	Date:
Applicant Print Name:	
Supervisor/HR Department Approval:	Date:

TOXIDA ANDMARKS by Crafteraling and MATERIA.



Copy of Taxonomy Code

Application Checklist The following Items are required: All applicable items on the application are complete and legible Copy of valid picture identification issued by a state or federal agency (e.g. driver's license or passport) Signed and dated Consent and Release of Liability (If Applicable) Copy of highest degree earned Copy of all current licenses and certifications to support services you wish to bill Copy of current CV/Resume Copy of initial and ongoing background check Copy of sanctions checks completed: SAM, MI, OIG, LEI, etc. Copy of all trainings/certificates to support requested privileges Copy of National Practitioner Data Bank check If unable to provide, please submit the following: 1) Minimum five-year history of Professional Liability. 2) Disciplinary Status with regulatory board or agency 3) Medicare/Medicaid sanctions Copy of Recipient Rights Check for all counties worked in Copy of NPI

6 Dage



Application Checklist

The following items are required:

All applicable items on the application are complete and legible
Copy of valid picture identification issued by a state or federal agency (e.g. driver's license or passport)
Signed and dated Consent and Release of Liability (If Applicable)
Copy of highest degree earned
Copy of all current licenses and certifications to support services you wish to bill
Copy of current CV/Resume
Copy of initial and ongoing background check
Copy of sanctions checks completed: SAM, MI, OIG, LEI, etc.
Copy of all trainings/certificates to support requested privileges
Copy of National Practitioner Data Bank check If unable to provide, please submit the following: 1) Minimum five-year history of Professional Liability 2) Disciplinary Status with regulatory board or agency 3) Medicare/Medicaid sanctions
Copy of Recipient Rights Check for all counties worked in
Copy of NPI
Copy of Taxonomy Code

SCCMEA Applicative for Credectiving and biritinging

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Credential and Licensure Definitions

- CAADC: Certified Advanced Alcohol & Drug Counselor
- CADC: Certified Alcohol Drug Counselor
- CADC-M: Certified Alcohol Drug Counselor-Michigan
- CCC-SLP: Certificate of Clinical Competence in Speech-Language Pathology
- CCDP: Certified Co-occurring Disorders Professional
- CCDP-D: Certified Co-occurring Disorders Professional-Diplomate (Master's level only)
- CCJP: Certified Criminal Justice Specialist
- CCS: Certified Clinical Supervisor
- · CCS-M: Certified Clinical Supervisor-Michigan
- CHES: Certified Health Education Specialist
- · CHW: Community Health Worker
- · CMHP: Certified Mental Health Professional
- · CPC-M: Certified Prevention Consultant-Michigan
- CPC-R: Certified Prevention Consultant-Reciprocal
- CPP: Child and Parent Psychotherapy
- · CPS: Certified Peer Specialist
- CPS-M: Certified Peer Specialist- Michigan
- DO: Doctor of Osteopathic Medicine
- DP-C: Development Plan-Counselor
- DP-P: Development Plan-Professional
- DP-S: Development Plan-Supervisor
- LBSW: Licensed Bachelor Social Worker
- LLBSW: Limited License Bachelor Social Worker
- LLMFT: Limited Licensed Marriage Family Therapist
- LMFT: Licensed Marriage Family Therapist
- LLMSW: Limited Licensed Master Social Worker
- LMSW: Licensed Master Social Worker
- LLPC: Limited Licensed Professional Counselor
- LPC: Licensed Professional Counselor
- LLP: Limited License Psychologist
- LP: Licensed Psychologist
- MA: Medical Assistant
- MD: Doctor of Medicine
- NP: Nurse Practitioner
- OTRL: Occupational Therapist Registered License
- · OTR: Occupational Therapist Registered
- · PA: Physician Assistant

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SCCMHA Application for Credentialing and Privileging

- PSS: Parent Support Partner
- PTA: Physical Therapist Assistant
- PTL: Physical Therapist License
- · QIDP: Qualified Intellectual Disability Professional
- QMHP: Qualified Mental Health Professional
- RD: Registered Dietician
- RN: Registered Nurse
- RPH: Registered Physician
- RPT: Registered Play Therapist
- SATP: Substance Abuse Treatment Practitioner
- SATS: Substance Abuse Treatment Specialist
- SLP: Speech Language Pathologist
- TLLP: Temporary Limited License Psychologist

<u>CMHP- Child Mental Health Professional</u> -Individual with specialized training3 and one year of experience in the examination, evaluation, and treatment of minors and their families and who is a physician, psychologist, licensed or limited-licensed master's social worker, licensed or limited-licensed professional counselor, licensed or limited-licensed marriage and family therapist or registered nurse; <u>or</u> an individual with at least a bachelor's degree in a mental health related field from an accredited school who is trained and has three years supervised experience in the examination, evaluation, and treatment of minors and their families; <u>or</u> an individual with at least a master's degree in a mental health-related field from an accredited school who is trained and has one year of experience in the examination, evaluation and treatment of minors and their families. For the BHT/ABA services individuals must be a BCBA or <u>BCabb</u> or <u>Psychologist</u> working within their scope of practice with extensive knowledge and training on behavior analysis and BCBA certified by 9/30/2020.

QIDP- Qualified Intellectual Disability Professional - Individual with specialized training (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons with intellectual or developmental disabilities as part of that experience) OR one year of experience in treating or working with a person who has intellectual disability; AND is a psychologist, physician, educator with a degree in education from an accredited program, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, registered dietician, therapeutic recreation specialist, a licensed/limited-licensed professional counselor, OR a human services professional with at least a bachelor's degree in a human services field.

QMHP- Qualified Mental Health Professional- Individual with specialized training3 (including fieldwork and/or internships associated with the academic curriculum where the student works directly with persons receiving mental health services as part of that experience) 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, social worker, physical therapist, occupational therapist, speech-language pathologist, audiologist, behavior analyst, registered nurse, therapeutic recreation specialist, licensed/limited-licensed professional counselor, licensed or limited licensed marriage and family therapist, a licensed physician's assistant, OR a human services professional with at least a bachelor's degree in a human services field.

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Network Clinician Application for Credentialing and Privileging for Applied Behavioral Analysis (ABA) staff

Updated 3:24:22

As a Clinician/ Staff within Saginaw County Community Mental Health's (SCCMHA) Network it is required that an application be completed for each professional licensed staff providing and billing for services to individuals within our network. Below application for credentialing and privileging, along with related attachments. Please complete the sections according to each position's title requirements.

Furthermore, ABA Providers are required to submit the following information for all Behavioral Technicians (BT): hire date, background checks (criminal background check, MDOC, Sex Offender, DHHS Central Registry Check), sanction checks (MI Provider Sanction List, Office of Inspector General [OIG], SAM- these must be completed monthly as well), BT training, first aid/CPR, blood borne pathogens and infection control training, proof of ABA plan review, proof of IPOS plan review, verification of education, driver license, National Provider Identifier (NPI) and supervising BCBA or other professional (BCaBA, LP, LLP or QBHP) overseeing the behavioral plan of care. Behavioral Technicians do not need to complete the below credentialing application at this time. However, all documents listed above are expected to be submitted to SCCMHA credentialing@sccmha.org for review prior to any services being rendered to Saginaw consumers.

The following credentialing application is required to be completed for all ABA supervisors, which includes LP, LLP, QBHP's, BCaBA's, and BCBA's. ABA providers are also required to submit applications for OT, PT, Speech, and Recreational Therapists. Applications must be accompanied with proof documents to support the credential listed. The following listed documents are required to be provided with the credentialing application for the ABA supervisors also. These documents are expected to be submitted to the credentialing application for review prior to any services being rendered to Saginaw consumers.

The following qualifications must be demonstrated in your application materials in order for us to accept your application.

- License: A current unrestricted, unconditional license to practice mental health and/or substance use disorder services in the State of Michigan;
- Certification (if applicable): Current certifications to provide specialized services as required by the State of Michigan;
- Sanction Checks (OIG, SAM, State of Michigan [MI] Sanction Report) or if you use a company
 please make sure these listed are minimally a part of the check; these checks must be completed
 monthly as well
- Department of Health and Human Services (DHHS) Central Registry Check without any concerns
- National Practitioner Data Bank (NPDB) check



Drogram Namo





Documentation for EBP Privileging

Program Supervisor: Date:					
Staff Name	Current Known EBPS (staff is already trained in the EBP)	Need EBP Training (staff is planning to train in the EBP or in process)	Privileged in (staff has previously met criteria to practice the EBP and still practices it)	Training documentation attached*	Modifier usage (if applicable)
		`			

Please check all EBPs that staff of your program is currently providing:

☐Assertive Community Treatment	☐ Child Parent Psychotherapy	☐Cognitive Behavior Therapy for Hoarding	☐ Integrated Dual Disorder Treatment	☐ Dialectical Behavior Therapy
(ACT)			(IDDT)	(DBT)
□DBT-A	□INDEPTH	□ EMDR	☐ Mindfulness/	☐ Mobile Response
			Meditation	& Stabilization
				Services
☐ Parenting Through	☐ Parenting	☐ Parent Management	☐ Parent Support	☐Peer support
Change (PTC)	Through Change-	Training Oregon Model	Partner (PSP)	Specialist (PSS)
	Reunification (PTC-R)	(PMTO)		
☐ DIMENSIONS: Well	☐ Youth Peer	☐ Seeking Safety	☐ DIMENSIONS:	☐ Supported
Body	Support Specialist	(SS)	Tobacco Free	Employment (SE/IPS)
			Program	
☐ Permanent	☐ Trauma Focused	☐ Trauma Recovery	☐ Whole Health	☐ Wraparound
Supportive Housing	Cognitive Behavior	Empowerment Model	Action Management	
	Therapy (TF-CBT)	(TREM)	(WHAM)	
1	I	Indicate version(s)	I	1

Revised 01/05/2022

^{*}If specific documents, such as certificates, have been sent previously, they do not need to be sent again. For example, if ongoing training has been sent to the SCCMHA training department, it does not need to be sent again. If a new staff has recently been credentialed/privileged through the SCCMHA auditing department, the information does not need to be sent again but please indicate why it is not being sent. However, any documents that show ongoing training for the past year as required for



Documentation for EBP Privileging



specific EBP's should be sent if they have not been sent to Training or Auditing. If training has been sent previously, please indicate that it was sent and where it was sent.

Any additional information, or comments including other EBPs not mentioned in		
the boxes above, or additional exp	planation related to the impa	ct of COVID-19:
-	-	
Supervisor Signature		Date
	-	
EBP/TIC Coordinator Signature		Date

Revised 01/05/2022

Network Services and Public Policy Procedure Manual Saginaw County Community Mental Health Authority			
Subject: Insurance Credentialing of Fully Licensed Clinical Staff	Chapter: 09.04.05 Credentialing	Subject No: 09.04.05.04	
	Network Services & Public l	Policy	
Effective Date: 10/13/22	Date of Review/Revision:	Approved By: Jennifer Keilitz, Director of	
	Supersedes:	Network Services, Public Policy, and Continuing Education	
		Authored By: Jenna Brown, NSPP Administrative Assistant Reviewed By: Chief of Network Business	
		Operations, Director of Finance	

Purpose:

To guide SCCMHA Credentialing staff and fully licensed clinical staff on the credentialing process with commercial insurers.

Application:

This procedure is applicable to internal clinical staff that are fully licensed and select contracted staff such as telemedicine doctors and therapists from vendors Array and Hospital Psychiatry.

Policy:

It is policy that a consumer's primary insurance must be billed prior to any Medicaid funds or other funding received from SCCMHA, with Medicaid being the payer of last resort and CCBHC-D funding used beyond Medicaid. As such, any internal staff billing CPT codes must be credentialed with commercial insurance companies to bill services for consumers with primary insurance.

Standards:

All fully licensed clinical staff will need to be credentialed with commercial insurances used by persons seeking services through SCCMHA, as deemed necessary by YEO & YEO medical billing vendor, in order to bill for consumer services provided.

Definitions:

<u>CHAMPS</u> – The Community Health Automated Medicaid Processing System (CHAMPS) is the MDHHS Medicaid Management System.

NPPES - National Plan & Provider Enumeration System - The database used by NPI number holders and the Centers for Medicare and Medicaid Services.

PECOS - Provider Enrollment, Chain, and Ownership System - PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to submit and manage Medicare enrollment information securely and electronically.

<u>CAQH</u> – Coalition for Affordable Quality Healthcare - CAQH is a credentialing database that ensures healthcare organizations have updated information for credentialing and claims administration, while eliminating duplicative paperwork and administrative inquires.

<u>CPT</u> – Current Procedural Terminology – A procedural code set that assigns five digit codes to medical, surgical, and diagnostic services rendered by providers to communicate uniform information about those services provided.

References:

MDHHS Medicaid Provider Manual – Section 1 – Introduction

Community Health Automated Medicaid Processing System (CHAMPS) (michigan.gov) NPPES (hhs.gov)

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS) (hhs.gov) CAQH ProView - Sign In

Exhibits:

Exhibit A - SCCMHA New Practicing Therapist Approval Checklist

Exhibit B – Yeo & Yeo Credentialing Instruction Guide

Procedure:

ACTION	RESPONSIBILITY
1. Initiation SCCMHA Credentialing staff will email the Credentialing Checklist and Instruction Guide to staff that need to be credentialed with commercial insurances.	SCCMHA Credentialing Coordinator
2. Checklist Completion Prior to completing the checklist, staff will need to review the instruction guide (see Exhibit B). Staff will need to fully complete the SCCMHA New Practicing Therapist Approval Checklist (See	Fully Licensed Clinical Staff

Exhibit A) and send it to the credentialing staff listed on the checklist. All fields will need to be completed and all listed documents will need to be attached.

3. CHAMPS

If staff do not already have a CHAMPS account, Samantha Middleton at Yeo & Yeo will create one for them. They may leave this portion of the checklist blank.

If staff already have a CHAMPS account, they will need to log in to make sure their account information is correct. Then, they will either need to provide their username and password or give middletons2343 access to their profile. This account information will be held confidential. (See Exhibit B for screenshots).

4. NPPES/PECOS

If staff do not already have a NPPES/PECOS account, they will need to create one to obtain their NPI number.

If staff already have an account, they will need to log in to make sure their information is up to date. Staff will need to provide their username and password and have Samantha's email added to their account for Multi-Factor Authentication.

Staff will need to call Samantha at 989-797-1400 while completing their NPPES/PECO account to add her email. This will only take a few minutes. (See Exhibit B for screenshots).

Samantha Middleton, Yeo & Yeo

Fully Licensed Clinical Staff

Fully Licensed Clinical Staff

5. CAQH

CAQH will be the lengthiest part of the credentialing process. If staff do not have an account, they will need to create one.

All staff will need to upload their SCCMHA liability insurance to CAQH. Staff will be sent their insurance certificate by SCCMHA Credentialing Staff.

SCCMHA Credentialing Staff will contact Julie Decker at Saginaw Bay Underwriters to obtain a new insurance certificate for the staff being credentialed. They will also contact Julie when a staff member needs to be removed from the insurance certificate.

Email: jdecker@sbuins.com

CAQH will send staff quarterly emails to attest that their information is still the same or update their information. The CAQH profile must be attested to quarterly or claims may be rejected.

At the end of every Fiscal year, before September 30th, all staff will need to update their liability insurance in CAQH.

As their licenses are renewed, staff will also need to update their license information in CAQH.

6. Completion

Upon completion of the checklist, Staff will email or fax it to the SCCMHA Credentialing Staff.

The SCCMHA Credentialing Staff will send it by encrypted email

Fully Licensed Clinical Staff

SCCMHA Credentialing Coordinator

SCCMHA Credentialing Coordinator

Fully Licensed Clinical Staff

Fully Licensed Clinical Staff

SCCMHA Credentialing Coordinator

(Data Motion) to Samantha Middleton at Yeo & Yeo.

Yeo & Yeo will upload any missing information/documents when finalizing the credentialing process.

As providers are credentialed with Medicare and the Credentialing Coordinator is sent emails from PECOS to authorize the reassignment, forward these emails to the CEO's assistant to have the CEO sign in to PECOS and approve the reassignment.

Samantha Middleton, Yeo & Yeo

SCCMHA Credentialing Coordinator/ Executive Assistant to the CEO/ CEO

Exhibit A



SCCMHA New Practicing Therapist Approval Checklist

6/9/2022

Please send completed checklists and following documents to credentialing@sccmha.org and jenna.brown@sccmha.org

Staff Name and Title: Click or tap here to enter text.

Staff Specialties/Focus: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Agency/Programs staff is working for (if working in multiple programs please list all): Click or tap here to enter text.

Anticipated Start Date: Click or tap here to enter text.

NPI number: Click or tap here to enter text. Enumeration date: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text. Place of Birth: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

Phone Number: Click or tap here to enter text.

Social Security Number: Click or tap here to enter text.

CAQH Username: Click or tap here to enter text. CAQH Password: Click or tap here to enter text.

NPPES/PECOS Username: Click or tap here to enter text. NPPES/PECOS Password: Click or tap here to enter text.

Initial that you added Samantha's email to your account and completed MFA ______.

(See attached instruction guide)

CHAMPS Username: Click or tap here to enter text. CHAMPS Password: Click or tap here to enter text.

Or, instead of providing CHAMPS Username and Password, give middletons2343 access to your

profile. Initial here if you provided middletons2343 access ______.

Please include the following documents:	
☐ Print NPI Registry that includes Taxonomy Code and Enu	meration date
☐ Copy of professional license	
☐ Copy of diploma	
☐ Copy of CV/resume	
☐ Three (3) professional references (relationship, phone, em	nail)
☐ Copy of driver license	
Submitted By:	Date:

Exhibit B

Yeo & Yeo Credentialing

SCCMHA has partnered with Yeo & Yeo to get staff credentialed with various, as-needed insurances instead of each staff member going through this time-consuming process themselves. The provided checklist will need to be completed for Yeo & Yeo to get you credentialed. All fields and listed documents will need to be completed and sent in. Yeo & Yeo has experience in credentialing many providers and have done so for others in our provider network. For your privacy and information protection, we have engaged in business associate agreements that include HIPAA requirements with Yeo & Yeo and their software vendor. It is important that you be credentialed with these insurances, under CCBHC-D, anyone entering services with CPT codes (five digit codes) will need to bill to commercial insurance prior to using any Medicaid funding. SCCMHA as a provider of Medicaid services needs to be payor of last resort. Kati Krueger from Yeo & Yeo will be our commercial biller. Samantha Middleton will be assisting with the credentialing process.

<u>Please review this document prior to starting</u> so that you can have all information ready to start the process to save you time and frustration.

Information you will need during the application process:

- You will need to provide your personal NPI number. If you do not know your number, you can look it up here: https://npiregistry.cms.hhs.gov/
 - o The NPI Enumeration date is the date you received your NPI number
- Other information you will need when creating your accounts & filling out the practice location information

SCCMHA NPI: 1689778953
 SCCMHA Tax ID: 383192817
 SCCMHA Taxonomy: 251S00000X

When accessing / creating your accounts, you may need these numbers:

• CHAMPS Help Desk Number: 1-800-292-2550

- If you were not the one to create your CHAMPS account and you are locked out, you will most likely need to contact the CHAMPS Help Desk to reset your security questions and account.
- CAQH Help Desk: 1-888-599-1771

• NPPES/PECOS Help Desk: 1-866-484-8049

You may also want the documents listed at the bottom of the attached checklist available when creating your accounts.

Creating Accounts

CHAMPS

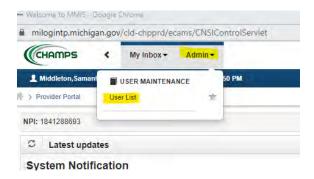
• If you are one of the few <u>not</u> already enrolled in CHAMPS, Yeo & Yeo will enroll you. Put "Not enrolled" in the username and password fields on the checklist.

• If you are already enrolled in CHAMPS, you can either give Yeo & Yeo your username and password or give **middletons2343** access to your profile. You can add her on this screen in CHAMPS:

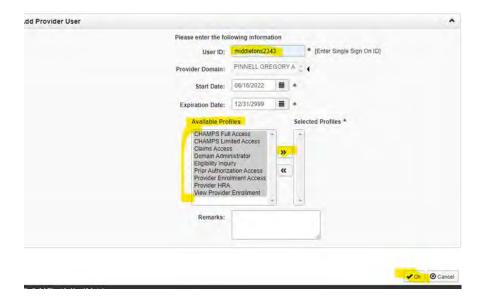
Once logged in to your CHAMPS profile, choose the following from the drop-down menus and click "go."



Then, in the top left corner of the screen, click "admin" then "User list."



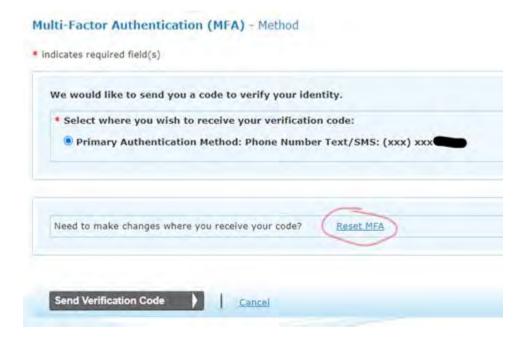
Then click "add" in the top left of the next screen. A window will pop up, where you will enter my user ID and select all of available profiles. Click the arrow pointing to the right to add them. Then click "okay." I now have access to your profile.



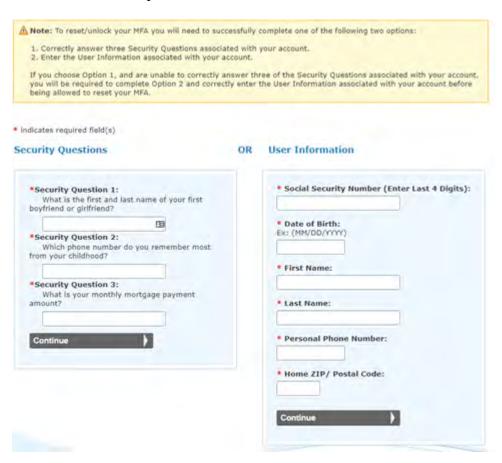
NPPES/PECOS

- NPPES and PECOS use the same username and password.
- If you do not have a NPPES/PECOS account, you will need to create one and provide your username and passwords.
 - o It is necessary that you provide your username and password so Samantha can complete the credentialing process on your behalf and make any necessary updates over time.
 - Because of Multi-Factor Authentication for NPPES/PECOS, you will also need to add Samantha's email to your account, so she can login: sammid@yeoandyeo.com
 - To successfully add Samantha's email, you will need to email or call to notify her that you are adding her email. This is because once you add her email, she will be sent a code that she will need to communicate to you within minutes to enter into your account. Samantha's phone number is 989-797-1400. See screen shots below:

Once you log in, you will either see a screen asking you set up MFA for the first time -or- the screen showing where a validation code will currently be sent. If setting up for the first time, this is where you can add Samantha's email (let her know ahead of time so she can watch her email and forward the code to you.) If already set up, click "reset MFA:"



Then, choose one of the options on the next screen to change where the MFA code is sent to. From there the same process as above will follow.



CAQH

- You will need to complete the CAQH application, which may take up to two hours.
 While this seems like a lengthy process, CAQH contains all the information an insurance
 company needs to pull to have you credentialed. All insurance payers will gather your
 information from this site, so you do not have to provide this information to each one
 individually.
- The two items you will need to upload to CAQH are:
 - o A release that will be downloaded from the site and need your signature
 - Liability insurance You <u>do not</u> need to get your own liability insurance.
 SCCMHA covers you under our liability insurance. We will send this to you to upload to your account.
- CAQH will send you a quarterly email to attest that there have been no changes in your information or make any necessary updates. Do not ignore these emails. If you do not attest quarterly, the insurance companies may start rejecting claims.

If you have any questions during this process, please contact your supervisor.

	vork Services Procedure Mar nty Community Mental Heal	
Subject: Enrollment in CHAMPS (Community Health Automated Medicaid Processing System)	Chapter: 09.04.05 - Credentialing	Subject No: 09.04.05.05
Ne	twork Services & Public Poli	cy
Effective Date: 3/6/18	Date of Review/Revision: 2/12/19, 2/10/20, 3/10/21, 10/10/22 Supersedes: 09.06.00.08	Approved By: Jennifer Keilitz, Director of Network Services, Public Policy & Continuing Education
		Authored By: Executive Director of Clinical Services Reviewed By: Provider Network
		Auditing Supervisor, Credentialing Coordinator Human Resources, Director of Finance

Purpose:

To provide instruction on how and when to complete enrollment into CHAMPS (Community Health Automated Medicaid Processing System).

Application:

SCCMHA Board Operated and Network Clinical Staff

Policy:

All staff providing Medicaid services are required to enroll in CHAMPS prior to rendering and billing any services to Medicaid.

Standards:

All Master's level clinicians or above and Psychologists, Speech Therapists, Occupational Therapists, Physical Therapists, Dietitians, billing for services under Medicaid Insurance, must be enrolled in CHAMPS.

All external providers in the SCCMHA network will assure master level staff are enrolled in CHAMPS.

Definitions:

None

References:

Credentialing and Recredentialing of SCCMHA Providers & Staff 05.06.03.01 Tracking of Credentials for Staff Electronic Signatures 09.04.05.02 Insurance Credentialing of Fully Licensed Clinical Staff 09.04.05.04

Exhibits:

None

Procedure:

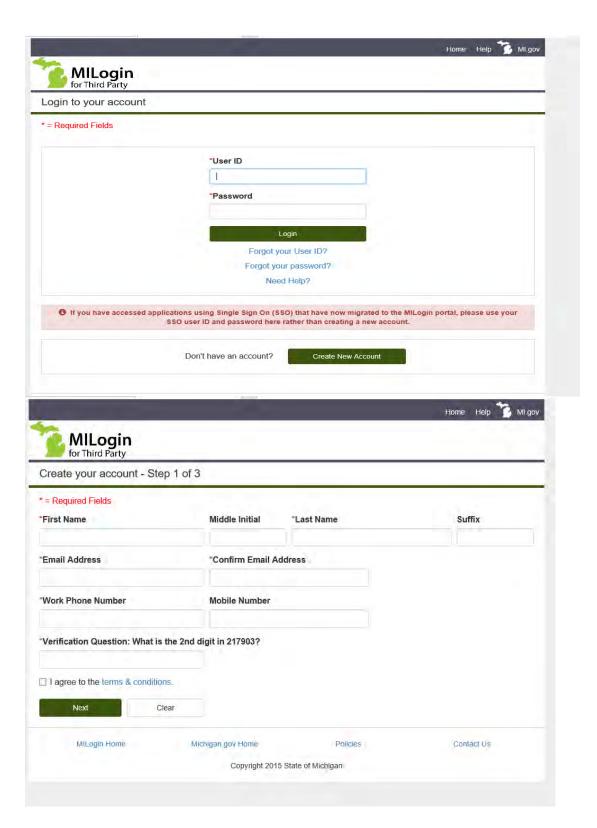
	ACTION	RESPONSIBILITY
1.	Notification from Human	Human Resources staff
	Resources of a new clinical staff is	
	sent to Credentialing Coordinator	
2.	Complete the enrollment process.	SCCMHA and Network Provider staff and
	SCCMHA Credentialing	SCCMHA Credentialing Coordinator
	Coordinator will inform staff of	
	the need to enroll and assist with	
	any problem solving.	
3.	Notify SCCMHA Billing of	SCCMHA and Network Provider staff
	successful completion of the	
	process email	
4.	Verification of Enrollment	Provider Network Auditing Supervisor
5.	Will assure staff record includes	SCCMHA Billing Unit in the SCCMHA
	enrollment in CHAMPS in order	Finance Department
	to bill for Medicaid services.	

CHAMPS Instructions

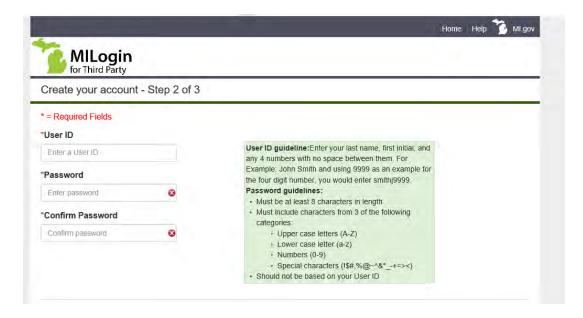
Copy and paste this link to your browser:

https://milogintp.michigan.gov/eai/tplogin/authenticate?URL=/

Click on Create New Account

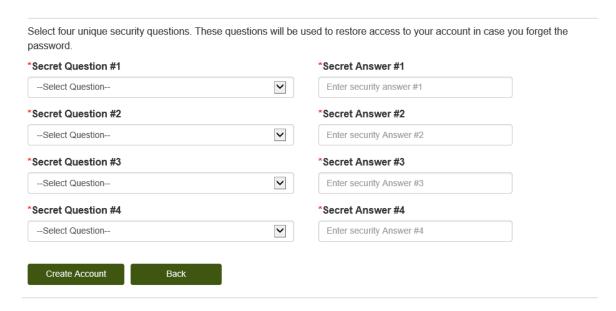


Fill in the above information and click next. NOTE: Your verification question may be different than others.

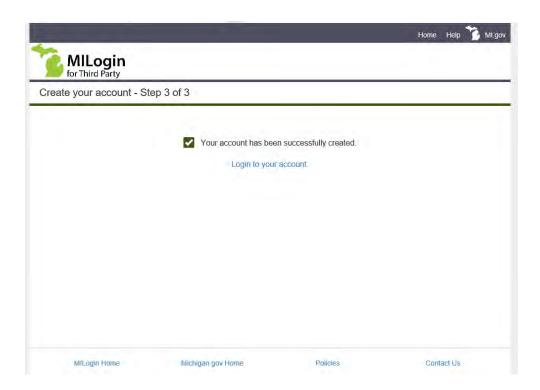


Complete the User Id and Password info

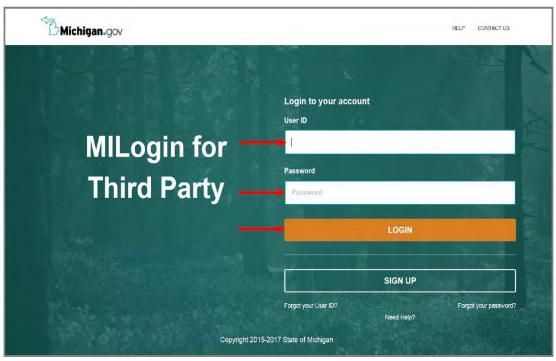
Select your personal security questions and answers (This is in case you forget your log on and password at a later date). Click create account.



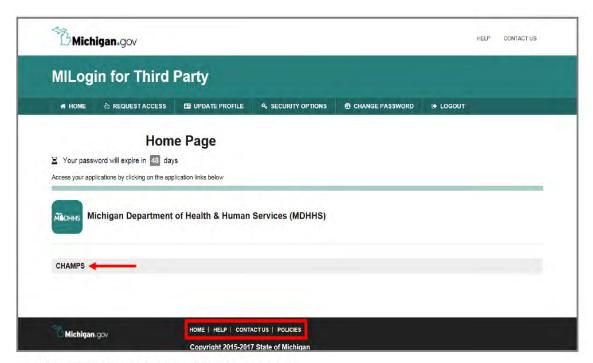
If you have been successful, you will see this screen



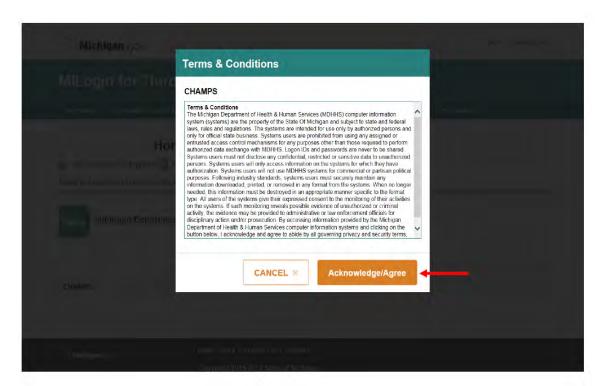
Log on to your account.



When you've logged on you will see this page. Click on request access.

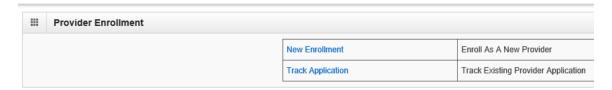


- You will be directed to your MILogin Home Page
- Click the CHAMPS hyperlink

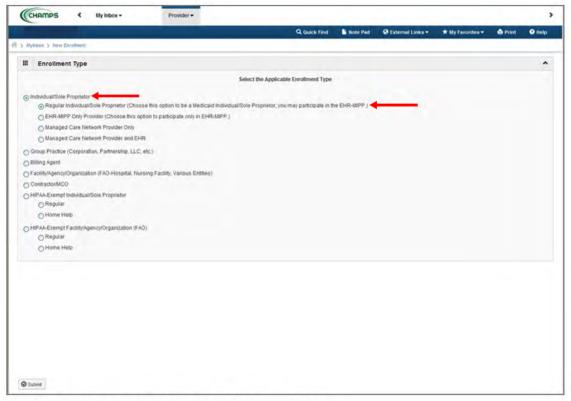


Click Acknowledge/Agree to accept the Terms & Conditions to get into CHAMPS

Once you acknowledge/Agree, this screen will appear. Select New Enrollment (if you are starting the application for the first time).



Once you've hit submit an Enrollment screen should appear. It will have several "Steps" and you will have to complete each step - unless it is listed as an "optional" step. These steps and/or the wording in the steps may have changed a bit but I think you'll be able to figure them out. If not, contact Provider Support at 1-800-292-2550, they will walk you through this entire process.



Select the appropriate Provider/Enrollment Type

Choose: Individual/Sole Proprietor, then click submit.

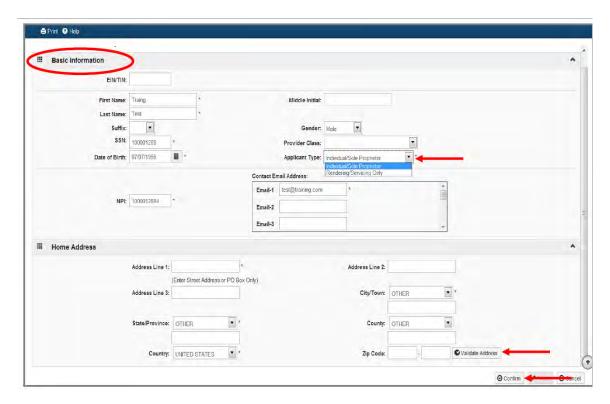
Step 1: Provider Basic Information

Select Render/Servicing Only on Applicant Type Enter your NPI

Enter Home address in Line 1 & Zip code and four digits, then click validate address.

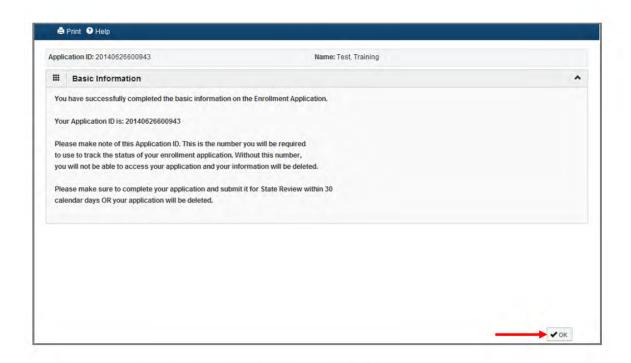
Please include the following email addresses:

Credentialing@sccmha.org, <u>Melynda.Schaefer@sccmha.org</u> and your own email address to help track the application.



Click Confirm.

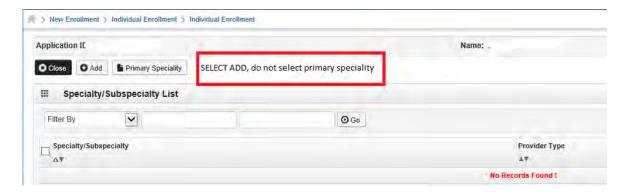
Copy down or Print Your Application ID is: 12345678901234. This will be needed later.



After completing the basic information, select OK

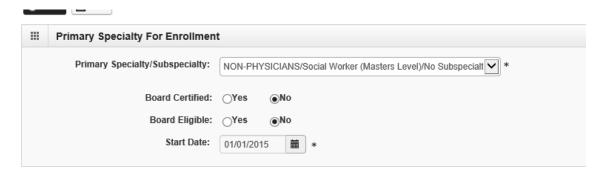
Step 2: Specialties

Select add (Add primary specialty).



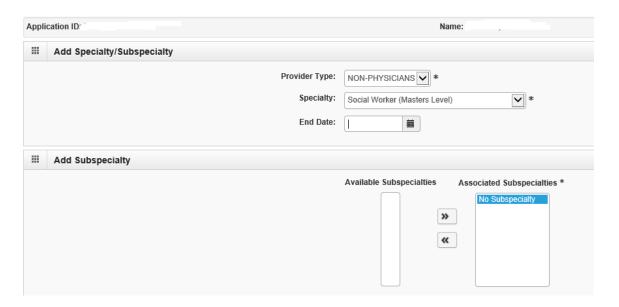
SPECIALTY:

Now click primary specialty, select your subspecialty. MSW and LMSW should be prepopulated. Do not worry about the start and end dates.



SUBSPECIALTY:

If MSW or LMSW select non-Physician in the drop down and specialty is Social Worker (Masters Level). Your end date is: 12-31-2999 (yes, the year should be 2999; if you select any other date; it will be necessary to revalidate each time the expiration date ends.



Please Note: No subspecialty needs to be in the right-hand column. Click SAVE on the top of the page (left hand side). Then click close. Then close again.

Step 3: Associate Billing Provider

Select NPI, and enter the agency NPI number and confirm provider. 1689778953



You will need to add more NPI numbers by clicking add button and confirming each time.

SEDW is: 1467778167 CHW is: 1093031791

Click close when finished.

Step 4: License/Certification Section

Click add, using the drop down select State Professional License and enter you license number to the right. Enter the state your license is from, Michigan. Enter your effective date of your license, click confirm (your end date will auto populate) and then ok and then click close.



Step 5: Add Provider Controlling Interest/Ownership Details

Optional step, disregard this step.

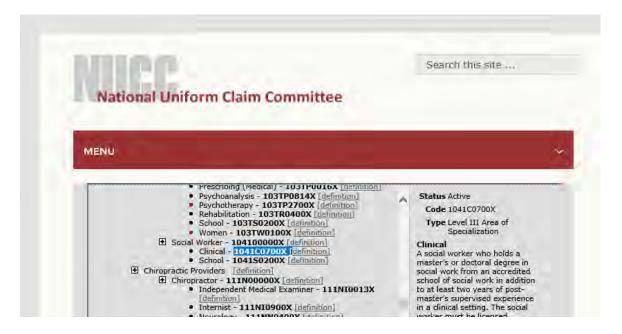
Step 6: Add Taxonomy

Click add, you can type in your Taxonomy code if you know it.

If you do not know it click on the triangle to the right of the taxonomy code box and that will take you out of the CHAMPS system and into the National Uniform Claim Committee page where you can look up the correct Taxonomy code.

Once you found the correct Taxonomy code you can just copy and paste it into the Taxonomy Code box in the CHAMPS system. Again, once you have finished this enter the "Start Date" and then click on "Confirm Taxonomy" button which populates the description of the taxonomy code you just entered and then click on Ok.

Again, if you have more than one taxonomy code click the "Add" button and repeat the same steps. Otherwise, click on "close" and this will take you back to the main menu.

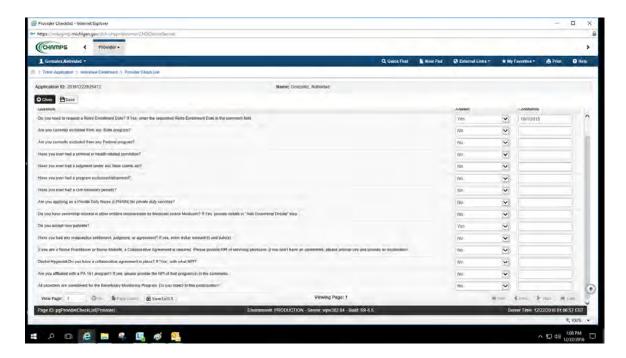


Step 7: Associate MCO Plan

Optional step, disregard this step.

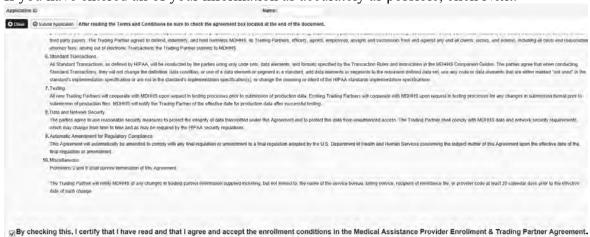
Step 8: Complete Enrollment Checklist

Respond to all questions. NOTE: Please retroactive your application one year prior to the date of this form. When completed, save and close. NOTE: Are you affiliated with PA 161? The answer should be no.



Step 9: Submitting your application for review.

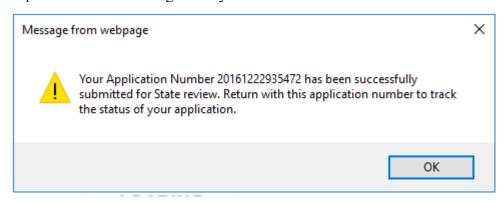
If you have entered all of your information as accurately as possible, click Next.



If you agree to the Terms and Conditions you need to click on the Electronic Signature box located at the bottom of the page

Once you have clicked on the "Submit Application" the application is now be sent to MDHHS Provider Enrollment to go thru the approval process.

At any time you can check the status of your application by using the 14 digit application ID provided in the message back you receive.



Click ok and close. You have successfully submitted your CHAMPS application for the State of Michigan.

You will receive a mailing to your home address, please copy and submit to HR.

In addition: Please send an email to <u>Melynda.Schaefer@sccmha.org</u> and credentialing@sccmha.org so we may add you to the billing module as a rendering provider for SCCMHA.

Thanks in advance!